Caring in a Crisis: The Contribution of Social Care to Emergency Response and Recovery

Final Report to the Social Care Institute of Excellence

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Executive Summary

SCIE commissioned The Tavistock Institute to investigate the role of social care in the response and recovery to 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. Whilst 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 on 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 exercising to build relationships with other services and ensure clarity over data sharing.

Promoting effective management and communication

The effective management and co-ordination 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 impacted upon 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. Co-ordinated and consistent approaches to emergency responses depend upon this.

Related to management is the communication of information, which the review has found is 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 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 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.

Whilst the definition of an emergency as stated above will be used for the purposes of this review, it is recognised that smaller scale incidents could be seen to be emergencies and 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 though 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. Whilst 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 document 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 United Kingdom. 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, through 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 care and social work:** 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, though 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.
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 multi-disciplinary research team with a strong methodological grounding and experienced 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 co-ordination and provision of psycho-social 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 from both 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) and its associated guidance.

Social care can be found to have a role in welfare responses in studies from across the world, though 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 co-ordinating and managing wider humanitarian response.

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.


- **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 (e.g. 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:

- They were not written in English as the research team does 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 (e.g. 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 psycho-social needs.

- The research does not focus upon emergencies, major incidents or accidents.

- The research context is outside of the United Kingdom, and is either not focused upon one of the pre-selected incidents or is not relevant to the social care role within the United Kingdom. Relevance to the United Kingdom was determined by whether lessons and findings from the evidence could be applied to the social care sector in the United Kingdom.

- 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 have opted not to set a cut-off date for searching in the first instance.

Ten percent 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 which is not applicable to the current climate.

Grey literature produced prior to 2002 was therefore only included 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 (e.g. Flu Pandemic). The full list of emergencies is included in Appendix B.

476 documents were 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\textsuperscript{ii}, and more lately the Weight of Evidence framework\textsuperscript{iii}. 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, those rather than 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 search and research literature, the remaining 120 from web searches. An annotated bibliography of the references utilised in this review is 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 was 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 Civil Contingencies Act 2004\(^1\) was developed following a number of emergencies which affected the United Kingdom during 2000–1\(^2\). The Act provides a statutory framework for roles and responsibilities of local responders to emergency incidents within the United Kingdom. Whilst the Act provides a generic structure for emergency planning and response functions across the United Kingdom its requirements affect the devolved nations differently depending upon 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 maintain 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 co-ordination and efficiency; and
- 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, 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, and Emergency Response and Recovery. 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. Whilst 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 focussed on particular administrations (where this is stated):

- Evacuation and Shelter Guidance (England and Wales);
- Data Protection and Sharing – Guidance for Emergency Planners and Responders (UK wide);
- Guidance on Dealing with Fatalities in Emergencies (England and Wales);
- Humanitarian Assistance in Emergencies;
- The Needs of Faith Communities in Emergencies;
- Identifying People who are Vulnerable in a Crisis (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).

More recently the National Recovery Working Group has produced web based National Recovery Guidance 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.

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 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 Framework\textsuperscript{13} was produced in response to the Act 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\textsuperscript{14}; and A Guide to Evacuation in Northern Ireland\textsuperscript{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\textsuperscript{16}, A Guide to Plan Preparation\textsuperscript{17}, and A Guide to Risk Assessment in Northern Ireland\textsuperscript{18}.

\textit{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 Act to place duties upon Scottish responders, including social work departments. These are stated within the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005\textsuperscript{19}. Formal guidance to support the Scottish Regulations made under the Act is published in the form of Preparing Scotland\textsuperscript{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 have 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 i.e. 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 ‘scaling up’ of normal services\textsuperscript{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\textsuperscript{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. Whilst 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 the lack of guidance around the specific roles of social care, a lack of clarity about additional funding, the fact that in some areas emergency planning is not a priority issue, and the probability of facing an emergency is assumed to be small.

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. Ensuring implementation of this responsibility will however remain difficult if it is not 'mandated' by central government.

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. Preparation for response arrangements should be based on strengthening and supplementing normal delivery mechanisms as far as practical and factoring in arrangements for longer term recovery.

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.

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. This way roles and responsibilities can be negotiated and integrated 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.

At an operational level local authorities have different arrangements in place to prepare for the integration of social care in emergency response and recovery. Some use specially trained multi-agency teams such as crisis support or trauma response and assist teams. 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. 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.\footnote{38, 33, 50}

Whilst 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, evidence based support from a variety of trained professionals, outreach services, support from volunteers, clear and effective communication of information to and about affected individuals, work with the affected community to identify (i) what form of support is needed\footnote{52} and, (ii) individuals who are able to take on leadership roles and the organised evaluation of responses\footnote{53}.

2.5.1. Identifying Vulnerable Groups

There is clear evidence that it is the most vulnerable who suffer disproportionately in emergencies\footnote{54-56}. Individuals who are already in contact with social care are therefore disproportionately likely to suffer from the impact of emergencies and disasters\footnote{28}.

In each of the countries of the United Kingdom guidance or statutes place a responsibility on local authorities to ensure 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\footnote{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 emergency services and other responding agencies\footnote{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\footnote{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, consequences and significance of threats or hazards. Both Emergency Preparedness and Local Risk Assessment Guidance support this process\footnote{3, 18, 61}. Examples of good practice of the use of CRR’s as a driver for emergency planning have been demonstrated by beacon councils for emergency planning\footnote{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”\footnote{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. However children will comprehend the impact of an emergency at their own level of understanding which relates amongst other factors to their age and experience. Reductions in levels of support provided by caregivers are just one of the direct effects of an emergency which are likely to impact on children. 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, before as well as after incidents occur has been beneficial. 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. There is a role for directors of children’s services to filter down any emergency planning arrangements relevant to their specific service managers. A range of guidance and best practice is available which specifically addresses the needs of children following an emergency.

- 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 the elderly 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.

- 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 needs of these and other vulnerable groups.

- 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.

- 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.

- Hurricane Katrina (2005) provided a stark example of the impact of inequalities based on race, ethnicity and class on individual and communities vulnerability –
there is a clear need for further research to understand the interrelationship of these factors within emergencies. Meanwhile the importance of involving Black and minority ethnic communities in emergency planning is emphasised. 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. Where the Emergency Plans and Core Resilience Team are producing a multi-cultural faith plan to identify and meet the diverse needs of people that may be affected by emergencies including faith; religion; and culture.

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 (i.e. the homeless, people with mental health, faith groups) may need to be protected from further negative public opinion and alleviate any subsequent ‘culture of blame’.

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.

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 carers and those in receipt of direct payments.

Services must also take into account the range of interdependent relationships that exist between the provision of care and range of other infrastructure and services such as transport, schools, and utilities. During the 2001 foot and mouth outbreak travel restrictions had far reaching impacts on many vulnerable individuals access to services, be those childcare, day care or homecare.

In formulating contingency plans, it is important that the impact of incidents on human resources is considered; work on planning for pandemic flu has considered this in some depth. 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 to
facilitating discharges from hospitals and avoids unnecessary admissions, thus maximizing the capacity of health services to support victims.  

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. 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. This selection and training should occur prior to an incidents occurrence.

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). However another beneficial strand of training may be through the re-contextualisation of social work skills into an emergency setting through the use of common sense leaflets/cards or verbal briefings.

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 and community development;
- The inclusion of feedback and ‘lessons learned’ from other emergencies within both internal and regional training sessions;
- Training for social workers to support relatives in difficult tasks such as the identification of bodies and work with coroners;
- A clear set of accredited standards that staff can train towards;
- Knowledge and skills relating to responding to environmental disasters and the associated stress from contamination;
- 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;
- The (short and long term) identification of the particular needs in vulnerable groups in differing locations i.e. rural areas.

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

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. Exercises must address the issues surrounding the behavioural responses of
different types of emergency\textsuperscript{97} and include the consistent engagement of strategic health authorities where not already integrated with social care services\textsuperscript{25}.

Many humanitarian or psycho-social 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 teachers, voluntary organisations and primary care health workers\textsuperscript{74}. A formal process for exercising social care plans with trained volunteers from the wider community is also needed\textsuperscript{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\textsuperscript{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 for staff involved in the response. It is seen to be good practice for managers to oversee their staff workloads\textsuperscript{82} and they should not be expected to undertake tasks outside their level of competence\textsuperscript{78}. In some cases specific welfare support could be established for staff to access as and when needed\textsuperscript{100, 101, 42}. Trauma, or risk, assessments may be potentially useful to help identify and normalise emotional responses within staff, which, when accompanied by support, may help to reduce stress in the workplace and prevent the re-traumatisation of responders\textsuperscript{102, 26}. 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 that are recently retired, currently known not to be working or working part time that might be willing to be called upon at short notice to provide additional cover for staff absences\textsuperscript{77, 78}.

2.6. The role of social care in emergency response

Emergency response and recovery are the terms used to describe two distinct, though 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)\textsuperscript{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 responses

The literature highlights that effective early practical support is important to establish credibility and trust\textsuperscript{87} and services need to be available and offered with confidence\textsuperscript{103}. Negligence during the initial response can have damaging consequences for both individuals and communities\textsuperscript{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\textsuperscript{33}. Whilst there are suggestions that in the early stages of a response effort there is a need to be proactive and directive\textsuperscript{105,106} this must be balanced against the need to catalyse individuals’ own helping abilities\textsuperscript{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\textsuperscript{53}.

- **Comforting, listening and reassurance to survivors** mitigates the onset of more serious psychological problems\textsuperscript{107,108}. It can encompass some of the other activities in this list. Principles include listening, conveying compassion and finding the company of others\textsuperscript{94,109,74}. This is not counselling but may provide an opportunity to identify when other sources of support are required\textsuperscript{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\textsuperscript{111}. Keeping families together\textsuperscript{74}. Supporting access to services provided by other agencies i.e. volunteers and children’s services\textsuperscript{112}.

- **Accessing financial support** and claiming compensation is complex and may have implications for the emotional well being of those affected by disasters\textsuperscript{93}. Processes need to be simplified\textsuperscript{100}. Victims of terrorist atrocities in the UK have a statutory right to assistance under CICA (Criminal Injuries Compensation Authority). This scheme does not, however, extend any support to victims of terrorist incidents outside the UK\textsuperscript{113}. In some cases immediate financial support is likely to be available and individuals may need help to access this.

- **Protecting the disorientated and offering outreach services** this may mean sending social workers to reception centres, to receive survivors at airports etc\textsuperscript{114} or assisting in the evacuation of those affected\textsuperscript{115} and offering personalised support for those affected\textsuperscript{33}. Outreach can involve home visits within a radius of the emergency or to those bereaved\textsuperscript{31,116}.

- **Support in reality tasks and security** tasks may include the normalisation of emotional responses\textsuperscript{117}, supporting and accompanying families in the viewing and identification of bodies and visits to mortuaries\textsuperscript{116} Restoring networks of social support and supporting a return to or maintenance of normal routines including religious and cultural activities is also key\textsuperscript{64}. Support for carers may also be needed at this time\textsuperscript{78}.

Maintaining a sense of the perspective of the individuals affected is key to all these support activities\textsuperscript{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 instruments or outreach services. 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. There are suggestions that a critical review is required of the quality of assessment of psychosocial risk.

Over the longer term this function develops into making assessments of psychiatric needs and making referrals to health services and counselling services. Care must be taken not to pathologise survivors while remaining aware of the signs of Post Traumatic Stress Disorder. 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. 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. 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 in other countries. This is due to the lack of evidence around the effectiveness of CISD with ongoing debate about its value.

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. It should also not be assumed that social workers should or have been trained in providing counselling and accreditation is recommended for anyone providing such services.

2.6.3. Provision of Information

Alongside reassurance, provision of information is the most frequently cited psycho-social need. Keeping survivors or relatives informed of events and providing leaflets, which provide advice and list sources of help, mitigates distress and in most cases is seen to aid the recovery process. Examples of good practice in the provision of such literature have been developed by a number of voluntary sector organisations and local authorities. Assistance in tracing family members and friends and providing private facilities for relatives and friends to reunite may also be part of a social care response. All information must be carefully managed, shared appropriately and communicated with sensitivity.

In the early stages of response good connections with the media are vital to ensure that accurate regular updates and hotline numbers are disseminated. 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. Social care, like all agencies involved in emergency response and recovery must have an effective media policy in place.

After the 7th 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 the
Disaster Victim Identification. The need for truth and honesty is critical and
encumbrances the right to know as well as a need to know\textsuperscript{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\textsuperscript{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\textsuperscript{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\textsuperscript{123}. Secure group web sites have a role in facilitating
communication between families and victims\textsuperscript{100}. Other uses for the Internet have
included signposting to online self help groups and comprehensive guides to local
community and national support groups. It 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\textsuperscript{33}. An example of this are humanitarian
assistance centres, though greater clarity is needed over what types of central
support are suitable for the type of emergency\textsuperscript{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 liase with staff from other
agencies when appropriate\textsuperscript{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 – i.e. ‘family’ assistance centre or ‘rest’
centre\textsuperscript{129}. Difficulties have been encountered identifying staff from different
services, or at different command levels, due to a lack of identifying clothing or
badges\textsuperscript{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\textsuperscript{118}. These can include services
for longer term recovery such as counselling, accommodation, benefits and
legal/insurance advice\textsuperscript{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 prior to events occurring
as part of multi-agency preparations. Information should be gathered on the
resources available from various agencies\textsuperscript{31,128,130,131} and can be made available
in a range of different formats e.g. leaflets, audio, cards, electronic\textsuperscript{132,96}. This level
of planning may reduce confusion and maximise an individual’s access to appropriate, effective support during the response phase.

Such resources could include 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 of other support services that had been contracted by the local authority and failed to refer people to them.

Social care agencies may not be the first port of call following an emergency. Primary Care staff such as GP’s are often more likely to see people due to the logistical requirement for GP’s to sign forms for financial assistance. 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. Evidence of inappropriate referrals to medical as opposed to social care services were also apparent following the Hillsborough disaster in 1989 due to misunderstanding about the role of social care.

2.6.6. Disasters do not respect boundaries

Victims of disasters and emergencies who do not reside in the area where it takes place (‘dispersed victims’) present a particular challenge for multi-agency and partnership working and are likely to feel isolated and face particular barriers to receiving non medical services from their local services. 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. 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.”

When incidents occur overseas further challenges are present. This was clearly demonstrated after the Tsunami (2004) where difficulty was experienced in ensuring follow up support for those returning home from affected areas, as they lived across 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. 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. Heathrow Travel-Care had a key role to play in establishing reception centres and providing initial assistance to victims and families following the Tsunami (2004).
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 recent Tsunami (2004)\textsuperscript{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\textsuperscript{137}. For social care this means taking a role in the early response with the understanding that it may lead to longer term interventions. A formal handover process from response to recovery between the strategic co-ordinating group to the recovery coordinating group is recommended\textsuperscript{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\textsuperscript{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\textsuperscript{4}. Recovery is complex and goes beyond simply replacing that which was lost or rehabilitating those affected\textsuperscript{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\textsuperscript{63, 87, 137}. Individual recovery will benefit from the development of self help strategies, wider social and community support, shared responses to grief\textsuperscript{120} and planning for effective ‘exit strategies’ which minimise dependency on statutory services\textsuperscript{25}.

