

SCIE Knowledge review 19: Caring in a crisis:
The contribution of social care to emergency response and recovery

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Appendix A: Search strategy

Criteria for inclusion of literature in the review

The research review will seek to compile:

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 - a. unpublished (or semi-published) literature from key governmental departments, associations, Resilience Forums, and voluntary sector organisations involved in the planning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 - b. unpublished learning derived from (that is, through inquiries, and evaluations of responses) a number of UK and international emergencies that have taken place since 2002,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 - c. unpublished plans from selected local authorities (including those involved in selected emergencies, and those that have achieved beacon status under the emergency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

Exclusion criteria

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

- The research does not focus upon the coordination or provision of social care, or upon psycho-social needs.
- The research does not focus upon emergencies, major incidents or accidents.
- It was not written in English as the research team does not have the resources to identify and translate material outside the English language. This may mean that some literature is not identified which could be relevant to the review; however, as many non-English speaking countries (for example France, Germany) publish material in the English language it is likely that no significant published research will be overlooked.
- The research context is outside the UK, and is either not focused upon one of the pre-selected incidents or is not relevant to the social care role within the UK. Relevance to the UK was determined by whether lessons and findings from the evidence could be applied to the social care sector in the UK.
- There are considerable difficulties in setting a specific cut-off date, particularly in an international review given the differing rates and directions of both policy and practice developments in different countries. Moreover, it is possible that there are relatively early studies which do deal with the social care planning and response to emergencies on which this review focuses. For these reasons, we have opted not to set a cut-off date for searching in the first instance.

Inclusion criteria

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

Search strategy for identification of studies

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

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

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

AND

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

AND

social care OR humanitarian OR psychosocial OR needs OR welfare

NOT

diarrhoea OR abuse OR violen* OR medic* OR schizophrenia OR caesare* OR nurs* OR clinic* OR health OR surg* OR economic* OR financ*

We did not search for the terms 'psychological', 'social' or 'emotional' because initial searches delivered excessive numbers of citations that were irrelevant or duplicated those identified using other terms.

The choice of databases to search was determined by SCIE's guidance on systematic reviewing. The databases included in the search were:

Database	Database name in full
ASSIA	Applied Social Sciences Index and Abstracts
Australian Public Affairs	
BL Direct	British Library Direct
Family and Society	
Humanities and Social Sciences	
IBSS	International Bibliography of the Social Sciences
Informit	
PsychInfo	
Social Policy and Practice	
Social Sciences Citations Index	
Social Services Abstracts	
Sociological Abstracts	
Web of Knowledge	

Social Work Abstracts was not searched as initial investigation suggested that there would be much duplication between this and other databases already searched. PubMed and Medline were not searched as initial investigation suggested that they would provide few references with specific relevance to social care.

Search terms used were as follows:

ASSIA

Searched 15/08/2007

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

Australian Public Affairs

Searched 15/08/2007

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

BL Direct

Searched 16/08/2007

Query: ((Emergency or emergencies OR disaster* OR major incident* OR crisis or crises OR terroris*) AND (respon* OR support* OR plan* OR prepar* OR manag* OR volunt* OR coordinate* OR recovery) AND (social care OR humanitarian OR psychosocial)) NOT (diarrhoea OR abuse OR violen* OR medic* OR schizophrenia OR caesare* OR nurs* OR clinic* OR health OR surg* OR economic* OR financ*) and yr: 2003–2007

IBSS

Searched 29/08/2007

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

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Informit

Searched 16/08/2007

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

PsycInfo

Searched 29/08/2007

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

[OK that \$ rather than * used here as wildcard?]

Social Policy & Practice

Searched 15/08/2007

Query: (Emergency or emergencies OR disaster* OR major incident* OR terroris*) AND (respon* OR support* OR plan* OR prepar* OR manag* OR volunt* OR coordinate* OR recovery) AND (humanitarian OR psychosocial)) NOT (diarrhoea OR schizophrenia OR caesare* OR nurs* OR clinic* OR surg* OR financ*)

Social Services Abstracts

Searched 15/08/2007

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

Sociological Abstracts

Searched 16/08/2007

Query: ((Emergency or emergencies OR disaster* OR major incident* OR terrorist*) AND (respon* OR support* OR plan* OR prepar* OR manag* OR volunt* OR coordinate* OR recovery) AND (social care OR humanitarian OR psychosocial)) NOT (diarrhoea OR schizophrenia OR caesare* OR nurs* OR clinic* OR surg* OR educat* OR economic* OR financ*)

Web of Knowledge

Searched 17/08/2007

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

Handsearching

The following journals were searched by hand: *The Journal of Social Services Research, Traumatology, Disaster Prevention and Management, Social Work Research Journal, Social Work Research, Australian Journal of Emergency Management* and *Journal of Prehospital and Disaster Medicine*.

Website searching

Organisation	Website
Department of Communities and Local Government (DCLG)	www.communities.gov.uk/
Local Government Association (LGA)	www.lga.gov.uk/
Improvement and Development Agency (IDeA)	www.idea.gov.uk/idk/core/page.do?pagelId=1
Audit Commission	www.audit-commission.gov.uk/
Department for Work and Pensions	www.dwp.gov.uk/
Department for Culture, Media and Sport	www.culture.gov.uk/
Department for Environment, Food and Rural Affairs	www.defra.gov.uk/
Department of Health	www.dh.gov.uk/en/index.htm

Foreign & Commonwealth Office	www.fco.gov.uk/servlet/Front?pagename=OpenMarket/Xcelerate/ShowPage&c=Page&cid=1007029390554
Home Office	www.homeoffice.gov.uk/
The Cabinet Office	www.cabinetoffice.gov.uk/
UK Resilience	www.ukresilience.info/
HM Government: Preparing for Emergencies	www.preparingforemergencies.gov.uk/
Scottish Executive	www.scotland.gov.uk/Home
Convention of Scottish Local Authorities (COSLA)	www.cosla.gov.uk/
Welsh Local Government Association	www.wlga.gov.uk/
National Assembly for Wales	www.wales.gov.uk/
Wales Resilience	www.walesresilience.org/
Northern Ireland Central Emergency Planning Unit (Civil Contingencies Policy Branch)	cepu.nics.gov.uk/
Northern Ireland Executive	www.northernireland.gov.uk/
Northern Ireland Local Government Association	www.nilga.org/home.asp
Disasters Emergency Committee	www.dec.org.uk/
The Emergency Planning Society	www.the-eps.org/
Emergency Planning College	www.epcollege.gov.uk/
Association of Traumatic Stress Specialists	www.atss.info/
Disaster Action	www.disasteraction.org.uk/
British Sociological Association	www.britsoc.co.uk/
Association of Directors of Adult Social Services	www.adss.org.uk/
British Psychological Society	www.bps.org.uk/
Center for Trauma Response, Recovery & Preparedness	www.ctrp.org/resources_bhcp.htm
National Association of Social Workers	www.naswdc.org/
British Association of Social Workers	www.basw.co.uk/
Social Care Institute for Excellence	www.scie.org.uk/index.asp
European Society for Traumatic Stress Studies	www.estss.org
Disaster and Social Crisis Research	www.erc.gr/english/d&scrn/

Network	
British Red Cross	www.redcross.org.uk/index.asp?id=39992&cachefilter=
St John Ambulance	www.sja.org.uk/sja/
St Andrew's First Aid	www.firstaid.org.uk/
WRVS	www.wrvs.org.uk/index.aspx
Salvation Army	www1.salvationarmy.org.uk/uki/www_uki.nsf
Cruse Bereavement Care	www.crusebereavementcare.org.uk/
Samaritans	www.samaritans.org/
Victim Support	www.victimsupport.org.uk/
Citizens Advice Bureau	www.citizensadvice.org.uk/
Radio Amateurs Emergency Network (RAYNET)	www.raynet-uk.net/
Care International UK	www.careinternational.org.uk/
UK Trauma Group	www.uktrauma.org.uk/index.html

