Psychological First Aid and Psychosocial Support
in Complex Emergencies (PFA-CE)

Project Acronym:
PFA-CE

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Desk research report

Responsible Partner
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Responsible Authors

Barbara Juen
Alexander Kreh
Carmen Hitthaler
Vivian Odermann
Ramon Khamneifar

Abbrevations

ERU	Emergency Response Unit
IASC	Inter-Agency Standing Committee
IFRC	International Federation of Red Cross and Red Crescent Societies
MHPSS	Mental Health and Psychosocial Support
NGO	Non-governmental organisation
NVO	Non-governmental voluntary organisation
OR	Official Responders
PFA	Psychological First Aid
PSS	Psychosocial support
SUV	Spontaneous Unaffiliated Volunteers
SV	Spontaneous Volunteers
ToT	Training of Trainers
VRC	Volunteer Reception Center
WHO	World Health Organisation

1. Introduction

Background

In times of more frequent and long-term disasters and crises, the project PFA-CE, funded by EU Humanitarian Aid and Civil Protection, aims at improving Mental Health and Psychosocial Support (MHPSS) disaster response capacities of European emergency and volunteer organisations by strengthening Psychological First Aid (PFA) and Psychosocial Support (PSS) competencies of staff and volunteers.

The term complex emergencies[1] may be a little bit confusing, as is normally used in a different meaning. In this project we refer to complexity in the sense of long lasting and repeated disaster situations that pose a special challenge to European MHPSS management systems.

Aims and objectives of the project

With our project we aimed at the following improvements to be reached.

- Improve involvement and active participation of affected communities, families and groups in emergency response by training staff and volunteers and by developing community activation interventions
- Improve coordination and support for new volunteer types such as convergent volunteers and spontaneous volunteers
- Improve experience exchange and networking regarding long lasting repeated and ongoing disasters, like earthquakes, flooding and the migrant crisis in Europe

Aims and objectives of the desk research

Desk research is done by the University of Innsbruck. It shall fulfil the following aims.

Compiling information on existing guidelines, tools and recommendations for

(1) Psychological First Aid
(2) Community based psychosocial support
(3) Volunteer and staff support including guidance for management and support for convergent and spontaneous volunteers

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[1] The IFRC defines complex emergencies as emergencies involving violence. Such "complex emergencies" are typically characterized by: extensive violence and loss of life; displacements of populations; widespread damage to societies and economies; the need for large-scale, multi-faceted humanitarian assistance ; the hindrance or prevention of humanitarian assistance by political and military constraints; significant security risks for humanitarian relief workers in some areas .

that can be used for developing a basic training course for all staff and volunteers.

On the basis of the selected materials and through structured experience exchange and collecting best practice in the areas of flooding, migration crisis and earthquake a **Train the Trainer (TOT) package** shall be developed. The objective of the training package, which will be tested within the project, is to provide trainers within disaster management organisations adaptable tools which shall be included in the training of all volunteers and staff members involved in emergency response.

Main recommendations for mental health and psychosocial support in Emergencies and disasters

The main recommendation in all relevant mental health and psychosocial guidelines is about providing support on different levels, delivered by different helper groups including specifically trained (and experienced) lay persons, as well as trained (and experienced) mental health professionals. The NATO guidance and the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings both recommend a multilevel approach to psychosocial support. The following diagram from the IASC (2007) shows the different levels of Psychosocial support.
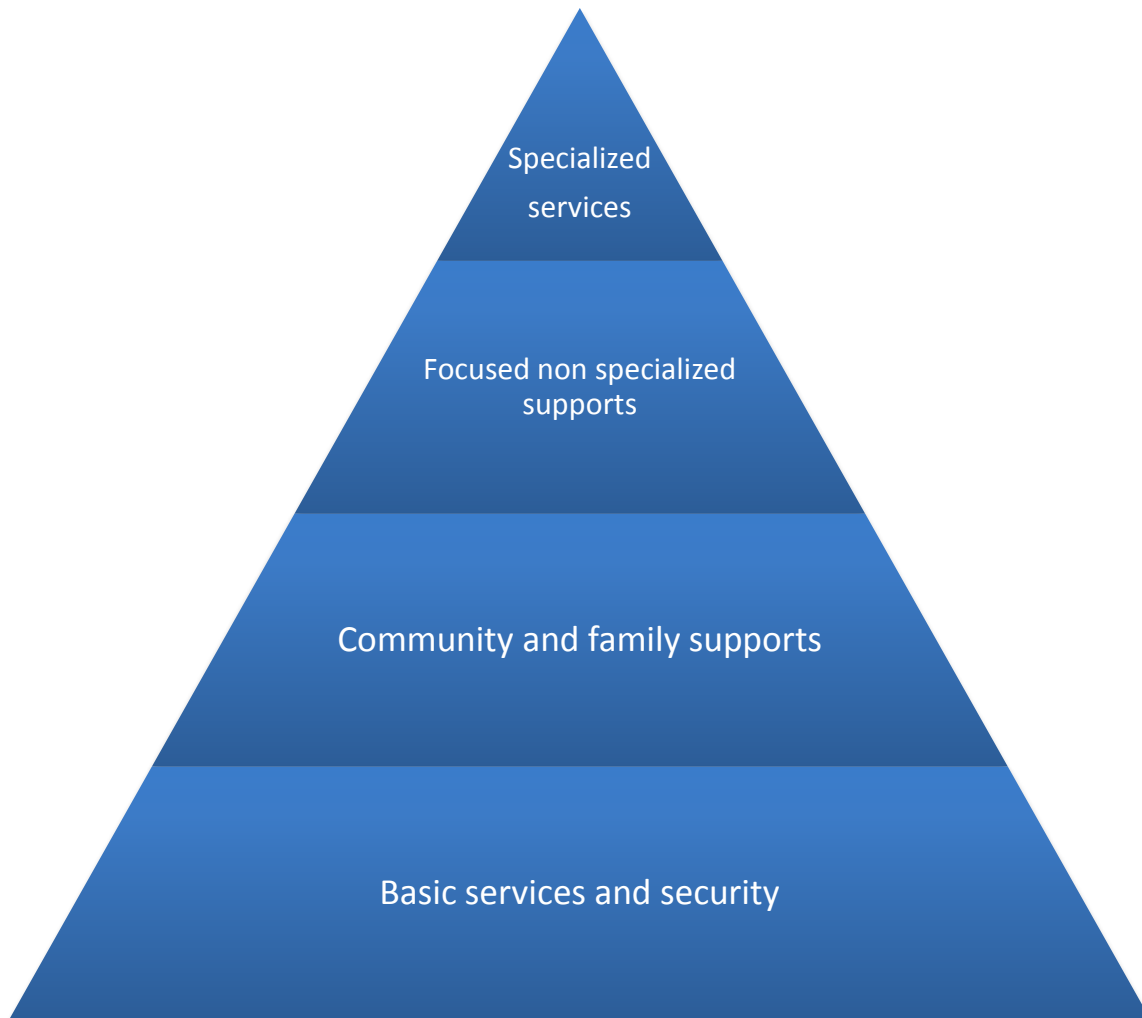
Figure 1. Intervention pyramid for mental health and psychosocial support (IASC, 2007)

The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings indicate the kinds of support that can be delivered by lay people and trained volunteers and those that require mental health professionals. As the complexity of needs of those affected increases, so the response changes; trained lay persons can provide certain kinds of support, and more complex needs call for mental health professionals or other practitioners like for example social workers or legal advisors.

1. Basic services and security

In basic services every helper must be aware of basic principles in PFA and PSS as well as basic

strategies in self-help and peer support. In the IASC guidelines on Mental Health and Psychosocial support in emergencies it is stated that

„In the basic services and security the wellbeing of all people should be protected through the (re)establishment of security, adequate governance and services that address basic physical needs (food, shelter, water, basic health care, control of communicable diseases). In most emergencies, specialists in sectors such as food, health and shelter provide basic services. An MHPSS response to the need for basic services and security may include: advocating that these services are put in place with responsible actors; documenting their impact on mental health and psychosocial wellbeing; and influencing humanitarian actors to deliver them in a way that promotes mental health and psychosocial wellbeing. These basic services should be established in participatory, safe and socially appropriate ways that protect local people's dignity, strengthen local social supports and mobilise community networks" (p. 11 ff.).

An example of the social considerations in basic services and security given by the IASC is advocacy for basic services that are safe, socially appropriate and protect dignity (IASC, 2010).

2. Community and family supports

In the second level community and family support shall be strengthened, examples of which are activating social networks, making use of traditional supports and building child friendly spaces. Interventions that encourage groups and communities to become more active in disaster preparedness, response and recovery (for example by effectively including spontaneous volunteers from the affected community) are situated in this level.

