



CATALOGUE (LIVING DOCUMENT) OF BEST PRACTICES AND LESSONS LEARNT SOURCES

REV: 00		DATE:	
AUTHORS:	EUC	TASK: B	ACTIVITY: B.1 – B.2



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Project duration: March 1st, 2015 – February 28th, 2017 (24 months)



Project Co-financed by the EU
Civil Protection Financial Instrument

FINAL REPORT ON BEST PRACTICES & LESSONS LEARNT

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1 INTRODUCTION

In CP4ALL, all partners – under the supervision of research partners- had a look on sources of best practices which were filtered based on the background of each partner, the objectives to be achieved and the way CP4ALL concept was perceived.

Below we provide an executive summary about the findings of this search in bibliography and sources, in a field that material is endless. The catalogue is indicative – could not be exhaustive- and will be updated during the whole project period and beyond. However in the executive summary below we summarize the main approaches concerning kids in emergencies. The kids centred approach where the needs of kids are in the epicentre of research, neglecting the operational and procedural demands of civil protection A phase operations (in camps and around them). On the other hand the civil protection centred approach, where kids are almost considered small adults –and certainly they are not- and operations –as they have been established and fixed the previous years- are they main priority.

Those two contradictory –in most cases- approaches are converging only because some civil protection professionals have feelings and the maturity to understand that kids are a social group that needs special attention as influence of practically everything in an abnormal situation may have long lasting effects in soul and personality and because some kids' related professionals have experience of civil protection operations and can understand the priorities set by civil protection authorities.

There is no real effort not simply bridge those two words but unify them by enlarge each ones boundaries. CP4ALL will attempt different approaches to evaluate the feasibility of such a challenging attempt. How we are going to test that? By organizing international training with the emphasis put on civil protection side. By incorporating best practices into daily routine of partners that could help in transition from normal period to emergency. By testing in pilots joint approach and establish an interactive course for both civil protection professionals and ones helping kids. Difficult to promise anything, yet worth trying it.

2 EXECUTIVE SUMMARY

Through a quite detailed investigation by CP4ALL partners on various sites, in order to identify best practices concerning A (1st) phase of emergency, we noticed the following:

There is a vast number of sources and bibliography about kids' special characteristics and needs concerning various aspects that influence their personality / character. **Trauma**, for example that can be caused in kids' souls through difficult to bear, challenging, and stressful situations is an area that has been thoroughly examined. It has been linked with loss of parents, relatives, pets, houses etc. loss of structured environment and order in their lives and the long term impacts and changes in kids' lives. Based on everyday familiar situations (violence, bullying, racism, anger,...) at schools, neighborhoods, institutions, a lot of work to expand those paradigms in emergency camps have been made.

Focus is on **camps**, partly because they resemble a structured environment and partly because they easily attract media and the attention of the society not influenced by an emergency. At camps one can easily identify mistakes, responsibilities and blame others for any unfortunate situation that may exist. On the other hand, camps are the primary step of the state to organize the safe transition of citizens from emergency back to normality. State does not want people to stay long at camps, still they must leave there in dignity, with basic needs covered. The recent years the effort is on provision of services at camps to people that do not have their own protection / affection network (family, relatives) but are standing alone, trying to find their balance and orientation (i.e. kids alone). The mix of races cultures, and religions in all societies intensify hidden fears, instincts and societal and personal stereotypes. Immigrants can further complicate the situation. Social media and the fact that each person can influence news flows and reactions through his/her mobile phone, makes camp management and optimization of its functionalities a really tough situation.

All professionals linked to kids work on camps using experience that has been transferred from "normal" situations in everyday life, struggling to cope with the abnormal situation caused by a disaster or emergency. Those among them that have some previous experience support their colleagues, however they are too few. Those professionals, in most cases, are not familiar with civil protection procedures that in A phase of a disaster must be established, also in camps.