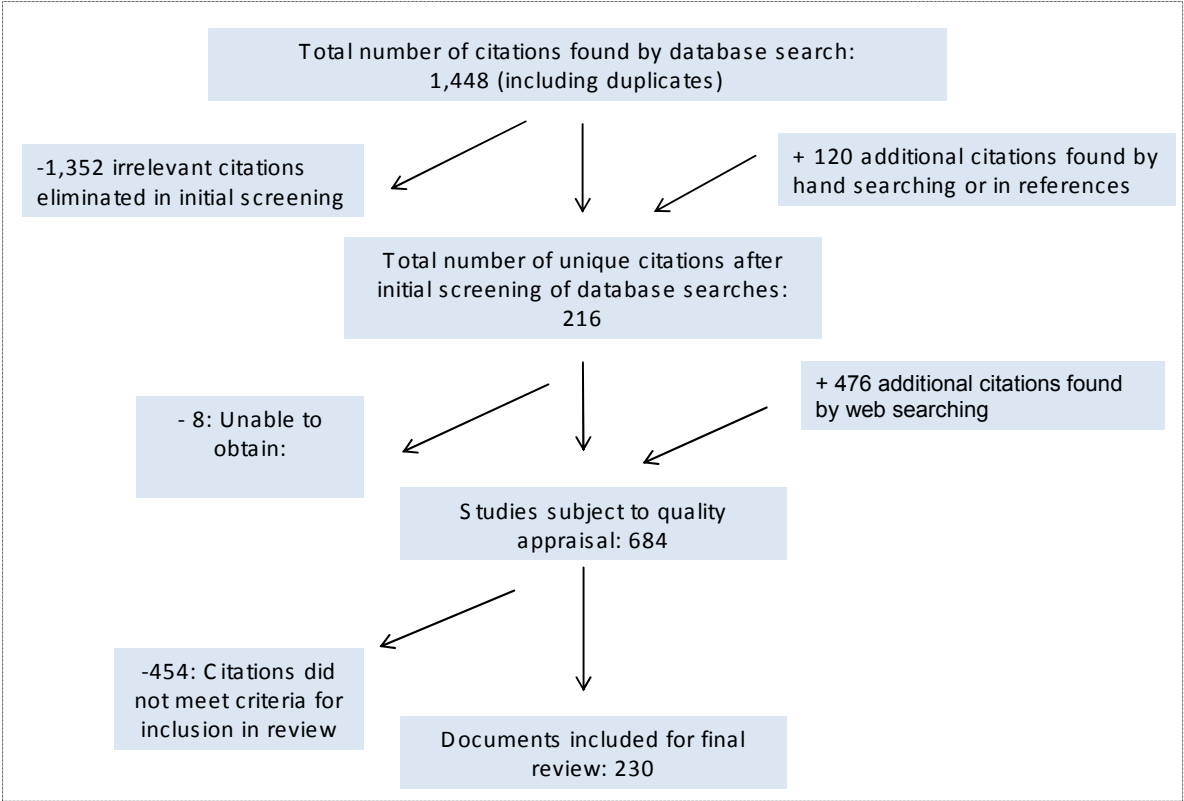
Beacon Authority websites	
Authority	Relevant websites
Cleveland Emergency Planning Unit (<i>Hartlepool Borough Council (lead), Stockton-on-Tees Borough Council, Redcar and Cleveland Borough Council, Middlesbrough Council, Cleveland Police and Cleveland Fire</i>)	www.clevelandemergencyplanning.info/
	www.clevelandlrf.org.uk/
	www.hartlepool.gov.uk/site/index.php
	/www.stockton.gov.uk
	www.redcar-cleveland.gov.uk/
	/www.middlesbrough.gov.uk/ccm/portal/
Essex County Council	www.essexcc.gov.uk/vip8/ecc/ECCWebsite/dis/home.jsp
	www.essexcc.gov.uk/microsites/essex_resilience/
	/www.crisissupportessex.org/
Gloucestershire <i>Gloucestershire County Council, Cheltenham Borough Council, Forest of Dean District Council, Gloucester City Council, Cotswold</i>	www.glofloodrelief.org/general.asp?pid=31&pgid=901
	www.gloucestershire.gov.uk/
	www.gloucestershire.gov.uk/index.cfm?articleid=3335
	www.cheltenham.gov.uk/libraries/templates/index.asp

<i>District Council, Stroud District Council and Tewkesbury Borough Council</i>	www.fdean.gov.uk/content.asp?Language=&id=16728
	www.gloucester.gov.uk/
	www.stroud.gov.uk/home.asp?did=homepage
	www.cotswold.gov.uk/nqcontent.cfm?a_id=1
	www.tewkesburybc.gov.uk/
Hertfordshire County Council	www.hertsdirect.org/
Humber Emergency Planning Service (<i>Includes East Riding of Yorkshire, Hull City Council and North Lincolnshire Council, in partnership with North East Lincolnshire Council</i>)	www.humberemergencyplanning.gov.uk/
	/www.eastriding.gov.uk/
	/www.hullcc.gov.uk/
	www.northlincs.gov.uk/NorthLincs/
	www.nelincs.gov.uk/
www.humberlocalresilienceforum.org.uk/	
Nottinghamshire County Council (Nottingham City Council, Newark and Sherwood District Council)	www.nottinghamshire.gov.uk/
	www.newark-sherwooddc.gov.uk/
	www.nottinghamcity.gov.uk/np_home/np_local_resilience_forum.htm
	www.rotherham.gov.uk/graphics
Rotherham Metropolitan Borough Council	www.southyorkshireemergencies.co.uk/LocalResilienceForum/l_r_f.asp

Number of documents included

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

Flowchart showing screen process



Appendix B: Full list of emergencies

Incident	Date
Potential chemical, nuclear or biological attack	(Potential)
Human influenza pandemic	(Potential)
Herald of Free Enterprise disaster	March 1987
Kings Cross fire	November 1987
Clapham Junction rail crash	December 1988
Lockerbie disaster	December 1988
Kegworth air disaster	January 1989
Hillsborough disaster	April 1989
Marchioness Riverboat disaster	August 1989
Towyn floods	March 1990
Oklahoma City bombing	April 1995
Dunblane massacre	March 1996
Omagh bombings	August 1998
Paddington train crash	October 1999
Hatfield rail crash	October 2000
Foot and mouth outbreak	2001 (various dates)
11 September terrorist attacks	September 2001
Potters Bar rail crash	May 2002
Bali bombing	October 2002
Madrid bombings	March 2004
Boscastle floods	August 2004
Asian tsunami	December 2004
Carlisle floods and storms	January 2005
7 July London terrorist attacks	July 2005
Sharm El Sheikh terrorist attack	July 2005
Hurricane Katrina (US)	August 2005
Pakistan earthquake	October 2005
Buncefield fire	December 2005
Grayrigg rail crash	February 2007
Summer 2007 flooding	June –July 2007

Appendix C: Framework for critical appraisal

Title	
Author	
Date	
Reviewer	

Weight of evidence	Evidence judgements	Score (low, medium or high)
A – Generic judgement on the coherence, clarity and integrity of study	<ul style="list-style-type: none"> – Is the study clear and open about how it was conducted? – If the study claims something (eg to represent victims' views), does it do so? – Is the study accessible for use by research team or others? 	
B – Review-specific judgement on the fitness for purpose of the study method for answering review question	<ul style="list-style-type: none"> – Is the method of the study fit for purpose? (eg if it is a study of the effectiveness of interventions following an emergency, does it compare different interventions or seek the views of stakeholders?) – Was the research conducted in a legal, ethical way (eg did the researchers get informed consent)? 	
C – Review-specific judgement on relevance of study focus for answering review question	Is the study useful for answering the review question?	
D – Total of A, B, C	Average out the scores to get an average	

Appendix D: Annotated bibliographies

Reference	Notes
Association of Directors of Social Services (ADSS) (2000) 82	<i>Press release outlining social care's response to the floods of Autumn 2000 and the effects upon mainstream services.</i>
ADSS (2005) 136	<i>Press release outlining ADSS's efforts to support survivors returning from the tsunami.</i>
Association of Directors of Adult Social Services (ADASS) (2007) 157	<i>Press release praising staff for their response efforts during the 2007 floods in England.</i>
Amaratunga and O'Sullivan (2006) 137	<i>Journal article presenting a range of themes around psychosocial issues in relation to disasters. Particular areas of focus include the differential impacts of disasters according to gender and age; prevention of discrimination in the wake of disaster; and readiness for a change of culture towards prevention and preparedness.</i>
American Red Cross (ARC) (2006a) 128	<i>Report reviewing the historic 2005 hurricane season and reporting on the work of the Red Cross and its partners in four distinct areas that were managed: people, ideas, resources and experience. Focuses on the status of relief and how the 2005 hurricane season changed emergency response in the future.</i>
ARC (2006b) 142	<i>Report outlining the contribution of ARC to recovery following the 11 September 2001 attacks.</i>
Association of Train Operating Companies (ATOC) (2006) 164	<i>This document introduces Rail Incident Care Teams. It gives details of how, when and where these teams will function, along with their role and examples of what they will and will not do.</i>
Barnard and Kane (1996) 62	<i>Book chapter in which the authors describe experiences of setting up a children's project to aid recovery after Hillsborough.</i>
Becker (1997) 92	<i>This article discusses the highly complex nature of contamination situations and highlights key policy issues.</i>
Berberian (2003) 68	<i>Article outlining development of a children's mural project developed as a means of expression and trauma reduction following the 11 September terrorist attacks.</i>

