LONDON RESILIENCE PARTNERSHIP

Humanitarian Assistance Framework

Version 5.0

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Critical Information

Introduction	Humanitarian Assistance can be defined as: "Those activities aimed at addressing the needs of people affected by emergencies; the provision of psychological and social aftercare and support in the short, medium and long term." Eyre *et al*. 2007 People need timely practical support with a sympathetic and understanding approach. This kind of support can be crucial to ensuring that people directly affected by a major emergency are able to recover both practically and psychologically. The needs of people affected by major emergencies are individual and varied, and change significantly over time. The road to recovery is both personal and individual, but also collective and shared by communities. Each incident is unique, so this framework promotes a flexible approach to meeting these needs.
Humanitarian Assistance Lead Officer (HALO)	The HALO will be appointed by Local Authority Gold, and will typically be a director with responsibility for Adult Social Care. The HALO will bring together partners including Health, the police, and voluntary and faith sectors to oversee the Humanitarian Assistance effort. They form the Humanitarian Assistance Steering Group (HASG)
Humanitarian Assistance Steering Group (HASG)	The purpose of the HASG is to determine the direction of the Humanitarian Assistance response, and to ensure coordination of the activities of the responders involved. The HASG keeps an overview of the needs of people affected, and takes action ensure there is appropriate support. Officers attending the HASG should be senior officers able to make resourcing decisions on behalf of their organisation.
First steps	Appoint the HALO Call the first meeting of the Humanitarian Assistance Steering Group. Begin assessing the needs of people. Identify options for providing support.
How to use this plan quickly	Look at the Phase Model of Provision to help work through what people may be experiencing. Use the Menu of Options to identify appropriate actions Refer to the guidance for more information.
Principles	Every emergency is different, and it is important to be flexible to ensure the most appropriate and effective response. Respect for the individual and their needs and rights, and for the diversity of communities is key to ensuring the best possible care for affected people. The response to any emergency is conducted in partnership. A multi-agency approach to managing and delivering the humanitarian response is crucial and sharing of information between partners is essential. The arrangements in this plan are complementary to major incident procedures for London set out in the London Strategic Coordination Protocol. Humanitarian Assistance commences during the "Response Phase" of an incident, and continues through to the longer-term "Recovery Phase". The arrangements in this plan are designed to ensure that the support provided to people continues to be appropriate and accessible as response and recovery progresses.

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1. Aim and Objectives

Aim

1.1. The aim of this framework is to ensure that humanitarian care is delivered in an effective manner that meets the needs of those affected by major emergencies.

Objectives

1.2. To provide effective management structures for the multi-agency humanitarian response to a major incident

1.3. To provide tactical options for those managing a humanitarian response, to enable a flexible and proportionate response

1.4. To provide the mechanisms and capabilities to deliver the options

1.5. To ensure that safe systems of work are employed throughout the response.

Scope

1.6. This plan is a Capability Plan, enabling an appropriate humanitarian assistance response to a major emergency, where the people affected have substantial practical or emotional needs. This plan establishes the following capabilities:

- The structures required to coordinate the humanitarian response
- The capability to deploy staff to undertake immediate practical and emotional support, to assist affected people in accessing services
- The capability to deploy staff to provide expert advice in particular areas (such as housing advice, benefits advice etc), who have been trained to understand the impact of traumatic events on affected people, and who can undertake their normal role in the unusual emergency context.

1.7. This plan establishes:

- The management structures to support the Humanitarian Response
- Menus of tactical options to develop a flexible and appropriate response
- Mechanisms for information sharing to enable an appropriate response
- Responsibilities for commissioning appropriate support for people through their longer-term recovery.

1.8. The immediate response to an emergency of this kind is dealt with under the London Emergency Services Liaison Panel (LESLP) Major Incident Procedures. Some of the Capabilities provided for by this plan are of relevance to the immediate response (e.g. the staffing of Reception Centres). However, the main focus of this plan is the medium to longer-term support required by people affected by major emergencies.

Links to other plans

1.9. The following plans are related to this plan, and should be read in conjunction with this document:

- London Strategic Coordination Protocol
- London Emergency Services Liaison Panel (LESLP) Major Incident Procedures
- Category One responders' major incident plans

- London Recovery Management Protocol
- London Mass Fatality Plan
- London Multi-Faith Plan
- London Voluntary Sector Capabilities Document.

1.10. This plan indicates, wherever possible, where these other plans are relevant.

2. Background Information

Types of incident

2.1. There are many potential risks that may trigger the need for a humanitarian response. These are likely to be incidents entailing significant numbers of casualties and/or fatalities. However, other events may be traumatic if they entail an extreme impact on the homes or livelihood of affected individuals.

2.2. Some of the possible risks and threats that are likely to require a humanitarian response are outlined in table one below.

Incident types	Localised examples
Industrial accidents	Fire/explosion at gas terminal/ LPG/LNG gas storage site Accidental radioactive release Biological pathogen release Explosion at natural gas pipeline Large toxic Chemical Release
Transport accident	Aviation accident Rail/tram accident Accident on the road network involving multiple casualties Transport accident involving hazchem / fuel/explosives
Severe weather	Widespread fluvial or coastal flooding
Structural failure	Building, bridge or tunnel collapse Reservoir dam collapse
Threats	Terrorist incident Violent disorder

Table 1: Possible risks and threats requiring a humanitarian assistance response.

What is humanitarian assistance?

2.3. Humanitarian Assistance can be defined as:

> "Those activities aimed at addressing the needs of people affected by emergencies; the provision of psychological and social aftercare and support in the short, medium and long term."

Eyre *et al*. 2007

2.4. People need timely practical support with a sympathetic and understanding approach. This kind of support can be crucial to ensuring that people directly affected by a major emergency are able to recover both practically and psychologically.

2.5. The needs of people affected by major emergencies are individual and varied, and change significantly over time. The road to recovery is both personal and individual, but also collective and shared by communities.

2.6. Table 3 gives an overview of some of the activities that may be required to ensure an effective Humanitarian Response, based on the changing needs of affected people.

2.7. It is important to appreciate that short-term emotional reactions to extreme events are like to form part of the natural recovery process. They do not require a formal psychological intervention (such as counselling) and it would be potentially harmful to provide this is in the

first few weeks after an incident. Much support can be provided informally through existing support networks such as family and friends, supported with good information.

2.8. More formal mental health interventions may be appropriate later if natural readjustment and recovery does not occur, and should be provided by those with a good understanding of post-traumatic psychological effects.

2.9. People may often be reluctant to seek support, for various reasons. Therefore need may be hidden, but will often worsen if not addressed. The needs of specific groups should be considered (especially Protected groups as defined in the Equalities Act).

2.10. It is important to appreciate that there can be an outward 'ripple effect' from an incident, with people affected in different ways.

2.11. The psychological impact of responding to a traumatic incident should not be forgotten: it will be appropriate to consider what provision for emergency services personnel and other frontline responders is needed.

Scale of response

2.12. The scale of the capability required has been based on the London Community Risk Register, the National Resilience Planning Assumptions and the Local Risk Assessment Guidance (LRAG).

2.13. Responders should appreciate the possibility of an incident that is confined in scope to a single location and therefore would be primarily dealt with by a single borough response; and larger incidents requiring mutual aid, or being characterised by simultaneous incidents in multiple locations.

2.14. The numbers of people needing support could be (a) the families of fatalities – which could include 100s of people, for example in a severe terrorist attack; (b) traumatised survivors – which again might be hundreds of people – e.g. in a transport-related incident; (c) people who have been displaced from their homes or suffered a loss of livelihood – which could number thousands of people in widespread flooding, for example.

Phase		Psychological and Emotional Reactions	Needs of People	Frontline/Operational Responders	Tactical Responders	Strategic Responders
Impact/immediate post impact: first few hours	Heroic phase	Shock, physical & emotional injury	Physical rescue & first aid; Shelter & safety; Information; psychological first aid	Response to alerts/call out; Delivery of physical & psychological support at designated centres/sites such as FFRCs, SRCs, rest centres etc	Manage callout & deployment; Ongoing co-ordination & liaison in relation to humanitarian service provision	Liaison & coordination with other strategic level responders; promotion & representation of humanitarian issues
Following hours/ first few days	Tunnel Vision phase	Searching & activity focused behaviour	Continuing safety, shelter, psychological first aid; Reconciliation with family/friends; Information updates	Delivery of support services (e.g. through outreach & one stop shops Helplines and websites) Reconciliation Family liaison Organised site visits Personalised support/advocacy Information e.g. leaflets, briefings, newsletters Compensation/disaster funds Funerals Return of property Memorials Inquests Reviews & inquiries Trials	Management of support services; Supervision & support of staff; Liaison with operational & strategic level responders; Implementation of proactive outreach & community strategies	Strategic coordination of humanitarian support services; cross-government & multi agency liaison; Ongoing liaison & support of tactical level responders in managing humanitarian response
	Honeymoon phase	Normal post-traumatic reactions which usually diminish over time; Grief & mourning				Ongoing leadership & participation in strategic decision making forums relating to issues such as funding, communications, & commemorative activities
Medium - longer term	Disillusion through to adjustment, acceptance, recovery (note the ups & downs of this process)	Acknowledgment Adjustment Acceptance; Responses to trigger events & anniversary reactions	Ongoing access to support services & opportunities & choices to participate in support networks via family, social &/or disaster related community activities		Managing transition processes (e.g. from reception to assistance centres); Coordination between 'home' and 'away' services (e.g. site-based & outreach teams)	
Longer - longer Term		Growth/PTSD	PTSD - referral to specialist treatment	Activating exit strategies; Facilitating contacts & bolstering natural support & disaster related networks, including support groups & social media networks	Managing exit strategies & transition to ongoing support networks	Coordination of & participation in review & evaluation processes; strategic coordination of transition processes & decisions concerning longer term support strategies

Table 2: Model of Phased Provision (After Eyre, A. 2006)

3. Plan Activation

Trigger Points

3.1. The London Humanitarian Assistance Framework should be considered for any major incident, where there are substantial welfare impacts on communities.

3.2. It is likely to be appropriate to activate the formal arrangements for any incidents with a significant number of fatalities, potentially traumatised survivors, or significant impacts on community life (e.g. in widespread flooding). Local authorities will make that assessment, gathering information from partners (particularly the police and NHS).

3.3. This may be carried out using the Humanitarian Assistance Impact Assessment (HANA) – see Annex 2.

Alert Procedures

3.4. There are well established procedures for alerting Category One and Two and voluntary sector and faith responders about major incidents in London.

3.5. At the point where local authorities have determined that a humanitarian assistance response is likely to be needed, they will communicate that to partners, with the support of the London Local Authority Coordination Centre (LLACC).

Standby Procedures

3.6. The standby procedure may be required either where a major incident is anticipated but has not yet occurred; or in the early stages in an incident where the trigger criteria above seems likely to have been met, but it is not yet confirmed.

3.7. Local authorities will prepare to respond to the humanitarian need by:

- Identifying a senior officer to lead the Humanitarian Response (usually a director with responsibility for adult social care) – hereafter described as the Humanitarian Assistance Lead Officer (HALO);
- Putting on standby/mobilising their operational staff and assets (e.g. activating local rest centre plans)[1] ;
- Contacting other partner agencies to request their assistance.

3.8. In this phase public safety advice through “warning and informing” may play a key role.

Activation Procedures

3.9. Local authorities will appoint a HALO, as follows:

- If it is a single borough incident without wider ramifications, the incident borough may decide to appoint the HALO without outside assistance.
- If escalated to London Local Authority Gold (LLAG), LLAG will make the appointment.

3.10. Local authorities will confirm the identity of the HALO to the Strategic Coordination Group.

3.11. The HALO will call the first meeting of Humanitarian Assistance Steering Group, with support as needed from the London Local Authority Coordination Centre.

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[1] In Counter Terrorist Incidents, police advice should be sought prior to HA deployments.

3.12. The HALO will nominate from within their borough two key officers (an Emergency Planning Officer, and a Support Officer), who will prepare for the first meeting with support from the LLACC.

