**PSYCHOSOCIAL SUPPORT IN EMERGENCIES IN BALTIC SEA DISASTERS**

**27 to 30 OCTOBER 2020**

Trainers: Ea Suzanne Akasha, technical advisor, IFRC Reference Centre for Psychosocial Support

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Pre-training reading:

Participants are to familiarize themselves with the [*Mental Health and Psychosocial Support in Emergencies – Delegate handbook*](http://pscentre.org/?resource=mental-health-and-psychosocial-support-in-emergencies-delegate-handbook)before the training <http://pscentre.org/archives/resource-category/emergencies>

more to be added-………

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| Day 1**ACUTE PHASES OF ACCIDENTS AND EMERGENCIES IN BALTIC COUNTRIES**  * MAJOR ACCIDENTS AND ACUTE PHASES OF EMERGENCIES * BUDDY SYSTEMS * THE ROLE OF THE RED CROSS RED CRESCENT NATIONAL SOCIETIES * SCENARIO ON: IMMEDIATE SUPPORTS AND INDIVIDUAL TRIAGE IN ACUTE DISASTER SITUATIONS |
| **9.00-9.40**  **Session 1**  **Welcome, presentation of the programme and rules of engagement**  **MF: Susanne Berendt**  *Aim of the session: to create a safe and positive learning environment.*  Materials for facilitators to mention: *Resolution & Policy* *Addressing mental health and psychosocial needs* + *Mental Health Guiding principles and Approaches* and *MOMENT Roadmap*  **MF: Ea**  **Group tasks: Wonder wall (recap + energizer + noting on wonder wall), CEA (plusses and suggestions),**  **MF: Petra - Rules of engagement**  Short plenary discussion (about 10 minutes): What rules of engagement would you like to see during the following 4 days of online training? How do we together create a safe, inclusive and diverse training environment? - MURAL template (blank for brainstorming)   * Are the rules stated in a positive manner? * Do we need to add anything else? * One voice at a time – raise hand, use comment box, ask to slow down etc * The law of the two feet, also applies during online training * Be creative and make mistakes * Be empathetic * All questions are welcome * Its ok to challenge the facilitators and each other * Mobiles on silent – the joy of missing out * Personal and private stories stay in the ‘Zoom room’ – safe space * Photos and recordings with consent * Follow the TLA (three letter acronym) rule (except MHPSS, PSS, and PFA): try to say words in full |
| **9.40- 10:40**  **Session 2**  **Mural Training + Exercise**  **Shona**  **Participants present themselves**  **Buddy systems, Check-in (pairs)**  **Presentations** of participants in plenary sessionwith MURAL post on what they do to calm themselves when distressed  **Buddy systems**  Aim of the session: To introduce the buddy system set up and the three-phased model before, during and after or ‘*Are you ready, checking in and cool down’* for buddy conversations.  The need and outcomes of establishing such systems is explained and how participants will practice it throughout the training.  The buddy system is an effective method by which partners share in the responsibility for each other’s safety and well-being. This type of active support is important in any deployment. Buddy systems can build resilience. There is safety in numbers. The term "buddy system" originated in the safety industry and has been used for the mutual safety of the partners in hazardous situations. This underlines the protective aspect of the buddy system.  Buddy systems build relationships between co-workers, creates trust and understanding and makes it easier to speak your mind. Buddy systems develop confidence, as people are more likely to be innovative and creative if they have a support system behind them. If they have someone validating that what they are doing is right, and encouraging them to do their best, then they build more confidence in themselves.  In emergencies it can be useful to buddy an experienced staff member or volunteer with a newer member of the Red Cross. It is important the more experienced one is supportive of the newer member and does not dominate.    A recent scoping study underlined *“To reduce the impact of traumatic exposures it is important to provide immediate practical support to those engaged in dealing with a trauma or disaster, and to ensure that emergency response staff are demobilized (such as standing down from ‘combat-ready’ status) at the end of each shift in order to allow for emotional and mental processing of the event and time to promote self-care and recovery. Although debriefing is not designed to prevent or treat PTSD (Regal and Dyregrov, 2012; Ruck et al., 2013), the provision of an organizational early intervention following a traumatic incident meets several needs for leaders and their teams including: a) mutual support that is highly valued by workers, b) an opportunity to identify workers requiring clinical support, c) an increase in level of social cohesion, d) a reduction in harmful responses (e.g. alcohol abuse), e) a reduced level of sick-leave, and f) increased performance (Creamer et al., 2012).”*  The scoping study also stressed how the buddy system can prevent stress in front line workers, as buddies know each other and can monitor the workload and stress reactions.  The buddy system should be supported and endorsed by management, what is said should be confidential and buddy systems should never be mixed with appraisals.  3 phases of the Buddy system (+mention the buddy check in):   * Before: Are you ready? * During: Checking in * After: Cool down   **Buddy talk:** What do you want to take from this training? Sit and think for a moment. Ask participants to write down their expectations.  **Expected training outcomes (compare with learning outcomes) and** clarify the expectations in the plenary. Is there anything that you find is missing that you had expected?  **Ea + Petra**  *Reference materials: IFRC PS Centre: Buddy conversations*  ***MF: Petra*** *- The buddy system in action: During first aid training and workshops and “in the field”*  *Short plenary including* [*https://www.youtube.com/watch?v=ZEylLVvaIWM*](https://www.youtube.com/watch?v=ZEylLVvaIWM) *(English translation in the making)*  **Breakout in Buddy pairs (Buddy talks)**  **MF: Petra**  In plenary: Participants introducing each other (pairs introducing each other for the rest of the participants) |
| **10.40-11.00**  **Coffee and tea break** |
| **11.00-12.15**  **Session 3**  **The auxiliary mandate and role of the European National Societies in emergencies The auxiliary mandate of the Red Cross Red Crescent in emergencies continued**  **MF: Susanne**   * The auxiliary role in the BALTPREP National Societies * What psychosocial activities are Baltic Sea NS engaged in * Are there any areas in MHPSS that should be strengthened?   Main objectives of the session are for the participants to  · achieve a general understanding of the auxiliary status and role of the RC/RC national societies  · increase their knowledge on PSS activities of the national societies in the region  · discuss similarities and differences in strengths, weakness, opportunities and threats of the NS’s in the field of PSS in emergencies  Output of the session: Common understanding of the SWOTs we have as NSs together in the region and how a minimum standard on PSS approaches can increase S and O as well as decrease W and T.  (20 min) Part 1: Auxiliary role of the RC/RC  **Poll question and possible answers:** A National Society is…?   1. an NGO 2. a GO 3. something else   Follow up and comments in plenary  Part 2: Exchanging knowledge on own NSs  (35 min) Divide into breakout rooms. 4 groups  (20 min) Follow up and discussion in plenary    [I have added the observers to the groups, if they are online, then they can be allocated to the break out rooms as indicated in the table :)]  **“Dash-board”** of all submitted SWOTS [is this somehow possible? to display a view of each participant’s SWOT table in the break-out room - so as e.g. the SWOTs of the participants in group 1 can be seen on Murral in the group 1 break-out room?]  **Prepared blank SWOT table** in each break-out room for the group to fill in similarities in SWOT’s.  Instruction to participants: Based on your own SWOT discuss similarities and differences between your NS’ S, W, T and O’s. Develop one common SWOT table by finding the similarities between your NS and noting them down in the table.  Format for SWOT table for each break out room:   |  |  | | --- | --- | | Strengths | Weaknesses | | Opportunities  [I know we discussed that they should not work on opportunities and that should only be a part of the plenary discussion, but I think I have changed my mind…] | Threats |      * plenary follow up and discussion   *Reference materials: SWOT analysis template for Baltic Sea National Societies*  **Participants explain their NS role in disasters** |
| **12:15- 12.45**  **Lunch** |
| **12.45 - 13.45**  **Session 4**  **PSS and PGI**  *Aim of the session: Participants understand how to use the Hobfoll principles in practice and are introduced to why protection is an issue in emergencies and learn to use the IFRC PGI minimum standard tool.*  **MF: Ea**  **Principles of PSS in emergencies: Case study of an acute phase of an emergency:**  **Understand and use the Hobfoll five**  An overall framework of understanding are the five principles for prevention of immediate and mid-term trauma intervention will always be at the back of our minds."  Make a flip or on-line circle divided into five parts with text above: Promoting a sense of In the parts: safety, calming, self-efficacy and collective efficacy, connectedness and hope.  **image001**  Group work Mural –  Let’s take a local small scale disaster: a fire in a Baltic country destroys a family house at a time when the family was out on a family visit. Its a family of four – two adults and two children, a teen-ager of 14 and a six year old. The family is moved to a small suite in a big hotel with 300 rooms and four restaurants, gym, pool, meeting facilities  You are the PSS team from the branch and coming to assist the family the day after they have moved to the hotel. How will you use the five principles in you concrete guidance for the family on how to ensure everyone’s safely, well-being and inclusion etc.  Participants move post its to the place in the circle with action and guidance corresponding to the part of the diagramme.  Groups S, C, SS, C2 begin work on the respective parts of the pie – all contribute to hope  Plenary  **Clarifying the roles and tasks of the PSS teams in an operation**  Plenary  MINIMUM STANDARDS FOR PROTECTION, GENDER AND DIVERSITY IN EMERGENCIES  Poll  Violence in emergencies – why do we need to think about PSS and protection – does violence increase by: 17, 42 or 65 % – distribute papers on the floor with these figures: ask the participants to stand at the percentage they believe to be correct.  According to WHO (2013) How many women have experienced one or more sexual abuses? (35)  15%, 35% and 42%- Rc 1/3  How much does the percentage augment in crisis situations: 10, with half the figure (correct assumption) or does it augment to the double? (70%)  **Please clarify ??