



“Prepared to Care”

Disaster Child Care

# **VOLUNTEER TRAINING MANUAL**

# **CANADIAN DISASTER CHILD CARE VOLUNTEER TRAINING MANUAL**

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Revised 1988, 1992, 1993, 1995, 1999, 2002

This training program and materials were developed by Canadian Disaster Child Care Society and has been further revised in 1995, 1999 and 2002 by Marlene Mulder, Training Coordinator, CDCC Canada.

## **WELCOME**

YOU ARE ABOUT TO BEGIN A CHALLENGING JOURNEY that could change the way you see the day-to-day world around you. We hope it will make you even more aware of just how vulnerable children are to the stresses and fearful situations they encounter every time their security is threatened...whether by natural disaster or by life changing events.

YOU WILL DISCOVER SOME STRENGTHS of your own that you may not have considered. You will learn from others as well as from the instructors. You will work hard, laugh, play and build new relationships. You will also experience feelings of sadness, surprise, delight, fear, tenderness and determination as we share the next 27 hours together.

YOU HAVE CHOSEN TO INVEST TIME in the Volunteer Training Workshop.....because you care about children.....because you are curious and want to learn more.....because you parent, teach or care for young children.....because you believe in community service....because you have love and compassion to offer others who have suffered pain and loss.

YOU ARE NOT ALONE ON THIS JOURNEY. Since 1992 many Canadians like you have made this investment. As many of you will in the months and years ahead, many of them have given days and weeks of their lives caring for children after disasters. When you return home after this weekend, you will take with you the message about what children need in times of trauma and disaster. Some of you will become involved in community emergency preparedness programs by reminding others not to forget the children. Others will work with children in your own community, helping them to deal with ongoing disasters that affect their lives. Others will involve your community in becoming an active partner with the Disaster Child Care Program.

TAKE A DEEP BREATH AND OPEN YOURSELF TO LEARNING! We are happy that you have taken this time to learn and grow. We know that we will be rewarded by your presence.

# **CANADIAN DISASTER CHILD CARE**

In Cooperation With

Emergency Social Services – Province of British Columbia

Disaster & Emergency Programs Branch – Province of Alberta

Diaconal Conference of the CRC Churches in B.C.

Christian Reformed World Relief Committee

Centre for Survivors of Trauma and Torture – Edmonton

Cooperative Disaster Child Care (USA)

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## OBJECTIVES - SECTION I

### You will:

- **Understand** the mission and purpose of Disaster Child Care.
- **Examine** your motives for wanting to volunteer care for children in disaster.
- **Share** and learn from personal stories of disaster.
- **Understand** the impact of disaster on communities, and the stages of recovery.
- **Describe** your own emotional response to disaster.
- **Be introduced** to the federal, provincial and volunteer agencies that are involved in disaster response.

### ACTIVITIES

- **Review** the purpose and history of CDCC.
- **Get to know** other workshop participants.
- **Discover** why you are attending this workshop.
- **Write** your own personal experience(s) with disaster.

## **MANDATE AND HISTORY**

**CDCC Canadian Disaster Child Care is a national network of individuals, who prepare and commit themselves to reach out and comfort young children in disaster situations.**

### **We believe:**

- “That the child shall be among the first to receive aid in times of disaster.” (United Nations Declaration of the Rights of Children: 1979 International Year of the Child).
- That non-governmental organizations, churches and social service agencies, working together to prepare volunteers, can build a strong cooperative program to serve the needs of children in disaster.
- That by providing space, appropriate activities, and trained child care givers, children who have special needs following a disaster can experience nurture, acceptance, emotional support and a measure of healing.

### **PROGRAM GOALS:**

- To provide space for children in crowded, adult-oriented disaster shelters and reception centers.
- To train and equip volunteers with specialized child care knowledge and skills so that they will be able to:

Provide personal attention, comfort and acceptance to the children whose homes and families are impacted by a disaster and are in disaster shelters or seeking assistance in a disaster reception center.

Provide these children with encouragement and the opportunity to express their feelings through appropriate play activities.

- Provide information concerning the impact of disaster on children, as well as counsel and comfort, to parents, other disaster workers, churches, schools and the community.

#### FUNCTIONS:

- To train, certify and maintain a corps of disaster child care givers who are prepared to serve at disaster sites.
- To mobilize teams of care givers in the event of disaster and to manage these volunteers during their time of service.
- To inform and educate parents, teachers, community workers and the general public about the effects of disasters on children.
- To respond to the needs of children as specific to the communities they live in.

## WHY VOLUNTEER?

*Use these questions to reflect on your reasons for doing volunteer service.*

- What motivates me to help others?
- What kinds of situations and needs create the strongest feelings in me?
- What personal satisfaction do I receive in return for volunteering my time and energy for a larger cause?
- Why would I want to give up my routines and comforts to spend time with children who have experienced disaster?
- What talents and skills can I offer the Disaster Child Care program?
- What limitations do I want to overcome in order to be an effective comforter for a traumatized or fearful child?

# WHEN DISASTER STRIKES

## OBJECTIVES:

- **Describe** disaster in your own words.
- **Understand** the impact of disaster on communities and the stages of recovery.
- **Discuss** disaster in small groups.
- **Review** definitions of disaster.
- **Discuss** types of disaster.
- **Learn** and discuss stages of disaster and response.

## REFERENCES:

- “Basic Guide for Emergency Preparedness” (Pages R1-4)
- “Stages of Disaster and Disaster Response” (Pages R5-8)

# DISASTER...WHAT IS IT?

## DEFINITIONS OF DISASTER

Red Cross:

A disaster is an occurrence such as a hurricane, tornado, storm, flood, high water, wind-driven water, tidal wave, earthquake, drought, blizzard, pestilence, famine, fire, explosion, volcanic eruption, building collapse, commercial transportation wreck, or other **situation that causes human suffering or creates human needs that the survivors cannot alleviate without assistance.**

Oxford dictionary:

1. a great or sudden misfortune. 2. a complete failure

Kai T. Erickson:

A terrible event with a beginning and an end. A freak of nature, a perversion of the normal processes of life. (from an account of a mud slide in West Virginia, 1972)

### 'TRAUMA'

An injury or wound to the body, or a startling experience, which 'wounds' the mind and emotions.

## **TYPES OF DISASTER**

Write words that describe each of the following types of disasters:

**NATURAL**

**HUMAN INDUCED**

**MAJOR/CATASTROPHIC**

**INDIVIDUAL**

**ONGOING IN MY OWN COMMUNITY**

# STAGES OF DISASTER AND DISASTER RESPONSE

## 1. **IMPACT: anticipation of and immediate effect**

**Time: a few moments to 3-4 days, depending on the disaster**

- Physical
- Emotional, mental and spiritual
- Survivors/victims
  - Direct
  - Indirect
  - Hidden

## 2. **AFTERMATH: secondary and tertiary effect.**

**Time: 4 times the impact stage**

- Physical
- Emotional, mental and spiritual
- Survivors/victims/community

## 3. RELIEF: medical and survival needs, clean-up, temporary repairs.

Time: 10 times and impact stage

- Physical
- Emotional, mental and spiritual
- Survivors/victims/community
- Agencies

## 4. RECOVERY: community and governmental help, long term rebuilding, counseling, adjustment to changes and losses.

Time: 100 times the impact and aftermath stage

- Physical
- Emotional, mental and spiritual
- Survivors/victims/community
- Agencies

# HUMAN RESPONSE TO DISASTER

## OBJECTIVES:

- **Describe** your own emotional response to disaster.
- **Be introduced** to federal, provincial and volunteer agencies that are involved in disaster response.
- **Understand** the psychology of loss.

## ACTIVITIES:

- **Watch** a video presentation.
- **Write** a personal response and reflection on the video.
- Small group **discussion**.
- **Discussion/Introduction** to community response.
- **Reflect** on the experience of loss.

## REFERENCES:

- “Summary and Descriptions of Community Response Organizations” (Page R-9).
- “Grief and Pain Due to Loss” (Page R-10).



## OBJECTIVES -SECTION II

### You will:

- **Review** Section I.
- **Describe** the characteristics and needs of children.
- **Understand** how characteristics and needs of children change during disaster.
- **Describe** the effects of disaster on children and families.
- **Learn and practice** appropriate responses to children suffering from stress and loss.
- **Understand** a child's experience of powerlessness.
- **Demonstrate** empathetic listening skills.
- **Demonstrate** the planning and decision-making process when called to respond to a disaster.
- **Learn** to create a support system.

### ACTIVITIES:

- **Write** a personal reflection of your overnight experience.
- In small groups, **discuss** what you have learned from Section I.

### REFERENCES:

- "Effects of Disaster on Child and Family" (Pages R11-13).
- "Major Development and Achievement Tables" (Pages R14-19).
- "Specific Reactions and Behaviours of the Young Child Suffering Traumatic Stress" (Page R20).

## ACTIVITIES AND BEHAVIOURS OF A 2 YEAR-OLD

Constantly on the go but tires quickly.

Curious: explores  
the world with all  
senses.

|                           | Eyes | Ears   | Mouth |    |
|---------------------------|------|--------|-------|----|
| Dependent<br>independent. | but  | trying | to    | be |

Learning to talk:  
likes to name things.

Self-centered and possessive

Acts out frustrations with tantrums,  
screaming and crying.

Responsive to distractions,  
not reasoning.

## ACTIVITIES AND BEHAVIOURS OF A 3 YEAR-OLD

Tries to be friendly, often by pushing and grabbing others.

Imitates household activities.

Active:

Runs

Jumps

Climbs

Slides

Easily distracted.

Possessive

Motto: "I like it, it's mine".

Talkative

"You're a good dolly. I'll feed you and then take you for a walk and I'll buy groceries and I'll buy a lollipop and.....etc. etc."

## ACTIVITIES AND BEHAVIOURS OF A 4 YEAR-OLD

“No”

Negative  
(high resistance of authority)

Imaginative

Talkative and inquisitive.

*Why does it rain?  
Where does the sun go?  
Why are eyes shiny?  
How can a bird fly?*

Gaining skill in playing  
with other children.

## ACTIVITIES AND BEHAVIOURS OF A 5 YEAR-OLD

Competent and self-reliant in daily routines.

Intensely curious and eager to experiment.

Fond of repetition in speech and actions – likes rhythm (developing a sense of sureness, safety).

Unevenly behaved socially:  
Shows off or shy; when thwarted, sulks, withdraws, or even damages possessions.

Responsive to reasoning (learning cause and effect).

## ACTIVITIES AND BEHAVIOURS OF A 6 YEAR-OLD

Gaining coordination  
In eye-hand activities  
(likes doing crafts).

Fond of games  
and movement.

Gaining skills in getting along with others.

Lead – follow – share – give –  
take – assume responsibility –  
be patient in waiting

Happiest when given the opportunity  
to make choices.

## THE CHILD'S FEARS

Fear is a normal reaction to any danger that threatens life or well-being.

After a disaster, a child is afraid of:

- A reoccurrence, injury or death.
- Being separated from his/her family.
- Being left alone or being abandoned.

A first step for parents and caregivers is:

- To understand the kinds of fears and anxiety that the child experiences.