Planning and support for memorials, commemorative events and anniversaries\textsuperscript{33} also sit 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\textsuperscript{50, 53, 139} and that steps are taken to ensure that all of those affected are contacted with information around attending\textsuperscript{115}.

Recovery has proved most difficult for services to plan for\textsuperscript{121} and an area in which local authorities have been criticised (for example in response to the flooding at both Carlisle (2005) and Boscastle (2004))\textsuperscript{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\textsuperscript{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)\textsuperscript{142, 143}.

- Nature of needs perceived as uncritical\textsuperscript{26} – 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.

- 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\textsuperscript{118, 134, 144}. Evidence from the 7th July 2005, Sept 11\textsuperscript{th} 2001, the Carlisle Floods 2005 and many other incidents supports this\textsuperscript{68}.

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\textsuperscript{11}. A number of internationally approved guiding principles for psycho-social support in emergencies emphasise the importance of community engagement and participation in the provision of this support\textsuperscript{108, 145, 146}. Likewise these guidelines also highlight the need for interventions that are contextually, culturally and linguistically appropriate.

The guidelines recognise 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\textsuperscript{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 at an individual basis\textsuperscript{75}. Social care staff, it was noted, are not community development workers\textsuperscript{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\textsuperscript{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\textsuperscript{149}. As well as providing a range of non-statutory social support\textsuperscript{29, 81} they are also key to the dissemination of information to wider communities\textsuperscript{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, whilst useful in it’s own right, may prove valuable in promoting resilience following an emergency\textsuperscript{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\textsuperscript{74, 64} are another way of catalysing community based support\textsuperscript{85}. Though 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 7th July Bombings (2005) 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$^{151}$.

2.7.3. Promoting Resilience

Community engagement and development is one way of promoting broader resilience$^{29}$ 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 individual 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$^{100}$ i.e. 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$^{152}$.

As a guiding principal, 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’$^{137, 35}$. 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 care$^{138}$ can result in: gaps in provision; delays in responding; duplication of efforts$^{63, 154}$, and at times conflict and competition, all of which may contribute to the possible re-victimisation of those affected$^{155}$.

Partnership working exists across multiple boundaries encompassing local authority services, other statutory services, voluntary organisations, the community sector, faith groups, 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. 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 ‘social service delivery model’. 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. 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.

Close working with other statutory service such as benefits agencies, the police and coroners is also critical. At times, as during the Marchioness (1989) Inquiry, the proximity of social care support to the police investigation has been recognised as a factor which assisted effective information sharing. 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. Social workers have previously faced criticism for acquiescing with the wishes of the police.

In addition many other local authority services who may not be perceived as relevant have performed key roles supporting social care’s response to disasters. Both in responses to Hillsborough (1989) and 7th July bombings (2005), administration and library staff were noted to perform key roles in maintaining information systems, supporting social workers in relation to how they record events, maintain information systems and archive.

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. They provide a key resource in the delivery and sustainability of support to those affected by emergencies. 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 help lines and rural support groups witnessed huge demand.
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. Misunderstanding about the possible contribution of the voluntary and community sector has also resulted in delays in calling upon them. 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.

Establishing such working relationships requires close coordination of the varied and broad based voluntary and community sector services which will have a diverse range of funding arrangements and expectations about partnership work. 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. The active engagement of community groups and faith groups within local resilience forums is a key means of supporting these links.

2.8.3. Work with Volunteers

Recent events have reinforced the fact that disasters often generate an outpouring of volunteering, altruism and helping behaviours. 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”. 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 (e.g. Humanitarian Assistance Centres);
- The likelihood of management of volunteers by social care staff in a variety of settings (e.g. reception centres, humanitarian assistance centres);
- 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. 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.

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 Operator’s (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 survivor and their friends/relatives”\textsuperscript{165}. Their contribution supports the short term response \textsuperscript{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\textsuperscript{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 \textsuperscript{87, 88}. Social care must be aware of the approaches of other organisations \textsuperscript{28, 37, 94} and provide opportunities to embed relationships with other statutory, private and voluntary agencies\textsuperscript{93}. Opportunities for joint training are key in facilitating this as is the development of a common approach to planning \textsuperscript{63, 155} both of which can minimise opportunities for rivalry and communication difficulties within the response phase\textsuperscript{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 \textsuperscript{25, 94, 166}. 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 \textsuperscript{163}.

- **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 also encourage a shared sense of purpose and foster teamwork \textsuperscript{25, 167, 168}. 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 \textsuperscript{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, mental health professionals, independent trauma consultants, volunteers, and those in management or coordination roles among others.

- **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 victims and families’ a single point of contact with a consistent individual.38, 100, 115, 132. This model is seen to facilitate effective communication, avoid duplication of services or offers of help, and provide assistance with sign-posting 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 sector38.

2.9. The importance of communication: Information sharing

2.9.1. Data recording and sharing

Lessons from prior emergencies highlight the importance of the need for clear and effective documentation of contact with individuals according to pre-established procedure115. 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 system170 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”166. Lessons from previous emergencies, including the Carlisle floods (2005) and the Tsunami (2004), highlight how failure to consider or fully implement these procedures results in details of victims being lost and unnecessary inefficiency and distress115. 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 recovery151.

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, 171.

In addition there are calls for the use of a single database93, or compatible databases, across services to facilitate information about vulnerable individuals and support provided 25, 33. Learning from the Oklahoma bombing (1995) and September 11th (2001) disasters also highlight 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 context100.

Social care’s suggested role in the management of HAC would potentially mean a key role for social care in relation to the management of contact details. Recommendations from the Report of the 7th 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 151.
2.9.2. Data protection

Clear guidelines are available relating to the application of the Data Protection Act in emergencies. These highlight the use of a principal of the balance of potential harm in decisions about information sharing, to maximise the care and support of individuals and avoid situations where people’s needs are lost or hidden. Despite this guidance, misunderstanding about data protection protocols has continued to impede effective information sharing to support individuals. Particular care needs to be taken to avoid ‘mistaken or overzealous interpretation of this legislation’. It is clear that data protection issues between hospitals, schools, rest centres, assistance centres etc. could be ironed out in plans to allow individual cases to be tracked.

Above all a balance must be struck between enabling access and preventing intrusion. Consideration must be taken of evidence from the USA which suggests that though 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. Care must therefore be taken to preserve the privacy of the individual and ensure only necessary information is shared.

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 and best practice and evaluation. It ensures that lessons learned from disasters are passed on and utilised for future emergencies. 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. There are a range of indicators and planning tools that may provide useful benchmarks against which response and recovery activities may be measured. However, consistent use of such tools is not evident from the literature. There are some examples from both Beacon authorities and the USA where research structures have been developed to ensure both learning from events is captured 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 and evaluation of humanitarian response is in principle supported it is rarely prioritised at operational level.
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)
- Foot and Mouth in Dumfries and Galloway (2001)
- The July 7th terrorist attacks in London (2005)
- Flooding in Gloucestershire (2007)
- Flooding in Hull (2007)

3.2. Interviews and focus groups with key stakeholders

Interviews with fifteen 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 though 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 (e.g. 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 upon 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 only feasible to include service user perspectives in one case study. It was felt most appropriate for this to be the 7th July bombings case study as we were able to work with 7th 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 7th 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 forty 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 sector. A total of thirty 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 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 ten 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 elderly 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, 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 the elderly 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’ amongst 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 is ineffective, or (ii) 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 a Humanitarian Assistance Centre, 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 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 the elderly. 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. Whilst 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.

Whilst 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;
- 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 re-housing;
- Facilitation of memorial services.
Interviewees were clear that whilst 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 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:

‘local 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 co-ordinating 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/the general public.

There was clear recognition amongst 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 can be 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, though 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 to 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: firstly there are those that believe social work training provides the necessary skills. However there are others who believe that current social workers’ focus is upon 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 incidents 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, which based upon the Police Family Liaison Officer (FLO) model, would provide practical assistance to returning individuals.

The DCMS were seen to be the Department responsible for coordinating support for British nationals returning to the UK.

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 (e.g. 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 Crisis Support Teams (CSTs). Whilst EPUs were seen to have a wider emergency planning remit, both these and CSTs were seen to have significant roles around the co-ordination 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 Humanitarian Assistance Centres;
- 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, social care, police, emergency planners, and environment agency), some of whom were volunteers or may be on secondment.
Despite acknowledgment 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 which were led by particularly proactive individuals or teams of people (for example in Essex, Lancashire, 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 affected peoples needs were met. Within certain authorities, such as Essex, planning for a Humanitarian Assistance Centre falls within the remit of the LRF. As with EPUs, these may, or may not have humanitarian subgroups/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 (e.g. 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 amongst 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 - whilst EPUs 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 was seen to be an issue when there were no emergencies. 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 alongside 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; EPUs 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; 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 upon 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 Family Liaison Officers (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 though its Police National Information and Co-ordination Centre.

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 (e.g. provision of accommodation), as in the case of the Glenrhydd train derailment in Cumbria, where they provided a level of support to people which 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 peoples 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 which that 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** - whilst 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 only be provided 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 (e.g. Gold Command). It may be that Gold Command should take decision on whether it is appropriate for care teams from these organisations to attend incidents.

There is an ethical concern over whether a company who 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 been focused almost exclusively on the acute response stage of emergencies. It was noted that there is now a greater number 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 their 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 Officers 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, response, and recovery to 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, hopefully, 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 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; through Local Resilience Forums, Regional Resilience Forums, and Regional Resilience Teams; through the activities of the CCS and 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 Department for Culture, Media and Sport (DCMS), see annotated bibliography.

*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 September 11th terrorist attacks in America (2001) the British Red Cross have been engaged to provide support to nationals overseas; trained volunteers work alongside the Foreign and Commonwealth Offices’ 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. These include 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 nineteen 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 July 7th 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 Family Liaison Officers, 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.
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;
- Co-ordinating 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 (e.g. free school meals and play schemes);
- Advising voluntary agencies working with victims.

Recovery activities:

- 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 amongst 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 focussing 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.

Whilst 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 co-ordination 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 upon 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 upon 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 Lockerbie (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 (e.g. 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 un-coordinated 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 co-ordinated, 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 Family Liaison Officers.

‘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 upon the subsequent welfare planning and response activities.

Where responses do not match plans

Whilst 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 London 7th July terrorist attacks (2005). Nevertheless, well thought through plans, based upon 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, however there was limited awareness of these amongst 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, 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 encourage 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 full range of agencies, including social care, in planning activities within structures such as Local Resilience Forum;
- 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, were seen to facilitate response activities;
- Maintaining lists of social care staff, contact numbers, and home addresses helps in ensuring 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 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 co-ordinated 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 stronger positions 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 7th July 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 difficulties experienced effecting a response. Such lists were also found to be particularly useful in the 2007 Flood 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 re-housing of elderly 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 anonymised support 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 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, not directly affected, who simply felt the need to talk with someone about the incident. More crucially, recovery centres, such as that established in London following the 7th July terrorist attack (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 others 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 Trust; statutory, voluntary, and private housing services; domiciliary care providers; and a wide variety of voluntary sector organisations.

Such inter-agency 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; an appropriate, centralised space for multi-agency co-ordination during an emergency; national structures to facilitate joint-work (e.g. the ADASS); memorandums of understanding and mutual aid agreements; and through personal relationships of senior staff involved in co-ordinating responses.

It was notable that in all case studies the effectiveness of inter-agency 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 others roles and capacities.

The link between Police Family Liaison Officers 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 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 Foot and Mouth 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 publicise support services. Ensuring that the media is engaged, 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 7th July 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 co-ordination of planning and response efforts. In Hull there was particular confusion in responding to the 2007 floods further to the separation of adult and children’s social services 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 7th 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 London July 7th 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 7th July 2005, it was seen as crucial for a lead authority to be allocated as quickly as possible so as to begin co-ordination efforts.

International incidents were seen to create additional difficulties in providing a consistent and co-ordinated 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 there families or home communities, across the UK, 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 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 inter-agency 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, Humanitarian Assistance Centres) which facilitates inter-agency communication and response activities;
- Utilising co-ordinators and managers with experience of emergency response and strong inter-agency 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 (e.g. 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 doing so;

• 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 learnt 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 amongst 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 (e.g. 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 a mental health service, was seen as a positive thing in several case studies.

Users of the 7th 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 (e.g. children who lost a sibling) was also seen as beneficial following the Asian Tsunami (2004).

Victims of the 7th 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 7th July terrorist attacks spoke of a common need to communicate with other victims though did not specify the format of such contact. One interviewee from another case study recognised the usefulness of these 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 (e.g. 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 organisation such as the British Red Cross, WRVS, St Johns Ambulance, Salvation Army were all seen to have a variety of skills and expertise which provide 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, whilst 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 capacities and coordinating work. In some cases, such as 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 (e.g. in Gloucestershire);
- Recruiting and training a pool of volunteers separate from their parent organisation.

Issues to be resolved:

- Ensure that social care 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 (e.g. negotiating police cordons), the use of volunteers, and in engaging voluntary services in contracts for the provision of support activities (like counselling and bereavement services) in the event of an emergency, were 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, whilst delivered professionally in many cases, there was no agreement as to what the core content should be and how they compared in terms of quality.

4.3.2. Emergency Response

*Lack of clarity around statutory role* - there was a lack of consensus amongst participants as to the statutory responsibilities of social care in an emergency response. Whilst 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 for there to be a duty placed upon 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 others roles and responsibilities, outdated emergency procedures, and a lack of prior joint-working.
Personalities and inter-agency 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 co-ordination, in particular these centred around working with Health 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 a lack of understanding amongst 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 because Health and Personal Social Service Trusts integrate health and social care.

*Structures* - participants felt there was clear guidance on structures, both in terms of command structures, and in terms of planning structures. Whilst it was felt that Social Care 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 (e.g. supermarkets) and transport operators, like airline carriers and 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 it as a duty of care that train operators supported response efforts.

*Specific learning from July 7th terrorist attacks* – Westminster Local Authorities welfare response to the July 7th 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 Local Resilience Forums 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, whilst ongoing recovery efforts received less recognition.

**The role of social care** – there was some agreement amongst 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 results in a situation whereby local authorities only provide support 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 from 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 United Kingdom, working at the local level, including through parishes, schools, and polling stations, was seen to be the most profitable approach. Allocating staff to work in the localities in which they reside is an approach being used in Pembrokeshire which 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 were not necessarily tied to a geographic area, but rather, to 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 July 7th website and secure network to counter the isolation felt by those who live away from incident sites.

Communities are also subject to change; depending upon 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 upon both departments and staff engaged in response and recovery activities. Resentment of
both 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 amongst managers, and awareness amongst colleagues, of the role played by staff volunteers. Not only could staff return to their day-job facing a back-log of work, but they also 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 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 where 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 in 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.

The four action points are:

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 emergency 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 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 on 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 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 United Kingdom.

**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;

- 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;

- 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 upon the efficacy and quality of responses. Co-ordinated and consistent approaches to responses depend upon 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 supporting and facilitating response and recovery activities.

