



department for
culture, media
and sport

Humanitarian Assistance strategic guidance

Building capability to look after people affected by terrorist attacks and major emergencies.



Our aim is to improve the quality of life for all through cultural and sporting activities, support the pursuit of excellence, and champion the tourism, creative and leisure industries.

Contents

1. Foreword
2. How to use this guidance
3. What is Humanitarian Assistance
4. Introduction
5. A quick audit of your Humanitarian Assistance (HA) Capability
6. Appendix-
 - Model for building Humanitarian Assistance capability
 - A list of Key documents

Chapter 1: Foreword

To be inserted

Chapter 2: How to use this guidance

How to use this guidance

This strategic guidance seeks to provide a framework to assist responding organisations to build an effective HA capability. It should be read together with *Humanitarian Assistance in Emergencies – non-statutory guidance on establishing Humanitarian Assistance Centres*.

Background knowledge

Although this guidance focuses on Humanitarian Assistance as a separate work stream, it is part of a wider programme of work aimed at developing UK resilience. The arrangements for UK resilience are set out in the Civil Contingencies Act (2004) and its supporting guidance. These documents are available on the UK resilience website.

<http://www.cabinetoffice.gov.uk/ukresilience.aspx>.

The components of the HA framework:

The components provided in the HA capability model (see appendix) outline the areas that you may want to develop. We would encourage you to take a holistic view of your provision, to look at all the areas from immediate response to longer term and exit and have provided these components to assist you. They do not need to be followed in a particular order. The quick audit tool should identify where you might want to do further work.

The HA ‘information share point’:

This is an on line resource designed to draw together relevant research and provide examples of templates and good practice which can be shared among HA practitioners. It also contains a HA glossary of terms.

Chapter 3: What is Humanitarian Assistance?

HA can be defined as:

Those activities aimed at addressing the needs of people affected by emergencies; the provision of psychological and social aftercare and support in the short, medium and long term. (Eyre et al 2007)

Humanitarian Assistance is about ensuring that people affected by incidents are properly cared for. It is about considering the end-user and how they will experience and perceive the services offered to them.

The key is to ensure that appropriate help reaches those affected, and that they have the information they need to access the services available.

There is a huge range of HA interventions that could be appropriate eg; from giving general information about an incident, to specialised emotional or financial support. Your HA strategy should be tailored to fit the particular circumstances of the incident you are dealing with.

What does a good Humanitarian Assistance response look like?

A good HA response will consider how to meet the different needs of those affected by a disaster, in the short, medium, and long term and know when to exit to encourage resilience in individuals and communities.

The 2006 Guidance described the three stages around the provision of support through a Humanitarian Assistance Centre. There is also a need to plan for support for the medium term (2-18 months after an incident), and longer term (18 months onwards).

Chapter 4: Introduction

This strategic guidance provides a framework for those with an interest in developing and maintaining a Humanitarian Assistance (HA) capability. This may be in a Local Resilience Forum or HA Working Group, but the ideas could also be adopted by other organisations. It builds on the 2006 DCMS/ACPO guidance on *Humanitarian Assistance in Emergencies – non-statutory guidance on establishing Humanitarian Assistance Centres* and the civil contingency arrangements set out in the Civil Contingencies Act (2004) and associated guidance¹, in particular *Emergency Response and Recovery*.

The aim of this guidance is to provide an agreed definition of humanitarian assistance and to provide suggestions to develop the capability to meet the needs of people affected by terrorist attacks or major emergencies both in the immediate aftermath of the incident and in the months and years that follow. It also addresses the issues of how and when to exit from provision of care.

The 2006 Humanitarian Assistance Guidance set out the key principles and considerations that will ensure a good humanitarian response. This also focussed in some detail on how to establish Humanitarian Assistance Centres. **The 2006 guidance remains the core document for this work.** This guidance builds on that. The 2008 National Capability survey suggested that over 80 % of LRFs have an HAC plan in place and over 60% have been testing this as part of their exercise programme. HACs

¹ <http://www.cabinetoffice.gov.uk/ukresilience.aspx>

have been set up in response to a number of major incidents, including the 2007 and 2009 floods. A number of other models have also emerged, including the establishment of virtual HACs.

Humanitarian Assistance goes beyond setting up a HAC. This guidance is designed to take the capability to the next level, and in particular to encourage a greater focus on the need to be ready to provide a range of services, particularly the ability to provide access to psycho-social support in the in the medium and longer term. The Department of Health interim guidance on the provision of psycho-social care after emergencies provides detailed advice on this (linked in the appendix).

