PREPARING SCOTLAND

Scottish Guidance on Preparing for Emergencies

Assessment   Prevention   Preparation   Response   Recovery

CARE FOR PEOPLE AFFECTED BY EMERGENCIES

The Scottish Government

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This document is part of section 5 of *Preparing Scotland*

"Strategic decision makers should be prepared to be creative and flexible in researching, designing and implementing services. At the same time they should be critically reflective in addressing the unique challenges of each disaster. Most provision after disaster has, by necessity, needed to include some element of innovative thinking and action."

(Literature and Best Practice Review and Assessment: Identifying people's needs in major emergencies and best practice in humanitarian response. Dr Anne Eyre)

Contents

CHECKLIST FOR SENIOR MANAGERS RESPONSIBLE FOR CARING FOR PEOPLE

If an emergency was to happen today:

- are you fully prepared to lead the response of your organisation in caring for people affected?
- can your organisation, alone, resolve all of the problems encountered by those affected by emergencies?
- have you trained and exercised for your personal role?
- are you confident that your organisation's arrangements for preparation and caring for people following emergencies are auditable and will withstand scrutiny in the event of a public inquiry?
- does your formal role recognise your management responsibilities for preparation and caring for people affected by emergencies?
- is your organisation prepared to support you in your management role?
- is your work co-ordinated and integrated with the other agencies that care for people?
- are you prepared and ready to lead a multi-agency Care for People Team?

Does your organisation:

- have arrangements in place to play its part in the Care for People Team?
- authorise you to lead the Care for People Team if necessary?
- have a scheme of delegation that gives you authority to deploy resources and incur expenditure?
- provide for the welfare of staff who will deal with an emergency and its effects?
- have a documented Risk Register founded on an assessment of the impacts of risks on caring for people?
- support functional staff in preparing for emergencies?
- formally approve Care for People arrangements?
- have complementary arrangements (property, finance, communications, etc.) to support care for people?
- have arrangements that are documented and clearly and easily accessible for both staff and the public?
- have arrangements that provide an audit trail of resources deployed, when, why and by whom, to facilitate cost recovery?
- have a policy to support staff called to give evidence at public inquiries?

1 INTRODUCTION

1.1 Helping people to cope with the immediate and longer-term personal impact of emergencies is a vitally important part of effective response and recovery. Responders' ability to deal with the human aspects of an emergency will determine the success of their overall endeavours.

1.2 "Care for people" is a term used here to encourage a fresh examination of how we prepare to help those affected by emergencies. It embraces the activities currently undertaken as "humanitarian assistance", "welfare", "major incident support" and the like. It represents a holistic approach to personal support in the aftermath of emergencies.

1.3 The Contingency Planning (Scotland) Regulations, 2005 require Category 1 responders to consider whether it would be helpful for a number of them to work together and maintain a multi-agency functional plan. **The Scottish Government believes it would be beneficial for responders to maintain multi-agency arrangements (generic plans) to care for all people affected by emergencies, including those directly or indirectly involved, the emergency responders seeking to support them, and their communities.**

1.4 Experience has shown that the needs of individuals and communities affected by emergencies are diverse and complex. They are influenced by a variety of factors and may change over time. This guidance provides advice on the establishment of flexible and adaptable arrangements that allow responders to manage the provision of personal support at all times following an emergency.

1.5 It is important to recognise communities' ability and desire to be involved in their own recovery. From the outset the relationship between the people affected, their communities and the responding agencies is crucially important.

1.6 **This guidance is commended to all responders and Strategic Co-ordinating Groups for action.** It is written for those with a role in managing care for people affected by an emergency.

1.7 The Strategic Co-ordinating Group management structures referred to in this document are those described in Chapter 4 of Section 1 of *Preparing Scotland* and are not repeated here.

2 SUMMARY

2.1 This section covers:

- what "care for people" means;
- who the affected people are;
- what is proposed;
- establishing a Care for People Team and its arrangements; and
- a programme for action.

2.2 Care for people

2.2.1 Emergencies have wide-ranging effects on individuals, their families, friends and the communities in which they live or with which they are connected.

2.2.2 Emergencies affect people's personal, social and economic lives. The impact may be transient or prolonged.

2.2.3 Care for people lies at the heart of any emergency response. It is demonstrated by:

- the life-saving activities of the emergency services;
- the parts played by the professional health and caring services and others; and
- the work of volunteers, faith communities, friends and neighbours in helping those affected and rebuilding communities.

2.2.4 Care for people covers a diverse range of activities. In order for these to be effective it is important to ensure that they are managed, co-ordinated and consistent.

2.2.5 In this section "care for people" embraces the actions taken to promote the wellbeing of all people affected by emergencies. It does not include the immediate life saving activities which are well provided for by the emergency services, but it does include meeting the essential needs of survivors when removed from danger. It encompasses:

- the support provided for individuals' personal, physical, practical and health needs;
- direct intervention to assist groups and individuals;
- caring for people affected by insidious and slow developing emergencies that affect their lives in less dramatic but, nonetheless, harmful ways; and
- sustaining and, if necessary, contributing to the regeneration of communities.

2.3 Who the affected people are

2.3.1 The people affected by emergencies can fall into broad categories drawn from all walks of life and backgrounds. They include:

❚ those directly involved in the emergency who are uninjured;
❚ those injured;
❚ the dead;
❚ the bereaved, families and friends of those involved;
❚ vulnerable people (including those with disabilities, medical conditions, learning difficulties, the very young and elderly people);
❚ affected communities, which could be geographical or characterised by common interests or demographic features;
❚ those indirectly involved in the emergency who need support or reassurance; and
❚ rescuers and response workers.

2.3.2 However, the list is not, and cannot be, comprehensive, as the impact on people's welfare will depend on the individual and the particular circumstances of an emergency.

2.3.3 It is recognised that the use of generic terms to describe people affected by emergencies is fraught with difficulty and that there are sensitivities related to a number of descriptions. In this guidance the term "those affected" is used simply as a means of describing the many categories of people affected by emergencies.

2.4 What is proposed by this guidance?

2.4.1 **The guidance proposes that Strategic Co-ordinating Groups establish multi-agency Care for People Teams** in order to:

❚ prepare for the provision of essential services for those affected by emergencies; and
❚ co-ordinate a functional response to emergencies at a tactical level.

2.4.2 The guidance recommends that responders identify functional managers to take forward their normal work in emergencies. They will know best how to adapt their skills, knowledge and expertise to care for people in an emergency. It encourages them to work with partners to make local arrangements for preparation and response to emergencies. It provides advice on Care for People Team leadership, management objectives and outcomes.