**  Ball throw: Why? Note the reasons on a flip and tick once mentioned. Discuss why this happens. When protective systems weaken, violence will increase. While there are many variables that increase the risk of violence during an emergency, common underlying risk factors include:  · the collapse of protective systems; (explain what they are)  · crowded and insecure environments;  · a stress-filled context;  · separation of family members;  · gender and age based inequalities and discrimination;  · social isolation and exclusion;  · harmful use of alcohol and other substances;  · income inequality;  · pre-existing vulnerabilities such as domestic violence, child abuse; and  · misuse of power. (Source IFRC document, but cannot remember the precise source)  Short plenary discussion  DAPS stands for:   * + Dignity (respect for the life and integrity of individuals, also includes protecting the psychosocial well-being of the affected population)   + Access (Non-discrimination, physical accessibility, affordability, access to information)   + Participation (equal and meaningful involvement in decision making processes and activities that affect people’s lives)   + Safety (sector-specific issues such as safe sanitation, safe distribution sites etc.; gender-based violence and response to child protection; internal protection instruments such as child protection policy and code of conduct).   Group work:  Divide participants in groups D A P S: Two groups the health part of the min standards. They read them and think about how to implement them during a crisis in a shelter. Each group presents their key points  **MF: Petra** (25 mins)  **Principles of Protection, Gender and inclusion (PGI)**  Main objectives:   * Preparing the participants for their important role in PGI: Emergencies accentuate existing gender inequalities, and the incidence of sexual and gender-based violence (SGBV), violence against children and trafficking in human beings often increase during and after emergencies. * Someone’s sex or gender identity and other factors, including age, disability, sexual orientation, health status, including HIV/AIDS and other chronic illnesses, social status, immigration and/or legal status, ethnicity, faith and nationality (or lack thereof) shape the extent to which people are vulnerable to, affected by, respond to and recover from emergencies. * These differences are also strengths, which must be recognised and incorporated into all emergency preparedness, prevention, response, reconstruction and recovery efforts to build resilient societies. * These minimum standards serve as a tool to integrate gender and diversity-sensitive strategies into the planning, design, implementation, monitoring, evaluation and reporting on programmes and interventions. The minimum standards also include guidance on SGBV prevention and response and child protection. * Promoting diversity and strengthening the participants’ focus on PGI in emergencies.   Short plenary lecture including a short discussion afterwards (about 5 minutes):  Why do we need minimum standards in protection, gender and inclusion?     1. Children and Youth 2. Women 3. Persons with Disabilities 4. People with pre-existing medical conditions 5. Older people 6. Survivors of Sexual and Gender-Based Violence 7. Refugees and Migrants 8. Ethnic minorities 9. Sexual and gender minorities   Shona, could you prepare a MURAL with these groups (maybe in a circle with cake slices?)  Group work (Breakout rooms for 3 groups) in MURAL for 15 minutes: “At least two people have died and up to 20 are still missing after a powerful storm hit the coast in a country located in the Baltic Sea region. The storm brought fierce winds and torrential rain. A number of villages suffered serious damage from floods and landslides, with roads, bridges and homes destroyed. The flooding was described as "historic". Hundreds of aid workers have been sent to help rescue efforts in the cut-off villages. An emergency shelter has been established in a safe area where families and vulnerable individuals are placed for the moment.”  How do you ensure all individuals are safe and protected in the emergency shelter?  Group 1: Cake slice 1-3  Group 2: Cake slice 4-6  Group 3: Cake slice 7-9  Afterwards short plenary where the groups present their notes/reflections.  *Reference materials:*  *PGI in a nutshell*  *“Minimum standards for protection, gender and inclusion in emergencies”*  *“*[*IASC Guidelines on Mental Health and Psychosocial Support in emergency settings checklist*](http://pscentre.org/?resource=iasc-guidelines-on-mental-health-and-psychosocial-support-in-emergency-settings-check-list-who-2008)*”*  [*Five Essential Elements of Immediate and Mid–Term Mass Trauma Intervention: Empirical Evidence (Hobfoll et al.)*](http://pscentre.org/?resource=five-essential-elements-of-immediate-and-mid-term-mass-trauma-intervention-empirical-evidence-hobfoll-et-al) *Both at:* [*http://pscentre.org/archives/resource-category/emergencies*](http://pscentre.org/archives/resource-category/emergencies) |
| **13.45 - 14.45**  **Session 5**  **THE BALTASIA MUSICAL FESTIVAL EMERGENCY – a case scenario**  Preparation of immediate and acute phase deployments to of a Baltic Sea disaster:  MURAL questions: Participants work in 5 groups and discuss:  Participants will work on:   * their personal psychosocial preparedness (are you ready?) * the impact on a given disasters on teams and volunteers, * and the collaboration with non-state actors, branches, national authorities, press, spontaneous volunteers and the local community and religious leaders * the protection elements in the scenario   **A BRIEFING OF A POST COVID-19 SCENARIO**  *You are a national society volunteer person in a region where this disaster happens.*  *There is a music festival 10 km outside a medium sized town in Baltasia. The participants come from the surrounding Baltic countries and the official festival language is English.*  *1000 young people of all ages are together for a three day day of music, drinks and partying. Most are staying in the camping grounds in smaller tents behind the festival music scenes.*  *There is a group of about 20 immigrants from outside the Baltasian union who have come to the festival to collect bottles for the refund.*  *A group of young handball players from Sudan is attending the festival, as they have been to a match in the previous days and wanted to enjoy the festival.*  *Finally, there is a number of musicians, stagehands and many volunteers working in the food and drink areas – and there is a Baltasia Red Cross first aid post with 5 volunteers and a team leader.*  *At 7 pm on the second day the music is in full swing from 2 stages. Many are still in the camping area waiting for the big bands to play later on in the evening.*  *A loud explosion happens at the right side of stage one. Panic, screams, confusion - many run away towards the other stage, where, due to the loud music no one has yet realized what has happened. A second explosion follows a few minutes after at the other side of the first stage creating even more panic.*  *Some are hurt by parts flying around after the explosions and are bleeding heavily or have minor bruises and cuts. Two are killed by the explosion.*  *The Red Cross volunteers have seen what has happened and take immediate action. They realize that many will try to get to the camping area through the main gate and the narrow passage to the camping site. They open the gates so people can leave the area and find their friends in the camping area without going through the narrow passage.*  *The police are quick to arrive and they secure the area, getting everyone away from the stage areas and having sniffer dogs searching for more explosives.*  *Nothing is found, but a message appears from an extremist group taking responsibility for the deed. As it is hard to disseminate this information rumours begin to circulate.*  *Everyone is evacuated to a school complex as the police want to interview everyone before they leave.*  *More Red Cross volunteers are called in to help evacuate everyone to a high school in the nearby city by busses and they offer support in the busses. The bands*  *travel in their own busses. The phone net and internet breaks down due to overload in some periods till the next morning.*  *Once in the shelters there is still confusion and many walk around looking for friends.*  *At midnight the police issue a statement saying it was a terrorist attack and hold a press conference.*  After the briefing ask participants to reflect individually: What are your immediate thoughts about how you can prepare yourself to intervene.  Short plenary on preparing to intervene. Did you think of or use the Are you ready questions?  Groups are working on the following questions:   1. **WHO**   Who are the different groups of affected people? List them.  Where are they and how are they connected?  Which groups are particularly vulnerable and in need of support?   1. **HOW**   How are the different groups affected?  Which stories do you expect the affected to share with you?  Which kind of psychosocial interventions should be planned for the first days?  Which protection elements should the response take into consideration?  Where would the activities take place   1. **WHERE**   Where are the different groups of affected?  How should the response be coordinated for the different sites?   1. **WHICH**   List the authorities you’d need to work with in the MHPSS response  List civil society actors, other organizations that you could mobilize in the MHPSS response?   1. **STAFF AND VOLUNTEERS**   List the stressors that face the teams of Red Cross and other responders in the first 48 hours  List the stressors that would face the Red Cross volunteers after two weeks.  How to mitigate some of the stressors for volunteers  *Reference materials:*  [*IASC Guidelines on Mental Health and Psychosocial Support in emergency settings checklist*](http://pscentre.org/?resource=iasc-guidelines-on-mental-health-and-psychosocial-support-in-emergency-settings-check-list-who-2008) |
| **14.45:15:00**  **Tea and coffee break** |
| **15.00-16.00**  **Session 6**  **A Baltic Sea cross border disaster – a case scenario continued- triage**  The aim of the session: To practice an outreach walk in the acute phase of a disaster,  learn how to identify needs based on psychosocial triage.  *Aim of the session: To prepare participants for psychosocial interventions in a disaster with a great number of people, many nationalities and age groups. Participants must reflect on who is affected, how to establish the response, who to link and work with, which kind of initial support will be offered to the affected and where.*  *Reference materials:*  *IFRC PS Centre: Outreach Walk. Improving protection and psychosocial support through outreach* |
| **16:00 -16:30**  **Session 7**  **MF Petra:**  **Technical debrief of the outreach walk in the shelters** (15 minutes)  The aim of the session: To experience a PSS technical debrief of an immediate response in order to improve future practice.  Plenary: Groups discuss the triage criteria they used during the role play (15 minutes) - please keep the MURAL (with empty notes), Shona!  What information did you gather and what were your triage criteria? If you were assigned to post-its (red, green, yellow), how did you assign these?  Question after the exercise: Were the needs identified correctly?  *Reference materials:*  [Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies](https://rcrcconference.org/app/uploads/2019/12/33IC-R2-MHPSS-_CLEAN_ADOPTED_en.pdf) (33IC/19/R2)  *https://rcrcconference.org/about/33rd-international-conference/documents/*  [*Talking and Writing about Psychosocial Support in Emergencies*](http://pscentre.org/?resource=talking-and-writing-about-psychosocial-support-in-emergencies)  [*http://pscentre.org/archives/resource-category/emergencies*](http://pscentre.org/archives/resource-category/emergencies)  *(A lot of the links in the document don’t work, Shona.)* |
| **16.30-16.45**  **Session 8**  **Buddy cool down and self-care conversation**  How it the learning going?  What should be changed for tomorrow – note it in the + and suggestions – this is CEA in action! |

