



COOPERATION | COMMUNICATION | COORDINATION | COLLABORATION

## POINTS OF CONSENSUS

### DISASTER CASE MANAGEMENT

1. **DISASTER CASEWORK** is early intervention provided by skilled helpers who aid survivors in taking next steps in their recovery. This vital support helps some survivors to achieve recovery, or to be better positioned to manage their own recovery from that point forward. Disaster caseworkers provide accurate and timely information and referral, link survivors with services and resources to address immediate and anticipated recovery needs, and screen for disaster program eligibility, including long-term disaster case management.
2. **DISASTER CASE MANAGEMENT** is one of the critical functions in long-term recovery. It is a time-limited process<sup>1</sup> by which a skilled helper (Disaster Case Manager) partners with a disaster-affected individual or family (Client) to plan for and achieve realistic goals for recovery following a disaster. This comprehensive and holistic Disaster Case Management approach to recovery extends beyond providing relief, providing a service or resource, or meeting urgent needs.
3. **DISASTER CASE MANAGERS** play a unique role in the recovery of individuals and families. They serve as a client's primary point of contact to access and coordinate services on behalf of clients. Disaster Case Managers assist the client with assessing and verifying complex recovery needs, and in planning and coordinating necessary services and available resources to re-establish normalcy. Disaster Case Managers rely on each client to play an active or lead role in his or her own recovery.
4. **DISASTER CASE MANAGERS** have specialized knowledge and skills regarding: disaster recovery resources, advocacy and case presentation; assessment of clients' disaster recovery planning and progress; the potential impact of the disaster on clients' over-all well-being and ability to cope; and the recovery needs of vulnerable populations after a disaster.
5. **DISASTER CASE MANAGEMENT PERSONNEL** are determined as qualified by the Voluntary Organization with consideration for life experience, skills, education, and training. Disaster Case Managers may be employees or volunteers.
6. **DISASTER CASE MANAGERS AND ORGANIZATIONS** embrace the following foundational values for service:
  - Commitment to caring and compassion for all people.
  - A respectful, non-judgmental, and non-discriminatory interaction with survivors, community groups and partner organizations.
  - Trust, mutual respect, and equal partnerships of survivors and community service providers.
  - All people have inherent dignity, worth and autonomy.
  - Human relationships are essential to hope and healing.
  - Integrity is an essential component in helping survivors navigate their recovery.
7. **DISASTER CASE MANAGERS AND ORGANIZATIONS** respect clients' right to privacy, protect clients' confidential information, and maintain appropriate confidentiality when information about clients is released to others.

<sup>1</sup> Outreach/Screening, Intake/Engagement, Assessment, Recovery Planning, Action and Advocacy, Monitoring, Closure

*The structure and definitions of the terms contained herein were originally published by National VOAD and were built upon the foundation of services provided by our member agencies. Please do not reproduce, store in a retrieval system, or transmit in any form or by any means, electrical, mechanical, photocopying, recording or otherwise without acknowledging National VOAD, which represents the long history these agencies have of providing services through all phases of disaster.*



**National  
Voluntary Organizations  
Active in Disaster**

COOPERATION | COMMUNICATION | COORDINATION | COLLABORATION

**POINTS OF CONSENSUS**

---

**DISASTER CASE MANAGEMENT**

---

**8. DISASTER CASE MANAGEMENT ORGANIZATIONS:**

- deliver Disaster Case Management services in fulfillment of their voluntary missions, with respect for and knowledge of the local community;
- coordinate efforts so as not to duplicate case management services;
- coordinate appropriate information sharing, including the use of technical systems, to reduce duplicative case management efforts and facilitate coordination between organizations and systems across the continuum of care;
- complement services provided by government agencies and community-based social services;
- work together with community partners to overcome barriers that may otherwise prevent clients from accessing services and resources necessary for recovery; and
- implement case management services in a manner consistent with National VOAD Disaster Case Management Points of Consensus and Guidance, which promote equitable access to and standardized delivery of Disaster Case Management services.

