community recovery information series
facilitator guide

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introduction

Recovery from an emergency is most effective when communities and individuals are engaged in the recovery process from the outset[1]. Community based support and activities provide a valuable form of assistance to individuals directly and indirectly affected. The focus of such activity is usually problem-sharing, brainstorming for solutions or for more effective ways of coping including traditional ways of coping, planning, generation of mutual emotional and practical support, and sometimes promotion of community-level initiatives[2].

Community leaders are often expected by community members and government agencies to take a leadership role or display initiative in the recovery process with little knowledge of the context in which they are operating, processes at work or resources at their disposal. A simplistic view of recovery as achieving "reconstruction" or "rebuilding" and the replacement of losses, is often presented by government, media, and community members as what is required in order to 'be recovered'. Rather, communities are largely self organising entities with many interacting elements and these interactions are disrupted by the disaster and often need assistance with restoration[3]. This notion goes beyond simply reconstructing damaged infrastructure and the replacement of lost goods.

In addition, people emerge as leaders and doers within streets, neighbourhoods, organisations, and communities, often with useful skills, and energy to help. These skills need to be harnessed for good effect to enable sustainable longer term recovery, as well as to make sure that no harm is done in trying to effect recovery. However, as the recovery process is generally a new experience for disaster affected communities, there is a need for information to be made available to communities to support them to lead their own recovery.

There are a lack of educational avenues for people relating to the recovery process. Currently courses in community recovery are provided by the Australian Emergency Management Institute, though they are generally aimed at practitioners. These are limited in number and may not be immediately accessible to community leaders in the aftermath of an emergency. Some health promotion organisations also provide education in community recovery aimed at adult community and business leaders. These sessions aim to give participants the skills to provide basic psychological support to community members. Tools to assist the recovery process to date have been limited in their scope, quantity and are not always easily accessible.

The Community Recovery Information Series and this supporting Facilitator Guide have been created to fill this gap and complement existing education packages in the provision of recovery information to affected communities.

1 CDSMAC, 2007, *National Principles for Recovery*

2 Mark van Ommeren, Shekhar Saxena, & Benedetto Saraceno, 2005,
Mental and social health during and after acute emergencies: emerging consensus?
Bulletin of the World Health Organization 2005;83:71-76.

3 Alesch, D, Arendt, L and Holly J, 2009,
Managing for Long Term Recovery in the aftermath of Disaster,
Public Entity Risk Institute, Fairfax, VA

planning

What you need to know before you start planning a session

▸ You don't need to do the whole Series

▸ You don't need to run a full module if all the content is not relevant to the participants

▸ You need to know your audience

▸ Each module has been designed to be flexible, you can tailor your session to suit you and the needs of the participants in your session

▸ To help you plan the session you may like to speak to a key representative from the group

▸ When contacted by interested groups – discuss the content to determine which module is relevant

▸ The Planning Tools will help you when you are planning a Community Recovery Information Session

Who can you run a Community Recovery Information Session for?

▸ Anyone interested in recovery

▸ Communities affected by emergencies

▸ Recovery workers

▸ Local business owners

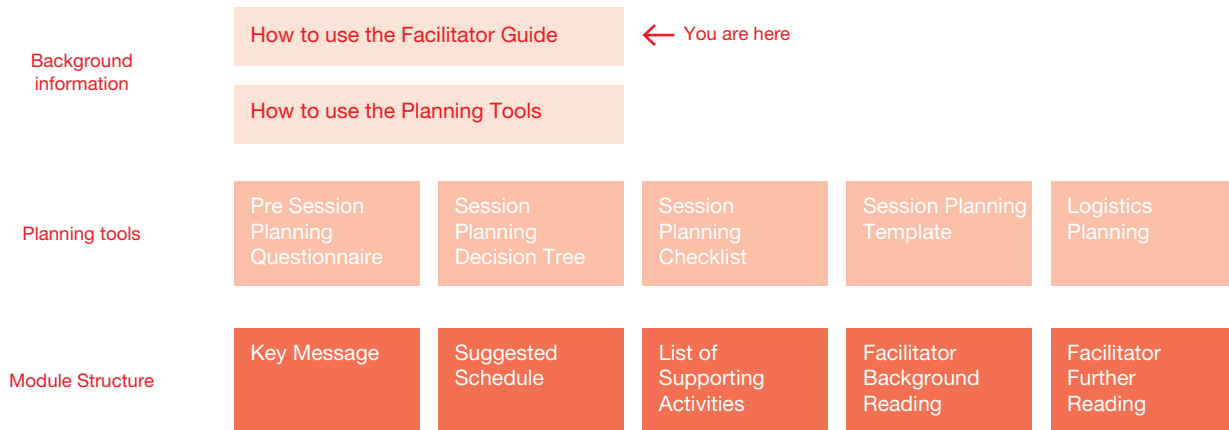▸ Community leaders

▸ Local community groups

how to use the facilitator guide

The Community Recovery Information Series comprises of modular based information sessions. Each module is structured to ensure that the information presented can be tailored to meet the needs of different audiences.

Facilitators may choose one or more modules to run with a group. Or, facilitators may select elements of different modules to tailor a session to meet the interests of a particular group. The guide provides background information to support the facilitator with developing content knowledge for each module. The modules have been designed so that they can be run in a variety of settings with minimal resources. Each module includes suggestions on how to present the resources for different audiences. For example, a session for agency staff or other professionals may require more theoretical content and printed versions of graphs and tables with appropriate references. However, for a group of people affected by an emergency simply drawing a version of the same graph may be sufficient and much simpler. It is likely that this would make it easier for people to absorb the information.

The facilitator guide is structured as follows:

| Background information | How to use the Facilitator Guide | ← You are here |
| | How to use the Planning Tools | |

| Planning tools | Pre Session Planning Questionnaire | Session Planning Decision Tree | Session Planning Checklist | Session Planning Template | Logistics Planning |

| Module Structure | Key Message | Suggested Schedule | List of Supporting Activities | Facilitator Background Reading | Facilitator Further Reading |

Module Structure

Each module includes the following:

▸ Aim

▸ Introduction

▸ Learning Objectives

▸ Suggested schedule

▸ Key Messages

▸ Background Reading

▸ Further Reading

WARNING

An emergency can impact a person's ability to take in information, think about it and remember it.

Therefore it is important to keep information simple, use clear language, provide information in different formats and repeat the information frequently.

Aim

The Aim outlines the overall goal that the provision of the information in the module is contributing to.

Introduction

The Introduction provides an overview of the information that is included in the module and a short rationale to why this information is important to deliver to participants.

Learning Objectives

The Learning Objectives outline what people may learn or gain insight into by participating in the session. Each Learning objective is linked with its relevant Topic Area under the Suggested Schedules (see below).

Key messages

Under each module is a 'Key Messages' section. This section outlines the most important points in the module. These have been identified so that each module can remain flexible to the needs of the group. As a facilitator, try not to get too concerned if the session does not completely follow the sequence of the Suggested Schedule or your session plan. It may be more important to follow the group's line of discussion. Having pre-identified key messages will help you pass on the essential information to participants.

Suggested Schedule

The order in which the workshop should run is at the discretion of the facilitator. It is suggested that the workshop follow the schedule provided in each module. However, should the group have a particular area of interest or would like to spend more time on a particular area the schedule does not need to be strictly adhered to. You can use the pre-identified Key Messages to guide discussion instead.

We suggest, where possible, discussing the components with a key representative of the group before running the session. This will help ensure the needs and expectations of participants are met.

List of Activities

The List of Activities contains suggested activities you can run in your session to facilitate participants' understanding of the content (see Learning Processes section for more information on Adult Learning). Each activity is linked to a topic area in the Suggested Schedule. Some modules have more than one activity for a topic area, you can choose whichever activity you feel is most appropriate for your group.

Background Reading

Each module has a Background Reading section. It is suggested that as the facilitator you have an understanding of the Background Reading as it will help you to place the key points in context and provide more information should you need to expand on any of the points in your session.

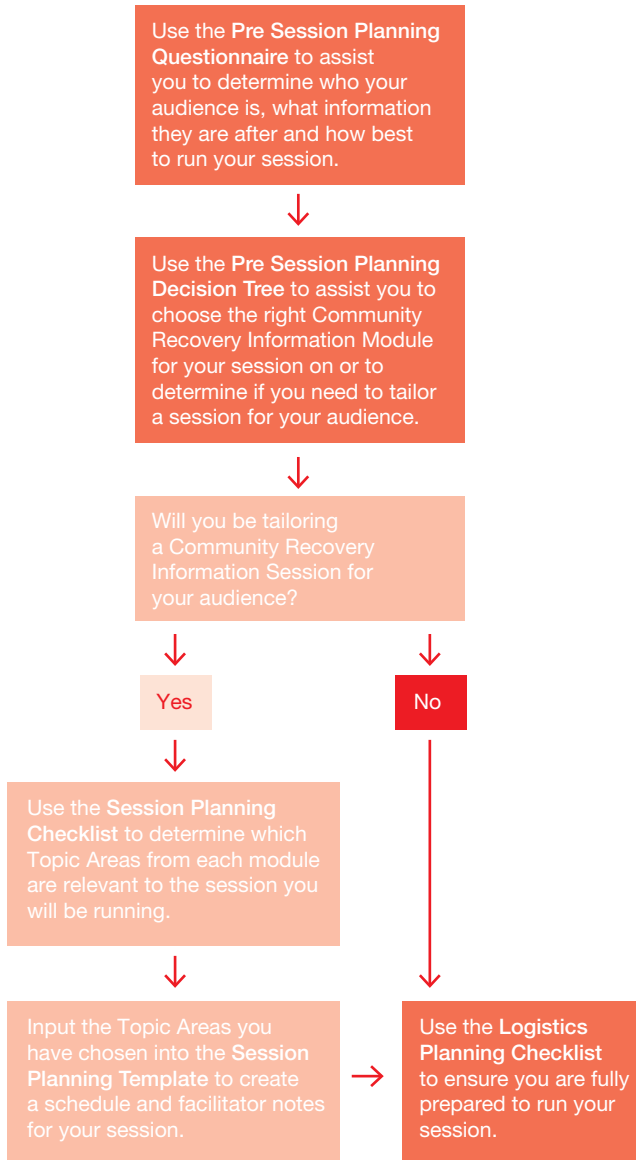## Further Reading

The Further Reading section includes a list of the sources of the information in each module. As a facilitator if you feel that you need to expand your knowledge of a particular area the Further Reading section is a good start.

how to use the planning tools

The Facilitator Guide has a number of planning tools that can assist you in ensuring the Community Recovery Information Session you run is relevant for your target audience.

The following diagram depicts the sequence in which you can use the planning tools while planning a Community Recovery Information Session.

Use the **Pre Session Planning Questionnaire** to assist you to determine who your audience is, what information they are after and how best to run your session.

↓

Use the **Pre Session Planning Decision Tree** to assist you to choose the right Community Recovery Information Module for your session on or to determine if you need to tailor a session for your audience.

↓

Will you be tailoring a Community Recovery Information Session for your audience?

↓   ↓

Yes   No

↓

Use the **Session Planning Checklist** to determine which Topic Areas from each module are relevant to the session you will be running.

↓

Input the Topic Areas you have chosen into the **Session Planning Template** to create a schedule and facilitator notes for your session.   →   Use the **Logistics Planning Checklist** to ensure you are fully prepared to run your session.

planning tools

Each module has a Suggested Schedule. The Suggested Schedule is designed to assist facilitators in 'picking and choosing' the elements of the module that are appropriate for your audience. You can use the Session Planning Template to put together your tailored session. Or if the suggested schedule in the module is appropriate, you can use it for your session.

Pre Session Planning Questionnaire

The Pre Session Planning Questionnaire will help you to understand your audience and to identify areas that may impact on the information you deliver and how you deliver this information.

Session Planning Decision Tree

The Session Planning Decision Tree will help you to determine which modules are relevant to the group you will be running a session for. It will also help guide you through the different planning tools that are available to help you plan a Community Recovery Information Session.

Session Planning Checklist

If one of the Suggested Schedules in the modules is not appropriate for your group you can use the Session Planning Checklist to help you determine which topic areas are most relevant for your group. The checklist will help you identify the key areas you will cover in your session. The checklist feeds into the Session Planning Template.

Session Planning Template

The Session Planning Template has been developed to assist you in adapting a module to suit the needs of your audience. After you have determined which topic areas you would like to run in your session you can input these into the Session Planning Template.

You may need to spend some time thinking about the flow of the session before finalising your Session Plan.

Logistics Planning Checklist

This checklist can be used as a guide to ensure that your session runs smoothly on the day.

IMPORTANT NOTE

It is important that you feel comfortable running the session, if you don't, think about someone you could co-facilitate with or who you could observe first before facilitating a session yourself.

pre session planning questionnaire

This template will help you to understand your audience, to identify areas that may impact on the information you deliver and how you deliver this information.

Before you start planning, ask yourself the following	Things to consider
Who is your audience?	What sort of information is relevant to this audience? What is the best way to present the information to this audience? Are they a group already?
Do they know each other?	Will they be comfortable sharing personal stories with one another? Will they need an icebreaker? Is there more than one group?
Will the information you plan to present be relevant to both groups?	If not, how will you manage this? Should you run two separate sessions instead? Can you suggest this option to the group's key representative? How many people in the group?
How might the group size impact the activities you plan to run?	Will you need more time for certain activities? Who are the group?
Will this impact on what information they are looking for?	Will this impact how receptive the group is to the information you will be presenting? What makes them a group?
Will this impact on what information they are looking for?	Do they know each other or are they a group because of their situation/job type/area they live/emergency experience etc? What is their role? How can/does this relate to recovery?

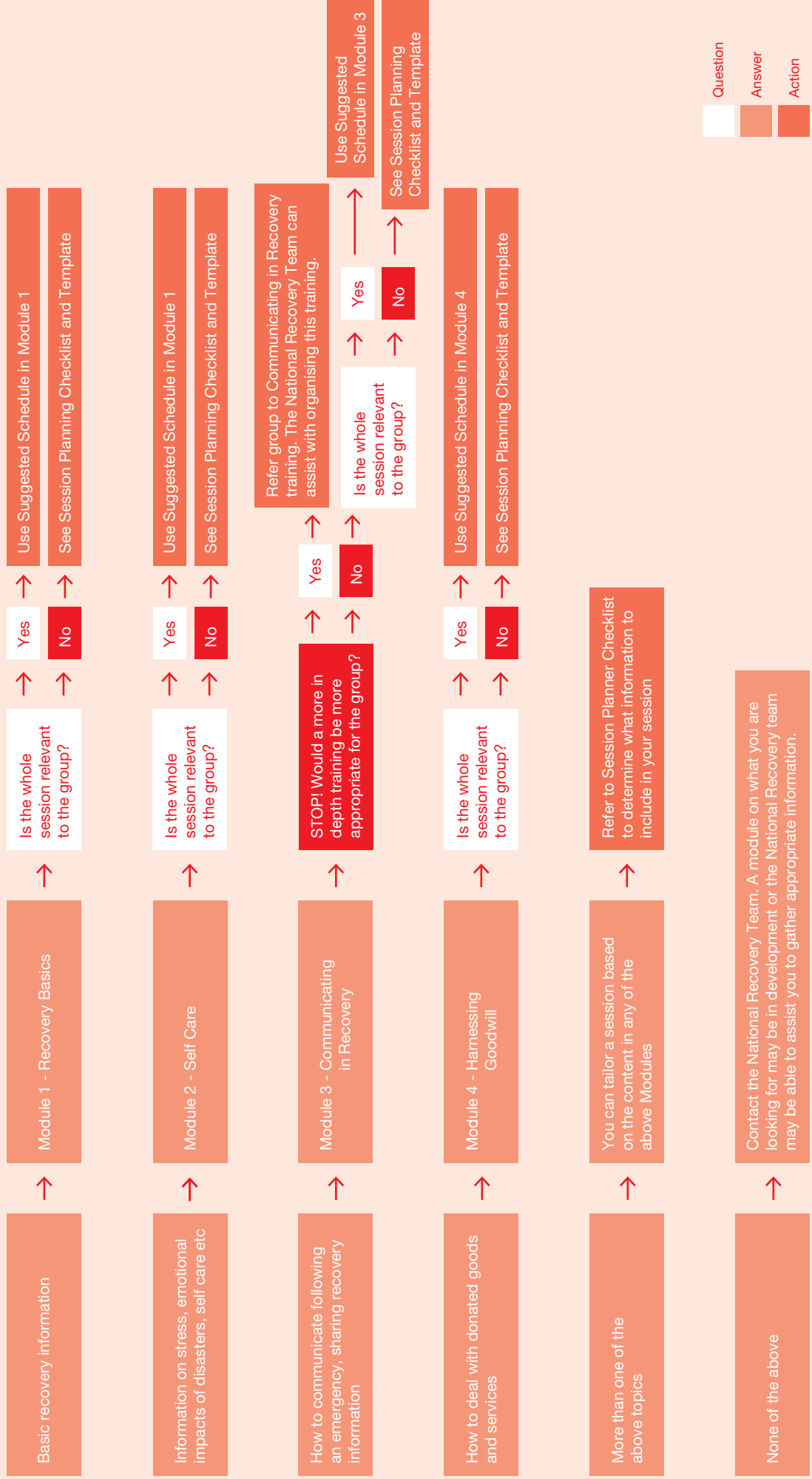|	
What might they already know about recovery?	Will this impact how receptive the group is to the information you will be presenting? How will this impact the information you deliver? Can you pre-determine the experiences of the group?
Do they have direct or indirect experiences of a disaster?	Is the group likely to have experienced a highly traumatic event? If any, what was their role following the disaster? What experience/knowledge does the group have about recovery? Do/have they worked with disaster affected people? What relationship does the group have with local government or other service providers Do they have a positive, neutral or negative of experience of Red Cross?
Do they want a structured information session or a chance to discuss?	How will this affect your sessions and your ability to run the session?
Do you feel comfortable running the session?	Have you seen a session run before? Would it be helpful to observe a session before running one yourself? Could you co-facilitate with another person?
What information is the group interested in learning more about?	Is this covered in the current modules? Is this relevant information for this group or would other Red Cross training be more appropriate or other organisation's training? Do you need to run the entire module or just a portion of a module? Will you need to tailor a session to your group?
What kind of venue will you be running the session in?	Indoors or outdoors? Will there be power? Will there be internet? Will there be tables and chairs? Will there be heating/cooling? Will there be child care? Will it be wheelchair accessible? Will there be parking/public transport? Will there be quiet spaces?

session planning decision tree

Legend:
- Question
- Answer
- Action

Is the community recovery Information Series relevant to your audience?

- No → Another Red Cross training package may be more relevant. Such as the Communicating in Recovery Training, Emergency Services Volunteer Training.
- Yes →

What information is the group interested in?

Basic recovery information → Module 1 - Recovery Basics → Is the whole session relevant to the group?
- Yes → Use Suggested Schedule in Module 1
- No → See Session Planning Checklist and Template

Information on stress, emotional impacts of disasters, self care etc → Module 2 - Self Care → Is the whole session relevant to the group?
- Yes → Use Suggested Schedule in Module 1
- No → See Session Planning Checklist and Template

How to communicate following an emergency, sharing recovery information → Module 3 - Communicating in Recovery → STOP! Would a more in depth training be more appropriate for the group?
- Yes → Refer group to Communicating in Recovery training. The National Recovery Team can assist with organising this training.
- No → Is the whole session relevant to the group?
  - Yes → Use Suggested Schedule in Module 3
  - No → See Session Planning Checklist and Template

How to deal with donated goods and services → Module 4 - Harnessing Goodwill → Is the whole session relevant to the group?
- Yes → Use Suggested Schedule in Module 4
- No → See Session Planning Checklist and Template

More than one of the above topics → You can tailor a session based on the content in any of the above Modules → Refer to Session Planner Checklist to determine what information to include in your session

None of the above → Contact the National Recovery Team. A module on what you are looking for may be in development or the National Recovery team may be able to assist you to gather appropriate information.

session planning checklist

The checklist below will help you to determine what information from the CRIS modules are relevant to your target audience. Read through the topic areas and check those that are relevant to your group or are an area that your group has expressed an interest in. For more information on these topics see the corresponding module's Suggested Schedule or Background Reading. Once you have completed the checklist you can input these areas into the Session Planner Template to create a session agenda. You may need to spend some time thinking about the flow of the session before finalising your Session Plan.

Module 1 Topic Areas	Tick if this information is relevant to your audience
☐ Where recovery fit into the emergency management cycle	
☐ Why communities need to drive their own recovery	
☐ Recovery theory and concepts	
☐ What is Red Cross' recovery focus	
☐ An overview of common psychosocial reactions to disasters	

Module 2 Topic Areas	
☐ What is stress	
☐ Emotional, physical and psychosocial reactions to stress	
☐ The effects of hormones on individual recovery	
☐ Risk factors for stress	
☐ How to minimise stress	
☐ How to help/support people close to you	

Module 3 Topic Areas	
☐ The Communicating in Recovery Guide and full training	
☐ Why information is important	
☐ What are recovery communications	
☐ Recovery communications – rules and principles	

Module 4 Topic Areas	
☐ What is goodwill	
☐ Key issues relating to goodwill in emergencies	
☐ It is ok to say yes or no to donated goods and/or services and when you might say no	
☐ Tips and tricks for harnessing goodwill	

session planning template

Module	Session	Notes	Activity	Resources	Time
		Housekeeping • OHS/Evacuation procedures (meeting points etc) • Location of toilets • Break times • Session "ground rules" – all participants have opportunity to speak, this should be respected, if personal or confidential information is shared it should go no further • The sessions may raise issues that are of concern or cause stress, this is normal.			5 minutes maximum
				Total Session Time	

logistics planning checklist

Time	Task
In the weeks prior	☐ Identify venue and caterers: • Talk to the host organisation, if applicable • Do you need to organise the venue or will the host organisation do this? • Do you need to organise the catering or will the host organisation do this? ☐ Promotion of session: • Do you need to promote the session? • Can you support (e.g. provide information about Red Cross or the Community Recovery Information Series) those promoting the session? ☐ Organise any travel and accommodation, if necessary ☐ Book car, if necessary
1 week prior	☐ Confirm Venue, if necessary ☐ Confirm catering, if necessary (50% vegetarian is a good rule, be mindful of other dietary requirements, both health and religious)
Day prior	☐ Print/gather relevant resources (e.g. Communicating in Recovery guides, relevant handouts, etc) ☐ Print signs for door/venue ☐ Print sign-in sheet ☐ Print evaluation forms ☐ Identify evacuation procedure
On the day	☐ Put up signs to direct participants to session ☐ Set up a sign-in table ☐ Set up the room appropriately (U shape, Round tables, clusters of tables, rows of seating) ☐ Record number of participants and location of session
After the session	☐ Collate evaluations ☐ Complete facilitator evaluation ☐ If necessary, complete and submit a content or activity change form

additional planning information

Adult Learning Processes

Adapted from the IFRC – Community-based Psychosocial Support Trainer's Book

Conducting a workshop

A workshop is a unique opportunity to share knowledge and skills, but success should not always be assumed. Education in community recovery in particular poses extra challenges since participants may be reminded of personal experiences that are painful or traumatic, or dealing with an overwhelming situation. This section gives recommendations about strategies that have been proven to be effective for adult learning and discusses the process of training and learning about recovery issues.

Adult Learning

Adults, when presented with new information, do not automatically assimilate and apply it to their own world. Learning is about understanding new information, linking it to current and past experiences and adapting it to one's own life or work situation.

Adults often learn best in the following circumstances:

▸ when the learning starts from their own reality, building on their experiences

▸ when the learning achieves identified goals

▸ when the learning methods are varied

▸ when the learning is relevant to their daily lives or is meaningful for the future

▸ when the learning can be put into effect immediately.

A information session should always be "learner-centred". This means that participants have an active role in the session, reflecting on issues being presented and discussing them with the other participants. The trainer's role is as a facilitator of learning, rather than as a teacher. He or she moderates discussions and contributes ideas and points of view. The trainer as a facilitator may also suggest note-taking at certain points, since this can be a good way of structuring thoughts and feelings, when working with experience-based learning.

Relating the topics to participants' lives and work situations is essential when conducting education in recovery. It moves the learning process from being pure knowledge acquisition towards the integration of new skills. Education is then less academic and more relevant for everybody. At the same time, it places high demands on the trainer's people skills.

Supporting Participants

The facilitator must "walk the talk". He or she must demonstrate good listening skills to reassure participants and to activate emotional support within the group, especially when dealing with sensitive issues as is often the case when the training is about recovery.

It is the responsibility of the trainer to ensure that:

‣ Confidentiality is maintained. Let participants know that what is said in the session stays in the session. It is recommended that ground rules are agreed. This way, participants are able to define what is important for them when they talk about sensitive issues or personal experiences during the training.

‣ Participants are encouraged to air their views and concerns and to discuss different points of view. Emphasise that everybody has the right to speak, but nobody is under any obligation. Some participants may not speak up regarding specific (sensitive) issues, but this does not mean that they are not listening or are not learning anything. Be aware of possible gender differences, or age differences.

‣ Participants who show signs of discomfort are offered reassurance, encouragement, support or advice, as appropriate.

‣ Each individual member of the group should feel valued. Through their contributions to the group discussions, participants will hopefully gain a sense of ownership of the process and this process can be further enhanced if the trainer acknowledges input provided.

Remember that when talking about individual feelings and reactions, nothing is right or wrong. The way people speak and react to each other is important. Try to guide participants so that misunderstandings are avoided or cleared up. One way to do this is to ask the group if others share the same stories, reactions or feelings.

How to deal with strong emotional reactions

Examples and case studies used during information sessions might remind participants of their own personal experiences. During activities and discussions participants may be encouraged to draw upon their own experiences, which might evoke painful memories or reactions. Alternatively, you may choose to encourage participants to discuss stories and reactions of friends and family, in order not to provoke painful memories and emotions. Do not probe participants' experiences. Let them control how much they tell and concentrate as a facilitator on signalling how stories, thoughts and feelings come to resolution.

Sudden associations with difficult experiences that have not been fully processed can provoke strong reactions, e.g. sadness, frustration, and maybe sometimes tears and anger. This may seem frightening initially. But it may provide the opportunity to demonstrate ways of responding to difficult feelings. Your discretion as a facilitator will determine whether it is appropriate to deal with such issues in the presence of the whole group. Sometimes it is better to do this individually. If you feel it is appropriate to respond within the group, and there is sufficient time, give the participant the necessary space to react and listen to what they say.

Good questions to ask might be: "What was it especially in this story, that…? What did you do when …? How did it affect you when/that…?" Another very helpful response is to acknowledge the reactions and normalise them: "Thank you for sharing such difficult reactions/memories. I'm sure we all appreciated how difficult this has been. Most people would find it extremely painful to go through such a situation."

If time is limited, you may suggest that the affected person can link up with another participant, or the facilitator can offer to spend some time during a break to follow up with the person. If necessary let the participant leave the room, but make sure someone accompanies them. Talk to all the participants about the occurrence right after it has happened. If the affected participant returns, make the situation as comfortable as possible and acknowledge that these things can be difficult at times. Ask if any of the participants would like to share any feelings related to this. Hopefully, when these kinds of occurrences arise, they will be dealt with positively. This will reassure participants that it is okay to feel touched or emotionally affected and that this can be handled safely within a group context.