Bolin (2006) 54	<i>Book chapter utilising examples from Hurricane Katrina to highlight the pervasive role of race and class inequalities within the US and their impact on vulnerability following a disaster.</i>
Bolling et al (2007) 167	<i>A descriptive study of the medical responses to the terrorist bombings in Madrid on 11 March 2004. The nature of the event, the human damage and the responses are described.</i>
Bune (2003) 135	<i>This document examines the lessons learned from the 11 September 2001 emergency and the need to have victim services programmes and personnel included as a primary entity involved in the emergency response effort.</i>
Cabinet Office (2004a) 2	<i>The Civil Contingencies Act 2004 summarised into a short document.</i>
Cabinet Office (2004b) 3	<i>Government guidance document on emergency planning and preparedness.</i>
Cabinet Office (2004c) 4	<i>Government guidance document on emergency response and recovery.</i>
Cabinet Office (2006a) 5	<i>Government guidance document on evacuation and shelter.</i>
Cabinet Office (2006b) 119	<i>Report addressing key lessons from the emergency response to the 7 July 2005 bombings, and outlining responses.</i>
Cabinet Office (2006c) 83	<i>Government guidance document on planning for an Influenza pandemic.</i>
Cabinet Office (2007) 6	<i>Government guidance document on data protection and information sharing in planning for and responding to emergencies.</i>
Call and Pfefferbaum (1999) 116	<i>An overview of lessons learned from the first two years of 'Project Heartland', the mental health response to the Oklahoma bombing.</i>
Campbell (2007) 156	<i>Presentation at the Buncefield briefing day at Hertfordshire County Council.</i>
Canterbury, Adshead and Rose (1995) 24	<i>This article reviewed the nature of management of psychosocial morbidity following major emergencies in England in 1995 and made recommendations that echo messages today.</i>

- Capewell (2004) 151 *PhD thesis exploring personal experiences of work in the emerging field of psychosocial disaster response using the emerging practice of action research. Interweaves personal and practical learning from disaster.*
- Carroll et al (2006) 58 *Report examining the impact of the floods upon flooded households. Data were drawn from a number of focus groups and interviews with both flood affected households and agency workers.*
- Central Emergency Planning Unit Northern Ireland (CEPU) (2001) 16 *Report outlining and explaining Northern Ireland's nine key standards for civil protection activities to be undertaken by both commercial and public service organisations.*
- CEPU (2002) 17 *Northern Ireland guidance document outlining the process for preparing emergency plans. It offers a framework within which plans can be written in a way which suits the individual organisation and its emergency responses. It is intended to be a practical guide for those directly involved in the planning process.*
- CEPU (2004) 14 *Document providing advice on good practice in emergency planning and response, and guidance on the involvement of Northern Ireland public service organisations in these activities.*
- CEPU (2005a) 13 *The Civil Contingencies Framework as it applies to Northern Ireland*
- CEPU (2005b) 18 *Guidance for public service organisations in Northern Ireland on carrying out civil contingencies risk assessments. It supplements 'The Northern Ireland Civil Contingencies Framework'.*
- CEPU (2007) 15 *Guidance to encourage and facilitate the planning of an effective, coordinated public service response to an evacuation within Northern Ireland. Developed by the Evacuation Working Group, and its sub-groups. It outlines the services required by evacuees, gives guidance on good practice in planning and providing a response, and indicates what communication and coordination arrangements need to be planned.*
- Chemtob et al (1997) 110 *Journal article outlining findings from a comparative study on the impact of brief psychological debriefing on disaster-affected individuals six months after an incident.*
- City of Westminster *Leaflet produced by Westminster Children and Community*

(2005) 124	<i>Services but based on leaflets produced by the Australian Red Cross and Kent Social Services.</i>
Civil Contingencies Secretariat (CCS) (2008a) 11	<i>Web-based guidance on planning and implementing support for the longer-term recovery needs of individuals and communities.</i>
CCS (2008b) 10	<i>Government guidance document to assist emergency planners and responders in the identification of vulnerable individuals.</i>
Contrast.org (2007) 159	<i>A web-based history of the Hillsborough disaster, examining the role of social services and family support groups.</i>
Convention of Scottish Local Authorities (COSLA) (2007) 79	<i>COSLA response document to the review of Scotland's emergency preparedness guidance.</i>
Coulthard et al (2007) 112	<i>Report by the independent review body into the June 2007 floods in Hull.</i>
Cox and Wandrag (2007) 94	<i>Report evaluating and synthesising evidence from existing literature for the development of a framework for an initial trauma support response for UK airport users within the structure provided by the UK Civil Contingencies Act 2004.</i>
Craton (2004) 160	<i>Journal article providing a critical perspective on the response to the Hillsborough disaster.</i>
Cronin, Ryan and Brier (2007) 101	<i>This article looks at how social work can assist organisations to cope with the stresses from exposure to disasters.</i>
Cumbria County Council (2005) 80	<i>Internet page praising the social care response to the storms of 2005.</i>
Davies (2006) 27	<i>Article which discusses the interdependency of agencies during a response to pandemic influenza.</i>
Deacon and Matthews (2006) 78	<i>Description of the local structures, relationships and command and control arrangements for the two health and social care communities in the Humber area. Focuses on the management of ill health and deaths, and business continuity.</i>
Department of Culture, Media and Sport & Association of Chief Police Officers (DCMS)	<i>Guidance document on establishing Humanitarian Assistance Centres.</i>

(2006) 8

Department of
Mental Health &
Substance Abuse
(2005) 64

A draft document which assesses the psychosocial care of children affected by natural disasters.

Department for
Education and Skills
(DfES) (2006) 67

This guidance aims to encourage and support schools and children's services in planning for a human influenza (flu) pandemic.

Department of Health
(DH) (2005) 125

DH leaflet on coping with stress after a disaster.

DH (2007a) 57

DH planning guidelines for social care staff during a pandemic influenza, discussing various areas for consideration in relation to the workforce.

DH (2007b) 55

DH factsheet for care home managers and staff.

DDH (2007c) 28

This pandemic influenza national framework incorporates some, though not all, of the learning from exercises including Exercise Winter Willow. Aims to put in place robust local plans to respond to an influenza pandemic and minimise its impact on local social care services and the people who use them.

Diaz (2006) 108

This book chapter reviews the psychosocial support programmes from an ARC perspective seeing key similarities and differences in approach.

Disaster Action
(2002) 126

Disaster Action support leaflet.

Disaster Action
(2006) 173

Disaster Action code of practice document on bereaved and survivor confidentiality issues.

Disaster Action
(2007) 132

Disaster Action guidance document addressing issues of long-term support.

Disasters Working
Party (1991) 63

Report based on the experience of those who have provided social and psychological support following recent disasters in the UK. Most relevant for medium-term disasters. Draws on knowledge and research into the sinking of the Herald of Free Enterprise, the Bradford City fire, the Kings Cross fire, the Hungerford shootings, the Kegworth air crash, the Piper Alpha offshore fire and Aberfan.

Ehrenreich and

Guidebook addressing the key principles of psychosocial

McQuaide (2001) 117	<i>Intervention following disasters (non-UK based).</i>
Ellen and Shackman (2007) 134	<i>Report aiming to provide information and recommendations to enable Victim Support to effectively develop and prepare their service to meet the needs of victims of terrorist attacks. Provides this information in ways that will make it useful for other agencies.</i>
Emergency Planning College (2007) 96	<i>Web briefing outlining Project Gold Standard a training system for Gold and Silver Command Groups. Also outlines background and context to multi-agency command planning.</i>
Emergency Planning Society (1999) 38	<i>Report outlining the human welfare aspects to the response to the Marchioness ferry disaster. Includes recommendations for improvement.</i>
Environment Agency (2004) 41	<i>Environment Agency document outlining the various flood risks to Boscastle and planned improvements.</i>
Eranen and Liebkind (1993) 166	<i>Book chapter examining spontaneous offers of community and individual support after disaster.</i>
Essex County Council (2007) 127	<i>Web page about the role of Essex County Council in emergency response procedures.</i>
Essex Crisis Support Team (2006a) 45	<i>Handbook for crisis support workers in the Essex Crisis Support Team. Provides useful definitions and roles.</i>
Essex Crisis Support Team (2006b) 46	<i>Framework that complements the Crisis Support Team handbook but outlines more strategic responsibilities and activation procedures.</i>
Essex Resilience Forum (2006a) 48	<i>The Combined Operational Procedures for Essex (COPE) report acts as a manual for the Essex Resilience Forum and contains the roles and responsibilities of various agencies in a major emergency.</i>
Essex Resilience Forum (2006b) 22	<i>This guidance aims to provide a generic outline for the establishment and operation of rest centres, survivor reception centres, family and friends reception centres and Humanitarian Assistance Centres.</i>
Essex Resilience Forum (2007) 42	<i>The Essex Resilience Forum views this document as a useful awareness- raising tool for sharing information about its multi-agency plans and arrangements for providing humanitarian support to people affected by emergencies.</i>
Eyre (1998) 144	<i>Much of the research on disasters focuses on symptoms and recovery in the weeks and months following the incident, with relatively few studies examining the longer-</i>