*The structure and definitions of the terms contained herein were originally published by National VOAD and were built upon the foundation of services provided by our member agencies. Please do not reproduce, store in a retrieval system, or transmit in any form or by any means, electrical, mechanical, photocopying, recording or otherwise without acknowledging National VOAD, which represents the long history these agencies have of providing services through all phases of disaster.*





## NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER POINTS OF CONSENSUS

---

### DISASTER EMOTIONAL CARE

---

In May 2005, the Emotional and Spiritual Care Committee of the National Voluntary Organizations Active in Disaster (National VOAD) approved points of consensus regarding provision of early psychological intervention for persons affected by disaster. The following statements about Early Psychological Intervention were included: Early Psychological Intervention is valued, has multiple components, requires specialized training to deliver, and represents one point of a continuum of emotional care. This Points of Consensus document was subsequently incorporated into guidelines for disaster emotional care by National VOAD member organizations.

In 2013, the National VOAD's Emotional and Spiritual Care Committee appointed a new subcommittee to write an updated list of agreed upon principles to guide both National VOAD organizations and community care providers to prepare for, respond to, and promote recovery from disaster. In the spirit of the National VOAD "Four C's" (cooperation, communication, coordination and collaboration), this document expands and replaces the 2005 Early Psychological Intervention Points of Consensus, complements the Disaster Spiritual Care Points of Consensus approved in 2009, and reflects current knowledge and ethical principles for disaster emotional care provision.

The following ten points of consensus are minimal standards, ethical, or operational principles specific to Disaster Emotional Care. To continue as a member of National VOAD, organizations are required to agree to abide by approved Points of Consensus. This document was presented by the Disaster Emotional Care subcommittee to the National VOAD Emotional and Spiritual Care Committee in May 2014. Guidelines to outline the implementation of the principles contained in this document are under development.

#### **1. Basic concepts of disaster emotional care**

- a) Disaster emotional care is a valuable component of comprehensive disaster preparedness, response, and recovery.
- b) Disaster emotional care promotes resilience, helps mitigate long and short-term psychological consequences of disaster, and facilitates recovery.
- c) Disaster emotional care includes a range of supportive actions grounded in concepts of resilience and behavioral health.
- d) Disaster emotional care activities are informed by relevant research and established best practices.
- e) Disaster emotional care is not psychotherapy, nor a substitute for psychotherapy. However, it is often the first step that could lead to professional counseling and psychotherapy.
- f) Disasters significantly affect everyone and their communities, including individuals, family and social networks, rescue workers, health care providers, faith communities and spiritual care providers, impacted businesses, and vulnerable populations.
- g) People impacted by disaster will experience a range of emotional responses, of varying intensity and duration.
- h) People's emotional responses to disaster are influenced by a variety of factors, including degree of exposure, individual resilience, and recovery environment.
- i) Specialized training is necessary for effective disaster emotional care.

**2. Types of disaster emotional care**

Emotional care is provided across the disaster continuum from preparedness to response and recovery. Emotional care takes many forms, and emotional care providers are from diverse professional backgrounds.

Accepted types of disaster emotional care include, but are not limited to:

- Preparedness activities
- Assessment and triage activities
- Psychosocial support activities
- Early psychological intervention activities
- Recovery activities

**3. Capacity building, readiness and planning components of disaster emotional care**

Capacity building involves identifying and recruiting appropriate disaster emotional care providers. In order to deliver effective disaster emotional care, it is essential that providers engage in training and exercises, and become affiliated with a disaster relief organization. Disaster emotional care providers have an important role in planning and mitigation efforts and contribute toward building resilient communities.

**4. Local community resources**

Local providers of emotional care are an integral part of their communities pre-disaster and therefore are primary resources for also providing post-disaster emotional care services. Because local providers of emotional care are uniquely equipped to serve their communities, any emotional care services from outside the community support but do not substitute for local efforts. In this context, the principles of the VOAD movement – cooperation, communication, coordination, and collaboration – are essential to the delivery of emotional care.

**5. Disaster emotional care and resilience**

Resilience is defined as the strengths of an individual or community to respond well to adversities. Resilience can be both inborn and developed, and most people are inherently resilient. Research suggests that most people impacted by a disaster will return to pre-disaster levels of functioning and some people will grow as a result of the experience. Disaster emotional care providers should encourage survivors to recognize and strengthen their resilience as a part of disaster emotional care intervention.

