Cabinet Office

Identifying People Who Are Vulnerable in a Crisis

Guidance for Emergency Planners and Responders

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Identifying People Who Are Vulnerable in a Crisis – Guidance for Emergency Planners and Responders

SUMMARY

This guidance is based around four key stages of establishing an emergency plan for identifying people who are vulnerable in a crisis:

1. **Building Networks**

   The most effective way to identify vulnerable people is to work with those who are best placed to have up-to-date records of individuals and who will be aware of their needs. This may range from care homes (older people) to the local hotel industry (tourists).

2. **Creating Lists of Lists**

   It would be impossible to maintain a central up-to-date list of vulnerable people. Therefore it is recommended that lists of organisations and establishments are made, who can then be contacted in the event of an emergency to provide relevant information.

3. **Agreeing Data Sharing Protocols and Activation Triggers**

   Once relevant agencies have been identified and networks developed, agreed data sharing procedures can be put in place, which should have the flexibility to adjust to changing circumstances with clear agreed triggers between responders.

4. **Determining the Scale and Requirements**

   By building networks and agreeing data sharing protocols, the potential scale of requirements of vulnerable people can be estimated in advance of an emergency, **without divulging information about individuals**. This information can then feed into emergency planning in terms of resources and equipment.

INTRODUCTION

1. This guidance is intended for the development of local action plans for identifying groups of people who may be vulnerable in an emergency. It is primarily intended for those who are involved in local emergency planning for vulnerable groups, particularly those within a Local Resilience Forum (LRF) who have key leadership roles in the care of vulnerable people in an emergency

2. The document has been compiled by the Civil Contingencies Secretariat (CCS), which sits within the Cabinet Office, and expands on elements of *Evacuation and Shelter Guidance* that deal with vulnerable people[1] and *Emergency Preparedness - Guidance on Part 1of the Civil Contingencies Act 2004.*[2]

3. The guidance primarily focuses on the principles of identifying and building relationships with bodies responsible for vulnerable people, so that the potential scale and mechanism for response can be agreed before an emergency occurs.

4. This guidance considers vulnerable people as those *'that are less able to help themselves in the circumstances of an emergency'*.'[3] The lists of potentially vulnerable people are intended as examples but there may be additional groups to consider.

5. The guidance is not 'final' – it has taken into account the initial findings of Sir Michael Pitt's report on the summer 2007 flooding; but will be further reviewed to take account of his final report. As this is an evolving area of policy there will be other emerging good practice that is not referenced here and CCS welcomes further examples or comment for inclusion in later iterations of this guidance.

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[1] *Evacuation and Shelter Guidance: Non statutory guidance to complement* Emergency Preparedness *and* Emergency Response, particularly paragraphs 3.13 to 3.20, http://www.co-ordination.gov.uk/upload/assets/www.ukresilience.info/evac_shelter_guidance.pdf .

[2] *Emergency Preparedness - Guidance on Part 1of the Civil Contingencies Act 2004, its associated Regulations and non-statutory arrangements*, particularly paragraphs 5.97 and 5.98 to 5.103, http://www.ukresilience.info/upload/assets/www.ukresilience.info/emergprepfinal.pdf

[3] Paragraph 5.99, *Emergency Preparedness - Guidance on Part 1of the Civil Contingencies Act 2004, its associated Regulations and non-statutory arrangements.*

6. Other organisations may also benefit from familiarity with the approach in this guidance if they are indirectly involved in either planning or providing for the needs of vulnerable people – these could include all other members of LRFs, voluntary sector organisations, Regional Resilience Forums and community support groups.

7. This guidance focuses on working with the various agencies, organisations and departments that might be responsible for vulnerable people. However, it is important to highlight the role of family, friends, neighbours, faith groups and community groups in identifying vulnerable people within LRF warning and informing activity.

8. The principles contained in this interim guidance are intended to be of use to emergency responders in the United Kingdom, including England, Scotland, Wales and Northern Ireland. However, the nature of the devolution settlement for each devolved administration means that there may be variations in the way this guidance will be applied.

RESPONSIBILITIES

Statutory Responsibilities

9. The statutory guidance *Emergency Preparedness - Guidance on Part 1of the Civil Contingencies Act 2004, its associated Regulations and non-statutory arrangements*, sets out the responsibilities on Category 1 responders (with the cooperation of Category 2) to plan for and meet the needs of those who may be vulnerable in emergencies:

   Making and maintaining plans for reducing, controlling or mitigating the effects of an emergency – see Chapter 5 (5.97 and 5.98 to 5.103 specifically covers 'the vulnerable' as 'people who are less able to help themselves in the circumstances of an emergency').

   Warning & Informing - Chapter 7 of the guidance shows how the needs of vulnerable persons, including those who may have difficulty understanding warning and informing messages, need to be taken into consideration by those Category 1 responders with lead responsibility for communicating with the public, both in public awareness programmes (pre-event) and in a crisis. Arrangements will need to address how information and assistance can be managed by local authorities and health authorities who are in regular contact with vulnerable individuals.[4]

   Business continuity - Chapter 8 of the guidance sets out the responsibility of local authorities to provide advice and assistance to those undertaking commercial activities and to voluntary organisations in their areas, in relation to business continuity management in an emergency. This is a 'light-touch' duty but responders may consider including advice on the identification of persons

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[4] *Emergency Preparedness - Guidance on Part 1of the Civil Contingencies Act 2004, its associated Regulations and non-statutory arrangements*, paragraph 7.59, http://www.ukresilience.info/upload/assets/www.ukresilience.info/emergprepfinal.pdf

who may be vulnerable in an emergency. Building community resilience through good business continuity planning will help reduce reliance on public sector bodies in the event of an emergency, enabling Category 1 and 2 responders to focus their resources on the most vulnerable (paragraph 8.4).

