

**Humanitarian Assistance in the UK:
Current Capability and the Development of Best Practice**

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Executive Summary

This report focuses on current capability in Humanitarian Assistance in the UK. In commissioning this project the DCMS were aware that there is a good deal of experience in providing humanitarian assistance across local and regional levels. What has remained unclear is the extent of local capability, how local plans take account of humanitarian issues and how far robust plans are in place for addressing such issues in the most effective and efficient ways. A variety of methods was used to gather quantitative and qualitative evidence of the nature and status of such activity across the UK.

For the purposes of this report Humanitarian Assistance is defined as referring to ‘those activities aimed at meeting the needs of people affected by emergencies. In particular this includes those elements of planning, training and exercising aimed at meeting people’s practical and emotional needs; response activities focussing on meeting people’s needs during and immediately after emergencies; and the coordination and provision of psychological and social aftercare for those affected in the weeks, months and years that follow’.

The research for this report has found that the sorts of activities covered in this diverse and multi-agency field of work have been variously referred to and include such concepts as: Humanitarian Assistance, Care of People, Human Aspects, Community Support, Crisis Support, Family Assistance, Disaster Aftercare, Victim Support, Psycho-Social Services, Emotional First Aid, Spiritual Care, Welfare Provision, Trauma Support, Social Care, Disaster Counselling etc.

The report reviews the background and context for this work and outlines the main data collecting techniques used in the research. Key themes and issues are outlined from the analysis of two questionnaires (distributed to Local Resilience Forums and local authorities), a series of regional workshop and focus groups, targeted interviews and other additional data. The report presents data on the structures and arrangements

for addressing Humanitarian Assistance (HA) issues followed by a review of HA planning, humanitarian response teams and lessons identified from exercises and real incidents. Challenges and opportunities for developing capability in Humanitarian Assistance, as identified by the research participants across the UK, are also presented here.

Key Results & Recommendations

- 57.1% of LRF respondents reported having a lead responder in place for Humanitarian Assistance and most of the local authority respondents (61.6%) have arrangements in place for welfare response (i.e. for addressing psychological and social support), either through their own written plan or through mutual aid/MOUs. Responsibility for coordinating this varies across, for example, social care and emergency planning. Arrangements for longer term psychosocial support are less clear with some uncertainty expressed over who might have lead responsibility following emergencies. While there are examples of good planning, training and exercising in place, commonly identified challenges included difficulty in engaging partners, confusion over roles and responsibilities, and structural changes in the public sector (for example in social care) all of which have led to confusion and uncertainty in HA planning.
- **We recommend (Recommendation 1) that in reviewing the Civil Contingencies Act the ways in which structural arrangements are working at local and regional level, Government should consider the implications of the experiences of grass roots Humanitarian Assistance activity as presented through this report. We also recommend (2) that mechanisms should be developed to enhance the engagement of strategic health authorities (SHAs) and social care departments in planning and responding to health and social care-related aspects of humanitarian assistance. Notwithstanding the status of health bodies, local authorities and SHAs under the Act, given that this research has identified inconsistency and inactivity in some areas, consideration should be given**

to detailing more specifically the particular expectations and responsibilities of individual elements *within* local authorities and health authorities so that, for example, the role of social care departments within local authorities, and PCTs within strategic health authorities, are more explicitly and clearly defined.

- The research shows there is a general feeling that the national framework of government is useful and the compartmentalising of HA in the development of Capabilities Programme is generally seen as helpful. However more clarity between tiers of local government and more joined-up government across departments would be helpful, especially in relation to the cross over between HA and other workstream activities. **We recommend (3) that the Civil Contingencies Secretariat and other Government departments seek to ensure a more joined up approach that prevents duplication between the various workstreams at both strategic and other levels.**
- While Regional Resilience Teams are seen as bringing useful pressure and influence to bear in relation to humanitarian issues, with the authority for driving finances, raising profiles and dealing with the media, there were calls for better sharing of knowledge and good practice and buy-in from political leaders. The report highlights the perception among grass roots planners that Chief Executives play a crucial role in providing direction, ownership and drive for emergency planning activities, but this is currently lacking in many places. **We recommend (6) that Government should work with the LGA and SOLACE (Society of Local Authority Chief Executives and Senior Managers) in targeting Chief Executives in order to raise their awareness and support for humanitarian assistance activities. We also recommend (16) that Member champions should be actively encouraged and supported as should greater involvement of Directors of Adult Social Care and Directors of Children's Services.**
- **We also recommend (14) that Regional Resilience Teams should actively support and promote the development of regional training events in**

humanitarian assistance and regional workshops such as those organised this summer with the DCMS. Options for regional training should be taken forward by the new Regional Resilience Steering Group.

- Of 35 LRF respondents, 27 (77.1%) reported having a humanitarian sub-group in place in their LRF while 8 (22.9%) said they did not. The statutory duty to undertake emergency planning has been helpful in enabling the establishment of subgroups and other strategic working groups with clearly defined terms of reference, leading to the production of plans and exercises. However there were varying views on how LRFs are working. Where they are structured and working well, LRFs are regarded as offering helpful opportunities for both flexibility and standardisation in HA planning. But levels of preparedness vary widely; some are perceived as not operating in accordance with the Civil Contingencies Act and there were issues raised about accountability, leadership, engagement and conflict.
- **We recommend (5) that emergency planning activities related specifically to humanitarian assistance should be included in the forthcoming comprehensive area assessment (CAA). Central government should consider issuing specific guidance on targets and indicators in this area of resilience for those developing local area agreements (LAA). Such guidance should encourage and support partnership working and the clear identification of lead responsibilities, while at the same time enabling scope for innovation and adaptation to local circumstance in terms of detail.**
- 36.3% of local authority respondents have established formal humanitarian response teams for responding to emergencies, while others report that they are exploring or reviewing these arrangements. There is huge variation in the organisation, experience, training and length of establishment of these teams. They range, at one end of the spectrum, from relatively recently formed groups relying on ad hoc arrangements to more established entities with some form of 'accreditation'. There is much reliance on volunteers here and calls for

more guidance, consistency and standards relating to this work. **We make recommendations in the report (Recommendation 20) for current initiatives being led by the Social Care Institute for Excellence and Skills for Justice in addressing these issues in more detail.**

- Our research has also highlighted the need for more effective planning and greater awareness and availability of facilities for treating Post-Traumatic Stress Disorder. When asked whether there are any specialist services included in their plans for treating people with Post Traumatic Stress Disorder (PTSD) after an emergency, only 14 respondents (15.4%) answered positively. **We recommend (7) that the DCMS should continue to liaise with the Department of Health about this with a view to increasing the active involvement of health services in emergency planning, centralising information about the nature and availability of specialist services, and ensuring the resilience and robustness of specialist trauma services both generally and after emergencies in particular.**
- The range of exercises and post-incident reports suggest there is much good practice and scope for sharing lessons and experiences of HA; indeed much interest was expressed in increasing opportunities for such. While much of the information and guidance requested is already available, centralising their availability might assist in improving awareness of these. Thus **it is recommended (10 and 11) that Government supports developments such as a national web-based database of resources, a regular e-newsletter and/or an annual conference or national workshop focussing specifically on HA.**
- When asked to identify challenges in addressing humanitarian needs in emergencies the issues identified included:- lack of resources; multi-agency working; complexity of issues involved; infrequency of events; low priorities; managing expectations; and sharing of information and communication. It was suggested that the following might assist planners in addressing humanitarian needs in emergencies: - increased

funding/resources; clearer expectations and guidance; awareness-raising, education and sharing best practice; and clarification of responsibilities.

- **We recommend (4) the Department for Communities and Local Government responds to the very real concerns detailed in this report by clarifying guidance and advice about funding.** A number of areas have been highlighted here, including addressing questions from local authorities about who will pay for HACs, queries from LRFs on possible funding streams, and questions from others about funds for anniversaries/memorials. As well as questions about emergency financial assistance to local authorities (an issue also raised this summer in relation to the floods), the applicability and appropriateness of existing funding mechanisms and government support for meeting longer term costs and recovery-related activities was consistently raised by respondents throughout this research. In some cases these concerns and uncertainties are hampering effective planning; hence they should be addressed.
- **We recommend (21) that best practice principles, as identified and discussed in this report, are adopted for the development of joint working between Police Family Liaison Officers and humanitarian response teams, the establishment and provision of longer term psychosocial support services, and planning around exit strategies for humanitarian assistance services.**

In sum, the results show that there is a mixed picture of preparedness across the UK, with varying levels of interest, commitment and humanitarian assistance activity within and across Category 1 and other responders. There is much good practice and much potential for further development. Most planning activity that exists tends to focus on the short term rather than longer term needs and recovery strategies.

The report identifies and outlines areas of good practice, including twenty two cases demonstrating the sorts of HA activities taking place across different aspects of the disaster cycle as well as representing different regions of the UK.

The intention is that this report and publication of its outcomes will be useful in addressing gaps in knowledge and understanding which will help local authorities and others to move forward in their planning, training and exercising in this area. It should also inform the development of further guidance in this field.

Acknowledgements

We would especially like to thank the following: colleagues in the DCMS for their initiation and help in arranging the regional workshops as well as their ongoing encouragement and support for this work; regional Government Office representatives for assisting in setting up and facilitating the workshops; and Peter Diplock, Pamela Dix, Mick Free, Toby Gould, Mike Long, Duncan McGarry, Keith Nevitt, Lucy Payne, June Thompson, and Kerry Williams for their helpful advice and support in the preparation and development of the questionnaires, and all those who participated in this research by responding to the questionnaires and/or participating in the workshops.

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Humanitarian Assistance in the UK:
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Part I: Introduction

In April 2007 the Department for Culture, Media and Sport (DCMS) commissioned this report which examines and make recommendations on the humanitarian aspects of emergency planning, response and recovery among Category 1 and 2 responders and the voluntary sector (see Appendix 1 for more information on the Role of the DCMS).

The initiation of the report is timely given key recent developments in planning for and responding to humanitarian need in emergencies in the UK. Since the Civil Contingencies Act (2004), Category 1 and 2 organisations have, to varying degrees, started to put in place structures and frameworks for identifying ways and means of providing humanitarian assistance should a major emergency occur in or impact on their communities. What has remained unclear is the extent of local capability, how local plans take account of humanitarian issues and how far robust plans are in place for addressing such issues in the most effective and efficient ways.

Aim and Objectives

In commissioning this report the DCMS were aware that there is a good deal of experience in providing humanitarian assistance across local and regional levels. At the same time they recognised the need for more extensive research to be conducted on what is actually happening across different geographical areas. The aim of this work was to collect data and build a more informed picture of the nature and status of planning across the UK. Rather than being an audit type approach seeking to publicise specific details of particular organisations or areas, the purpose was to identify the general activities and experiences at local authority and LRF level. Through the use of a range of data gathering techniques, a key aim has been to gain understanding from those active in this field at grass roots level of what might be helpful in assisting them in the development of this important aspect of emergency management.

The objectives for the report included identifying best practice principles and areas of good or best practice where available, identifying how best a multi-agency approach to emergency capability can be deployed, and advising central Government about the type of support local responders require and where Government resources should be focussed.

The intention is that this report and publication of its outcomes will be useful in addressing gaps in knowledge and understanding which will help local authorities and others to move forward in their planning, training and exercising in this area. It should also inform the development of further guidance in this area in conjunction with the DCMS/ACPO Guidance on Humanitarian Assistance in Emergencies (2006) and other documents supporting the Civil Contingencies Act (2004) such as Emergency Response and Recovery (2005) and Emergency Preparedness (2005).

Structure of the Report

The introductory section of this report briefly reviews the background and context for this work. Part II outlines the main data collecting techniques used in the research as well as methodological considerations (i.e. the thinking and rationale for the chosen methods). As well as qualifying the approach adopted, we feel this Part may be beneficial to future researchers wishing to conduct research of this type and so aspects such as the ethical considerations, endorsement and other measures used to encourage responses to the survey are all included here. The working definition of 'Humanitarian Assistance' applied in this report is also outlined.

Part III details the collated results of the research and analysis from the questionnaires, workshop presentations, focus groups and other additional data. This includes analysis of the structures and arrangements for addressing Humanitarian Assistance (HA) issues followed by a review of HA planning, response teams and lessons identified from exercises and real incidents. Challenges and opportunities for developing capability in Humanitarian Assistance are also presented here. Because the surveys focussed on England and Wales and the workshops were all in England, an overview of the picture in Scotland and Northern Ireland is discussed at the end of Part III. This explains the

different structures in Scotland and Northern Ireland and thus why the survey was distributed in England and Wales only.

Part IV outlines Examples of Good Practice. Twenty two cases of good practice are included here based on submissions and evidence collected through the research. It was not possible to include all examples of good practice so the ones here have been selected on the basis of demonstrating the sorts of HA activities taking place across different aspects of the disaster cycle as well as being representative across different regions of the UK.

Part V summarises the main recommendations and best practice principles. Further detail is given on three areas arising out of the research, namely joint working between police FLOs and humanitarian response teams, longer term psychosocial support services, and exit strategies.

Background and Context

The wider context for this report is the cross-Government **Capabilities Programme** which aims to ensure that a robust infrastructure of response is in place to deal rapidly, effectively and flexibly with the consequences of civil devastation and widespread disaster inflicted as a result of conventional or non-conventional disruptive activity. The programme aims to achieve this by identifying the capabilities necessary to build UK resilience.

The Capabilities Programme is underpinned by the Resilience Capability Framework (RCF). This consists of risk assessment processes which have identified threats and hazards that the UK might face at national and regional levels. A result of this has been the development of planning assumptions which provide the basis for resilience planning. Since 2006 the 18 Capability Workstreams have included a Humanitarian Assistance (HA) workstream led by the DCMS. Each workstream analyses their capability requirements and these, together with the results of the National Capability Survey, inform the setting of Capability Targets.

The National Capability Survey 2006 (NCS) indicated that not all local responders were sufficiently prepared to respond to all humanitarian aspects of an emergency. The Survey asked some general questions about humanitarian assistance planning and the care of vulnerable people, but the CCS have recognised that more feedback on these areas would be helpful and supported the development and conduct of the research for this report.

In 2006 a second edition of the non-statutory **Guidance on Humanitarian Assistance in Emergencies** was published by the DCMS/ACPO. The Guidance was the culmination of a multi-agency initiative conceived of and driven by ACPO since 2003 aimed at encouraging and supporting local multi-agency planning for humanitarian assistance and response, including the establishment of Humanitarian Assistance Centres (HACs) after emergencies where appropriate. The Guidance sets out principles on planning, training and deploying staff in responding to the humanitarian impact of emergencies. However because of the lack of detailed information regarding local capability and limited evidence available about the different approaches being employed locally across the UK, the Guidance was unable to recommend any existing or potential ‘models’ for best practice in training or deployment.

Following the first edition, and in the aftermath of the London bombings in July 7 2005, the Guidance was updated and revised. Although this led to the rather unhelpful misconception in some quarters that the concept of Humanitarian Assistance and guidance on centres resulted only from the events in London that summer, the reissuing of the Guidance and associated training has assisted in producing a solid foundation for further activity in this area.

After the first publication of the Guidance, a training programme was begun at the **Emergency Planning College** (initially termed the ‘Family Assistance Centres’ Course as this term was in use before its replacement by the term ‘*Humanitarian Assistance Centres*’). Since November 2006, this course has been run by Duncan McGarry (ACPO) and Anne Eyre, both members of the initial steering group that developed the guidance. The course introduces delegates to the nature and application of humanitarian assistance (both historical and contemporary), the background, purpose and content of the Guidance and the practical implications for those planning and responding to the

needs of people in emergencies. The course includes inputs by those with direct personal experience of bereavement and surviving disasters as well as the sharing of lessons learnt by those with recent experience of planning, developing and implementing HA strategies before and after disasters. Discussion and feedback from delegates on the last three courses have helped to inform the current research and the preparation of this report by highlighting some of the issues faced by planners at local levels and across various organisations.

In November 2006 a cross-Government **National Recovery Working Group** was established in recognition of the fact that local responders would appreciate more comprehensive guidance to support them in dealing with the recovery stage of emergencies. The aim of the nine-month working group is to identify gaps in information and support and to produce a single point of reference for recovery guidance for local responders. There are clear links between the Terms of Reference and activities of the Group and the sorts of issues, activities and findings being covered in this report should be of interest and value to those working on the Recovery Working Group (see Appendix 2 for the National Recovery Working Group Terms of Reference).

A review of the particular **contribution of social care** to emergency response and recovery has been commissioned by the Social Care Institute of Excellence (SCIE) during the timeframe of this report. The Tavistock Institute are conducting this work which includes an examination of the role and particular contribution that carers, social services departments and qualified social workers might make. Although a longer term and more extensive piece of work, the aims and objectives of that initiative complement those of this report and readers of this report will be interested in the results of the SCIE project, due to report in 2008.

Another significant initiative is the work of the National Occupational Standards Group initiated by Roy Taylor of the Association of Directors of Social Services and convened to examine **standards and accreditation** relevant to the provision of humanitarian assistance in emergencies. In November 2006 the group produced a draft functional map identifying roles and suggesting areas of competence related to those roles. Since May 2007 Skills for Justice have taken on the brief to develop National Occupational Standards and are due to report on this work in 2008.

Finally this report builds on a report by Anne Eyre last year which was a **literature review of people's needs in emergencies** and made recommendations for the development of best practice in humanitarian response. The report included the recommendation that an analysis and audit of psychosocial disaster plans be undertaken in order to establish levels of preparedness and organisational resilience within and across the UK. This current piece of work builds on the findings and recommendations of that report.

Part II: Methodology and Data Collection

Methods of Data Collection

Five main methods of data collection were used in the research for this report:-

- An initial **literature review** to identify key themes for the development of the survey and workshop sessions as well as inform the review and analysis of documentary evidence.
- A **survey consisting of two questionnaires**, one for local authorities and the other for Local Resilience Forum (LRF) representatives to complete. These were distributed by email in England & Wales through the Local Response Gateway of the Civil Contingencies Secretariat, (as stated earlier, the differing structures in Northern Ireland and Scotland made it inappropriate to use the questionnaire format there. Instead, discussions and correspondence with colleagues in Northern Ireland and Scotland produced summary information on the development of humanitarian assistance there. See Part III.)
- **Focus group discussions at regional workshops**. These were organised by the DCMS in close co-operation with regional government representatives and drew attendance from across LRFs, local authorities, voluntary organisations and Category 2 responders. As well as focus group feedback, evaluation forms collected at each workshop produced further useful data.
- **Targeted interviews**, email correspondence and telephone conversations with key individuals. These focussed on issues such as the development and distribution of the survey, particular approaches and experiences of planning and response, follow up queries relating to the documents submitted through the survey and permission for the inclusion of good practice examples in the final report.

- **Documentary evidence** as requested in the survey to be forwarded to the researchers. This included a wealth of examples of plans, terms of references, meeting minutes and post-exercise and incident reports.

In this way we sought to gather both quantitative and qualitative information from across the UK at local and regional level and from a range of different types of organisations and individuals engaged in this work. Further details of the data collected are given below.

The Survey

Preparing the Survey

The survey consisted of two questionnaires. The first was aimed at a representative of the LRF to complete (for example the chair of the Humanitarian Subgroup where this is in place). The second was aimed at local authority emergency planning representatives from *each* of the local authorities represented on each LRF.

Our initial consultations highlighted the need not just to send a survey to LRFs for a multi-agency perspective at that level, but also give opportunities for each local authority to contribute to the research through a second questionnaire. This was helpful advice as the complex and varied nature of local arrangements means that humanitarian elements may be picked up by one or more of a number of different representatives, agencies and/or levels. We thus realised that seeking individual responses only from local authorities or LRFs might misrepresent or distort the true picture of activity.

We felt that by clearly explaining and inviting those receiving the covering letter to pass it on to the relevant representatives we might get a balanced view across both local authorities and LRFs. On advice we also sought to ensure through the design of the survey itself that people would have opportunities to highlight where their responsibilities in this area were being discharged on their behalf.

The questionnaires covered the following themes:

- Structures and arrangements for addressing HA at LRF Level

- Planning on humanitarian issues – the sorts of plans in place for meeting the needs of those affected by emergencies
- Arrangements for humanitarian response teams – including their recruitment, organisation, and management
- Training and development of personnel involved in humanitarian response
- Exercises and experience of humanitarian response and lessons learned
- Procedures in place for meeting longer term humanitarian needs following emergencies
- Challenges and opportunities for developing capability in humanitarian assistance
- Requests for examples of good practice

(See Appendices 3 and 4 for details of the two questionnaires).

During the pilot phase, the draft questionnaires were sent to a number of people for comment and feedback. These included representatives of key organisations as well as those with grass roots experience and insight, for example emergency planners and LRF/humanitarian assistance representatives. This was a valuable exercise with the feedback being used to amend and finalise the questionnaires and covering letter.

The Covering Letter and Endorsement

The covering letter (see Appendix 5), containing links to the two online questionnaires, was sent to chairs of Local Resilience Forums in May 2007 with a request that it be forwarded on. The request for one response per LRF as well as one per local authority was emphasised. The letter also included a working definition of HA as we were aware that the working definitions and operational activities associated with humanitarian

assistance are not only many and varied, but also that this multi-agency field of activity cuts across various planning and response structures. Indeed, the sorts of activities covered have been variously referred to and include such concepts as: Humanitarian Assistance, Care of People, Human Aspects, Community Support, Crisis Support, Family Assistance, Disaster Aftercare, Victim Support, Psycho-Social Services, Emotional First Aid, Spiritual Care, Welfare Provision, Trauma Support, Social Care, Disaster Counselling etc.

This is the definition for Humanitarian Assistance, devised by the lead researcher, that we used and which applies throughout this report:

‘Humanitarian assistance refers to those activities aimed at meeting the needs of people affected by emergencies. In particular this includes those elements of planning, training and exercising aimed at meeting people’s practical and emotional needs; response activities focussing on meeting people’s needs during and immediately after emergencies; and the coordination and provision of psychological and social aftercare for those affected in the weeks, months and years that follow’.

In the preparatory stages we were advised that endorsement of the research by the Civil Contingencies Secretariat (CCS), Association of Chief Police Officers (ACPO) and the Local Government Association (LGA) would be helpful and may increase the response rate. Once this endorsement was achieved it was agreed that rather than including logos and signatures of all endorsing organisations (thereby making it more difficult and time-consuming to open the letter online), the letter would be signed by Frances MacLeod as Deputy Director of the DCMS Humanitarian Assistance Unit with specific reference being made in the letter to the support of these other organisations.

Ethical Considerations

The research proposal for this report was granted approval by the Research Ethics Committee at Nottingham Trent University’s College of Business, Law and Social Sciences before any primary data was collected. The ethics committee asked for general information about the project including the principal methods, the sources of data or

evidence to be used, the number and type of research participants to be recruited to the research, confidentiality of research data and participants' informed consent.

We were keen for respondents to feel confident about sharing information by knowing the aim and use of the data collected. The covering letter thus stressed that this research is separate and distinct from the National Capability Survey, focusing exclusively (and in more detail than the NCS would) on humanitarian aspects. The opening text of each questionnaire also included the following statement:-

‘All individual responses will remain confidential, i.e. they will not be passed by the researchers to any third party including those commissioning the research. They will also remain anonymous, i.e. details of specific areas and places will not be attributed to any particular individual or organisation without consent. The focus in reports arising from this research will be on general observations rather than particular organisations or areas of the country. Where examples of good or best practice are identified, however, permission will be sought to identify particular organisations as appropriate.’

We also felt it appropriate to personally thank those who took the time and trouble to forward additional documentation via email and/or post. Thus a brief email was sent to these respondents and they were kept informed by email about the final production of the report.

Measures to Encourage Responses

We were aware in sending out the survey that local authorities tend to get bombarded with information and requests. We thus carefully drafted the letter to include not only the endorsements but also a brief but sufficiently informative overview of the aim and purpose of the research and a structured bulleted list advising them on what to do next.

In order to enhance the profile and maximise the returns, the survey was distributed through the Local Response Gateway, a new mechanism introduced by The Civil Contingencies Secretariat in 2006 as an efficient and effective way of communicating

with local responders in England and Wales. In addition to this the questionnaires were designed to be completed and submitted online. Using Survey Monkey, an online survey tool, proved to be a most cost effective decision in terms of time, expense and environmental impact, as well as encouraging a positive response rate through ease of use.

At the pilot stage we took advice on giving sufficient time for a response. The beginning of May represented a particularly busy time for local authorities during local elections so the survey went out in the second week with a deadline for response at the end of June. We extended this deadline into July and sent out a further reminder through email and by including a reference to the research in a speech given by Tessa Jowell, Minister for Humanitarian Assistance, at the Annual Conference of the Emergency Planning Society. This generated further responses, as did the reference to the survey in the initial regional tours which coincided with the survey distribution phase.

Responses to the Survey

By the end of July the LRF questionnaire had been examined 120 times. There were 35 respondents who provided answers to the questionnaire, though this actually represented 29 LRFS in England and Wales (out of a total of 48). The reasons for the number of respondents being greater than the number of LRFs represented included a number of the questionnaires being completed by two or more representatives of the same LRF (in one case three representatives responded) and questionnaires being returned twice. In some cases no response were returned by the LRF. This might be because they have no sub-group yet in place for HA, though the questionnaire did ask for a response anyway, even if this were the case in their particular area.

Feedback during the distribution phase highlighted that despite our efforts at targeting those involved in humanitarian assistance activity, in some cases people were confused about who should complete the LRF questionnaire with the result that the survey did not reach all its intended recipients. By way of example, one individual heavily involved in local planning only received the survey after attending one of the regional workshops and then tracking the letter down back at base.

In another case the survey was inappropriately forwarded to a member of the Fire Service; he had no involvement in this area but was sent it because the LRF chair was from that service and asked him to complete the questionnaire on behalf of the service. Fortunately this individual contacted one of the researchers who was able to clarify where the survey should have been sent and to whom it should be sent.

These examples and the response rate itself are an important finding in and of themselves as they tell us something about the way in which humanitarian issues are being understood, organised and perhaps addressed.

By the end of July the local authority survey had been examined 199 times; there were 91 responses from across shire/counties, shire districts, unitary authorities and metropolitan authorities. We are aware that some counties may have responded on behalf of other authorities in their area and it may well have been the case that only certain local authorities were forwarded the questionnaire by LRFs on the basis of the detailed picture in their areas. This reflects the fact that, for example, some districts contract all of their responsibility to the counties while others contract only some aspects of it and others fulfil their responsibility themselves. Illustrating the gatekeeper role of those forwarding the covering letter, we were informed that in some areas the decision was taken to distribute the survey only to those levels of local authority likely to have any responsibility for Humanitarian Assistance. Even where the local authority questionnaire was forwarded by the LRF, the local authority representatives may have chosen not to complete the questionnaire because their duties are being discharged by the county council (even though we did ask them to respond anyway and indicated this on the questionnaire).