IMPORTANT NOTE

It is important that you feel comfortable running the session, if you don't, think about someone you could co-facilitate with or who you could observe first before facilitating a session yourself.

Icebreakers

An icebreaker can be a useful tool to help getting the group working together. Ascertain this from the group representative. Be mindful that depending on the group dynamics, an icebreaker may also not be required or appreciated

Unique characteristics

Divide the group into pairs and give participants a few minutes to interview each other about their lives and interests. Gather the entire group and let each participant introduce their partner by name and share at least two unique characteristics about them.

Your favourite things

Divide the group into pairs and ask participants to tell each other their favourite food or name the animal they feel best describes them and why. This information is subsequently shared with the group when participants introduce their partners.

Ball toss

Form a circle with participants and toss a soft ball around the circle. Participants state their name as they catch the ball. After a few minutes, when catching the ball, ask them to call out the name of the person who tossed the ball to them. This activity can also be used throughout the course by substituting a quick information exchange for people's names. For example, the trainer may ask, "what are your favourite places to go on holiday?" The ball is tossed around the circle and participants call out an answer as they catch the ball.

Nametags

Prepare a nametag for each participant and place the nametags in a box. Each participant picks a nametag from the box. Participants locate the person whose nametag they drew and they introduce themselves. This is especially useful for larger groups of 20 or more.

Fact or fiction

Ask each person to write down four statements about themselves, one of which is not true. Each person takes turns reading their list aloud and the rest of the group writes down the one they think is not true. When all are done reading the lists aloud, the first person reads their list again and identifies the statement which is not true. The group should compare their written responses with the correct answers. This one is good for a group of people who have already met.

More icebreakers can be found at Reproline – Reproductive Health Online, an affiliate of John Hopkins University: http://www.reproline.jhu.edu/index.htm

recovery basics

recovery basics

Aim

To help explain the recovery process through the provision of information, tools and the sharing of stories from other emergency affected communities.

Introduction

This module is designed to give participants an overview of recovery concepts and what to expect on their recovery journey. It outlines recovery in a national context and provides information on the theory behind recovery practice. Recovery is best achieved when the affected community is able to exercise a high degree of self-determination[1]. Therefore, it is important to provide information such as this to people affected by disaster in order to help communities shape their own recovery journey.

This module covers:

▸ brief context of recovery

▸ National Principles for Disaster Recovery

▸ the propeller model

▸ recovery takes time

▸ impacts of disaster on recovery

▸ what is a community?

▸ common reactions to disaster

Learning Objectives

Following completing this module participants should:

▸ feel that they have a general understanding of where recovery fits into the emergency management cycle

▸ feel that they have a general understanding of why communities need to drive their own recovery

▸ feel that they have a general understanding of recovery concepts

▸ feel that they have a general understanding of where they fit within the recovery environment

▸ feel that they have a general understanding of typical or common reactions to disasters

Key Messages

The Key Messages are the most important points in the modules for participants to take away. If discussion during the session moves away from the module content, these are the points you should try to focus on rather than trying to get back to the schedule. It may be more important for the group to discuss and vent their feelings on a certain topic than it is to cover all the module content.

▸ Recovery can take a long time and be very complex.

▸ Community members are the drivers of their own recovery.

▸ Structures that support recovery should be community led.

▸ There are resources and research that can help you.

▸ Life is not going to back to the way it was.

▸ People experience a very wide range of reactions.

▸ 80% of the broader population will recover with support of family and friends, 20% may require some form from support a mental health support agency.

The following information will help you as the facilitator to guide discussion around recovery and highlight some key information that may assist people to understand the context of recovery.

suggested schedule

The order in which the workshop should run is at the discretion of the facilitator. It is suggested that the workshop follow a schedule based on the Suggested Schedule below. However, should the group have a particular area of interest or would like to spend more time on a particular area the schedule does not need to be strictly adhered to. There is a list of activities in the following section that you can choose from depending on your group.

We suggest discussing the components with a key representative of the group before running the session where possible. This will help ensure the needs and expectations of participants are met.

Topic Area 1: How recovery fits into the emergency management cycle

This topic introduces the concept of recovery and how it relates to the other elements of emergency management. The topic also provides an overview of the challenges and considerations during recovery.

Time	Basic outline (see background reading for more information)	Resources needed	Related activity

15 minutes Ideally 25-30 minutes	• Recovery is the process that people go through after they have been affected by an emergency or disaster.
	• Recovery should begin as soon as the emergency occurs.
	• Recovery is different from immediate response as it is focused on the longer-term support and recovery of individuals, households and communities[2].
	• Theoretically, disaster recovery is part of emergency management, which includes the broader components of prevention, preparedness, relief and response.
	• Things to know about recovery:
	  ▸ Recovery goes beyond providing food and shelter
	  ▸ Recovery is very complex
	  ▸ Recovery takes a long time
	  ▸ Recovery starts immediately
	  ▸ There is no clear definition of when recovery stops
	• Recovery takes time.
	• The complex nature of communities and the impacts of disasters in people, households and communities mean that communities do not 'bounce back' from disasters overnight, nor does life go 'back to normal'.
	• The National Principles for Disaster Recovery in Australia provide a guide to responding to individual and community needs in a post disaster environment
	  ▸ Understanding the context
	  ▸ Recognising complexity
	  ▸ Using community-led approaches
	  ▸ Ensuring coordination of all activities
	  ▸ Employing effective communication
	  ▸ Acknowledging and building capacity
		Figure 1 Figure 2	Discussion Question re: National Disaster Principles

Topic Area 2: Why communities need to drive their own recovery?

This topic aims to explain the importance of communities leading their own recovery.

Time	Basic outline (see background reading for more information)	Resources needed	Related activity
Minimum 5 minutes – maximum 15 minutes	**What is a community?** • Very simply, our psychosocial environment consists of individuals (men, women, youth and children), families, and common interest groups that form whole communities (see Figure 5). • It is important to remember that depending on the type of disaster, the impact may extend beyond geographic bounds. **Geographic Vs Non-geographic Communities** • Most people thinks about disaster impacts in geographic terms, meaning that the impact is directly correlated to the areas where the disaster occurred. • However, some disasters may occur in an environment where the people affected do not live, work or spend a great deal of their time. • For example, many survivors of the Port Arthur Massacre were not from Port Arthur or even from Tasmania. Rather, many were tourists from Victoria and overseas. **Communities Leading Recovery** • A participatory, 'bottom-up' approach to community recovery requires recovery agencies and government to recognise and genuinely engage with community capacity. • It should be considered beyond doubt that community capacity exists. • Communities recover quicker if their recovery is community led. • It is not a question of who can speak on behalf of the community, but rather who has the skills, patience, empathy and courage to restore to the community its own voice. – Anne Leadbeater (Renewin' Strathewen: Exploring community leadership in disaster recovery, see Further Reading).	Figure 5	Activity 3

Topic Area 3: Propeller Model and the 4 environments

This topic outlines the theoretical and conceptual basis of recovery. It aims to assist participants to understand where they fit within the recovery environment.

Time	Basic outline (see background reading for more information)	Resources needed	Related activity

Minimum 15 minutes
 	
Ideally 20 minutes
	The 'propeller' model, sometimes called the flower model, of recovery uses the four overlapping "environments" to describe the different impacts of disaster on a community and the types of services and activities that may be needed to support recovery. This approach also encourages agencies responsibility for one particular area to consider the impacts of their services and activities, and needs of communities, in the other 'environments'
	
	• The range of impacts of disasters on a community can be described using four environments:
	  ‣ people,
	  ‣ built,
	  ‣ economic and
	  ‣ natural[3].
	
	• The four environments are described separately, however, for a community to function effectively all areas must work together. The community should always be central to work undertaken in each environment[4].
	
	• It is mainly for the purpose of functional responsibilities within recovery within governments and service providers.
		Diagram of Propeller Model	Activity 2

Topic Area 4: Where Red Cross focuses?

This Topic uses Red Cross as an example to explain how the four environments of recovery are interconnected and how a service operating in one environment needs to be aware of the other environments and consider the implications of the impacts on these environments as well as the impacts on the environment in which they work.

Time	Basic outline (see background reading for more information)	Resources needed	Related activity
Minimum 5 minutes	• Red Cross has adopted the 'propeller model' as the organisation focuses on supporting individuals and communities in their psychosocial recovery. • This is where the organisation has the expertise and experience. However we understand the importance of the other environments and that needs of people in those areas need to be met to ensure that communities recover effectively. • Therefore, in the Red Cross approach, we recognise the importance of their other environments of recovery as they feed into the people environment because if peoples' needs are met in these areas, it goes a long way to reducing demands and emotional stress on people Diagram of Propeller Model.	Diagram of Red Cross Model	Activity 2

Topic Area 5: Impacts of disasters on people

This Topic provides an introduction to the psychological and social impacts of disasters on people.

Time	Basic outline (see background reading for more information)	Resources needed	Related activity
Minimum 20 minutes	• People's reactions to disasters can be very broad and may be a result of how a disaster affects a persons emotional, spiritual, financial, cultural, psychological, and social needs as part of a community. With time and support most people recover after being affected by an emergency event (i.e., resilience is the norm). • Some reactions to disaster over time: ‣ a small percentage of people will experience only personal growth ‣ a very small number of people are resistant to any effect ‣ most people will have a resilient typical reaction. This means they may experience negative effects following an emergency but with support of family and friends they will recover over time ‣ some people will have a delayed reaction to the event, for these people the negative reaction will come much later than for people in the resilient category ‣ a small number of people will not recover after the emergency, many of these people will have had pre-exisiting mental health conditions • Most people recover well on their own or with help of friends and family. • Resilience is the norm and the majority of the disaster-affected population will continue to conduct their lives without significant health problems. • Approximately 80% of the emergency affected population will not experience prolonged distress or develop significant mental health problems. • The path of recovery, however, is not smooth, and setbacks are part of a normal recovery process.	Typical reactions over time graph	Activity 3 Activity 4

[1] Australian Red Cross, Personal Support Outreach Facilitators Guide, p19.

List of Activities

Time	Outline	Activity Instructions	Resources	Relevant Topic Area
Activity 1				
15–20 minutes	This activity will help participants to 'map' their community and understand the different 'players' who are supporting their community's recovery. This may identify areas where community organisations could coordinate services, as well as help shape the collective narrative of the community.	If you have a big group, break up the group into smaller groups. Explain the different types of 'capitals' that make up communities and the types of assets associated with each capital (see background reading). • Human • Social • Physical • Natural • Financial • Political Depending on the size of your group you may like to give each group a different 'capital' or give more than one to a group. Ask the participants to write the different capital types on the top of a piece of paper. In their groups the participants should think about the different 'assets' in their community relevant to the capital they are working on. For example, an asset for financial capital in a community may be the local bank or political capital may be the local member of parliament or community organisations etc. Participants should think about: • What their community looks like in each capital • Who are the key players in their community in each capital? • What does the community have in each capital? • What was the pre/post event capacity of the community? • If you are working with people after an event: Did participants find that capacity existed within the community that they were not aware of? • Ask them to use five words to describe their community Allow the groups to come back together and on some paper or on a whiteboard 'map' their community by bringing together all the assets the groups identified.	Handout of the different 'capitals' Paper Pens/Textas	Topic Area 2

Time	Outline	Activity Instructions	Resources	Relevant Topic Area
Activity 2				
15–25 minutes	This activity aims to help participants to understand that the different recovery environments are interrelated and that each needs to be addressed to contribute to recovery. The Australian Recovery model depicts the 4 environments around the community, however while a service may focus on one area more than another, the other environments will still impact their work. This activity will help services/agencies, in particular, to understand that people may have competing priorities in their recovery (e.g. they may be focusing on the financial impact of the disaster but not addressing the psychosocial impact).	Explain the Australian Recovery Model and the four environments in recovery. Explain the Red Cross Recovery model and why it is different (i.e. Red Cross places people at the centre of our work and sees the psychosocial impact of disaster as a fundamental element for successful recovery). If the audience are agency/recovery workers or part of a group ask the participants to determine where their organisation focuses. Hand out paper and pens/textas and ask the group to draw what their recovery model might look like. It is important to know that there are no right answers to this activity. Some questions to prompt participants may include: • Where does your organisation fit? • As an agency how will you ensure community is at the centre? If your audience are community members, ask the group to map different elements of their recovery under the 4 environments. It may also be helpful to discuss which local services may assist in these areas. Some questions to prompt participants may include: • As a community member how will you make sure you are considered and kept at the centre of focus for services? • What services in your community fit into: economic, natural, built and social environments?	Poster/handout/slide of: • Red Cross Recovery Model • Australian Recovery Model Paper Pens/Textas	Topic Area 3 Topic Area 4

Time	Outline	Activity Instructions	Resources	Relevant Topic Area

Activity 3

Time	Outline	Activity Instructions	Resources	Relevant Topic Area
15 minutes	This activity will assist participants to understand the different typical reactions to stress. It will also help to depict that most people will recover with support of family and friends	• Hand out a copy, show a slide or draw the Australian Psychological Society Typical Patterns Over Time graph. • Explain each type of reaction to participants. • Ask participants to reflect on their own experiences or those of people they know.	Poster/ handout of Australian Psychological Society Typical Patterns Over Time Graph	Topic Area 5

Activity 4

Time	Outline	Activity Instructions	Resources	Relevant Topic Area
Minimum 10 minutes – maximum 30 minutes	The purpose of this activity is to highlight the effects of stress on different areas of their lives.	Break the group into pairs or smaller groups. Give one or two of the following areas to each group or one area to a pair: • emotional • physical • mental • social • behavioural • spiritual or for community members, talk in terms of emotional, physical, relationships, behavioural and spiritual Ask the group to discuss and write down what the effects of stress might look like in each area. Ask each group to report back to the broader group on what they come up with.	Paper Pens/ Textas	

Discussion Questions

Time	Outline	Activity Instructions	Resources	Relevant Topic Area
10 minutes minimum	**Principles:** Can you think about how the National Principles may be applicable in your community/of any examples of the principles in action in your community? What are some questions you may need to ask to determine if a recovery service is in line with the principles?	Refer to the Applying the Principles Factsheet in the appendix. Discussion should include points from the Factsheet.	Applying the National Principles	Topic Area 1

background reading

Topic Area 1. How recovery fits into the emergency management cycle?

Disaster recovery is part of emergency management, which includes the broader components of prevention, preparedness, relief and response. Planning for recovery is integral to emergency preparation and mitigation actions may often be initiated as part of recovery.
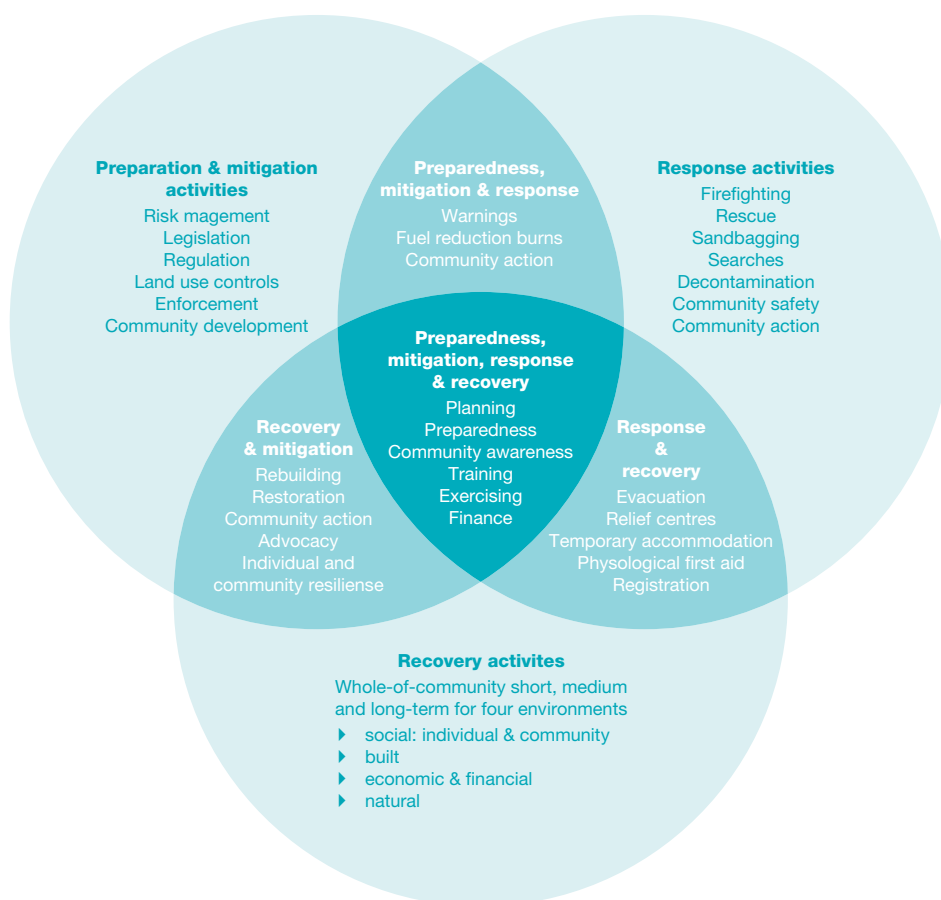
Things to know about recovery:

▸ Recovery goes beyond providing food and shelter

▸ Recovery is very complex

▸ Recovery takes a long time

▸ Recovery starts immediately

▸ There is no clear definition of when recovery stops

Recovery should begin as soon as the emergency occurs. Recovery is different from immediate response as it is focused on the longer-term support and recovery of individuals, households and communities[6].

Figure 1 outlines the different components of emergency management and where recovery fits in. it also highlights the overlap between the four different emergency management components.

Figure 1

Preparation & mitigation activities
Risk magement
Legislation
Regulation
Land use controls
Enforcement
Community development

Preparedness, mitigation & response
Warnings
Fuel reduction burns
Community action

Response activities
Firefighting
Rescue
Sandbagging
Searches
Decontamination
Community safety
Community action

Preparedness, mitigation, response & recovery
Planning
Preparedness
Community awareness
Training
Exercising
Finance

Recovery & mitigation
Rebuilding
Restoration
Community action
Advocacy
Individual and community resiliense

Response & recovery
Evacuation
Relief centres
Temporary accommodation
Physological first aid
Registration

Recovery activites
Whole-of-community short, medium and long-term for four environments
▸ social: individual & community
▸ built
▸ economic & financial
▸ natural

WARNING

This information is very theoretical and is intended as background information for the facilitator. It may be relevant for some participants but it likely that many do not need this level of contextual information.

There are many different definitions of recovery

▸Emergency Management Australia describes disaster recovery as 'the coordinated process of supporting disaster affected communities in the reconstruction of the physical infrastructure and the restoration of emotional, social, economic and physical wellbeing'[7]. Recovery can provide an opportunity to improve these aspects beyond pre event conditions, by enhancing social and natural environments, infrastructure and economies –contributing to a more resilient community[8].

▸Community Recovery begins when the community begins to act as a self organising system in which a myriad of interactions yield a shared sense of community. Recovery is relative; there is no fixed point at which recovery can be said to have taken place. Recovery has happened when the community repairs or develops social, political and economic processes, institutions, and relationships that enable it to function in the new context within which if finds itself[9]. This process takes time; the length of time differs for every community.

▸Anne Leadbeater - Recovery is a subjective, complex, contested, and, at times, transitory condition and that the role and value of legitimate (in the eyes of those affected), self-determined, community leadership is not widely understood[10].

Recovery is not a new concept. This is not the first time people have had to go through the aftermath of disaster. It is normal for people experiencing recovery for the first time to feel as though it is unchartered territory – for them, it probably is.

There are people and organisations willing to help and support affected communities through their recovery. Here are existing structures and systems in place to support and foster recovery so communities don't need to start from scratch. However, all events are different and the policies, structures and systems of recovery are constantly evolving and learning from past events. So if something doesn't work for a particular community it doesn't have to be done the established way.

> Recovery is relative; there is no fixed point at which recovery can be said to have taken place.

Recovery takes time

The complex nature of communities and the impacts of disasters on people, households and communities mean that communities do not 'bounce back' from disasters quickly, nor does life go 'back to normal'.
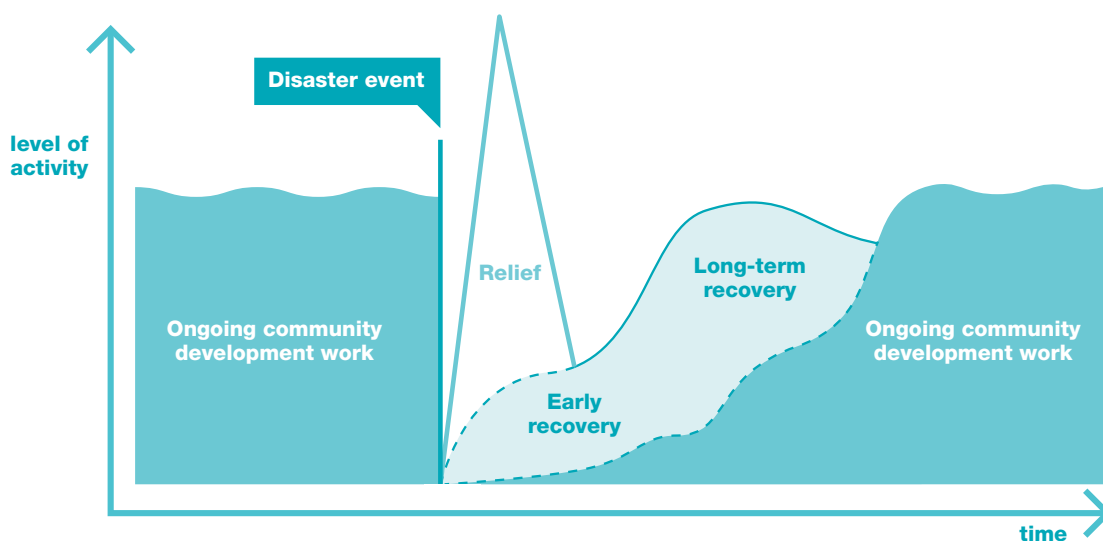
Figure 2

Figure 2 depicts how a disaster can entirely disrupt a community's developmental process and the time it takes for a community to return to earlier community priorities[11]. The diagram also shows the relationships between pre-existing community development work, relief, early recovery, long term recovery and ongoing development work[12]. The process of getting a community to a point where they can once again focus on ongoing community development that goes beyond work that is related to recovery, takes time.

Communities are complex entities and disasters have an impact on all aspects of a community. A community's resilience after a disaster will affect the length of the recovery process. The following lists the variety of assets in a community which are affected by disasters:

▸ **human capital:** labour power, health, social wellbeing, nutritional status, education, skills and knowledge

▸ **social capital:** those stocks of social trust, interconnectedness, norms, and social and economic networks that people can draw upon to solve common problems and support community functioning—social capital is mediated through networks and group membership (formal and informal)

▸ **physical capital:** houses, vehicles, equipment, infrastructure, information technology, communications, livestock, assets, etc

▸ **natural capital:** access to land, water, wildlife, flora, forest

▸ **financial capital:** savings, tradeable commodities, access to regular income, insurance, net access to credit

▸ **political capital:** individual/group/community ability to influence policy and the processes of government—political capital is underpinned by the mutual communication between government and citizens, which allows citizens to participate in the formulation of policy and the provision of government services[13].

The list provides an example of the breadth of a disaster's impact on communities. All these assets take time to recover, some longer than others. In addition, the scale, severity, predictability, speed of onset, duration and damage caused by a disaster will affect the length of the recovery process.

The following sections outline two of the conceptual bases for recovery:

▸ The National Principles for Disaster Recovery

▸ The 'Propeller Model'

As a general rule, unpredictability, rapid onset, long duration and severe damage are likely to be associated with greater adjustment difficulties for individuals and communities[14]

National Principles for Disaster Recovery

The National Principles for Disaster Recovery in Australia provide a guide to responding to individual and community needs in a post disaster environment[15].

The principles were developed at a national (federal) level with contribution from the state and territory governments and are used to guide recovery policy and work for all states and territories. The principles were endorsed in 2009 by the Community Services Minister's Advisory Council[16].

For people working in recovery the principles can be used as a test to determine if decisions, programs, or policies are appropriate for a particular community's recovery. E.g. Do you understand the context? Has this program design been initiated by the community or has it been identified by the community?

The principles are a series of six key concepts, each with key considerations. They represent a range of aspects that are considered central to successful recovery.

Successful recovery relies on:

‣ Understanding the context

‣ Recognising complexity

‣ Using community-led approaches

‣ Ensuring coordination of all activities

‣ Employing effective communication

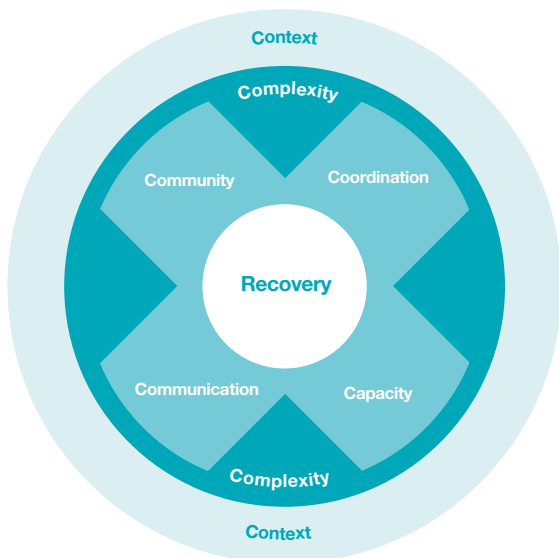‣ Acknowledging and building capacity[17].

Figure 3

Figure 3 shows the relationship between the six principles. Although all are equal in ensuring effective recovery, an understanding of complexity and context is a foundation factor of recovery[18].

Recovery systems involve a variety of organisations and individuals across government, non-government and the community. The principles are intended to be adopted and used at national, state and territory and local levels.

The principles are guidelines of good practice and should underpin planning and operations within local emergency management frameworks[19]. While the principles themselves will mean little to community member, many of whom will be very action and task oriented, for some that take on leadership roles, these may guide discussions with government agencies about the agencies approach to recovery management. For example, if there appears to be little appetite for community involvement indecision-making relating to recovery, community leaders can ask recovery managers how their practice reflects the National Recovery Principles.

Topic Area 2. Why communities need to drive their own recovery

What is a community?

Human beings do not function separately but within an array of social relationships with interdependence. Equally, each individual's unique strengths and weakness, or risk and protective factors, will influence their recovery process[20].

Our psychosocial environment is defined by relationships and connected by networks of communication[21]. Very simply, our psychosocial environment consists of individuals (men, women, youth and children), families, and common interest groups that form whole communities (see Figure 5). It is important to remember that depending on the type of disaster, the impact may extend beyond geographic bounds.