**Group schedule for the 4 days: community ownership**

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|  | Wonderwall | Energizer and calming exercise | Recap |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

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| **Identities of the Affected in the shelter- Mural** | |
| 1  A mother with a young child - you are an undocumented migrants living with your husband from collecting bottles. Your husband was badly hurt in the attack that just occurred. You saw him being carried away and don’t know where he was taken. You don’t know what to do, and you are very scared for the future.  Your child is crying and frightened and you don’t know what to do with the child as it is enough for you to think about the possible loss of your husband. He was the one who spoke English and you don’t since you arrived recently and overstayed your visa. You don’t want to go back to your in-laws that you don’t get along with. | **Emotional Distress**-Confused and tearful  **Physical Distress**  shaking and fingering with a scarf |
| 2  A young woman who came for the festival from another Baltasian country with your husband and his brother who is badly hurt and hospitalized….  It was you who wanted to go as your favourite band was playing. Now your husband is angry, he says its your fault that his brother came too. Your head is bleeding from where your husband hit you an hour ago. No one saw it happen. You are scared that if people find out he will become angrier.  You are bleeding and you feel dizzy and are worried. You are sitting down, away from people and holding your head. | **Physical Distress**-  Difficulty breathing & sitting hunched over trying to hide |
| 3  A middle-aged man who love festivals – and who has a hearing impairment. Music at festivals is so loud that you can both feel and hear it so you travel a lot to festivals!  You just had a text that your father fell severely ill and need you back; however right after the net broke down and you need to get home… the police insists on interviewing everyone and you are at the back of the queue .. it will take hours.  You are trying to get information and look for someone that can help you in the midst of all those in emotional pain. | **Emotional Distress**  sick with worry, restless, tearful |
| 4  You are angry about the quality of food that they are serving in the shelter. You cannot eat this, it is disgusting. You are so angry that you are not in control of your emotions and you are verbally aggressive to people who speak with you.  You witnessed a terrorist attack in your home country some years back where you lost a close friend. | **Emotional Distress**-Displaying agitation and anger  **Physical Distress-**Difficulty breathing |
| 5  A 75-year-old man in a wheelchair who went to the festival with a 17 year old grandson. He is very good to you and takes care of you but you do not want to tell him that you need adult diapers and you are not able to stay clean. You are ashamed that your grandson has the burden of taking care of you in the shelter till you can go home. | **Emotional Distress**-Displaying agitation, speaks in a low voice  Shameful  **Physical Distress-**Difficulty breathing |
| 6  You are with a group of friends and just need to call your sister to let her know you are ok as she knows you were at the festival. You lost your phone. | **Emotional Distress**  Tearful |
| 7  A 78 year old women with dementia. You are alone and you have no idea what is going on. You somehow got pushed into the shelter, as there was a lot of commotion when the busses came to the shelter. you happened to be passing with your family who took you out for a walk. You are more than lost and have no idea. (The family is looking for you outside but the police have closed doors to the shelter and it will take some time till they can manage to get through to you). | **Emotional Distress**  Confused |
| 8  A 15-year-old girl who is on her own. You got permission to travel to the festival with a close friend, but you were not together when the attack happened. The net is down and you cannot find your friend who has been taken to another shelter. You have poor English and there are some men that you do not feel safe with who are trying to take care of you. You don’t know what to do… | **Emotional Distress**-Experiencing high levels of anxiety.  **Physical Distress**-Shaking |
| 9  You are the coach of the Sudanese handball team. You are worried about what will happen, maybe the police will arrest you for having gone to the festival – and how to take care of the team. You have strong emotional reactions having witnessed attack in your own country. You are experiencing flashbacks and you cannot get the horrible images out of your head. You cannot eat or drink and you want to be away from everything and everyone. You sit somewhere far away where no one can see you. How could this have happened in a Baltic Sea country??? How could it happen in a Baltic Sea country… you keep repeating this……….. You speak English,…. | **Emotional Distress**-  Confused & numb and almost frozen - afraid  **Physical Distress-**  rapid breathing |
| 10  A 17-year-old handball player. Your family was so proud that you were on the team to go to Baltasia for the match. You haven’t understood what will happen as no one has informed the you and your mates in Arabic about what happened. the coach was on another bus, has your passport and you have been taught never to trust the police – they only want bribes.  You are scared and don’t who is safe to talk to. You understand and speak a little English. | **Emotional Distress -**Confusion - scared -  **Physical Distress**  quietly keeps moving closer to the Red Cross for them to notice and help him/her |
| 11  A young person who is with a sibling. You are going out of her mind and is in a state of panic as you witnessed the attack at close hand. You fear the terrorists will come into the shelter and think every sound and movement is a sign of this.    Your sibling is trying to find out what is going on and has left you on your own - you want him/her to come back NOW. | **Emotional Distress**-panicky - not able to hear what is being said in the beginning - then clings to the Red Cross  **Physical Distress**-  shaking |
| 12  You are a stage hand and this is your first job with a famous band. You suffered an injury, lots of bleeding on your arm and leg and the Red Cross bandaged you in the bus. The band left in their own van and you feel left alone, they saw you were hurt, and just left - and you feel insecure about what is expected of you. Will you get the money for the work already done. Some said, the band left for the airport already as they got VIP treatment from the police who also took selfies with the band – some say. The lack of information is making it hard to concentrate. | **Emotional distress**  feeling lonely, afraid, and worry |
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| Day 2**PSYCHOLOGICAL FIRST AID AND PSYCHOEDUCATION IN BALTIC DISASTERS** | |
| Time | Session |
| 9:00-09:25  Session 1 | **Opening of the day, recap of evaluation of day one, and any other business**   * Buddy are you ready conversation including how is the learning going, + and – * Recap duo present * Facilitators go over the plusses and suggestions * Energizers |
| 9:25-10:10  Session 2 | **Tracing and Restoring Family Links**  *Aim of the sessions: Participants are introduced to the practicalities of tracing/RFL and collaboration with authorities where these have the role of registering the missing: how, who, where, what and when. How does tracing/RFL collaborate with PSS teams, what are the roles of the respective team. Finally the role of PSs teams should there be no RFL teams in the area*  **Guest presenter:** Christel Voldby Winther, Danish Red Cross  *Reference materials: RFL and PSS training on the IFRC training platform ifrc.net* |
| 10:10-10:30  Session 3 | **Introduction to key concepts of loss and grief in disasters**  The aim of the session: to reflect on possible losses after a cross border Baltic Sea disaster and which interventions are best - theory and practice  *Aim of the session: Participants understand the aspects of loss and grief that MHPSS teams deal with in humanitarian setting. They are introduced to the theories of losses incurring after a major crisis event and how to promote a spiral of gain.*  The classic stage model of grief is one way of understanding the grieving process (shock and denial, anger, bargaining, depression, acceptance) and a more updated version in some views is the adjustment model that does not view grief as a linear model. It sees four areas of adjustments:    The dual process model of coping describes how a track of focusing on the loss oscillates with focusing on restoration.  **THE DUAL PROCESS MODEL OF COPING - Mural**  *Reference materials: Loss and grief during COVID-19. IFRC PS Centre* |
| 10:30-10:45 | **Coffee and tea break** |
| 10:45-11:10  Session 4 | Case study on loss and grief in a Baltic Sea disaster   **CONSERVATION OF RESOURCES**  When an emergency strikes it is important to be **conserving resources.** In 2015, Hobfoll and Zalta wrote the article*Expanding the Science of Resilience* introduced a model and way of thinking about losses that is related to conserving or losing resources.  Conservation of resources-theory states:  People strive to maintain, protect and achieve resources in order to survive and thrive.  Resources are property, conditions, physical and mental capacities, social relations, society and culture.  A crisis follows if key resources are:  a) Lost  b) Threatened  c) Not achieved despite substantial efforts    The significance and value of resources are determined by the individual and society.  Stress is the consequence of the entire situation, not only a specific event.  If resources are scarce resources loss is more threatening  • Maintaining and achieving resources requires resources  • Achieving new resources is more pronounced if resources have been lost  • If resources are scarce people may feel threatened and become defensive  **Loss spirals and caravans**  • Losses follow each other when resources cannot be maintained  • One cannot afford to invest in new resources  Individual exercise 3 minutes: Which of the below losses did your interviewee experience and which would incur later on?  Write these on the spiral of loss… ( a spiral that turns from the centre anti clockwise and ends down…  Individual exercise 3 minutes: Which of the below gains could your interviewee experience and which would be gained later on?  Write these on in the order you think they could be achieved in the spiral of gains… ( a spiral that turns from the centre clockwise and ends at the top…  *Reference materials:*  *Loss and grief during COVID-19. IFRC PS Centre*  *Expanding the Science of Resilience. Hobfoll, Stevens and Zalta. 2015* |
| 11:10-11:30  Session 5 | **Look, listen and link: Psychological first aid (PFA) in disasters**  **MF: Petra** (20 mins)  Main objectives:   * To understand the basic elements of psychological first aid * PFA skills include knowing:   • how to assess a situation  • about common reactions to crises  • how to approach someone in distress  • how to calm someone who needs it  • how to provide emotional support and practical help.    Short plenary lecture - afterwards group work in 4 breakout rooms (the groups can be mixed) MURAL (from day 4 with the group exercise) - will you please change the headline to one on top and move it here?  *Reference materials:*  *IFRC PS Centre: PFA Introduction + PFA Guide (already in the folder)* |
