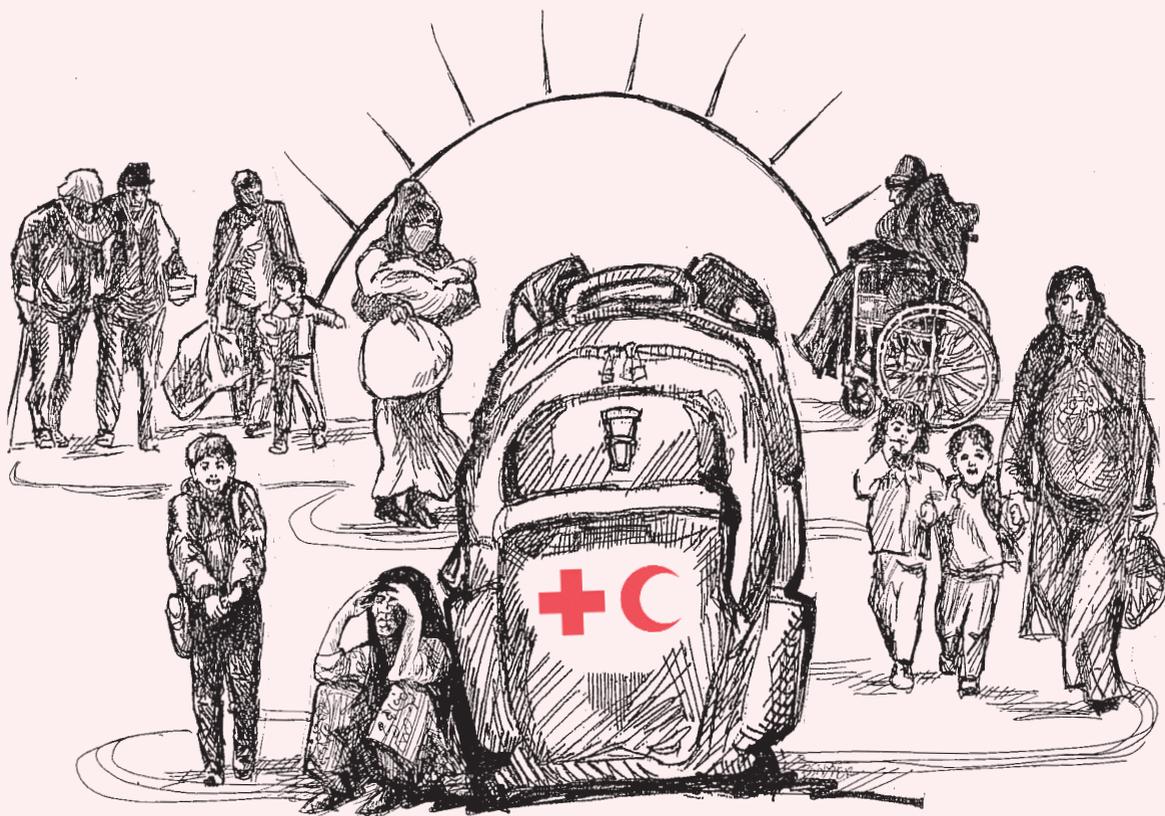


Outreach Walk

Improving protection
and psychosocial support
through outreach



Psychosocial Centre



International Federation
of Red Cross and Red Crescent Societies

Outreach walk Improving protection and psychosocial support through outreach

International Federation of Red Cross and Red Crescent Societies

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Introduction

The *Outreach walk: Improving protection and psychosocial support through outreach* describes how psychosocial providers (PS providers) understand, assess and offer support in a disaster situation to promote psychosocial well-being, assist in creating safe environments and enhance protection.

An outreach walk is both an approach and a psychosocial activity. As an activity, it aims to improve the support and protection by reaching out to highly distressed and vulnerable people. During an outreach walk, the PS providers access an area, identify signs of distress and needs for protection, refer to services and carry out psychosocial triage.

Psychosocial triage involves a rapid assessment of needs and is based on limited information within a short time. The triage aims to identify people with the most critical support and protection needs, in order to effectively respond to these needs. The assessment and management of the needs of people will depend upon the nature and severity of the situation, available resources, knowledge of personal coping abilities of the affected people and the available time to assist.