Whilst 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 co-ordinating 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 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.

• 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. This 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;

• Plan 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. Whilst 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 plays a key role in looking after the wellbeing 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, 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;
- Ensure 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.
- Ensure 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;
- Explore the use of virtual sites, such as the Internet, for developing mutual support forum.
- Ensure that the provision of financial assistance to victims is as hassle free and painless as possible.

This knowledge review summarised and synthesised a considerable body of evidence, from both primary and secondary sources, with the aim of establishing the role social care played 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.
References


27. Davies, L. (2006) 'The View - Lindsey Davies, National Director of Pandemic Influenza'. In *Civil Protection News*


37. Social Services Inspectorate (1998) Living with the Trauma of the Troubles: Report on a developmental project to examine and promote the further development of services to meet the social and psychological needs of individuals affected by civil unrest in Northern Ireland. Belfast: Department of Health and social Services and public safety.


Appendix A: Search Strategy

Criteria for inclusion of literature in the review

The research review will seek to compile:

1) Research evidence for the research review,

2) Non-research practice evidence (or ‘tacit’ knowledge). To include:
   a. Unpublished (or semi-published) literature from key governmental departments, associations, Resilience Forums, and voluntary sector organisations involved in the planning and response to emergencies.
   b. Unpublished learning derived from a number of UK and international emergencies (i.e. through inquiries, and evaluations of responses) which have taken place since 2002, or are considered to have provided valuable learning.
   c. Unpublished plans from selected local authorities (including those involved in selected emergencies, and those which have achieved beacon status under the Emergency Planning theme).

Exclusion criteria

Material will be excluded that meet any of the following criteria:

- The research does not focus upon the co-ordination or provision of social care, or upon psycho-social needs.
- The research does not focus upon emergencies, major incidents or accidents.
- It was not written in English as the research team does 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 (e.g. France, Germany) publish material in the English language it is likely that no significant published research will be overlooked.
- The research context is outside of the United Kingdom, and is either not focused upon one of the pre-selected incidents or is not relevant to the social care role within the United Kingdom. Relevance to the United Kingdom was determined by whether lessons and findings from the evidence could be applied to the social care sector in the United Kingdom.
- There are 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 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 have opted not to set a cut-off date for searching in the first instance.
Inclusion criteria

Studies will be included that have not been excluded through the exclusion criteria above.

Search strategy for identification of studies

The research review team developed the search strategy in consultation with steering group members and the Centre for Evidence Based Policy and Practice (CEBPP).

Firstly, citations in key articles (identified through initial familiarisation) were used to formulate key search terms for use with electronic databases and websites. The main element of our search strategy was through a search of electronic databases covering books, journal articles, conference papers and proceedings, theses, dissertations and reports. A search strategy was developed for this part of the process. It involves the identification and combination of sets of search terms by which literature identified according to the protocol as relevant to the review has been classified within individual databases. The searching of bibliographic databases was subcontracted to professional information scientists at the Centre for Evidence Based Policy and Practice. A few relevant terms were first identified for trial input into ASSIA chosen as representative of the databases to be searched. Searching in practice shows that the following are likely to be sufficient key words for identifying all literature related to emergencies and social care planning and practice:

Emergency or emergencies OR disaster OR major incident OR crisis or crises OR terroris*

AND

respon* OR support* OR plan* OR prepar* OR manag* OR volunt* OR coordinate* OR recovery

AND

social care OR humanitarian OR psychosocial OR needs OR welfare

NOT

diarrhoea OR abuse OR violen* OR medic* OR schizophrenia OR caesare* OR nurs* OR clinic* OR health OR surg* OR economic* OR financ*We did not search for the terms ‘psychological’, ‘social’ or ‘emotional’ because initial searches delivered excessive numbers of citations which were irrelevant or duplicated those identified using other terms.

The choice of databases to search was determined by SCIE’s guidance on systematic reviewing. The databases included in the search were:
Social Work Abstracts was not searched as initial investigation suggested that there would be much duplication between this and other titles already searched. PubMed and Medline were not searched as initial investigation suggested that they would provide few references with specific relevance to social care.

Search terms used were as follows:

**ASSIA**  
Searched 15/08/2007

Query: ((Emergency or emergencies OR disaster* OR major incident* OR crisis or crises or terrorist*) AND (Respon* OR support* OR plan* OR prepar* OR manag* OR volunt* OR coordinate* OR recovery) AND (Social care OR humanitarian OR psychosocial or welfare or needs)) not (diarrhoea or schizophrenia or caesare* OR nurs* OR clinic* OR surg* or finance*) and yr: 1985-2005

**Australian Public Affairs**  
Searched 15/08/2007

Query: ((Emergency or emergencies OR disaster* OR major incident* OR crisis or crises or terrorist*) AND (respon* OR support* OR plan* OR prepar* OR manag* OR volunt* OR coordinate* OR recovery) AND (social care OR humanitarian OR psychosocial OR needs OR welfare)) NOT (diarrhoea OR abuse OR violen* OR medic* OR schizophrenia OR caesare* OR nurs* OR clinic* OR health OR surg* OR economic* OR financ*)

**BL Direct**  
Searched 16/08/2007

Query: ((Emergency or emergencies OR disaster* OR major incident* OR crisis or crises or terrorist*) AND (respon* OR support* OR plan* OR prepar* OR manag* OR volunt* OR coordinate* OR recovery) AND (social care OR humanitarian OR psychosocial OR needs OR welfare)) NOT (diarrhoea OR abuse OR violen* OR medic* OR schizophrenia OR caesare* OR nurs* OR clinic* OR health OR surg* OR economic* OR financ*)

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psychosocial) NOT (diarrhoea OR abuse OR violen* OR medic* OR schizophrenia OR caesare* OR nurs* OR clinic* OR health OR surg* OR economic* OR financ*) and yr: 2003-2007

IBSS
Searched 29/08/2007

Query: ((Emergency or emergencies or disaster$ or incident$ or crisis or crises or terroris$) and (respon$ or support$ or plan$ or prepar$ or manag$ or volunt$ or coordinate$ or recovery) and (social care or humanitarian or psychosocial)) not (diarrhoea or abuse or violen$ or medic$ or schizophrenia or caesare$ or nurs$ or clinic$ or health or surg$ or economic$ or financ$ or adoption or sex$)) and yr: 1997-2007

Informit
Searched 16/08/2007

Query: ((Emergency or emergencies OR disaster* OR incident* OR crisis or crises or terroris*) AND (Respon* OR support* OR plan* OR prepar* OR manag* OR volunt* OR coordinate* OR recovery) AND (Social care OR humanitarian OR psychosocial)) not (diarrhoea or abuse or violen* or schizophrenia or caesare* or nurs* or clinic* or health or surg* or economic* or financ*)

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Social Policy & Practice
Searched 15/08/2007

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Social Services Abstracts
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Sociological Abstracts
Searched 16/08/2007
Query: ((Emergency or emergencies OR disaster* OR major incident* or terroris*) AND (Respon* OR support* OR plan* OR prepar* OR manag* or volunt* or coordinate* or recovery) AND (Social care OR humanitarian OR psychosocial)) not (diarrhoea or schizophrenia or caesare* or nurs* or clinic* or surg* or educat* or economic* or financ*)

Web of Knowledge
Searched 17/08/2007

Query: ((Emergency or emergencies OR disaster* OR major incident* OR crisis or crises or terroris*) AND (respon* OR support* OR plan* OR prepar* OR manag* OR volunt* OR coordinate* OR recovery) AND (social care OR humanitarian OR psychosocial)) NOT (diarrhoea OR abuse OR violen* OR medic* OR schizophrenia OR caesare* OR nurs* OR clinic* OR health OR surg* OR economic* OR financ*)

Handsearching


Website searching

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<td>Northern Ireland Central Emergency Planning Unit (civil contingencies policy branch)</td>
<td><a href="http://cepu.nics.gov.uk/">http://cepu.nics.gov.uk/</a></td>
</tr>
<tr>
<td>Northern Ireland Executive</td>
<td><a href="http://www.northernireland.gov.uk/">http://www.northernireland.gov.uk/</a></td>
</tr>
<tr>
<td>Northern Ireland Local Government Association</td>
<td><a href="http://www.nilga.org/home.asp">http://www.nilga.org/home.asp</a></td>
</tr>
<tr>
<td>Disasters Emergency Committee</td>
<td><a href="http://www.dec.org.uk/">http://www.dec.org.uk/</a></td>
</tr>
<tr>
<td>Emergency Planning Society</td>
<td><a href="http://www.the-eps.org/">http://www.the-eps.org/</a></td>
</tr>
<tr>
<td>Emergency Planning College</td>
<td><a href="http://www.epcollege.gov.uk/">http://www.epcollege.gov.uk/</a></td>
</tr>
<tr>
<td>Association of Traumatic Stress Specialists</td>
<td><a href="http://www.atss.info/">http://www.atss.info/</a></td>
</tr>
<tr>
<td>Disaster Action</td>
<td><a href="http://www.disasteraction.org.uk/">http://www.disasteraction.org.uk/</a></td>
</tr>
<tr>
<td>British Sociological Association</td>
<td><a href="http://www.britsoc.co.uk/">http://www.britsoc.co.uk/</a></td>
</tr>
<tr>
<td>Association of Directors of Adult Social Services</td>
<td><a href="http://www.adss.org.uk/">http://www.adss.org.uk/</a></td>
</tr>
<tr>
<td>British Psychological Society</td>
<td><a href="http://www.bps.org.uk/">http://www.bps.org.uk/</a></td>
</tr>
<tr>
<td>Centre for Trauma Response, Recovery and Preparedness</td>
<td>www ctrp org/resources_bhcp htm</td>
</tr>
<tr>
<td>National Association of Social Workers</td>
<td><a href="http://www.naswdc.org/">http://www.naswdc.org/</a></td>
</tr>
<tr>
<td>British Association of Social workers</td>
<td><a href="http://www.basw.co.uk/">http://www.basw.co.uk/</a></td>
</tr>
<tr>
<td>Social Care Institute for Excellence</td>
<td><a href="http://www.scie.org.uk/index.asp">http://www.scie.org.uk/index.asp</a></td>
</tr>
<tr>
<td>European Society for Traumatic Stress Studies</td>
<td><a href="http://www.estss.org">www.estss.org</a></td>
</tr>
<tr>
<td>Disaster and Social Crisis Research Network</td>
<td><a href="http://www.erc.gr/english/d&amp;scrn/">http://www.erc.gr/english/d&amp;scrn/</a></td>
</tr>
<tr>
<td>British Red Cross</td>
<td><a href="http://www.redcross.org.uk/index.asp?id=39992&amp;cachedefixer=">http://www.redcross.org.uk/index.asp?id=39992&amp;cachedefixer=</a></td>
</tr>
<tr>
<td>St John’s Ambulance</td>
<td><a href="http://www.sja.org.uk/sja/">http://www.sja.org.uk/sja/</a></td>
</tr>
<tr>
<td>St Andrews First Aid</td>
<td><a href="http://www.firstaid.org.uk/">http://www.firstaid.org.uk/</a></td>
</tr>
<tr>
<td>WRVS</td>
<td><a href="http://www.wrvs.org.uk/index.aspx">http://www.wrvs.org.uk/index.aspx</a></td>
</tr>
<tr>
<td>Salvation Army</td>
<td><a href="http://www1.salvationarmy.org.uk/uki/www_uki.nsf">http://www1.salvationarmy.org.uk/uki/www_uki.nsf</a></td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Cruse Bereavement care</td>
<td><a href="http://www.crusebereavementcare.org.uk/">http://www.crusebereavementcare.org.uk/</a></td>
</tr>
<tr>
<td>Samaritans</td>
<td><a href="http://www.samaritans.org/">http://www.samaritans.org/</a></td>
</tr>
<tr>
<td>Victim Support</td>
<td><a href="http://www.victimsupport.org.uk/">http://www.victimsupport.org.uk/</a></td>
</tr>
<tr>
<td>Citizens Advice Bureau</td>
<td><a href="http://www.citizensadvice.org.uk/">http://www.citizensadvice.org.uk/</a></td>
</tr>
<tr>
<td>Radio amateurs emergency network RAYNET</td>
<td><a href="http://www.raynet-uk.net/">http://www.raynet-uk.net/</a></td>
</tr>
<tr>
<td>Care International UK</td>
<td><a href="http://www.careinternational.org.uk/">http://www.careinternational.org.uk/</a></td>
</tr>
<tr>
<td>UK Trauma Group</td>
<td><a href="http://www.uktrauma.org.uk/index.html">http://www.uktrauma.org.uk/index.html</a></td>
</tr>
</tbody>
</table>

### Beacon Authority websites

<table>
<thead>
<tr>
<th>Authority</th>
<th>Relevant websites</th>
</tr>
</thead>
</table>
| **Humber Emergency planning service** *(Includes East Riding of Yorkshire, Kingston Upon Hull and North Lincolnshire, in partnership with North East Lincolnshire)* | http://www.humberemergencyplanning.gov.uk/  
http://www.eastriding.gov.uk/  
http://www.hullcc.gov.uk/  
http://www.northlincs.gov.uk/NorthLincs/  
http://www.nelincs.gov.uk/  
http://www.humberlocalresilienceforum.org.uk/ |
| **Gloucestershire County Council (Gloucestershire County Council, Cheltenham, Forest of Dean, Gloucester City, Cotswold, Stroud and Tewkesbury)* | http://www.glosfloodrelief.org/general.asp?pid=31&pgid=901  
http://www.gloucestshire.gov.uk/  
http://www.gloucestshire.gov.uk/index.cfm?articleid=3335  
http://www.fdean.gov.uk/content.asp?Language=&id=16728  
http://www.gloucester.gov.uk/  
http://www.stroud.gov.uk/home.asp?did=homepage  
http://www.cotswold.gov.uk/nc_20content.cfm?a_id=1  
http://www.tewkesburybc.gov.uk/ |
| **Cleveland Emergency Planning Unit (Hartlepool Borough Council (lead), Stockton-on-Tees, Redcar and Cleveland, Middlesborough, Cleveland Police and Cleveland)* | http://www.clevelandemergencyplanning.info/  
http://www.clevelandlrf.org.uk/  
http://www.hartlepool.gov.uk/site/index.php  
http://www.redcar-cleveland.gov.uk/ |
<table>
<thead>
<tr>
<th>Fire)</th>
<th><a href="http://www.middlesbrough.gov.uk/ccm/portal/">http://www.middlesbrough.gov.uk/ccm/portal/</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hertfordshire County Council</td>
<td><a href="http://www.hertfordshire.gov.uk/">http://www.hertfordshire.gov.uk/</a></td>
</tr>
</tbody>
</table>
| Nottinghamshire County Council (Nottingham City Council, Newark and Sherwood District Council) | http://www.nottinghamshire.gov.uk/
http://www.newark-sherwooddc.gov.uk/
http://www.nottinghamcity.gov.uk/np_home/np_local_resilience_forum.htm |
| Rotherham Metropolitan Borough Council | http://www.rotherham.gov.uk/graphics
http://www.southyorkshireemergencies.co.uk/LocalResilienceForum/l_r_f.asp |
| Essex County Council | http://www.essexcc.gov.uk/vip8/ecc/ECCWebsite/dis_hom.jsp
http://www.essexcc.gov.uk/microsites/essex_resilience/
http://www.crisissupportessex.org/ |
Number of documents included

At total of 1,568 documents (including duplicates) were identified from the initial database and hand searching of journals. Following the initial screening exercise we reduced this to 216 documents. A further 476 documents were identified via web based searches. Further screening based on dates and applicability to the UK context reduced the number to 230 documents which have been used in this review.