## FEAR AND ANXIETY

Parents should recognize that there are various kinds of fears; those that stem from within the child in the form of imagination or fantasies, as well as those that are stimulated by a real event. Even after the event has passed, a child's anxiety will sometimes remain. The child may not be able to describe anxious feelings. Even though he or she may be intensely afraid, the child may be genuinely unable to give an explanation that makes rational sense.

The child, who is dependent on adults for love, care, security and food, most fears the loss of his/her parents and being left alone. In a disaster, even the child who is usually competent and unafraid may react with fear and considerable anxiety about the event that has threatened his/her family. Since adults also react to disasters with normal and natural fear, the child becomes even more terrified, taking the parents fears as proof that the danger is real. Having less experience in distinguishing a real threat, the child is likely to also be plagued by fears that have no basis in reality. It is important to note that fantasized danger can be as real and threatening as "real" danger.

A child experiences similar fear in other situations, such as, when parents separate of divorce, when a child goes to the hospital, or when there is a death in the family. Parents generally recognize these more familiar fears, and attempt to deal with them.

During a disaster that threatens our well-being, our first concern and attention goes to physical safety. Once parents are relieved that nothing "life threatening" has happened to members of the family, they tend to ignore the emotional needs of their children.

When there has been no physical injury, parents are often surprised at the persistence of their children's fears. They may even feel resentment, particularly if the child's behaviour disrupts or interferes with the daily routine of the family.

## WHAT THE CHILD NEEDS

- The **calm presence** of, and **contact** with, one or more adult caregivers (preferably a parent or other family member) who understands the feelings and needs of the child at times of disaster.
- **Assurance** of safety and security in honest, realistic and understanding terms.
- **Validation** of their feelings of fear, grief, anxiety, loss, anger, confusion.
- **Encouragement** and **acceptance** of emotional venting, acting out and playing out of the feelings: reenactment of the experience in the child's own way (as long as the acting out is not destructive to self or others).
- **Reassurance** that the child is not being abandoned and that there is an extended family/community helping one another during the emergency.
- **Reassurance** and **explanation** that the child is not to blame for the disaster or emergency.

## WHAT THE CAREGIVER CAN DO

- **Listen** to the child tell the story of his/her experience. This telling is often done through play. Let the child explain his/her paintings, role-plays, games, play dough creations, etc. It is not helpful to interpret for the child, make assumptions, or analyze.
- **Accept** the child's feelings as valid and empathize or hear the feelings with your "emotional ears". It is not helpful to "one-up" or change the focus to oneself. It is not helpful to minimize the child's experience or loss.
- **Offer creative outlets** for feelings and bad memories to emerge.
- **Be a model** for distraught parents, modeling how to be supportive of the child. Offer emotional support to the parent(s) and other adult caregivers in the family.
- **Be there.** This is the best thing you can do. No games or gimmicks can replace listening with love and providing a safe, comforting touch.

# RESPONDING TO CHILDREN IN CRISIS

## OBJECTIVES:

- **Learn and practice** appropriate responses to children suffering from stress and loss.
- **Understand** a child's experience of powerlessness.
- **Demonstrate** empathetic listening skills.

## ACTIVITIES:

- Small group **discussion** of responses to children in times of disaster.
- **Experience** adult/child role play.
- **Demonstration and practice** of empathetic listening.

## REFERENCES:

- "Caring Enough to Hear and be Heard" (Page R21).
- "Attending: Try Me Again, I'm Listening" (Page R22).
- "Basic Principles for Planning and Implementing Crisis Services to Children" (Page R23).

## THE EMPATHETIC LISTENER

- **Attends** to the other person using receptive body language.
- **Acknowledges** receipt of the other person's story using gestures and brief comments.
- **Reflects** the basic message back to the other person by paraphrasing. Do not invalidate the message.
- **Maintains** the focus of attention on the other person and does not change the focus to oneself or one's experiences.
- **Listens** for deeper meanings and feelings while not judging or analyzing such as "*It sounds like you were pretty scared.*" This elicits feelings rather than telling the other what they feel as in, "*You are terribly upset right now.*"

## MAKING THE DECISION TO VOLUNTEER ON DISASTER RESPONSE

### OBJECTIVES:

- **Demonstrate** the planning and decision-making process when called for disaster response.
  
- **Learn** how to create a support system.

### ACTIVITIES:

- **Complete** the “Going Out to a Disaster Site” questionnaire.
  
- **Learn** about the process for disaster assignment.
  
- **Role play** “Receiving the Call to Respond”.
  
- **Discussion** on creating a support system.

### REFERENCES:

- “Assignment Checklist” (Pages R24-25)
  
- “Suggestions for Caregivers While on Assignment” (Page R26)

## **GOING TO A DISASTER SITE**

What are your first thoughts, feelings and questions about volunteering on a disaster site?

What are you most worried about and what are you most excited about?

What do you absolutely have to do before you can leave home?

What essential personal items and clothing, needed for your own comfort and well-being, do you want to take along?

What is the most difficult responsibility to leave behind?

Who will you rely on and/or ask for support from during your absence from your home, routine, job and community?

What do you want to learn in the remainder of this workshop in order to best prepare you to work at a disaster site?

## THE DISASTER CHILD CARE ASSIGNMENT

Volunteers who have completed the training program, made a commitment to be on call, and have been approved for enrollment as an active disaster child caregiver (application completed, references checked, criminal record check received), are placed on a call list with Disaster Child Care, both nationally and provincially. If you are an on-call volunteer, your name and contact information may also be passed on to provincial officials.

**Who will call me?** Someone from CDCC: the National Coordinator, Provincial Liaison or a contact person on the phone tree established for the specific disaster.

**How often might I be called?** This depends on the number of disasters and trained volunteers. You might be called only once in five years or you may get a call the week after you have taken the child care training. We cannot plan for or organize disasters to suit our convenience. Remember, this training prepares you to provide emotional support to children anytime there is need, whether responding to disaster or serving ongoing needs in your community. You will only go out on a CDCC disaster project when the national office and/or an authorized leader activates the project.

**How does the office decide whom to call?** When CDCC is invited to set up a childcare center, several considerations go into our planning prior to calling volunteers. We must have adequate information about the nature, magnitude and severity of the conditions in the aftermath of a disaster. We must also be assured of a safe and secure location for at least one child-care center. Finally, we must be assured that we have the funds to cover the expenses of our volunteers.

Once a coordinator is assigned and accommodation arranged, the calling process will be activated. To be cost effective, we usually call on volunteers who live close to the disaster area but have not been directly affected by the disaster. If we are unable to recruit enough volunteers who live in close proximity, we will call volunteers from other areas. Sometimes we need someone with particular skills or experience and in these cases we will recruit qualified persons located anywhere in Canada.

Please be assured that it is your decision whether to volunteer on a disaster site. We do not expect a “yes” every time we call. We ask that you give our request careful consideration before making your decision. If you have recently experienced stress or disaster in your own life, it may not be a good time for you to volunteer. Disaster childcare tends to be high-energy stressful work with little personal time. It is important to know if it is the right time for you to accept or decline this volunteer opportunity. You may feel some disappointment when you have to say “no”, but we realize that certain disaster conditions are just not for everyone. If you can let us know your time restrictions or personal limitations ahead of time, we will be better able to understand when you must say ‘no’.

## **CALL-OUT PROTOCOLS AND PROCEDURE**

Several phone conversations may be needed before the final decision is made for you to go on-site. As well, situations at disaster sites change by the hour, especially in the initial stages of response.

### **ON ALERT**

On the first call you will be informed of the disaster situation and asked if you might be available to respond. If you need some time to think about it, you can get back to us with your decision and availability. If you say “yes”, you will be put on alert and will be asked how soon you can be ready. You can begin thinking about what you need to do, but this does not mean you will be going. Many times, we put people on alert and then call to say that they will not be needed.

### **ON STANDBY**

This call is made to give you more details about the response: location, conditions, approximate departure times, duration of your participation, etc. This is the time for you to ask further questions. It is also the time to activate your own support system of people who will be caring for your home responsibilities while you are away, putting them on stand-by. You should begin packing to leave, and review your manual and checklist. Please remember that you are still on stand-by and for any number of reasons you still may not be put on assignment. (In reality, until you have your airline ticket in your hand or have received a specific time of departure, conditions may change and you will not be sent out.)

## **ON ASSIGNMENT**

During this call you will be given the specific details of your assignment. You will be given directions and instructions about transportation, items to take that are specific to the response, who will meet you or where to go when you arrive, where to pick up your airline tickets, and any other information we have that will make your assignment easier. This is the time to do your final packing and go to your checklist. Be sure to take identification, your CDCC photo identification, and your apron or notebook (the person meeting you at the airport must be able to identify that you are with CDCC).

## **COMMON QUESTIONS**

**Will I have to go alone?** You will always have other CDCC volunteers working with you on-site. However, you may be asked to travel alone and meet team members upon arrival. Many times people from the same area will travel together. If you are not an experienced traveler and feel that you are not able to travel alone, we will try to make arrangements for you to travel with someone.

**What happens when I arrive?** If you are driving to the site, you will be given instructions on how to get to the meeting point. You may have to pass through security to get to the CDCC site. Your project manager will inform security of your impending arrival so that you will be able to get through with your CDCC identification. Your project manager will most likely have been issued with a cell phone number that you will be given on your “on assignment” phone call. If you have any problems, please contact your project manager.

If you are flying in, you will receive instructions regarding your arrival. Another volunteer will most likely meet you at the airport, or you will have instructions to pick up a rental car. In disaster situations flights are not always on schedule and persons coming to meet you may be delayed. Wait at the baggage claim area and hold your apron or binder. Be patient. We have not lost anyone yet, though you may feel lost at times.

**Where will be stay?** Your project manager will prearrange accommodations, and inform you about living arrangements so that you can pack accordingly. Housing ranges from rooms in private homes or hotels, to army cots in a gymnasium or mattresses on a floor. Even if told that you will be staying in a hotel, be aware that situations change and you may arrive to find that you are sleeping on a gymnasium floor. The lesson here is to be prepared for anything, expect nothing, and be flexible.

## **SUPPORT NETWORKS**

It is important to establish a support system before you are asked to respond to a disaster. Within this system are the people who will fulfill your responsibilities while you are away, provide support to you while you are on site, and help you re-integrate upon returning home.

It is important to talk to your employer when you make the decision to become a childcare volunteer. By informing your employer about your role as a childcare giver and the possibility of being called on disaster, you will learn if taking time off to serve on disaster is a possibility for you.

### **Support**

#### **Churches, Disaster Response Teams, Community Groups**

- Talk about your role as a CDCC volunteer. Be clear that you will need help and support.
- Let those who are not able to volunteer directly know that they can help by supporting you.
- Share your experience with those who have supported you.
- Financially support your unpaid time off work.
- Debriefing and listening when you return.

#### **Neighbours, Friends and Relatives**

Can help by:

- Caring for your home and/or yard.
- Providing family support (child care, meals, transportation).
- Assist with other work (community and volunteer commitments).
- Financially support your unpaid time off work.
- Providing contact support throughout your assignment.
- Debriefing and listening when you return.

To find the support you will need you must ask for it. Learn to accept the gifts of support and service from others and realize that is their way of contributing.





