

# A detailed guide to roles and responsibilities in humanitarian assistance

## Local Authorities

1. Under the Local Government Act 2000, local authorities have a responsibility to ensure the economic, social and environmental well-being of the community that they serve.<sup>1</sup>
2. In Great Britain, local government is structured in two contrasting ways. In Scotland, Wales and parts of England, a single 'all purpose' council is responsible for local authority functions and these are called Unitary, Metropolitan or London Borough Councils. The remainder of England has a two-tier system, in which two separate councils divide responsibilities between District/Borough and County Councils. Services provided by the local authorities include:

<b>County</b>	<b>District/Borough</b>
Education	Housing
Strategic Planning	Leisure and Recreation
Adult and Children's Social Care	Revenue Collection
Libraries	Planning Applications
Passenger Transport	Waste Collection
Waste Disposal	

Unitary, Metropolitan and London Boroughs deliver all these services.

3. There are around 10,000 Parish/Town Councils (England) and Community Councils (Wales) which at a very local level provide services which may include: allotments, sports pitches, litter bins and seats. Parish Councils often have good links with the local community and local knowledge. A number have Parish Emergency Plans, which have been developed to assist the local community and others responding to emergencies.
4. In emergencies, Local Authorities co-ordinate the provision of welfare support to the community; lead the establishment of key humanitarian assistance facilities; and take on a key role in the recovery phase of emergencies.
5. Individual Local Authorities will have to decide upon arrangements to carry out this function taking into account its local government structure, its arrangements under the Civil Contingencies Act 2004 and the provision of the Children's Act 2004. The appropriate Councils and

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<sup>1</sup> Further information about Local Authorities can be obtained from the Local Government Association [www.lga.gov.uk](http://www.lga.gov.uk).

their departments should work closely with the various health agencies and other relevant organisations in all aspects of emergency planning and response.

6. Reports from recent public inquiries have identified a role for support agencies such as Adult and Children's Social Care departments<sup>2</sup>. Both the latest edition of the Cabinet Office document *Emergency Response and Recovery* and Follow Up Guidance to the Home Office document *Guidance for Dealing with Fatalities in Emergencies* published in July 2005 reinforce Social Adult and Children's Social Care role, stating that the Local Authority, particularly Adult and Children's Social Care departments, will need to co-ordinate both the statutory and voluntary sector welfare response.
7. Home Office *Guidance on Dealing with Fatalities in Emergencies*, currently in draft, sets out the mechanics of how Local Authorities emergency planners and social services departments will need to work closely with health professionals and police family liaison officers where appropriate to ensure the needs of families and the community are properly met.

#### Emergency Planning Units

8. Most District Councils have a dedicated Emergency Planning Officer and County, Metropolitan and Unitary Councils normally have teams of Emergency Planning Officers as appropriate to their area and Local Resilience Forum arrangements.<sup>3</sup>
9. Emergency Planning Officers are trained and skilled to write emergency plans and may get involved in planning, training and exercising and establishing an Assistance Centre in support of Adult and Children's Social Care departments.

#### Adult and Children's Social Care

10. Social care services, as well as being placed in within Local Authorities, are provided in many settings including hospitals or health centres, educational settings, in community groups, residential homes, advice centres, or people's homes. Local authorities have a legal responsibility to find out what social care services their local residents need, and to provide or commission those services. County, Metropolitan, London Boroughs and Unitary Councils, normally provide social care services (District/Borough in two tier systems does not). This is often carried out in conjunction with local NHS providers and

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<sup>2</sup> The Association for the Directors of Social Services (ADSS) represents directors of social services in England, Wales and Northern Ireland – see further information at [www.adss.org.uk](http://www.adss.org.uk).

<sup>3</sup> For further information about emergency planning arrangements, please refer to Cabinet Office (2005) Emergency Preparedness and UK Resilience website [www.ukresilience.info](http://www.ukresilience.info)

organisations including local specialist teams, housing departments, independent providers in the commercial and not for profit sectors. Private companies and charitable organisations can also provide social care services.

11. People can obtain social care services by referrals from GPs, Hospitals, Police, District Nurses, Health visitors, voluntary agencies, advocacy and advice groups, self referral and by family members and friends. Social care services are run in line with statutory responsibilities with the level of support determined by an assessment process, establishing needs and considering options, and delivering what is available and affordable.
12. Most Local Authorities that provide social care services have two separate departments, Children's Services and Adult Social Care, consisting of a number of service areas. Children's Services include schools, to bring together a range of services for children and young people (under 18 years old) including childcare, education welfare, family support and advice, child protection, special needs, fostering and adoption. Adult Social Care is responsible for the development and delivery of social care services to vulnerable adults and older people (over 18 years old) including residential care, support for people with disabilities, support for people with mental health problems, meals on wheels, and day care. Adult and Children's Social Care services are often the first point of contact for people needing help.
13. Adult Social Care and Children's Services may maintain the lead role in co-ordinating the social and psychological support in the medium and long term to individuals, families and communities affected by an emergency. They may contract or commission those services to a private company or organisation. NHS Direct can offer advice, and specialist mental health care can be accessed via General Practitioners.
14. Some of the roles of Adult and Children's Social Care in an emergency may include:
  - a. Co-ordinate the social care response
  - b. Ensure Adult and Children's Social Care services are continued for existing service users affected
  - c. Assess the effects of an emergency on vulnerable groups, such as children (under 18 years old); the elderly; disabled; and those with mental health issues, identifying new service users created by the emergency.
  - d. Assess the medium and longer term social and psychological impact on the local community and consider the need for long term monitoring. This may include a Community Impact Assessment
  - e. Work with the Police Family Liaison Co-ordinator to ensure families of those missing or killed are offered appropriate