| 11:30-12:30  Session 6 | **Psychological first aid and psychoeducation**  **MF: Petra** (60 mins)  Main objectives:   * Introducing links between PFA and psychoeducation   I’d really like to use the two MURALS that you have on day 4 already, Shona.  Will you please add one MURAL before “Useless responses” (see the topic and contents below) and one right after “Useless responses” that is called “Useful and helpful responses”. The last one will be the one that you’ve already got (called “PFA and psychoeducation”) - can you please add a note saying the following  “What is psychoeducation?  Psychoeducation is providing people with information that helps them to better understand their own behaviour and feelings, and those of people around them.”  First MURAL:  3 parts of the MURAL with the headlines “Distressing events”, “Common reactions to distress” and “Severe reactions to distress”.   1. Plenary brainstorm in MURAL 1 (15 mins) and MURAL 2-3 (10 mins) 2. Creating a case individually (5 mins)   Steps to creating a case: (Could you please create a template that the participants easily can fill out with the information of their cases, too?)  1. Choose one of the post-it notes written under “Distressing events”.  2. Decide on who the person in distress might be. It could be a child or an adult. Give them a name and make up some information about the person that you think a PFA helper is likely to need to know, such as gender, age, etc.  3. Provide information about the context that will set the scene for the role play. For example, is the setting rural or urban? What time of day is it? Are there other people around? Is the person alone or with others?  4. Decide what kinds of reactions the distressed person may have. You can get “inspired” by the list from “Common and severe reactions to distress”.  5. Spend a few minutes going through the details again. Make sure you have given all the information needed to enable the case study to be used in a realistic role play.   1. Breakout rooms in pairs (20 mins - 10 minutes each with the cases they created) to practise three specific skills in PFA: how to calm someone in distress, active listening, and asking useful questions 2. Short plenary discussion about experiences from the PFA provided in the exercise (5 mins) 3. Plenary lecture in MURAL 4 (5 mins)   *Reference materials:*  *IFRC PS Centre: PFA Introduction + PFA Guide (already in the folder)* |
| 12:30-13:00 | **Lunch** |
| 13:00-15:00  Session 7 | **PFA and remote PFA: Techniques for calming those in distress from the distance**  **MF: Petra** (120 mins)  Main objectives:   * Understanding ways of enabling people to keep in touch with one another and to offer support by using remote PFA * Working remotely, National Societies can stay connected with those needing help, using a variety of platforms including phone or internet calls, various apps and other social media.   Plenary introduction (15 mins)  Setting up services to provide remote support: There are various options for National Societies in setting up services to provide remote  support:   * Setting up a ‘well-being and care’ call system, where volunteers call several people daily to check on their well-being to find out if they have any needs and to listen to concerns. This may be targeted at older adults, those who are lonely, or people living with disabilities, or those in isolation or quarantine, living far away from their social networks. * Collaborating with local authorities to run call centres to answer questions from the public on COVID-19. * Establishing a helpline for people with mental health or psychosocial support (MHPSS) needs. Appointments are booked using an app and then the person seeking help would be called back at the agreed time by a PFA helper. * Setting up a call centre to match people needing practical help and support with volunteers.   **Wildfires in the Baltic Sea region on top of COVID-19**  After two very hot and dry months a country in the Baltic region has had to tackle eight wildfires, the biggest of which tore across an area of a forest the size of 900 football pitches and sent smoke billowing through the area: “It’s an extraordinary summer. We’ve hardly had rain in two months and it’s been very hot.” The air has been filled with wildfire smoke for days. At the same time the residents are in lockdown due to the ongoing pandemic of COVID-19. Schools function partially and the Red Cross runs the only functioning health clinic and safe space for children. The general feeling in the area is very anxious for the future, being left alone and uncertain whether the authorities are doing anything for them and what they advise to do - also with regards to getting relocated and COVID-19. Red Cross volunteers are helping to get the fires under control and run the health clinic and safe space for children.  Breakout rooms for the two groups (40 mins)   1. Setting up services to provide remote support: What options are available and possible in the setting? 2. Assessing needs and planning considerations: What practical and emotional support may the residents and volunteers need? What situation do the residents and volunteers find themselves in? What are the imagined and realistic risks the residents and volunteers are experiencing? 3. Planning remote support services: Which considerations are important in planning the remote services in the area? 4. Setting up the service: What are the basic requirements for the remote support service offered? 5. Planning a remote psychoeducational intervention for the volunteers/residents: What information is important to provide the volunteers/residents with?   Plenary (5 mins)  Afterwards   1. Responding to calls (30 mins) - Participants from group 1 provide PFA for callers from group 2 in pairs (breakout rooms) 2. Practicing PFA and psychoeducational interventions (30 mins) - Participants from group 2 provide PFA for callers from group 1 in pairs (breakout rooms).   *Reference materials:*  *IFRC PS Centre: Remote PFA during COVID-19 (already in the folder)*  *https://www.cdc.gov/disasters/covid-19/wildfire\_smoke\_covid-19.html* |
| 15:00-15:15 | **Coffee and tea break** |
| **15:15-16:15**  **Session 8** | **Child protection and Child Friendly Spaces in humanitarian settings**  **MF Ea**  **The aim of the session: to be familiar with the basics of Child Protection and Child (and other) Friendly Spaces**  ***Aim of the session:***  Begin with the CFS at home cards in groups of 3.Instruct participants on the use of the cards and the context. show the full deck and the introduction not to focus on the emotion wheel.  Violence against children can occur in many settings: homes, schools, orphanages, religious institutions, prisons, hospitals and refugee camps. When an armed conflict or a disaster occurs, children are at increased risk of being subjected to violence from family and community members, as well as from outsiders. It is important to understand that these special risks can compromise children’s psychosocial wellbeing. Working with children or other vulnerable groups requires special attention. Part of our responsibility is to protect our children and it is thus highly important to include protection and violence prevention into all psychosocial support activities.  **In groups of four, one of you will instruct the others in the exercise on the card. The cards are…...**  **Revise template - mural**  Next exercise:  group 1  note factors that would make a child feeling and being safe  group 2  note factors that would make a child feeling and being unsafe  group 3  write a definition of child protection  group 4  Note how you could engage children in setting up and running activities in a CFS  **Definition of child protection:**  ***Child protection involves prevention and responses to abuse, neglect, exploitation and violence affecting children***  **A**sk the participants to give examples on the difference between “prevent and respond” (add the below points to the discussion if it is not mentioned by the participants).  · *Prevention: advocacy, training, child safe recruitment, education, policy, risk management*  · *Response: active listening, psychosocial support, reporting/documentation, referral counselling*  **CFS: Best Practice Principles**  There are six inter-agency principles which promote best practice in designing and  implementing CFS, ensuring that:  1. CFS are secure and safe environments for children.  2. CFS provide a stimulating and supportive environment for children.  3. CFS build on existing structures and capacities within a community.  4. CFS use a fully participatory approach in CFS design and implementation.  5. CFS provide or support integrated services and programmes.  6. CFS are inclusive and non-discriminatory.  Round the activity of by explaining that child protection can be defined as “the prevention of and response to abuse, neglect, exploitation and violence against children”. All staff needs to be aware of child protection measures, so they are able to identify and react to violence against children, or other vulnerable groups, in an appropriate and safe manner and know when and how to refer to other services or relevant authorities  **Handout:**     |  |  | | --- | --- | | **1. Is child protection being included in relevant assessments?** | **Rapid Assessment Guide for PSS/VP in Emergencies and Recovery**  [**http://pscentre.org/wp-content/uploads/PSS-and-VP-Rapid-Assessment-Tool-Emergencies-and-Recovery-2015.pdf**](http://pscentre.org/wp-content/uploads/PSS-and-VP-Rapid-Assessment-Tool-Emergencies-and-Recovery-2015.pdf)  **Include in Health ERU surveillance** | | **2. Are children participating in assessments?** | **See above (Rapid Assessment Guide) and follow ethical guidelines** | | **3. Do we have a list of local referrals to respond to child protection concerns?** | **Work with local child protection/GBV/protection cluster(s)** | | **4. What systems exist for unaccompanied / separated children?** | **Work with local child protection/GBV/protection cluster(s)**  **Restoring Family Links (RFL) systems** | | **5. Are IFRC personnel being briefed on child protection requirements (responsibilities, reporting, mainstreaming) as part of their deployment briefings?** | **Include IFRC Child Protection Policy in briefings**  **https://fednet.ifrc.org/FedNet/Our%20IFRC/Procedures%20Database/Forms%20and%20templates/193\_e\_v100\_child%20protection%20policy.pdf**  **IFRC Online Child Protection Briefing: https://ifrc.csod.com/client/ifrc/default.aspx then search for “child protection”** | | **6. Are adults and children being briefed about their rights to safety and rights to report any protection concerns?** | **CBHFA Violence Prevention (module #9)**  **https://fednet.ifrc.org/en/resources/health/CBHFA/tools/**  **Child resilience activities : http://pscentre.org/wp-content/uploads/Facilitator-handbook-1.pdf**  **Child Friendly Spaces: http://cpwg.net/wp-content/uploads/sites/2/2011/09/A\_Practical\_Guide\_to\_Developing\_Child\_Friendly\_Spaces\_-** | | **7. Are we collaborating, where appropriate, with any other agencies?** | **Local clusters, external agencies (local NGOs, Save the Children, Unicef, CARE, etc.)** | | **8. Is child protection being included as a cross-cutting theme in appeals and planning documents?** | **Include a specific budget line for child protection**  **Include a specific outcome/output/indicator on for child protection** |   *Reference materials:*  *CFS at home cards*  *IEC folder from the IFRC PS Centre on Children’s stress*  *Activity Catalogue for Child Friendly Spaces in Humanitarian Settings + Operational Guidance for Child Friendly Spaces in Humanitarian Settings. http://pscentre.org/archives/resource-category/target-groups* |
| 16:15-16:30  Session 9 | **Buddy cool down and self-care conversation and CEA**  How is the learning going?  What should be changed for tomorrow – note it in the + and suggestions – this is CEA in action! |

