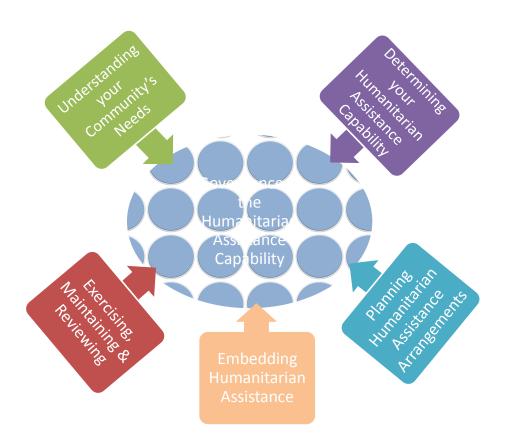


Humanitarian Assistance strategic guidance

Building capability to look after people affected by emergencies





DCMS aim is to improve the quality of life for all

through cultural and sporting activities, support the pursuit of excellence, and champion the tourism, creative and leisure industries.

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Chapter 1: How to use this guidance

How to use this guidance

This strategic guidance seeks to provide a framework to assist responding organisations to build an effective Humanitarian Assistance (HA) capability. This may be in a Local Resilience Forum or HA Working Group, but the ideas in this document and in the associated share point could be adopted by other organisations. It should be read together with Humanitarian Assistance in Emergencies – non-statutory guidance on establishing Humanitarian Assistance Centres published November 2006.

http://www.cabinetoffice.gov.uk/sites/default/files/resources/hac_guidance.pdf

The HA 'share point'

The share point is an on line resource, designed to complement this guidance. The share point draws together research and examples of how practitioners have dealt with different aspects of Humanitarian Assistance. It provides a resource to share examples of good practice, and further detail on aspects of Humanitarian Assistance referred to in this document.

The share point is available at: http://www.the-eps.org/document-library/

Username: Humanitarian

Password: Assistance

Background knowledge

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

http://www.cabinetoffice.gov.uk/resource-library/humanitarian-assistance-emgergencies.

The components of the HA model

The components provided in the HA capability model outline the areas that you may want to develop. They provide a guide to help you continually improve your provision of humanitarian assistance. They are not intended to be prescriptive. We would encourage you to take a holistic view and to look at all the areas from immediate response to longer term and exit. The quick audit of HA capability, and checklist at the end of each component in the appendix are designed to help you identify areas where you might want to do further work.

A quick audit of HA capability

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

Is there evidence that:

- A senior manager has been appointed or owns the HA programme of work?
- A humanitarian assistance working group (HAWG) or similar group has been established and will implement the programme?
- The scope of the programme has been documented along with details of the resources required and the time scales involved in developing the HA capability?
- HA is being integrated with other emergency management activities e.g. clear links with the Community Risk Register, Warning & Informing arrangements, etc?
- HA roles are defined in staff job specifications, appraisal objectives, etc?
- A system of professional assessment is readily available for those affected?
- There is a mechanism to ensure the effective handover of the care of those affected to the appropriate service providers once their initial needs have been met?

- The sharing of information between agencies, including the voluntary sector has occurred to enable your understanding of the needs of your community?
- Consultation has taken place with key stakeholders, including members of the community, to ensure their potential needs in an emergency have been identified?
- A community needs analysis has taken place?
- Capacity issues have been addressed e.g. how many responders are required and how sustainable is the HA capability?
- A training and awareness programme has been implemented?
- Management arrangements and activation procedures to deploy your HA capability are clearly documented?
- The short to medium HA requirements before, during and after an emergency are anticipated?
- A communications strategy is in place which includes plans to consult those affected/service users at key points, including on the approach to exit?
- An exit strategy has been outlined and links made to longer term HA issues as part of the wider Recovery capability (see National Recovery Guidance)?
- Arrangements have been made to formally review and test the plan?