- humanitarian assistance (this may be through support teams or other local arrangements)
- f. Work with the Health service to ensure injured survivors are offered appropriate humanitarian assistance following medical treatment and discharge from hospitals.
- g. Work with agencies and voluntary organisations to ensure non-injured survivors and other people affected are offered appropriate humanitarian assistance
- h. Liaise with other Council services and agencies including Primary Care Trusts, the Police and Voluntary Agencies to ensure a multi-agency approach to humanitarian assistance
- i. Liaise with Community Leaders and interest groups to ensure the diverse needs of individuals, families and communities are considered (may include consideration of faith, ethnicity, gay/lesbian, age and gender diversity within the community)
- j. Provide advice and leadership to the local community on social aspects of an emergency
- k. Continue to provide core business services, as part of their business continuity arrangements

### *Psychological Support Services*

15. Psychological support services role includes providing timely, evidence-based and phase-appropriate mental health services to major emergency survivors, families, others affected responders and organisations. The initial psychological support services should work towards restoring the psychological and social functioning of individuals and communities, limiting the occurrence and severity of adverse impacts of major emergency-related mental health problems, including post-traumatic stress disorder.
16. The National Institute for Clinical Excellence (NICE) guidelines (published March 2005) on post traumatic stress disorder (PTSD) state that *“social services will have the overall lead role in the initial psychosocial response but it is vital that mental health professionals liaise with social services and provide supervision and support”*<sup>4</sup>.
17. In terms of early intervention following traumatic incidents, NICE suggests that brief, single-session interventions (traditionally known as debriefings) which focus on the traumatic incident should *not* be routine practice when delivering services for those who have been exposed. NICE recommend that early interventions should be provided in an empathetic manner but formal counselling or psychological intervention is usually inappropriate at this time.
18. However, NICE also recommend *“the good practice of providing general practical and social support and guidance to anyone post-incident”* and that *‘for all people who have been involved in a major*

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<sup>4</sup> The National Institute for Clinical Excellence (NICE) guidelines (March 2005) p. 176

*disaster, consideration should be given (by those responsible for coordination of the disaster plan) to the routine use of a brief screening instrument for PTSD at one-month post-disaster.'*

19. As with other aspects of major emergency response, it is important that arrangements for any community psychological service provision are integrated into the pre-planning, training and exercising phases of emergency planning and form part of a co-ordinated response. This is important for ensuring that any provision is coherent and consistent with the overall strategy for community social and psychological support.
20. Pre-planning should also take account of selection and vetting procedures for assuring that any major emergency responders providing psychological support services are suitably trained, qualified and experienced in trauma response. They should have received specific training on the nature and role of mental health responses in major emergencies, be familiar with their specific role and responsibilities in relation to the overall response and be provided with regular briefing, and on-site and post-deployment support.
21. In relation to longer-term support, *“evidence-based interventions should be offered to those with specific needs through adequately trained and supervised counsellors/clinicians”* (NICE).

## **The Emergency Services**

### **The Police**

22. Depending on the type of event<sup>5</sup>, the police generally have a key role to play in co-ordinating the activities of the other responding organisations at both the strategic (Gold) and tactical (Silver) command and control levels (see Cabinet Office *Emergency Response and Recovery*). This co-ordinating role by the police is particularly important during the 'initial response', 'recovery' and 'consolidation' phases of the emergency. The police will normally hand over co-ordination of activities to the Local Authority for the 'return to normality' phase. The Police Gold Commander will Chair the Strategic Co-ordinating Group, which should include appropriate senior representation from the responding organisations. This group will determine the strategy for the event (including the decision as to whether to open a Humanitarian Assistance Centre) and not get involved in tactical decision making.

### *Role of the Police Family Liaison Officer*

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<sup>5</sup>normally 'no notice' emergencies that require an immediate response by the emergency services.

23. Family Liaison Officers (FLOs) are deployed by the police to work with families bereaved through crime and sometimes with people who have been seriously injured in a criminal incident. Their role is to facilitate the investigation by close contact with relatives of those killed, but they also, inevitably, become a source of real support and comfort to “their” families. The decision to deploy FLOs in the aftermath of an emergency will be taken by the police Senior Identification Manager (SIM), in consultation with the Senior Investigating Officer (SIO) and the overall incident commander (Gold).

#### *Purpose of Casualty Bureau*

24. The Casualty Bureau provides the initial point of contact for the receiving and assessing of information relating to persons believed to be involved in the emergency. Its primary objectives are to:

- Inform the investigation process relating to the incident.
- Trace and identify people involved in the incident.
- Reconcile missing persons.
- Collate accurate information in relation to the above for dissemination to appropriate parties.

25. This may involve:

- a. Receiving enquiries from the general public and recording missing person’s reports.
- b. Recording details of survivors, evacuees, the injured and deceased, including their whereabouts.
- c. Formulating a comprehensive list of missing persons.
- d. Collating data to assist in the identification of all persons involved.
- e. Liaising with the police ante mortem team.
- f. Informing enquirers (by the most appropriate method) of the condition and location of these persons.

#### Fire and Rescue Services

26. The main role of the Fire and Rescue Service will be at the scene of an emergency and is to save life through search and rescue as well as fire fighting and prevention.