Local Authority Activation Actions:

1. Deploy operational staff to Survivor Reception Centres, Family and Friends Reception Centres and/or Rest Centres as required.
2. Commence identifying vulnerable people who may be most at risk in affected communities.
3. Call in voluntary agencies and/or Multi-Faith responders as appropriate.
4. Confirm the Activation of the Plan with:
   - NHS England (London Region)
   - Mental Health Trust
   - Public Health England
   - Voluntary agencies
   - Faith responders
   - Other local authorities
   - Transport Providers
   - Other relevant responders
5. Prepare for further deployments
6. Convene Humanitarian Assistance Steering Group (HASG)

4. Management Arrangements

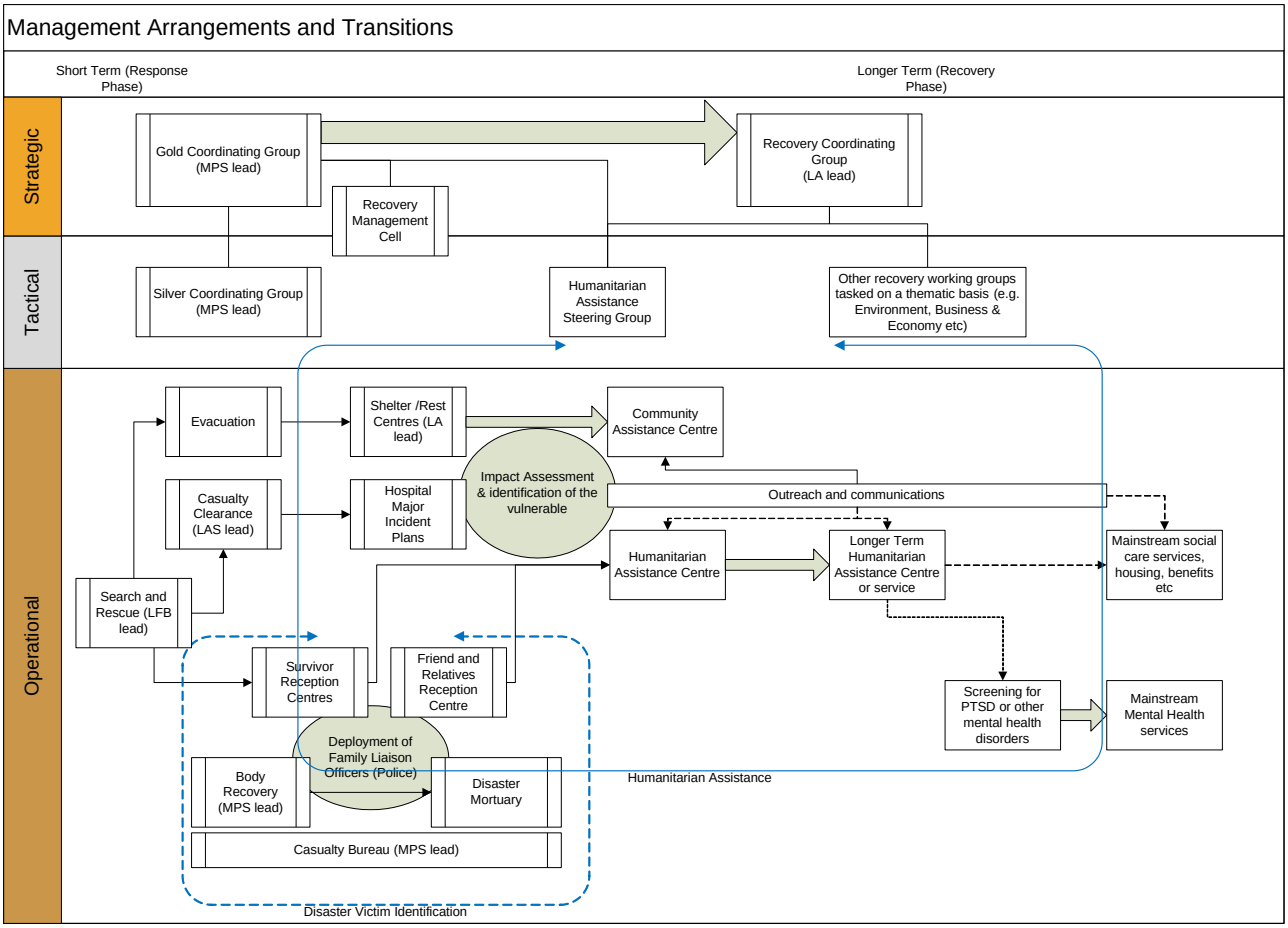

Figure 1: Transitions between response and recovery

Overview

4.1. Management arrangements for dealing with the humanitarian aspects of a major incident in London are part of the overall Command and Control structures. For further information, refer to the London Strategic Coordination Protocol.

4.2. As the Humanitarian Assistance commences at a very early stage in the response to an incident but may continue for weeks, months or years, the arrangements in this plan also link to the London Recovery Management Protocol.

4.3. The key grouping established by this plan is the Humanitarian Assistance Steering Group.

4.4. Figure 1 shows how this transitions between response and recovery, and the operational elements of the response that the Humanitarian Response relates to.

Strategic Coordinating Group

4.5. Overall strategic control of the response to a major emergency will be directed by the Strategic Coordinating Group (SCG) during the response phase. Within this group, the lead responsibility for the humanitarian response will be with local authorities. For pan-London major emergencies this will be the London Local Authority Gold (LLAG).

4.6. The Strategic Coordinating Group (SCG) will hand over leadership to a Recovery Coordinating Group (RCG) in the response phase led by local authorities.

4.7. The SCG responsibilities include:

- Agreeing the overall response strategy, taking account of future recovery needs (possibly supported by a Recovery Management Cell).
- Making the decision to deploy key capabilities (e.g. Humanitarian Assistance Centre)
- Agreeing the overall communications strategy

Key groups supporting the SCG

4.8. A **Recovery Management Cell** (RMC) may be convened to make early recommendations and decisions to support the recovery process in advance of the transition to Recovery.

4.9. A **Scientific and Technical Advisory Cell** (STAC) may be convened to provide advice to the SCG. This may include, for example, key health advice that will required by humanitarian responders.

4.10. Gold Communications Cell is used to ensure coordination of public messages.

4.11. The HALO should ensure that linkages are made to each of these groups (and others as required).

Humanitarian Assistance Lead Officer

4.12. A Humanitarian Assistance Lead Officer (HALO) will be nominated by local authorities to lead the humanitarian response. This will typically be a director responsible for adult social care.

4.13. This officer will chair the Humanitarian Assistance Steering Group (HASG), and ensure the attendance of appropriate multi-agency representation, and ensure an appropriate humanitarian assistance strategy is put in place.

Humanitarian Assistance Steering Group

4.14. The purpose of the HASG is to determine the direction of the Humanitarian Assistance response, and to ensure coordination of the activities of the responders involved.

4.15. Officers attending the HASG should be senior officers able to make resourcing decisions on behalf of their organisation.

4.16. A standard terms of reference is included as an annex.

4.17. The HASG would be expected to meet frequently in the immediate aftermath of an incident, but less often in later stages. In the initial stages meetings should be at least daily.

4.18. Meetings should be planned with regard to the timings of SCG meetings to enable discharge of actions emanating from the SCG, and upward reporting.

4.19. Meetings should focus on providing direction to the overall humanitarian response, in line with the strategic direction from the SCG. In practice this should focus on:

- Understanding who has been affected and how, and what their needs are now, and how they may develop.
- Initiating actions to meet people's needs and monitoring outcomes.
- Coordinating between agencies to provide a coherent response.
- Transitioning between phases.
- Ensuring appropriate communications are in place, as part of the wider multi-agency communications response to the incident.

4.20. In addition the following key considerations are likely to be applicable for the HASG to address in most incidents:

- Assessing what centres have been established, the take up of services and forward planning what types of centres will be required in the next stage of the response.
- What other methods of support have been set up? e.g. website, helpline.
- Devising a clear communications, media and marketing strategy to promote the services available.
- Support available to persons living outside of London – can support be accessed through local services?
- Considering the impact on vulnerable people and protected groups.

4.21. Meetings should not be focussing on the detail of the operational response. This is the responsibility of tactical responders managing individual capabilities deployed. However, the meetings should be an opportunity to escalate issues, if needed.

4.22. The meetings should, if possible, avoid spending excessive time on sharing information on progress of the overall response. The time required for this will be shortened by the timely provision of Humanitarian Assistance Needs Assessments.

4.23. Meetings of the HASG will be held at a location determined by the Chair. Consideration should be given to the logistical considerations of requiring individuals to attend if they have a substantial role in managing operational elements of the response. It is therefore essential to provide teleconferencing facilities.

HALO Support Officer

4.24. The Chair of the HASG will be responsible for appointing an officer to provide support, who will act as the secretariat for the meetings. Draft minutes of meetings confirming action points should be produced within 1 hour of the close of the meeting during the early stages of the incident.

Borough Emergency Control Centre

4.25. The function of the Borough Emergency Control Centre (BECC) is to provide a hub for local authority decision-making (command) and information management (control).

4.26. Directly affected boroughs will operate their BECCs to respond to a major incident, and boroughs supporting affected boroughs are also likely to do so.

4.27. BECCs would normally expect to remain operational whilst initial responses are ongoing (see 6.2).

4.28. The BECC Manager must ensure production and dissemination of an appropriate and timely situation update to the HALO prior to the first meeting of the HASG. This should take the form of a Humanitarian Assistance Needs Assessment (see the template at Annex 3).

4.29. BECCs will continue to operate until such time as medium to long term capabilities are able to function without its support.

Local Authority Welfare Coordinator

4.30. Most local authorities will have a Welfare Coordinator (or equivalent) in their BECC. This officer will be responsible for overseeing the initial deployments of staff to Rest Centres, Reception Centres etc., and coordinating the local authority humanitarian response.

4.31. They will also ensure that local authorities and other partners work together to ensure that vulnerable people (both individuals, care settings and closed communities) that may be disproportionately affected are identified, and that actions are taken to ensure their safety.

Information Management Officer

4.32. An Information Management Officer should be appointed by the Humanitarian Assistance Lead Officer to oversee the collation, storage, maintenance and sharing of data about affected people.

4.33. It may also be appropriate for this officer to report on the numbers of people accessing services provided by the Humanitarian Response.

4.34. This officer would normally be an officer responsible for Information Management within Adult Social Care services.

Communications to other Local Authorities

4.35. An emergency in London may well affect people from well away from the area of the incident, particularly if it occurs in central London.

4.36. Communications with governments and families of foreign nationals would be led by the Foreign and Commonwealth Office (FCO).

4.37. The HASG must take a lead in ensuring effective communications with other local authorities whose residents may have been affected.

4.38. The London Resilience Team can support this communication requirement, linking to the Department for Communities and Local Government, Resilience and Emergencies Division (RED).

4.39. As information is gathered about affected people, it will be important to notify the appropriate local authorities, to enable the appropriate provision of services. An appropriate lead officer within that authority should be sought to maintain on-going communication.

4.40. Once these linkages have been established, information should be shared by both sides on a regular basis about services available.

Recovery Management

4.41. At an appropriate point, often a number of days after the incident, a transition will be agreed, such that the Strategic Coordinating Group (led by the police) will hand the incident to a Recovery Management Group (under local authority leadership).

4.42. Details of this process are contained in the London Recovery Management Protocol.

4.43. Under the suggested arrangements, a Health and Welfare Recovery Group may be established. The HALO should liaise with the chair of the Recovery Management Cell and/or London Local Authority Gold to agree an appropriate arrangement, such as:

- The Humanitarian Assistance Steering Group assumes the full responsibilities of Health and Welfare Recovery Group
- A separation of responsibilities (for example with the Health and Welfare Recovery Group focusing on recovery of health services, public health messages etc).

4.44. It may be appropriate for the HASG to remain operational in some form to provide leadership and governance for the longer term interventions, beyond the point when formal Recovery Management structures have ceased to operate.

Transition and Exit Strategies

4.45. Key areas for the HASG to manage are the transition between different capabilities (e.g. from FFRCs to HAC), and the exit strategy for the response as a whole. This is critical to ensure that affected people are not 'lost' as the shape of response changes, and to ensure the response does not become open-ended.

