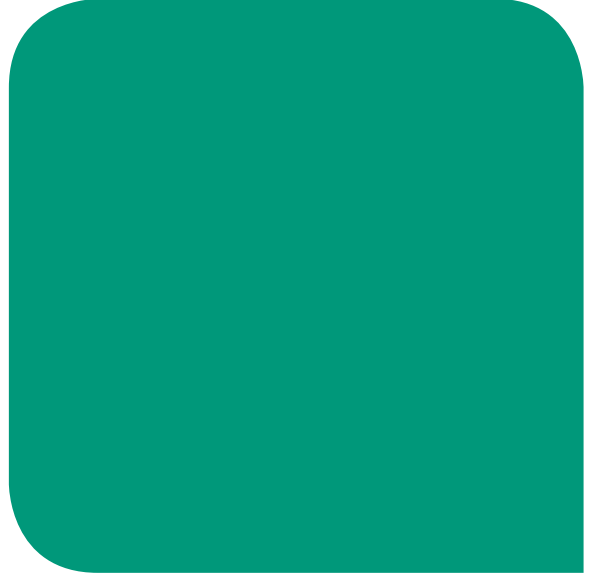


Caring in a crisis: The contribution of social care to emergency response and recovery



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The contribution of social care to emergency
response and recovery

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Executive summary

SCIE commissioned the Tavistock Institute to investigate the role of social care in the response to and recovery from emergency incidents. The objective was to research current literature and practice around the provision and coordination of social care support following an emergency, in order to identify learning and good practice for statutory social care professionals.

The knowledge review comprised a thorough research review on the expected role of social care and on lessons learned from welfare responses to previous emergencies. In addition, a practice survey was undertaken incorporating views of a variety of stakeholders and including six original case studies of social care responses to emergency incidents in England, Scotland and Northern Ireland.

We found that the messages emanating from both the practice survey and research review were closely aligned. While a great deal of learning specific to incidents and communities is presented within the review, four higher level themes emerged for which we have proposed action points for national government and local authorities to consider.

The four action points are:

1. Clarification of the roles and responsibilities of responders
2. Promoting effective management and communication
3. Training and support for staff
4. Promoting critical and strategic thinking around recovery provision.

Clarification of the roles and responsibilities of responders

The matter of clarity around roles and responsibilities of social care, and other voluntary, statutory and private services, is one that comes through strongly in both the research review and practice survey. Social care was found to have a prominent role in emergency welfare responses, although there are minimal resources and obligations in place to support this. This has contributed to considerable variations in preparedness between different agencies and authorities.

Actions:

- Recognition that welfare responsibilities in an emergency fall on the local authority as a whole, rather than any one department, must be further embedded.
- There is a need to promote consistency across emergency planning and response through consensus within national government and local authorities around the role of social care.
- Local authorities, and their relevant departments, should be adequately funded to support emergency preparedness.
- Emergency preparation activities should be monitored as part of local authority inspection processes.

- Local authorities with a record of achievement in emergency response and recovery should be supported to share their expertise with other local authorities through information and training.
- Social care should be represented in all multi-agency fora relating to emergency planning and response.
- Social care professionals need to develop clarity around their expected role and the role of others during, and in response to, an emergency.
- Social care professionals need to engage in regular multi-agency training and exercises to build relationships with other services and ensure clarity over data sharing.

Promoting effective management and communication

The effective management and coordination of an emergency welfare response has a considerable impact on outcomes for victims. The practice survey identified effective management throughout the command structure, and, crucially, across agencies, as a key factor which had an impact on the efficacy and quality of responses. Effective management must support the development of joint planning and multi-agency working within and between local authorities and other providers and, in particular, with health services. Coordinated and consistent approaches to emergency responses depend on this.

Related to management is the communication of information, which the review has found to be as important internally as it is externally. Ensuring structures and processes are in place to cascade information through to everyone involved or affected was seen to be an important part of preparation and response.

Actions:

- All staff potentially involved in social care responses, including directors of social care, should receive training and engage in multi-agency exercises.
- Staff involved in planning and response activities at a strategic level need to develop both formal and informal relationships with other agencies and authorities. Further development of multi-agency training and joint planning will support this.
- Emergency responses must be based upon identified needs. Community engagement is key to supporting the identification of needs and therefore structures should exist to support community engagement before, during, and after an incident. All community engagement should take into account issues of diversity and the promotion of inclusive practice.
- Planning arrangements should involve procedures for compiling a secure database of contact details for all those affected. This data should be shared with other agencies based upon the existing guidelines on data protection and management.
- During emergency response and recovery phases, information should be delivered to staff and volunteers in a clear and consistent manner through verbal and written briefings.
- Plans should be in place to effectively utilise local and/or national media in publicising information and support following an incident.

Training and support for staff

There appeared to be a consensus that supporting staff was crucial to ensuring the provision of appropriate support to victims. However, the review noted that existing training provision was inconsistent in content and in uptake, and that staff support was often something that was neglected in the midst of an emergency. In addition, there are concerns about the lack of support from both management and colleagues for staff volunteering as responders, something voiced strongly within the practice survey. This may warrant further investigation.

There is a clear need for additional training across roles and covering a range of aspects of emergency preparation, response and recovery. As well as building capacity, training represents an important opportunity for the promotion of joint working across departments and agencies and can increase awareness and understanding of the range of resources and support available.

Actions:

- Local authorities, including social care, need to ensure they have sufficient numbers of trained staff and volunteers to provide for an ongoing response, while maintaining core services.
- Training providers need to arrive at a consensus over the core components delivered to ensure that a consistent level of skill and support is available across the UK.
- All responders, whether volunteers or staff, should receive training appropriate to their role and engage in multi-agency exercises.
- Training programmes for volunteers and wider communities must proactively work to engage members of Black and minority ethnic communities and promote representation of the diverse communities and needs which they serve.
- Response and recovery activities are often protracted and utilise considerable levels of resources. National governments and local authorities need to recognise and support this.
- Response staff must be supported by both their managers and colleagues in their role as responders.
- Response staff should receive regular line management supervision, as well as access to additional support according to their role and needs.

Promoting critical and strategic thinking around recovery provision

Recovery was found to be a continuing cause for concern for service providers in both the research review and practice survey. The ongoing support of people affected by an emergency, and the promotion of resilience, were felt to be 'harder to get right' by most respondents in the practice survey. Again, the key issues appeared to be a lack of clarity over responsibilities and lack of adequate resources. However there were examples of good practice based on effective preparation and needs analysis.

Actions:

- Local authorities should receive resources to support planning and preparation for recovery within a multi-agency group, which includes representatives of all local providers.
- Communities should be involved in planning for recovery activities and actively engaged in recovery efforts.
- Community engagement must work to promote the inclusion of all communities and pay special attention to those whose needs may traditionally be least well represented.
- Communities affected by an emergency should receive ongoing communication in a range of formats with information and advice on where to receive support.
- Efforts should be made to ensure that a gateway through which people can access support remains open for several years following an incident, and that support can be accessed during sensitive periods in the longer term.
- Mutual support structures, including virtual, web-based ones, should be nurtured but not directly facilitated by local authorities.
- Efforts should be made to ensure that the provision of financial assistance to victims is as trouble-free and painless as possible.

List of definitions

Emergency

Our definition of an 'emergency' is that which is stated within the Civil Contingencies Act 2004. An emergency is an event or situation which threatens serious damage to: (i) human welfare, (ii) the environment or (iii) the security of the UK (i.e. war or terrorist activity). In addition, for an incident to be considered an emergency, the situation must require the use of resources beyond the scope of normal operations and therefore pose a considerable test for an organisation's ability to perform its functions.

While the definition of an emergency stated above will be used for the purpose of this review, it is recognised that smaller-scale incidents could be seen to be emergencies and that the findings of this review could equally be applied to these events.

Emergency planning

For the purpose of this review, 'emergency planning' constitutes the activities that take place to prepare and plan for response and recovery activities prior to an incident.

Emergency recovery

For the purpose of this review, 'emergency recovery' comprises those activities undertaken to 'rebuild, restore and rehabilitate' affected communities following an emergency. The recovery phase is likely to overlap to some degree with the response phase, although it may continue for many months, and in some cases years, following an incident.

Emergency response

For the purpose of this review, 'emergency response' comprises those activities undertaken in response to the immediate and short-term effects of an incident. While this phase is likely to vary in length depending upon the type of incident, it is most likely to be in the immediate hours and days following an emergency.

Humanitarian assistance

The term 'humanitarian assistance' is used throughout this review to describe the practical and emotional assistance provided to those affected by emergencies by social care professionals, volunteers and other providers including health professionals, community leaders, faith leaders and emergency services. In some cases we have also used the terms 'welfare response' and 'psychosocial support' to describe the same form of support.

Resilience

'Resilience' is the term used within this review to describe the capacity of individuals and/or communities to either withstand or recover from emergencies.

Social care

We use the term 'social care' within this review to refer to statutory services with social care responsibilities throughout the UK. This includes adult and children's social services within England and Wales, Health and personal social service trusts within Northern Ireland, and social work departments within Scotland.

The term 'social care' covers a spectrum of services provided by local authorities and the independent sector. The Department of Health, within its White Paper, *Our Health, Our Care, Our Say*, defines social care as 'the wide range of services designed to support people to maintain their independence, enable them to play a fuller part in society, protect them in vulnerable situations and manage complex relationships' (p 18).

For the purposes of this review we see a social care service as providing personal care and practical assistance to individuals who, for a variety of reasons, require extra support to enable them to live as full and independent a life as possible. Social care services not only employ social workers, but also professionals from a variety of disciplines. Examples of social care support include:

- social workers
- home care workers
- day centre workers
- residential care/supported accommodation workers
- day care service workers
- fostering service workers.

The term does not cover nursing care, which is defined as care that has to be provided/supervised by a registered nurse (section 49 of the Health and Social Services Act 2001).

Differences between social work and social care: social work is a specialist activity undertaken by qualified individuals who work with a wide caseload of users to assess care requirements and, working alongside other agencies, help to ensure their particular needs are met. Social care work, although including social work, often involves the provision of more emotional and personalised work, largely community-based and includes support for the practical tasks involved in everyday life.

List of abbreviations

ACPO	Association of Chief Police Officers of England, Wales and Northern Ireland
ATOC	Association of Train Operating Companies
CCA 2004	Civil Contingencies Act 2004
CCS	Civil Contingencies Secretariat
CRR	community risk register
CICA	Criminal Injuries Compensation Authority
CSTs	crisis support teams
CISD	Critical Incident Stress Debriefing
DCMS	Department of Culture, Media and Sport
EPU	emergency planning units
HACs	humanitarian assistance centres
LRF	local resilience forum
FLO	police family liaison officer
PNICC	Police National Information and Coordination Centre
RRFs	regional resilience forums
RRTs	regional resilience teams

1 Introduction

The Social Care Institute for Excellence (SCIE) commissioned the Tavistock Institute to undertake a knowledge review to identify what is known about the contribution of social care to emergency response and recovery in the UK. The Tavistock Institute comprises a multidisciplinary research team with a strong methodological grounding and experience in working across a variety of workstreams.

The Tavistock Institute is an independent social science research, consultancy and training organisation. It was established in 1947 as a company limited by guarantee and has charitable status. The Institute seeks to apply social science ideas and methods to problems of policy and practice, change and innovation, and organisational analysis and design.

The wider aims of the Institute encompass the study of human relations in conditions of well-being, conflict and change in the community, the work group and the larger organisation, and the promotion of the effectiveness of individuals and organisations.

The Institute also publishes extensively. It edits and owns the international journal *Human Relations*, a leading social science journal founded in 1947 which is committed to the integration of the social sciences. In 1994, in conjunction with Sage Publications, the Institute launched a new international journal: *Evaluation: The International Journal of Theory, Practice and Research*.

The aim of this work has been to examine lessons learned around the contribution of voluntary and statutory social care services in the coordination and provision of psychosocial support following an emergency or major incident. We have been particularly interested in unpicking lessons learned from previous incidents as recounted in the research literature and through case study interviews.

The key issues for this research are:

- the expected and actual roles of social care services in emergency planning, response, and recovery activities
- the training and support needs of social care responders
- how different organisations, and, indeed, different authorities, work together effectively in responding to an incident
- how social care provision can best engage and utilise local communities in planning for, and responding to, emergencies.

2 Research review

2.1 Introduction

Increasing expectations both from the public and from government mean that emergency planning, response and recovery activities are receiving greater attention than ever before. In part this is related to the clarification of statutory responsibilities outlined in the Civil Contingencies Act 2004 (henceforth CCA 2004) and its associated guidance.

Social care can be found to have a role in welfare responses in studies from across the world, although there is little consensus as to exactly what this role should encompass. From a statutory point of view there is a limited or ambiguous obligation on social care to respond beyond the continued provision of their statutory services. Therefore there are questions around what role social care should have, or could have, in an emergency.

The aim for this research review was to examine the role of social care within emergencies as set out by guidance and by exploring welfare responses in previous incidents.

2.2 Methodology

The research review methodology was developed and refined in consultation with SCIE and steering group members. Primarily it sought to help answer the following overarching research question:

2.2.1 What is the contribution of social care to emergency response and recovery?

This question was explored in relation to both social care's direct service provision and social care's role in coordinating and managing wider humanitarian responses.

A broad range of documents were sourced and included in the review. These included: journal articles; books; book chapters; evaluation reports; literature reviews; national, regional and local government policy documents and guidance; audit reports; public inquiry documentation; organisational documentation; and a range of web-based material. Given the limited quantity of research literature specifically relating to social care and emergencies, 'grey literature' was key.

The following search strategy was adopted:

- **Databases:** Input from the advisory group and piloting of words and phrases on two databases (ASSIA and PsycInfo) established a number of key search terms to be used. The search strategy was modified slightly for individual databases to account for the various descriptor terms used to classify citations. The choice of databases was determined by SCIE's own guidance on systematic reviewing

procedure. A full list of search terms used and databases searched is available in Appendix A.

- **Hand searching:** The following journals were also hand searched: *The Journal of Social Services Research*; *Traumatology*; *Disaster Prevention and Management*; *Journal of Social Work*; *Social Work Research*; *Australian Journal of Emergency Management*; *Journal of Prehospital and Disaster Medicine*.
- **Web searches:** Additional 'grey' literature was sourced from searches of a range of websites held to be of relevance to the subject area. These included those of regional and national government, beacon authorities for emergency planning, voluntary sector organisations, specialist civil contingency organisations and media reports. Material sourced from web searches included both text from web content and stand-alone documentation downloaded via websites (eg, policy documentation in pdf format).

2.2.2 Screening and data extraction

The database search and hand searching identified 1,568 citations, including duplications, in which some combination of search terms appeared. Abstracts for each were read by three reviewers applying the following exclusion criteria:

- Articles that were not written in English, as the research team did not have the resources to identify and translate material outside the English language. This may mean that some literature is not identified which could be relevant to the review; however, as many non-English speaking countries (eg, France, Germany) publish material in the English language it was felt to be likely that minimal significant published research was overlooked.
- The research does not focus upon social care planning or provision, or upon psychosocial needs.
- The research does not focus upon emergencies, major incidents or accidents.
- The research context is outside the UK, and is either not focused upon one of the pre-selected incidents or not relevant to the social care role within the UK. Relevance to the UK was determined by whether lessons and findings from the evidence could be applied to the social care sector in the UK.

There were considerable difficulties in setting a specific cut-off date, particularly in an international review, given the differing rates and directions of both policy and practice developments in different countries. Moreover, it was recognised that it is possible that there are relatively early studies which do deal with the social care planning and response to emergencies on which this review focuses. For these reasons, we opted not to set a cut-off date for searching in the first instance.

Ten per cent of abstracts were read by two reviewers for internal quality control. Abstracts were referred to a third reviewer where there was no consensus on inclusion. From this, 208 articles remained for which the full text were subject to further screening and quality assurance.

Web searches took place to supplement the electronic database searches by identifying unpublished or grey literature. This utilised similar exclusion criteria to the database and hand searching, with one exception:

- We set a five-year cut-off date for non-research evidence as we did not wish to gather practice or policy information that is not applicable to the current climate.

Grey literature produced prior to 2002 was therefore included only where it was considered pertinent to lessons derived from specific emergencies taking place before this date and where documents related to one or more of a list of 30 specific emergencies (from the UK and abroad, including those published prior to 2004) chosen for more detailed review.

This latter group of documents were included for their ability to provide insight and learning from specific events. The full list of 30 specific emergencies was agreed in consultation with steering group members. The incidents were chosen to reflect a representation of a broad range of incident 'type', which included: natural disasters; terrorism; major accidents; transport accidents; overseas incidents and potential incidents (eg, flu pandemic). The full list of emergencies is included in Appendix B.