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| Day 3**EMERGENCIES WITH LONGER TERM IMPACT** | |
| Time | Session |
| 9:00- 09:25  Session 1 | **Opening of the day, recap of evaluation of day two and any other business** |
| 9:25- 9:45  Session 2 | **Scenario briefing**  Scenario:  **Case study: Flash flood and flooding in Anglaby in the Baltasian Union during COVID-19**  **Background**  *Anglaby - a city with 50.000 inhabitants in the Baltasian region close to the border of the biggest Baltasian country, is situated close to a river and near a mountain range.*  *A smaller suburban community, with approximately 400 family houses, few apartment buildings, a school, a kindergarten, a small supermarket and a boat club house all lie close to the river. The boat club house is used as a community centre for different kinds of activities and meetings and it also serves as a sports club with an adjacent football field.*  *Anglaby also houses a group of approximately 200 immigrant workers with different national backgrounds. They all live in broken-down houses near the river, that are now flooded and uninhabitable. Most work as domestic workers, daily laborers in a nearby forest, or in fast food establishments. Many have low national language skills, and their children are enrolled in the local kindergarten and schools.*  *It rained heavily for five days, the flood water rose, inundating grounds and houses close to the river. Next, a flash flood hit the sides of the river 3 pm. It destroyed the boat club house and a handful or nearby houses. 300 houses are now flooded and so are the school, kindergarten and supermarket as well as the whole area where the immigrants live.*  *When the flash flood hit the community, a meeting on sustainable cities in the boat house club with about 20 participants was on-going on the veranda. Those sitting near the water were washed into the river but managed to get to safety bruised and shocked, others had major cuts and wounds and they are all in hospital. Unfortunately, four persons are not yet accounted for.*  *A group of immigrant women were collecting mushrooms near the river when the flash flood hit, and two of the women were washed into the river. One managed to survive, one woman died leaving a partner and two school aged children.*  *300 households nearest to the river are being evacuated and are moved to a shelter in an old boarding school a few kilometers outside. The immigrant community is not treated well within this community and thus, they are taken to another shelter to avoid conflicts.*  *It is expected to take approximately six weeks for the water to recede and several months for houses to be dry and for damages to be assessed and repaired.*  *Your task is to conduct a rapid MHPSS needs assessment and prepare for the Red Cross who will come tomorrow from the twin city across the border.* |
| 9.45-10.45  Session 3 | **Rapid protection and psychosocial assessments**  **Development of assessment questionnaires**  The aim of the session: participants are introduced to the background for assessments and to IFRC tools for rapid assessments of psychosocial needs and plan individual assessment interviews as a basis for planning of activities and interventions      *Reference materials: IFRC PS Centre M&E Toolbox chapter 2 & 3*  **Exercise instruction: ASSESSMENT OF NEEDS**  4 days after the flash flood the Red Cross does an assessment of MHPSS needs for the coming 6 months. You will present the findings for the incoming Red Cross team from the twin city across the border.   * Create an assessment tool with relevant questions for protection and MHPSS needs for people displaced by the flooding. * The aim of the assessment is to collect information to plan MHPSS interventions after the floods for the next 6-12 months.   Working in 4 groups, plan assessment questions for the different groups below.  I Children from host and immigrant communities  A Adolescent from communities  S Adults from host and immigrant communities  C Older adults from host and immigrant communities  Depending upon time, also work on the following:   * List those you need to coordinate and engage with for planning the rapid assessment * List who to interview for having an overview of needs for the groups in the community * Identify and list resource persons in the community to interview * Explain how to train assessors or volunteers for the assessment   **30 min plenary**  How many interviews or focus group discussions do you need to do?  The authorities would do the registration – so who would do the tracing if needed? |
| 10:45-11:00 | **Coffee and tea break** |
| 11.00-11.15  Session 3 contd | **Feedback on assessment questionnaires** |
| 11.15-12.15  Session 4 | **PRACTICING ASSESSMENT INTERVIEWS**  *The aim of the session: to carry out individual assessment interviews* Instructions for assessment interviews from session 2.4 . The interviews take place the day after the flood and flash floods in or outside shelters. (large flooded town in rural corona affected area) (5-10 mins)   1. SUBURBAN SHELTER   Man or woman  A big strong man/woman who is insists to get needs immediate service and is very upset. Demands a new phone and that his/her family is to be taken to a hotel and not the shelter. You are a friend of the mayor and cannot be treated like this. your house is flooded, so you are in need of expedite services. Also you need to be tested for COVID- 19 NOW.  2. IMMIGRANT SHELTER  Older adult woman  Elderly person who is scared, very tired, does not hear well and has difficulties walking. Did not get the walking stick when leaving and needs a battery for an old Nokia phone. You live in the immigrants quarters with your son and his wife, but they seem to be taken to another shelter. No one has taken any notice of you till now and you do not want to press yourself on others, but let others know about your needs by being very needy!  3. SUBURBAN SHELTER  Man or woman  Crying and anxious person whose partner she or he hasn’t heard from. Maybe this person was in the boat house and is missing? Difficult getting the info from you since you are very upset. No one has been able to give you any news about your missing partner. your grown children live far away and they are calling you all the time to hear news of their father/mother, but cannot come to assist you as they have their hands full with jobs and children. Clinging to you and you have to explain corona regulations and the no touch rule.  4. SUBURBAN SHELTER  Woman in her twenties  Fussy mother from the affluent part of the community who is tearful and has a 7 year old child who, she tells you, is crying all the time. The woman is a homemaker and her husband is busy organizing things with the house and authorities etc. and you dont know much about his plans for your life. The child is upset and does not understand what has happened and she wants help in how to tell the child why are in these dreadful place and she worries about what will happen to their house.  