In emergencies people are exposed to traumatic events and have almost always experienced hardship and personal losses. Many times, they will also have lost contact with loved ones, and may have faced persecution. People are affected by emergencies in different ways and the necessary responses will vary depending on the severity of the impact, the individual's resilience and available coping resources.

Many people are extremely resilient and able to effectively cope in the face of great adversity. However, some may be highly distressed and in need of quick acting and short-term psychosocial interventions and supportive assistance. They may need psychological first aid, to have access to relevant information, help to report that they are safe and alive or to be linked with loved ones. Such interventions have a calming effect and can reduce distress and build resilience.

Furthermore, vulnerable groups such as single women, female headed families, unaccompanied and separated children, older people, those belonging to minorities, LGBTI+ persons, and people living with mental or physical disabilities may require additional support and protection. Often, the most distressed and vulnerable do not actively seek assistance for a variety of reasons that include shame, stigma, exhaustion, emotional and social isolation, fear, shock and lack of trust.

The outreach walk aims to increase awareness of the needs for psychosocial support and protection through outreach to vulnerable and highly distressed persons. It provides guidance on how to identify needs, conduct a psychosocial triage, offer support and provide basic protection. The outreach walk can be adapted to acute as well as protracted crisis situations and is suited to many emergency settings for initial assessment, response as well as for regular monitoring. The stepwise approach of the outreach walk is described, followed by an exercise instruction for training staff and volunteers in how to respond to a crisis.

The outreach walk was originally developed during the peak of the refugee and migrant crisis in Europe in a transitional camp in Germany in 2015. The camp received between 800 and 1,700 people every day with most staying from a few hours and up to two days. Outreach and monitoring were needed to effectively access and assist the most vulnerable, and during daily walks throughout the camp, critical cases were identified. The walk was developed to address the need to quickly and effectively protect and assist the most vulnerable and distressed.

The outreach walk:

► creates links and increases access

The walk allows PS providers to meet and interact with the affected populations. They are informed about services in the area and gain access to these. By linking with the affected, Red Cross and Red Crescent access is further increased and so is the visibility of the emblems as a symbol of assistance under the Geneva Conventions.

► reduces distress and strengthens resilience

By providing short-term psychosocial interventions and supportive assistance in the form of psychological first aid and dissemination of information, critical stress and effects of shock can be reduced. This assistance can empower people to cope with the situation and the issues they are facing.

► improves protection

When trust is established, and a supportive and protective environment is created it is easier to offer help to those with protection needs. This could for example be in the cases of child abuse, domestic violence or human trafficking. In such cases, many do not seek assistance out of fear or emotional and social isolation or repercussions. Building rapport can develop the trust that is necessary to provide effective assistance to people that may need more specialized assistance and protection.

Key actions of the outreach walk

The key actions of the outreach walk can be described in six steps. Sometimes these steps will overlap. However, actions and appropriate supportive and protective responses will always be contextual to the settings and situations.

The six key actions of the walk are:

1. Look and identify needs
2. Assessment and psychosocial triage
3. Share information
4. Offer supportive assistance
5. Ensure that protection needs are cared for
6. Monitor

1. Look and identify needs

The first action is to walk through the area and visibly check for signs of physical and emotional distress. During this part of the walk, it is possible to identify vulnerable groups and highly distressed individuals that may need supportive assistance and may need protection. Distress is a normal reaction to an emergency, however a high level of distress, can be debilitating and hinder the ability to function normally.

Signs of physical distress

Looking pale or exhausted, sweating, pacing, heavy breathing or difficulty breathing, shaking, fainting, complaints of extreme fatigue, involuntary twitches and muscular spasms, lip quivers or watery eyes.

Signs of emotional distress

Showing signs of agitation, irritability, outbursts of anger, high levels of anxiety, panic attacks, tearful and crying, appearing confused, being withdrawal, isolation or refusing to speak.