Flowchart showing screen process
# Appendix B: Full list of emergencies

<table>
<thead>
<tr>
<th>Incident</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential Chemical, Nuclear Biological Attack</td>
<td>(Potential)</td>
</tr>
<tr>
<td>Human Influenza Pandemic</td>
<td>March 1987</td>
</tr>
<tr>
<td>Herald of Free Enterprise Disaster</td>
<td>November 1987</td>
</tr>
<tr>
<td>Kings Cross Fire</td>
<td>December 1988</td>
</tr>
<tr>
<td>Clapham Junction Rail Crash</td>
<td>December 1988</td>
</tr>
<tr>
<td>Lockerbie Disaster</td>
<td>January 1989</td>
</tr>
<tr>
<td>Kegworth</td>
<td>April 1989</td>
</tr>
<tr>
<td>Hillsborough Disaster</td>
<td>August 1989</td>
</tr>
<tr>
<td>Marchioness Riverboat Disaster</td>
<td>March 1990</td>
</tr>
<tr>
<td>Oklahoma City Bombing</td>
<td>April 1995</td>
</tr>
<tr>
<td>Dunblane Massacre</td>
<td>March 1996</td>
</tr>
<tr>
<td>Omagh Bombings</td>
<td>August 1998</td>
</tr>
<tr>
<td>Paddington Train Crash</td>
<td>October 1999</td>
</tr>
<tr>
<td>Hatfield Rail Crash</td>
<td>October 2000</td>
</tr>
<tr>
<td>Foot and Mouth 2001</td>
<td>2001 (various dates)</td>
</tr>
<tr>
<td>September 11th Terrorist Attack</td>
<td>Sept 2001</td>
</tr>
<tr>
<td>Potters Bar Rail Crash</td>
<td>May 2002</td>
</tr>
<tr>
<td>Bali Bombing</td>
<td>October 2002</td>
</tr>
<tr>
<td>Madrid Bombings</td>
<td>March 2004</td>
</tr>
<tr>
<td>Boscastle Floods</td>
<td>August 2004</td>
</tr>
<tr>
<td>Asian Tsunami</td>
<td>December 2004</td>
</tr>
<tr>
<td>Carlisle Floods and storms 2005</td>
<td>January 2005</td>
</tr>
<tr>
<td>7th July London Terrorist Attack</td>
<td>July 2005</td>
</tr>
<tr>
<td>Sharm El Sheikh</td>
<td>July 2005</td>
</tr>
<tr>
<td>Hurricane Katrina (US)</td>
<td>August 2005</td>
</tr>
<tr>
<td>Pakistan Earthquake</td>
<td>October 2005</td>
</tr>
<tr>
<td>Buncefield</td>
<td>December 2005</td>
</tr>
<tr>
<td>Grayrigg Rail Crash</td>
<td>February 2007</td>
</tr>
<tr>
<td>Summer 2007 Flooding</td>
<td>June –July 2007</td>
</tr>
</tbody>
</table>
Appendix C: Framework for critical appraisal

<table>
<thead>
<tr>
<th>Weight of Evidence</th>
<th>Evidence Judgements</th>
<th>Score (low, medium or high)</th>
</tr>
</thead>
</table>
| A – Generic judgement on the coherence, clarity and integrity of study | - Is the study clear and open about how it was conducted?  
- If the study claims something (e.g. to represent victims views) does it do so?  
- Is the study accessible for use of research team or others? | |
| B – Review specific judgement on the fitness for purpose of the study method for answering review question | - Is the method of the study fit for purpose? (e.g. if it is a study of the effectiveness of interventions following an emergency, does it compare different interventions or seek the views of stakeholders?)  
- Was the research conducted in a legal, ethical way (e.g. did they get informed consent)? | |
| C – Review specific judgement on relevance of study focus for answering review question | Is the study useful for answering the review question? | |
| D – Total of A, B, C | Average out the scores to get an average | |
## Appendix D: Annotated Bibliographies

<table>
<thead>
<tr>
<th>Reference</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adachi et al (2007)</td>
<td>An article by the International Work Group on Death, Dying and Bereavement presenting a number of assumptions and principles around the planning and response to emergencies.</td>
</tr>
<tr>
<td>ADSS (2005)</td>
<td>A press release outlining ADSS’s efforts to support survivors returning from the tsunami.</td>
</tr>
<tr>
<td>Amaratunga &amp; O’Sullivan (2006)</td>
<td>Journal article presenting a range of themes around psychosocial issues in relation to disasters. Particular areas of focus include the differential impacts of disasters according to gender and age; Prevention of discrimination in wake of disaster; readiness for change of culture towards prevention and preparedness.</td>
</tr>
<tr>
<td>American Red Cross (ARC) (2006)</td>
<td>Report reviewing the historic 2005 hurricane sea and reports the work of the Red Cross and its partners in four distinct areas that were managed: people, ideas, resources and experience. Focuses on the status of relief and how the 2005 hurricane season changed emergency response in the future.</td>
</tr>
<tr>
<td>Annis &amp; Wood-Heath (2004)</td>
<td>Report of Europe wide project to enable government and non NGOs to understand and better respond to psycho-social needs of individuals affected in an emergency or disaster – including a consideration of the role of NGOs and their capabilities.</td>
</tr>
<tr>
<td>Association Of Train Operating Companies (ATOC) (2006)</td>
<td>This document introduces Rail Incident Care Teams. It details of how, when and where these teams will function, along with their role and examples of what they will and will not do.</td>
</tr>
<tr>
<td>Barnard &amp; Kane (1996)</td>
<td>In this chapter the author describes experiences of setting up a children’s project to aid recovery after Hillsborough.</td>
</tr>
<tr>
<td>Reference</td>
<td>Summary</td>
</tr>
<tr>
<td>-----------</td>
<td>---------</td>
</tr>
<tr>
<td>Becker (1997)</td>
<td><em>This article discusses the highly complex nature of contamination situations, it highlights key policy issues.</em></td>
</tr>
<tr>
<td>Berberian (2003)</td>
<td><em>Article outlining development of a Children’s Mural Project developed as a means of expression and trauma reduction following the September 11th terrorist attacks.</em></td>
</tr>
<tr>
<td>Bolin (2006)</td>
<td><em>Book chapter utilising examples from Hurricane Katrina to highlight the pervasive role of race and class inequalities within the US and their impact on vulnerability following a disaster.</em></td>
</tr>
<tr>
<td>Bune (2003)</td>
<td><em>This document examines the lessons learned from the September 11th emergency and the need to have victim services programs and personnel included as a primary entity involved in the emergency response effort.</em></td>
</tr>
<tr>
<td>Cabinet Office (2008)</td>
<td><em>A government guidance website which aims to provide a single point of reference to local responders dealing with the recovery phase of an emergency.</em></td>
</tr>
<tr>
<td>Call &amp; Pfefferbaum (1999)</td>
<td><em>An overview of lessons learned from the first two years of ‘Project Heartland’, the mental health response to the Oklahoma bombing.</em></td>
</tr>
<tr>
<td>Author(s) and Year</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Campbell (2007)</td>
<td>A presentation at the Buncefield briefing day at Hertfordshire County Council.</td>
</tr>
<tr>
<td>Canterbury, Adshead &amp; Rose (1995)</td>
<td>This article reviewed the nature of management of psychosocial morbidity following disaster in England in 1995 and made recommendations that echo messages today.</td>
</tr>
<tr>
<td>Carroll et al (2006)</td>
<td>Report examining the impact of the floods upon flooded households. Data was drawn from a number of focus groups and interviews with both flood affected households and agency workers.</td>
</tr>
<tr>
<td>Central Emergency Planning Unit (CEPU) (2002)</td>
<td>Northern Ireland guidance document outlining the process for preparing emergency plans. It offers a framework within which plans can be written in a way which suits the individual organisation and its emergency responses. It is intended to be a practical guide for those directly involved in the planning process.</td>
</tr>
<tr>
<td>CEPU (2004)</td>
<td>Document providing advice on good practice in emergency planning and response and guidance on the involvement of Northern Ireland public service organisations in these activities.</td>
</tr>
<tr>
<td>CEPU (2007)</td>
<td>Guidance to encourage and facilitate the planning of an effective, co-ordinated public service response to an evacuation within Northern Ireland. Developed by the Evacuation Working Group, and its Sub-groups. It outlines the services required by evacuees, gives guidance on good practice in planning and providing a response, and indicates what communication and co-ordination arrangements need to be planned.</td>
</tr>
<tr>
<td>CEPU (2001)</td>
<td>Report outlining and explaining Northern Ireland’s 9 key standards for Civil Protection activities to be undertaken by both commercial and public service organisations.</td>
</tr>
<tr>
<td>Chemtob, Tomas, Law &amp; Cremniter (1997)</td>
<td>Journal article outlining findings from a comparative study on the impact of brief psychological debriefing on disaster affected individuals 6 months after an incident.</td>
</tr>
<tr>
<td>Source</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>City of Westminster (2005)</td>
<td><em>Leaflet produced by Westminster Children and Community Services but based on leaflets produced by the Australian Red Cross and Kent Social Services.</em></td>
</tr>
<tr>
<td>Contrast.Org (2007)</td>
<td><em>A web based history of the Hillsborough disaster, the role of social services and family support groups.</em></td>
</tr>
<tr>
<td>Cox &amp; Wandrag (2007)</td>
<td><em>Report evaluating and synthesising evidence from existing literature for the development of a framework for an Initial Trauma Support Response for UK airport users within the structure provided by the UK Civil Contingencies Act 2004.</em></td>
</tr>
<tr>
<td>Craton (2004)</td>
<td><em>Journal article providing a critical perspective on the response to the Hillsborough disaster</em></td>
</tr>
<tr>
<td>Cronin, Ryan &amp; Brier (2007)</td>
<td><em>This article looks at how social work can assist organisations to cope with the stresses from exposure to disasters.</em></td>
</tr>
<tr>
<td>Civil Contingencies Secretariat (CCS) (2008)</td>
<td><em>Web based guidance on planning and implementing support for the longer term recovery needs of individuals and communities</em></td>
</tr>
<tr>
<td>Cumbria County Council (2005)</td>
<td><em>Internet page praising the social care response to the storms 2005.</em></td>
</tr>
<tr>
<td>Davies (2006)</td>
<td><em>An article which discusses the interdependency of agencies during a response to pandemic influenza.</em></td>
</tr>
<tr>
<td>Deacon &amp; Matthews (2006)</td>
<td><em>Description of the local structures, relationships and command and control arrangements for the two health and social care communities in the Humber area. Focuses on the management of ill health and deaths and business continuity.</em></td>
</tr>
<tr>
<td>Author/Institution</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Department Of Mental Health &amp; Substance Abuse (2005)</td>
<td>A draft document which assesses the psychosocial care of children affected by natural disasters.</td>
</tr>
<tr>
<td>Dept for Education and Schools (DfES) (2006)</td>
<td>This guidance aims to encourage and support schools and children’s services in planning for a human influenza (flu) pandemic.</td>
</tr>
<tr>
<td>Department of Health (DH) (2007)</td>
<td>This Pandemic influenza national framework incorporates some, though not all of the learning from exercises including Exercise Winter Willow. Aims to put in place robust local plans to respond to an influenza pandemic and minimise its impact on local social care services and the people who use them.</td>
</tr>
<tr>
<td>Diaz (2006)</td>
<td>This chapter reviews the psychosocial support programmes from an ARC perspective seeing key similarities and differences in approach.</td>
</tr>
<tr>
<td>Disasters Working Party (1991)</td>
<td>Report based on the experience of those who have provided social and psychological support following recent disasters in the UK. Most relevant for medium term disasters. Draws on knowledge and research into the sinking of the Herald of Free Enterprise, the Bradford City Fire, The Kings Cross fire, the Hungerford shootings, the Kegworth air crash, the piper alpha</td>
</tr>
</tbody>
</table>
offshore fire and Aberfan.

Ehrenreich & Mcquaide (2001) Guidebook addressing the key principles of Psychosocial Intervention following disasters (non UK based)

Ellen & Shackman (2007) Report aiming to provide information and recommendations to enable Victim Support to effectively develop and prepare their service to meet the needs of victims of terrorist attacks and provides this information in ways that will make it useful for other agencies.


Essex Crisis Support Team (2006) A framework that compliments the CST handbook but outlines more strategic responsibilities and activation procedures.


Essex Resilience Forum (2006) This guidance aims to provide a generic outline for the establishment and operation of Rest Centres, Survivor Reception Centres, Family and Friends Reception Centres and Humanitarian Assistance Centres.

Eyre (1998)  

Much of the research on disasters focuses on symptoms and recovery in the weeks and months following the incident with relatively few studies examining the longer term effects. This research highlights the importance of examining the broader social, political and legal consequences of disaster in understanding continuing proactive responses by disaster survivors.

Eyre (2000)  

Document reflects on previous and current practices and experiences, it draws on the procedures followed when establishing the identity of victims following disasters and highlights the differing needs, interests and issues arising for both professionals and the bereaved.

Eyre (2002)  

Journal article covering issues arising from the Marchioness Riverboat inquiry into the identification of victims. Reflecting on previous and current practices and experiences, it highlights the differing needs, interests and issues arising for both professionals and the bereaved.

Eyre (2003)  

Newspaper article about better listening services for people bereaved by disaster.

Eyre (2004)  

This paper discusses the psychosocial dimensions of disaster and the importance of considering the findings of behavioral research in planning recovery strategies and programmes.

Eyre (2006)  

A report into recovery after a catastrophic event in the US and lessons for the UK context.

Eyre (2006)  

Chapter explores the key issues associated with the nature, meaning and purpose of community remembrance after a disaster.

Eyre (2006)  

Literature review and best practice guidelines commissioned by the DCMS. Key findings include the fact that the psychological and social impacts on those affected by major emergencies are many and varied and more planning is required.

Eyre et al (2007)  

Report commissioned by the DCMS examining current capability in Humanitarian Assistance in the UK.


Report of key events and actions taken by the FCO during the Tsunami Disaster.
Fordham & Ketteridge (1995) Paper looks at how different sectors of society are affected by flood emergencies and how the disasters themselves can divide-or expose existing divisions in-communities. It focuses primarily on the 1994 floods in Scotland and to a lesser extent on two others in the UK, and looks at the immediate and longer-term impacts of floods at the local community level.

Gelman & Mirabito (2005) Article outlining increasing need to include aspects of crisis intervention in generalist social work education and training and outlining a model of training delivery using vignettes. Helping students to respond to populations increasingly affected by psychosocial stressors.

Gibson (1996) In this chapter the author describes the impact the Kegworth air crash had on the structure of social services in Northern Ireland.