Chapter 2: Introduction

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

http://www.cabinetoffice.gov.uk/resource-library/emergency-response-and-recovery

Aim of the Guidance

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

Guidance Context

The 2006 Humanitarian Assistance Guidance set out the key principles and considerations that will enable a good humanitarian response. This also focussed in some detail on how to establish Humanitarian Assistance Centres (HAC). The 2008 National Capability Survey (NCS) suggested that over 80% of LRFs have an HAC plan in place and over 60% have been testing this as part of their exercise programme. In the 2010 NCS

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

The 2006 guidance remains the core document for this work and this guidance complements and builds upon it.

Scope of the Guidance

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

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_10356

Style of the Guidance

Every major emergency is different. The nature of the appropriate response will be determined by a wide range of factors. This guidance does not therefore seek to prescribe in detail what responders should do. Instead, it offers some suggestions and links through the complementary share point to ideas of how HA has been provided by other responders.

A suggested model is described more fully in the Appendix. If implemented appropriately, this should result in the continual improvement and maintenance of an effective Humanitarian Assistance (HA) capability.

The suggested model is designed to help affirm the areas of good practice responders have already developed, as well as highlight where services might be developed. When a HA capability is fully embedded a community can expect to receive a co-ordinated, effective, and sustainable response

from public, private and third sector organisations in the UK over the immediate and longer term.

Chapter 3: What is Humanitarian Assistance?

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)

A good humanitarian assistance response ensures that people affected by incidents are properly cared for.

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

There is a huge range of HA interventions that could be appropriate from giving general information about an incident, to specialised emotional or practical support. Your HA strategy should be tailored to fit the particular circumstances of the incident you are dealing with. Your strategy may include scale-able plans which can be easily adapted, for example to suit the number of people affected.

What does a good Humanitarian Assistance response look like?

A good HA response means that those affected can expect to receive a co-ordinated, effective, and sustainable response from public, private and third sector organisations over the immediate and longer term.

Humanitarian Assistance in the Response and Recovery Period

The 2006 Guidance Humanitarian Assistance in Emergencies – nonstatutory guidance on establishing Humanitarian Assistance Centres described the three stages; short, medium and long term, around the provision of support, including through a Humanitarian Assistance Centre. Stronger emphasis was placed on the response period, up to 8 weeks after an incident.

This guidance encourages planning for support in the medium term (2-18 months after an incident), and longer term (18 months onwards) usually referred to as the recovery period.

Recovery is defined as ¹the process of rebuilding, restoring and rehabilitating the community following an emergency or disaster, continuing until the disruption has been rectified, demands on services have been returned to normal levels, and the needs of those affected have been met

Each incident will of course be different and inevitably there will be some overlap between the response and recovery period.

^{1.}Civil protection lexicon

Chapter 4: The needs of people over time

Needs of people over time

The table below, which has been drawn up by CIRAG (Critical Incident Response Advisory Group); Made up of voluntary, charitable and statutory organisations specialising in the planning for and care of people who have been involved in a critical incident, highlights how individuals might react to an emergency and the needs that might occur.

Plans will need to take into account these possible reactions by all those affected by an incident and how you will meet them.

It is important to remember that individuals react differently and the time scales and needs will vary with each person and that there is a range of ways to respond. An example of a useful checklist can be found in the share point.

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

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

	mmunity	networks, anniversaries of incidents, birthdays of loved ones	incidents, birthdays of loved ones
Cultural and Spiritual	Body recovery / burials within cultural norms, faith based support structures	Loss of faith, acceptance of cultural differences in area of incident, faith based support structure, change in beliefs	Loss of faith, acceptance of cultural differences in area of incident, faith based support structure, change in beliefs
Recognition and Acknowledgement	Media attention, government actions, public response	From a variety of people, agencies, public, media, Government, compensation, memorials, self help	From a variety of people, agencies, public, media, Government, compensation, memorials, self help, sharing experiences with other victims
Stoicism and Acceptance		Public view, 'This is how the world is' masking needs, people unwilling to ask for help, some responders masking own needs by accepting as part of job	Needs masked, unwilling to ask for help so long after the incident, culture of organisation not to ask for help.