4.46. An exit strategy for the humanitarian response as a whole is an early priority, particularly where the response is likely to be prolonged. A key element of the exit strategy is likely to be the transition to mainstream services, or the commissioning of a specialist support intervention with its own governance arrangements.

5 Information Management

Information Gathering

5.1 Information about affected people will be gathered at various stages of the response. Large amounts of 'raw' data will be collected in the initial response, and this is very likely to be incomplete, and to contain errors and inaccuracies. Particular problems have been experienced in past emergencies from information gathered from people who are in shock at the time, or when responders are managing a very fast-moving and uncertain situation.

5.2 As the incident stabilises and moves towards the recovery stage, the likelihood is that data collection about affected people is likely to be easier to organise and conduct effectively.

5.3 Information will be gathered by:

- The police via witness statements, Casualty Bureau and during victim identification.
- Hospitals, as people are admitted, and as friends and family members visit.
- Local authorities staffing reception centres and rest centres.
- Agencies providing helplines and other support, including transport operators, insurance companies, employers etc.

5.4 Wherever possible, sufficient information for identification of and subsequent contact with the affected person should be recorded. **Care must be taken to ensure accuracy of all data recorded, and to gain <u>explicit</u> consent in relation to what their information will be used for**.

5.5 The following consent statement (to be used by responders): "The information collected will be used to help us and our emergency response partner agencies investigate the cause of this incident, or to provide support services to you. It may also be used to help us learn and improve services for the future. Your information will be managed securely, and will not be used for any unrelated purposes."

Information storage and management

5.6 The Local Authority should, at the outset, establish a master list of affected people that services may need to be provided to. Initially, this may just be very basic details (name, address, date of birth, contact details etc).

5.7 Information about affected people should be treated as highly confidential. Information security must be a primary consideration throughout.

5.8 It should be recognised that information gathered in the response phase may be inaccurate or incomplete. Where reasonably possible, and subject to relevant legislation, the local authority should work to ensure the accuracy of the information.

5.9 Over time, and subject to need, there may be benefit in developing more detailed information about the "case history" of services provided, concerns and issues.

5.10 A range of solutions may be appropriate to the circumstances, from a simple spreadsheet list, to creating records on the Authorities social care database. Where affected people have substantial / long-term needs it is recommended that local authorities use their existing social care databases as the principle tool for managing information about affected people and sharing this with partners, in line with local Information Sharing Protocols.

5.11 It is very important to ensure that information provided by affected people is kept up-to-date, to avoid repetition of questions as people access services over time.

5.12 As the Data Controller, the local authority must respond to Subject Access Requests from any affected person, in accordance with the relevant Data Protection Legislation.

Information sharing

5.13 Sharing information about affected people will be vital to a number of aspects of the response:

- Criminal investigation
- Victim identification
- Humanitarian assistance.

5.14 Information should be shared appropriately between those agencies represented at the HASG. All partners should recognise that the risk of not providing effective support because information is not shared will very often outweigh the risks of sharing. Therefore there should be a presumption to share, rather than the reverse.

5.15 The sharing of personal data should fall under the specified reasons provided to data subjects at the time of collection, and for which consent has been given (paragraph 5.5). In addition to consent, or is situations where consent has not been sought or provided, consideration should be given to the alternative processing conditions detailed at schedules 2 and 3 of the Data Protection Act 1998.

5.16 Naturally there may be a need to redact or withhold certain data to protect individual privacy or particularly sensitive matters.

5.17 For further information on this point, refer to Data Protection and Sharing – Guidance for Emergency Planners and Responders (HM Government 2007: https://www.gov.uk/government/publications/data-protection-and-sharing-guidance-for-emergency-planners-and-responders)

5.18 The sharing of information must be undertaken as securely as reasonably possible. There are a number of options that may be considered. In the short term, secure email systems are available which can be used to share data files between responders. Alternatively a data store might be established on Resilience Direct.

5.19 Agencies should establish what information they will need, and how frequently this should be updated. The HALO should assign an Information Management Officer to ensure that appropriate mechanisms are in place to store and pass information between agencies.

5.20 Local partnerships should review Information Sharing Protocols to ensure they enable the sharing of information in a timely manner between appropriate partners.

5.21 Data identifying people affected by the incident and their needs should be passed to the Local Authority at the earliest reasonable opportunity, subject to genuine operational constraints.

5.22 PHE may compile a Major Incident Public Health Register based on data capture by the local authorities and others to support assessing the longer-term health impacts of the incident.

ResilienceDirect

5.23 The Humanitarian Assistance Steering Group may wish to consider if the ResilienceDirect will facilitate sharing of data. This will depend on sign-up of agencies and may not be consistent across all agencies and all boroughs.

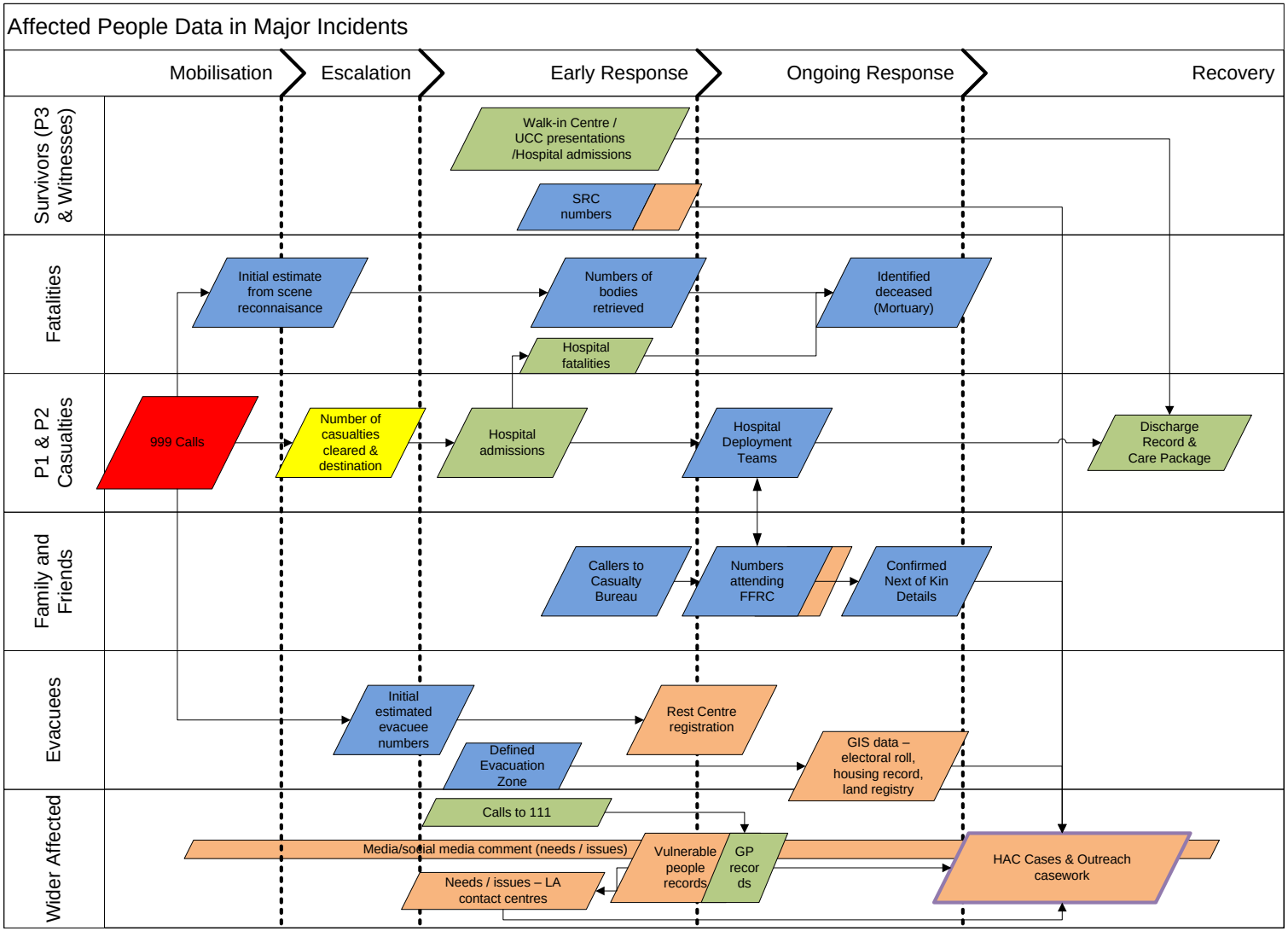

Figure 2: Information sources

6. Working Strategy

6.1. The Humanitarian Assistance should develop, adopt and review a simple working strategy for how support will be provided to people. This should be kept under review, as the incident develops.

6.2. The following suggested strategy is provided as a starting point:

6.3. Support and care for all those affected will be provided by:

- Providing appropriate support at an early stage through emergency centres and outreach to reduce future suffering and distress;
- Applying the principles of psychological first aid during the response phase of the incident;
- Respecting every individual's rights to privacy and dignity, empowering people to regain control as soon as they are ready.
- Enabling voluntary sector and faith responders to provide support to individuals and families in a way that enhances community resilience;

What is psychological first aid?[2]

6.4. According to Sphere (2011) and IASC (2007), psychological first aid (PFA) describes a humane, supportive response to a fellow human being who is suffering and who may need support. PFA involves the following themes:

- providing practical care and support, which does not intrude;
- assessing needs and concerns;
- helping people to address basic needs (for example, food and water, information);
- listening to people, but not pressuring them to talk;
- comforting people and helping them to feel calm;
- helping people connect to information, services and social supports;
- protecting people from further harm.

6.5. It is also important to understand what PFA is not:

- It is not something that only professionals can do.
- It is not professional counselling.
- It is not "psychological debriefing" in that PFA does not necessarily involve a detailed discussion of the event that caused the distress.
- It is not asking someone to analyse what happened to them or to put time and events in order.
- Although PFA involves being available to listen to people's stories, it is not about pressuring people to tell you their feelings and reactions to an event.

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[2] "Psychological First Aid: A Guide for Field Worker" published by the World Health Organisation (2011).

7. Menu of options

Overview

7.1. As the phased model of provision demonstrates, people's needs change as time goes on and therefore the response needs to adapt. There is no single answer as to what should be provided; there are a variety of options and decisions will need to be made at the time of the incident about which options needed to be activated, based on the circumstances.

7.2. The following section provides options that should be considered for use in developing the Humanitarian Response. Consideration of which option will be informed by the numbers of people affected, the severity of the incident, spatial and demographic considerations (where people live, the type of people affected etc), and possibly a number of other factors.