Geographic and Non-geographic Communities

Most people think about disaster impacts in geographic terms, meaning that the impact is directly correlated to the areas where the disaster occurred. However, some disasters may occur in an environment where the people affected do not live, work or spend a great deal of their time. For example, many survivors of the Port Arthur Massacre were not from Port Arthur or even from Tasmania. Rather, many were tourists from Victoria and overseas. This means that recovery efforts extend beyond the geographic location of the event in order to provide appropriate support for survivors.

Other examples of non-geographic communities of people affected by disasters include:

▶ Australians and international tourists who are survivors or families of victims of the 2002 Bali Bombings

▶ Survivors and families of victims of the 1987 Hoddle St shootings

▶ People who may have lost family and/or friends in emergencies that affected specific geographic location but did not live in the area.

Figure 4

Communities Leading Recovery

Historically, the responsibility for community recovery would have rested, almost entirely, with the community itself and would have been achieved through the ministrations of churches, welfare and aid groups, philanthropic organisations and individuals. Recovery as a responsibility of government is a more contemporary phenomenon, and in Australia, now forms part of the emergency management spectrum of Prevention, Preparedness, Response and Recovery' or PPRR (AGD, 2011)[22]. The role of community leaders was not considered to be about making decisions on behalf of the community, but rather, advocating for the opportunity for communities to decide for themselves[23].

Anne Leadbeater writes of Strathewen, Victoria following the 2009 bushfires that:

Even in light of the enormous shock and grief experienced by the community, and despite the appalling consequences of the fires, respondents spoke of the capacity of community members to actively participate in Strathewen's recovery. As one respondent stated, "you can be a 'victim' of the event and still be a functioning contributor at the same time". Respondents observed the ability, their own and that of others, to "dig down" and tap into the existing skills and experience to accomplish what was needed. Others spoke of having discovered new skills and abilities in the aftermath of the fires, such as "public speaking" and "community advocacy" that had served to enhance their personal capacity. There was a strong view that being "in control of" and able to actively contribute to community recovery was empowering and therapeutic[24].

This is very likely a universal sentiment as this observation by a survivor of the 1983 Ash Wednesday fires serves to illustrate:

...no-one can take away our right to make our own decisions or to interfere with those we have made...we don't need everything done for us, as we are neither useless nor helpless. We want to help ourselves and play a part in helping the community. All we need is a bit of a hand to kick us off and some support along the way...A chance to tell you our problems before you come up with your solutions (Letter as quoted in Kenworthy, 2007, p.59)[25]

Communities that shape their collective narrative, that is the way that they describe themselves, also make sense of what has happened to them, identify what their capability and capacity is, and decide upon a course of action[26].

A participatory, 'bottom-up' approach to community recovery requires recovery agencies and government to recognise and genuinely engage with community capacity. Respondents felt that an environment in which community members can actively participate, and that reflects the learnings from this and other disaster experiences, needs to be established from the outset:
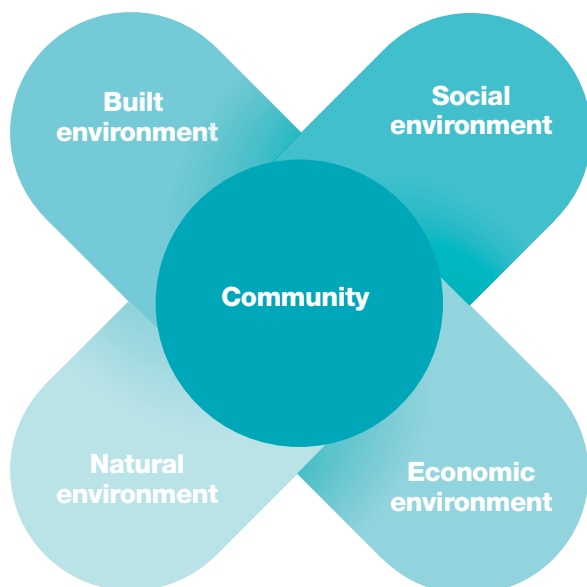
It should be considered beyond doubt that community capacity exists[27].

'It is not a question of who can speak on behalf of the community, but rather who has the skills, patience, empathy and courage to restore to the community its own voice'

Anne Leadbeater[28]

Topic Area 3. The 'Propeller' model – the 4 environments of recovery

Figure 5

The range of impacts of disasters on a community can be described using four environments:

▸ Social (or psychosocial),

▸ built,

▸ economic,

▸ natural[29].

These four environments are depicted around the community in recovery like the leaves of a flower or blades of a propeller.

The 'propeller' model, sometimes called the flower model, of recovery (see Figure 4) uses the four environments to describe the different impacts of disaster on a community and the types of services need to support recovery. It is mainly for the purpose of functional responsibilities within recovery for governments and service providers.

Some states and local governments use these key areas to break down their recovery committee structures. However, in reality these environments are integrated[30]. When working in recovery in a particular environment, the work undertaken should be coordinated with all other environments and the impacts on or of another environment should be considered.

The four environments are described separately, however, for a community to function effectively all areas must work together. The community should always be central to work undertaken in each environment[31].

All Red Cross Emergency Recovery activities rest on the assumption that these four environments of an emergency are interrelated.

Psychosocial literally refers to the psychological and social aspects of our lives. The psychosocial impacts of disasters can be direct and indirect and both can have an effect on those affected.

Impacts of disaster on the natural, economic and built environments

(see Topic Area 5 for impacts on people/social environment)

Some impacts of disasters on the natural, economic and built environments are described below.

built

The effects of a disaster on the built environment will depend on the disaster type, scale, magnitude, duration and location of impact.

Within the built environment, impacts may include:

‣ loss of essential services, power, water, food, fuel, sewerage, gas, communications, internet

‣ loss of community infrastructure; for example, public buildings, schools, hospitals, iconic buildings

‣ loss/damage/disruption of transport services (for example, roads, air, marine and rail transport infrastructure, facilities and assets), which has a flow-on effect on the movement of people and goods, and on transport and traffic management on transport networks (for example, road and rail closures, detours, vehicle permits and regulatory services, passenger transport, road traffic management systems, logistics systems)

‣ loss of property (residential, rural, industrial, public)[32].

These impacts will clearly be tangible, but will also have an intangible effect, eg the meaning of an iconic building, the loss of the only bank in town.

natural

The effects of disaster on the natural environment that impact on the community may be a result of the disaster or they may be a secondary impact or flow on from the disaster response or recovery process. Examples include wildlife, air quality, water quality, land degradation and contamination, bio-security, sense of place issues and impacts on the natural environment (including public lands and national parks)[33].

economic

The effects of disaster on the economic environment can be direct or indirect impacts. Some impacts are tangible and can normally have a dollar value easily assigned. Some economic impacts are intangible. Impacts on the economic environment may include:

‣ loss of livelihoods

‣ reduction in cash flow for some small businesses, and injection of funds into others

‣ loss of tourism activities

‣ loss of employment opportunities for some people, and creation of employment opportunities for others

‣ the impact of donated goods and services on local economies[34].

Topic Area 4. Where Red Cross focuses in recovery

As a humanitarian organisation, Red Cross places people at the centre of all our work. Red Cross sees the social/psychosocial impacts of emergencies as the fundamental element of recovery, as without people; there is no community to recover. Therefore, Red Cross' Recovery model depicts the other three environments (economic, built and natural) as feeding into the people environment as well as into one another.

Figure 6
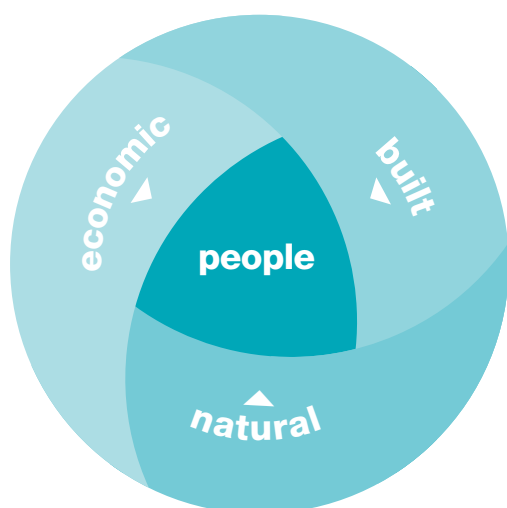
Within the people or psycho-social environment, the complexity of the impacts of emergencies is highlighted by the following:

▸The individual or their family members or friends may die, or be seriously injured

▸Homes may be lost, and the impact of that, from the basic functions of shelter through to the financial considerations of replacement, and grief for the loss of home[35]

▸Loss of the ability to earn an income through impact on businesses or employment, the inability to work due to time required to undertake recovery activities, or individual health may be affected and as a result they are unable to work

▸Health is affected through physical complaints, tiredness and exhaustion from the long term nature of recovery, and/or the mental health consequences of experiencing severe stress or trauma

▸Loss of material possession,

▸Pets and animals that have died

▸Preexisting conditions of people, their households, and the community

▸Damage occurring to street, neighbourhood and community networks

▸Damage to, and potential loss of landscapes

▸Damage to, and potential loss of, faith in institutions that serve to protect us[36].

Topic Area 5. Impacts of disasters on people (psychosocial environment)

It is important to understand the consequences of a disaster upon the psychosocial infrastructure. Effective psychosocial recovery is the foundation for enabling the progression of recovery in all aspects of the community (including the economic, natural and built environments)[37].

Positive consequences can be enhanced and negative consequences avoided, or at least alleviated by an effective recovery effort and the sound coordination of response and recovery[38].

Impacts on the psychosocial environment usually result in losses and/or disruptions to peoples' lives, both individually and on broader social connections and social infrastructure.

Some impacts on our psychosocial environment may include the disappearance of much of what was once considered routine. From simple, everyday things such as where you keep your shoes and socks, to the loss of the familiar communication networks, such as walking down the street and talking to people. These impacts are often intangible.

Social structures such as faith groups, educational facilities, networks and relationships, childcare, service groups, sport clubs, Rotary and Lions groups, non-government organisations, neighbourhood centres and health facilities can all be disrupted[39]. The effects on social structures may exacerbate the impact on the psychosocial environment, as people's usual social support structure may no longer function. This is why promoting social and community connectedness (through community events, etc) after a disaster is so important.

People who are involved in an emergency can have a range of emotional, cognitive (thinking), physical (health) and behavioural reactions to the events. Psychosocial reactions to disasters can be very broad and may be a result of how a disaster affects a persons emotional, spiritual, financial, cultural, psychological, and social needs as part of a community.

Risk factors for stress

There are a number of factors that have been identified that appear to promote and complicate natural recovery from disasters, both in terms of reducing distress as well as assisting in coping (summarised in Ronan and Johnston, 2005; Norris et al., 2002)[40].

There are three key risk factors for people who might not bounce back so well after a disaster:

▶ What someone takes to a disaster

▶ The experience of the disaster itself

▶ What happened after the disaster.

Examples of these risk factors are below.

▸ **what people take to an emergency/disaster**	▸ **experience of the disaster itself**	▸ **what happens after the emergency/disaster**
more than one mental health issue	lost family/friends in the disaster	being displaced from your community
history of developing mental health problems as a result of past traumatic events	have been seriously injured	having unstable housing
additional stressors in the person's life	suffered extensive losses	lacking access to support services and employment
weak social resources	witnessed horrific scenes, particularly involving children	poor social support after the event
being a member of a marginalised group	thought they were going to die	separation of family
prior mental health issues		lack of transport

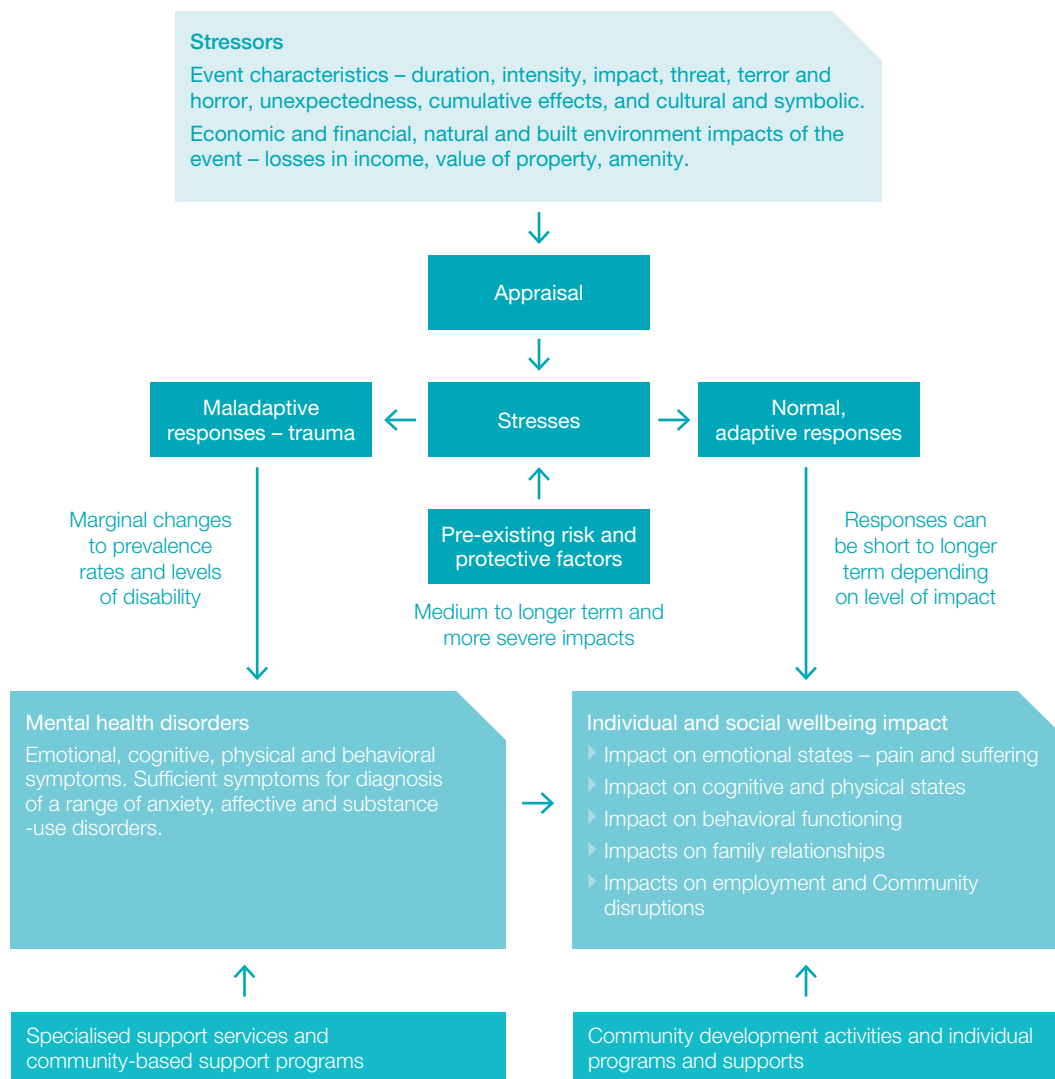**Normal reactions to an abnormal event**

Figure 7

Figure 7 depicts normal adaptive and maladaptive responses, or trauma responses, to disaster.

People have varying needs in order for their recovery to be facilitated following an emergency or disaster. Most people will have some form of distressing reaction following an emergency/disaster. It is likely that, for the majority of people, these reactions will settle in the days or weeks that follow. Sometimes it is called having a 'normal' reaction to 'abnormal' events.

It is important to help survivors recognise how normal their reactions are and that most people recover fully from even intense stress reactions[41]. However, there are no rules for how long an individual or community will take to recover, and people will move through the recovery process at different paces[42]. Support should always be sought when concerned about oneself or other people.

Most people recover well on their own or with help of friends and family. Resilience is the norm and the majority of the disaster-affected population will continue to conduct their lives without significant health problems. Approximately 80% of the broader population will not experience prolonged distress or develop significant mental health problems. The path of recovery, however, is not smooth, and setbacks are part of normal recovery[43].

Figure 8: Typical Patterns Over Time
Source: Australian Centre for Post Traumatic Mental Health (ACPMH)*
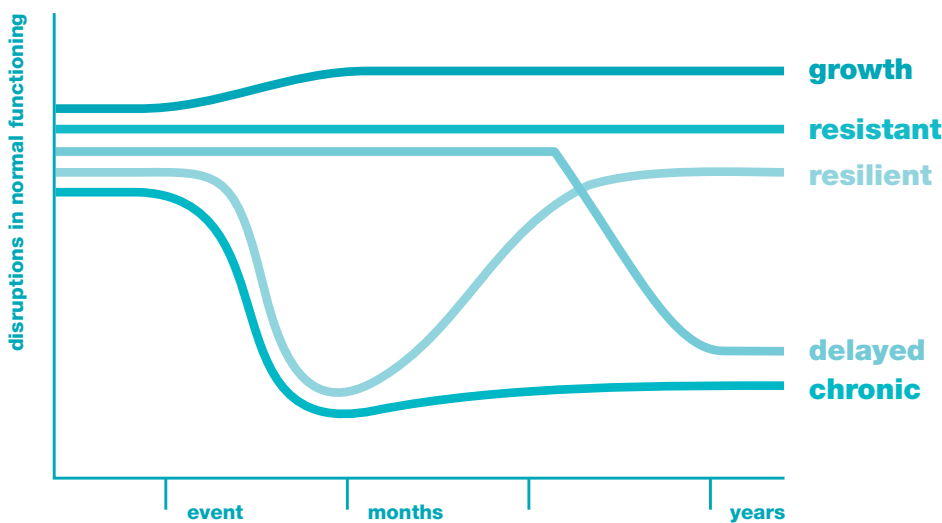
Resilience is the ability to cope successfully in the face of adversity or risk. It is also about the ability to bounce back after setbacks.

Figure 8, prepared by the Australian Psychological Society, shows that:

▶ A small percentage of people will experience only personal growth

▶ A very small number of people are people are resistant to any effect

▶ Most people will have a resilient prototypical reaction. This means they may experience negative effects following an emergency but with support of family and friends they will recover over time

▶ Some people will have a delayed reaction to the event for these people the negative reaction will come much later than for people in the resilient category,

▶ A small number of people will not recover after the emergency, many of these people will have had pre-existing mental health conditions[44].
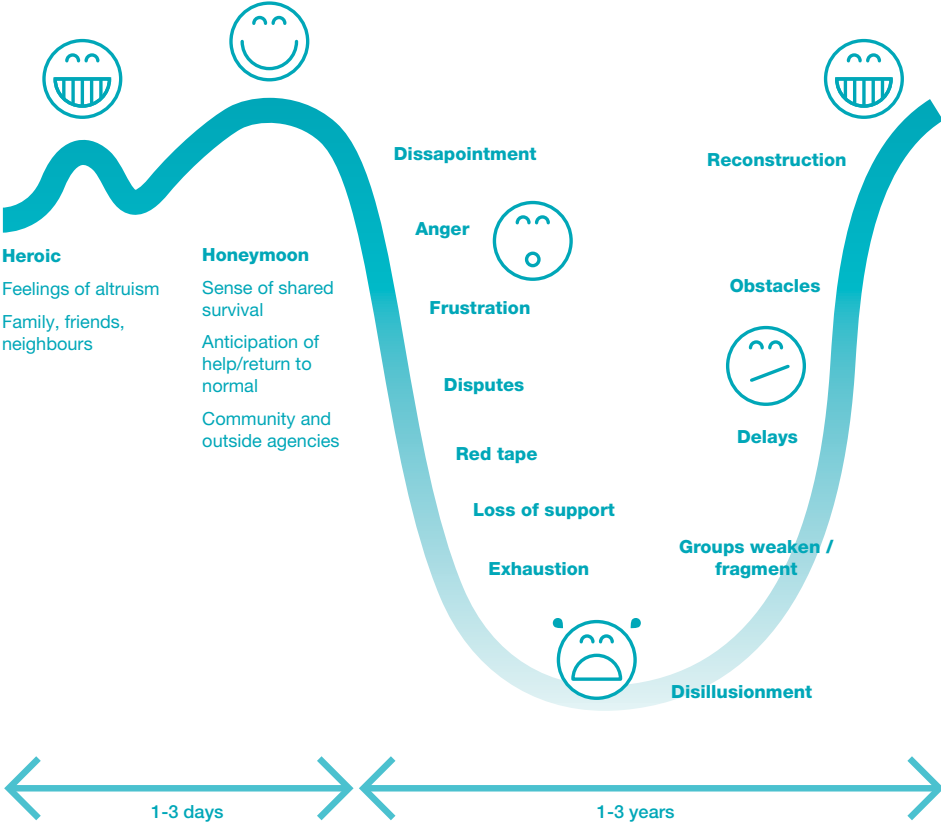
Personal growth (also known as post-traumatic growth)

Post-traumatic growth:

▶ Enhanced relationships with others

▶ Enhanced sense of self

▶ Enhanced philosophy of life[45]

Figure 9 shows some of the common reactions, experiences and emotions that may be experienced by individuals and communities following disasters before they feel they are able to 'get back on their feet'.

Figure 9

Heroic

Feelings of altruism

Family, friends, neighbours

Honeymoon

Sense of shared survival

Anticipation of help/return to normal

Community and outside agencies

Dissapointment

Anger

Frustration

Disputes

Red tape

Loss of support

Exhaustion

Disillusionment

Reconstruction

Obstacles

Delays

Groups weaken / fragment

1-3 days

1-3 years

It is important to note that individual responses will vary and that the cycle is not necessarily a single or linear one, but may alter, extend, diminish or re-occur at different times throughout the recovery process. Friends, family and local recovery support services can all assist in reducing the frustrations and amount of time people spend in the 'trough of disillusionment', or limit the depth of the trough.

If disaster-affected people understand the types of experiences and emotions they may experience throughout their recovery process, they can establish a stronger understanding that what they are experiencing is not unusual but is a fairly typical response to a post-disaster situation. Understanding this may also help people to more strongly understand the transient nature of these experiences, and that they will get through and recover from a disaster.

After an emergency, more than 80% of the broader population conduct their lives without experiencing prolonged distress or developing significant mental health problems (Van Ommeren 2006). Table 1 breaks down the effects on remaining the 20% who experience some mental health affect. The table highlights that most people whom experience on ongoing affect post event were likely to have had pre-existing psychosocial issues.

Table 1

Psychosocial problem	Before emergency — 12 month prevalence	After emergency — 12 month prevalence
Severe mental disorder (such as psychosis, severe depression, severe disabling anxiety disorder)	2-3%	3-4%
Mild or moderate mental disorder (such as mild and moderate depression or anxiety	10%	20% (reduces to 15% with natural recovery)
Moderate or severe psychological/social distress (no formal disorder but severe distress)	No estimate	Large percentage (reduces due to natural recovery)
Mild psychological/social distress	No estimate	Small percentage (increases over time)

Source: DHS 2009, p5 (adapted from Ommeren 2006)

module one appendix

further reading

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self care

self care

Aim

Emergency affected individuals are able to identify and act on the potentially negative psychosocial effects an emergency might have on them.

Introduction

The module introduces participants to the concept of self care and how to employ self care techniques.

This module covers:

▸ What is stress

▸ Stress reactions

▸ Effects of hormones

▸ Risk factors for stress

▸ How to minimise stress

▸ How to help people close to you

Learning Objectives

Following completing this module participants should:

▸ feel that they have a greater understanding of stress

▸ feel that they have a greater understanding of how people respond to stress

▸ feel that they have a greater understanding of the effects of the hormones adrenalin and cortisol on stress

▸ feel that they are confident in identifying risk factors for stress

▸ feel confident that they could identify and employ techniques to manage and minimise stress

▸ feel that they could help others manage stress.

Key Messages

The Key Messages are the most important points in the modules for participants to take away. If discussion during the session moves away from the module content, these are the points you should try to focus on rather than trying to get back to the schedule. It may be more important for the group to discuss a certain topic than it is to cover all the module content.

▶ 80% of the emergency affected population will recover with support of family and friends

▶ Stress is natural. It is the body's way of creating the extra energy to work outside a person's comfort zone. The longer a person is under stress the more tension is stored in the mind and body

▶ Psychosocial wellbeing is important

▶ Recovering from an emergency is a marathon, not a sprint

▶ It is important for people to look after their wellbeing the whole way through their recovery – not leave it until the end.

▶ Relationships might become strained; people need to try to be patient and kind to each other

▶ Look after yourself.

The following information will help you as the facilitator to guide discussion around the impacts of disasters on people and how they may be able to manage these.

suggested schedule

The order in which the workshop should run is at the discretion of the facilitator. It is suggested that the workshop follow a schedule based on the Suggested Schedule below. However, should the group have a particular area of interest or would like to spend more time on a particular area the schedule does not need to be strictly adhered to. There is a list of activities in the following section that you can choose from depending on your group.

We suggest discussing the components with a key representative of the group before running the session where possible. This will help ensure the needs and expectations of participants are met.

Topic Area 1: What is Stress?

This Topic Area aims to provide participants with an overview of stress.

Time	Basic outline (see background reading for more information)	Resources needed	Related activity
Minimum 10 minutes	• Stress is the body's natural way of getting energy to work outside the normal comfort zone[1]. For example: ‣ working longer hours than usual ‣ getting less sleep than usual. • A stressor is any change, be it positive or negative, which triggers a stress response. Stressors may be external or internal. External stressors are: • conflicts, • changes of jobs, • poor health, • loss, • lack of food, • noise, • uncomfortable temperatures, • lack of personal space/privacy etc. Internal stressors include thoughts, feelings, reactions, pain, hunger, thirst etc[2]. • The same effects can occur if the stressful situation is not dramatic but consists of a series of smaller problems that go on for a long time and never let up. • This is cumulative stress. • If it is not possible to relax between demands, or there is not enough time to unwind between the problems, the stress builds up. It is not the actual difficulty of the task that causes chronic stress; it may be the sheer quantity or continuity of work. • People get into a survival state to cope with the problems. They arouse a lot of nervous energy to deal with the situation and use up emotional reserves to cope with worries and feelings without realising it[3].	Stress Handout	Discussion Question: Stress Triggers

Topic Area 2: Stress Reactions

This Topic Aims to familiarise participants with the different reactions people have to stress and the range of impacts stress has on a person's body and mind.

Time	Basic outline (see background reading for more information)	Resources needed	Related activity

Minimum 25 minutes	• Reactions to stress can be classified into 6 areas:
	  ‣ Physical (examples include dizziness, sweating, palpitations, nausea, disturbed sleep, loss of appetite, etc)
	  ‣ Behavioural (examples include restlessness, apathy, changed behavioural patterns or habits, etc)
	  ‣ Mental (examples include poor memory and concentration, confusion, etc)
	  ‣ Emotional (examples include excitement, depression, easily hurt or upset, unable to relax, detachment, insecurity, etc)
	  ‣ Social (examples include distrust, changed relationship with loved ones, etc)
	  ‣ Existential /spiritual (examples include disillusionment, loss of interest, cynicism, moody, etc).
	• Most people show great resilience in the aftermath of a disaster.
	• Approximately 80% of the emergency affected population will not experience prolonged distress or develop significant health problems as a result of their experience during and after an emergency.
	• The path of recovery, however, is not smooth, and setbacks are part of normal recovery.
	• It is not uncommon, at times, for people to feel stressed, distressed, tired, overwhelmed, troubled, or frustrated in the course of their recovery.
	• To assist people with their recovery, it may be helpful for them to understand the concept of psychosocial wellbeing, what stress is and how they can minimise the impacts of stressors on their psychosocial wellbeing.
	• These are all normal responses and the first step in managing this stress or distress is careful attention to self-care.
		The facilitator may find the Reactions to Stress handout helpful here.
		