Gibson (1997) Chapter assesses post disaster research to see how social work has changed from short to long term interventions.


Go North West (2005) Report containing outcomes of a multi-agency debrief report following the storms and associated flooding to Cumbria in January 2005, though primarily addressing the situation in Carlisle as the most severely affected area. Does not cover the outcomes of the recovery phase.


GO South East (2007) Findings from a series of events aimed at local authority emergency planning officers, dir of Adult and/or Children’s Services, voluntary sector organisations, all emergency response personnel and LRF members.

Goldsmith & Haddington (1997) Chapter outlining experience gained in relation to social care’s response to the Marchioness disaster – in particular issues relating to the viewing of bodies.

Greater London Authority (2006) Report of the review conducted by the Greater London Authority, 7 July Review Committee, tasked with identifying the lessons to be learnt from the events and aftermath of 7 July 2005.
This paper reports on the early stages of my research, which explores the role, impact and use of the Internet by the farming community during the 2001 UK foot and mouth disease (FMD) crisis, and in particular examines the Cumbrian community-initiated network known as Pentalk (www.pentalk.org).

A presentation at the Buncefield briefing day at Hertfordshire County Council.

Overview and Psychological Trauma – a developmental approach. Outlining issues for the elderly and children.

An analysis of the roles of responding agencies, and a needs analysis of bereaved families and survivors, in the immediate aftermath of the Ladbroke Grove rail crash.

A presentation at the Buncefield briefing day at Hertfordshire County Council.

Report highlights inter-agency issues and areas of good practice in the response to a derailment. It concentrates on the response, rather than the cause and does not seek to consider intra-agency issues which rightly have been the subject of internal debriefing reports.

This plan sets out the strategic response of the agencies that make up Hertfordshire Resilience to incidents requiring multi-agency coordination. It identifies roles and responsibilities.

A webpage outlining Hillingdon Borough Council's response to the Tsunami disaster.

The Civil Contingencies Act delivers a single framework for civil protection in the United Kingdom.

The Civil Contingencies Act summarised delivers a single framework for civil protection in the United Kingdom.

A book outlining the key lessons from post disaster psychosocial care from a variety of disasters.
Home Office & Cabinet Office (2005) | Government Guidelines building upon and updating previous advice to the emergency services following learning developed from the Asian Tsunami and 7th July Bombings. Highlight need for emergency responders to have the best and most contemporary information available to be prepared to deal appropriately with casualties and their families from all sorts of faith backgrounds and to enable them to go about their vital work with proper sensitivity.

Home Office & Cabinet Office (2007) | Guidance On Dealing With Fatalities In Emergencies is aimed primarily aimed at local responders. It reaffirms and consolidates what local services should consider when planning how to respond in the event of an emergency. Advice is offered on all aspects of a mass fatalities response.

Home Office (2004) | Guidance providing an agreed set of principles, common terminology, and an outline of organisations' roles and responsibilities following incidents involving chemical, biological, radiological or nuclear material.


International Medical Corps (2005) | Statement advising those working with individuals affected by Hurricane Katrina. Stating self recovery and resilience to be the norm expect for a small proportion who will suffer acute mental distress. Highlights the particular vulnerabilities of those who are in institutions, on long term medication and with previous disorders vulnerable.

International Work Group on Death Dying Bereavement (2007) | A journal article by the International Work Group on Death, Dying and Bereavement presenting a number of assumptions and principles around the planning and response to emergencies.

Jenner (2007) | Journal article over viewing the literature on the unique psychological impacts of responding to agricultural emergencies.
Kelly (2004)  
A news article on lessons from the Madrid bombings and role of the voluntary sector.

Paper reporting on the secondary analysis of data collected by social work providers to assess the longer term impact and possible PTSD among children and adolescents in 17 schools heavily affected by flooding.

Lacy (2003)  
This article examines the psychological and behavioural reactions to WMD attacks may be separated into group and individual responses. For the most part, the range of psychological reactions will be similar regardless of the type of weapon used.

Local Government Association (LGA) (2008)  
Short briefing on the role of the local authority in a human influenza pandemic outlining procedures to be followed in the event of confirmation of the onset of a likely influenza pandemic; and the respective roles and responsibilities of the NHS and local authorities.

Liberty (2007)  
Briefing on rights and services to Victims of Terrorist atrocities outside the UK. Focuses on lack of statutory rights to assistance via existing compensation scheme.

Following the London Bombs on July 7th, the Resilience Forum commissioned a review of processes and the findings from the London Assembly’s 7th July Review Committee Report. The London Regional Resilience Forum was set up immediately following the Sept 11th attacks to assess London’s capacity to respond to a similar incident and prepare for future emergencies.

Report of a case study, that identified the information and communication flows affecting the response to the April 1995 bombing of the Alfred P. Murrah building, Oklahoma. This case study provides an illustrative example of how information and communication affected the response to a major incident of domestic terrorism.

Mitchell (1997)  
The effects on community and the perceived need by residents for psychosocial support following the disaster. It understands natural help seeking based on interviews with GPs.

Mitchell (2003)  
An overview of Emergency Management Australia guidelines for working with culturally and linguistically diverse communities.

This report shows the ways in which the Foot and Mouth Disease crisis impacted on the health and well-being of those who lived and worked in effected communities.

Review of the views and experiences of UK nationals (families and survivors) following the Asian Tsunami in relation to support offered by UK government departments and agencies.

NAO & Zito Trust (2006)

Two part report of the experiences of UK nationals affected by the tsunami. The NAO have recommendations and conclusions, the Zito trust analyses data from people effected. Three types of data informed the findings; quantitative data from tick-box sections of the survey; qualitative information from the free-text sections of the survey, and verbatim transcripts from face-to-face interviews.

National Council for Voluntary Organisations (NCVO) (2001)

NCVO briefing on the impact of Foot and Mouth disease on the rural voluntary sector.

National Institute for Clinical Excellence (2005)

Evidence based clinical guideline on post-traumatic stress disorder (PTSD) examining the management of PTSD in adults and children

Newburn (1993)

This book provides an outline of the results of a two year study of the social services response to the Hillsborough disaster.

Newburn (1996)

In this chapter the author discusses lessons learned from The Hillsborough disaster in the context of social work.

Nicholls (2006)

The author examines the capacity of disaster memorials to express relationships between communities and government.

Oklahoma City National Memorial Institute For The Prevention Of Terrorism (2002)

Book aimed at summarising some of the lessons learned by the citizens and agencies of Oklahoma City in the seven years since the bombing. Includes sections on media, communication, technology, service provision and human aspects. Designed for use by other communities and organisations public or private facing similar situations.

Office for Victims Of Crime (OVC) (2005)

This report documents lessons learned from efforts to respond to the diverse needs of September 11 victims. It presents a summary of promising practices, challenges, and lessons learned from various agencies with experiences in addressing victims’ needs.
<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Description</th>
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<tbody>
<tr>
<td>OVC</td>
<td>(2000)</td>
<td>Report identifying the special measures needed to protect the rights and meet the needs of victims of a large-scale terrorist attack involving mass casualties, drawing on the experiences of those affected by the Oklahoma bombing.</td>
</tr>
<tr>
<td>Padgett</td>
<td>(2002)</td>
<td>Article outlining the impact of Sept 11 on social work research in NYC, how pre-existing research was used in the response to Sept 11 and to offer suggestions for future research in this area.</td>
</tr>
<tr>
<td>Pardess</td>
<td>(2005)</td>
<td>Guidelines for the screening, assignment, and training of volunteers based upon experiences of the Israel Crisis Management Center’s national volunteer network.</td>
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<tr>
<td>Pitt</td>
<td>(2008)</td>
<td>Four months ago, Sir Michael Pitt, Chairman of the South West Strategic Health Authority, was asked by Ministers to conduct an independent review of the flooding emergency that took place in June and July this year. The interim report contains urgent recommendations which Sir Michael Pitt believes should be implemented in order to minimise the impact of any flooding in the near future. It will also map out the direction for the remainder of the Review, and act as a consultation document prior to publication of the final document in the summer of 2008.</td>
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<tr>
<td>Posada</td>
<td>(2006)</td>
<td>Article describing the work of two Emergency Planners involved in a multi agency project to produce local authority guidelines on psycho/social support following critical incidents and disasters. The possible role for Emergency Planners in this area of work within the current context is explored.</td>
</tr>
<tr>
<td>Powers &amp; Zetterlund</td>
<td>(2002)</td>
<td>This publication is the final product of a case study, completed during the first phase of the project that identified the information and communication flows affecting the response to the April 1995 bombing of the Murrah building. Not a critique of response efforts during this incident, this case study provides an illustrative example of how information and communication affected the response to a major incident of domestic terrorism.</td>
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<tr>
<td>Pyles</td>
<td>(2007)</td>
<td>Social work interventions in disasters have focused on the ways such events affect individuals, organisations, communities and families. This article examines the area of community development – an often neglected area.</td>
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<tr>
<td>Randall</td>
<td>(2007)</td>
<td>Presentation of findings from Help the Aged research into the vulnerability Older People during and following Emergencies In The United Kingdom.</td>
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<tr>
<td>Author(s)</td>
<td>Title</td>
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<tr>
<td>Rao (2006)</td>
<td>Journal article outlining the type of psycho social intervention required to best serve communities needs following a disaster.</td>
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<tr>
<td>Reyes &amp; Elhai (2004)</td>
<td>Journal article outlining the issues relating to the emerging field of disaster mental health.</td>
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<tr>
<td>Riley &amp; Meadows (1997)</td>
<td>This article looks at the role of information in disaster planning looks at the case studies from Kegworth, Hillsborough and Town. It shows revisions were made afterwards.</td>
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<tr>
<td>Scottish Executive (2006)</td>
<td>Study commissioned by the Scottish Executive Justice Department to examine Scotland’s preparedness and capacity to deal with an emergency. Includes analysis of capability data and focus groups.</td>
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<tr>
<td>Scottish Executive (2007)</td>
<td>This Scottish Framework is based on the published UK National Framework for Responding to an Influenza Pandemic. It sets out the strategic approach to dealing with an influenza pandemic, provides information on the impact of the pandemic, sets out key planning assumptions and proposes a planning framework.</td>
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<tr>
<td>Scraton (2004)</td>
<td>Book chapter describing the events leading up to the Hillsborough disaster and providing a critical perspective on the response of services following the event. Includes testimonies of survivors and the bereaved.</td>
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<tr>
<td>Smeets &amp; Ruijter (2007)</td>
<td>An overview of community based-interventions following a terrorist incident developed as part of Impacts EU-project: Citizens and Resilience.</td>
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<tr>
<td>Author/Institution</td>
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<tr>
<td>Social Services Inspectorate</td>
<td>Social Services Inspectorate report on a project to examine and promote the development of services which meet the social and psychological needs of individuals affected by civil unrest in Northern Ireland.</td>
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<tr>
<td>Sprang (2000)</td>
<td>Article describing a study that examines the influence of individual coping styles on the development of traumatic stress symptoms and the implications for social work practice.</td>
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<tr>
<td>Stebnicki (2007)</td>
<td>Book chapter highlighting key principles and practices for responders supporting the needs of survivors of traumatic events. Focuses in particular on the role and skills of the rehabilitation counselor. Works from an American as opposed to UK perspective noteworthy for its focus on the use of critical incident stress debriefing models.</td>
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</tr>
<tr>
<td>Stirling Council</td>
<td>Report from local authority concerning the incident at Dunblane Primary School on 13 March 1996. Report highlights the impact upon social workers and family support workers who deal with the aftermath of disasters and the need for the provision of extra support for these workers up to two years after the event.</td>
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<tr>
<td>Taylor &amp; Jones (2006)</td>
<td>Meeting minutes outlining presentation to the European Social Network, European Commission by ADSS. Include dissemination of learning from a range of incidents including the Tsunami and London Bombings, in response and recovery phases.</td>
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</tr>
<tr>
<td>The Northern Ireland Centre For Trauma &amp; Transformation (2006)</td>
<td>Report documenting the support needs of those who have experienced trauma within Newry and Mourne (Northern Ireland) and highlighting a range of actions and recommendations for the development of the most appropriate model of services for people at risk or suffering from psychological trauma related needs and disorders.</td>
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<td>Source</td>
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<td>The Sphere Project (2004)</td>
<td>Web based handbook from the Sphere Project which was launched by a group of humanitarian NGOs and the Red Cross and Red Crescent movement to address the treatment of and response to individuals affected by disasters worldwide. Sets out a humanitarian charter and minimum standards for disaster response.</td>
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<tr>
<td>Tolman (2006)</td>
<td>Article addressing the relationship between UK individuals reliance to local authority services and provision and subsequent challenges for developing a culture of community resilience following emergencies.</td>
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<tr>
<td>Torgusen &amp; Kosberg (2006)</td>
<td>Article providing an overview of issues to be considered by social workers in general and gerontological social workers in particular with regard to preparation for possible disasters and the consequences from such catastrophes that affect older persons.</td>
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<tr>
<td>Turner, Thompson &amp; Rosser (2007)</td>
<td>Chapter outlining experience gained in relation to Kent social services role supporting survivors and bereaved from the Herald of Free Enterprise ferry disaster.</td>
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<tr>
<td>Victim Support (2007)</td>
<td>Report aiming to provide information and recommendations to enable Victim Support to effectively develop and prepare their service to meet the needs of victims of terrorist attacks and to provides this information in ways that will make it useful for other agencies.</td>
<td></td>
</tr>
<tr>
<td>Welsh Assembly Government (2007)</td>
<td>Guidance accompanies the revised UK Health Departments’ A National Framework for Responding to an Influenza Pandemic the “UK Plan”.</td>
<td></td>
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</tbody>
</table>
Welsh Assembly Government (2007) Planning document is designed to assist NHS Trusts in Wales to develop their plans for responding to an influenza pandemic. Document primarily aimed at staff of PCT’s but also of relevance to social care sector. Several points address ‘health and social care sector’.

Werritty et al (2007) Report assisting the impact of recent floods in Scotland on people, their attitudes and behaviour. Also identifies the consequences of living in a flood risk area for those with and without the experience of being flooded. Involves a literature review, household survey and focus groups and interviews.

Whitham (1996) In this chapter a principle social worker at the Kegworth disaster recalls their experiences of managing the social care response.

World Health Organisation (WHO) (2007) Paper reviewing the ethical aspects of health care workers obligations to provide care during an influenza pandemic. It is the intention of this report to outline the salient ethical issues regarding the role and obligations of healthcare workers during a pandemic influenza outbreak. This report consists of six sections. Includes a set of draft recommendations, covering both health care workers and pandemic flu planners.

Wood-Heath & Annis (2004) Report of Europe wide project to enable government and non govt orgs to understand and better respond to psycho-social needs of individuals affected in an emergency or disaster – including a consideration of the role of non govt orgs and their capabilities.


Zakour & Harrell (2003) Journal article reporting on study using geographic and network analysis, and regression techniques, to examine access to services for vulnerable populations in disaster, and offer potential interventions to improve access.
Appendix E: Interview schedule used with key stakeholders

Topic guide: telephone interviews with key stakeholders

Name of respondent:

What is the remit of your agency?