Immediate/first few hours

Option	Trigger	Decision	Lead	Secondary	Plan Reference
Survivor Reception Centre	Significant number of survivors/ walking wounded	Police Tactical Commander	Police	Local Authority Voluntary agencies Transport industry care teams (where applicable)	Section 8.4 See also: LESLP Manual / LA Emergency Plan
Rest Centre	Significant number of displaced people	LA Tactical Commander	LA	Voluntary agencies	Section 8.13 See also: LESLP Manual / LA Emergency Plan
Friends and Family Reception Centre	Large numbers of calls to casualty bureau. 'Searching behaviour'	Police Tactical Commander	Police / Local Authority	Voluntary agencies Transport industry care teams (where applicable)	Section 8.17 See also: LESLP Manual / LA Emergency Plan
Deployment of staff to A&E	Significant numbers of hospitalised survivors	Police Tactical Commander	Police	Local Authority social care teams	Section 8.24 See also: Acute Trust Major Incident Plans Mass Casualty Plans

Table 3: Menu of options - immediate response

Next few days

Option	Trigger	Decision	Lead	Secondary	Plan Reference
Humanitarian Assistance Plan	Mass fatality incident	SCG / Humanitarian Assistance Steering Group	Local Authority	Police Voluntary Agencies Transport industry care teams (where applicable) Others as required	Section 9.1
Mortuary Visit Support	Multiple fatalities	Mass Fatality Coordination Group	Police	Voluntary Agencies / Local Authority	London Mass Fatality Plan Emergency Mortuary Plans Section 9.10
Community Assistance Centres	Incident with significant community impact, not requiring HAC	Humanitarian Assistance Steering Group	Local Authority	Voluntary Agencies, Other responders as required	Section 9.12
Information Campaign – Newsletter, Website, Leaflets	All incidents	Humanitarian Assistance Steering Group	Local Authority	Other responders as required	Section 9.20
Helplines	Large numbers of calls / enquiries anticipated	Humanitarian Assistance Steering Group	Red Cross/ Local Authority	Voluntary agencies	Section 9.26
Work in partnership with FLOs	Large-scale FLO deployment and long-term needs	Police	Police	Local Authority, voluntary agencies, Incident Care Teams	Section 9.30
Managing Messages of Condolences and Floral Tributes	Significant numbers of tributes being left or similar	Humanitarian Assistance Steering Group / Strategic Coordination Group	Local Authority	Faith sector Police Voluntary agencies	Section 9.33 See also: GLA Disaster Appeal Fund Plan
Managing Donations	Any indication that people wish to donate	Local authority	Local authority	Voluntary sector Faith sector	Section 9.41 See also GLA Disaster Appeal Fund Plan

Managing offers of support from volunteers	Spontaneous volunteering (particularly from outside the immediate area)	Local authority	Local authority	Voluntary sector Faith sector	Section 9.48

Table 4: Menu of options – next few days

Medium Term (next few weeks)

Option	Trigger	Decision	Lead	Secondary	Plan Reference
Consultation / engagement	Commencement of Recovery Phase	HASG	Local Authority	HASG	Section 10.1
Transitioning to longer term Assistance Centre	Recommendation of HAC Manager	HASG	Local Authority	NHS	Section 10.4
Facilitating Support Groups	Initiative of affected people	HASG	Local Authority		Section 10.8
Outreach workers	Indications of difficulties with accessing support	HASG	Local Authority	NHS	Section 10.12
Ongoing Information Campaign – Newsletter, Website, Leaflets.	Will continue as long as necessary	HASG	Local Authority	Other agencies	Section 10.15
Acts of Remembrance	Initiative of community and faith leaders	HASG	Faith leaders	Other agencies	Section 10.21
Development of Referral Pathways	Reduction in demand for incident-specific services	HASG	NHS	Local Authority	Section 10.25

Table 5: Menu of options – next few weeks

Longer term (many months)

Option	Trigger	Decision	Lead	Secondary	Plan Reference
Transition to mainstream services	Wind down of HA response	HASG	Local authority / mental health trust	NHS	Section 11.1
Inquest Support	Dates of Inquests are set	Police	Police	LA	Section 11.7
Memorials and anniversaries	Wishes of directly affected people	HALO	Local authority	Police	Section 11.8
Implementing exit strategies	Sustainable strategies in place	HASG	Local authority	NHS	Section 11.13

Table 6: Menu of options - longer term

8. Procedural Notes: Immediate/first few hours

Overview

8.1. It can be assumed that the Humanitarian Assistance offered in the first few hours of an incident will be activated before the Humanitarian Assistance Steering Group has been established. Decisions about whether to established a Rest Centre, a Survivors Reception Centre and deploy staff to A&E will be made by the Tactical Coordinating Group.

8.2. Existing Plans / Arrangements in Place:

- Local Authority Rest Centre Plans
- Potential locations for Survivor Reception Centres and Family and Friends Reception Centres identified by the Police and Local Authority
- Police procedures for Survivor Reception Centres, Family and Friends Reception Centres and the deployment of documentation teams to A&E.

8.3. Below is a summary of what will have been put in place if the option has been activated.

Survivor Reception Centre

Overview

8.4. A Survivor Reception Centre may be set up following a major incident. It can either be a pre-determined venue or whatever is suitable and available, depending on the location of the major incident. Its function is to provide survivors who do not require hospital treatment, a place to be directed to, where they can be met by police and other services to obtain initial information and support in the immediate aftermath of the incident and give witness statements and evidence to police investigating officers.

8.5. In the early stages of an incident, where those involved are leaving the scene it may not be practicable to establish an SRC because of other more pressing primary responsibilities e.g. life saving or clearing the public from danger.

Purpose

8.6. The purpose of a Survivor Reception Centre (SRC) is:

- To provide immediate shelter for persons who have been directly involved in an emergency
- To allow documentation of the survivors
- To enable the interviewing of potential witnesses by the Police
- To provide first aid to those in need of it and not requiring hospitalisation
- To provide initial care and welfare support to survivors
- To organise onward travel where appropriate
- To provide information to survivors.

8.7. SRC is a temporary but secure area close to the incident scene setup for survivors not requiring acute hospital treatment, but who may have been slightly injured / contaminated or otherwise involved in the event (slightly injured people are referred to by the London Ambulance Service and NHS as Priority 3 casualties). This facility would be set up in the immediate aftermath of the incident, usually by the police, offering short-term shelter and first aid, plus the collection and recording of details for those involved.

8.8. The SRC will be set up immediately at a location as near as practicably possible to the incident site as determined by Police Tactical Commander at the time of the emergency. The Police are responsible for opening a SRC, supported by the Local Authority, in accordance with arrangements in the London Emergency Services Liaison Panel (LESLP) manual.

8.9. An SRC is likely to be run initially by the Police (who will be first on the scene) until the Local Authority becomes engaged in the response to provide additional support. The Police should deploy a Documentation Team to the SRC who will pass on details gathered from survivors to the Central Casualty Bureau. A Police Security Team should also be deployed to the SRC.

8.10. The Police should consult the Local Authority on a suitable location for the centre (if time allows), as the Local Authority may have access to a suitable building. Where it is not possible for the Local Authority to provide a suitable location either within the proximity or timeframe, the Police will have to consider other options.

8.11. Within the SRC persons should be provided with whatever 'psychological first aid' is appropriate to the situation. This is likely to include providing calm and reassurance alongside practical support such as access to telephones to inform loved ones that they are safe and well, and help with onward travel arrangements.

8.12. The Survivor Reception Centre is likely to be activated for only a limited period of time, and then may cease operation or migrate into a Rest Centre facility.

Rest Centre

8.13. The purpose of a Rest Centre is:

- To provide immediate shelter for persons who have been evacuated from an area or are otherwise in need of emergency accommodation following an incident
- To provide initial light refreshments for evacuees
- To enable details of evacuees to be maintained in the centre for reference
- To provide for the well being of the evacuees and to offer support services and information on a wide range of welfare related subjects
- To provide evacuees and survivors with updated information about the incident and its possible effects upon them directly.

8.14. A Rest / Reception Centre serves as a place of safety for those who have been evacuated from their home, work or other place or are unable to return to that place, but who are uninjured and not directly affected by the incident.

8.15. The responsibility for the set-up and running of Rest Centres lies with the Local Authority (supported by voluntary agencies) who would activate arrangements as outlined in their Rest Centre plan. The decision to set up a Rest Centre(s) will be made by the Local Authority, often at the request of the police of fire brigade.

8.16. A Rest Centre is likely to be established further away from the incident site than a SRC, in a building such as a sports centre, and may take up to 2-3 hours to set up. Local Authorities maintain a list of suitable buildings to be used as Rest Centres although these may not always be available or be the most suitable building to use at the time of the emergency. In prolonged incidents it is possible that evacuees may need to sleep overnight in the Rest Centre if they are unable to find alternative accommodation such as hotels or make their own arrangements to stay with family and friends.

Family and Friends Reception Centre

8.17. The purpose of a Family and Friends Reception Centre (FFRC) is:

- To help reunite friends and relatives with survivors
- To provide a place for the Police to record missing persons enquiries and to collect information at may aid their investigation
- To provide friends and relatives with a safe area to gather, away from media attention
- To provide friends and relatives with up-to-date and accurate information on the response arrangements that have been put in place
- To provide access to practical and emotional support to those friends and relatives affected.

8.18. Past emergencies have shown that in the immediate aftermath of an incident, many people will travel to the scene in order to find family and friends that they believe to be involved. If large numbers of people are converging on the scene, the Police may decide that it is necessary to have a separate area where family and friends can gather to receive information as it becomes available.

8.19. A FRRC (also known as a Family and Friends Reception Centre) may be located near to the scene, in the area of the community affected or near transport hubs such as major train station terminals.

8.20. It is the responsibility of the Police to determine the need to set up a FFRC as part of the wider Disaster Victim Identification (DVI) process, in consultation with local authorities. It would be usual for the police to assign an officer to lead on this until the management of the facility can be handed over to the local authority.

8.21. A FFRC is likely to be set up within first 24 hours of the incident occurring and should be a safe place for friends and relatives to gather where they can receive up-to-date information about the situation and response.

8.22. Local authorities will have a key role in the providing for the immediate practical and emotional needs for friends and family members.

8.23. NB: In the event of an aviation incident, airlines may set up a “Friends and Relatives Reception Centre” (FRRC) which serves a similar purpose. It will be staffed and supported by the airline industry with police support.

Deployment of staff to hospitals and A&E

8.24. The Police will deploy Documentation Teams to all receiving hospitals in order to gather information on those involved. This would include forensic issues, security advice and collating details of received patients to enable the information to be added to Casualty Bureau records.

8.25. All hospitals have major incident plans and these are likely to be activated following any incident in London that involves a large number of casualties and/or fatalities. Hospitals will also have detailed arrangements for supporting friends and relatives of those that have been admitted, and work alongside Police Family Liaison Officers (FLOs) to ensure practical and emotional support is provided.

8.26. Police deployed in hospitals should also liaise with hospital managers on whether areas should be evacuated, locked down etc.

8.27. Many social care services will have teams based at hospitals that may provide support. This may include provision of emotional and practical support to casualties and their families. Social care teams also play a crucial role in ensuring that discharged patients have appropriate care packages in place to allow them to return to the community safely.

8.28. Existing support mechanisms may be insufficient in a mass casualty incident, and additional resources may be triggered through the HASG (or via the local authority) making use of:

- Voluntary sector support

- Faith responders
- Transport sector incident care teams
- Additional LA staff.

9. Procedural Notes: Next Few Days

Humanitarian Assistance Centre

Overview

9.1. A Humanitarian Assistance Centre (HAC) would be set up with the following objectives:

- Act as a focal point for humanitarian assistance to bereaved individuals and families, survivors and impacted communities
- Enable individuals and families to gain as much information as is currently available about family members and friends involved in the incident
- Enable the gathering of mass forensic samples in a timely manner, in order to enhance the ability to identify loved ones quickly
- Offer access to a range of facilities that will allow individuals, families and survivors to make informed choices according to their needs
- Provide a coherent multi-agency approach to humanitarian assistance in emergencies that will minimise duplication.

9.2. It is the responsibility of Local Authorities to set up and run a HAC with support from the Police and other agencies following a request from the Strategic Coordinating Group (SCG).

9.3. While Rest Centres, SRC or FFRCs are established in the immediate aftermath of an incident with specific purposes, an HAC provides broader support over a longer period for all those affected whilst investigation and recovery operations are taking place. The HAC should not interfere with the function of these or other initial support areas, but should be complementary.

9.4. A HAC is unlikely to be fit for purpose and open for use until up to 72 hours after the incident. It should be set up with the primary aim of providing a focal point in which information and humanitarian support can be provided to bereaved families, survivors and other persons affected by a major incident. The centre may also be used to enable investigating officers to obtain information and forensic samples from those directly involved to aid the identification process.

9.5. Although the Local Authority will be responsible for chairing the HAC Management Group and running the centre, there will be a range of other organisations (e.g. police, voluntary agencies, NHS, and private sector organisations) present that can provide information and support for survivors and their relatives. This will include practical advice such as compensation, benefits support, travel assistance and information on the investigation process. It will also provide psychological first aid, and listening services (offered by Local Authorities and voluntary agencies) that will enable those who wish to access further support the signposting to access these services.

9.6. All staff deployed to the HAC should be properly trained and briefed on their role within the centre and that of others working alongside them. This should include awareness of their remit and avoid attempting to provide support for which they are not trained e.g. avoid formal counselling which is not appropriate immediately after the incident.