There were 476 documents extracted from the web-based search (including both web content and stand-alone documentation).

Quality appraisal

Research literature: At the second stage of screening the research team judged the quality of the evidence and excluded that which did not meet certain standards. There is much debate around how to appropriately appraise social science evidence, and how to weigh evidence from various sources. Our approach to quality is broadly based on the approach embodied in the TAPUPAS framework,* and more lately the Weight of Evidence framework.** Utilising these frameworks, we constructed a simple framework for critical appraisal, a full copy of which is available in Appendix C. Using this tool, all research evidence was double-screened to determine inclusion in the study – those studies which scored low across all judgements were excluded. The limited nature of rigorous research evidence in this area means that a relatively inclusive approach to evidence was adopted. This means that the review includes literature of a less rigorous nature, which must be acknowledged as a key limitation of the review.

Practice and web-based data: Methods for critically appraising and assessing the quality of policy and practice evidence and defining best practice are not well established. Given this, our approach to research evidence from the practice survey focused on questions of relevance, both to the research question and to pre-identified evidence, rather than on quality. This can be seen as a limitation to the research review. A final list of 230 documents were reviewed, of which 110 stemmed from database searches and research literature, the remaining 120 from web

* Pawson, R., Boaz, A., Grayson, L., Long, A and Barnes, C. (2003) *Types and quality of knowledge in social care*, SCIE Knowledge Review, London: SCIE.

** Gough, D. (2007) 'Weight of evidence: A framework for the appraisal of the quality and relevance of evidence', *Research Papers in Education*, vol 22, no 2, pp 213–28

searches. An annotated bibliography of the references utilised in this review is given in Appendix D.

Synthesis

Evidence was synthesised thematically, using a combination of pre-specified and emergent themes. The synthesis of evidence was supported by NVivo software, in which all data were coded and retrieved according to thematic areas. Given the varied nature of the data collected for the research review, a full, technical, synthesis of evidence was not possible. However, subjecting both types of research to a process of 'interweaving' on a thematic basis supported the triangulation of the key findings to enable the extraction of various lessons for practice.

2.3 Policy context

The CCA 2004¹ was developed following a number of emergencies which affected the UK during 2000–01.² The Act provides a statutory framework for roles and responsibilities of local responders to emergency incidents within the UK. While the Act provides a generic structure for emergency planning and response functions across the UK, its requirements affect the devolved nations differently depending on their administrative structures and functions.

The CCA 2004 lists a number of core services, agencies and bodies nominated as Category One or 'core' responders. As such, they are subject to the full set of civil protection duties which include:

- assessing the risk of emergencies occurring and using this to inform contingency planning
- putting in place emergency plans
- putting in place business continuity management arrangements
- putting in place arrangements to make information available to the public about civil protection matters and maintaining arrangements to warn, inform and advise the public in the event of an emergency
- sharing information and co-operating with other local responders to enhance coordination and efficiency.

Local authorities have an additional responsibility to provide advice and assistance to businesses and voluntary organisations about business continuity management (this requirement does not apply to Northern Ireland).²

Within England and Wales, all principal local authorities are Category One responders. Within Northern Ireland and Scotland, the Act applies to a smaller range of bodies, principally the police, the Maritime and Coastguard Agency and the Health and Safety Executive (in Scotland), and telecommunications operators (in Northern Ireland). Those services whose functions fall within devolved competence are subject to additional guidance from Scottish or Northern Irish Ministers respectively. These include the health and personal social service trusts in Northern Ireland, and the local authority social work departments in Scotland.

England (and, where appropriate, the devolved nations)

Following on from the Act, a range of additional guidance has been produced with varying application to the devolved nations. The two key documents are *Emergency Preparedness*,³ and *Emergency Response and Recovery*.⁴ *Emergency Preparedness* focuses on planning and preparation for civil contingencies; it provides UK-wide statutory guidance on legislative requirements for statutory responders as well as suggestions for good practice. *Emergency Response and Recovery* complements *Emergency Preparedness* and offers a less prescriptive framework for multi-agency response and recovery activities following an incident across the UK.

Supplementing these core documents are a number of pieces of non-statutory guidance which address specific issues within the planning, response and/or recovery stages of an emergency. While the general principles invoked within these documents can be seen as applicable throughout the UK, we have indicated below whether their explicit remit is UK-wide or focused on particular administrations (where this is stated):

- *Evacuation and Shelter Guidance*⁵ (England and Wales)
- *Data Protection and Sharing – Guidance for Emergency Planners and Responders*⁶ (UK wide)
- *Guidance on Dealing with Fatalities in Emergencies*⁷ (England and Wales)
- *Humanitarian Assistance in Emergencies*⁸
- *The Needs of Faith Communities in Major Emergencies*⁹
- *Identifying People who are Vulnerable in a Crisis*¹⁰ (although published, this guidance is not final and will be subject to further review following publication of the Pitt Review into the summer 2007 flooding in the UK).

More recently the National Recovery Working Group has produced web-based *National Recovery Guidance*¹¹ subject to ongoing development. This is designed to support local responders across the UK in meeting the longer-term needs of people affected by emergencies.

In addition to the above, the Local Government Association and Civil Contingencies Secretariat are currently developing guidance to support local authorities to develop effective mutual aid arrangements.¹¹

Wales

The statutory and non-statutory guidance outlined above applies equally to Wales. The National Assembly for Wales have produced a Pan-Wales Response Plan,¹² which outlines the arrangements for a pan-Wales response to emergencies affecting Wales based upon the CCA 2004 and its associated guidance.

Northern Ireland

Civil contingencies preparations within Northern Ireland are predominantly a devolved matter with responsibilities lying with Northern Ireland government departments. The Northern Ireland Civil Contingencies Framework¹³ was produced

in response to the CCA 2004 and associated developments in guidance and workstreams within Great Britain. It provides a strategic and tactical framework for statutory services, which include the health and personal social service trusts, as to how to discharge their civil contingencies responsibilities in line with the principles contained in the Act. Supporting this framework are two further documents: *A Guide to Emergency Planning Arrangements in Northern Ireland*¹⁴ and *A Guide to Evacuation in Northern Ireland*,¹⁵ both of which provide further guidance on the role of social care. In addition there are several other pieces of guidance published which provide further information on specific aspects of planning, response and/or recovery. These include: *Northern Ireland Standards in Civil Protection*,¹⁶ *A Guide to Plan Preparation*¹⁷ and *A Guide to Risk Assessment in Northern Ireland*.¹⁸

Scotland

As with Northern Ireland, civil contingencies are principally a devolved matter in Scotland, with responsibility for the strategic and tactical planning and response falling to eight Strategic Coordinating Groups. Scottish Ministers have exercised their powers under the CCA 2004 to place duties upon Scottish responders, including social work departments. These are stated within the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005.¹⁹ Formal guidance to support the Scottish Regulations made under the Act is published in the form of *Preparing Scotland*,²⁰ a guidance document focused upon the strategic preparation for emergency response and recovery.

2.4 Social care and humanitarian assistance

Traditionally the role of social care services and 'social service-like' organisations has tended to receive less attention than the role of blue-light services in emergency planning, response and recovery. Within current policy and guidance their role is encompassed under the broader banner of activities which serve humanitarian or welfare needs.

The primary purpose of social care during emergency response and recovery should remain largely unchanged from everyday practice, that is, to support vulnerable individuals or those in need, helping them to live safe and independent lives. How it is likely to differ is in terms of scope, and there will be a requirement for the 'scaling up' of normal services.²¹

Broadly speaking, social care's role during emergency response and recovery can be divided into:

- tasks taken to maintain core services under abnormal conditions (business continuity management)
- tasks taken to serve additional needs which result from the incident or emergency in question.^{2, 22, 23}

In both roles social care will be supporting practical and physical needs of individuals alongside those needs which may be termed emotional, psychological or social. These needs may also be met by other agencies such as education, health and

the voluntary sector, and therefore one challenge in undertaking this review is to clarify social care's particular contribution while recognising its role as part of well-coordinated joint working and planning.

Social care as the lead agency in humanitarian assistance

Arrangements for the provision of humanitarian assistance by social care services after an emergency vary greatly across local authorities in the UK.^{24, 25} While some statutory social care departments appear to be poorly prepared, others reveal a high state of readiness. The review suggests that the reasons for this inconsistency may be a lack of guidance around the specific roles of social care,²⁶ a lack of clarity about additional funding, the fact that in some areas emergency planning is not a priority issue, and that the probability of facing an emergency is assumed to be small.^{26, 27}

Despite this inconsistency, there is clear suggestion that statutory social care may be uniquely placed to take the strategic lead in planning for and responding to humanitarian needs. Therefore directors of adult social care or social work services (and directors of children's services in England) should assume responsibility for the planning and coordination of practical and emotional support.^{25, 26, 28} Ensuring implementation of this responsibility will, however, remain difficult if it is not 'mandated' by central government.^{25, 26}

2.5 The role of social care in emergency planning

Effective planning and preparation for dealing with a major emergency is said to be more cost-effective economically and socially than dealing with a poorly managed incident after the attack.^{26, 30, 31} Preparation for response arrangements should be based on strengthening and supplementing normal delivery mechanisms as far as practical^{32–35} and factoring in arrangements for longer-term recovery.³³

It is important to remember that emergencies will not fit neatly into plans; the key is to be prepared for likely events and different types of disaster. In many cases multi-agency planning increases flexibility and can ensure organisations are able to work outside their normal remit to deliver good services.^{28, 36, 37}

The literature also suggests that emergency planning coordinating groups or equivalents should comprise various stakeholders such as local authority departments, health authorities, voluntary agencies, emergency services and community groups.^{26, 38} In this way roles and responsibilities can be negotiated and integrated³³ before an incident occurs. The presence of social care representatives within emergency planning structures can also help to ensure the anticipation and prioritisation of the human aspects of response and recovery alongside considerations of infrastructure and economic or environmental aspects.^{38–40}

At an operational level, local authorities have different arrangements in place to prepare for the integration of social care in emergency response and recovery.^{25, 41} Some use specially trained multi-agency teams^{42–44} such as crisis support or trauma response and assist teams.^{45–47} These are teams which have built on the work of emergency planning units and experiences of previous emergencies but have

strong support and input from social care departments.^{45, 48, 49} While the exact make-up and lead for such teams may be best determined locally, without a central government mandate to provide for them, the presence, prioritisation and resources of these teams will remain inconsistent. Developing a stronger evidence base around different models of provision may help to ensure that effective practice is shared and a greater understanding of the most appropriate models of support developed. There is also little evidence of a central audit, quality assessment or evaluation of the welfare plan.^{33, 38, 50}

While there may be specific welfare activities relevant to the response or recovery phases, it is useful to view the two phases as overlapping with related support needs, structures and forms of intervention. These include: the need for a form of centralised support;³² evidence-based support⁵¹ from a variety of trained professionals; outreach services; support from volunteers; clear and effective communication of information to and about affected individuals, and work with the affected community to identify (i) what form of support is needed⁵² and (ii) individuals who are able to take on leadership roles and the organised evaluation of responses.⁵³

2.5.1 Identifying vulnerable groups

There is clear evidence that it is the most vulnerable who suffer disproportionately in emergencies.^{54–57} Individuals who are already in contact with social care are therefore disproportionately likely to suffer from the impact of emergencies and disasters.²⁸

In each of the countries of the UK, guidance or statutes place a responsibility on local authorities to ensure that emergency plans consider vulnerable individuals. Vulnerability typically refers to issues around age, mental health, learning disability, physical disability, physical ailments, bereavement or dependence upon others.³ Within Northern Ireland, emergency plans must have due regard for the needs of a wider group of people under section 75 of the Northern Ireland Act 1998, which clearly extends beyond the idea of 'vulnerable individuals'.

Findings from research into the impacts of the Carlisle flooding in 2005 highlighted the absence of prior identification and listing of vulnerable individuals and recommended that this would have provided a useful resource for both the emergency services and other responding agencies.^{58, 59} However, it must also be recognised that vulnerability and need will vary according to the nature of the emergency and that new vulnerabilities will arise in relation to an emergency; therefore, responsive services and effective outreach remain key.

The current processes by which authorities identify vulnerable groups are varied and further research is needed as to how this is undertaken within different areas.⁶⁰ Currently the CCA 2004 places a requirement on Category One responders to maintain a community risk register (CRR) which identifies many of the risks and consequences and the significance of threats or hazards. Both *Emergency Preparedness* and local risk assessment guidance support this process.^{3, 18, 61} Examples of good practice of the use of CRRs as a driver for emergency planning

have been demonstrated by beacon councils for emergency planning.⁵⁰ However, it is also recognised that there has been a tendency for such registers to fail to consider the 'less tangible indicators of psycho-social risk',³³ such as the vulnerability of individuals and communities and the more indirect impacts of emergencies.

Groups who may demonstrate particular vulnerability following an emergency are discussed below.

- There has been a tendency to assume that **children** do not require the same levels of support as adults.^{62, 63} However, children will comprehend the impact of an emergency at their own level of understanding, which relates, among other factors, to their age and experience.⁶⁴ Reductions in levels of support provided by caregivers are just one of the direct effects of an emergency which are likely to affect children.⁶⁴ The literature highlights a number of points: for example, guidelines and planning on psychosocial interventions might address the particular needs of children. Equally, training for and response to children and young people following an emergency or disaster engages those professionals already working with them in the community, such as teachers, educational psychologists and youth workers. This is also beneficial before, as well as after incidents have occurred.^{33, 65} Social workers and those who encounter children on a daily basis who have received guidance on identifying symptoms of long-term risks following an emergency also benefit.⁶⁶ There is a role for directors of children's services to filter down any relevant emergency planning arrangements to their specific service managers.⁶⁷ A range of guidance and best practice is available which specifically addresses the needs of children following an emergency.^{64, 65–69}
- **Older people** are likely to (but will not necessarily) be among those who are most vulnerable following an emergency. In planning for support to older people, social workers could work with them and their carers to ensure the dissemination of information regarding preparedness. In particular older people and their carers need to be given information, with sensitivity, on evacuation, the follow-up of medications and how to remain safe in their residence.^{70–73}
- Children and adults with **learning disabilities, physical disabilities or sensory impairment** are also likely to be particularly vulnerable in the event of an emergency. As with other groups, the impact of any emergency on those providing care either informally or formally will have a follow-on effect on those in receipt of care. Particular issues include the need to ensure that evacuation plans take into account the needs of particular groups, including those with mobility difficulties, and ensuring information is available and distributed in a range of formats. Rest and reception centre plans must ensure that plans are in place to meet the needs of these and other vulnerable groups.^{21, 22, 45, 73}
- Individuals with existing **mental health problems, a previous history of psychiatric problems, or substance misuse difficulties** are likely to be particularly vulnerable. Existing chronic conditions which are well controlled with medication may be exacerbated by lack of access to normal medications.^{74, 75}
- In some emergencies **migrants and international visitors** will constitute a special risk group because their residence may not be local; translators and other provisions may need to be thought about at the planning stage.⁷⁶
- Hurricane Katrina (2005) provided a stark example of the impact of inequalities based on **race, ethnicity and class** on individuals' and communities' vulnerability.

There is a clear need for further research to understand the interrelationship of these factors within emergencies.⁵⁴ Meanwhile, the importance of involving Black and minority ethnic communities in emergency planning is emphasised.^{9, 11} The literature suggests that agencies involved in emergency planning and response should understand the specific diversity issues of each area, plan for changing demographics and ensure that members of all communities are involved in the disaster preparedness process. An example of best practice regarding **faith groups** in the UK can be seen in Essex Resilience forum,⁴² where the Emergency Plans and Core Resilience Team are producing a multicultural faith plan to identify and meet the diverse needs of people who may be affected by emergencies.

In addition to planning for vulnerable groups, the onset of an emergency means directors of adult social services will need to give thought to how some already stigmatised groups (for example, homeless people, people with mental health problems, faith groups) may need to be protected from further negative public opinion and to alleviate any subsequent 'culture of blame'.^{28, 77}

2.5.2 Business continuity

A key task for social care services during emergency planning, response and recovery is the continuation of core services alongside the work supporting additional needs which result from the incident. In the event of an emergency, most vulnerable people currently cared for within the community will continue to require care.^{78, 79}

The challenge for business continuity will depend in part on the nature of the emergency, but, crucially, it will also depend upon the situation of social care provisions within authorities. Social care services must have consideration of business continuity within those statutory, voluntary and private services commissioned to provide social care services. This also includes consideration of individual carers²¹ and those in receipt of direct payments.⁷⁷

Services must also take into account the range of interdependent relationships that exists between the provision of care and a range of other infrastructures and services such as transport, schools, and utilities.^{77, 78, 80} During the 2001 foot-and-mouth outbreak travel restrictions had far-reaching impacts on many vulnerable individuals' access to services, whether childcare, day care or home care.⁸¹

In formulating contingency plans, it is important that the impact of incidents on human resources is considered;⁸² work on planning for pandemic flu has considered this in some depth. ^{29, 83} Strategic-level social care staff may also need to be clear about the capacity of other services when factoring them into any contingency arrangements. Unfounded and unrealistic assumptions around the capacity of other organisations will hinder any subsequent response and recovery activities.