## OBJECTIVES - SECTION III

### **You will:**

- **Understand** where you, the Disaster Child Care volunteer, fit into the Disaster Response structure.
- **Review** the expectations of the caregiver role and ethical guidelines.
- **Learn and understand** the functions and goals of play in the disaster child care center.
- **Describe** the uses of “Kit of Comfort” activity centers.
- **Understand** the policy and procedures for developing the “Kit of Comfort”.
- **Learn** how disaster childcare centers are set up on-site.
- **Practice** setting up a disaster childcare center with a team of volunteers.

# THE CAREGIVER'S ROLE

## OBJECTIVES:

- **Understand** where you, the disaster childcare volunteer, fit into the disaster response structure.
- **Review** the expectations of the caregiver role and ethical guidelines.

## ACTIVITIES:

- **Discuss** governmental and voluntary response systems.
- **Learn** about the role of disaster childcare givers on-site.
- **Discuss** ethical guidelines for disaster childcare volunteers.
- **Practice** skills used in responding to a child's emotional needs.

## REFERENCES:

- “Ethical Guidelines for Child Care Volunteers” (Page R27).
- “Role of the Volunteer” (Pages R28-30).
- “A Care Giver is not...” (Page R31).

## POSITION DESCRIPTION FOR CAREGIVER

The lead caregiver reports directly to the CDCC project manager. In the case of a small response or when doing ongoing childcare in your home community, a project manager may not be assigned. If there is no project manager on site, the lead caregiver may be designated as the project manager, and will report directly to the national coordinator.

The CDCC caregiver has responsibilities to a number of people:

Responsibilities to the child:

- **Establish rapport** – smile, welcome the child, use his/her name (print the child's name on a piece of masking tape, along with allergies, and place the tape on the child's back, ensuring that you can see the child's name and that the child will not remove the tag)
- **Signing children in and out** – One caregiver is assigned to the position of greeting the children and their parent/guardian, and signing the children in and out. This caregiver should ask the correct spelling of the child's name, age, allergies, permission to give snacks and/or take photos. Explain to the parent/guardian that the same person that brings the child must pick the child up. Parent/guardian signatures are matched before releasing the child from the childcare area.
- **Accept the child as is** - Do not bathe or change the child's clothing without the parent or guardian's permission.
- **Talk** to the child at his/her level – get down on the floor or a low chair to interact with the child in words that he/she can understand. If you do not speak the same language as the child, use a soothing voice and an inviting toy to help the child feel comfortable.
- **Invite the child to play** – stimulate interest and encourage expression. Never force a child to participate.
- **Be calm and consistent** – Be patient and supportive of the child's choices. If the child is behaving in a way that may be harmful to other children or caregivers, take the child to a safer area and encourage alternative ways to express feelings and/or actions.

- **Be non-judgmental** – Accept the child’s feelings without judgment. The child may swear, spit, or display behaviours that in normal situations are unacceptable. Allow free expression as long as the child does not injure self, other children or volunteers. Use reflective listening and encourage active play at one of the centers.
- **Listen** – If the child initiates talk about the disaster, neither change the subject nor ask many questions. Let the child be in charge, and supportively listen to him/her.
- **Protect children from each other** – If necessary, remove an angry or destructive child from the rest of the children to an area and activity where he/she can safely work out his/her feelings.
- **Protect children from another disaster** – As a caregiver team, work out an emergency plan. (See general preparedness information in packet) (Pages R1-4).
- **Hug and/or hold** – Physical contact as initiated or invited by the child.
- **Report suspected child abuse to lead caregiver** – The lead caregiver will report to the Nurse or Social Worker on duty. For the protection of both children and caregivers, do not be alone with a child at any time. In accompanying children to the bathroom, always have either two caregivers with one child or two or more children with one caregiver).

### **Be Comforting – Be Encouraging – Be Sensitive**

#### **RESPONSIBILITIES TO PARENTS/GUARDIANS:**

- **Support** – Listen and touch if appropriate. Do not let parents sneak away from the child. Invite parents to come in to the center for a short time and to assure the child that they will be back soon.
- **Give suggestions if requested** – If a parent is finding the child’s behaviours to be extreme, suggest seeing a physician or social worker.

- **Brochure** – Share the brochure “Disaster – Helping Your Child Cope” and point out the sections that address the parent’s immediate concerns.
- **Listen** - The parent/guardian may also need a listening ear. If time permits, be a listener.

### **RESPONSIBILITIES TO OTHER CAREGIVERS:**

- **Support** – Respect the gifts and abilities as well as the limitations of other volunteers. Give each other a break from a child who is especially upset or unruly.
- **Acceptance** – Each caregiver will come with their own unique experience, personality and background. Some will be inexperienced while others will have a wealth of experience in disaster response. Accept and assist each other, nurturing your similarities and showing patience and tolerance for your differences.

## **BE FLEXIBLE**

## **THE FUNCTION OF PLAY IN DISASTER CHILD CARE CENTRES**

### **OBJECTIVES:**

- **Learn and understand** the functions and goals of play in the disaster child care center.
- **Describe** the uses of “Kit of Comfort” activity centers.
- **Understand** the policy and procedures for developing the “Kit of Comfort”.

### **ACTIVITIES:**

- **Discuss** the goals and functions of play.
- **Become familiar** with the items in the “Kit of Comfort”.
- **Discuss** the uses of items in the “Kit of Comfort”.

### **REFERENCES:**

- Kit of Comfort Policy (Page R32).
- Kit of Comfort Items (P33-35).

## VALUE OF PLAY

“Play is the most complete of all educational processes for it influences the intellect, the emotions, and the body of a child. .... Play often modifies attitudes, character and emotions. It affects the whole character of the child. .... A child’s play is his/her way of exploring and experimenting while building up relations with the world and oneself. .... In play the child is learning to learn. .... Play is educative because a child becomes self-directed wholly involved and completely absorbed..... It is the expression of a child’s urge to find out about and discover for himself/herself how to live, how to be and how to grow up. .... Necessary to the mental health of the child as food is to his/her physical well-being.”

*(Taken from N.V. Scarfe, University of British Columbia, Vancouver)*

“Play is the way a child learns; play is a child’s work.”

*(Taken from Hartley, Frank and Goldstein: The 8 Functions of Play)*

### PLAY ALLOWS THE CHILD TO:

- **Imitate** – The child is able to stimulate reality without being bound by it, thus he/she can learn about reality and its forces operating in the world without being overcome by them.
- **Role-play** – The child is buffered from the ordinary consequences of his/her behaviour so he/she is free to experiment with actions, speech and social roles that he/she has not yet mastered.
- **Reflect on relationships and experience** – Such play opportunities increase the child’s capacity for coping with the social and physical realities of life.
- **Express pressing needs** – The child can combine the real and the imaginary, and in this way achieve a sense of control.
- **Release unacceptable impulses** – Using appropriate materials, which are not harmful to self or others, emotional pressure is lessened.
- **Reverse roles** – Shows the child ways to deal with the problem of always being too little and allows the child to test capabilities.
- **Mirror growth** – Here the child anticipates adult roles and practices skills required in those roles.

- **Work out problems** – By developing a pattern of approaching an experience and dealing with it, the child can create and recreate the experience, clarify it, and discover his/her strengths.

For a child, words are often inadequate and/or clumsy, especially to children less than six years old; hence, they play out their feelings and thoughts.

### **ENGAGING CHILDREN IN PLAY:**

Invite or encourage the child to play

- Suggest an activity that relates to the child's interests. The caregiver may need to provide clues.
- Avoid making models in any form, such as making an animal with play dough or drawing a picture.

Let the child choose the activity

- If the child asks for help, give only the minimal assistance in order to get him/her started.
- Clarify unacceptable use of materials. For example, if birdseed is flying in all directions you may say, "We need to keep the bird seed in the bin."
- Encourage the child to help with clean up when he/she is finished using a material or at the end of the day. For example, "I will put the paper away while you put the crayons in the bin."

Let the child stay with an activity as long as he/she wishes.

- Anticipate transition times when the child's interest starts to diminish. At such times offer another activity.

## **KIT OF COMFORT**

The “Kit of Comfort” is a suitcase full of toys and materials for activities that will assist the child in therapeutic play. It is brought to the disaster site by trained child caregivers. An official kit can only be put together by trained volunteers, upon permission of the CDCC National Coordinator. Service groups, churches, or community groups may sponsor and maintain a “Kit of Comfort” or it may be funded by CDCC and maintained by volunteers.

### **Kit contents include information regarding:**

- Organizing the centre
- Managing registration of children
- Setting up a variety of play centers

### **Preparing the kit:**

The “Kit of Comfort Information form” will let the director know if you are interested in assembling a kit. The director will then assess the number of trained volunteers in the area and the number of kits already assembled. You should get in touch with the provincial CDCC contact person if you are interested in assembling a kit. (For a list of Kit of Comfort Items see R33-35).

### **Groups that may be interested in funding a “Kit of Comfort”**

- Provincial Government disaster response
- Churches
- Service Clubs
- Community organizations

Prepare a list of contents for each “Kit of Comfort”, including brand names and book titles as well as the local source of the products. The content list should be

included in each kit as well as to the people in charge of the kit. This list will facilitate caregivers in ensuring that all contents are returned at the end of their assignment and assist those who are keeping the kit updated and stocked. A list of suggested kit items is included. It is important to purchase the high quality brand names as suggested on the list, both to ensure safety for the children and to minimize replacement expenses.

The national coordinator will assign each kit a number that should appear on each item in the kit. The contact information for the persons responsible for the kit should be attached to the inside of the kit. When purchasing a suitcase for the kit, consider its full weight. You may wish to purchase a suitcase with wheels or two smaller cases.

# ORGANIZING AND SETTING UP THE DISASTER CHILD CARE CENTRE

## Objectives:

- **Learn** how Disaster Child Care centers are set up on disaster sites.
- **Practice** setting up a disaster childcare centre with a team of volunteers.

## Activities:

- **Discuss** considerations for use of space.
- **Discuss** considerations for child safety and environment protection.
- **Discuss** layout or activity centers.
- **Discuss** principles of teamwork.
- **Plan/Organize** actual Disaster Child Care centre layout.
- **Set up** Disaster Child Care centre.
- **Visit and observe** all childcare centers set up by workshop participants.
- **Debrief.**

## References:

- “Sample Diagram of Room Arrangement” (Page R37).
- “Cooperation: At the Heart of CDCC” (Pages R35-36).
- “Kit of Comfort Recipes” (Page R40-41).

## • ROOM SET-UP

### Space Considerations – BE FLEXIBLE

- **Amount** – may be spacious or crowded
- **Adaptability** – space limitations may dictate the number of children that are accepted in a centre. Be as creative as you can with the allotted space. Use boxes, benches or tables (turned on their side) for boundaries.
- **Availability** – look for the location of bathrooms and water supply; check traffic flow of the public.
- **Outdoor setups** – use the outdoors if the weather is good. Be sure to set boundaries to space (snow fences work well). Ensure protection from the elements and have access to washrooms.