Perceived Challenges in Mental health and psychosocial support in Europe

In Europe, compared to other regions like Southeast Asia or Africa, but also other western regions such as the United States, the situation is special in a number of ways. Although the degree to which Non-Governmental Organisations (NGOs) and volunteers are included in emergency planning, response and recovery differs between EU countries, volunteers in the EU context are different to volunteers in other parts of the world. Many of these volunteers are highly qualified and expect a lot of training and qualification from the organisations they are working for. In most EU countries, well-trained volunteers and staff as well as mental health professionals are available in a crisis. Levels 3 and 4 are well developed. Nevertheless, as recent crises (flooding, migration, earthquakes) have shown, although specialized PSS teams are mostly available, the basic psychosocial competences of all staff and

volunteers as well as knowledge about psychosocial requirements for level 1 and 2 for psychosocial teams and leadership have to be strengthened in order to guarantee good quality of support on all levels. The paradoxon can be named as such: Well developed top of the pyramid (level 3 and 4) and less developed bottom of the pyramid (levels 1 and 2).

During a former EU project (OPSIC[2]) we identified the following three challenges in European MHPSS disaster management

- Challenge 1: Integration of PFA and PSS into basic services
- Challenge 2: Implementing a resilience promoting context and making use of community activating strategies
- Challenge 3: Enable all staff and volunteers for basic PFA and PSS in peer support[3]
- Challenge 4: Effectively integrate spontaneous volunteers into the overall response

Challenge 1 and 2: Integrating PFA and PSS into basic services and security, implementing a resilience promoting context

One of the reasons for these challenges is that, as we already stated in former analysis (OPSIC desk research report, 2014), European prevention and preparedness in MHPSS focuses mostly on large-scale event types but not on classical and repeatedly experienced disasters of the flooding type. In these large scale events, for example a bus accident or a terrorist attack, humanitarian assistance centers are in place where specially trained MHPSS staff and volunteers support the affected and their families. In these cases, psychosocial support is clearly separated from medical support for the affected and can be identified as such (levels 3 and 4). As stated above this leads to a gap between a well-developed level 3 and 4 and a less developed level 1 and 2 in the MHPSS intervention pyramid.

During recent flooding and migration crisis, it became obvious that additionally to the specifically trained PSS and MH teams, all staff and personnel need more basic knowledge and skills in the above-mentioned topics in order to strengthen psychosocial support in level 1 and 2. In disasters like flooding or earthquakes, psychosocial support and psychological first aid have to be integrated into the overall support system in a way that each helper independently of his or her field of action knows basic principles of psychological first aid and psychosocial support (levels 1 and 2). If PSS teams are part of the operation from the beginning, also these teams have to do general support work in order to be

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[2] OPSIC; https://www.uibk.ac.at/psychologie/fachbereiche/psychotraumatology/research.html
[3] in this case we refer to peer support as a basic support from one helper to another (as opposed to a structured peer support system)

accepted by team and affected population (e.g. distributing water bottles or collecting data). Giving PFA and PSS while providing these basic kinds of support requires extra training for both psychosocial teams and regular volunteers and staff from other areas.

Challenge 3 and 4: Enable all staff and volunteers for basic PFA and PSS in peer support, effectively integrate spontaneous volunteers into the overall response

In staff and volunteer support we have a similar situation as stated above. Most European emergency organisations have a well-functioning peer support system including mental health professionals who can give support (level 3 and 4). Nevertheless, there is a need for basic knowledge on self-help and peer support that all volunteers and staff can use and which should be a part of preventive training. The same applies to specific trainings for good leadership. Also here we focus on the basic levels of the MHPSS intervention pyramid. A third challenge, frequently faced during recent disasters, was the integration of spontaneous volunteers. These groups of volunteers become more and more important as frequency and impact of disasters increase. At the same time, organisations are not well prepared to effectively integrate them into the operations. Also this is due to the above mentioned "expert approach". Whereas for a long time organisations rejected most of these spontaneous volunteers because of their lack of training and experiences, many European organisations have started to integrate the population into disaster preparedness, response and recovery for example by pre registering them as potential disaster volunteers. This is seen as an important step towards community resilience.

How the project wants to face these challenges

In the project PFA-CE we do not focus on the more specific forms of mental health and psychosocial support that are given by specially trained personnel on level 3 and 4. Instead, we focus on the provision of basic PFA/PSS for affected, staff and volunteers on level 1 and 2 of the MHPSS intervention pyramid by facing the training needs of all staff and volunteers regarding the three topics of basic psychological first aid principles, basic community based psychosocial support principles and basic self-help and peer support strategies as well as strategies to manage spontaneous volunteers.

As stated above, our aim is to develop a training package that can be used to help European emergency organisations to cope with the above mentioned challenges. As a first step we collected guidelines, handbooks, scientific literature and training materials for the three areas that may be used for developing a PFA/PSS/Staff and volunteer support train the trainer course. In a second step, results from the experience exchange workshops and results from the desk research will be used to develop a training package for the three above mentioned areas.

2. Methodology

Our methodology in desk research was a web research looking for the following materials

- Guidelines and handbooks on Psychosocial support and Psychological first aid in disasters
- Guidelines and handbooks on staff and volunteer support in disasters
- Scientific research findings
- Websites
- Best practice reports

The key words that have been used for the search were the following

- Psychological first aid
- Community based Psychosocial support
- Community activation
- Volunteer/Staff support
- Convergent volunteers
- Spontaneous volunteers

In combination with

- Disaster
- Disaster response
- Emergency
- Crisis
- Emergency preparedness
- Disaster planning
- Emergency management
- Vulnerability
- Resilience

Specific information was searched by using the terms flooding and refugees/migration as additional keywords

Limitation: Only literature in English language was analysed.

In order to overcome this limitation, materials were collected from the partners in Italian, German, Croatian, Slovenian and Serbian. These materials will be put on the website together with the selected English materials. These materials will also be used in the development of the training package depending on their translation into English language.

Inclusion criteria for research findings were: reviews and original studies on the topic of PSS and PFA in disasters. We took any type of studies and did not restrict ourselves to quantitative research only or the level of evidence (Cochrane evidence type I to V was accepted).

Definitions and quality criteria

MHPSS guidelines are documents that define standards or determine a course of action regarding mental health and psychosocial support before, during and after emergencies and disasters. They are often written on a policy level and therefore need translation into practice. A MHPSS handbook serving this purpose can be used as help for orientation and instruction for actions. Handbooks provide orientation as well as information, but give also instructions how to facilitate or transform theory into action, e.g. how to establish child friendly spaces in emergency situations.

MHPSS tools are operational materials that can be either used directly with beneficiaries or with training participants. Training materials are tools to be used in trainings. Practice examples are structured and written descriptions of MHPSS interventions linked to a certain event and certain target groups.

Quality criteria for a good guideline/handbook/tool, as defined by us, are:

- Multiagency context: good guidelines represent core principles that are based on more than one organizational viewpoint;
- Procedure of development: good guidelines have a transparent and scientifically based history of development (Make use of relevant sources, relevant and evidence based/informed background literature);
- Scientific Basis: Selection of key messages based on expert opinion and at least level 1-3 evidence, Criteria of selection clearly defined and objectivized (e.g. Delphi method).

Good quality training materials are based on the state of the art, contain contents adequate for the target groups of the training and didactic recommendations and exercise instructions. A high quality practice example contains a good description of the events, the target groups and their needs as well as the aims and objectives of the programme and the interventions that have been done.

Scientific articles are published studies on the given topic that apply to scientific quality criteria (peer reviewed journals, impact factors)

Websites used

Websites that have been searched were the following

No.	Websites used for search
1.	http://www.ifrc.org/
2.	http://ec.europa.eu/echo/index_en.htm
3.	https://www.msb.se
4.	http://www.pscentre.org/
5.	http://eur-lex.europa.eu/en/index.htm
6.	http://reliefweb.int/
7.	http://www.alnap.org/
8.	http://www.bbk.bund.de/DE/Home/home_node.html
9.	http://www.ecbproject.org/
10.	http://www.eldis.org/
11.	http://www.fao.org
12.	http://www.gdnonline.org/
13.	http://www.humanitarianresponse.info/
14.	http://www.ineesite.org/en/
15.	http://www.keepingchildrensafe.org.uk/
16.	https://mhpss.net/
17.	http://www.psychosocial.org
18.	http://www.oxfam.org.uk/
19.	https://disasterlit.nlm.nih.gov/
20.	http://www.un.org/
21.	http://www.undp.org/content/undp/en/home.html
22.	http://www.unhcr.org/
23.	http://www.unicef.org/
24.	http://www.unisdr.org/
25.	http://www.unocha.org/
26.	http://www.un.org/
27.	http://www.who.int/en/

Table 1. Websites during the desk research

Reduction step 1: selecting high quality material on all three topics

The first reduction was done according to contents (the three topics: PFA and PSS, volunteer/staff support, spontaneous volunteers) using the above mentioned definitions and quality criteria. In the first round, we selected 70 relevant scientific articles, 219 tools and 81 guidelines (see references in the Appendix) and 8 practice examples by selecting relevant materials for all three areas. This process was guided by the main objectives of the project. These documents were analysed regarding their usability for preparing a basic training for all volunteer and staff regarding PFA, PSS and volunteer/staff support as well as managing convergent volunteers.