Civil Protection Authorities may expect a 2nd powerful earthquake after the main one, extreme or bad weather conditions may persist, operations may continue after camp establishment (i.e. search and rescue), or the emergency / disaster may be of a large scale

or cross border. They usually are not familiar with special procedures and suggested approaches to be followed in kids' treatment in A phase of an emergency, however, since they are humans and have feelings and deep understanding of our vulnerable nature try to make things easier for the professional dealing with kids, families and other vulnerable groups.

Camps in the A phase of emergency is the space where those two different worlds of civil protection and kids caring meet. Therefore it is normal that all efforts have been focused there. Civil Protection servants trying hard to optimize functionalities in a camp, providing space for kids related professionals to offer special care and services. On the other hand those professionals try to respect the very strict procedures demanded by civil protection as operations are still active.

In many projects and initiatives—and CP4ALL is not an exception- Civil Protection Authorities try to familiarize professionals and volunteers linked with kids' care with the nature and demands of civil protection operations and camps. Such approach will lead to **creation of a new profile of kids' assistants** that will be familiar with the specificities of civil protection and take them into consideration when helping kids and families. Those assistant will work on “peace” times with various methods and set of activities, tested in everyday work, trying to optimize them to be useful also in cases of emergencies.

In other projects –through workshops and interactive seminars experienced professionals (psychologists for example) try to explain (especially if they have wide experience from emergencies) what are the real, deep needs and families, the key factors to a successful transition to normality both for everyday life but also for kids souls and **educate civil protection professionals and volunteers to pay attention to those special needs** and provide space in camps for covering them.

The material that is available is huge and a lot of work will be done there the following years. In CP4ALL we identified many sources of best practices, things to avoid and material that though usually used in fields not directly linked with camps (A phase of emergencies) could be proven extremely useful if adapted. Since, for the first half of the project **CP4ALL priority is to create a new profile of kids' assistant respecting civil protection demands**, we provide a list of things that must be taken into consideration during A phase of emergency. Any point of that list as s whole project by itself and the list gives clearly the magnitude of the challenge to face. To balance that approach the links from web and the selected bibliography underline mostly the kids and families' needs.

That contradiction is apparent in best practices selection by CP4ALL partners. Most of them were selected by partners' as they believed their implementation could benefit kids in terms of a disaster, even though they will be used in normal everyday activities. Civil Protection partner scored all of them but two too low as they do not match their criteria of compatibility with civil protection operations in A phase of emergency,

The results of international training activities and national ones as well as detailed analysis of results and deep discussion with kids related professionals that will show clearly the existing limitations. As partners want to incorporate best practices into their day to day procedures and on the other hand pilots will be planned, implemented and evaluated the two worlds will collide expanding hopefully our knowledge on the field.

Still, what is missing is the expansion of research to operations of A phase of emergency prior to the camp. How search and rescue operation affect kids and families? How evacuation procedures respect the special needs of vulnerable social groups? For example a mistaken separation of a kid from its parents in an evacuation how it leads to problems in the camp later on? Where the limits between what it seems right during operations and who decides on that and what is optimum for kids and families. What are the factors /topics that must be included in civil protection professionals' training to widen their perspective and may differentiate the execution of some of their operations? Is it the other side of the same coin? Not exactly, as it refers to operations prior or in parallel to the camps. In CP4ALL we may be able at later stages to have a glance.

There is an increased research effort in how to prepare kids, families, elderly for an emergency and how to train them –through play, drama, ... interactive actions, so that in case of an emergency, disaster have the best results. This is a field that CP4ALL will try to intervene and offer solutions.

3 GENERAL CONSIDERATIONS FOR CHILD-FRIENDLY DISASTER MANAGEMENT AND RESPONSE – BASIC NEEDS

Here we will present the list of basic needs coverage for child – friendly disaster management and response as it has been came up by the experience of civil protection partner of CP4ALL with additions by the research institutes.

VULNERABILITY OF CHILDREN

- Children require special protection, especially nursing babies, infants and under-fives.
- Adolescent girls and women, and pregnant women in particular, bear an additional burden of vulnerability based on gender.
- Socio-economic status and minority group membership increase vulnerability.
- The family remains the chief source of protection for children. Separation of children from their families increases their vulnerability.