**6. Disaster emotional care in recovery**

In order for communities to fully recover and integrate the disaster into their history, emotional care is essential as part of a program of services. Disaster emotional care providers work with state and local recovery committees to offer services related to the disaster, encourage programs aimed at strengthening community resilience, and facilitate counseling and supportive services for persons in need. Pre-existing community programs are the primary emotional care providers whose capacity to serve the community will be acknowledged, supported, and strengthened.

**7. Disaster emotional care for the caregiver**

Providing emotional care in disaster can be an overwhelming experience. The burdens of caring for others in this context can lead to compassion fatigue. Understanding important strategies for self-care is essential for emotional care providers. Disaster response agencies have a responsibility to care for their own staff during all phases of disaster deployment and to model healthy work and life habits. Post-deployment support processes for emotional care providers are also essential.

**8. Disaster emotional care and its relationship to disaster spiritual care<sup>1</sup>**

Mental health professionals partner with spiritual care providers in caring for individuals and communities in disaster. Spiritual and emotional care are important components of comprehensive disaster care; these share some similarities but are distinct healing modalities. Spiritual care providers are important partners in referring individuals to receive care for their mental health and vice versa.

---

<sup>1</sup> See Light Our Way pp. 52-54

**9. Disaster emotional care and diversity**

As a foundation of disaster emotional care, providers respect diversity among colleagues in emotional and spiritual care and within communities served, including but not limited to race, ethnicity, culture, gender, age, sexual orientation, spiritual/religious practices, socioeconomic status, and disability. Disaster emotional care providers strive for cultural awareness and sensitivity, and adapt care strategies to address cultural differences in the individuals and communities they serve.

**10. Ethics and Standards of Care**

National VOAD members affirm the importance of professional standards of care and the obligation to follow legal and ethical guidelines. Adherence to common standards and principles promotes the delivery of effective and appropriate disaster emotional care.

Disaster emotional care services should incorporate the principles of:

- Personal and professional integrity
- Accountability and responsibility
- Recognition of the boundaries of one's competence
- Respect for people's rights and dignity, including privacy and self-determination
- Promotion of safety and protection of people affected by disaster





## NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER POINTS OF CONSENSUS

---

### DISASTER SPIRITUAL CARE

---

In 2006 the National Voluntary Organizations Active in Disaster's Emotional and Spiritual Care Committee published Light Our Way to inform, encourage and affirm those who respond to disasters and to encourage standards insuring those affected by disaster receive appropriate and respectful spiritual care services. As a natural next step following the publication of Light Our Way and in the spirit of the NVOAD "Four C's" (cooperation, communication, coordination and collaboration), the Emotional and Spiritual Care Committee then began working to define more specific standards for disaster spiritual care providers. The following ten "points of consensus" set a foundation for that continuing work.

**1. Basic concepts of disaster spiritual care<sup>1</sup>**

Spirituality is an essential part of humanity. Disaster significantly disrupts people's spiritual lives. Nurturing people's spiritual needs contributes to holistic healing. Every person can benefit from spiritual care in time of disaster.

**2. Types of disaster spiritual care<sup>2</sup>**

Spiritual care in disaster includes many kinds of caring gestures. Spiritual care providers are from diverse backgrounds. Adherence to common standards and principles in spiritual care ensures that this service is delivered and received appropriately.

**3. Local community resources**

As an integral part of the pre-disaster community, local spiritual care providers and communities of faith are primary resources for post-disaster spiritual care. Because local communities of faith are uniquely equipped to provide healing care, any spiritual care services entering from outside of the community support but do not substitute for local efforts. The principles of the National VOAD - cooperation, coordination, communication and collaboration - are essential to the delivery of disaster spiritual care.

**4. Disaster emotional care and its relationship to disaster spiritual care<sup>3</sup>**

Spiritual care providers partner with mental health professionals in caring for communities in disaster. Spiritual and emotional care share some similarities but are distinct healing modalities. Spiritual care providers can be an important asset in referring individuals to receive care for their mental health and vice versa.