5. SUBURBAN SHELTER  Child of 7  You are very confused and afraid as your mother is so worried but trying not to show it by fussing about you. Nice that someone is coming to talk to you and seem calm and collected. there is a lot of confusion in the shelter and why are you there?? You miss your room and teddies and your father who is too busy now on his phone to care for you. You have no idea of what is going on.  6. IMMIGRANT SHELTER  19 year old social worker intern the shelter  You are a young intern doing your first internship and have been asked to work in the immigrant shelter by your institute as you already did some work in the area. You are quite appalled that the immigrants have been given lower quality and more cramped facilities than the affluent part of the suburbs. You have already formed an alliance with some of the more radical youngsters and don’t see why they shouldn’t be allowed to smoke some pot outside the shelter in the evening as you like some pot too.  7. IMMIGRANT SHELTER  10 year old child  You appear timid and nervous. You and your mother have recently been moved to the country and reunited with your father that you hadn’t seen for year except for short holidays and it's like you don't know him. You miss your friends and family and don't know how to behave in this mess you are in. You began school and even though it was difficult with the new language it was nice to learn. If only you could go to school, there would be some safety in your life.  8. SUBURBAN SHELTER  22 year old man or woman  A young visitor who came a week ago to study day care and stayed in suburbian Anglaby in a Bed and breakfast that she/he had to leave in all haste. He/she had to leave the belongings and have nothing but the clothes he/she is wearing. He/she had time to walk along the river and met people from the immigrant community and now wants to be moved to this shelter to support the immigrants.  9. SURBURBAN SHELTER  Older adult man or woman (60 - 70’ies)  An older adult who lived with a spouse and have lost their home. From the suburban community and very active in the boat club and sports activities. He/she has bruises on hands, arms and faces from when the flash flood occurred when they were both at home having coffee in the garden. They had to hold on to a tree, when the flash flood swept away the front of their home. He/she is very badly affected, moving around and unable to sit still. Lost phone in the flood. is worried about the community and whether it is safe to rebuild on the sites as floods could happen again. He or she has a hearing impairment.  10. IMMIGRANT SHELTER  Older adult - faith leader  A faith leader from the minority church who wants to establish a church hall in the shelter and to be allowed to call for prayers for everyone and to offer emotional support to those who have lost loved ones. In the end he says, he also lost his much loved dog, breaks down and cries…. would like for the interviewer to say a prayer with you.    11. SHELTER FOR SURBURBIANS  40 year old man  In the shelter and is the father of a teenage son. The wife/mother is away on a business trip. The son is having a substance abuse problem that the father does not know about. He is worried as he is trying to get the son to take active part in the family life, join the family for dinners and help do house chores. Now their house is completely destroyed and he worries about having to live in the shelter with a busy woman wife and an alienated son.  12. SHELTER FOR SURBURBIANS  17 year old teenager with a drug habit  You are in the shelter with your father who does not know about the habit, however your mother is suspecting it. Your busy mother is away on a business trip. Your father is always trying to get you off your mobile when together, so you try to avoid him as right now, you are trying to find out who can supply your habit, now your usual pusher is not available. You dont mind not going to school as you believe you are about to be thrown out anyway.  13. SHELTER FOR IMMIGRANTS  20 year old newly wed woman  You are newly married to a man from the same community and are expecting your first child. You are given a room in the shelter to live in shared with your husband and his parents. This is not how you want to live for the next couple of months. You dont see why you cannot move back into the apartment you had, as its only the lower floors that are damaged. you want something to be done about this. You are also quite worried about the strange sensations from the baby in your womb.    Practising **assessment interviews**   * Checklist (in breakout rooms - 10 mins) * Roles (one interviewer and one/two participants -> switch after 10 min) (20 mins per pair) * Plenary session (5 mins)   After this assessment interview they are asked to quickly list the MHPSS/ Protection interventions they would suggest, based upon the needs assessment:  Additional questions:   * List those you need to coordinate and engage with for planning the rapid assessment * Who to interview for having an overview of needs for the groups in the community * Which resource persons in the community would they also interview. * How to train assessors or volunteers for the assessment   *Reference materials: IFRC PS Centre M&E Toolbox chapter 2 & 3* |
| 12.15-12:30  Session 4 contd.. | **Plenary on assessment interviews**  The aim of the session: participants consider ethics, protection needs and other gender and identity questions, knowing when to refer PFA during assessments  **Informed consent and other formalities:**   * Did you present yourself and get informed consent? See recommendations from WHO in IFRC PS Centre manual Life Skills p. 58 * Did you tell the key informant that they did not have to answer questions if they didn’t want to and could stop at any time? * Did you tell the key informant what the information will be used for? * What did you consider about location for the interviews? How did you set up a safe environment? * Would it have been better if interviews had been conducted by someone of the same sex? When would this be beneficial? * Were you asked to exchange goods for information? In short, did you make promises?   **Process**   * How did you ensure your understanding was correct? * What happened if the informant had an emotional reaction? * Did you go off in a direction led by the information? * Working with interpreters – how to ensure they understand the concepts of PSS and translate the information correctly?   **Perspectives**   * Did you consider getting information on gender? * Did you capture the perspectives of marginalized groups (such as ethnic or religious minorities, the elderly, children and youth, women, etc.)? * What is different when interviewing children from interviewing adults?   **Information and data gathering**   * Did you get information that confirmed or contradicted the information you already had? * How to respond when one source of information, such as a key informant or FGD assessments interviews, contradict information from another source? |
| 12.30-13.00 | **Lunch** |
| 13.00-14.30  Session 5 | **Planning PSS interventions for different target groups**  The aim of the session: participants learn to plan activities and interventions for a period of four weeks following a Baltic Sea disaster with a long-term impact  Group work   * Parents   *Reference materials:* [*Mental Health and Psychosocial Support in Emergencies – Delegate handbook*](http://pscentre.org/?resource=mental-health-and-psychosocial-support-in-emergencies-delegate-handbook)[*http://pscentre.org/archives/resource-category/emergencies*](http://pscentre.org/archives/resource-category/emergencies) |
| 14:30-15:00  Session 5 contd... | **Feedback on intervention plans for different target groups** |
| 15.00-15.15 | **Coffee and tea break** |
| 15:15-15:40  Session 6  30 mins? | **Planning psychoeducative sessions for different target groups**  The aim of the session: participants plan psychoeducative sessions for different target groups and receive feedback |
| 15.40-16.30  Session 7 | **Psychoeducative sessions**  The aim of the session: participants conduct short psychoeducative sessions for different target groups and receive feedback  Group 1 + 2 conduct sessions for group 3 + 4 15.40 – 15:55  Feedback 15:55-16:00  Group 3 + 4 conduct sessions for group 1 + 2 16:00 –16:15  Feedback 16:15-16:20  Wrap up 16:20-16:30 |
| 16:30-16.45  Session 8 | **Buddy cool down conversation and CEA**  How is the learning going?  What should be changed for tomorrow – note it in the + and suggestions – this is CEA in action! |