The response rate and variable dissemination and response to the local authority survey perhaps tells us something about perceptions and understanding of where responsibility for HA work lies. It suggests there may be a fragmented approach and a lack of clarity at LRF level about where the work is or should be located, as well as about how the HA work is being conducted and by whom. This theory is borne out by the results from the data collected for this report and is an issue further discussed later.

Different Structures in London

The structures for emergency planning in London differ to the rest of the country. During the pilot and dissemination phases, London-based colleagues highlighted the fact that many activities there are conducted on a pan-London basis (over 6 LRFs) and suggested that the questionnaires were not formatted favourably for this unique set of arrangements. Following helpful discussion the London Resilience Team were able to respond to the first questionnaire relating to regional initiatives. They also drafted a further covering letter advising local authority colleagues in London on how to answer questions in the local authority questionnaire, namely by indicating clearly where they were either taking the lead on HAC planning or where provision was instead being covered by mutual aid/memoranda of understanding (MOUs).

Additional Documentary Evidence

In certain sections of the two questionnaires there were requests for respondents to refer to further documentation available online and/or to forward documents on to the researchers by email. Additional information was gathered from over 30 LRF areas and covered the following sorts of information:-

- Details of how LRFs and HA groups are structured
- Terms of reference and minutes from HA subgroups
- Examples of agreements/MOUs for provision in this area
- Examples of rest and reception centre plans, including HAC plans
- Details of arrangements for the organisation, management and deployment of humanitarian response teams
- Examples of exercises and deployments and lessons identified through post-event reviews/reports

Further details of these are analysed in this report.

The Regional Tour

Preparing the Regional Workshops

Planning for the regional tours started in early 2007 and was initiated by the DCMS (see Appendix 6). They made contact with regional government representatives and introduced the main researcher who assisted with follow up liaison and planning for the focus groups. Each regional workshop consisted of a series of morning presentations, including inputs from national and local responders, followed by afternoon focus groups.

The stated aims of the regional tours were to:-

- highlight key messages contained in the Guidance on Humanitarian Assistance in Emergencies and receive feedback
- facilitate discussions around humanitarian assistance
- provide an opportunity for sharing lessons and good practice
- gain a better understanding of local and regional perspectives, i.e. generate feedback for the research process.

Initial correspondence sent out to regional offices explained the research and focus groups as follows:-

‘This research is examining preparedness for providing humanitarian assistance in emergencies. The aim is to develop a general picture of capability across the UK and gather information which will be used to develop areas for further guidance and training in this area.

The purpose of the focus groups is to discuss issues such as what is working well/less well at LRF and local authority level in the planning, training, exercising,

and experience of humanitarian assistance, evaluation and review. Delegates will also be asked to offer views on opportunities, barriers and challenges in this area.

Data collected from this study will be confidential and anonymous. Participation in this research is entirely voluntary and participants have the right to withdraw from the research at any time and for any reason (and without specifying any reason)'.

The aim was to conduct regional workshops across the 9 Government Offices. However due to the summer floods 2 of the workshops had to be cancelled at late notice and could not be rearranged during the research period. Further workshops have been organised in the devolved administrations to take place after the research period and also a special workshop for transport operators will be held, as this was identified through the workshops as being a valuable further opportunity to meet the aims of this research and the general humanitarian assistance agenda.

Data Generated through the Workshops

Over 300 people attended the 7 workshops that took place between May and July. They were primarily Category 1 responders and representatives from the voluntary sector, but also included representatives from Category 2 responders and the private sector. Details of the ways in which the afternoon focus groups were structured is given in Appendix 7. Data from the workshops was gathered by groups using flipcharts. After each workshop the notes were written up within a week and distributed to attendees through the regional offices.

Additionally an evaluation form was distributed at each workshop asking for feedback on the presentations and focus groups. There were 199 evaluation forms completed, returned and analysed. The evaluation forms asked people to comment on the most significant thing they had learned in relation to their understanding of humanitarian assistance, and what single action point they would be taking away to assist them in preparing to respond to an emergency.

Notes were taken by the main researcher during the formal presentations, plenary comments and discussion sessions during the workshops. This generated data on

national and local developments and case studies. Some of the material presented in the workshops assisted in the development of the good practice examples; other presentations highlighted areas where further guidance and information on what constitutes good practice would be helpful.

Summary

In sum, a large amount of both quantitative and qualitative data was collected through this variety of methods. Although it is unsurprising that the themes arising through the survey were reinforced through the workshops and focus groups, this suggests that the methods and emerging results are sound and reliable. For the next section of the report, the results from all sources have been collated and analysed by key themes.

Part III: Results - Surveys, Focus Groups and Additional Data

Structures and Arrangements for Addressing Humanitarian Assistance (HA)

The Legislative and Organisational Framework of HA

The survey asked questions about ways in which HA activities are structured at LRF level and feedback on how the organisational framework for HA is working was also requested in the workshops. Recent legislation and the development of new frameworks at national, regional and local levels were commented on both positively and negatively through the survey and focus groups in terms of their value in assisting the development of HA arrangements. The focus group data indicated a general feeling that the national framework of government is useful and the compartmentalising of HA in the development of Capabilities Programme is generally seen as helpful. The links with central government were seen by some as good and advantageous, while others expressed disappointment at delayed information and feedback from government, both nationally and regionally (the ‘Winter Willow’ UK pandemic flu exercise being highlighted as an example of this).

In terms of what would be helpful in relation to structural arrangements and frameworks, respondents to the survey and in the focus groups stressed the value of there being flexibility at regional and local levels rather than prescriptive top-down approaches. At the same time there were calls for more clarity between tiers of local government and for more joined-up government across departments such as the Department of Health, the DCMS, the Home Office, the Civil Contingencies Secretariat and the Department for Communities and Local Government.

Particular comments were made about the ways regional government is working. On the positive side it is seen as bringing useful pressure and influence to bear in relation to humanitarian issues, with the authority for driving finances, raising profiles and dealing with the media. Comments were more often critical of regional government though and focussed on:-

- the time it has taken for effective organisations to be formed
- the duplication of efforts within different regions
- knowledge resting in small pockets of staff across all agencies, and
- the lack of regionally based opportunities to aid the sharing of good practice.

In terms of what might help to address this, suggestions focussed on the need for:-

- awareness-raising across all boundaries
- buy-in from political leaders
- initiatives to filter down from the top to the grass roots of organisations, and
- local analysis of who should be involved in humanitarian assistance initiatives and how to engage them.

Local Resilience Forums: Strengths and Weaknesses

When asked through the focus groups what was working well/less well in relation to humanitarian assistance activities, LRFs were frequently mentioned, but there were varying views on how they are working. In some areas their constitution and relationships makes a difference; for example, positive comments were offered in areas where district and borough councils are seen as fully engaged with county and unitary councils. However in other areas the division of responsibilities between county and district levels is more problematic and contentious leading to criticisms such as boroughs being left to take the lead.

In terms of their strengths and successes, it was suggested that LRFs are working well in the following aspects of humanitarian assistance:-

- promoting the development of steering groups and subgroups (such as HAC working groups) and their membership
- enabling joint multi-agency training and exercising
- assisting planning processes - in terms of participation, facilitating opportunities for rationalising and consolidating plans and encouraging action-based research
- actively promoting networks, and
- improving existing relations.

Where they are structured and working well, LRFs are regarded as offering helpful opportunities for both flexibility and standardisation in HA planning. Particular positive examples were given of how they foster good understanding of what different organisations can ‘bring to the table’ and can have a good record of ‘task and finish capability’. It was also suggested that the attendance and feedback by LRF chairs and vice chairs at the HAC course at the Emergency Planning College is a strength.

Other comments though suggested LRF structures and their membership were perceived as having inherent weaknesses. These included:-

- LRFs having different levels of preparedness for providing humanitarian assistance
- difficulties in planning where organisations do not have an organisational equivalent to LRF areas (i.e organisations having a very local organisation structure or else, for example, covering three LRF areas, thus bringing numerous approaches to planning)
- the structure of LRFs in some districts making it difficult to share information and keep track of what is going on

- the large physical size of areas covered by some LRFs, making joint working difficult
- LRFs not performing as defined in CCA
- LRFs functioning as ‘a talking shop’, diluting messages and either backtracking on decisions or ‘moving goalposts’
- LRFs not being operationally experienced/aware enough to make them meaningful
- failure of LRFs to engage over HA with organisations outside the emergency planning environment
- other general issues around leadership, engagement and conflict

Overall one of the most commonly identified challenges in LRFs is achieving effective cross-border working, including mutual aid and strategic coordination for cross-border incidents. It was suggested this is due in some cases to poor information sharing as well as a lack of resources being directly available for use by LRF. The point was made that LRFs not being statutorily mandated and resourced was an additional challenge.

LRF Humanitarian Subgroups

The LRF survey asked for information about how LRFs were structured, including whether there was a humanitarian sub-group within the LRF, and for details of any Terms of Reference and minutes of the meetings of the HA subgroup.

Of 35 respondents, 27 (77.1%) reported having a humanitarian sub-group in place in their LRF while 8 (22.9%) said they did not (see Table 1).

Table 1. Local resilience forum responses to questions regarding the establishment of humanitarian subgroups, the identification of lead responders, and contract or agreement implementation for the provision of humanitarian assistance.

	Positive Response (%)	Negative Response (%)	Non-Response (%)	Total (%)
Do you have a humanitarian subgroup within you LRF?	27 (77.1%)	8 (22.9%)	0 (0%)	35 (100%)
Do you have a lead responder who leads on humanitarian assistance?	20 (57.1%)	11 (31.4%)	4 (11.5%)	35 (100%)
Contracts or agreements in place for the provision of humanitarian assistance?	18 (51.4%)	10 (28.6%)	7 (20%)	35 (100%)

Data from the workshops suggested that the statutory duty to undertake emergency planning under the Civil Contingencies Act has been helpful. It has enabled the establishment of subgroups and other strategic working groups with clearly defined terms of reference which are advantageous, leading to the production of plans and exercises.

In terms of why some areas had not developed working groups, reference was made in the workshops to confusion about expectations between differing levels of government and a lack of clarity and acceptance of responsibility at different levels for this sphere of work.

As LRF structures show, the fact that LRFs do not have subgroups in place does not necessarily mean that humanitarian issues are not being addressed; other workstreams may be picking this up. However, it does raise questions about the ways and extent to which humanitarian issues and activities are joined up and the relationships between humanitarian activities at local authority and LRF level.

Where they exist, the length of time that sub-groups have been in place varies considerably with the average amount of time being approximately 11 months, with the exception of two respondents who reported their groups having been in place for 4 and 5 years. These latter responses perhaps refer to their HA groups being an evolution on from a previous working group such as a psychological and social care working group.

Most of the subgroups are chaired by emergency planning representatives, though some are chaired by representatives from social care and, in one case, by a voluntary sector representative. Membership of the humanitarian subgroups is diverse and includes representatives from across the following organisations (in no particular order):- emergency planning, social care services (both adult and children's departments), police, ambulance and fire services, the Health Protection Agency, NHS Trusts, local health boards, housing departments, faith-based organisations, the British Red Cross Society, Victim Support, Cruse, transport operators (particularly airlines and rail companies), equalities officers, education psychologists, Meals on Wheels, Neighbourhood Watch, the RSPCA, the Salvation Army, Samaritans, St John Ambulance, Women's Institute, the WRVS, the Highways Agency, Rotary and the Department for Work and Pensions. There were 13 respondents who indicated they were continuing to expand membership of their humanitarian sub-group and a further 4 who indicated they were open to doing this in the future, or if approached by interested groups.

Respondents were asked whether their humanitarian sub-group is further divided. There were 9 affirmative responses; however one of these indicated that this sub-division is only a temporary measure in order to formulate the HAC plan. Sub-divisions across the other 8 humanitarian sub-groups included groups addressing issues such as: reception centres; critical incident and crisis support teams; feeding; scoping vulnerability; general humanitarian assistance; voluntary and faith sector; and mass evacuations. There were an additional 3 respondents who indicated that this issue of working groups/sub-groups is currently being planned or reviewed. Divisions of the subgroups are chaired by representatives from organisations such as emergency planning and the police. As stated above, in the focus groups it was suggested by some that the structure of their LRFs in terms of numerous subgroups makes it difficult to share information and keep track of what is going on.

Respondents were asked to indicate how often the humanitarian sub-group meets. Answers ranged from fortnightly to once every 2 months. The mean meeting time (in weeks) was 7.03, whilst the median and modal responses were both 6¹.

Further information about LRF structures, terms of reference and examples of minutes were sent to the researchers from 17 areas. The sorts of themes raised and covered in meetings includes:- efforts at including agencies and ensuring the membership of meetings is appropriate; relationships between HA planning and other working groups; challenges in engaging agencies in this work; reflections and learning from the experiences of humanitarian assistance centre (HAC) planning and establishment in other areas; issues around the identity, authority and contact details of those working in centres; potential locations and facilities available in identified sites for HACs; Community Risk Registers being used as a means to identify ‘hotspots’ where HACs may be required; activities focusing on more general HA planning, rather than just focussing on buildings; and the development of disaster-related websites to be used for signposting locally/regionally in the event of an emergency.

Those respondents who indicated that there was not a humanitarian sub-group within the LRF were asked whether they planned to establish one in the future. 2 respondents indicated that this was planned. A further 3 respondents outlined alternative plans which included a humanitarian assistance group that was not part of the LRF, a HAC management group (HACMG) that was nested under a different LRF sub-group (specifically information, communication and technology), and a regional level HA working group.

Lead Responder for Humanitarian Assistance

The LRF survey asked whether a lead responder was in place for Humanitarian Assistance.

¹ The mean, median, and mode are all measures of central tendency. The mean refers to the average score; the median represents the middle score of all collected scores; the mode represents the most frequently reported score. Each of these measures of central tendency facilitates the description of responses from large groups of respondents and provides a summary of all collected data.

As can be seen in Table 1 (p29), 20 out of 35 respondents (57.1%) reported having a lead responder. A further 42.9% had either not identified a lead responder or gave no response. Additional comments to this question indicated that responsibility for leadership varies, generally lying with either emergency planning or social care/health. Some respondents referred in general terms to the local authority where an incident occurs taking the lead and other representatives suggested that clarifying and firming up responsibility was an area of ongoing discussion and negotiation. The following comment was typical from feedback in both the surveys and the workshops:-

‘With the current national changes relating to social care and the internal re-structure, this has caused some confusion over lead responsibilities for humanitarian assistance within local authorities and delays in identifying key people for planning and response from this service. It's also challenging forging links between the two services for humanitarian assistance planning. There's a lack of clarity over definitions of vulnerable people and the type and level of planning required..... (We are) currently having some difficulty identifying suitable people and obtaining commitment from some organisations for humanitarian assistance planning, particularly mental health and social care.’

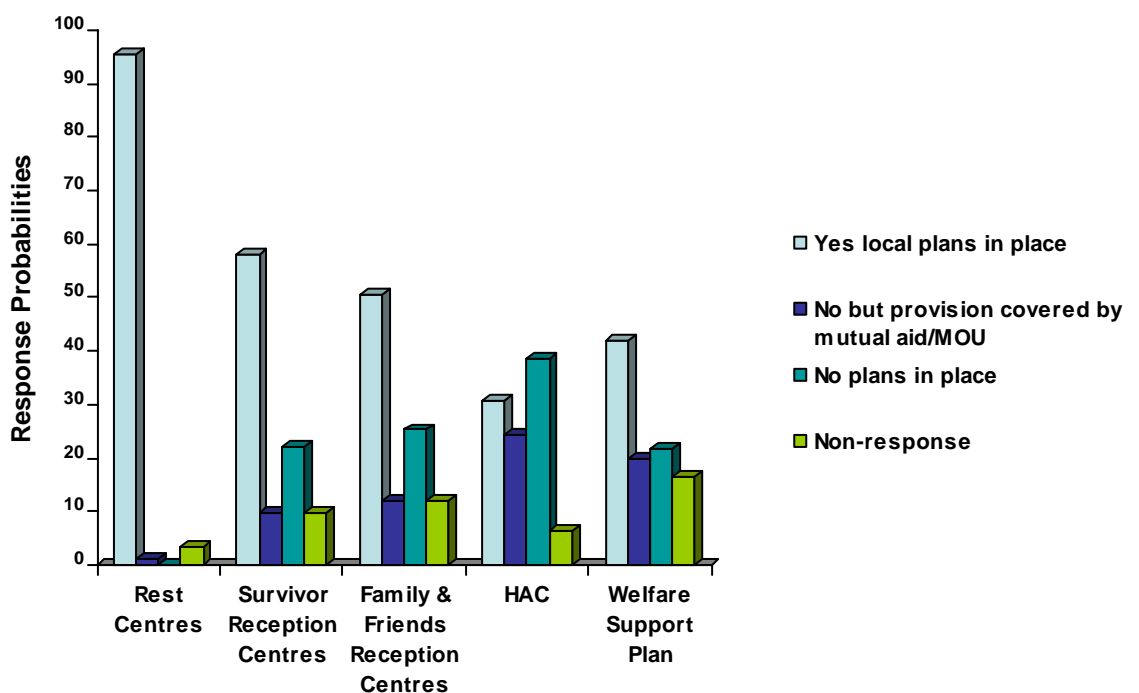
Contracts and Agreements

On the LRF survey, when asked to give details of any contracts or agreements in place for the provision of humanitarian assistance (including Memoranda of Understanding) there were 18 positive responses (51.4%) and 10 responses (28.6%) indicating no such formal contracts or agreements were in place (see Table 1); however within this 10 there were 2 cases of informal agreements. The types of organisations involved in agreements or holding contracts varied widely. These included voluntary organisations (such as the British Red Cross Society and WRVS), private industry (such as Morrison's supermarket and Kenyon International Emergency Services), and public sector organisations (such as the regional local authorities, police etc).

Local Authority Humanitarian Assistance Plans

The local authority survey asked for details about specific plans for addressing humanitarian issues in emergencies, including rest and reception centres and HACs. The results are shown in Figure 1 and discussed below.

Figure 1. Percentage response rates to key areas of humanitarian response provision (local authority survey)



Data from the workshops reinforced these findings in terms of highlighting mixed views and experiences of HA planning in general. Planning activity was identified in the discussion groups as either a strength or weakness depending on the area and region. On the positive side, areas commented on the amount of planning they had achieved so far and felt the development of good standardised documentation, agreed by LRFs, was a strength. Particular reference was made to the advantages associated with having developed joint initiatives, identified venues, recognised core skills, and built on existing planning arrangements and business continuity activities. In terms of weaknesses, the need for more work to be done to develop plans and get this area of work higher up the planning agenda was identified as challenging, particularly with the

lack of support of operational managers within some service areas. The discussions highlighted reasons for the findings that follow which show that some areas have no HAC plans in place while others are in the early stages of formulating them.

Rest Centres

In relation to the provision of Rest Centres, 87 (95.6%) of the respondents indicated that they have local plans in place. The single respondent which did not have local plans instead referred to an arrangement for provision through mutual aid/MOU.

In their qualitative comments respondents expressed confidence in their own arrangements in regard to rest centres and referred to much well established planning and practice in place. Responses detailed a range of venues and reported regular training and testing in exercises as well as usage in real incidents.

Survivor Reception Centres

In relation to the provision of Survivor Reception Centres 53 (58.2%) out of 82 respondents confirmed that local plans are in place, and a further 9 (9.9%) reported that provision is covered by mutual aid/MOU. 20 respondents (22.0%) reported that no arrangements are currently in place for the provision of Survivor Reception Centres.

In the qualitative comments it is clear that where Survivor Reception Centres are included in plans these are strongly linked to Rest Centres, either following identical plans or being seen as a sub-division of Rest Centres. One chief emergency planning officer seemed confused in describing Survivor Reception Centres as 'No different to rest centres. Only one such description in our plans. Both the same in our view'. (Interestingly, they further commented that no further planning was in place for identifying any potential physical HAC on the basis that this was regarded as 'Not necessary as we will either use existing rest centres or hotels already identified in plan').

Of those who do not have plans for Survivor Reception Centres, and even in some cases where there are plans, the responsibility for these centres is seen as lying primarily with the police – or at the very least requiring close coordination with the police.

Family and Friends Reception Centres

46 respondents (50.5%) reported that plans are in place for Family and Friends Reception Centres, and a further 11 (12.1%) reported that provision is covered by mutual aid/MOU. Just over a quarter of respondents (25.3%; n = 23) reported that no arrangements are in place for the provision of Family and Friends Reception Centres.

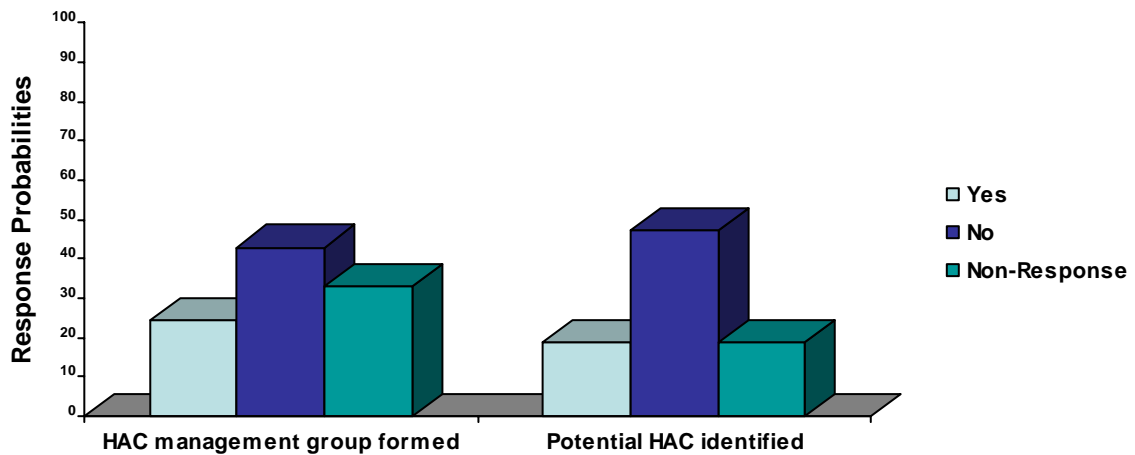
In the qualitative comments it is again clear that Family and Friends Reception Centres are often regarded as a sub-division of Rest Centres, with these often being included by implication within a single plan. Again, as with Survivor Reception Centres, these are seen as needing to be police led; with local authorities either acting in partnership, or in an advisory capacity to the police. A number of comments highlighted this as an ongoing area of activity in terms of liaison with other agencies, identifying suitable premises and seeking to build on the forthcoming further guidance being lead by ACPO to ensure compatibility.

Humanitarian Assistance Centres (HAC) - Planning and Management

28 respondents (30.8%) confirmed that local plans are in place regarding the planning of HACs, and a further 22 (24.2%) reported that provision for HAC is covered by mutual aid/MOU. However, 35 (38.5%) reported that no plan or arrangement is currently in place. Over 60 respondents though made additional comments to the effect of this being an ongoing area of planning and development.

The local authority survey asked if Humanitarian Assistance Centre Management Groups (HACMGs) had been formed. As can be seen in Figure 2 (p36), there were only 22 (24.2%) positive responses. 39 respondents (42.9%) answered no. Some regarded the chairing of such a group as being down to the chair of existing humanitarian assistance planning groups; in some cases it was seen as falling to emergency management professionals, in others the perception was that it lay with social care representatives.

Figure 2. Positive and negative response rates to the formation of HAC management groups and the identification of potential HACs



Operational Plans and Premises for HACs

43 respondents to the local authority survey (43 – 47.2%) said they had not prepared an operational plan for any building/site identified as a potential physical HAC while 17 respondents (18.7%) said they had. One respondent indicated that they would just use previously identified Rest Centres for this purpose, and one other indicated that they were considering using temporary structures alongside other buildings.

There were 10 examples of plans sent through to the researchers though 7 of these were rest/reception centre plans and one was a general corporate emergency plan. There were 3 specific HAC plans submitted, at least one of which has been used by other authorities as a helpful template for the development of local plans. (Further details of examples of planning processes are included in Part IV).

The following comments from the LA survey highlight the sorts of experiences of seeking premises:

‘Have a list of potential premises. X is a large area and several potential venues will be identified and plans developed for - as with our reception centres.’

‘In the process of identifying a suitable location; however proving difficult to find suitable long term facility at minimal cost.’

‘It will be very difficult to find a suitable/affordable option in rural X. In the event of a transport related incident we will work closely with the private sector who indicate they will use a good quality hotel.’

‘One of the key issues in developing the HAC was that the owners of buildings/sites (particularly those owned by local authorities) are reluctant to offer their facilities in advance of an incident because of issues to do with possible compensation and cancellation of events etc.’

‘I have done general site specific planning on three sites in X, but have come across pitfalls with each and it has not been progressed to a conclusion. One site has since been sold and is no longer available to us, and two would not be prepared to cancel wedding reception bookings at short notice.’

‘The geographical nature of the X LRF area means that we have decided that we cannot pre-identify any particular building. Looking at the lessons from the 7th July Centre the building will be open for such a long period that currently occupied property is not appropriate. Vacant property will be identified at the time it is required.’

‘HACs need to be close to the incident and available. A number of buildings have been identified as suitable but no specific plans drafted.’

Discussion in the workshops suggested that the identification of sufficient available and suitable premises in accordance with the guidance is commonly problematic. Most common challenges perceived and expressed were:-

- difficulty in identifying suitable premise for very large incidents
- difficulty in directing resources to where they are most needed

- the need to provide payment for commercial providers
- problems in identifying emergency accommodation for relatives in emergencies (i.e. available and not already taken by media).

Additionally the ‘London factor’ was frequently cited as unhelpful and for various reasons. It was often suggested that the London Assistance Centre at the Royal Horticultural Halls was being held up as some kind of ‘gold’ standard (this was identified as being particularly unhelpful by and for London planners as well as elsewhere the UK). Interestingly, although this misconception was explicitly addressed in the formal workshop presentations, comments to this effect still came back through the subsequent discussions. There was also a sense that focussing on London indicated a denial of the fact that each region was different and thus may have different ways of working. Finally, one delegate commented thus on their evaluation form: ‘when national assets are based in London they become (only) London assets’.

It was suggested that identifying appropriate locations for HACs in particular may hold up preparedness for providing humanitarian assistance. More generally though, reviewing and revising plans was one of the most common action points identified by attendees at the regional workshops. Many commented on further opportunities and work they were planning and pursuing on this, including identifying suitable premises, mapping identified HACs, and following up the staffing and insurance implications.

Suggestions as to what might also help included having a central unit to plan for a HAC which could go out to disaster-hit areas and set up a facility. Nationally resourced temporary demountable structures, such as used for the National Emergency Mortuaries, were mentioned in this regard. One delegate offered this further comment:

‘I believe this should be taken forward nationally. It's very frustrating to feed this information up via (our) Government Office ... and other routes and then never receive a response’.