27. The Fire and Rescue Service (FRS) in England and Wales has a pivotal role to play in responding to and dealing with a wide range of emergencies. The Fire and Rescue Services Act 2004 extended the traditional sphere of the FRS' functions to give it the power to respond to non-fire emergencies. Their expertise and equipment for dealing with a wide range of emergencies gives them a key role in multi-agency planning. FRS can provide the following capabilities;

- At the scene of an emergency, saving life through search and rescue as well as fire fighting
- Providing Mass Decontamination facilities
- The provision of specialised search and rescue teams.
- Search and rescue capabilities for people and animals in the urban and water environments
- Using boats and high pressure pumps during a flood.
- Making an area safe for returning people
- Verifying shelter plans to make sure that they are 'fire safe'

### Ambulance Services

28. The Ambulance Service is the emergency response of the NHS to a major incident; it must ensure that it is capable to respond to any incident in a way that delivers optimum care and assistance to victims. Ambulance Trusts' responsibilities include:

- Saving lives in conjunction with the other emergency services;
- Protecting the health and safety of all health service personnel;
- Co-ordinating the NHS response at the scene of an incident;
- Instigating triage;
- Providing clinical decontamination and directing mass decontamination;
- Establishing strategic and tactical command from a health perspective; and,
- Providing an Ambulance Incident Officer (AIO) and a Medical Incident Officer (MIO) at the scene of a major CBRN incident.

29. The Ambulance Service, in conjunction with the Medical incident Officer (MIO) and medical teams, endeavours to sustain life through effective emergency treatment at the scene, to determine the priority for release of trapped casualties and decontamination in conjunction with the Fire and Rescue Service, and to transport the injured in order of priority to receiving hospitals.

30. The presence of other emergency services at a HAC will be dictated by the nature and circumstances of the emergency that has occurred.

### Central Government in the Regions

31. Since April 2003, Regional Resilience Teams (RRTs) have been operational in each of the Government Offices in the nine English Regions.
32. Regional Resilience Forums have been formed to bring together the key players, including central government agencies, the Armed Forces and representatives of local responders including the emergency services and local authorities.
33. The Forums will work to improve the co-ordination of planning at a regional level and improve communications between the centre and the region, and between the region and the local response capability.

### **Transport Accident Investigators: Air (AAIB), Rail (RAIB) and Marine Accident Investigation Branches (MAIB)**

34. Regardless of who is responsible for any investigative process following a major emergency it is accepted in principle that the victims' families will require timely and accurate information about the progress of that enquiry.
35. If there is a police investigation, e.g. following a terrorist attack, this function will be carried out by the dedicated Family Liaison Officer (FLO). The FLO will be working to the strategy set by the police senior investigation officer and senior identification manager, and the highest possible levels of disclosure of information to the families will be their objective. This will obviously be balanced against the need to protect individuals and the integrity of any evidence or intelligence to be used in any future legal proceedings.
36. The statutory investigators mentioned above will also make every effort to ensure that survivors and bereaved families are kept informed of the progress throughout the investigation to a level appropriate to the circumstances of the enquiry and in accordance with individual wishes. The basic principle is to treat survivors and bereaved families with respect and sensitivity throughout the investigation process.
37. The AAIB, MAIB and RAIB will also make available an information leaflet to families. This will normally be delivered through the police FLO. The leaflet will facilitate the development of a two-way communication process between the family and the statutory investigator.

### **Health & Safety Executive (HSE)**

38. The HSE and local authorities enforce health and safety law for work related activities. Those who run businesses and work activities have a legal responsibility to ensure safe working practices so far as reasonably practicable. Health and Safety law is very flexible. What is

reasonably practicable in an emergency is likely to be less onerous than during a normal situation.

39. In enforcing the law, health and safety inspectors have important statutory powers. They can and do enter premises without warning. If they are not satisfied by health and safety standards they can require immediate improvements. In the event of an incident causing death or serious injury HSE would normally investigate the circumstances to establish the cause and where necessary take appropriate enforcement action.
40. Where a work-related incident causes a death, the police and the HSE or other enforcing authority will follow the principles for effective liaison set in the Work-Related Deaths Protocol. In most cases a joint investigation will take place with the police assuming primacy until it becomes apparent that there is insufficient evidence that a serious criminal offence, such as manslaughter (other than a health and safety offence), caused the death. The investigation will then be taken over by the HSE or other enforcing authority.

### **Her Majesty's Coroner**

41. The role of HM Coroner is clearly defined by statute. Coroners have responsibilities in relation to bodies lying within their district who have met a violent or unnatural death, or a sudden death of unknown cause.
42. The coroner has to determine at an inquest who has died, how and when and where the death came about. This is regardless of whether or not the death occurred within their jurisdiction.
43. The coroner in whose jurisdiction the body is lying will:
  - a. In consultation with the relevant council and police, initiate the establishment of the emergency mortuary (if one is required).
  - b. Authorise the removal of bodies of victims.
  - c. Appoint a supervising pathologist and authorise the examination of bodies to establish cause of death if necessary.
  - d. Usually chair the Identification Commission and take reasonable steps to identify the deceased.
  - e. Liaise and co-operate with other coroners who may also have bodies of victims arising from the same event.
  - f. Authorise the release of those bodies - after appropriate examination and documentation is complete – to those lawfully entitled.

- g. At all times liaise with the relevant emergency services and government departments.