- term effects. This research highlights the importance of examining the broader social, political and legal consequences of disaster in understanding continuing proactive responses by disaster survivors.*
- Eyre (2000) 153 *This document reflects on previous and current practices and experiences, draws on the procedures followed when establishing the identity of victims following disasters and highlights the differing needs, interests and issues arising for both professionals and the bereaved.*
- Eyre (2002) 30 *Journal article covering issues arising from the Marchioness Riverboat inquiry into the identification of victims. Reflecting on previous and current practices and experiences,*
- Eyre (2003) 143 *Newspaper article about better listening services for people bereaved by disaster.*
- Eyre (2004) 149 *This paper discusses the psychosocial dimensions of disaster and the importance of considering the findings of behavioural research in planning recovery strategies and programmes.*
- Eyre (2006a) 121 *Report into recovery after a catastrophic event in the US and lessons for the UK context.*
- Eyre (2006b) 120 *Book chapter exploring the key issues associated with the nature, meaning and purpose of community remembrance after a disaster.*
- Eyre (2006c) 33 *Literature review and best practice guidelines commissioned by the DCMS. Key findings include the fact that the psychological and social impacts on those affected by major emergencies are many and varied, and more planning is required.*
- Eyre et al (2007) 25 *Report commissioned by the DCMS examining current capability in humanitarian assistance in the UK.*
- Fordham and Ketteridge (1995) 141 *Paper looking at how different sectors of society are affected by flood emergencies and how the disasters themselves can divide – or expose existing divisions in – communities. It focuses primarily on the 1994 floods in Scotland and to a lesser extent on two other floods in the UK, and looks at the immediate and longer-term impacts of floods at the local community level.*
- Foreign & Commonwealth Office (FCO) (2007) *Report of key events and actions taken by the FCO during the tsunami disaster.*

- Gelman and Mirabito (2005) 86 *Article outlining increasing need to include aspects of crisis intervention in generalist social work education and training and outlining a model of training delivery using vignettes. Helping students to respond to populations increasingly affected by psychosocial stressors.*
- Gibson (1996) 114 *In this chapter the author describes the impact the Kegworth air crash had on the structure of social services in Northern Ireland.*
- Gibson (1997) 23 *Chapter assessing post-disaster research to see how social work has changed from short- to long-term interventions.*
- Gibson and Hayunga (2006) 73 *Report presenting literature review and data from a short survey regarding the care and support of older people during emergencies.*
- Gloucestershire County Council (2007) 138 *Report by the Scrutiny Committee into the June 2007 floods in Gloucestershire.*
- Go North West (2005) 88 *Report containing outcomes of a multi-agency debrief report following the storms and associated flooding in Cumbria in January 2005, although primarily addressing the situation in Carlisle as the most severely affected area. Does not cover the outcomes of the recovery phase.*
- Go North West (2007) 72 *Web page that outlines the response to the storms in Carlisle 2005.*
- GO South East (2007) 93 *Findings from a series of events aimed at local authority emergency planning officers, directors of adult and/or children's services, voluntary sector organisations, all emergency response personnel and LRF members.*
- Goldsmith and Haddington (1997) 158 *Book chapter outlining experience gained in relation to the social care response to the Marchioness disaster – in particular, issues relating to the viewing of bodies.*
- Greater London Authority (2006) 150 *Report of the review conducted by the Greater London Authority 7 July Review Committee tasked with identifying the lessons to be learned from the events and aftermath of 7 July 2005.*
- Hagar (2007) 170 *This paper reports on the early stages of research that explores the role, impact and use of the internet by the farming community during the 2001 UK foot- and-mouth disease (FMD) crisis, and in particular examines the Cumbrian community-initiated network known as Pentalk*

(www.pentalk.org).

- Halpin and Peters (2006) 43 *Presentation at the Buncefield briefing day at Hertfordshire County Council.*
- Harris-Hendriks et al (1997) 155 *Overview and Psychological – a developmental approach. Outlining issues for the elderly and children.*
- Harrison (2001) 133 *Analysis of the roles of responding agencies, and a needs analysis of bereaved families and survivors, in the immediate aftermath of the Ladbroke Grove rail crash.*
- Hertfordshire Constabulary (2006) 47 *Presentation at the Buncefield briefing day at Hertfordshire County Council.*
- Hertfordshire Emergency Services Major Incident Committee (HESMIC) (2001) 111 *Report highlighting inter-agency issues and areas of good practice in the response to a derailment. It concentrates on the response, rather than the cause, and does not seek to consider intra-agency issues, which rightly have been the subject of internal debriefing reports.*
- Hertfordshire Resilience Forum (2006) 49 *This plan sets out the strategic response of the agencies that make up Hertfordshire Resilience Forum to incidents requiring multi-agency coordination. It identifies roles and responsibilities.*
- Hillingdon Borough Council (2005) 107 *Web page outlining Hillingdon Borough Council's response to the tsunami disaster.*
- HM Government (2005a) 1 *The Civil Contingencies Act 2004 delivers a single framework for civil protection in the UK.*
- HM Government (2005b) 19 *The Civil Contingencies Act 2004 summarised delivers a single framework for civil protection – Scottish Regulations*
- Hodgkinson and Stewart (2007) 26 *Book outlining the key lessons arising from post-disaster psychosocial care following a variety of disasters.*
- Home Office (2004) 52 *Guidance providing an agreed set of principles, common terminology, and an outline of organisations' roles and responsibilities following incidents involving chemical, biological, radiological or nuclear material.*
- Home Office and Cabinet Office (2007) 7 *Guidance on dealing with fatalities in emergencies, which is primarily aimed at local responders. It reaffirms and consolidates what local services should consider when planning how to respond in the event of an emergency. Advice is offered on all aspects of a mass fatalities*

response.

- IDeA (2007a) 59 *Brochure setting out details of the Round 8 Beacon themes and of the application and assessment process. Round 8 included the theme 'emergency planning'.*
- IDeA (2007b) 174 *A beacon council case study of Rotherham Council. Particular emphasis is put on the information database.*
- International Council Of Voluntary Agencies (2005) 69 *Web resource, 'Psychosocial care and protection of tsunami-affected children', outlining principles representing the view of the International Rescue Committee, Save the Children UK, UNICEF, UNHCR and World Vision International.*
- International Medical Corps (2005) 109 *Statement advising those working with individuals affected by Hurricane Katrina., stating self-recovery and resilience to be the norm except for a small proportion who will suffer acute mental distress. Highlights the particular vulnerabilities of those who are in institutions, those on long-term medication and those with previous disorders.*
- International Work Group on Death, Dying and Bereavement (2007) 50 *Journal article by the International Work Group on Death, Dying and Bereavement presenting a number of assumptions and principles around the planning and response to emergencies*
- Jenner (2007) 102 *Journal article overviewing the literature on the unique psychological impacts of responding to agricultural emergencies.*
- Kelly (2004) 99 *News article on lessons from the Madrid bombings and the role of the voluntary sector.*
- Kreuger and Stretch (2003) 66 *Paper reporting on the secondary analysis of data collected by social work providers to assess the longer-term impact and possible post-traumatic stress disorder among children and adolescents in 17 schools heavily affected by flooding.*
- Lacy (2003) 97 *This article examines the psychological and behavioural reactions to attacks involving weapons of mass destruction, which may be separated into group and individual responses. For the most part, the range of psychological reactions will be similar regardless of the type of weapon used.*
- Liberty (2007) 113 *Briefing on the rights of and services to victims of terrorist atrocities outside the UK. Focuses on the lack of statutory rights to assistance via the existing compensation scheme,*

Local Government Association (LGA) (2008) 88	<i>Short briefing on the role of the local authority in a human influenza pandemic, outlining procedures to be followed in the event of confirmation of the onset of a likely influenza pandemic; and the respective roles and responsibilities of the NHS and local authorities.</i>
London Resilience Forum (2006) 129	<i>Following the London bombings on 7 July 2005, the Resilience Forum commissioned a review of processes and the findings from the Greater London Authority's 7 July Review Committee Report. The London Regional Resilience Forum was set up immediately following the 11 September 2001 attacks to assess London's capacity to respond to a similar incident and prepare for future emergencies.</i>
Mann (2007) 29	<i>Notes from a presentation on 'Community resilience' at the Emergency Response and Civil Defence Workshop, Royal United Services Institute, London</i>
Manzi et al (2002) 123	<i>Report of a case study that identified the information and communication flows affecting the response to the April 1995 bombing of the Alfred P. Murrah building, Oklahoma. This case study provides an illustrative example of how information and communication affected the response to a major incident of domestic terrorism.</i>
Mitchell (1997) 105	<i>Book chapter examining the effects on community and the perceived need by residents for psychosocial support following the Lockerbie air disaster. It investigates natural help seeking based on interviews with GPs.</i>
Mitchell (2003) 76	<i>Overview of Emergency Management Australia guidelines for working with culturally and linguistically diverse communities.</i>
Mort et al (2004) 122	<i>This report shows the ways in which the foot-and-mouth disease crisis impacted on the health and well-being of those who lived and worked in affected communities.</i>
National Audit Office and Foreign & Commonwealth Office (NAO and FCO) (2005) 36	<i>Review of the views and experiences of UK nationals (families and survivors) following the Asian tsunami in relation to support offered by UK government departments and agencies.</i>
NAO and Zito Trust (2006) 115	<i>Two-part report of the experiences of UK nationals affected by the tsunami. The NAO have produced recommendations and conclusions; the Zito Trust analyses data from people affected.</i>