Another delegate suggested that a national agreement with large hotel chains would be useful development.

At the same time a number of comments were made to the effect that there is an inherent danger in focussing too much just on buildings-based solutions when it comes to thinking about HA. The workshops have for many people highlighted that focusing singly on ‘one stop shops’ is not the appropriate approach, as this comment shows:

‘It’s a “continuum of assistance” rather than “Let’s open a centre” message (that) is getting out.’

For some it was new and helpful to learn that HA is not just about planning for a HAC. Having said this, one delegate suggested that while various workstreams are already in place covering many of the areas which would be covered in a humanitarian response, the establishment of a HAC working group has brought the advantage of providing a helpful focus for bringing all these together.

Welfare Support Planning

The local authority survey included a series of questions asking about particular arrangements for supporting people affected by emergencies. Mindful of the variation in the way this is structured and the range of terminologies used for these sorts of activities, the questionnaire specified that this might include, for example, welfare support plans and/or plans and processes for the deployment of crisis support teams.

We asked that a representative of each local authority in the LRF respond and ensured opportunities for comment on mutual aid arrangements were included.

Written Support Plans

The questionnaire asked whether local authorities have a written plan for welfare response (i.e. addressing psychological and social support). 61.6% of respondents have arrangements in place, either through their own written plan (41.8%; n=38) or through mutual aid/MOU, eg through another authority (19.8%; n=18). A further 21.9% (n = 20) indicated they have no welfare support plans or arrangements currently in place to address psychological and social welfare either through the local authority or LRF.

Again the qualitative comments are useful in unpacking these figures. There were 54 respondents who expanded on their responses. Of these 22 indicated that although there was currently no formal plan in action this was either under review or being developed, or was subsumed within a wider plan. There were 15 respondents who did not see it as their responsibility to form such a plan; 9 respondents placed responsibility with the County Council, and 5 saw it as the responsibility of the NHS or other health teams. There were 3 respondents who made specific reference to the role of GPs in referring individuals on for psychological support, one stating that this is a potential weakness in the plan as individuals may not therefore be known to them.

There were 73 respondents who offered comment as to who is responsible for the overall co-ordination of welfare support in an emergency in their area. Of these 41 referred to senior managers in social care related functions (e.g. adult/children's services, community care, mental health, and housing). In a further 19 cases emergency planning managers were specified. A further 7 respondents suggested responsibility would be shared and 4 respondents either stated that it would depend on the incident, or that they did not know.

Humanitarian Response Teams

The questionnaire to local authorities asked whether they have a formal humanitarian response team who have had training and are formally on standby to respond in the event of an emergency.

33 respondents (36.3%) confirmed that formal humanitarian response teams have been established, and are on stand by to respond in the event of an emergency (see Table 2, p41). Although 38 respondents (41.7%) answered no, many of these respondents provided evidence of alternative provisions, or indicated that this is an issue that is currently being explored and reviewed. Alternative provisions draw on a wide range of agencies from various levels of local government, the emergency services and the voluntary sector.

Table 2. Local authority responses to questions regarding the establishment of humanitarian response teams, identification of lead agency for psychosocial response, provision for PTSD treatment and plans in place for involving communities.

	Positive Response (%)	Negative Response (%)	Non-Response (%)	Total (%)
Do you have a formal crisis response team who have had training and are formally on standby to respond in the event of an emergency?	33 (36.3%)	38 (41.7%)	20 (22%)	91 (100%)
Has a lead agency been identified for the provision of a psychosocial response in the weeks and months following an emergency affecting people in your area?	34 (37.4%)	29 (31.9%)	28 (30.7%)	91 (100%)
Are there any specialist services included in your plans for treating people with Post-Traumatic Stress Disorder after an emergency?	14 (15.4%)	42 (46.1%)	35 (38.5%)	91 (100%)
Do you have any plans in place for involving communities in any longer term humanitarian response after emergencies?	14 (15.4%)	41 (45.1%)	36 (39.5%)	91 (100%)

Various terms were used for these organised responses, including Emergency Support Team; Major Emergency Team; Crisis Management Team; Crisis Support Team; Crisis Support Workers; Community Resilience Team; Psycho-Social Response Team; Critical Incident Team; Critical Incident Support Team; Critical Incident Personal Support Team; Welfare Team; Careline Team; and Humanitarian Assistance Response Team.

We were interested to know the sorts of details included in written guidelines, protocols and plans for the organisation, management and deployment of such teams. The comments offered bear testimony to the huge variety in terms of their organisation,

experience and length of establishment. They range, at one end of the spectrum, from relatively recently formed groups relying on ad hoc arrangements and in at least one stated case operating without any formal guidelines, to the other extreme of more established entities based on written plans and procedures supported by guideline documents and some form of 'accreditation'. Frequent comments were made about teams being under review, dependent on volunteers and subject to the turnover of personnel.

One respondent commented on the difficulty of establishing terms of reference and roles and responsibilities because of 'the complete absence of any guidelines in this area' and noted that this is 'a recipe for inconsistency'.

Those responsible for the coordination and management of such teams are drawn from a wide range of roles with the local authority, county council or voluntary sector. When asked which organisations/departments are represented on these teams, respondents listed a variety of groups. Most of these were related to key local authority/council services; they include members/teams from departments such as transport, communications and marketing, health and safety, building control, environmental health, legal services, finance, adult services, children's services, neighbourhood services, environment and regeneration, and social services. Alongside these other groups from the public sector were represented included the police, educational psychologists, teachers, and representatives from emergency medicine, such as ambulance and other health workers. Outside of the public sector representatives from voluntary organisations such as the British Red Cross Society and faith groups were included as were representatives from the private care industry.

Selection and Role Allocation of Team Members

The questionnaire asked about procedures for the selection and role allocation of team members. There were 33 respondents who offered comments, of which 7 commented that either no selection criteria are in place, or that those that do exist are under discussion or currently subject to review or development. Other responses tended to focus on recruitment methods rather than detailing procedures for selection or de-selection as such (though this is perhaps more a comment on the way the question was

asked; it could have been more explicit about selection and de-selection methods). Responses showed that a range of strategies are being used for recruitment. Volunteering is heavily used with 10 respondents indicating they use this in some way, half of whom ($n = 5$) use volunteers only.

In terms of selection, apart from coming forward as volunteers, reference was made to the following methods: 'encouragement' by departments for staff to volunteer; application forms; passing CRB checks; interviews; letters of reference; and assessment 'via training'. Reference was made to having 'the right skills' and 'expertise' in their own area (eg working with children or adults with learning difficulties) as well as having skills 'in general emergency response'. One respondent referred to members having 'a relevant professional qualification and experience' (though this was not defined) and another referred to roles being defined 'by the grade of the individual'.

Further documentation on some crisis support arrangements were sent through to the researchers but most of the information sent tended to focus on general aims and terms of reference. Only three submissions included much further detail on this. One was a protocol referring to volunteers 'being competent to deliver a range of crisis support services' and referred to their being assigned 'depending on their experience, qualifications and competencies' (there was no accreditation process in place for this scheme). Another was a handbook referring to a selection and recruitment process targeting people with specific competencies, skills and experience and linking this to an induction and accreditation process. The third detailed an accreditation scheme for response team members which has been in place for 17 years. One further respondent sent through details of a project which had actively sought to develop a national working forum for integrating and developing aftercare support but had not gained the support necessary to pursue it in further detail. This individual commented that they had developed roles and responsibilities for their crisis support workers in the absence of any central guidelines which would have been helpful.

Training and Development of Humanitarian Response Teams

When asked to give the titles of any training courses or modules used for team members there were 42 examples given. The content of the training is wide ranging and includes topics such as:

- general awareness raising, and introduction to council emergency planning and response arrangements
- overview of reception centres, including setting up rest centres and survivor reception centres
- command and control of major incidents
- working with the emergency services
- psychological support, including defusing techniques, trauma management and PTSD
- media training
- specific roles and responsibilities, including those of other agencies
- ‘soft skills’ such as empathic listening, ‘meeting and greeting’
- multi-agency working
- survivors’ perspectives
- children in trauma
- death in different cultures
- first aid
- evacuation

It should be noted that the above list was drawn from across all responses. Individual responses varied widely with a few including a wide range of topics from this list whilst others included just one or two topics. The length of training also varies, ranging from 1-2 hour presentations to two or three day events. Half day trainings are most common. Similarly the frequency of training courses varies widely with some respondents indicating plans for ongoing training (ranging from annual delivery of courses to refreshers being offered 3-4 times a year).

Respondents were asked how many trained personnel had received training. Of the 44 responses 30 respondents identified specific numbers of personnel ranging from 0 to 320. Across these 30 responses there was wide variety in the numbers of trained personnel given (SD=84.2). The mean number recorded was 66.7, with the median being 33, and the mode being 10.

Respondents were also asked how many trained personnel are currently listed on disaster response teams. Of the 44 responses to this item 30 respondents identified specific numbers of personnel ranging from 0 to 290. Again, across these 30 responses there was wide variety in the numbers of trained personnel given (SD=66.1). The mean number recorded was 57, with the median being 49.5, and the mode being 60. Three responses indicated that the number of trained personnel listed on response teams is currently unknown or that no list is available. Other respondents reported that all team members were trained but failed to indicate the actual numbers of personnel; it was commented that it was impossible to give specifics as team numbers fluctuated or were difficult to break down.

When asked whether there are schemes in place for accrediting team members, only 5 out of the 50 who responded answered positively. The majority of respondents simply replied 'no', and one respondent stated that 'there is no formal accreditation that we are aware of that is provided anywhere in the country'. Given the five positive responses, such a statement suggests a need for greater communication regarding existing accreditation schemes and/or suggestions for developing in-house training schemes. The five accreditation schemes explicitly mentioned were:

- ILM (Institute of Leadership and Management) accreditation via WRVS.
- In-house accreditation after completing a second phase of in-house training.
- A Certificate in Crisis Support (run by a university, and validated as a Higher Education Level 3 30 credit module).
- One County Council's own accreditation scheme which has been in place for a number of years
- Certificates of attendance for in-house training

Two respondents reported that they were currently looking at accreditation, one considering offering it for their in-house training with the other reporting that they felt there was no need for accreditation schemes as professional accreditation (specific to the type of response organisation) sufficed. One respondent suggested this should be addressed by Local Resilience Forums and linked in some way to police Family Liaison Officers (FLOs). Another confused accreditation with payment, commenting that their support team are paid a per annum honorarium while others are expected to respond as part of their contract of work.

Improving Humanitarian Response Teams

The survey responses highlight huge variation in the organisation and management of humanitarian response teams. Crisis support teams were referred to in the regional workshops too in terms of both strengths and weaknesses. Some feedback suggested that where crisis support teams exist and are being developed they can set good examples of partnership, joint working, training and engagement. Others called for more guidance, consistency and standards relating to the work of these and to humanitarian response in general. The potential for there being duplication of roles across voluntary organisations and crisis support teams was of concern to some people.

In relation to joint working, the focus groups highlighted the need for more work to be done to ensure better knowledge and understanding of the roles and relationships between police FLOs and other agencies responding after emergencies. For a number of delegates, further action on the development of humanitarian response teams and interaction with social care providers in their area was a specific action point generated by attendance at the workshops. The need to find a way of devising exercises that will be meaningful for the development and deployment of an appropriate humanitarian response in this regard was referred to along with requests for clarity on how to improve links between agencies in taking this work forward (Part V includes more information and recommendations on the development of joint working in this area).

Developing Humanitarian Assistance Training in General

Data from the focus groups suggests that the extent of HA training in general (as opposed to with specific reference to response teams) is regarded as either a strength or weakness across differing organisations and areas. Some areas regarded the nature and levels of internal and centralised training as an advantage, offering consistency for neighbouring districts and volunteers. Joint training across organisations on aspects such as rest and reception centres and providing psychological support was also picked out for special positive mention.

Others stressed the need for more training, particularly for those who might staff a HA response and there were calls for particular opportunities to be linked with practice-based exercises. Reference was made to the importance of conducting more training needs analyses and further developing both internal and regional training events (the suggestion was made that regional government offices should lead on this). The wish for training to include feedback and lessons identified from previous incidents and their response was strongly stressed. Marketing emergency planning training more widely than is currently the case was also suggested as a way of countering the lack of engagement over HA with organisations outside the LRF/emergency planning environment.

Other suggestions for what might help include opportunities for all subgroups to meet once a year together in open forums. Particular positive reference was made to conferences and external courses, including those focussing specifically on HA such as at the Emergency Planning College. The inclusion in such training courses of opportunities to discuss roles, responsibilities, expectations and experiences of humanitarian assistance was mentioned in particular. Comments also suggested that linking in HA training with other Capability activities – such as mass fatalities and the role of the voluntary sector – would be beneficial. Finally there were suggestions made that a national database of appropriately experienced and accredited trainers and a directory of organisation/skills might be useful.

Testing Humanitarian Response: Exercises and Lessons Identified

When asked about recent exercises which have included the testing of humanitarian response plans, 20 respondents (21.9%) replied that there had been no recent exercises, however almost a third of these (7 out of 20) indicated that plans were in place for this to occur shortly, or that such exercises were currently under discussion. Of the 38 respondents (41.7%) who did report such exercises occurring recently, all of these focussed on initial reception centres and in particular mainly rest centres. When asked specifically to indicate the nature of the humanitarian plans that had been tested there were 44 positive responses. Here rest centres again emerged as the main focus, with almost two thirds of respondents explicitly mentioning these (59%; n = 26).

Data from the focus groups suggested that the opportunity to exercise, as well as practical experiences of actual deployment, was regarded as helpful across many regions. Exposure to these enables lessons to be identified and shared. Where exercises are not in place and deployment experience is low, such learning opportunities are inevitably fewer. The data suggested concern at there being too few exercises, especially multi-agency ones and ones focussing on mass fatality scenarios, a view which bears out the evidence from the survey. Suggested reasons for this include the lack of funding and mutual aid to facilitate testing. Having said this further work on developing exercises, alongside training, was frequently identified as an action point by delegates. No notice, joint agency and live exercises (versus tabletop ones) were highlighted as preferable ways forward.

A request was made through the survey to view post-exercise and incident reports. This was met with a positive response though not all respondents who offered to forward examples to the researchers subsequently did so. However 8 exercise reports were received and examined with a view to gaining an idea of the sort of areas tested and lessons identified. These clearly showed how much hard work goes into planning, delivering and evaluating exercises. Although only one tested humanitarian needs and response plans beyond the initial phases of hypothetical emergencies, the sorts of lessons identified in these reports (which related to specific scenarios but have more general application to humanitarian planning and response) included:-

- The value of creating a defined and highly visible ‘Social Services’ function area in an emergency response centre for reference by evacuees and other agencies (an additional point was made that ‘the public can associate with ‘Social Services’, therefore do not confuse the matter by referring to ‘Children and Young People’, ‘Adult and Community Services’, or ‘Social Care’)
- The need for sensitivity in the use of terms such as ‘welfare’ in signposting services, e.g. the term ‘welfare’ may conjure up the wrong impression especially among older people
- The requirement to reconfigure emergency planning structures once Adult Community Services are locally reorganised
- The need to develop a process to assist in the identification of evacuees with a sensory problem or medical condition without contravening discrimination legislation or causing offence
- The need to ensure rest centres meet requirements of the Disability Discrimination Act in terms of disability access
- The importance of attending to privacy and confidentiality in processes such as registration and defusing sessions
- The value of having ground rules in place in centres which are well communicated and work to the benefit of managers and users
- The need to improve emergency response links between agencies such as emergency planning departments and PCTs, and for independent contractors to be made aware of their role in an emergency situation
- The difficulty in recruiting sufficient volunteers to role play, particularly as victims, and the challenges in playing a ‘victim’, e.g. actors being too calm or

overacting (thus the importance of careful briefing and guidance by directing staff was highlighted in one report)

- The need to communicate clearly, regularly and sensitively with those affected by incidents as victims
- The risk of focussing on procedures at the expense of addressing basic human needs such as comfort and treating people as individuals
- The need for managers to be able to delegate responsibility when appropriate and for all staff to be required to take breaks rather than carry on without respite
- Providing facilities for those affected by an incident to enable them to communicate with family and friends
- The helpfulness of ‘seeing things from the other side’ (e.g. from an evacuee’s perspective) as facilitated by exercises
- The value of including a focus in exercises on the recovery phase/longer term issues (one exercise included a short desktop exercise after the initial emergency phase aimed at recommending a suitable strategy for addressing ongoing short and long term issues arising from a scenario; this was felt to be of great use)

Although the exercises referred to in the survey and reviewed through reports focussed predominantly on the initial phases of emergency, the focus group data suggested there is interest in exercising the longer term recovery phase of emergencies. Knowing how to go about this was identified as a challenge with the difficulty in being able to role play psychosocial aspects of emergencies being cited as part of the problem here.

When it comes to learning and sharing lessons across the emergency planning and response community, some workshop delegates suggested there is a lack of information available and that review processes can be more about ‘finger pointing’ than sharing constructively. More broadly the whole question of measuring and evaluating the

effectiveness of humanitarian response was raised and discussed and there were expressions of interest in having more information and guidance in this area.

Responding to Incidents

‘Lots of theoretical experience – not much actual practical experience’; so commented one workshop delegate about the challenges of preparing for emergencies. However, the data collected through this research clearly shows that there is much collective knowledge and experience available among those who have responded to UK emergencies in both recent and historical times.

Through the local authority survey 32 respondents gave examples of specific incidents when plans had been implemented. The nature of these incidents included natural disasters (such as floods and high winds), industrial accidents (such as chemical fires, rail crashes), and events related to terrorism or wars (such as the July 7th bombings and the discovery of WWII bombs). They also included false alarms because of bomb scares.

There were 16 respondents who took the opportunity to comment through the local authority survey on the general outcomes of review processes and lessons from their experiences in incidents. Of these, 3 people commented on difficulties related to administration, particularly registration and form-filling which was regarded as time consuming. There were also some indications of communication problems between agencies, with comments about the failure of certain organisations (for example, not participating in planning when requested or in recognising their own roles and responsibilities). Two respondents summed up the challenge of the human dimension in dealing with real incidents thus:

‘Planning is merely a guide, anything involving human beings and behaviour - particularly in a major incident - is unpredictable!’

‘No matter how good it works on paper real incidents bring humans into the equation - always need to remember it will never go exactly to plan!!!’

Difficulties are to ensure needs are met whilst accounting for actions at the same time.'

Post-Incident Reports

Following submissions of further evidence, 11 post-incident reports were analysed with a view to identifying the sorts of lessons identified and the implications for humanitarian planning and response. The incidents represented were a gas explosion, a wall collapse, 2 serious fires (involving acetylene cylinders), flooding events, the terrorist events of July 2005 and 2 train crashes. The following examples were found (and are included here given their general messages about individual behaviour and lessons for organisational responses in/following emergencies):-

- Many volunteers turned out, despite being on leave and being inebriated
- Night duty staff in evacuation centres needed food and warmth
- Informing staff of required arrival time would have prevented them from rushing needlessly
- Social services staff were unclear of their role in the rest centre, leading to other staff having to take charge of triage, social care and support
- A voluntary organisation mobilised to provide catering support did not provide food and only assisted with serving (service level agreement/expectation flagged up as an action point)
- A few council staff worked very long hours, demonstrating overwhelming generosity (but not good practice)
- Huge voluntary sector response but needs coordinating, especially in the immediate aftermath (it was suggested this may take the form of simply 'logging' offers of help)
- In any rail related incident an early link should be established by the Train Operating Company with the emergency planning team in order to establish what practical assistance can be provided
- Regular meetings and information updates made a positive difference

- A single database and data sharing protocols would have made the collection and collating of details better
- A tactical commander got drawn into hands on detailed operations
- Community Wardens provided an extremely useful service on cordons and escorting people to their homes. They enhanced the councils' visible presence in the community and the police welcomed the extra assistance
- When a response went well, evacuees offered much positive feedback and appreciation. A friendly and approachable environment in the evacuation centre made the experience of responding enjoyable
- Staff were well organised, supported each other and gave a good service to centre users – providing information, a welcome, and a proactive and innovative response. Several evacuees expressed their thanks and appreciation for the professional, caring and organised approach
- Every effort should be made to ensure passengers involved in a rail crash do not continue their onward journey by train
- A request for advice for affected schools (on closures, opening and transport for children) was responded to through the deployment of a dedicated education department representative at short notice; all actions were carried out smoothly and efficiently
- A joint community support strategy between community leaders, the council and police was deployed to respond to the potential for an increase in hate crimes as a result of events
- Paying attention to the community impact of the incident (train crash) and the collective recognition of the need for a strategy to inform and support the community was favourably commented upon
- A proactive recovery strategy/plan, which engaged all relevant agencies, was set up as a way of enabling resources to be focussed and coordinated in serving local communities (3 reports outlined arrangements for this. Including directly affected people and keeping communities actively informed was recommended by all)

- Capacity building for community self help and reliance is a key learning point

Further Learning from Experience

The focus group data showed that there is much interest in learning from others' experience of exercises and real deployments, and proactively building on the implications of these in HA planning. It was suggested that greater opportunities for this would help, along with information on how to share best practice and tap into the experience and expertise already available. Examples given of how this might be achieved included more general awareness raising events and forums for multi-agency information sharing. One person suggested this might help to counter an existing culture working against information sharing.

The workshop presentations and discussions reinforced delegates' understanding that actual emergencies not only highlight the need for planning, but also provide opportunities to profile this work and seek support for budgets and resources. Delegates indicated that they were also taking away from the workshops an appreciation of 'not getting hung up on the latest incident'. In terms of ways forward, particular reference was made to learning from those directly affected by incidents (as bereaved people and/or survivors), especially in relation to understanding longer term humanitarian needs and issues.

Community Engagement in Humanitarian Planning and Response

The government's Guidance on Humanitarian Assistance in Emergencies talks about involving the wider community in humanitarian planning and response (5.40-5.41). We were interested in knowing whether and how local community engagement is being addressed locally and so asked local authorities for their experiences. We specified that this may include, but is not limited to, multi-faith involvement.

Of the 45 respondents most were able to detail their activities in this area. Only 3 indicated that there was no activity in this area, but of these one indicated that this issue is currently being progressed. Another commented on how their experience of major

incident response had provided some useful learning but it had not been addressed in any detail yet, adding that ‘guidance and practical examples of how this has been achieved would be extremely useful’. Another indicated that, although a good idea, they ‘have not the resource to maintain such an initiative’.

In the other responses a wide range of community organisations were referred to as either being involved or acting as routes by which community engagement could occur. These include:- clergy; voluntary agencies (including through collective forums, both those specifically established for emergency planning and more general associations of voluntary sector organisations); multi-faith or interfaith groups (including multi-faith forums); Sure Start; black and ethnic minority workers groups; and the NHS. Other networks being used for communication and engagement included parish and town councils and newsletters, elected members and community cohesion teams.

The focus group data shows that where communities are engaged things are working well and positively informing planning. Community based groups offer local knowledge, continuity and a longer term perspective when it comes to humanitarian assistance. Reference was made in the workshops to the advantages of knowing communities through developing community risk registers and integrating HA planning with other community cohesion initiatives (such as Safer Stronger Communities, community development programmes, crime reduction programmes, fire safety initiatives and Neighbourhood Policing strategies). There were also examples given of planners drawing on multicultural initiatives and multilingual resources where they exist locally.

Capitalising on these and other opportunities to engage and empower communities was identified as a key action point for many attendees at the workshops. Developing working relationship with faith groups, particularly in relation to plans for establishing HACs and emergency mortuaries, was given particular mention. It was suggested that more recognition and activity around community impact assessments would be useful as well as taking the work of emergency planning out into communities. Stated advantages of this approach include the opportunity to promote self help within emergency situations (the latter being related to promoting the public’s perception of their own abilities and capacities in emergencies).

When asked whether there were any plans in place for involving communities in longer term humanitarian responses after emergencies only 15.4% (n = 14) responded positively (see Table 2, p41). When asked to expand on responses there were 40 qualitative comments offered. Of these 17 expressed intentions to pursue or develop such engagement and recognised its importance. At the same time the comments suggested overall that plans were in the early stages, and that community involvement represented ‘a long term aspiration’ with much more needing to be done. (Examples of community engagement initiatives are included in the good practice examples in Part IV.)

Meeting Longer Term Humanitarian Needs following Emergencies

We asked about plans and provision for meeting longer term needs after emergencies. Table 2 (p41) summarises the results which are discussed below. They show over a third of respondents have identified a lead agency. This suggests that there is a recognition that these longer term needs should be met. However the majority of respondents do not yet have provision in place for cases of Post Traumatic Stress Disorder, nor have the majority of respondents established a Community Involvement Plan to address these longer term needs.

Identifying a Lead Agency for Psychosocial Response

When asked whether a lead agency had been identified for the provision of a psychosocial response following an emergency 34 respondents (37.4%) gave an affirmative response (see Table 2, p41).

There were 50 respondents who chose to expand on their replies. Of these 35 were able to specify the name of the lead agency. These agencies varied and included organisations as diverse as county councils, NHS Trusts, and mental health charities and other voluntary organisations. Worryingly 9 respondents used terms such as ‘assumed’, ‘believe’, and ‘hope’ in relation to their indications of who would take responsibility suggesting that the situation was far from clear in their local authority and, in some areas, demonstrating that no formal arrangement was in place.

Arrangements for Liaison/Joint Planning

The local authority survey asked about any arrangements in place for liaison/joint planning between providers of longer term psychosocial support. It was explained that this may, for example, be in the form of plans, MOUs, working parties or meetings and could include (but is not limited to) arrangements with private sector providers. There were 10 (out of 42) respondents who indicated that there were no arrangements in place; while a further 4 are exploring or developing such arrangements. In terms of where arrangements are in place comments generally suggested that this is an area requiring ongoing development and review; typically references were made to this being an area being 'currently explored', 're-established', 'reviewed' and 'developed'.

3 respondents commented that they only have informal arrangements, all of which are with the voluntary sector involving such groups as CRUSE, the Samaritans and the British Red Cross Society. When considered in conjunction with humanitarian response arrangements overall these are noteworthy findings. Voluntary organisations are unlikely to have the capacity or funding to support a longer term strategic response through their usual mechanisms and resources. Therefore reliance on these types of ad hoc arrangements is likely to be insufficient. Instead there is clear evidence of the need for some form of carefully planned and managed, longer term support strategy and resource base to be in place following emergencies.

Identification of Vulnerable People

One of the key challenges in emergency response is identifying vulnerable people in affected communities. The local authority survey asked about any plans or protocols in place for identifying vulnerable people. There were 53 responses, with only one respondent indicating that nothing is in place. There were 8 responses indicating that work was currently occurring in relation to this. The majority of respondents are utilising existing databases from a variety of sources, and sometimes draw across very many of these. Databases used include, but are not restricted to, those of the local health services, fire and rescue services, social services and voluntary agencies.