2. Assessment and psychosocial triage

The next action is to assess if anyone in the area have needs for supportive assistance or protection. When assessing needs, the PS provider will introduce him- or herself, briefly explain why the Red Cross Red Crescent is present and gather enough information to find out what type of support is needed. This can be done by asking open ended questions as in the example below. Speak clearly and repeat important information, as the affected may be having difficulties taking in information if they are distressed, anxious or very worried.

Initiating a conversation to assess needs:

Hello, I am [name] from the Red Cross and Red Crescent. I am here to see if there is anything I can help you with.

May I ask what is your name?

How are you doing?

[In cases of extreme distress or injuries ask] What happened to you?

Could you tell me a bit about your situation?

Would there be anything I can help you with?

During the assessment a psychosocial triage is carried out. Psychosocial triage will assist in an efficient provision of the appropriate informative, supportive or protective response. Personal needs are categorized as belonging to the categories: non-urgent, less urgent or urgent.

For psychosocial triage, prioritize those that:

- are unaccompanied or separated minors,
- poses danger to themselves, or others,
- feels or expresses extreme panic or fear,
- experiences threat to life, self or family members,
- has witnessed death or dramatic injury to others,
- has family members missing or
- has a prior history of mental health issues.¹

Should anyone have any of the mentioned risk factors the case will be prioritized. When considering how to best help children after a disaster, bear in mind that the family system is the primary source of support for children. Therefore, it is important to build on family resilience and support parental coping.

1) Adapted from the American Red Cross manual: Disaster Mental Health Handbook. Disaster Services.

Non-urgent

Those with non-urgent needs may need assistance in the form of information on the emergency, provisions of food and water and health services to name a few examples. Sometimes the needs for information can make up the majority of interactions during a walk. If the PS provider is busy with less urgent and urgent cases, refer people with non-urgent needs to a nearby information board.

Less urgent

People with less urgent needs could for example be highly distressed or vulnerable. Such cases will require a supportive and sometimes also protective response based on their individual needs. The less urgent category may include those in need of psychological first aid, tracing services or referral to non-urgent medical care. Some may need to be guided to a safe space for children or other safe spaces and others may need to be given aids as for example adult diapers, a walking stick or other aids. It will be possible to direct some cases to the information board once the primary needs are met.

Urgent

Those assigned to the urgent category are prioritized and may require immediate medical treatment if injured or showing signs of psychiatric disorder. They could also have pressing needs for intense psychosocial support. Others assigned to the category may need to be referred to other services. This could be protection services as in cases of unaccompanied or separated children, human trafficking, domestic violence or cases of sexual and gender-based violence.

3. Share information

When having access to information, it becomes possible for the affected to reach out, connect to loved ones or others in similar situations and to act themselves. Having access to relevant information is empowering. Therefore, the psychosocial provider needs to know which support is available and where it is to be found. The provider should know about available relief, medical, psychosocial, tracing, protection and legal services. It is also necessary for the providers to have very practical information as answers to questions as where to charge phones or find a Safe Space for Children. In case there is a need for further assistance, they should provide information on referrals for mental health, sexual and gender-based violence and child protection services.

An information board should be clearly visible and set up at a central location

The board contains relevant information about the emergency, relief efforts as well as psychoeducational material on coping and stress management. The board should also have maps showing the location of safe spaces, play areas, accessible bathrooms, changing areas, medical services and have information on the other services in the area. Information should be available in all relevant languages and if possible, there should be drawings for anyone illiterate. The information board should also contain information on feedback and complaint mechanisms or be placed near the complaint box.

4. Offer supportive assistance

Supportive assistance is practical assistance that address basic physical and psychosocial needs. It includes a range of responses that will depend on the particular needs of a person in combination with the available timeframe and resources of the PS provider. The following points highlight the most relevant support during the outreach walk:

Psychological first aid

Psychological first aid aims at reducing the initial distress someone feels after a difficult event or experience by providing emotional support and help fulfill a person's practical and basic needs². Psychological first aid is an effective way to assess needs while supporting well-being. When offering psychological first aid, it is also possible to normalize reactions, to support and stabilize highly distressed individuals before providing additional supportive services. The PS provider may incorporate deep breathing and other stabilization techniques to calm those who are in distress or show signs of anxiety.