10. The emphasis falls significantly upon local authority departments (most notably emergency planning and social care) and their partner health authorities to meet the planning and response need of this statutory responsibility.

11. Other legislation may interact with responsibilities under the Civil Contingencies Act - in particular the **Disability Discrimination Act**.[5] In relation to this guidance, most of these responsibilities are most likely to apply to information dissemination or warning and informing (W&I) campaigns, for example:
    - Ensuring that W&I methods meet the needs of sensually impaired people.
    - Ensuring adequate wheelchair access at sites planned for use as emergency rest and reception centres.

12. Taken as a whole, these responsibilities are likely to be defined as what is ‘reasonable’ to expect in the circumstances of an emergency.

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[5] For details of the act, see http://www.opsi.gov.uk/acts/acts1995/1995050.htm

BUILDING NETWORKS

Who Should Lead This Work?

13. The LRF should agree an overall **lead agency** for vulnerable people in emergencies. As much of the day-to-day service provision to the vulnerable is coordinated by the Adult Social Care departments, it will generally be they who are given the lead.

14. Where an LRF has a **Humanitarian Assistance sub-group**, it may be useful to use this to bring together the partners and manage the overall planning process for vulnerable persons.

15. The involvement of local organisations with an interest in vulnerable people, voluntary or otherwise, is vital during emergency planning, particularly for effective network building to gain critical information and resource. Simple engagement activities such as running a consultation presentation on the emergency response and getting feedback will clearly help this process.

Organisations With An Interest

Local Authorities

16. Under the Local Government Act 2000, Local Authorities have a responsibility to ensure the economic, social and environmental well-being of the community that they serve. In emergencies, Local Authorities support the emergency services in mitigating its effects, coordinate the provision of welfare support to the community; and take on a leading role in the recovery from emergencies. Local Authorities **and their constituent departments** (see below) should work closely with the various other agencies and relevant organisations in all aspects of emergency planning and response.

Emergency Planning Units

17. Most District Councils have a dedicated Emergency Planning Officer and County,

Metropolitan and Unitary Councils normally have Emergency Planning Officers as appropriate to their area and Local Resilience Forum arrangements. Emergency Planning Officers write emergency plans and will be closely involved in planning and identifying the needs of vulnerable people in emergencies.

Adult and Children's Social Care

18. Social care services, as well as being placed within Local Authorities, are provided in many settings including hospitals or health centres, educational settings, in community groups, residential homes or advice centres. Local Authorities have a legal responsibility to find out what social care services their local residents need, and to provide or commission those services. County, Metropolitan, London Boroughs and Unitary Councils provide social care services (District/Borough in two tier systems do not). This is often carried out in conjunction with local NHS providers and organisations including local specialist teams, housing departments, independent providers in the commercial and not for profit sectors. Private companies and charitable organisations can also provide social care services. **All of these service providers may have a role to play in identifying vulnerable people and providing for their needs in emergencies**.

19. Adult and Children's Social Care departments have:
    - Access to specialist services and resources.
    - Links with an extensive list of community groups and organisations.
    - Skilled and trained staff with the ability to assess a range of social care needs, and co-ordinate provision of social and psychological support in conjunction with statutory and non-statutory agencies.

20. This is not to say that Adult and Children's Social Care departments have details of all those that may be vulnerable in all circumstances. It is important to remember that emergencies affect different people in different ways. Identifying those who may be vulnerable will not be achieved solely through the records of the Adult and Children's Social Care departments.

Police

21. The police may have useful real-time intelligence of the effects of the incident on local

populations, and therefore who is or may become vulnerable (traveller liaison officers for example).

Voluntary Sector

22. The voluntary sector contribution to – and involvement in – emergency planning and emergency response in the UK is large and diverse, offering a range of skills and expertise. *Emergency Preparedness* gives advice on the capabilities the voluntary organisations can offer, and the means of engaging them in the planning phase. In the context of identifying those who may be vulnerable in certain circumstances, the input of the voluntary sector is likely to be extremely useful. They can often access certain sections of the community who, for many reasons, do not have regular formal contact with local authorities and other authority-representing organisations.

23. Table 1 in the next section summarises examples of *potentially* vulnerable people with options for identifying them.

CREATING LISTS OF LISTS

24. Identifying, planning for and providing for the needs of vulnerable group will involve a large number of partners and pulling together a large amount of complicated, and changing information. Operating on a lists of lists basis may help planning.

25. **These lists will not be a central list of individuals but a list of partners and contact numbers** that can be used to gather relevant information in the event of an emergency. This approach might include:

    - **List of organisations** (likely to be your key planning partners) who hold and maintain the key vulnerable people data, with an agreement to provide it in the event of an emergency. This approach helps avoid some data sharing difficulties (see section on data sharing protocols).
    - **List of types of vulnerability** – identifying the potential range of vulnerable people with specific needs within a local area in advance of an emergency will assist with planning and response.
    - **List of vulnerable establishments in your area** – identifying the key establishments likely to require additional assistance in terms of vulnerable people. Again, your planning partners are likely to hold this information.