### The Coroner's Officer

- 44. The coroner's officer works under direction of HM Coroner and may:
  - a. Obtain and document relevant information to assist the coroner and the pathologist.
  - b. Liaise with the supervising pathologist and be aware of all samples taken for toxicology, histology, DNA.
  - c. Arrange and attend post mortems if post mortems are directed by the coroner.
  - d. Facilitate viewing of the deceased by the bereaved, given the recognised importance of such viewing for the grieving process. Where possible, viewing should be permitted as soon as the bereaved wish to see the body. Information and support should be made available prior to such viewing.
  - e. Liaise with the police senior identification manager.
  - f. Liaise closely with families and the police family liaison officers and family liaison coordinator, where practicable, on all matters relating to the required processes, and information gathering and giving. All issues arising from the role of the coroner and the coroner's staff in terms of such processes could be raised at a Humanitarian Assistance Centre when established.
  - g. Prepare case files for the inquest and undertake all activities in relation to obtaining relevant documents and statements, arranging and participating in court proceedings both at the opening and at the full inquest.
  - h. Prepare all documents required for burial, cremation or removal outside England and Wales, also the interim certificate of the fact of death, and registration documents.
  - i. Liaise with all those involved in the inquest process.

### **Central Government Departments**

#### The Cabinet Office

44. The Cabinet Office, whose overarching purpose is 'to make government work better', works with other key resilience stakeholders to improve the UK's ability to prepare for, respond to, and recover from emergencies. The department has published a wide range of guidance for local and regional responders on emergency management, including information about the Civil Contingencies Act 2004 which provides the fundamental legal framework for emergency management in the UK.

#### The Department for Culture, Media and Sport (DCMS)

45. The role of the Minister for Humanitarian Assistance, and DCMS, is to ensure that the needs of British people affected by emergencies are understood and properly considered within Government in building preparedness for and responding to emergencies, and to represent the Government and explain its policies when dealing with victims and their families.

46. The three key aspects of DCMS' work on humanitarian assistance, are:

- preparedness planning ahead of future emergencies;
- disaster response in the period immediately following an emergency;
- aftercare for those affected in the months that follow.

#### Department of Health

47. The Department of Health is accountable to the public and the government for the overall performance of the NHS. Its work includes setting national standards and shaping the direction of the NHS and social care services, and promoting healthier living. In the event of a major emergency the Department will provide strategic co-ordination of the NHS response.

48. On a day to day basis responsibilities for providing healthcare are devolved to the frontline organisations. Health and social care services are delivered through the NHS, local authorities, arm's length bodies and other public and private sector organisations. NHS input to plans should be agreed locally.

49. The initial element of NHS response to an emergency may include the assessment and treatment of those affected, decontamination or prevention of spread of disease. The NHS, together with the Health Protection agency (HPA) will take the lead on providing information to the public on any health aspects of the response.

50. In providing aftercare, the NHS may work with a number of organisations including social care and the voluntary sector to provide

psychological support. A small percentage of people may eventually require specialist post trauma mental health support.

### The Department for Work and Pensions

51. The Department for Work and Pensions (DWP) provides support for people seeking employment and administers social security benefits through its agencies – JobCentre Plus, the Pensions Service and the Disability and Carers Service. The Child Support Agency (CSA) deals with child support matters.
52. The Department has a national network of offices. Further details of DWP's services and organisation are available on the Department's website ([www.dwp.gov.uk](http://www.dwp.gov.uk)). Anyone affected by an emergency who needs help should contact their local JobCentre Plus office for advice.

### Foreign and Commonwealth Office

53. The Foreign and Commonwealth Office (FCO) is a network of people working in the UK and in over 200 Embassies and Consulates abroad. Providing high quality services to the public around the world is a top priority for the FCO. This includes helping UK citizens abroad, issuing passports and giving travel advice.
54. When a consular emergency occurs, such as a terrorist attack or natural disaster, the FCO's London-based Crisis Management Team takes the lead in responding to provide fast consular assistance to British nationals overseas. This response might include sending a Rapid Deployment Team to help, opening the Consular Emergency Unit, or evacuating British nationals.

### Voluntary Sector Support

55. Voluntary sector involvement in emergency planning and emergency response in the UK is large and diverse, offering a range of skills and expertise. *Emergency Preparedness* gives advice on the capabilities the voluntary organisations can offer, and means of engaging them in the planning phase.
56. The Civil Contingencies Act requires local responders to "have regard" to the capabilities of the voluntary sector when developing emergency plans. Those preparing plans should be aware of the wide spectrum of operational and support activities provided by the voluntary organisations and volunteers.

57. These organisations<sup>6</sup> and volunteers include:

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<sup>6</sup> For further information, go to: [www.redcross.org.uk](http://www.redcross.org.uk); [www.wrvs.org.uk](http://www.wrvs.org.uk); [www1.salvationarmy.org.uk](http://www1.salvationarmy.org.uk); [www.sja.org.uk](http://www.sja.org.uk); [www.victimsupport.org](http://www.victimsupport.org); [www.cruse.org.uk](http://www.cruse.org.uk) and [www.rd4u.org.uk](http://www.rd4u.org.uk);

- Established groups such as the British Red Cross, WRVS, Salvation Army, St John Ambulance, Victim Support Services and CRUSE Bereavement Care, providing a range of services.
- Individual volunteers with particular skills, not necessarily members of an established organisation, such as representatives of the faith communities and interpreters.
- Organisations that specialise in emotional support, such as Samaritans

58. Few of these organisations provide a primary emergency response role. Many can deliver support to statutory authorities.

59. Frequently, these roles are provided to meet the needs of individuals in crisis. It is recognised that they will only function effectively and successfully if individual volunteers have received appropriate training that is recognised by the professional organisations seeking their support.

60. Teams of trained, skilled, organised and supported volunteers from organisations can assist in meeting the practical and emotional needs of individuals in centres that have been set up, or in their homes. The support includes:

- Emotional support, befriending, listening
- Assistance with communication and obtaining information
- First aid and health care including medical and mobility aid equipment (e.g. wheelchairs)
- Transport
- Clothing, bedding
- Care of children and pets
- Refreshments
- Documentation
- Sign-posting to, and liaison with, other organisations.
- Call Centres and Support lines
- Website and network
- Support groups.