9.7. There are likely to be two groups of Local Authority staff deployed to the HAC; those members of the Crisis Support Team who are trained to offer psychological first aid; and those staff such as Benefits Advisors who are carrying out their normal job in an unusual environment. Both groups will need to be thoroughly briefed before working in the centre and should be conscious of the need to treat relatives, friends and survivors with compassion and dignity throughout.

9.8. The HAC will remain open for as long its services are required. This is likely to be a number of weeks or possibly months. The HAC management group should consider the exit strategy for the centre from the outset.

9.9. The HAC will be supported by other means of support for survivors and relatives who are unable or do not wish to access the HAC itself. This should include a website and telephone helpline that are able to signpost to the range of organisations and services that are available to support those affected by the incident.

HALO Actions for HAC Activation:

1. Confer with the LLAG if an HAC is recommended.
2. Appoint an HAC Build Manager. The HAC Build Manager will be responsible for converting the identified building into an HAC.
3. Appoint an HAC Manager. The HAC Manager will be responsible for delivery of the service within the HAC.
4. Ensure the HAC Manager is appropriately briefed. Consider:

- Latest information about the incident;
- The HAC role, and the CAC Managers responsibilities;
- What other support is available to affected people;
- Routes for accessing logistical support (typically via the BECC);
- Which other agencies should be asked to attend.

5. Establish the hours of operation. Initially these may need to be extended hours (e.g. 6am to 10pm). As the recovery progresses these can be reviewed.
6. Request / agree a level of support from other agencies.

Mortuary Visit Support

9.10. In a major incident involving large numbers of fatalities, a Temporary Mortuary may be required. Support may be required by the bereaved that visit the Temporary Mortuary to view their loved ones. It may also help to identify the needs of the people that work in the Temporary Mortuary, and the delivery of appropriate support services.

9.11. In general, it should be anticipated that the Family Liaison Officer assigned to a family will identify the needs of those visiting the Mortuary, and will lead on ensuring these needs are met. This may involve facilitating the attendance of Faith representatives.

Community Assistance Centres

9.12. The purpose of a Community Assistance Centre (CAC) is to provide advice and support to people affected by a major incident, and to support the recovery of the community in a local setting.

9.13. Community Assistance Centres may be considered particularly where a Humanitarian Assistance Centre has not been activated. It may be appropriate particularly when:

- The impact is concentrated in a particular area. If a number of areas are affected several such centres may be considered
- People are affected significantly, and need advice and support, but the intensity of the impact is of a lower order (for example, there are not mass fatalities) and/or the number of people affected is smaller than would trigger an HAC.

9.14. Caution should be exercised before triggering both CACs and an HAC because of the potential for dilution of resources.

9.15. Establishing a CAC is a local authority responsibility, accessing such support as is needed from other responding organisations.

9.16. A CAC should be located in an appropriate publicly accessible building within easy reach of the affected people. It may be appropriate to transition from Rest Centres or SRCs directly, as the response develops; or it may be sensible to identify an alternative building.

9.17. Besides the Local Authority, there are a number of agencies who may be appropriate to attend, depending on circumstances:

- NHS staff, if health monitoring is needed
- Voluntary agencies and faith responders may need to attend to provide emotional support and care
- Insurance companies
- Benefits Agency
- Registered Social Landlords, if social housing stock has been affected
- The Police, if investigations are still ongoing.

9.18. In some cases, CACs may be an appropriate setting for public meetings, for community engagement and consultation.

9.19. Consideration should be given at the outset to how long a CAC should remain open.

HALO Actions

1. Identify an appropriate location – access local knowledge if pre-planned buildings have not been identified.
2. Appoint a CAC Manager. The CAC Manager will be responsible for delivery of the service within the CAC.
3. Ensure the CAC Manager is appropriate briefed. Consider:
   - Latest information about the incident;
   - The CAC role, and the CAC Managers responsibilities;
   - What other support is available to affected people;
   - Routes for accessing logistical support (typically via the BECC);
   - Which other agencies should be asked to attend.
4. Establish the hours of operation. Initially these may need to be extended hours (e.g. 6am to 10pm). As the recovery progresses these can be reviewed.
5. Request/agree a level of support from other agencies.

CAC Manager Actions

1. Identify and deploy staff to the CAC. Develop shift patterns to cope with extended opening and peak periods of demand.
2. Appoint a CAC Liaison Officer to maintain communication with the BECC:
   - This officer should also maintain an overview of the concerns and questions of affected people;

- This may take the form of an FAQ Sheet that can be shared with other capabilities (e.g. Helplines, website etc).

3. Determine how best to make use of the building. Consideration should be given to:
   - A reception area to meet and greet service users, and to direct them to the help they need;
   - How to organise the layout to provide space for different agencies working in the centre;
   - Whether private areas are needed – e.g. for one-to-one discussions, quiet areas etc;
   - Rest areas for staff.
4. Determine arrangements for refreshments (for staff and service users).
5. Ensure all necessary physical assets are in place (furniture, IT and communications equipment etc).
6. Brief operational staff. This briefing should contain:
   - Latest information about the incident;
   - What affected people are likely to be most concerned about, their likely emotional state, the sorts of questions and needs people will have;
   - What support is available to people;
   - Individual roles within the CAC;
   - Escalation routes for complex questions;
   - Health and Safety issues, including building evacuation procedures, stress management.
7. Provide regular feedback on progress and issues to the HALO via the BECC.

Information Campaign

9.20. Incident Website - Following a major incident it is likely that a support website will be needed which details all the information and contact details for members of the public requiring further support. Local authorities will lead on ensuring this is delivered.

9.21. The website's primary function will be to act as a signposting facility, so that persons affected can either visit any centre that has been set up, or alternatively use the links provided to access support remotely / locally or via the telephone support line.

9.22. The type of information that the site contains will be determined by the nature of the incident and the needs of the community. This is likely to include a variety of practical advice (e.g. financial assistance) and signposting to emotional support (e.g. Survivors / Bereaved Support Groups). The site should have links to other useful websites, for example, the Local Authority, local police, Disaster Action and other statutory and voluntary bodies.

9.23. In some cases, it may suffice to offer online support through the web pages of Local Authorities for as long as required. In other instances, it may be necessary to migrate website information to a designated webpage for the incident, containing detailed signposting information and a professionally designed layout. Links should be made with regional and national government agencies to provide assistance in hosting the website where possible.

9.24. Attached in Annex 2 is a template site map for the type of information and structure that the website should adopt.

9.25. Information leaflets: Following a major incident information leaflets will be a useful tool to provide information and signposting to further support. They should contain information

about normal reactions, when to seek further help, tips on dealing with crisis, and useful contact details. Attached in Annex 3 is a template leaflet.

When leaflets are issued the following issues need to be considered:

- Who is the target audience – i.e. where most of those affected commuters or children or football fans – this will influence where the best place is to make information available
- How will vulnerable communities be reached?
- Format – does the information need to be available in large print, Braille or different languages.

Telephone Helpline

9.26. There may be a need to establish a telephone support service where callers can seek advice or discuss their reactions to the incident and any difficulties they may have. Callers may also seek a range of simple practical information and advice connected with the incident. If necessary, they can be referred to other sources of support.

9.27. Dependent upon circumstances this may be managed by the local authority, or by the British Red Cross (with support from other voluntary agencies).

9.28. Local Authority Call Centres will be well placed to deal with calls that are mostly of a practical nature, where the public are seeking primarily guidance rather than emotional support. If it is likely that callers may be seeking or need emotional support, specialist provision should be sought, for example from the British Red Cross, Victim Support. The most appropriate provider(s) should be used to meet the identified needs of callers (information on voluntary agencies who may be able to assist is contained in the London Resilience Voluntary Sector Capabilities Document.

9.29. In either case, it is likely that a significant amount of the callers will require sign-posting to other services. It is critically important therefore, to maintain close monitoring of the types of calls being taken, and identify gaps in service provision and/or staff knowledge as soon as possible.

Helpline Checklists

- Decide on the type of helpline – Emotional Support or Information/Advice
- Decide on the size and opening hours
- Identify the location for the helpline
- Identify the staff for the helpline
- Prepare a briefing for staff
- Identify the Communications engineer and agree technical set-up
- Source equipment and supplies
- Identify who is responsible for publicising the helpline
- Design what information needs to be recorded from each call.

Publicising the Helpline • Who is responsible for promoting the helpline? • Who is the target audience? • Where are they? • What language do they speak as a first language? • Are any special 'groups' particularly affected? • What is the announcement / advert for the helpline? • Where is the number being publicised? When? How?

Support to Families with Police Family Liaison Officers

9.30. The involvement of Police Family Liaison Officers (FLO) will depend on the nature and extent of the incident. The roles of the FLO include the following:

- to provide a documented, two-way communication channel between the family and the Police
- gather evidence and information about the family in a sensitive manner
- contribute to a co-ordinated response to the needs of the families, ensuring that they are given information about support agencies in accordance with their wishes.

9.31. The Police Family Liaison Co-ordinator, in consultation with the Senior Investigation Officer (SIO) and Senior Identification Manager (SIM) will define and develop a strategy, taking into consideration the needs of the family; if necessary involving the activation of Local Authorities, voluntary agencies, and other partners (such as transport sector incident care teams). The aim is to achieve a partnership approach with the family and those who may be acting on their behalf.

9.32. The family may require support and assistance with a variety of issues, such as trauma of the bereavement, funeral arrangements, financial or legal advice, health or social services. Other agencies can work with FLOs to assist in providing these services and co-ordinate the referral of families to more long-term support services with already existing agencies.

Managing Messages of Condolences, Floral Tributes and Vigils

Overview

9.33. In the aftermath of a major incident with multiple fatalities, members of the public, VIPs, and a wide variety of organisations will wish to pay tribute, express their sympathy and show their support.

9.34. The HASG will need to pay attention to relevant public events (such as vigils), and in some incidents may be asked by the SCG to take the lead in engaging with faith/community organisations on such events.

9.35. Well wishers may want to send gifts or make donations to those people affected or offer messages of condolences and other tributes. This is an important means for the wider community to express their concern and grief. Arrangements need to be put in place to sensitively manage what is often a spontaneous process. This is a role normally carried out by the affected Local Authority. Arrangements need to be kept under review in the early

days of the response to the incident to ensure they are appropriate to the wishes of the community.

9.36. It is important to include in the communications strategy information about how people can pay tribute and express their sympathy. This can be important to avoid actions by members of the public which, however well-meaning, could be disruptive or burdensome to manage.

Floral tributes

9.37. In any incident with fatalities it is likely that people will leave floral tributes in places that they feel have a connection with the incident that has occurred, and may be very symbolic for the community and the bereaved. The management of floral tributes will need to involve the landowners of the locations where tributes have been left, as well as faith organisations, the local authority and other stakeholders. There may be a pressure to remove tributes to if they are blocking access points. It is also preferable to ensure that tributes are not allowed to degrade. Floral tributes can be converted into a lasting remembrance by retaining the written cards in an appropriate archive. Sites of tributes can also be a focal point for visiting dignitaries, VIPs etc.

9.38. Consideration should be given to the establishment of a Memorial Garden (or similar), as a central point for Floral Tributes. This can encourage tributes to be left in a place that is suitable for them, and can also allow tributes left elsewhere to be moved if needed.

When to remove Floral Tributes

Weather Considerations – if it's raining or very hot the tributes will degrade quicker. Floral tributes may be left immediately following the incident but also at events – One Month On, Anniversary, Minutes Silence and Memorial Services etc.

When to remove Floral Tributes

Management of removal - consider the following:

- Who will remove them?
- Give Notice to the public – When they will be removed and what will happen to them. Large Posters, press releases and information on websites may be appropriate
- Ensure staff are briefed, in case they receive any questions
- Time of day for removal – Early Morning recommended
- How – If using Council marked Vans, consider what they say on the van. If possible, staff removing the tributes should be respectfully dressed (e.g. dark suits rather than working clothes)
- Where will they be taken? – It needs to be remembered that the Floral Tributes could be messy, and need to be taken somewhere that is easy to clean after its use. Also consider how long the location can be used, as it can be a timely process to separate the floral Tributes
- Who will separate the Floral Tributes? – Voluntary or Faith sector support can be used
- What happens to the flowers – Composted
- What happens to the written cards? – Consider local museums/archives.