26. It is obviously important to ensure your list of contacts is up-to-date, allowing the response to vulnerable people to be activated as soon as required.

Principles of Identifying Who is Vulnerable

27. Many of the vulnerable individuals concerned will be known to existing service providers (people who live or are present in vulnerable establishments such as nursing homes or day centres). There will be others who, for a variety of reasons, are more difficult to identify – such as those who live in the community as individuals, visitors to the area or the homeless. Contingency arrangements are needed to ensure they are not overlooked.

28. In order for emergency plans to give special consideration to the vulnerable, as

required by the statutory guidance, plans must be able to distinguish this group from the self-reliant. While all people caught up in an emergency could be (and in some circumstances will be) defined as vulnerable due to their proximity to the event, planning and response arrangements should focus on those who are assessed as not being self-reliant and may need external assistance to become safe.

29. Table 1 summarises potentially vulnerable people and organisations most likely to be able to identify them.

30. Annex 1 shows how the main categories listed in Table 1 can be further broken down to identify groups within each that have different needs.

31. Being in one of these categories does not automatically denote vulnerability, and stereotyping should be avoided - whether someone is in fact vulnerable will largely depend on three things:
    - **The type of emergency** - your plans must be tailored and proportionate to the risks faced by your constituent community, as identified in your local Community Risk Register (CRR).
    - **The type of response required** - a response to an emergency which requires an evacuation is likely to determine a higher number of vulnerable people compared to a response which requires shelter in situ.
    - **The availability of the support that individuals normally receive** from family/friends/carers/other social networks.

Assessing and Prioritising Risk

32. Plans need to take account of the particular risks of your community. Local Risk Assessment Guidance, provided by the Cabinet Office assesses the likelihood of particular risks occurring within a specified timeframe within a typical LRF area. Your planning should therefore be informed by this process, as it would for any other risk assessment.

33. It is essential that the local issues are identified, agreed and tested in advance. However, given the variety of impacting factors, as discussed, it would not usually be

practical or realistic to develop *detailed* plans in advance for every possible scenario. Instead, planning should establish a series of flexible options that can be put in place to suit the circumstances of an individual situation, managing the multiple inputs of the range of potential partner organisations.

34. Warning and informing the public is already an essential part of emergency management and you should already have a well developed approach. With regard to vulnerable people, there are two additional contexts of communication handling which you should develop – that of '**pushing**' the message out (those who can be identified ahead of an incident should be contacted or provided with information on services and what to do) and '**pulling**' people towards you (encouraging those who may be not identifiable ahead of an incident to think about their circumstances by putting information into the public domain).

Table 1. Identifying Vulnerability and Communicating Through Other Organisations

Potentially Vulnerable Individual/Group	Examples and Notes	Target through the following organisations/agencies
Children	Where children are concerned, whilst at school the school authorities have duty of care responsibilities. Certain schools may require more attention than others.	LEA schools through Local Authorities, and non-LEA schools through their governing body or proprietor. Crèches/playgroups/nurseries
Older People	Certain sections of the elderly community including those of ill health requiring regular medication and/or medical support equipment The "oldest-old" (aged 80 or over) are more likely to be widowed women, which may impact upon your planning.[6]	Residential Care Homes[7] Help the Aged Adult Social Care Nursing Homes
Mobility impaired	For example: wheel chair users; leg injuries (e.g. on crutches); bedridden/non movers; slow movers.	Residential Care Homes[7] Charities Health service providers Local Health Authorities
Mental/cognitive function impaired	For example: developmental disabilities; clinical psychiatric needs; learning disabilities.	
Sensory impaired	For example: blind or reduced sight; deaf; speech and other communication impaired.	Charities eg the Deaf Council Local groups
Individuals supported by health or local authorities		Social services GP surgeries
Temporarily or permanently ill	Potentially a large group encompassing not only those that need regular medial attention (e.g. dialysis, oxygen or a continuous supply of drugs), but those with chronic illnesses that may be exacerbated or destabilised either as a result of the evacuation or because prescription drugs were left behind.	GP surgeries Other health providers (public, private or charitable hospitals etc.) Community nurses
Individuals cared for by relatives		GP surgeries Carers groups
Homeless		Shelters, soup kitchens
Pregnant women		GP surgeries
Minority language speakers		Community Groups Job centre plus
Tourists		Transport and travel companies Hoteliers
Travelling community		LA traveller services Police liaison officer

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[6] www.odihpn.org paper by Jo Wells, 2006

[7] A residential home may be less vulnerable than it initially appears. In some homes the ratio of 24 hour care is 1:1, meaning there is always someone able to assist.