**x-tra case study**

**Briefing: A Baltic Sea disaster with a long-term impact – a scenario**

**A BALTIC SEA CRUISE SHIP DISASTER**

A cruise ship travelling during the summer from a Baltic Sea country members had trouble at sea. The cruise was a four-day cruise with stops in three different countries. The emergency happened on the morning of the third day.

The cruise ship had 600 passengers and 100 crew members. On board were passengers from different countries, a group of 18 fifth grade school children and two teachers from a Baltic county and a Japanese tour group of 25 with their English speaking guide. The crew members were from many different countries with the key crew as captain and senior crew from the Baltic Sea country where the cruise ship originated.

A fire broke out in the engine room at 5 am in the morning about an hour before the ship was to dock at port. The cause of the fire was unknown, the fire was extinguished, but as the engines had to be stopped, the ship began drifting. It was hard to anchor the ship, a high wind was forecast and due to the risks anticipated, the captain decided to evacuate the ship. Passengers were requested to evacuate the ship by announcement over the loud speakers with very high signals indicating they needed to move to the upper deck for evacuation. There were people running around nervous, upset and some became hysteric. On the deck the crew helped passengers into the rescue boats, and some crew members did not have sufficient English to help the passengers, and some passengers got extremely distressed at this stage.

Unfortunately, as the first rescue boat was lowered into the sea, three people fell overboard and drifted away. This created much anxiety, but fortunately the rest of the rescue boats were launched without problems.

Due to the loading of the rescue boats, some people were separated from their travel groups. A group of five Japanese tourists who had no English skills and relied on their tour guide for interpretation, were separated in the rescue boats and had no idea of where they were being taken and they arrived at the harbour in a shaken state.

The rescue boats were met and picked up by the coast guard and taken to a harbour where the reception desks were set up by the Red Cross.

The captain and some crew members stayed on board and the coast guard sent a team to inspect the engines. This led to the fact that the ship could dock later on in another port than where the passengers were taken to.