Books of Condolences

9.39. Books of Condolences are very appropriate in any high profile incident where a number of lives have been lost. Local Authorities should consider providing Books of Condolences in key public buildings. The details of where Books of Condolences are should be provided on the incident website.

9.40. The timing of how long to leave Book of Condolences open is a matter for judgement, but sufficient time should be allowed for people to pay tribute.

Donations

9.41. Many people will wish to donate financially to the victims of a major disaster. The GLA's Disaster Appeal Fund Plan may be activated in the event of a London-wide emergency. The decision to activate this plan will be made by the GLA in partnership with the British Red Cross, in consultation with the Strategic Coordinating Group.

9.42. Individual local authorities may wish to make their own arrangements for dealing with donations in the event of a more local emergency. This is likely to be through the Mayor's office of the local authority.

9.43. In high profile emergencies, concerned members of the public may try to make donations in kind, of clothes, food, household goods. This is likely to occur if people have lost their homes and/or possessions. Once this process starts, it may well escalate and potentially create a major logistical task to manage the donations. Local authorities should therefore be extremely cautious about accepting or encouraging donations in kind.

9.44. The act of donating has a therapeutic effect for those who are distressed about what has happened, and wish to help and show solidarity with directly affected people. Finding alternative and more beneficial means for expression of these feelings may be advisable.

9.45. Communications messages should deal promptly with the issue of donations as soon as it seems likely to occur.

9.46. It is likely to be appropriate to choose a location for receiving donations that is separate from a Humanitarian Assistance Centre or similar. This is a role that faith communities are potentially well positioned to support. Donations may vary widely in their quality and appropriateness, and will need sorting before they can be put to use.

9.47. Corporate donations are likely to be of a higher quality, and engagement with businesses wishing to provide aid can help to ensure that what is provided is appropriate.

Managing offers of support from volunteers

9.48. In larger incidents there is often a strong desire from people to volunteer to help. Spontaneous volunteering, particularly from individuals from outside the affected area(s) can be hard to manage, and may not always be welcomed by affected communities.

9.49. In dealing with such offers the following factors should be considered and balanced:

- Community involvement in the response may help to ensure it is sensitive to local need.
- Allowing people to take a role in the response supports their psychological recovery. Conversely, telling people they are "not needed" can be a very difficult message for people.
- Volunteers will come with a variety of skills, some of which may be useful. However it may be difficult to verify these skills, and suitably trained and qualified people from known organisations may provide a better service to affected people.
- Certain tasks or roles would be unsuitable to give to volunteers. For example, allowing volunteers to work unsupervised with vulnerable people would be very ill-advised.
- It is preferable to accept volunteering offers where there is an organisation that is able to vouch for the person and their suitability – e.g. a local voluntary agency
- There may be tasks in the wider response that are more suitable for people to undertake (e.g. clearing up debris from streets). Therefore if there are large numbers of volunteering requests the issue may best be escalated to the Recovery Management Group (or Cell).

9.50. It is recommended that the local authority tasks an officer to compile a list of offers of help, and the response provided. Even if there is no immediate task that the volunteer can help with, it may be possible to involve them at a later date.

10. Procedural Notes: Next Few Weeks

Consultation and Engagement

10.1. Consultation and engagement with affected people and the wider community can play a critical role in shaping an effective humanitarian response, as part of wider Recovery Management.

10.2. It would be mistaken to be prescriptive about how this should be carried out. However, sensitivity to the emotional state of affected people is a key consideration both in how consultation is carried out, and in assessing the feedback received.

10.3. Consideration could be given to:

- Public meetings, consultation meetings and/or focus groups
- Seeking views and input from Support Groups
- Establishing an "unmet needs" group to identify gaps in service provision
- Using the experience of front-line responders to identify problem areas
- Questionnaires / feedback forms or suggestion boxes in key locations (e.g. in an HAC).

Transitioning to longer term Assistance Centre

10.4. The decision to transition from a Humanitarian Assistance Centre (under the London HAC Plan) to a longer term Assistance Centre is a decision that must be taken early in the life of the HAC in order to provide the time to manage the transition.

10.5. In general, the need for a longer term Assistance Centre is likely to be triggered by a likelihood of large numbers of people with long-term or persistent symptoms or problems resulting from the incident.

10.6. The HALO will need to identify a senior officer to lead the commissioning process. It is recommended that the commissioning process, and subsequent contract management be undertaken in partnership with health services to ensure ongoing links between the Assistance Centre and mainstream health services.

10.7. It is recognised that there will be a tension between the normal commissioning processes used by local authorities for the provision of social care, and the need for rapid outcomes. It will be essential to effectively manage the risks relating to any foreshortened commissioning process.

Facilitating Support Groups

10.8. Support Groups can be an excellent of facilitating self-help amongst survivors, and friends and relatives.

10.9. In general, the Local Authority should play an enabling role to allow groups to establish themselves, where this is appropriate. Care should be taken to avoid any sense of pushing affected people towards self-support if this is not a spontaneous initiative, or if people are not yet ready. Once established, it is usually preferable to allow the group to become self-running as soon as possible.

10.10. It is important for HASG to maintain an overview of what groups are running, and gain a sense of how they are running, without intruding or attempting to direct the group. However, not all groups are equally helpful, and there is a duty of care implicit in directing affected people to such a group.

10.11. It should also be noted that groups for Survivors may not welcome Friends and Relatives as members, and vice versa.

1. Identify the need / desire for Support Groups. The initiative should come from affected people, rather than directed from above.
2. Identify what assistance is needed. This maybe:

- Space for meetings – somewhere easily reached, conducive, informal.
- Short-term funding for setting the group up.
- Technical advice with setting up websites, particularly where discussion boards may need internet security. (However, social media tools for this sort of initiative are rapidly improving, and many people are becoming very familiar with them).

3. Provide a point of contact for ongoing liaison as the group develops.

Outreach workers

10.12. Outreach workers tasked with following up individuals with significant needs may be appropriate where there are indications that people are not able to engage with services effectively.

10.13. For example, if the incident affects populations who suffer from significant social exclusion, or if the impact on housing means that the community has been significantly dispersed, key workers who are able to make individual contact may be a useful intervention.

10.14. Outreach workers may be able to:

- Assess the current needs of affected people
- Sign-post to the appropriate support services
- Provide support in claiming appropriate financial assistance, submitting insurance claims etc.

Ongoing Information Campaign – Newsletter, Website, Leaflets.

10.15. It is likely to be particularly important to focus on continuing outreach to affected people, as the media interest turns away from the incident. It is likely to be necessary to take a low-key approach.

10.16. The key focus is to reach out to affected people, who may often not have made contact with the core responding agencies directly.

10.17. An important consideration will be to identify the agencies and service providers who affected may turn to in order to find support. These may include:

- GPs
- Voluntary agencies such as Victim Support, the Samaritans, CRUSE.
- Faith groups
- Employers' occupation health departments
- Schools education welfare advisers.

10.18. It is also likely that those most aware of an individual who is suffering 'invisibly' are the close friends and families of affected people.

10.19. It is important to ensure these sorts of groups have access to information, and that messages are targeted appropriately.

10.20. Where information has been directly captured by a responding agency, it may be appropriate to make direct contact. This could be done by letter, which would be the least intrusive method. Other means of contact should be undertaken with careful consideration.

However, direct outreach by caseworkers may be appropriate to make contact with people who may have not come forward directly.

Acts of Remembrance

10.21. Acts of Remembrance, such as memorial services are likely to be an important part of the recovery process.

10.22. The organisation of such events needs to be handled carefully bearing in mind:

- The faiths of those directly and indirectly affected – there is a need to be respectful and inclusive
- The wishes of the bereaved are extremely important. However, Acts of Remembrance are also important to the wider community
- The involvement of appropriate community leaders, VIPs etc needs to be carefully managed
- Different communities will react differently to different events, and over time. Some disasters are marked regularly over a very long period of time, other incidents may be followed by a desire, at some stage, to 'move on'
- Some Acts of Remembrance should be private and low-key, others will be large-scale.

10.23. Directly affected people are likely to need support during this time. Careful consideration of how this is best provided will be important. Consultation with individuals may be appropriate. Many people will be able to find the support they need from their own friends and family, or community.

10.24. Media interest may be high. Care should be taken with event planning to enable the media to satisfy the needs of the wider community without intruding on people who are traumatised or bereaved.

Development of Referral Pathways

10.25. Pathways should be developed to ensure that affected people can access particularly mental health, but also other support services. There may be a complex web of services that affected people may present to, in their personal journey to recovery. These include statutory and voluntary sector agencies, and faith and community organisations.

10.26. Key steps:

- Assessment of likely future needs
- Establish the key long term service providers
- Develop a strategy for promoting key services
- Managing and monitoring.

10.27. The key long term service providers may include an Assistance Centre, a "Screen and Treat" service provided by Mental Health Trusts, or may be mainstream health and social care services.

10.28. It is recommended that the greater the needs of affected people the simpler the means of accessing help should be. Simplicity of referral pathways provides a greater chance that people will access the required help.

10.29. Promotion of services should consider external publicity, which should be consistent across different channels (i.e. consistent wording and lists of providers across leaflets, websites etc).

10.30. It is also important to identify all the services where affected people may seek help, and ensure the mechanisms for referral exist. In addition to those working directly as part of the response (i.e. FLOs, Assistance Centre staff etc), consider the following:

- Victim Support
- Bereavement support charities and agencies, and similar
- Faith organisations
- Local authority customer services, and social services departments
- Schools education welfare advisers
- GPs and pharmacies
- Occupational Health departments of affected departments.

10.31. Once links are established, it is also important to monitor who is being referred to each service, and where from. Once pathways are established, service providers should provide management information on numbers referred to and from their service to the HASG.

10.32. Development of referral pathways is likely to form a key element of the exit strategy for the response as a whole.

11. Procedural Notes: Longer term

Transition to mainstream services

11.1. It is likely that it will be necessary at some stage to mainstream the ongoing care of people affected by a major incident, if there are long term issues for the affected people. This should be anticipated and planned for in any incident causing mass fatalities or life-changing injuries.

11.2. A key consideration will be how to "hand over" cases from any centralised provision (especially Humanitarian Assistance Centres) to the local authority and local health partners.

11.3. It should be noted that different elements of service provision may transition at different times, according to need and circumstances.

11.4. It is of course the case that the individual has right not to access mainstream services. Care and sensitivity in how this transition is handled is critical.

11.5. Local authorities will be bound to consider each individual's needs on a case-by-case basis, considering their eligibility for ongoing services in relation to the Fair Access to Care Services policy. Whilst this policy operates in similar fashion in all authorities, the actual services offered can vary markedly according to local resources, and priorities. This is may result in differences in provision between individuals with similar circumstances.

11.6. It will therefore be essential to consider carefully how manage this transition. Actions may include:

- Communicating with partners at an early stage, and particularly to the local authorities whose residents are accessing central service provision
- Developing a strategy for communicating with service users
- Considering a 'wind-down' period where the service closes to new referrals prior to full exit.
- Updating web materials to sign-post people to their own local social care services.

Inquest Support

11.7. In a major incident involving fatalities, an inquest will need to be held. Support may be required by the bereaved and those giving witnesses statements at the Inquest. While the bereaved are likely to be supported by FLOs at the inquest, it should be recognised that others (e.g. survivors) may not automatically receive this support, and so alternative provision may be appropriate. Those managing the venue where the inquest is being held may want to consider some practical issues, such as the need for quiet rooms.

Memorials and anniversaries

11.8. Anniversaries are likely to be a particularly difficult time for people affected by a major emergency. Service providers should be aware of this, and prepare for a surge in demand.

11.9. The desire for events to mark anniversaries is not straightforward to judge. There is likely to be a diversity of opinions – between those who feel strongly that the event should be marked, and those who wish to "move on". Equally, some may wish for a low key event, whilst others may feel that a higher profile marking of the anniversary is appropriate.

11.10. It is advisable therefore, to consult extensively (and sensitively) in the run up to anniversaries to gauge the opinion of, in particular, those most directly affected.

11.11. It may be appropriate to consider a permanent tribute or memorial. Again, extensive consultation should take place before any initiative is taken.