**5. Disaster spiritual care in response and recovery<sup>4</sup>**

Spiritual care has an important role in all phases of a disaster, including short-term response through long-term recovery. Assessing and providing for the spiritual needs of individuals, families, and communities can kindle important capacities of hope and resilience. Specific strategies for spiritual care during the various phases can bolster these strengths.

---

<sup>1</sup> See Light Our Way pp. 52-54. <sup>2</sup> Ibid. <sup>3</sup> Ibid. <sup>4</sup> Ibid.

**6. Disaster emotional and spiritual care for the care giver**

Providing spiritual care in disaster can be an overwhelming experience. The burdens of caring for others in this context can lead to compassion fatigue. Understanding important strategies for self-care is essential for spiritual care providers. Disaster response agencies have a responsibility to model healthy work and life habits to care for their own staff in time of disaster.<sup>5</sup> Post-care processes for spiritual and emotional care providers are essential.

**7. Planning, preparedness, training and mitigation as spiritual care components<sup>6</sup>**

Faith community leaders have an important role in planning and mitigation efforts. By preparing their congregations and themselves for disaster they contribute toward building resilient communities. Training for the role of disaster spiritual care provider is essential before disaster strikes.

**8. Disaster spiritual care in diversity**

Respect is foundational to disaster spiritual care. Spiritual care providers demonstrate respect for diverse cultural and religious values by recognizing the right of each faith group and individual to hold to their existing values and traditions. Spiritual care providers:

- refrain from manipulation, disrespect or exploitation of those impacted by disaster and trauma.
- respect the freedom from unwanted gifts of religious literature or symbols, evangelistic and sermonizing speech, and/or forced acceptance of specific moral values and traditions.<sup>7</sup>
- respect diversity and differences, including but not limited to culture, gender, age, sexual orientation, spiritual/religious practices and disability.

**9. Disaster, trauma and vulnerability**

People impacted by disaster and trauma are vulnerable. There is an imbalance of power between disaster responders and those receiving care. To avoid exploiting that imbalance, spiritual care providers refrain from using their position, influence, knowledge or professional affiliation for unfair advantage or for personal, organizational or agency gain.

Disaster response will not be used to further a particular political or religious perspective or cause – response will be carried out according to the need of individuals, families and communities. The promise, delivery, or distribution of assistance will not be tied to the embracing or acceptance of a particular political or religious creed.<sup>8</sup>

**10. Ethics and Standards of Care**

NVOAD members affirm the importance of cooperative standards of care and agreed ethics. Adherence to common standards and principles in spiritual care ensures that this service is delivered and received appropriately. Minimally, any guidelines developed for spiritual care in times of disaster should clearly articulate the above consensus points in addition to the following:

- Standards for personal and professional integrity
- Accountability structures regarding the behavior of individuals and groups
- Concern for honoring confidentiality\*
- Description of professional boundaries that guarantee safety of clients\* including standards regarding interaction with children, youth and vulnerable adults
- Policies regarding criminal background checks for service providers
- Mechanisms for ensuring that caregivers function at levels appropriate to their training and educational backgrounds\*
- Strong adherence to standards rejecting violence against particular groups
- Policies when encountering persons needing referral to other agencies or services
- Guidelines regarding financial remuneration for services provided

---

<sup>5</sup> Ibid. <sup>6</sup> Ibid. <sup>7</sup> Church World Service "Standard of Care for Disaster Spiritual Care Ministries" <sup>8</sup> Church World Service "Common Standards and Principles for Disaster Response" \*See Light Our Way p. 16



## **NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER POINTS OF CONSENSUS**

---

### **DONATIONS MANAGEMENT**

---

- 1-The mission of donations management is to provide a comprehensive process that organizes the giving, receiving and distribution of both solicited and unsolicited (or undesignated) donated cash and goods so that the maximum benefit is derived for the disaster survivors or people in crisis
- 2-The donations management process will treat disaster survivors with respect, courtesy and non-discrimination.
- 3-The principles of the four “Cs”: Cooperation, Communication Coordination, and Collaboration should be exercised at all times.
- 4- Donations management activities span the four phases of emergency management: preparedness, response, recovery and mitigation.
- 5- Donations (cash, donated goods and services) with cash being best should primarily go to Voluntary Organizations Active in Disaster (VOAD).
- 6- The donations management function should work to assist communities and donors to donate responsibly through education, relationship building and sharing of donations management best practices.
- 7- Messaging to the public (donors, communities, partner organizations, etc.) is critical to success and must be well structured, timely, planned and well coordinated to address the combined informational needs of explaining how to donate cash, goods and volunteer services.
- 8- Plans should fully utilize voluntary organizations and partner organizations to manage donated goods through their strategic and unique skill sets.