Reduction step 2: selecting basic materials for the development of a basic training course

In step two, documents were further reduced by selecting only those documents that we analysed according to their usefulness and adequacy for the development of a general and basic introduction course on PFA and PSS, self-care and peer support and guidance for the management of spontaneous volunteers. Only those documents will be described in the following.

Selection Criteria were the following.

1. Contents: Adequate for the target group (all helpers, not specifically for PSS or PFA trained helpers) with regards to understandability, good scientific basis and relevance for practice
2. Didactics: Materials that contain ppt input as well as interactional materials that may be used in exercises, case discussions, roleplays and other participative methods
3. Applicability: Based on actual field experience and already used in field more than once and well evaluated

Materials that were selected for further use were

- Training materials
- Guidelines and handbooks
- Practice examples and additional materials that may be useful in developing exercises for training

3. Results

Results of general analysis

As mentioned above we identified the following main topics as relevant for the development of the training materials and guidance. In each of the topics we collected useful materials for the further development of the training package

- Psychological first aid and community based psychosocial support materials adapted for basic services and security as well as community support (level 1 and 2 of the MHPSS pyramid)
- Self-care and peer support materials adapted for all helpers to be used in basic services and security as well as community support (level 1 and 2 of the MHPSS pyramid)
- Materials to be used for support and management of spontaneous volunteers

We will now specify the selected materials for each topic that we recommend as a basis for the training materials to be developed in the course of this project.

The following table gives an overview of the selected materials.

Psychological first aid	Community based Psychosocial support	Staff and volunteer support	Management and support of spontaneous volunteers
2 training materials	3 training materials	3 training materials	3 training materials
3 guidelines	2 guidelines	3 guidelines	6 guidelines
	3 additional materials	4 tools	

Table 2. Overview of selected materials

Clarification of terms

Psychosocial support is an umbrella approach that includes a variety of different intervention strategies and aim at both affected population and helpers. The following box shows definitions of frequently used intervention (action) types (OPSIC comprehensive guideline, 2016)
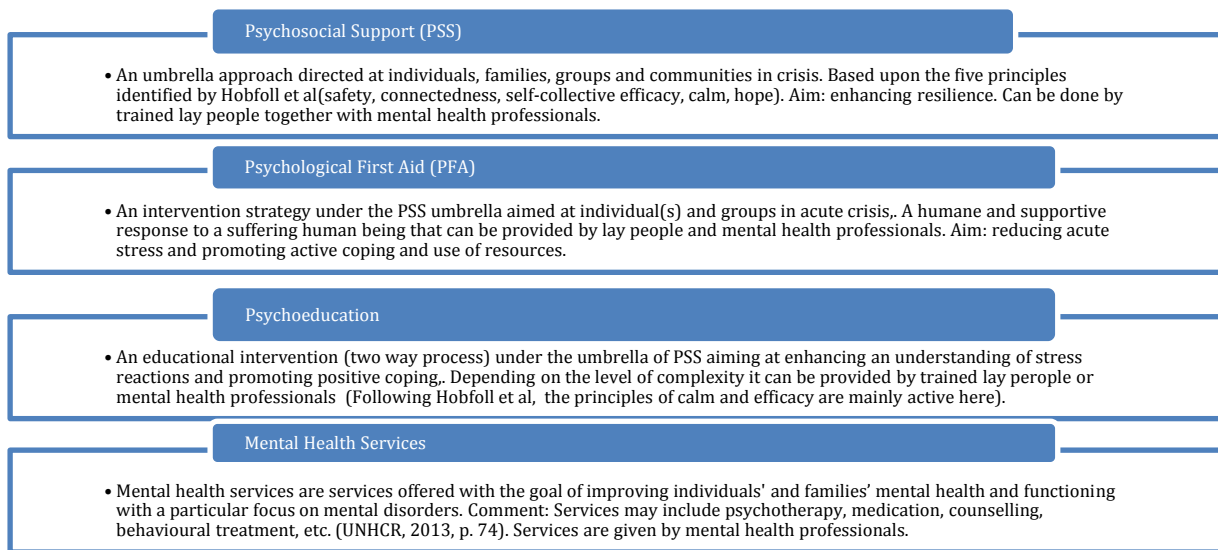
Psychosocial Support (PSS)

- An umbrella approach directed at individuals, families, groups and communities in crisis. Based upon the five principles identified by Hobfoll et al(safety, connectedness, self-collective efficacy, calm, hope). Aim: enhancing resilience. Can be done by trained lay people together with mental health professionals.

Psychological First Aid (PFA)

- An intervention strategy under the PSS umbrella aimed at individual(s) and groups in acute crisis,. A humane and supportive response to a suffering human being that can be provided by lay people and mental health professionals. Aim: reducing acute stress and promoting active coping and use of resources.

Psychoeducation

- An educational intervention (two way process) under the umbrella of PSS aiming at enhancing an understanding of stress reactions and promoting positive coping,. Depending on the level of complexity it can be provided by trained lay people or mental health professionals (Following Hobfoll et al, the principles of calm and efficacy are mainly active here).

Mental Health Services

- Mental health services are services offered with the goal of improving individuals' and families' mental health and functioning with a particular focus on mental disorders. Comment: Services may include psychotherapy, medication, counselling, behavioural treatment, etc. (UNHCR, 2013, p. 74). Services are given by mental health professionals.

Figure 2. Definitions of intervention types (OPSIC, 2016)

As has been shown by a vast amount of research, singular interventions such as debriefing and psychoeducation are not effective on their own. There is need for complex multilevel approaches that are adapted to the needs, circumstances and culture of the target groups/persons. These approaches should be based on the following effective elements: safety, connectedness, calm, self and collective efficacy and hope (Hobfoll, 2007).

Psychological First Aid

According to the World Health Organisation (WHO) (2011) psychological first aid is a humane, supportive and practical help to fellow human beings suffering serious crisis events. It involves intervention strategies that may be used by lay people as well as more elaborate strategies used by trained psychosocial teams and mental health professionals.

Nevertheless the term is not clearly defined and is still used for a great variety of different intervention forms. Disaster mental health is a term used for interventions done by mental health professionals whereas psychosocial support is used as a term for all kinds of interventions that aim at strengthening the resilience of individuals, families, groups or communities affected by disasters.

We use the term psychological first aid for basic intervention strategies that can be used by all helpers in disasters and emergencies and that can be easily built into any other form of support. PFA is the recommended intervention strategy in disasters and emergencies.

Early models of PFA (Singer 1982) suggested nine steps in providing support: 1. Sensitive, sympathetic and flexible attitude towards the wide variety of possible reactions, 2. Ensuring that distressed and frightened survivors are not left alone, 3. Making gestures and tokens of a simple pragmatic nature (like providing blankets, food and drink), 4. Encouraging the verbal expression of emotions, 5. Giving reassurance, 6. Providing accurate and honest information, 7. Referring individuals in need to special treatment, 8. Issuing instructions in an easy to follow manner, 9. Encouraging survivors to engage in useful tasks (p. 248).

Raphael (1986) described the following aspects of PFA:

1. Behave in a comforting and consoling manner, 2. Protect from further threat, 3. Immediate care for physical necessities, 4. Helping individuals to become engaged in goal directed behaviour, 5. Promote reunion with loved ones separated through the event, 6. Support while identifying bodies of relatives and friends, 7. Accept ventilation of feelings, 8. Structure routines and give a sense of order, 9. Promote group support networks. 10. Identify and refer individuals who need mental health support, 11. Ensure that individuals are linked to an ongoing system of support (p. 257-260).

The WHO approach describes the principles of PFA in three components: Look, Listen, and Link. Look refers to identifying people who are distressed and in need. Listen refers to a basic needs assessment and active listening, Link refers to helping the affected people to link to the kinds of supports and services that they need.

PFA is sometimes used synonymously to community based psychosocial support. We do not agree with this. We suggest to use the term only for the very acute phase of an emergency or disaster and for an approach to an individual or small group.