11.12. It is possible that a desire to mark anniversaries may emerge or continue very long after formal management of the incident has ceased. Local Authorities, with their community leadership role, would expect to be key to identifying and responding to such needs. For very significant pan-London emergencies, it may be the case that regional and/or national tiers of government would take a leading role.

Implementing Exit Strategies

11.13. The HA Steering Group should consider formally standing down at the point where it has confidence that sustainable strategies are in place to meet any ongoing need, so that partnership arrangements to specifically oversee the humanitarian response are no longer required.

11.14. If still meeting, the Recovery Coordination Group should be made notified of this decision.

12. Roles and Responsibilities

12.1. The responsibilities outlined below are specifically focussed upon humanitarian assistance.

12.2. These are based on the, Humanitarian Assistance in Emergencies: Non-statutory guidance on establishing Humanitarian Assistance Centres and Voluntary Sector Capabilities Document.

Local Authorities

- Deal with the implications of any school closures or school children that have been affected by the emergency.
- Co-ordinate the support from the voluntary agencies.
- Provide alternative accommodation for displaced persons.
- May provide financial assistance for food, clothing, toiletries etc.
- May arrange and, where appropriate, pay for child or elderly care.
- Will work closely with health agencies and other relevant organisations in planning the response.
- Will assess the medium and longer term social and emotional impact on the community affected and consider what long term response is required.
- Ensure that services meet the emotional needs, including those of children.
- Provide practical advice and guidance, for example with accommodation and financial issues.
- Refer on to appropriate social care, health, housing and other services.
- Specific responsibilities within a Humanitarian Assistance Centre include:
  - Establish and meet the costs of implementing and running a Humanitarian Assistance Centre.
  - Identify suitable and fit-for-purpose venues for the HAC.
  - Manage the day-to-day running of the HAC.
  - Prepare communications strategy to publicise venue including street signage.

London Local Authority Coordination Centre

- Maintain contact details for regional HASG partners
- Support the HALO in inviting partners to the HASG meeting as required
- Distribute HASG Minutes and other relevant information to local authority BECCs/EP teams as required

National Health Service

NHS England will:

- Co-ordinate the provision of immediate health care.
- Through a range of providers, facilitate care and advice to evacuees, survivors and relatives. Co-ordinate the primary care, community and mental health role during the recovery stage, including replacement medication.
- Establish with local authority facilities for mass distribution of counter- measures, for example vaccinations and antibiotics.

- Liaise with local GP and hospital services across UK.
- Signpost other practical help and/or advice as appropriate (e.g. prosthetic limbs; etc.).
- Provide guidance on best practice and sources of information.

Mental Health Trusts will:

- Co-ordinate and inform primary care services and anticipate presentation/demand on mental health services in the immediate aftermath.
- Provide information and reassurance.
- Co-ordinate resources to respond to acute reactions to trauma, escalation of mental illness in existing client group and monitor longer term trauma responses in people affected by the event.

Public Health England

PHE will:

- Provide leadership and coordination for the public health elements of the emergency response.
- Provide health protection services, expertise and advice.
- Ensure provision of high quality and timely public health data to the multi-agency response.
- Provide guidance to professionals in health and local government and other sectors.
- Communicate with the public by providing information and advice relevant to PHE's responsibilities.
- Coroner's Officer
- Provide advice and information to bereaved.
- Liaise with FLOs.
- Liaise with other organisations.

Police Service (Metropolitan Police Service, City of London Police, British Transport Police)

The Police will:

- Give feedback to the HASG in particular with regards to:
  - Body recovery, identification and forensic examinations
  - Security issues
  - Traffic management at funerals, memorial services, etc
  - Public order at funerals, memorial services, etc.
- If a temporary mortuary has been established, a Senior Identification Manager may join the HASG or should be liaised with.
- Providing security within any HAC that is established.
- If Family Liaison Officers are deployed, a Family Liaison Manager may join the RCG (or liaison to the FLO Manager should be sought) in order to liaise closely with the RCG regarding investigative and individual recovery issues, such as funerals.
- The police Family Liaison Officer (FLO) will work to the strategy set by the police Senior Identification Manager (SIM). Through the Family Liaison Advisory Team or Family Liaison Co-ordinator (FLC), the SIM will appoint FLOs to the appropriately identified family. The FLO

will remain the Single Point of Contact (SPOC) between the SIM, the family and Specialist Support Services.

The FLO's responsibilities include:

- Gathering information and evidence in a compassionate manner from family members and friends regarding the details of potential victims or missing persons (to contribute to the earliest possible identification and repatriation).
- Providing help and advice regarding the investigation and criminal justice system.
- Providing communications to and from the investigation team and the family and other support services.
- Keeping the family fully informed of any developments in the investigation and recovery operation.
- Keeping a record of all contacts with the family, the reasons for the contacts and the outcomes in the FLO log.
- Establishing close liaison with other relevant agencies and partners within the HAC.

Voluntary Sector

There is a wide range of support available by organisations such as British Red Cross, Cruse Bereavement, The Salvation Army, Samaritans, St John Ambulance, Victim Support and others. The nature, range and scale of services offered by the voluntary sector may alter depending upon the context of the emergency situation at the time. The voluntary sector can provide support in a number of generic areas specifically:

- Welfare
- Social and psychological aftercare
- Medical support
- Transport
- Communications
- Practical support
- Documentation

Full details on the support available from each organisation and contact details can be found in the London Voluntary Sector Capabilities Document which is available on the London Prepared website.

Faith Groups

Subject to the specific beliefs and practice within faith communities, Faith Groups are likely to have a role in:

- Recognising the spiritual dimension of life and death
- A ministry of care and comfort to relatives and others caught up in the disaster
- To support others as requested by Family Liaison Officers
- Providing a ministry with Hospital Chaplains in hospitals
- Providing a ministry at temporary mortuary facilities
- To organise local church services as required by the community

- To assist with the organisation of memorial services
- Engage with partner agencies to support community cohesion work.

Foreign & Commonwealth Office (FCO)

- Provide consular assistance to British nationals overseas following an incident abroad.
- Deploy a Rapid Deployment Team to assist consular staff and assist evacuation of British nationals where required.
- Provide a central contact and information point for all records and data relating to persons who have, or are believed to have been involved in an incident overseas.
- Liaise with the Police Central Casualty Bureau (where opened) to ensure joined up information sharing on those affected.
- Lead in the repatriation of bodies of British Nationals following deaths overseas.

Department for Communities and Local Government (DCLG)

DCLG's Government Liaison Team will:

- Liaise with central government departments in relation to the incident
- Provide advice and support to local responders during the recovery phase, including assisting with the co-ordination of recovery from a regional/ widespread incident if required
- Provide links to central government coordination of media relations

National Rail – Train Operating Companies (Rail Incident Care Teams)

- Will provide information and practical assistance to those involved and those affected by the incident.
- Will work alongside and seek to complement the efforts of other responding agencies. Primary among these will be police FLOs, with whom early and close contact will be established, along with hospital staff, local authorities and voluntary sector and faith communities.
- Will support communication infrastructure with family and friends of those involved in the incident (by the provision of telephones and generally providing communication support, internet access, phone calls etc.)
- Will make arrangements and, where appropriate, pay for travel for family and friends, including taxi fares, overseas flights etc.
- Will arrange and, where appropriate, pay for accommodation for family and friends.
- May provide financial assistance for food, clothing, toiletries etc.
- Will arrange to meet family and friends from locations within the transport infrastructure.
- Will assist in the tracing of luggage and other items of property lost as a result of incidents.
- Will respond to any other needs and concerns which become apparent and generally attempt to help out wherever possible.
- Transport company staff will not provide any form of counselling services but would help to put individuals in contact with the appropriate specialist agency where appropriate.

Transport for London (TFL) Care Teams

TFL care teams will provide the full services as described above for the Rail Care Team if the incident involves Transport for London customers/staff/infrastructure.

If the incident involves other transport providers, then Transport for London care teams will give support under existing agreements.

For any other incident, Transport for London care teams will provide support as required under agreements with the police Family Liaison Co-ordinator.

UK Airlines

Following an aviation incident in the UK that involves UK airlines, they:

- Will provide information and practical assistance to those involved and those affected by the incident
- Establish a telephone helpline for the relatives of those that may be affected
- Will establish and maintain close contact with police FLOs
- Will support communication infrastructure with family and friends of those involved in the incident (by the provision of telephones and generally providing communication support, internet access, phone calls etc.)
- Provide representatives to attend Strategic Coordination Group meetings
- Assist in the establishment and operation of a Humanitarian Assistance Centre (where required)
- Will make arrangements and, where appropriate, pay for travel for family and friends, including taxi fares, overseas flights etc
- Will arrange and, where appropriate, pay for accommodation for family and friends
- May provide financial assistance for food, clothing.

Insurance Industry

Following an emergency, the insurance industry will provide the following through the Association of British Insurers (ABI):

- Facts and figures about who and what is covered by household and business insurance;
- Specific guidance on the issues likely to arise after a flood or terrorist event
- Details of the protocol between the insurance industry, the police and other emergency responders on communication and co-operation after a major event
- Key contact details of the organisations that represent the insurance industry.

Criminal Injuries Compensation Authority

Provide advice and information with regard to claims.

Citizens Advice Bureau

The CAB will provide free information and advice to help people resolve their legal, monetary and other problems.
The agencies listed below should be consulted in incidents where there has been a significant impact upon local businesses in the community, particularly to support small and medium size enterprises.
Chamber of Commerce The British Chamber of Commerce is a private organisation with a paid membership. It is not, therefore, a recognised responder. However, members of the Chamber of Commerce can receive the following support: • Making new business contacts • Legal Expenses • Insurance • Business Helpline • HR Advice • Health & Safety service • Payment services • Risk Insurance.

Annex 1: HASG Terms of Reference

Overall Purpose of the Humanitarian Assistance Steering Group (HASG)

The purpose of the HASG is to determine the strategic direction of the Humanitarian Assistance response, and to ensure coordination of the activities of the responders involved.

The HASG should at all times review the needs of people affected, and consider whether the current provision is sufficient to meet the need, and take action to deal with identified gaps.

The Role of the HASG

Key responsibilities of the HASG include:

1. Ensuring that the needs of affected people are understood and met
2. Triggering the deployment of key capabilities comprising the welfare aspect of the response
3. Monitoring the performance of capabilities, and intervening to bolster the response where necessary
4. Initiating consultation with communities and individual to ensure the response is effective
5. Ensuring effective promotion of services to affected people, and ensuring that effective pathways exist to enable people to find the support they require.
6. Ensuring effective mechanisms exist for sharing of information between relevant agencies.
7. Maintain financial control.

Suggested composition & membership:

Officers attending the HASG should be senior officers able to make resourcing decisions on behalf of their organisation.

- Humanitarian Assistance Lead Officer (HALO) (Chair)
- Emergency Planning Advisor to the HALO (Local Authority)
- Lead Mental Health Practitioner (MH Trust)
- Representative from the Police Service (e.g. Family Liaison manager)
- NHS England (London Region) – Humanitarian Assistance Lead
- Representative from adult social care services
- Representative from the Children's and Young People's Service
- Information Management Officer (Local Authority)
- HAC Manager or representative (if activated)
- HM Coroners Officer
- Representative from the London Resilience Team (if required)
- Voluntary sector representative(s) – e.g. British Red Cross, Victim Support etc.
- Faith community representative(s) – e.g. Salvation Army, London Churches etc as appropriate to the affected communities)
- Public Health England
- Transport operator or infrastructure owner (if appropriate to the incident)
- Communications Cell representative (London Councils or local authority)

- Finance Officer (Local Authority)
- HALO Support Officer (Minute-taker and meeting organiser).

HASG meetings

Frequency and timing

- The HASG would be expected to meet frequently in the immediate aftermath of an incident, but less often in later stages. In the initial stages meetings should be at least daily.
- Meetings should be timed with regard to the timings of SCG meetings to enable discharge of actions emanating from the SCG, and upward reporting.