SPECIAL PROBLEMS OF CHILDREN IN DISASTERS

- Children are often overlooked in disasters.
- They tend to go “unperceived”, demographic data often is not disaggregated by age or gender.
- Some cultures do not prioritise children for care and protection.
- Questions of scale: sizes are usually calculated for adults (food rations, medications, latrines, clothes and distances).

CHILD PROTECTION ISSUES

- Children in shelters are potential victims (violence, drugs, sexual abuse).
- Children are subject to intra-family violence, especially in unfamiliar, stressful situations.
- Separation from family is the least desirable outcome.
- Separated children require identification, tracing and reunification; new orphans require foster care.
- Children with disabilities need special consideration in disasters.
- The right to play pertains, especially in the shelter context.

HEALTH ISSUES

- Health status of children is most precarious in emergencies.
- Acute respiratory infections and diarrhea disease are the chief threats.
- Children and care-givers lack health and hygiene information.
- Reproductive health of young girls and adolescents is especially affected during disasters.
- Psychosocial needs increase, for children and parents; response should emphasize family and community rather than individual clinical care.

WATER AND SANITATION

- The oral-faecal cycle of water-borne disease threatens children in particular.
- Location of water points and latrines are often inconvenient for children.
- Water points pose potential hazards to children (e.g., unprotected wells, heavy pump handles).
- Both children and care-givers lack hygiene and water resource management information.
- Children tend to have easy contact with solid waste (trash) in and around shelters.

FOOD AND NUTRITION

- Normally balanced diets are interrupted during disasters.
- Insufficient caloric intake can cause malnutrition and disease.
- Breastfeeding may decrease in shelters.
- Food preparation may be less than adequate in shelters, particularly if mass-feeding replaces family preparation.

SHELTER ISSUES

- Overcrowding constitutes the chief menace to children's health and safety (epidemics, violence).
- Exposure to the elements causes health problems.
- Bedding, blankets and clothing in shelters are often inappropriate to children's needs.
- Lack of privacy for young women and families poses dangers and increases vulnerability in sexual violence.

EDUCATION ISSUES

- Education, a basic right, is interrupted by a disaster.
- Schools are often used as shelters, undermining education.
- The lack of functioning schools contributes to the destabilised condition of a community.
- There is usually a lack of textbooks, uniforms, shoes and school “kit” following a disaster.
- Pre-school age children lack stimulation in shelters.

4 GUIDELINES FOR CHILD-FRIENDLY DISASTER MANAGEMENT AND RESPONSE - CHILD PROTECTION

Here the emphasis is put on camps, as this is the primary place where civil protection operational needs meet kids priorities.

BEFORE AN EMERGENCY

1. A Shelter Management Team should be trained to meet the needs of children.
2. Non-discrimination toward children with disabilities, HIV/AIDS, street children and others must be the stated policy of all shelters.
3. Shelter environments should be certified as such ahead of time.

DURING AND AFTER AN EMERGENCY

1. A special effort should be made to identify children, especially street or working children, orphans and those with disabilities.
2. Public shelters must be clearly publicized as open to all children.
3. Children without families at shelters must be identified and given special care and support.
4. Shelter Management Teams and local authorities must support tracking of missing or separated children at the community level.
5. Orientation upon arrival at shelters should include child-specific issues for mothers and children, including counselling on sexual abuse and violence.
6. Adequate supervision of children at the shelters must serve to protect them from intimidation, coercion, violence, drug abuse or sexual harassment and abuse.
7. Child Development Agency personnel should visit shelters on a regular basis.
8. Special care, including psycho-social support, must be provided to children who have lost parents in disasters.
9. Volunteer teachers (retirees and community members) should be used at shelters to provide support to children.
10. Supervision of children must be continuous. No child should be allowed to leave the shelter without the permission of a guardian.

HEALTH

BEFORE AN EMERGENCY

1. Develop hygiene, first aid and sex education kits
2. First aid kits should be pre-placed at shelters with adequate provision of medicines for children, under supervision of trained promoters.
3. Shelter Management Teams should be sensitized on children's health issues.
4. Shelter Management Teams and other community members should receive training in first aid and basic public health issues.