**Environmental protection considerations** – cover tables and carpet where water, paint and play dough are used.

- **Traffic flow** – if the public must travel through your space, be careful of activities in or near the walkway. Having traffic flow within the childcare area may prove to be unmanageable, so you may consider reducing the space or setting up two distinct areas.
- **Congestion** – if space is limited, keep activity centers from looking cluttered. Have fewer play centers and change them throughout the day.
- **Borrowed articles** – the lead caregiver is responsible for borrowed items used in the centre. List these items and to whom they belong to ensure that they are returned at the end of the assignment.
- **See sample diagrams** – is the traffic flow good? Are you close to a bathroom? Is there an emergency escape route? How many children would you have in this space?

## Health and Safety Considerations

- **Kit items should** be washable. Items should not have sharp edges or pieces that are small enough to choke a child. Beware of items that break easily or that children can break by biting (a child can easily bite the wheels off a matchbox car).
- **Smocks** – may be laundered each evening. A reversible smock that can be worn front or back allows for four clean surfaces.
- **Illness** – sick children and/or caregivers should not be present at the childcare centre. If a child becomes ill while in CDCC care, consult the designated nurse or health care worker. Disaster Child Caregivers do not dispense medication, however, medications are to be kept by the designated healthcare person or nurse to dispense.
- **Room** – every effort should be made to keep the child care room as neat and clean as possible. Wash, and disinfect all surfaces, on a daily basis.
- **Escape plan** – should be in place and every volunteer should be familiar with the plan. In the event of another disaster, it is imperative that caregivers know how to safely evacuate the children.
- **Observe** – your space. Look for hazards such as sharp corners, open electrical outlets and/or unstable furniture.



## OBJECTIVES - SECTION IV

### **You will:**

- Become aware of your own biases and stereotypes.
- Learn about the components of culture.
- Be encouraged to look at the perspective of others.
- Be sensitized to and respond appropriately to another's culture.

## DEFINING CULTURE

Disasters respect no boundaries (cultural, geographical, language, religious or ethnic) and human emotional response to disaster is similar the world over. Disasters cause trauma and fear in children and create needs for reassurance, comfort and acceptance that transcend culture. How children are taught to response to their own feelings may differ from culture to culture.

Caregivers in disaster situations need to be aware of, and sensitive to, cultural differences. We have the opportunity to learn from, and appreciate the diversity of persons with whom we interact. We can practice loving acceptance of each child as we set aside our own cultural perspective and natural biases that we have learned from our own experience and cultural environment.

Each human being is born into a particular culture where we learn:

- Language
- Communication patterns
- Customs
- Behaviours
- Attitudes
- Values

How we identify and behave within our own culture seems “right” and “normal” to us. Persons born and raised in a culture different from ours may find our ways of speaking and doing things strange and difficult to understand. None of us want to be judged as “good” or “bad”, “right” or “wrong”, “smart” or “stupid” or “ugly” or “beautiful” based on language, skin colour, religious beliefs, eating habits, dress, or any number of other mannerisms.

## **ASSUMPTIONS**

Cultural perspective is the way in which persons “frame” their experiences and make meaning out of that experience. We may assume that the meaning of a particular behaviour or practice in our culture has a similar meaning in another culture. This may or may not be the case. For example, in many Western cultures strong eye contact is considered a sign of honesty, respect and attentiveness, while in some other cultures the same behaviour is a sign of defiance and disrespect. In some cultures eating is a public activity while in others it is private. Standards of cleanliness differ from culture to culture and are often based on resources and how they are utilized. Rules for personal space and physical contact vary among cultures. For example, touching a child on the head can be a sign of affection or it may be a demeaning and inappropriate action. In cold climate cultures it may be inappropriate for children to yell or speak loudly, whereas children raised in warm climates, have spent a great deal of time outdoors, and thus may be accustomed to yelling and/or speaking very loudly in order to be heard across distance.

## **DISASTER CHILD CARE VALUES**

The philosophy and theology that undergird the origin of our services for children and their families at times of disaster are rooted in Christian teachings that emphasize, accept, and focus on care and comfort for all members of God’s family, especially those who are hurting and in need.

## **GUIDELINES**

While it is not possible to precisely anticipate how to appropriately respond to another’s individual situation, it is prudent to always remember that the way we are familiar with is not the only way of thinking. In disaster childcare settings, parents serve as a strong resource in helping caregivers learn how to respond to children in a culturally sensitive manner.

The following guidelines will help us to be sensitive to cultural differences and to refrain from making quick judgments, even when we may find customs and circumstances personally uncomfortable.

- **Personal Space**  
All children have personal space boundaries just as adults do. The amount of space they need to feel comfortable will vary according to their cultural backgrounds and life experiences.
- **Fear of Differences**  
Children may be fearful of caregivers who are different in size and stature from their parents. For children who have not experienced racial diversity, caregivers may indeed be very strange. Give the child the time and space needed to feel comfortable in approaching you or being approached.
- **Curiosity**  
Children may become very curious and want to touch the hair or skin of a person who looks different from their parents or other familiar adults. These actions should be seen as healthy curiosity rather than actions of disrespect.
- **Standards of “Beauty”**  
We must remember that, as fascinating as it may be to enjoy and appreciate a child who is from a culture different from our own, these children are not exotic pets. It is not appropriate to refer to children using ethnic or racial descriptors.
- **Extended Family**  
In cultures where the extended family or group is the norm, children are rarely left with strangers. Coming to the childcare centre may be a new experience for some children. Other family members may come to the centre with the children.
- **Discrimination**  
Racial and ethnic discrimination is a reality in our world and is one way a dominant culture maintains control or oppresses groups of persons that are deemed less valuable. Discrimination is often politically or economically motivated. Disasters often affect disadvantaged and marginalized peoples more severely than families with greater resources. It is imperative to recognize our own biases and ensure that they do not become obstacles in caring for children and their families.
- **National Boundaries**  
Even when language and racial differences are not apparent important differences in customs, use of language and political perspective emerge. Much can be learned by setting aside opinions and pre-judgments.

- **Sacredness of Each Human Being**

Disaster caregivers will encounter children in bandages, children who we think are in need of bathing and grooming, children who use words that are offensive to us, children who do not understand our language, and children whose families come in different shapes and sizes than our own. When we treat each child and family member as a unique and special being, we set the atmosphere for reconciliation and healing. On the rare occasion that, for a child's well-being, it becomes necessary to return a child to his/her parents earlier than planned, we can do it supportively and lovingly without judgment on the child or his/her family. In those times when we become aware of our own or other caregiver's struggles to accept a particular child, for whatever reason, we can reach out to give or receive support and encouragement to our co-worker.

- **Motivation**

Whether we become a Disaster Child Caregiver out of religious or altruistic motivation, in the aftermath of disaster we are called upon to demonstrate love and acceptance. We do this by fostering appreciation for the diversity of our world and by nurturing the growth of each volunteer who dedicates him/herself to the care of children. While acknowledging the reality of the biases and stereotypes each of us may carry with us from our own cultural background and life experiences, we celebrate the joy, new insights, and the deep satisfaction that this experience brings to the lives of those who volunteer with Disaster Child Care.



## OBJECTIVES - SECTION V

### Objectives:

- **Gain awareness** of the refugee-making experience.
- **Gain awareness** of children's feelings and experiences of war.
- **Learn** what the caregiver can do.
- **Understand** how war changes children.
- **Understand** when to access professional help.

### References:

- "Facts About Children and War" (R-41).

## HOW WAR CHANGES CHILDREN

As war affects a child's whole being, he/she often responds with behaviours that differ from normative patterns. It is very important to remember seemingly strange behaviours are in fact normal responses by normal children to very abnormal situations or violence, upheaval and war.

While children experiencing war face the same challenges as outlined in Section II, some changes specific to children that have experienced war may include:

- Detachment – decrease in capacity to experience ranges of emotion, joy, spontaneity, and sadness.
- Lack of trust, paranoia and/or hypersensitivity.
- Fear of uniforms, authority figures, loud noises.
- Changes in sleep patterns – sleeplessness, nightmares, night terrors.
- Bodily dysfunction, somatic pain, headaches.

## **CONSIDERATIONS IN CARING FOR CHILDREN WHO HAVE EXPERIENCED WAR**

Each child comes to us as a unique individual. How his/her new life is constructed and understood is influenced by:

- Personality features.
- Family environment and dynamics.
- Extra familial support systems.
- Societal openness to diversity and receptiveness to newcomers.

While many refugee children lose family members, all refugee children lose their homes, the sense of well-being, safety and security for children is associated with familiarity of place, making loss of home extremely difficult, particularly for young children who have not yet attended school.

## WHAT THE CAREGIVER CAN DO

- Honour and value the child's culture, belief system and tradition.
- Use parents as a resource in working with children.
- Provide a safe and comforting place where the child's physical needs are met.
- Listen respectfully and quietly when children talk with you.
- Examine your own barriers and how you judge other people.
- Have an understanding of the child's culture and the experiences that the child may have had.
- Expect and tolerate regression as a normal and healthy response.
- Respect the child's fears.
- Provide active help for flashbacks and panic attacks.
- Provide opportunities for talking about feelings.
- Expect and tolerate repetitious retelling of a traumatic event.
- Provide opportunities for, and monitor play.
- Expect some difficult behaviour.
- Communicate with training team and professionals.
- Maintain the child's routine letting the child choose new activities.
- Limit child's re-exposure to frightening situations.

## WHEN PROFESSIONAL ASSISTANCE IS NEEDED

Professional assistance is required when a child's:

- Post-traumatic behaviour is endangering to him/herself or others.
- Reaction to trauma is to dwell on issues of death and dying.
- Daily functioning is greatly disrupted.
- Reaction to trauma is to lose all prior grasp of the line between fantasy and reality.
- Initial regression to the behaviour of a younger child shows no signs of decreasing over time (lasts longer than 6-8 weeks).
- Sleep disturbances continue.
- Remains socially withdrawn.
- Symptoms of physical pain have no medical explanation.
- Behaviours have a negative impact on his/her relationships with peers.



## OBJECTIVES - SECTION VI

You will:

- **Become aware** of the joys and stresses of coming home following a disaster response assignment.
- **Learn** about other uses for your disaster childcare skills and ways you can support Disaster Child Care in your own community.
- **Evaluate** your own attributes and abilities as a volunteer for Disaster Child Care.
- **Evaluate** the Training Workshop.

**Activities:**

- **Discuss** what to expect when you return home.
- **Learn** what the CDCC office expects from you after you return from a disaster project.
- **Discuss** other uses for disaster childcare skills and ways to support the program and your community.
- **Complete** all appropriate forms.
- **Celebrate** our childcare community.

**References:**

- “Reference Books and Websites” (Pages R42-44).

# HOMECOMING

## **Excitement of going home**

- Expression of a “high” with the good feeling of having done something worthwhile.
- Physical and emotional exhaustion from such total involvement.
- Anticipating your arrival at home and wondering how the family survived without you.
- Guilt about leaving the project before it is completed.

## **Family sharing**

- Everyone wants to talk at once and you are too tired to listen.
- Everything at home looks so well taken care of that you are disappointed that everyone is able to get along so well with out you, or, everyone is in such a mess and you don't have the strength or desire to dig in and get the family back into shape.
- There is a real physical and mental tiredness and most volunteers need a day or two just to relax and get back into familiar routines.