Effective business continuity is essential to ensure that the capacity of other services to respond to an emergency is maximised. Pandemic flu planning highlights the importance of social care services maintaining their core duties in facilitating discharges from hospitals and avoiding unnecessary admissions, thus maximising the capacity of health services to support victims.⁸⁴

2.5.3 Support to staff: training and exercising

'There is a need for greater investment in training, learning, exercising and evaluation to enable responders to share good practice and to be prepared' to meet the practical and emotional needs of individuals in an emergency.³² It is important that anyone serving as part of an organised welfare response is appropriately trained, qualified, experienced and integrated into an overall strategy for community and social support.³³ This selection and training should occur prior to occurrence of an incident.^{44, 85}

The most common training for social work staff involved in emergency planning is training in crisis intervention, and in setting up central points of assistance such as humanitarian assistance centres (HACs).⁸⁶ However, another beneficial strand of training may be through the recontextualisation of social work skills into an emergency setting through the use of common-sense leaflets/cards or verbal briefings.^{85, 87}

The following skills needs were identified in the literature:

- training around the use of volunteers, the registration and deregistration of victims, the maintenance of personal contacts^{88, 89} and community development⁹⁰
- the inclusion of feedback and 'lessons learned' from other emergencies within both internal and regional training sessions²⁵
- training for social workers to support relatives in difficult tasks, such as the identification of bodies and work with coroners³⁰
- a clear set of accredited standards that staff can train towards^{25, 91}
- knowledge and skills relating to responding to environmental disasters and the associated stress from risk of contamination⁹²
- knowledge and skills relating to the expected reaction of both survivors and the bereaved, alongside information about the support available for individuals with more significant or complex difficulties whose needs may lie beyond the scope of normal social care provision^{87, 93}
- the (short- and long-term) identification of the particular needs in vulnerable groups in differing locations, e.g. rural areas.⁹⁴

Different authorities address gaps in skills and knowledge differently. Some authorities have conducted a training needs analysis,^{37, 42} to form a baseline from which to work. Others have structured training around secondments of social care staff to emergency planning teams.²⁵

Plans must be exercised with all agencies at the various levels of command as coordination is key to establishing roles and responsibilities for social care.^{89, 95, 96} Exercises must address the issues surrounding the behavioural responses to different types of emergency⁹⁷ and include the consistent engagement of strategic health authorities where not already integrated with social care services.²⁵

Many humanitarian or psychosocial interventions in the initial response phase can also be delivered by a range of community-level workers. Ideally these personnel can be drawn from a variety of sources, including education, voluntary organisations

and primary health care.⁷⁴ A formal process for exercising social care plans with trained volunteers from the wider community is also needed.^{98, 99} An example of good practice can be seen in Cleveland emergency planning unit, which undertakes training and exercising on a multi-agency basis and includes local businesses, the voluntary sector and local communities.⁵⁹

2.5.4 Support to staff: care of staff

The literature is clear that measures should be in place to support all staff and volunteers involved in responding to an emergency. First and foremost, there is a need for supportive management and supervision of staff involved in the response. It is seen to be good practice for managers to oversee their staff's workloads,⁸² and staff should not be expected to undertake tasks outside their level of competence.⁷⁸ In some cases specific welfare support could be established for staff to access as and when needed.^{42, 100, 101} Trauma, or risk, assessments may be potentially useful to help identify and normalise emotional responses among staff, which, when accompanied by support, may help to reduce stress in the workplace and prevent the re-traumatisation of responders.^{26, 102} Further investigation into the most effective means of supporting those involved in responding to emergencies may help to clarify the most appropriate procedures for employers to adopt. The worst form of recovery for staff is the 'business as usual' approach.

A system to inform managers of staff absences at the earliest opportunity should be set up so that workloads may be reorganised. Managers could also consider identifying those staff who are recently retired, currently known not to be working or working part time who might be willing to be called upon at short notice to provide additional cover for staff absences.^{77, 78}

2.6 The role of social care in emergency response

Emergency response and recovery are the terms used to describe two distinct, although interrelated, phases of assistance following an incident. Emergency response is described as 'the actions taken to deal with the immediate effects of an emergency' and is likely to take place over the relatively short term (hours or days).⁴ Early response, the assessment of need, the provision of information, and referral and signposting are activities identified in the literature for social care in the response phase.

2.6.1 Early response

The literature highlights that effective early practical support is important to establish credibility and trust,⁸⁷ and services need to be available and offered with confidence.¹⁰³ Negligence during the initial response can have damaging consequences for both individuals and communities.¹⁰⁴ Certain factors are shown to be associated with protection against developing negative outcomes and include access to accurate, up-to-date and consistent information, and receipt of comfort, concern and an opportunity to be listened to. These must underpin the planning of any response and recovery activity.³³ While there are suggestions that in the early

stages of a response effort there is a need to be proactive and directive,^{105, 106} this must be balanced against the need to catalyse individuals' own helping abilities.³¹

The responses for social care outlined below may take place in a range of settings, including at the site of the attack, at rest centres, hospitals, central support points, contact centres and mortuaries.⁵

- **Comforting, listening and reassurance to survivors** mitigates the onset of more serious psychological problems.^{107, 108} It can encompass some of the other activities in this list. Principles include listening, conveying compassion and finding the company of others.^{94, 109, 74} This is not counselling but may provide an opportunity to identify when other sources of support are required.^{33, 110}
- **Meeting immediate practical needs** such as food, water, blankets, sanitation, clothes, medical care, temporary shelter and a sense of immediate safety and security.¹¹¹
- **Keeping families together.**⁷⁴
- **Supporting access to services provided by other agencies, for example, volunteers' and children's services.**¹¹²
- **Accessing financial support** and claiming compensation is complex and may have implications for the emotional well-being of those affected by disasters.⁹³ Processes need to be simplified.¹⁰⁰ Victims of terrorist atrocities in the UK have a statutory right to assistance under the Criminal Injuries Compensation Authority (CICA). This scheme does not, however, extend any support to victims of terrorist incidents outside the UK.¹¹³ In some cases immediate financial support is likely to be available and individuals may need help to access this.
- **Protecting people who are disorientated and offering outreach services** may mean sending social workers to reception centres, to receive survivors at airports, and so on,¹¹⁴ or to assist in the evacuation of those affected¹¹⁵ and offer them personalised support³³. Outreach can involve home visits within a radius of the emergency or to those bereaved.^{31, 116}
- **Support in reality tasks and security** tasks may include the normalisation of emotional responses,¹¹⁷ supporting and accompanying families in the viewing and identification of bodies and visits to mortuaries.¹¹⁶ Restoring networks of social support and supporting a return to or maintenance of normal routines, including religious and cultural activities, is also key.⁶⁴ Support for carers may also be needed at this time.⁷⁸

Maintaining a sense of the perspective of the individuals affected is key to all these support activities.³²

2.6.2 The assessment of emerging needs

Social care has a specific role in the response stage in identifying those in need of services. This will be in addition to planning exercises or risk assessments which identify vulnerability prior to an emergency. Psychosocial risk assessments are currently undertaken through identification of vulnerable groups, examination of behavioural responses, and through screening instruments¹⁰⁸ or outreach services.¹¹⁷ Secondary victims, such as children, carers or witnesses, also need identifying, which is a challenge due to the changing nature of needs following an emergency.²⁶ There

are suggestions that a critical review is required of the quality of assessment of psychosocial risk.^{33, 59}

Over the longer term this function develops into making assessments of psychiatric needs and making referrals to health services and counselling services.¹¹⁸ Care must be taken not to pathologise survivors⁷⁴ while remaining aware of the signs of post-traumatic stress disorder.¹¹⁹ UK guidance recommends that 'formal counselling or psychological intervention is usually inappropriate [immediately following an event]. There are some recommendations that specialist trauma counselling should not be commenced until between four and six weeks after the event, although there may be some exceptions.'^{51 119} This follows from evidence that counselling may not be as effective as more generic support in the immediate aftermath of a disaster and can in some cases impede recovery.^{85, 114} The UK is said to adopt a '*watchful waiting*' approach to psychological needs and is less likely to adopt Critical Incident Stress Debriefing (CISD) approaches than services do in other countries.⁵¹ This is due to the lack of evidence around the effectiveness of CISD with ongoing debate about its value.^{120, 121}

Finally, the literature is clear that counselling is unlikely to address all the welfare needs of victims and that other types of informal support will also be needed on an ongoing basis.^{75, 85} It should also not be assumed that social workers should be or have been trained in providing counselling,³⁸ and accreditation is recommended for anyone providing such services.³⁷

2.6.3 Provision of information

Alongside reassurance, provision of information is the most frequently cited psychosocial need.³² Keeping survivors or relatives informed of events⁴⁰ and providing leaflets which provide advice and list sources of help mitigates distress and in most cases is seen to aid the recovery process.^{32, 33, 53, 122, 123} Examples of good practice in the provision of such literature have been developed by a number of voluntary sector organisations and local authorities.^{124–127} Assistance in tracing family members and friends⁶⁴ and providing private facilities for relatives and friends to reunite^{25, 128} may also be part of a social care response. All information must be carefully managed, shared appropriately and communicated with sensitivity.^{31, 115, 119}

In the early stages of response good connections with the media are vital to ensure that accurate regular updates and hotline numbers are disseminated.^{100, 125} Communicating with the wider public via the media can have a number of aims: information about how to access support, how to provide support, risk and crisis communication and psycho-education.^{58, 114, 123, 124} Social care, like all agencies involved in emergency response and recovery, must have an effective media policy in place.^{53, 129}

After the 7 July 2005 terrorist attacks, no formal process was set up to allow survivors and the bereaved to hear about progress on the investigation. Many families were left ill informed about the process of identification and the investigation. There is a clear need to ensure that families of those who are missing or deceased have full explanations of complex processes such as disaster victim identification. The need for

truth and honesty is critical and encompasses the right to know as well as a need to know.³⁸

In the longer term, information which normalises people's reactions and symptoms is useful but must be easily accessible and provided in an effective way.⁵³ Different types of media also have an ongoing role to play. They can help to mark anniversaries and support recovery by fostering sense of shared experience or collective trauma.^{33, 123} It may also help to foster a sense of community across geographic boundaries. In particular, the internet provides a cost-effective and permanent means of providing information to a specific audience after other media forms may have moved on.¹²³ Secure group websites have a role in facilitating communication between families and victims.¹⁰⁰ Other uses for the internet have included signposting to online self-help groups and comprehensive guides to local community and national support groups. Websites may also include information on how to start a support group.

2.6.4 Central points of contact

Many response and recovery activities have come to be organised within one central point (a 'one-stop shop') or gateway.³³ An example of this is HACs, although greater clarity is needed over what types of central support are suitable for the type of emergency.²⁵

When such services are established, adult social care and children's services are seen to be best placed to provide staff, assess the effects of the emergency on vulnerable groups, identify and support people and liaise with staff from other agencies when appropriate.^{8, 22, 33, 72}

Challenges faced by such centres in the past include ensuring that the choice of name did not alienate any potential users – for example, 'family' assistance centre or 'rest' centre.¹²⁹ Difficulties have been encountered identifying staff from different services, or at different command levels, due to a lack of identifying clothing or badges;¹¹¹ it may therefore be useful for staff responders from different agencies to have some form of identifying themselves.

Humanitarian assistance centres can be seen to play a longer-term role as a central point for the delivery of multi-agency function.¹¹⁸ These can include services for longer-term recovery such as counselling, accommodation, benefits and legal/insurance advice.²² As a gateway service they can stand as focal points for affected communities, bereaved families/friends and survivors.

2.6.5 Referral and signposting

Signposting and referral are important activities in a social care response. Appropriate and competent services should be identified as part of multi-agency preparations. Information should be gathered on the resources available from various agencies,^{31, 128, 130, 131} which can be made available in a range of different formats, for example leaflets, audio, cards, electronic.^{96, 132} This level of planning may reduce confusion and maximise an individual's access to appropriate, effective support during the response phase.

Such resources could incorporate information about services provided by private organisations including those contracted to provide independent counselling services. Where independent services are used it is important that vigorous checks are undertaken prior to referral or signposting to ensure the quality and appropriateness of support. Likewise, an understanding of the different types of services on offer and their relevance to different needs is also important for those referring and signposting. During the Paddington rail crash in 1999 it was clear that both social services and family liaison officers were unaware that other support services had been contracted by the local authority; consequently, people were not referred to them.¹³³

Social care agencies may not be the first port of call following an emergency. Primary care staff such as general practitioners (GPs) are often more likely to see people due to the logistical requirement for GPs to sign forms for financial assistance.⁷⁶ Effective interagency referral processes are therefore vital in preventing need going undetected. Following the Asian tsunami (2004) it was noted that many people who should have been referred to social care services remained reliant on appropriate referrals by their GP to access additional support.¹¹⁵ Evidence of inappropriate referrals to medical as opposed to social care services was also apparent following the Hillsborough disaster in 1989 due to misunderstandings about the role of social care.⁸⁷

2.6.6 Disasters do not respect boundaries

Victims of disasters and emergencies who do not reside in the area where the disaster or emergency takes place ('dispersed victims') present a particular challenge for multi-agency and partnership working¹³⁴ and are likely to feel isolated and face particular barriers to receiving non-medical services from their local services.^{100, 101} The development of mutual aid arrangements for effective cross-border working is critical given the dispersed nature of both emergencies and those affected by them.^{25, 33, 41, 119, 135} Social care services must recognise that 'authorities that are not located at the epicentre of a disaster have the same responsibility to provide a service to survivors in their locality as those who are obviously affected'.⁸⁷

When incidents occur overseas further challenges are present. This was clearly demonstrated after the tsunami in 2004, where difficulty was experienced in ensuring follow-up support for those returning home from affected areas, as they lived throughout the UK. There is a need for clear information and signposting at the point of re-entry to the UK to alleviate the distress of individuals and to enable tracking of their support needs. ^{69 115} One response to these needs has been the development of the model demonstrated by Heathrow Travel-Care, a voluntary sector airport crisis social work service which works in close partnership with Hillingdon and Hounslow adult social care teams.⁹⁴ Heathrow Travel-Care had a key role to play in establishing reception centres and providing initial assistance to victims and families following the tsunami.

There is some suggestion that exceptional events overseas may warrant sending social care staff from the UK to support in community-level responses overseas as demonstrated during the 2004 tsunami.¹³⁶

2.7 Role of social care: moving from response to recovery

There is some suggestion of a gradual transition between the response and recovery phases. Planning for recovery should be implemented as soon as possible after the initiation of the response.¹³⁷ For social care this means taking a role early in the response with the understanding that it may lead to longer-term interventions. A formal handover process from response to recovery between the strategic coordinating group to the recovery coordinating group is recommended.¹³⁸ In addition, the instigation of recovery working groups which focus on humanitarian needs, with representation from social care, is a means of supporting planning and implementation of longer-term support.¹¹

Emergency recovery is focused on the 'process of rebuilding, restoring and rehabilitating the community following an emergency' and, depending on the nature of the incident, may continue for several years.⁴ Recovery is complex and goes beyond simply replacing that which was lost or rehabilitating those affected.⁴

Recovery is not a linear process. Psychosocial or emotional needs will change and in some cases emerge over time, while services themselves will also change and reduce in form.^{63, 87, 137} Individual recovery will benefit from the development of self-help strategies, wider social and community support, shared responses to grief¹²⁰ and planning for effective 'exit strategies' which minimise dependency on statutory services.²⁵

Planning and support for memorials, commemorative events and anniversaries³³ also sits under the banner of recovery. While social care is not expected to arrange such events there is a role for services to support bereaved families and survivors at times which may reopen traumatic feelings. Where social care services are involved in arrangements for these events it is crucial that community and faith groups are involved^{50, 53, 139} and that steps are taken to ensure that all of those affected are contacted with information about attending.¹¹⁵

Recovery has proved most difficult for services to plan for¹²¹ and is an area in which local authorities have been criticised (for example in response to the flooding at both Carlisle (2005) and Boscastle (2004)).^{33, 140} There are a number of reasons why it is harder to 'get the recovery phase right'; these include:

- emergency management's tendency to focus on the planning and response phases^{33, 141}
- a reduced commitment to putting forward resources – during the initial response phase the sense of urgency and emergency helps the mobilisation of resources at all levels (including funding from central government, staff labour, etc)^{142, 143}
- the nature of needs being perceived as uncritical²⁶ – many of the ongoing needs resulting from emergency may remain hidden or do not meet the normal eligibility criteria for social care support. The ability of local authorities to mobilise support for these needs is therefore much harder
- the nature of development and changing needs – there is not a set period for recovery from emergencies. Some people will not request support until years after

an incident.^{118, 134, 144} Evidence from the 7 July 2005, and 11 September 2001 attacks, the Carlisle floods in 2005 and many other incidents supports this.⁸⁸

2.7.1 Community engagement

A community development perspective which attempts to engage and develop local capacity is seen as a key underpinning of emergency response and, in particular, recovery.¹¹ A number of internationally approved guiding principles for psychosocial support in emergencies emphasise the importance of community engagement and participation in the provision of this support.^{108, 145, 146} Likewise these guidelines also highlight the need for interventions that are contextually, culturally and linguistically appropriate.