Assessment of needs of those affected

People are affected by an emergency in different ways and their response can change over time. The Department of Health guidance on provision of psychosocial care highlights four categories of potential reaction to a major emergency.

Categories of potential psychosocial reaction to an incident Group 1: Resistant people who show transient distress

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

Group 2: Resilient people

There are two subgroups of resilient people who are distressed.

People in the first sub-group are proportionately, mildly, temporarily, and predictably upset in the immediate aftermath of traumatic events, but their

distress is not associated with any substantial level of dysfunction. They are resilient people.

Other people in this group are more substantially distressed, but are able to function satisfactorily in the short- and medium-terms. They are resilient people who have greater distress.

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

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

In summary, there are two subgroups.

people who are likely to recover, but whose recovery takes more time; people who may be in the course of developing a mental disorder.

Group 4: People who develop a mental disorder

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

Levels and sources of psychosocial support to affected communities

Core responses required to provide care for the Psychosocial and Mental Health care needs of people affected by major emergencies and disasters.

1st Level. Public care

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

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

2nd Level. Personalised care

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

3rd Level, tailored care

Relates to care provided by Specialist Mental Health Services for people thought to have mental disorders that requires specialist intervention

Responses may also change with time. It is useful to be aware of these possible responses and to plan to provide access to the required services accordingly.

It is important to provide access to a system of professional assessment and ensure that this is readily available to those affected by a major emergency.

Further information from the British Psychological Society on assessing those who have been affected by a major emergency can be found in the share point.

Response Period- Short Term Support

Strategic assessment of the emergency will determine the exact shape of the response. Scale-able plans are a good way of ensuring that the response is proportionate.

Full details on Humanitarian Assistance in the initial response can be found in *Humanitarian Assistance in Emergencies – non statutory guidance on establishing Humanitarian Assistance Centres.*

http://www.cabinetoffice.gov.uk/sites/default/files/resources/hac guidance.pdf

Recovery Period- Medium Term Support (two to eighteen months after an incident)

You may consider providing ongoing access to emotional and practical support for a significant period of time after an incident. It is useful to have flexible plans that ensure that those who need help in the longer term are able to access assistance and support via the core services already in place, eg: through social service and local health providers.

It may also be appropriate to facilitate the formation of self-determining support groups by those affected. These can be extremely helpful and can build resilience within the group.

Examples of assistance provided after the London Bombings and guidance on setting up support groups can be found in the share point.

Recovery Period- Longer Term Support

Clear objectives for the bespoke services relating to a particular incident should indicate when it is an appropriate time to end these services (see exit strategy below).

Early planning with providers of core services should ensure those who continue to be affected in the longer term, will be able to secure the support they require through health and social services.

Exit strategy

Having an exit strategy for every stage of the process is important. This may require a transition from one service to another. Setting clear objectives at the outset will help you know when you have achieved your aims in caring for those involved. Recognise that different organizations and individuals will exit at different times.

A major aim of Humanitarian Assistance is to help those affected live their lives after the event (s) in an independent and empowered way. The key to ending support is to communicate clearly and well in advance, in

consultation with the clients. Letters, consultations and face to face meetings can help those affected come to terms with the fact that a service is coming to an end. Examples of the questionnaires and letters used to consult on the ending of the 7 July Assistance Centre are on the share point.

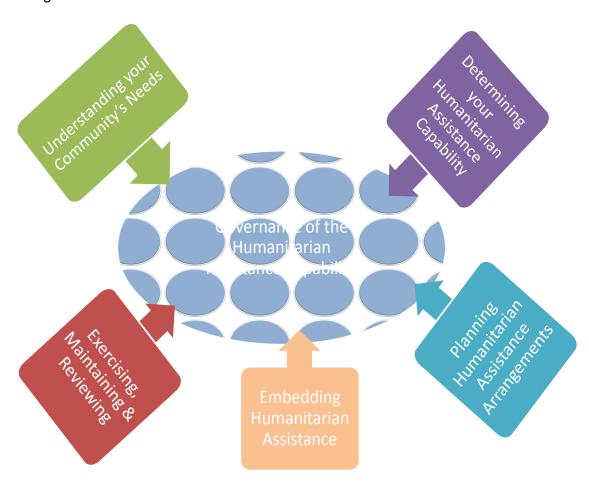
An important part of the local responders exit strategy when dealing with people from outside the immediate region is to ensure an effective handover to those in their home region who can ensure affected individuals have access to the longer term services they may need.