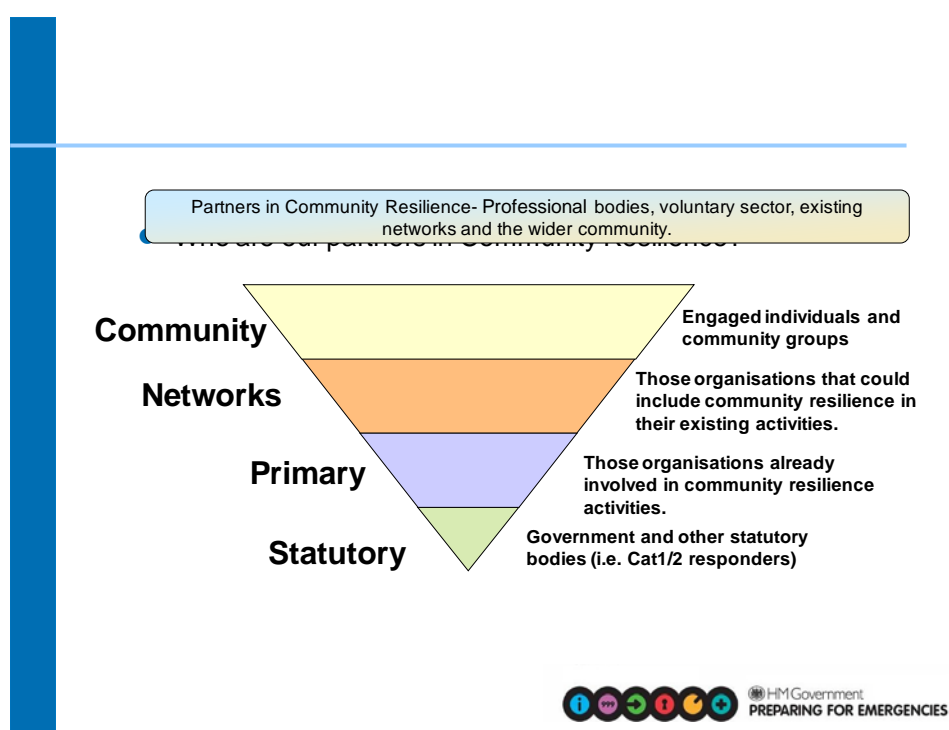
Every major incident is different. The nature of the appropriate response will be determined by a wide range of factors. This guidance does not therefore seek to prescribe in detail what responders should do. Instead, it offers some suggestions, links to ideas of how HA has been provided by other responders, and a suggested model which, if implemented appropriately will result in the development and maintenance of an effective Humanitarian Assistance (HA) capability. Each component of the model is described more fully in the Appendix and some examples of good practice are provided. The suggested model is designed to help affirm the areas of good practice responders have already developed, as well as highlight where services might be developed. When a HA capability is fully embedded a community can expect to receive a co-ordinated, effective, and sustainable response from public, private and third sector organisations in the UK over the immediate and longer term

Communities

Communities are difficult to define. They can grow through shared geography, interests, or culture. Affected communities of all types can be very resilient and often have invaluable local knowledge. You may wish to consider how to involve them in the response and longer term recovery.

Engaging effectively with communities can also help you to manage their expectations of the services you are able to provide. They are also a useful source of feedback to enable you to identify lessons learned on your HA provision.

The diagram below from the Civil Contingencies Secretariat (CCS) Community Resilience Section indicates the distance sometimes placed between the community and those primary responders responsible for the provision of Humanitarian Assistance. Work is being done to on how to empower the community and improve Community Resilience by the Cabinet Office. Draft guidance is due for consultation early in 2010.

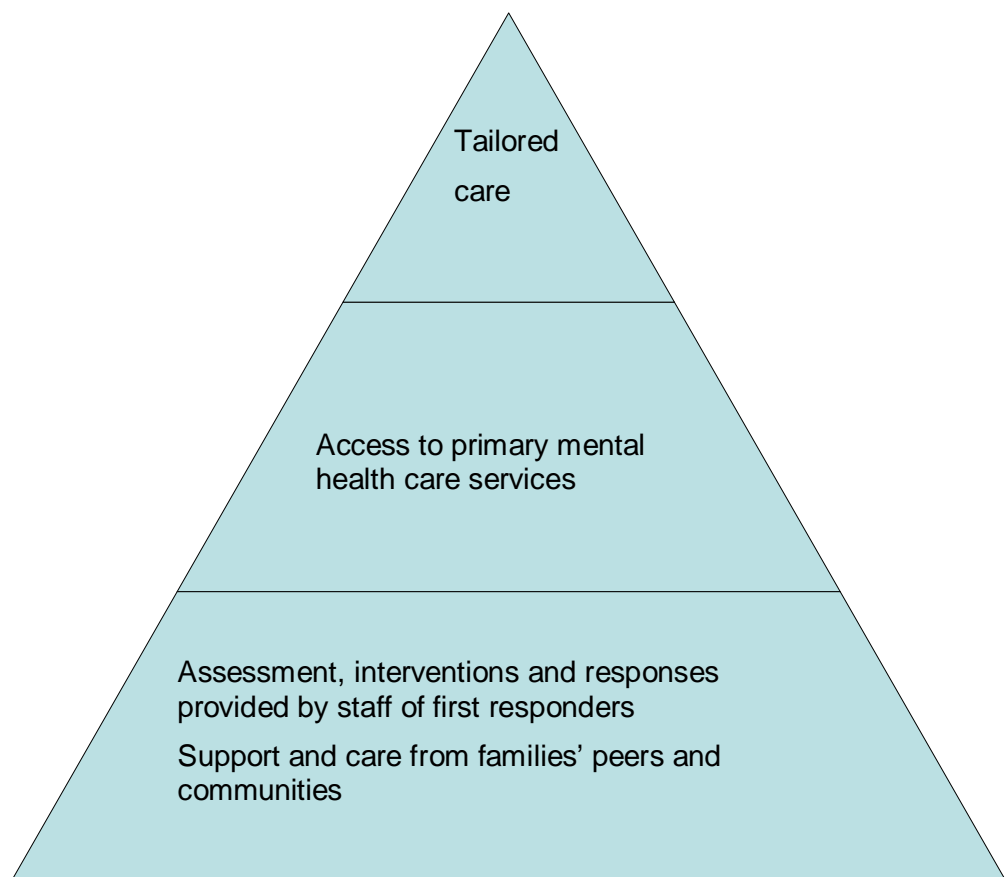


Community by circumstance. It is important to bear in mind that not all communities are geographically or culturally based. Those affected by a major incident may grow together into a “community by circumstance”- ie; a group of people who may live in different regions, be from different cultural and economic backgrounds but happen to be in the same vicinity when an incident occurs.

Communities of Geography, Interest and Practice will often support communities of circumstance and can provide practical help to those in need. The following diagram illustrates how communities may help with the recovery of those affected.