A number of respondents highlighted the problems involved with the issues around vulnerability noting that evacuation and displacement interfere with the validity of address based records, and that anyone has the potential to become vulnerable during an emergency because of the factors involved in disaster-related circumstances. Respondents expressed concern about the issue of identification and are exploring solutions. The following comments highlight their sorts of experiences and perceived difficulties:-

‘This is an area over which we have great concerns. Several joint agency meetings have been held to agree procedures for identifying vulnerable people in the community.’

‘Reference to vulnerable people is made in all appropriate ... plans. Heavy reliance is placed on the local community being able to provide this information.’

‘We will scroll through our lists from a geographical perspective of the area affected. The race is on for us to identify them before Emergency Services discover them whilst trying to evacuate.’

‘One of the key challenges is the changing nature of vulnerability and getting across the message that no one agency can identify vulnerable people; it is very much a joint effort’.

One LRF has developed a specific plan aimed at identifying vulnerability, individuals and their needs and is helping to develop a flexible process for collating and sharing information while maintaining confidentiality.

Improving Information-Sharing

Peter Diplock of the Civil Contingencies Secretariat presented at the regional workshops on new Government Guidance on Information Sharing and Data Protection (see Appendix 8 for a summary of key principles in the Guidance). Many delegates commented on the value of this, particularly in so far as it clarifies the law and provides

practical advice. Some delegates expressed comfort in knowing that problems they had encountered were more common than they had appreciated.

Undertaking further activity in this area and following up from the data sharing presentation was identified as a key action point by many attendees at the workshops. In particular delegates planned to look in more detail at the information sharing guidance and approach relevant data protection colleagues in their organisations. In his presentation Peter referred to the fact that there is specific text in the Civil Contingencies Act covering permission to share data between Category 1 responders which might be useful for planners to cite, preferably before but if necessary during emergency response. The text is as follows, as provided and interpreted by Peter:-

‘Part 1, Section 2, Paragraph 5, Subsection H of the Civil Contingencies Act states that the Act does "...require a body listed in Part 1 or 3 to cooperate with a body listed in Part 1 in connection with the performance of duties under subsection 1".

Translation

Part 1 = Category 1 responders

Part 3 = Category 2 responders

Subsection 1 = risk assessment, preparing emergency plans, responding to an emergency.

In essence the Act says that Category 1 and 2 responders are required to cooperate (i.e. share information) when requested by other Category 1 responders as part of the emergency planning, response and recovery process’.

An example of good practice in information sharing is included in Part IV.

Treatment of Post Traumatic Stress Disorder following an Emergency

Local authorities were also asked whether there are any specialist services included in their plans for treating people with Post Traumatic Stress Disorder (PTSD) after an

emergency. As can be seen in Table 2 (p41), the majority of respondents either answered negatively (46.1%) or failed to respond to this question (38.5%). Only 14 respondents (15.4%) answered positively in terms of having any specialist services included in their plans for treating people with Post-Traumatic Stress Disorder.

When considering the qualitative comments of the 30 who chose to expand on their answers it was clear that many rely on existing health or social care support services, despite these not necessarily being well equipped to deal with this specific issue. There were 3 respondents who seemed to confuse the provision of basic emotional support with *treating* PTSD; two suggested that the British Red Cross have a facility for dealing with PTSD and the other commented that all of their crisis support team members have been trained in supporting people with PTSD.

Most responses referred to dealing with post-traumatic reactions in the general public after an emergency, though this is of course also a planning and management issue for those professionals and volunteers who themselves provide a response and support others during emergencies. Only two respondents acknowledged this issue by detailing plans to support and assist responding staff.

Improving Longer Term Humanitarian Response

Data from the focus groups highlighted that many delegates at the regional workshops had learned more and new information about the effects of emergencies on people. The data demonstrated an acknowledgment that most planning tends to focus on the short term rather than longer term recovery issues after disasters. In terms of future planning and response, many delegates left the workshops with a broader appreciation of the scale and variety of impact of events, greater understanding of how HA should be needs-driven and responsive, and an appreciation that the nature and levels of care can be critical to the recovery of people involved in emergencies.

Identified follow up actions included measures to address continuity in service provision and aimed at linking any temporary response (such as through a HAC) with more permanent, local and endogenous networks for support. Robustness and

sustainability of organisations/staff involved in longer term recovery was highlighted as a matter of concern.

Positive support was expressed for some kind of national initiative and/or database pooling experience about setting up centres, and providing longer term support and information regarding HA. This was seen as supplementing (rather than replacing) local initiatives for support.

The importance and value of having clear and effective exit strategies was a key learning point identified in the workshop presentations. Reference was made here not only to staffing implications but also the impact on users of potentially creating and managing dependency. While many people were now planning to review their plans and build in references to exit strategies as a result of the workshops, it was suggested that more information on how to develop an exit strategy would be useful. In particular guidance on approaching the question of defining, recognising closure and implementing exit strategies would be seen as helpful. Part V seeks to offer some further guidance in this regard.

Developing Capability in Humanitarian Assistance: Challenges and Opportunities

Both the LRF and local authority surveys included questions on developing capability in HA. As well as asking for examples of good practice, respondents were asked about challenges and opportunities.

When asked to highlight specific challenges in addressing humanitarian needs in emergencies 50 comments were made by local authority respondents. A content analysis of answers yielded 6 main themes. In order of strength of expression these were: lack of resources; multi-agency working; complexity of issues involved; infrequency of events; low priorities; and managing expectations (see Figure 4 (i) and (ii)).

A content analysis of the 30 responses given by the LRF respondents yielded some similar themes (again presented here in order of their strength of expression): lack of

resources; multi-agency working; unpredictability, providing support; specific types of events; sharing of information and communication issues.

Many of these themes and issues were repeated in the focus groups and on the evaluation forms. In addition to the points listed above, commonly identified risks/challenges included: widely varying levels of knowledge and understanding of the nature and practical application of HA; cultural attitudes within organisations to risk, planning, resilience and responsibility; and local authority structures and reorganisation of social care. All of these themes are expanded on below.

Key Challenges

Figure 3 (i). Thematic structure of responses relating to challenges experienced in addressing humanitarian needs in emergencies (local authority survey)

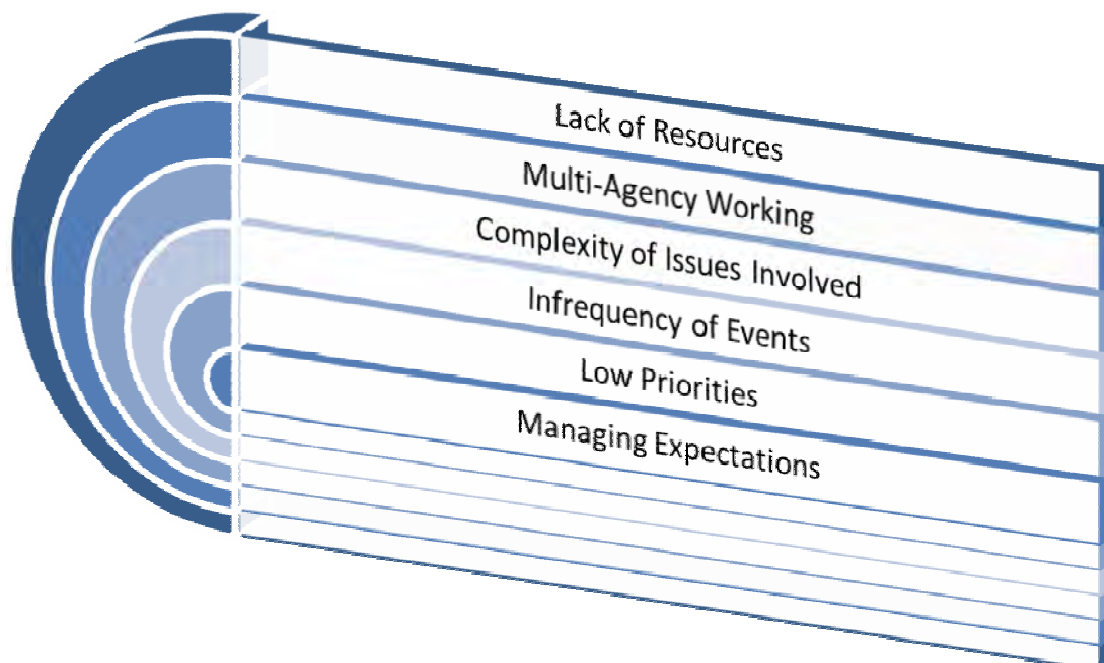
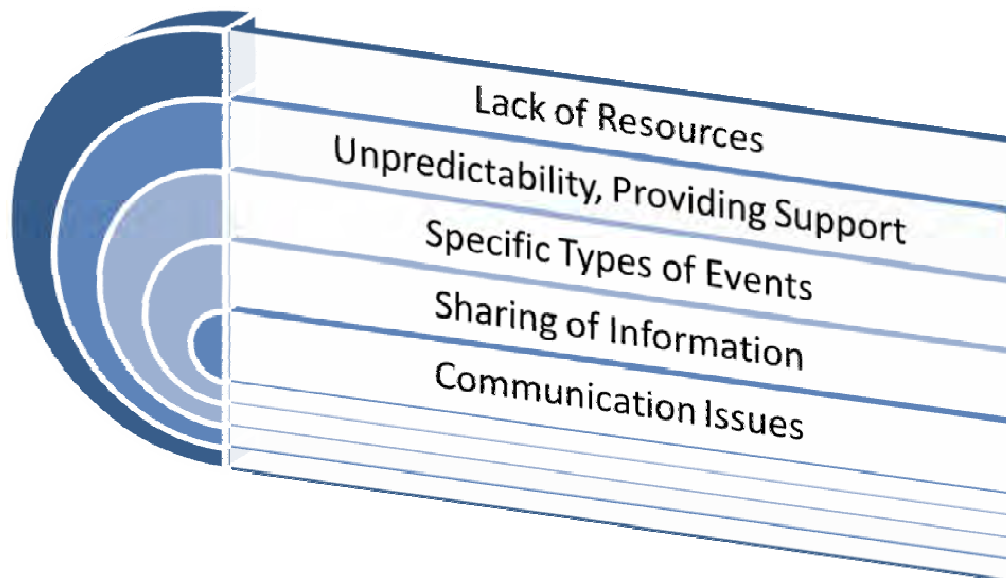


Figure 3 (ii). Thematic structure of responses relating to challenges experienced in addressing humanitarian needs in emergencies (LRF survey)



Lack of Resources

By far the biggest concerns expressed through the data were related to a lack of resources. This did not just equate to a lack of funds but also referred to a lack of time (for planning and training), and of appropriate personnel. LRF respondents expressed concerns about the difficulties of training sufficient numbers of appropriate people to form humanitarian response teams.

Focus groups expanded on issues such as overstretched departments and the problems associated with emergency planning and response being a bolted on activity in addition to the pressures of day jobs, yet without additional resourcing (funding, equipment, training and dedicated staff). In addition some saw overstressing finite resources as risky, particularly where there were no contingency plans for addressing human resources (such as staffing during holiday periods, staff turnover and burnout during responses). This was related back more broadly to business continuity issues which were seen as a key challenge in sustaining any emergency response.

Specific examples and details of perceived challenges were expanded on in the focus groups. In particular comments relating to funding referred to:

- the general and overall costs of providing HA
- a lack of regular funding and reduced funding to local authorities
- a lack of clarity about how much financial support would be available and offered during and after emergencies
- difficulty in obtaining external funding and the challenge of securing sponsorship
- differences in funding priorities across areas
- uncertainty about funding for 2 tier local government structures
- a lack of funding protocols
- concerns about recovering costs
- the costs involved even when volunteers are used
- organisations not taking responsibility because of lack of funds

Multi-Agency Working

Working within and across differing agencies was frequently cited within both surveys and the focus groups as presenting one of the most significant challenges for humanitarian planning and response. There are a number of different facets to this.

Even before discussing detailed considerations of joint working, the fact that there are large numbers of organisations involved in responding to emergencies appears to present difficulties and logistical problems. According to the data the multifarious nature of responsibilities also leads to a lack of information being available within single organisations making communication and liaison difficult.

Disjointed working, along with unwillingness across organisations to work together, was commonly referred to as problematic. It was suggested that agencies are not always prepared to accept responsibility and accountability for planning and response in emergencies, both as a result of and leading to role confusion. Comments reflected poor

understanding of other organisations – their roles and capability. Consequently communications are poor and there are difficulties associated with this.

Conflicting priorities within and across organisations, including differing corporate objectives and targets, makes it difficult to obtain consensus and agreement about priorities and the investment of resources. Furthermore the lack of a common approach to HA itself hinders multi-agency working both regionally and nationally. By way of example, reference was made to the CCA stating that local authorities should engage in exercising but not specifying to what depth this should take place. From a local authority perspective it was suggested that this enables organisations to duck their responsibilities in this regard.

Local Authority Structures and Reorganisation of Social Care

Departmental reorganisation has led to confusion over roles and responsibilities and presents additional challenges for HA planning. Continual staff turnover and transitions through recent structural changes in the public sector has led to inconsistency and has had knock-on effects on relationships and networks. In turn there is a cost impact of keeping levels of training, competence and experience updated.

The focus group data suggested this means those involved in responding in the event of an emergency could potentially have little or no experience in this field. The effects on capturing and retaining institutional learning was also seen as a significant challenge with a ‘loss of corporate memory’ bemoaned across institutions such as health, social care and the fire service.

Particular mention was made of departments dividing and the recent disaggregation of social services into different directorates. The splits into what are now Adult and Children’s Services has led to greater uncertainty and ambiguity around emergency planning arrangements and the role of social care providers in emergency response. In discussing these challenges workshop participants commented on the unhelpful ways in which legislation and strategic planning from central government does not always dovetail with the requirements of emergency planning and the Civil Contingencies Act.

Some felt that, though often unstated, emergency planning arrangements are different and less effective since the passing of the Act. Not only is the 'LRF footprint different to previous way(s) of working' but, said one respondent, this has had negative effects on multi-agency working:-

'We can only move as fast as the slowest agency, and some of the local authorities are moving so slowly in some areas we need to find a new way of doing things. In a nutshell we are nowhere near as joined up or dynamic as we were pre-CCA.'

Complexity of Issues Involved and Providing Support

A number of LRF respondents expressed concerns about the need to ensure that all who need support in emergencies receive it. Some specific issues were mentioned including the difficulties of identifying vulnerable people, the vulnerabilities of emergency responders themselves, the complex immediate aftermath of an emergency, and the fact that those involved in small-scale incidents may not meet thresholds sufficient to activate humanitarian assistance plans.

The diversity of needs in emergencies was also recognised by local authority respondents as presenting great difficulties. Similarly the diversity of populations at risk was perceived as presenting challenges, particularly in relation to vulnerable people and in a multi-cultural society. It was felt there was a need for greater exploration of what Humanitarian Assistance actually involves in relation to these factors (as opposed to just providing HACs).

Knowledge and Awareness of Humanitarian Assistance

The focus group data highlights the need more generally for greater awareness and understanding of the nature, meaning and application of Humanitarian Assistance. The discussions illustrated contrasting levels of knowledge and experience among attendees at the workshops (as one clergyman fed back from his discussion group, the event had provided both 'confirmation and revelation' for differing individuals within his group!)

Some were in the initial stages of understanding the fundamentals of this field, for example reporting in the evaluation forms how they were starting to understand ‘the needs of people during/after emergencies’ and how to address fundamental issues such as who might decide where a HAC is set up (this suggested they were unfamiliar with existing guidance covering precisely such issues). At the same time it was clear that others attending the workshops had high levels of knowledge and awareness, and often with life and professional experiences to draw on. This range in itself can be potentially problematic, particularly when there are not readily available ways of gauging or measuring levels of knowledge or understanding or of linking this with competence when it comes to allocating roles and responsibilities.

Cultural Attitudes and Practices within Organisations

It became clear through feedback, particularly in the workshops, that cultural values and attitudes in organisations are strong and are perceived as impacting significantly on the opportunities to move forward with HA and other aspects of emergency planning. Much of the feedback from across the regions made reference to this and, while not explicitly using the term ‘culture’, included plenty examples of both formal (official) and informal (unofficial) attitudes and practices. Examples given of helpful attitudes and practices in place which are enabling HA work to go well include:-

‘Positive outlook’; ‘ethos locally’; ‘enthusiasm/commitment of agencies involved’ ; ‘we all step up when it happens’; ‘regional culture’; ‘comfortable in chaos’; ‘reliable in situations without mod-cons’; ‘task focussed’.

Examples of unhelpful and proscriptive attitudes and practices cited include:

‘Target-related planning’; ‘tick box mentality’ ; ‘free thinking being discouraged’; ‘ a “not invented here” attitude in some’; ‘unwilling to share’; ‘hierarchy/personnel’; ‘personal agendas’; ‘personality issues’ (seen as a potential strength as well as a weakness); ‘we know best’ mentality; ‘ an “It won’t happen to us” attitude’; ‘resistance to change’; ‘complacency’;

‘5pm Fri!’; ‘takes an incident to focus the mind’; ‘silo thinking’; ‘blame culture’; ‘parochialism’; ‘buck-passing’.

The existence of different organisational cultures across agencies was referred to as being preventative also. Cultural attitudes and behaviours can be all the harder to tackle when they are informal or unofficial and difficult to quantify or measure. At the same time they can remain – and are clearly perceived to be – a significant barrier to productive working in this area.

Unpredictability and Infrequency of Events

The LRF survey data suggested that the diverse and unpredictable nature of emergencies inevitably leads to difficulties as it is impossible to foresee the nature or scale of any necessary response. Comments suggested this is further complicated by the unpredictable nature of human beings and their behaviours/responses in emergency situations. In terms of the infrequency of events, maintaining skilled teams and appropriate funding streams when no emergency has occurred was perceived as problematic in the local authority response.

Humanitarian Assistance as Low Priority

There were concerns among local authority responders that humanitarian assistance would remain low in the list of priorities because of other issues being perceived as more pressing. In the focus groups too comments were made to the effect that this activity is not seen as a priority but rather as ‘something they may do if they have time’.

In view of this it is ironic that the point was made in one of the workshops that often planners are not the staff required for a plan to work when implemented. This led to a discussion about the need for key messages in any guidance documents and for awareness raising events like the DCMS tour to reach a broader audience than those who attended the summer tour.

Further comments in the surveys and workshops reflected the view that the profile of this work needs to be raised. It was suggested that the focus on HA centres does not

‘appeal’ widely. These comments were often linked to statements about lack of buy-in and interest from other service areas and perhaps help to explain these additional challenges. At the same time these sorts of concerns were related to the lack of resources as it was felt difficult to justify using limited resources on dealing with events that may not occur. This was on top of the general low priority given to emergency planning as the following comments illustrate:

‘The infrequent nature of major incidents and the pressures on those in Social Services and Mental Health mean it is very hard to sustain momentum in these matters’.

‘In today’s climate of ever tighter budgetary controls, many local authorities place emergency planning matters very low down their overall scheme of spending’.

‘While the significant part of the Council’s response to an emergency is Humanitarian Assistance, in the absence of a real emergency it is hard to get some parts of the Council to prioritise planning in this respect.’

Specific Types of Events

When asked to identify challenges, certain types of event were highlighted as more problematic than others in the LRF responses. These included severe weather and flooding, CBRN incidents, and pandemics (because of concerns related to response capabilities). Additionally certain LRFs have geographically specific concerns, for example large numbers of major industrial sites in their region with the potential to cause serious incidents.

Managing Expectations

There were concerns among all respondents that expectations of what is possible in terms of providing Humanitarian Assistance are unrealistic. Growing public expectations of high standards, responders’ own expectations and perceptions of Government interference were all mentioned in this regard. The focus group data

reinforced the sense of belief that there are unrealistic expectations placed on personnel tasked with planning and responding. The feeling of being taken advantage of, having to rely on people's good will and reducing individual (and by implication organisational) resilience were among the points frequently made here.

Linked to expectation, the extensive workload related to the Civil Contingencies Act, especially for local authorities, has generated a common feeling of there being insufficient time to do effective planning, risk assessments, training and exercising. Concern about the impact of this on their ability to fulfil other responsibilities was also noted, for example adult social care workers' duty to look after existing 'clients' at the same time. The feeling was summed up by the suggestion that 'key people can be pulled in too many ways'.

Planning for HACs in particular was the focus for much comment in relation to the challenge of managing expectations of partner agencies, politicians and the public. Notions of a 'gold standard', or 'blueprint' model seem to be driving these even though it was suggested understanding was growing (not least through the workshops) that it is more appropriate to plan for flexibility and 'fit for purpose' responses than a 'one size fits all' approach.

As stated earlier, some pointed in particular to the London response after the July 7 bombings as being unhelpfully promoted as a desirable standard/best practice model and thereby fuelling unrealistic expectations. In terms of managing expectations some suggested that as well as working with partners this could be addressed through more public and community education and more broadly promoting agendas of self-help, community-based resilience and self-reliance as opposed to dependence on the authorities.

Addressing Challenges

Survey respondents were asked to suggest what might assist them in addressing humanitarian needs in emergencies. There were 46 comments made on the local authority survey and 25 on the LRF survey. A content analysis of responses from the local authority survey yielded 4 main themes (equivalent in strength). These were:

increased funding/resources; clearer expectations and guidance; education and sharing best practice; and clarification of responsibilities (see Figure 4 (i) and (ii)). The LRF responses also yielded 4 main themes. In order of their strength of expression these were: common practice; clarity of responsibilities and of funding; developing awareness; and vulnerable people.

The focus groups also elicited data on opportunities and ideas that would help to address challenges, including suggestions for improving multi-agency working; working more closely with Category 2 responders, and building on the strengths and capacity offered by the voluntary sector.

Figure 4. (i) Thematic structure of responses regarding proposed assistance needed to address challenges (local authority survey)

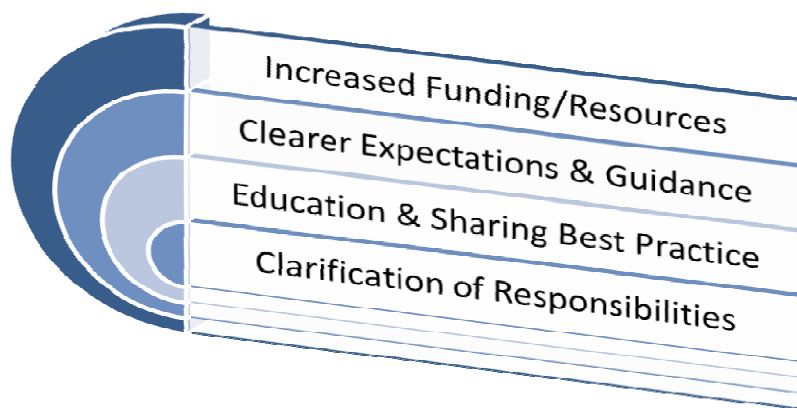
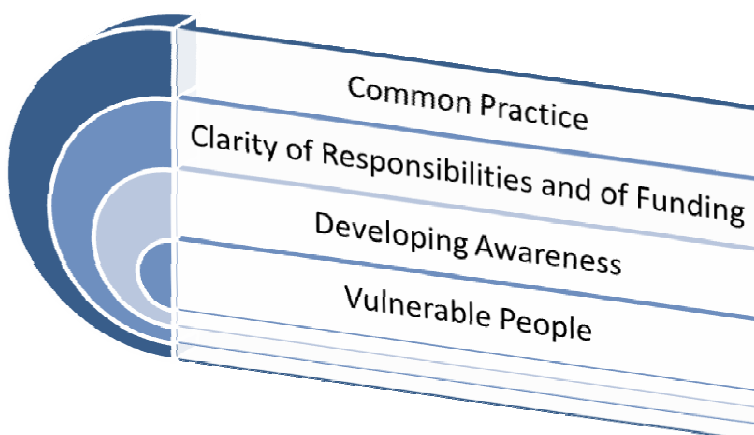


Figure 4. (ii) Thematic structure of responses regarding proposed assistance needed to address challenges (LRF survey)



Increasing Funding/Resources

Given that a lack of resources was seen as the main challenge it is unsurprising that increased funding was identified as a necessary solution in the surveys and workshops.

It was suggested that the following would help:

- Funding from central government, particularly for HACs, as local authorities feel they cannot address these extra costs
- Clear advice from government about funding - who will pay for HACs in relation to premises and which local authority pays in a cross-border incident
- Clarification for LRFs on possible funding streams and guidance as to where responsibilities lie for meeting the cost of any necessary initiatives
- Funding in advance of and during an incident as opposed to after the event, the point being made that it is difficult to make firm arrangements without advance knowledge and incurring costs
- Ring-fenced budgets for planning and training
- Pooling budgets and/or planning with agreements (e.g. proportionate working/funding between city and county)
- Examples of models of agreements
- Organisations taking responsibility for tackling funding and other resource issues
- Acknowledging and identifying potential costs at the planning stage so that an audit trail is clear and available
- Consideration of funds for anniversary/memorials (uncertainty was expressed about who pays for these)
- Changing the Bellwin Scheme criteria
- More equality in the distribution of funding (one respondent made the specific comment that the current imbalance between county councils and district councils risks a reduced response by front line responders (i.e. district council emergency teams))

- Earmarked funding for counsellors specialising in trauma and other longer term aspects of HA

Improving Multi-Agency Working

In response to the problems of multi-agency working identified above, respondents suggested a number of strategies which might help. Seeking to learn more about each others' structures, skills, knowledge and resources was identified as a learning outcome from the workshops for many. Making new and further links across the council/county/region to ensure that HA representatives for emergencies are sound and fit for purpose was also a key action point.

Other comments referred to efforts at adopting and encouraging a more proactive attitude and approach within and across organisations, including working to achieve greater buy-in and political support from senior managers. It was suggested that for this to be effective there needed to be an acknowledgement of mutual and complementary resources across partner agencies, and not just material ones.

In terms of tackling poor understanding of each others' roles and responsibilities, the focus group responses indicated the need for the messages shared in the workshops to be conveyed wider than the delegates who attended. It was suggested that it is difficult when such meetings only involve 'preaching to the converted' rather than embedding emergency planning more deeply within and across organisations. For some delegates a key action point from the day was to work on spreading the message about this work wider than before, including efforts at educating their own workforce as citizens and identifying their skills and capacities as potential emergency responders. Creating opportunities to engage with wider communities and voluntary sector partners in such endeavours was regarded as one way of working to achieve better teamwork.

More sharing of plans and broader engagement of people in exercises was also identified as beneficial. As well as ongoing liaison and networking (formally and informally) at local levels, more effective regional government, cross border activity and nationally driven initiatives were also suggested as ways of improving multi-agency

working. Some added that the requirement to develop and share plans needs to be driven externally.

In some areas mutual aid agreements and other HAC protocols exist in an environment of mutual support and close cooperation. Elsewhere, however, there is recognition that a lack of protocols is problematic and needs addressing with confusion over with whom, and how, mutual aid might be activated. Making use of the opportunity to include the voluntary sector in mutual aid agreements was seen as a way forward here.