Those who have been providing services and support will also need to be clear about their exit strategies. FLOs, volunteers and other service providers need to be trained to ensure that their relationship with a client remains professional, and to be clear about a suitable point of exit. Further guidance on ending a professional relationship can be found in the information share point.

Chapter 5: The Humanitarian Assistance Capability Model

HA Capability Model

To help continually improve your HA Capability so that it operates effectively throughout the response and recovery periods, you may wish to consider the six components of the HA Capability model, illustrated below. Ideas for how it might be implemented can be found in the Appendix to this guidance.



Six components of the capability model

Governance arrangements

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

Embedding Humanitarian Assistance

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

Understanding your Community's needs

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

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

At the time of writing Civil Contingencies Secretariat (CCS) is leading a programme of work to support individuals and communities in building their own resilience to emergencies.

Further information can be found at this link. http://www.cabinetoffice.gov.uk/resource-library/community-resilience-resources-and-tools

Determine HA capability

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

Develop HA arrangements

This component suggests ways to embed and develop HA.

Exercising, Maintaining and Reviewing arrangements

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

APPENDIX

A model to build your Humanitarian Assistance Capability

These components do not run in a particular order. You may wish to refer to one, a few, or all of them.

Component one: Governance arrangements

Identify the lead for this work and ensure that the key service providers including social care providers are fully involved in the development and maintenance of the HA programme

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

http://www.cabinetoffice.gov.uk/sites/default/files/resources/ha_rolesandre sponsibilities.pdf

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

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

 Inspire and motivate to drive the capability forward, and thereafter maintain, review and improve the capability

A clear vision for the capability should be articulated so that the aim, to provide assistance to those affected by an emergency is the focus of the activities. Examples of how HA is managed can be found at the HA information share point.

Humanitarian Assistance working group

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

HA Capability checklist - component one

Is there evidence that:

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

Component two: Embedding Humanitarian Assistance

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

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

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

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

The nature of the HA provision changes over time, from the initial response phase, through to the longer term recovery phase. These

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http://www.cabinetoffice.gov.uk/content/emergency-preparedness

changes should be anticipated in the emergency response planning (see National Recovery Guidance).

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

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

HA Capability checklist – component two

Is there evidence that:

- HA is being integrated with other emergency management activities e.g. clear links with the Community Risk Register, Warning & Informing arrangements, etc.?
- HA roles are defined in staff job specifications, appraisal objectives, etc.?
- A system of professional assessment is readily available for those affected?
- There is a system to ensure the effective hand over of the care of those affected to the appropriate service providers once their initial needs have been met?

Component three: Understanding your community's needs

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

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

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

The first step of this component is to undertake an analysis of existing community profiles already complied by LRF members such as police and local authorities. These profiles should provide a summary of the make-up of the community including: identifying various community groups, vulnerable people, faith groups, transient groups, etc. and key communication links possibly already established if you have one, by the Warning and Informing group (i.e. how does the community get and share information and who is responsible for holding and updating it). Understanding the community is an ongoing process and profiles should be reviewed regularly to allow changes to be reflected. Elements of the profile may be applicable in the same way even if you are dealing with people from outside the geographical area.

Examples of existing networks may include Local Authority Neighbourhood Management Teams, Street/ Community/ Flood Wardens,

Safer Neighbourhood partnerships, other community policing partnerships etc. The group undertaking the analysis should also ensure that their work is reinforced by that of LRF groups reviewing the arrangements for recovery planning and also community resilience strategies.

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

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

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

HA Capability checklist – component three

Is there evidence that:

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

Component four: Determine HA capability

Who will deliver HA and what assurance is there that these people

have the appropriate competence for an effective and sustainable

HA response.