9- Donations management uses a team approach engaging government, voluntary, community based organizations, businesses, and faith-based organizations.

10- Donations management uses a flexible approach that adapts to changing size, scope, cultural and local conditions before during and after an event.

11- Donations management will use information management systems that include but are not limited to the National Donations Management Network (NDMN) Tool.

12- Voluntary organizations agree to partner with state and local governments, which have key leadership roles in policy making and in the management of donated cash goods and volunteer services.

13- Fiduciary accountability, responsibility and transparency are key components of a comprehensive donations management plan.

14-Strategic and proper use of facilities is essential to good donations management. Facility types include but are not limited to: PODs, staging areas, warehouses, collection centers, distribution centers, and transportation/ technology hubs.

15- The National VOAD Donations Management Committee supports the donations management function through information dissemination, policy/plan development and training. 2



**National  
Voluntary Organizations  
Active in Disaster**

COOPERATION | COMMUNICATION | COORDINATION | COLLABORATION

## POINTS OF CONSENSUS

# Housing

National VOAD members agree to adhere to the following:

1. Cleanup and long-term recovery assistance (repair and/or reconstruction) will be provided with dignity and in a respectful, non-judgmental, and nondiscriminatory manner. It is encouraged to incorporate the principles of "Do No Harm", as it pertains to humanitarian efforts.
2. Members work to restore safe, sanitary, secure, and functional housing in disaster-affected communities, thereby minimizing homelessness and increasing the wellbeing of the community.
3. Members will prioritize delivering services in a manner that preserves/augments communities' affordable housing supply and increases equitable access to home clean-up, repair, and reconstruction services.
4. Effects on local economies will be acknowledged and members will seek opportunities to engage with local suppliers and contractors to support repairs and reconstruction.
5. Safety standards and training, including for handling known hazardous materials, will be in place for field staff and volunteers prior to the start of work.
6. Members will support and engage with the communication and coordination systems in use in each community and promote a central and inclusive system for intakes, referrals, tracking and reporting of cleanup, repair and reconstruction assistance.
7. Work will be done only upon written consent of the client. A clear scope of work will be agreed upon and signed before work begins.
8. The personal property of disaster affected individuals and families will be respected and they will be encouraged and permitted to salvage any items before and during cleanup and rebuild work.
9. The privacy of disaster affected individuals and families will be respected. Permission will be requested and granted before sharing photos or personal information, especially in public outlets or on social media.
10. Clients receiving assistance to repair and rebuild will have gone through a case management process consistent with the National VOAD Disaster Case Management Points of Consensus.<sup>1</sup>
11. Repairs and rebuilds will be done, at a minimum, in accordance with the current International Residential Code and current local/municipal codes, with local codes prevailing if there is a discrepancy between the two. We agree to aspire to the highest workmanship feasible.<sup>2</sup>

Members will encourage Long Term Recovery Groups (LTRG) to repair and rebuild above and beyond the International Residential Code and local codes. As a part of a larger commitment to our donors and the communities where we work we will adhere to the following guidelines:

- Repair and rebuild with materials and practices that are energy efficient.
  - Materials and techniques will be encouraged that mitigate pre-event conditions, while increasing the physical resilience of residential structures to future hazards.
  - When feasible during permanent repairs and reconstruction, efforts will be made to "build back better", or "better than code". Should these practices be implemented, it is encouraged that industry-standard (i.e.: LEED-Homes, Fortified, etc., or the like) criteria be utilized, and its requisite verification procedures are adhered to.
12. Repairs and rebuilds for individuals with access and functional needs will be done in a way that gives the client needed access to the home. ADA standards, while not required under residential building code, should

be considered and used whenever feasible.<sup>3</sup>

13. Skilled construction person(s) will be available to supervise all volunteer work and offer guidance throughout the long-term recovery process.
14. Local character of the client's community and cultural norms will be respected as they pertain to the repairing and rebuilding of the client's home. This may depend upon the resources available to the LTRG.
15. Members should, when feasible, assist, promote, strengthen and coordinate, with local and/or regional organizations, efforts to maintain, and where applicable, increase the local affordable housing stock for both year-round renters and homeowners.