		Recovery Phases Graph
			Activity 1
			Activity 3
			Activity 6

Topic Area 3: Effects of adrenalin and cortisol

This Topic Area explains the involvement of adrenalin and cortisol in how stress manifests and the different impacts they have on a person's physical, mental, and emotional processes.

Time	Basic outline (see background reading for more information)	Resources needed	Related activity

Minimum 10 minutes	• There are 2 naturally occurring hormones in our bodies associated with stress: adrenalin and cortisol.
	• In the normal state that we operate in on a day to day basis when unaffected by an emergency, we adjust life to maintain ourselves in the "comfort zone". This is the optimal state for our mind and body.
	• However, when affected by an emergency or a traumatic event the experience of threat pushes people outside their comfort zone.
	  ‣ Adrenalin stress – liberates unknown energy reserves
	  ‣ The adrenalin state is high energy, short term, physical and unsustainable[4].
	• Following the Adrenalin/Emergency Mode is the Cortisol/Endurance Mode. Cortisol helps people:
	  ‣ Endure the adversity, keep going as long as required
	  ‣ Exploit unimportant functions to support necessary
	  ‣ Reorganised for necessary issues, endure for duration
	  ‣ Thinking narrow problem solving, memory reduced.
	
	Adrenalin & Cortisol States
	• People in recovery may alternate between Adrenalin and Cortisol states.
	• Overactive adrenalin leads to cortisol rebounds (anxiety into depression; activity into exhaustion).
	• Cortisol leads to difficulty prioritising and if there is a recurring threat and people move back into the adrenalin state
	• Loss of routines and unstable lifestyle reactivate adrenalin.
	• Degraded social life and relationships lead to conflict, stresses and tension.
	
	Getting out of the adrenalin & cortisol states:
	• Connect with something larger than yourself
	• Social connections
	• Calming yourself down
	• Self care
		Adrenalin & Cortisol Table	

Topic Area 4: Risk factors for stress

This Topic Area introduces participants to the range of risk factors that contribute to people experience of stress following an emergency.

Time	Basic outline (see background reading for more information)	Resources needed	Related activity
Minimum 10 minutes	There are three key risk factors for people who might not bounce back so well after a disaster: • What someone takes to a disaster • The experience of the disaster itself • What happened after the disaster **1. What people take to an emergency/disaster** • More than one mental health issue • History of developing mental health problems as a result of past traumatic events • Additional stressors in the person's life • Weak social resources • Being a member of a marginalised group • Prior mental health issues **2. Experience of the disaster itself** • Lost family/friends in the disaster • Have been seriously injured • Suffered extensive losses • Witnessed horrific scenes, particularly involving children • Thought they were going to die **3. What happens after the emergency/disaster** • Being displaced from your community • Having unstable housing • Lacking access to support services and employment, or poor service provision • Poor social support after the event • Separation of family • Lack of transport		Activity 5 Discussion Question: Stress Risks

Topic Area 5: How to minimise stress

This Topic Area suggests some practical ways to manage stress.

Time	Basic outline (see background reading for more information)	Resources needed	Related activity
Minimum 25 minutes	• Stress does not resolve spontaneously. • Even with rest, it tends to perpetuate itself unless deliberate steps are taken to break the sequence of reactions that maintain it[5]. • There are plenty of things that anyone can do which will help to break the stress cycle and reduce tension. • It is a matter of thinking about the actual effects and symptoms and deciding to persistently carry out those activities that have been found to relieve them in the past[6]. Looking after yourself is very important. This can be enhanced by social support, self awareness, self-care and connection to something larger than self.		Activity 2 Activity 4 Activity 5 Activity 6

Topic Area 6: How to help people close to you

This Topic Area includes some practical examples of how to support other people experiencing stress.

Time	Basic outline (see background reading for more information)	Resources needed	Related activity
10 minutes	There are many ways you can help: • Listen and show that you care. • You can encourage your family member to share their thoughts and feelings about what is happening to them • Remember that providing support doesn't have to be complicated • Some people find it helpful to have time to themselves after a traumatic experience. If this is the case for the person, try to give him/her some space and time alone when requested. Encourage a balance between time spent alone and time spent with others • Encourage your family member to seek help and stay focused on the recovery process • Look after yourself[7].		Activity 2 Activity 4 Activity 5 Activity 6

List of Activities

Time	Outline	Activity Instructions	Resources	Relevant Topic Area
Activity 1				
Minimum 10 minutes -maximum 30 minutes	The purpose of this activity is to highlight the affects of stress on different areas of their lives.	Break the group into pairs or smaller groups. Give one or two of the following areas to each group or one area to a pair: • emotional • physical • mental • social • behavioural • spiritual Ask the group to discuss and write down what the effects of stress might look like in each area. Ask each group to report back to the broader group on what they come up with. Hand out the Stress factsheet after the group has reported back on what they came up with. If necessary, discuss any that were not mentioned.	Stress factsheet Paper Pen/Textas	Topic Area 1
Activity 2				
Maximum 5 minutes	This is an easy relaxation exercise that people can do at home or at work or whenever they feel they need it. It is very quick and easy. It will give participants an example of something they can do easily to reduce stress.	Dim the lights if possible/appropriate. Ask participants to take pulse and close eyes. Facilitator to count. Breathe in for four counts Breathe out for four counts Repeat this FOUR times. Breathe in for six counts Breathe out for six counts Repeat this FOUR times. Breathe in for 12 counts Breathe out for 12 counts Repeat this FOUR times. Take pulse. Time the full activity. It only takes 2 minutes.	Watch	Topic Area 5

Time	Outline	Activity Instructions	Resources	Relevant Topic Area

Activity 3

Time	Outline	Activity Instructions	Resources	Relevant Topic Area
Minimum 15 minutes	This activity gives people an opportunity to spend some time identifying stress triggers in their lives. It is also an opportunity for the group to share ideas on reducing stress. The postcard section of the activity asks the group members to write down one thing they will try to do to manage stress. Each participant writes the stress management technique they will do on the postcode. The facilitator will mail the postcard back to each participant in the weeks following the session so each participant is reminded of the stress management technique they will try to employ.	Allow the group 10 minutes question reflection on: • How stress is affecting you? • What you could do to manage stress proactively? Ask the group to write down one thing they will try to do to manage their stress on a postcard. Tell the group that you will mail their postcard to them sometime in the weeks following the session. Hand out postcards. Give participants some time (approximately 5 minutes) to complete their postcard prior to collecting them. Remember to put the postcards in the mail!	Pens/Textas Postcards	Topic Area 2

Activity 4

Time	Outline	Activity Instructions	Resources	Relevant Topic Area
Minimum 10 minutes Maximum 30 minutes	This activity asks people to share the ways they manage their stress. Participants may learn new ways to mange their stress from one another.	Go around the room: what is 1 thing that helped you manage stress (share ideas).		Topic Area 5

module two

Time	Outline	Activity Instructions	Resources	Relevant Topic Area

Activity 5

Time	Outline	Activity Instructions	Resources	Relevant Topic Area
Allow: 5 minutes reflection 10 minutes discussion Minimum 15 minutes total	This activity brings attention to any self care activities participants may have practiced prior to the emergency. They may not have realised how important that activity was in managing their stress. This activity will also help participants to think of ways in which they may be able to replace that behaviour in order to mange future stress.	Discussion Questions: How did you manage stress before the fire/flood/cyclone/etc? Has the emergency impacted your ability to continue to do that? Does it still work? What do/could you do to instead?	Flip chart Whiteboard Whiteboard markers Textas	Topic Area 5

Activity 6

Time	Outline	Activity Instructions	Resources	Relevant Topic Area
15 minutes	This activity asks people to share the ways they manage their stress. Participants may learn new ways to mange their stress from one another.	Break into 3 small groups and give each group a different scenario. Ask the participants to discuss the scenario as a group and determine: • Do you have any concerns about the way the person is coping? • How/what is the person using to cope? • What would they try to do to assist this person?	Scenario 1, 2 and 3	

Time	Outline	Activity Instructions	Resources	Relevant Topic Area

Discussion Questions

Time	Outline	Activity Instructions	Resources	Relevant Topic Area
10-15 minutes	Stress Triggers: Explain what a stressor is, see outline.	Questions to prompt discussion: • What are the stress triggers for you? • How do you know you're stressed? • What are the signs for you? • What do you do when you feel stressed?		Topic Area 2
10-15 minutes	Risk factors for stress. Explain that there are 3 key risk factors for stress for people who may not bounce back so well after a disaster. Make sure they include some of the points listed in Topic Area 4 in the discussion.	Questions to prompt discussion: • Ask what might be some risk factors for stress before, during and after an emergency?		Topic Area 4
10-15 minutes	Cumulative Stress: Explain how cumulative stress manifests.	Questions to prompt discussion: • Do you have examples of your own experiences with cumulative stress? • Can you think of whether you may have seen people close to you experiencing cumulative stress?		Topic Area 1

module two

background reading

What is psychosocial wellbeing?

The Constitution of the World Health Organisation defines health as "a state of complete physical, mental and social well-being" and not merely "the absence of disease or infirmity"[8].

The Psychosocial Working Group suggests that the psychosocial well-being of individuals and communities is best defined with respect to three core domains[9]:

▸ Human capacity

▸ Social ecology

▸ Culture and values

<div style="float:right">The Psychosocial Working Group are a group of five academic partners and five humanitarian agencies. See glossary for further details.</div>
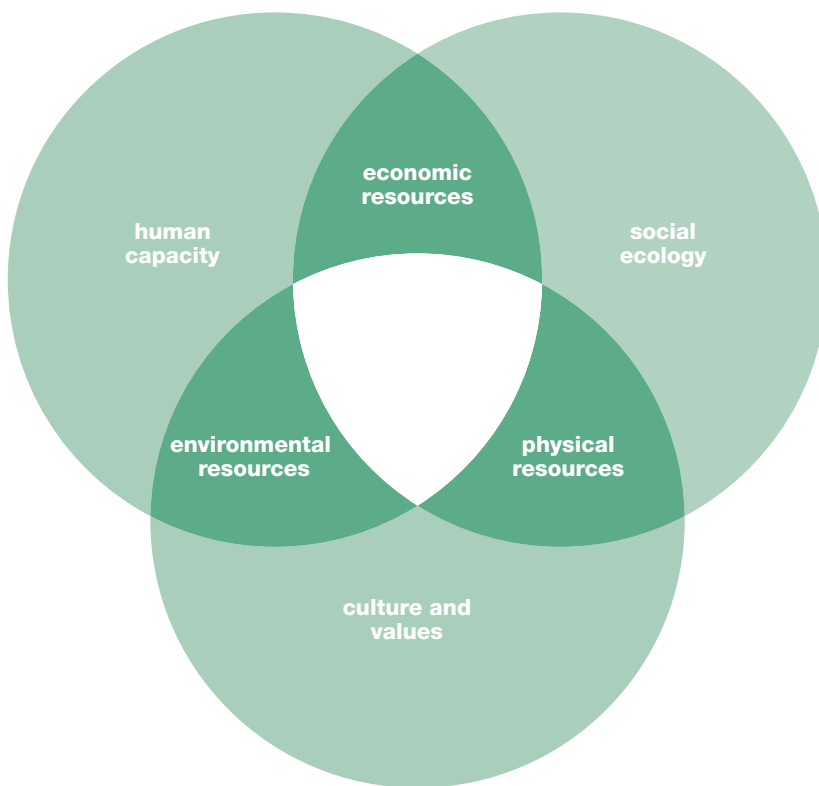
Human capacity refers to physical and mental health and specifically considers individuals' knowledge, capacity and skills. Identifying an individual's own human capacity is the same as realizing his or her own strengths and values[10].

Social ecology refers to social connections and support, including relationships, social networks, and support systems of the individual and the community. Mental health and psychosocial well-being are dependent on cohesive relationships that encourage social equilibrium[11].

Culture and values refers to cultural norms and behaviour that are linked to the value systems in each society, together with individual and social expectations. Both culture and value systems influence the individual and social aspects of functioning, and thereby play an important role in determining psychosocial wellbeing. Psychosocial well-being is dependent on the capacity to draw on resources from these three core domains in response to the challenge of experienced events and conditions[12].

The Psychosocial Working Group suggests that challenging circumstances, such as crises, deplete these resources resulting in the need for external interventions and assistance to rebuild individual and communal psychosocial wellbeing.

External influences on psychosocial well-being

Although psychosocial well-being is defined according to these three core domains, it is important to remember that other extenuating factors also have significant influence on well-being. The loss of physical and economic resources available to households, disruption to community and regional infrastructure, and degradation of the natural environment are all such examples of additional factors that may impact the psychosocial wellbeing of communities[13].

An individual's experience of psychosocial well-being is determined largely by the context he or she lives in. If an individual's immediate surroundings and community are disrupted, whether in the immediate impact of a critical event or in the aftermath, family and neighbours will be in distress. It is unlikely in these circumstances that individuals will experience positive psychosocial well-being[14].

Since contexts and influential factors are always changing, so will the experience of psychosocial well-being. This dynamic nature of the experience of psychosocial well-being makes it very difficult to provide a standard definition of what psychosocial well-being is, or how to recognise it. A common understanding of what defines psychosocial well-being may differ not only from country to country, but even in different populations within the same country[15].

Topic Area 1. What is stress?

Stress is the body's natural way of getting energy to work outside the normal comfort zone[16]. For example:

▸ working longer hours than usual

▸ getting less sleep than usual.

The longer a person is under stress, the more they store up tension in the mind and body. Being under stress for any length of time leads to a number of typical reactions. These are the normal signs of the rebound from the "high" they have been on. Stress provides a basis for understanding the general effects of abnormal experiences. It is important to recognise these as indicators that the person is under stress. Although this is inevitable and normal in many circumstances, it means that there is a limit to what they can do and some people may become vulnerable to more severe reactions[17].

A stressor is any change, be it positive or negative, which triggers a stress response. Stressors may be external or internal. External stressors are conflicts, changes of jobs, poor health, loss, lack of food, noise, uncomfortable temperatures, lack of personal space/privacy etc. Internal stressors include thoughts, feelings, reactions, pain, hunger, thirst, etc[18].

Trauma

The term trauma is used commonly to describe either a physical injury or a psychological injury caused by some extreme emotional assault. Definitions of what constitutes a trauma are subjective and culture-bound.

Trauma can happen when someone:

▸ thinks they could have died

▸ witnesses or experiences a tragic, terrifying, or overwhelming event

▸ experiences a big shock or is very scared

▸ is overwhelmed or feels like they have no control[19].

Traumatic events include:

▸ natural hazards – floods, fires or storms

▸ incidents – vehicle or other accidents, sudden deaths

▸ relationship breakdowns

▸ violence – fights, war, terrorist attacks, domestic violence, abuse

▸ serious illness or other medical conditions[20].

Sometimes the term collective trauma is used. This term refers to a situation where an entire community is suffering and its cohesion is lost due to a crisis event[21].

People who are involved in an emergency or disaster can have a range of emotional, cognitive (thinking), physical (health) and behavioural reactions to the events. Psychosocial reactions to disasters can be very broad and may be a result of how a disaster affects a persons emotional, spiritual, financial, cultural, psychological and social needs as part of a community.

The general symptoms of stress are described in Table 1[22]:

Area	Examples
PHYSICAL	Dizzy, sweating, pale, trembling, palpitations, jumpy, nausea, diarrhoea, headache or other aches and pains, loss of appetite, increased desire for stimulants, sugar, alcohol, tobacco, coffee. Bodily tension, fatigue and tightness in muscles. Weak feelings, tiredness, loss of energy and enthusiasm. Sleepy but cannot sleep, disturbed sleep, dreams and nightmares.
BEHAVIOURAL	Apathy, restless, "black" humour, sleep disturbance, increased alcohol, tobacco, caffeine, changed behavioural patterns or habits (exercise, eating, sex), slurred or confused speech.
MENTAL	Poor memory, organisation, planning, decision making. Can't concentrate or remember details, low attention span. Confusion, misunderstanding. Forget names, lose track of thoughts. Trouble thinking clearly. Can't stop thinking about the worries all the time. Keep thinking about bad times in the past. Not speaking clearly, slurring words.
EMOTIONAL	Excitement, high spirits, cynicism, frustration, depression, vulnerable, suspiciousness. Inappropriate emotions e.g. laughter, jokes. Feel detached from things, don't care anymore. Irritable, bad tempered, impatient and restless, unable to relax or keep still. Feeling overwhelmed, everything seems too hard or difficult. Tearful at times for no reason. Easily upset or hurt, oversensitive to what other do and say. Insecure and wanting to stay in familiar places with routines. Feeling very emotional, waves of anger or worry that are nor reasonable.
SOCIAL	Excessive talking about the event or need of support, distrust, misunderstandings and conflict in close personal relationships. Feel others are to blame and get things all out of proportion. Can't feel happiness, enjoyment or affection for loved ones. Changed relationships with those close to you. Don't want to be with family or friends or always need to be around them. Have to talk about it all the time. Feel that others don't understand or don't seem to care.
EXISTENTIAL (spiritual)	Disillusionment, loss of interest, wonder what is the point of it all, question values and philosophy cynicism. Moody, gloomy, feeling sad and hopeless as though it will never end.

Table 1: Gordon, R (2005) Information and advice about stress, trauma and psychological first aid.

Cumulative Stress

The same effects can occur if the stressful situation is not dramatic but consists of a series of smaller problems that go on for a long time and never let up. If it is not possible to relax between demands, or there is not enough time to unwind between the problems, the stress builds up. It is not the actual difficulty of the task that causes chronic stress; it may be the sheer quantity or continuity of work. People get into a survival state to cope with the problems. They arouse a lot of nervous energy to deal with the situation and use up emotional reserves to cope with worries and feelings without realising it[23].

Topic Area 2. Stress Reactions

Most people show great resilience in the aftermath of a disaster and the majority of the disaster-affected population will continue to conduct their lives without significant health problems. Approximately 80% of the broader population will not experience prolonged distress or develop significant health problems as a result of their experience during and after an emergency. The path of recovery, however, is not smooth and setbacks are part of normal recovery. It is not uncommon, at times, for people to feel stressed, distressed, tired, overwhelmed, troubled, or frustrated in the course of their recovery. To assist people with their recovery, it may be helpful for them to understand the concept of psychosocial wellbeing, what stress is and how they can minimise the impacts of stressors on their psychosocial wellbeing.

These are all normal responses and the first step in managing this stress or distress is careful attention to self-care[24].

Figure 1
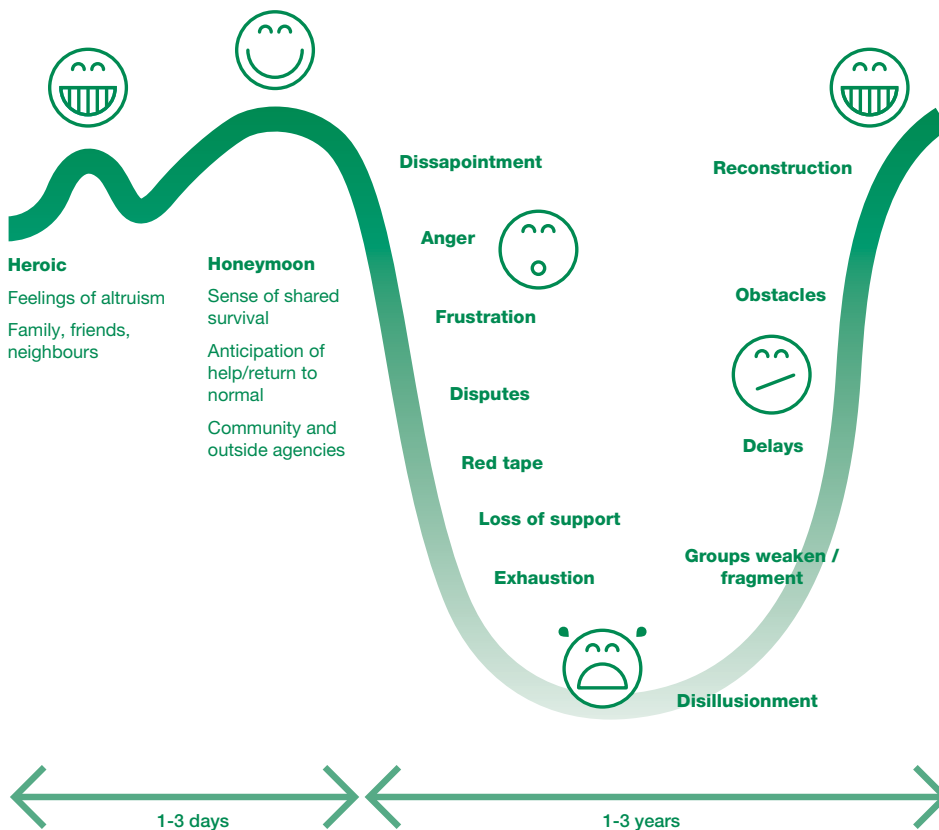
Figure 1 shows some of the common reactions, experiences and emotions that may be experienced by individuals and communities following disasters before they feel they are able to 'get back on their feet'[25].

It is important to note that individual responses will vary and that the cycle is not necessarily a single or linear one, but may alter, extend, diminish or re-occur at different times throughout the recovery process. Friends, family and local recovery support services can all assist in reducing the frustrations and amount of time people spend in the 'trough of disillusionment', or limit the depth of that trough.

If disaster-affected people understand the types of experiences and emotions they may experience throughout their recovery process, they can establish a stronger understanding that what they are experiencing is not unusual but is a fairly typical response to a post-disaster situation. Understanding this may also help people to more strongly understand the transient nature of these experiences, and that they will get through and recover from a disaster[26].

It is important to note that individual responses will vary and that the cycle is not necessarily a single or linear one, but may alter, extend, diminish or re-occur at different times throughout the recovery process. Friends, family and local recovery support services can all assist in reducing the frustrations.

Figure 2: Typical Patterns Over Time
Source: Australian Centre for Post Traumatic Mental Health (ACPMH)*
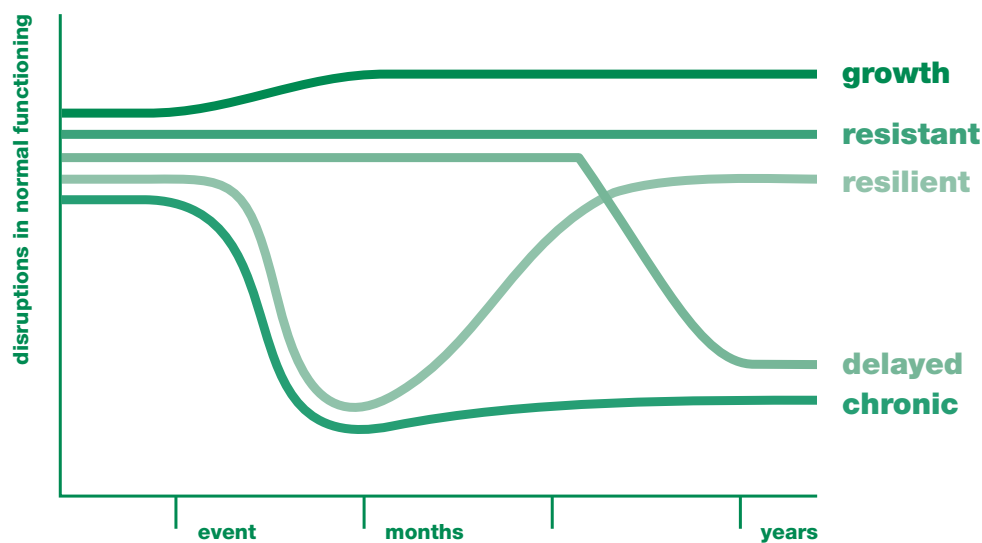
Figure 2, prepared by the Australian Psychological Society, shows that:

▶ A small percentage of people will experience only personal growth

▶ A very small number of people are people are resistant to any effect

▶ Most people will have a resilient prototypical reaction. This means they may experience negative effects following an emergency but with support of family and friends they will recovery over time

▶ Some people will have a delayed reaction to the event for these people the negative reaction will come much later than for people in the resilient category,

▶ A small number of people will not recover after the emergency, many of these people will have had pre-existing mental health conditions[27].

Topic Area 3. Effects of Adrenalin & Cortisol

There are two key types of hormones associated with stress: adrenalin and cortisol.
Adrenalin and cortisol affect our normal state during and after a disaster[28].

The normal state:

▸ We adjust life to maintain ourselves in the "comfort zone"

▸ This is the optimal state for mind and body

▸ Allows full use of all capacities which are designed for this state

▸ Feedback is provided on basis of self-awareness and self-understanding

▸ This allows for regulating inputs and outputs to keep in comfort zone[29].

The Emergency Mode – Adrenalin

▸ The experience of threat pushes people outside comfort zone.

▸ Adrenalin stress – liberates unknown reserves

▸ Reorganised to focus on immediate problem, act now

▸ Think in images and actions

▸ Pre-programmed emotions anger, fear, shock, grief

▸ Shut down feedback from self

▸ Simple, intense social interactions

▸ Adrenalin specialises for survival at expense of normality

▸ Disaster is the whole world

▸ The adrenalin is high energy, short term, physical and unsustainable[30].

The Endurance Mode – Cortisol

‣ Endure the adversity, keep going as long as required

‣ Exploit unimportant functions to support necessary

‣ Reorganised for necessary issues, endure for duration

‣ Thinking narrow problem solving, memory reduced

‣ Emotional numbness interrupted by instinctive emotions anger, fear, shock, grief

‣ Reduced feedback to maintain endurance

‣ Social interactions reduced to bare minimum – but involvement in community focussed on recovery

‣ Recovery is the whole world – "homogenised identity"

Adrenalin & Cortisol States

‣ Adrenalin and Cortisol states may alternate

‣ Overactive adrenalin leads to cortisol rebounds (anxiety into depression; activity into exhaustion)

‣ Cortisol leads to difficulty prioritising and if there is a recurring threat and people move back into the adrenalin state

‣ Loss of routines and unstable lifestyle reactivate adrenalin

‣ Degraded social life and relationships lead to conflict, stresses and tension

Table 2 provides an overview of adrenalin and cortisol effects on our language, (talk), mind thinking and emotions.