Improving communications both internally and across organisations would make a difference to multi-agency working. More effective data sharing, along the lines highlighted by the CCS, was seen as a useful step, along with other measures aimed at making contacts and developing good contacts lists. Indeed efforts aimed directly at getting the key players ‘round the table’ and pushing harder for a joined up approach was a priority identified by many attendees at the workshops. Others also referred to the need for opportunities to consolidate and collate existing contacts lists for the benefit for all.

Clearer Expectations and Guidance

Many respondents in the local authority survey expressed a lack of experience in dealing with emergencies. As stated above, there is also a perception that different agencies are not clear on their own responsibilities, or where those of others lie, or what would be expected from them in terms of Humanitarian Assistance. Respondents felt that they would benefit from clearer guidance about these issues.

More fundamentally it became clear through the workshops that there are many differing views on what Humanitarian Assistance is and should be and that this represents a challenge for those planning to define, understand and address needs in emergencies. Some suggested that a more consistent approach to defining and operationalising HA across the UK would help while others were keen to stress that there is and should be no blueprint for providing HA given that much will depend on the details of particular emergencies, people, local resources and capability.

Some called for more standardisation and the setting of national standards in relation to aspects of response, wishing for more certainty about, for example:- the sorts of events and issues that might trigger a humanitarian response from a local authority point of view; the meaning and options for providing HA in differing contexts; and basic understanding of the common types of assistance that would be required in a HAC. The failure to have an inspection regime led to the following comment through the local authority survey:-

‘None of this is subject to inspection or review. Our Social Services Department has recently been subject to a joint review, but emergency preparedness was not even discussed. All departments of local authority should be subject to EP [emergency planning] audit.’

Others though, while praising the opportunity to participate in consultative processes regarding the development and issuing of guidance, expressed fears about the imposition of a ‘tick box approach’ rather than allowing for local initiative, flexibility and interpretation.

In response to a further question asking what additional and/or particular areas of guidance might assist them in developing their capability in humanitarian response local authorities requested information on the following:-

- clearer standards – ‘Who arbitrates as to actual requirements for ‘Humanitarian Assistance’?’
- incidents involving airlines, rail operators and other private sector operators
- initial reception centres (with particular reference being made to the current work being lead by ACPO)
- a theoretical timeline detailing appropriate interventions e.g. in the first 24 hours, week, etc... & to outline the principles for lay people

- clarification about the local authority role ('there is a danger that people try to do too much too early')
- accrediting trainers - 'seeking clarification about what the appropriate accreditation is'
- real-world examples of humanitarian response - 'Better if examples are (relatively) analogous to type of emergencies likely to be experienced by audience'

Education and Sharing Best Practice

Respondents with little experience would like to be provided with examples of different possibilities for providing Humanitarian Assistance. As suggested above, respondents in the local authority survey suggested that this sharing of information and specific examples could also be used to help them raise awareness in others and justify the need for increased funding in establishing necessary resources, training etc.

Many of those attending the workshops commented on how the tour had helpfully increased their general understanding in this area. They felt the national agenda was now clearer and they were more aware than before that it is important to keep the human element to the fore. Having HA included as a National Capability Workstream was commented on as positive in terms of bringing Category 1 responders on board. It was suggested that HA is a current issue for all LRFs and in many places opportunities have been taken up for ongoing professional development through self learning and joint training.

Attendees at the workshops also flagged up further areas of education that would be helpful for them including:- the particularities of setting up, operating and managing HACs (with interest being expressed in the forthcoming reception centre guidance); how to choose a suitable HAC and examples of variations in possible sizes of a HA facility; and experiences of difficulties encountered when establishing centres and how these were overcome. (Of note here is the fact that all of these are areas are currently

covered both in the HAE guidance and in training courses such as the HAC course at the Emergency Planning College.)

Responses also suggested that a more academic-based approach to emergency planning than has been applied in the past is advantageous to emergency planners as it seeks to professionalise its profile and standards. Positive mention was made of the amount of literature available, with particular reference to the Literature Review on the Needs of People commissioned by the DCMS in 2006. Taking up the opportunity to follow up the workshops by referring to this were mentioned by a number of delegates on the evaluation forms.

Raising the Profile and Status of Humanitarian Assistance

Addressing the lack of engagement, ‘buy-in’ and support from senior level managers within local authorities, LRFs and central government was identified as crucial for raising the profile of HA activity. The point was made that for some LRF commitment and engagement ‘is currently bottom up’, and lacking clearer direction, ownership and drive because senior managers fail to understand emergency situations and response.

Suggestions on how to address this included more active and vocal support from central government and regional government offices, thus assisting getting HA higher on the political agenda and integrating HA into more emergency plans. One suggestion was an insistence on senior managers (Chief Executive level) being trained and then mandated to meet with their EPOs and to communicate the lessons identified through such training.

Finally renaming and refocussing the HAE Guidance to include HA more broadly, rather than predominantly being about HACs, was suggested as a way of integrating this work with other workstreams and activities.

Clarification of Responsibilities

Given the expressed challenges of multi-agency working, it is unsurprising that local authority respondents focussed on measures for greater buy-in and increasing agencies’

responsibilities as solutions. There are clearly difficulties in some areas in establishing where specific responsibilities lie. Some respondents have strong views that responsibility for Humanitarian Assistance does not, or should not, lie with the local authority per se but might instead better belong to other specific agencies or partners. Some respondents suggested the need for clearer regional or even centralised responsibilities, particularly in relation to training and funding streams.

Working with Category 2 Responders

Enhancing links and opportunities to engage Category 2 responders was a key theme emerging in the workshops in terms of addressing current challenges. Although few Category 2 responders attended the workshops, one delegate from a water company commented on how useful and relevant it had been for him:

‘It actually is relevant to my industry. In general, the nation’s preparedness and planning focuses on putting *things* right – not on looking after *people*.’

He added that he now intended to review his organisation's plans in terms of their effects on people, short medium and longer term.

Others focussed on the potential value of better engaging Category 2 responders, particularly transport operators participating in HA activities. The extent to which engagement and partnership working has been achieved so far in practice however was generally regarded as a weakness rather than strength. This has contributed to uncertainty about what expectations should be placed on Category 2 responders and what they might offer and provide. Finding out more about the capability of private organisations and making better use of the business/utilities sector were opportunities being pursued. Also including Category 2 representatives more actively on LRFs and the pursuit of commercial sponsorship, e.g. for HAC sites, was suggested. It is felt that developing service level agreement and MOUs across these organisations would be particularly helpful. More information/examples of model contracts would assist planners in this regard.

Working with the Voluntary Sector

Volunteers and voluntary organisations have been consistently identified through this research as an asset, and as working well across humanitarian assistance activities. Though there is obviously much variation within this sector, the following qualities were identified by respondents as especially advantageous:-

- a national resource (where organised across the country)
- 24/7; 365 day cover and contacts (as opposed to the local authorities which are not 24 hour, leading to inconsistency of on call response)
- trained individuals with good awareness, understanding and experience of emergency response
- committed teams, goodwill and enthusiasm for Humanitarianism across boundaries
- excellent community links
- good administrative structures and regular, minuted meetings
- specialist skills and experience e.g. faith-based services, helpline services
- proactive and early involvement where integrated into planning processes

At the same time the huge reliance on the voluntary sector was identified as a challenge in terms of:

- local authorities being either dependent on volunteers or failing to use/underusing them in other cases (Giving incentives to volunteers rather than relying only on individuals/goodwill was important to some respondents)

- reliance on voluntary sector being seen as the government having ‘sloping shoulders’
- ad hoc/convergent volunteers presenting potential problems (one LRF is doing work in this particular area)
- a lack of agreements being in place in some areas
- being able to train volunteers at hours suitable for them - i.e. generally evenings/weekends
- having the right people available at the right time
- stretching voluntary resources in longer term responses
- misunderstandings of organisations’ roles
- the difficulty engaging some elements of some faith communities/faith based volunteers in certain areas

Having said this, developing further links and liaison with the voluntary sector was the main action point identified by many delegates at a number of the workshops, including expanding the range of voluntary sector organisations to be potentially included in emergency planning and response. Overall they are seen as offering value and the following sorts of qualities were praised in the focus groups:-

- ‘prepared, trained, experienced, sense of humour, thick skinned!’
- knowledge of humanitarian incidents; vast range of resources/experiences
- willingness to think laterally; ability to work and think outside the box
- flexible; ability to accept different views

- caring, empathy; supportive; unbiased; neutral
- knowing our areas and our limitations
- ability/willingness to ask for help
- openness to work together

Many of these qualities were identified as an asset amongst dedicated public sector personnel too. They give an indication of the sorts of qualities regarded as desirable for this kind of work. At the same time comments were made about how helpful it would be to have more informed and exact guidance on desirable personal and professional skills needed for undertaking various aspects of HA. The forthcoming work by SCIE and the Sector Skills Council in developing national guidance on standards, competences and ways of accrediting personnel (within and across all agencies) was welcomed.

Good Practice in Humanitarian Assistance

LRF survey respondents were asked for examples of good practice in humanitarian assistance from their own area and 18 offered such examples. These were wide ranging and included initiatives such as:

- The six month secondment of a project officer from a Social Care and Housing directorate to emergency planning to lead and develop humanitarian assistance response within the authority. It was suggested they might not only address issues for their home authority but will have the opportunity to develop good practice and response across the LRF
- The running of Humanitarian Assistance Awareness study days and conferences which focused the minds of responders on the meaning and implications of Humanitarian Assistance

- The enthusiastic engagement of personnel in responding to critical incidents, either through specialist support teams, voluntary arrangements or existing organisations and networks
- The formations of plans and procedures across a county area with particular emphasis placed on district level planning
- The forming of working groups which are task based, manage to get a lot of work done in a short space of time and are supported by additional informal meetings offering opportunities to share ideas and promote closer working
- Responding to particular incidents, with particular reference to meeting the needs of individuals and communities, both locally and from abroad

Some of the examples of good practice are included in Part IV.

Further Guidance and Training

As well as guidance, local authority respondents were asked if they think there are additional and/or particular areas of training which might assist them in developing their capability in humanitarian response. The following themes were suggested in the responses:-

- The DCMS regional workshop events (conducted as part of this research); these were seen as helping to raise awareness and training needs
- Forthcoming bespoke training events focussing especially on HA and HACs (particular examples are being organised by some LRFs)
- A national scheme of accreditation and a subsidised training programme to support volunteer district council staff

- Standardised training ('DCMS guidance an excellent start however standardised training courses or objectives would be useful')
- London wide training for HAC teams in humanitarian response, highlighting what may be required of them.

The following comments were also offered on existing guidance and practice:-:

'Currently there is a high degree of duplicated work being carried out by responders and often conflicting information on what is expected from responders.'

'The Government guidance is good and helps clarify issues. Good internal/external communication and an ability to ask for assistance or advice is encouraged'.

'Guidance is only going to go so far as it needs to be relatively generic to accommodate the different approaches taken by different organisations. This needs to be the case to ensure flexibility and as such it would be wrong to suggest that the establishment of crisis support teams for example is a model that should be adopted. Rather it is just one of a range of examples of good practice. However, further guidance on training would be helpful as it is difficult to assess at the moment whether it is effective. We try to deliver what people want, but it is not clear whether they know exactly what they want in terms of training. Obviously having staff who are trained and are comfortable with what they are being asked to do is far more important than having plans drawn up for the use of a particular location'.

Humanitarian Assistance Arrangements in Scotland and Northern Ireland

Scottish Resilience and Humanitarian Assistance Guidance

The Contingency Planning (Scotland) Regulations 2005 describe how the provisions of the Civil Contingencies Act (2004) are to be implemented in Scotland. Both the Act and

the Regulations place clear roles and responsibilities on those organisations with a part to play in preparing for response to emergencies. The publication **Preparing Scotland** (<http://www.scotland.gov.uk/Publications/2006/02/27140215/1>) brings together in one place guidance on the philosophy and structures in Scotland, with statutory guidance on the implementation of the Regulations, good practice and the integration of national and local planning for emergencies. The purpose of Preparing Scotland is to promote Scottish resilience and enhance preparation, response and recovery from disruptive challenges through effective partnership working from local communities to UK Government.

The principal local forum for multi-agency co-operation in Scotland is known as a Strategic Co-ordinating Group. The SCG may establish groups to take forward various tasks. Most SCGs have established Working Groups to take forward matters of general interest and manage projects.

The following summary, taken from Preparing Scotland, summarises the arrangements for cooperation and working together to fulfil civil protection duties across organisational boundaries:-

- Category 1 and Category 2 responders must co-operate locally.
- Local co-operation takes two forms. Responders must co-operate individually with other responders and jointly through a Strategic Co-ordinating Group.
- The Strategic Co-ordinating Group involves all local Category 1 and 2 responders. The Group has a role in both preparation and response to emergencies. All local responders must be effectively represented at meetings of the Strategic Co-ordinating Group. Category 2 responders have the right to attend if desired and must attend if requested. Responders not covered by the Act have a role in the Groups' activities.
- Each Strategic Co-ordinating Group should agree its remit and nominate a Chair and Secretary. It must meet at least every six months.

- Local responders may co-operate with others outside their local resilience area.
- Other forms of co-operation are permitted. They include agreeing joint arrangements for discharge of functions and nominating "lead responders" to act on behalf of others.

The Humanitarian Assistance Project in Scotland

The Scottish Executive has commissioned a Humanitarian Assistance Project, one of a number of projects established to develop and inform Preparing Scotland. The aim of the project is to provide a report giving generic good practice guidance for Strategic Co-ordinating Groups in the management of a co-ordinated multi-agency functional response. The purpose is to provide sensitive and focussed long-term support and care for people affected by an emergency at all times following the incident.

Guidance contained in the report will be for experienced staff from Category 1 Responders, voluntary and other participating organisations with the intention of providing a needs-based, integrated, efficient and sustainable response to care for people in the event of a humanitarian disaster.

For the purposes of the project the 'care of people' involved in a humanitarian incident refers to the time immediately following an incident up to 25 years thereafter. Particular attention, however, has been given to the first 24 hours of a response to ensure that victims, both direct and indirect, are not 'lost'.

The project will define management objectives and outcomes for Strategic Co-ordinating Groups and relevant functional managers of the organisations involved. Good practice guidance and clear recommendations will form the main section of this report.

The report, with its recommendations, will form the basis for a chapter of Preparing Scotland, to be implemented in all Strategic Co-ordinating Group areas in Scotland.

Humanitarian Assistance Planning in Northern Ireland

While the principles contained within the DCMS/ACPO guidance on Humanitarian Assistance have very wide applicability, the statutory and structural position in Northern Ireland is very different from that in Great Britain. In particular, most organisations which would be involved in delivering services within a Humanitarian Assistance Centre are not subject to the statutory duties set out in Part 1 of the Civil Contingencies Act, and lead responsibility for Social Care is different in Northern Ireland to GB. Also, the whole of Northern Ireland is roughly equivalent in population to one of the larger LRF areas in England, and there are questions over what are the appropriate levels for undertaking the various aspects of Humanitarian Assistance planning.

It follows therefore that substantial portions of the HA guidance cannot be directly applied to Northern Ireland in terms of organisational responsibility, and this aspect will need to be 'translated' for local use. The application of the guidance to Northern Ireland is now being examined as the basis for the progression of HA planning within the Northern Ireland policy framework.

There are a number of organisations in Northern Ireland which have experience of setting up and running rest centres and assistance centres which will help to influence this process. There is also substantial experience of dealing with major incidents and the humanitarian impacts of traumatic events. Two examples of these, the Northern Ireland Centre for Trauma and Transformation and the Trauma Support Services Directory are described in Part IV.

Part IV: Case Study Examples of Good Practice

It is clear that there are very many cases of good practice in emergency planning and response around the UK and a number of examples of initiatives were suggested following our request through the survey and identified through other research methods. Unfortunately it is not feasible to reproduce all here and therefore the following summaries are included as indicative examples only.

These case study examples were selected and prepared by us on the basis of giving a representative view across all regions as well as of the range of sorts of activities across humanitarian planning and response. We are also grateful for the other submissions showing good practice that we were not able to include here and, mindful that there is indeed much interest across the UK in further good practice examples being shared, we are keen to see more opportunities developed for showcasing and sharing good practice.

Developing a Humanitarian Assistance Plan: Newcastle City Council's Experience

The development of the Newcastle Humanitarian Assistance plan has paralleled the work of the Northumbria LRF subgroup. Following the publication of the HA Guidance in 2006, a HAC subgroup was established as part of the Northumbria LRF and chaired by Newcastle. Its aim was to produce guidance for the local authorities in the Northumbria LRF area. A timescale and key actions were identified, including the drafting of written HAC guidance and an ongoing process of review, updating, testing and validating through to June 2008. A volunteer consultation group has been integrated into the main planning group which now also includes representatives from other districts as well as broadening its networks to include organisations not previously included such as Cruse and Victim Support. A community impact assessment is enabling planners to identify diversity issues as well as those who may be at particular risk during emergencies. This process highlighted the impact of an earthquake in Pakistan on the Pakistani community in Newcastle; it generated a huge community-driven humanitarian response to the affected area abroad. The HAC group is currently identifying roles and responsibilities for the HACMG, extending its networks and developing further training plans.

Key lessons have included the importance of sharing planning experiences and lessons (including across the LRF and the region), the benefit of including organisations not previously engaged in planning (such as Job Centre Plus), and the value of understanding local communities in developing risk assessments and humanitarian support plans.

For further information contact: laura.mayhew@newcastle.gov.uk

Developing a Humanitarian Assistance Plan: Nottinghamshire's Experience

The Nottingham and Nottinghamshire LRF started drafting their HAC plan in July 2006 with a launch date of October 2007. Care was taken in identifying a planning group to ensure that appropriate seniority was represented (such as a Service Director Adult Social Care Services chairing the group) as well as having a membership which would truly share the work to be done. Having identified terms of reference, the next step was to list HAC services, areas and providers. An action plan with timescales was then produced, with a colour coded approach (red, amber, green) to prioritising tasks in association with ongoing consultations with LRF partners (including district/borough reps), networking and regular meetings. The aim is to validate the plan through a tabletop exercise before its sign-off and launch. Further training will include a focus on developing crisis support workers, trauma training, temporary mortuary work and other relevant identified needs once the plan is finalised.

Key lessons have included the necessity to employ good project management skills on this sort of project, the value of having persons of appropriate qualification and seniority involved, development of a cost code for a HAC, and the importance of having complementary plans in place.

For further information contact: emergency.planning@nottscc.gov.uk

Humanitarian Assistance Planning in the West Midlands

The West Midlands Humanitarian Assistance subgroup first met in November 2006 with 20 agencies being represented. The Group's terms of reference include identifying,

promoting and disseminating good practice in the provision of Humanitarian Assistance in the emergency planning and response arena. As well as a list of objectives, this subgroup lists the following stated basic principles as being an entitlement of all people and governing in its work: courtesy; honesty; respect for people's feelings; respect for people's religious, cultural and other personal differences and wishes; access to information and advice as soon as it becomes reliably available; the right to decline offers for help (or seek help elsewhere); sympathetic consideration for people's practical needs; access to immediate emotional support (comfort, reassurance, escorting etc) from trained, caring and sensitive personnel; and access to longer-term emotional support (befriending, defusing, debriefing, individual counselling, group work, referral to specialist expertise and other forms of help) from appropriately qualified personnel. The subgroup meets every 6 weeks and has organised a number of additional training events focussing on humanitarian assistance. Its chair has produced a helpful information resource summarising legislation, guidance and lessons in this area.

For further information contact: Keith Nevitt - KNevitt@redcross.org.uk

Developing a Humanitarian Assistance Plan: London's Experience

By August 2006 the LRF HAC working group in London had completed the first version of its HAC contingency plan. This plan is now being used as a basis for the development of further local/borough based plans across London. Much of the planning for a London HAC was influenced by experiences after the London Bombings in 2005. The challenge was to draw on that experience while embracing the flexibility necessary to look beyond a single, recent historical incident. Thus the planning process included running a 'lessons learned' workshops focussing on the 7/7 Family Assistance Centre and drawing on users' experiences and feedback as given by survivors and users of the 7th July Family Assistance Centre. Reference was also made to existing guidance. Those involved in developing the regional plan feel it worked because the people on the working group did the work; in this sense it was owned by all and was a truly multi-agency initiative. Every LRF in London had an emergency planning officer representing them who could bring that LRFs perspective while at the same time taking responsibility for identifying venues for potential HACs back in their areas.

Lessons learned included an awareness of the fact that in the aftermath of a recent incident, planning for the future must take place in an environment of great political pressure, stakeholder interests, high public expectation and much ‘emotional stuff’ going on. Also, having an audit trail to show that costs have been actively considered is important; the London plan identifies the issues to be considered in determining the costs of implementing and managing the operation of a centre. Protocols and MOUs relating to costing multi-agency responses are also included in the plan.

For further information contact: enquiries-lrt@gol.gsi.gov.uk

Pandemic Flu and Humanitarian Assistance Planning in Pembrokeshire

Pembrokeshire has adopted a proactive approach to HA planning with the six month secondment of a project officer from a Social Care and Housing directorate to emergency planning. Their remit is to lead and develop a HA response within the authority with a view to addressing issues there as well as developing good practice and response across the LRF. After attending the HAC course at the Emergency Planning College, the officer organised an introductory HA training day for planners aimed at highlighting the latest government guidance and ways of responding to the needs of people in emergencies. The officer’s brief also includes business continuity and planning for pandemics so it was decided to tie in the HA training day with an exercise on preparedness for addressing the needs of people arising from a flu outbreak in the County. The day culminated with a plenary session focussing on key objectives, clear targets and action plans for developing HA. These included identifying and establishing a HAC management group; sharing and monitoring the business continuity plans of all service providers; gaining senior management buy-in and sign-up from all organisations; exploring the range of skills and knowledge amongst all staff and highlighting to all that contingency planning for incidents such as pandemic flu and other humanitarian emergencies is everyone’s responsibility. Current plans include arrangements for local Community Humanitarian Assistance Teams (CHATs) to be developed as a focal point in each council ward with the polling station being used as a ‘muster point’ for responders and distribution as appropriate in an emergency.

For further information contact: paul.bee@pembrokeshire.gov.uk

Rest Centre and Humanitarian Assistance Planning in Kent

Kent County Council Emergency Planning Group has developed long established Rest Centre Guidelines; currently they are into their tenth edition. Designed to be practical and effective, multi-agency survivor reception documentation has been developed to allow the police, local authorities and other organisations to utilise common documentation. The Rest Centre Guidelines were recently fully converted to electronic media and thus aim to be a valuable practical resource in emergency situations.

In 2006 Kent Resilience Forum developed terms of reference for its humanitarian welfare sub-group. The Kent & Medway NHS & Social Care Partnership Trust has recently re-issued its multi-agency Psychological Care Guidelines. Regular locally delivered training events covering rest centres, psychological care and post-incident welfare interventions for individual demographic groups (including children and young people and people with a disability) are a key feature of the Kent approach.

For further information contact: emergency.planning@kent.gov.uk

Full Scale Emergency Exercising: Devon County Council's Experience & Reporting

Across Devon there are 66 Strategic Emergency Rest Centres where planning has been put in place to support evacuations and provide short term shelter for up to 72 hours. In 2006 a full-scale emergency exercise was developed over 6 months designed for testing and validating the recently updated plan. The exercise - known as Sceptre II - aimed to test the plan in a realistic environment where all responding staff, volunteers and other agencies could work together and share information and learning. The scenario involved setting up an emergency rest centre at a local community college to support the evacuation of people affected by a gas explosion. More than 250 people took part in the exercise focusing on providing initial humanitarian support to approximately 150 people. The management of the exercise involved a team of exercise directing staff, exercise umpires, observers, controlled players and safety advisors. Members of Casualties Union helped to provide a challenging and realistic environment for the responders.

The exercise highlighted a host of issues and lessons, all of which were included in an extensive post-incident report. The report gives full details of the preparation and management of the exercise (including an exercise calendar), the aims and objectives, hot wash-up information, details from the minutes taken at each debrief meeting, individual debrief reports from each of the agencies involved, and media reports. A DVD was also produced, courtesy of Devon and Cornwall Police, as a valuable training tool enabling others to benefit from the experiences of the day and lessons identified.

For further information contact: emerplan@devon.gov.uk

Building Capability in Crisis Support: Derbyshire County and Derby City Councils' Approach

Derbyshire have been working on crisis support activities for a number of years but remain aware that the concept of crisis support is still an area of ongoing development. Recent milestone dates in Derbyshire's own development include September 2004 when approval was given by senior management for a joint crisis team arrangement across Derby and Derbyshire. Agreement was made then for the two departments to work together and through two managers designated to take forward the work as part of a subgroup of the LRF's Emergency Planning Liaison Group. On the basis of a 2:1 ratio across staff and costs, a combined budget of £9000 per annum was allocated for the work which included a selection process for team members, training on introductory and core skills and further development sessions. Diversity of the team was increased further in 2006 with the introduction of team members from the voluntary sector. Today the team consists of two managers and 40+ team members. Further work is focusing on the development of an HAC exercise, training to assist Derbyshire Mental Health Services NHS Trust, the identification of team leaders and consolidation of information and reference packs for team members.

Key lessons include the value of achieving dedicated managers to work with this initiative, liaising with line managers in assessing the suitability of volunteers, a sense of team identity generated through a logo and dedicated name, and the benefits of a joint approach across the City and County Council.

For further information contact: Nick.Elliott@derbyshire.gov.uk or Helen.Barley@derbyshire.gov.uk

The Major Incident Support Team (MIST) in Lanarkshire

Lanarkshire's MIST is part of the North and South Lanarkshire Councils and NHS Lanarkshire's response to major incidents. Members of the Team are drawn from North and South Lanarkshire Councils' social work staff and NHS staff. Staff who apply are interviewed and receive additional training before joining the Team. This is in addition to their everyday duties and responsibilities. In a major incident the Team would be activated and deployed by a senior manager within each agency with coordinators from each organisation managing the Team on the ground. Their role is to provide short term support to those affected by an incident which might include practical assistance, information, advice and guidance. A joint protocol has been signed between the three organisations aimed at clarifying roles and responsibilities and ensuring coordination between partner services. A scoping document has also been drafted by Lanarkshire MIST and Strathclyde Police Family Liaison Coordinator which will seek to clarify the roles and responsibilities of the two services in the event of any joint working. This will be progressed over the coming year. The recording of information is a key task for those involved in a major or critical incident. MIST staff are therefore issued with log books which are required to be completed for each incident from the point of contact to the conclusion of the incident. Briefing and debriefing arrangements are in place for the Team. A programme of ongoing training and development is achieved throughout the year, for which staff receive certificates to be retained in their personal development files.

