

Exploring Approaches and Strategies for Human Services and
Child-Serving Institutions to Promote Resiliency and Recovery
for Children and Youth Affected by Natural Disasters

A Report of the National Advisory Committee on Children and Disasters
Human Services Work Group
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Executive Summary

The National Advisory Committee on Children and Disasters (NACCD) was established in 2014 under the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2013 to provide expert advice and consultation to the Secretary of the United States Department of Health and Human Services (HHS) and the Assistant Secretary for Preparedness and Response (ASPR) on the medical and public health needs of children before, during, and after a disaster or public health emergency. In the winter of 2016 the NACCD formed the Human Services Work Group (HSWG). The mission of the HSWG was to explore how recent disaster events affected and compromised steady state human service and child serving systems in the community and how these same systems have provided support to children and their families when impacted by a disaster. The HSWG assessed gaps and opportunities to strengthen child-serving systems in the community before, during and after natural disasters.

A great deal of progress has been made over the past decade to strengthen and advance the preparedness, response, and short- and long-term recovery for children and youth, ages birth to 18¹, their families, and the institutions and human services² that serve them when natural disasters strike.³ Focusing exclusively on natural disasters, this report reviews the knowledge and practice gains that promote a more rapid and equitable recovery for children and youth through collaboration and established partnerships at all levels: federal, state, tribe, territory and local governments, and non-governmental organizations that serve children, youth, and their families. This report discusses identified gaps, opportunities and recommendations for continued strengthening of child-serving systems in the community, and identifies specific funding, legal, policy and research implications for future action.

A strong understanding of how disasters impact children and their families informs recommendations on human services preparedness, response and recovery. The report draws from an extensive literature review and was primarily informed by a series of presentations from subject matter experts (SMEs) conducted by the HSWG via video and teleconference meetings. The SMEs who presented to the HSWG are established authorities in this field.

The report considers natural disasters from three points in time: before, during and after the event. For all three points in time, this report identifies areas where significant progress has been made, as well as existing promising or best practices and recommendations. Recommendations are to be considered by federal, state, tribe, territory and local levels of government, and by all child-serving organizations. It is essential that the recommendations are integrated and leveraged through partnerships across all levels of government and organizations to be successful in advancing and supporting family and community resilience and activities, policies, funding and research that effectively promote a more rapid and equitable recovery of children and their families affected by disasters.

¹ In this report, “children” denotes the age range from birth to 18 years.

² In this report, the terms *human services* and *social services* are used interchangeably.

³ For an overview of the Children’s HHS Interagency Leadership on Disasters (CHILD) Working Group, see: [2017 Report of Activities](#); [2011 Update on Activities](#). See also: [Still at risk: U.S. children 10 years after Katrina](#).

Cross-Cutting Recommendations in Public Policy, Funding and Research

- **Planning and coordination:** Policies and planning activities must address and strengthen the integration of human services into emergency management practices *at all levels* of government and for the whole community, including consideration and integration of child care, Head Start, school systems, domestic violence prevention services, runaway and homeless youth services, services for homeless children and families, services for children and families involved with the child welfare system (foster care), youth in the juvenile justice system, and child abuse prevention services into emergency management planning, as well as the inclusion of state human services programs in state emergency management planning. Reunification of children with their families must also be incorporated into planning. Looking specifically at sheltering, the federal government and federal agencies can play a strong role by working together to create official guidance for states and local government on standards of care for children and families in mass care shelters.

Echoing the partnership and collaboration across all government levels and the whole community, it is a strong recommendation that the federal agencies including but not limited to HHS, ASPR and Federal Emergency Management Agency (FEMA) provide their expertise, resources and agency support to promote, advance and strengthen human services and child-serving institution disaster preparedness, response, recovery and community resilience efforts as brought forth in the full report. An emphasis should be placed on funding and research opportunities, reducing the adverse effects and disaster-related traumatic stress in children, reunification of children with their families post disaster and mass care sheltering standards for children. Implementation of the **Children and Youth Task Force in Disasters model**⁴ could facilitate this.

- **Flexibility:** Following an emergency, it will be vital that human services agencies have the authority to amend some policies and/or regulations. They must be able to implement available HHS disaster waivers and flexibilities that are allowable in a disaster event so that regulations are not a barrier to providing needed services to families in a way that preserves the public health and safety of children.
- **Streamlining funding:** Funding sources must maximize the availability of human services programs in the face of disaster. Some states have used state funds to strengthen social services programs; however, use of federal or other funding streams must be considered, since not all states can or will fund these activities (i.e., alternate energy sources for domestic violence shelters, rebuilding and recovery of child services and children’s residential programs). There needs to be one easy-to-find location for organized preparedness, response and recovery funding streams that support resilience, surge capacity and re-institution of human services and child-serving institutions. A central location that is accessible to governments and communities would relieve the burden caused by the chaotic approach for informing funding resources and opportunities in planning, response and rebuilding