- National Council for Voluntary Organisations (NCVO) (2001) 81 *NCVO briefing on the impact of foot-and-mouth disease on the rural voluntary sector.*
- National Institute for Clinical Excellence (2005) 51 *Evidence-based clinical guidelines on post-traumatic stress disorder (PTSD) examining the management of PTSD in adults and children.*
- Newburn (1993) 44 *This book provides an outline of the results of a two-year study of the social services' response to the Hillsborough disaster.*
- Newburn (1996) 87 *In this chapter the author discusses lessons learned from the Hillsborough disaster in the context of social work.*
- Nicholls (2006) 139 *The author examines the capacity of disaster memorials to express relationships between communities and government.*
- Office for Victims of Crime (OVC) (2000) 171 *Report identifying the special measures needed to protect the rights and meet the needs of victims of a large-scale terrorist attack involving mass casualties, drawing on the experiences of those affected by the Oklahoma bombing.*
- OVC (2005) 100 *This report documents lessons learned from efforts to respond to the diverse needs victims of the 11 September attacks. It presents a summary of promising practices, challenges and lessons learned from various agencies with experiences in addressing victims' needs.*
- Oklahoma City National Memorial Institute for the Prevention of Terrorism (2002) 31 *Book aimed at summarising some of the lessons learned by the citizens and agencies of Oklahoma City in the seven years since the bombing. Includes sections on media, communication, technology, service provision and human aspects. Designed for use by other communities and organisations, public or private, facing similar situations.*
- Padgett (2002) 75 *Article outlining the impact of 11 September 2001 on social work research in New York City and how pre-existing research was used in the response to 11 September and offering suggestions for future research in this area.*
- Pardess (2005) 163 *Guidelines for the screening, assignment and training of volunteers based upon experiences of the Israel Crisis Management Center's national volunteer network.*

- Pitt (2008) 162 *Michael Pitt's, independent review of the flooding emergency that took place in June and July 2007. The interim report contains urgent recommendations which the author believes should be implemented in order to minimise the impact of any flooding in the near future. It also maps out the direction for the remainder of the Review, and acts as a consultation document prior to publication of the final document in the summer of 2008.*
- Posada (2006) 40 *Article describing the work of two emergency planners involved in a multi agency project to produce local authority guidelines on psychosocial support following critical incidents and disasters. The possible role for emergency planners in this area of work within the current context is explored.*
- Public Information and Welfare Sub Group of the Emergency Planning Society (1999) 104 *Summary of the work of the Emergency Planning Society ad hoc working group on the Marchioness Inquiry. Recommendations focus on training, provision of information, identification of bodies and the role of a key worker.*
- Pyles (2007) 90 *Social work interventions in disasters have focused on the ways such events affect individuals, organisations, communities and families. This article examines the area of community development – an often neglected area.*
- Randall (2007) 70 *Presentation of findings from Help the Aged research into the vulnerability of older people during and following emergencies In the UK.*
- Rao (2006) 74 *Journal article outlining the type of psychosocial intervention required to best serve communities' needs following a disaster.*
- Reyes and Elhai (2004) 148 *Journal article outlining the issues relating to the emerging field of disaster mental health*
- Riley and Meadows (1997) 161 *This article looks at the role of information in disaster planning looks at the case studies from Kegworth and Hillsborough town. It shows revisions to emergency plans were made afterwards.*
- Rogge (2004) 21 *Introduction to edition of Journal of Social Service Research that focuses on the role of social work in disaster management and traumatic stress.*
- Rosser (1997) 168 *Book chapter outlining experience of working within a multidisciplinary team supporting victims of the Kings Cross fire. Describes response and recovery interventions,*

	<i>focusing on the second phase of psychosocial intervention.</i>
Ruijter and Smeets (2007) 53	<i>An overview of community-based interventions following a terrorist incident, developed as part of Impact's EU project, 'Citizens and Resilience'.</i>
Scottish Executive (2006) 20	<i>Study commissioned by the Scottish Executive Justice Department to examine Scotland's preparedness and capacity to deal with an emergency. Includes analysis of capability data and focus groups.</i>
Social Services Inspectorate (1998) 37	<i>Social Services Inspectorate report on a project to examine and promote the development of services that meet the social and psychological needs of individuals affected by civil unrest in Northern Ireland.</i>
Sprang (2000) 118	<i>Article describing a study that examines the influence of individual coping styles on the development of traumatic stress symptoms and the implications for social work practice.</i>
Stebnicki (2007) 103	<i>Book chapter highlighting key principles and practices for responders supporting the needs of survivors of traumatic events. Focuses in particular on the role and skills of the rehabilitation counsellor. Works from a US rather than UK perspective, noteworthy for its focus on the use of critical incident stress debriefing models.</i>
Stirling Council (1999) 130	<i>Report from local authority concerning the incident at Dunblane Primary School on 13 March 1996. Report highlights the impact upon social workers and family support workers who deal with the aftermath of disasters and the need for the provision of extra support for these workers up to two years after the event.</i>
Taylor and Cotterill (2005) 91	<i>Article from ADSS Inform, the journal of the ADSS, outlining how ADSS is well placed to disseminate best practice and learning around emergency planning.</i>
Taylor and Jones (2006) 131	<i>Meeting minutes outlining presentation to the European Social Network, European Commission, by ADSS, which include dissemination of learning from a range of incidents including the tsunami and London bombings, in the response and recovery phases.</i>
The Northern Ireland Centre for Trauma and Transformation	<i>Report documenting the support needs of those who have experienced trauma within Newry and Mourne (Northern Ireland) and highlighting a range of actions and recommendations for the development of the most</i>

- (2006) 35 *appropriate model of services for people at risk or suffering from psychological trauma-related needs and disorders.*
- The Rt Hon Lord Cullen (2001) 169 *An analysis of the roles of responding agencies, and a needs analysis of bereaved families and survivors, in the immediate aftermath of the Ladbroke Grove rail crash.*
- The Sphere Project (2004) 145 *Web-based handbook from the Sphere Project, which was launched by a group of humanitarian non-governmental organisations (NGOs) and the Red Cross and Red Crescent movement to address the treatment of and response to individuals affected by disasters worldwide. Sets out a humanitarian charter and minimum standards for disaster response.*
- Tolman (2006) 95 *Article addressing the relationship between UK individuals' reliance on local authority services and provision and subsequent challenges for developing a culture of community resilience following emergencies.*
- Torgusen and Kosberg (2006) 71 *Article providing an overview of issues to be considered by social workers in general and gerontological social workers in particular with regard to preparation for possible disasters and the consequences from such catastrophes that affect older persons.*
- Tucker et al (1998) 154 *Paper examining the multi-agency mental health administration response to the Oklahoma bombing.*
- US House of Representatives (2006) 89 *Executive Summary of Select Committee Report of findings in lessons learned from planning and the response to Hurricane Katrina.*
- Vernberg (1999) 65 *Book chapter reviewing current practice in disaster response in relation to children. Identifies issues in need of clarification and further study in future disaster research.*
- Victim Support (2007) 85 *Report aiming to provide information and recommendations to enable Victim Support to effectively develop and prepare their service to meet the needs of victims of terrorist attacks and to provides this information in ways that will make it useful for other agencies.*
- Wales Resilience Forum (2006) 12 *The Pan-Wales Response Plan sets out the arrangements for the pan-Wales-level integration of the Welsh response to a major emergency in or affecting Wales. It reflects the principles of response contained in the non-statutory guidance Emergency Response and Recovery, which supports the Civil Contingencies Act 2004.*
- Welsh Assembly *Guidance that accompanies the revised DH publication, A*

- Government (2007a) 34 National Framework for Responding to an Influenza Pandemic: The 'UK Plan'.
- Welsh Assembly Government (2007b) 39 *Planning document designed to assist NHS trusts in Wales to develop their plans for responding to an influenza pandemic. Document is primarily aimed at staff of primary care trusts but is also of relevance to the social care sector. Several points address 'health and social care sector' planning for pandemic flu in social services.*
- Werritty et al (2007) 60 *Report assessing the impact of recent floods in Scotland on people, their attitudes and behaviour. Also identifies the consequences of living in a flood risk area for those with and without the experience of being flooded. Involves a literature review, household survey and focus groups and interviews.*
- Whitham (1996) 106 *In this chapter a principal social worker at the Kegworth disaster recalls their experiences of managing the social care response.*
- World Health Organization (WHO) (2007) 146 *Paper reviewing the ethical aspects of health care workers' obligations to provide care during an influenza pandemic. This report consists of six sections. Includes a set of draft recommendations, covering both health care workers and pandemic flu planners.*
- Wood-Heath and Annis (2004) 32 *Report of Europe-wide project to enable government and NGOs to understand and better respond to psychosocial needs of individuals affected in an emergency or disaster – including a consideration of the role of NGOs and their capabilities.*
- Yule and Gold (1997) 147 *Book chapter with reference to the role of social workers in supporting schools.*
- Zakour and Harrell (2003) 56 *Journal article reporting on study using geographic and network analysis, and regression techniques, to examine access to services for vulnerable populations in a disaster, and offer potential interventions to improve access.*

Appendix E: Interview schedule used with key stakeholders

Topic guide: telephone interviews with key stakeholders

Name of respondent:

What is the remit of your agency?