Levels and sources of support to affected communities

The Diagram below shows the core responses required to provide care for the Psychosocial and Mental Health care needs of people affected by major incidents and disasters.



Public care

Families, peers and communities provide responses to people's psychological needs.

Assessment, interventions and responses based on the principles of psychological first aid. Often initiated by staff of first responders and rescue agencies or offered by trained laypersons supervised as necessary by mental health and social care practitioners.

Personalised care

Tailored care – this relates to care provided by Specialist Mental Health Services for people thought to have mental disorders that require specialist intervention.

Primary Mental Health Care – for assessment and intervention services for people who do not recover from immediate/ short term distress or who show sustained distress.

Categories of potential reaction

The Department of Health guidance on provision of psycho-social care highlights four categories of potential reaction to a major incident. It is useful to be aware of these possible responses and to plan to provide access to the required services accordingly:

Group 1: Resistant people who show transient distress

People in this group are minimally or not upset. They are described as resistant people.

Group 2: Resilient people

There are two subgroups of resilient people who are distressed.

People in the first sub-group are proportionately, mildly, temporarily, and predictably upset in the immediate aftermath of traumatic events, but their distress is not associated with any substantial level of dysfunction. They are resilient people.

Other people in this group are more substantially distressed, but are able to function satisfactorily in the short- and medium-terms. They are resilient people who have greater distress, but not amounting to a mental disorder, of longer duration.

Group 3: People who have more sustained or persistent distress associated with dysfunction and/or impairment

People in this group are deeply distressed or distressed and dysfunctional in the short- to medium-terms (this group includes people who may recover relatively quickly if they are given appropriate assistance, befriending and other interventions as well as people who may develop mental disorders - people in this group require a thorough assessment.

In summary, there are two subgroups.

people who are likely to recover, but whose recovery takes more time;

people who may be in the course of developing a mental disorder.

Group 4: People who develop a mental disorder

People in this group are those who develop a defined mental disorder in the short-, medium- or longer-terms. They require specialist assessment followed by timely and effective mental healthcare.

Needs of people over time

The table below, which has been drawn up by CIRAG (Critical Incident Response Advisory Group; Voluntary, charitable and statutory organisations specialising in the planning for and care of people who have been involved in a critical incident), highlights how individuals might react to an incident and the needs that might occur. Plans will need to take into account these possible reactions and how you will meet them. Those affected by an incident (some of whom may be foreign nationals) are likely to include bereaved families and friends, seriously injured survivors, survivors with minor injuries or non-visible injuries such as distress and trauma, families and friends of survivors, bystanders and the community within which an incident occurs, first responders including Family Liaison Officers and volunteers, and those who continue to support the bereaved and survivors after the incident. It is important to remember that individuals

react differently and the time scales and needs will vary with each person and that there is a range of ways to respond.

Table of possible reactions and needs of those affected by a major incident

Needs to be addressed	I	Immediate term up to 8 weeks post incident	Medium term 2-18 months	Longer term 18 months onwards
Contextual Issues	N	Nature of event, where, what, how, natural / non natural, international issues (if abroad at time)	Why it happened, court cases, criminal investigations, Inquests, Inquiries	Event related news, court cases, political developments, Inquiries
Information and Communication	C	Practical information / assistance, how & when it is given, info on available support / compensation, media issues normalising reactions and feelings	Info sharing between agencies to avoid repetition of event details, sensitivity at benefits office, contact with others affected, website normalising reactions and feelings	Contact with others affected in incident, website with information, info on services available, normalising reactions and feelings
Medical/ physical	I	Medication, hospitalisation, injury	Long term injury, carers, medication, additional complications from injuries	Long term injury, carers, medication, additional complications from injuries
Medical / psychological / emotional	D	Emotional care – information re effects of trauma, importance of normalising through information and support, listening, bereavement support	Psychological reactions, counselling, evidence based trauma therapy, access to and availability of treatment, waiting lists, bereavement support & bereavement counselling	Delayed onset psychological reactions, counselling, evidence based trauma therapy, access to and availability of treatment, waiting lists, bereavement support & bereavement counselling
Financial and Practical	E	Housing, time off work, funerals, criminal investigations, childcare	Compensation, low income, unemployment, losing house, change of job, longer term	Compensation, low income, unemployment, losing house, change of job

			childcare	
Social	N	Returning to 'normality', support from family/friends/community	Breakdown of relationships, unemployment, loss of social networks, anniversaries of incidents, birthdays of loved ones	Lack of understanding from friends, family etc, relationship breakdowns anniversaries of incidents, birthdays of loved ones
Cultural and Spiritual	T	Body recovery / burials within cultural norms, faith based support structures	Loss of faith, acceptance of cultural differences in area of incident, faith based support structure, change in beliefs	Loss of faith, acceptance of cultural differences in area of incident, faith based support structure, change in beliefs
Recognition and Acknowledgement		Media attention, government actions, public response	From a variety of people, agencies, public, media, Government, compensation, memorials, self help	From a variety of people, agencies, public, media, Government, compensation, memorials, self help, sharing experiences with other victims
Stoicism and Acceptance			Public view, 'This is how the world is' masking needs, people unwilling to ask for help, some responders masking own needs by accepting as part of job	Needs masked, unwilling to ask for help so long afterwards, culture of organisation not to ask for help

Medium Term Support (two/eighteen months after an incident)

You may consider providing ongoing access to emotional and practical support for a significant period of time after an incident. The 7 July Assistance Centre, run by Brent Bereavement Service, supported bereaved families and survivors for up to four years after that incident. The service was staffed by trained volunteers. The number of people accessing services declined over the years, but many were reassured that the service was available if they needed it. A key part of that service was the provision of a secure website (chatroom) where those affected could support one another. 7JAC also ensured that families and survivors were supported at key moments such as anniversaries, trials and inquests.