Psychosocial support (PSS) on the other hand refers to a broad variety of interventions that aim at enhancing resilience and restoring normality for individuals, families, groups and communities after emergencies and disasters focussed not only on the very acute phase and focussing mainly on the level of groups and communities. The latter seems adequate for level 2 of the MHPSS pyramid (family and community support).

In level 1 of the mental health and psychosocial support pyramid (basic services and security) PFA, as it is presented by the WHO (2011), seems to be most adequate for training all staff and volunteers. In the following we will describe the selected guidelines and handbooks as well as the training materials that we find adequate for developing our training package. Additionally we suggest to make use of the five essential principles developed by Hobfoll et al. (2007): safety, connectedness, calm, self and collective efficacy, hope. These principles may guide leaders in structuring basic support in a way that helps the affected to regain control and come back to normality as soon as possible.

Hobfoll et al. (2007) point out the lack of evidence-based recommendations for intervention during the immediate and the mid-term post mass trauma phases in their article "*Five Essential Elements of Immediate and Mid–Term Mass Trauma Intervention: Empirical Evidence*". Therefore they assembled a worldwide panel of experts to gain consensus of intervention principles. The consensus contains promoting a sense of safety by providing safe places and information, providing a calming environment; promoting a sense of self- and community efficacy by giving the affected individuals and groups a chance for action and decision making; connectedness, by reuniting families as soon as possible and by activating social networks and social support; and hope by giving the affected persons the chance to experience positive emotions and develop a future perspective. For these five elements the authors show a lot of evidence. Nevertheless, the elements are not intervention strategies but basic principles that have to be translated into each given context. The Australian PFA guideline (Australian Red Cross, 2013) mentioned below includes the Hobfoll principles into their approach which makes it important for our training materials.

As a basic training manual the WHO Manual seems to be best for our aims in the project (to provide basic information to all staff and volunteers in order to structure support in level 1 of the MHPSS pyramid according to the IASC standards (safe, socially adequate and protecting dignity).

We added a training manual for children that was developed by Save the Children for further use in more advanced trainings.

Training materials PFA	
BASIC TRAININGS	
1. World Health Organization, War Trauma Foundation and World Vision International. (2013). *Psychological first aid: Facilitator's manual for orienting field workers.* WHO: Geneva. http://apps.who.int/iris/bitstream/10665/102380/1/9789241548618_eng.pdf Manual, 82 p.	The "*Psychological first aid: Facilitator's manual for orienting field workers*" is designed to orient helpers to offer PFA. It is structured in an overview of the manual, step-by-step orientation and supporting materials.
ADVANCED TRAININGS	
2. Save the Children. Psychological First Aid training manual for Child practitioners, One day training programme https://resourcecentre.savethechildren.net/library/pfa-one-day-programme-manual and powerpoints Manual 44 p., powerpoints 24	The "*Psychological First Aid training manual for Child practitioners*" by Save the Children 2017 offers instructions for a one-day program. It helps child practitioners reduce the initial distress of children after an emergency. The program contains six sessions and five handouts.

Table 3. Training materials on PFA

As additional material for the trainers we suggest to use the following guidelines.

Guidelines PFA (additional materials for trainers and participants)	
BASIC MATERIALS	
1. World Health Organization, War Trauma Foundation and World Vision International. (2011). *Psychological first aid: Guide for field workers*. WHO: Geneva. http://www.searo.who.int/srilanka/documents/psychological_first_aid_guide_for_field_workers.pdf guide, 56 p.	The WHO "*Psychological first aid: Guide for field workers*" offers a framework for supporting people in the immediate aftermath of extremely stressful events. One part of the guideline additionally provides information about how to approach a new situation safely for yourself and others.
2. Australian Red Cross & Australian Psychological Society, *Psychological First Aid: An Australian guide to supporting people in affected by disaster,* 2nd Edition. November, 2013. http://www.redcross.org.au/files/Psychological_First_Aid_An_Australian_Guide.pdf	In 2013 the Australian Red Cross & Psychological Society published a guide with the following title: "*Psychological First Aid: An Australian guide to supporting people in affected by disaster".* The guideline is for people working in disaster preparedness, response and recovery and gives an overview of best practice in psychological first aid following disasters and traumatic events (ARC & APS, 2013). The first chapter offers information about what psychological first aid is in general, who receives and delivers it and also differentiates the term from other forms

	of post-disaster support. The other chapters give advice about how to use psychological aid in the field, adapting aid for culture or people with special needs and self-care for helpers. Hobfoll principles are explained and adapted.
ADVANCED MATERIALS	
3. National Child Traumatic Stress Network and National Center for PTSD, *Psychological First Aid: Field Operations Guide*, 2nd Edition. July, 2006. Available on: http://www.nctsn.org and http://www.ptsd.va.gov guide, 88 p.	The "*Psychological First Aid: Field Operations Guide*" of the National Child Traumatic Stress Network and National Center for PTSD from 2006 gives advice about delivering psychological first aid in the field. It provides information about preparing to deliver psychological first aid and identifies core actions from 8 related topics. It also offers a list with appendices for further knowledge.

Table 4. Additional materials on PFA for trainers and participants

Community based psychosocial support

As stated above we use the term psychosocial support for an umbrella approach that includes very different intervention forms. The Psychosocial Framework of 2005 – 2007 of the International Federation of Red Cross and Red Crescent societies defines psychosocial support as "a process of facilitating resilience within individuals, families and communities" [enabling families to bounce back from the impact of crisis and helping them to deal with such events in the future]. By respecting the independence, dignity and coping mechanisms of individuals and communities, psychosocial support promotes the restoration of social cohesion and infrastructure".

The basic idea is that if people are empowered to care for themselves and each other, their individual and communal self-confidence and resources will improve and their resilience will be restored (IFRC, 2009, p. 25). According to the IFRC approach psychosocial wellbeing is dependent on an individual's families or communities capacity to draw on resources from three areas: Human capacity, social ecology and culture and values. Psychosocial support shall enhance wellbeing and prevent mental disorder by promoting these capacities. Psychosocial support includes interventions on all 4 levels of the MHPSS intervention pyramid and is not only for the very acute phase of disaster. PSS programmes are always planned for a community and not focused only on an individual. PSS programmes need a lot of coordination and must be well embedded into the overall approach. PSS experts should focus on all sectors in disaster management.

Concrete psychosocial activities include the following (examples)

- Psychological First Aid
- Support groups for different groups e.g. widows or widowers, teenagers, children, older people
- Support to engage in appropriate burial ceremonies or grieving rituals
- Distribution of psychosocial support relief items, like prayer mats, toys and games for children
- Family tracing
- Safe spaces for children equipped with play-kits
- Collective community actions such as clean-up activities where members of the community, both those affected and those who were not, get together to clear debris etc;
- Restoration of public institutions, for example painting of schools, clinics etc;
- Religious ceremonies to commemorate the dead following mass burials;
- Community kitchens, where members of the community get together and cook meals for those affected by the disaster

- Sports activities

    Etc.

The IFRC approach recommends a psychosocial ERU (Emergency Response Unit) delegate who builds up the structure for a psychosocial support programme and trains volunteers to take part in psychosocial activities. Especially in the early phases after the disaster, when specific PSS programmes on level 3 are not yet established, all staff and volunteers must be able to make use of basic principles of Psychosocial Support and Psychological First Aid. Similar to PFA, psychosocial support should be based on a general intervention strategy that is based on the five essential principles developed by Hobfoll et al. (2007): safety, connectedness, calm, self and collective efficacy, hope. The term disaster mental health is a term that is used for professional interventions by mental health professionals (level 3 and 4 of the MHPSS intervention pyramid). Psychosocial support can be included at all levels and has to be trained additionally to PFA in order to ensure that support on level 1 and 2 is given in an adequate manner (activating social networks and providing a socially adequate environment). This is especially important as social support is one of the most effective coping strategies after trauma. Therefore on level 2 of the mental health and psychosocial support pyramid, community and family supports are recommended, for example child friendly spaces and activation of social networking. For a general overview we chose the IASC guideline on mental health and psychosocial support in emergencies as well as the IFRC handbook on psychosocial interventions, that gives an introduction into the topic and advices how to set up psychosocial support programmes. Additionally we added the UNICEFs handbook on how to build up a child friendly space.

For the development of our training materials we suggest the use of the IFRC Reference Centre training package on community based psychosocial support as well as the UNICEF practical handbook on how to set up a child friendly space.