Conduct and Focus

- Initial meetings should be brisk and action-focused.
- Meetings should focus on providing direction to the overall humanitarian response, in line with the strategic direction from the SCG. In practice this should focus on:
  - Setting objectives and monitoring outcomes
  - Understanding needs
  - Coordinating between agencies to provide a coherent response
  - Transitioning between phases
- Ensuring appropriate communications are in place, as part of the wider multi-agency communications response to the incident.
- Key considerations:
  - Assessing what centres have been established, the take up of services and forward planning what types of centres will be required in the next stage of the response
  - What other methods of support have been set up? e.g. website, helpline
  - Devising a clear communications, media and marketing strategy to promote the services available
  - Is support accessible to all?
- Meetings should not be focussing on the detail of the operational response. This is the responsibility of tactical responders managing individual capabilities deployed. However, the meetings should be an opportunity to escalate issues, if needed.

Annex 2: HASG: Humanitarian Assistance Impact Assessment

Humanitarian Assistance Impact Assessment

Emergencies affect communities in a wide variety of ways. To understand what humanitarian assistance is required, one first needs to map out who is affected and how the emergency has affected them.

The impact of emergencies goes well beyond those directly affected by an emergency (e.g. through injury, loss of property, evacuation). Emergencies affect onlookers, family and friends of fatalities or survivors, response and recovery workers, and the wider community, as well as the economy and businesses, physical infrastructure, and the environment.

To understand how emergencies affect individuals and their communities – and thus prioritise and scope the humanitarian assistance effort – it is important to understand how emergencies impact upon the environment they live and work in. Below is a template which can assist in gathering the information to aid the understanding of these impacts and the steps that may need to be taken to mitigate them.

During an incident the type of humanitarian assistance will change and it is possible that the assessment may need to be refreshed to ensure the HASG is working with the most up-to-date and credible information.

NAME OF ORGANISATION			
TIME		**DATE**	
SERIAL NUMBER (sequential numbering)		(This may be a one off doc so may not be relevant)	

1	**OVERVIEW OF CURRENT HUMANITARIAN SITUATION**
	General Situation (Information to include status of incident and how it has or is developing)
	Activities and issues (Describe actions that have been taken, resources deployed, issues for HASG and agency priorities)
2	**HORIZON SCAN** (Short term, Medium term and Long term humanitarian issues)
3	**Recommendations** (List of proposals for the HASG to consider)

IMPACT ASSESSMENT (Impact on those affected or involved in the incident)	
RED	**Incident having significant impact with possible long term consequences**
AMBER	**Incident having a moderate impact with possible short to long term consequences**
GREEN	**Limited or no impact**
N/A	**Information is not available or applicable to organisation**

	IMPACT AREA	**RAG**	**COMMENTS** (Please provide details to support the assessment of areas which have been identified as AMBER or RED. Any recommendations to address issues should be summarised in the recommendations box above)
4	Deaths (number of deaths and impact on community)		
5	Community Displacement (impact of those moved from their homes)		
6	Persons missing and unaccounted for (number missing and length of time missing)		
7	Health Impacts (Including physical Impacts on individuals or collective health, wellbeing and quality of life and also longer term care for those disabled by the incident)		
8	Psychological Impacts (short term and long term issues)		
9	Economic (encompassing the economic cost or losses to your organisation, businesses and individuals)		
10	Wider social impacts (Including considerations surrounding faith and vulnerable persons)		
11	Community response (any ad-hoc memorials, social network sites and initiatives organised by the local community)		
12	**OTHER PERTINENT INFORMATION** (Details that do not sit elsewhere in the report)		
13	**Assessment completed by**		
14	**Authorised by**		

Annex 3: HASG: Suggested First Meeting Agenda

1	Introductions and apologies	Chair
2	Terms of Reference	Chair
3	Overview of the incident (what's happening?)	EPO
4	Assessment (see HA Impact Assessment): • Who has been affected and how? • HA support needed • HA supports available (which agency or service could provide these?)	EPO / NHS
5	Agreement on immediate priorities and actions	All
6	Communication Strategy- how will we let people know what is on offer?	All
7	Horizon scan for future issues • Exit strategy • Donations and Spontaneous Volunteering • Funding • Staff welfare	All
8	AOB	All
9	Date, time and location of next meeting	Chair
10	Other attendees to be invited	Chair

Annex 4: Website Site Map Template

Home page

Introductory message (the incident the website is for)

Telephone support number (and available hours)

HAC location and name (if applicable: note the location, travel details, opening hours)

Links to the following headings below

Who are we?

Outline who is running the website and which agencies are supporting it

How can we help?

If HAC has been established, note the services being provided in the centre

Financial and legal help

Summary of funds that have been established

Links and phone numbers for suitable government agencies

Help coming to terms with the event

Details of the telephone support number for persons who feel emotionally affected by the incident and may need professional counselling referral

Online resources

Signposting for websites and support information provided by appropriate agencies

Links to advice leaflets for persons affected by an incident

Contacting others affected

Details of support groups established

Information on how to set up your own support group (including links to Disaster Action)

Your questions answered

Basic Q & As about what support is available and where it can be accessed

Memorials and condolence books

Details of arranged memorial sessions / monuments, as appropriate

Online book of condolence and details of location for actual book of condolence (if appropriate)

Annex 5: Template Emergency Leaflet: Coping with a Major Incident

This leaflet has been prepared, using expert clinical advice, to be adapted for local use and distributed widely in the event of an incident likely to cause psychological distress to significant numbers of the population.

The leaflet has been produced to inform the public and practitioners about the likely psychological effects of exposure to the trauma of a major incident. It is designed to help people cope with their feelings in the immediate aftermath and assist them in deciding whether and when to seek further help.

As well as assisting the public, the addition of local information such as telephone numbers will aid a range of practitioners in providing timely advice. The guidance will most likely be used by health and social care agencies but can be distributed by anyone who finds it helpful.

In the event of a major incident, it is intended that agencies download the text and insert local information and logos as appropriate.

COPING WITH A MAJOR INCIDENT

If you have been involved in a major incident or event, you may find this leaflet helpful. It describes how you might feel in the days and months after the incident and has information about how to obtain help, if you need it.

After an incident

Often, major events make us feel that that life is unfair and unsafe. But, looking back afterwards and despite our feelings and problems at the time, it is clear that most people do cope well and recover without long-term problems.

What you have seen and heard is likely to have an effect on you, even if you have not been injured. Coping can be difficult. Everyone is different and each person has his or her own feelings afterwards.

What has happened can cause strong feelings, but, usually, they settle in time.

How you might be affected

Major events are shocking and some of them can be overwhelming. After any major event, it is normal to have feelings and other experiences that may continue for some weeks.

People who are directly involved or who lose loved ones are the people who are likely to be most affected. However, witnesses, friends and relatives may have reactions too.

Immediately afterwards, you might feel:

- stunned, dazed or numb
- cut off from what is going on around you
- unable to accept what has happened
- that it hasn't really happened.

Usually, these feelings fade and others may take their place in the hours or days afterwards.

In the following few weeks, you might experience:

- tears and sadness
- fear
- anxiety
- numbness or dreaminess
- unpleasant memories about the event
- problems with your concentration
- difficulties with your memory
- difficulties with sleeping, nightmares and tiredness
- feeling less confident or, sometimes, helpless
- reduced energy
- feeling angry or irritable
- reduced appetite

- guilt about the incident
- headaches and other aches and pains
- feelings of reluctance to discuss the event or you wish to talk about it all the time
- wanting to avoid people, places or activities that remind you of the event (and this might include travelling on public transport)
- elation about surviving

Children and young people are as likely to be affected as adults and they may have similar experiences. Often, they become unsettled and more aggressive or fearful and it is usual for them to be more clingy and demanding. Also, they may 're-play' the event in their games. These reactions are understandable and, usually, reduce gradually over time. Parents can help their children by providing both information and reassurance. Like adults, children cope surprisingly well in the longer-term.

What can I do that's helpful?

You should:

- take each day at a time
- do things that make you feel safe and secure
- be patient with yourself; it may can take weeks or months to feel that you and your life are back to normal
- try to re-establish your usual routines such as going to work or school
- spend time with family, friends, and others who may be able to help you through this difficult time
- give reassurance to children to help them to feel safe and to talk about their fears and worries
- take good care of yourself physically; eat well, exercise regularly, reduce alcohol and drug use and get enough sleep
- talk it over when you are ready, but, don't worry if you get upset or cry while you think or talk about what happened
- take extra care; after a major incident or event, people are more likely to have accidents

What isn’t helpful?

Bottling up your feelings isn’t helpful; let yourself talk when you feel ready.

Alcohol and drugs; while they can numb your feelings, they can also stop you from coming to terms with what has happened or cause more problems later.

Do I need professional help?

Most people who have encountered a major incident find that they get better over time. However, if you are still having difficulties after a month, you might need some help.

The same advice applies to your children; they, too, may benefit from help if their feelings and behaviour are a worry to you a month after the event. It is helpful to seek advice if this is the case. Going to school may be very helpful to children and young people because it re-establishes routines and brings them into contact with friends.

What professional help can I expect?

Advice, help, and treatment aim to enable adults, young people and children to come to terms with an event, by talking about their feelings and learning to cope better.

Sometimes, medication is helpful.

Where do I find help?

[INSERT LOCAL INFORMATION HERE]

Speak to your family doctor (you could take this leaflet along) or contact the NHS 111 Service by dialling 111 or go to www.nhs.uk/111

Other support groups and caring organisations you may find helpful include:

- The Samaritans – Offers a 24-hour helpline for those in crisis. Tel: 08457 909090 www.samaritans.org.uk
- Cruse – Bereavement Care – Offers counselling, advice and support throughout the UK. Tel: 0870 167 1677 (Monday - Friday 9.30am - 5pm) www.crusebereavementcare.org.uk
- Disaster Action – Provides web-based guidance to those people who are affected by disasters. www.disasteraction.org.uk
- Assist Trauma Care – Offers telephone counselling and support to individuals and families in the aftermath of trauma. Tel: 01788 560800 (Helpline).

For useful information on coping with trauma, see the following websites:

- www.istss.org
- www.rcpsych.ac.uk/info/index.htm
- www.uktrauma.org.uk
- webmaster@uktrauma.org.uk

Annex 6: Template Emergency Information Leaflet

Adapted from Humanitarian Assistance in Emergencies: Non-statutory guidance on establishing Humanitarian Assistance Centres

INSERT NAME OF INCIDENT HERE

If you are worried about a loved one:

Casualty Bureau: Please call the bureau on [XXXX] to report someone missing. Upon calling, you will be given a unique reference number, which you should quote each time you call. The number is available 24 hours a day.

Please note, the Casualty Bureau only records information and is not able to give information out about specific cases.

For more help and information:

Family and Friends Reception Centre: The centre is at XX and provides an area for those concerned about loved ones to talk to the Police and get further information and advice about the incident.

Survivors Reception Centre: The centre is at XX and provides an area for all those directly affected by the incident to talk to support organisations.

NHS Direct: Health advice is available through the 24 hour helpline on 0845 4647.

Other sources of advice:

British Red Cross - www.redcross.org.uk – has trained volunteers on standby to offer practical support and comfort to people affected by tragedies. Its UK switchboard is 0870 170 7000.

Disaster Action - www.disasteraction.org.uk - All members of Disaster Action have themselves been affected by major disasters. The website provides advice, information and contact details for further help.

Longer term care

Counselling is available through the NHS. Most people who have encountered a traumatic event find their symptoms subside over time. If symptoms do not improve after 4 - 6 weeks and continue to concern you, please contact your local GP.

If this disaster has left you needing additional financial support, or you would like to know about local support services, your Local Authority social services can provide advice.

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LONDON RESILIENCE

PREPARING FOR EMERGENCIES

LONDON RESILIENCE PARTNERSHIP

For information, please contact:

LONDON RESILIENCE GROUP

London Fire Brigade Headquarters

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London

SE1 0LL

LondonResilience@london-fire.gov.uk

www.londonprepared.gov.uk

LONDON RESILIENCE GROUP

The London Resilience Group is jointly funded and governed by the Greater London Authority, London Local Authorities and the London Fire and Emergency Planning Authority. We are hosted by the London Fire Brigade. Our work, and that of the London Resilience Partnership, is overseen by the London Resilience Forum.