DURING AND AFTER AN EMERGENCY

1. Rapid assessment of the affected population must specifically analyze the condition of children: i.e. age, gender and health status.
2. A health team must make regular visits to monitor the status of children and of pre/post-natal mothers in shelters.
3. Health education should be provided in shelters via simple health messages to women and children.
4. Adolescents in disaster areas should have access to sex education kits with counselling.
5. Age and gender appropriate personal hygiene kits and toiletries must be available in the shelters.

Applicable SPHERE Standards and Key Indicators

- Immediate initial assessment with an epidemiologist.
- Sex and age breakdown of affected population for age groups: <1, 1-4, 5-14, 15-44, and 44+.
- Daily calculation of Crude Mortality Rate (CMR) and Under-5 Mortality Rate (U-5MR).
- Surveillance for measles, dysentery, diarrhoea, cholera, acute respiratory infections, malnutrition, malaria and meningitis.
- Decreasing death rate, aiming towards <1/10,000 per day; U-5MR under 2/10,000 per day.
- Provide reproductive health services as necessary.
- Local capacity used in response, including affected men and women themselves.

WATER & SANITATION

BEFORE AN EMERGENCY

1. Adequate sanitary facilities need to be provided at each shelter, taking into account the number of children each shelter can accommodate.
2. Design of latrines for new facilities should take into consideration the special needs of children; shelters must have a minimum stock of “potties” for toddlers.
3. The Ministry of Education and Youth, Ministry of Health, Parish Councils (Parish Disaster Coordinators and Superintendent of Road and Works), Red Cross and the Ministry of Labour and Social Security must carry out periodic monitoring and maintenance of sanitary facilities in all shelters and schools.
4. Proper hand washing facilities must be available and accessible for children.
5. Educational curriculum should include information on sanitation, health and hygiene in a disaster, utilizing creative techniques such as songs and drama.

DURING AND AFTER AN EMERGENCY

1. Water sources should be treated to minimize cases of water-borne diseases.
2. Hygiene education should be included in shelter orientation for parents.
3. An adequate waste disposal system must be established at each shelter to reduce children's contact with solid waste. For example portable “Sanitact” disposal units.
4. Where sanitary facilities are insufficient for the number of children and adults, additional resources (for example portable toilets) must be provided immediately.
5. Shelter Management Teams must ensure the capacity for adequate cleansing, sterilization and protection of utensils.

Applicable SPHERE Standards and Key Indicators:

- Minimum 15 litres of water per person per day for drinking and personal hygiene.
- At least one water point per 250 persons.
- Maximum 500 meters from a shelter to the nearest water point.
- Minimum water flow of 0.125 litres per second at water points.
- Maximum of 20 people per toilet.
- Use of toilets is arranged by household(s) and/or segregated by sex.
- Toilets are no more than 50 metres from dwellings, or no more than one minute's walk.
- Separate toilets for women and men available in public places (markets, distribution centres, health centres, schools etc).

FOOD AND NUTRITION

BEFORE AN EMERGENCY

1. ODPEM and the Ministry of Health should work with the private sector to design protocols for shelters on “nutrition in emergencies”.
2. Persons designated to prepare and handle food in emergency situations should be identified and trained in appropriate hygiene protocols before emergencies.
3. Training for Shelter Managers, Welfare Teams and Child Care providers in child and maternal nutrition.
4. Shelter Management Teams should have multivitamins and other nutritional supplements in stock.

DURING AND AFTER AN EMERGENCY

1. The nutritional status of children at shelters must be assessed regularly in line with accepted international standards.
2. Trained nutritionists should identify and refer children to health centres for nutritional support.
3. The school-feeding programme should be extended to the shelters and affected areas (that is provision of nutri-bun and milk).
4. Appropriate food must be available in shelters for children.
5. Each child should receive at least three, simple, nutritious meals per day.
6. Adequate nutritional supplements for children and pregnant women must be provided.