2.4.3   It indicates how the Care for People Team's activity can be integrated with the overall management framework for response established in each Strategic Co-ordinating Group area.

2.4.4   Advice is given on generic capabilities (for example, survivor reception centres, rest centres, humanitarian assistance centres, etc.) and their part in caring for people.

2.4.5   **The guidance does not tell people how to do their jobs.** It describes in broad terms the activities required of the Care for People Team and the management framework in which the Team's work is set. **Working together to build the Care for People Team, clarifying its partners' roles and responsibilities and agreeing its emergency arrangements (plans) is an essential part of team building.**

2.4.6   It is recognised that in some SCG areas the number of organisations involved across a wide area may lead to the need to establish a number of Care for People Teams. However, in these circumstances all of the Care for People Teams' arrangements within a SCG area should be consistent and scalable to enable area wide co-ordination if necessary.

2.4.7   For convenience, the Care for People Team is generally referred to as the Team in the remainder of the guidance.

3   ESTABLISHING A CARE FOR PEOPLE TEAM

3.1   Statutory guidance under the Civil Contingencies Act (*Preparing Scotland* Section 2) recommends establishing a number of specialist sub-groups to drive forward work in particular areas of emergency planning.

3.2   **The Strategic Co-ordinating Group should agree to the establishment of a Care for People Team and draw together relevant Category 1 and 2 responders, key voluntary bodies and others with a part to play.** The SCG should secure each partner's formal commitment to support the Team's development and its activities in preparation, response and longer-term recovery. It is important that the most senior managers, in each organisation, and their staff support the initiative.

3.3   **In creating a Care for People Team, the SCG's partners should authorise Team members to act on their behalf in making its arrangements.** The Team's members must ensure the integration of its arrangements with the generic arrangements made by the SCG and their own organisation.

3.4   **The SCG should identify a lead responder, under the Civil Contingencies Act, responsible to the SCG for establishing a Care for People Team and its arrangements.** Other responders will have a duty to support the lead responder's work. Given the role of local authorities in social care, recovery from emergencies and community wellbeing it is recommended that a local authority should be identified as lead responder and its Chief Executive should report on progress as a member of the SCG.

3.5   The identification of a lead responder in establishing the Team and in preparation does not require them to take the lead in response to an emergency. The Team's arrangements should clarify its leadership in emergencies having regard to the places they occur and their nature.

3.6   In an emergency, the SCG will be supported by a number of advisory groups such as Scientific and Technical Advice Cells (STAC), and functional groups such as Public Communications Groups and Care for People Teams. In each case, the tasks of team building and plan preparation for such groups should be managed by an individual with the appropriate mix of seniority and experience. **It is suggested that for the Care for People Team, this role should be undertaken by a local authority Director of Social Work or equivalent.** This manager may also be one of those identified to lead the Team at a time of emergency. They should be supported by an emergency planner to advise on the planning process and the integration of the Team's arrangements and the SCG's generic plan.

3.7 The Team should comprise representatives of all agencies and functions with a part to play in caring for people, including:

- local authorities (e.g. social care, children, adults and housing services);
- health services (e.g. primary care, mental health services);
- police (family liaison co-ordinators);
- utilities;
- transport operators and their care teams;
- occupational health and staff welfare;
- voluntary organisations (e.g. British Red Cross, WRVS, Salvation Army, Citizens' Advice service, Samaritans, Cruse, animal welfare organisations);
- faith communities; and
- other organisations with a role in caring for people (e.g. housing associations, private/commercial carers).

Membership should reflect local conditions and agencies. Members should be senior practitioners who would be responsible for caring for people during an emergency.

3.8 The engagement of relevant functions with the process is a vital part of the Team's preparations and is a feature of the Civil Contingencies Act. The Team should identify a number of its members able to lead its activity both in preparation for and following an emergency.

3.9 The Team should be provided with appropriate support for its initial activity. Its arrangements should take into account the administration of its business in preparation for and following an emergency.

3.10 In the initial stages of its development the Team should:

- confirm its role, aim and objectives;
- confirm its membership;
- confirm its position and links with the SCG's co-ordinating management framework;
- clarify the roles and responsibilities of its members;
- identify a leader and a pool of potential Team leaders;
- clarify how its leadership is determined at a time of emergency;
- consider the impacts of emergencies on its work caring for people;
- define its call-out arrangements;
- prepare a programme for developing multi-agency Care for People arrangements (a generic plan);

▮ establish specialist groups to deal with particular areas of expertise or generic capabilities (e.g. rest centres, personal support, etc.) and prepare generic capability plans if necessary;

▮ prepare a programme to raise awareness and train managers and staff;

▮ determine and manage a programme of exercises for aspects of the Team's work and its overall co-ordination for emergencies; and

▮ establish the processes for maintaining its arrangements including identification and recruitment of members, and succession planning.

3.11   An outline of generic arrangements is listed at **Annex 1**.

4 THE CARE FOR PEOPLE TEAM

4.1 The Team is a multi-agency functional team that is active at the tactical level in preparation, response and longer-term recovery. It is one of a number of functional groups which should be established at the tactical level (for example, a Public Communications Group and a Scientific and Technical Advice Cell).

4.2 The purpose of the Team is to care for people before, during and after emergencies by establishing and sustaining a formal partnership to co-ordinate its joint activity. It will ensure that its members own and maintain their arrangements and are fully prepared to respond to emergencies at all times.

4.3 The Team will:

- advise and inform the decisions of the Strategic Co-ordinating Group (SCG);
- implement the SCG's strategies by co-ordinating its members' activities and integrating them with other functions' activities; and
- deliver services through its members' staff working at an operational level.

4.4 *The outcomes expected of the Care for People Team*

The Team's activities will achieve outcomes to ensure that:

- the needs of people are the focus for both preparation and activity following an emergency;
- care for people is joined up, effective and timely;
- people's needs are met by those best able to fulfil them;
- people's essential personal needs are identified at all times;
- there is both a single point of access to all services and that services are delivered at the most suitable place; and
- care for people is integrated with other multi-agency activities.

4.5 The following aim and objectives are commended to SCGs:

4.5.1 *The aim of the Care for People Team*

To prepare effective management arrangements to co-ordinate the activities of all responders to care for people by:

- providing for the welfare and wellbeing of those affected by emergencies;
- reducing to a minimum the harmful effects of any emergency on individuals and communities;
- contributing support for their recovery; and
- being ready to respond at all times.