Psychological first aid is:

- Comforting someone in distress
- Helping them feel safe and calm
- Assessing needs and concerns
- Protecting people from further harm
- Providing emotional support
- Helping to address immediate basic needs as food, water, blankets or shelter
- Listening to people but not pressuring them to talk and accept their feelings
- Helping people access information, services and social support

Restoring Family Links

After an emergency, one of the most important needs is to link and reconnect with close ones as family and friends. It can also be important to report that one is safe and alive. Restoring Family Links activities include registering and keeping track of individuals, organizing exchange of family news, tracing of lost individuals and reuniting families. Such services are undertaken by trained staff and volunteers, however PS providers can provide access to phones, direct to charging station and offer information about available Restoring Family Links services.

Safe Spaces

It is important to establish supportive and protective environments as safe spaces for children or safe spaces for other groups. In safe spaces, those needing support can meet, interact and be supported. It may be necessary to create areas where for example lactating mothers can nurse their babies in an undisturbed and secure area.

Addressing basic needs

In the immediate aftermath of an emergency, many will not be able to take care of themselves or others. Assisting people in addressing their practical basic needs, encouraging them to eat, drink and take rest is very important in such situations. Psychoeducation on normal reactions to an abnormal situation as an emergency can help the affected understand their own psycho-physical reactions.

2) A Guide to Psychological First Aid for Red Cross and Red Crescent Societies. *IFRC Reference Centre for Psychosocial Support*, Copenhagen, 2019. Also consult the accompanying set of training materials on psychological first aid on pscentre.org

5. Ensure protection needs are cared for

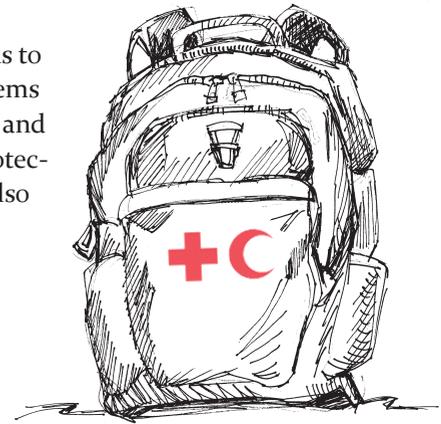
Emergency response operations should always include the promotion of mental health and psychosocial well-being as well as include basic protection and promotion of human rights.³ Protection efforts are necessary to ensure the safety of vulnerable and at-risk persons against violence, abuse, and exploitation. Any additional protective actions or steps to enhance a person's security is beneficial to support their well-being. Refer to the table *Examples of responses to vulnerable and distressed persons* for suggestions of relevant supportive assistance and protection.

6. Monitor

Frequent outreach walks will assist in monitoring the situation with its changing and evolving needs. The presence of the PS provider will help create a safe and supportive environment that allows for the affected to step forward and speak out. It will also improve Red Cross Red Crescent approachability and visibility. Handover from team to team should be informative and at the same time respect the privacy of the individual. If anyone in the area require on-going attention, the incoming teams should be introduced to the persons in question to build trust and ensure consistency. Always be aware of and take the needs of groups such as single women, unaccompanied and separated children, older people, LGBTI+ persons, and people living with mental or physical disabilities into consideration.

An outreach backpack

A backpack can be carried by the psychosocial provider with items to support the distressed during the walk. The backpack contains items that can be used to calm the distressed, meet basic needs, inform and psycho-educate, enable connection to loved ones and support protection. The content should be adapted to suit local needs and will also depend upon availability.



Suggested content:

- Paper tissue and wet wipes
- A first aid kit
- Crayons and paper
- Drawings or images that encourage sleep in children for example of teddy bears with moons
- Small stuffed animals to calm scared, upset or crying children
- Soap bubbles for children and distressed. Blowing soap bubbles allows for deep breathing which activates the nervous system that promotes calming
- Earplugs for people having trouble sleeping in noisy environments such as large sleeping halls
- Water and crackers as a social gesture, or when someone is faint or has low blood sugar
- Access to phones or sim cards to assist people connecting with loved ones
- Psycho-educational material in relevant languages on coping and managing stress
- Small vials of perfumes, which can be used in situations with strong and unpleasant smells
- Whistles to attract attention should anything happen, if in unsafe environments.