AGREEING DATA SHARING PROTOCOLS AND TRIGGERS

35. Planning to meet the needs of vulnerable people in emergencies can only be done effectively through the proper sharing of data, which requires an understanding of data sharing parameters, busting data sharing myths, and the building of networks with relevant local and regional agencies. Reciprocally, in the response to an incident, effective data sharing ensures a timely provision of additional support for those that need it. The following section is in effect an abstract of data sharing guidance with relevance to vulnerable people in emergencies (for full details, see the Cabinet Office publication *Data Protection and Sharing – Guidance for Emergency Planners and Responders*).[8]

36. When planning for vulnerable people, **local planners should aim to develop a cascade system and determine the scale of the issue in advance of an emergency.** This is discussed below.

Data Sharing and Civil Contingencies

37. The Civil Contingencies Act allows the sharing of certain information for emergency planning purposes, although sensitive information – which would include personal data within the meaning of the Data Protection Act – needs to be subject to controls on the way it is handled, and the purposes to which it is put. The restrictions that need to be placed on sharing information, at planning stage, are different from those applying in an emergency.

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[8] *Data Protection and Sharing – Guidance for Emergency Planners and Responders*
http://www.ukresilience.info/upload/assets/www.ukresilience.info/dataprotection.pdf

38. Key points to consider are:
    - The key law that governs the use of personal data is the Data Protection Act 1998. The Act itself does not empower the sharing of data, nor does it prevent legitimate sharing: it puts in place a framework within which any sharing should take place.
    - It is likely that local authorities have legal powers to share information in the circumstances and context described within this guidance.
    - For the purposes of risk assessment and emergency planning, clear legal power to share information is found in secondary legislation made under the Civil Contingencies Act 2004.
    - Local and regional responders need to balance the potential damage to the individual (and where appropriate the public interest) in keeping the information confidential against the public interest in sharing the information as part of the response to an emergency (including the humanitarian response). A key question to ask is, 'what would I want done if I were the data subject?'
    - Under the Data Protection Act 1998, consent of the data subject is not always a necessary precondition for lawful data sharing.
    - If personal data is collected by one organisation for a particular purpose, it does not mean that it can *only* be used by another organisation if the purpose is the same. The legal requirement is to ensure that the new purpose is *not incompatible* with the original purpose.

Data Sharing and Vulnerable People

39. Although the above guidance should be applied to the sharing of data on vulnerable people, to ensure that data protection laws are not being misinterpreted[9], there will be

[9] However, this does not mean that information of this type is not to be shared. It merely means that in some circumstances, particularly during or in the imminent face of emergencies, the threshold under the relevant legislation for sharing information may be less onerous than in "peacetime".

an understandable reluctance among agencies to identify vulnerable groups, and to share specific details between agencies, ahead of an incident being declared. It would in any case be impossible to maintain an up-to-date list of vulnerable people centrally. But, at the planning stage, the agencies can take two important steps :

- **Share less detailed information** - an indication of the type and indicative numbers of vulnerabilities that may exist in certain geographic areas. For instance, it may be enough for planning purposes to know **the numbers** of people within a certain geographic area that require prescription medicine. This can allow preliminary allocation of GP resource (or equivalent). The detail of **who those people are** (and possibly the **type of prescription** medicine required) may only need to be shared when an incident is imminent.
- **Agree the method and format** in which information will be shared in the event of an incident occur.

40. Individual responders and agencies should ensure that their own customised lists of vulnerable people are as up to date as possible, and in a fit state to be shared when requested in agreed circumstances prior to, during and after an incident, identifying any potential blockages, uncertainties or ambiguities in advance.[10]

41. Agencies needing to share details of vulnerable people should agree what kinds of information can be made available in advance and what categories will only be shared in the event of, or in anticipation of, an emergency. Sharing contact details allows agencies to proactively reach people who may welcome help, and allows the individual to choose whether or not to take up offers of assistance. But it will not always be necessary to share or obtain the specific details of the vulnerability: if organisation *A* (social services for example) believes them to be vulnerable, then organisation *B*

[10] Subject to the provisions of the Data Protection Act and other relevant legislation.

(emergency planning unit for example) will sometimes only need the name and location details of the subject.

42. While it can be very important to share basic contact details between responding agencies, there are separate issues relating to the sharing of more personal and/or sensitive information about particular individuals' circumstances. It is important, when dealing with information of that sort, that responders strike a balance between enabling access to support agencies and preventing any undue intrusion or transgression of privacy or dignity.

43. As the collection and sharing of information on groups or individuals with specific needs in a local area involves a large number of interested parties, the use of **Information Sharing Protocols** (ISPs) - where appropriate - can help to allay any fears partner organisations may have,[11] although an absence of ISPs does not mean that information cannot be shared. In either case, the terms of information sharing must be clearly communicated to partners early in the planning process so that there is a common understanding of the parameters in which you will be working (particularly to dispel any limiting data sharing myths).

44. **Trigger mechanisms** should be considered for inclusion in the ISPs so that all parties are in agreement as to what level of information will be shared and when. For example, prior to an emergency, an estimate of numbers might be shared. During a developing emergency, accurate numbers for at risk areas might be shared. In the event of assistance being required or an evacuation, some details of individuals might be shared. These triggers might be different between different organisations depending on the assessment of risk.

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[11] Further advice can be found in the Cabinet Office guidance on data sharing and on the Information Commissioner's website (http://www.ico.gov.uk/).

DETERMINING THE SCALE AND REQUIREMENTS

45. Having established networks, developed lists of lists and agreed information sharing protocols, lead agencies should be well placed to establish the scale of response required to assist vulnerable people in the event of an emergency in their area.