4.5.2 The objectives of the Care for People Team

❚ Identify, recruit and train managers and staff to care for people following an emergency;

❚ clarify leadership in preparation and response;

❚ provide a single point of reference for preparation and caring for people affected by emergencies within the SCG area (or a smaller area within that);

❚ prepare and maintain co-ordinating management arrangements (a Care for People generic plan) that are integrated with each partner's internal arrangements and the SCG's generic management framework in order to:

  ❚ enable effective call out and activation of its response to emergencies;

  ❚ identify requirements for the short, medium and longer-term care for people;

  ❚ provide shelter, sustenance and comfort for those affected;

  ❚ provide readily accessible, yet discreet, personal support services for those affected;

  ❚ provide readily accessible, yet discreet, practical support services for those affected; and

  ❚ ensure that people receive services appropriate to their needs, regardless of where and how those needs are manifested or the time elapsed since an emergency;

  ❚ engage with communities to identify and provide for their needs; and

  ❚ promote a personal, sympathetic and compassionate approach to those affected.

4.6 The Care for People Team's place in the SCG Framework

4.6.1 **Figure 1** represents the relationship of the Team with the SCG management framework.

4.6.2 Where one group/team overlaps with another, both must ensure that effective means of communicating are in place and that individuals involved in those group/teams are aware that they are expected to making the connections to facilitate co-ordination.

4.6.3 The Chair of the Team will both lead the Team and inform/advise the Strategic Co-ordinating Group as and when necessary. They will lead the co-ordination of the Team's activity in implementing the SCG's strategies as they affect care for people.

4.6.4 The person(s) linking the Team and the Multi-agency Tactical Co-ordinating Group will seek to integrate the Team's work with that of the other functional teams responding. They will keep the Tactical Group informed of the Team's activity, draw upon any support the Team requires and identify if its support might help others. For example, they might ask property managers to identify and open a building as an outreach facility in a remote community, work with the Public Communications Group to inform the public of the Team's activities and services or offer to provide trained emotional support for agency debriefing.

4.6.5   The Team's specialist group leaders should be identified in advance with the support of their group. They will work with Team colleagues to identify the best way to implement the SCG's strategy for caring for people and lead specific operational aspects of the Team's work. (Examples of specialist groups are shown in Figure 1 for illustrative purposes only as rest centres, personal and practical support, and humanitarian assistance centres). Group leaders will ensure that their group's operations are co-ordinated with the Team's overall activity.

4.6.6   The SCG framework is integrated with the Scottish Government emergency arrangements which in turn are integrated with UK Government. The Scottish Government will establish its Resilience Room (SGoRR) which is linked with the activities taking place within the Cabinet Office's Briefing Rooms (COBR). The Scottish Government's corporate arrangements involve all of its directorates and a Cabinet Sub-Committee (CSC-SGoRR), as necessary, depending on the nature of the emergency.

4.6.7   The management framework, therefore, describes the communications links from local to UK Government level.
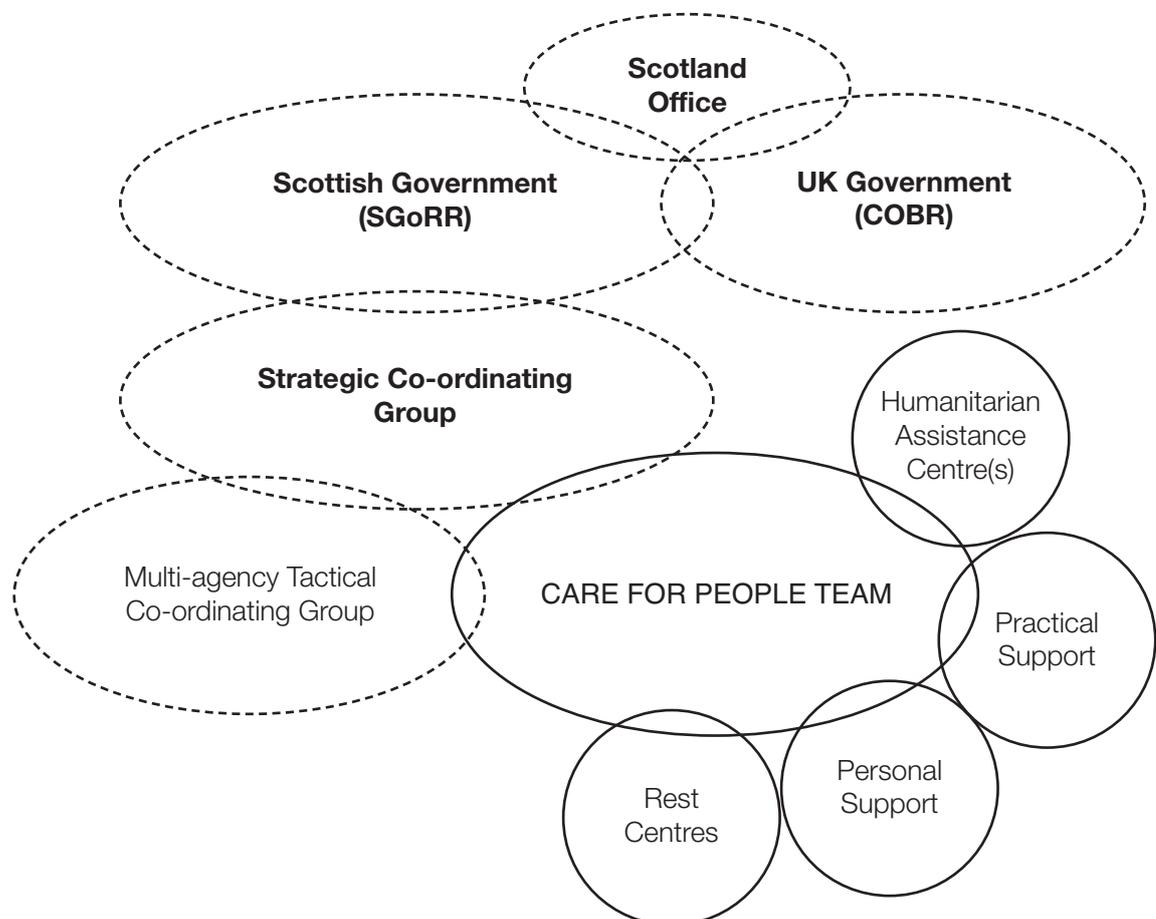

Figure 1 - The relationship between the Care for People Team and the SCG management structure

5 THE CARE FOR PEOPLE TEAM'S ACTIVITIES

5.1 It is important for the Team to recognise the wide range and diversity of activities required to support and assist those affected by emergencies. In addition to immediate shelter and practical assistance, there may be a need to provide social and psychological support for a number of years. **Survivors, the bereaved and others affected will expect a seamless response.**

5.2 Utilising the Community Risk Register and its planning assumptions, the Team should consider the impacts of emergencies on their functions. They should then consider the services that individuals and communities will need as a result and the management arrangements that will be necessary to deliver them. They may include:

❚ administrative processes and the means of recording and tracking those affected and their needs;

❚ shelter and physical wellbeing;

❚ practical support and advice;

❚ personal emotional and psychological support;

❚ community wellbeing, regeneration and recovery;

❚ wellbeing and support for response staff; and

❚ effective communication with those affected and the public.