Applicable SPHERE Standards and Key Indicators

- Minimum ration of 2100 kcals per person per day.
- 10-12% of total energy provided by protein, 17% from fat.
- Infants under 6 months have access to exclusive breastfeeding.
- No indicators of nutrient deficiencies (beri beri, pellagra, scurvy, iodine deficiencies).
- No outbreaks of food-borne diseases.
- Commodity selection considers local availability, market impact, local acceptability and preparation.
- Every household has access to one cooking pot, fuel for food preparation, a 40-l. water container and 250 g. soap per person.

SHELTER

BEFORE AN EMERGENCY

1. The actual conditions of shelters must be monitored continuously.
2. New community developments should allocate space for shelters independent of schools.
3. The shelter manual should be revised to incorporate provision for children with special needs or disabilities.
4. Shelters must be identified, located and retrofitted to make them accessible to children with disabilities.
5. The design, location and planning of purpose-built shelters should take into account personal privacy, child convenience, and related issues.
6. Pre-packaged shelter kits (clothing) should be stored ahead of time, and provided to shelters in accordance with age cohorts.

DURING AND AFTER AN EMERGENCY

1. Existing community centres are to be used with preference over schools if safe and appropriately furnished. The use of schools as shelters should be a last resort and be limited to a maximum of one week.
2. Families with vulnerable members (including children) housed in schools and churches should be given priority for relocation.
3. The shelter environment must be inspected and cleaned daily.

Applicable SPHERE Standards and Key Indicators

- Covered area available per person averages 3.5 4.5 m².
- Shelters allow optimal ventilation and provide protection from direct sunlight.
- Site is located at a safe distance from threats to physical safety.
- Site is planned and managed to minimise damage to the environment.
- Systems are in place to prevent and manage consequences of sexual and gender-based violence.
- Children up to 2 years old have at least one full set of clothing and hygiene materials, appropriate to the culture and climate.
- Women, girls, men and boys have at least one full set of clothing in roughly the correct size; women and girls have a regular supply of sanitary protection.
- Families have access to sufficient blankets, household utensils, soap and tools.

EDUCATION

BEFORE AN EMERGENCY

1. Shelter Management Teams should ensure that the environment within each shelter can be made child-friendly, with a designated area for play, and space and equipment for educational activities.
2. Each school should develop an emergency preparedness and response plan.
3. The Ministry of Education and Youth should develop an educational kit for shelters, including a visual booklet on disaster preparedness and “Things to do in a disaster.”
4. School curriculum should include a unit on disaster preparedness, including awareness, pro-active behavior and concern for others.

DURING AND AFTER AN EMERGENCY

1. Shelter Management Teams should implement the child-friendly environment with the aid of community educators, to provide educational activities (for example, conduct activity with toys, books, arts and craft, visual items and outdoor activities) appropriate to the environment.
2. Local human resources should supervise and carry out these activities.

Applicable excerpts from UNICEF’S Corporate Core Commitments

- Ensure the re-establishment of basic education services for children and women, in collaboration with all partners.
- Establish “safe environments for children” for learning, recreation and psychosocial support.
- Initiate basic education services, in collaboration with communities and camp and local government authorities.
- Provide education kits and basic learning materials for primary school children. for Children in Emergencies

PSYCHOSOCIAL SUPPORT

BEFORE AN EMERGENCY

1. Appropriate recreational items should be provided at shelters with guidelines on the type of toys permitted.
2. Include psychosocial care in child support services as standard operating procedures.
3. Provide psychological trauma management training for children's officers, guidance counsellors, community workers, social workers, and shelter managers including how to provide counselling to children and caregivers.
4. Include trained counsellors for children's psychosocial needs within the Parish Disaster Team.

DURING AND AFTER AN EMERGENCY

1. Recognise the reaction of the child to a disaster as normal within an abnormal situation.
2. Consider the family unit as the first basis for psychosocial therapy.
3. Organise self-help groups that are age and gender sensitive.
4. Treat children as subjects with rights, not as victims or patients.
5. Utilise the child-friendly school as the optimal therapeutic space.
6. Use sensitive organised play and games as tools for recovery, particularly peer-group led recreation.
7. Provide post-disaster counselling for children and parents.