Training materials community based psychosocial support	
BASIC MATERIALS	
International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support (PS Centre) (2009). *Community-based Psychosocial Support: Trainer's book – A training kit.* Copenhagen, Denmark. http://pscentre.org/topics/training-kit-publications/ handbook, 131 p.	The "*Community-based Psychosocial Support: Trainer's book – A training kit*" aims to enhance understanding of the training process itself and to function as a practical tool in that process. It contains an introduction on how to use the trainer's notes and powerpoint presentations and gives information about how to plan a psychosocial support training, the learning process in a psychosocial context,

	preparing a workshop in psychosocial support and conducting the workshop. It also offers seven different models containing necessary knowledge. Each single model can be used for more specific training needs.
International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support (PS Centre) (2009). *Community-based Psychosocial Support: Participant s handbook book – A training kit.* Copenhagen, Denmark. http://pscentre.org/topics/training-kit-publications/	The participant's handbook gives training participants further reading on all topics of the training. It is an easy to read Handbook that can be well adapted into PSS trainings.
IFRC Reference Centre for Psychosocial Support (n.d.). *Community-based psychosocial support – PowerPoints.* http://pscentre.org/topics/training-kit-publications/ Power point presentation: Annex, module 1-7, template 145 slides	The slides "*Community-based psychosocial support – PowerPoints"* is part of the training kit from the IFRC Reference Centre for Psychosocial Support and cover the following topics: Opening and closing a workshop, crisis events and psychosocial events, stress and coping, loss and grief, community-based social support, psychosocial first aid and supportive communication, children and supporting volunteers and staff.
UNICEF (2009). *A Practical Guide for Developing Child Friendly Spaces.* https://www.unicef.org/protection/A_Practical_Guide_to_Developing_Child_Friendly_Spaces_-_UNICEF_(2).pdf guide, 108 p.	In 2009 UNICEF developed a guide that assists helpers to build child friendly spaces (CFS) in case of emergency. The title is "*A Practical Guide for Developing Child Friendly Spaces"*. It is designed to fit the special and multi-faceted needs of children. It is divided in a more theoretical and a practical section and can be easily adapted for training.
ADVANCED MATERIALS	
IFRC Reference Centre for Psychosocial Support, University of Innsbruck, Danish Cancer Society & War Trauma Foundation (n. d.). *Lay Counselling – A Trainer's Manual.* http://pscentre.org/wp-content/uploads/Lay-counselling_EN.pdf handbook, 89 p.	The manual "*Lay Counselling: A Trainer's Manual"* contains a two-day generic training workshop, with material applicable to all counselling contexts.
IFRC Reference Centre for Psychosocial Support (n.d.). *Lay Counselling Activities - powerpoints and handouts* http://pscentre.org/resources/lay-counselling-activities-handouts-english 8 handouts, 50 p. 1 Excel table 1 Power Point Presentation, 45 slides	The "*Lay Counselling Activities – Handouts"* consists of 8 handouts, one excel table and a power point presentation related to psychosocial support.

Table 5. Training materials on community based Psychosocial Support

As additional materials to be used by trainers and participants we recommend the following guidelines

Guidelines community based psychosocial support (additional materials for trainers and participants)	
BASIC MATERIALS	
IASC Mental Health Guidelines: Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings Available at www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf	The *"IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings"* from 2007 aims to fill the absence of a multi-sectoral, inter-agency framework combining different approaches to mental health and social support, supporting coordination, identifying useful practices while pointing out potentially harmful practices. Chapter one offers general information about the issue, an instruction on how to use the guide and includes frequently asked questions. The second chapter shows a matrix of interventions and the third chapter finally contains the action sheets for minimum response to all belonging topics.
ADVANCED MATERIALS	
International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support (PS Centre) (2009). *Psychosocial Interventions. A Handbook.* Copenhagen, Denmark. http://pscentre.org/resources/ handbook, 194 p.	The Reference Centre for Psychosocial Support of the International Federation of Red Cross and Red Crescent Societies developed a handbook that gives an overview of psychosocial support interventions and how to build up psychosocial intervention programmes. It consist of several parts: Setting the context, Assessment, Planning and implementation, Training, Monitoring and evaluation

Table 6. Additional training materials on community based Psychosocial Support for trainers and participants

As additional materials to be used in the development of exercises and handouts, we recommend the IFRCs briefing on Child protection as well as the handout talking and writing about psychosocial support in emergencies. Additionally we add the manual for IFRC ERU delegates on how to set up psychosocial support in an emergency setting.

Additional materials Psychosocial support (for trainers to construct exercises and handouts)	
BASIC MATERIALS	
International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support (PS Centre) (2012). Health Emergency Response Unit. Psychosocial Support Component Delegate Manual. http://www.pscentre.org/wp-content/uploads/6.PS-ERU-Delegate-Manual-Sept2012.pdf	This 110 page manual gives clear instructions and recommendations on how to set up psychosocial support in the very acute phase of an emergency, how to train volunteers and what activities to include.
ADVANCED MATERIALS	
International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support (PS Centre) (2016). *Briefing: Child Protection in Emergencies.* Geneva. http://www.ifrc.org/Global/Publications/principles/IFRC-CPiE-Briefing_EN.pdf handbook, 11 p.	The training material "*Briefing: Child Protection in Emergencies*" offers simple and clear information about how to protect children in emergencies. It shows why child protection is necessary, presents trends and presents information to the crucial question about what actions are necessary, and what tools are available.
IFRC Psychosocial Centre (n.d.). *Talking and writing about psychosocial support in emergencies.* http://pscentre.org/wp-content/uploads/FINALtalking-about-pss-in-emergencies.pdf handout, 4 p.	The handout "*Talking and writing about psychosocial support in emergencies*" gives advice and suggestions for communicators, media and emergency response personnel. The guidance notes highlight the avoidance of using the terms PTSD and traumatized populations right after a disaster, give information about normal reactions and natural coping as well as what psychosocial support is – and is not. It also gives advice about talking to children.

Table 7. Additional training materials on community based Psychosocial Support for trainers to construct exercises and handouts

Self-care and peer support

European organizations have an increasing interest in the area of organizational health promotion. In the meantime it is common knowledge that structures and operations in organizations can have extensive impacts on employee health and performance. Organizational health promotion focuses on the dynamic interaction of individual and organizational factors and how this interaction affects the optimal use of an organization's human resources, so that the human capital can be maximized by optimizing the quality of work life within the organization (DeJoy & Wilson, 2003).

The WHO described health 1946 as a „state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (p. 1).

The Ottawa-Charta (WHO, 1986) described the importance of health promotion as follows.

"Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical mental and social wellbeing, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing." (p.1)

One sector, where a focus on the mental health of employees is especially important, is the humanitarian aid sector. Knowledge and awareness of the effects of stress and trauma on humanitarian aid workers have increased over the past decade. Traumatic stress reactions are seen as a natural human reaction to extreme situations, violence and suffering. Humanitarian aid workers are at risk for burnout and after-effects of traumatic experiences (IFRC, 2009).

Humanitarian aid work is intrinsically stressful. Many humanitarian aid workers experience normal stress reactions that can be a source of personal growth, while others experience severe stress symptoms. These negative consequences include post-traumatic stress syndromes, depression and anxiety, burnout, over-involvement and over-identification with or apathy towards beneficiaries, self-destructive behaviors and interpersonal conflicts with family members or co-workers (see for example Thormar et al., 2010). Staff stress and burnout have an impact on the ability of humanitarian aid workers to fulfill their given tasks. They may become less efficient and less effective and might make poor decisions. They can also risk or disrupt effective functioning of their team and are more likely to become ill or have accidents (Thormar et al., 2014)

Humanitarian aid organizations have a dual responsibility. They must effectively carry out their primary mission and they must protect the wellbeing of their own staff and volunteers.

Stress is intrinsic to humanitarian aid work, but some kind of stress as well as some effects of stress can be prevented or reduced. The effects of stress on staff members can be mitigated or responded to support from the organization, managers and staff themselves. Good staff and volunteer care for humanitarian aid workers is important. This concerns stress management, prevention and treatment

of traumatic and posttraumatic stress (Antares Foundation, 2005). Support has to be given in a cycle before disaster strikes, during the disaster and after the disaster.

Volunteer and staff support includes preventive trainings for all volunteers and staff, peer support systems, access to mental health professionals and leadership trainings.

In the following, we present training materials, guidelines and tools that we have selected. Our main recommendation is the IFRC reference centres toolkit and training material Caring for Volunteers that can be easily adapted also for staff care.