5.3 The following paragraphs give a broad indication of the activities that the Team should consider. A number of unique issues will arise following each emergency.

5.4 *Administration, recording and tracking those affected and their needs* will ensure that they are identified and provided with suitable support by:

❚ identifying and checking up on vulnerable people;

❚ establishing places and procedures for personal contact and support (e.g. rest centres, humanitarian assistance centres, community liaison activity);

❚ registering and recording people's interaction with the Team (the aim should be to record key data once only);

❚ effective information sharing between partners at all times;

❚ effective case administration;

❚ maintaining, managing and successfully concluding people's relationships with the Team;

❚ ensuring that those affected are supported by the agencies/functions best able to provide for their needs;

❚ ensuring that authoritative and relevant information is provided for the people the Team supports at all times; and

❚ sustaining effective relationships with other functions (e.g. Public Communications Group, logistics, transport).

5.5   ***Shelter and physical wellbeing*** will include matters such as:

- survivor reception centres, rest centres, short term temporary accommodation, refreshment and comfort;
- longer term temporary accommodation and re-housing;
- first aid and medical provision for displaced people;
- provision for vulnerable people;
- comforting and reassurance; and
- police family liaison and investigations.

5.6   ***Practical support and advice*** can encompass a very wide variety of matters. For example:

- single points of access to services (humanitarian assistance centres);
- essential personal items (clothes, furnishing) for those made homeless;
- access to finance or hardship funding (if personal effects or means of support are lost);
- temporary or permanent accommodation;
- transport;
- advice on insurance, finance, benefits, welfare rights and access to grants and loans;
- support for those whose livelihoods have been affected or lost;
- advice on dealing with the media;
- addressing the particular needs of the bereaved which may be personal and unique or relate to external events (memorial services, fatal accident inquiries, criminal inquiries, etc.);
- retrieval of personal items and valuables from damaged or contaminated property for survivors and the bereaved; or
- having shopping or children's school work delivered when families are quarantined to prevent the spread of animal diseases.

5.7   It is impossible to predict all of people's practical needs in advance of emergencies. The Team can learn from its own and others' experience. For example, Disaster Action has published information which examines the needs of individuals related to the return of personal property:

http://www.disasteraction.org.uk/support/da_guide05.htm

5.8   ***Personal emotional and psychological support*** can range from the comforting provided by volunteers and faith communities to the formal intervention of the health services for those severely traumatised. It can include support provided at "drop-in" facilities to provide a sympathetic ear in troubled times, advice on relationship difficulties, and discreet personal support tailored for the specific needs of individuals. This field is subject to a good deal of research and advice is available for health and caring professionals. The Team must balance the desire to support those affected and the individuals' real needs for assistance. The Team should remain watchful and monitor community and individual needs.

5.9 ***Community wellbeing, regeneration and recovery*** are important parts of the Team's activity and will have to be co-ordinated with the activity of other functions in response. All activity should have regard to the sensibilities of the bereaved and survivors within, and from outside, an affected community.

5.10 Experience has shown that communities have a desire to be involved in their own recovery. This may manifest itself in the willingness of individuals to volunteer help and self-help initiatives taken by organised community groups.

5.11 **The Team should take active steps to engage with communities and support suitable activities.** It should use community networks to monitor any changes that may affect social resilience and diminish social capital. Community engagement will also present opportunities to canvas community opinion on the steps being taken by responders and to support the community's own activities in regeneration and longer term recovery.

5.12 There are many formal and informal community networks. They include Community Councils, Community Planning, Community Safety and Community Health partnerships, Neighbourhood Watch, local clubs and societies, many of which can provide advice, assistance and information on local structures and provide community leadership. Communities will include different ethnic groups, nationalities and people whose first language is not English. Establishing ad-hoc community liaison groups in affected areas should be considered.

5.13 However, engagement should not be limited to geographical communities. It should also include communities of interest (faith communities, workplaces, and schools). It will be helpful to engage with and support the establishment of self-determining and independent family and survivor support groups. Such groups are frequently set up in the aftermath of disasters and may play a vital role in the lives of many people in worldwide communities.

5.14 It should also be borne in mind that those affected may not always have been directly involved in an emergency (for example, people who supply or rely upon businesses that have been destroyed).

5.15 ***Wellbeing and support for response staff*** is vitally important for all staff and volunteers responding to emergencies. Each organisation has a duty of care to its staff. Demonstrating that staff are valued and cared for can boost morale in the darkest hours of response. Staff may be called upon to undertake some particularly harrowing and distressing tasks in a stressful and demanding environment. The effects on individuals can vary and there is a good deal of research and advice available for professionals. Most large organisations will have arrangements in place to support staff and these will have increased salience in emergencies.

5.16   In caring for staff, SCG partners will consider:

■ physical needs including: accommodation, catering, refreshment;
■ stress management including: rotas, rest periods;
■ personal support including: debriefing, access to support, monitoring; and
■ stand-down and return to normal work.

5.17   The Team will be involved in providing personal support and should ensure that its work is integrated with other aspects of staff welfare. There are some elements of staff support that might be assisted if those responsible for staff care within their organisations were engaged with the Team to:

■ share their experiences;
■ ensure that there are no gaps in provision;
■ provide an independent and discreet support service;
■ ensure that those working outside their normal support mechanisms are not overlooked;
■ provide for those who are not part of a formal support structure for emergency response (contractors, volunteers, etc.) and
■ co-ordinate assistance for its partners if required.

The Team also has a responsibility to its members to ensure that their welfare is protected when they are working remotely from their normal place of work and support networks.