46. An estimate of the number of potentially vulnerable people for a region should be able to be established by each organisation within your network providing a best guess for their particular area.

47. Ideally these estimates should be accompanied with geographical information of where the people might be found, for example, in a particular hospital, tourist area or particular housing area.

48. Most emergencies have a strong geographical dimension, since their location and spread will determine their impacts and how they should be managed. Consequently, many local and regional responders have found that **Geographical Information Systems** (GIS) provide a valuable tool in planning for, responding to, and recovering from incidents that may require evacuation and shelter. GIS can:

    - Assist emergency managers to identify and take account of demographic aspects of an emergency (such as its location, extent, consequences, and who will be affected).
    - Allow geographical information from multiple sources and agencies to be integrated to provide an informed response.

49. Analysts, researchers and others have commented on the usefulness of these kinds of **vulnerability maps** to identify and care for vulnerable people in an emergency, and have suggested that this is the most advanced stage of emergency planning for vulnerable people. Taken literally, a vulnerability map will be a GIS enabled physical map that can plot the location of all those people on the 'list of lists'. However, more

practically, using the steps in this guidance, it could map known concentrations of potentially vulnerable people, with an indication of numbers and an indication of required resource.[12]

50. Table 2 provides an example of the sort of information that could be provided by your networked organisations for planning purposes in advance of an emergency, and which could feature on a vulnerability map. Even though the information is approximate and in some places sparse, it still provides a good indication of scale to allow for appropriate planning.

51. Annex 2 provides examples of the potential requirements of different types of vulnerable people at different points during an emergency. These examples can be used for **scenario testing** to plan for resource requirements, even in the absence of detailed information on individuals.

[12] Note that decisions about the legitimacy of spatial data sharing for use in GIS must be subject to the same considerations as any other form of data.

Table 2. Example of Generic Information Used for Planning for Vulnerable People

Potential Vulnerability	Location	Address	Network Contact	Contact Details	Estimated Numbers	Estimated Support needed in Emergency	Notes
Children	Green Fields Primary School	5, High Street, XX1 1AA	LEA Jan John 0000 22 33 44	Head Teacher Mr S Smith 0000 111 1111	300 Children	None	No evacuation plan
	Green Fields Infants School	10, High street, XX1 1BB	LEA John James 0000 22 33 44	Head Teacher Mrs J Jones 0000 222 2222	50 Children	None	No evacuation plan
Older People	The Elms Retirement Home	1, Low Street, XX3 2CC	LHA James June 0000 44 55 99	Manager Mr D Davies 0000 333 3333	60 People	10 wheel chair users	Some hearing difficulties and visual impairment. Evacuation plan in place.
	Northside Sheltered Housing Estate	Off High Street XX2	Social Services June Jake 0000 33 66 44	N/A	200 People	Some wheelchairs and possibly oxygen	Mixed population
Travelling Community	South Fields	Lower Street, XX1 1DD	LA Travellers Officer Jake Jan 0000 33 66 55	N/A	Provision for 10 caravans approx. 50 people	Not known	Currently not occupied
Last Updated XX.XX.20XX							

BIBLIOGRAPHY AND OTHER USEFUL LINKS

This bibliography contains the details of sources that have been consulted for this guidance and the accompanying annexes. Other sources have been consulted, but not all have been recorded here.

Existing guidance

- Cabinet Office: http://www.ukresilience.info/preparedness/informationsharing.aspx
- Humanitarian Assistance in the UK: Current Capability and the Development of Best Practice – Research Report: http://www.ukresilience.info/news/ha_capability0710.aspx
- Literature and Best Practice Review and Assessment: Identifying People's Needs in Major Emergencies and Best Practice in Humanitarian Response
http://www.co-ordination.gov.uk/upload/assets/www.ukresilience.info/ha_literature_review.pdf
- FEMA: http://www.fema.gov/plan/prepare/specialplans.shtm
- California Governor's Office of Emergency Services, *Meeting the needs of vulnerable people in times of disaster; a guide for emergency managers*, 2000
- http://www.oes.ca.gov/Operational/OESHome.nsf/PDF/Vulnerable%20Populations/$file/Vulnerable%20Populations.PDF
- North Dakota: http://www.nd.gov/des/info/vulnerablepopulations.html
- California: http://www.cfilc.org/site/c.ghKRI0PDIoE/b.2071943/k.6070/Emergency_Preparedness.htm
- Mexico City and Los Angeles: http://www.csc.noaa.gov/vata/social.pdf
- Alaska: http://www.muni.org/oem/annex7.cfm
- Vulnerable Populations Action Team [VPAT] – Seattle (Public Health issues):
- http://www.metrokc.gov/health/VPAT/

Articles – UK

- Better Regulation Executive, *Protecting Vulnerable People*, 2000
- Environment Agency, *Developing an Environment Agency policy on vulnerability and flood incident management*, 2006

Articles – Other

- John Handmer, *We are all Vulnerable*, 2002

- Betty Hearn Marrow, *Identifying and Mapping Community Vulnerability*, 1999
- Terry Cannon, *Vulnerability Analysis and Disaster*, 2000
- *Ben Wisner, 'Vulnerability' in Disaster Theory and Practice: From Soup to Taxonomy, then to Analysis and finally Tool*, 2004
- Baikie et al, *At Risk: Natural Hazards, People's Vulnerability and Disasters*, 1994
- Core Terminology of Disaster Reduction – Vulnerability http://www.ehs.unu.edu/moodle/mod/glossary/view.php?id=1&mode=letter&hook=V&sortkey=&sortorder=