	Adrenalin – Acute Stress	Cortisol - Protracted Stress
Definition	Mobilises energy – ready for sudden actions to survive • Prepares to survive a crisis • Non-specific activation in face of threat • Sharpens senses, Narrows attention • Increased awareness of threat • Orient to quick physical action	Preservation in adversity – endurance and persistence • Prepares to survive persisting adversity • Depends on psychological factors (attitudes, training, experience, control, competency, responsibility) • Persists between threat episodes (anticipation) • Conserves resources, uses up one system to support another
Stress talk	• Rapid, not listening • Demand action • Ego-centric (it's all about my issues) • Insistent and suffocating • Does not draw breath • High energy • Only one thing in mind at once	• Constant detail, lacking focus • Have to explain everything • Everything is in their mind at once • Low energy, but sustained • Go on and on, can't leave anything out • Listen but do not hear • Persistent but unresponsive
Stress Mind	• Clear, focussed on one issue • Enhanced memory & concentration • Efficient, directed • Don't want to change topic • Excited and energetic • Impatient and Intolerant • Driven by their needs • Can't focus on written info • Reduced vocabulary	• Complex and unfocussed or multi-focussed • Reduced memory & concentration • Inefficient • Poorly directed • Low energy and dull • Resigned and accepting • Driven by external demands • Preoccupied by written words, but can't understand
Stress Thinking	• Rapid, focused thinking in images • Direct problem-solving about immediate issues • Efficient • Narrow focus on key issues • Clear and defined problems • Easily over whelmed by complexity • Deals with one thing at a time	• Methodical, persistent • Holds everything in mind • Inefficient, caught up with details • Can't separate wood from trees • Can't decide, postpones complex decisions • Can't stop, plan or prioritise • Doggedly deal with next thing
Stress Emotions	• Adrenalin is about action • Emotions converted into action • If action blocked: arousal increases, converts into emotion & discharges – anger/tears • Eruptions of strong unstable emotion • Disorganised • Outbursts • Withdrawal, disgust/anger	• Adrenalin is about action • Emotions converted into action • If action blocked: arousal increases, converts into emotion & discharges – anger/tears • Eruptions of strong unstable emotion • Disorganised • Outbursts • Withdrawal, disgust/anger

Table 2: Gordon, R, 2009, Understanding Stress Responses during Recovery, Presentation to Nillumbik Shire Council.

How to recognise if someone is in adrenalin mode:

The person:

▸ is totally focused on the problems around them, wanting to go from one issue to the next

▸ is speaking rapidly and in great detail about everything

▸ can't stop being busy and need to find things to do even when there isn't anything important to do

▸ might be tense, on edge and extremely irritable and frustrated

▸ is often tearful and emotional when unable to do what they need to do, responding to frustrating situations with strong emotional reactions

▸ may alternate between feeling strong and vigorous, then physically and emotionally exhausted[31].

Topic Area 4. Risk factors for stress

There are a number of factors that have been identified that appear to promote and complicate natural recovery from disasters, both in terms of reducing distress as well as assisting in coping (summarised in Ronan and Johnston, 2005; Norris et al., 2002)[32].

There are three key risk factors for people who might not bounce back so well after a disaster these include:

▸ What someone takes to a disaster

▸ The experience of the disaster itself

▸ What happened after the disaster

Examples of these risk factors are below.

1. What people take to an emergency/disaster may include:

▸ More than one mental health issue

▸ History of developing mental health problems as a result of past traumatic events

▸ Additional stressors in the person's life

▸ Weak social resources

▸ Being a member of a marginalised group

▸ Prior mental health issues.

2. Experience of the disaster itself may include:

▸ Lost family/friends in the disaster

▸ Have been seriously injured

▸ Suffered extensive losses

▸ Witnessed horrific scenes, particularly involving children

▸ Thought they were going to die.

3. What happens after the emergency/disaster may include:

▸ Being displaced from your community

▸ Having unstable housing

▸ Lacking access to support services and employment

▸ Poor social support after the event

▸ Separation of family

▸ Lack of transport.

Topic Area 5. How to Minimise Stress

Stress does not resolve spontaneously. Even with rest, it tends to perpetuate itself unless deliberate steps are taken to break the sequence of reactions that maintain it[33]. There are plenty of things that anyone can do which will help to break the stress cycle and reduce tension. It is a matter of thinking about the actual effects and symptoms and deciding to persistently carry out those activities that have been found to relieve them in the past[34].

Stressed people might not think constructively about themselves and tend to either not be able to recognise the extent of the stress, feel hopeless or they have come to accept the present level of discomfort as normal. Many simple pleasures will make a big different to stress.

Enjoyment is the best antidote to stress.

Connection with something larger than yourself

For many, an ability to connect to something larger than themselves is very important. This could include a religious or spiritual connection, joining with others around a common purpose or value. Alternatively, it is about finding meaning in what you do day to day so you could engage in community building activities.

Social connections

One of the best things we can do for ourselves following a traumatic experience is to spend time with people who care about us, and to feel the social support of friends, family and the community. It is not uncommon, though, for people's social support networks to be disrupted following an emergency or disaster. Friends may have died, or moved away. People may feel too busy sorting things out to spend time socialising, or the places they used to gather may have been destroyed, or group activities discontinued. Sometimes people avoid others because they don't want to be reminded about the disaster, or worry about how someone else is going. And some people just feel too sad and dispirited to bother meeting or talking with others; it all just feels too hard[35].

Whatever the reasons for a decrease in social contact with others, we know very well that rebuilding social connections after a disaster is incredibly important. People need people. They help give us a sense of belonging, a feeling of being loved and cared for and that we're not alone, and reassurance that our reactions are normal. They can share burdens, provide practical support like helping replant gardens and caring for children. They can provide a sympathetic ear when we need to talk or sensible advice when we're struggling with a problem. They can show us that we are important to them, too.

Reconnecting can be hard, but worthwhile. Some ideas for reconnecting include:

▸ starting off with small contact like having a cup of tea together

▸ Making contact over the phone with friends who no longer live nearby

▸ Making time to catch up with a friend who is a good listener

▸ Helping out a neighbour.

module two

Some tips for self care relating to relationships include:

▶ Keep regular contact with people you like to be with

▶ Ask for help when you need it, many people enjoy giving help

▶ Make time to be with your family or friends

▶ Talk to people you trust about yourself and what is happening
so you can get it into perspective[36].

Physical

▶ Do regular rhythmic physical exercise such as walking, swimming, cycling

▶ Make an effort to reduce or at least not increase intake of stimulants such
as caffeine, alcohol, tobacco and sugar, as they keep the stress cycle going

▶ Eat regular, well-balanced meals even if they are small

▶ Sleep – put time aside/prioritise time for sleep[37].

Calming yourself down

There are useful skills people can learn to calm themselves down. These skills
are 'emotional regulation'. Useful skills people can learn to calm themselves down:

▶ Breathing/sighing

▶ Self-talk

▶ Act calm

▶ Relax your body.

When we are upset, we are often told to "take a few deep breaths". This is not
always helpful, instead when we are feeling anxious or frightened, we need to take
normal breaths and exhale slowly. Breathing out is associated with relaxation
(not breathing in). Sometimes people find it helps to breathe in through the nose
and out through the mouth. Remember to slow down your breathing. Often when
people are upset they begin to breathe faster. Slowing your breathing down is easy.
Take smaller breaths and pause between breaths to space them out. When you have
breathed out slowly, hold your breath for a count of three before inhaling your next
breath. While concentrating on breathing out slowly, you can say to yourself 'relax',
or 'stay calm', or 'it's OK, I'm managing OK'. These are good words to use because
they are already associated with feeling peaceful and at ease[38].

Relaxation tips:

▶ Do regular relaxation exercises such as deep breathing, listening to quiet
music, mediation

▶ Do something about bodily tension such as massage or exercises

▶ Rest regularly even if you can only do it for a short time

▶ Try to find something that will make you laugh[39].

Self Care

Looking after yourself is very important. This can be enhanced by social support, self awareness, self-care and connection to something larger than self.

Some tips for self-care include:

▸ Get good rest. Sleep provides more energy, clearer thinking and helps you be more understanding

▸ Watch your diet and physical health. Manage your intake of caffeine, alcohol, drugs and medication

▸ Look after your relationships. Communicate with people close to you. Lean on them if you need to. Accept or ask for their support if it helps you

▸ Do things that make you happy. As much as possible, take part in activities and interests that make you feel good

▸ Stay connected with workmates, neighbours and other groups. Don't become isolated, as an individual or as a family[40].

Healthy Coping Strategies[41]

▸ Maintaining daily routines

▸ Seeking help

▸ Offering help to others

▸ Talking about one's experiences and trying to make sense of what has happened

▸ Seeking information about the welfare of loved ones

▸ Beginning the repair of homes and community structures

▸ Engaging in religious or secular ceremonies

▸ Setting goals and making plans to accomplish them and to solve problems

▸ Using the body in sports, gymnastics, dancing and other ways of engaging in creative and cultural activities.

Topic Area 6. How to help people close to you

There are many ways you can help:

▶ Listen and show that you care. Sometimes, people say things that are meant to be helpful, but instead just leave the person feeling more isolated and misunderstood. Examples of such unhelpful statements are "You just need to get on with your life" and "I know how you feel".

▶ You can encourage your family member to share their thoughts and feelings about what is happening to them. Remember that you are not the person's therapist and don't have to find solutions. You also do not have to hear all the details of the trauma – in many cases, it is best not to. If necessary, let the person know that you do not feel strong enough to hear all the details, while at the same time reassuring the person about your support and understanding.

▶ Remember that providing support doesn't have to be complicated. It often involves small things like spending time together, having a cup of tea, chatting about day-to-day life or giving the person a hug.

▶ Some people find it helpful to have time to themselves after a traumatic experience. If this is the case for the person, try to give him/her some space and time alone when requested. Encourage a balance between time spent alone and time spent with others.

▶ Encourage your family member or friend to seek help and stay focused on recovery. The person may not realise that he/she needs help or may find it hard to admit that help is needed. The person may be worried about being vulnerable or having to talk about what happened. Getting professional help can sometimes be difficult, as it often means facing painful memories. Commenting on positive changes or small steps taken by the person can also help him/her to remain hopeful about recovery.

▶ Look after yourself. This may be the most important thing you can do to help your family member or friend. Supporting someone who has been through a traumatic event can take a toll on you, sometimes so much that your own health can be affected and you can no longer help the person effectively. It is crucial that you take time out and reach out to friends and other supportive people in your community.[42]

module two appendix

further reading

Australian Emergency Management Institute, *Community Recovery Handbook 2*

Australian Red Cross, 2011, *Helping children and young people cope with crisis: Information for parents and caregivers.*

Australian Red Cross, *Personal Support Outreach Facilitator Guide.*

Australian Red Cross, *Personal Support Outreach Participant Guide.*

Beyondblue, *Post Traumatic Stress Disorder Factsheet 31*

Gordon R, 2005, *Information and advice about stress, trauma and psychological first aid.*

Gordon R 2009, *Coping with Stress and Depression. Factsheet Victorian Bushfire Reconstruction and Recovery Authority*

Gordon R, 2009, *Understanding Stress Responses during Recovery,* Presentation to Nillumbik Shire Council.

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International Federation of Red Cross and Red Crescent Societies, 2009, Community-based Psychosocial Support Participant's book

International Federation of Red Cross and Red Crescent Societies, 2011, Psychosocial Interventions.

Psychosocial Working Group, 2003, Working Paper. *Psychosocial Intervention in complex emergencies: A Conceptual Framework.*

notes

1 Gordon, R (2005) *Information and advice about stress, trauma and psychological first aid.*

2 International Federation of Red Cross and Red Crescent Societies, 2009, *Community-based Psychosocial Support Participant's book,* p107.

3 Gordon, R (2005) *Information and advice about stress, trauma and psychological first aid.*

4 Gordon R (2011) *The Course of Recovery after Disaster,* CIMA Conference, Melbourne, November 2011.

5 Gordon R, 2005, *Information and advice about stress, trauma and psychological first aid.*

6 Gordon R, 2005, *Information and advice about stress, trauma and psychological first aid.*

7 Beyondblue, *Post Traumatic Stress Disorder Factsheet 31.*

8 IRFC, 2011, *Psychosocial Interventions: A Handbook,* p26.

9 Psychosocial Working Group, 2003, Working Paper. *Psychosocial Intervention in complex emergencies: A Conceptual Framework.*

10 IRFC, 2011, *Psychosocial Interventions: A Handbook,* p27.

11 IRFC, 2011, *Psychosocial Interventions: A Handbook,* p27.

12 IRFC, 2011, *Psychosocial Interventions: A Handbook,* p27.

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16 Gordon, R (2005) *Information and advice about stress, trauma and psychological first aid.*

17 Gordon, R (2005) *Information and advice about stress, trauma and psychological first aid.*

18 International Federation of Red Cross and Red Crescent Societies, 2009, *Community-based Psychosocial Support Participant's book,* p107.

19 Australian Red Cross, 2011, *Helping children and young people cope with crisis: Information for parents and caregivers,* p3.

20 Australian Red Cross, 2011, *Helping children and young people cope with crisis: Information for parents and caregivers,* p3.

21 International Federation of Red Cross and Red Crescent Societies, 2009, *Community-based Psychosocial Support Participant's book,* p107.

22 Gordon, R (2005) *Information and advice about stress, trauma and psychological first aid.*

23 Gordon, R (2005) *Information and advice about stress, trauma and psychological first aid.*

24 Australian Red Cross, *Personal Support Outreach Participant Guide,* p36.

25 Australian Emergency Management Institute, *Community Recovery Handbook 2,* 94.

26 Australian Emergency Management Institute, *Community Recovery Handbook 2,* 94.

27 Australian Red Cross, *Personal Support Outreach Facilitators Guide,* p19.

28 Gordon R (2011) *The Course of Recovery after Disaster, CIMA Conference,* Melbourne, November 2011.

29 Gordon R (2011) *The Course of Recovery after Disaster, CIMA Conference,* Melbourne, November 2011.

30 Gordon R (2011) *The Course of Recovery after Disaster, CIMA Conference,* Melbourne, November 2011.

31 Gordon, R 2009, *Coping with Stress and Depression. Factsheet,* Victorian Bushfire Reconstruction and Recovery Authority.

32 Australian Red Cross, *Personal Support Outreach Facilitator Guide,* P21.

33 Gordon R, 2005, *Information and advice about stress, trauma and psychological first aid.*

34 Gordon R, 2005, *Information and advice about stress, trauma and psychological first aid.*

35 Australian Red Cross, *Personal Support Outreach Participant Guide,* p16.

36 Gordon R, 2005, *Information and advice about stress, trauma and psychological first aid.*

37 Gordon R, 2005, *Information and advice about stress, trauma and psychological first aid.*

38 Australian Red Cross, *Personal Support Outreach Facilitator Guide,* p49.

39 Gordon R, 2005, *Information and advice about stress, trauma and psychological first aid.*

40 Australian Red Cross, 2011, *Helping children and young people cope with crisis: Information for parents and caregivers,* p18.

41 International Federation of Red Cross and Red Crescent Societies, 2009, *Community-based Psychosocial Support Participant's book,* p35.

42 Beyondblue, *Post Traumatic Stress Disorder Factsheet 31.*

communicating in recovery

communicating in recovery

Aim

Community leaders can successfully impart information and knowledge about recovery to their community and build community connectedness following an emergency.

Introduction

Communication processes are critical to effective recovery[1]. This module provides some key tips on communicating with emergency affected communities effectively during the recovery process.

This module covers:

▸ Introduction to the Communicating in Recovery Guide

▸ Why information is important in recovery

▸ What are recovery communication

▸ Rules and principles of recovery communications.

Learning Objectives

Following completing this module participants should:

▸ understand the purpose of the Communicating in Recovery Guide & Training

▸ feel that they have a general understanding of why information is important in recovery

▸ feel that they have a general understanding of recovery communications

▸ have knowledge of the three rules of recovery communications

▸ have a general understanding of the principles of recovery communications.

Key Messages

The Key Messages are the most important points in the modules for participants to take away. If discussion during the session moves away from the module content, these are the points you should try to focus on rather than trying to get back to the schedule. It may be more important for the group to discuss a certain topic than it is to cover all the module content.

▶ Accurate information helps to empower people

▶ People have the right to accurate information

▶ Recovery communications refers to the practice of sending, gathering, managing and evaluating information in the recovery stage following an emergency

▶ Information should be relevant, targeted and clear

▶ information empowers communities.

suggested schedule

The order in which the workshop should run is at the discretion of the facilitator. It is suggested that the workshop follow a schedule based on the Suggested Schedule below. However, should the group have a particular area of interest or would like to spend more time on a particular area the schedule does not need to be strictly adhered to. There is a list of activities in the following section that you can choose from depending on your group.

We suggest, where possible, discussing the components with a key representative of the group before running the session. This will help ensure the needs and expectations of participants are met.

Tip for facilitators

This is a summary of a two day training course. As some of the activities and content are directly from the Communicating in Recovery guide and training it is recommended that you:

▸Read the guide

▸Look at the Communicating in Recovery training website

▸Participate in the training if possible.

Topic Area 1: The Communicating in Recovery Guide

This Topic Area introduces participants to the Communicating in Recovery Guide and Training.

Time (minimum)	Basic outline (see background reading for more information)	Resources needed	Related activity
5 minutes	• The Communicating in Recovery Guide was launched in February 2011 • The corresponding training began in December 2011 • Internationally recognised • Developed with extensive consultation and research with Australian disaster experts (including researcher and academic, Dr Susan Nicholls) and IFRC • The guide targets groups working in the recovery sector, including local and state government, NGOs, local agencies, community groups and agencies involved in service delivery • Best practice guide on how to effectively communicate post-emergency • Extensive consultation was undertaken with the target audience to gauge interest in professional development activities • Main aims of training are to raise awareness of recovery communications and provide an opportunity for people working in recovery to network and share ideas and knowledge. • There are 6 modules which are be run together or separately and there is a website which supports the training	1 copy per person of the Communicating in Recovery Guide	

module three

Topic Area 2: Why is information important in recovery?

This Topic Area outlines why information is important during recovery.

Time (minimum)	Basic outline (see background reading for more information)	Resources needed	Related activity
10 minutes	An emergency or disaster is usually a highly disruptive and stressful event for affected people. Access to quality information before, during and after an emergency can have a profound effect on the resilience and recovery of individuals and the community: • Information is empowering for communities • Information is important for community connection and for individuals to manage their own recovery • Good communication influences recovery, increases social cohesion and assists to rebuild social fabric • A well informed community will recover sooner.	1 copy per person of the Communicating in Recovery Guide	

Topic Area 3: What are recovery communications?

This Topic Area introduces participants to recovery communications and barriers to recovery communication.

Time (minimum)	Basic outline (see background reading for more information)	Resources needed	Related activity
5 minutes	Recovery communications refers to the practice of sending, gathering, managing and evaluating information in the recovery stage following an emergency. Well planned and well executed public information campaigns are vital to community recovery. Communications in recovery should go beyond merely sending information, to actually forming a dialogue with the community. Effective communications provide a basis for important social processes such as bonding between individuals, groups and communities[2]. Recovery communications require care and sensitivity and can often be impeded by significant physical, logistical and psychosocial limitations[3].	1 copy per person of the Communicating in Recovery Guide Marysville Video	

Topic Area 4: What are recovery communications?

This Topic Area introduces participants to recovery communications and barriers to recovery communication.

Time (minimum)	Basic outline (see background reading for more information)	Resources needed	Related activity
5 minutes	Rules of recovery communications Information should be: • Relevant • Targeted • Clear. Principles of recovery communications: • Public information, not public relations • Respect people • Build on local assets – Asset-Based Community Development (ABCD) • The right to know • Acknowledge the impact • Ask the community how they want to receive information • Repeat Information • Remember the 'unaffected' • No spin.	1 copy per person of the Communicating in Recovery Guide	Discussion

List of Activities

Time	Outline	Activity Instructions	Resources	Relevant Topic Area
Activity 1				
5 minutes	The purpose of this activity is to familiarize participants with the Communicating in Recovery guide and training.	Give each participant a copy of the Communicating in Recovery guide and give them a few minutes to look through the book	1 copy per person of Communicating in Recovery guide	Topic Area 1
Activity 2				
Allow: 15 minutes for the exercise 10 minutes for group discussion	The purpose of this activity is to get participants to think about how they might communicate with different groups within their community.	1. Sketch a rough map of your community 2. Map the major population areas of your city, town or community. • Where are the cultural populations? • Where are the economically and socially disadvantaged? • Where are the socially isolated people? • Where are the transient communities? • Where are the older people? • Other key population clusters? Eg Newly arrived	Page 71-105 of Communicating in Recovery Guide	ALL
Activity 3				
20-30 minutes	The purpose of this session is to assist participants to communicate something using the Recovery Communications Rules and principles.	If you can, ask participants prior to bring with them to the session a piece of information they would like to communicate to their community. Conduct a quick brainstorming session with the group and then assist people to develop a communications needs assessment.	1 copy per person Communicating in Recovery Guide	

background reading

Topic Area 1. The Communicating in Recovery Guide

Background to Communicating in Recovery guide:

▸ Launched in February 2011

▸ Internationally recognised

▸ Developed with extensive consultation and research with Australian disaster experts (including researcher and academic, Dr Susan Nicholls) and IFRC

▸ The guide targets groups working in the recovery sector, including local and state government, NGOs, local agencies, community groups and agencies involved in service delivery

▸ Best practice guide on how to effectively communicate post-emergency

▸ Extensive consultation was undertaken with the target audience to gauge interest in professional development activities

▸ Main aims of training are to raise awareness of recovery communications and provide an opportunity for people working in recovery to network and share ideas and knowledge.

▸ There are 6 modules which can be run together or separately and there is a website which supports the training.

The Guide also has additional information, methods of communication and additional resources that may be useful.

Methods of communication

There are a number of different methods of communication that can be used when information needs to be disseminated. The list below outlines a number of these methods:

▸ Community meetings

▸ Face to face communication

▸ Word of mouth

▸ Pamphlets/flyers/brochures/factsheets

▸ Print newsletters

▸ Email newsletters

▸ Notice boards

▸ Posters/billboards/ambient communication

▸ Local newspapers

▸ Radio

▸ SMS mailout

▸ Websites

▸ Blogs

▸ Video

▸ Social media.

See the Communicating in Recovery guide for the strengths and limitations of each method and tips for using these communication methods.

Additional resources

▸ Dealing with the media

▸ Having key messages is integral to any media and communications plan

▸ How to advocate for forgotten emergencies

▸ How to write a media release

▸ Monitoring and evaluating your communications

▸ Where to find further information

▸ Useful websites

▸ Useful resources from other organizations.

Topic Area 2. Why is information important in recovery?

▸ Information is empowering to community

▸ Important for community connection and for individuals to manage their own recovery

▸ Good communication influences recovery, increases social cohesion and assists to rebuild social fabric

▸ A well informed community will recover sooner.

An emergency or disaster is usually a highly disruptive and stressful event for affected people. Access to quality information before, during and after an emergency can have a profound effect on the resilience and recovery of individuals and the community.

Successful communications operate as a form of community development and capacity building. Information empowers the community and individuals to understand and influence their recovery, increases social cohesion and assists in rebuilding the social fabric of a group that has undergone significant dislocation.

A well informed and connected community will recover sooner and become stronger than one without effective communications and guiding information.

Topic Area 3. What are Recovery Communications?

'Recovery communications' refers to the practice of sending, gathering, managing and evaluating information in the recovery stage following an emergency. Well planned and well executed public information campaigns are vital to community recovery. Communications in recovery should go beyond merely sending information, to actually forming a dialogue with the community. Effective communications provide a basis for important social processes such as bonding between individuals, groups and communities[4].

Psychological challenges to communication and understanding information

An emergency usually generates a number of possible effects on those involved. These include shock, high arousal, narrowing of focus, disbelief and confusion about what has happened or is currently happening.

An emergency can impact on a person's ability to take in information, think about it and remember it.

An emergency can impact:

▶ Concentration – the amount of new information that can be taken in and understood the amount and complexity of detail that can be absorbed the length of time a person can focus for

▶ Memory – for spoken, written and/or seen information to recall simple or complex knowledge to recall recent or past knowledge

▶ Decision-making ability – weighing up possibilities and risks, dealing with complex ideas, outcomes planning and prioritising actions.

The length of time people experience these effects for varies greatly. They may impair people for just a few hours or up to several months or years depending on the person, the event and many other factors.

Recovery communications require care and sensitivity and can often be impeded by significant physical, logistical and psychosocial limitations[5].

Information should be:

▶ Relevant

▶ Targeted

▶ Clear.

Inclusive communications: getting the message across

Information should be sent differently if communicating with an entire town compared with just a few families. The same applies to the differences in circumstances and the special needs of people who are being communicated with.

Think about the issues of the people being communicated with and the environment they are operating in. Those with special needs can be severely affected by an emergency. For example, over 40 percent of the people who died in the 2009 Victorian bushfires were classed as 'vulnerable' because they were aged either less than 12 years or more than 70 years, or because they were suffering from an acute or chronic illness or disability.

It is also important to remember that people are not defined by what 'group' they belong to. The groups identified in the following pages are cross-cutting and can include all members of society.

Access to information is vital at all stages of emergency management, and that information must be accessible to all in the community.

Some of the different 'groups' that may need to be considered in recovery communications are:

▸ Gender

▸ Aboriginal and Torres Strait Islander communities

▸ Children (infant, preschool and primary school)

▸ Young people (12-25 years)

▸ Older people

▸ Those with a physical impairment (can extend to verbal/non-verbal communication hearing, vision, mobility issues)

▸ Cognitive and learning difficulties, including intellectual disability, acquired brain injury, mental illness (emotional and behavioural issues) and autism spectrum disorder (Asperger's syndrome)

▸ People who are grieving and/or bereaved

▸ Those with literacy issues

▸ Existing disadvantage

▸ Religious groups

▸ People from culturally and linguistically diverse (CALD) backgrounds

▸ Displaced people.

Topic Area 4. The rules and principles of recovery communications

Before communicating, ask yourself 3 questions:

1. Is it relevant?

People affected by disaster are often overwhelmed by huge amounts of information. Following an emergency, people want to know:

‣ what is happening with the recovery process

‣ what support is available

‣ what they need to do to qualify for support

‣ what they can do if they have questions, concerns or complaints.

If material does not address one of these four broad categories, ask yourself: does it actually need to be sent? As communication is a two-way process, actually asking affected people what they need will help to ensure your communications are relevant.

2. Is it clear?

After an emergency, people often have trouble remembering or understanding information. It is not appropriate to use jargon, overly complicated or technical language.

‣ A short, sharp amount of relevant and practical information is best.

‣ Ensure there is a clear call to action in the communication (what does the person actually have to do?).

‣ Ensure that there are formats available for people with a sensory impairment, and/or people from culturally and linguistically diverse (CALD) backgrounds. When using text based communications, ensure the font and size of the text is readable.

3. Is it targeted?

The method of communication you use should fit the audience. Know your audience and the best way to reach them. Just because you can send information or use a certain communication channel doesn't necessarily mean you should. For example, if you want to alert women in a small community about a maternal health clinic opening, placing posters in the local bakery may be more effective than updating your website with highly polished content.

Principles for recovery communications

1. Public information, not public relation: the aim of public relations is to promote an organization, public information aims to channel information to the relevant audiences. The aim of all recovery communications should be to assist the community, not to promote an organisation.

2. Respect people: communications should be respectful at all times. It is imperative that all communications recognise that affected people are rational beings able to make decisions for themselves.

3. Build on local assets – Asset-Based Community Development (ABCD): the practice of ultilising and building upon existing local networks and strengths in the community.

4. The right to know: the community have a right to know about the recovery process, services, and programs.

5. Acknowledge the impact: people affected by an emergency have potentially experienced a life shaping event. They have a need to have their story told, to acknowledge and validate their experience.