What is your job title?

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

1. Can you tell me what role your organisation has with regard to emergency response and recovery, and the provision or organisation of social care?
2. What do you feel is meant by the role of social care in emergency response and recovery situations? What activities are encompassed/what is the continuum of services provided?
3. What do you consider to be the role of adult and children's social services in an emergency situation? Is this a unique contribution?
4. Are you aware of any particularly useful developments in the planning and preparation of social care responses to emergencies (i) within your organisation, or (ii) within others? Any gaps in provision? Establish need for a protocol or code of practice on psychosocial responses.
5. How well developed are local emergency plans and arrangements (for example Local Resilience Forums, local authority emergency plans, local authority crisis support teams)? Explore usefulness/appropriateness of these.
6. In terms of business continuity, what impact do you believe emergency situations have on the capacity of (a) statutory and (b) voluntary services to continue the provision of everyday services?
7. How are current planning and response activities evaluated? How is good practice shared? What is the level of need for the evaluation and assessment of effectiveness of psychosocial support in emergency response and recovery?
8. How are individuals and agencies involved in the social care planning and response to emergencies currently trained? Is the level of training currently provided adequate? Is there a need for a code of practice for responding agencies? Is the support available to responders adequate?
9. Is there anything else you would like to add?
10. Are there any key stakeholders who you feel should be contacted for an interview?

Appendix F: Interview schedule used with case study stakeholders

Topic Guide for Case Studies

Background and roles:

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

Emergency planning:

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

Response and recovery:

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

Reflections and lessons learned:

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

11. What could have worked better?

- Have any of the factors identified been acted upon since the incident occurred to improve future responses?

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

Further information:

Suggestions for other people to contact in this study.

Appendix G: Focus group schedule used with 7 July case study stakeholders

Topic guide for 7 July 2005 focus group

Background: **5 minutes**

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

Response: **25 minutes**

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

Recovery: **25 minutes**

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

Lessons learned:

20 minutes

4. In the aftermaths of 7 July:
 - a. What do you think went well?
 - b. What do you think could have worked better?
5. Any other comment you would like to make or questions that have not been asked?

Reflections on the discussion:

10 minutes

Appendix H: Case studies

Case study 1: The Omagh terrorist attack (1998)

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

Incident

Terrorism: The Real IRA detonated a car bomb in a busy street in the centre of Omagh, the county town of County Tyrone in Northern Ireland. Just under 30 people were killed, and over 200 were injured in the blast. The Lakeland and Sperrin Health and Social Care Trust was responsible for providing social and health care to those affected.

Emergency planning

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

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

Emergency response

The initial response was led by the police, alongside the district council and the health and social care trust. The local hospital, which received the majority of the bomb victims, became the focal point for emergency response operations and the majority of emergency responders, including social care staff, members of voluntary organisations such as the Red Cross, and members of the public, congregated here. In the immediate aftermath of the incident the hospital became overwhelmed with large numbers of wounded as well as families and members of the local community concerned about friends and relatives.

Once the scale of the incident was apparent the Director of Social Work and Community Care, who coordinated the emergency response, assembled the Co-ordinated Service Group which met regularly to help coordinate the local response. To alleviate pressure on the hospital, an information centre for relatives was established in the nearby leisure centre. The Director of Social Work and Community Care led a meeting of responders at the leisure centre shortly after their relocation to establish roles and responsibilities. At this meeting it was made clear to social care staff that their role may involve supporting families in the identification of bodies, and that they were not required to remain if they were not comfortable with this. Social care staff were initially involved in the provision of basic practical and emotional support to families and friends; once it became clear that there were a number of fatalities, social workers (including children's social care staff, and mental health social care staff) were allocated as link workers to individual families. Working alongside Police Family Liaison Officers (FLOs), and mental health professionals, these link workers supported families through the process of identification and grieving. The link between the Police FLOs and the social care link workers was not formalised in plans prior to the incident but was instead negotiated during the incident.

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

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

Emergency recovery

Once established, the trauma centre became the focal point for the community, the media, and the politicians. The team based within this centre actively engaged the community (including the clergy and faith groups, schools, women's groups and farming networks) and the media to increase awareness of the possible impacts of such an incident, to publicise sources of support, and to equip people better to cope with the event. The majority of trust staff resumed normal duties after about a week following the incident. The trauma centre itself actually remained operational for three years following the incident with a small multidisciplinary core staff team, including several social care staff, continuing to provide support and clinical therapy to nearly 700 people. The centre also housed a support group established

by victims of the incident. As a time-limited initiative, the trauma centre was gradually disbanded and eventually replaced in 2002 by the Northern Ireland Centre for Trauma and Transformation (NICTT), which continues to provide training and support around psychological trauma-related disorders. The NICTT was developed following consultations with the community that identified a need, and recent developments in research indicating the benefits of cognitive behavioural therapy.

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

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

Lessons learned

– What worked well?

- Strong leadership skills, a sense of competence, and experience of dealing with the response to and recovery from traumatic incidents were all attributed to the Director of Social Work and Community Care. Their ability to focus attention upon the practical and emotional needs of the affected community, 'to legitimise distress', was seen as being the overriding factor influencing the success of the response which took place in a highly charged political context.
- Partnership arrangements with both the statutory and the voluntary sector worked well, primarily because of the small size of the area affected and the good working relationships that already existed between the responding agencies.
- Having social care link workers in addition to, or in place of, Police FLOs was seen to be very beneficial as many people within the local community held negative views of the police.
- The trauma centre established in response to the incident was felt to be more accessible, and to carry less of a negative stigma, than traditional mental health services; it also served to reduce the pressure placed upon these resources.
- The multi-agency approach within the centre meant that a 'menu of responses' was available to meet the variety of practical, physical, and emotional needs that people presented with.

– What could have worked better?

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

- Issues were experienced around confidentiality and data protection, especially in work with voluntary organisations, which led to difficulties establishing what support had been provided by these organisations.
- Communication was difficult following the incident as phone lines were down.
- Further to the mushrooming of self-help groups following the incident, some of which had political agendas and self-selecting memberships, one respondent aired concerns over the purpose, and membership, of such groups, feeling that ultimately they do not help address individuals' psychological needs.
- One respondent, who worked as a social care responder during the incident and within the trauma centre in the recovery phase, reported both a lack of support and understanding from their day-to-day manager within the trust.
- While religious differences between affected families and responders were not seen to be a major issue impacting on the overall response this was highlighted by one respondent acting as a link worker as something which clearly affected work with particular families, especially with more elderly people.

Practice/policy developments since the incident:

- More emergency planning and coordination activities now take place so that the roles and responsibilities of different agencies are more clearly understood.
- The NICTT has been established, which undertakes research, provides training to organisations and offers therapeutic support to individuals affected by trauma. The Centre also provides input into emergency planning arrangements where requested.

Still to be done:

- There is a need for greater clarity over who is the coordinating body in an emergency response situation.
- It should be ensured that learning and experiences are shared and mainstreamed (for example that GPs are able to identify post-traumatic stress disorder symptoms).
- There is a need for social care staff to receive compulsory training on dealing with trauma.

Case study 2: Foot-and-mouth outbreak (2001) Dumfries & Galloway, Scotland

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

The incident

Infectious disease (agricultural emergency): On 20 February 2001 the first case of FMD was confirmed in an abattoir in Essex. On 28 February cases had been confirmed on farms at Lockerbie and Canonbie in Dumfries & Galloway (D&G). The outbreak lasted for 18 months, 750 farms had their livestock culled and severe restrictions were put on the movement of residents and livestock in the area.