---

<sup>1</sup> For the National VOAD Disaster Case Management Points of Consensus see <http://www.nvoad.org/>

<sup>2</sup> For more information see <http://www.iccsafe.org/>

<sup>3</sup> For more information see <http://www.ada.gov/>





## **NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER POINTS OF CONSENSUS**

---

### **MASS CARE**

---

Mass Care services in a disaster are intended to minimize the immediate, disaster-caused suffering and address the urgent needs of people through the provision of food, shelter, supplies and other support services. These provisions are intended as supplemental to individual preparedness.

Mass Care providers will:

1. Be transparent and collaborate with non-governmental organizations, government agencies and the private sector to provide Mass Care services.
2. Determine the scope, scale, type and duration of Mass Care services based on the impact of the disaster, community demographics, culture, economy and geography of the affected region and respond accordingly.
3. Provide care with dignity and respect, in a non-judgmental, confidential and non-discriminatory manner.
4. Provide services in a manner that ensures the safety, security and well-being of all, particularly children, youth and older adults.
5. Strive to offer reasonable accommodations for people with disabilities and functional needs.
6. Provide a safe place for individuals and families. Respect for the cultural and religious differences of residents will be maintained. Consideration will be given for the care of household pets.
7. Distribute food in a responsive, transparent and equitable manner. Every effort will be made to ensure meals meet the cultural, ethnic, religious and dietary needs of the affected individuals.
8. Distribute relief supplies in an equitable and coordinated manner while placing priority on items related to basic survival, health and sanitation.

The National Volunteer Organizations Active in Disasters (VOAD) recognizes that volunteers are inherently valuable and, when properly coordinated, make up an essential part of the human resources needed to respond to disasters of all magnitudes. In times of disaster, people are drawn to help their neighbors physically, spiritually, and emotionally.

After a disaster there is a need for housing for volunteers who come into the area to assist the community in its recovery. There is a short-term need for early response volunteers which may be followed by a long-term need for volunteer work-teams that come in to muck out, repair, and rebuild. Hosting volunteers requires careful planning for facility use and services that may be offered.

Acknowledging that major disasters present significant challenges to those individuals and organizations responding, the National VOAD Volunteer Management Committee has developed this Points of Consensus document to provide best practices in the area of volunteer housing.

1. Volunteer host sites will be respectful of volunteers regardless of ethnicity, socio-economic, culture, gender, age, sexual orientation, spiritual/religious practices or disabilities.
2. Volunteer host sites will be established and remain connected to their local community organizations active in the disaster recovery effort.
3. Volunteer host sites will ensure their locations are safe, secure, sanitary and in compliance with any housing codes.
4. Volunteer host sites will ensure they are financially stable and sustainable.
5. Volunteer host sites will provide adequate space per person for sleeping arrangements and gender separation.
6. Volunteer host sites will have sufficient toilets, sinks and showers for volunteers or make suitable arrangements with other facilities in the community.
7. Volunteer host sites will be suitably equipped for meal preparation, food storage and dining.
8. Volunteer host sites will provide adequate space for volunteer leisure time.
9. Volunteer host sites will ensure there is adequate parking space for volunteers' transportation.
10. Volunteer host sites will have a safety plan in place and available to volunteers.
11. Volunteer host sites will provide separation between areas assigned to volunteer groups and normal day to day business activities, e.g. child daycare/education programs, being conducted onsite.
12. Volunteer host sites will provide volunteers with appropriate on-call emergency contacts.
13. Volunteer host sites will communicate to volunteers all policies of the host site.
14. Volunteer host sites will maintain records on financial transactions.
15. Volunteer host sites will ensure the facility is ready for volunteers to arrive with attention to cleanliness, supplies and maintenance.