The guidelines recognise that the impact of emergencies is felt not just by individuals but also at the collective level. This has been described as the potential for emergencies to affect the basic tissues of social life by damaging the bonds attaching people together and impairing the prevailing sense of communality.³³ Focusing on strengthening community resilience may help to address these impacts. This may present a particular challenge for many professionals within statutory support sectors, including social care and health, who tend to focus support on an individual basis.⁷⁵ Social care staff, it was noted, are not community development workers.⁹⁰

One potential model of unifying a social care and health approach to community development is that of a community psychology approach, in which support is provided to members of the community to foster resilience and cascade information to the wider community.^{147, 148}

As outlined in section 2.5, voluntary and community organisations, including faith groups provide a key means of engaging wider communities in both response and recovery processes on a number of levels.¹⁴⁹ As well as providing a range of non-statutory social support,^{29, 81} they are also key to the dissemination of information to wider communities,²⁹ helping to develop community participation and foster resilience, and providing a route to groups that may be particularly marginalised or 'hard to reach'. Maintaining and distributing a directory of community services, while useful in its own right, may prove valuable in promoting resilience following an emergency.³⁷

2.7.2 Self-help groups and peer support

Promoting self-help groups and encouraging all those affected by disaster to engage in support networks^{64, 74}, are other ways of catalysing community-based support.⁸⁵ Although peer-to-peer support can assist in moderating the demands placed upon statutory services, it is also a delicate process. A balance needs to be struck between identifying needs and facilitating group development through provision of resources, and allowing the need for such support structures to come from those affected and for ownership of such groups to remain with them.^{53, 87} Following the 7 July 2005 bombings frustration was expressed by those who set up groups such as Kings Cross United about the lack of support they received for the work they undertook.¹⁵⁰

2.7.3 Promoting resilience

Community engagement and development is one way of promoting broader resilience²⁹ and the mobilisation of diverse resources. At an individual level, models of care must also foster self-helping instincts.

Lessons from the Oklahoma bombing (1995) show that social services need to carefully plan for changes and reductions to service provision and consider exit strategies. Considerations of this kind are vital to enable individuals, where possible, to return to some level of normality and avoid the development of dependency.^{32, 31, 100} 'At some point, you need to draw a new line, because instead of helping people with recovery, you may be helping them relive their victimisation.'¹⁰⁰

Careful thought needs to be given to how this happens in ways which most effectively support individuals' and communities' self-helping mechanisms and without the premature withdrawal of support. Suggested strategies for doing this include the development of personalised transition plans, consideration of intervals for follow-up interventions, and anticipation of possible future events that may catalyse needs for further support,¹⁰⁰ for example anniversaries, inquests or enquiries. A clear understanding of the variable and non-linear nature of recovery trajectories is vital for those planning changes to services.¹⁵¹

As a guiding principle, the recovery phase will continue until the disruption has been rectified, demands on services have returned to normal levels and the needs of those affected (directly or indirectly) have been met.¹¹ However, it is also recognised that some people's need for support may continue indefinitely.³³

2.8 The importance of multi-agency working

Successfully meeting the complex nature of needs arising as a result of emergencies requires an interagency response and the provision of 'joined up services'.^{35, 137, 152} By working together services are able to offer the widest range of choices to those affected and increase accessibility.^{37, 42, 64, 106, 119}

Failure to develop successful partnerships and multi-agency working for the provision of care¹³⁸ can result in: gaps in provision; delays in responding; duplication of efforts;^{63, 153} and at times conflict and competition, all of which may contribute to the possible re-victimisation of those affected.¹⁵⁴

Partnership working exists across multiple boundaries encompassing local authority services, other statutory services, voluntary organisations, the community sector, faith groups and the private sector, and between organisations in different geographical areas. Particular partnership needs will depend upon the nature of the emergency and the pre-existing service structures across the UK.⁶⁰

2.8.1 Work with other statutory services

Of key importance are the partnerships and working practices within local authorities. Strong links with emergency planning departments will support this

and help to integrate social care's role with an 'authority-wide' approach that encompasses the full range of interrelated services such as housing, education and health.^{33, 38, 63, 77, 155, 156} The need for strong and effective leadership in the planning phase is also an important means of promoting interagency and cross-boundary working.

The links between health and social care are of particular importance. Efforts should be made to avoid fragmented approaches to care based on either a 'medical treatment' model or a 'social service delivery model'.^{33, 157} Structures and multi-agency arrangements differ across the devolved nations and will therefore present different challenges. Where pre-existing structures of joint social care and health provision exist, as in Northern Ireland, this is likely to support effective planning and communication.¹⁵⁷ Within England and Wales the restructuring of social care arrangements and divisions between adult social care and children and young people's services may present a particular challenge that needs to be addressed.²⁵

Close working with other statutory services such as benefits agencies, the police and coroners is also critical.⁶³ At times, as during the Marchioness Inquiry (1989), the proximity of social care support to the police investigation has been recognised as a factor which assisted effective information sharing.^{158, 159} However, all close and effective interagency working practices must be balanced against a need for social care staff to retain independence and autonomy of role. This may be particularly important during investigations and inquests or when there is a political dimension to an incident.³⁷ Social workers have previously faced criticism for acquiescing with the wishes of the police.¹⁶⁰

In addition, many other local authority services which may not be perceived as relevant have performed key roles supporting social care's response to disasters. Both in responses to Hillsborough (1989) and 7 July bombings (2005), administration and library staff were noted to have performed key roles in maintaining information systems, and supporting social workers in relation to how they recorded events and maintained information systems and archives.^{104, 161}

2.8.2 Work with the voluntary sector and community sector

Following an emergency the ability of social care to fulfil its aims will be, in part, dependent on the skills, expertise and capacity of the voluntary and community sectors.¹⁶² They provide a key resource in the delivery and sustainability of support to those affected by emergencies.⁴⁴ In addition, their characterisation as non-statutory means that they are often more likely to be approached by those in need than the local authority services they complement. They are therefore key to widening access to services and identifying vulnerable individuals whom statutory services may not be aware of. In response to the 2001 foot-and-mouth crisis it was noted that 'formal NHS primary care, mental health and social services agencies were not seen as immediately relevant', while voluntary local helplines and rural support groups witnessed huge demand.^{82, 122}

Despite the importance of their role there are times when voluntary sector services and community organisations have felt excluded from planning and decision-making

processes.⁸⁸ Misunderstanding about the possible contribution of the voluntary and community sectors has also resulted in delays in calling on them.¹¹¹ When close partnership working between the statutory and voluntary sector organisations is established, as occurred during the 2007 floods, voluntary sector services were noted to feel involved, with a clear sense of being 'part of the bigger picture' of response.¹¹²

Establishing such working relationships requires close coordination of the varied and broad-based voluntary and community sector services,²⁵ all which will have a diverse range of funding arrangements and expectations about partnership work.¹²⁹ Statutory services, including social care, have a role to play in maintaining and coordinating the links with the voluntary sector if they are to work collaboratively in the aftermath.⁷⁴ The active engagement of community groups and faith groups within local resilience forums is a key means of supporting these links.²⁹

2.8.3 Work with volunteers

Recent events have reinforced the fact that disasters often generate an outpouring of volunteering, altruism and helping behaviours.¹⁴⁹ Volunteers form a crucial part of the response and recovery capacity in the 'provision of social support, whether in the form of instrumental assistance, information or direct emotional support'.¹⁶³ They relate to the role of statutory social care in a number of ways. These include:

- partnership work between volunteers and social care staff in a variety of settings (for example HACs)
- the likelihood of management of volunteers by social care staff in a variety of settings (for example reception centres, HACs)
- volunteers sourced from, or formerly based within, social care services (including retired social care staff) working in a number of roles.

Key to successful joint work with volunteers is their recruitment, training, supervision and ongoing support.⁵³ Where this is not considered and undertaken prior to an emergency, it is likely to result in additional challenges for services during the emergency response phase and reduced efficacy of support.¹¹⁸

2.8.4 Work with the private sector

Work with the private sector includes work with contracted services delivering social care's core tasks (including residential care homes, domiciliary care or independent consultants), as well as use of the additional resources provided by the private sector to support humanitarian response activities such as those provided by transport operators.

The Association of Train Operating Companies' (ATOC) rail incident care teams represent one such example and a relatively new model of work in this area. They were first implemented following the Grayrigg derailment (2007). Their purpose is to 'complement and support category one (and other category two) responders ... to provide the best possible service to survivors and their friends/relatives'.¹⁶⁴ Their contribution supports the short-term response.⁹³ Following the Hatfield rail crash (2000) it was noted that the immediate declaration of financial support from GNER

was a significant enabling factor in meeting the immediate practical support needs of victims.¹¹¹

2.8.5 Factors facilitating multi-agency work

A number of factors and practices have been seen to facilitate effective multi-agency work. These include:

- **Planning and training:** Effective multi-agency working must be underpinned by effective partnership structures within emergency planning and the establishment of good relationships and communication prior to a disaster.^{87, 88} Social care must be aware of the approaches of other organisations^{28, 37, 94} and provide opportunities to embed relationships with other statutory, voluntary and private agencies.⁹³ Opportunities for joint training are key in facilitating this, as is the development of a common approach to planning,^{63, 154} both of which can minimise opportunities for rivalry and communication difficulties within the response phase.⁶³
- **Clarity of roles:** Confusion about roles and responsibilities appears to be a key source of tension. Staff from different agencies and sectors need to develop a clearer understanding of their own and each other's roles, working practices and relationships to support the development of trust and individuals' access to support.^{25, 94, 165} Clear leadership is also crucial for decision making about all forms of support. During the June 2007 floods, in some areas there was a degree of confusion between responders about who held responsibility for triggering the multi-agency response arrangements. This resulted in subsequent delays in the response provision.¹⁶⁴
- **Effective communication:** Both responders and those affected by emergencies have a clear need for up-to-date, consistent and, above all, accurate information. There are a range of mechanisms which may support this. The need for leadership and the use of communication cascades are key, as well as the provision of regular updates and interagency group meetings. As well as enhancing communication, these will encourage a shared sense of purpose and foster teamwork. ^{25, 166, 167} Within England and Wales directors of children's social care services will have particular responsibilities for communicating with schools. This is crucial whenever there is likely to be parental anxiety or disruption to transport networks.¹²⁹
- **Use of multidisciplinary teams:** The social care response to a range of disasters is often characterised by the implementation of multidisciplinary teams which draw on social care workers, mental health professionals, independent trauma consultants, volunteers and those in management or coordination roles, among others.¹⁶⁸
- **Case management and key working:** Maintaining the notion of a 'seamless' service of care delivered over the long term presents a particular challenge. One approach is through a case management or key work role which provides a single point of contact with a consistent individual for victims and families.^{38, 100, 115, 132} This model is seen to facilitate effective communication, avoid duplication of services or offers of help and provide assistance with signposting and advocacy.¹⁴⁹ Social workers have adopted this role in response to a number of previous emergencies. However, some suggest that key-working roles should be

shared across a number of agencies, including health, social care, housing and the voluntary sector.³⁸

2.9 The importance of communication: information sharing

2.9.1 Data recording and sharing

Lessons from previous emergencies highlight the importance of the need for clear and effective documentation of contact with individuals according to pre-established procedures.¹¹⁵ This can facilitate multi-agency working, follow-up support and onward referrals. Contact details taken from those affected by an emergency can be recorded in a standardised system¹⁶⁹ to ensure continuity across different services and staff shifts.^{32, 58, 115}

During the planning stages decisions need to be made about how such information 'is going to be collected and disseminated and recorded. And ... communicated to local and organisational levels'.¹⁶⁵ Lessons from previous emergencies, including the Carlisle floods (2005) and the Asian tsunami (2004), highlight how failure to consider or fully implement these procedures results in details of victims being lost and unnecessary inefficiency and distress.¹¹⁵ Meanwhile, failure to collect details of the walking wounded at the site of the 2005 London bombings was shown to have major implications for response and recovery.¹⁵⁰

Suggested strategies to promote effective information sharing include the development of shared data recording and sharing protocols and systems, standardised referral forms across different agencies and clear records of staff involved in each activity and shift.^{85, 119, 170, 171}

In addition, there are calls for the use of a single database,⁹³ or compatible databases, across services to facilitate information about vulnerable individuals and support provided.^{25, 33} Learning from the Oklahoma bombing (1995) and the 11 September 2001 disasters also highlights the value of data sharing between agencies to streamline procedures for victims to apply for benefits and compensation. These systems may be applicable to the UK context.¹⁰⁰

Social care's suggested role in the management of HACs would potentially mean a key role for social care in relation to the management of contact details. Recommendations from the *Report of the 7 July Review Committee* recommended that the assistance centre should be identified as a lead agency responsible for collating details of survivors, maintaining a definitive list and subsequently acting as the main communication channel with survivors.¹⁵⁰

2.9.2 Data protection

Clear guidelines are available relating to the application of the Data Protection Act 1998 in emergencies. These highlight the use of a principle of the balance of potential harm in decisions about information sharing to maximise the care and support of individuals and to avoid situations where people's needs are lost or hidden.⁶ Despite this guidance, misunderstanding about data protection protocols

has continued to impede effective information sharing to support individuals.^{93, 150} Particular care needs to be taken to avoid 'mistaken or overzealous interpretation of this legislation'.¹¹⁵ It is clear that data protection issues between hospitals, schools, rest centres, HACs, and so on, could be ironed out in plans to allow individual cases to be tracked.^{93, 147, 151, 172}

Above all, a balance must be struck between enabling access and preventing intrusion.¹⁷³ Consideration must be taken of evidence from the US which suggests that although victims of emergencies fear that their needs will remain hidden from services, there are parallel concerns about the use and storage of personal data which may mean continuing reluctance by victims to disclose personal data to statutory services.¹⁰⁰ Care must therefore be taken to preserve the privacy of the individual and ensure that only necessary information is shared.⁴⁸

2.10 The importance of evaluation and performance management

The capture of information and learning from emergency incidents is key for a number of activities including performance management, sharing lessons, best practice and evaluation. It ensures that lessons learned from disasters are passed on and utilised for future emergencies.⁴⁰ Recommendations suggest the need for local authority-level targets and indicators to be incorporated into Local Area Agreements. This may include the integration of strategic health authority and social care departments in emergency planning and response.²⁵

There are a range of indicators and planning tools that may provide useful benchmarks against which response and recovery activities may be measured.^{94, 144} However, consistent use of such tools is not evident from the literature. There are some examples from both Beacon authorities¹⁷⁴ and the US, where research structures have been developed to ensure both learning from events is captured¹⁵⁴ and the relevant data recorded.

Key lessons include the need to plan for data collection before, during and after incidents take place, to ensure that services have details about the reporting requirements from national government. While the formal evaluation of humanitarian response is in principle supported, it is rarely prioritised at operational level.³³

3 Practice survey: methodology

3.1 Introduction

The purpose of the practice survey, in line with guidance from SCIE, was to review current practice around the role of social care in emergencies and identify examples of sound, imaginative practice, and the conditions that promote them. The practice survey was to engage with social care providers in all four of the UK countries (England, Wales, Scotland and Northern Ireland).

In conjunction with the steering group, six incidents were selected to form case studies in which we could explore the social care response in more detail. These were selected to represent a variety of man-made and natural events, with differing responses, across a variety of regions (including Scotland, and Northern Ireland). These incidents were:

- the Omagh terrorist attack (1998)
- the foot-and-mouth outbreak in Dumfries and Galloway (2001)
- the Asian tsunami (2004)
- the 7 July terrorist attacks in London (2005)
- flooding in Gloucestershire (2007)
- flooding in Hull (2007).