Emergency planning

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

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

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

Emergency response

There was a proactive response to FMD as D&G was already dealing with another emergency – severe snow. The MES was enacted five days before the first case was confirmed in Lockerbie because a meeting of 80 representatives from various functional teams and sub-groups was called to discuss the implications of an outbreak. The welfare team decided that the National Farmers Union would identify

and make an initial call to affected farms to assess the support needed and talk through relevant processes. A volunteer from the welfare team could then telephone the farmer or 'cold call' at a later date to assess social needs – this could be shopping, care of vulnerable people and so on. Some people did not want any help but others did, small farms were particularly affected as children had been attached to their animals. The assistance received was coordinated between voluntary and statutory services and could be set up ad hoc. At this stage the response needed experienced administrators and counselling volunteers so as not to take too many staff out of the social work department. A 24-hour telephone helpline, which was manned by volunteers, was also set up by the welfare team manager (social work manager) for practical and emotional issues.

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

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

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

Community work involved community health partnerships, which were set up by the health authority. These groups were set up with local representatives who gave feedback on any community issues, for example concerns for neighbours, irregular behaviours. After six weeks the volume of calls to the helpline fell, and the consultant was asked to take over management of it to free up the social work manager. The voluntary services and the RSABI addressed most of the practical needs which meant by this stage there were no social workers left on the ground.

Emergency recovery

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

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

Lessons learned

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

The MES structure was effective but there are lessons around exiting at an operational level. An 18-month outbreak involving 1,500 people and 60 organisations in the response and recovery stages had no agreed local authority exit strategy. In contrast, the welfare team already had a good grasp of this, and they managed the undoing process well via partnerships with the voluntary sector communities and social care committee.

– What worked well?

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

- The partnership with the RSABI and emergency planning fell into place immediately during March 2001. The response from NHS departments with psychosocial support was also very responsive.

- Communication at a strategic level: there was three-month radio broadcasting, literature, TV interviews and the communication of confidential support available, which all helped the social care response.
- Expertise and support at strategic level: the significant contribution of highly skilled people. With farming it is important to get out and talk to people. The RSABI was instrumental in facilitating this. The work was 40 per cent admin and 60 per cent hands on. The welfare team (and the personal support manager) was supported at strategic level throughout – contact with the Director of Social Services was minimal as decisions were filtered down and business continuity was ensured.
- Being pragmatic: thinking in practical terms and being proactive when the first case struck in Essex

– *What could have worked better*

- There was no early meeting with the voluntary sector members of the personal support sub-group at the start of the outbreak. This would have eased some early confusion in restriction zones.
- The response to FMD did not acknowledge the role of administrative staff who had left their jobs to assist the local authority. Social work has a role in assisting employers to understand the importance of staff care in all organisations during an emergency.
- Responding staff did not make notes of their experiences, which meant that a lot of learning may have been lost.

Practice/policy developments since the incident:

- Cumbria had a very different set of outcomes from FMD in the 2001 outbreak
- The Civil Contingencies Act 2004 was introduced.
- More incidents of FMD occurred in the UK in 2007.

Still to be done:

- The role of a plan should be understood. Is there too much focus on this? It is about preparation and management, not just response: 'you need to walk into a room and know the right people'.
- More work is needed on the utilisation of community resources. Social care attends to the needs of the community, and here it is important to reflect on what structures are in place locally, for example community planning forums.
- There needs to be more community involvement in recovery using well-established structures, perhaps social care and health. Two questions need to be asked: 'We are here – what do you need from us?' and 'We are here – what do you need to do for us?'
- More protocols are definitely needed on the decision when and at what stage to intervene.

Case study 3 – The Asian tsunami (2004)

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

Incident

Natural disaster: On the evening of 26 December 2004 an earthquake in the Indian Ocean triggered a series of tsunamis along the coast of most of the landmasses bordering the ocean. The death toll exceeded 225,000 people across 11 countries. The incident affected both tourists from the UK and communities in the UK concerned about friends and relatives in their native countries.

Emergency planning

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

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

Emergency response

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

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

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

Social care staff were deployed within key airports and at the Eurostar terminal. Within one of the London-based airports, reception centres were quickly established, manned by social workers, with support from clergy and voluntary agencies, to receive both victims and their friends and families. The police met all incoming flights flight-side and attempted to identify those individuals in need of support – due to the volume of passengers and data protection concerns police were unable to collect contact details of those affected but not requiring immediate support. Limited information materials were also available initially due to the speed of the response.

Basic practical and emotional support was provided within the reception centre, as well as more professional health care, as a number of the victims had received only minor medical treatment within the country from which they had flown. Social care staff made referrals to localised voluntary support services and facilitated contact with relatives and onward travel arrangements. Support staff also worked with families and friends, which was particularly testing due to the limited information being received about flights and passengers. The response within the airports lasted longer than had been anticipated and stretched the resources of the dedicated teams based there.

Within one local authority where almost 20 residents were affected by the tsunami, a Gold Command meeting the day following the incident between senior police, emergency planning, and social care staff resulted in a team of specially trained social care staff being placed on standby. These staff were deployed as FLOs working alongside Police FLOs to provide a variety of practical and emotional support to returning victims. This included the provision of financial assistance. The needs of victims were varied: some were children returning without parents; others had received severe injuries and required specialist medical support. Reports in local and national media also resulted in a number of calls to the emergency planning unit by people wanting more information on the incident. Therefore a telephone helpline was established and promoted in the local media in order to provide support to local residents – although in actual fact it received calls from all around the country.

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

Emergency recovery

Recovery activities provided to those affected varied between local authorities. Within the local authority where almost 20 residents were affected ongoing support for those people was sanctioned by the Assistant Director of Social Services and some families are still receiving practical and financial assistance to this date. The social care FLOs allocated to provide support continue to be the link workers with those affected. A number of initiatives, such as courses to help people to face water again, were reported by interviewees.

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

Lessons learned

– What worked well?

- Joint work between the police and social care staff within some local authorities worked well and was facilitated by previously fostered relationships.
- Strong leadership by senior social care staff and quick provision of necessary resources and support led to an effective response.

- Preparation and training within some local authorities led to a smooth response.
- Memoranda of understanding between local authorities facilitated joint authority undertakings.

– *What could have worked better?*

- There was a lack of consistency in support between authorities.
- Where roles and responsibilities were unclear it led to problems in joint working.
- There should have been more acknowledgment of the support needs of ethnic minority communities with relatives in the areas affected by the tsunami;
- As the initial response was on a bank holiday over the Christmas period, many local authority staff were not at work, and where their home contact details were not available this led to reduced staffing and subsequently increased pressure on responders.
- Financial support for meeting the cost of onward travel arrangements for returning nationals was a complicated issue, as there was little consensus from central government as to how this should be addressed;
- Multi-agency work at a local level was hampered due to communication difficulties.

Practice/policy developments since the incident:

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

Still to be done:

- There is a need for quality standards to ensure that responding agencies are capable of offering the provision they are engaged to provide.
- Airline carriers are not classified as Category Two responders, and therefore have no requirement to share their emergency plans. This can have implications for responses.
- There is a need for some consensus around who is to provide immediate financial support to victims returning to the UK without finances or support networks to facilitate onward travel.

Case study 4: 7 July 2005 terrorist attacks

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

The incident

Terrorism: The 7 July London bombings (also called the 7/7 bombings) were a series of coordinated terrorist bomb blasts that hit London's transport system during the morning rush-hour at 8.50 am. Three bombs exploded within minutes of each other on three underground trains. A fourth bomb exploded on a bus nearly an hour later at 9.47 am in Tavistock Square. The bombings killed 52 commuters and the four suicide bombers, and injured around 700–800 people. On the day of the event it caused severe disruption of the city's transport system and the country's mobile phone network.

Emergency planning

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

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

Emergency response

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

Three survivors from the Edgware Road train blast represent the group of 'walking wounded'. The reflections of these survivors included the following.

- There was a lack of knowledge as to where to report what had happened. A Marks & Spencer store became a meeting point at the Edgware Road incident, while some of the other locations (for example Kings Cross) did not have a place to meet at all. A recommendation was made that there should be an agency or an office that deals with emergencies of different types so that people know where to go and who to contact. A well-known crisis centre or gathering place could have helped.

- Although participants had given out their contact details on a number of occasions they were unable to identify to whom later on. A lesson learned from this would have been to have one organisation responsible for collecting names and contact details. This information should immediately be stored in a database to assist in the identification and tracking of people.
- One man who had been asking for names and contact details turned out to be a journalist who hassled one of the participants for information. The role of the media, and the practices they adopt, was seen to require attention.
- It took a long time before any medical personnel were available. The first place the injured were looked after medically was at the London Metropolitan Hotel hours after the incident.

The reflections made by victims about the days after 7 July 2005 included the following

- The experiences of police visits in the days following the incident were very mixed. Some felt supported, and others interrogated. There were examples where the police called 45 minutes in advance to say they would arrive at victims' homes, and some interviews took up to two hours; this may have led to additional discomfort for some people.
- The title of 'Family Assistance Centre' was misleading and some participants did not think the centre was there for people who needed support after experiencing the disaster. It was thought that the centre was set up for those who were missing a family member or loved ones.