Assessment

People are affected by incidents in different ways and their response can change over time. It is important to provide access to a system of assessment available after a major emergency. People have come forward years after an incident needing access to services. An assessment needs to be offered quickly, and be carried out by professionals who are trained in dealing with issues arising from involvement in a traumatic incident, including the risk of post traumatic distress disorder.

One approach may be to provide informal triage (a series of questions intended to help diagnose likely needs), as used by the 7th July Assistance Centre, for those seeking to access ongoing support. This will ensure that they are signposted onto the most appropriate services and understand the range of support available. This can lead to a referral on to a more thorough assessment of need, if appropriate.

Exit strategy

Having an exit strategy for every stage of the process is important. This may require a transition from one service to another. Setting clear objectives at the outset will help you know when you have achieved your aims in caring for those involved. Recognise that different organizations and individuals will exit at different times. A major aim of Humanitarian Assistance is to help those affected live their lives after the event (s) in an independent and empowered way. The key to ending support is to communicate clearly and well in advance, in consultation with the clients. Letters, consultations and face to face meetings can help those affected come to terms with the fact that a service is coming to an end.

An important part of the local responders exit strategy when dealing with people from outside the immediate region is to ensure an effective

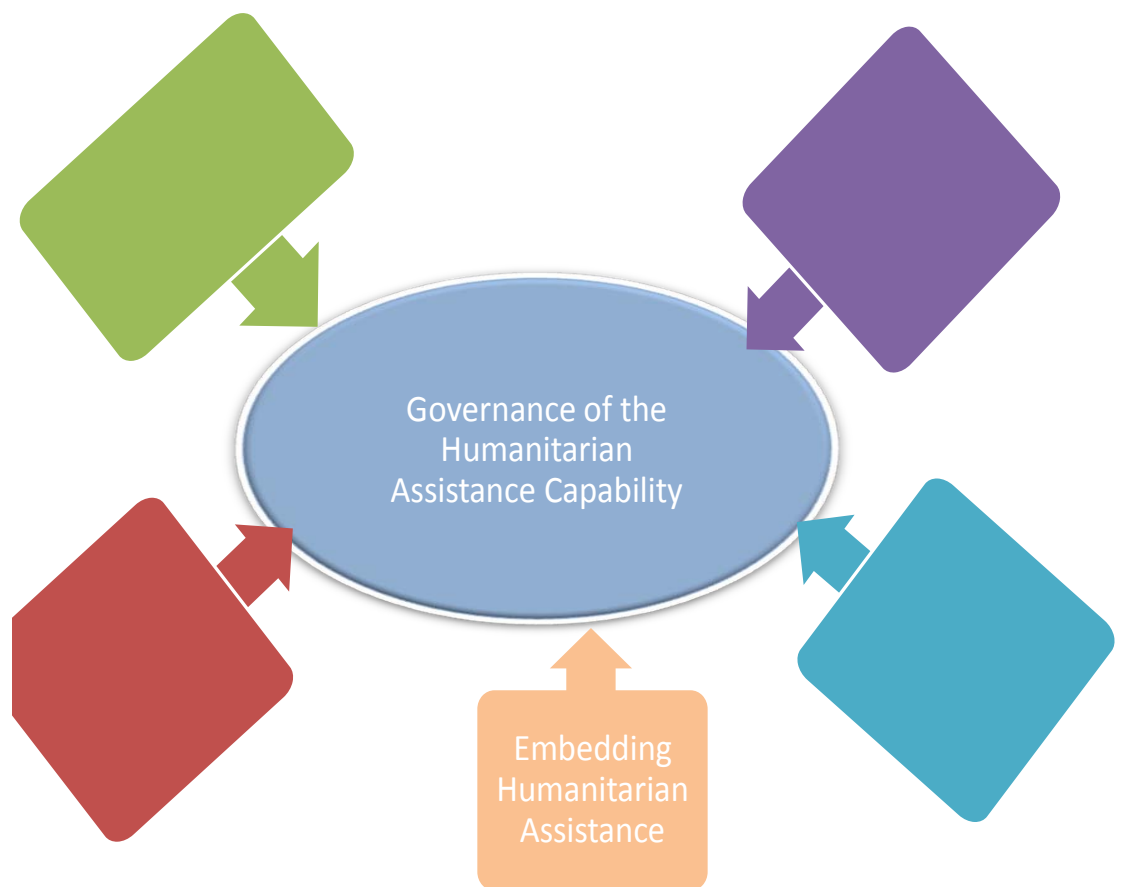
handover to those in their home region who can ensure affected individuals have access to the longer term services they may need.

Those who have been providing services and support will also need to be clear about their exit strategies. FLOs, volunteers and other service providers need to be trained to ensure that their relationship with a client does not go beyond a professional one and be clear about a suitable point of exit. Further guidance on ending a professional therapeutic relationship can be found in the information sharepoint.

HA Capability Model

Described below are the six components of the HA Capability model that you may wish to consider. Full details of how it might be implemented can be found in the appendix of this guidance.

Six components of the capability model



Governance arrangements

This component suggests a structure to oversee the development and delivery of the HA capability.

Embedding Humanitarian Assistance

This component suggests ways of integrating HA activities with all other emergency management activities and duties under the Civil Contingencies Act (2004) as a possible means of developing capability.

Understanding your Community's needs

This component suggests that existing work, such as existing community profiles already compiled by LRF members could be built upon to further understand the community's needs. It also suggests that it may be beneficial to identify the likely needs of the community following an emergency, possibly through a community assessment and needs analysis.

A "community by circumstance" can also be formed as a result of an incident. Although those involved may not be part of your established local community you may be able to use information gained from your work to target support effectively.

Determine HA capability

This component suggests that it may be helpful to responders to assess their current HA capability and how responders may wish to address any perceived shortcomings.