Roles and responsibilities

Agreeing roles and responsibilities is an essential component of any good

humanitarian response. This is particularly important when FLOs have

been allocated to families. They have a very particular role relating to

criminal investigations, collection of evidence and support the families

during the various processes such as trials and inquests. It is not,

however, their responsibility to provide ongoing support. Responders will

need to consider carefully how the various support teams work together in

the provision of HA in the medium and longer term.

This component of the model focuses on ensuring responsibilities are

identified and responders have the required competence to fulfil their role.

Examples of stakeholders involved in the response to the 7/7 Bombings

can be found in the following report:

http://www.culture.gov.uk/reference_library/publications/5993.aspx/

The component suggests the need for a strategy to identify who will be

involved in providing HA; to ensure their capability is developed through a

comprehensive training programme; and to address their welfare

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requirements. A Humanitarian Assistance Assessment is one way to determine existing capability and identify gaps.

Responders providing HA may include those from an unrelated role who volunteer for training; staff from a recruitment agency or, others from mutual aid protocols agreed between responding organisations. All potential responders should have access to a comprehensive training programme to ensure they are competent in planning for, responding to, and assisting people recovering from, an emergency

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

This process is intended to complement the Risk Assessment process carried out by the Risk Assessment Working Group as laid out in *Emergency Preparedness* (Chapter 4). In particular, it will facilitate the development of the 'social' stream of risk assessment, through taking into greater consideration the complex needs of individuals affected by emergencies, the range of measures needed to support these needs, and existing provision.

Determining your HA capability

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

You should also consider how you will deal with convergent volunteers .

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

Humanitarian Assistance Assessment for Local Resilience Area

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

It is, however, important to stress that this process is not about identifying and addressing every possible need that might arise. Instead, the aim is to establish a process for thinking through the implications of responding to these needs and develop protocols for cooperation across agencies.

Should a need arise in an emergency that has not been identified, the same principles of assessment, assignment; management, and monitoring apply as for those already identified.

Training of Humanitarian Assistance (HA)

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

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

Welfare of responders (Support / Supervision)

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

- site management of Assistance centres e.g. the need to ensure responders have rest breaks, have appropriate shift working rotas and refreshments;
- a description of how briefings/de-briefings will be undertaken;
- lone working guidance;
- working with volunteers

- health and safety guidance and legislation;
- arrangements for confidential access to counselling/occupational health and a listening service;
- managing the day job whilst delivering a HA response;
- and how information for the family and friends of responders will be communicated.
- Imposing an exit strategy

HA Capability checklist – component four

Is there evidence that:

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

Component five: Planning HA arrangements

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

Once roles and responsibilities have been assigned, potential resources identified and the anticipated needs of the community have been considered, it is important to document this information in plans and procedures. Plans should be flexible and adaptable to the scale of the emergency. Since HA cuts across all elements of emergency planning,

these documents should be integrated with other response plans, business continuity and recovery arrangements. This might involve a statement in these plans describing how HA issues have been considered and addressed.

Meeting needs of individuals and communities over time

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

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

Further information on sharing information can be found at this link

http://www.cabinetoffice.gov.uk/resource-library/data-protection-and-sharing-%E2%80%93-guidance-emergency-planners-and-responders

Communications

The need to involve and empower those affected in their recovery is also important. A key part of this is effective communication at every stage. This is best achieved by developing a communication strategy that ensures the provision of real time information to those who need it through a single information point to avoid duplication or giving mixed messages. You might also consider using the community contacts previously collected in the Community analysis stage to communicate how recovery work is progressing, for consultation purposes, and to encourage the community's support and involvement in the longer term recovery.

Further information on communications strategies can be found in the share point.