What is your job title?

What is/are your main area(s) of responsibility?

1. Can you tell me what role your organisation has with regard to emergency response and recovery, and the provision or organisation of social care?

2. What do you feel is meant by the role of social care in emergency response and recovery situations? What activities are encompassed/what is the continuum of services provided?

3. What do you consider to be the role of adult and childrens social services in an emergency situation? Is this a unique contribution?

4. Are you aware of any particularly useful developments in the planning and preparation of social care responses to emergencies (i) within your organization, or (ii) within others? Any gaps in provision? Establish need for a protocol or code of practice on psycho-social responses.

5. How well developed are local emergency plans and arrangements (e.g. Local Resilience Forums, local authority emergency plans, local authority Crisis Support Teams)? Explore usefulness/appropriateness of these.

6. In terms of business continuity, what impact do you believe emergency situations have on the capacity of (a) statutory and (b) voluntary services to continue the provision of everyday services?

7. How are current planning and response activities evaluated? How is good practice shared? What is the level of need for the evaluation and assessment of effectiveness of psycho-social support in emergency response and recovery?

8. How are individuals and agencies involved in the social care planning and response to emergencies currently trained? Is the level of training currently provided adequate? Is their a need for a code of practice for responding agencies? Is the support available to responders adequate?

9. Is there anything else you'd like to add?

10. Are there any key stakeholders who you feel should be contacted for an interview?
Appendix F: Interview schedule used with case study stakeholders

Topic Guide for Case Studies

Background and roles:

1. What is your organisation’s main role in emergency planning and response?
2. What is your current role in relation to emergency planning?
3. What was your role in the emergency of (case study)?

Emergency planning:

4. Prior to the incident, was there a plan in place on how to deal with emergencies? What structures were already in place?
5. Who was responsible for the planning of social care responses? How were roles defined prior to the incident?
6. How had social workers been trained for dealing with emergencies?

Response and recovery:

7. Could you tell us a bit more of what happened during the immediate response with specific regard to the provision and co-ordination of social care?
   - Who was responsible for the co-ordination of social care?
   - How many social workers were involved and what were their roles in (a) the response phase, and (b) the recovery phase?
   - If there was a plan in place prior to the incident did the actual response fall in line with the planned response?
   - How was the Director of Social Services involved?
8. How have the longer term impacts of the incident been ascertained and responded to with regard to (a) the public, and (b) business continuity?
   - What impact has the incident had on the public?
   - To what extent has business continuity has been taken into account? E.g. increased demand on social services?
9. How have partnership arrangements worked in both immediate emergency responses and longer term recovery phases?
Reflections and lessons learned:

10. According to you, what went well in the mentioned case study? What were the reasons for this?

11. What could have worked better?
   - Have any of the factors identified been acted upon since the incident occurred to improve future responses?

12. Any other comments you would like to make or questions that has not been asked?

Further Information:

Suggestions for other people to contact in this study.
Appendix G: Focus group schedule used with 7th July case study stakeholders

Topic Guide for 7th July Focus Group

Background: 5 minutes

1. Please give your names and why you chose to come to this focus-group.

Response: 25 minutes

2. Could you tell us a bit more of what happened immediately and in the first couple of days after the 7th July Bombings?
   a. What help did you receive? Who was involved?
      i. Who gave practical/emotional support? –members of public? Vol org?
         1. 7th July Assistance Centre?
         2. At what point were self help groups established?
   b. How was other information provided?
   c. How did you hear about the services?
   d. What services would you have wanted to receive but did not get?
   e. Were you or anyone you know consulted on the type of services provided?
   f. What has been your experience of the 7th July Assistance Centre?

Recovery: 25 minutes

3. How have you used the services over a longer period?
   a. How has the need for services changed in the over time?
   b. Has the services you have been offered or used mirrored those needs?
   c. How has your experience of social services been?
   d. Were any of you involved in the setting up of self help groups? How that that experience?

Lessons learned: 20 minutes
4. In the aftermaths of 7th July…
   
   a. What do you think went well?
   
   b. What do you think could have worked better?

5. Any other comment you would like to make or questions that has not been asked?

Reflections of the discussion: 10 minutes
Appendix H: Case Studies

Case Study 1: The Omagh terrorist attack (1998)

Three interviews were undertaken with strategic, tactical and operational staff, each of whom had significant roles to play in either part, or all of the stages of the planning, response, and recovery to the bombing. They can be seen to represent the views of people on the ground, and at a strategic level.

Incident

Terrorism - The Real IRA detonated a car bomb in a busy street in the centre of Omagh, the county town of County Tyrone in Northern Ireland. Just under thirty people were killed, and over two hundred were injured in the blast. The Lakeland and Sperrin Health and Social Care Trust were responsible for providing social and health care to those affected.

Emergency planning

The District Council was seen to be the co-ordinating body in the event of an emergency. The Director of Social Work and Community Care within the Lakeland and Sperrin Health and Social Care Trust was responsible for the planning and co-ordination of social care responses in the event of an incident. A generic community emergency plan had been updated shortly before the incident using recent evidence and adopting a view that one should not try to plan for every eventuality but look to respond with the same 'values, goals, and resources in place'. Part of this plan included the establishment of a Coordinated Service Group to bring together senior figures from relevant statutory and voluntary agencies in the event of an incident.

This plan, alongside those of other agencies (e.g. the Police), was available to individuals working at a strategic or coordinating level. However, prior to the incident there were individuals responsible for providing direct social care support who were unaware of the emergency planning arrangements. Further to this, social care staff, especially out of hours staff, were unlikely to either be offered, or take up, specific training for dealing with emergencies. Despite this, staff on the ground felt that social care professionals are well placed to act as responders due to their communication and crisis-intervention skills utilised in their everyday work.

Emergency response

The initial response was led by the Police, alongside the District Council and the Health and Social Care Trust. The local hospital, which received the majority of the bomb victims, became the focal point for operations and the majority of emergency responders, including social care staff, members of voluntary organisations such as the Red Cross, and members of the public, congregated here. In the immediate aftermath of the incident the hospital became overwhelmed with large numbers of wounded as well as families and members of the local community concerned about friends and relatives.
Once the scale of the incident was apparent the Director of Social Work and Community Care, who coordinated the emergency response, implemented the Coordinated Service Group which met regularly to help coordinate the local response. To alleviate pressure on the hospital, an information centre for relatives was established in the nearby leisure centre. The Director of Social Work and Community Care led a meeting of responders at the leisure centre shortly after their relocation to establish roles and responsibilities. At this meeting it was made clear to social care staff that their role may involve supporting families in the identification of bodies, and that they were not required to remain if they were not comfortable with this. Social Care staff were initially involved in the provision of basic practical and emotional support to families and friends; once it became clear that there were a number of fatalities, social workers (including children’s social care staff, and mental health social care staff) were allocated as link workers to individual families. Working alongside Police Family Liaison Officers (FLOs), and mental health professionals, these link workers supported families through the process of identification and griefing. The link between the Police FLOs and the social care link workers was not formalised in plans prior to the incident but was instead negotiated during the incident.

Due to the highly politicised nature of the situation within Northern Ireland at that time there was significant political and media interest in the incident. Following discussions with the then Northern Ireland Secretary Mo Mowlam, the Director of Social Work and Community Care received the support to establish a trauma centre in the town centre. This centre was comprised of a multi-disciplinary team of social workers, mental health professionals, councilors, therapists and other staff who were able to provide basic practical and emotional support, advice, and guidance, as well as clinically therapeutic interventions. A leaflet was also distributed highlighting symptoms people may be experiencing and sources of support.

The voluntary sector were seen to provide an invaluable role in the response phase. The Red Cross, St Johns Ambulance, and a variety of local counselling organisations were on hand to provide basic support. Victim Support established their own support centre within a local health centre which provided a buffer between primary care referrals and the trauma centre over the initial few weeks. This was facilitated by funding which the Health and Social Care Trust applied for and distributed amongst the voluntary sector for equipment and resources.

**Emergency recovery**

Once established, the trauma centre became the focal point for the community, the media, and the politicians. The team based within this centre actively engaged the community (including the clergy and faith groups, schools, women’s groups, farming networks) and the media to increase awareness of the possible impacts of such an incident, to publicise sources of support, and to equip people better to cope with the event. The majority of Trust staff resumed normal duties after about a week following the incident. The trauma centre itself actually remained operational for three years following the incident with a small multi-disciplinary core staff team, including several social care staff, continuing to provide support and clinical therapy to nearly 700 people. The centre also housed a support group established by victims of the incident. As a time-limited initiative, the trauma centre
was gradually disbanded and eventually replaced in 2002 by the Northern Ireland Centre for Trauma and Transformation (NICTT) which continues to provide training and support around psychological trauma related disorders. The NICTT was developed following consultations with the community which identified a need, and recent developments in research indicating the benefits of Cognitive Behavioural Therapy.

Staff themselves were seen to be supported through a variety of formal and informal mechanisms; there were open days for religious organisations to make presentations, regular monthly visits by psychotherapists, alternative therapies and social events were organised, and finally a Critical Incident Stress Debriefing. Staff were also encouraged to conduct research and write papers on the incident.

Finally, a time limited multi-agency forum was established by the Director of Social Work and Community Care so as to develop proposals to put to government regarding funding and support mechanisms required for effective recovery.

**Lessons Learnt**

- **What worked well?**

  • Strong leadership skills, a sense of competence, and experience of dealing with the response and recovery to traumatic incidents were all attributed to the Director of Social Work and Community Care. Their ability to focus attention upon the practical and emotional needs of the affected community, 'to legitimise distress', was seen as being the overriding factor influencing the success of the response which took place in a highly charged political context.

  • Partnership arrangements with both the statutory and voluntary sector worked well, primarily because of the small size of the area affected and the good working relationships which already existed between the responding agencies.

  • Having social care link workers in addition to, or in place of, Police FLOs was seen to be very beneficial as many people within the local community held negative views of the Police.

  • The trauma centre established in response to the incident was felt to be more accessible, and to carry less of a negative stigma than traditional mental health services, it also served to reduce the pressure placed upon these resources.

  • The multi-agency approach within the centre meant that a ‘menu of responses’ were available to meet the variety of practical, physical, and emotional needs people presented with.

- **What could have worked better?**

  • Social workers need to receive briefings on psychological trauma and have clear short and medium-term goals focussing their response activities.

  • Issues were experienced around confidentiality and data protection, especially in work with voluntary organisations, which led to difficulties establishing what support had been provided by these organisations.
• Communication was difficult following the incident as phone lines were down.

• Further to the mushrooming of self help groups following the incident, some of which had political agendas and self selecting memberships, one respondent aired concerns over the purpose, and membership, of such groups, feeling that ultimately they do not help address individuals’ psychological needs.

• One respondent, who worked as a social care responder during the incident, and within the trauma centre in the recovery phase, reported both a lack of support and understanding from their day-to-day manager within the Trust.

• Whilst religious differences between affected families and responders were not seen to be a major issue impacting the overall response it was highlighted by one respondent acting as a link worker as something which clearly affected work with particular families, especially with more elderly people.

Practice/policy developments since the incident:

• More emergency planning and co-ordination activities now take place so that roles and responsibilities of different agencies are more clearly understood.

• The NICTT has been established which undertakes research, provides training to organisations, and offers therapeutic support to individuals affected by trauma. The Centre also provides input into emergency planning arrangements where requested.

Still to be done

• Need for greater clarity over who is the co-ordinating body in an emergency response situation;

• Ensure that learning and experiences are shared and mainstreamed (e.g. that GPs are able to identify post-traumatic stress disorder symptoms);

• Need for social care staff to receive compulsory training on dealing with trauma.
Case Study 2: Foot & Mouth Outbreak (2001) Dumfries & Galloway Scotland

Three interviews were undertaken with strategic, tactical and operational staff, each of whom had significant roles to play in either part, or all stages of the planning, response, and recovery from the outbreak of FMD. They represent views from emergency planning and social care.

The incident

Infectious disease (agricultural emergency): On 20\textsuperscript{th} February the first case of foot and mouth is confirmed in an abattoir in Essex. On 28\textsuperscript{th} February cases had been confirmed on farms at Lockerbie and Canonbie in Dumfries & Galloway (D&G). The outbreak lasted for 18 months, 750 farms had their livestock culled and severe restrictions were put on movement in the area.

Emergency planning

D&G has operated the ‘Major Emergency Scheme’ (MES) since the Lockerbie air disaster (1988). It is a partnership of many public agencies, private sector businesses and voluntary organisations and coordinated by D&G council. The Scheme deals with the outcomes of emergencies and consequently aids the management of the response. The MES structure provides the most effective management of resources in light of the circumstances.

In D&G the social care response is led by the Welfare team (functional team) which is a multi agency group with operational rather than strategic responsibility. It is made up of members from mental health, social services, the voluntary sector (Cruse, WRVS, Red Cross), occupational health and the health board. The welfare team was established during 2001 and continues to be led by a social work manager who has the responsibility of managing the human aspects of the response, i.e. the free up of key staff (including himself) and administrative support.

The welfare team also has a set of subgroups that assist them on specific tasks such as rest centres, personal support, public health advice and practical support. Social services are required to continue their day to day business and hand coordination of the response to the welfare team manager who has direct access to the Director of social services. In terms of training, social workers and volunteer services would have been given training according to their roles (i.e. needs of children, visiting relatives, coordination issues and rest centre training) via their membership of the welfare team its subgroups which decide how and what areas of training are provided. It is separate to professional training and includes people from other agencies.

Emergency response

There was a proactive response to Foot and Mouth as D&G was already dealing with another emergency - severe snow. The MES was enacted 5 days before the first case was confirmed in Lockerbie because a meeting of 80 representatives from various functional teams and subgroups was called to discuss the implications of an outbreak. The welfare team decided that the National Farmers Union would
identify and make an initial call to affected farms to assess the support needed and talk through relevant processes. A volunteer from the welfare team could then telephone the farmer or ‘cold call’ at a later date to assess social needs – this could be shopping, care of vulnerable people etc. Some people did not want any help but others did, small farms were particularly affected as children had been attached to their animals. The assistance received was coordinated between voluntary and statutory services and could be set up ad hoc. At this stage the response needed experienced administrators and counselling volunteers so as not to take too many staff out of the social work department. A 24 hour telephone helpline was also set up by the welfare team manager (social work manager) which was manned by volunteers for practical and emotional issues.

The Personal and Staff Support sub group was managed and coordinated by an independent consultant psychologist (brought back from retirement) with contacts in health, social work and therapy. The consultant was seen to cut out the necessity for long term social work interventions by providing a confidential and individual listening service to farmers, their families as well as debriefing for workers (e.g. slaughtermen, shepherds, administration staff and vets). The welfare team and the independent consultant met regularly to discuss the workload and timescale which was anticipated to be longer than a few weeks.

Initially it was estimated by the welfare team that 300-400 people will need counselling at some point. The consultant contacted the local health authority to ensure that access for support was available should he need to refer people. The Child & Adolescent mental health teams were alerted and used for referrals so people could access NHS services. It was also agreed that the personal support manager would be allowed to work in the field with anonymised cases.