3.2 Interviews and focus groups with key stakeholders

Interviews with 15 stakeholders representing a variety of stakeholder groups were undertaken.

These stakeholders were purposively sampled on the basis of initial familiarisation with the literature, and through guidance from the steering group. They were all individuals with experience in the domains of social care and emergencies, and represented the statutory and voluntary sectors at a variety of levels (predominantly tactical and strategic) across a number of geographic regions (including Wales).

The interview schedule (see Appendix E) was designed to elucidate:

- what is meant by social care within emergency response and recovery activities
- the role of statutory social care services in emergencies
- useful developments in statutory social care provision
- gaps in statutory social care provision
- lessons learned from previous emergencies around social care provision and coordination
- current training and support for social care staff
- how local authorities engage with local communities in preparing for, and responding to, emergencies.

To get a better picture of the realities experienced by operational social care staff involved in responding, we supplemented these interviews with two focus groups comprising social care staff directly involved in the coordination and provision of social care within statutory settings.

The schedule for the focus groups was the same as that for the individual interview schedules, although the focus groups were conducted in a more discursive manner.

Extensive notes were taken by the researcher/s conducting interviews and focus groups using a standardised format in order to aid data synthesis and analysis. All data collected was entered into Nvivo for manual coding by theme and by emergency keywords (for example September 11th).

3.3 Interviews and focus groups with case study stakeholders

Our original intention was to carry out semi-structured interviews with directors of social services and with key members of local forums in each of the case study areas selected.

Further to the findings of the research review, we altered our plan to interview only strategic or tactical personnel, and attempted to interview around three stakeholders for each case study who would represent the varying operational, tactical, and strategic levels of a response. Interviews were conducted with stakeholders identified as having had a significant role in the case study emergencies. These stakeholders were identified through the research review findings, and in consultation with the steering group.

The interview schedule (see Appendix F) was designed to elucidate

- the role of the stakeholder, and their service, within emergencies generally, and in particular within the case study incident
- what plans and structures were in place prior to the incident
- how social care staff had been trained to respond to emergencies
- what role social care staff played in the coordination and delivery of response activities during the incident
- what medium- to longer-term impacts the incident had on local businesses and communities
- the effectiveness of multi-agency working in the emergency response and recovery periods
- what lessons were learned following the incident, and whether these lessons have resulted in changes to emergency planning within the authority.

We also conducted a focus group with victims affected by one of the case study emergencies as it was fundamental to engage users in this area of research and gain their perspective. Due to the limited nature of time and resources available to the project it was feasible to include service user perspectives in only one case study. It was felt most appropriate for this to be the 7 July bombings case study as we were able to work with 7 July Assistance Centre to ensure that victims were contacted and involved in a supportive and appropriate manner.

To recruit our sample of individuals directly affected by the London bombings we contacted the 7 July Assistance Centre. Working with staff from the centre we created an advert asking for people to contact the research team if they wanted to contribute to the project. This advert was placed through their members-only intranet site. Seven people responded to the advert, four of whom chose to communicate solely through email. Three of those who replied chose to attend a focus group on which most of the data is based.

The schedule for the focus group was developed with specific regard to gathering the experiences of individuals affected by an emergency. Therefore the schedule (see Appendix G) was tailored to the response and recovery activities experienced within the case study emergency.

As with the key stakeholders, detailed notes were taken by the researcher/s and Nvivo was used to thematically code the data.

3.4 Stakeholder learning event

Once the information from the practice survey and research review had been synthesised and analysed, we ran a learning event to which 40 stakeholders were invited. We aimed to engage a variety of social care professionals from local authorities across England, as well as the devolved nations. We also invited representatives from emergency planning, transport operators, health and the voluntary sectors. A total of 30 stakeholders attended the half-day event held in early 2008.

This event served a number of purposes: it allowed us to present our findings to experienced practitioners for validation; it gave stakeholders an opportunity to provide additional information for inclusion in the review; and through this process we envisaged stakeholders taking away a greater understanding of how social care services currently operate within emergencies and how the challenges raised could be overcome.

Detailed notes were taken by four researchers involved in the event and this information was entered into Nvivo for thematic coding.

3.5 Drawing the information together

Data collected from both the practice survey and the research review were coded thematically using both a top-down and a bottom-up analysis process. Pre-specified top-level themes (such as emergency phases) were supplemented with more specific emergent themes during the initial coding of the research review. These same themes also emerged in the practice survey, allowing for data to be compared across the research strands.

The conclusions of the literature review, the findings from the stakeholder interviews, case study interviews and the learning event were drawn together in order to explore the role of social care in planning for and responding to emergencies. Further to

this, we looked to utilise this information in making recommendations on further developments needed to strengthen and clarify the position of social care.

4 Practice survey: discussion of findings

4.1 Stakeholder interviews

We conducted individual interviews with 10 stakeholders, and paired interviews with a further four stakeholders. Interviews were conducted over the telephone or, where possible, face to face.

The focus groups were held with:

- a group of voluntary and statutory responders sitting on a professional welfare-related working group
- an emergency response team within a London borough.

A total of 24 individuals took part in the focus groups, which were run between November and December 2007.

The following section presents the findings from these interviews.

4.1.1 Role of social care in emergency planning

Statutory social care was clearly seen to be the mechanism through which welfare responsibilities would be discharged. In line with the CCA 2004, interviewees identified the local authority as a Category One responder with a duty to prepare for the provision of a social care response following an emergency; however this duty was actually seen to fall to social care.

This duty to prepare was seen to involve the development of plans which would identify the needs of people following emergencies, and how these needs could be met by way of a response. Related to these activities were the responsibilities to identify vulnerable members of the community and to manage business continuity.

It was considered to be good practice for local authorities to engage the community, including Black and minority ethnic groups, in the development and vision of emergency plans. It was felt that more effective plans would result from community involvement.

Vulnerable individuals

Several interviewees highlighted the need for statutory social care to maintain an up-to-date list of vulnerable individuals. This list would include the contact details for individuals considered at risk because of their age, or because of disabilities.

There were concerns raised around being too prescriptive over which groups were considered vulnerable and which were not. One interviewee raised the point that some older people, due to greater life experiences, could be seen as more resilient

than younger people. However, it was acknowledged that considering vulnerable groups when thinking about developing of provision was useful:

'Thinking about vulnerable groups may be relevant in the case of reception centres where it will encourage people to think about the appropriateness of the spaces provided and the needs of different groups such as children, people with disabilities and religious groups.'

Business continuity management

Interviewees also emphasised the mandatory business continuity management responsibilities of local authorities, and therefore social care. It was widely held that there was a responsibility to identify critical services and establish priority levels for service continuation following an emergency. This may include provision of services to older people such as 'meals on wheels'. Input from senior staff, including chief executives, was seen as important in identifying and prioritising these services.

Councils awarded Beacon status for emergency management were felt to provide good examples of business continuity planning arrangements. One interviewee highlighted Gloucestershire as having a good business continuity plan which provided examples of how different responses would be made to different incidents.

Issues related to emergency planning

Interviewees highlighted the following issues as being of concern:

- **Variability in planning arrangements:** there was felt to be a high degree of variability around the planning arrangements of different local authorities. Individual personalities, 'professional pride' among staff, and the history of emergency experience within an authority were seen as the primary factors influencing whether effective plans were in place.
- **Monitoring of planning arrangements:** interviewees believed that emergency planning and business continuity arrangements were not seen as a priority by many chief executives and social services' directors. It was acknowledged that the competing demands of day-to-day responsibilities, coupled with a lack of staff awareness and skills, resulted in resistance by many local authorities to prioritising emergency planning. Subsequently there was a high degree of variability and inconsistency in what was in place between authorities:

'[There can be a] difference between what people say is in place in relation to business continuity plans and the reality of what is actually in place.'

Senior 'buy-in' to the importance of emergency planning arrangements was seen as crucial to developing effective responses. Interviewees suggested this could happen in one of two ways, either: (i) the authority was involved in an emergency, possibly one in which the response was ineffective, or (ii) by making planning for a humanitarian response mandatory, with associated performance indicators and external audits.

'There is a need for more than clear guidance, there is a need for a mandate in order to ensure that CEOs and directors of local authority services have plans in place to respond to emergencies.'

- **Guidance:** a further point made by one interviewee was that there was a need for more generic guidance on the range of responses that could be put in place following an incident. Currently, it was felt that many local authorities have developed limited and inflexible plans based solely on providing an HAC which in many cases may not be suitable.
- **Devolution of powers:** one interviewee highlighted the issue of devolution of decision-making powers within county councils. An example was given whereby district and borough councils are able to opt into undertaking their own emergency planning arrangements without necessarily engaging with either the county, or other districts/boroughs.
- **Community engagement:** there was some concern that local authorities often paid lip service to community groups and did not operationalise their policies for engagement in ways which actually allow community groups to engage, particularly those who are more traditionally marginalised.

4.1.2 Role of social care in emergency response and recovery

Expected role of statutory social care services

Social care was seen as the service sector which, in its everyday role, has a very wide remit, including providing support to vulnerable individuals such as children and older people. With reference to the CCA 2004 and its associated guidance, interviewees felt there was a clear role for local authority social care services within emergencies, albeit ambiguity prevailed about its statutory duty. While emergency response or recovery activities were not the day job of social care staff, it was seen to be a logical extension of the work they currently undertake.

While the exact role of social care services would vary over the response and recovery stages, the types of activities they may be involved in providing included:

- provision of basic practical and emotional support
- provision of information
- establishing rest centres or humanitarian assistance centres (HACs)
- identification of mental health needs
- signposting to, and liaising with, support services
- facilitation of meetings and contact with others
- supporting access to education for children and young people
- provision of financial and legal advice
- provision of disaster funds
- supporting rehousing
- facilitation of memorial services.

Interviewees were clear that while social care services were likely to be involved in delivering some, or all, of these services, it was seen as an unrealistic expectation that they would do so alone. This was especially seen to be the case in authorities

where many services traditionally provided by statutory social care were now commissioned out. Other statutory and voluntary services, and structures such as crisis support teams (CSTs) and emergency planning unit workgroups (where applicable) were seen as playing substantial roles in the coordination and delivery of support services. Multi-agency working, and the need for a coordinated 'whole-systems' approach by local authorities, with no one service singled out as responsible for the response, was emphasised by several interviewees:

'[L]ocal authorities need to act as authorities during emergencies.'

Social care roles within an emergency response

In an emergency situation, there was common agreement that social care services, specifically adult social care, should be the lead agency in assessing the immediate and ongoing needs of people affected, and providing support, or coordinating the provision of support, to meet these needs. One interviewee described the social care role following an emergency as 'smooth[ing] the practical pathways'. Those affected include victims, friends and families of victims, those caring for victims, and the wider community/general public.

There was clear recognition among interviewees that, at the acute stages of an emergency response, victims require practical support; a period of grieving was seen to be necessary before more therapeutic support is provided. At a more tactical, or strategic, level it was felt that social care staff should be involved in providing leadership through setting standards for the care of people and coordinating the provision of information.

As mentioned above, adult social care was seen to have the main responsibility for the social care response; however, children's social care services may have more of a role in the response to certain incidents, such as pandemic flu, where schools are more likely to be directly affected.

Social care roles within emergency recovery

In the recovery phase, the role of social care lies in supporting the community with the aim of restoring everyday life. Staff can draw in, or signpost people to, appropriate specialists from both within and outside of the statutory sector. In signposting individuals to other support services, care should be taken to ensure that all referrals are tracked so outcomes can be assessed to inform future work. It was acknowledged that many people may not require support in the longer term; however, it was important that some form of gateway remains for those individuals who will require access to support in the months and years following an incident.

Social care was also seen to have a key role in strengthening resilience within communities. One means of doing this mentioned by interviewees was through facilitating the development of social networks whereby victims could talk with others affected by an incident. It was noted that services should be careful to strike a fine balance between providing support and over-involvement:

'... provide a subtle combination of being proactive and helping people to help themselves.'

Providing access to funds to help victims receive practical support was seen as a positive activity, although it was pointed out that it is important that people do not have to 'jump through too many hoops' to receive such financial support.

Issues related to response and recovery

Interviewees highlighted the following issues as being of concern:

- **The statutory responsibility of social care:** despite common agreement on the role social care should play in an emergency, it was highlighted by several interviewees that current legislation remains ambiguous about the specific role for social care services in emergency response. There is limited statutory responsibility for them to respond.
- **Uniqueness of social care role:** while the role of social care services appeared to be clear, the uniqueness of this role, as compared with provisions made by other sectors (both statutory and voluntary), was not clear to all interviewees. Specific guidance, in the form of an easily accessible booklet on the expected role of social care staff would be welcomed by staff.
- **Suitability of social workers:** one interviewee raised the issue of whether social workers necessarily make good humanitarian assistance workers. We encountered two schools of thought: first there are those who believe social work training provides the necessary skills. However, there are others who believe that, currently social workers focus on problem solving as opposed to offering practical support, and that the level of bureaucracy within the service is unsuited to emergency responses.
- **Restructuring of social services:** a number of interviewees highlighted that there has been a departure from the traditional structure of social services departments. Social care staff are now located in a range of other statutory services, and, in some areas, traditional social care provision is delivered by other statutory services such as health, which has implications for emergency welfare planning.

Furthermore, the impact of the separation of adult and children's social care is unknown. The separation will result in two separate lists of vulnerable people and could present a real challenge to the delivery of emergency response and recovery work.

- **Lack of standardisation:** some interviewees believed that response arrangements between areas varied considerably depending on authorities' estimation of the likelihood of an incident's occurrence. It was felt that more funding and staffing was necessary to ensure an efficient emergency response.
- **Geographical continuation of support:** interviewees expressed concern over the geographical continuation of support to individuals affected by an emergency outside of their home region, or country. A lack of understanding over responsibilities, inconsistent service provision across the country, and variations in service remits mean that, even when self-presenting, some victims find themselves unable to access support (as in the case of returning Asian Tsunami (2004) victims).

To meet the needs of returning individuals, one interviewee highlighted plans within Pembrokeshire to provide humanitarian assistance liaison officers who, based upon the police family liaison officer (FLO) model, would provide practical assistance to returning individuals.

The Department for Culture Media and Sport were seen to be the government department responsible for coordinating support for 'returning UK nationals'.

- **Support to affected communities:** there was concern following overseas incidents that support directed at UK-based foreign communities should not exclusively focus on tightly defined geographical locations (for example providing support within Birmingham following the Pakistan earthquake (2005)). Support should also be accessible to those residing in other areas.
- **Recovery:** there is a lack of consensus around the role social care services should play in the longer-term provision of social and psychological recovery support.

4.1.3 Structures for statutory emergency planning and response

Local operational and tactical structures

When discussing locality authority planning and response structures, interviewees mentioned emergency planning units (EPUs) and CSTs. While EPUs were seen to have a wider emergency planning remit, both these and CSTs were seen to have significant roles around the coordination and provision of social care support within a number of local authorities across both England and Wales. Activities which these teams provided were seen to include:

- emergency planning and business continuity management
- provision of practical and emotional support (CSTs can provide support to residents affected by an emergency outside of their authority, or even the country)
- establishing rest centres or HACs
- working with faith and community groups
- working with vulnerable individuals
- managing local resilience forum (LRF) task groups/teams (within Wales).

CSTs were viewed as having a specific focus upon social care whereas EPUs could have specific response teams for this purpose. Both were seen as comprising a multi-agency group of staff (this might include health care workers, social care workers, police, emergency planners, and environment agency staff), some of whom were volunteers or might be on secondment.

Despite acknowledgement of the enormous variability in the current quality of support provided by CSTs, a number of interviewees held that these teams should be established in every local authority in order to achieve some form of consistency in the support provided to victims. Interviewees were impressed with some CSTs that were led by particularly proactive individuals or teams of people (for example in Essex, Lancashire and North Lanarkshire). These examples may be seen to highlight the value of good leadership and proactive management.

Local tactical and strategic structures

It was recognised that structures were needed within local authorities through which social care could engage in planning the strategic social care response to emergencies.

LRFs were mentioned by several interviewees as important locality-based structures which facilitated multi-agency co-operation in preparing for emergencies, and for ensuring that affected people's needs were met. Within certain authorities, such as Essex, planning for an HAC falls within the remit of the LRF. As with EPU, these may or may not have humanitarian sub-groups/working groups.

Regional tactical and strategic structures

The strategic and tactical role of regional resilience teams (RRTs) was mentioned by a few interviewees. Through direct links with regional government offices these teams were seen as providing an interface between government and local responders. They are in a position in which they can support local responders to engage with central government policy and practice guidance (for example, running events around community risk registers) and also feedback local-level experience to central government. In emergency situations the RRT is seen to facilitate a line of communication, and offers of support, between central government and the strategic coordinating group managing the emergency response.