Develop HA arrangements

This component suggests ways to embed and develop HA that responders may find helpful.

Exercising, Maintaining and Reviewing arrangements

This component looks at how plans may be validated through an exercising programme.

A quick audit of your HA capability

The table below summarises some of the key questions relating to each component of the HA model featured in the Appendix. It is not exhaustive, but may help you to decide where you need to concentrate your efforts on HA provision and confirm where you are doing enough. When addressing these questions, consider the quality of the evidence you could provide to support your assessment in terms of its currency, sufficiency and relevancy.

The HA information share point contains examples of how some organisations are developing their HA capability.

Is there evidence that:

- **A manager has been appointed or owns the HA programme of work?**
- **A humanitarian assistance working group (HAWG) to implement the programme?**
- **The scope of the programme has been documented along with details of the resources required and the time scales involved in developing the HA capability?**
- **HA is being integrated with other emergency management activities e.g. clear links with the Community Risk Register, Warning & Informing arrangements, etc.?**
- **HA roles are defined in staff job specifications, appraisal objectives, etc.?**
- **Is there a mechanism to ensure effective handover of those affected from the initial response through to the recovery phase?**
- **The sharing of information between agencies, including the voluntary sector has occurred to enable your understanding of**

the needs of your community?

- **Consultation has taken place with key stakeholders, including members of the community, to ensure their potential needs in an emergency have been identified?**
- **A community needs analysis in preparation for an emergency has taken place?**
- **Capacity issues have been addressed e.g. how many responders are required and how sustainable is the HA capability?**
- **A training and awareness programme has been implemented?**
- **Management arrangements and activation procedures to deploy your HA capability are clearly documented?**
- **The short to medium HA requirements before, during and after an emergency are anticipated?**
- **An exit strategy has been outlined and links made to longer term HA issues as part of the wider Recovery capability (see National Recovery Guidance)?**
- **Arrangements have been made to formally review and test the plan (at least annually)?**

APPENDIX

(more documents are available on the HA information sharepoint)

A model to build your Humanitarian Assistance Capability – these components do not run in a particular order- you may wish to refer to one, a few or all of them.

Component one: Governance arrangements

Identify the lead for this work to ensure it is given appropriate status in emergency planning, that the key service providers including social care providers are fully involved and to drive the development and maintenance of the HA programme

National Guidance indicates the Local Authority, particularly those with Social Care departments should lead on HA work. A detailed guide to the roles and responsibilities in HA can be found at:

http://www.cabinetoffice.gov.uk/media/132793/ha_rolesandresponsibilities.pdf

You may want to consider appointing an appropriate person to lead this programme of work. An effective Responsible Owner is likely to:

- Ensure humanitarian assistance is embedded into all aspects of emergency planning, in work/service plans and performance targets
- Establish a multi-agency HA working group
- Ensure HA is included in the Community Risk Register which drives emergency planning priorities and workstreams.
- Get involved and learn from others, keeping up to date with local, regional and national developments by becoming involved in working groups.
- Inspire and motivate to drive the capability forward, and thereafter maintain, review and improve the capability

A clear vision for the capability should be articulated so that the aim, to provide assistance to the community to help them respond to and recover from an emergency, is the focus of the activities. Examples of how HA is managed regionally can be found at the HA information share point.

Humanitarian Assistance working group

A HA working group might consist of representatives from Category 1 and 2 responders, voluntary organisations and private companies who have a role to play in supporting people affected by emergencies. This working group should be tasked with developing (and thereafter maintaining) a HA Plan and implementing this plan in the event of an emergency. See the information sharepoint for examples of how this has been done.

HA Capability checklist – component one

Is there evidence that:

- **A senior manager has been appointed and owns this programme of work?**
- **A humanitarian assistance working group (HAWG) has been established and continues to implement the programme?**
- **The scope of the programme has been documented along with details of the resources required and the time scales involved in developing the HA capability?**

Component two: Embedding Humanitarian Assistance

How is the HA capability integrated into core service provision as well as other emergency response and recovery arrangements so that the community receive an effective, co-ordinated service?

While this guidance is aimed at senior managers in responding organisations, it is recognised that much humanitarian assistance is delivered by formal and informal voluntary groups and individuals. Embedding HA is therefore about building on existing services, such as core social care services, as well as supporting organisations and individuals to address the needs of the community following an emergency.

Some responders with specific roles in a HA deployment have found it helpful to have their responsibilities recorded in job specifications or appraisal objectives.

Emergency Preparedness² describes the Integrated Emergency Management (IEM) model that promotes a holistic approach to building greater overall resilience in the face of a broad range of disruptive challenges. If the response is to be truly effective in meeting the needs of everyone affected by an emergency, then all leaders of the community, industry and commerce should be aware of the contributions of local responders and other organisations.

The nature of the HA provision changes over time, from the initial response phase, through to the longer term recovery phase. These changes should be anticipated in the emergency response planning (see National Recovery Guidance).

A HA capability is embedded when arrangements are in place to build on existing resources in order to respond to people's needs following an emergency and to ensure they are able to access the appropriate core services. The use of a multi-agency support plan for individuals will help ensure a co-ordinated response to meet the individuals' needs over time, but it may be sufficient to ensure that you have a system in place to facilitate access to services in your own or other regions.

For examples of how some organisations are embedding their HA capability please see the HA Information Share point.

² <http://www.cabinetoffice.gov.uk/ukresilience/preparedness.aspx>

HA Capability checklist – component two

Is there evidence that:

- **HA is being integrated with other emergency management activities e.g. clear links with the Community Risk Register, Warning & Informing arrangements, etc.?**
- **HA roles are defined in the responder's job specifications, appraisal objectives, etc.?**
- **A system been set up to ensure that individuals can be successfully handed over to access the appropriate core services once their initial needs have been met?**

Component three: Understanding your community's needs

How is your community made up and what different HA needs might there be following an emergency?