61. Other support which can be provided by the voluntary sector includes:

- Emergency Medical Multi-lingual Phrasebook.
- Communications, whether in the provision of radio and telephone links or interpretation and translation facilities.
- Transport and escort to and from temporary accommodation; hospitals; rail stations; mortuaries, etc.

## *Diversity within the Community*

62. Any emergency occurring in the United Kingdom is likely to involve a diverse community with different needs based upon a wide range of factors. Some sections of the faith communities already have established emergency plans, and it is important that as far as possible, their specific requirements are integrated into the contingency planning infrastructure and arrangements.
63. Humanitarian Assistance Centre planning arrangements must reflect the religious and cultural needs of the bereaved families. Further guidance on individual religious requirements is available in the Home Office document *The Needs of Faith Communities in Major Emergencies: Some Guidelines (2005)*.<sup>7</sup>
64. Details of some prominent voluntary organisations that represent the needs of people affected in major emergencies are given below.

## **Disaster Action**

65. Survivors and bereaved people from UK and overseas emergencies founded the charity Disaster Action in October 1991<sup>8</sup>. All members have direct personal experience of surviving a major trauma such as a disaster and/or being bereaved in such a traumatic event. The organisation consists of an informal national network.
66. A self-help organisation, Disaster Action's aims are to:
- Offer support to those directly affected by major trauma.
  - Raise awareness of the needs of survivors and the bereaved in the short- and longer-term aftermath.
  - Help create a safe climate in which disasters are less likely to occur.
67. The organisation is not a front-line responder. Disaster Action seeks to influence policy in relation to the management of the human aspects of an emergency and works in partnership with the Association of Chief Police Officers and central and local government on these issues. As an advocacy group, Disaster Action seeks to represent the interests of survivors and the bereaved in such a way that empowers those directly affected to regain control over events. Following the 7 July London bombings, Disaster Action acted as independent advisers to the Metropolitan Police Service and other responding agencies concerning

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<sup>7</sup> This is available via [www.ukresilience.info](http://www.ukresilience.info).

<sup>8</sup> [www.disasteraction.org.uk](http://www.disasteraction.org.uk).

the setting up and management of the Assistance Centre, amongst other activities.

68. Disaster Action facilitates the formation of support groups – a primary source of self-help for those affected by an emergency. Members take telephone calls from survivors and the bereaved to offer the benefit of similar experience, but are not counsellors and refer people on to other services where appropriate.
69. Disaster Action members have written a number of leaflets in a series called *When Disaster Strikes*. These are specifically for relatives and friends of those killed or injured in a disaster, and survivors, to guide them through the likely course of events following an emergency, whatever its unique features.
70. Disaster Action is consulted by police forces, local authority emergency planners, coroners and other professional responders on the human aspects of responding to emergencies, such as family liaison, victim identification and repatriation, access to the disaster site and the inquest process.

### **Victim Support Services**

71. Victim Support Services has 30 years experience of working with victims and has demonstrated the value of emotional and practical support to those affected by crime; and at times, emergencies and other large scale incidents, e.g. the Shipman Inquiry, Omagh and the Manchester bombs.
72. Victim Support Services provide emotional and practical support for those affected by crime; this includes support for relatives of victims of homicide and violent incidents.
73. The Head of Members' Services will provide operational support and information to the affiliated charities that make up members across England and Wales.
74. This includes policies and protocols for the recruitment, support and retention of the 12,000 volunteers who provide victim support services to victims of crime. This support may include:
  - a. Providing emotional support through listening to the story the victim has to tell, often repeatedly.
  - b. Acknowledging the real fears and anxieties emanating from the experience.
  - c. Supporting distraught relatives and close friends.

- d. Providing practical support through acting as a channel of communication with employers, other agencies, and family members, etc.
- e. Helping to identify other sources of community support.
- f. Assistance with form filling and paperwork.
- g. Accompanying to hospital/office appointments.
- h. This support is not necessarily time-limited. Victim Support Services also provide assistance with criminal injuries applications and referral on to more specialist support.

### **Cruse Bereavement Care**

75. Cruse Bereavement Care has a long history of providing support in the event of sudden and/or unexpected death from natural causes, suicide, homicide and road death. This experience has enabled bereavement volunteers to adapt appropriately to larger scale events and the organisation has a long history of providing support following disasters, in the short, medium and long-term. Through its network of Branches and over 5,500 volunteers Cruse provides a range of services for children, young people and adults who have been bereaved including telephone, email and face-to-face support. Cruse has a website, email service and a freephone helpline specifically for young people.

76. In the immediate aftermath of a disaster Cruse volunteers are involved in:

- a. Providing emotional first aid
- b. Being with people in shock
- c. Spending time with individuals and families, helping them to absorb news they have received, or being with them while they endure waiting
- d. Providing practical help
- e. Accompanying people, if they wish, while visiting official agencies or the mortuary
- f. Supporting people in meeting their needs for refreshment, rest etc.
- g. Facilitating the expression of feelings and being with people in acute distress
- h. Assisting other agencies
- i. Acting as supportive members of a multi-agency team
- j. Signposting to ongoing support

### **Transport Operators and other commercial organisations**

77. A number of commercial organisations offer family assistance services in response to an emergency. This guidance does not comment on their use or recommend or endorse any particular organisation.