6. Ask the community how they want to receive information: consulting with the community and actually asking them how they want to receive information will increase the effectiveness of your communications and increase community participation in the recovery.

7. Repeat Information: after an emergency people often have trouble remembering information. Information must be repeated and re-communicated periodically throughout the recovery process.

8. Remember the 'unaffected': those not directly affected can often experience significant trauma and stress following an emergency. Care should be taken not to alienate or differentiate between the 'affected' and 'unaffected' in an emergency.

9. No spin: people recovering from an emergency have specific requirements and want information solely to address their needs. Communications containing rhetoric or brand leveraging information is counterproductive.

module three appendix

further reading

Australian Emergency Management Institute, *Community Recovery Handbook 2.*

Australian Red Cross, 2011, *Communicating in Recovery Guide.*

Recovery Information management, *Australian Journal of Emergency Management,* vol 25, no 1 Autumn 1995, p25.

notes

1 Australian Emergency Management Institute, *Community Recovery Handbook* 2, p16.

2 Australian Red Cross, *Communicating in Recovery,* p14.

3 Recovery Information management, *Australian Journal of Emergency Management,* vol 25, no 1 Autumn 1995, p25.

4 Australian Red Cross, *Communicating in Recovery,* p14.

5 Recovery Information management, *Australian Journal of Emergency Management,* vol 25, no 1 Autumn 1995, p25.

module three

harnessing goodwill

harnessing goodwill

Aims

Identify resources and share experiences from other emergency affected communities about dealing with donations and goodwill after an emergency.

Introduction

This module covers:

▸ What is goodwill

▸ Key issues relating to goodwill

▸ It is ok to say yes or no to donations

▸ When you might expect to say no and what to expect

▸ Understand why there may be backlash to refusing donations and how to manage this.

Learning Objectives

Following completion of this module participants should:

▸ feel that they have a general understanding of the 3 elements of goodwill: money, donated good / services and volunteers

▸ feel that they understand the key issues relating to goodwill

▸ feel empowered to say no confidently if required

▸ feel that they have a general understanding of why they may need to say no to offers of goodwill

module four

Key Messages

The Key Messages are the most important points in the modules for participants
to take away. If discussion during the session moves away from the module content,
these are the points you should try to focus on rather than trying to get back to the
schedule. It may be more important for the group to discuss a certain topic than
it is to cover all the module content.

▸There are 3 elements to goodwill: donated goods and services,
  money and volunteers

▸Donated goods and services need to be relevant to the needs of disaster
  affected people

▸It's ok to say no to donations if they are not relevant.

The following information outlines goodwill, issues relating to goodwill
and how people might manage these in a recovery environment.

suggested schedule

The order in which the workshop should run is at the discretion of the facilitator. It is suggested that the workshop follow a schedule based on the order in which the information is laid out in this guide. However, should the group have a particular area of interest or would like to spend more time on a particular area the schedule does not need to be strictly adhered to.

We suggest, where possible, discussing the components with a key representative of the group before running the session. This will help ensure the needs and expectations of participants are met.

Topic Area 1: What is goodwill?

This Topic Area outlines the three elements of goodwill: money, volunteers and donated goods and services.

Time	Basic outline (see background reading for more information)	Resources needed	Related activity
10 minutes	When an emergency occurs, people offer assistance to support those affected. **Motivations for goodwill** The public is strongly impacted by news stories about disasters. The media is powerful in invoking profound feelings and connections to people affected by emergencies. It has been suggested this may be to the stage that viewers/listeners begin to feel like survivors themselves[1]. The intensity of this experience pushes people into wanting to do something, which is often around donating goods. Offers of help from the community need to be channelled in a way that does not have a negative impact on the response or the recovery from an event. Broadly, goodwill can be donations of money or goods, loans of equipment, and donations of time and labour. These actions can be broken down into 3 areas that form the goodwill triangle: volunteers, donated goods and services, and money. **Donated Goods & Services/Material Aid** Donated goods or material aid is the provision of goods that may have been destroyed or made inaccessible by an emergency event. Material aid typically includes sanitary items and toiletries, bedding, clothing, furniture, personal items and other necessary items. These donations may be requested or they may be unsolicited donations or supplies. *continued...*	Diagram of Goodwill Triangle	Activity 1 Activity 2

module four

Time	Basic outline (see background reading for more information)	Resources needed	Related activity
	Volunteers **Motivations for volunteering** The desire to volunteer usually comes in the first week of the disaster, which coincides with the peak media coverage of disasters[2]. The need for volunteers, including spontaneous volunteers, to support long-term community recovery can continue long after the media coverage has dissipated and the offers of help have dwindled. The nature of volunteering is changing. While many people are still content to follow the traditional path of joining an organisation, there is a trend towards shorter term, cause related commitment[3]. Volunteering can be: • Formal • Spontaneous • Casual. There are 5 types of spontaneous volunteers: • Returnees: survivors of the incident • The Anxious: those looking to be empowered through action • Helpers: people who are altruistically motivated • Curious: people whose motivation is driven by wanting to know more about the emergency and see volunteering as a vehicle for this • Exploiters: opportunistic individuals looking to gain recognition or, at worst, access to vulnerable individuals to exert power in any number of ways[4]. **Money** Experience suggests financial donations are preferable to other types of donations such as material goods. Cash ensures that money can be directed back into the local economy and allows purchases to be made that meet the actual needs of people. This message should be reiterated through media and communications channels. In addition to cash donations from individuals and companies, philanthropic grants may also be helpful in supporting communities recovering from an emergency. There are many philanthropic organisations that have experience in working with communities who have been affected by emergencies. As with all other forms of goodwill, it is important that any philanthropic grants meet the needs of emergency affected communities rather than being donor driven.		

Topic Area 2: Key issues relating to goodwill

This Topic Area outlines the key issues that people face after disasters in relation to donations of goods, services time and money.

Time	Basic outline (see background reading for more information)	Related activity
20 minutes	**Key issues relating to donated goods and services** **1. Management of material aid** Administration and storage of these goods can incur a significant cost and considerable effort can also be required to avoid offending the donors. Managing these goods and services can divert resources away from supporting disaster affected people. **2. Quality/usefulness of material aid** One concern about the donation of goods and services is the quality and usefulness of these goods. Additionally, the cost attached to receiving, sorting, distributing and storing them and, in the case of loaned goods, the cost of making good or returning them to the owners can place a significant burden on resources. **3. Impact of material aid on the local economy** Material aid may have a direct impact on the local economy through the loss of income for local businesses. Supply of donated goods can interfere with the rebuilding and sustainability of local businesses as there may be no need to buy anything locally. Uncontrolled and ongoing donations can create expectations and dependency in some disaster affected people. **4. Impact of material aid on recipients** • Those who donate goods after events are inclined to view disaster affected people as helpless individuals unable to make decisions. • This myth needs to be countered as the reality is very different. • Disaster affected people are rarely helpless; although they may be in shock initially they still have opinions, expectations, the ability to make decisions and be self determining. • If donated goods are useful, thoughtful and well times they may have a positive impact. **5. Divisions within community** In some cases material aid creates or amplifies divisions within an emergency affected community. Considering issues of equality and transparency in donation distribution is important. **6. Maintaining the Dignity of the Affected community** Like in everyday life, most people are often uncomfortable in receiving charity. Donated goods can compromise their dignity by making people feel obliged to accept the goods, often variable quality and appropriateness. It also takes away choice for people seeking regain control of their lives. **Key issues relating to volunteering** • Spontaneous volunteers can greatly impact recovery both positively and negatively. • Be aware that the management of spontaneous volunteers, including managing their expectations, workload, health and safety, ensuring their work is meaningful and helpful to impacted communities, is a big task. • However, just because there are people wanting to volunteer does not mean that this offer will be useful[5]. • Additionally the motives for volunteering can be complex including anxiety, curiosity and exploitation[6].	Activity 3 Activity 4 Activity 5

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Topic Area 3: It is ok to say YES or NO. When might you say no.

This Topic Area outlines the reasons why it is Ok to say no to unsolicited donations.

Time	Basic outline (see background reading for more information)	Resources needed	Related activity
10-15 minutes	• Personal recovery requires disaster affected people to be resilient, resourceful and confident. • To reach this stage people need to feel in control of what is happening in their lives. As a disaster affected person, to be given to, without any real choice, does not encourage any of those skills. • Unsolicited or excessive, unneeded or unusable donated goods are mostly likely to be the kind of donations that disaster affected people want to say no to. • Some reasons to say yes to offers of goodwill include: ‣ if there is a community identified need for money, donated goods or volunteers ‣ if there is capacity to manage the goodwill, remembering that is may be a large task ‣ if the offers of goodwill complement rather than hinder local recovery • Some reasons to say no to offers of goodwill include: ‣ not having the capacity to manage offers of donated goods or volunteers ‣ if the offers of goodwill do not meet the needs of the emergency affected community ‣ if the negative consequences of the donated goodwill will outweigh the positive effects	Figure 10 Flow of unsolicited donations Figure 11 Flow of solicited donations	Activity 5

Topic Area 4: Tips & Tricks for harnessing goodwill

This Topic Area outlines a few tips for how people can handle goodwill.

Time	Basic outline (see background reading for more information)	Resources needed	Related activity
5 minutes	• Use the media • Have a coordinated approach • Be honest • It's ok to say no to offers of assistance • Explain why you are saying no	Pens/Textas Paper	Brainstorm

List of Activities

Time	Outline	Activity Instructions	Resources	Relevant Topic Area
Activity 1				
20 minutes	The purpose of this activity is to familiarise participants with the National Guidelines for managing donated goods.	Give each participant a copy of the National Guidelines for managing donated goods and give them a few minutes to look through.	National Guidelines for managing donated goods.	Topic Area 1
Activity 2				
20 minutes	This activity highlights the many different motivations for offering assistance. Some motivations are helpful to people and communities affected by emergencies. Others are not. There are a range of expectations when offering assistance. It is important when accepting assistance that the motivations are helpful and in line with community need and that expectations can be managed	Break the group into three smaller groups. Give each group one scenario from Scenarios 4, 5 or 6. Questions the group need to consider: • What might the motivation be? • What might the expectations be? • What might need to be considered when accepting these offers? • What will be the impact on the local community (positive and negative)? Give the group 10 minutes to discuss in their groups then ask them to report back to the larger group on their scenarios (10 minutes).	Scenario 4 Scenario 5 Scenario 6 Pens/Textas Paper	Topic Area 1

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Time	Outline	Activity Instructions	Resources	Relevant Topic Area
Activity 3				
30 minutes	This activity provides a range of scenarios and asks participants to think about the positive and negatives risks involved related to each scenario. The activity also prompts participants to think about how they may mange these issues	Break the group into up to six small groups or pairs. Depending on the size of your group distribute the six scenarios among the groups. Ask the group to read the scenario and discuss the risks involved in the scenario and what key issues will they need to consider before accepting or refusing the donation. The following points may be helpful for you as the facilitator to guide the group's discussion or provide them with ideas to initiate discussion. Scenario 4: • Low risk generally • Be sure to check reporting requirements – may be minimal • It is going to be divisive as to who/which group in your community gets the money Scenario 5: • How to manage all the clothes • May not be suitable/wanted/needed • Will it undercut local business • The school may go to the press Scenario 6: • Positive: could provide machines for people who cannot afford them • Equity: how do you decide who gets the new washing machines? Will this be a divisive issue? • Impact on the local economy • Managing PR expectations • Media following the donation – will this create more offers • Are people able to store the washing machine? Scenario 7: • Is it needed? • How much will it cost to refill? • How much water does it provide? • How many times will it need to be refilled? • Can you get some agreement as to how long it can be loaned for? – To assist with planning • Can a local contact be assigned?	National Guidelines for managing donated goods.	Topic Area 1

Time	Outline	Activity Instructions	Resources	Relevant Topic Area

Activity 3 (continued)

Time	Outline	Activity Instructions	Resources	Relevant Topic Area
30 minutes	This activity provides a range of scenarios and asks participants to think about the positive and negatives risks involved related to each scenario. The activity also prompts participants to think about how they may mange these issues	Scenario 8: • Do you want it? • Can you guarantee who the donated good will go to? • It is ok to go back to the donors to discuss how to proceed Scenario 9: • Equity: how will you deal with equity issues? Will you have criteria? • It is right for the town? • Will it undercut the local economy? • Is it helpful? • Can you renegotiate the number of vouchers or the amounts? • How long are the vouchers valid?	National Guidelines for managing donated goods.	Topic Area 1

Activity 4

Time	Outline	Activity Instructions	Resources	Relevant Topic Area
20 minutes	This activity asks participants to look at a case study discuss the positive and negative aspects of the donated goods offered.	Break the group into up to two groups. Give each group one of the case studies. Ask the groups to read the Case Studies and discuss: • What was the offer? • What did they do? • What were they positive and negative aspects? • What was the outcome?	Case Study 1 Case Study 2 Pens/Textas Paper	Topic Area 2, 3

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Time	Outline	Activity Instructions	Resources	Relevant Topic Area

Activity 5

Time	Outline	Activity Instructions	Resources	Relevant Topic Area
20 minutes	This activity provides participants with the opportunity to decide whether or not they will accept an offer of donated goods. After they have made a decision the groups are given further information about the offer and are then required to determine how they will manage the resulting circumstance.	Break the group into up to two groups. Give each group one of the scenarios. Only give each group Part One of each scenario. Ask the group to read the scenario and discuss the offer. The group must decide whether they accept for decline the offer. Once the group has decided what to do hand out Part Two of the scenario based on their decision. What will the group do based on this new information? Bring the two groups back together to discuss their scenarios.	Scenario 10 (Pt.1 & 2 Scenario 11 (Pt.1 & 2) Pens/Textas Paper	Topic Area 3

Discussion Questions

Time	Outline	Activity Instructions	Resources	Relevant Topic Area
10 minutes	Does your organisation/group have a policy for managing donated goods/services?			

background reading

Topic Area 1. What is Goodwill?

When a disaster occurs, people volunteer their assistance to support those affected. Broadly, this assistance can be donations of money or goods, loans of equipment, and donations of time and labour. In the academic literature, these actions are described as emergent behaviour, convergent behaviour and, in the case of volunteers themselves, spontaneous behaviour[7]. These actions can be broken down into 3 areas that form the goodwill triangle: volunteers, goods, and money.
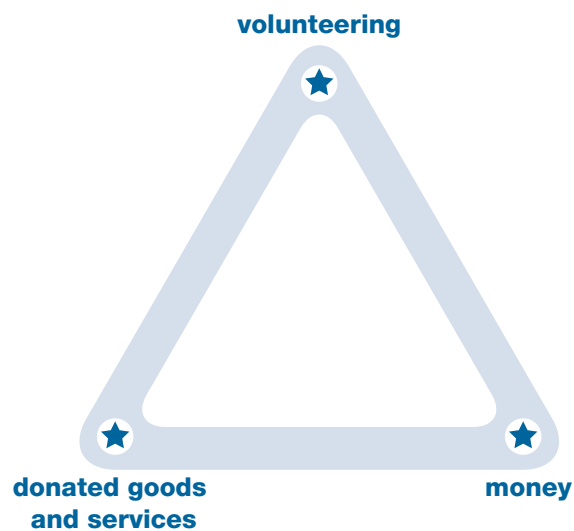
volunteering

donated goods and services

money

Offers of help from the community need to be channelled in a way that does not have a negative impact on the response or the recovery from an event. Any approach needs to also recognise that donated goods and spontaneous volunteers may not be used, or that specific skills may be called for if they are used[8].

Motivations for Goodwill

The public is strongly impacted by news stories about disasters. The media is powerful in invoking profound feelings and connections to people impacted the disaster. It has been suggested this may be to the stage that viewers/listeners begin to feel like survivors themselves[9]. The intensity of this experience pushes people into wanting to do something, which is often around donating goods or time or money. This relieves some of the guilt about watching the disaster unfold and being helpless to either stop it or assist.

module four

Donated Goods and Services

Donated goods or material aid is the provision of goods that may have been destroyed or made inaccessible by the disaster. Material aid typically includes sanitary items and toiletries, bedding, clothing, furniture, personal items and other necessary items. They may be requested or they may be unsolicited donations or supplies.

Goods owned by donors carry stronger connections (for the donor). Money may seem impersonal, particularly as much of it happens through credit card donations. Therefore there is some attraction in donating goods. However it is likely that the main focus of this activity is to relieve the feelings of the donor, not look after the needs of the recipient.

Donations of unsolicited goods can take on a life of its own and public figures such as politicians and community leaders, disaster spokespersons, recovery staff and volunteers often find it very difficult to say 'no'. Much of the effort expended can be about finding ways to keep the donors happy and has very little to do with the needs of the recipients. Research conducted by the Attorney General's Department and the Government of South Australia into the management of donated goods found that recipients had strong concerns about donated goods and commented that they felt the pressure to be grateful for even very substandard goods. Second hand clothing is very rarely seen as a useful donation by people affected by emergencies but these items are usually the bulk of what is donated.

Donated goods may also come from corporate donors in the form of new goods or vouchers.

Volunteers

Motivations for volunteering

The desire to volunteer usually comes in the first week of the event, which coincides with the peak media coverage of emergencies[10]. The need for volunteers, including spontaneous volunteers, to aid in long-term community recovery can continue long after the media coverage has dissipated and the offers of help have dwindled. The nature of volunteering is changing. While many people are still content to follow the traditional path of joining an organisation, there is a trend towards shorter term commitment[11].

Types of volunteering

Volunteering can be 'formal', that is through organisations, or 'informal', which is not through organisations. Volunteering is very much associated with a desire to contribute to society, co-operative altruism, and reciprocity (Oppenheimer and Warburton 2000)[12], though there can be other motivations. Spontaneous volunteering is a phenomenon that is increasingly part of the emergency landscape[13].

'Spontaneous volunteers' are those who seek to contribute on impulse—people who offer assistance following an emergency and who are not previously affiliated with recognised volunteer agencies and may or may not have relevant training, skills or experience[14,15]. Spontaneous volunteers can be individuals, or groups and agencies, who seek to contribute assistance but are unaffiliated with the existing official emergency management response and recovery system.

Three primary spontaneous volunteer sub-groups often referred to in literature are:

▸ professional: skilled and trained but previously unaffiliated—usually from outside the emergency area

▸ spontaneous within affected area: usually motivated by community ownership —unaffiliated and may be unskilled and/or untrained

▸ spontaneous out of area: converging on the scene from outside the community —unaffiliated and may be unskilled and/or untrained[16].

Research identifies five types of spontaneous volunteers, distinguished by their motivations:

▸ Returnees: survivors of the incident

▸ The Anxious: those looking to be empowered through action

▸ Helpers: people who are altruistically motivated

▸ Curious: people whose motivation is driven by wanting to know more about the emergency and see volunteering as a vehicle for this

▸ Exploiters: opportunistic individuals looking to gain recognition or, at worst, access to vulnerable individuals to exert power in any number of ways[17].

Effective management of spontaneous volunteers is based on the principal that those affected by the emergency are the first priority. Offers of assistance can be productive, but can also overwhelm response and recovery agencies attempting to assist people affected by emergencies. One of the most important tools is a clear and agreed communications strategy. Messages put out through the media play a key role in managing spontaneous volunteers[18].

Finding volunteers when they are needed to assist with the huge task of sorting, distributing and ongoing management of donations can sometimes be relatively simple because 'spontaneous volunteers' 'converge' and want to be helpful. However, just because there are people wanting to volunteer does not mean that they are all useful. During the interviews conducted for the Management of Donated Goods report, one volunteer organiser has commented that she had far more volunteers than were needed to do the work and spent much of her time trying to find meaningful things for them to do. Additionally the motives for volunteering can be complex including anxiety, curiosity and exploitation[19].

Money

Experience suggests financial donations are preferable to other types of donations such as material goods. Cash ensures that money can be directed back into the local economy and allows purchases to be made that meet the actual needs of people. This message should be reiterated through media and communications channels.

Unsolicited donations of goods, while well intended, should be discouraged[20]. People who want to help may not be in a position to make a financial donation. Providing alternative suggestions about turning goods into money (e.g. garage sales) and donating the money seems to be one way forward but only works when people are willing to put time and effort into such activities[21].

A successful recovery process identifies the needs of the emergency affected people and communities as early as possible after the event. Where existing arrangements are unable to meet the identified needs a range of options need to be explored. It may be possible to create lists of likely requirements and negotiate with corporate donors to assist in provision of these goods, by prior arrangements. Another option may be through targeted appeals. There is legislation that pertains to financial appeals, and most states have predefined appeal plans as part of their emergency planning. The distribution of financial aid can be complex, and can have both positive and negative effects.

Corporate Donors

There have been three distinct groups of corporate donors identified following emergencies:

▸ The first and largest group are companies who recognise the impact of emergency events and feel because they are in a position to do something, they should do so. They are not looking for recognition, they just want to assist.

▸ A second group seem motivated to gain some marketing advantage and want to know exactly how items are going to be used. They can be insistent on things being done the way they want. In the past, sometimes these companies' goods have been politely declined as needs could either not be matched or the expectations from the company were not useful for the ongoing recovery process.

▸ The third group, which is much smaller, may usually have excess items they wish to get rid of and consider this is a good opportunity as it also provides tax incentives. These donations are only useful when they match need[22].

'In-kind donations should be based on demand, and not on what companies can supply.'

Topic Area 2. Key issues relating to goodwill

Management

It is important to recognise that the effective management of goodwill requires significant effort.

Donated goods and services

One of the main issues with material aid donations is the management of unsolicited donated goods. Often a large proportion of unsolicited donated goods are unusable or inappropriate for recipients' needs. Administration and storage of these goods can be a significant cost and considerable effort can also be required to avoid offending the donors. This diverts resources away from supporting emergency affected people. Despite this, recovery managers are often required to put significant efforts into administration of these goods i.e. unpacking, sorting, storing and distribution[23]. Disposal of remaining goods at the end of recovery programs also requires major effort.

The work of sorting, distributing etc takes large amounts of time away from assisting those recovering. Large numbers of staff and volunteers have to be recruited to sort, organise, distribute and maintain these donations. An example of this is managing donated clothes "Clothing usually comes in small quantities, making it hard to distribute effectively. When it comes in a semi truck, it takes 20 people three whole days to unload, sort and prepare[25]."

Considerations for material aid include:

▸ sorting requires suitable personnel, space and transport

▸ extra accommodation and meals may need to be provided for volunteers in an area where accommodation and food is possibly quite scarce and competes with needs of survivors

▸ there are NGOs, churches and private enterprises that have the expertise to manage donated good

▸ the administration of the goods takes time away from working with survivors as organisers are heavily committed to the personnel undertaking these tasks

▸ storage and organising facilities are required immediately, the facility often needs to be immense, and can be very costly

▸ receiving organisations often carry the cost of transporting to the storage area either by paying the actual costs or by spending time to source suitable transport and drivers.

Money

Managing and donating money is complex and has a number of legal ramifications. States and territories have pre-determined appeal plans as part of their emergency management planning. If organisations or community groups are in a position where they are managing donated income (and this is outside their normal business), they should seek legal advice.

There have been a significant number of lessons learned from previous emergencies regarding the management and distribution of donated money, and many of these lessons are documented in publicly available appeal and evaluation reports.

The National Guidelines for Managing Donated Goods states that there should never be a need for a general appeal for donated goods as this encourages donations of items that are unsuitable, unusable and in quantities that are often unmanageable[24].

module four

Volunteers

Managing spontaneous volunteers after an emergency requires immense effort. The Spontaneous Volunteer Management Kit is available as a resource to support people and organisations managing volunteers after emergencies.

Quality/usefulness

Donated goods and services

One concern about the donation of goods and services is the quality and usefulness of these goods—together with the cost attached to receiving, sorting, distributing and storing them and, in the case of loaned goods, the cost of making good or returning them to the owners.

One of the biggest issues is used and soiled clothing. Most people seem to agree that there is only a limited amount of used clothing that is worth having; usually a fraction of what is actually received. Much of what is received is in very poor condition and really only usable as cleaning rags. Organisers also report that many items that are donated are completely inappropriate for the circumstances, for example winter coats sent to tropical areas[26].

Money

It is important that money distributed through cash grants or 'gifts' is well targeted and promotes resilience and self efficacy in emergency affected people.

Managing Volunteers

While spontaneous volunteers are a valuable resource and can assist community recovery they should only be used when they are required. Spontaneous volunteers are most effective and useful when they are well suited to the role that they will undertake. Following an emergency, potential volunteers should only be used if they have the relevant skills and experience required for the position available[28].

Impact on local economy

Donated Goods and services

Material aid may have a direct impact on the local economy through the loss of income for local businesses. Supply of donated goods can interfere with the rebuilding and sustainability of local businesses as there may be no need to buy anything locally. Uncontrolled and ongoing donation can create expectations and dependency in some emergency affected people.

In addition, having a proportion of the population dependent on donations can drag down the recovery process for the whole community.

Money

Local economic recovery is supported when local residents are able to spend their money to get supplies and services within their area. Local economies are often significantly weakened by emergencies. If goods are purchased locally, the local economy is boosted. In addition, people may be able to get what they really need quicker[30] than if it is coming from outside the area.

The final report by the Salvation Army, following the Eyre Peninsula Bushfires in 2005 stated:

'It was exasperating for the deployed personnel and volunteers to continually unload household goods in extremely poor condition, clothing suitable only as rags, and other goods that were inappropriate (too many bicycles and too many baby prams/strollers and all in poor condition) when they were acutely aware of the desperate need of victims who had literally lost everything[27].'

'If goods can be made locally, maintained locally and bought locally, they should be. Imports depress the local market and raise expectations which can't be met in the future.'

Sue Faulkner in her article A Kindness that can have Devastating Effects[29]

Managing Volunteers

In some cases, spontaneous volunteers may have specialist skills, such as a trade that may be useful. However, it is important that these people do not take work that may be available from local businesses that may need the work. If volunteers are used for work that local businesses have the capacity to provide this may further impact their livelihoods that have already been affected by the emergency.

Impact on recipients

Donated Goods and Services: Negative Impacts

Personal recovery requires emergency affected people to be resilient, resourceful and confident. To reach this stage people need to feel in control of what is happening in their lives.

Those who donate goods after events are inclined to view emergency affected people as helpless individuals unable to make decisions. This myth needs to be destroyed as the reality is very different. Emergency affected people are rarely helpless; although they may be in shock initially they still have opinions, expectations, and the ability to make decisions and be self determining.

"There are also mistaken assumptions or myths that disaster victims are helpless; that they would accept any form of assistance (no matter how undignified or insulting);" writes Alan McLean in his article *Problems and Solutions*. This myth is very familiar in Australia[31]. It is not uncommon following emergencies to encounter an attitude that 'if you have nothing you will be happy with anything, irrespective of its quality.' It is important that this misconception is dispelled. Being clear, honest and transparent about what is and is not needed is important.

From the perspective of the operational relief organisers and those affected by the emergency events, donated goods are rarely of much value to the recovery process.