Training materials Staff and volunteer support	
BASIC MATERIALS	
International Federation of Red Cross and Red Crescent Societies (IFRC) & The International Federation Reference Centre for Psychosocial Support (2015). Caring for volunteers. Training manual and powerpoint. Available at: http://pscentre.org	This training handbook and ppt contains a two day training on staff and volunteer support. Day one contains a general introduction, risks and resilience factors, self-care, peer support and psychological first aid for helpers. Day two contains setting up a psychosocial support system for staff and volunteers, monitoring and evaluation, internal communication and developing and action plan
Lay Counselling. A 2-Day Training Workshop.	This Workshop with 10 modules about Lay Counselling includes a introduction with information about the training programme and ground roles, a module about the organization and its target groups, the role of lay counseling, referrals and reporting, basic skills of communication, structuring a counseling conversation, life events and coping, psychological first aid and self-care Module 8 is about peer support-it contains also some tools for volunteers and staff. This module can be used for a 2 hour training session.

Table 8. Training materials on staff and volunteer support

The following list contains tools that can be of use for developing exercises and handouts for staff and volunteers in the field.

Tools Staff and volunteer support	
BASIC MATERIALS	
Lay Counselling. Peer support strategies.	This handout contains an introduction about peer support and a list with tips for lay counsellors to offer peer support in the best way.
Lay Counselling. Strategies for stress management.	This Handout provides strategies for stress management before, during and after stress.
Lay Counselling. Stressors for Lay Counsellors.	Stressors for lay counsellors including difficult or very distressed clients, encountering or hearing stories of serious loss or death, having unrealistic expectations of oneself and job and team stress.
ADVANCED MATERIALS	
International Federation of Red Cross and Red Crescent Societies (IFRC) & The International Federation Reference Centre for Psychosocial Support (n.d.). Caring for volunteers. A psychosocial support toolkit. Available at: http://pscentre.org	This toolkit helps to assist volunteers before, during and after a crisis. It is "useful in developing effective psychosocial support strategies for volunteers and in sustaining their wellbeing and commitment in the important work that they do" (p.5). Chapters: 1. Understanding resilience, Risks to volunteer wellbeing and Responsibility for volunteer wellbeing 2. Understanding psychosocial support, developing support strategies, informing volunteers 3. Response Cycle and volunteer psychosocial support: Before, during, after 4. Psychological First Aid for volunteers 5. Monitoring and Evaluation of volunteer support
International Federation of Red Cross and Red Crescent Societies (IFRC) (2009). Managing stress in the field. Available at: http://www.ifrc.org/Global/Publications/Health/managing-stress-en.pdf	"In this practical manual the different types of stress experienced by delegates are described along with the associated symptoms. It highlights the importance of identifying and knowing personal, team and organisational resources…. It incorporates a new self-assessment questionnaire at the end of the booklet." (p.2).

Table 9. Tools for staff and volunteer support

In the following you can see the guidelines and handbooks that we have selected for further use. These include the guideline developed by the Antares Foundation as well as Tunecliffes' best practice in peer support. Additionally we added the guideline developed for uniformed services by Impact.

Guidelines and Handbooks staff and volunteer support
(additional materials for trainers and participants)

BASIC MATERIALS	
Antares Foundation (2005). Managing stress in humanitarian workers. Guidelines for good practice. Available at: https://cms.emergency.unhcr.org/documents/11982/45255/Antares+Foundation%2C+Managing+Stress+of+Humanitarian+Workers+-+Best+practice+guide%2C+2005/41f70ba9-c429-4d89-8263-2567d956298a	"The Guidelines for Good Practice intends to help the agency and its staff to address stress within the organization and within themselves" (p.3). "The guidelines are meant as an orientation for organizations who are interested to build up their own staff care system" (p.4) and "are intended to enable the agency to act in ways that minimize the risk of adverse consequences for its employees" (p.6). The guideline includes 8 Guiding Principles: Policy Plan; Hiring, Screening and assessing staff; Training and preparation; Monitoring staff stress; Support with respect to daily stress; Support with respect to traumatic stress; End of assignment; End of assignment specific support
ADVANCED MATERIALS	
Burger, N. (2012). Guidelines for psychosocial support for uniformed workers. Extensive summary and recommendations.	The development of a guideline for psychosocial care within the uniformed services (e.g. rescue workers), based upon the IMPACT Guidelines: Multidisciplinary Guideline - Early psychosocial interventions after disasters, terrorist attacks and other traumatic events
Emergency Support Network (ESN) & Tunnecliffe, M. (2007). Best practice in peer support. Available at: http://www.emergencysupport.com.au/articles/PeerSupport_BESTPRACTICE.pdf	15 practice standards are summarized, that are assumed to be the consistent factors successful peer support programs have in common.

Table 10. Additional material on staff and volunteer support for trainers and participants

Spontaneous, unaffiliated and convergent volunteers

Volunteerism is a "practice of doing work for good causes, without being paid for it" (Cambridge Dictionary, 2017) – "[d]efinitions varied according to an author or organisation´s position on four key dimensions free choice; remuneration; structure and intended beneficiaries" (Whitaker, McLennan & Handmer, 2015, p. 360) – is unquestionable an elementary component for social and community life. But when it comes to volunteerism in disaster and emergency situations, it is controversial if there is an indispensable need for unplanned help. Especially the involvement of spontaneous, unaffiliated volunteers (SUVs or SVs), who converge unasked, spontaneous and with the wish to be an active and helping part in the response of a disaster, is seen skeptical by most of the official responders (ORs).

Spontaneous, unaffiliated volunteers, also named by the terms *convergent, emergent, walk-in* und *unsolicited* volunteers, are different to the so called "affiliated volunteers, who are attached to a recognized voluntary or nonprofit organization[,] [...] are trained for specific disaster response activities [...] and invited by that organization to become involved in a particular aspect of emergency management" (Points of Light Foundation, NVOAD, and UPS Foundation, 2005, p. 5). Spontaneous volunteers instead "are no part of a recognized voluntary agency and often have no formal training in emergency response. They are not officially invited to become involved but are motivated by a sudden desire to help others in times of trouble. They come with a variety of skills and may come from within the affected area or from outside" (Points of Light Foundation, NVOAD, and UPS Foundation, 2005, p. 5).

In international disaster response, affiliated as well as unaffiliated volunteers have been of great use in the aftermath of disasters. Thormar et al. (2010, 2015) speaks of core and non-core volunteers, the latter being unaffiliated spontaneous volunteers mostly coming from the disaster affected community. These volunteers are at higher risk for stress related health problems and need special attention. As disasters become more frequent volunteers become more and more important in coping with the challenges. Spontaneous volunteers, especially if they come from the disaster affected communities, can be seen as a sign of a resilient response to the disaster. They want to remain active survivors instead of passive victims.

In Western countries the view on spontaneous volunteers has been mainly negative until recently. In these countries disasters have been fewer and with less impact, and response to disasters has been in

the hand of highly trained staff and volunteers. Nevertheless, during more recent years the view has shifted. More and more disasters have led to a change in perspective from an expert driven approach to a more resilient oriented approach that appreciates the involvement of people from the affected community. Therefore structures had to be developed that allow for a good integration of these volunteers into the systems. Thus the meaning of spontaneous volunteerism in western disaster and emergency management has grown bigger over the last years. Particularly after 9/11 and with a history of disasters caused by hurricanes in Florida, official federal, national and local organizations involved in disaster and emergency management within the USA started to work on official guidelines about how to manage Spontaneous volunteers (SVs). For making sure that managing Spontaneous volunteers results in the most effective use of them, meaning that they "supplement […] response and recovery operations" (Volunteer Florida, 2002, p. 6) by being „a means through which the gap between demand and supply of disaster responses can be filled" (Harris, Shaw, Scully, Smith, & Hieke, 2017. p. 357), it is important that although the converge of this special type of volunteers is spontaneous, the plan of managing them isn't spontaneous (Points of Light Institute & CNCS, 2011). For this reason managing spontaneous volunteers should be included in all four phases of emergency management: mitigation, preparedness, response and recovery (Points of Light Foundation, NVOAD, and UPS Foundation, 2005).

It is undeniable that Spontaneous volunteers who are most of the time not familiar with the ongoing processes in the response and recovery phases of a disaster can cause additional risks and costs. Because of the unknown qualifications, skills, backgrounds and capacities of the suddenly converging volunteers, the involvement of such volunteers can - despite their goodwill to help - cause not only additional risks to the safety of all involved, but can also mean extra "concerns about reputational risks" (Harris, et al., 2017, p. 365) disasters and extra monetary costs, so that some ORs even tend to exclude Spontaneous volunteers from disasters. But with the knowledge that the converge of Spontaneous volunteers after a disaster isn't preventable and that "unaffiliated doesn't mean unskilled" (Volunteer Florida, 2002, p. 6) it is important to focus - next to the awareness of the potential risks – on the benefits brought along by an involvement of spontaneous volunteers. Having the arrival of SUVs "as part of official response planning" (Harris, et al., 2017, p. 365) is the non plus ultra for preventing a "failure of emergency management to effectively utilize" (Whitaker et al., 2015, p. 363) SUVs, but findings show that although the "use of spontaneous volunteers is widespread, [...] NVOs [nongovernmental voluntary organizations] are not necessarily structured to incorporate them effectively" (Sauer, Catell, Tsoatto & Kirsch, 2014, p. 65).