78. The level of services offered vary from establishing and operating all facets of a Humanitarian Assistance Centre (particularly in overseas incidents) including the provision of appropriate facilities, lodging, meals, transportation and equipment; to providing counselling services, welfare visits and practical support. Other potential services offered include provision of medical care, interpreting services and international repatriation assistance.
79. In order to ensure a co-ordinated effort by all responding agencies and to minimise duplication of services, it is important that any responding commercial organisation is integrated into the Humanitarian Assistance Centre at an appropriate level.

### Transport Operators

80. In the event of a transport emergency some transport operators are likely to wish to contribute to the response to families, survivors and affected communities in the aftermath. This may take the form of financial assistance or some form of logistical aid. It is also important that those affected are provided with advice from the appropriate legal expert<sup>9</sup> in order that they are aware of any implications of accepting financial aid. It is also important that if assistance is offered, the families, survivors and affected communities themselves should be able to make an informed decision as to what is best for them at that time.
81. In an emergency where members of a transportation agency have themselves been victims, it is important that they are treated appropriately regardless of any ongoing enquiries.

### UK Airlines

82. UK airlines and helicopter operators have for many years devised, resourced and exercised emergency response plans. Upon notification of an accident, the airlines or helicopter operators will immediately activate these plans. This will involve the assembly of management, logistic and humanitarian care teams as well as the establishment of command centres. In addition, assistance will be requested from partner airlines and external service providers will be placed on standby.
83. When in a position to respond, the affected airline/helicopter operator or its local representative will make themselves available to the Strategic Co-ordinating Group. It will place its resources at the disposal of the accident responders. In return the airline/helicopter operator will expect appropriate access to its passengers, employees and their relatives.

84. The airline or helicopter operator will do its best to enhance the facilities available to the local authority. This is particularly relevant to the standard, location and staffing of the Humanitarian Assistance Centre. Senior airline management will also be available for liaison with Gold (SCG) and Silver Commands.
85. In addition to its moral responsibility to assist those affected, airlines will offer an interim payment without prejudice to each surviving passenger or their next of kin to ease the financial strains on each family.

### **Special Assistance Teams**

86. All airline/helicopter operators within the UK have pools of trained care givers. It must be emphasised that they are not professional counsellors, rather that they are trained to provide emotional first aid and immediate relief of basic needs. Obviously the numbers involved vary with the size of organisation. However, extra humanitarian workers can be provided by inter-airline mutual aid agreements as well as by commercial service providers.
87. Owing to the international nature of the airline industry it will be quite common for care workers to be from overseas countries even in the aftermath of a UK domestic accident. These individuals will be of great use as they bring with them both language and cultural expertise.
88. Mutual aid is organised between British airlines/helicopter operators by the United Kingdom Airlines Emergency Planners Group and by alliances and flight sharing agreements elsewhere. Mutual aid and best practice are further facilitated by the International Air Transport Association (IATA) and International Air Carrier Association (IACA).

### **Emergency Passenger Telephone Call Centre**

89. In the event of an incident involving either a UK registered aircraft or an aircraft conveying UK citizens, the airline or helicopter operator may well activate its own emergency passenger information call centre. In the case of offshore helicopter operator operations this would be via the chartering oil company. This call centre may well be located overseas but must have its procedures closely linked to the police casualty bureau. It must be remembered that the airline will provide the call centre with a passenger name list so that uninvolved callers may be eliminated.

### **Assistance with Humanitarian Assistance Centre**

90. In the event of incident or accident the UK airlines/ helicopter operators will offer assistance in establishing the Humanitarian Assistance Centre. (For offshore helicopter operations this will be done via the chartering oil company.) It will be up to the local authority and police

whether to accept this offer. If this offer is accepted the airlines/helicopter operators would expect that all relevant government agencies work together from this centre. This arrangement will facilitate maximum co- operation between all responders, avoid duplication and allow the seamless handover of relatives or survivors to which ever agency is going to undertake long-term care.

### **Internet Dark Site**

91. Many UK airlines/helicopter operators retain a standby emergency Internet site dedicated to providing information to the public and the media in the event of an emergency. This will be regularly updated as the situation develops. The airline will not publish the names of the passengers or next of kin until the permission of the next of kin has been obtained.

### Foreign Airlines

92. A large number of foreign airlines fly in and out of the UK on a daily basis. The dynamic is such that each carrier may be bound by various transportation acts in place in their countries of origin.

93. Without explaining all the various legislation, it is important that a good relationship between the UK Authorities and the foreign carrier is in place in order that information and assistance can be shared in the event of an emergency involving one of their aircraft.

94. A mutual aid agreement is already in place between most airlines via their alliances e.g. One World and Star Alliance. This allows co-operation between airlines in an area of business where competition is placed to one side. Therefore it is highly likely that in the early stages after an incident, a foreign carrier would be able to call upon the resources of a more locally based airline.

95. Trained personnel would back up these resources as soon as possible from the affected airline; they will be despatched as required to assist in the country where the incident has occurred.

96. All the resources mentioned above in UK Airlines are available either directly or indirectly from foreign airlines and support for a Humanitarian Assistance Centre is likely.

### National Rail

97. The UK passenger train operators accept a primary responsibility for the safety and well-being of their passengers and see this as extending into care and support for the victims of rail related major emergencies.

98. In conjunction with its members, the Association of Train Operating Companies (ATOC) has developed a Code of Practice entitled Joint

Industry Provision of Customer Care Following A Major Passenger Rail Incident which sets out a framework through which such care and support is provided.