3) Guidelines on Mental Health and Psychosocial Support in Emergency Settings. *Inter-Agency Standing Committee*. 2007. See action 3 on Protection and human rights standards.

Examples of responses to vulnerable and highly distressed persons

	Supportive assistance	Protective assistance ⁴
Single women and female headed households	<ul style="list-style-type: none"> • Psychological first aid • Monitor well-being • Refer to safe spaces, breast feeding area, safe space for children • Provide clothes and diapers for children and sanitary products 	<ul style="list-style-type: none"> • Arrange and ensure safe sleeping spaces with security mechanisms in place • Ensure safe access to bathrooms • Ensure access to distribution etc. whilst arranging care for children
Unaccompanied and separated children	<ul style="list-style-type: none"> • Psychological first aid • Restoring Family Links • Information gathering • Safe spaces for children • Provide needed clothes and non-food items • Monitor well-being 	<ul style="list-style-type: none"> • Arrange and ensure safe space or shelter with security mechanisms in place • Refer to local authorities and child protection actors and ensure follow up
Old people and people living with physical disabilities	<ul style="list-style-type: none"> • Provide non-food items needed as adult diapers, extra socks, blankets, feeding straws, etc. • Ensure mobility assistance if needed • Monitor well-being 	<ul style="list-style-type: none"> • Immediate referral for severe crisis reactions • Create safe spaces to avoid further harm
Highly distressed persons	<ul style="list-style-type: none"> • Psychological first aid including calming and stabilization interventions • Referral for severe crisis reactions if needed • Monitor well-being • Promote social inclusion 	<ul style="list-style-type: none"> • Ensure a safe environment to protect from risks of self-harm or harming others • Coordinate follow up with the medical teams if distress continues
Persons with immediate medical needs	<ul style="list-style-type: none"> • Refer to medical services • Psychological first aid • Calm if distressed • Assess for other needs 	<ul style="list-style-type: none"> • Coordinate follow up with the medical teams

4) IFRC Minimum standards for protection, gender and inclusion in emergencies. *International Federation of Red Cross and Red Crescent Societies*, Geneva, 2018.

Profile, skills and characteristics of psychosocial providers

Psychosocial providers should be screened, must sign, be trained in and abide by the IFRC Code of Conduct and Child Protection Policy as well as be informed on the IFRC policy on Prevention and Response to Sexual Exploitation and Abuse. This is important to avoid any risk, including that of abuse and exploitation.

Characteristics of a psychosocial provider

In any emergency, it is helpful for anyone affected to be met by a friendly and compassionate helper who is supportive but not intrusive. Often it has a calming effect and feels encouraging if the supporter is checking in with anyone affected. The supporter must be aware of and respect the dignity, willingness to receive assistance and the capacity to cope on their own. PS providers should be trained in psychological first aid

The PS provider should strive to possess and show the following skills and characteristics:

- Be patient
- Have and show a caring attitude
- Be trustworthy
- Be approachable
- Be committed

Guiding principles for supportive communication

Empathy	A supporter uses the ability to see and feel from the affected person's perspective. Empathy includes a quality of personal warmth, as opposed to someone who is aloof, mechanical or all business.
Respect	A supporter shows sincere respect for the dignity and worth of the affected. The supporter must be honest and sincere and respect the choices made by the individual.
Genuineness	A supporter is genuine and earns trust under difficult conditions from people who may find it difficult to trust others. The supporter must be transparent and keep their word.
Positive regard	A supporter demonstrates a sincere regard for the welfare and worthiness of others. Distressed and affected persons may have a sense of being unworthy and flawed. A positive regard can be the seed of a renewed sense of self-esteem.
Non-judgemental stance	A supporter can relieve tension in others by carefully avoiding judgement. The affected are often concerned that they will be judged by others to be at fault for the crises that befall them.
Empowering	A supporter empowers the affected knowing that the supporter is only temporarily in the life of the other. It is crucial to leave the person feeling more resilient and resourceful than before.
Practical	A supporter is realistic and practical about what can and cannot be accomplished. The aim is to strengthen personal capacities in others to enable good choices based on what is possible.
Confidentiality	A supporter honors the duty of care by keeping private information confidential and obtains consent when sharing information, making referrals or when reporting harmful actions.