## **Caregiver stories**

- Debriefing is very healthy.
- Balance quiet times with talkative times.
- Find someone to talk to who will really listen.
- Meet with other trained volunteers in your community to share your story.
- Plan a caregiver reunion.
- Write your story and send it to the CDCC newsletter.
- Tell your story at a CDCC volunteer training workshop.

## **Rest and Relaxation**

- Crucial to your own well-being.
- Crucial to being able to reenter your home life.

## **Courses**

- Be involved with your local emergency response program.

## **Other Uses for child care training**

- Parents groups.
- Child care during public functions.
- Local emergencies.
- Ongoing programs supporting children and parents.

## FOLLOW-UP REPORT

When you return home and have had a chance to share your stories and unwind from your adventure, take some time to review your personal notes and look at your pictures from your assignment. Write your story and send your pictures to us, using the following format as an outline. What you have experienced and learned is valuable to us and we want to hear from you while your experience is still fresh in your mind!

- How was this experience for you?
- What did you see?
- What did you learn?
- Describe your adventures, difficulties, joys and sorrows as a caregiver.
- What were your impressions of the disaster relief agencies with whom you interacted?
- What might we learn from your experience to improve the program?
- Are there persons that should receive letters of appreciation from our office?
- Describe your relationships with others on the childcare team.
- Comment about friendships, conflicts, leadership, and teamwork.
- How did you feel about your homecoming experience?
- How did your community, church and/or support system help you while you were away and after you came home?
- How can we improve our training and operations to help you feel better prepared for your next assignment?

*Note: We may want to tell some of your experiences in our training or through our newsletter; however, we will do so only with your permission. Anything of a personal nature is confidential. Please indicate to us whether we may use your story in a public context.*





# BASIC GUIDE FOR EMERGENCY PREPAREDNESS<sup>1</sup>

## General Guidance:

1. Know the warning signals for the community.
2. Keep a few days to a week's emergency supplies on hand.
3. Listen to radio for direction.
4. After a disaster:
  - Use extreme caution entering buildings.
  - Do not use lanterns, torches or matches for searching.
  - Stay away from fallen electrical wires.
  - Check for leaking gas pipes.
  - If electrical appliances are wet, cut off main circuit.
  - Check food and water supplies before using.
  - Do not drive unless necessary.
  - Contact relatives as soon as possible.
  - Do not pass on rumours or exaggerate reports of damage.

## FLOODS:

- Remember under normal policy, most insurance companies do not cover flooding.
- Keep stock of food that requires cooking because power will likely be out.
- Keep portable radio and flashlights working.
- Keep first aid supplies available.
- Keep automobile fueled.
- Store drinking water in clean containers.
- If flooding is likely and time permits, move items to upper floors.

## Evacuation

- Follow instructions and advice of local government.
- Secure your home before leaving.
- Travel with care.

If you live in an area, where flash floods are possible, especially during periods of heavy rainfall:

- Stay away from natural streambeds.
- Use your maps.

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<sup>1</sup> TAKEN FROM In Time of Emergency, A Citizen's Handbook, F.E.M.A.

- Know where the high ground is located.
- Stay out of flooded areas.
- Abandon stalled vehicles in flooded areas as you can do so safely.

### **HURRICANES:**

- Keep your radio, television or weather radio on.
- Plan your time to avoid last minute hurry.
- Leave low-lying areas.
- Leave mobile homes for more substantial shelter.
- Moor your boat securely.
- Board up windows.
- Secure outdoor objects.
- Store drinking water in clean containers.
- Check battery powered equipment.
- Keep your car fueled.
- Stay at home if it is sturdy and on high ground.
- Remain indoors during the hurricane.

### Evacuation:

- Follow instructions and advice of your local government.
- Travel with care.

### **TORNADOS:**

- When a tornado watch is announced, it may occur in your area.
- When a tornado warning is issued, take shelter immediately.
- If you are at home, go to the basement or underground storm cellar. If there is no basement, take cover in the center part of the house on the main floor. Go into a small room such as a closet or the bathroom. Do not stay in a mobile home or trailer.
- If you are at work, go to an interior hallway on the lowest floor away from windows.
- If you are at school, follow the instructions of school authorities.
- If you are outside in open country, lie flat in the nearest depression.

### **WINTER STORMS:**

Keep posted on weather conditions:

- A blizzard is most dangerous: cold air, heavy snow and strong winds.
- Winter storm warning: heavy snow, sleet or freezing rain.

Be prepared for isolation at home:

- Keep an adequate supply of fuel and use it sparingly.
- Have an emergency supply of food and water, as well as a camp stove.
- Have a battery-powered radio and extra batteries.
- Have simple tools and equipment to fight a fire.
- Dress for the season.
- Travel only if necessary.
- Keep calm if you get in trouble.
- Avoid overexertion.

### **EARTHQUAKES:**

- Keep calm. Do not run or panic.
- Stay where you are: most injuries occur as people are leaving or entering buildings.
- If indoors, take cover under a desk, table or against an inside wall.
- Do not use candles, matches or other open flame. Douse all fires.
- If outdoors, move away from buildings and wires. Stay there until the earth stops shaking.
- If in a car, stop and remain in the car.

### **After the earthquake:**

- Check for injuries.
- Check utility lines and appliances for damage.
- If water pipes are damaged, shut off water supply.
- If electrical wiring is shorting, turn off the supply.
- Stay out of damaged buildings.
- Do not go sightseeing.
- Be prepared for aftershocks.

### **TIDAL WAVES:**

Tsunami is caused by waves after an earthquake. It is not just a wave but a series of waves. Stay away from low-lying areas.

## **NUCLEAR POWER PLANT ACCIDENTS:**

More than one million Canadians live within 30 kilometers of Pickering Nuclear Power Plants, in Toronto.

### **Basic guide for emergency preparedness:**

- Within a 15-kilometer radius of the nuclear power, residents should know the plant evacuation plan. Residents in this vicinity should be aware of a warning system and a detailed mobilization plan.
- Within a 70 kilometer radius of the nuclear power plant people could be indirectly exposed from the food chain through the contamination of water, crops and grazing land.
- The warning system for people in these areas should be planned and available through the local emergency preparedness director. Emergency broadcasts should advise action. Do not use telephones; keep them clear for emergency calls. Radiation exposure can be avoided by shielding, distance and time.

### **FIRE:**

- Most fire deaths occur in the home.
- Adherence to fire safety rules prevents disaster.
- A smoke detector should be placed near bedrooms.
- Prepare and practice a fire escape routine for the family.
- Electrical fire should be extinguished with a fire extinguisher, not with water.
- Oil and grease fires should be extinguished with baking soda, salt or by smothering.
- Small non-grease fires can be controlled with water or fire extinguishers.

# STAGES OF DISASTER AND DISASTER RESPONSE

There are four basic stages of disaster with each displaying characteristic responses by the individuals experiencing them.

## 1. Warning/Impact

This stage covers the time from the first indicators that a disaster is about to occur through the period of the onset of the disaster. There are numerous changes in both the physical and emotional environment.

Often there may be no warning; Cornell reported that an ambiguous warning would result in an ambiguous response. Over-reactions usually come from those individuals who have anxiety problems in normal conditions. He noted that pre-training about disasters helps to facilitate appropriate responses. Dynes stated that individuals act according to their interpretation of the warning messages, and will often respond to the context (group and social) rather than content. Cornell stipulated that the warning needs to arouse concern without creating panic or disbelief.

Cornell, Dynes and Siporin agree that disaster studies indicate that contrary to the mass stampeding, panicking or passive persons of folklore, people tend to be rational, calm, courageous and altruistic. They look to authority figures for guidance and help, i.e. rescue workers and police. Most will assess the demands of the situation with others and will collectively deal with and actively respond to the emergency facing them.

In some severe situations, transient disaster syndrome is noted, that is, staring, shock, or apathetic confused behaviour. Disaster syndrome is rare and of short duration and occurs more often in more traumatic and sudden onset disasters. (Cornell, Dynes and Siporin)

Zusman describes the impact stage as consisting of random movements of isolated rescue efforts by individuals. Dynes and Barton disagree and state that victims will react actively for self-help and informal mutual aid to search for the missing. The immediate impact of disaster disrupts normal sources and creates a need for new services, such as rescue and medical, and the need for reassurance. The first few hours of mobilization provides for these new needs while maintaining public order. Dynes reports that rescue efforts are not solely oriented to kin or relatives, but may cause some role conflict, such as family versus work community, but do not create

a significant loss of manpower. Barton reports that professionals on duty at the time of the disaster might need to reassure themselves of their own family's safety before pursuing their duties. Barton states that when persons evacuate, they generally seek refuge with family and friends. Furthermore, during impact, it is more likely that men with dependents will take leadership roles, women without dependents will seek protection, and women with dependents will provide protection.

Farberow and Gordon outlined classifications of the disaster stages from a mental health viewpoint. They suggest that this stage is the Heroic Phase and "is characterized by people working together to save each other and their property. Excitement is intense and people are concerned with survival" (p3).

## **2. Inventory/Aftermath**

People realize they are not alone in the disaster. After the initial search for their own family members, the altruistic, good feelings for others begin. Later interviews suggest nostalgia for that initial emotional warmth. During this period, rumours are prevalent, especially when there is loss of communication systems (Cornell).

Rescue workers are overwhelmed and strive to do it all. Converging crowds, both rescuers and interested bystanders, create a need for crowd control to prevent hampering rescue efforts. Relief supplies begin to arrive, some of which are useful and some of which are not (Cornell).

Altruism, people giving of themselves in a tremendous self-help effort – leads to a strong sense of community, a shared heroic and tragic experience. This serves the function of making help immediately available, increases self-esteem, resolves anxiety and survivors' guilt, creates group bonding, and enables individuals and groups to reorganize themselves (Siporin, 1975).

In Canada and the USA, loss tends to be related to property damage rather than a loss of life. Disaster situations generally do not impute blame on individuals or groups, therefore victims generally view their loss in comparison to others, "Luckier than" or "better off than". This provides optimum conditions for acceptance of suffering enhanced by cohesiveness of the community generated by the disaster. Under these circumstances, people tend to work for the common good (Dynes).

Cornell postulates that, in a small number of people disaster syndrome may also be evident during this aftermath stage. Symptoms include showing no emotion, shock, refusal to talk, or a shuffling walk. Such symptoms may be displayed for a few moments or may last for hours or days.

Farberow and Gordon classify this stage as the Honeymoon Phase, where victims feel buoyed and supported by the promises of governmental and communal help and see an opportunity to recover quickly. Optimism is high.

### **3. REMEDY/RELIEF**

This stage is generally considered to last ten times the length of the previous two stages. During this period, the community tends to medical and survival needs, makes temporary repairs, and begins to clean up.

Cornell (1976) calls this stage the time to restore order and reestablish familiar common goals, which generates cooperation within the group.

Farberow and Gordon call this stage the Disillusionment Phase. As unexpected delays and failures emphasize frustration with bureaucratic confusion, the individual loses the optimism and euphoria of the earlier phases and becomes disillusioned. This disillusionment may be displayed in a continuous venting of their story or in anger projected at others, especially rescue workers. Individuals may become dependent on others.