99. All UK mainland franchised train operating companies, together with Eurostar and Network Rail on behalf of the stations they manage directly, have signed up to this Code.
100. The Code recognises that the response to a major incident may require a level of resources beyond that available from the train companies directly involved.
101. As a consequence it requires all Train Operators to work together to provide mutual support (in such a way as to be seamless to the customer) in such circumstances.
102. With the aim of ensuring that all aspects of welfare and customer service are dealt with safely, efficiently and compassionately through inter-Train Operating Company co-operation and assistance, the Code details the agreed roles and responsibilities of railway industry parties with regard to the handling of those customers and staff *directly* involved, along with their friends and relatives.
103. Ultimate responsibility for the welfare and support of customers involved in or affected by the incident lies with the Owing Operator(s) of the trains concerned.
104. However, in many cases the Owing Operator will not be able, at least initially, to meet this responsibility without assistance. This may be because the incident has occurred at a location remote from any significant concentrations of its own staff or because the nature of it is such that the resources needed to meet the requirements of this Code exceed those that it can itself make available.
105. Accordingly, the basic principles enshrined in this Code of Practice are that following any Major Passenger Rail Incident to any operator's train:
106. Wherever possible, the Owing Operator will take immediate charge of a joint customer care response involving all train operating companies in the area.
107. Where this is not possible, this role will be provided by the train operating company designated as the Primary Support Operator. This is determined by which company is logistically best able to provide resources in the immediate aftermath - the identification of the Primary Support Operator for each rail route is included within the Code. In such cases, the Owing Operator will assume subsequent management of the accident once resources permit, unless an

agreement has been reached with the Primary Support Operator to continue this role.

108. Whichever train operating company has taken charge of the customer care response will assume responsibility for the management and co-ordination of their own resources and those mobilised by other train companies in response to the location, nature and circumstances of the accident.
109. The customer care (humanitarian) response will be provided through rail Incident Care Teams (ICTs).
110. These teams are made up of specially selected volunteers who have been trained in how to respond to the needs of survivors (defined as those directly involved and their friends/family) in the hours and days immediately following any event requiring a humanitarian response and who would be activated accordingly.
111. By June 2006 virtually all franchised passenger train companies will have an ICT in place. Teams range in size from a few individuals to 40 or more in the larger train companies, with a national total of more than 350 fully trained members.
112. ICT members will attend to provide assistance and support as needed at any location at which survivors or their friends/family congregate. These include hospitals, Survivor Reception Centres, Friends & Relatives Reception Centres, Humanitarian Assistance Centres and individual stations.
113. ICT members will generally carry a distinctive blue/grey/silver id card bearing the words 'RAIL CARE TEAM' along with the name and photo of the holder and incorporating a hologram. Issue of the card is dependent on successful completion of the training programme and hence will serve to demonstrate the competence of the holder as someone with the appropriate skills, knowledge and authority to provide humanitarian response on behalf of the rail industry.
114. Assistance provided by ICT members to survivors, their friends/families and the bereaved will typically include:
  - a. Providing information on the situation
  - b. Befriending, including meeting of friends and relatives and accompanying them to the site of the incident, floral tributes, etc
  - c. Assisting in contacting friends and relatives (e.g. through making mobile phones available) and generally providing communication support (Internet access, phone calls, etc.)
  - d. Arranging and, where appropriate, paying for travel
  - e. Arranging and, where appropriate, paying for food and temporary lodging

- f. Arranging and, where appropriate, paying for the purchase of any basic personal items that might be required (e.g. toiletries, clothing etc)
- g. Tracing of luggage and other items of property lost as a result of the incident.
- h. Arranging and, where appropriate, paying for child or elder care
- i. Providing information about supporting agencies to enable individuals to make decisions about what help and advice they may want
- j. Responding to any other needs and concerns which become apparent and generally attempting to help out wherever this is possible
- k. ICT members will explicitly *not* seek to provide any form of counselling service but would help to put individuals in contact with the appropriate specialist agency where appropriate.
- l. The rail industry response is intended to complement that of other agencies with ICT members expected and expecting to work in liaison with others. Early and close liaison with police FLOs is particularly advocated while other links are likely to include hospital staff, local authorities, the voluntary sector, faith communities, etc.
- m. While the intention is that the involvement of ICTs will be essentially short term (up to a maximum of perhaps one month), the rail industry will seek to maintain contact with the survivors (where this is wanted) in the longer term through:
  - i. Follow-up hospital or home visits to their staff and customers
  - ii. Setting up Books of Condolence or Remembrance
  - iii. Sending letters, flowers and condolences and attendance at funerals
  - iv. Setting up memorial funds

### **Legal Advisers**

- 115. Any emergency will have legal implications. These can range from issues involving financial assistance to families, survivors and impacted communities; to information about succession rights and death certificates.
- 116. It is important that the most appropriate informed professional adviser deals with enquiries from families, survivors and affected communities regarding legal issues. Information given must reflect the highest levels of consistency and be bound by an ethical code. The Association of Personal Injury Lawyers (APIL) can assist in ensuring that affected people get the best possible advice.