5 SOURCES OF BEST PRACTICES & LESSONS LEARNT

Below we present a list of sources about the issues raised earlier in executive summary. Those, links were identified by the partners that will incorporate best practices into daily routine, the civil protection partner and the research ones. They address all pre-mentioned aspects from both points of view: civil protection operational needs and Kids needs. The content from some of them are further used in best practices selected and analyse within CP4ALL. The others are available for further investigation, yet there could be an endless list.

Such material can be formulated to take the form of presentations, interactive play and drama sessions, lecturers and many more, limited only by the imagination and experience of the professionals. It is up to CP4ALL to decide how this material can be used during pilots depending on the targeting and priorities to be set.

Please notice that in now we have the increased flows of immigrants and refugees in Europe, a phenomenon that was not in its peak at the time CP4ALL was approved for funding. As camps are being set in areas of risk, near local societies that are not always friendly and suffer themselves by poverty and unemployment, we added also some links considering that new reality. Some are from Greece where we noticed (winter 2015 – 2016) camps (organized and non-organized) being hit by extreme weather conditions (rain and air, snow) which are far from being considered ideal places to host kids and families beside the other people.

http://ec.europa.eu/0-18/wrc_index_el.jsp?main=true&initLang=EL

<http://www.unicef.org/malaysia/1959-Declaration-of-the-Rights-of-the-Child.pdf>

<http://www.proteccioncivil.es/webinfantil/juegos.html>

<http://www.cenecam.gob.mx/index.php/capacitacion/educar-para-prevenir/loteria-proteccion-civil.html>

<http://www.childrenshumanitarian.org/>

<http://www.preventionweb.net/educational/view/3424>

<http://www.someplacesafe.org/Lgl01.htm>

<http://www.montcopa.org/1523/Best-Practices-Risk-Reduction>

<https://www.dshs.state.tx.us/mhsa/Public-Schools-Best-Practice-Based-Resources.aspx>

<http://cfoc.nrckids.org/StandardView/9.2.4.3>

<http://www.i-red.eu/?i=institute.el.projects.78>

<http://www.bridges4kids.org/At-Risk.html>

<http://www.cbss.org/safe-secure-region/eg-on-children-at-risk/>

<https://www.getprepared.gc.ca/cnt/plns/mrgncychildrn-en.aspx>

<https://www.healthychildren.org/English/safety-prevention/all-around/Pages/Actions-Schools-Are-Taking-to-Make-Themselves-Safer.aspx>

http://www.dhs.vic.gov.au/_data/assets/pdf_file/0004/764248/EM-planning-for-children-and-young-people-web.pdf

<https://www.savethechildren.org.uk/sites/default/files/docs/Case-Management-Practice-Within-Save-the-Children-Child-Protection-Programmes.pdf>

<http://www.cenecam.gob.mx/index.php/capacitacion/educar-para-prevenir/loteria-proteccion-civil.html>

<http://www.cenecam.gob.mx/index.php/capacitacion/educar-para-prevenir/loteria-proteccion-civil.html>

<https://www.childwelfare.gov/topics/management/disaster-preparedness/?hasBeenRedirected=1>

<http://racce.nhmc.uoc.gr/>

<http://youthpreventionpro.eu/>

<http://pscentre.org/topics/pssie/>

<http://pscentre.org/topics/training-kit-publications/#>

<https://www.facebook.com/udruzenje.malasirena/posts/290031747847772>

<http://www.ngo.ba/index.php/vijesti-iz-nvo-sektora/4710-djeca-s-poplavljenih-podrucja-dobijaju-kutke-za-igru-zabavu-i-ucenje>

<http://www.scsd.si/home.html>

[http://www.google.si/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CB4QFjAAahUK
EwiU3obX_4fGAhVUBtsKHV9-](http://www.google.si/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CB4QFjAAahUK
EwiU3obX_4fGAhVUBtsKHV9-)