### **4. RECOVERY/RECONSTRUCTION**

This stage is generally considered to last one hundred times the initial two stages. This period consists of the long-term rebuilding, counseling, and adjustment to change and loss.

Routines begin to resume but survivors are still bearing some of the effects of the disaster. Some need to continue to tell their story in order to gain equilibrium. Some repress their feelings and experience emotional stress symptoms, digestive problems, insomnia, and nervous tension. In children, the symptoms include sleeplessness, regression, increased dependency, fear and withdrawal. Fastest recovery occurs in families who accept their losses, begin to rebuild their lives, and talk about their experiences in a supportive, positive manner. It was once thought that the psychological impact of disaster was temporary, but this theory has been proven incorrect. Disaster tends to heighten interpersonal and inter-group tensions.

The reconstruction phase may last for several years and is characterized by a coordinated individual and community effort to rebuild and reestablish normal functioning.

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## **SUMMARY AND DESCRIPTION OF CANADIAN COMMUNITY RESPONSE ORGANIZATIONS**

Municipalities are in charge of managing their own disaster situations and may access assistance from a number of agencies and volunteer organizations that are registered with the Provincial Government's menu of disaster services.

Provincial Plans provide services in the following areas:

- Registration
- Inquiry
- Lodging
- Feeding
- Personal Services

Agencies and Organizations that are registered with Provincial Governments to provide services include:

- Regional Health Authorities (Health Units)
- Provincial Social Services
- Red Cross
- Mennonite Central Committee
- Salvation Army
- Christian Reformed Disaster Services
- Disaster Child Care

## GRIEF AND PAIN DUE TO LOSS

Disasters, whether natural or human induced, usually cause loss. Major losses include the death of family members and close neighbours, the loss of home, job, business or the entire infrastructure. It is often easy to discount or overlook what one might determine to be a “minor” loss of an “inconsequential” object. Insensitive phrases such as *“You should be glad you still have your family or your job”* or *“You can’t take it with you anyway”* may be spoken with the intention of comforting someone who has lost a favourite piece of furniture or a sentimental object, but minor loss can be deeply felt by survivors.

In such cases, it is important to remember that the material objects people have in their possession and in their homes represent important memories, significant relationships and deep values. Some pieces of furniture may be family heirlooms or valuable antiques. Picture albums and certain books are bridges to the past and have great sentimental value. Many items lost in a fire or flood such as works of art, old letters, gifts and creations of children cannot be replaced. Monetary value is rarely a major factor in the emotional impact of loss in disasters. Age and spiritual maturity will result in a lessening of attachments to material possessions. However, no matter how unattached to one’s possessions a person may be, the shock of loss still causes initial pain and disorientation.

In the case of the young child, “love” objects are those toys, books, blankets or clothes that represent their attachment to family and the feelings of comfort and security. Loss of such special teddy bears, dolls, blankets or pets can be devastating to a child. The disorientation and confusion resulting from being evacuated from one’s home is particularly difficult for a child to handle. Feelings of loss experienced by the young child need to be accepted understood and validated by the caregiver. A child who has experienced loss of life in the immediate family needs special care.

## EFFECTS OF DISASTER ON CHILD AND FAMILY

Children of all ages, but especially preschool children, depend upon adults (usually their parents) for emotional survival. Farberow and Gordon explain the impact of disaster on children utilizing John Bowlby's attachment theory. Attachment refers to the emotional bond between the child and the nurturing figure. The child has an inborn tendency to seek to be close to the person who provides the nurturing, and protects the child from harm. Attachment behaviours, such as crying, calling and clinging, enable the child to contact the provider of nurturance. The readiness of the adult to respond to these behaviours helps develop a secure attachment. Attachment behaviour is evident throughout an individual's life although it decreases in intensity at about age three. It is apt to be aroused when one is sick, tired or fearful. Young children are prone to extreme distress when their attachment figure is not available: this distress is called separation anxiety.

Farberow and Gordon further explain that there are several naturally occurring "clues that indicate the possibility of danger, isolation, exposure to strange people or strange situation, darkness, sudden movement, or noise" (p.8). When children are thus frightened, they withdraw to be close to their attachment figure.

A disaster is a situation that suddenly threatens the safety and security of a child and therefore evokes the need to be close to the attachment figure. Separation anxiety can be expected to be highly visible during such a period. The more severe a disaster, the greater the threat of actual separation. During this period, it is expected that children would be afraid of being alone, of being in the dark, hearing loud noises, or of experiencing sudden movements. (Farberow and Gordon)

A review of the literature supports the expected changes of behaviours as outlined above. Blaufarb and Levine reported that the most common problem for three to twelve year-old children after an earthquake was a fear of going to sleep in their own room, while for three to six year-old children the common fear was of being alone. Bloch, Siber, and Perry noted symptoms of increased dependency, clinging, remaining close to home, asking to sleep with parents, night terrors, irritability, sensitivity to noise, and phobias. After studying victims of fires in New York City, Krim added to the list:

guilt reactions, aggressions, and family disorganization and breakup. Doudt studied 130 children, ages 3-5, after tornadoes in north California in 1984. She found significant behavioural changes in all age groups, with two behaviours – fear of loud sounds and fear of wind – markedly increased in more than half of the subjects.

Farberow and Gordon explain that parents will note two major indicators of emotional distress in their children: change and regression. Change occurs when behaviours, reactions, and methods of doing things become atypical, such as, changing from being independent to becoming clinging. Regression is displayed when the child returns to behaviour typical of an earlier developmental stage, such as thumb sucking or bedwetting.

Boore, Earle, and Aptekar have submitted an unpublished study of the psychological effects of disaster on children and their families in the 1989 dual disasters of Hurricane Hugo and the Loma Prieta earthquake. Although the adults reported almost equal stress in both situations, the children of the earthquake reported more stress than those of the hurricane. Gender, previous disasters, and separation appeared to have no effect on the amount of stress experienced. Birth order and prior problems did show some tendency as being factors for stress experienced. It is unclear if the differences found between the earthquake and the hurricane could be regional. More studies of these disasters are indicated.

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## **SPECIFIC REACTIONS AND BEHAVIOURS OF THE YOUNG CHILD SUFFERING TRAUMATIC STRESS.**

| <b>SYMPTOM</b>                                | <b>CHILD MAY NEED</b>  |
|---|--|
| Crying  | Comfort, physical contact with safe adult  |
| Thumb sucking                                 | Food, drink, physical comfort  |
| Loss of bowel/bladder control                 | Rest, reassurance of safety and acceptance   |
| Fear of being left alone<br>Fear of strangers | Contact, physical and/or visual, with family member - reassurance that family member is coming back. Time to build trust with caregiver. |
| Irritability                                  | Rest, comfort, quiet time, soft music or singing   |
| Confusion                                     | Rest, assurance of safety, contact, information about “reality”  |
| Clinging                                      | Reassurance, safe contact, validation of feelings  |
| Immobility                                    | Rest, comfort, safe human contact  |
| Headaches,<br>physical complaints             | Attention, contact, expressive play  |
| Depression                                    | Acceptance and validation of real feelings   |
| Fears about weather or safety                 | Information, conversation with adults who know answers to questions  |
| Fighting                                      | Physical contact, big muscle activity, created interaction   |

## CARING ENOUGH TO HEAR AND BE HEARD

Attending is<sup>2</sup>:

- A willingness to **hear**.
- A willingness to be truly **present** and available.
- A **commitment to work** toward dialogue that is mutually enriching.
- An openness to **attend** to the other's communication
- A **patience** to wait for the other's expression of his or her own thoughts and feelings.
- An **interest** in perceiving as another sees.
- A readiness to **suspend judgment** or evaluation.

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<sup>2</sup> Caring Enough to Hear by David Augsburger, Herald Press, 1982

## **ATTENDING: “TRY ME AGAIN, I’M LISTENING”**

### **Blocks to attending<sup>3</sup>:**

|                                     |  |
|-------------------------------------|--|
| Ruling out the speaker              | “He’s of no interest to me.” “She has nothing to say, why listen?”   |
| Reaching a premature conclusion     | “I’ve heard enough to know where he’s going with this argument. I’ve heard it before and it’s all wet.”  |
| Reading in expectations             | “I know what you are going to say. I can finish your sentence when you pause. I can read you like a book.”   |
| Reading out threats                 | “I know you didn’t mean that. You could not have said it. You didn’t say it.”  |
| Rambling or racing ahead            | “You trigger a whole flood of thoughts, and one idea leads to another. I have left you. I’m miles away.”   |
| Rehearsing response                 | “I am preparing what I want to say. I’m just waiting until you pause so I can break in.”   |
| Reacting to trigger words           | “I didn’t hear a word you said after you called my child a ‘kid’. Goats have kids, have you no respect?”   |
| Responding with evaluation          | “The way you say it is: a) clever, b) creative, c) crude, d) contradictory, and I am more interested in the style or the lack of it than in what you are actually saying.” |
| Rejecting the person or personality | “You come on too strong. I do not like authoritarian personalities. I do not need to listen further.”  |

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<sup>3</sup> Caring Enough to Hear by David Augsburger, Herald Press, 1982

# BASIC PRINCIPLES OF PLANNING AND IMPLEMENTING CRISIS SERVICES TO CHILDREN<sup>4</sup>

## **Principle #1**

Disasters hit normal people. Under extreme stress, normal functioning may be disrupted. To honour the dignity and preserve the self-esteem of survivors, mental illness labels and other evaluative descriptions should be avoided.

*(The child is not “bad ”because he/she demonstrates regressive behaviours.)*

## **Principle #2**

The family is the first line resource for the child. Support for the whole family is important. Childcare should not be a substitute for contact with the family.

*(We do not increase separation anxiety.)*

## **Principle #3**

Disaster caregivers need to be proactive in reaching out to survivors. The disaster childcare centre is designed to be attractive and comforting and is connected to other disaster response activities.

*(Survivors are often numb and feeling powerless to control their lives or to take action to get help.)*

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<sup>4</sup> Manual for Child Health Workers in Major Disasters by Norman Farberow & Norma Gordon – Institute of Mental Health – U.S. Government Printing Office, Washington, D.C., 1981.

# ASSIGNMENT CHECKLIST

## **Expenses:**

Expenses will be reimbursed according to CDCC expense guidelines. During the Child Care response, either Disaster Child Care or Provincial Governments will cover the expenses of meals, travel and accommodation for all authorized volunteers. If you are driving you will be reimbursed at a per kilometer rate. You may want to take spending money for yourself. Please keep original receipts to attach to expense claim forms.

## **Identification:**

Be sure to have your driver's license, a credit card, health insurance card and your CDCC photo identification card. You will need photo identification to claim an airline ticket and you must have a credit card if you are asked to rent a car.