Advice websites

- Summary of report, *Disabled and Other Vulnerable People in natural Disasters*, 2006 http://siteresources.worldbank.org/DISABILITY/Resources/News---Events/463933-1166477763817/EdisNatDisasSum.doc
- www.firstvictims.org
- www.preparenow.org
- www.prepare.org

Annex 1- Detailed Potential Vulnerability and Requirements

Potential Nature of vulnerability		Support needed in non-emergency situation	Support needed in emergency situation
Mobility Impaired	Inability to walk / Inability to walk more than short distances.	Accessible housing / transport. Access to education & employment. Home care/day care/residential care.	Assistance if wheelchair is impeded & mobility is required. Accessible services. Replacement mobility aids.
	Inability to walk without assistance / mobility aid.	Accessible housing / transport. Access to education & employment. Home care / day care / residential care.	Assistance if mobility is required, particularly if speed important. Accessible services. Medical assistance. Replacement mobility aids if needed.
	Inability to walk / inability to move from bed. Paralysis.	Home or residential care. Equipment/aids for everyday living. Rehabilitation.	Accessible services inc. transport from home. Medical assistance. Vital equipment - e.g. specialist beds.
	Inability to move quickly.	Equipment or home alterations. Accessible transport. Mobility aids - e.g. walking stick. Meals on wheels.	Assistance if mobility is required and speed important. Accessible services. Medical assistance.
Sensory Impairment	Inability to see / partial ability to see.	Sight aids. Mobility aids, eg. white sticks. Equipment (e.g.for talking books). Training in use of Braille. Information in accessible formats. Service animal.	Accessible information. Assistance in following routes/moving down stairs. Transport. Provision for service animals.
	Inability to hear / partial ability to hear.	Hearing aids. Equipment (e.g.textphones). Training in speech/sign language/lip reading.	Warnings/information communicated in accessible formats. Sign language interpreters in reception centres.
	Difficulty communicating through speech.	Communication aids. Speech therapy. Access to education.	Workers need to be patient. Could communicate through writing if speech is too difficult.
Mental/Cognitive Impairment	Severe chronic condition - impairment in physical, cognitive, speech or language, or self-care areas.	Home or residential care. Access to education, housing, employment, etc.	Info / directions repeated in a straightforward manner. Workers need to be understanding.
	Conditions which can affect moods, perceptions of reality, behaviour, etc. Can sometimes be controlled with medication.	Mental health support services: psychiatrists, GPs, CPNs, volunteer groups, etc. Appropriate medication. Access to education, housing, employment, etc.	Extra sensitivity / understanding from workers. Reassurance & support. Emergency prescription medication. Mental health support services. Hospitalisation.
	Have average or above intelligence, but have a processing deficit, e.g. in communication, language, memory, etc.	Assistance with reading, writing, oral, maths, and organisation and planning skills, as well as financial, personal and medical needs. Access to education.	May need support in remembering or responding to instructions/directions. Often not an obvious disability, and may not ask for help, so difficult to identify. May need help with registering, filling out claim forms, etc.

Annex 1 continued

	Potential Nature of vulnerability	Support needed in non-emergency situation	Support needed in emergency situation
Other Vulnerable Groups	Motor skills & cognitive levels are lower, plus increased vulnerability medically.	Appropriate care from parents, childminders, or other carers.	Adult (CRB checked) to take charge. Assistance for carer. Safe transport. Child facilities. Entertainment. Emotional support.
	Motor skills & cognitive levels might be lower, plus increased vulnerability medically.	Appropriate care from parents, teachers, childminders, or other carers. Education.	Adult (CRB checked) to take charge. Assistance for carer. Safe transport. Child facilities. Entertainment. Emotional support.
	Affected by conditions such as heart disease, arthritis, Alzheimer's, etc. Old age.	Equipment or home alterations. Accessible transport. Mobility aids - e.g. walking stick. Meals on wheels.	Assistance if mobility is required and speed important. Accessible services. Medical assistance.
	Affected by chronic or temporary illnesses that require medication, without which life could be seriously affected / threatened.	Access to a GP, chemists. Regular medication. Making people aware of the condition and treatment (e.g. diabetic might need to teach family how to give insulin injection).	Workers to remind people to bring medication. Assistance if mobility impeded (e.g. respiratory condition). Medical attention /treatment. Provision of emergency prescription medication.
	Affected by chronic or temporary illnesses that require treatment via medical support equipment, without which life could be seriously affected / threatened.	Medical equipment and the knowledge to use it. Access to a GP, medical treatment. Home care / residential care.	Assistance in handling / moving equipment. As little separation from equipment as possible. Replacement equipment available.
	Inability to understand, speak or write in the English language.	Accessible information. Help with translations. Access to education.	Accessible information - e.g. translations. Workers should keep communications as simple as possible.