Issues

Interviewees highlighted the following issues as being of concern:

- **Lack of standardisation:** interviewees highlighted the inconsistencies between areas among the various structures which have been established either to facilitate or standardise the coordination of responses. The lack of policies, legal obligations, funding, and, in the case of Wales, their relation to other geographic boundaries, was seen to make standardisation very difficult to achieve.
- **Confusion around CSTs:** while EPU were invariably managed by dedicated emergency planning staff, the management of CSTs varied and there was a great deal of confusion as to the structure of these teams. If these were full-time positions motivating staff when there were no emergencies was seen to be an issue. There was also uncertainty over what role, if any, they may have in longer-term recovery stages.

The absence of guidance on the composition and role of CSTs was felt to exacerbate the lack of standardisation mentioned above, and further contributed to difficulties in ascertaining their effectiveness. One suggestion is for some form of strategic national or regional coordination of CSTs (working along the same lines as the Police National Information and Coordination Centre (PNICC)).

4.1.4 Multi-agency working

Importance of multi-agency working

Welfare responses were acknowledged as likely to require social care services working in conjunction with other organisations both within and external to their local authority. The need for effective multi-agency working across statutory, voluntary and private sectors was strongly voiced by interviewees.

Interviewees reported positively that joint working between different organisations occurred in a variety of manners and across an assortment of different structures.

These included: CSTs training staff within rail incident care teams; EPU working with voluntary sector services to train pools of volunteer responders; national statutory agencies working alongside local authorities and voluntary sector services to develop guidance; and local and national forums adopting multi-agency approaches to planning and preparation activities.

Role of the voluntary sector

Interviewees agreed that the voluntary sector played a significant role during emergency planning, response and recovery stages. Furthermore, it was considered good practice for social care services to involve the voluntary sector in planning and response activities.

Voluntary organisations were seen to have expertise to share in statutory emergency planning arrangements, which could be provided ad hoc or through LRF structures.

In supporting an emergency response, voluntary organisations were highlighted as providing valuable support activities both at home and abroad, which included providing practical and emotional support, manning telephone helplines and managing funds and donations. These activities reduced the demand placed on the statutory services, which therefore freed them to concentrate on more pressing matters.

The recovery stage is when many of the voluntary sector services were seen to contribute most. Services supporting victims of emergencies can provide information, help with needs assessments and facilitate contact with support services and other victims.

Role of other statutory services

Interviewees identified several other statutory agencies as having significant roles within planning, response and recovery activities.

Police FLOs were seen to be important in the initial response and recovery activities; therefore joint work with social care in the planning and response stages was felt to be crucial. The Association of Chief Police Officers of England, Wales and Northern Ireland (ACPO) was seen to serve more of a strategic role, where necessary supporting Chief Constables through its PNICC.

Mental health professionals and general practitioners were identified as important in supporting the recovery of victims.

Role of private sector services

Also playing a supporting role in certain emergency responses were rail incident care teams, teams of trained volunteers provided by the Association of Train Operating Companies (ATOC) to assist in the event of a rail crash. They were seen to contribute substantial support and resources (for example provision of accommodation), as in the case of the Glenrygg train derailment in Cumbria, where they provided a level of support to people that local authorities would be unlikely to authorise or resource.

Data protection and confidentiality

The data protection guidance was felt to permit information sharing between agencies, which would maximise the care and support of individuals, therefore avoiding situations in which people's needs get lost.

Data protection and confidentiality considerations were felt to pose a particular challenge where an individual is affected by an emergency in a different region or country from that in which the individual resides.

Codes of practice around data sharing were seen to be extremely important as there appears to be a great deal of misunderstanding as to what information can be shared and how to go about doing so.

Issues

Interviewees highlighted the following issues as being of concern:

- **Business continuity:** voluntary organisations may also experience difficulties sustaining everyday provision in the event of a large-scale emergency (such as a terrorist attack), because staff are often required to provide assistance to families in addition to their daily workload.
- **Voluntary service remits:** while there was an awareness of the valuable role that the voluntary sector played in emergencies, there was also a lack of clarity amongst a number of interviewees around exactly what work the voluntary sector undertook day to day, and therefore the role they could play in an emergency. Several interviewees expressed their concern that there was an over-reliance on voluntary services to fill statutory gaps.
- **Voluntary organisations** were seen to have varying client and geographic remits, which often specify that support will be provided only to clients who meet particular criteria. This limits the availability and consistency of support to victims and was seen as a limitation.

It would be helpful for there to be clear agreement as to where, and when, services should be delivered in the event of an emergency. To facilitate this, all relevant local services should have involvement in LRFs and be involved in multi-agency training exercises.

- **FLOs:** there were differing viewpoints on the suitability of joint work between social care workers and police FLOs. Several interviewees felt this raised issues around overwhelming victims and around confidentiality. However, other interviewees recounted positive experiences facilitated by protocols.

There was felt to be a lack of clarity around exactly what roles and responsibilities other organisations had (including the police and the voluntary sector). Joint training and codes of practice may therefore be helpful.

- **Rail companies:** there was an identified need for a protocol on the involvement of rail incident care teams. One issue is the need to work collaboratively, and that staff from rail care teams are not necessarily aware of the response structures in place (for example Gold Command). It may be that Gold Command should take decisions on whether it is appropriate for care teams from these organisations to attend incidents.

There is an ethical concern over whether a company that could be held responsible for manslaughter should be providing social support.

There is also a concern that affected individuals may 'become disconnected from other services and then fall through the net during the later stages of recovery'.

4.1.5 Training for social care staff

Training providers

Training for the statutory sector, private companies and the voluntary sector was seen to be provided by a limited, and necessarily specialised, handful of universities, voluntary organisations and freelance consultants experienced in emergency response and recovery. With no national scheme in place, the training offered was seen to vary in delivery, content and quality.

Interviewees felt that staff responding to an emergency needed to be confident and competent to perform the tasks they are charged with. Training was seen to be crucial in order for responders, including social care workers, to undertake this work.

However, the uptake of training by local authority staff, including social care staff, was seen to vary considerably. Whether it is undertaken, and, if so, whether it is the appropriate training, is 'likely to be very hit and miss'.

Training of the voluntary sector

Voluntary organisations provide a variety of core training delivered at both national and local levels for their volunteers involved in providing emotional and practical support following an emergency. This can include stress management and awareness, and role-specific training. Certain organisations have begun to provide a pool of specialist volunteers with more specific distance-learning training around 'serious emergencies'.

One interviewee felt that social care should be involved in the selection of volunteers prior to an incident so that a trained pool of responders is developed and can be briefed before deployment.

Joint training and exercising

The practising of emergency response activities, or 'exercises', was also held to be a crucial activity. These were noted to have previously been focused almost exclusively on the acute response stage of emergencies. It was noted that there are now a greater number of exercises taking place looking at recovery. Joint training between agencies, compounding involvement in LRFs, should be seen as best practice.

Issues

Interviewees highlighted the following issues as being of concern:

- **Need for training:** the majority of interviewees were adamant that current levels of training were insufficient, and that staff at all levels within social care, and in other responding agencies (including blue-light services), need to engage in more training.
- **Need for code of practice:** interviewees were also adamant that there needs to be a code of practice or some form of guidelines with specific messages for frontline staff and managers engaged in social care work: 'there is definitely a need for a code of practice and more work between agencies on this matter.'
- **Responsibility for training:** many interviewees believed that training was not seen as a priority within local authorities. A culture of 'it's not my duty' leads to training responsibilities falling on a minority of emergency planning staff. One interviewee highlighted how brochures sent to directors are dumped on the emergency planning officer's desk as standard procedure. This has obvious implications for responder competencies in the event of an emergency.

4.1.6 Support for social care staff

When asked about the suitability of support provided for social care staff responding to emergencies, very few interviewees made comment. One interviewee felt that it was a relatively modern question and that there was a general lack of knowledge as to what support should be offered. Other interviewees felt that the lack of training led to a lack of awareness around the potential impacts of responding on responders.

Interviewees did highlight that voluntary organisations often provide debriefings and have a range of support offered to their staff through employee assistance programmes. Larger services often review their support on an ongoing basis.

It was noted that support to volunteers is often more complicated due to the limited contact, which means that potential issues are more difficult to identify.

4.1.7 Evaluation and dissemination of learning

It was commonly agreed that evaluation is important and useful, and that evaluations should incorporate all aspects of the planning for, response to and recovery from an incident. It was acknowledged that reviewing lessons learned was recommended within the guidance, and that more consistent evaluation led to more effective training and, it was hoped, to a more effective future response.

Despite this acknowledgement, there was a clear view that evaluation has not been seen as a priority task by either the statutory or the voluntary sector. It was seen to be undertaken in an inconsistent, and often biased, manner, with considerable gaps, especially around the recovery stages. Some interviewees felt that a lack of clear processes and common tools for undertaking evaluation hindered any approach.

Interviewees were, however, able to provide a number of examples of ways in which learning was gathered and disseminated following emergencies. These included: through the Voluntary Sector Civil Protection Forum; local resilience forums (LRFs), regional resilience forums (RRFs) and regional resilience teams (RRTs); through the activities of the Civil Contingencies Secretariat (CCS) and the Department of Culture, Media and Sport (DCMS); and through the evaluation activities of several voluntary agencies.

4.1.8 Positive developments

Finally, interviewees were asked to identify positive developments in the field of emergency planning, response and recovery. It was encouraging to find that many of the interviewees highlighted the same things. These included:

- **Recent publications and guidance:** reviewing best practice and current capabilities, as well as guidance documents produced for local responders by the Cabinet Office and the DCMS): see annotated bibliography in Appendix D
- **The National Capabilities Workstream:** including specific work by the DCMS to build capacity around humanitarian assistance and address the lack of coordination in such activities
- **More organised support for British nationals overseas:** following the 11 September 2001 terrorist attacks in America the British Red Cross has been engaged to provide support to nationals overseas; trained volunteers work alongside the Foreign and Commonwealth Office's rapid deployment teams, providing emotional support to affected families
- **Multi-agency emergency planning fora:** examples such as the Emergency Planning Society's Humanitarian Assistance Group, and the Voluntary Sector Civil Protection Forum were seen as contributing toward joined-up planning and business continuity
- **Beacon councils:** held to be examples of good practice in their planning, response and/or recovery arrangements
- **Training standards:** there is a variety of work taking place to develop guidance, frameworks and standards for professional practitioners. This includes work by the CCS, Skills for Justice, and the Emergency Planning College.

The development of National Occupational Standards for emergency responders was seen to be a positive development which will add rigour to the training and practices of responder staff. However, doubts were raised around whether they will be detailed enough to ensure standardisation.

4.2 Case study stakeholders

We conducted individual interviews with 19 stakeholders. Interviews were conducted over the telephone, or, where possible, face to face.

A focus group was run in January 2008 with three individuals directly affected by the 7 July 2005 terrorist attack.

We have drawn out the learning for social care within this section, but we have also presented the findings from these incidents as whole cases in Appendix H.

4.2.1 What is the role of statutory social care in emergencies?

Operational social care roles

The role of frontline social care staff varied considerably depending on the planning and response structures/arrangements in place within the affected local authorities. In some cases social care workers acted as responders as an adjunct to their day-to-day role; in others they occupied specialist volunteer roles, such as that of FLO, within dedicated emergency support teams. There was no standardised structure or role within which social care staff operated across countries or authorities.

Regardless of the structure in which they operated, interviewees throughout the case studies reported that social care workers had a unique set of person-centred crisis management skills that made them invaluable in the response to emergencies.

The following is a list of the different types of response and recovery activities which involved a social care input across the six case studies demonstrating the wide variety of roles social care can play.

Response activities included:

- providing basic emotional and practical support to victims, families and friends, and the wider public through various activities (including rest and assistance centres, telephone helplines, outreach)
- providing information
- supporting families in identifying remains of relatives
- facilitating contact with friends and relatives
- coordinating financial and practical donations, and arranging for the distribution of practical resources such as clothing, food and medication
- organising accommodation
- facilitating onward travel arrangements
- supporting victims in making insurance claims and gaining access to financial support

- supporting families and children through various provisions (for example free school meals and play schemes)
- advising voluntary agencies working with victims.

Recovery activities included:

- ongoing provision of practical and emotional support to victims and the bereaved, delivered through assistance and trauma centres, and through social services
- research, and publication of research findings in appropriate media
- production of newsletters and other informational material
- providing advice on issues regarding adoption and child protection
- supporting victims in making insurance claims and gaining access to financial support.

Blurring of roles

There was recognition among a number of interviewees that the blurring of roles, where social care workers or staff/volunteers from other agencies took a case management approach, was beneficial. In the words of one interviewee: 'professionals need to stop being so professional' in their mutually exclusive approaches to work. Having one responder undertaking several basic tasks was seen as reducing duplication of efforts, but more importantly, reducing the number of people that each individual had to deal with and focusing attention on the real issues. Health and social care in particular were seen as two services with many commonalities, where shared roles may be a possibility.

While the blurring of roles appeared to lead to better provision within several case studies, there is also a need to ensure that staff are given the appropriate guidance and direction within an emergency to ensure that responders are not pulled in too many directions at once. Effective coordination should reduce feelings of needing 'to be available to anyone who needs support'.

There was also recognition by some interviewees that individuals should be used appropriately, based on their skills and aptitudes. Not all social care staff were seen to make effective response staff, and likewise not all response activities required a social care worker to undertake them. For example, in the 2007 floods, social care staff within Hull were deployed to distribute needs assessment questionnaires, an activity which some interviewees felt could have been undertaken by other staff or volunteers.

Support for social care staff

Support for social care staff involved in responding to an emergency was mentioned by relatively few interviewees; however, where it was mentioned it was seen as a key welfare activity with benefits for both the staff and the response:

'No support to staff, no support to victims.'

Strategic social care roles

Social care directors were involved in providing leadership and facilitating the response and recovery activities within each of the case study emergencies. Their actual involvement varied depending on the scale and location of the incident, and the structures already in place to provide a response. The key role, throughout each of the case study incidents, appeared to be one of ensuring business continuity – the maintenance of everyday services such as meals on wheels. Other activities that social care directors were seen as fulfilling included communicating information from Gold Command to tactical-level social care staff and in contributing to decisions around exit strategies.

Additionally, one interviewee (in Scotland) held that it was a duty for statutory social care to work with other services to develop levels of awareness around the need for supporting staff affected by emergencies.

What worked in 'social care roles':

- 'Blurred roles', with one responder undertaking multiple low-level activities therefore reducing victims being overwhelmed with support services
- Strong leadership skills and composure in high-tension situations from senior social care staff such as directors.

Issues to be addressed:

- Ensuring that all social care staff are aware of their expected roles and responsibilities in response and recovery activities both prior to an incident and during it
- Ensuring that all social care staff receive appropriate levels of support from their social care line management.

4.2.2 Lessons learned: planning and preparation

The importance of preparation

A common theme running through interviewees' responses in each of the case studies was the crucial importance of planning in preparing for an emergency:

'You cannot prepare enough – if you do not do any planning you will not be prepared.'

This was an understanding gained either through learning from the experiences of others, through one's own past experiences or through the recent failures of response efforts. Experiencing an emergency was seen within all the case studies to lead to greater prioritisation of planning and response arrangements, and a subsequent enhancement of these arrangements. This could be seen through the response and recovery activities undertaken by some local authorities in the case study incidents: for example, Dumfries and Galloway's immediate establishment of a telephone helpline in response to the 2001 foot-and-mouth outbreak, an activity that had proved successful in responding to the Lockerbie air attack (1988).

Comprehensive training for social care staff to prepare them for their expected roles within emergencies was seen to be an advantage in effecting an efficient response. Depending on the structures in place this could be generic or role-specific (for example, rest centre training; bereavement counselling).

Business continuity was seen to be a key task in the preparation for incidents. Where business continuity arrangements had not been given sufficient attention (as in the case of the 2007 flooding response in Hull) this led to a lack of awareness of what resources were in place, and subsequently to ad hoc and uncoordinated response efforts.

Multi-agency engagement

Interviewees were unanimous in highlighting the need for preparation to be a multi-agency activity, not something to be undertaken in isolation. Planning and training activities which involved the range of voluntary and statutory agencies likely to respond was seen to break down barriers, promote trust and result in a more coordinated, co-operative and efficient response. Joint training was felt to be particularly important when social care staff undertake direct joint work with other responders such as police FLOs:

‘It’s about preparation not just response – you need to walk into a room and know the right people.’

Related to this, the sharing of individual emergency plans between agencies was also seen as an important activity. Voluntary, private and statutory services should be engaged in the sharing of planning arrangements. Where airline carriers are potentially involved in activities, as in the response to the Asian tsunami (2004), this has implications for the sharing of information.