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

Protocols should describe the ways in which responding organisations will work together to best meet peoples' needs. These can highlight the strengths of partner agencies to avoid duplication of effort and develop trust and confidence on capacity and competence. Plans should include information- sharing arrangements as well as the activation arrangements with contact details to ensure partner agencies are clear when and how they should respond. Trigger levels for activation may include descriptions such as when the demands of the emergency exceed the existing normal capacity in meeting the social and psychological needs of people affected. The aim of the HA arrangements is to mitigate the risk of people affected developing longer term social and psychological problems and to increase the resilience of a community, thereby facilitating recovery.

Plans and procedures

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

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

Exit Strategies

HA deployment changes from the initial response phase to the longer term recovery phase when the service provision is integrated into core social and health care arrangements. Exit strategies should be agreed and documented to monitor these changes of HA provision following an emergency and consideration should be given to the following issues:

- The extent to which the immediate needs have been met
- The need for self-sufficiency or support in the community
- The extent to which humanitarian assistance can be absorbed into the day job, through referrals to existing organisations and systems

- Time related event(s); for example the closure of a Humanitarian Assistance Centre, discharges from hospitals, inquests, trials, memorials, anniversaries, etc.
- When the aim and objectives of the Humanitarian Assistance strategy have been met.

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

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

HA Capability checklist – component five

Is there evidence that:

- Management arrangements and activation procedures to deploy your HA capability are clearly documented?
- The short to medium HA requirements before, during and after an emergency are anticipated?
- A communications strategy is in place which includes plans to consult those affected/service users at key points, including on the approach to exit.

 An exit strategy has been outlined/planned for and links made to longer term HA issues as part of the wider Recovery capability. Component six: Exercising, Maintaining and Reviewing arrangements

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

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

Exercising (validating the HA arrangements)

Exercising is about testing procedures once the people involved have been trained. Rehearsing your HA arrangements also helps develop people in their roles but it is important to distinguish between having competent staff and having appropriate plans (i.e if the capability is ineffective is it because the plans are poorly drawn up or because personnel have not been trained properly?).

Clearly, exercising a full HA deployment is challenging, not least because an actual deployment may be delivered over several months. However, methods such as scenario exercising can be used to test longer term HA provision. For example, by setting the scenario six months after the initial response and describing the possible HA needs, responders can assess

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

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

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

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

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

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

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

HA Capability checklist – component six

Is there evidence that:

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

Humanitarian Assistance share point

More useful information and examples of how aspects of Humanitarian Assistance are being carried out around the country can be found on the HA information share point.

http://www.the-eps.org/document-library/

Login Username: Humanitarian

Password: Assistance

Other Useful Documents

Humanitarian Assistance in Emergencies Non-statutory guidance on establishing Humanitarian Assistance Centres (ACPO / DCMS)

http://www.cabinetoffice.gov.uk/sites/default/files/resources/hac_guidance.pdf

Planning for the psychosocial and mental health care of people affected by major incidents and disasters: Interim national strategic guidance http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/document_s/digitalasset/dh_103563.pdf

Emergency Preparedness and Emergency Response and Recovery http://www.cabinetoffice.gov.uk/resource-library/emergency-preparedness

http://www.cabinetoffice.gov.uk/resource-library/emergency-response-and-recovery

National Recovery Guidance

http://www.cabinetoffice.gov.uk/content/national-recovery-guidance

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

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

http://webarchive.nationalarchives.gov.uk/+/http://www.culture.gov.uk/images/publications/haintheukfullreport.pdf

A detailed guide to the roles and responsibilities in humanitarian assistance

http://www.cabinetoffice.gov.uk/sites/default/files/resources/ha_rolesandresponsibilities.pdf

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

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

Identifying People who are Vulnerable in a Crisis- Guidance for emergency planners and responders

This document emphasises the importance of identifying vulnerable people in a community and suggests creating a `list of lists` and offers principles relating to identifying, assessing and prioritising risk and data sharing. http://www.cabinetoffice.gov.uk/sites/default/files/resources/vulnerable_guidance-0.pdf

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

http://www.cabinetoffice.gov.uk/sites/default/files/resources/ha_literature_review.pdf

The Needs of Faith Communities in Major Emergencies

http://www.cabinetoffice.gov.uk/sites/default/files/resources/faith_communities.pdf