5.18   *Effective communication with those affected and the public* is an important aspect of the Team's activities. The Team should work with the Public Communications Group, in accordance with SCG procedures, to ensure that those affected and their communities are informed about the Team's activities and services it provides. The public should be made aware of the Team's activities and access arrangements should they require support.

6 THE CARE FOR PEOPLE TEAM'S ACTIVITIES FOLLOWING AN EMERGENCY

6.1 For the purpose of illustrating the Team's activities following an emergency, the examples below are built around response to a catastrophic emergency in one location. However, by basing its response on generic arrangements, the Team will be able to adapt to the particular needs of most emergencies. SCG partners should acknowledge that the Team's activation may be required for events below the scale of emergency identified by the Civil Contingencies Act.

6.2 In an emergency the Team would be called out and would take action to care for people. The Team's arrangements will need to describe activation and reporting procedures. The activation procedures should minimise delay in alerting and implementing the Team's activities. Ideally a single point of contact will have access to those authorised to act regardless of the establishment of the SCG strategic level.

6.3 The emergency services are well trained and prepared to deal with those seriously injured or whose lives are at risk. Those activities are covered in *Responding to Emergencies in Scotland* elsewhere in *Preparing Scotland*.

6.4 There may be evacuees and those who have survived and have been assessed as not requiring medical treatment. They may be traumatised, suffering from shock, anxiety or grief. The emergency services may ask the Team to provide for their wellbeing while they address other urgent needs.

6.5 A number of centres that may be established are listed below. There is no requirement to open every centre and the Team will adapt its response to suit the particular circumstances of an emergency. A centre established for one purpose may change its role over time. It is important that any change in role is recognised by managers and reflected in its management. **It is incumbent on the Team to undertake regular reviews of the need and purpose of the centres.**

6.6 The emergency services may establish a **survivor reception centre** (SRC) for short term shelter, first aid and, perhaps, the gathering of evidence, until the Team becomes involved.

6.7 Outline information on survivor reception centres is attached as **Annex 2**.

6.8   The initial needs of those affected (survivors) are likely to include:

- safety, shelter and warmth;
- comforting;
- food and drink;
- minor first aid to treat injuries;
- help to meet any health and mobility needs;
- changing, washing and toilet facilities; and
- personal practical needs, for example, warm clothing, blankets, etc.

6.9   The Team would establish a **rest centre** as a refuge for evacuees and others affected. People arriving at the rest centre will be registered (to ensure the names and addresses of all those affected are recorded), provided with shelter, refreshment and practical support and, if necessary, interviewed by the police. Care must be taken to avoid duplication of processing for those transferred from SRCs. People affected may also need support beyond their immediate requirements, for example, access to transport or temporary accommodation or referral to a humanitarian assistance centre.

6.10   Outline information on rest centres is attached as **Annex 3**.

6.11   SCGs and local responders should maintain lists of accommodation suitable to be used as rest centres and other facilities during emergencies. The Team must work closely with SCG members' functions that manage accommodation and associated resources to ensure the appropriateness of accommodation for its purposes and achieve rapid activation when required.

6.12   A **family and friends reception centre (FFRC)** may be established by the police in consultation with the Care for People Team.

6.13   Outline information on the family and friends reception centre (FFRC) is attached as **Annex 4**.

6.14   The purpose of a FFRC is to help reunite family and friends with survivors. Family and friends of those involved, or thought to have been involved, in an emergency will be directed to the FFRC, where they will be registered and their identification confirmed by the police. They will be briefed regarding the emergency and given access to initial practical and emotional support from the Team and its partners in a particular emergency. Experience has shown that many people will travel to the scene or to meeting points, such as travel arrival and departure points, if they believe their family or friends may have been involved in an emergency. The Team should prepare to work with transport operators and similar organisations to provide essential services for those affected.

6.15   Survivor reception centres, rest centres and friends and family reception centres may meet the needs of those affected in the short term. However, experience has shown that providing for their personal needs may require the Team's support for a considerable time. How that support is provided must be determined on the basis of the impacts of the emergency and matters such as the numbers of those affected, number of fatalities and potential inquiries and investigations. The Team will consider a range of options for conducting its work that may include:

❚ co-ordinated extension of partner organisations' normal work;
❚ providing a personalised service for a small number of people;
❚ establishing a "virtual" support centre using helplines or websites;
❚ developing rest centres or other emergency centres into fully functioning humanitarian assistance centres (HACs);
❚ establishing one or more HACs;
❚ establishing HACs to deal with particular client groups (friends and family members, the bereaved or particular communities); or
❚ other initiatives designed to meet the particular needs of the emergency.

6.16   The SCG may agree that a physical **humanitarian assistance centre(s)** (HAC) will be established. It may be necessary to open a number of HACs to deal with the needs of those affected by an emergency at remote locations in the UK or overseas.

6.17   Outline information on humanitarian assistance centres is attached as **Annex 5**.

6.18   The HAC will provide accommodation for Team members who can access the necessary support and assistance for all of those directly affected.

6.19   The purpose of an HAC is to:

❚ act as a focal point for information and assistance for those affected by an emergency, including survivors and the bereaved;
❚ offer access to, and guidance on, services available to allow people to make informed choices according to their needs;
❚ **ensure a seamless multi-agency approach to care for people at all times;** and
❚ facilitate the gathering of evidence to aid identification where necessary.

6.20   The nature of the emergency may require the police to appoint **family liaison officers** (FLOs) whose duties are primarily related to investigation. FLOs work closely with the bereaved and may call upon other agencies to provide caring services and support. **The Team will work closely with FLOs and select staff to train with them, share understanding of respective duties and the special needs for confidentiality.** Support for the bereaved must be integrated and consistent in both the police and Care for People Team arrangements.

6.21 It is important that accurate records of those affected are kept at all response centres and made available for Casualty Bureaux, should they be established, and for those managing the longer term care for people. **Guidance on data protection and sharing** can be found at:

http://www.cabinetoffice.gov.uk/media/132709/dataprotection.pdf

6.22 Whilst the immediate needs of those affected are being addressed the Team should consider people's requirements for the medium to longer term. It should adapt its management arrangements to suit the circumstances of the emergency.