Understanding your community is a complex process but it is a crucial aspect of HA. It is acknowledged that the community is made up of various groups with different needs and interests.

Before, during and after an emergency any assistance given to the local community must be responsive to their needs and environment, and planners should research and respond to the suggestions of the community.

The first step of this component is to undertake an analysis of existing community profiles already compiled by LRF members such as police and local authorities. These profiles should provide a summary of the make-up of the community including: identifying various community groups, vulnerable people, faith groups, transient groups, etc. and key

communication links possibly already established if you have one, by the Warning and Informing group (i.e. how does the community get and share information and who is responsible for holding and updating it). Understanding the community is an ongoing process and profiles should be reviewed regularly to allow changes to be reflected. Elements of the profile may be applicable in the same way even if you are dealing with people from outside the geographical area.

Examples of existing networks may include Local Authority Neighbourhood Management Teams, Street/ Community/ Flood Wardens, Safer Neighbourhood partnerships, other community policing partnerships etc. The group undertaking the analysis should also ensure that their work is reinforced by that of LRF groups reviewing the arrangements for recovery planning and also community resilience strategies.

The second part of this component suggests completing a Community Needs Analysis. The following list may help when considering what the community may require.

First aid	Rescue
Transportation (at various phases)	Medical services
Feeding	Emergency replacement medication
Communication	Emergency shelter
Mobility aid equipment	Clothing
Bedding	Listening and reassurance
Interpretation	Information
Advice and support	Use of telephones
Spiritual advice and support	Help with care of children
Messaging and tracing services	Long term shelter
Help with care of pets	
Aftercare for responders	

Alternatively, the community risk register which lists the risks faced by your communities could be used to help assess likely community needs.

HA Capability checklist – component three

Is there evidence that:

- **The sharing of information between agencies has occurred to enable your understanding of the need of your community?**
- **Consultation has taken place with key stakeholders, including members of the community, to ensure their potential needs in an emergency have been identified?**
- **A community needs analysis has taken place?**

Component four: Determine HA capability

Who will deliver HA and what assurance is there that these people have the appropriate competence for an effective and sustainable HA response.

Roles and responsibilities

Agreeing roles and responsibilities is an essential component of any good humanitarian response. This is particularly important when FLOs have been allocated to families. They have a very particular role relating to criminal investigations, collection of evidence and support the families during the various processes such as trials and inquests. It is not, however, their responsibility to provide ongoing support. LRFs will need to

consider carefully how the various support teams work together in the provision of HA in the medium and longer term.

This component of the model focuses on ensuring responsibilities are identified and responders have the required competence to fulfil their role. (An example of stakeholders involved in the response to the 7/7 Bombings can be found in the Lessons Learned report). http://www.culture.gov.uk/reference_library/publications/5993.aspx/

A strategy to identify and develop responders will be useful. For example, people providing HA might involve staff from an unrelated 'peacetime' role who volunteer for training; others might come from a recruitment agency, others from mutual aid protocols agreed between responding organisations.

This component also addresses the need to develop responders through a comprehensive training programme to ensure responders are competent in planning for, responding to, and assisting people recovering from, an emergency.

This part of the HA model also requires responding organisations to address the welfare of their own personnel.

Based on the universal needs identified as part of the Community Needs Analysis in Component Three, a Humanitarian Assistance Assessment can be developed. This will provide the HA working group, and therefore the LRF, with an overview of the range of support needed in an emergency compared to the skills and support already available in the area. On completion the Assessment provides a means of identifying existing gaps in support, such as training needs, as well as identifying planning and training priorities and agreeing lead planners and responders.

This process is intended to complement the Risk Assessment process carried out by the Risk Assessment Working Group as laid out in

Emergency Preparedness (Chapter 4). In particular, it will facilitate the development of the 'social' stream of risk assessment, through taking into greater consideration the complex needs of individuals affected by emergencies, the range of measures needed to support these needs, and already existing local provisions.

Determining your HA capability

An assessment of the existing HA capability will identify the key players from statutory, private and voluntary agencies and assess their competence to provide a HA response.

You should also consider how you will deal with convergent volunteers (see lessons learned from the 7JAC report and information in the share point) .

In order to have an overview of the support needs of the community and therefore the services and local skills sets required, a Humanitarian Assistance assessment (HAA) can be conducted. For example, should trauma counselling be identified as a need for evacuees, the HAA is intended to help specify an agency or local service provider that specialises in delivering this service.

As the next phase of the assessment process, each support service should be mapped out for a better appreciation of the skills needed, the roles identified, and therefore the training needs and resources required. For example, should support and advice be required for bereaved families, the HAA can be used to agree the agencies involved in its provision and the extent of their involvement, the standards for the provision of this specific service and the corresponding training standards, all of which should be integrated into appropriate emergency response plans. The table below is an example of how you might capture the information when determining your HA capability. Alternative examples are available in the information share point.

Humanitarian Assistance Assessment for Local Resilience Area

Need	Group(s) affected	Time frame	Service/ resources required	Existing local support provisions	Training needs	Interim provision	Lead responsibility	Priority Level
<i>1 Support workers to help with benefits applications</i>	<i>Any possible</i>	<i>0-exit</i>	<i>Competent personnel from local Job centre plus</i>	<i>Potential team of 2 locally based client managers</i>	<i>awareness of effects of major incidents on clients</i>		<i>Local Authority</i>	<i>2</i>
<i>2. Interpretation</i>	<i>Any possible</i>	<i>0-exit</i>	<i>Trained interpreters skilled in 5 main local languages</i>	<i>None within 20 miles</i>	<i>Responders to know how to call-out</i>	<i>Language line, mutual aid</i>	<i>Local authority</i>	<i>2</i>
<i>3.etc</i>								

It is, however, important to stress that this process is not about identifying and addressing every possible need that might arise. Instead, the aim is to establish a process for thinking through the implications of responding to these needs and develop protocols for cooperation across agencies. Should a need arise in an emergency that has not been identified, the same principles of assessment, assignment; management, and monitoring apply as for those already identified.