## **Travel Items:**

The following is a list of suggestions:

- Comfortable clothing – remember you will be in the public eye
- CDCC apron or smock (at least 2)
- Comfortable shoes
- One dressy change of clothes
- Small amount of cash
- Flashlight
- Notebook
- Towel and washcloth
- Toiletries
- Hobby/relaxation items – books, games, crafts
- Laundry soap
- Medications
- Alarm clock (battery or wind-up)
- Snacks

- Ear plugs
- Waist pouch (to carry identification and money while working)
- Walkman or diskman and music
- Extra batteries as required
- Emergency Blanket
- Sleeping bag, pillow and mattress (if required)
- Camera (to be used with permission only)
- Phone credit card

**Do not take:**

- Valuable jewelry

**Accommodation:**

Be flexible. Be a camper. when you leave home you will not always know where you will be staying. It may be in a church basement, a school gymnasium or classroom, or it could be in a residence or hotel. Men and women may sleep in the same room. Wherever you stay you may need to share in cooking and cleaning responsibilities. Please be considerate of others. You most likely will not have access to a vehicle and will travel with your group.

**Arriving on Location:**

Be flexible. You may arrive before all of the wheels have been set in motion. Please be patient and willing to do whatever needs to be done. Your coordinator and project manager may need assistance.

When appropriate get in touch with your family to inform them of your safe arrival and how they can reach you if needed. Do not promise to call your family as phones may not be working.

## **SUGGESTIONS FOR CAREGIVERS WHILE ON ASSIGNMENT**

- Keep up personal management and daily routines such as diet, health needs, exercise reading, etc.
- Keep a daily journal of your experiences and feelings.
- Understand what happens in a disaster, both physically and mentally.
- Be open and communicate problems to the lead caregiver and project manager.
- Take time off as scheduled. You will be a better caregiver if you are well rested and take regular breaks.
- Be flexible and open to change.

## ETHICAL GUIDELINES FOR CHILD CARE VOLUNTEERS

Recognizing that every disaster is unique the following statements are presented as guidelines for Disaster Child Care volunteers on assignment. The Disaster Child Care volunteer:

- Is representing an organization, therefore one's attitudes and actions reflect the organization.
- Understands and accepts the reality that their actions and attitudes reflect on all other workers.
- Is sensitive to people and takes time to listen to persons affected by the disaster. To listen requires an understanding heart, as well as a listening ear.
- Is committed to assisting the child victims of disaster for whom we care. This care is given within the limits of our training and abilities.
- Should not accept cash contributions from persons being assisted. People wishing to contribute should be encouraged send their donation directly to Disaster Child Care.
- Should not engage in religious or political exploitation of any disaster survivors. It is recognized that many volunteers see this work as putting their faith into action, but it is not appropriate to proselytize.
- Always respects personal information. Sharing of financial matters by naming specific persons should not be done. It is acceptable to share experiences in a general way, as illustrative of work done and persons served.
- Is sensitive to the feelings of persons when taking pictures of individuals or damaged/destroyed property. Permission first is obtained. Within the child care centre parents or guardians must pre-authorize photos with signed consent.
- Is sensitive to the privacy of the survivors and will not allow media into the child care area. If approached by media the caregiver will ensure that the media is not allowed access and that no photos are taken. He/She will refer the media to the project manager who will determine media access.

- Will not accept donations of goods nor distribute donations to children and families. All donations are to be referred to the reception centre manager.

# ROLE OF THE VOLUNTEER

## Creating the play space

Factors to consider when choosing materials.

- Size of available area (this will also determine the number of children who can be accommodated safely and constructively).
- Constraints of the location (including traffic patterns in the building, safety hazards, water supply, bathrooms).
- Ratio of adults to children.
- Available furnishings (tables, chairs, floor coverings, cots, etc).

## Helping children enter

### Receiving the Children:

- Accept children as they are (runny noses, dirty clothes, faces and hands, etc).
- Be at the eye level of the child (squat, sit on a chair or on the floor, etc).
- Ask parent or guardian if there is information that would be helpful in caring for the child (child's favourite play activity, childcare experience, etc).
- Be aware that voice level and tone, words used, and body language (calmness, etc.) can help reassure the child
- Have the adult register the child (print name tag, label possessions, list allergies, etc).

### Inviting the Children to Play:

- Arrange some materials nearby and at eye level.
- Verbalize two or three choices of activities (“Would you like to play with the cars and trucks or would you like to colour?”). Choices are a way of giving children a sense of control.
- Watch to see what the child focuses on and then move in that direction while at the same time, offering the child your hand.

## Interacting with the Children

Some basic guidelines:

- Review the qualities of the empathetic listener from section II.
- Accept children's feelings of anger, fear, frustration, etc. However, we do not have to accept inappropriate behaviour.
  - Naming the feelings may be all that is needed, such as. "If you are angry, tell me what you don't like."
  - Placing limits requires clearly defining and maintaining them.
  - Stating suggestions and directions in a positive manner gives children an idea of what they can do.
  - Redirecting in a way that honours children's needs and interests, allows children to maintain self-respect. For example, labeling behaviour as "naughty", "selfish", or shaming a child causes the child to lose face and be less able to change his/her behaviour.
- Avoid encouraging competition.
- Position yourself facing as much of the play area as possible.
- Redirect undesirable behaviour with action as well as words, giving clear directions in close proximity to the child.
- Make safeguarding the health and safety of the children a primary concern.

### **Goals for Play:**

Interaction with the children in the play process

Invite or encourage the child to play:

- Suggest an activity that is related to the child's interests – adults could provide clues.
- Avoid making models in any material, such as making an animal with play dough or drawing a picture.

Let the child choose the activity:

- If the child asks for help, give only the very minimum assistance in order to get him/her started.

Let the child stay with the activity for as long as he/she wishes:

- Anticipate transition times, when the child's interest starts to diminish suggest an alternate activity.
- Actively participate with the children in cleaning up when they finish using material or at the end of the day. ("I'll put these papers away while you put the scissors in the box.")
- Clarify unacceptable use of material – for example, water and birdseed is flying in all directions. ("Do you want to continue playing in the water? Then you need to keep it in the tub.")

## A CAREGIVER IS NOT....

- **A babysitter** – You are a caregiver trained to respond to children who are survivors of disaster.
- **A teacher or a maker of lesson plans** – You are a caring adult who helps children select activities and materials according to their interests and needs.
- **To make “cutesy crafts”** – You are an understanding adult who allows children to use carefully selected materials to express their feelings and ideas. You value the process rather than the product.
- **To sit back and observe** – You are actively involved with the children.
- **To probe into a child’s life or disaster** – You are a listener who is ready to enter into reflective dialogue with the children.
- **To overindulge in sympathy** – You are a comforter with empathy for children who have experienced disaster.
- **To provide therapy** – You are a compassionate, loving person giving your full attention to children while creating a space where children are safe to act out their feelings.
- **To be a parent** – Do not discipline. You work to provide a support system for families and survivors of disaster.
- **To judge feelings of behaviour** – You are a caring adult striving to understand the behaviour observed and the feelings sensed.
- **To give medication** – Refer children and parents to the appropriate health care worker.
- **To evangelize** – A hug is better than all the theology in the world. You are a witness to your beliefs through your deeds and service.

## **KIT OF COMFORT POLICY**

- COPYRIGHT** The “Kit of Comfort” is the trademark of Cooperative Disaster Child Care in the U.S, and used by permission by Disaster Child Care in Canada.
- CONTENTS** The official “Kit of Comfort” is designed for temporary child care centers in disaster locations. The list of contents is distributed to trained Disaster Child Caregivers who have been assigned the responsibility of producing a “Kit of Comfort”.
- USE** The “Kit of Comfort” is used only by trained Disaster Child Caregivers enrolled in the Disaster Child Care program.
- OWNERSHIP** Each “Kit of Comfort” belongs to CDCC and is under the care of assigned caregiver(s). It is available for local or regional use of travel with caregivers who are deployed to other parts of the country.
- LOCATION** Each “Kit of Comfort” is identified with a number and is located in a known place. The provincial and national coordinators know where each “Kit” is located.
- CARE** The person responsible for the “Kit” is also responsible for replenishing supplies and equipment as it is used or damaged. The “Kit” should be refurbished immediately following a disaster project and before it is stored away.
- PAPERWORK** The national office will supply signs, forms and other administrative materials for the “Kit”.

**DISMANTLING** A “Kit” is dismantled only when it is determined that: 1) It is beyond repair, 2) It is no longer needed in that area, 3) It cannot be used in another location.

## KIT OF COMFORT ITEMS

- Suitcase (I can usually get one from a Liquidation place for \$30 to \$50)
- Outlet plugs
- Masking Tape
- Garbage Bags
- 2 Plastic Bins that can be used for sand and water play
- Paper for painting/colouring/drawing
- Several aprons as extras (Volunteers are to bring their own)
- Baby quilt or blanket

### **Basic Items**

- Paints (the solid disks are good)
- Non-spill paint pots
- Paint brushes (sturdy ones for small hands)
- Play dough and tools (rolling pins, cutters, presses, syringes)
- Crayons/markers (washable)
- Painting aprons or shirts
- Pencils
- Tea Set (Bambola makes a good one - flexible and dishwasher safe)
- Dolls - washable, fixed eyes, several cultures (water babies work well)
- Doll feeding set
- Baby blankets (for dolls and children)
- Phone (a simple one with the least noise possible)
- Flashlight (Playschool brand is good)
- Small vehicles (Viking makes flexible plastic vehicles that are safe, as children cannot bite the wheels off. They are also dishwasher safe) (Rescue vehicles- Shelcor makes a rescue vehicle set that is safe, is not gender biased, and represents visible minorities) Avoid matchbox type vehicles as then hurt when thrown at another child, the wheels can be bitten off, and they are not dishwasher safe.
- Town/Road Mat (The plastic sheet variety takes up the least space in the kit and washes easily)
- Tool Kit
- Medical Kit
- Blocks (Compressed foam is light and safe)

- Puzzles (Compressed foam, Ravensburger tray puzzles with the finger holes - a variety for various age ranges)
- Boxed bear puzzle (It is a box with a mom, dad and child bear. Each bear has three pieces and many options within those pieces - head, upper body and lower body. The face pieces have numerous expressions making this puzzle a good tool for talking about feelings or for encouraging a child to communicate feelings without words)
- Punching clown or balls
- Balls - blow up ones take less space in kit - also Koosh balls are great (Beware that children who have experienced war may see them as land mines)
- Sand and water toys
- Sidewalk chalk
- Unspillable Bubble Pot with numerous wands and bubble liquid
- Family dolls - It is always hard to find these - Little Tikes makes a good set but they are hard to find - Playmobile makes a good set and they do have five cultures but you would probably have to order them.
- Puppets - No full body puppets as the opening is usually on the bum and that is not appropriate for children who have endured sexual abuse. Be sure the hand goes into the neck or half body only. (Washability is important)
- Skipping Rope
- Baby toys - small rattles (Without holes or cracks so they can be washed in the dishwasher)
- Games - Ravensburger Lottino, Uno (These games are very sturdy and can be played in many different ways, thus making them interesting to a range of age groups)
- Books - Books for the pre-school level on dealing with disasters/fears are good but also general story books with lots of pictures (Look carefully to be sure of the appropriateness) Some suggestions: Franklin and the Dark, From Far Away - Robert Munsch, Children know and love Robert Munsch stories. Picture books are good for children who do not speak English and for creating your own story. – Word and picture books can be used to bridge language barriers. The "Carl" books are wonderful for making up stories.) Do not choose books that promote religious values. A variety of books about children from a variety of cultures in terms of cultures and socio-economic status are good. See reference list.
- Camera