6.23 Managers will need to reflect upon a variety of features which may include:

- the Team's capacity and arrangements for joint working including: location, hours, staffing levels;
- identifying the needs of those affected by virtue of the particular circumstances of the emergency;
- establishing the means of reaching out to individuals and communities that might include:
    - a single or multiple outreach centres for those affected (HACs);
    - outreach facilities for particular communities;
    - provision for the bereaved, relatives and friends of those affected;
    - direct contact with affected individuals;
    - community engagement and monitoring of community wellbeing;
    - public information (helpline, website, newsletter, etc.) in conjunction with the PCG;
- service delivery at the point of need;
- links with other agencies (transport operators, those affected support groups, etc.);
- links with remote support organisations (for example, local authorities at departure points in transport accidents); and
- links with the SCG's other functional management teams (PCG, STAC, finance, etc.).

6.24 An important role for the Team's managers is to keep abreast of the contemporary environment in which its work is set and adapt its management to suit. **This will include the important decisions to expand, maintain, reduce or discontinue any special arrangements and manage the transition to provide care through normal services**. These decisions should be taken with the knowledge and support of those affected.

6.25 The Team should keep people informed of its activity by working closely with the SCG's Public Communication Group (PCG) to establish a **single point of contact** for survivors, families and friends and to provide information about what is happening.

7 ACTION PROGRAMME

7.1 The SCG is encouraged to prepare effective arrangements to care for people by:

❚ **agreeing to establish a multi-agency Care for People Team;**
❚ formalising SCG members' agreement and support;
❚ identifying a local authority as lead responder as described in the Contingency Planning (Scotland) Regulations 2005, and its Chief Executive to act on the SCG's behalf and report on progress in developing the Care for People Team and its arrangements;
❚ identifying a local authority Director of Social Services, or equivalent, as project manager for the establishment of the Team and its arrangements;
❚ identifying an emergency planner to support the project manager;
❚ encouraging all members to identify senior functional managers to represent them in establishing the Team and agreeing its arrangements;
❚ tasking the Team to develop a timed project programme (including training and exercising) for approval by the SCG;
❚ receiving regular reports on progress against timescale;
❚ endorsing the Care for People generic arrangements and the date for its adoption; and
❚ receiving regular reports on the Care for People Team and its fitness for purpose against emerging risks and organisational change.

Annex 1 - Outline Care for People Team generic arrangements

A 1.1   The Team's generic arrangements should include:

- a statement of its partners' endorsement and adoption;
- arrangements for activation including alerting and standby procedures for all aspects of the Team's activity;
- the procedure for identifying the Team's leader when alerted;
- the generic roles and responsibilities of Team members;
- location(s) of the places from which the Team will work;
- arrangements for administration of the Team's activities;
- stand-down procedures;
- staff welfare policies;
- maintenance procedures; and
- validation (exercise) and training programmes for everyone involved in implementing the arrangements.

A 1.2   The Team will be responsible for co-ordinating its members' activity by co-operative working.

Annex 2 - Survivor reception centre (SRC)

A 2.1 A survivor reception centre is a secure area in which survivors not requiring hospital treatment can be taken for short-term shelter, first aid, documentation and, if necessary, police interview.

A 2.2 The decision to open a SRC will normally be taken by the police. The Care for People Team should be advised of the decision. The safety and wellbeing of survivors is of prime importance and the location of the SRC will be dictated by the type, scale and location of an emergency.

A 2.3 Its purpose includes:

❚ provision of immediate shelter and information;
❚ registration, recording details of survivors for the Police Casualty Bureau and Care for People Team;
❚ initial interviews of survivors as potential witnesses and to gather evidence;
❚ minor first aid to treat injuries;
❚ help to meet any health and mobility needs;
❚ refreshment;
❚ immediate assistance and support for survivors; and
❚ transfer to rest centres if required.

Location

A 2.4 A decision on the location of an SRC is likely to be a dynamic one that is influenced by a number of factors. Early contact with the Care for People Team may assist in identifying appropriate accommodation. A risk assessment should be carried out on any potential or actual location. In addition to considering the physical safety of survivors and ensuring they are not in any further danger, consideration should then be given to the facilities and services required and a location that does not provide reinforcement of the emergency that has occurred (for example, overlooking railway lines for train crash survivors). Considerations should include:

❚ access and facilities for disabled people;
❚ reception/registration area;
❚ rest area;
❚ interview rooms;
❚ first aid;
❚ toilet and washing facilities;
❚ communications availability;
❚ segregated areas for changing, nursing mothers, etc;
❚ refreshments; and
❚ areas for managers and staff.

A 2.5   Predetermined arrangements and early contact with the Care for People Team might allow access to accommodation that could meet the short term needs of a SRC and longer term rest centre if required. This would then avoid the need for those affected to travel between centres.

Management of the survivor reception centre

A 2.6   A survivor reception centre may involve a number of organisations including the police, local authority, health and voluntary organisations. A police officer will generally be appointed as SRC manager in the first instance. As soon as possible, a local authority manager will assume the role of SRC manager, allowing the police to concentrate on their principal activities. Some companies (e.g. transport operators and oil companies) may wish to make their own arrangements for establishing SRCs for their clients/personnel. It is important that these are identified in preparation and integrated with the Care of People Team's arrangements.

A 2.7   The centre manager will work with partners to ensure that the SRC is managed effectively. In particular that:

- those using the SRC are treated with sensitivity, dignity and respect;
- effective arrangements are in place for reception and registration;
- the personal needs of those affected are addressed as effectively as the situation allows;
- evidence gathering procedures are implemented, if necessary;
- good communications links are maintained with the Police Tactical Commander, Care for People Team, Casualty Bureau, Public Communications Group and other relevant response teams;
- the welfare and wellbeing of SRC staff is considered at all times; and
- health, safety and security are maintained.

Multiple SRCs

A 2.8   There may be more than one SRC in the response to a very significant incident or where survivors have been transported out of an area during the initial response. If SRCs are opened by other SCGs close contact should be maintained between the police, Casualty Bureaux, SCGs, PCGs and Care for People Teams in all areas.

Annex 3 - Rest centre

A 3.1   A rest centre is a safe and secure place managed by the local authority for the temporary accommodation of people displaced by an emergency. It may provide overnight facilities in the short term.

A 3.2   Its purpose includes:

❚ providing safety and shelter;

❚ providing necessary health care (at the centre or elsewhere);

❚ providing light refreshments;

❚ registration, to enable details of evacuees to be gathered for the use of a Police Casualty Bureau and the Care for People Team;

❚ providing for people's wellbeing and offering access to a range of personal and practical support services;

❚ enabling contact with family and friends;

❚ providing access to information on the progress of the emergency and its impacts. For example:

   ❚ the nature of the incident;

   ❚ news about family, friends or colleagues who may have been involved in the emergency;

   ❚ the location of other survivors;

   ❚ what will happen to them and when; and

❚ providing facilities for the police to interview affected people and witnesses, if necessary.