Annex 2 - Scenario Testing

(a) Mobility Impaired

Potential Nature of Vulnerability	A: Scenario >4hr stay in home	B: Scenario >4hr evacuation to local reception centre	C: Scenario >12hr stay in home	D: Scenario >12hr evacuation to local reception centre	E: Scenario >24hr evacuation to local reception centre	F: Scenario 48hr+ evacuation to remote location
Inability to walk / Inability to walk more than short distances.	Ensure vital facilities/ equipment/medicines are available E.g. if power out might not have battery for electric wheelchair.	Accessible transport might be required. Centre & facilities need to be accessible. Replacement mobility aids may be needed.	Ensure vital facilities / equipment are available.	Accessible transport might be required. Centre & facilities need to be accessible. Replacement mobility aids may be needed.	Accessible transport might be required. Centre & facilities need to be accessible. Replacement mobility aids may be needed.	Accessible transport might be required. Centre & facilities need to be accessible. Replacement mobility aids may be needed.
Inability to walk without assistance / mobility aid.		Assistance, transport, medical assistance. Accessible facilities. Replacement mobility aids may be needed.		Assistance, transport, medical assistance. Accessible facilities. Replacement mobility aids may be needed.	Assistance, transport, medical assistance. Accessible facilities. Replacement mobility aids may be needed.	Assistance, transport, medical assistance. Accessible facilities. Replacement mobility aids may be needed.
Inability to walk / inability to move from bed. Paralysis.	Ensure vital facilities/ equipment/medicines are available.	Access to transport, centre, facilities & medical care.	Ensure vital facilities/ equipment/medicines are available.	Access to transport, centre, facilities & medical care.	Access to transport, centre, facilities & medical care.	Access to transport, centre, facilities & medical care.
Inability to move quickly.	Ensure vital facilities/ equipment/medicines are available.	Assistance, transport, medical assistance. Accessible facilities. Those who struggle to stand for long periods should have facilities to rest (e.g. if long queues occur).	Ensure vital facilities/ equipment/medicines are available.	Assistance, transport, medical assistance. Accessible facilities. Those who struggle to stand for long periods should have facilities to rest (e.g. if long queues occur).	Assistance, transport, medical assistance. Accessible facilities. Those who struggle to stand for long periods should have facilities to rest (e.g. if long queues occur).	Assistance, transport, medical assistance. Accessible facilities. Those who struggle to stand for long periods should have facilities to rest (e.g. if long queues occur).

Annex 2 - continued

(b) Sensory Impairment

Potential Nature of Vulnerability	A: Scenario >4hr stay in home	B: Scenario >4hr evacuation to local reception centre	C: Scenario >12hr stay in home	D: Scenario >12hr evacuation to local reception centre	E: Scenario >24hr evacuation to local reception centre	F: Scenario 48hr+ evacuation to remote location
Inability to see / partial ability to see.	Warnings/info need to be in accessible formats. Double check the warning was received.	May need assistance following evac. inc. provision of transport. Accessible info in centres. Provision for service animal.	Warnings/info need to be in accessible formats. Double check the warning was received. Updates must be accessible.	May need assistance following evac. inc. provision of transport. Accessible info in centres. Provision for service animal.	May need assistance following evac. inc. provision of transport.. Accessible info in centres. Provision for service animal.	May need assistance following evac. inc. provision of transport. Accessible info in centres. Provision for service animal.
Inability to hear / partial ability to hear.	Warnings/info need to be in accessible formats. Double check the warning was received.	Sign language interpreters at centres. Spoken info also presented in written format (e.g. notices posted, etc.)	Warnings/info & updates need to be in accessible formats. Double check the warning was received.	Sign language interpreters at centres. Spoken info also presented in written format (e.g. notices posted, etc.)	Sign language interpreters at centres. Spoken info also presented in written format (e.g. notices posted, etc.)	Sign language interpreters at centres. Spoken info also presented in written format (e.g. notices posted, etc.)
Difficulty communicating through speech.	If person has info to communicate, workers need to be patient (could be important medical info, etc.). Could communicate through writing if speech too difficult.	If person has info to communicate, workers need to be patient (could be important medical info, etc.). Could communicate through writing if speech too difficult.	If person has info to communicate, workers need to be patient (could be important medical info, etc.). Could communicate through writing if speech too difficult.	If person has info to communicate, workers need to be patient (could be important medical info, etc.). Could communicate through writing if speech too difficult.	If person has info to communicate, workers need to be patient (could be important medical info, etc.). Could communicate through writing if speech too difficult.	If person has info to communicate, workers need to be patient (could be important medical info, etc.). Could communicate through writing if speech too difficult.