For the efficient management of a surge of spontaneous volunteers a so called Volunteer Reception Center (VRC) is the common recommendation. "Volunteer Reception Center (VRC) is a process to register, screen, and place spontaneous volunteers in available opportunities in times of disaster. […]. The aim of Volunteer Reception Centers is to affiliate spontaneous volunteers with requesting agencies. This is done by registering and interviewing potential volunteers, assigning them to a volunteer opportunity that best meets their needs and skills; providing safety training, and job training as necessary; issuing them a volunteer ID" (Points of Light Institute & CNCS, 2011, p. 37).

Next to the practical issues of how to manage spontaneous volunteers when they are already in the scene it is also important to look at characteristics and motivations of spontaneous volunteers so that working with them is possible. Not only past experiences in volunteering influence the amount of time and effort with which spontaneous volunteers get involved in the response phase, but also the way of asking for help has an effect on the willingness to volunteer in times of disasters. People who already volunteered once before seem to require "less targeted support to remain involved" (Barraket, Keast, Newton, Walters & James, 2013, p. 38). Barraket et al. (2013) showed that mobilizing spontaneous volunteers is most effective when "people who were personally or professionally close to potential volunteers; governmental and nonprofit institutions that were recognised as 'being in charge'; individual political leaders who were viewed as 'being in charge'; and professional associations and institutions with expertise and networks to broker skilled volunteer responses" (2013, p. 37) were involved in the recruitment. Even if "the motivations of [most] spontaneous volunteers can be seen to be positive and related to altruistic motives of helping and caring and being community oriented" (Cottrell, 2010, p.22), it can happen that needs and expectations of spontaneous volunteers are not being satisfied. Therefore it is important that not only during the recruiting but also during the volunteering process and in case of "a fall out of the volunteering efforts" (Cottrell, 2010, p.22) SVs are being informed by the organisations about ongoing processes and their "status of their volunteering offer in order to [prevent any wrong expectations and] provide this sense of closure" (Cottrell, 2010, p.22).

There can be many conflicting pressures on organisations to involve and to exclude spontaneous volunteers, which has led some authors to argue for a more coordinated and flexible approach to responding to disasters (Harris et al., 2017). The authors focus on the involvement and management

of spontaneous volunteers (SVs). They develop a new theory—which they name the "involvement/exclusion" paradox— about a situation which is frequently manifested when SVs converge in times of disaster. The inclusion/exclusion paradox reflects a tension between community-focused assumptions of spontaneous volunteers and the disaster-response focus of emergency managers. "Empathy for friends and neighbours are important motivators for SVs in local situations, alongside occasional perceptions that 'official' responders are not sufficiently effective (Lowe and Fothergill, 2003)" (Harris et al 2017, p. 365).

Harris et al. (2017) also emphasize the importance of differentiating between different types of spontaneous volunteers.

"Some want to help but want to 'do their own thing' and remain separate from any formal or 'official' responses (Levine and Thompson, 2004) whereas others do positively want to cooperate with 'official' response organisations (British Red Cross, 2010). Finally there are those who want to respond to an unexpected occurrence by banding together with others, informally (Stallings and Quarantelli, 1985)" (Harris et al., 2017).

After reviewing research and policy guidance relating to spontaneous volunteering, they present findings from a study on a response to winter flood episodes in England. Taking together the empirical findings and the literature, the authors analyze elements inherent in the involvement/exclusion paradox and develop a conceptual model to illustrate and explain the paradox. Implications for managers and future research are to adapt to these complex requirements (Harris, et al., 2017, p. 352). The model includes the aspects operating culture, management approach and task alignment which are linked to a certain community volunteering context.

Suggested strategies were for disaster planners to recognise the distinctive contributions that could be made by spontaneous volunteers, rather than trying to incorporate them into the 'official' response. Examples were given of tasks such as "*being eyes and ears on the ground";* communicating to the emergency organisation what was happening to properties; and tracking needs in a fast-changing situation, e.g. using people's local knowledge.

Another suggested approach is to positively anticipate the probable arrival of spontaneous volunteers when developing local emergency and disaster plans. For example it is recommended to have information and training materials prepared for spontaneous volunteers along with identifying badges and clothing. Particular locations could be advertised as places for spontaneous volunteers to converge, to be briefed and collect resources such as sandbags. Procedures for selection and

management of spontaneous volunteers as one of the training topics for official responders could be prepared. Furthermore a preassigned role with the responsibility for matching spontaneous volunteer's skills to tasks, implementing plans for registering them, ascertaining qualifications and keeping track of their whereabouts, is recommended. It is suggested to convert SVs into regular volunteers in time and to develop groups of well-prepared spontaneous volunteers in the flood affected areas for being first responders when the next disaster strikes (Harris et al., 2017).

By focusing on characteristics and motivations of spontaneous volunteers, the effects of spontaneous volunteering, "conditions under which sustained volunteering and other forms of civic engagement arise from spontaneous volunteering [...] [this] study particularly illuminates the influence of the way(s) in which people are asked to help, the importance of relationships to people and place, and the therapeutic function of spontaneous volunteering as factors that both shape and motivate spontaneous volunteering experiences" (Barraket, et al., 2013, p. 6 -7). The study showed the following results relevant for practice. Improved identification of different types of network brokers as well as targeted marketing and requests for volunteers are recommended. Depending on people´s former experiences it might be good to differentiate between unexperienced and experienced spontaneous volunteers. Being involved into spontaneous volunteering may have a therapeutic effect on those volunteers that come from the affected community. Stories that stem from spontaneous volunteers may be used as a source for motivation and healing.

Cone, Weir, & Bogucki (2003) emphasize the risks of convergent volunteerism. The authors focus especially on problems which are associated with "convergent volunteerism and freelancing by medical, fire, law enforcement, and other civilian personnel" (Cone, Weir, & Bogucki, 2003, p. 457). For illustrating possible problems concerning the credibility of requests for help, safety of responders, interference with operations, security, medical qualifications and depletion of critical infrastructure, the authors choose different incidents that happened while physicians tried to help unasked at ground zero (Cottrell, 2010, p. 5).

Fernandez, Barbera & van Dorp (2006) present a systems-based approach to planning for volunteer management in disasters. Through analysis of existing volunteer management literature, systems, and plans, a comprehensive model is developed to address pre-response, response management, and post-response issues relating to volunteers. The methodology is also applied to develop and test a real-world volunteer management system for public health emergencies in Arlington County, Virginia.

Sauer et al. (2014) illustrate experiences of nongovernmental voluntary organizations (NVOs) with SUVs during disasters. Following questions guided the project: "How they were integrated into the agency's infrastructure, their perceived value to previous responses, and liability issues associated with their use" (Sauer et al., 2014, p. 65). Their results show that although the use of spontaneous volunteers is widespread most organisations are not prepared to involve spontaneous volunteers effectively.

Shaw et al. (2015) present findings that show that national non-statutory guidance is required to inform the official involvement of spontaneous volunteers during a flood. Although responsibility for the involvement of spontaneous volunteers during emergencies is the responsibility of local authorities, many emergency managers seem to be unaware of this. The authors detail the aspects that emergency managers need to consider when developing a local plan for how to manage spontaneous volunteers.

Whitaker et al. (2015) consider the role of spontaneous volunteers in emergency and disaster management. Definitions of volunteerism are reviewed and it is argued that there is an overemphasis on volunteering within, and for state and formal organizations. The authors offer a broader definition of spontaneous 'informal volunteerism' that recognizes the many ways ordinary citizens volunteer their time, knowledge, skills and resources to help others in times of crisis. The authors define informal volunteers as those working outside of official disaster management procedures. Two broad types of informal volunteerism are identified – emergent and extending. Emergent volunteers are those that respond to unmet needs whether perceived or real. Extending volunteerism on the other hand refers to groups and organization that have other functions and roles outside of disaster situations but now during a disaster extend their roles and functions to disaster response. These volunteers are usually part of an existing community group.

Particular attention is given to increasing 'digital volunteerism' due to the greater accessibility of sophisticated but simple information and communication technologies. Culture and legal liability are

identified as key barriers to greater participation of informal volunteers. The authors conclude that more adaptive and inclusive models of emergency and disaster management are needed to make full use of the capacities and resilience that exist within and across communities (Whitaker et al., 2015, p. 358).