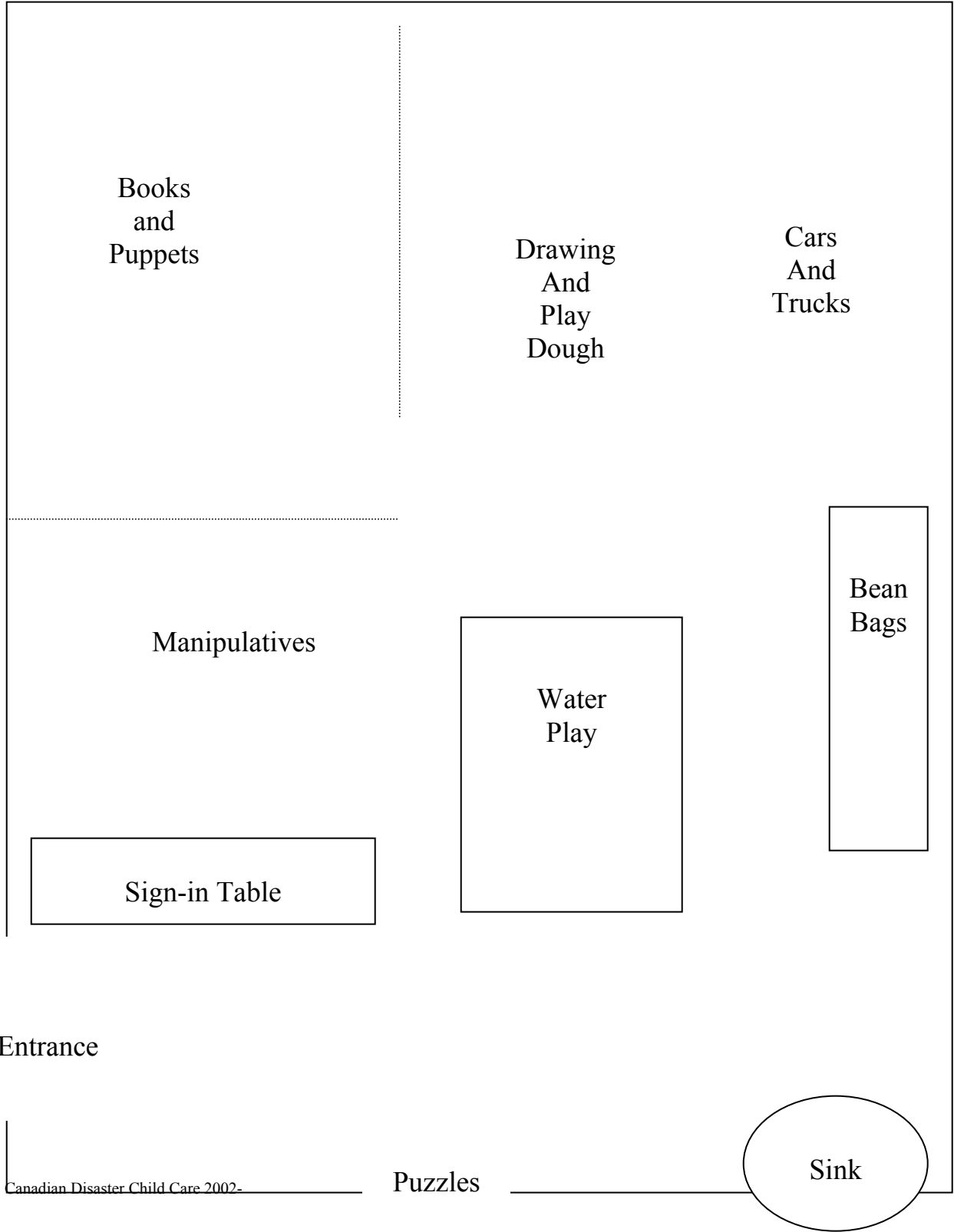
### **Optional Items**

- Paint sponges
- Duplo blocks
- Finger puppets
- Dress-up Clothes
- Games/puzzles for older children - Ravensburger Mixed up Max, Snakes and Ladders, Memory
- Face Paints
- Lacing Cards
- Children's scissors/construction paper - basic craft supplies
- Cooking set
- Train set

### **Note:**

- Try to avoid trendy and theme type articles – such as Barbie, Barney, etc
- It is most cost effective to purchase high quality items. This is also a safety issue. For example, plastic Viking vehicles may cost more than matchbox toys but are much safer and easier to clean.
- Look through books very carefully, searching for pictures or story lines that may trigger fears in children. For example, a refugee child was looking at a book where a squirrel had put a rope around his playmate. The child threw the book into the corner and began crying, saying she was scared. This kind of memory trigger was not appropriate.
- Most times second hand donations are not appropriate; however, if they fall into the criteria on our list you may consider accepting them.
- Volunteers and supporters of the program have contributed wonderful hand made additions to our kits. Such items include: small quilts or blankets, handmade puppets, doll blankets, rolling pins for play dough.

# SAMPLE DIAGRAM OF ROOM ARRANGEMENT



Books  
and  
Puppets

Drawing  
And  
Play  
Dough

Cars  
And  
Trucks

Manipulatives

Water  
Play

Bean  
Bags

Sign-in Table

Entrance

Sink

Canadian Disaster Child Care 2002-

Puzzles

Rest rooms

## **COOPERATION: AT THE HEART OF CDCC**

Volunteers who have participated in a successful project understand the importance of teamwork, particularly in stressful situations. However, people often do not take the time to consider all the facets of creating a working team. Leadership is necessary on the part of the assigned coordinators and CDCC centre leaders. Furthermore, each volunteer has a critical part to play in creating the team and nurturing the team spirit.

Team spirit begins with the willingness of many groups that become inactive in disaster response and work together to provide quality support for families and children in times of disaster.

The DCC and CDCC training staff is another good example of teamwork. These people, who bring experience, teaching and presentation skills, volunteer their time to train new volunteers. These trainers play an integral role in assisting in the development of the CDCC program in Canada. A willingness to work together and share expertise and experience contributes to a high quality DCC program in both countries.

On the disaster assignment, teamwork is absolutely essential. Each volunteer has set aside his/her other priorities and has given up routines at home in order to serve children who are hurting. When each remembers the common mission, the personal irritations and discomforts become secondary.

What are the facets of teamwork? Four elements of a good team are Trust, Empathy, Affirmation, and Membership (T.E.A.M.). People with a common mission, who build trust with each other, listen to and care for each other, who affirm each other and have a sense of loyalty to one another, make a good team.

An effective team is one that understands and is guided by the following principles.

1. **Mission, Goals and Objectives:** Team members understand and agree on the goals and necessary tasks for their work. This means taking time for careful planning before jumping into the tasks.
2. **Individual Gifts and Resources:** The special talents of each person are fully recognized and utilized. This means taking time to get to know one another and to recognize both strengths and limitations.
3. **Trust and Meditation:** The higher the trust among team members, the more readily problems are solved without stressful conflict. When there are conflicts, they are dealt with openly and with a loving approach. This includes taking the risk of sharing discomforts and talking about what is not working well, rather than pretending the conflict does not exist.
4. **Leadership:** Leadership roles are clearly defined and respected by all. Each team member is willing to initiate and offers to take responsibility for a share of the work.
5. **Control and Procedures:** Effective procedures and ground rules have been developed and are understood and supported by each team member. When procedures do not work in a given situation, leaders and team members will be flexible enough to make adjustments.
6. **Interpersonal Communications:** Communication between members of the team is honest and direct. This means caregivers contribute their thoughts and let others know how they experience and feel about what is going on. Effective communication allows for appropriate feedback, correcting situations, celebrating accomplishments and bonding together.
7. **Problem Solving and Decision Making:** An effective team establishes and agrees on approaches to solving problems and making decisions together.
8. **Flexibility and Creativity:** The effective team can experiment with different ways of doing things and can adapt to changing circumstances.
9. **Evaluation:** The team frequently stops and evaluates how things are going, making changes as needed. This means team members are willing to learn from their experience rather than simply reacting.

Do not wait for a disaster to apply these attitudes and principles. When practiced, these principles will help each of us improve the groups we work with and strengthen our relationships in our families, our work settings and our communities.

## KIT OF COMFORT RECIPES

### Play Dough #1

1 ½ cups boiling water with food colouring added

½ cup salt

2 T powdered alum

1 T oil

2 ½ cups flour

In bowl, mix salt, flour oil and alum. Add boiling water, stir quickly. Knead. May add a little flour during kneading. Store in plastic bag.

### Play Dough #2

1 cup flour

½ cup salt

2 tsp. cream of tartar

Put in a saucepan; add:

1 cup water

1 T oil

Several drops of colouring and fragrance

Cook, stirring 3 minutes or until mixture pulls away from pan. Remove dough and knead immediately. Store in plastic bag.

## **Bubbles**

- 4 oz. Glycerin
- 9 oz soap (dish washing)
- 2 qt. Water

## **Homemade Finger Paint**

Cooked Starch Method (Time: 10 minutes plus cooling)

Mix in a bowl: 1 cup laundry starch or cornstarch dissolved in small amount of cold water.

Slowly add 5 cups of boiling water to dissolved starch.

Cook the mixture until thick and glossy. Add 1 cup mild soap flakes. Add colour in separate containers. Cool before using.

## **USEFUL IDEAS!!**

- For sand play use birdseed instead of sand. It is much easier to clean up and easier to find.
- Use a drop of dish detergent when mixing paint for easier clean-up.

## FACTS ABOUT CHILDREN AND WAR<sup>5</sup>

- Since 1945, there have been some 150 major armed conflicts around the world almost all of these civil wars. The fighting takes place not on battlefields but in cities, towns and villages, around people's homes. Most of these wars have occurred in economically deprived countries.
- In 1994, 39 countries were involved in major armed conflicts, in varying degrees of intensity. Almost all of these were civil wars.
- Some 18 million people have been forced to become refugees as a result of these armed conflicts, and another 15 million are internally displaced within their own countries. About half of these are children.
- Often children lose someone close to them during a war (such as a parent, a sibling, a member of an extended family, a teacher, or a close neighbour). In some countries, as many as 25% of children have lost a parent as a result to conflict.
- Separation from parents and other close family members for long periods of time and under violent conditions is a very stressful experience for children, especially those younger than five.
- Many children are themselves victims of violence. They are kidnapped, arrested, detained, or tortured. In some countries, one-quarter of the children reported that they had been tortured and more than half stated that they had been threatened by armed forces.
- Some children are forced to participate in combat directly or indirectly, while others voluntarily enlist. It is not unheard of, for as many as a quarter of the children in conflict situations to have participated in combat and killed people.
- An estimated 1.5 million children died in the 1980s as a direct result of armed conflicts. For every child killed in a conflict situation, it is estimated that three more were seriously injured or permanently disabled.
- In 1994, 39 countries were involved in major armed conflicts, in varying degrees of intensity. Almost all of these were civil wars.
- Armed conflict does more than kill people directly. It threatens family food supplies, provoking famine and child malnutrition, and it prevents the delivery

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<sup>5</sup> Taken from UNICEF Canada series on Development Issues

of health services while also increasing the need for those services.

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