Annex 2 - continued

(c) Mental / Cognitive Impairment

Potential Nature of Vulnerability	A: Scenario >4hr stay in home	B: Scenario >4hr evacuation to local reception centre	C: Scenario >12hr stay in home	D: Scenario >12hr evacuation to local reception centre	E: Scenario >24hr evacuation to local reception centre	F: Scenario 48hr+ evacuation to remote location
Severe chronic condition – impairment in physical, cognitive, speech or language, or self-care areas	Warnings/info should be communicated simply. Patience & understanding is needed. Ensure vital facilities/equipment/ medicines are available.	Transport, accessible facilities. Assistance in centre from person with experience of working with people with these types of disabilities.	Warnings/info should be communicated simply. Patience & understanding is needed. Ensure vital facilities/equipment/ medicines are available.	Transport, accessible facilities. Assistance in centre from person with experience of working with people with these types of disabilities.	Transport, accessible facilities. Assistance in centre from person with experience of working with people with these types of disabilities.	Transport, accessible facilities. Assistance in centre from person with experience of working with people with these types of disabilities.
Conditions which can affect moods, perceptions of reality, behaviour, etc. Sometimes controlled with medication.	Extra understanding / reassurance may be needed from workers.	Ensure people carry necessary prescription medication. Extra understanding/reassurance may be needed, plus further psychiatric support.	Extra understanding / reassurance may be needed from workers. Ensure people have sufficient supplies of prescription medication.	Access to emergency prescription medication. Extra understanding/reassurance may be needed, plus further psychiatric support.	Access to emergency prescription medication. Extra understanding/reassurance may be needed, plus further psychiatric support.	Access to emergency prescription medication. Further psychiatric support may be required, as could be severely affected by disruption.
Have average or above intelligence, but a processing deficit, e.g. in communication, language, memory.	Warnings/info should be communicated simply. Patience & understanding is needed, particularly as these types of disabilities are usually not easily visible.	Transport, accessible facilities. Understand that people may be unable to complete even simple forms, etc. Assistance in centre from person with experience.	Warnings/info should be communicated simply. Patience & understanding is needed, particularly as these types of disabilities are usually not easily visible.	Transport, accessible facilities. Understand that people may be unable to complete even simple forms, etc. Assistance in centre from person with experience.	Transport, accessible facilities. Understand that people may be unable to complete even simple forms, etc. Assistance in centre from person with experience.	Transport, accessible facilities. Understand that people may be unable to complete even simple forms, etc. Assistance in centre from person with experience.

Annex 2 - continued

(d) Other Vulnerable Groups

Potential Nature of Vulnerability	A: Scenario >4hr stay in home	B: Scenario >4hr evacuation to local reception centre	C: Scenario >12hr stay in home	D: Scenario >12hr evacuation to local reception centre	E: Scenario >24hr evacuation to local reception centre	F: Scenario 48hr+ evacuation to remote location
Motor skills & cognitive levels are lower, plus increased vulnerability medically.	Ensure vital facilities/ equipment are available.	Safe transport, child facilities. Appropriate care.	Ensure vital facilities/ equipment are available.	Safe transport, child facilities. Appropriate care.	Safe transport, child facilities. Appropriate care.	Safe transport, child facilities. Appropriate care.
Motor skills & cognitive levels might be lower, plus increased vulnerability medically.	Ensure vital facilities/ equipment are available.	Safe transport, child facilities. Appropriate care.	Ensure vital facilities/ equipment are available.	Safe transport, child facilities. Appropriate care.	Safe transport, child facilities. Appropriate care.	Safe transport, child facilities. Appropriate care.
Affected by conditions such as heart disease, arthritis, Alzheimer's, etc. Old age.	Ensure vital facilities/ equipment/medication are available. Extra sensitivity / reassurance may be needed, & workers should be patient.	Assistance, transport, medical assistance. Accessible facilities, inc. regular access to toilets. Workers should remember that the elderly can be more prone to mental disorders such as dementia.	Ensure vital facilities/ equipment/medication are available. Extra sensitivity / reassurance may be needed, & workers should be patient.	Assistance, transport, medical assistance. Accessible facilities. Those who struggle to stand for long periods should have facilities to rest (e.g. if long queues occur).	Assistance, transport, medical assistance. Accessible facilities. Those who struggle to stand for long periods should have facilities to rest (e.g. if long queues occur).	Assistance, transport, medical assistance. Accessible facilities. Those who struggle to stand for long periods should have facilities to rest (e.g. if long queues occur).
Affected by chronic or temporary illnesses that require medication, without which life could be seriously affected / threatened.	Ensure they have all the medication they will require for the period of time.	Remind people to carry necessary prescription medication. Further medical care may be needed.	Ensure they have all the medication they will require for the period of time.	Remind people to carry necessary prescription medication. Further medical care may be needed.	Access to emergency prescription medication. Further medical care may be needed.	Access to emergency prescription medication. Further medical care may be needed.
Affected by chronic or temporary illnesses that require treatment via medical support equipment, without which life could be seriously affected / threatened.	Ensure vital facilities / equipment are available.	Assistance in handling/moving equipment may be needed. Replacement equipment (e.g. oxygen bottles) & further medical care may be needed.	Ensure vital facilities / equipment are available.	Assistance in handling/moving equipment may be needed. Replacement equipment (e.g. oxygen bottles) & further medical care may be needed.	Assistance in handling/moving equipment may be needed. Replacement equipment (e.g. oxygen bottles) & further medical care may be needed.	Assistance in handling/moving equipment may be needed. Replacement equipment (e.g. oxygen bottles) & further medical care may be needed.
Inability to understand, speak or write in the English language.	Communication should be kept as simple as possible. Translations used where possible.	Centres should be staffed with interpreters. Written information should be presented in different languages.	Communication should be kept as simple as possible. Translations should be used where possible.	Centres should be staffed with interpreters. Written information should be presented in different languages.	Centres should be staffed with interpreters. Written information should be presented in different languages.	Centres should be staffed with interpreters. Written information should be presented in different languages.