The consultant also employed a number of methods to get information out to people because Lockerbie (1988) had taught them that there is some stigma towards approaching social workers. The communications teams were involved in setting up community meetings, organising radio advice, letters and producing help cards. Critical to this stage was the cooperation of the Royal Scottish Agricultural Benevolent Institution (RSABI) who at that time had been offering all its registered farmers financial assistance. Staff that had visited farms identified people who needed emotional support to the personal support manager. He would then follow them up with a visit and free therapy sessions. RSABI staff also called Social work contacts to clarify issues about statutory issues (benefits etc) to assist the personal support manager.

Community work involved community health partnerships which were set up by the health authority. These groups are set up with local representatives who feedback with any community issues, i.e. concerns for neighbours, irregular behaviours. After six weeks the volume of calls fell on the helpline and the consultant was asked to take management of it to free up the social work manager. Indeed no social workers were left on the ground because of the voluntary services – they addressed any practical needs along with the RSABI.

iv Personal support refers to psychosocial work with affected families (can be broad), and staff which refers to any staff involved so slaughter men, police etc. and council workers if they come forward for help).
Emergency recovery

The recovery phase highlighted that what happened was unprecedented and lasted for 18 months. Nearly ten per cent of total farms received support from the personal support manager who took around 292 referrals. Other long term interventions were referred to statutory mental health services and social work. There were also no recorded suicides in the D&G farming community 4 years after foot and mouth.

Recovery for the agricultural community involved diversifying activities for farmers; the National Farmers Union (NFU) took on a lot of work in this area leaving social care to deal with emotional recovery. A social care committee was set up by the welfare team as part of the local authority to assist recovery at a local level, it was made up of people from social care (social workers), Inland Revenue, CAB, job centres etc. It was meant to give a means to recovering people and advice on how to get back on track – financial assistance etc. It started up in the response phase and carried on for a few months after. The RSABI also continued their efforts and kept staff on the ground till things eased for continuity. Recovery also means building new partnerships with charities like the RSABI and the continued support of the health board certainly meant that a lot of people had access to support for a very long time.

Lessons Learnt

Feedback from NFU meetings with farmers suggested that there is a lesson in over responding as some found too many options for support in the initial stages. Indeed the blurring of roles is important in the recovery phase, if a social worker works with a family they do not always need to hand them over to another agency or department for easily resolvable issues. It is a lesson in case management, “sometimes professionals need to stop being so professional”.

The MES structure was effective but there are lessons around undoing at an operational level. An 18 month outbreak involving 1500 people and 60 organisations in the response and recovery stages had no agreed local authority exit strategy. In contrast the welfare team already had a good grasp of this and they managed the undoing process well via partnerships with the voluntary sector communities and social care committee.

- What worked?

  • The integration of services - the helpline worked well, the council had a dedicated number for this it was well organised and open 24 hours because of volunteers. The infrastructure was good; the quick mobilisation of administration staff and volunteers was really useful as the helpline was initially the only means of help as there were restrictions on people’s movements. The pre-training and joint working with the voluntary services also helped.

  • The partnership with the RSABI and emergency planning fell into place immediately during March 2001. The response from NHS departments with psychosocial support.
• Communication at a strategic level - there was three month radio broadcasting, literature, TV interviews and the communication of confidential support available. It all helped the social care response.

• Expertise and support at strategic level - the significant contribution of highly skilled people. With farming you really need to get out and talk to people. The RSABI was instrumental in facilitating this. The work was 40% admin and 60% hands on. The welfare team (and the personal support manager) was supported at strategic level throughout – contact with the director of social services was minimal as decisions were filtered down and business continuity continued.

• Being pragmatic - thinking in practical terms and being proactive when the first case struck in Essex

- What didn't work?

• There was no early meeting with the voluntary sector members of the personal support subgroup at the start of the outbreak. This would have eased some early confusion in restriction zones.

• The response to FMD missed out administrative staff that had left their jobs to assist the local authority. Social work has a role in assisting employers to understand the importance of staff care in all organisations during an emergency.

• Responding staff did not make notes of their experiences, a lot of learning may have been lost.

Practice/policy developments since the incident:

• Cumbria had a very different set of outcomes from Foot & Mouth in 2001

• The Civil Contingencies Act (2005)

• More incidents of Foot and Mouth in the UK in 2007

Still to be done:

• Understand the role of a plan. Are we too focused on this? It’s about preparation and management not just response, “you need to walk into a room and know the right people”.

• More work on the utilisation of community resources. Social care attends to the needs of the community and here it is important to reflect on what structures are in place locally e.g. community planning forums.

• There needs to be more community involvement in recovery using well established structures, perhaps social care and health. Two questions need to be asked, we are here - what do you need from us? We are here - what do you need to do for us?

• Deciding when and at what stage to intervene. More protocol is definitely needed.
Case Study 3 - The Asian Tsunami (2004)

Three individuals were interviewed representing the views of a national professional body, as well as response arrangements within a major transport hub and a local authority.

Incident

Natural disaster- On the evening of 26th December 2004 an earthquake in the Indian Ocean triggered a series of tsunamis along the coast of most of the landmasses bordering the ocean. The death toll exceeded 225,000 people across eleven countries. The incident affected both tourists from the United Kingdom as well as communities concerned about friends and relatives in their native countries.

Emergency planning

Whilst all local authorities have emergency plans in place these were acknowledged to vary in quality and depth. The scale of the incident, and the international dimensions created a degree of confusion around local and national response agencies as to who was responsible for providing support. That said, consequence based planning arrangements developed by voluntary and statutory sector social care services were found to be useful in preparing for the subsequent response efforts.

At a national strategic level, the ADASS facilitated contact between Social Services and other statutory and voluntary organisations to prepare the welfare response for returning victims and communities here in England.

Emergency Response

At a strategic level, the ADASS were involved in tracking the needs of English nationals returning to the country and ensuring that these needs were being met by the relevant local authorities. Social care directors also made efforts to communicate with representatives of affected communities:

‘special links over and above the normal connections are being forged with members of the South Indian and Sri-Lankan communities.’

Social care directors or service managers typically received calls alerting them to the Tsunami incident the following day. Responders therefore had a limited amount of time in which to prepare for the influx of UK nationals returning on flights home from the Asian continent.

Social care staff were deployed within key airports and the Eurostar terminal. Within one of the London-based airports, reception centres were quickly established, manned by social workers with support from clergymen and voluntary agencies, to receive both victims and their friends and families. The Police met all incoming flights flight-side and attempted to identify those individuals in need of support – due to the volume of passengers and data protection concerns Police were unable to collect contact details of those affected but not requiring immediate support. Limited information materials were also available initially due to the speed of the response.
Basic practical and emotional support was provided within the reception centre, as well as more professional health care as a number of the victims had received only minor medical treatment within the country from which they had flown. Social care staff made referrals to localised voluntary support services, facilitated contact with relatives and onward travel arrangements. Support staff also worked with families and friends which was particularly testing due to the limited information being received about flights and passengers. The response within the airport lasted longer than had been anticipated and stretched the resources of the dedicated team based there.

Within a local authority where almost twenty residents were affected by the Tsunami, a Gold Command meeting the day following the incident between senior Police, Emergency Planning, and Social Care staff resulted in a team of specially trained social care staff being placed on standby. These staff were deployed as Family Liaison Officers (FLOs) working alongside Police FLOs to provide a variety of practical and emotional support to returning victims. This included the provision of financial assistance. The needs of victims were varied: some were children returning without parents, others received severe injuries and required specialist medical support. Local and national media also resulted in a number of calls to the Emergency Planning Unit wanting more information on the incident. Therefore a telephone helpline was established and promoted in the local media in order to provide support to local residents – in actual fact it received calls from all around the country.

The British Red Cross were seen as playing an important role at a national level, as well as locally, through the provision of services for returning victims. This included establishing support forums over the Internet where individuals affected could receive support and advice.

Emergency recovery

Recovery activities provided to those affected varied between local authorities. Within the local authority where almost twenty residents were affected ongoing support for those affected was sanctioned by the Assistant Director of Social Services and some families are still receiving practical and financial assistance to this date. The Social Care FLOs allocated to provide support continue to be the link workers with those affected. A number of initiatives, like courses to help people to face water again were reported by interviewees.

On a different note, local authorities also released staff, including social care workers, to go out to countries affected to provide support in both response and recovery phases which was seen as a positive activity.

Lessons Learnt

- What worked well?

  • Joint-work between the Police and Social Care within some local authorities worked well and were facilitated by previously fostered relationships;
  
  • Strong leadership by senior Social Care staff, and quick provision of necessary resources and support led to an effective response;
• Preparation and training within some local authorities led to a smooth response;

• Memorandums of understanding between local authorities facilitated joint-authority undertakings.

- What could have worked better?

• Lack of consistency in support between authorities;

• Where roles and responsibilities were unclear it led to problems in joint-working;

• More acknowledgment of support needs of ethnic minority communities with relatives in the areas affected by the Tsunami;

• As the initial response was on a bank holiday, over the Christmas period, many local authority staff were not at work, and where there home contact details were not available it led to reduced staffing and subsequently increased pressure on responders;

• Financial support for meeting the cost of onward travel arrangements for returning nationals was a complicated issue as there was little consensus from central government as to how this should be addressed;

• Multi-agency work at a local level due to communication difficulties.

Practice/policy developments since the incident:

• Local authorities have learned lessons from the Tsunami due to its widespread impact including the need to develop more inclusive and longer term response plans, and the need to have personal contact details for social care staff.

Still to be done:

• Need for quality standards to ensure that responding agencies are capable of offering provision they are engaged to provide;

• Airline carriers are not classified as Category Two responders, and therefore have no requirement to share their emergency plans, this can have implications for responses;

• Need for some consensus around who is to provide immediate financial support to victims returning to the UK without finances or support networks to facilitate onward travel.
Case Study 4: 7th July 2005 terrorist attacks

Three interviews were undertaken with strategic, tactical and operational staff, based in Westminster, who were involved in responding to the bombings. A focus group was held with three victims of the 7th July bombings, and further to this a number of users of the emergency services communicated via emails and provided narratives to the research team.

Incident

Terrorism - The 7th July London Bombings (also called the 7/7 bombings) were a series of coordinated terrorist bomb blasts that hit London’s transport system during the morning rush hour at 8:50 a.m. Three bombs exploded within minutes of each other on three underground trains. A fourth bomb exploded on a bus nearly an hour later at 9:47 a.m. in Tavistock Square. The bombings killed 52 commuters and the four suicide bombers and injured about 700-800 people. On the day of the event it caused severe disruption of the city’s transport system and the country’s mobile phone network.

Emergency planning

Westminster has already had a number of emergencies (train accidents, Soho bombing etc) which has led to a “preparedness” in relation to larger emergencies. About 60 volunteers with experience working in either a hospital setting or with major accidents had been trained by Westminster. Westminster also had an emergency response team located in the Emergency Planning department.

However, the plans prior to 7th July 2005 were mainly focusing on events happening within one local authority. Events happening on multiple locations and also across different London boroughs were not part of the emergency planning and preparations.

Emergency response

During the hours after the bombs had gone off, the main focus was to make sure those who were heavily injured were looked after. But there were also a large number of what is referred to as “walking wounded” or people being affected by the bombs but not severely injured. Many of these survivors left the scene of explosions without registering their contact details or seeing anyone because of lack of knowledge as to where to go and no systematic establishment of survivors’ reception centres on July 7th.

Three survivors from the Edgware Road train represent the group of “walking wounded”. The reflections of these survivors were:

• There was a lack of knowledge of where to report what had happened. Marks and Spencer became a meeting point at the Edgware Road incident while some of the other locations did not have a place to meet at all (e.g. Kings Cross). A recommendation was made that there should be an agency or an office that deals with emergencies of different types so that people know where to go and who to contact. A well known crisis centre or gathering place could have helped.
• Although participants had given out their contact details on a number of occasions they were unable to identify to whom later on. A lesson learned from this would have been to have one organisation responsible to collect names and contact details. This information should immediately be stored in a database to assist in the identification and tracking of people.

• One man that had been asking for names and contact details turned out to be a journalist who hassled one of the participants for information. The role of the media, and the practices it adopts, was seen to require attention.

• It took a long time before any medical personnel were available. The first place they were briefly looked after medically was at the London Metropolitan Hotel hours after the incident.

The reflections made by victims on the days after the 7th July 2005 included:

• The experience of police visits in the days following the incident were very mixed. Some felt supported, and others interrogated. There were examples where the police called 45 minutes in advance to say they would arrive at their home and some interviews took up to two hours; this may have led to additional discomfort for some people.

• The title of the Family Assistance Centre was misleading and some participants did not think they were there for people who needed support after experiencing the disaster. It was thought that the centre was set up for those who were missing a family member or loved ones.

A decision to open a Family Assistance Centre was made on 8th July. The Metropolitan Police, Westminster City Council, the Local Resilience Team and other Government and voluntary agencies were involved in its establishment on 9th July. Twelve agencies in total were working together in the centre.

“The intention was to create a one stop shop, where lots of different organisations were under the same roof. This was interesting because not all organisations had a culture of working together with other organisations. It is somewhat difficult for social work to define what may or may not be offered under social care response. The response could have benefited from more preparation on partnership working”.

Whilst the purpose of the centre was to provide information, practical and emotional support to those affected, in many ways the initial activities were an extension of Casualty Bureau activities - gathering information. People affected came to receive information in those first few days, and accessed counselling at much later stages.

The multi-agency collaboration was seen to be effective, despite some politicking, though the capacity of some voluntary sector services to provide the necessary support following the incident was questioned. The Family Assistance Centre also established a 24 hour helpline.
Emergency recovery

Initially the centre was known as the Family Assistance Centre (FAC) however this was changed in August 2005 to 7th July Assistance Centre when it became apparent that the name had unintentionally excluded those who did not consider themselves “family”.

The new 7th July Assistance Centre continued to provide a multi-agency service, managed by Westminster City Council, providing practical and emotional support to those affected by not just the 7th July bombings, but many other emergencies which affected the UK. In addition to different events happening in the centre there is also an active secure website and a newsletter distributed among those registered with the centre. The helpline has also continued.

In November 2005, the contract for the longer-term 7th July Assistance Centre was awarded by Westminster City Council to Brent Bereavement Services (BBS), who continue to deliver the service today. This change was seen as positive as such services were felt to sit more naturally with the voluntary sector in the longer term.

Since it began operating, more than 600 visitors have come to the centre seeking face-to-face advice, more than 1,000 people have called the 24-hour helpline and 300,000 hits have been recorded on the website (data from Government website)

Lessons Learnt

- What worked well?

• The 7th July Family Assistance Centre was the first of its kind in Europe, with the model being established from the 9/11 terror attacks. Many businesses donated goods to help set up the centre.

• People were extremely motivated to help and also very solution oriented to any challenges that may have emerged.

  “Because it was such a catastrophic event people did their best”.

• The fact that the 7th July Assistance Centre has been a small service delivered by a small team has helped them adapt or change quickly to meet the needs of victims.

  “What worked well was that the 7th July Assistance Centre has a small team as opposed to being part of a larger organisation. This means they can act quickly to requests and also that they can focus 100% on the needs and not the wider organisation.”