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

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

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

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

Emergency recovery

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

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

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

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

Lessons learned

– What worked well?

- The 7 July Family Assistance Centre was the first of its kind in Europe, with the model being established from the 9/11 terrorist attacks in the US. Many businesses donated goods to help set up the centre.
- People were extremely motivated to help and also very solution-oriented in response to any challenges that may have emerged.

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

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

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

- The multi-agency management meetings that took place daily were seen to provide suitable space for the management team to discuss crisis issues and any other activities that needed quick action.
- The website was seen as a positive development that lets people access support as and when they need it.

– What could have worked better?

- Working in the centre was described as a bit like ‘working in a bubble’ in isolation from all the other activities going on at the time. The centre would have benefited from knowing more about what other activities and challenges other services were faced with.
- The continual shifts in media focus, and lack of focus on victims, was found to be unhelpful as information about the centre was not published consistently
- One of the major issues affecting the response was data protection following the change from FAC to the 7 July Assistance Centre. Documentation and contact lists were not transferred, leading to considerable anxiety.

‘People thought they had been neglected, and did not know the details.’

- There were few responders from BME backgrounds within the centre and therefore people who visited the centre may have perceived it as a ‘white’ offer.
- Not enough trained volunteers were available to meet the scale of needs resulting from the incident.
- Focus group participants felt that more written information should have been available listing what services could be accessed and the costs of doing so.
- The focus of the 7 July response has been very London-centric with victims and bereaved families from outside London having received fewer opportunities for support.
- The telephone helpline was not a freephone number, which may have dissuaded some people from calling in.

Practice/policy developments since the incident

- 7 July Review Committee reports have been published.
- More people are now registered as volunteers within the Borough of Westminster.
- Relationships with the media are now being developed prior to emergencies to engage them in supporting responses.

Case study 5: The Gloucestershire flooding (2007)

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

The incident

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

Emergency planning

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

- **Disaster support team:** A 'bank' of 25 statutory social workers was drawn from different departments and trained alongside the Police FLOs. Members of the disaster support team are self selecting, and clearly identified to line managers who are aware of their redeployment in the event of a disaster.
- **Volunteer accreditation scheme:** this is a scheme for training, accreditation and registering volunteers from across the county for work during an emergency. The scheme recruits volunteers through 'parent' organisations such as voluntary sector organisations and faith groups. Volunteers undertake a training programme, delivered in partnership with the Red Cross, to prepare for a variety of roles in the event of an emergency, such as the management of rest centres or Humanitarian Assistance Centres.
- **Work with the voluntary sector:** extensive links with the voluntary sector prior to the flooding were promoted through the presence of voluntary sector representatives on the emergency planning welfare team. An exercise took place which mapped the capacity and expertise of voluntary sector agencies providing a picture of available support and expertise in the event of an emergency.

Emergency response

Following the flooding and the initiation of Gold Command, social care services, along with other local authority services, were coordinated from a central emergency management centre. Despite an initial relocation, all local authority departments remained together, which was felt to have facilitated effective cross-departmental communication. The social care response was primarily managed and coordinated by the welfare emergency management group, which included representation from social care, health, education, children's services, the voluntary sector, residential care and administration.

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

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

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

Emergency recovery

Following the response phase, heightened vulnerability and levels of need placed substantial additional pressures on social care services. This resulted in ambiguity surrounding the role and eligibility criteria for local authority social care services.

Many of the widespread psychosocial needs that have arisen in relation to the floods are below the normal threshold of need for eligibility for local authority social care services. Understandably this resulted in pressure to redraw the boundaries for eligibility for statutory social care. However, fears about additional strain on social care services and the need to maintain a 'fair and standardised' approach to access meant that these requests were rejected. The presence of social care representation at Gold Command level was felt to be key to ensuring appropriate decision-making in this area. Likewise a number of requests for social care services to provide helplines and counselling services were raised by council members and other senior local authority staff visiting affected local communities. This was felt by some social care staff to be an inappropriate use of resources and reflected ongoing misunderstanding about the role of social care.

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

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

Lessons learned

– What worked well?

- Emergency planning was supported by experiences of dealing with previous emergencies such as the Paddington rail crash and FMD. These experiences enhanced corporate-level prioritisation of emergency planning.
- Multi-agency and partnership arrangements were noted to have worked well and were facilitated by both multi-agency training and emergency management working groups. The close physical proximity of different services leads within the emergency management centre was also felt to have facilitated this.
- A strong and close working relationship between social care and health leads was felt to have greatly supported the process of identifying and supporting vulnerable individuals.
- The volunteer accreditation scheme provided immediate access to 'screened' and trained volunteers with prior experience of work in this area.

– What could have worked better?

- The council's area teams were unable to capitalise on all the offers of assistance. There is a need to clarify the system to make best use of offers of help.
- There was ambiguity about the role of social care in the recovery phase, in particular around the threshold for social care service eligibility.

- Effective communication is vital for ensuring continuity across different rota shifts. Although this was recognised, it remains challenging and an area for development.
- There is a need to engage greater numbers of staff from across the local authority to support emergency response activities to ensure the sustainability of longer-term response requirements.

Practice/policy developments since the incident:

- Gloucestershire Floods Review
- Gloucestershire Scrutiny Committee Report into the floods
- the Pitt Review into the floods
- other post-flood review and scrutiny reports in various areas.

Case study 6: The Hull flooding (June 2007)

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

The incident

Natural disaster: In June 2007 exceptionally high rainfall resulted in extensive flooding within Kingston upon Hull. This resulted in damage to over 8,600 residential properties and 1,300 businesses. Over 2,681 households were displaced from their homes, and approximately 600 households (1,400 individuals) are living in caravans. Hull is identified as one of the most deprived cities in England.

Emergency planning

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

Emergency response

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

During the first few hours ad hoc arrangements meant that there was little prioritisation of need and individuals were required to visit representatives of several service, duplicating the process of assessing needs. A single assessment system was subsequently developed based on existing social care assessment forms. This assessment of needs was led by social care staff but administered jointly by health and social care staff. As the days went on, the assessment tool was adapted to include questions about housing and other domains. During this period social care staff were particularly recognised for their roles as facilitators and advocates, and in assessing and prioritising needs. In addition, their role in helping people to make choices for themselves during a time of need was felt to be a unique and valuable contribution.

Two of the initial management tasks involved the identification of staff responders and the identification of vulnerable people. Social care, health and housing services all worked together to identify vulnerable individuals. The task proved complicated as databases utilised by social care and statutory health services were incompatible.

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

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

Transition to recovery

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

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

Emergency recovery

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

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

Lessons learned

– What worked well?

- The floods provided an opportunity for increased recognition and understanding of the unique contribution and skills of social care staff among local authority services.
- Social care services' relationship with the primary care trust was particularly supportive and was aided in part by the presence of two integrated social care managers straddling mental health and learning disabilities services.
- Pre-existing links with the voluntary sector, established through a number of European Union funding initiatives, helped to support preventative work during the recovery phase.
- Community archiving and the recording of individuals' experiences were noted to have provided a valuable contribution to many low-level social care needs.

– What could have worked better?

- The overall level of emergency preparedness among social care staff was low prior to the event.
- There was a lack of clarity from other services about social care services' role and capacity. This resulted in misappropriation of staff resources with overly qualified social workers undertaking more basic jobs.
- The deployment of the Head of Adult Community Care Services to manage donations and coordinate the flood fund was felt to be inappropriate and again reflected misunderstanding of the role of social care staff.
- The local authority's area teams were unable to capitalise on all offers of assistance.
- Recent structural changes to social care (namely the separation of children's and adult services) led to difficulties in the assessment procedures.
- An over-reliance on email hindered communication with staff in the initial stages of the process.

- It would have been useful to have a separate telephone line and instructions for staff and potential volunteers wanting to contact the local authority and members of the public who wished to contact the local authority
- Assignment of social care staff to response tasks would have been more effective if based upon individuals' home locations because of transport difficulties resulting from the floods
- There is a lack of clarity about whose responsibility it is to plan for and fund recovery activities addressing emotional, psychological and longer-term recovery needs emerging from an incident.

Practice/policy developments since the incident:

- The importance of links between emergency planning departments and social care has been recognised and there is now formalised representation of community care and social services on emergency planning forums.
- All staff in the local authority have received a basic briefing, specific to their job, about their potential role in response to an emergency.
- Another specific piece of work conducted as a result of the floods is the identification of the critical function of all social care services. This has involved identifying the core minimum services required to maintain care and support to service users when resources are severely limited.
- The assessment tool used in the response has now been formalised to create a single screening and integrated assessment tool for use in future emergencies.