### ***Association of Personal Injury Lawyers (APIL)***

117. APIL is a membership organisation with more than 5,000 members in the UK and abroad. Most members are solicitors, with some barristers and academics. The key criterion for joining APIL is that the majority of the member's personal injury work must be conducted on behalf of the claimant.
118. APIL is not a trade union for its members. They lobby for law reform for injured people and offer training to members, via their College of Personal Injury Law (CPIL) with the aim of helping to ensure injured people receive the best possible legal service.
119. Leaflets telling people about CPIL, and how to contact CPIL members, are circulated to main libraries and Citizens Advice Bureaux. The APIL *Safety Watch* website (see details below) includes contact details of members who have reached the 'litigator', 'fellow' or 'senior fellow' level of the college, so injured people can be confident about the level of expertise and experience of the solicitor they wish to instruct.
120. APIL has recently launched a new Consumer Charter, which reassures people about the service they will receive from individual members who have signed up to it. All APIL members are obliged to sign up to a code of conduct.
121. APIL's objectives are as follows:
  - a. To promote full and just compensation for all types of personal injury.
  - b. To promote and develop expertise in the practice of personal injury law.
  - c. To promote wider redress for personal injury in the legal system.
  - d. To campaign for improvements in personal injury law.
  - e. To promote safety and alert the public to hazards wherever they arise.
  - f. To provide a communication network for members.
  - g. APIL members offer independent, legal advice. Injured people are encouraged to read the CPIL leaflet which explains how to find a local solicitor who has achieved a high level of expertise within the college.
  - h. People who have sustained injuries should also ask their solicitor if they have signed up to the Consumer Charter.

- i. Claimants can also be reassured that every APIL member has signed up to a code of conduct (and that breaches of the code are enforced).

### ***The Law Society***

122. The Law Society has produced guidelines to ensure that in the event of a disaster all solicitors who are instructed by potential claimants form themselves into a coherent group.
123. Any solicitor who has been instructed is required to register as soon as possible with the Law Society's Multi-Party Action Information Service (MPAIS) on 0870 606 2522, which then acts as a central point of contact. The role of the MPAIS ends when the registered firms arrange for a lead firm or steering committee to be appointed where the scale of the disaster makes it appropriate.
124. The lead firm or steering group will then co-ordinate the litigation in terms of identification of claims, funding and information. It must consider the establishment of a website as a means of disseminating information. It is also required to undertake active involvement in any related inquiry or inquest and to liaise with other claimant firms about arrangements for any memorial or funeral service if necessary.
125. Contact should be made by those activating the Humanitarian Assistance Centre with the Law Society's Multi-Party Action Information Service who will be able to advise on which firms of solicitors are involved. In the longer term links should be made with the lead firm or steering committee – who will be involved with litigation, inquests, any public inquiry and possibly memorial services.

## Document Background

### Humanitarian Assistance in Emergencies: Non statutory guidance on establishing Humanitarian Assistance Centres

1. When ACPO first started to consider this guidance there was a great deal of commitment by responders to ensure that the mistakes of the past are not repeated. The priority was for bereaved families, survivors and communities to be dealt with appropriately and with due consideration being given to personal circumstances and requirements, together with religious and cultural needs.
2. Much of this work had resulted in a number of good recommendations and observations on what should be done to ensure an effective response. However, what was still lacking was a delivery mechanism – i.e. a definitive plan.
3. Following the terrorist attacks in New York and Washington in September 2001, comprehensive Family Assistance Centres were set up. This provided responders with an example of what the humanitarian response to future emergencies might involve.
4. It was clear that previous work had to be consolidated and developed into a definitive document that leaves no room for misinterpretation, misunderstanding or uncertainty over roles and responsibilities.
6. Establishing Humanitarian Assistance Centres, as developed through the planning process, will be pivotal to the success of the response. To reflect the purpose for which such a centre may be needed, this must be a sophisticated establishment, where bereaved families and survivors can receive information and appropriate support from all the responding agencies, without the need for referral elsewhere.
7. It is appropriate for the energy of responding agencies providing humanitarian assistance to be focused in the HAC. A generic template for such an HAC makes it easier for responders to ensure consistency of facilities, regardless of where the emergency occurs and whatever its origin.

#### Bramshill Meeting, January 2003 and Steering Group

Early in 2003 a meeting took place at the National Crime and Operations Faculty (NCOF), Bramshill, Hampshire, between Disaster Action, ACPO and the NCOF. The purpose was to discuss how a more integrated approach between agencies could be developed in responding to bereaved families and survivors following an emergency.

In order to progress this, a workshop was held at Bramshill in June 2003, attended by almost 40 separate organisations. At the conclusion, a steering group was established, chaired by ACPO and consisting of a small number of statutory and voluntary organisations. The purpose of this group was to oversee the actions arising from the June workshop and consider how to develop a more integrated approach in the future.

It was decided at the first meeting of the steering group that there is a requirement to develop a national multi-agency template as a means to deliver consistency and agreement across the board in responding to bereaved families and survivors. This steering group, following wide consultation with other appropriate organisations, has developed this document.

### Bramshill Workshop June 2003

A multi-agency workshop was held at the police National Crime and Operations Faculty, Bramshill, Hampshire on 6-7 June 2003. Its purpose was to consider the contribution each organisation can make to improve the overall service to families and communities throughout each phase of the response to an emergency.

In addition, it had a further objective of identifying the actions necessary to move towards a common integrated approach to a successful multi-agency response to families and communities in the short, medium and long-term aftermath of an emergency.

#### ***The main findings at the conclusion of this event were:***

- The need to establish a steering group to look, amongst other issues, at family liaison in the context of major emergencies as opposed to family liaison in other scenarios
- The need for guidance on 'the human aspects' to supplement the Civil Contingencies Bill
- The requirement to develop a code of confidentiality
- The need to assess what is available by way of support within local authorities across the country
- There should be a list of airlines and their family assistance capability, including telephone helplines
- There should be clear links and co-ordination between operators and Network Rail

- The road industry need to work on a programme of preparation and support, considering lessons learnt from the air industry
- The Marine Accident Investigation Branch is to continue briefing families within the investigative process
- The Civil Contingencies Secretariat should ensure that the needs of families receive the necessary profile in resilience planning, with the various roles and responsibilities being identified, recognised and articulated
- The voluntary sector needs to be part of the steering group and become more relevant in the overall structure