<http://giam.zrc-sazu.si/sites/default/files/Naravne-nesrece-01.pdf>

<http://www.sos112.si/jezek.html>

<http://www.questcity.eu/?locale=si>

<http://www.vecer.com/clanek2014020606000169>

[http://www.vlada.si/en/media_room/government_press_releases/press_release/article/first_r
eport_on_the_damage_caused_by_the_floods_snow_and_glaze_ice_in_slovenia_44493/](http://www.vlada.si/en/media_room/government_press_releases/press_release/article/first_r
eport_on_the_damage_caused_by_the_floods_snow_and_glaze_ice_in_slovenia_44493/)

<http://sacp.government.bg;>

<http://sacp.government.bg/deinosti/sporazumenie-deistvia-deca-risk>

www.redcross.bg;

<http://www.eurocamp.gr/>

<http://www.kos.gov.gr>

<http://narrativetherapy.gr>

[http://www.psychologynow.gr/omades-stirixis-synergiasias-goneon-kales-praktikes-gia-ta-
paidia-toy-kosmoy](http://www.psychologynow.gr/omades-stirixis-synergiasias-goneon-kales-praktikes-gia-ta-
paidia-toy-kosmoy)

www.xtec.cat/iesangeletaferrer

[http://www.juntadeandalucia.es/educacion/webportal/web/revista-andalucia-
educativa/comunidad-educativa/centros/experiencias/-/noticia/detalle/el-museo-llega-a-
las-norias-1;jsessionid=5AD63D0896300A5187E20CCBA6D11A07.portalweb2](http://www.juntadeandalucia.es/educacion/webportal/web/revista-andalucia-
educativa/comunidad-educativa/centros/experiencias/-/noticia/detalle/el-museo-llega-a-
las-norias-1;jsessionid=5AD63D0896300A5187E20CCBA6D11A07.portalweb2)

www.pacentre.org

www.childhoodbereavementnetwork.org.uk/publications.htm

<http://education.actionaid.gr/edumaterial>

<http://theatreoftheoppressedgreece.wordpress.com>

<http://arsis.gr/>

http://www.archelon.gr/contents/aggogi_packets.php?row=row6

<http://syn-eirmos.gr/babel/>

www.britishcouncil.gr

<http://www.amnesty.org.gr/plans-course-for-schools>

<http://www.karposontheweb.org/>

<http://www.navid.gr/navidzero/navidzero.html>

<http://www.unicef.gr>

<http://www.unhcr.gr/ekpaideysi/ekpaideytiko-yliko.html>

<http://www.cityyear.org>

<http://www.commonaction.org>

<http://www.commoncents.org>

<http://www.crf-usa.org/lessons.html>

<http://www.dosomething.org>

<http://www.freechild.org>

<http://www.freshyouth.org>

<http://www.gysd.net>

<http://www.kidsconsortium.org>

<http://www.learnandserve.org>

<http://www.servicelearning.org>

<http://www.nylc.org>

<http://www.rootsandshoots.org>

<http://www.studentsinservicetoamerica.org/guidebook/index.html>

6 CONCLUSIONS

Needless to say that conclusions cannot be definite.

However, we may say that what is missing is a research prioritization that will allow hard work done in various fields to converge and create an acknowledged operational framework that will include kids and families (and other vulnerable groups) into the total civil protection planning, during prevention, preparedness, and management and recovery phases.

All forms of activities that will be selected must be interactive to reveal the different aspects of a complex issue and allow professionals in both sides reevaluate their approaches. In general civil protection and kids' related professionals are open minded, very sensitive in the fields of security and well-being of children and care about making them no 1 priority. Breaking the barriers of each profession and the stereotypes of each profession –sometimes built without noticing it- will be achieved through joint interactive actions.

A suggestion is to test in scenarios of pilot tests such joint interventions. It is not usual and will demand some common work between professionals of civil protection and of kids' support. However, it may bring interesting findings that will guide further activities.