Donated Goods and Services: Positive Impacts

Not all donated goods and services have a negative impact on people affected by emergencies. Recipients have strongly expressed gratitude for the support and caring of the public in assisting them after their trauma. What appears to be most important is the thoughtfulness that goes with the donations, concern expressed through providing helpful items, and care in making and giving items that require time from the donors. The latter items are particularly treasured and give encouragement and support for many years[34].

The uplifting effect of the knowledge and demonstrated evidence that people are thinking of them and trying to help is a positive side to donations which cannot be underestimated. This comes through strongly when people donate goods with thoughtfulness.

A survivor of the Port Lincoln bushfires said:

'*I did feel overwhelmed by the amount people were giving us (and often strongly did not want) but felt we should always accept and be grateful because we were grateful for their generosity and caring, if not the goods…I felt also that we were often expected to be grateful and even "lucky" as a couple of people said out of misguided kindness[32].*'

'*The generosity of people was hugely important in our recovery but I personally did not want 'stuff'... So I think the key is to be given encouragement and choice[33].*'

A Canberra bushfire survivor commented:

'*Some of our most treasured items are the ones that were made, with love, by complete strangers[35].*'

For recovery to be successful, all activities need to be focussed towards supporting resilience and self efficacy. Issues to note include:

‣ recipients feel they have limited control and limited choice because of the way donations are imposed upon them

‣ donation of poor quality items is perceived as disrespectful, even sometimes insulting, and may put survivors back into the "victim" role

‣ donations that are handmade and perceived as being given with thoughtful consideration are very valuable

‣ the empathy of the donor is important to the recipient

‣ some caring donations can have a long-term positive impact on the life of the survivor and support the recovery process immensely.

Money

Negative effects

While financial donations are the preferred method of goodwill, if not managed well there is potential for negative issues to arise.

It is important to be considered when establishing cash grant or 'gift' criteria, as this can be divisive within an emergency affected community. Transparency is important to mitigating divisions and myths around grants. If managed poorly, cash grants can create dependencies or unrealistic expectations in some recipients.

Positive effects

There are many positive elements to goodwill being received in the form of financial donations. By distributing cash grants and funding for community projects, people who have been affected by emergencies can be self-determining when prioritising and addressing their own needs. Additionally the money can be used to stimulate local economic recovery.

Managing Volunteers

Positive

Spontaneous volunteers are a valuable and flexible resource. They should be seen as a ready workforce that is available to free up existing volunteers and staff in the response to an emergency or supporting in recovery. Spontaneous volunteers may be highly skilled and have crucial local knowledge and trust of the community[36].

Negative

Potential spontaneous volunteers will have a variety of skills and these skills may not be appropriate to the work available to them[37]. In addition, if spontaneous volunteers are not managed effectively it may become overwhelming for volunteer coordinators and recovery workers. A volunteer organiser who participated in the Management of Donated Goods research project commented that she had far more volunteers than were needed to do the work and she spent much of her time trying to find meaningful things for them to do. Volunteers may also become frustrated if they are not managed effectively, this has the potential to lead to future disengagement with mainstream volunteering[38].

The media

There is an opportunity for the media to play a positive role by delivering appropriate goodwill messages.

Donated Goods and Services

The media have a crucial role to play regarding donations of goods and services. By having clear, proactive messaging, much of the difficulty of managing donated goods can be mitigated. It is important that all people speaking to the media are consistent in their messaging. Proactive messaging can be helpful rather than reacting after goods have been donated. The National Guidelines for Managing Donated Goods states that there should never be a need for a general appeal for donated goods as this encourages donations of items that are unsuitable, unusable and in quantities that are often unmanageable.

Money

Promotion through the media is a key way to promote requests for financial donations. The media can also be a helpful vehicle to promote financial assistance available to affected people.

Managing Volunteers

Messaging through the media is a good way to encourage volunteering and to promote key messages such as where to register. Research conducted by Cottrell found that over 80% of people are prompted to volunteer by media coverage during the first week following the emergency[39]. This coincides with the peak in media coverage of the emergency events[40].

Topic Area 3. It is ok to say yes or no. When might you say no.

The management of goodwill following an emergency can be costly, both in time and money. The dedication of significant resources is required if goodwill is to be managed effectively.

Goodwill, be it in the form of donated goods and services, volunteers or money can have both positive and negative effects. For goodwill to have a positive effect, it needs to:

▸ meet the needs of affected people

▸ have the needs and wants of recipients rather than donors as the paramount consideration

▸ reinforce or support the resilience and autonomy of emergency affected people

▸ be timely

▸ not be "done to", forced or imposed on people affected by emergencies

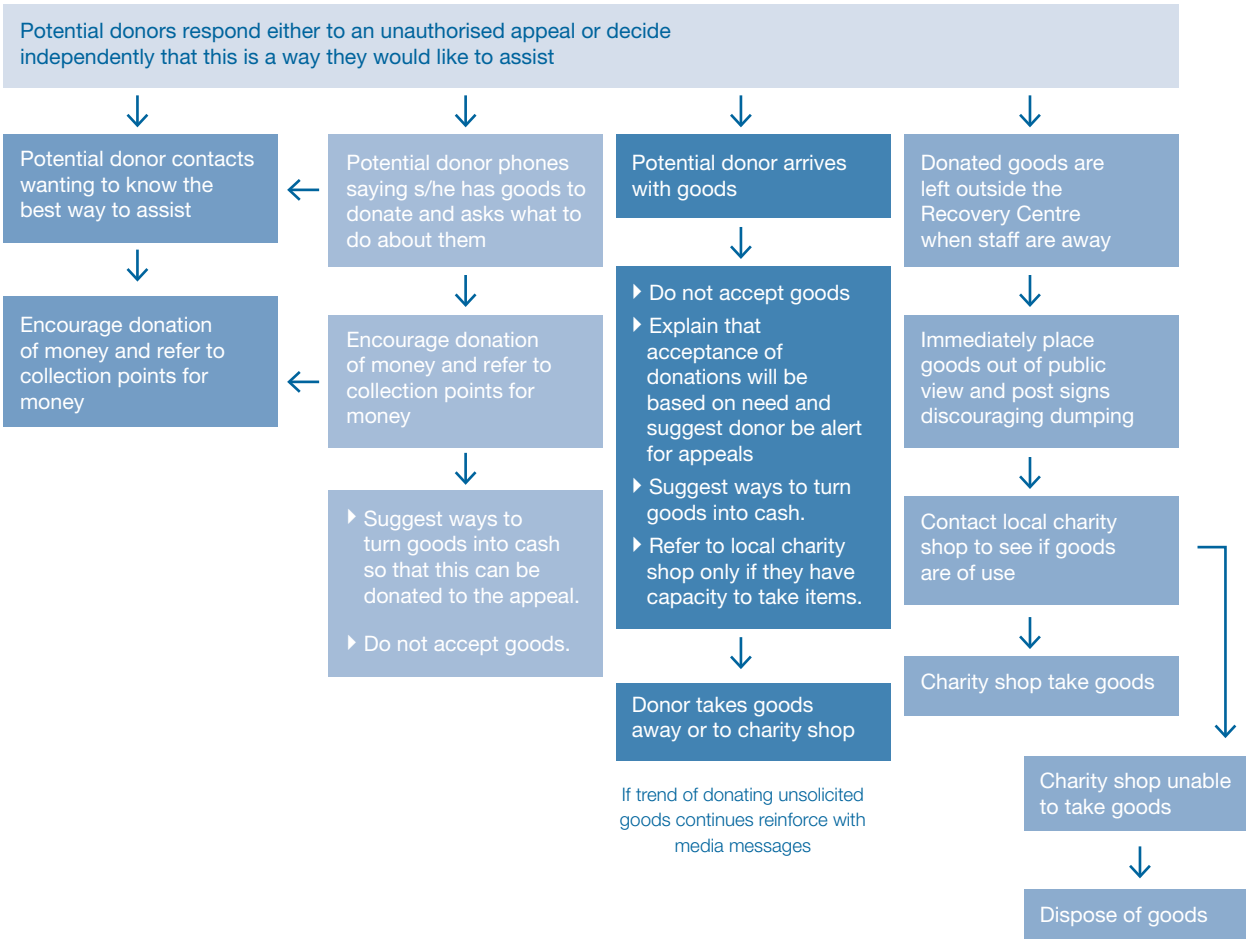It is ok to say no to offers of goodwill. Examples of when a community or leader might say no to offers of goodwill include:

▸ when the offer does not meet the needs of the people affected by the emergency

▸ when the offer is not timely

▸ when there is no (or limited) capacity to manage the offer

▸ when the donor needs are overwhelming, unreasonable or incompatible with the needs of those affected by the emergency.

Flow of unsolicited donated goods

Figure 10 – Flow of Unsolicited Donations
(National Guidelines for managing donated goods)

Potential donors respond either to an unauthorised appeal or decide independently that this is a way they would like to assist

Potential donor contacts wanting to know the best way to assist

Potential donor phones saying s/he has goods to donate and asks what to do about them

Potential donor arrives with goods

Donated goods are left outside the Recovery Centre when staff are away

Encourage donation of money and refer to collection points for money

Encourage donation of money and refer to collection points for money

‣ Do not accept goods
‣ Explain that acceptance of donations will be based on need and suggest donor be alert for appeals
‣ Suggest ways to turn goods into cash.
‣ Refer to local charity shop only if they have capacity to take items.

Immediately place goods out of public view and post signs discouraging dumping

‣ Suggest ways to turn goods into cash so that this can be donated to the appeal.
‣ Do not accept goods.

Contact local charity shop to see if goods are of use

Donor takes goods away or to charity shop

If trend of donating unsolicited goods continues reinforce with media messages

Charity shop take goods

Charity shop unable to take goods

Dispose of goods

Flow of solicited donated goods

Figure 11 – Flow of Soliciated Donations
Source: National Guidelines for managing donated goods

Appeal is made for donations of specific goods in excellent or new condition

Donor sends or delivers goods in excellent condition as requested

Donor sends poor quality goods or goods not requested

Donor delivers poor quality goods or goods not requested

Organisation sorts and stores as per already developed plans

Check if local charity shop can accept goods

▸ Do not accept goods
▸ Reinforce message that acceptance of donations will be based on need and offer to refer donor to a local charity shop to take the goods
▸ Thanks donor and suggest ways of turning goods into cash

Goods are made available to affected community

Yes

No

Send goods to charity shop

Dispose of goods

Donor takes goods to charity shop or takes goods away

If trend of donating unsolicited goods continues reinforce with media messages

module four

Topic Area 4. Tips & tricks for harnessing goodwill

▸ Use the media: The media can be an effective way to either encourage or discourage donations of goodwill. Make sure that the spokesperson to the media is well briefed on both the current needs of the community and the consequences of unsolicited goodwill. It is important that the spokesperson can speak about these issues clearly, confidently and positively. It is important that all people speaking to the media are consistent in their messaging. Proactive messaging through the media can help mitigate some of the challenges of managing goodwill.

▸ Have a coordinated approach: Ensure that there is an appointed lead for the different components of goodwill (e.g. an organisation, team or committee that agrees to manage all spontaneous volunteers). Make sure that all players in recovery understand who is doing what and are consistent in key messages and how to direct offers. It is not helpful to pass a potential donor around from one person or organisation to another with different messaging. For example, if there has been a decision that no donated goods will be accepted, everyone should be promoting the same message.

▸ Be honest: Be clear and transparent about where donated goods and money will be going from the beginning so that donors have a choice about whether to proceed with their donation. Also be clear and transparent about whether there is a need for volunteers.

▸ It's ok to say no to offers of assistance: there are lots of good reasons to say no to offers of goodwill. It is important to be clear, honest and polite when declining offers of goodwill.

▸ The timing of assistance is important: It's ok to go back to donors to ask if they could provide their offer at a later time. For example, if a company wants to donate white goods, but it's unclear how many items will be needed, if it will impact the local economy negatively, and if there will be storage issues, ask the donor if they would be willing to hold onto their offer for some time and for you to come back to them. Be clear about why you're asking for more time to make a decision, and the issues that you need to sort out.

▸ Explain why you are saying no: Declining an offer of assistance can be part of a broader education about goodwill after emergency events. Be clear, honest, consistent and transparent about why you are saying no to an offer.

module four appendix

further reading

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literature',* Disaster Prevention and Management,
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appendix

glossary

Community

A group of people who live together in an environment, or who share common cultural, religious or other social characteristics. For example, those who belong to the same ethnic group; to the same church; work as farmers; or those who are volunteers in the same organization[1].

Disaster

An unforeseen and often sudden event of natural or human origin that causes widespread damage, destruction and human suffering. A disaster overwhelms local capacity, necessitating a request for external assistance at a national or international level[2].

Empowerment

Gaining control of the decisions that impact one's life, as an individual or as a group. This is mainly achieved by setting up structures that allow people to regain control over some aspects of life, a feeling of belonging and of being useful.

Mitigation

Sustained actions taken to reduce or eliminate long-term risk to people and property from hazards and their effects[3].

Preparedness

Ensures that people are ready for a disaster and will respond to it effectively; it includes steps taken to decide what to do if essential services break down, developing a plan for contingencies; and practicing that plan[4].

Psychological

Something that is mental in origin – the study of the human mind. It may characterise an event, process or phenomenon arising in the individual's mind or directed at an individual's mind[5].

Psychosocial

Refers to the dynamic relationship between the psychological and social dimension of a person, where the one influences the other. The psychological dimension includes the internal, emotional and thought processes of a person – his or her feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices.

Psychosocial support

Refers to the actions that address the psychosocial needs of individuals and of communities, taking into consideration psychological, social and cultural aspects of well-being[7].

Psychosocial well-being

The positive state of being when an individual, family or community thrives. It is influenced by the interplay of human capacity (psychological and physical), social ecology and culture and values.

The Psychosocial Working Group

The membership of the Psychosocial Working Group comprises five academic partners (Centre for International Health Studies, Queen Margaret University College, Edinburgh; Columbia University, Program on Forced Migration & Health; Harvard Program on Refugee Trauma; Solomon Asch Centre for the Study of Ethnopolitical Conflict and University of Oxford, Refugees Studies Centre) and five humanitarian agencies (Christian Children's Fund; International Rescue Committee, Program for Children Affected by Armed Conflict; Medecins Sans Frontieres - Holland; Mercy Corps and Save the Children Federation). The work of the group has been supported by a grant from the Andrew Mellon Foundation. Further details at: www.forcedmigration.org/psychosocial and www.qmuc.ac.uk/cihs

Recovery communications

Refers to the practice of sending, gathering, managing and evaluating information in the recovery stage following an emergency[8].

Resilience

A person's ability to cope with challenges and difficulties, and to recover quickly. Often described as the ability to 'bounce back'[9].

Response

Activities that address the immediate and short-term effects of an emergency or disaster. Response activities include immediate action to save lives, protect property, meet basic human needs and restore water, sewer, and other essential services[10].

Risk

The probability of the occurrence of an event or condition[11].

Social

Relations between people[12].

Stress

A normal response to a physical or emotional challenge which occurs when demands are out of balance with resources for coping. At one end of the scale, stress represents those challenges which excite us. At the other end, stress represents situations where individuals are unable to meet the demands upon them, and ultimately suffer physical or psychological breakdown[13].

Stressor

A stressor is any change, be it positive or negative, which triggers a stress response. Stressors may be external or internal. External stressors are conflicts, changes of jobs, poor health, loss, lack of food, noise, uncomfortable temperatures, lack of personal space/privacy etc. Internal stressors include thoughts, feelings, reactions, pain, hunger, thirst etc.

Trauma

Used commonly to describe either a physical injury or a psychological injury caused by some extreme emotional assault. Definitions of what constitutes a trauma are subjective and culture bound[14].

Vulnerability

The measure of capacity to weather, resist or recover from the impacts of hazards in the long as well as short term[15].
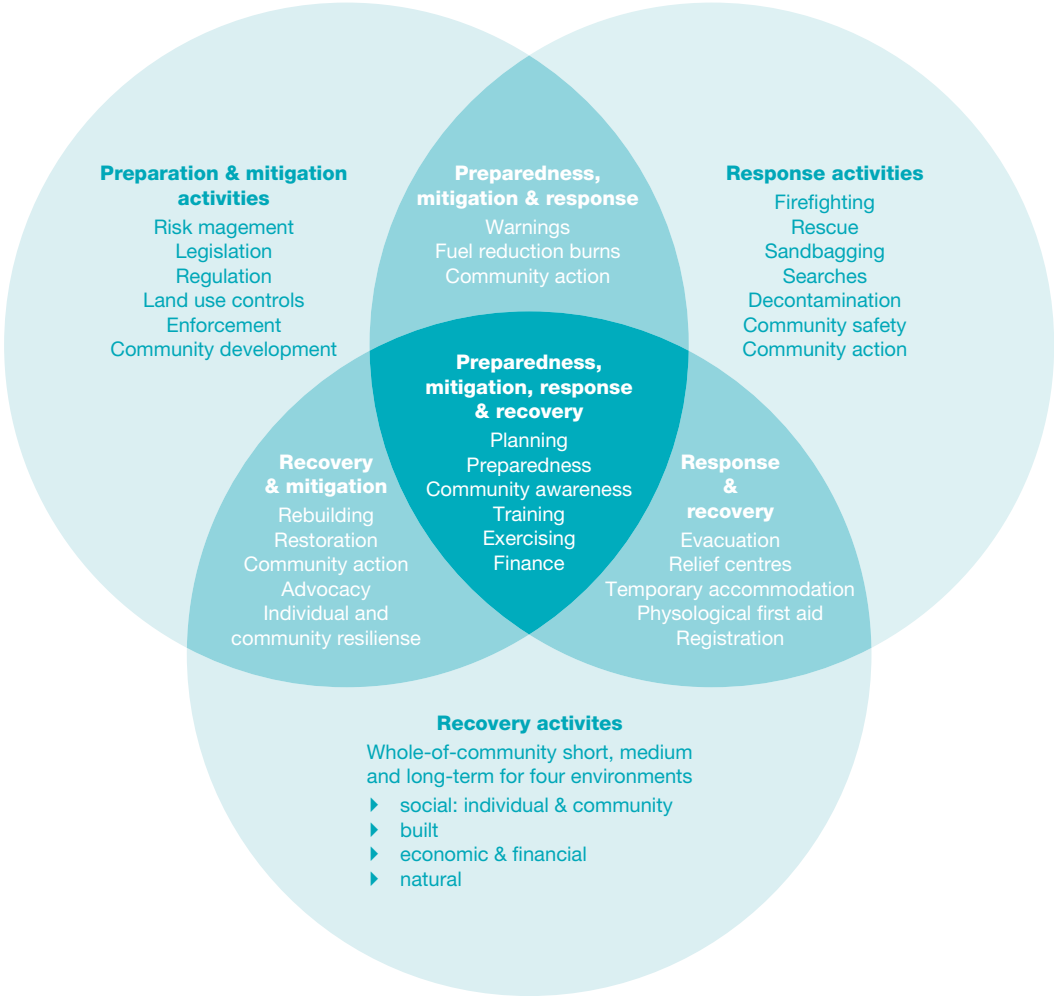
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figure 1: programs and activities supporting disaster prevention (mitigation), preparedness, response and recovery

Preparation & mitigation activities
Risk magement
Legislation
Regulation
Land use controls
Enforcement
Community development

Preparedness, mitigation & response
Warnings
Fuel reduction burns
Community action

Response activities
Firefighting
Rescue
Sandbagging
Searches
Decontamination
Community safety
Community action

Preparedness, mitigation, response & recovery
Planning
Preparedness
Community awareness
Training
Exercising
Finance

Recovery & mitigation
Rebuilding
Restoration
Community action
Advocacy
Individual and community resiliense

Response & recovery
Evacuation
Relief centres
Temporary accommodation
Physological first aid
Registration

Recovery activites
Whole-of-community short, medium and long-term for four environments
▸ social: individual & community
▸ built
▸ economic & financial
▸ natural

Note: Some terminology may differ across states/territories and nationally.

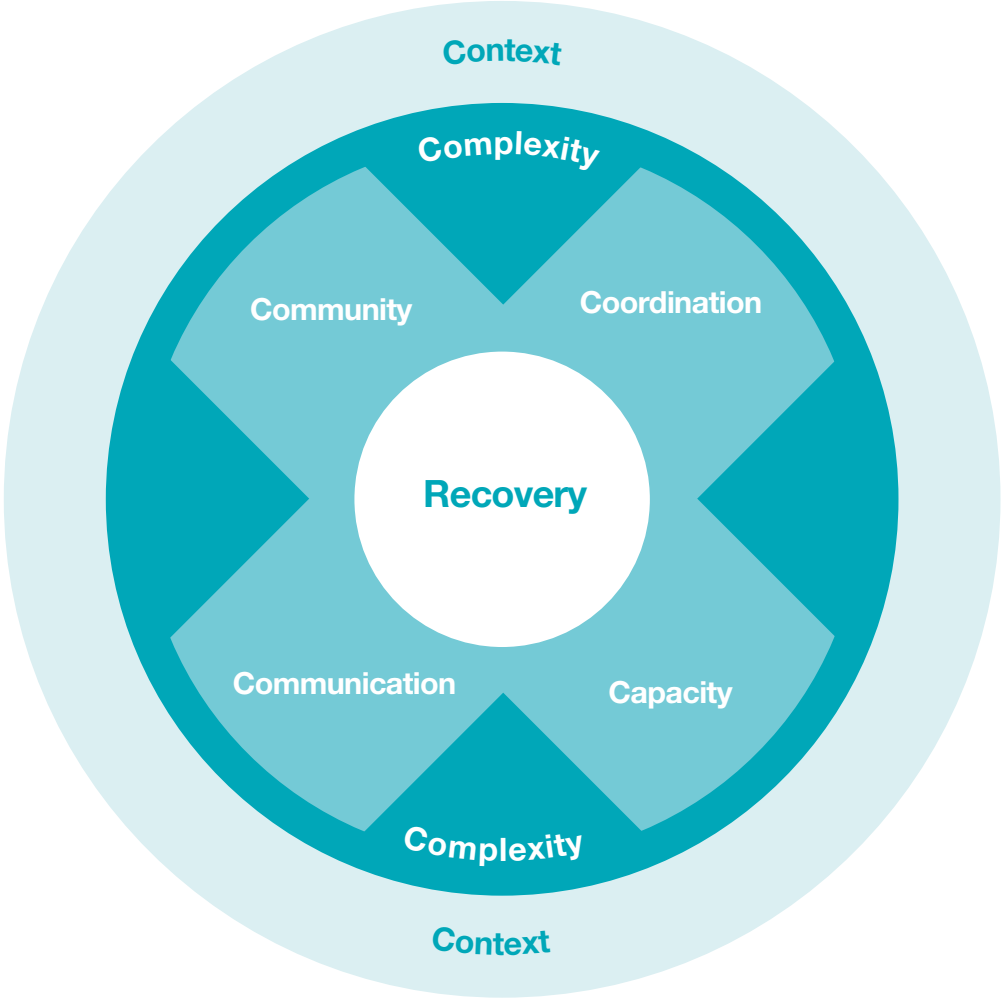Australian Emergency Management Institute, *Community Recovery Handbook 2*

figure 2: effect of disaster on ongoing community development and interface with relief and recovery