Training of Humanitarian Assistance (HA)

Civil Contingencies Act 2004 regulations 'require provisions for the training of staff or other persons'.³ Although many responding organisations will have competent personnel able to provide HA, many may not have had direct experience of providing such assistance in an emergency and therefore will require training. It is important to have an ongoing training programme for all staff so that they are able to effectively perform their roles when required

³ Emergency Preparedness P52 (5.41)

Training should be focussed on developing the necessary competence to deliver the agreed plans and procedures; it should also be as realistic as possible, drawing on actual experiences from previous emergencies. There are core competencies described in National Occupational Standards (NOS) which can be used to develop training materials as well as assess individual competence.⁴ You should also agree what success in HA looks like and the associated standards that you wish your personnel to achieve.

Welfare of responders (Support / Supervision)

The HA capability should also identify who is responsible for supervising personnel when delivering HA and what training / competence and to what standard is required for supervisors. Effective plans provide guidance for responders on issues which include the following:

- site management of Assistance centres e.g. the need to ensure responders have rest breaks, have appropriate shift working rotas and refreshments;
- a description of how briefings/de-briefings will be undertaken;
- lone working guidance;
- working with volunteers
- health and safety guidance and legislation;
- arrangements for confidential access to counselling/occupational health and a listening service;
- managing the day job whilst delivering a HA response;
- and how information for the family and friends of responders will be communicated.

⁴ [http:// Emergency Preparedness P52 \(5.41\)](http://www.skillsforjustice.com/default.asp?PageID=1)

⁴ <http://www.skillsforjustice.com/default.asp?PageID=1>

<http://www.skillsforcare.org.uk/home/home.aspx>

- Imposing an exit strategy

HA Capability checklist – component four

Is there evidence that:

- **Capacity issues have been addressed e.g. how many responders are required and how sustainable is the HA capability?**
- **A training and awareness programme has been implemented?**

Component five: Planning HA arrangements

How are the HA arrangements documented so that clear procedures outline how the capability is invoked, how it will be sustained, and how the arrangements will be appropriately stood down?

Once roles and responsibilities have been assigned, potential resources identified and the anticipated needs of the community have been considered, it is important to document this information in plans and procedures. Plans should be flexible and adaptable to the scale of the emergency. Since HA cuts across all elements of emergency planning, these documents should be integrated with other response plans, business continuity and recovery arrangements. This might involve a statement in these plans describing how HA issues have been considered and addressed.

Meeting needs of individuals and communities over time

A key challenge of providing HA to individuals affected by an emergency is to address their needs at the appropriate time, monitor their progress to recovery, and ensure they access the relevant mainstream services once the specialist services are wound down following the incident.

The details of those affected should be taken by responding agencies e.g. at registration at the various emergency assistance centres, telephone help lines, etc. You should consider setting up a system whereby this information can be followed up by the relevant agencies working in conjunction with the HA Working Group.

The need to involve and empower the community in its recovery is also important. You might consider using the community contacts previously collected in the Community analysis stage to communicate how recovery work is progressing, for consultation purposes, and to encourage the community's support and involvement in the longer term recovery.

To promote co-operation and joint working, protocols or memoranda of understanding between key local, regional, and national responders can be drawn up. This is especially relevant for partnership working between the police (Family Liaison Officers) and other responders as there are different complexities to address depending on the nature of the emergency. For example, a terrorist incident involving a large number of fatalities would require a different police approach and investigation than when responding to, say an emergency following a severe weather event. Both events require a deployment of the HA capability but the context would be quite different; protocols should reflect these differences.

Protocols should describe the ways in which responding organisations will work together to best meet peoples' needs. These can highlight the strengths of partner agencies to avoid duplication of effort and develop

trust and confidence on capacity and competence. Plans should include information-sharing arrangements as well as the activation arrangements with contact details to ensure partner agencies are clear when and how they should respond. Trigger levels for activation may include descriptions such as when the demands of the emergency exceed the existing normal capacity in meeting the social and psychological needs of people affected. The aim of the HA arrangements is to mitigate the risk of people affected developing longer term social and psychological problems and to increase the resilience of a community, thereby facilitating recovery.

Plans and procedures

Documenting HA arrangements should include evidence that the plan is part of a continual programme of work endorsed at a senior level, such as the Management Group of the Local Resilience Forum. A list of partner agencies that have developed the HA arrangements, such as the membership of the Humanitarian Assistance working group, should be publicised. The plan might contain:

- a clear aim and list of objectives
- a description of the agreed roles and responsibilities
- detail of what resources are available to deliver the humanitarian assistance capability and how these will be accessed.
- the management structure outlining how the HA capability will be delivered
- an explanation of how the plan links with other local plans and procedures. This will ensure it is integrated into emergency response, business continuity and recovery arrangements.

Exit Strategies

HA deployment changes from the initial response phase to the longer term recovery phase when the service provision is integrated into core

social and health care arrangements. Exit strategies should be agreed and documented to monitor these changes of HA provision following an emergency and consideration should be given to the following issues:

- The extent to which the immediate needs have been met
- The need for self-sufficiency or support in the community
- The extent to which humanitarian assistance can be absorbed into the day job, through referrals to existing organisations and systems
- Time related event(s); for example the closure of a Humanitarian Assistance Centre, discharges from hospitals, memorials, anniversaries, etc.
- When the aim and objectives of the Humanitarian Assistance strategy have been met

The Strategic Co-ordinating Group, when determining its strategy for HA, should consider and establish clear aims and objectives with an exit strategy. This should be communicated to responding agencies who, in turn, will determine their own tactical exit plans.