Local resilience forums were mentioned by a small number of interviewees as facilitating preparation for, and the response to, emergencies. Where social care interests were not represented on these forums it was seen to have a negative impact on the subsequent welfare planning and response activities.

Where responses do not match plans

While plans were seen as aiding the initial response, there was a clear acknowledgement that it is not possible to plan for the consequences of every emergency situation. The geographic scale and timescales of incidents surprised interviewees in both the 2007 flooding incidents and the 7 July 2005 terrorist attacks in London. Nevertheless, well-thought-through plans, based on the consequences of potential incidents, with shared values, goals and resources, were seen to provide a solid basis from which to provide an effective response:

‘[Planning for] any emergency, not every emergency, planning for the consequences, not the causes.’

In several incidents (notably the flooding in Hull (2007), and the Omagh terrorist attack (1998)) emergency plans had been developed, although there was limited awareness of these among social care staff at operational levels. This was because emergency response was seen as an adjunct to day-to-day roles, and not an activity requiring prioritising for preparation.

Planning as an ongoing activity

Several interviewees also drew attention to the importance of recognising planning as an ongoing activity. Planning does not necessarily stop once the response to an incident begins; in establishing a helpline for communities affected by foot-and-mouth disease, Dumfries and Galloway (2001) actively engaged them in identifying the necessary responses:

'What is important is that the public engages with the local authority. There should be someone for them to moan at, it encourages proactive planning and access to information.'

What worked in 'planning':

- Maintaining an up-to-date, generic emergency plan, developed in conjunction with other responders
- Involving the full range of agencies, including social care, in planning activities within structures such as LRFs
- Ensuring staff have received appropriate training with which to effectively undertake pre-assigned roles
- Producing materials for responders, such as the *Emergency Response Guide* produced within Gloucestershire, containing planning and response arrangements, was seen to facilitate response activities
- Maintaining lists of social care staff, contact numbers, and home addresses helps to ensure that staff can be contacted out-of-hours and in localised response arrangements
- Engaging affected communities in consultations around appropriate actions during the actual response.

Issues to be resolved:

- Ensuring that all local authorities prioritise emergency planning, and due consideration is paid to business continuity management
- Ensuring that all social care staff are aware of emergency plans, roles and responsibilities, and have the capacity to engage in preparation activities
- Transport operating companies, such as airline carriers, need to be involved in multi-agency planning arrangements to ensure a consistent and coordinated response.

4.2.3 Lessons learned: response

Preparing for a response

As stated in the preceding section, preparation for emergencies positioned responders in a stronger position to maintain an effective response. Similarly, local authorities receiving early indications that an incident may occur in their area, as happened in the 2007 flooding and the 2001 foot-and-mouth incidents, found themselves in a stronger position to prepare responses.

It was clear, however, that preparations cannot always anticipate the scale of an incident or the timescale of the likely response efforts. Incidents like the 2007 flooding, and the 7 July 2005 terrorist attacks, led to considerable strains on the resources of social care responders, particularly in regard to staffing. In some cases additional staff had to be trained on the response job, which caused difficulties for managers.

Activities that can be undertaken to prepare for an incident, such as maintaining an up-to-date list of personal contact details for social care staff, were seen as reducing the difficulties experienced in effecting a response. Such lists were also found to be particularly useful in the 2007 flooding response within Gloucestershire in deploying staff within their local areas.

Vulnerable individuals

Vulnerability lists, also part of the planning process, were mentioned by interviewees in almost every case study emergency. They were seen as a useful list from which to identify those likely to be in need; however, there was clear agreement that they should not be seen as static lists as vulnerability can change with circumstances. For example, in the 2007 floods, the flooding affected a number of vulnerable people who could be identified by their location but the subsequent loss of water supplies resulted in a much wider grouping of vulnerable people. Response activities themselves, such as the rehousing of older people, were also found to increase vulnerability due to issues around memory problems. One interviewee felt that it was critical for social care to engage domiciliary care and residential care services in planning and response activities due to their increased levels of contact with vulnerable individuals.

Responding to needs

A number of interviewees, across case studies, emphasised the need for responsive provisions. Social care responders should take into account the context, needs and wishes of those affected when determining the range and form of provision offered. Following the foot-and-mouth crisis in Dumfries and Galloway (2001) it was recognised that anonymisation was required for many farmers who would otherwise have not taken up such support. Religious differences within communities can also take on an increased significance following certain incidents, such as terrorist attacks, and therefore have an impact upon response activities. For example, following the Omagh terrorist attack (1998) it was noted that Catholic families were reluctant to receive support from Protestant responders.

Interviewees across several case studies also recognised that provision should not exclude anyone potentially affected. Local authority social care services establishing helplines following the Asian tsunami (2004) found that many of the calls received were from members of the public who were not directly affected but who simply felt the need to talk with someone about the incident. More crucially, recovery centres, such as those established in London following the 7 July terrorist attacks (2005), should be appropriately titled so as not to dissuade anyone from using them.

Multi-agency responses

In each of the case study emergencies, social care staff were praised for the motivation and commitment with which they reacted to the incidents. However, all of these incidents required a multi-agency approach to meet the multiple needs of affected communities; therefore, key to all responses was effective joint working. A lack of awareness between agencies of each other's roles and responsibilities was seen to significantly hinder response efforts.

Across the case study emergencies, social care worked alongside a variety of agencies including: the police; health services and the primary care trusts; statutory, voluntary and private housing services; domiciliary care providers; and a wide variety of voluntary sector organisations.

Such interagency work was facilitated through: joint work in the preparation for emergencies; multi-agency representation within response teams and structures; having staff with emergency planning responsibilities within different statutory departments; having an appropriate, centralised space for multi-agency coordination during an emergency; having national structures to facilitate joint work (for example the Association of Directors of Adult Social Services (ADASS)); memorandums of understanding and mutual aid agreements; and through personal and informal relationships of senior staff involved in coordinating responses.

It was notable that in all case studies the effectiveness of interagency responses increased during the emergency, and the subsequent relationships developed following incidents strengthened as a result of the joint work undertaken. This was variously attributed to increased trust, and a better understanding of each other's roles and capacities.

The link between police FLOs and social care staff was highlighted as of particular importance within certain case studies. For example, following the Omagh terrorist attack (1998) close joint working permitted members of the affected community a choice between dealing with a police officer or a social care keyworker. In areas where there are feelings of animosity or distrust towards authority services such as the police, these relationships take on an increased significance.

Humanitarian Assistance Centres need to comprise a variety of staff from different agencies to meet the variety of needs that people will present with. They therefore also need to have sufficient space to house these agencies, as well as offering staff and volunteers a space to meet with one another and relax. Having a dedicated space for the media was also found to be useful.

Effective management

Interviewees continually highlighted the effective management of response efforts by senior local authority and social care staff as important to the subsequent outcomes. It was clear that operational staff placed a high value on strong leadership skills and level-headedness in their management, the ability to 'legitimise distress' and not to be rushed into rash decisions were crucial. Ineffective management, on the other hand, was seen as detrimental to a multi-agency response and had serious implications for ensuring business continuity.

In some cases local authority staffing resources may not be positioned to provide the most effective operational or tactical response. It is important for local authorities to recognise, as in the case of the foot-and-mouth outbreak in Dumfries and Galloway (2001), that requesting, and funding, external support may produce the best outcomes.

Finally, efficient information dissemination through internal and external communication procedures was highlighted as a crucial activity. Internally, ensuring that standardised procedures, and any developments in the response, are relayed to responders through regular briefing and debriefing sessions was seen to contribute to an effective response. This was seen as especially important where responders worked in shifts to provide round-the-clock support.

Externally, the critical role of the local and national media was mentioned in each of the case studies. Newspapers, television and the radio were all utilised to some degree to relay information to the public and to publicise support services. Ensuring that the media is engaged in, or at least incorporated into, emergency planning arrangements was seen to be a beneficial activity. However, it was notable that in some incidents, such as the 7 July 2005 terrorist attacks, media intrusiveness caused ongoing distress to victims.

Challenges for responders

Recent revisions of local authority structures, or where devolved arrangements have been made (as in the case of some district and county councils), were found to lead to increased confusion over roles and responsibilities. This resulted in subsequent difficulties in the management and coordination of planning and response efforts. In Hull, further to the separation of adult and children's social services there was particular confusion in responding to the 2007 floods as to which service should be assessing the needs of families.

There were notable difficulties with information sharing between agencies, particularly the voluntary and statutory sectors. Data protection concerns prevented the flow of information within a number of the case study incidents including Omagh (1998), Hull (2007), and the 7 July terrorist attacks (2005). This had implications for determining the scale of the response as well as the continuation of support offered to victims:

'People thought they had been neglected and did not know the details.'

In some cases, such as the 7 July 2005 London terrorist attacks, responses required a multi-agency, multi-authority approach, which was seen to cause considerable challenges in the management and induction of staff. Where an incident occurs across local authority boundaries, as happened during 7 July 2005, it was seen as crucial for a lead authority to be allocated as quickly as possible so as to begin coordination efforts.

International incidents were seen to create additional difficulties in providing a consistent and coordinated response, as returning UK nationals can live across a potentially wide geographic area. Therefore there is an issue around ensuring that support is available to these individuals, and their families or home communities, across the UK, and not simply in one location. In the case of the Asian tsunami (2004) both local authority and national support efforts varied considerably. One interviewee highlighted the difficulties that victims returning to London by air faced when they were unable to receive financial assistance for onward travel arrangements for quite a long period of time.

What worked in 'response':

- Close joint working between social care and a variety of agencies
- Multi-agency representation in planning activities/structures, which facilitates interagency communication and response activities
- Having plans, and, where possible, arrangements in place to work with other agencies (including the media)
- Multi-agency representation in emergency response structures (such as welfare teams, HACs), which facilitates interagency communication and response activities
- Utilising coordinators and managers with experience of emergency response and strong interagency networks
- Authorising individual departments to make key decisions around deployment of resources was seen to effect a speedier response
- Provision of support responsive to the situation and the needs of people (for example telephone helplines in emergencies where movement is restricted)
- Leadership and level-headedness from the top
- Ensuring that structures accommodating tactical and operational staff have sufficient space to house multiple agencies, as well as offering staff and volunteers a space to meet with one another and relax
- Using the media to disseminate information.

Issues to be resolved:

- Ensuring that all responding agencies/authorities have clearly established roles and responsibilities of which they are all aware
- Ensuring that victims do not have to provide the same information to a variety of different agencies through the use of a common assessment form
- Ensuring that all agencies involved in an emergency response are fully aware of what information can and cannot be shared, and the procedures for sharing information
- Ensuring that support provided in response to an emergency is inclusive, accessible and consistent across geographic areas.

4.2.4 Lessons learned: recovery

Community engagement

Interviewees in a number of the case study incidents reported that their local authority had learned the importance of maintaining community engagement during the recovery period from previous incidents. Ensuring widespread and ongoing publicity was seen to be effective in engaging victims who had not received support during the initial response phase. This was particularly important given the recognised reduction of mutual support and community spirit in the period following the acute phase of an incident:

'The water will be gone by next week and then no one will be talking to each other again.'

There was acknowledgement among some interviewees that more needs to be done to support victims over the longer term. This could include working with the affected population to ascertain what support they would like, and how they would like to help the local authority.

In the recovery phases of some case study incidents (for example Dumfries and Galloway), other agencies, such as community planning and health departments, have established fora within local communities to provide platforms from which to facilitate self-help and address longer-term needs. Community resilience can be a difficult thing to harness and increases the importance of social care's role in delivering ongoing support services and facilitating social networks.

Other recovery activities

Humanitarian assistance centres can be utilised in the recovery stages to provide an ongoing point of contact and support for victims. The fact that these centres do not have to look like 'traditional' mental health establishments, and therefore may not carry the associated stigma of being identified as a mental health service, was seen as a positive thing in several case studies.

Users of the 7 July Assistance Centre, based in London, reported benefits from accessing support through a variety of its services, including the website. The use of websites, hosting a variety of forums for specific groups of people (for example, children who had lost a sibling) was also seen as beneficial following the Asian tsunami (2004).

Victims of the 7 July terrorist attacks (2005) also expressed concerns that assistance centres have too short a time limit for supporting recovery; the centre established in London is an exception, and has now been contracted out for voluntary sector management to serve as a recovery centre for a variety of emergencies affecting UK citizens.

There was relatively little discussion around the function of self-help groups. Victims of the 7 July 2005 terrorist attacks spoke of a common need to communicate

with other victims although they did not specify the format of such contact. One interviewee from another case study recognised the usefulness of these groups in the short term but expressed concerns over the agendas and memberships of some groups and felt that care should be taken in the funding and long-term role given to these groups.

What worked in 'recovery':

- Providing an outlet for communities to engage with the local authority and 'vent their frustrations' was seen as a useful undertaking in both Gloucestershire and Dumfries and Galloway
- Non-traditional structures for delivery of mental health support alongside other activities
- Widespread and ongoing publicity
- Providing opportunities for those affected by an incident to communicate with others in their position.

Issues to be resolved:

- Victims of emergencies can suffer increased anxiety when there is an increased likelihood of a repeat incident (for example following severe weather warnings). There may be some necessity to establish drop-in support for affected communities but it is unclear whether the responsibility for this rests with health or social care. Requires a joint-response
- Developing a better understanding of the longer-term impacts of incidents on victims and the bereaved
- Ensuring that statutory support is provided with a degree of care to self-help groups.

4.2.5 Lessons learned: volunteers and voluntary organisations

Voluntary sector support

Individual volunteers and voluntary sector services offered a great deal of support to the emergency responses in every one of the case study incidents. Voluntary organisations such as the British Red Cross, the Women's Royal Voluntary (WRVS), St John Ambulance and the Salvation Army were all seen to have a variety of skills and expertise, which provides significant support to the statutory sector in responding to an emergency. Where possible, they were utilised by the majority of local authorities to support responders and to fill gaps in the response activities. One interviewee raised concerns around the consistency in the quality of responses provided by voluntary organisations and felt that more work was needed to assess voluntary response activity.

Planning for voluntary sector involvement

Planning was seen as crucial when it came to voluntary sector involvement. Ineffective planning procedures, coupled with a lack of awareness around voluntary

sector capacity, can lead to ad hoc, and often contrasting, use of voluntary services within an individual local authority (as happened in Hull).

Offers of support from volunteers and voluntary organisations, while largely welcomed, also caused management difficulties if not anticipated or planned for. In several case study incidents significant management resources had to be directed at assessing capabilities and coordinating work. In some cases, such as in Gloucestershire, more offers of support were received than could be utilised at any given time. In Hull there was an issue around offers of help being received on the same line of communication as was used for people requesting assistance.

As happened in several of the case study authorities, pools of volunteers from statutory and voluntary services can be recruited prior to an emergency. These volunteers can be screened and receive training to perform a range of tasks during an emergency. One interviewee highlighted that through engaging volunteers in preparation and response activities separate from any parent body, it can reduce the feeling of competition that can exist between organisations and provide a team context for what otherwise would be a disparate group of individuals.

What worked in working with 'volunteers':

- By recording all offers of support it is possible to take-up offers of help at later stages of a response process (as, for example, in Gloucestershire)
- Recruiting and training a pool of volunteers separate from their parent organisation.

Issues to be resolved:

- Ensuring that social care services prepare for emergencies with regard to the voluntary sector, and that all social care responders are aware of the roles and responsibilities of the voluntary sector in any response
- Ensuring that voluntary sector services have the capabilities to undertake response work where arrangements have been made for them to do so.

4.3 Learning event

Participants listened to three presentations on social care's role within planning, response and recovery phases and were invited to discuss issues they felt bore relevance to those activities. Discussions confirmed findings from elsewhere in the study.

4.3.1 Emergency planning and preparation

Preparation

There was a clear consensus that preparation for emergencies was a crucial undertaking. Planning around the practicalities of responses (for example, negotiating police cordons), the use of volunteers, and in engaging voluntary services in contracts for the provision of support activities (such as counselling and bereavement

services) in the event of an emergency was seen as helpful. It was acknowledged that resources were needed to ensure that preparations such as business continuity management were realistic.

Planning not always a priority

It was accepted that planning arrangements were variable and that emergency preparation was not seen as a priority by all local authorities.

Punitive measures were not believed to be the best means by which to promote preparation, although linking responsibilities to performance indicators was suggested by participants. Instead, it was generally agreed that rewarding proactive work through increased resources, as in the case of beacon councils, would be a positive development.

Training and competencies

Participants were clear about the need for a core set of competencies specific to social care staff: something which would validate approaches to response activities and could be assessed. It was apparent that current training options differed and, while delivered professionally in many cases, there was no agreement as to what the core content should be and how training courses compared in terms of quality.