Decision to open a rest centre

A 3.3   In most emergencies the emergency services will ask the Care for People Team to open a rest centre. In preparation, the Team should clarify the process for alerting Team members and property owners for opening a centre.

Location

A 3.4   In preparation local authority functional managers responsible for property should work with their SCG partners and the Care for People Team to identify possible locations for rest centres. They should consider:

❚ general access, parking and facilities for disabled people;

❚ cleanliness, warmth, lighting and ventilation;

❚ impact on normal use;

❚ comfortable rest area with suitable furniture;

❚ separate sleeping areas with appropriate facilities;

❚ toilet and washing facilities;

- communication links, telephones, fax and internet, etc;
- ability to meet routine regulatory requirements for use by large numbers of people;
- security and privacy;
- out of hours access arrangements;
- health and safety;
- facilities for:
  - reception and registration;
  - first aid;
  - food preparation and catering;
  - nursing mothers;
  - religious and cultural needs;
  - pets and animals (outside the centre);
  - staff facilities and rest rooms;
  - offices for managers;
  - interview rooms; and
  - recreation.

Management of the rest centre

A 3.5   A rest centre manager should be appointed by the local authority to lead a centre management team. The organisations which would be present at the rest centre should form a management team. It should include local authority functions (social services, child and adult care, environmental health, catering), police, health and voluntary organisations and property owners. All members of the management team and their staff should be trained, exercised and clear about the rest centre and the facilities it offers.

A 3.6   The management team will ensure that the centre is managed effectively. In particular that:

- those using the centre are treated with sensitivity, dignity and respect;
- arrangements are in place for reception and registration;
- good communications links are maintained with the Care for People Team, Casualty Bureau, Public Communications Group and other relevant response teams;
- statutory requirements are fulfilled (health and safety, environmental health, etc.)
- the welfare and wellbeing of staff is considered at all times;
- health, safety, order and security are maintained; and
- the personal needs of those affected are addressed as effectively as the situation allows.

Annex 4 - Family and friends reception centre (FFRC)

A 4.1   A family and friends reception centre (FFRC) is a safe and secure place, away from public view, that is established to act as a focal point for the family and friends of those believed to be involved in an emergency.

Its purpose includes:

❚ registration, confirmation of identity and interviewing of family and friends;
❚ providing information about the incident;
❚ recording full details of persons believed to be missing for the Casualty Bureau;
❚ assisting with the investigation into the incident;
❚ collecting forensic samples to assist in the identification and/or investigation process; and
❚ providing initial practical and emotional support to families and friends.

Decision to open a family and friends reception centre

A 4.2   A FFRC is likely to be required following emergencies causing significant casualties and/or fatalities.

A 4.3   The decision to open a family and friends reception centre will be made by the Police Tactical Commander in consultation with the Police Strategic Command.

A 4.4   In response to an emergency the police will take the lead in identifying and opening an FFRC. The Care for People Team should be consulted as part of this process. As part of its preparation, the Team should clarify the process for alerting Team members and owners of property at which a FFRC is to be established.

Location

A 4.5   In preparation local authority functional managers responsible for property should work with their SCG partners and the Care for People Team to identify possible locations for FFRCs. They should consider:

❚ the Community Risk Register;
❚ impact on normal use and the local community;
❚ general access, parking and facilities for disabled people;
❚ security and privacy;
❚ general ambience (natural lighting, furnishing, etc.);

- areas for:
  - reception and registration;
  - rest;
  - toilet and washing facilities;
  - food preparation and dining;
  - religious and cultural needs;
  - staff working and rest facilities; and
- communication links, including telephones, fax and if possible, internet and television reception.

A 4.6 Potential venues should be assessed by the police for the privacy, safety and security of all those using the FFRC.

Management of the family and friends reception centre

A 4.7 Managing a FFRC will involve a number of organisations including the police and Care for People Team. At a very early stage the police will appoint a FFRC manager who will form a FFRC management team. The management team may include commercial organisations (for example, transport operators) and property owners.

A 4.8 The management team will ensure that the centre is managed effectively. In particular that:

- appropriate organisations are represented at the centre;
- medical support is available if required;
- disability and diversity requirements (including interpreters) are assessed;
- good communications links are maintained with the Care for People Team, Casualty Bureau, Public Communications Group and other relevant response teams; and
- it constantly reviews the need to establish a humanitarian assistance centre (HAC).

Family and friends reception centre manager

A 4.9 The FFRC manager will be a police officer responsible for the overall operational effectiveness of the centre. They will consult with the police senior investigating officer (SIO) and the police senior identification manager (SIM) regarding the FFRC role in the particular investigation and ensure that:

- those using the centre are treated with dignity and respect;
- effective arrangements are in place for their reception and registration;
- accurate details of those using the centre are recorded and shared with the Care for People Team;
- details of missing persons are recorded on the appropriate forms;
- a risk assessment is carried out on use of the premises and appropriate control measures introduced if necessary;

■ details of those attending who need to be assigned a police family liaison officer are forwarded without delay (SIO and SIM will be consulted on this process);
■ those using the centre are clear on the action being taken (including the deployment of FLOs where relevant) prior to them leaving the FFRC;
■ arrangements are in place to provide transport, accommodation and other necessary support for those using the FFRC; and
■ the special needs related to re-uniting family and friends are met by providing reunion areas: discreet private areas, perhaps remote from other centres, with appropriate facilities and support.

A 4.10 It is recognised that some companies (for example, transport operators and oil companies) may wish to make their own arrangements for establishing FFRCs for their clients and/or personnel. It is important that these are identified in preparation and integrated with the Team's arrangements.

Annex 5 - Humanitarian assistance centre (HAC)

A 5.1   A humanitarian assistance centre is the place where co-ordinated support for people affected by an emergency is provided. The HAC is the "public face" of the Care for People Team. It is a multi-agency facility established to meet the needs of individuals and communities. It supports all of those directly affected by emergencies including survivors, the bereaved, families, friends and relatives of those affected, the wider community and staff.

A 5.2   The purpose of the HAC is to:

   ▉ act as a focal point for gathering and disseminating information and advice;
   ▉ provide a single point of access to services and support offered by all of the agencies caring for people;
   ▉ allow people to make informed choices according to their needs;
   ▉ ensure a seamless multi-agency approach to care for people to minimise duplication and avoid gaps in provision;
   ▉ ensure that support is provided by those best able to meet people's needs;
   ▉ monitor individual and community needs; and, where necessary,
   ▉ gather evidence to assist investigations and identification processes.