Exit strategies should be set as early as possible following an emergency in order to map progress through to the recovery process. They will need to be reviewed regularly in light of new developments with the emergency response, people's needs, the ongoing HA strategy and each agency's own resources and capabilities over time. Consultation and clear communication with those affected is a key element of an exit strategy.

HA Capability checklist – component five

Is there evidence that:

- **Management arrangements and activation procedures to deploy your HA capability are clearly documented?**

- **The short to medium HA requirements following an emergency are anticipated?**
- **An exit strategy has been outlined/planned for.**

Component six: Exercising, Maintaining and Reviewing arrangements

How are the planned HA arrangements validated and how will they be kept up-to-date?

This component looks at the need to validate the plans through an exercising programme. Reviewing arrangements are also to be programmed so that the competence of Responders and HA plans are maintained in accordance with the Community Risk Register and the changing needs of the community. While it is difficult to run an exercise to comprehensively validate your HA capability, the purpose of this component is to assess the various parts of your HA arrangements and identify areas for improvement. For example, call out procedures can be tested by making a number of calls and measuring response rates. Parts of your HA capability might also be tested as part of generic emergency response exercises.

Exercising (validating the HA arrangements)

Exercising is about testing procedures once the people involved have been trained. Rehearsing your HA arrangements also helps develop people in their roles but it is important to distinguish between having competent staff and having appropriate plans (i.e if the capability is ineffective is it because the plans are poorly drawn up or because personnel have not been trained properly?). Clearly, exercising a full HA deployment is challenging, not least because an actual deployment may be delivered over several months. However, methods such as scenario exercising can be used to test longer term HA provision. For example, by

setting the scenario six months after the initial response and describing the possible HA needs, responders can assess their planned arrangements to meet these needs and identify the implications for their organisation. For the immediate HA response, the components of the plan can be broken down into smaller parts which can be validated by various simulation exercises or by table-top discussions. For example you could focus on;

- The Activation process
- Checking the contact lists
- Testing the communications equipment
- Setting up procedures for Emergency Assistance Centres
- Information management
- Filling in forms
- Rest centre management
- Telephone handling
- Specific roles mentioned in the plan

Validation can also be done through peer reviews (across LRF boundaries, at Regional tiers or even using external consultants, trainers etc.) All validation should be documented, debriefed and evaluated, so that the lessons identified can be implemented and changes made in the plan review.

Maintaining (on-going work to keep arrangements fit for purpose).

There should be a maintenance programme ensuring that plans remain current, key changes in personnel are recorded and staffing levels remain appropriate. A recruitment process, induction and training programme should also be established. Since there are a number of players involved in planning to deliver a HA capability, a single point of contact is helpful to co-ordinate changes in personnel and procedures (perhaps someone working with the Senior Responsible Owner)

Reviewing (a planned formal review and evaluation of HA arrangements, signed off by senior managers).

A Review is a planned assessment of the HA arrangements in place. An indication that the HA capability is embedded is when the review becomes part of core business planning cycles undertaken by responders. As well as the planned reviews, which should take place at least annually, a formal review should be undertaken following the identification of new high risks on the Community Risk Register, an emergency affecting the community, or as a result of significant organisational changes.

HA Capability checklist – component six

Is there evidence that:

- **An HA exercising programme is being implemented?**
- **A named person is responsible for the maintenance of the HA plan(s)?**
- **Arrangements have been made to formally review the plan (at least annually)?**

Other Useful Documents-

More useful information and examples of how Humanitarian Assistance is being carried out around the country can be found on the HA information sharepoint.

1. Humanitarian Assistance in Emergencies (ACPO / DCMS)

http://www.cabinetoffice.gov.uk/media/132796/hac_guidance.pdf

2. Department of Health report on provision of Psychosocial and Mental Health Support after an emergency

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_103562

3. Emergency Preparedness and Emergency Response and Recovery

<http://www.cabinetoffice.gov.uk/ukresilience/preparedness.aspx>

4. National Recovery Guidance:

http://www.cabinetoffice.gov.uk/ukresilience/response/recovery_guidance/humanitarian_aspects/non_health_issues.aspx

5. Recommendations in Anne Eyre's report on Humanitarian Assistance in the UK Current Capability and development of best practice

This document makes 19 recommendations which include advice for Central Government, Strategic Health Authorities and the need for more effective planning and availability of resource for treating Post Traumatic Stress Disorder

http://www.cabinetoffice.gov.uk/media/132790/ha_literature_review.pdf

6. Roles and Responsibilities document link is here;

http://www.cabinetoffice.gov.uk/media/132793/ha_rolesandresponsibilities.pdf

7. SCIE Tavistock Institute report into contribution of social care to emergency response and recovery.

<http://www.scie.org.uk/publications/knowledgereviews/kr19.pdf>

8. Vulnerable people (Cabinet Office guidance)

http://www.cabinetoffice.gov.uk/media/132976/vulnerable_guidance.pdf

This document emphasises the importance of identifying vulnerable people in a community and suggests creating a `list of lists` and offers principles relating to identifying, assessing and prioritising risk and data sharing.

9. Literature and Best Practise Review and Assessment: Identifying people's needs in major emergencies and best practice in Humanitarian Response

http://www.cabinetoffice.gov.uk/media/132790/ha_literature_review.pdf

10. The Needs of Faith Communities in Major Emergencies

<http://security.homeoffice.gov.uk/news-publications/publication-search/guidance-disasters/faith-communities?view=Binary>