4.3.2 Emergency response

Lack of clarity around statutory role

There was a lack of consensus among participants as to the statutory responsibilities of social care in an emergency response. While some participants felt that the CCA 2004, and the associated guidance, clearly outlined the role for social care, others felt that it was a matter of interpretation for the local authority.

It was suggested that guidance could either be more prescriptive or that a duty could be placed on local authorities to identify, and resource, a lead agency for response.

Joint working

Participants recounted experiences where multi-agency responses had been hindered due to a lack of understanding of each other's roles and responsibilities, outdated emergency procedures and a lack of prior joint working. Personalities and interagency politics become increasingly important in the high-pressured climate of an emergency response; therefore efforts made in 'peace-time' to build relationships, through joint activities such as planning and exercises, were felt to smooth the way.

Data protection

Several participants recounted experiences where confidentiality procedures posed obstacles for response coordination, in particular these centred around working with health services and the police in particular circumstances.

Despite this, on the whole it was accepted that while data protection issues still occurred, this was not due to a lack of guidance, but more to a lack of understanding among responding agencies over what the guidance meant for them. Therefore agencies need to ensure they have a full understanding of the implications of data protection within the particular situations in which an emergency places them.

Within Northern Ireland data sharing was not seen to have been a problem; this was attributed in part to the integration of health and social care within health and personal social service trusts.

Structures

Participants felt there was clear guidance on structures, both in terms of command structures and in terms of planning structures. While it was felt that social care services needed to interface with these structures, there was also acknowledgement that in high-pressure situations this can be time-consuming and therefore reduce engagement.

Role of private companies

It was recognised that private companies (for example, supermarkets) and transport operators, like airline carriers and the ATOC, could provide a huge wealth of resources to support response efforts. Participants viewed the responses of companies, such as Virgin in the recent Grayrigg train derailment (2007), positively, and some saw it as a duty of care that train operators supported response efforts.

Specific learning from the 7 July 2005 terrorist attacks

Westminster local authority's welfare response to the 7 July 2005 terrorist attack was said to have been informed by previous incidents affecting the borough. The mortuary provisions in particular were highlighted by several participants as having been an advance on those provided in other emergencies. The dignity of treatment of human remains following incidents was felt to be a critical issue and one in which multi-agency work goes a long way in making provisions sympathetic.

4.3.3 Emergency recovery

Recovery planning

It was agreed that planning for recovery activities had not been undertaken in the past but that it was increasingly seen to be part of the local authority's responsibilities. Structures such as LRFs were also mentioned as being active in the development of longer-term welfare plans.

Instigating mutual aid agreements with relevant statutory service partners and neighbouring local authorities was felt to be a positive step in working on cross-boundary issues such as recovery activities.

Funding recovery

More attention needs to be given to the funding of recovery activities. At present, the visibility of response activities was seen to catalyse the greatest commitment of resources from initiatives such as the Belwin scheme (an initiative whereby local authorities can apply for funding from central government for unforeseen emergencies), while ongoing recovery efforts received less recognition.

The role of social care

There was some agreement among participants that the social care workforce, particularly social workers, had a core skill-set, based around assessment, working with loss, and signposting, which made them suited to recovery work. Additional training needs, specific to emergencies, were likely to be small; however, issues of motivating staff to train for potentially rare events and instilling confidence in their core generic abilities were both highlighted as challenges.

Eligibility for services

Attention was drawn to the 'fair access to care' criteria, which result in a situation whereby local authorities provide support only to those with critical or substantial need; many victims of emergencies do not meet this threshold level. Participants acknowledged that the approach to recovery varies across the country, with some services sticking strictly to existing criteria and others interpreting them more creatively, or suspending normal policies for a period. A forthcoming review of the fair access to care criteria was welcomed.

Information dissemination

Both the internet and local radio were mentioned by participants as useful outlets through which to provide information to people about accessing resources and supporting themselves. This was seen to pre-empt needs and ultimately reduce stress.

Community resilience

Participants were confident that community resilience can be successfully fostered, and provided several international examples of positive activities undertaken with communities. Within the UK, working at the local level, including through parishes, schools, and polling stations, was seen to be the most successful approach. Allocating staff to work in the localities in which they reside is an approach being used in Pembrokeshire that could be used elsewhere. Cities, like London, may have more difficulty operating in this manner due to the wide geographic spread of staff.

Who are 'the community'?

Communities of people affected by emergencies are not necessarily tied to a geographic area, but, rather, represent a diverse body of affected individuals who are often quite geographically dispersed. This highlights the importance of making

provisions accessible, such as with the 7 July website and secure networks, to counter the isolation felt by those who live away from incident sites.

Communities are also subject to change; depending on the stage of recovery, victims may wish to associate with other victims, or with their 'own' community.

4.3.4 Support for staff

Participants highlighted the 'organisational dysfunction' within local authorities resulting from emergency responses, and the subsequent 'desire to get back to normality'. These were seen as having considerable impacts on both departments and staff engaged in response and recovery activities. Resentment, both of statutory social care services as a whole, and of individual workers volunteering in response and recovery activities, was seen to be a common occurrence within some authorities. At a strategic level, an unrealistic view on response and recovery timescales was highlighted. At a more operational level this was also put down to a lack of commitment among managers, and of awareness among colleagues, of the role played by staff volunteers. Not only could staff return to their day-job facing a backlog of work, but they also may face disapproving colleagues who believe they have been taking advantage, or 'off on a jolly', as one participant put it. This was also reported to occur in the ATOC. Support for management and those who would lead and coordinate was also felt to be key, recognising the enormous pressure that may come to bear on those supporting frontline staff.

Participants discussed how some local authorities are working to overcome these issues by using information sheets to brief managers and colleagues on emergency response work, and also an initiative whereby volunteer responders receive 'pre-agreement letters' signed by senior staff which can be presented to managers to get time off to engage in response activities.

5 Overview and conclusions

Following a number of recent emergencies, there has been increased pressure on national and local government to provide effective support to victims. Equally, increased public scrutiny of responses to these incidents is leading to emergency preparedness taking on greater importance. The range of natural and man-made incidents has provided a considerable test, throughout the UK, to the arrangements which were established as a result of the CCA 2004. As one of a number of roles within the emergency response, the contribution of statutory social care has been significant in these recent incidents. This is in the face of great variation in the state of planning arrangements, and subsequent response activities, between authorities.

This knowledge review has explored the role of statutory social care services in emergency planning, response and recovery activities using evidence from practice and published literature.

The practice survey indicated that social care played considerable strategic, operational and tactical roles within emergencies. However, our findings suggest that there is a lack of consensus on what the role of social care in emergency response and recovery should be, which in turn has led to misunderstandings around different roles and responsibilities. Difficulties also arose where there was inadequate preparation, where different agencies worked independently of each other, and where communication between them and those affected by the incident was poor.

The research review supplemented the practice survey with detailed examples of how social care services have led the welfare response in incidents across the UK. Where such a welfare response is planned for, trained for and resourced by local authorities, the response and subsequent recovery is enhanced.

The themes emerging from the primary and secondary sources were consistent with one another and give rise to four main action points for central government and local authorities. Action on these points is likely to improve the welfare response following an emergency.

1. Clarify the roles and responsibilities of responders
2. Promote effective management and communication
3. Training and support for staff
4. Promote critical and strategic thinking around recovery provision.

5.1 Clarify the roles and responsibilities of responders

Providing clarity in the roles and responsibilities of both social care and other voluntary, statutory and private services is a major theme of both the research review and practice survey.

Both the research and the practice review found social care to have a prominent role in preparing welfare responses to emergencies and, alongside other agencies, in

response and recovery activities. The practice survey also highlighted the degree to which provision was inconsistent across local authorities. Effective responses came from those local authorities where there were clear expectations of the involvement of social care staff in emergencies, and resources had been directed at supporting these roles.

Clarity of purpose also enhances preparation for an emergency, and also multi-agency working and broader communications. Most importantly, the literature and the practice reviews supported the idea that being clear about aims and priorities affects the provision of effective and consistent support to those affected.

The lack of consistency across local authorities around social care involvement in both the planning and response structures has been attributed in large part to the fact that the CCA 2004, and its associated guidance, indicates the role that services can play in welfare responses to an emergency, but there is no statutory duty for the role to be undertaken by any particular agency in any particular way. This contributes to the diverse nature of social care work in planning and responding to emergencies throughout the UK.

Recommendations include:

- The message that welfare responsibilities in an emergency fall on the local authority as a whole, rather than on one department, needs to be further embedded.
- It is necessary to ensure consistency in planning and response approaches through consensus within national government and local authorities around the role of social care.
- Local authorities, and their relevant departments, should be adequately funded to support emergency preparedness.
- It is necessary to ensure that preparation activities are monitored as part of local authority inspection processes.
- Local authorities with a record of achievement in response and recovery should be encouraged and given the resources to share their expertise with other local authorities through information and training.
- Social care should be represented on all multi-agency fora related to emergency planning and response.
- Professionals need to become more aware of their expected role and the role of others in an emergency.
- Professionals need to engage in regular multi-agency training and exercises to build relationships with other services and ensure clarity over data sharing.

5.2 Promote effective management and communication

Effective management and communication needs to take place at all levels of the emergency response. The practice survey identified effective management throughout the command structure, and, crucially, across agencies, as a key issue impacting on the efficacy and quality of responses. Coordinated and consistent approaches to responses depend on this, and, due to the unique nature of the incidents, individual ability to work under extreme pressure.

Preparation, experience and composure were seen to be central in managing the complicated welfare response for an emergency. Case studies provided several examples of directors of social care playing invaluable roles in supporting and facilitating response and recovery activities.

While support from senior management certainly facilitates an effective response, it also requires dedicated individuals at all levels, committed to the response efforts and skilled in working with other agencies. Experience of emergency working, whether gained by direct emergency experiences, or through training and exercising, strengthens understanding of victims' needs and the challenges that can occur in multi-agency working in such circumstances.

External bodies also have a role in managing emergency responses, especially where incidents have a national or international dimension. In these cases national bodies and regional coordinating structures can play an important role.

Previous incidents demonstrate that effective communication takes on increased importance in an emergency situation.

Internally, managers need to ensure regular communication with all staff involved in responding, and maintain good links with other agencies that are likely to be involved. Furthermore, procedures should be in place for consistent recording of personal details and the centralised collation of details within a database.

Externally, following the onset of an incident, communities need accurate and consistent information. It is crucial that management coordinates the provision of information to the public, including how and where they can receive support.

Recommendations include:

- All staff potentially involved in social care responses, including directors of social care, should receive training and engage in multi-agency exercises.
- Staff involved in planning and response activities at strategic levels need to develop both formal and informal relationships with other relevant agencies.
- Emergency responses should be based upon identified needs.
- Community engagement is key to supporting the identification of needs, and therefore structures should exist to support wide community engagement before, during, and after an incident. All community engagement should take into account issues of diversity and the promotion of inclusive practice.
- It is worth engaging the support of outside organisations or individuals if this enhances the efficacy of a response.
- Planning arrangements should involve procedures for compiling a secure database of contact details for all those affected. These data should be shared with other agencies based upon the guidelines in place.
- Information should be delivered to staff and volunteers in a clear and consistent manner through verbal and written briefings/debriefings.
- Plans should be made to utilise the local or national media in publicising information and support.

5.3 Training and support for staff

Related to both clarity of roles and to the management of a social care response, support for staff was an issue highlighted as necessary for ensuring support for victims. In preparing for an emergency, the research review identified a range of training needs relevant to a welfare response. Preparation in the form of training and exercising was seen to have significant benefits for delivery of work, particularly in a multi-agency response. However, there was again an issue of consistency in preparation:

‘There is a need for greater investment in training, learning, exercising and evaluation to enable responders to share good practice and to be prepared.’

Practice survey interviews, and discussions within the learning event, further confirmed the importance of exercising in removing barriers between services, building trust and developing awareness of roles and responsibilities. There appeared to be less consensus around what training staff should receive, although there was agreement that a code of practice and some form of accredited training for social care responders was important in promoting a consistent response.

Support for staff was shown to be a relatively new concept. While recognition of its importance was demonstrated within both the research review and the practice survey, it was apparent that during the reality of an emergency response it could be something that can easily be forgotten. Management play a key role in looking after the well-being of their staff, as well as that of victims. Ensuring the appropriate support mechanisms are in place is one aspect of this support.

Just as vital, however, is the need for recognition of the work undertaken, and support for this role. The desire for normality, mentioned in the learning event, can be seen to have considerable knock-on effects for staff involved in response efforts. Care is needed to ensure that a return to normality approach is balanced alongside continued recovery support for those needing it, and acknowledgement that it is valuable for responders to engage in this work.

Recommendations include:

- Local authorities, including social care services, need to ensure they have sufficient numbers of trained staff or volunteers to provide an ongoing response as well as maintain core services.
- Training programmes for volunteers and wider communities must proactively work to engage members of Black and minority ethnic communities and promote representation of the diverse communities and needs which they serve.
- Social care responders would benefit from a core set of competencies to inform training.
- Following from this, training providers need to arrive at a consensus over the core components delivered to ensure a consistent level of skill and support is available across the UK.
- All responders, whether volunteers or staff, should receive training appropriate to their role.

- All responders should also engage in multi-agency exercises.
- Response and recovery activities can take a considerable length of time and use a lot of resources. National governments and local authorities need to recognise this and support it.
- Responders must be supported by both their managers and colleagues in acting as responders. Briefing materials may help to increase awareness of roles and responsibilities.
- It is necessary to ensure that response staff receive regular line management supervision as well as clinical and activity-specific supervision.
- Responders will need time out from the incident, so both time and space should be available for them to rest and recuperate.

5.4 Promote critical and strategic thinking around recovery provision

Recovery was highlighted within the research review as being a crucial phase in helping those affected return to a sense of normality, but one which has proved difficult for many local authorities to get right. While planning and response activities may receive attention as the visible tip of the iceberg, recovery activities often do not appear to receive the attention or resources they are due. This is important because, as the practice survey case studies demonstrated, it is over the longer term that mutual and community support fades, and individual resilience is severely tested.

Much of this is due to a lack of clarity over who is responsible for meeting ongoing needs of individuals, many of which would not meet the existing criteria for social care involvement. More thought is needed in the preparation and response stages around the role social care could play, alongside other agencies, in community recovery. Self-help groups, peer support networks, drop-in support, telephone helplines, internet forums, memorials and other activities could have a social care input. Whatever role social care does play it needs to be decided through community engagement and through a multi-agency approach.

Recommendations include:

- Local authorities should receive resources to plan and prepare for a multi-agency approach to recovery activities.
- Communities should be involved in planning for recovery activities and actively engaged in recovery efforts.
- Community engagement must work to promote the inclusion of all communities and pay special attention to those whose needs may traditionally be least well represented.
- Service user and victim perspectives have a key role to play in planning for and developing services and recovery activities.
- Communities affected by an emergency should receive ongoing communications with information and advice on where to receive support. Information and communication should be provided in different formats and be proactively targeted at the diverse communities affected.

- It is necessary to ensure that a gateway through which people can access support remains open for several years following an incident, and that support can be accessed during sensitive periods in the longer term.
- Mutual support structures should be nurtured but not directly facilitated by local authorities.
- The use of virtual sites, such as the internet, should be explored for developing mutual support fora.
- It should be ensured that the provision of financial assistance to victims is as easy and painless as possible.

This knowledge review has summarised and synthesised a considerable body of evidence, from both primary and secondary sources, with the aim of establishing the role social care plays in emergencies. While social care was demonstrated to have a significant role in the welfare response to incidents, it is the local authority as a whole which is affected, and the local authority as a whole which should respond. Emergencies, varied in nature but usually devastating in impact, can result in multiple needs across geographic areas. Therefore it is important that all authorities are prepared to provide a consistent approach to planning, response and recovery to ensure a consistent level of support to all those affected.

We have found that following emergencies the social care needs of affected individuals can be met successfully both in the short and longer term. Identifying lead departments, prioritising preparation and providing resources such as time, staff and funds support effective interventions. However, our findings also suggest that, with the statutory duty on social care unclear, it is the commitment and passion of individual champions at all levels which currently truly enhances the social care response. Evaluating planning, response and recovery efforts and sharing learning across agencies should help in embedding and developing good practices and a more uniform response across the sector.

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Caring in a crisis: The contribution of social care to emergency response and recovery

The Tavistock Institute has been commissioned by SCIE to investigate the role social care plays in responses to and recovery from civil emergencies. Aimed at policy makers at government and local authority level, this knowledge review identifies good practice across the social care sector and addresses the lessons to be learned from previous welfare responses to emergency incidents.

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