Australian Emergency Management Institute,
Community Recovery Handbook 2
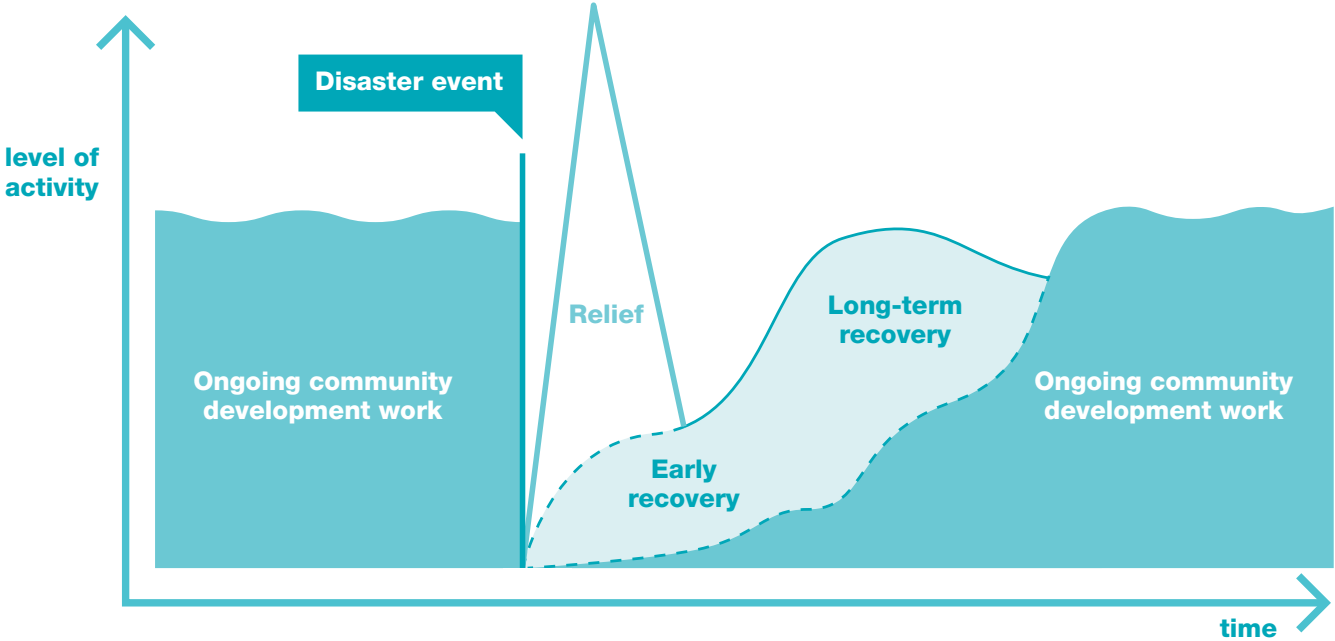
figure 3: the national principles for disaster recovery

figure 4: the multi-layered aspects of community

community

locality/neighbourhood
and or common interest group

family/household

individual

**figure 5: the four environments
– integral aspects of community recovery
(the 'propeller' model)**

Built
environment

Social
environment

Community

Natural
environment

Economic
environment
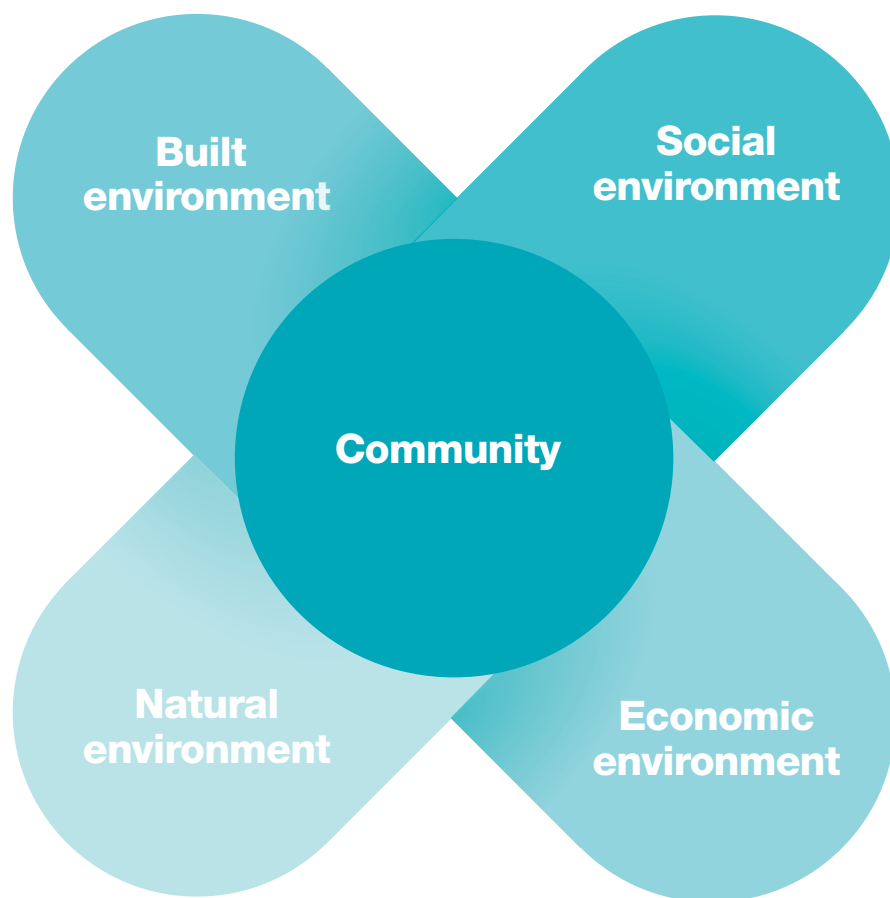
figure 6: australian red cross recovery model
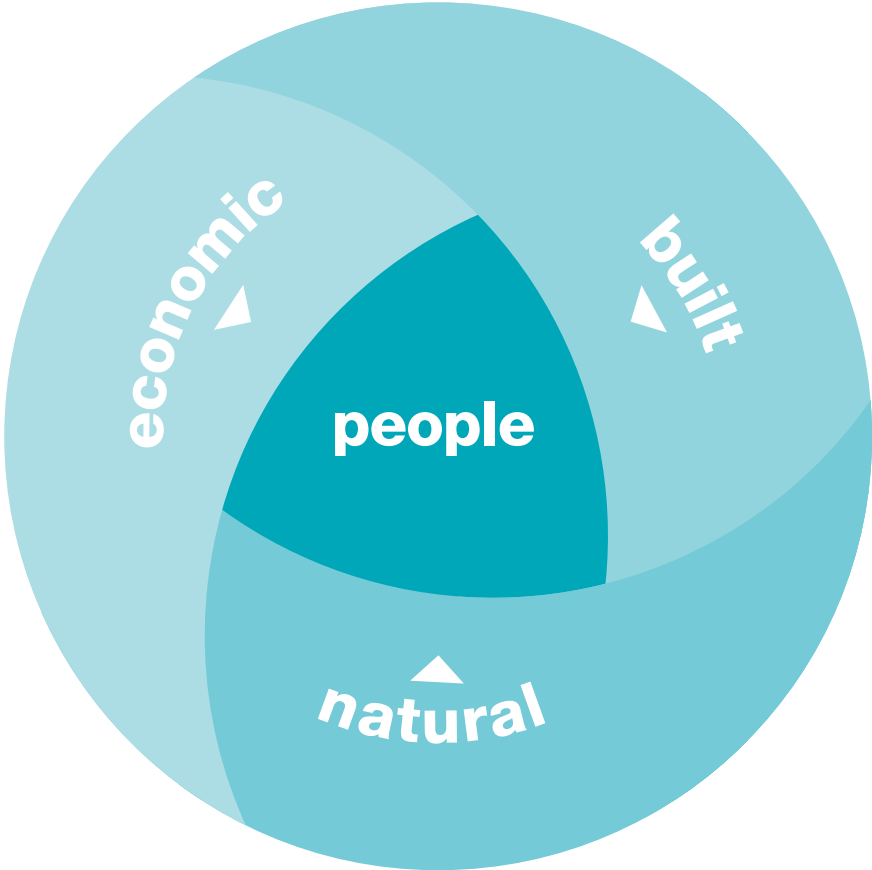
figure 7: prototypical patterns over time

disruptions in normal functioning

growth

resistant

resilient

delayed
chronic

event   months   years
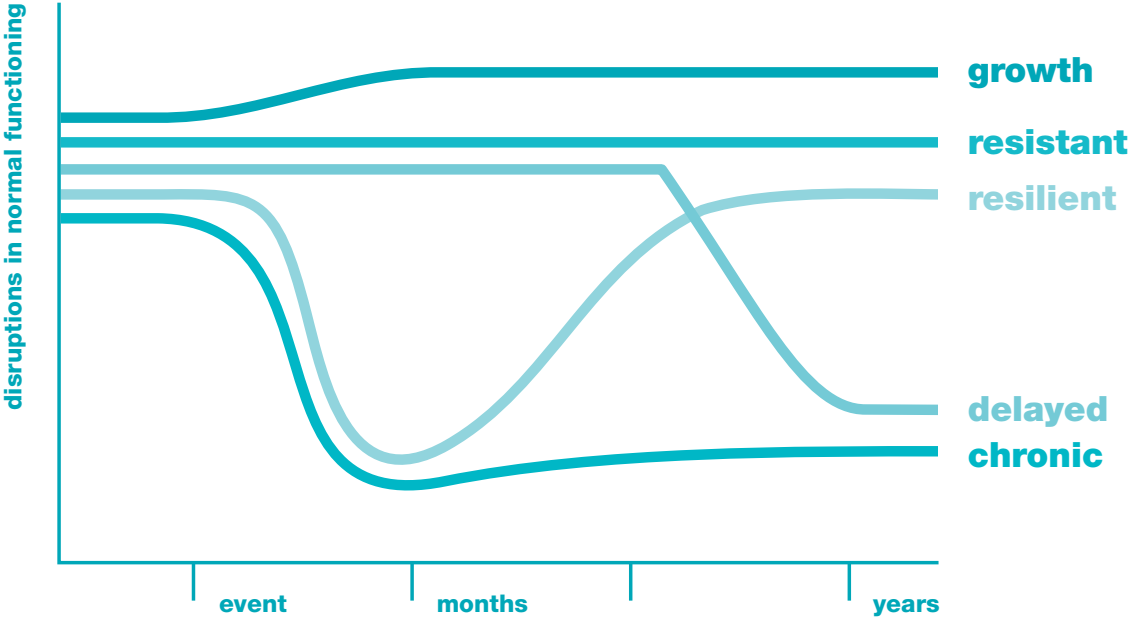
figure 8: different phases that individuals and communities might experience post-disaster
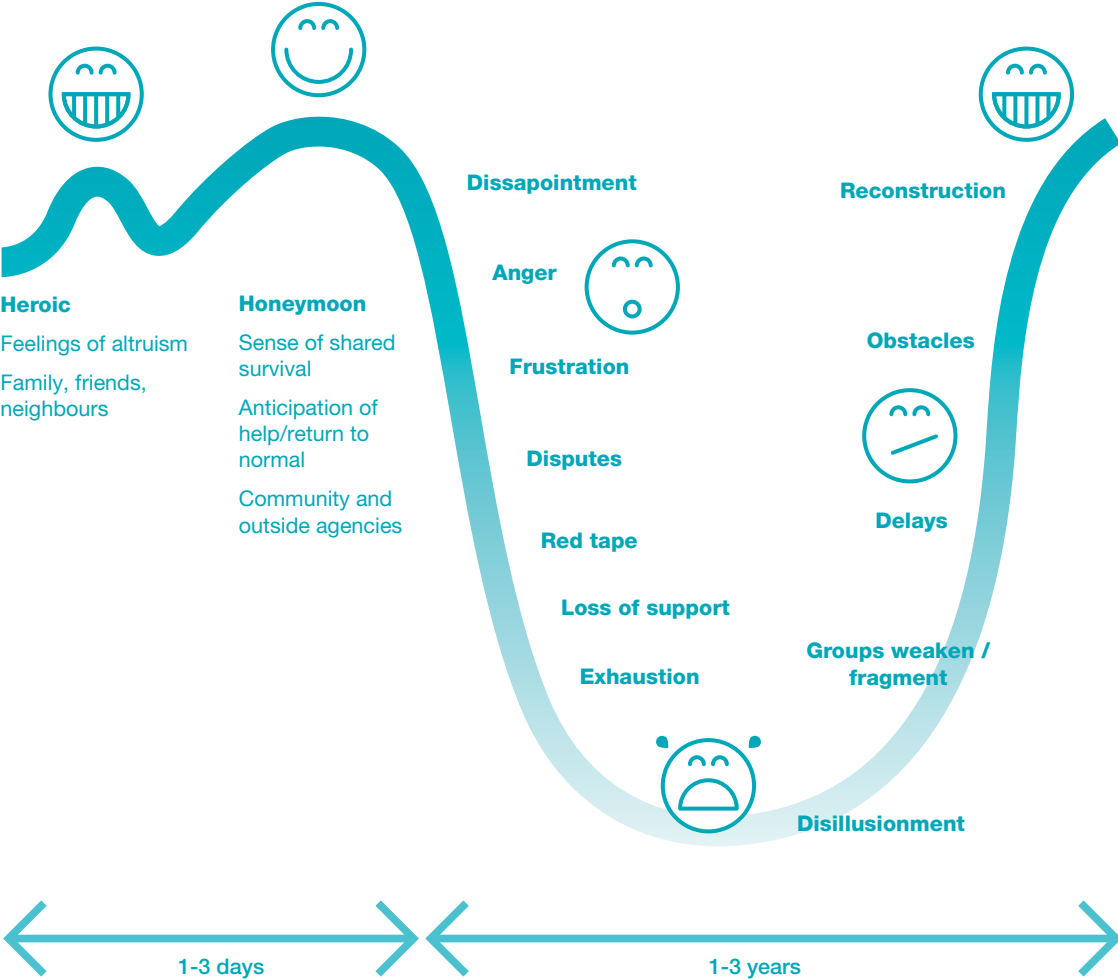
Heroic

Feelings of altruism

Family, friends, neighbours

Honeymoon

Sense of shared survival

Anticipation of help/return to normal

Community and outside agencies

Dissapointment

Anger

Frustration

Disputes

Red tape

Loss of support

Exhaustion

Disillusionment

Reconstruction

Obstacles

Delays

Groups weaken / fragment
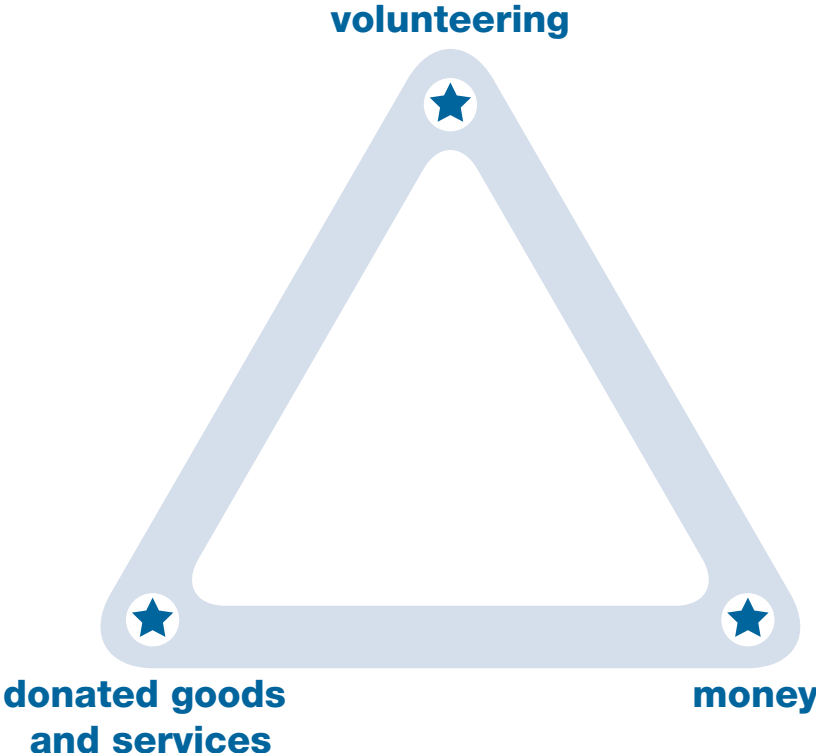
1-3 days

1-3 years

figure 9: summary of WHO predictions of the prevalence of psychosocial problems after an emergency

Psychosocial problem	Before emergency — 12 month prevalence	After emergency — 12 month prevalence
Severe mental disorder (such as psychosis, severe depression, severe disabling anxiety disorder)	2-3%	3-4%
Mild or moderate mental disorder (such as mild and moderate depression or anxiety	10%	20% (reduces to 15% with natural recovery)
Moderate or severe psychological/social distress (no formal disorder but severe distress)	No estimate	Large percentage (reduces due to natural recovery)
Mild psychological/social distress	No estimate	Small percentage (increases over time)

DHS 2009, p5 (adapted from van Ommeren 2006)

goodwill triangle

volunteering

**donated goods
and services**

money

community capitals

Communities are complex entities and disasters have an impact on all aspects of a community. A community's resilience and ability to 'bounce back' after a disaster will affect the length of the recovery process.

The following lists the variety of assets in a community which are affected by disasters:

▶ human capital: examples include labour power, health, social wellbeing, nutritional status, education, skills and knowledge

▶ social capital: examples include those stocks of social trust, interconnectedness, norms, and social and economic networks that people can draw upon to solve common problems and support community functioning—social capital is mediated through networks and group membership (formal and informal)

▶ physical capital: examples include houses, vehicles, equipment, infrastructure, information technology, communications, livestock, assets, etc

▶ natural capital: examples include access to land, water, wildlife, flora, forest

▶ financial capital: examples include savings, tradeable commodities, access to regular income, insurance, net access to credit

▶ political capital: examples include individual/group/community ability to influence policy and the processes of government—political capital is underpinned by the mutual communication between government and citizens, which allows citizens to participate in the formulation of policy and the provision of government services (ILO & FAO 2009).

scenarios & case studies

Facilitator Note

In preparation for your session the scenarios and ease studies will need to be printed and cut out.

scenario 1

Mary is concerned about her husband, Bill, following a bushfire that affected their community and damaged their home. Bill is refusing to talk to her about how he is feeling, telling her that he is fine even though he seems quite stressed and upset.

scenario 2

Susan's community, including her family's home, has been heavily impacted by a flood. Susan has become very involved in her community's recovery. Susan has taken charge of managing the material donations centre and is also attending the daily community meetings. Susan often provides the morning or afternoon tea for the meetings.

Susan's three children used to walk to the local school however, they are temporarily attending school in another town an hour away so Susan drives them their each day. Susan is aware that many of the other parents in her community are struggling. So she often offers to look after her friends children also so that her friends can have some time to deal with all paperwork and appointments they have.

scenario 3

John's property was significantly affected by a cyclone. He employs a number of workers on his banana plantation and knows that these people will need work in the coming weeks as they too have been affected by the cyclone and will need the income. Despite this, John knows he has a lot to do before he will be ready to provide work for his staff and he is worried that he won't be able to. John can't seem to figure out where to start, there has been significant damage to the banana crop as well as to the infrastructure on the property. John feels it is all important and is trying to do as much as he can as quick as possible.

scenario 4

It is three days after a cyclone has affected your community and a group of people have arrived on a bus wishing to provide assistance. They seem reasonable self contained and have food, equipment etc. They have indicated that they belong to a religious group but are not clear on which religion they are associated with. They would like to officer counselling services and meditation sessions.
The group has mentioned that they are planning on staying in the community for 3 or 4 months to help.

scenario 5

A peak body for electricians has contacted your community three months after a bushfire has destroyed and damaged a significant number of homes. They would like to offer their assistance but don't want to hinder the work of local tradespeople by taking away their work. They can send teams of qualified, registered electricians to your town every weekend for the next 8 weeks. These people will have all their own equipment and insurance and will be volunteers. These tradespeople will all be from out of town.

scenario 6

It is day five following a flood in your community and a group of eight childcare workers have arrived at the recovery centre in 2 cars. They are concerned that children's needs may be being overlooked in the recovery centre and as parents return to their homes. They would like to offer child care services and entertainment and activities for children.

They are all from out of town. They all have relevant checks for working with children. None of them have ever worked in a post emergency environment before.

They have brought lots of children's activity equipment with them.

scenario 7

Donation of $10,000 to help the communities recovery from a 'Probus'/club from a sister city.

scenario 8

A truck arrives full of clothes donated from a collection from high profile school in another city.

scenario 9

A high profile white goods company has offered 100 washing machines. You know at least 500 families in your town need new washing machines. They want to deliver the new washing machines next week and cover it in the press.

scenario 10

A high profile white goods company has offered 100 washing machines. You know at least 500 families in your town need new washing machines. They want to deliver the new washing machines next week and cover it in the press.

scenario 10

It is week six after a bushfire, many people affected by the bushfire are living locally in temporary accommodation and it is autumn. A sewing group from across the country has heard about the event and has sewed 12 quilts, and think they can sew another in the next 12 months. They would like to donate them to families with small children and older people living alone.

scenario 10

A large, well known department store has offered gift vouchers of $200. They are 10,000 houses that have been damaged in your town. The department store is happy for the criteria for receiving the vouchers to be determined locally. The nearest department store is two hours away. There will be some media coverage around this offer.

scenario 13: part one

You are coordinating community dinners three times a week to encourage people in your community to get together, catch up and exchange information.
The feedback from the community members has been very positive. The dinners are popular and increasingly well attended. There is no specific budget for this activity and you are currently looking at how to sustain these events for the next 3 months. A well known and popular ice-cream company contacts you to offer you a range of their stock. The quantities they offer you are enough for dessert at the events for the next two months.

What do you say?

scenario 13: part two
say YES

The company representative is thrilled when you call and tell you how excited they are to be working with you. They are happy to finalise the details the following week, but would like to send their CEO and a cameraman to get the PR ball rolling the next day. You agree, and help arrange photo opportunities with community members. The next week, a major newspaper picks up the story and it is widely publicised. The company representative calls to confirm the details. It is only then that she informs you:

▸The only product they will be giving you is their failed unpopular Apricot Soy Delight

▸The product is 4 weeks away from the use by date

▸You will need to arrange transport

▸All the stock will need to be sent in one lot. You do not have any adequate storage facility.

What do you do?

scenario 13: part two
say NO

The company representative is quite abrupt with you when you call to say "Thanks but we are not in a position to accept your offer".

The following week, you receive a call from a major newspaper. They tell you they are running a story to say your town in refusing to accept offers of assistance despite people being in great need. They say they have spoken to the ice-cream company, and ask if you would like to comment. What do you do?

case study 1: bras to the Pacific

A Pacific Island community with a sister city in Australia sustained damage to houses after an emergency. In many cases, families lost all of their clothing. One woman was interviewed saying she was distressed because she had nothing to change into, including underwear. The women of the sister city in Australia empathised with this woman and worked hard to lobby department and chain stores to donate new underwear and they would organise to have it sent to the affected town. This was successful, hundreds of bras and underpants were shipped.

As it turned out, the underwear was unsuitable (sizes, fabrics, cultural norms around styles), but not wanting to appear ungrateful, a community leader from the affected town made sure a big thank you, including letters of thanks, certificates and photos were sent back to Australia. So happy and motivated by the positive feedback the women in Australia coordinated regular shipments of the stock to be sent. The community now feels unable to say "stop" so the stock is using up a large part of the emergency relief warehouse in the affected community.

case study 2: breast milk for Haiti

A lactation consultant in the United States heard that babies in Haiti may be in need of donated breast milk. The consultant made sure to put the word out for donated breast milk through her online database of about 1,000 and classes. This spread through a number of breast feeding advocates and a prominent breast feeding Association issues a press release with an "urgent call" for breast milk for orphaned and premature babies in Haiti.

The group arranged for donation and transport of around 14 litres of breast milk, enough feed a newborn for a couple of weeks, to the U.S. Navy ship Comfort, the hospital ship parked off the coast of Haiti. The ship is equipped with a neonatal intensive care unit and freezer space.

session planning template

Module	Session	Notes	Activity	Resources	Time

Total Session Time

sign in for community recovery information session form

Australian Red Cross
THE POWER OF HUMANITY

sign in for community recovery information session

event

location

date

first name	last name	email address	suburb	phone number (optional)

content change form

content change form

name

state

email

phone

topic area

	1	2	3	4	5
module one	☐	☐	☐	☐	☐
module two	☐	☐	☐	☐	☐
module three	☐	☐	☐	☐	☐
module four	☐	☐	☐	☐	☐

page number

insert sentence/paragraph etc in question

what do you recommend this be changed to? why should this be changed?

action recommended   ☐ change content   ☐ remove content

activity change form

activity change form

name	state

email	phone

topic area

	1	2	3	4	5
module one	☐	☐	☐	☐	☐
module two	☐	☐	☐	☐	☐
module three	☐	☐	☐	☐	☐
module four	☐	☐	☐	☐	☐

page number

insert sentence/paragraph etc in question

what do you recommend this be changed to? why should this be changed?

action recommended   ☐ change content   ☐ remove content

stress

Adapted from Gordon, R – Information and advice about stress, trauma, and psychological first aid

General Stress

Stress is the body's natural way of getting the energy to work outside the normal comfort zone. The longer a person is under stress, the more time they store tension in the mind and body. Being under stress for any length of time leads to typical reactions. There are the normal signs of the rebound from the "high" they have been experiencing.

The general symptoms of stress are described below:

Physical

Dizzy, sweating, pale, trembling, palpitations, jumpy, nausea, diarrhoea, headache or other aches and pains, loss of appetite, increased dire for stimulants, sugar, alcohol, tobacco, coffee. Bodily tension, fatigue and tightness in muscles. Weak feelings, tiredness, loss of energy and enthusiasm. Sleepy but cannot sleep, disturbed sleep, dreams and nightmares.

Behavioural

Apathy, restless, "black" humour, sleep disturbance, increased alcohol, tobacco, caffeine, changed behavioural patterns or habits exercise, eating, sex) slurred or confused speech.

Mental

Poor memory, organization, planning, decision making. Can't concentrate or remember details, low attention span. Confusion, misunderstanding. Forget names, lose track of thoughts. Trouble thinking clearly. Can't stop thinking about the worries all the time. Keep thinking about bad times in the past. Not speaking clearly, slurring words.

Emotional

Excitement, high spirits, cynicism, frustration, depression, vulnerable, suspiciousness. Inappropriate emotions eg. Laughter, jokes. Feel detached from things, don't care anymore. Irritable, bad tempered, impatient and restless, unable to relax or keep still. Feeling overwhelmed, everything seems too hard or difficult. Tearful at times for no reason. Easily upset or hurt, oversensitive to what other do and say. Insecure and wanting to stay in familiar places with routines. Feeling very emotional, waves of anger or worry that are nor reasonable.

Social

Excessive talking about the event or need of support, distrust, misunderstandings and conflict in close personal relationships. Feel others are to blame and get things all out of proportion. Can't feel happiness, enjoyment or affection for loved ones. Changed relationships with those close to you. Don't want to be with family or friends or always need to be around them. Have to talk about it all the time. Feel that others don't understand or don't seem to care.

Existential/Spiritual

Disillusionment, loss of interest, wonder what the point of it all, question values and philosophy of liked, cynicism. Moody, gloomy, feeling sad and hopeless as though it will never end.

applying the national principles

Understanding the context

Successful recovery is based on an understanding of the community context. Recovery should:

▸ appreciate the risks faced by communities;

▸ acknowledge existing strengths and capacity, including past experiences;

▸ be culturally sensitive and free from discrimination;

▸ recognise and respect differences; and

▸ support those who may be more vulnerable; such as people with disabilities, the elderly, children and those directly affected.

Recognising complexity

Successful recovery acknowledges the complex and dynamic nature of emergencies and communities. Recovery should recognise that:

▸ information on impacts is limited at first and changes over time;

▸ affected individuals and communities have diverse needs, wants and expectations, which are immediate and evolve rapidly;

▸ quick action to address immediate needs is both crucial and expected;

▸ disasters lead to a range of effects and impacts that require a variety of approaches; they can also leave long-term legacies;

▸ conflicting knowledge, values and priorities among individuals, communities and organisations may create tensions;

▸ emergencies create stressful environments where grief or blame may also affect those involved;

▸ the achievement of recovery is often long and challenging; and

▸ existing community knowledge and values may challenge the assumptions of those outside the community.

Using community-led approaches

Successful recovery is responsive and flexible, engaging communities and empowering them to move forward. Recovery should:

▸ centre on the community, to enable those affected by a disaster to actively participate in their own recovery;

▸ seek to address the needs of all affected communities;

▸ allow individuals, families and communities to manage their own recovery;

▸ consider the values, culture and priorities of all affected communities;

▸ use and develop community knowledge, leadership and resilience;

▸ recognise that communities may choose different paths to recovery;

▸ ensure that the specific and changing needs of affected communities are met with flexible and adaptable policies, plans, and services; and

▸ build strong partnerships between communities and those involved in the recovery process.

Ensuring coordination of all activities

Successful recovery requires a planned, coordinated and adaptive approach based on continuing assessment of impacts and needs. Recovery should:

▶ be guided by those with experience and expertise, using skilled and trusted leadership;

▶ reflect well-developed planning and information gathering;

▶ demonstrate an understanding of the roles, responsibilities and authority of other organisations and coordinate across agencies to ensure minimal service disruption;

▶ be part of an emergency management approach that integrates with response and contributes to future prevention and preparedness;

▶ be inclusive, using relationships created before and after the emergency;

▶ have clearly articulated and shared goals based on desired outcomes;

▶ have clear decision-making and reporting structures;

▶ be flexible, take into account changes in community needs or stakeholder expectations;

▶ incorporate the planned introduction to and transition from recovery-specific actions and services; and

▶ focus on all dimensions; seeking to collaborate and reconcile different interests and time frames.

Employing effective communication

Successful recovery is built on effective communication with affected communities and other stakeholders. Recovery should:

▶ ensure that all communication is relevant, timely, clear, accurate, targeted, credible and consistent;

▶ recognise that communication with a community should be two-way, and that input and feedback should be sought and considered over an extended time;

▶ ensure that information is accessible to audiences in diverse situations, addresses a variety of communication needs, and is provided through a range of media and channels;

▶ establish mechanisms for coordinated and consistent communication with all organisations and individuals; and

▶ repeat key recovery messages because information is more likely to reach community members when they are receptive.

Acknowledging and building capacity

Successful recovery recognises, supports and builds on community, individual and organisational capacity. Recovery should:

- assess gaps between existing and required capability and capacity;
- support the development of self-reliance;
- quickly identify and mobilise community skills and resources;
- acknowledge that existing resources will be stretched, and that additional resources may be required;
- recognise that resources can be provided by a range of stakeholders;
- understand that additional resources may only be available for a limited period, and that sustainability may need to be addressed;
- provide opportunities to share, transfer and develop knowledge, skills and training;
- understand when and how to disengage; and
- develop networks and partnerships (CDSMAC 2009).

acknowledgements