Groups prepare and conduct short psychoeducative information sessions for different target groups affected in the case study

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| **Day 4****VOLUNTEERS** **ENGAGING, CARING FOR, TRAINING AND SUPERVISING VOLUNTEERS** | |
| Time | Session |
| 9:00- 09:25  Session 1 | **Opening of the day, recap of evaluation of day**  Interviewing and Questioning Techniques : Open closed questions - Useless and useful questions & Useless responses |
| 9:25-10:30  Session 2 | **Support to volunteers - engaging with different categories of volunteers**  *The aim of the session: to introduce different categories of volunteers and reflect on how to engage with different categories of volunteers*  **MANAGING DIFFERENT TYPES OF VOLUNTEERS**  **MF: Ea**  The following exercise is about managing different types of volunteers based on their characteristics. First a group of experienced RC leaders is appointed to be volunteer team leaders (VTL).  **Case:** A huge 3 week long fire occurred during the hot and dry summer in a Baltasian country. The fire destroyed a small summer town, a campsite, and 23 summer cottages.  The evacuation of the town with shops and local residences, the campsite and the summer cottages was quite dramatic. A two hour notice was given to gather their family members and key belongings before being transferred to a shelter.  They are now all temporarily housed in a tented camp outside a larger city and there are tensions between some of the groups - the foreigners and the national citizens. A fire broke out in a tent yesterday and a mother and her child were burned severely and are now hospitalized. Anxiety is rising in the camp and in the host community. The plan is to build a temporary community in three weeks as soon as the temporary houses are established - and also the fire is extinguished.  3 days after the move to the tented camp, the Red Cross is organizing activities for the affected. Many local volunteers come to join as volunteers.   1. 4 volunteer team leaders (VTL) are appointed by us being someone with good experience.   **4 groups of volunteers:**   1. A group of clinical psychologists who come to offer support. They know each other beforehand. They know better and will probably question the VTLs credential and knowledge about trauma therapy. individual trauma therapy with victims of sexual abuse can be done wearing masks and at a safe distance. 2. A local sports club members from a handball club – trainers and teen-age players and some parents. Eager to do something to help. They don’t have any idea of rules and regulations and have not taken corona regulations serious until now. 3. The Knitting and reading circle ladies – they are in their sixties and very eager to serve. They know each other and have been in the circle for years. They know their community and how things should be organized. They may challenge the team leader as he/she is an outsider and does not know “how we do things on our island”: They imagine cooking with the women in the camp, having reading and knitting circles. 4. Spontaneous volunteers who just turn up at the camp to offer help. Each volunteer can decide his or her character and background.   Questions for groups:  VTL: You have been tasked to get volunteers to assist in a relocation of the camp as there are  security issues - fire and too crowded and not space for the newly arrived. after the move  that will take five days, they volunteers can begin to assist in distributions and some psychosocial activities inside and outside the camp ….  How will you meet and interact with your groups of volunteers?  How do you think they want to be managed?  How can you form a working alliance with the team?  How will you motivate your team to take on the task they are assigned to?  Volunteers group (individual exercise for spontaneous volunteers who will sit individually and think about the same questions as the other groups)  What do you want to contribute to the affected?  What is your motivation to volunteer?  How do you want to be treated?  What do you think about the other groups of volunteers?  - MURAL  Fish bowl- plenary    The VTL are instructed that they will be managing one of the groups of volunteers. Their group work is to work with the group on their tasks: The volunteers are to assist the migrants to settle in and organize with the different national groups who will be where in the shelter, take care of the UASC, distribute the clothes, distribute NFI and offer PFA. Help organize teams that can help the local ladies coming in to cook, and ensure daily activities in the shelter.  Group work for volunteers individual or in groups:   * What are your characteristics as a group? * What do you want to do in the response to support? * How do you perceive the other groups? * Which support do you need? * What could be difficult in managing you?   Give all groups 10 minutes to discuss and the individual spontaneous volunteers time to reflect.  Set up a fish bowl with the VTL:  And ask them how it went. How was it to meet the team leader? Next what challenges and opportunities does the delegate have in managing their group. Did the plans match?  Fish bowl with one from each group -  Ask them how it went, say: how was it to meet the team leader. Next what challenges and opportunities did the delegate have in managing their group. Did the plans match?  Wrap up…  Different types of volunteers:   1. Organized volunteers who respond to the call to action (for follow up remember those that were unable to join) 2. Those who come to the Red Cross to offer support who are not organized but know of the organization (the reception and mini induction is important) 3. Volunteers who are already organized but in another group as eg. the union members, volunteer members of a church congregation or handball team.   Go over the welcome and induction folder.  *Reference materials: IFRC PS Centre BALTPREP folder and Minimum standards of caring for volunteers during COVID-19* |
| 10:30-10:45 | **Tea and coffee break** |
| 10:45-11:15 | **Creating a plan for PSS training of volunteers**  The aim of the session: to create a realistic training plan based on the long-term scenario  Group work and plenary  Instruction A month after the fire the temporary housing is ready for the move back to the town. A temporary kindergarten and school is opened but the local branch asks the PSS team to design and run PSS activities in the coming six months having a community centre with support groups, a CFS and activities for young people and for older adults.  What should volunteers be trained in. Create a training plan for volunteers carrying out the mentioned activities.  *Reference material: IFRC Caring for volunteers Tool kit and training manual* |
| 11:15-13:00 | **Group PFA for staff and volunteers after critical events**  T*he aim of the session: to introduce to the support given to groups of volunteers after a critical event*  *Reference materials:* [*Training manual http://pscentre.org/archives/resource-category/emergencies*](about:blank) |
| 13:00-13:30 | **Lunch** |
| 13:30-14:00 | **Ethical dilemmas**  What to do if corruption, sexual exploitation, abuse and harrassment, or there’s a huge conflict in the team?  **Session Ethical dilemmas**  **Should you blow the whistle?**  Case 1  You have noticed that some of the staff in your operation often go out for lunch and dinners with their counterparts from the National Society and that they charge this to the programme as meeting expenses. Recently you found out that they also lunch with friends and family and charge this to the expense accounts as you worked with the finance delegate on the finances in your programme. Your volunteer work ends in two weeks’ time and you would like to become a delegate soon. You are aware of whistleblowing policies etc but have also heard that your name may not be protected if you blow the whistle and finally, it's cheap to lunch and dine out so the losses aren’t that great.  What will you do?  Which IFRC policies can guide you?  Case 2  You are a Baltasian National Society staff member deployed to a neighbouring country during a disaster. You handle the PSS file - planning and training and supervising - with the NS counterpart. You happen to find the invoices in the printer room from your trips in country and notice that there are changes in the invoices making things 25 % more costly.    What will you do?  Which IFRC policies can guide you?  Case 3  You are a junior delegate in an IFRC mission in the Baltasian regional office. You have been in the country for 6 months and have made friends with local staff and expats in-and outside the Movement. Your appraisal to be advanced to delegate is coming up in a month. You are going out in the evenings with friends to a local bar. You find most of the delegates in the bar and they are all drinking wine. Later you see one of them leave driving a car. Later on another is seen kissing someone from the local community that you assume is a sex worker.  What will you do?  Which IFRC policies can guide you?  Case 4  You are a volunteer in a cross border response in Baltasia. The incoming team from the neighbouring country has a very energetic member who is also very opinionated. You are asked to go with him to a meeting with the branch manager that gets rather heated an argument erupts between your colleague and the branch manager on the recovery plan the incoming team has drafted. After the meeting you tell the colleague that you agree with the branch manager and that the plan is not realistic. Then you two have a huge and unpleasant argument where you are being yelled at. The next morning you are informed that you are mentioned in a negative way in the neighbouring branch’s FB page “*xx is not well trained in planning and this will negatively impact our work for our neighbours…”*  What will you do? Who can you turn to for advice on how to handle the situation?  *Reference materials:* |
| 14:00 - 14:45 | **Open space**  Time to discuss topics from the wonder wall and other burning issues |
| 14:45-15:00 | **Coffee and tea break** |
| 15:00-15:30 | **National Society teams plan next steps in their National Society**  Group work in national teams on the plans for PSS in the NSS  Recap of the role of the Baltic Sea Regional PSS specialist |
| 15:30 -16:15 | **Reflections, learnings, and evaluations**  The aim of the session: participants reflect with their buddy on their learning and their next steps   * The most significant change conversation with the buddy * Round of learnings |
| 16:15-16.30 | **Closure of the training to**  Evaluation and certificates be sent to participants |

**Group schedule for the 4 days: community ownership**

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|  | Tuesday | Wednesday | Thursday | Friday |
| Wonderwall |  |  |  |  |
| Energizing/Calming exercise Duo (coffee/tea breaks) |  |  |  |  |
| Recap Pair (prepare for the next morning) |  |  |  | NA |