For further information contact Ed Cherrie; CherrieE@northlan.gsx.gov.uk

A Multi-Agency Approach: Essex County Council's Crisis Support Team

Essex County Council's humanitarian support work was commended when it was awarded Beacon Status in 2007. As well as its Package of Care Strategy document (see www.essexresilience.info), it has developed its Crisis Support Team (CST) to provide practical and emotional support service for people involved in a disaster within Essex, as well as for Essex residents affected by a disaster that occurs abroad or in another area

of the UK. This scheme operates under the Essex Resilience Forum and consists of multi-agency skilled and trained crisis support workers led by the County's local authority and available to respond at short notice in the early aftermath of a disaster through a structure of Team Leaders and a Co-ordination Group. The scheme has developed processes for the recruitment, selection, leadership and supervision of personnel as well as a Code of Practice. Opportunities for accreditation are provided through partnership arrangement with a local University's development programme. In addition a series of protocols has been developed with Essex Police, Local Authorities and a local hospital aiming at an integrated and seamless multi-agency approach.

Lessons learned from recent experience include: the importance of having shared and simple terminology for activation and deployment, the importance of close partnership working and training to ensure that all understand the roles of different agencies, and the value of briefing sheets explaining the role and function of CST members to families and other organisations such as police FLOs.

For further information contact CSTEnquiries@essexcc.gov.uk and www.crisissupportessex.org

An Evidence-Based Approach: Cardiff Traumatic Stress Initiative

Cardiff has developed an evidence-based, early psychosocial response to emergencies provided through a partnership approach between the local emergency planning department, the local traumatic stress service and social services. The plan consists of immediate practical and pragmatic support provided through social services, the emergency services and the voluntary sector and proactive follow-up with individuals felt to be at highest risk of developing a problematic response. Within 48 hours of an incident, a coordinating group would meet to agree how to adapt the outline plan for the specific incident. A telephone helpline for emotional support, staffed by the local telephone branch of the Samaritans, would be activated in addition to an information helpline. A team of 20 volunteer trauma counsellors, specially trained and supervised, has been created as part of the initiative to provide further intervention as appropriate. Other possible services might include group educational sessions on traumatic stress and the support of self-help groups. The perceived strengths of this approach are its

partnership approach and emphasis on an evidence-based, effective and pragmatic approach

For further information contact: emergencymanagement@cardiff.gov.uk

Lancashire's Emergency Response Group

Lancashire's Emergency Response Group consists of a team of about 100 volunteers who are staff of the County Council from social care backgrounds. This scheme has been in place for about 15 years and is well supported at all levels including the Executive Directors. Staff in the Emergency Response Group are trained to manage rest and reception centres, HACs and helplines. A comprehensive, multi-agency training programme each year includes specific training on the provision of crisis support and administrative support. Lancashire has also developed good links with voluntary agencies which are managed by a sub group of the LRF promoting a joined up approach, including setting clear roles/responsibilities, training (including joint training) and partnership working. The Group's Crisis Support staff worked together with police Family Liaison Officers under a joint protocol following the Morecambe Bay helicopter crash. Crisis Support staff worked with Rail Care Incident Teams following the Cumbria Rail Incident. Both of these responses involved voluntary agencies.

Lessons learned included adopting generic principles and tailoring them to meet the needs of the emergency (a flexible plan is crucial), the value of pre-agreed protocols for joint working between statutory agencies, voluntary agencies and private companies and the need for an integrated, strategically driven response in order to address issues such as accessing information from hospitals and Casualty Bureau.

For further information contact: Carol.Clark@ssd.lancscc.gov.uk

Sheffield's Major Incident Response Group: an Accredited Scheme

The Major Incident Response Group (MIRG) in Sheffield is a co-ordinating group of 16 members. It meets quarterly and consists of a number of subgroups focussing on areas such as practical care and emotional support, voluntary sector and welfare, humanitarian

assistance group and children and young people. The Group is staffed from all council service areas as well as retired ex-council staff and people from voluntary organisations, including churches. Recently the Group has tasked its Partnership Sub-group with developing an approach to engaging BME and faith sectors in the city with major incident response planning. This will be an ongoing piece of work that will be regularly reviewed to ensure that the approach is responsive, appropriate and continuously improved. The aim of this work is to increase the awareness, involvement and information provided to faith, minority and community groups in partnership working around preparations and responses to emergencies.

Sheffield City Council operates an accreditation scheme for its Major Incident Response Team members which has been in place for 17 years. Nearly 300 people have been trained and are currently listed as available for emergency response. The training includes modules on roles and responsibilities, casualty bureau, care and support, diversity and customer care, and children in trauma, as well as a series of emergency-based exercises. Sheffield's humanitarian response was tested in 5 real incidents in 2006. At the time of this research the HAC plan was tested on a local level, set up in response to the summer floods, 2007.

For further information contact: p.horton@sheffield.gov.uk

Producing a Voluntary Sector Capabilities Directory: Norfolk Resilience Forum's Review

Norfolk Resilience Forum has recognised that dealing with emergencies places a great strain on the resources of Category 1 responders such as the emergency services and local authorities. They have acknowledged that additional support from voluntary organisations at such times is invaluable, without which it would be very difficult for the response to an incident to be fully effective, especially in a protracted event. Given that co-operation between all the agencies and the voluntary organisations is now a requirement of the Civil Contingencies Act (CCA), the capability of the voluntary sector is monitored in Norfolk by a forum of members included in a Voluntary Sector subgroup of the Norfolk Resilience Forum. They have also produced a document highlighting what each agency can offer in support of responders in emergencies,

including the contact details and procedures to follow to obtain this support. The capabilities, skills, roles and responsibilities, resources and resilience of such support organisations are also detailed. Local responders are encouraged to make full use of directory in determining and obtaining the voluntary sector support for emergency plans and exercises. This work links in at regional level with the East of England initiative detailed below.

For further information contact: epu@norfolk.gov.uk

Engaging Volunteers and the Voluntary Sector: East of England Initiatives

The East of England Voluntary Sector Working Group has produced a guide on engaging the voluntary sector in emergency response and recovery. The guide, which aims to provide an indication of the services potentially available from the voluntary sector, was endorsed by the Regional Resilience Forum in May 2007. The services have been aligned to the nine generic areas identified in Emergency Preparedness - the CCA guidance - as those where the voluntary sector can provide support. The guidance includes a list of factors to consider when engaging the voluntary sector including business continuity, child and adult protection, communications, debriefing, funding, health & safety and insurance. It summarises the sorts of general and specific services, equipment and responses available and by whom, locally, regionally and nationally.

In addition to the Guide, Bedfordshire and Luton LRF Voluntary Sector Working Group (www.blrf.org.uk) is looking at ways of dealing with approaches by self-presenting volunteers. They are examining how they would make use of details from convergent volunteers, e.g. keeping records of details and contacting them at a later date as a possible recruitment opportunity, and run monthly evening training sessions open to all volunteers which normally attract around 50 attendees.

The voluntary sector are also actively engaged in HAC planning processes in the East of England; for example a role for a voluntary organisation and charities' representative is included in the HAC plan produced by Bedfordshire and Luton LRF in May 2007. This plan, which includes detailed information on the activation, set up and management of a

HAC, is supported by a virtual website and a suite of Humanitarian Standard Operation Procedures allowing them to pick and choose from a toolkit in activating arrangements.

For further information contact: resilience.goeast@goeast.gsi.gov.uk;
emergencyplanning@luton.gov.uk, risk.management@bedscc.gov.uk

An Example of Community Engagement: Nottinghamshire Prepared

Nottinghamshire County Council's 2007 Beacon Award included recognition for its community engagement activities to improve resilience. 'Nottinghamshire Prepared Week' is an example of this and is based on the belief that a well-informed public is better able to respond to an emergency and minimise the impact of an emergency on the community. In July 2007 a week of events activities took place aimed at promoting the work of the emergency planning community and seeking to reassure the public of the ability of multi-agency responders to deal with emergencies. The mixture of public, practitioner and internal facing events included: 'Pulling Together' - an event hosted by Nottingham City Council bringing together local emergency planning professionals with community leaders and representatives to take a closer look at how to support different sections of the community; displays and live demonstrations of the Fire Service's 'New Dimension' Urban Search and Rescue equipment and the Army's Bomb Disposal Service, and a schools resource pack. The latter included information on the types of emergencies children might encounter – including questions, activities, possible solutions and lists of resources. By the end of the week, children had been given golden rules for what to do in an emergency to keep themselves safe, how to help and when to get someone else to help.

For further information contact: emergency.planning@nottinghamcity.gov.uk

Managing Vulnerable People's Data: An Example of Information Sharing

One local authority in south Wales has arrangement whereby on the decision of the chief Emergency Planning Officer that an emergency is imminent, the Adult and Children's Social Care department (upon request from the aforementioned chief Emergency Planning Officer), have agreed to provide the names and address details of

those registered with them as vulnerable in the affected area (depending on the nature of the emergency). A member of the Adult and Children's Social Care department is embedded within the Emergency Planning Unit to provide advice, and to coordinate the provision of assistance with colleagues. Initially, only the contact details of those at risk will be provided, but there is agreement that, depending on the nature of the emergency, the nature of the vulnerability will also be shared with the Emergency Planning Unit so as to coordinate the application of resources as appropriate. The Data Protection Act issues are potentially more complicated here, but ultimately are unlikely to prevent sharing. The Local Authority is likely to have the legal powers to share; it is reasonable to assume in the circumstances described that sharing will be fair to the data subject; and in the face of an imminent emergency, sharing data on the nature of the data subject's vulnerability is likely to be in the public interest or in the vital interests of the data subject or required for the exercise of any functions conferred on the Local Authority by any enactment (most likely a combination of the three).

For further information contact: peter.diplock@cabinet-office.x.gsi.gov.uk

Communicating in an Emergency: Birmingham's Approach

Birmingham City Council's Emergency Planning Team have been activated many times in recent years, including in response to a tornado, flooding incidents and a full scale city centre evacuation. Their experiences have taught them that the more a community is supported and allowed to help itself, the better it recovers. They have also learned that citizens will judge emergency response on what happens in the immediate impact phase as well as longer term. In order to maximise their 'street presence' in these initial stages they have developed pre-printed leaflets and a high visibility City Council Emergency Information Board which can be affixed to lamp posts and in areas where individuals have been displaced. These direct people to a website and the Council Emergency Information Line. Located in the Council's call centre, it is staffed 24/7 and can draw on a wide range of language skills. These officers are being trained in responding to the needs of people affected by the impact of emergencies and are provided with access to a range of advice and information e.g. insurance claims, responding to flooding etc.

For further information contact: emergencyplanning@birmingham.gov.uk

Sudden Trauma Information Service Helpline (STISH) and website (www.stish.org)

The STISH helpline and website was established in November 2006 to provide accurate information and advice on many issues which surface in the wake of a sudden traumatic experience. This includes major incidents but also includes other unexpected and one off events such as a road traffic accident, industrial accident, or assault. The content of the website has been prepared for adult users (i.e. 18 years and over) by a small group of professionals and the service is managed by a committee reflecting experience and expertise in areas such as trauma, mental health, emergency planning, social work and law. Topics covered include the health effects of traumatic events, children and trauma, and information on legal and financial issues. Financial support to establish STISH has been provided by the UK Offshore Operators' Association (UKOOA) and "Awards for All" (Scotland) programme - a consortium of the Heritage Lottery Fund, Scottish Arts Council, sportscotland and the Big Lottery Fund. Although many of the resources and organisations listed on the website are based in Scotland, new and UK-wide information is continually being added and encouraged.

For further information contact: www.stish.org

Trauma Services in Northern Ireland: The NICTT and The Trauma Support Services Directory

The Northern Ireland Centre for Trauma & Transformation (NICTT) was set up by a charitable trust in 2002 and is based in Omagh, Co. Tyrone. The founder, David Bolton, was working within the local hospital trust at the time of the bombing and was instrumental in the setting up of the trauma team having also been involved in the aftermath of the Enniskillen bomb. The Centre was established to provide treatment for post traumatic stress disorder (PTSD) and related conditions and to make such treatments available to people affected by the civil violence in Northern Ireland. Today the service is available, subject to its capacity, both to people affected by incidents linked to the Northern Ireland Conflict (The Troubles) and other traumatic experiences. It also undertakes research, policy development (including disaster mental health planning) and where possible provides support to other countries through its

humanitarian relief programme. The Centre is funded by the Office of the First Minister (OFMDFM) from April 2006 for two years. The funding is being managed by the Department of Health & Social Services Public Safety Northern Ireland (DHSSPSNI).

The longer term humanitarian impact of 'The Troubles' have highlighted the need for public services generally, and health and social services specifically, to address the identified needs of victims. Consequently the NHSSB (Northern Health & Social Service Board) Trauma Advisory Panel published a comprehensive Trauma Support Services Directory in 2001 and has developed a range of other services designed to address the longer term effects of conflict-related trauma. This includes community based primary care projects, training programmes and intervention programmes for people affected by conflict-related trauma. Meanwhile the Trauma Support Service Directory provides a valuable resource for individuals, community and voluntary groups and agencies.

For further information contact: www.nicct.org

www.nhssb.ni.nhs.uk/social/social_services_reports/TraumaSupportService.pdf

Dumfries and Galloway's Response to the Foot and Mouth Disease Outbreak 2001.

Soon after the announcement that foot and mouth disease (FMD) had been identified at an Essex abattoir, and before FMD was identified in Scotland, Emergency Response Team managers set in train a series of actions to ensure that Dumfries and Galloway was prepared for any outbreak. The Welfare Team ensured that a wide range of essential personal and community needs were met. It recognised that those most affected by the crisis would need support and set up arrangements that included working closely with NFU to advise farmers and provide practical support (shepherds, stock men, temporary fencing) when stock was to be slaughtered. A small group of volunteers and senior professional staff telephoned all farmers whose stock had been slaughtered, offering immediate practical support (collecting shopping, dealing with educational needs, looking after dependent relatives, etc.) while farmers were prevented from leaving farms and thereafter maintained regular contact. A discreet support service for all workers who had been involved was promoted through its partners with personal contact, a helpline, leaflets, and contact cards distributed to individuals and groups. A

number of community groups (led by the Health Board) were also established to canvass local opinion, identify needs and report on problems. A consultant was employed to manage personal support arrangements. He wrote to farmers, promoted the service by a variety of means including broadcast media advertisement, interviews and phone-in radio, met people seeking help, assessed needs and secured appropriate professional help (health, psychological, finance, business). He also worked closely with the Royal Scottish Agricultural Benevolent Institute to identify and support those needing any kind of further help. His work continued for almost two years before being handed over to normal services. Lastly an independent study was commissioned into the nature and effect of smoke from pyres, the results of which were made public.

For further information contact: ian.jordan@scotland.gsi.gov.uk

Sharing Lessons in Community Recovery: Hertfordshire Resilience

Hertfordshire's approach to debriefing and identifying and applying lessons learned helped to secure its Beacon Award status in 2007. It has drawn on its experiences of recent events such as the rail crashes at Hatfield and Potters Bar as well as the Buncefield explosion to inform its planning for future events. Hertfordshire Resilience runs regular conferences to share with as wide an audience as possible the good practice and lessons from people and organisations that have been involved in responding to major incidents. An example of this was a presentation at its 2007 event by the Director of Communities, Customers and Housing, Dacrom Borough Council, focusing on strategies for helping the community of Buncefield to recover. Having already presented at a lessons learnt seminar in June 2006, the second presentation in March 2007 gave the opportunity to prepare a follow up examination of the important longer term issues that had arisen during that year. This highlighted the process of developing a recovery strategy which included Business, Infrastructure and Community Task Forces to identify and tackle medium and longer term issues arising from the disaster.

The longer term issues included the impacts on employment, financial hardship, housing, health, community identity and children. Dealing with the recovery included providing employment, financial support, accommodation and personal support through listening and counselling services. Youth and community forums and anniversary events were also among the community rebuilding strategies adopted.

Lessons identified from the Buncefield experience include: the importance of talking and listening to local people, working together, expecting things to change, never underestimating the impact of such events and fighting for funding from the start.

For further information contact: emergency.planning@hertscc.gov.uk

Community Recovery after the Floods in Carlisle

Over the weekend of 8 and 9 January 2005 Carlisle was hit by severe storms, power cuts and floods which affected over 1900 homes and businesses and left over 300 people homeless for up to 12 months. After responding to this emergency Carlisle City Council led a protracted recovery process and were keen to harness and share lessons for the future. A multi-agency debrief process and report was produced focussing on the response to the immediate phase. In addition the City and County Council produced a recovery phase debrief report, currently available on the Cumbria Resilience website (www.cumbriaresilience.info), capturing the lessons identified and recommendations for future humanitarian planning and response in Cumbria. The report includes a timeline of events showing that handover to the recovery group took place four days after the flooding with some recovery working groups activities continuing until July 2006. These activities included the establishment of a recovery management structure which set strategies for recovery groups focussing on issues such as welfare, business support, public assets/infrastructure, finance, media and communication and housing and community. The recovery strategy also included the establishment of the Communities Reunited Project, an 18 months community-based, multi-agency partnership initiative focussing on identifying and addressing unmet needs.

As a result of these experiences the report recommended the future establishment of a recovery management structure and comparable Assistance Centre which should be adopted, trained and exercised in line with recovery guidance and included in the general emergency plan. The report also recommended the delivery of welfare response through an Assistance Centre, adding that planning for this was to be developed by a multi-agency group led by the County Council's Adult Social Care directorate.

For further information contact: www.cumbriaresilience.info

Community Recovery after the Floods in East Sussex

In October 2000 three days of exceptionally heavy rain caused substantial flooding in parts of Lewes, with 613 residential and 207 business properties affected, along with 16 public buildings. Over 1000 people were displaced and the town was cut in half for three days. The medium and longer term recovery from the disaster started a week after the rains had been, the main lessons of which were identified and written up in a review of the recovery produced by the Senior EPO in February 2002. This report outlines how the Lewes Flood Recovery Co-ordinating Group was set up and drew together a number of subgroups focussing on:- aftercare; the voluntary sector; rehousing; restoration; business and employment; information and consultation and the finance and flood appeal. The terms of reference and activities of these subgroups are included in the report. In the first recovery meeting a need to identify a 'positive' outcome from the floods was discussed, a thought which eventually culminated in the ReNOVAte project. This initiative aimed at helping people to create something new and different when able to re-occupy their properties and restore their homes and gardens.

Key lessons from the experience of the floods and recovery included a realisation that recovery is a long and resource intensive process, an appreciation that the statutory sector 'cannot do it all' and must work constructively with the voluntary sector, and the value in creating initiatives such as ReNOVAte as a 'good out of bad' project combining assistance with teambuilding and training opportunities.

For further information contact <http://www.eastsussex.gov.uk/NR/rdonlyres/00016FE4-50D0-4AD8-99BB-BB06D7BEEF22/0/lewesflood.pdf>

Part V: Recommendations & Best Practice Principles

The research process employed in this study offered emergency planners and other practitioners opportunities to suggest ways of developing humanitarian assistance planning and response. Through the survey, focus groups, and other correspondence they offered plenty of examples of ways forward which have been included in this report. Many of their suggestions focussed on activities at local authority and LRF level.

Building on this, the following recommendations focus on strategic issues, with particular reference to the role of Government as well as regional and local emergency planning professionals.

Central Government

1. In the forthcoming review of the Civil Contingencies Act and the ways in which structural arrangements are working at local and regional level, Government should consider the implications of the experiences of grass roots Humanitarian Assistance activity as presented through this report. While there is a good deal of experience, good practice and activity in some areas, a picture has also emerged of over-stretched departments, finite resources, poor communication and liaison, and an unwillingness within and across some organisations to accept responsibility or engage in partnership when it comes to this area of resilience. This threatens the ability to achieve of coordinated, joint working and multi-agency co-operation so fundamental to civil protection work.
2. In reviewing the Civil Contingencies Act mechanisms should be developed to enhance the engagement of strategic health authorities (SHAs) and social care departments in planning and responding to health and social care-related aspects of humanitarian assistance. Notwithstanding the status of health bodies, local authorities and SHAs under the Act, given that this research has identified inconsistency and inactivity in some areas, consideration should be given to detailing more specifically the particular expectations and responsibilities of individual elements *within* local authorities and health authorities so that, for

example, the role of social care departments within local authorities, and PCTs within strategic health authorities, are more explicitly and clearly defined.

3. There is clearly a cross over between Humanitarian Assistance and other activities within the Capability Programme. While respondents in the research for this report generally felt the national framework of government is useful and the compartmentalising of HA as a workstream has been helpful, there were calls for more clarity and joined up Government in this area. We recommend that the Civil Contingencies Secretariat and other Government departments seek to ensure a more joined up approach that prevents duplication between the various workstreams at both strategic and other levels.
4. The Department for Communities and Local Government should respond to the very real concerns detailed in this report by clarifying guidance and advice about funding. A number of areas have been highlighted here, including addressing questions from local authorities about who will pay for HACs, queries from LRFs on possible funding streams, and questions from others about funds for anniversary/memorials. As well as questions about emergency financial assistance to local authorities (an issue also raised this summer in relation to the floods), the applicability and appropriateness of existing funding mechanisms and government support for meeting longer term costs and recovery-related activities was consistently raised by respondents throughout this research. In some cases these concerns and uncertainties are hampering effective planning; hence they should be addressed.
5. Emergency planning activities related specifically to humanitarian assistance should be included in the forthcoming comprehensive area assessment (CAA). Central government should consider issuing specific guidance on targets and indicators in this area of resilience for those developing local area agreements (LAA). Such guidance should encourage and support partnership working and the clear identification of lead responsibilities, while at the same time enabling scope for innovation in and adaptation to local circumstance in terms of detail.

6. Government should work with the LGA and SOLACE (Society of Local Authority Chief Executives and Senior Managers) in targeting Chief Executives in order to raise their awareness and support for humanitarian assistance activities. This report has highlighted the perception among grass roots planners that Chief Executives play a crucial role in providing direction, ownership and drive for emergency planning activities, but this is currently lacking in many places.
7. Our research has also highlighted the need for more effective planning and greater awareness and availability of facilities for treating Post-Traumatic Stress Disorder. The DCMS should continue to liaise with the Department of Health about this with a view to increasing the active involvement of health services in emergency planning, centralising information about the nature and availability of specialist services, and ensuring the resilience and robustness of specialist trauma services both generally and after emergencies in particular.
8. While the existing guidance provides clear details about local authorities being responsible for the setting up of HACs, Government should address requests for information raised through this research about the provision of nationally resourced temporary demountable structures for HACs, such as used for the National Emergency Mortuaries. We recommend a review of potential options for such structures and an informed debate about the merits and demerits of such an approach.
9. We recommend that the 2008 National Capabilities Survey follows up the themes relating to humanitarian assistance identified in this report. In particular those preparing for the next survey may find it helpful to refer to the questionnaires and other data collection techniques used in this report and the lessons identified for capturing information about HA activity. In Part II of this report we have discussed particular issues relating to target populations, pilot processes, the phrasing of questions/answer options and the value of giving scope for qualitative comment and the submission of additional information in support of responses.

10. A key issue arising through this research has been requests for more information and guidance on HA activities. While much of the information and guidance requested is already available, centralising their availability might assist in improving awareness of these. Thus it is recommended that Government supports the development of a national web-based database of resources for those planning Humanitarian Assistance (this might link in with and follow on from the National Recovery Working Group project as well as the information website already being developed by DCMS). Feedback collected for this report suggested planners would value information on the following in such a web-based resource:- reports on the development and outcomes of exercises; post-incident reports on the setting up of HACs; practical examples of ideas, activities and processes for community engagement in HA Planning and community impact assessments; methodologies for identifying and addressing vulnerability; and information and protocols for MOUs/agreements.
11. Government should support and facilitate more opportunities for information sharing with particular reference to learning from experiences of HA provision in incident response. Support for a regular e-newsletter and an annual conference or national workshop focussing specifically on HA would help to achieve this. This might also assist in raising awareness and the profile of HA within and beyond the emergency planning community, a key issue of concern highlighted in this report. Negotiating private sector sponsorship might assist in the resourcing of such activities as well as encouraging the potential engagement of private sector organisations in HA planning and response.
12. As suggested by some respondents in the research for this report and in an earlier report (Eyre 2006:90), opportunities for further interaction between researchers and practitioners in this field and applied research in HA should be encouraged and explored. This would assist in promoting the development of an evidence-based culture in emergency planning generally and the development of best practice in HA in particular. We recommend that Government supports further funding opportunities for applied research in HA and emergency planning.

13. Sir Michael Pitt's current review for the Cabinet Office of the lessons learned from the summer floods will focus on humanitarian issues as it includes an examination of how the 'transition from response to recovery is best managed'. It is recommended that this current report is shared with the review team, especially since there are lessons from previous case studies for recovery, both from flooding and other types of emergency, which may be of assistance to that team. The findings of the Pitt review should also be widely disseminated to all involved in humanitarian assistance planning since the recommendations of that report are likely to have implications for the development of best practice in HA beyond flood-related scenarios.

Regional Resilience Teams

14. Regional Resilience Teams should actively support and promote the development of regional training events in humanitarian assistance. The wish for training to include feedback and lessons identified from previous incidents and humanitarian responses to them was strongly stressed by participants in this research who suggested that opportunities for all subgroups to meet once a year together in open forums would enhance their work. Options for regional training should be taken forward by the new Regional Resilience Steering Group.
15. Given the positive impact and feedback from the 2007 regional tour in raising awareness and assisting in raising the profile of HA, the DCMS and other government department should continue to utilise such events on a regular basis.

Local Government

16. Following on from recommendation 6, local authority Chief Executives should take ownership of Civil Contingencies issues and offer greater support and direction to those working on humanitarian assistance activities. Member champions should be actively encouraged and supported as should greater involvement of Directors of Adult Social Care and Directors of Children's Services.

17. Opportunities should be promoted for secondments of staff from departments such as social care to emergency planning. Their role could include helping lead and develop humanitarian assistance activities within local authorities with particular reference to multi-agency and joint working initiatives. Meanwhile all emergency planning officers should receive ongoing professional training and development relating to the needs of people in emergencies and humanitarian assistance.
18. Concerns about budgets and funding for HA activities (such as planning, training and exercising) at local level should be addressed. Opportunities for pooling funding and clarifying roles and responsibilities for HA activities at local level should be maximised through local area agreements.
19. More active involvement in this work by Category 2 responders was highlighted as a need by this research. Local and regional planners should work to address co-operation through representation on LRFs while at the same time ensuring that humanitarian assistance planning and response arrangements across organisations are appropriately coordinated, well communicated, clear and complementary. As suggested by a transport representative at one of the workshops, it is recommended that the DCMS facilitate a special Transport Operators workshop. This could include airlines, rail operators, shipping and ferry companies, coach companies, the Highways Agency and other private sector transport operators.