Outreach walk exercise

Responding to major accidents and emergencies is often overwhelming for the responders. Preparation is a very important part of being able to handle the challenges in a real crisis. Practicing and refining skills on recognizing and assessing needs and on being approachable is needed. The exercise highlights the importance of the steps and of psychosocial triage in an outreach walk.

Before beginning, the scenario should be adapted to a setting or context. Possible settings can be a shelter or a camp where the Red Cross and Red Crescent is present. The below roles can be adapted to fit the context and the exercise can be carried out in-or outdoors.

Materials needed:

- Props and clothing for those role-playing the affected
- Red Cross and Red Crescent vests or caps for PS providers
- Identification signs for observers

Optional materials:

- Green, yellow and red post-its
- A flip chart with the six steps of the outreach walk
- A suggestion and complaint box, post its and pens

The facilitators will introduce the exercise and the scenario. Next, they will divide the participants into three groups: those playing the psychosocial providers, the affected and the observers.

The three groups are instructed on their tasks in the exercise. While participants prepare their roles, the facilitators can prepare the venue to suit the chosen context.

Roles of the affected

Hand out the roles. Ensure that no one gets a role that feels uncomfortable or resonates with any personal experiences.

Let participants know that the exercise will work best if they act out their given role as some roles have corresponding visual signs of emotional and physical distress that should be clearly observable. This will allow the PS providers to learn to recognize different types of distress and gather more information to assess needs. All other details of the roles can be improvised by the participants.

It is an option to instruct the affected to fill out a complaint and put it in the complaint box, should this be useful for the exercise.

Roles of the PS providers

- Instruct the PS providers that they will be intervening in the emergency situation. They will have 15 to 20 minutes to carry out the steps of the outreach walk.
- They should interact with the affected, look for signs of distress, approach and assess needs and categorize the affected as having non-urgent, less urgent or urgent needs.
- It is an option to instruct them to hand the affected a green, yellow or red coloured post-its as corresponding to the assessed needs. They may also note the assessed needs on the post-its.

Observers

- Instruct the observers not to interact with any of the role-players during the exercise.
- Ask the observers to look for how the six steps are carried out.
- The observers may move freely during the exercise and should take notes to provide feedback after the exercise.
- Ensure that observers are clearly identified by wearing a visible symbol.

The role-play

Begin the role-play and let it run for 15 to 20 minutes and then ask participants to end the exercise. Allow for a short comfort break.

Next the facilitator can either:

- ask the three groups to discuss among themselves and gather the five most important learning points they wish to share with the whole group,
- or join the plenary directly for a more detailed discussing the exercise as described below.

Debriefing of the role-players

Gather the participants in a circle.

- Begin by asking a role-player to reveal the instruction and explain what happened during the role-play.
- In case they have been given a post-it, they can read what support has been planned for them. Did the planned support fit their own ideas of their needs?

Turn to the PS providers who attended to the role-player.

- How did they determine the needs and assign the category?
- How was it to interact with the role-player?

After the round of discussions of each role-player and the interaction with the supporters, invite the observers to share their overall observation.

- Could they identify the six steps?
- What went well?
- What recommendations could be given to improve services another time?
- Finally look at the complaints in the complaint box and discuss the issues mentioned.
- Discuss the learning from the complaints in the box. How to improve services next time?

Roles for the affected

Cut out roles and distribute to the participants who will role-play the affected.