Harris et al. (2017) summarize the main recommendations for managers as follows (p. 24 ff).

1. Anticipate convergence of spontaneous volunteers (e.g. plan principles for involvement and risk assessment; consider risk mitigation; have a system for greeting and noting contact details; avoid immediate rejection).

2. Avoid thinking that the only choices are to exclude or to incorporate spontaneous volunteers into the official response (e.g. consider tasks with low risk; consider tasks which the community can organise with minimal official management; assess the resources inherent in the local community).

3. Be aware of the possible need for 'surge capacity' which cannot be met by official responders.

4. Consider community characteristics (e.g. what resources does it have to aid the response; what helping capacities is it exhibiting; how can the community work with the official responders for mutual benefit; what approaches to spontaneous volunteers and the community now will assist long term recovery).

5. Manage spontaneous volunteers expectations (e.g. explain likely additional resource needs, tasks and time scales).

The following Training Materials contain both material for a training course for professionals about how to manage spontaneous volunteers in disaster and emergency situations as well as training materials to be used with spontaneous volunteers themselves. All materials refer to situations in the USA, but except some forms and organizations, most of the information, which can be gained out of this material, is also useful for working with spontaneous volunteers in Europe.

Training Materials	
BASIC MATERIALS	
Points of Light Institute & CNCS (2011). Managing Spontaneous Volunteers in Times of Disaster (eCourse). Available at: https://www.nationalservice.gov/resources/disaster-services/managing-spontaneous-volunteers-times-disaster-0	This course contains not only a helpful handbook for participants (future managers of spontaneous volunteers), but also a handbook for the Trainer. • Participant Materials • Trainer Guide • PowerPoint Presentation • Volunteer Reception Centers "Go Kit" Forms & Instructions
ADVANCED MATERIALS	

Western Region Homeland Security (2016). Spontaneous Unaffiliated Volunteers Training Series. Available at: http://wrhsac.org/projects-and-initiatives/spontaneous-unaffiliated-volunteers-training-series/	• Spontaneous Volunteer Management System (SVMS) Plan with Job Action Sheets and Forms
	• SVMS Standard Operating Guide (SOG) checklist
	• Volunteer Reception Center (VRC) Field Guide
	• Four (4) self-directed training PowerPoints and that build on each other
	   o Module 1: Awareness
	   o Module 2: Operations
	   o Module 3: Management
	   o Module 4: Just-in-Time Training video or pdf
	• Online/virtual volunteer management recommendations for establishing online or virtual volunteer management systems.
	• Handouts and other training job aids
	   o Example floor plan
	   o Recommended supply kit

Table 11. Training materials on spontaneous volunteers

The following guidelines and handbooks give a good overview about possible benefits and challenges when it comes to spontaneous volunteers and concerning solutions and concrete processes for managing spontaneous volunteers. Managing Spontaneous Volunteers in Times of Disaster (2011) by Points of Light Institute & CNCS and Spontaneous Volunteer Management System Plan Template (2016) by Western Region Homeland Security – both part of training series and presented in total below – are the most detailed handbooks containing checklists and forms which can be of good use in the development of training materials and guidelines.

Guidelines and Handbooks spontaneous volunteers (additional materials for trainers and crisis managers)	
BASIC MATERIALS	
Points of Light Foundation, NVOAD, and UPS Foundation (2005). Managing Spontaneous Volunteers in Times of Disaster: The Synergy of Structure and Good Intentions. Available at: https://www.fema.gov/pdf/donations/ManagingSpontaneousspontaneous volunteersolunteers.pdf.	With the aim to overcome the paradoxon of "people's willingness to volunteer versus the system's capacity to utilize them effectively" (Points of Light Foundation, NVOAD, and UPS Foundation, 2005, p. 2) this handbook points out certain principles and values by which SVs should be managed. Furthermore and special for this handbook is that it includes a very detailed concept of managing unaffiliated volunteers during all phases of emergency management: Mitigation, Preparedness, Response and Recovery.
Volunteer Florida (2002). Unaffiliated Volunteers in Response and Recovery. Available at: https://www.volunteerflorida.org/wp-content/uploads/2013/03/UnaffiliatedVolunteers.pdf.	Although newer handbooks are often more comprehensive, most of them refer to this handbook because it is known as one of the first handbooks for the management of SUVs and builds the basis on which all other handbooks are written on. Special for this handbook are very concrete examples of benefits and challenges as well as their possible solutions with SUVs chosen out of already happened disasters.
Western Region Homeland Security (2016). Spontaneous Volunteer Management System Plan Template. Available at: http://wrhsac.org/projects-and-initiatives/spontaneous-unaffiliated-volunteers-training-series/	"The Spontaneous and Unaffiliated Volunteer Management System Guide (SOG) provides guidance to the Incident Commander (IC) and Volunteer Managers for safe, efficient and scalable volunteer management. The SOG includes communication with community members and voluntary organizations; volunteer reception, screening and training; matching and deployment; and volunteer retention during response and recovery" (Western Region Homeland Security, 2016, p. 1).
ADVANCED MATERIALS	

Australian Government (2010). Spontaneous Volunteer Management Resource Kit: Helping to Manage Spontaneous Volunteers in Emergencies. Commonwealth of Australia, Canberra. Available at: https://www.dss.gov.au/our-responsibilities/communities-and-vulnerable-people/publications-articles/spontaneous-volunteer-management-resource-kit	"The Spontaneous volunteer management resource kit was developed in support of a project, overseen by the Australian Red Cross and funded by the Department of Families, Housing, Community Services and Indigenous Affairs, to develop a framework for managing spontaneous volunteers in an emergency. […] The kit offers a range of resources to help support jurisdictions, municipalities and organisations to manage potential spontaneous volunteers during emergencies. […] The resource kit includes: • project report • draft framework • draft communication strategy • draft implementation plan • research report into the motivations and expectations of spontaneous volunteers • CD with literature reviews on spontaneous volunteering and emergent organizations/ management tools, including video case studies on volunteering in an emergency/ generic forms for use in an emergency and suggestions for briefing and debriefing volunteers" (Australian Government, 2010, p. 1).
Centre for Voluntary Sector Research and Development (Canada) & Public Health Agency of Canada (2007). MAINTAINING THE PASSION – Sustaining the Emergency Response Episodic Volunteer. Available at: http://www.redcross.ca/cmslib/general/crc_disastermanagement_maintaining_e.pdf	This handbook distinguishes between unaffiliated, affiliated volunteers and interims, putting them together as a group of episodic volunteers. While looking at the benefits and challenges of engaging episodic volunteers it gets clear that not all three subgroups can be managed the same.
Federal Emergency Management Agency &Emergency Management Institute (n.k.). Management of Spontaneous Volunteers in Disasters. *Student Manual. Available at:* https://www.volunteerflorida.org/wp-content/uploads/2013/04/G489-Mgt-of-Spontaneous-Volunteers-in-Disaster.pdf	This manual "introduces to skills and planning considerations that are required to manage large numbers of people who are not affiliated with an experienced relief organization, but who want to help in disasters" (Federal Emergency Management Agency & Emergency Management Institute, n.k., p. SM Intro.1). It focuses on: • Keys for managing large numbers of spontaneous volunteers • Benefits and Challenges which comes with the surge of spontaneous volunteers • Spontaneous Volunteer Management Plan • Volunteer Reception Centre (VRC) • Transition on recovery

Table 12. Additional materials for trainers and crisis managers on spontaneous volunteers

Conclusions and Next Steps

Summarising we can say that there is a lot of useful material for our three main topics. Mainly the WHO handbook for Psychological First Aid, the IFRC Community Based PSS training materials, the IFRC Caring for volunteers toolkit as well as the points of light institute training materials for the management of spontaneous volunteers are to be recommended as basis for the development of a training package containing the three topics:

1. How to provide PFA and community based PSS in basic services and security
2. Support to staff and volunteers in disaster settings focussing on self-care and basic peer to peer support
3. Managing and supporting spontaneous volunteers in a most effective way

We tried to reduce the great amount of material to four packages containing guidelines, tools and training materials. Additionally, we collected materials from each partner that will be added to the project website in original language in order to allow for additional materials in more than one language.

In the next steps, the results from national experience exchange as well as the results of the European experience exchange will be collected and analysed and the development of the training package will be started.

Tables

Figures

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   b. Chapter 6: Community Assessment of Psychosocial Support Needs
   c. Chapter 14: Managing Job Hazards
      - Staff coping tips (p. 13)

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   c. Self care for people working in the field (p.28)

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b. Annex 4: Psychological First Aid(p. 83)
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- Water and Sanitation
  - o Include specific social considerations (safe and culturally appropriate access for all in dignity) in the provision of water and sanitation (p. 179)

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