Other

20. This research has highlighted the huge variation in the organisation and management of humanitarian response teams. Part V of this report includes more information and recommendations on the development of joint working in this area. However the current initiatives being led by the Social Care Institute for Excellence and Skills for Justice² should address the following issues in

² Skills for Justice is currently leading a project looking at the development of National Occupational Standards in this field

more detail and provide particular recommendations for:- the aims/objectives for such teams; terms of reference, roles and responsibilities; relationships between agencies providing humanitarian response in emergencies; arrangements for liaison and joint planning between emergency planning and voluntary sector agencies in providing HA response; the selection criteria, recruitment of personnel (including appropriate experience, qualifications and competencies); and national standards for the training and accreditation of personnel.

21. We recommend that best practice principles, as identified and discussed below, are adopted for the development of joint working between Police Family Liaison Officers and humanitarian response teams, the establishment and provision of longer term psychosocial support services, and planning around exit strategies for humanitarian assistance services.
22. Through this research general questions around ways of evaluating the effectiveness of humanitarian response were raised and discussed and there were expressions of interest by survey respondents and focus group participants in having more information and guidance in this area. It is recommended that the DCMS support further research and development of evaluation tools for assessing humanitarian assistance programmes during and after service provision and disseminate examples of good practice guidelines in this area. Such guidance should emphasise that evaluating humanitarian aspects should not be seen as a stand alone element of emergency response; rather where possible evaluations should be conducted in a manner which maximises opportunities for inter-agency review and learning.
23. In reviewing and developing the Guidance on Humanitarian Assistance in Emergencies (2006) as a living document, the following suggestions are offered based on feedback generated through this research:-

- The subtitle of the document should be changed, removing the reference in particular to HACs so that the Guidance focuses on humanitarian assistance in emergencies in general. This would help to address the over-emphasis in

some people's minds on buildings-based solutions and supports the broader integration of this work with other workstreams and activities.

- The Guidance would benefit from a definition of Humanitarian Assistance at the beginning. The following definition, as used in this report, is offered as a suggestion:-

‘Humanitarian assistance refers to those activities aimed at meeting the needs of people affected by emergencies. In particular this includes:

those elements of planning, training and exercising aimed at meeting people's practical and emotional needs; response activities focussing on meeting people's needs during and immediately after emergencies; and the coordination and provision of psychological and social aftercare for those affected in the weeks, months and years that follow.’

Including such a definition would help to address the need greater understanding and clarity about the nature, meaning and application of Humanitarian Assistance as a concept and the link all activities related to meeting the needs of people in emergencies.

- The Guidance should emphasise more strongly the value of developing Humanitarian Assistance subgroups, perhaps including examples of where and how this has been productive in achieving a focus and outcomes for this sort of work. This might help address the lack of clarity and abdication of responsibility for this sphere of work in some areas as highlighted through this research.

- The Guidance includes clear information about funding (5.21-5.26), yet this is an area where requests for further information were repeatedly made through the research. Where the Guidance stresses the importance of ensuring Local Authority Procurement and Finance Departments are involved at the planning stage (5.21), it might also emphasise the importance

of acknowledging and identifying potential costs at the planning stage so that an audit trail is clear and available. As suggested by one experienced planner in the workshops, it may be helpful to suggest planners list issues to be looked at in the plan so that an audit trail is available from the very beginning and encourage getting Chief Executives involved and informed about this at the earliest opportunity.

Best Practice Principles

As well as making recommendations and informing the development of existing guidance, our brief for this report was to develop further best practice principles in this field. It became clear through the research process that three particular areas of humanitarian assistance activity might benefit from elaboration on key principles and so these are detailed below. The areas are: 1) joint working between Police FLOs and humanitarian response teams; 2) the establishment and provision of longer term psychosocial support services; and 3) planning around exit strategies for HA services.

Examples of all three of these areas of work exist but while there is best practice guidance on elements of these (such as the NICE guidelines focussing specifically on the treatment of PTSD), there is an insufficient evidence base for recommending any particular model of best practice³ for this work overall. With this in mind the following general principles and recommendations are offered.

³ While there are many different meanings and application of the concept of 'Best Practice', the online dictionary Wikipedia offers this helpful general definition: "'Best Practice' is a management idea which asserts that there is a technique, method, process, activity, incentive or reward that is more effective at delivering a particular outcome than any other technique, method, process, etc. The idea is that with proper processes, checks, and testing, a desired outcome can be delivered with fewer problems and unforeseen complications. Best practices can also be defined as the most efficient (least amount of effort) and effective (best results) way of accomplishing a task, based on repeatable procedures that have proven themselves over time for large numbers of people'. Research-based approaches focus on the idea that any technique or methodology labelled best practice has been proven to reliably lead to a desired result subject to independent scrutiny and evaluation.

1) Police FLOs and Humanitarian Response Teams: Working Together

As stated in the main body of this report, the nature and extent of humanitarian response teams varies greatly across different parts of the UK, and hence so does the extent and quality of joint working relationships between police family liaison teams and humanitarian response teams, including private sector care teams. This research has highlighted that in some areas humanitarian response, care teams and/or crisis support teams have developed or are looking to further develop joint working protocols and requests have been made for clarification on how partnership working in this area might best proceed. For this to happen a good, clear understanding of the aims and objectives of each type of function is essential.

Police FLOs: Aim and Key Elements

From the police perspective, the role of a Family Liaison Officers following mass fatality events is primarily that of an investigator, based on their skills, level of competence and experience in responding to homicide and/or road traffic incidents as part of their ordinary duties.

A national approach to family liaison has been adopted through the ACPO Family Liaison Strategy Manual (2002) and is reinforced through the appointment of a National Family Liaison Adviser, an ACPO Emergency Procedures Committee and a supporting ACPO Emergency Procedures Unit. The following aim for the deployment of family liaison officers in mass fatality incidents has been developed and is applied nationally:-

‘To ensure the most effective investigation possible into the death of an individual in a mass fatality incident, by the immediate implementation of a Family Liaison Strategy, which will include the deployment of a trained police investigator to every family, believed to have lost a relative in the incident’.

The national guidance outlines in detail the management and operating protocols for Family Liaison in relation to the role and responsibilities of Family Liaison Officers

(FLOs) and Family Liaison Co-ordinators (FLCs) and includes criteria for the selection and deployment of such personnel.

The four key elements of Family Liaison are:-

- **Victim Identification.** This will facilitate the rapid and accurate identification of Disaster Victims by timely collection and collation of Ante Mortem information
- **Investigation.** By providing an investigative framework, which will facilitate the two way documented flow of information between the Senior Investigating Officer (SIO) the Senior Identification Manager (SIM) and the family. The national guidance recommends the appropriate level of competence an FLO must have demonstrated.
- **Community Reassurance.** By agreeing as far as possible a joint media strategy with the family which will encourage witnesses to come forward whilst giving public and community reassurance in the investigative process
- **Support from other agencies.** Ensuring that families have access to information, which will enable them to make informed decisions around the support/assistance that can be obtained from other appropriate organisations.

Humanitarian Response Teams

In view of their primary role as investigators rather than support workers, and inkeeping with the principles of a clear and effective exit strategy, police FLOs are trained to refer individuals on to other support agencies to address humanitarian needs, and thus good understanding and working relationships between the police service and others planning for and responding to emergencies is crucial.

To this end Lord Justice Clarke in his inquiry following the Marchioness Disaster (which reported in 2001) recommended that local authority Social Services departments

should identify individuals who can be jointly trained with Family Liaison Officers (FLOs) to work with relatives following a disaster (Recommendation 19). Lord Clarke also recommended that Social Services departments should ensure plans are drawn up in conjunction with local police forces as to the treatment of relatives and other bereaved people in the aftermath of a disaster (Recommendation 20).

The principle of Social Services being the designated lead agency for welfare response had earlier been recommended in the Allen Report (1991) which detailed the roles and responsibilities for various local authority agencies and included health authorities and education departments as well as voluntary sector bodies. Although the Civil Contingencies Act has since been passed, there are still varying interpretations of these recommendations in relation to the roles and responsibilities of what are now Social Care departments, thus resulting in the picture of inconsistency within and across human service agencies as confirmed by this report. This is a situation further exacerbated by the recent further fragmentation of Social Service departments in relation to Adult and Children's Services. There are also currently no nationally agreed aims and objectives, roles and responsibilities or management and operating protocols for public sector humanitarian response teams.

In relation to private sector care teams too, general evidence collected through this research suggests that there is much variation across and even within sectors such as airlines and rail companies. In particular the data collected for this report included concerns expressed about rail care teams in relation to their ambiguous objectives, lack of clarity around exit strategies from families and the potential duplication of function between rail care teams and other responders.

Developing Joint Working

As found in the research for this report, current plans relating to local authority humanitarian response teams seek to involve personnel from across a range of agencies, not just statutory Adult and Children's Care Services. However, regardless of which agency is involved, there seems to be general agreement across all organisations that joint working is desirable and works best when it builds on close working, joint planning and liaison ahead of disaster time.

Having said this, in the absence of a sufficient body of evidence and independent evaluation of the intricacies of how joint working with bereaved families has worked across previous mass fatality events, it would be inappropriate at this point to prescribe a uniform model or universal formula for how this should be structured, or to recommend automatic joint deployment of FLOs and humanitarian response or crisis support workers as a matter of course. In particular automatic or collective joint deployments might be unwise given the nature of criminal investigations following mass fatality events and the fact that the investigative strategy relating to any such investigation will vary. The decision to deploy FLOs (usually in pairs) or not should always be intelligence-led and contingent upon the requirements of any particular investigation, such that deployment of any officer or support worker is not automatically assumed. Rather this should be decided on a case by case basis, in accordance with a strategy determined by the Strategic Co-ordination Group (SCG) and thoroughly risk assessed, before anyone is deployed to individuals or families. The decision to jointly deploy FLOs and support workers together, if appropriate at all, should follow these principles and thus only be decided on a bespoke basis rather than adopted as a general rule or pre-set policy.

Professionals in this field have long recognised the challenges associated with joint working given the organisational and cultural differences that abound and a number of commentators have been calling for some time for more work to be done in this area. This includes the Emergency Planning Society Human Aspects Group, for example, which was founded on the principle of developing professional standards and has long called for interagency training and a critical and reflective approach in relation to the human aspects of disaster response. In recent years there has also been growing support from a number of other quarters for a clear national strategy for those engaged in the crisis support side of humanitarian response, an evidence base for models of care engaging psychosocial support workers, clarity on procedures for liaison and handover between agencies during the longer term phases of disaster aftercare and a system for developing national standards and accreditation. These are among the issues currently being explored through two key pieces of work: a project on the development of National Occupational Standards, being led by Skills for Justice and a project

commissioned by the Social Care Institute for Excellence looking at the contribution of social care to emergency response. Both will be reporting in the next year.

Meanwhile in planning for partnership working following emergencies, it is recommended here that all organisations should seek to ensure that any agencies they plan to work jointly with have the following in place:

- Clear overall aims/objectives for what the agency seeks to do and provide
- Appropriate recruitment, selection and training procedures governing the use of personnel
- A transparent strategy for the risk assessment, deployment, engagement and exit of personnel, appropriately tailored to the circumstances of particular emergencies
- Procedures in place for the satisfactory management of staff – including their co-ordination, briefings, tasking, supervision & monitoring
- The ability to provide a consistent approach in dealing with incidents that impact across local/national boundaries (hence avoiding potential conflict and confusion in joint working within and between multiples agencies)
- Active engagement with local and regional humanitarian assistance planning processes and protocols before disaster strikes and, in the event of activation, integration of their emergency response procedures with the overall response through the Strategic Co-ordination Group

2) Longer Term Psychosocial Support Services: Lessons from the 7JAC

Background

The 7 July Assistance Centre (7JAC) was set up as a longer term facility to meet the needs of those affected by the July 7 bombings in London in 2005. The service was initiated in August 2005 at a one-bedroom flat in Westminster following a period of transition from the Family Assistance Centre at the Royal Horticultural Halls which closed down five weeks after the bombings. Since its inception the Centre has been centrally funded to offer a range of psychosocial support services, including a helpline, newsletter, website, individual counselling and facilitated support groups. The Centre has broadened its remit to dealing with other major incidents, though it is actively working to execute an effective exit strategy.

An independent evaluation of this service has been conducted. Meanwhile the following lessons regarding longer term psychosocial support services have been identified through the presentations about the 7JAC on the DCMS regional tour as well as discussion comments, questions and feedback raised through the focus groups on planning for future longer term psychosocial support services.

Recommendations for Longer Term Psychosocial Support Services

It is recommended that those planning for longer term psychosocial support following emergencies should seek to ensure that service providers offer evidence of the following:-

- **Good communication and integration of the service provider** with existing emergency planning and response structures (ideally such a service will already have been identified before the emergency and been engaged in pre-incident emergency planning processes)
- **A clear set of aims and objectives** for any facility or service which is clearly documented, is communicated and available to all stakeholders (including users) from the outset, and includes specific reference to an exit strategy at the outset

- **Protocols for the appropriate recruitment and selection of personnel.** Anyone working with vulnerable people and those responsible for managing them should be able to demonstrate clear evidence of training and experience in trauma and disaster (as opposed to just general management, counselling and/or bereavement support skills). Consistency in the retention and deployment of staff also makes a difference to the quality of service offered and thus should be carefully considered in the planning and management of any service
- **A proactive approach to outreaching** to potential users while being mindful of the potential scale of need and demands in relation to the capacity and capability of service providers
- **Awareness and understanding of the need for effective data protection and information sharing protocols** so that those connecting with initial reception centres may be followed up by longer term providers of support services
- A strategy for ensuring that all working with vulnerable people adhere to a **professional code of conduct**, including for example codes of conduct relating to privacy and confidentiality. (Disaster Action's code as referred to in the HA Guidance has been developed specifically for use in working with disaster victims though there are other general examples available from other organisations)
- Ability to develop of a **range of services based on the principles of empowerment and self help** versus dependence. This means, for example, including opportunities for the establishment of independent self help groups as well as those established and facilitated by service providers
- Evidence of **good links and networks with other specialists and service providers** outside of the geographical area in which any facility is established, and willingness to refer users to locally provide appropriate services wherever

possible. This is important for ensuring continuity given the temporary nature of any bespoke facility or service

- Procedures for **capturing information as the basis for ongoing evaluation and service review**. This might, for example, include data on:- the number and frequency of visits to a drop in facility; the numbers of callers to helplines and the general nature/purpose of calls; the establishment of support groups, and information relating to referrals on to other services

3) Considering Exit Strategies in Planning and Providing HA

The importance of having clear and effective exit strategies in the provision of a HAC and longer term psychosocial support services was a key learning point identified in the workshops and focus groups. Discussions focussed on the implications for staffing facilities and staff welfare as well as the impact on users of potentially creating and managing dependency. Concerns about costing provisions such as a HAC without due consideration of its purpose, timescales and the process of transition to longer term services were also raised. The need to include such considerations at the planning stage was acknowledged.

While many people are now planning, as a result of the workshops, to review their plans and build in references to the importance of having exit strategies, it was suggested that more information on how to develop an exit strategy would be useful. In particular information on approaching the question of defining the meaning of 'exit', closure (in terms of ending of services) and implementing exit strategies was requested.

Exit and Entrance Strategies

The meaning and application of 'exit' and exit strategies are many and varied when applied to organisations, interventions and services. A Google search of the term highlights this and provides some good examples of approaches to this from across a wide range of contexts including business and war.

A good site to look at for an example of the general reasons/approaches to developing an exit strategy is www.businesslink.gov.uk/bdotg/action/layer?topicId=1074039237.

This contains an example from Business Link and also, on the right, a downloadable guide from the Institute for Chartered Accountants. Though developed for business as such (and hence some of the terminology and detail is less appropriate) they highlight key principles which would also apply to the delivery of humanitarian assistance, such as the importance of thinking from the start about how one might ultimately end or transition a service, and how having clarity about such decisions at the start will make a difference to how and how successfully one is able to ultimately exit.

The value in having an exit strategy at the start is that it encourages one to focus clearly on initial aims/objectives and how outcomes will be able to be measured and determined as having being achieved. In this sense one might regard an exit strategy as fundamentally part of any ‘entrance strategy’. In terms of the details, exit strategies for any intervention or service provision might include a specific reference to key dates and timetables and strategies for addressing transition and endings as well as reference to original objectives. An exit strategy might also refer to key measures, and processes for determining outcomes or milestones in marking achievement/transition.

Where appropriate the language of *transition* rather than terms such as ‘*exit*’ or ‘*closure*’ of a service may be more helpful in terms of indicating a gradual move towards endings. This may not only be more sensitive for users but also more realistic where gradual change is introduced and attention is paid to ensuring continuity of service beyond any bespoke facility. The ending of disaster-related services, where appropriate, should always be carefully planned to ensure that it is carried out in stages rather than suddenly and should be completed with plenty of notice and explanation to stakeholders.

Engaging Stakeholders

In terms of exit strategies for services working directly with those affected by emergencies, particularly longer term support services or support networks, organisations such as Disaster Action recommend that decision-making processes about the nature, transition and ending of services should include consultation with users, i.e.

those who have been bereaved and survivors. Consultation with stakeholders, including those for whom the services are intended to assist, must be meaningful. Consideration should be given to ensuring that the principles, rationale and approach to any endings are carefully and sensitively communicated to all users. In particular the use of the word 'closure', often used by professionals, the media, politicians and others to refer to people's experiences can appear to belittle the enormity of what has happened and may be unhelpful. Many would say there is, after all, no real 'closure' on a death or experience; rather the fact is assimilated into people's lives in different ways, and at different times. Disaster Action make the point that the meaning and appropriateness of the language of 'closure' differs between individuals, service providers and funders and that while some people may need support for a number of years, this does not necessarily mean that needs will or should be met through any particular or single service.

In reality, factors such as funding will impact on the provision of bespoke services over time. During the set up phase, funders should encourage and expect a focus on a clear aim, objectives, outcomes and timescales. While the availability of funding alone should not be the only determinant for either the closure or continuation of a service, neither should a wish by users or service providers for a facility to continue to exist without carefully considered reasons and discussion between all stakeholders. While there are always likely to be continuing or newly arising psychosocial needs arising from emergencies, discussions in the latter phases of provision might focus on the range of options for meeting continuing needs in the most efficient and effective ways. This might for example be through retention of smaller scale specialist services and/or through referral to alternative and ongoing service providers.

Including Exit Strategies in HAC Planning

Three HAC plans examined through this research included references to exit strategies. London's HAC plan (Version 1, p19) and Nottinghamshire's HAC plan (Version 2, 10.1) include specific reference to points for consideration in the development of an exit strategy from a HAC. In line with the DCMS/ACPO Guidance (2006: 6.13), they emphasise the importance of regularly reviewing the decision to keep open any HAC and stress that the decision to close should be based on whether or not the centre has

achieved the objective and purpose agreed at the outset. Among a number of suggested points to consider the following are included:

- the need to agree an exit strategy with owners and users
- a media and public information strategy for closure
- what will be in its place and implications for staffing, resources and cost
- final debriefs & lessons learned
- who will say thank you to participating agencies and individuals

Bedfordshire and Luton LRF's HAC plan also includes details about exit strategies. In terms of closing a HAC, it gives an example of transitioning a service when it suggests the HAC Management Group (HACMG) should consider:

- shortening the opening hours
- reducing the services provided
- reducing the staffing levels
- returning part of the venue to its original use

It also emphasises considering closure in relation to other aspects of the response especially the work of the SCG and Recovery Working Group (Version 1, 10.2, p79).

Closing Comments

‘Show me the manner in which a nation or community cares for its dead and I will measure with mathematical exactness the tender sympathies of its people, their respect for the laws of the land and their loyalty to high ideals’
(William Gladstone, 1871).

This report has focussed on Humanitarian Assistance activities which not only have implications for the care and treatment of the dead in emergencies but also address ways of meeting the needs of those who experience, witness and confront emergencies as traumatic events. Our research has shown that there is a mixed picture of preparedness across the UK, with varying levels of interest, commitment and activity within and across Category 1 and other responders. There is much good practice and much potential for further development. Most planning activity that exists tends to focus on the short term rather than longer term needs and recovery strategies.

Beyond the general principles for good emergency planning and response captured in current guidance documents, definitive ideas of best practice in this field based on tried and tested solutions have yet to emerge. This is an area requiring continuous improvement through ongoing reflection, experience and, crucially, the development of procedures for effective independent evaluation and review.

While pre-planning, training and exercising undoubtedly makes a difference to preparedness, it is difficult to predict how capably any part of the UK will respond to the needs of people in an emergency should the next one strike today or tomorrow. As one experienced responder noted in one of the workshops, ‘we all step up when it happens’ and disasters and their management can bring out the best of people in terms of altruism, community spirit and outreach to those in distress, over and above formal expectations and official responsibilities.

There is now legislation, guidance, good practice, experience and a developing body of knowledge in this field. Building on this, we would argue that enhancing capability across the UK is not only now a legal mandate but the morally right thing to do. We hope this report and its recommendations will assist those tasked to meet such duties.

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The Scottish Parliament (2006) Preparing Scotland: Scottish Guidance on Preparing for Emergencies, Crown Copyright
(<http://www.scotland.gov.uk/Publications/2006/02/27140215/0>)

Glossary

ACPO - Association of Chief Police Officers

BME – Black and Minority Ethnic

CCS – Civil Contingencies Secretariat

CCA - Civil Contingencies Act

DCMS – Department for Culture Media and Sport

EPO – Emergency Planning Officer

FLO – Family Liaison Officer

HA – Humanitarian Assistance

HAC - Humanitarian Assistance Centre

HACMG - Humanitarian Assistance Centre Management Group

LRF – Local Resilience Forum

MOU – Memorandum of Understanding

NICTT –Northern Ireland Centre for Trauma and Transformation

RRF – Regional Resilience Forum

PCT – Primary Care Trust

PTSD – Post Traumatic Stress Disorder

SHA - Strategic Health Authority

7JAC – 7th July Assistance Centre

Appendices

Appendix 1 - The Role of the Department for Culture, Media & Sport: Humanitarian Assistance Unit

The detail given here is based on information provided by representatives of the DCMS Humanitarian Assistance Unit and outlined by them during the regional workshops. In their presentations they emphasised the value of regional teams as being a key bridge between themselves and experienced practitioners at grass roots level and the importance of all engaged in this work working together to develop best practice in humanitarian assistance.

The role of the **Minister for Humanitarian Assistance** (currently Tessa Jowell) is to ensure that:

‘the needs of British victims of major emergencies and of their families are understood and properly considered within Government in building preparedness for and responding to major emergencies, and to represent the Government and explain its policies when dealing with victims and their families’.

During the period of research for this report on 28 June 2007, due to a Cabinet reshuffle, Tessa Jowell became Olympics Minister, based at the Cabinet Office. She retains her responsibility as Minister for Humanitarian Assistance and for staff in the Humanitarian Assistance Unit who remain based at the DCMS.

Areas of Activity

The Humanitarian Assistance Unit within the DCMS has three main strands of activity:

- Planning/ Preparedness – including Communication with bereaved & survivors; Learning lessons and building an evidence base (through for example commissioning reviews on the needs of people in emergencies and an

independent evaluation of the 7 July Assistance Centre; engaging local responders; enhancing policy development (e.g. through the HAC guidance and ongoing initial reception centres guidance), and working with the Capabilities Programme

- Emergency Response – linking in with COBR, the Secretary of State, Local Responders and Lead Departments. In 2006 this included responding to incidents in Bahrain, Egypt, Turkey & Jordan
- Aftercare/ Longer-term work – including planning commemorations (such as the 7 July anniversary commemorations and the Sharm el-Sheikh, Kusadasi & Doha memorial services); supporting the development of psychosocial support systems (including funding the 7th July Assistance Centre), and providing advocacy within Government

Priorities for the DCMS for 2007 include

- Guidance on rest and reception centres
- Evidence base – undertaking research into models of response
- Learning Lessons - response to NAO; engagement with those affected
- National Occupational Standards for Training & Accreditation
- Emergency Website & Guidance for Employers
- Funding 7 July Centre and identifying future capability....
- Financial assistance for victims
- Health systems - trauma screening/treatment
- A 7 July permanent memorial and tsunami memorial

Appendix 2 – The National Recovery Working Group Terms of Reference

Background to the Working Group

Following a number of recent incidents, it has become apparent that local responders would appreciate more comprehensive guidance to support them in dealing with the recovery stage of emergencies. This was most recently raised as an issue following the Buncefield fire, which led Ruth Kelly, Secretary of State for Communities and Local Government, to agree to investigate options for government support to businesses and local economies in the period following an exceptional disaster.

TIDO (Prepare), the Official Committee on Domestic and International Terrorism (Preparedness), at their meeting on 6 November 2006 therefore agreed that a National Recovery Working Group should be established to identify the gaps in information and support and to produce a single point of reference for recovery guidance for local responders.

Objectives of the Group

1. To investigate the recovery options for mitigating the short, medium and longer-term economic, social (including health) and environmental impacts of emergencies on communities;
2. To provide a single point of reference for recovery guidance to local responders¹;
3. To identify gaps in recovery support and guidance, and propose options for further work to fill these gaps to be fed into the relevant Capability Workstreams or other government programmes (this includes making proposals for what further support and funding options are required for businesses and the local economy)

¹ Whilst Local Authorities normally take the lead on recovery issues, the guidance will be aimed at all agencies involved in the recovery process.

Deliverables

Objective 1

- Case studies from recent incidents and exercises (national and international) on what recovery issues were faced and how they were handled, with good practice examples;

Objective 2

- Web-based advice (possibly on UK Resilience) on how and where local responders (particularly Local Authorities) can obtain assistance or advice on recovery issues. This will include a list of roles and responsibilities of each Government Department and other organisations, a list of recovery contacts, and a glossary of terms. Any differences that exist in guidance for Devolved Administration areas will be clearly flagged. Arrangements will also be put in place for the long-term management and updating arrangements for these website pages;
- To map out and link to existing government and other sources of guidance and support;
- Feed into the revision of Emergency Response and Recovery guidance.
- Work with the Emergency Planning College in review of the Community Recovery course.

Objective 3

- Recommendations to address gaps, including those in economic and local business support, to be taken forward by the relevant Lead Government Departments.

All of the above will be consistent with the Civil Contingencies Act framework and its supporting documentation *Emergency Preparedness* and *Emergency Response and Recovery*.