• The multi-agency management meetings that took place daily were seen to provide suitable space for the management team to discuss crisis issues and any other activities that needed quick action.

• The website was seen as a positive development that lets people access support as and when they need it.

- What could have worked better
• Working in the centre was described as a bit like “working in a bubble” in isolation from all the other activities going on at the time. The Centre would have benefited from knowing more about what other activities and challenges other services were faced with.

• The continual shifts in media focus, and lack of focus on victims, was found to be unhelpful in ensuring information about the centre was published consistently.

• One of the major issues affecting the response was data protection following the change from a FAC to the 7th July Assistance Centre. Documentation and contact lists were not transferred leading to considerable anxiety.

  “People thought they had been neglected, and did not know the details.”

• There were few responders from BME backgrounds within the Centre therefore people who visited the centre may have perceived it as a “white” offer.

• Not enough trained volunteers were available to meet the scale of needs resulting from the incident.

• Focus group participants felt that more written information should have been available listing what services could be accessed and the costs of doing so.

• The focus of the 7th July response has been very London-centric with victims and bereaved families from outside of London having received fewer opportunities for support.

• The telephone helpline was not a freephone number which may have dissuaded some people from calling in.

**Practice/policy developments since the incident**

• 7th July Review Committee reports;

• More people are now registered as volunteers within the Borough of Westminster;

• Relationships with the media are now being developed prior to emergencies to engage them in supporting responses;
Case Study 5: The Gloucestershire Flooding (2007)

Four interviews were undertaken with local authority representatives in a range of roles from operational level through to Gold command. Interviews covered views of staff from social care, emergency management teams and the voluntary sector.

Incident

Natural disaster – On Friday 20th July 2007 exceptionally high rainfall resulted in extensive flash flooding across Gloucestershire. An unprecedented level of calls were received by the emergency services and on the evening of Friday 20th July Gold Command was initiated at the County Police Headquarters. Following the initial rainfall and flash flooding, surface and river flooding occurred. This resulted in the loss of some power and, most critically, water supplies from the Mythe Pumping Station. This disrupted water supplies to approximately 350,000 people across the county. The prolonged and widespread disruption to water supplies greatly heightened the vulnerability of a large section of the community. While in many ways Gloucestershire local authority displayed effective emergency planning, the scale and longevity of the emergency, meant that sustaining the response into the third week of disruptions to water supplies became particularly challenging. Flooding gradually subsided and water supplies were returned on the 7th of August 2007. The recovery operation is ongoing.

Emergency Planning

Gloucestershire County Council, together with six district councils were recognised for their effective emergency planning and partnership work and awarded Beacon Council Status in 2007. Emergency planning appears to be extensive and widely integrated into local authority culture. The multi-agency work required to achieve the Beacon Council status had set a precedent for cross departmental and organisational working practices that cut across the two tiers of local government (county and district). A number of initiatives planned and developed prior to the July 2007 floods proved critical in supporting an effective recovery. These included:

- **Disaster Support Team**: A ‘bank’ of 25 statutory social workers drawn from different departments and trained alongside the Police Family Liaison workers. Members of the Disaster Support team are self selecting and clearly identified to line managers who are aware of their redeployment in the event of a disaster.

- **Volunteer Accreditation Scheme**: A scheme for training, accreditation and registering volunteers from across the county for work during an emergency. The scheme recruits volunteers through ‘parent’ organisations such as voluntary sector organisations and faith groups. Volunteers undertake a training programme, delivered in partnership with the Red Cross, to prepare for a variety of roles in the event of an emergency, such as the management of Rest or Humanitarian Assistance Centres.

- **Work with the Voluntary Sector** Extensive links with the voluntary Sector prior to the flooding were promoted through the presence of voluntary sector representatives on Emergency Planning Welfare Team. An exercise took place which mapped the capacity and expertise of voluntary sector agencies providing a picture of available support and expertise in the event of an emergency.
Emergency response

Following the flooding and the initiation of Gold command, social care services along with other local authority services were coordinated from a central Emergency Management Centre. Despite an initial relocation, all local authority departments remained together which was felt to have facilitated effective cross-departmental communication. The social care response was primarily managed and coordinated by the Welfare Emergency Management Group which held representation from social care, health, education, children’s services, voluntary sector, volunteers, residential care and administration.

A key task, early in the response phase, was the identification of vulnerable individuals. An initial list was drawn up using both health and social care databases. One difficulty that arose was finding a means of working across the different criteria used by the two agencies for prioritising vulnerability. Despite this, close partnership work between the primary care trust and social care management managed to create a list. Following the initial flooding, the disruption to water supplies resulted in a huge increase to the numbers of those deemed vulnerable. This required further liaison with housing and environmental services to begin to map those affected. Existing communication cascades, in particular with the lead for residential care, were felt to have facilitated a coordinated and consistent approach to supporting individuals in residential care.

Meanwhile a number of pre-arranged and adhoc rest centres emerged and evacuation plans were instigated involving a range of emergency services and voluntary and community sector organisations. The provision of ongoing support to those evacuated and those remaining within their homes was coordinated centrally and called upon social workers, residential care home workers, domiciliary care workers and other social care staff to provide outreach services and attempt to meet needs.

Accredited volunteers were called upon for a variety of roles including the management and support of rest centres. Although overall the volunteer accreditation scheme was felt to have worked well minor difficulties arose around the system in place for the delegation of volunteers. There was felt to be a failure of strategic thinking about individual’s capacity and the placement of volunteers. As a result of this situation, responsibility for the management and coordination of the volunteers has now been placed on assigned volunteer managers. A clear benefit of the scheme was its ability to promote effective cross organisational team work between different voluntary sector organisations. One interviewee from the voluntary sector noted that prior to this scheme there was potential for competition and tension to arise between different agencies during emergency response. The volunteer accreditation scheme was felt to have encouraged a shared organisational identity over of disparate groupings.

Emergency recovery

Following the response phase, heightened vulnerability and levels of need placed substantial additional pressures on social care services. This resulted in ambiguity surrounding the role and eligibility criteria for local authority social care services.
Many of the widespread psychosocial needs which have arisen in relation to the floods are below the normal threshold of need for eligibility for local authority social care services. Understandably this resulted in pressure to redraw the boundaries for eligibility for statutory social care. However fears about additional strain on social care services and the need to maintain “fair and standardised” approach to access meant these requests were rejected. The presence of social care representation at gold command level was felt to be key to ensuring appropriate decision making in this area. Likewise a number of requests for social care services to provide help-lines and counselling services were raised by council members and other senior local authority staff visiting affected local communities. This was felt by some social care staff to be an inappropriate use of resources and reflected ongoing misunderstanding about the role of social care.

In order to address some lower level psychosocial needs social care has supported a number of community level initiatives such as the development of village agents - locally based staff providing support and basic assessment of potentially vulnerable individuals within their communities. These have been found to provide an invaluable community based resource during both response and recovery phases.

During the early stages of the emergency response a multi-agency strategic recovery coordination group was set up with a range of practical task groups. The work of these groups was ongoing at the point of writing this case study.

Lessons Learnt

- What worked well?

• Emergency planning was supported by experiences of dealing with previous emergencies such as the Paddington Rail Crash and foot and mouth. These experiences enhanced corporate level prioritisation of emergency planning.

• Multi-agency and partnership arrangements were noted to have worked well and were facilitated by both multi-agency training and emergency management working groups. The close physical proximity of different services leads within the emergency management centre was also felt to have facilitated this.

• A strong and close working relationship between social care and health leads was felt to have greatly supported the process of identifying and support vulnerable individuals.

• The accredited volunteers scheme provided immediate access to ‘screened’ and trained volunteers with prior experience of work in this area.

- What could have worked better?

• The council’s area teams were unable to capitalise on all the offers of assistance. There is a need to clarify the system to make best use offers of help.

• There was ambiguity about the role of social care in the recovery phases in particular around the threshold for social care service eligibility.
• Effective communication is vital for ensuring continuity across different rota shifts. Although this was recognised it remains challenging and an area for development.

• There is a need to engage greater numbers of staff from across the local authority to support emergency response activities to ensure the sustainability of longer term response requirements.

*Practice/policy developments since the incident:*

• Gloucestershire Floods Review

• Gloucestershire Scrutiny Committee Report into the floods

• The Pitt Review into the floods

• Other post flood review and scrutiny reports in various areas
Case Study 6: The Hull Flooding (June 2007)

Three interviews were undertaken with representatives from Hull’s social care team. This included interviews with those directly involved with delivering response activities and those engaged at a more strategic level with planning, response and recovery.

**Incident**

**Natural Disaster**– In June 2007 exceptionally high rain fall resulted in extensive flooding within Kingston upon Hull. This resulted with damage to over 8600 residential properties and 1300 businesses. Over 2681 households were displaced from their homes and approximately 600 households (1400 individuals) are living in caravans. Hull is identified as one of the most deprived cities in England.

**Emergency planning**

Interviewees all expressed a lack of familiarity with the emergency planning process prior to the June 2007 floods, despite all having to take an active role in aspects of the response and recovery. There was reported to be little understanding of expected roles and responsibilities in the event of an emergency. One interviewee with specific responsibilities for emergency planning was felt to have remained undefined throughout the incident. All of those interviewed were familiar with the flu pandemic exercise but none had taken part. There was some recognition that some local authority staff were designated ‘emergency workers’ but there was a lack of clarity about what this meant. Representation of social care on the emergency planning forum was noted to be patchy and informal. Though invitations to attend were provided it was again viewed as an optional ‘add on’ for most staff involved. Overall the message was that the scale of the June 2007 floods took services by surprise and exceeded the scope of any preparations undertaken.

**Emergency Response**

In the event of the flood, many of the previously identified rest centres were unusable due to flooding and evacuees were initially directed to the city hall. The emergency duty social care team (comprising the on duty social worker and manager) were called to city hall along with a number of other local authority and primary care trust (PCT) staff.

- During the first few hours ad-hoc arrangements meant that there was little prioritisation of need and individuals were required to see visit representatives of several service, duplicating the process of assessing needs. A single assessment system was subsequently developed based on existing social care assessment forms. This assessment of needs was led by social care staff but administered jointly by health and social care staff. As the days went on, the assessment tool was adapted to include questions about housing and other domains. During this period social care staff were particularly recognised for their roles as facilitators, advocates, and in assessing and prioritising needs. In addition their role in helping people to makes choices for themselves during a time of need was felt to be a unique and valuable contribution.
Two of the initial management tasks involved the identification of staff responders and the identification of vulnerable people. Social care, health, and housing services all worked together to identify vulnerable individuals. The task proved complicated as databases utilised by social care, and statutory health services were incompatible.

Another key challenge for social care during the response phase was the need to move relatively large numbers of service users from flooded accommodation including sheltered housing and residential care. The lack of appropriate alternative accommodation into which to move them resulted in large numbers of elderly individuals and some families being moved into the University halls of residence. This evacuation gave rise to a range of issues including:

- The inappropriate placement of individuals who needed higher levels of support.
- The increase in need and vulnerability as a result of relocation
- Many properties, and in particular supported accommodation, used by social care staff for hospital discharges were no longer available due to flooding.
- The loss of work for existing support service contractors, whose provision of care was managed under ‘call off contracts’. This resulted from individuals no longer requiring existing support services due to being moved or staying with friends and relatives.
- Similarly many registered social landlords who provided low level support to residents found their work was undertaken elsewhere.

*Transition to Recovery*

Generally it was felt that there was a lack of clarity about when the response phase ended and recovery began. Responsibility for work in the recovery period was less clear and a number of reasons for this were identified. One interviewee noted that the problem with low level psychological or emotional support is that it was “not on anyone’s budget lines”. This meant that these support needs and related tasks tended to fall to staff on an ad-hoc basis. This was noted to place unfair pressure on domiciliary support staff or homecare workers who tended to be the primary point of contact for many service users.

In addition it was noted that many of the social, emotional and psychological needs arising in relation to the floods fell below the ‘substantial’ or ‘critical’ eligibility criteria, required for accessing social care services. Yet despite, it was felt to be vital to recognise the degree of loss and upheaval experienced by those who were forced to move from their homes and communities. It was felt that such needs needed to be supported within a preventative framework which drew on a range of resources including the voluntary sector and other local authority based initiatives such as ‘Supporting People’. It was also noted that a lot of unrecognised social care work is currently undertaken by people such as neighbourhood wardens. These, relatively “hidden resources”, we felt to be key to maximising opportunities for preventative social care work in the recovery phase.
Emergency recovery

A key challenge for social care during the ongoing recovery phase was maintaining support to service users who had been relocated from existing supported or sheltered accommodation. It was noted that there was a commitment to ‘learn from the lessons of the Carlisle floods’ and work to reduce the feelings of isolation, anxiety and stress which were known to result from the experience of evacuation. This involved funding additional link workers to work to maintain communication and support to members of sheltered housing ‘communities’ who were dispersed.

Finally the issue of local authority and social care performance indicators was raised. It was noted that some allowance had been made by the Commission for Social Care Inspectorate (CSCI) which was welcomed and felt to be supportive of recovery efforts.

Lessons Learnt

- What worked well?

  • The floods provided an opportunity for increased recognition and understanding of the unique contribution and skills of social care staff among local authority services

  • Social care services relationship with the primary care trust was particularly supportive and was aided in part by the presence of two integrated social care managers straddling Mental Health and Learning Disabilities Services

  • Pre-existing links with the voluntary sector, established through a number of European Union funding initiatives helped to support preventative work during the recovery phase

  • Community archiving and the recording of individual’s experiences were noted to have provided a valuable contribution to many low level social care needs.

- What could have worked better?

  • The overall level of emergency preparedness among social care staff was low prior to the event

  • There was a lack of clarity from other services about social care services role and capacity. This resulted in misappropriation of staff resources with overly qualified social workers undertaking more basic jobs.

  • The deployment of the head of adult community care services to manage donations and coordinate the flood fund was felt to be inappropriate and again reflected misunderstanding the role of social care staff.

  • The local authority’s area teams were unable to capitalise on all offers of assistance.

  • Recent structural changes to social care (namely the separation of children’s and adult services) led to difficulties in the assessment procedures.
• An over-reliance on email hindered communication with staff in the initial stages of the process.

• It would have been useful to have a separate telephone line and instructions for staff and potential volunteers wanting to contact the local authority and members of the public who wished to contact the local authority.

• Assignment of social care staff to response tasks would have been more effective if based upon individual’s home locations because of transport difficulties resulting from the floods.

• There is a lack of clarity about whose responsibility it is to plan for and fund recovery activities addressing emotional, psychological and longer term recovery needs emerging from an incident.

Practice/policy developments since the incident:

• The importance of links between emergency planning departments and social care has been recognised and there are now formalised representation of community care and social services on emergency planning forums.

• All staff in the local authority have received a basic briefing, specific to their job, about their potential role in response to an emergency.

• Another specific piece of work, conducted as a result of the floods is the identification of the critical function of all social care services. This has involved identifying the core, minimum services required to maintain care and support to service users when resources are severely limited.

• The assessment tool used in the response has now been formalised to create a single screening and integrated assessment tool for use in future emergencies.