Roles	Signs of distress	Potential responses to needs
<p>A single mother traveling with two young children Your husband died in the emergency. There is nowhere to go and the situation is overwhelming and very scary. The children are crying and frightened and it is difficult to know what to do.</p>	<p>Emotional distress: Confused and tearful</p> <p>Physical distress: Extreme fatigue</p>	<p>Psychological first aid Safe Spaces for children Restoring family Links Non-food items including toys</p>
<p>Married woman with three children Your head is bleeding from where your husband hit you an hour ago. No one saw it happen. You are scared that if people find out he will become angrier and might hurt the children. You are bleeding, feel dizzy and are worried. You are sitting down, away from people and holding your head where the blood is coming from.</p>	<p>Physical distress: Bleeding</p> <p>Emotional distress: Difficulty breathing and shaking</p>	<p>Refer to medical teams Protection Establishing trust</p>
<p>Young man You are safe, unharmed and have your family with you. The emergency did not affect you that much. You know that life will return to normal in a few days. You only need wi-fi to check the score of the game that your favorite team is playing right now. You will be very angry if you miss this, as you are their biggest fan. Look for someone that can help you.</p>	<p>Emotional distress: Insisting and irritable</p>	<p>Refer to information board</p>
<p>Young male or female You are upset about the quality of food that they are serving. You cannot eat this, it is disgusting. You want to scream at the people that serve this to you. You are so angry that you are not in control of your emotions and are verbally aggressive to people who speak with you. You lost your only son of 5 months a week ago. He died in the emergency.</p>	<p>Emotional distress: Displaying agitation</p> <p>Physical distress: Difficulty breathing</p>	<p>Needs to be calmed Psychological first aid Underlying issue of loss</p>
<p>Old man with a physical impairment You are a 75-year-old man in a wheelchair. The journey to get here has been very hard. Your son takes very good care of you, but you need adult diapers to stay clean. You have had to throw out many of your clothes and have developed rashes. You are ashamed that your son has the burden of taking care of you as well as his young family.</p>	<p>Emotional distress: Displaying agitation</p> <p>Physical distress: Difficulty breathing</p>	<p>Needs to be calmed Psychological first aid Needs adult diapers and treatment for rashes</p>

Roles	Signs of distress	Potential responses to needs
<p>Middle-aged widow or widower You just want to call your sister to let her know you are safe and have arrived in the area. You have no phone.</p>	<p>Emotional distress: Tearful</p>	<p>Psychological first aid Access to phone to connect to family and loved ones</p>
<p>Older person with dementia You are an older person suffering from dementia. You are alone and have no idea what is going on.</p>	<p>Emotional distress: Confused, asking the same questions over and over</p>	<p>Protection Restoring family links Dissemination of information</p>
<p>15 year old girl on her own You were separated from your family when the emergency occurred. You do not feel safe sleeping near young men and do not go to the bathrooms at night because it is very dark and feels unsafe.</p>	<p>Physical distress: Shaking</p> <p>Emotional distress: Experiencing high levels of anxiety</p>	<p>Establish trust Referral to protection teams or services Restoring family links</p>
<p>Single man or woman with or without family members You are in shock from what you have seen since the emergency occurred. You are experiencing flashbacks and cannot get the horrible images out of your head. It is hard to sleep or eat and if only you could be away from everything and everyone. You are sitting somewhere far away where no one can see you.</p>	<p>Physical distress: Rocking back and forth</p> <p>Emotional distress: Confused and tearful</p>	<p>Psychological first aid Water and food</p>
<p>11-year-old boy You are traveling alone with a man that you do not know. Your parents told you to follow him and lie to anyone and tell them he is your father. Your parents said he will take care of you and bring you to your uncle in another country. You do not trust him or anyone as he no longer allows you to call your parents or uncle. You are very scared.</p>	<p>Physical distress: Shivers Quivering lips No eye contact</p> <p>Emotional distress: Confusion</p>	<p>Establish trust Referral to protection teams and services Restoring family links</p>
<p>Father or mother of a young child You need an extra blanket because your daughter is very cold. Its been a long and hard journey, you worry about what lies ahead. Also your daughter may be coming down with a flu or a cold, and the conditions are not good with a sick child.</p>	<p>Physical distress: Fatigue</p> <p>Emotional distress: Worried and irritable</p>	<p>Provide practical help in the form of a blanket Provide information on available medical service and the information board Psychological first aid</p>

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