Membership

Core Membership

Recovery is by nature a cross-cutting subject and relates to a wider area of responsibilities and capabilities than is represented by the Capabilities Programme. As a result, a wide range of Government Departments will need to be represented on the Group. These departments will include:

- Communities and Local Government (CLG)
- Department for Culture, Media and Sport (DCMS)
- Department for the Environment, Farming and Rural Affairs (DEFRA)
- Department for Trade and Industry (DTI) [changed to Department for Business, Enterprise and Regulatory Affairs]
- Department for Transport (DfT)
- Her Majesty's Treasury (HMT)
- Department for Education and Skills (DfES) [changed to Department for Children, Schools and Families]
- Department for Constitutional Affairs (DCA) [changed to Ministry of Justice]
- Department of Health (DH)
- Home Office (HO)
- Cabinet Office (CO)
- Ministry of Defence (MOD)
- Government Decontamination Service (GDS)
- Government Offices (GOs)
- Welsh Assembly Government (WAG)
- Scottish Executive
- Northern Ireland
- Foreign and Commonwealth Office
- DfID [to be invited if they wish to attend]
- Health Protection Agency
- Environment Agency
- Department for Work and Pensions

Many of these Departments have links with a series of Government Agencies. It is expected that these Departments will represent those Agencies at the meetings and provide communication links as necessary.

In addition, the Group will require representation from a wide range of other organisations. These will include:

- Local Government Association (LGA)
- Association of Chief Police Officers (ACPO) (representing all UK forces)
- Chief Fire Officers' Association (CFOA) (representing all UK services)
- Ambulance Service Association (ASA) (representing all UK services)
- Regional Development Agencies (RDAs)
- Confederation of British Industry (CBI)
- Association of British Insurers (ABI)
- Health and Safety Executive (HSE)
- Food Standards Agency (FSA)
- Coroners' Society for England and Wales
- Convention of Scottish Local Authorities (COSLA)
- Welsh Local Government Association (WLGA)

Wider Stakeholders

The Group will also require input from wider stakeholders, including those organisations who have been involved in the recovery stages of recent incidents. In keeping the numbers on the Group manageable, it will not be possible for all these organisations to be personally represented. However, the Group will ensure that their views are captured through use, for example, of electronic stakeholder surveys and other consultation exercises, building on existing networks (eg. Local and Regional Resilience Forums) where possible.

Chair and Secretariat

GONW Head of Regional Resilience (Kathy Settle) will chair the group. Contact details are: Kathy.settle@gonw.gsi.gov.uk or Tel 0161 952 4146 (office) or 07771 978920 (mobile).

Rhiannon Harries, Regional Resilience Division, Communities and Local Government, will provide secretariat support. Contact details are: Rhiannon.harries@communities.gsi.gov.uk or Tel 0207 944 8575 (office).

Scope

The guidance will be made as comprehensive as possible, commensurate with the time-limited nature of the Working Group. In the longer term, the website could be used to disseminate further guidance and case studies as they occur. The separate “Grouping of Topics” paper lists some of the issues that have been raised by recent emergencies which will be considered for inclusion in the guidance, although this should not be viewed as comprehensive and will be amended and added to as the Project progresses.

Should the Group identify areas for further work, either in relation to providing or clarifying guidance, or filling gaps in support, then it will make recommendations on how these should be taken forward.

Timescale

The Group will be time-limited and will aim to complete its tasks within nine months of the first meeting.

Frequency and Location of Meetings

At its first meeting, the Group will decide how to structure its meetings (and any associated workshops / events) in order to meet its objectives. The likely venue of meetings will be in London, although this will be reviewed for each meeting.

Accountability and Reporting Processes

The Group is accountable to TIDO (Prepare) and will submit the deliverables outlined above to that body for sign-off. The documents will also be submitted to DOP(IT)(PSR)² for their acknowledgement prior to publication. In addition, the Group will provide regular progress reports (quarterly) to the Capabilities Programme Board via the Civil Contingencies Secretariat (CCS).

Definitions

Emergency

An event or situation that threatens serious damage to human welfare in a place in the UK or the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK. To constitute an emergency an event or situation must additionally require the implementation of special arrangements by one or more Category 1 responder. (*Emergency Response and Recovery*)

Recovery

The process of rebuilding, restoring and rehabilitating the community following an emergency. (*Emergency Response and Recovery*)

Response

Response encompasses the actions taken to deal with the immediate effects of an emergency. In many scenarios it is likely to be relatively short and to last for a matter of hours or days – rapid implementation of arrangements for collaboration, co-ordination and communication are, therefore, vital. Response encompasses the effort to deal not only with the direct effects of the emergency itself (e.g. fighting fires, rescuing individuals) but also the indirect effects (e.g. disruption, media interest). (*Emergency Response and Recovery*)

² The Ministerial Committee of Defence and Overseas Policy (Sub-Committee on International Terrorism) (Ministerial Group on Protective Security and Resilience)

Consequence Management

To manage the impact resulting from the occurrence of a particular hazard or threat, measured in terms of the numbers of lives lost, people injured, the scale of damage to property and the disruption to essential services and commodities. (*Emergency Preparedness*)

Appendix 3 - The LRF Questionnaire

Introduction

The aim of this questionnaire is to gather information about local arrangements and approaches to humanitarian planning and response in emergencies. The data collected will be used to help develop a general picture of approaches to the development of capability across the UK, emerging new and good practice, and gaps in knowledge that may be addressed through further guidance.

Please answer all of the following questions as honestly as you can. In certain sections we ask for you to send details of website links or to send additional documents as email attachments as part of your response. You may also find it helpful to refer to additional documentation in preparing your answers. We are grateful for your assistance in sharing details of your activities, experiences and local issues so that a general picture may be built up to the benefit of all.

All individual responses will remain confidential, i.e. they will not be passed by the researchers to any third party including those commissioning the research. They will also remain anonymous, i.e. details of specific areas and places will not be attributed to any particular individual or organisation without consent. The focus in reports arising from this research will be on general observations rather than particular organisations or areas of the country. Where examples of good or best practice are identified, however, permission will be sought to identify particular organisations as appropriate.

Your and your organisation's, participation in this research is voluntary. You, and your organisation, also have the right to withdraw at any time. If you later decide you wish to do this please contact the researcher. Similarly if you have any queries relating to this research please feel free to contact me by telephone on 02476-505262 or 0777-3894675 or by email: anne.eyre@traumatraining.com.

Thanking you in anticipation,
Dr Anne Eyre

I understand the nature of this research and hereby give my consent to participate. I understand that should I later change my mind about participation, I can email the researcher to withdraw my data.

I agree

Section One: Humanitarian Assistance in Emergencies:

We are interested in developing a picture of how humanitarian issues are being addressed through local structures and working arrangements. This includes multi-agency Humanitarian Assistance sub-groups where they exist and other ways in which the needs of people in emergencies are addressed through working groups, plans and activities. This section may be best completed by a representative of the LRF or LRF humanitarian sub-group where this exists.

Name/contact details of person completing this section:

1. Please give details of how your LRF is structured. If this is accessible online please give details of the website address. If available as an attachment please email details to: anne.eyre@traumatraining.com

2. Please list the local authorities covered by your LRF

3. Do you have a humanitarian sub-group within your LRF?

- Yes. If yes please complete questions 3a - 3g, and skip question 3h
- No. If no please skip questions 3a - 3g, and complete question 3h

3a. How long has this been in place?

3b. If the humanitarian subgroup is further divided please give details of working groups, including the lead person for each group/division.

3c. How often does the subgroup (and any subdivisions of this) meet?

3d. Please give the name/position/organisation of the humanitarian subgroup chairperson.

3e. Please list members/organisational representatives on the humanitarian subgroup. Alternatively give web addresses of documents listing these if available.

3f. Are you planning to broaden membership of this group? If yes please give details.

3g. Do you have copies of any Terms of Reference or minutes of the meetings of the HA subgroup.

Yes. If yes please send these separately by email to the researcher: anne.eyre@traumatraining.com

No

3h. As you currently do not have a humanitarian sub-group within your LRF, do you have plans to establish such a group? Please include your comments about this decision.

4. Do you have a lead responder (as defined by the Civil Contingencies Act) who leads on Humanitarian Assistance?

- Yes. Please give details
- No. Please feel free to add comments.

Comments:

5. Please give details of any contracts or agreements in place for the provision of humanitarian assistance (This may include Memoranda of Understanding as well as other forms of agreement)

6. If there are any particular examples of good practice in humanitarian assistance in your area which you wish to flag up here, please give brief details

7. Any other comments?

Section Two: Developing Your LRF Capability in Humanitarian Assistance

1. What do you see as the biggest challenge in addressing humanitarian needs in emergencies?

2. What, if anything, do you think would make it easier for you to address humanitarian needs in emergencies?

3. If you think there are additional and/or particular areas of guidance and/or training which you think would assist you in developing your capability in humanitarian response, please give details.

4. Any other comments?

Thank you!

Many thanks for completing this questionnaire.

If you have any additional queries or comments regarding this study please contact Dr Anne Eyre: Tel 02476-505262, Mobile 0777-389-4675 or email: anne.eyre@traumatraining.com

If you have been asked to provide any additional documentation then please email these to anne.eyre@traumatraining.com making reference to the 'DCMS/HA study' in the subject heading of your email. As a reminder, this might include the following:

- Details of how your LRF is structured
- Terms of Reference or minutes of the meetings of the HA subgroup.

If you later change your mind about participation please contact the researcher and your data will be removed.

Appendix 4 - The Local Authority Questionnaire

Introduction

The aim of this questionnaire is to gather information about local arrangements and approaches to humanitarian planning and response in emergencies. The data collected will be used to help develop a general picture of approaches to the development of capability across the UK, emerging new and good practice, and gaps in knowledge that may be addressed through further guidance.

Please answer all of the following questions as honestly as you can. In certain sections we ask for you to send details of website links or to send additional documents as email attachments as part of your response. You may also find it helpful to refer to additional documentation in preparing your answers. We are grateful for your assistance in sharing details of your activities, experiences and local issues so that a general picture may be built up to the benefit of all.

All individual responses will remain confidential, i.e. they will not be passed by the researchers to any third party including those commissioning the research. They will also remain anonymous, i.e. details of specific areas and places will not be attributed to any particular individual or organisation without consent.

The focus in reports arising from this research will be on general observations rather than auditing, evaluating or making specific comment about particular organisations or areas of the country. Where examples of good or best practice are identified, however, permission will be sought to identify particular organisations as appropriate.

Your and your organisation's, participation in this research is voluntary. You, and your organisation, also have the right to withdraw at any time. If you later decide you wish to do this please contact the researcher. Similarly, if you have any queries relating to this research please feel free to contact me by telephone on 02476-505262 or 0777-3894675 or by email: anne.eyre@traumatraining.com.

Thanking you in anticipation,
Dr Anne Eyre

I understand the nature of this research and hereby give my consent to participate. I understand that should I later change my mind about participation, I can email the researcher to withdraw my data.

I agree

Section One: Humanitarian Assistance in Emergencies:

We are interested in developing a picture of how humanitarian issues are being addressed through local structures and working arrangements. This includes multi-agency Humanitarian Assistance sub-groups where they exist and other ways in which the needs of people in emergencies are addressed through working groups, plans and activities. This section may be best completed by a representative of the LRF or LRF humanitarian sub-group where this exists.

Name/contact details of person completing this section:

1. Please give details of how your LRF is structured. If this is accessible online please give details of the website address. If available as an attachment please email details to: anne.eyre@traumatraining.com

2. Please list the local authorities covered by your LRF

3. Do you have a humanitarian sub-group within your LRF?

- Yes. If yes please complete questions 3a - 3g, and skip question 3h
- No. If no please skip questions 3a - 3g, and complete question 3h

3a. How long has this been in place?

3b. If the humanitarian subgroup is further divided please give details of working groups, including the lead person for each group/division.

3c. How often does the subgroup (and any subdivisions of this) meet?

3d. Please give the name/position/organisation of the humanitarian subgroup chairperson.

3e. Please list members/organisational representatives on the humanitarian subgroup. Alternatively give web addresses of documents listing these if available.

3f. Are you planning to broaden membership of this group? If yes please give details.

3g. Do you have copies of any Terms of Reference or minutes of the meetings of the HA subgroup.

- Yes. If yes please send these separately by email to the researcher: anne.eyre@traumatraining.com
- No

3h. As you currently do not have a humanitarian sub-group within your LRF, do you have plans to establish such a group? Please include your comments about this decision.

4. Do you have a lead responder (as defined by the Civil Contingencies Act) who leads on Humanitarian Assistance?

- Yes. Please give details
- No. Please feel free to add comments.

Comments:

5. Please give details of any contracts or agreements in place for the provision of humanitarian assistance (This may include Memoranda of Understanding as well as other forms of agreement)

6. If there are any particular examples of good practice in humanitarian assistance in your area which you wish to flag up here, please give brief details

7. Any other comments?

Section Two: Developing Your LRF Capability in Humanitarian Assistance

1. What do you see as the biggest challenge in addressing humanitarian needs in emergencies?

2. What, if anything, do you think would make it easier for you to address humanitarian needs in emergencies?

3. If you think there are additional and/or particular areas of guidance and/or training which you think would assist you in developing your capability in humanitarian response, please give details.

4. Any other comments?

Thank you!

Many thanks for completing this questionnaire.

If you have any additional queries or comments regarding this study please contact Dr Anne Eyre: Tel 02476-505262, Mobile 0777-389-4675 or email: anne.eyre@traumatraining.com

If you have been asked to provide any additional documentation then please email these to anne.eyre@traumatraining.com making reference to the 'DCMS/HA study' in the subject heading of your email. As a reminder, this might include the following:

- Details of how your LRF is structured
- Terms of Reference or minutes of the meetings of the HA subgroup.

If you later change your mind about participation please contact the researcher and your data will be removed.

Appendix 5 - Covering Letter sent to LRF Chairs with the Survey



Humanitarian Assistance Unit

2-4 Cockspur Street
London SW1Y 5DH
www.culture.gov.uk
Tel 020 7211 6007

Fax: 020 7211 6339
Frances.MacLeod@Culture.gsi.gov.uk

Chair
Local Resilience Forum

15 May 2007

Dear Colleague

I am writing to you in your role as Chair of your Local Resilience Forum to invite you and your colleagues in emergency planning to participate in important research into levels of preparedness for providing humanitarian assistance in emergencies. This research has been commissioned by the Humanitarian Assistance Unit at the Department for Culture, Media and Sport (DCMS) and is being conducted by Dr Anne Eyre, Trauma Training, in association with Viv Brunsdon and Jamie Murphy of Nottingham Trent University. It is endorsed by the Association of Chief Police Officers (ACPO), the Civil Contingencies Secretariat (CCS) and the Local Government Association (LGA).

The DCMS is seeking to ascertain approaches and disseminate best practice for Category 1 and 2 responders and the voluntary sector in the humanitarian aspects of emergency planning, response and recovery. We are keen to build on the Guidance on Humanitarian Assistance issued in 2006 and are aware that further guidance on Initial Reception Centres, currently being prepared by an ACPO Steering Group, will make a further contribution in assisting planning and response at local levels.

We also know that there is a good deal of experience in providing humanitarian assistance across local and regional levels – our aim is to consolidate this, promote existing good practice and identify areas requiring further work. To this end a series of regional workshops and interviews are being conducted alongside this survey. The outcome will be a report on the general picture of capability across the UK which will be used to inform further guidance and training in this field. Please note that this research is separate and distinct from the National Capability Survey, focusing exclusively (and in more detail than the NCS would) on humanitarian aspects.

In developing this survey we are aware that the working definitions and operational activities associated with humanitarian assistance are many and varied and that this multi-agency activity cuts across various planning and response structures. For the purposes of this study, *humanitarian assistance* refers to those activities aimed at meeting the needs of people affected by emergencies. In particular this includes those elements of planning, training and exercising aimed at meeting



Humanitarian
Assistance Unit

people's practical and emotional needs; response activities focussing on meeting people's needs during and immediately after emergencies; and the coordination and provision of psychological and social aftercare for those affected in the weeks, months and years that follow.

All individual responses will remain confidential, i.e. they will not be passed by the researchers to any third party including those commissioning the research. They will also remain anonymous, i.e. details of specific areas and places will not be attributed to any particular individual or organisation without consent. The focus in reports arising from this research will be on general observations rather than particular organisations or areas of the country. Where examples of good or best practice are identified, however, permission will be sought to identify particular organisations as appropriate.

What to do Next

In meeting the aims of this project, two questionnaires are being sent to you as chair of your Local Resilience Forum. We ask that you please take the following two actions:-

- 1) **Please forward this correspondence and invite a representative of the LRF** (for example the chair of the Humanitarian Subgroup if this is in place) **to complete the LRF HA Questionnaire**. Alternatively you may choose to complete the questionnaire yourself. The questionnaire is available at: <http://www.surveymonkey.com/s.asp?u=495673733285>
- 2) We ask that you **also forward this correspondence to emergency planning representatives from each of the local authorities represented on your LRF with a request to complete the Local Authority HA Questionnaire**. This approach will enable us to get a balanced view across both local authorities and LRFs. The Local Authority HA questionnaire is available at <http://www.surveymonkey.com/s.asp?u=498533733177>

To make it easier to respond, the questionnaires are designed to be completed and submitted online. In certain sections there are requests for respondents to refer to further documentation and/or to forward some documents on to the researcher by email. Respondents will thus find it helpful to be able to have to hand and refer to additional information available to them in responding to the questionnaire.

Thank you in anticipation for participating in this important piece of research. We would be grateful if the questionnaires could be completed by **Friday 22 June 2007**. If you have any queries or comments please feel free to contact Dr Eyre at anne.eyre@traumatraining.com or Tel: 02476-505262 (Mobile: 0777-389-4675).

Yours faithfully

Frances MacLeod

Deputy Director, Humanitarian Assistance
Department for Culture, Media and Sport
Local response gateway: preparing together

Appendix 6 – DCMS 2007 Regional Tour Overview

The following information was issued to Government Offices by the DCMS in initially planning the regional tour:-

Devolved Administration and Regional Tours

1. Introduction

In October 2006 the DCMS and ACPO jointly authored and published guidance on how to establish Humanitarian Assistance Centres. As part of the capabilities work stream to identify and disseminate best practise in humanitarian assistance in emergencies the DCMS's Humanitarian Assistance Unit (HAU) will be conducting visits to all regions and Devolved Administrations.

We distributed hard copies of the HAC Guidance in early March with the help of Regional Resilience Teams (RRTs), and advised that we would be in touch about the tours shortly.

2. Aims and objectives

The aims and objective of the tours are to:

- highlight the DCMS role within Government, particularly the UK Capabilities Programme *Humanitarian Assistance* work stream;
- increase awareness of the local authority responsibilities regarding the first 24 hours and 48 hours after an emergency and the humanitarian lessons learnt from recent disasters;
- disseminate the HAC non-statutory guidance to a high-level audience and receive feedback on the HAC guidance;

- provide information regarding data protection and sharing in emergency response and recovery;
- transfer knowledge of the experience of setting up and running an HAC
- dispel myths and create awareness of research literature and best practice in disaster response and the importance of the initial humanitarian response on longer term emotional and psychological well being;
- facilitate focus group discussions to inform research;
- provide an opportunity for Local Responders to share experiences/lessons.

3. Audiences

Probably the maximum audience will be 80 people. The event will be free but will need to be ticketed for planning purposes.

We will rely on RRTs and DAs to ensure the most appropriate responding organisations attend, but expect the target audience for the tours to be Category One and Two responders, and the voluntary and private sectors:

- Senior and practitioner level Local Authority personnel;
 - LA Chief Executives;
 - LA Directors of Social Services (Adults and/or Children’s Directors in England);
 - Emergency Planning Officers
 - Other LA members of existing planning/ response teams;
- Emergency Services personnel; and
- Key responders from a range of other fields: health; voluntary sector (e.g. British Red Cross; Victim Support; WRVS; Cruse etc); and private sector partners (industry emergency planning personnel, local business representatives, other relevant service providers).

4. Resources:

English Regions:

- RRTs in Government Offices are being asked to manage the administration of the events, including sourcing venues/accommodation; ideally venues such as Police HQ's will be made available. In addition, we ask that RRTs assist in the facilitation of the events, working closely with a researcher to plan focus group discussions to inform research.
- If a request is submitted by the RRT, the DCMS will contribute towards administrative and refreshments costs (£1,500 max)

Devolved Administrations:

- As above.
- DAs will be asked to bear their own costs for venues, administration and refreshments.

5. Draft Itinerary

Outlined below is a proposed schedule for the event. Please note that we will work closely with each RRT and DA to develop an event which takes into account regional and local expectations, knowledge and interest.

We also welcome input from RRTs and DAs through presentations, and suggestions about additional input from local and regional responders. Depending on availability, the contributors are subject to change.

Organisation	Timing	Speaker/Activity
<i>On Arrival*</i>	<i>09:30 – 10:00</i>	▪ <i>Refreshments</i>
Welcome from RRT/ DA Representative		
DCMS - Humanitarian Assistance Unit		<ul style="list-style-type: none"> ▪ DCMS & UK Capabilities Programme ▪ Humanitarian Assistance First 24 hours and HAC medium and longer-term needs
Civil Contingencies Secretariat		<ul style="list-style-type: none"> ▪ Data Protection and Sharing
ACPO		<ul style="list-style-type: none"> ▪ Family Liaison Officers, DVI and Casualty Bureau.
<i>Break</i>	<i>11:20 – 11:40</i>	▪ <i>Refreshments</i>
Local Responder (tbc)		<ul style="list-style-type: none"> ▪ Share experiences/lessons identified/etc.
7th July Assistance Centre (tbc)		<ul style="list-style-type: none"> ▪ 7JAC Setting up and running an HAC
Dr Anne Eyre		<ul style="list-style-type: none"> ▪ Literature Review and Best Practice
<i>Lunch</i>	<i>13:00 – 14:00</i>	▪ <i>Buffet Lunch</i>

Afternoon Workshops*	14:00 - 16:30	▪ Facilitated by HAU, RRT and Researcher
Feedback & Finish	16:30 - 16:45	

** It is anticipated that the morning session will be attended by both senior and practitioner level Category 1 & 2 Responders and voluntary sector representatives. Although all will be welcome to participate, the afternoon workshops will be aimed at practitioner level Category 1 & 2 Responders and the voluntary sector.*

Appendix 7 – Details of the Format of the Focus Groups

Main Themes of the HA Study

Strengths	Weaknesses
<i>What is working well</i> at LRF & local authority level in planning, the organisation of humanitarian response teams; training, exercising, experience of deployment, evaluation & review. Any particular <i>examples of good practice</i> you can share?	<i>What is working less well/needs addressing</i> at LRF & local authority level in planning, the organisation of humanitarian response teams; training, exercising, experience of deployment, evaluation & review
Opportunities	Threats
<i>What could/would you like to do</i> at LRF & local authority level in terms of planning, the organisation of humanitarian response teams; training, exercising, experience of deployment, evaluation & review. <i>What would help?</i>	<i>What barriers/challenges</i> do you face at LRF & L/A level in terms of planning, the organisation of humanitarian response teams; training, exercising, experience of deployment, evaluation & review?

Humanitarian assistance refers to those activities aimed at meeting the needs of people affected by emergencies. In particular this includes:

- those elements of **planning, training and exercising** aimed at meeting people’s practical and emotional needs;
- **response activities** focussing on meeting people’s needs during and immediately after emergencies; and

- the coordination and provision of **psychological and social aftercare** for those affected in the weeks, months and years that follow

Instructions for the Discussion Groups

1) Nominate a **chairperson & note-taker**. V brief introductions (if nec) & note down feedback comments/questions from this morning (15 minutes) (*please note Group Number on your flipcharts*)

2) **Your own preparedness** (15 minutes) - What personal skills, knowledge & understanding do you bring to this field of activity? (including experience & training)

3) **Your organisation** (15 minutes) - What do you think are your organisation's strengths & weaknesses in this area? What might assist your organisation in preparing to respond (specific examples would be helpful)

4) **Across organisations** (15 minutes) - What opportunities & challenges face you/your organisation in addressing the multi-agency elements of humanitarian assistance? What might assist you here in preparing to respond (specific examples would be helpful)

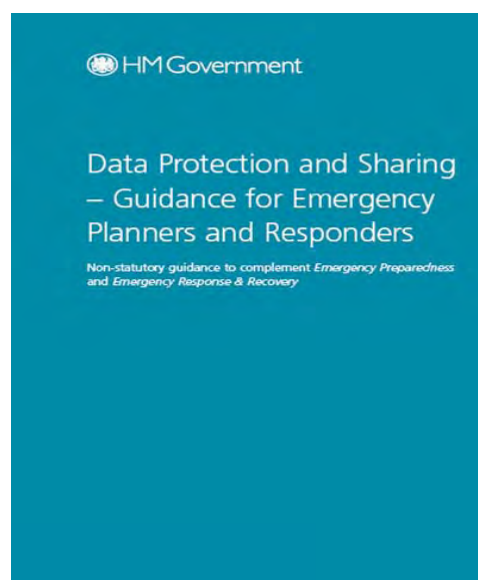
Appendix 8 - Data Protection and Sharing in Emergencies – Guidance for Local Authority Responders: Summary of Key Principles



Data Protection and Sharing in Emergencies – Guidance for Local Authority Responders

In response to lessons identified from the 7 July London bombings, the Cabinet Office has published guidance on data protection and sharing in emergencies. Problems with data sharing between Category 1 and 2 responders after the attacks hampered the connection of survivors to some support services. This guidance can help Category 1 and 2 responders to understand and promote your information sharing roles and responsibilities in planning for, responding to and recovering from emergencies.

The guidance provides clear and understandable explanations on the law surrounding personal data so that as local authority responders, you know what can and cannot be done when handling personal data. The **key points** are summarised on the reverse of this sheet - put this up in your office, use the detailed guidance to explore further, and find out the answers to your detailed questions.



You can visit <http://www.ukresilience.info/preparedness/informationsharing.aspx> to download the guidance. Here you will also find further advice on information sharing and data protection, and the relevant responsibilities placed on local authorities in emergency and non-emergency situations.

This guidance can help you ahead of the next emergency.

Data Protection and Sharing - Key Principles

- Data protection legislation does not prohibit the collection and sharing of personal data - it provides a framework where personal data can be used with confidence that individuals' privacy rights are respected.
- Emergency responders' starting point should be to consider the risks and the potential harm that may arise if they do *not* share information.
- Emergency responders should balance the potential damage to the individual (and where appropriate the public interest of keeping the information confidential) against the public interest in sharing the information.
- In emergencies, the public interest test will generally be easier to meet than during day-to-day business.
- Always check whether the objective can still be achieved by passing less personal data.
- Category 1 and 2 responders should be confident in asserting their power to share personal data when lawful in emergency planning, response and recovery situations.
- The consent of the data subject is not always a necessary pre-condition to lawful data sharing.
- You should seek advice where you are in doubt - though prepare on the basis that you will need to make a decision without formal advice during an emergency. As well as the UK Resilience website, the Ministry of Justice offers guidance and a helpline (<http://justice.gov.uk>).

- The Cabinet Office publication “Data Protection and Sharing – Guidance for Emergency Planners and Responders” has been endorsed by the Ministry of Justice, the Information Commissioners Office, the Department of Health, the Local Government Association and the Association of Chief Police Officers amongst many others.

Further details on information sharing and data protection in emergency and non-emergency scenarios can be found at <http://www.ukresilience.info/preparedness/informationsharing.aspx>.