A 5.3   Other emergency centres will refer individuals to a HAC for support and advice. It is important that the Care for People Team make effective arrangements to manage and share information between the centres set up in response to emergency.

A 5.4   Establishing a HAC should be considered as part of a generic response to a wide range of emergencies. A HAC will be required for emergencies involving large numbers of casualties (e.g. terrorism, transport accidents, natural disasters) here or overseas. They may cater for returning travellers, evacuees and visitors as well as local people.

A 5.5   There may be occasions where there is a local HAC (or a number of local HACs) from which a "one-stop service" will provide access to a range of specialist support services which are available but not present. On other occasions it may be appropriate to establish a "virtual" HAC (helpline, website) from which support and advice can be provided and services delivered at remote locations. Communications links will become increasingly important at such times.

A 5.6   The HAC should only be opened when it is staffed and equipped to fulfil its purpose. The HAC specialist group should work closely with the Public Communications Group to publicise the opening of the HAC and its purpose.

Location

A 5.7   In most circumstances, a HAC will need accommodation at which access to support and information services can be managed. In preparation, local authority property managers, working with their SCG partners and the Care for People Team, should identify possible locations for HACs. Accommodation should enable the creation of an environment that is safe, secure and allows privacy where necessary. Issues to be considered in selecting a suitable venue include:

▮ impact on normal use and the local community;
▮ general access, parking and facilities for disabled people;
▮ capacity to deal with the potentially large numbers of agencies and staff that may be involved;
▮ security and confidentiality;
▮ public transport links;
▮ toilet and hygiene facilities;
▮ communications facilities and provision;
▮ refreshments;
▮ areas for managers and staff (offices and rest rooms, catering, etc.); and
▮ sustainability, since a HAC may be required for a considerable time.

A 5.8   Potential venues should be assessed by the police for the privacy, safety and security of all those using the HAC.

Facilities

A 5.9   The Care for People Team will determine specific requirements in the light of the emergency. Consideration should be given to providing for the following facilities at a HAC:

▮ reception and registration – for recording details of those affected and gathering information for the Care for People Team;
▮ interview areas and rooms where enquiries and interviews can take place in privacy;
▮ trained staff able to identify needs and provide access to personal support;
▮ information points with access to current information, helplines, websites and the internet;
▮ access to telephones;
▮ quiet areas for those affected, families and friends who may wish time to reflect or relax;
▮ food and refreshments for those affected;
▮ childcare facilities; and
▮ first aid provision.

Other services

A 5.10 A range of additional services may be required depending on the emergency. They might include:

- victim support services;
- representatives of the Foreign and Commonwealth Office and officials from foreign governments where required;
- representatives of transport companies or travel operators' care teams; and
- access to independent advice on legal and insurance matters, compensation claims, benefits payments, and insurance related issues.

Management of the HAC

A 5.11 Once the Strategic Co-ordinating Group has authorised the opening of a HAC, the Care for People Team will determine:

- which functions and services are required to meet the needs of those affected by the emergency; and
- whether these are best met in a single or multiple centres dealing with different groups of those affected or communities.

A 5.12 The Team will delegate the day to day management of the HAC to its trained HAC specialist group. The group will identify a HAC manager.

Specific roles within a humanitarian assistance centre

A 5.13 Particular roles that should be considered include:

HAC manager – Who will work with partners to ensure that the HAC is managed effectively. In particular that:

- those using the HAC are treated with sensitivity, dignity and respect;
- arrangements are in place for reception, registration and identification of needs;
- good communications links are maintained with other relevant response teams;
- the welfare and wellbeing of HAC staff is considered at all times;
- health, safety and security are maintained; and
- the needs of those affected are addressed as effectively as the situation allows.

Initial reception - Trained staff will record the details of all those attending the HAC for the first time. Each individual who is permitted access should be issued with an identity pass that should be displayed at all times.

Support teams - After reception, those affected will need to be guided through the various services offered by the HAC and provided with a longer-term point of contact for follow-up support. Support teams should be formed to fulfil this role.

Security - This will normally be carried out by the police in the first instance. There must be clear, effective communication between security personnel and the initial reception.

A 5.14 Staff working at the HAC should be issued with identity passes and must be trained and exercised in their personal role and their part in the HAC activities. They should be briefed on beginning their shift with the latest situation report, updated information and other relevant matters.

Ground rules

A 5.15 The HAC specialist group should consider drawing up "ground rules" in respect of the use of the HAC by staff and visitors.

FURTHER READING

Literature and Best Practice Review and Assessment: Identifying people's needs in major emergencies and best practice in humanitarian response - Dr Anne Eyre
Report commissioned by the Department for Culture, Media and Sport - October 2006

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

Identifying People Who Are Vulnerable in a Crisis - Guidance for emergency planners and responders – Cabinet Office Civil Contingencies Secretariat – February 2008

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

Recovery Guidance - Humanitarian Aspects – Cabinet Office Civil Contingencies Secretariat

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

Disaster Action is a charity whose members are survivors and bereaved from over 20 UK and overseas emergencies. Acting as advisers to central and local government and other response agencies, DA offers insight from the perspective of those directly affected.

http://www.disasteraction.org.uk/

and it provides specific guidance for responders at:

http://www.disasteraction.org.uk/guidance/default.htm

The information for responders is particularly helpful in describing the needs and expectations of survivors and the bereaved.

Caring in a crisis: The contribution of social care to emergency response and recovery - Social Care Institute for Excellence 2008

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

Interesting background information on the impacts of flooding may be found in –

Exploring the Social Impacts of Flood Risk and Flooding in Scotland Alan Werritty, Donald Houston, Tom Ball, Amy Tavendale and Andrew Black - School of Social Sciences - Geography, University of Dundee for The Scottish Government *2007*

http://www.scotland.gov.uk/Publications/2007/04/02121350/3

The Pitt Report –Learning the Lessons from the 2007 Floods (in particular Section 4 Chapter 12 – The Local Response)

http://archive.cabinetoffice.gov.uk/pittreview/thepittreview/final_report.html

The Department for Culture, Media and Support has advice for those affected at:

http://www.culture.gov.uk/reference_library/media_releases/5533.aspx

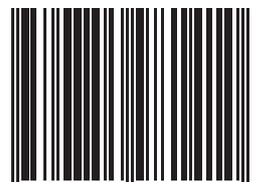**w w w . s c o t l a n d . g o v . u k**