⁴ See: Administration for Children and Families [Children & Youth Task Force in Disasters: Guidelines for Development](#); [New York Children’s Issues Task Force: Lessons learned from response and recovery in Superstorm Sandy](#).

efforts and would strengthen coordination, response and recovery. Creation of a clearinghouse or directory of federal funding streams (e.g. HHS Social Services Block Grants and Family Violence Prevention Services, FEMA disaster assistance and Small Business Administration funds, etc.) that indicates what is permissible and how to access those funding sources should be given strong consideration. Additionally, the development of incentive programs that offer opportunities for states, counties, and local governments to match federal funds for hardening/strengthening disaster resilience and recovery purposes should be explored.

- **Funding for children and disaster human services preparedness, response and recovery:** Funding should be identified to prepare and train caregivers and providers in all formal child and youth programs so they are better equipped to respond to the needs of children and youth in the event of a disaster. Emergency preparedness and planning training, including recognizing and addressing disaster-related traumatic stress and community resources is strongly recommended for child-serving providers, teachers in schools at all levels and for Head Start and child care providers. In addition to addressing the first response and physical impact of a disaster, this training must also include a mental health focus, including Psychological First Aid. The establishment of a federal funding source(s) for **grant opportunities** for states, tribes, territories, non-governmental organizations and communities for projects that strengthen the children and disaster human services mitigation, prevention, preparedness, response and recovery efforts, is also recommended. The recommended federal funding sources include agencies at HHS, such as ASPR, the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC) and the Administration for Children and Families (ACF), as well as FEMA. Consistent with the National Response Framework⁵ and National Disaster Recovery Framework, Health and Social Services Recovery Support Function⁶ is promoting activities at all levels that restore and improve the social services networks that improve resilience, health, independence and well-being of children in the whole community.
- **Funding for research:** Funding should be allocated that supports ongoing evaluations, studies and research on the short- and long-term effects on children impacted by disasters. Funding for research is also needed to identify protective factors, human services and child-serving institutions and supports that promote resiliency, and evidence-based best or promising practice models that reduce adverse outcomes and facilitate a more rapid and equitable recovery for children and their families.

Summary of Recommendations *Before* a Natural Disaster

- Promote and engage in emergency preparedness planning efforts by publicly posting and using available evidenced-based tools and resources and establishing partnerships with governments and organizations with interests in children and disaster human services. Consider access and functional needs in planning efforts.

⁵ See: U.S. Department of Homeland Security [National Response Framework](#).

⁶ See: U.S. Department of Homeland Security, Federal Emergency Management Administration [National Disaster Recovery Framework: Health and Social Services Recovery Support Function](#).

- Identify and implement evidence-based and promising practice programs that promote resiliency and equitable recovery.
- Use resources such as Save the Children’s Community Preparedness Index to gauge your program’s/community’s/system’s level of preparedness.
- Provide ongoing training and professional development for staff in child-serving institutions, including schools, Head Start and child care providers in the areas of safety, youth preparedness, emergency preparedness planning and Psychological First Aid with awareness of need for grief counseling and behavioral and mental health referrals.
- Establish or strengthen reunification planning across child-serving institutions, including child care settings, Head Start, child welfare systems and schools.

Summary of Recommendations *During* a Natural Disaster

- Partner with and engage community based child-serving institutions to meet the surge of needs for children, youth, and their families affected in the disaster, and to restore child-serving systems and infrastructures.
- HHS (ASPR, ACF) and FEMA are to promote and advocate for states and local jurisdictions to implement the **Children and Youth Task Forces in Disasters (CYTFID) model** to create a CYTFID task force type coalition that brings together the whole community of child- and youth-serving agencies, organizations, and professionals in a single forum for shared strategic coordination with the goal of identifying needs and gaps, reducing the adverse effects of the disaster on children, and identifying and pooling resources that address needs.
- Collaborate and communicate across child-serving institutions immediately and effectively.
- Widely disseminate information so that the community and families know where they can access disaster-related and recovery resources.
- When mass care sheltering is required, follow recommendations to ensure child health, safety, and developmentally appropriate practice. Work to identify and meet the access and functional needs of children and their families in mass care shelter settings.

Summary of Recommendations *After* a Natural Disaster

- Promote and advocate for a more rapid, equitable and safe return to routine and normalcy for children, youth, and their families.
- Recognize and be prepared to address disaster-related traumatic and toxic stress in both the short- and long-term.
- Support child-serving institutions and assist them to safely reopen as soon as possible after a disaster.
- Provide mental health consultation and resources to support caregivers and service providers who work with children who have experienced disaster-related traumatic stress.
- Support programs and services that promote or support strengthening protective factors, resiliency and long-term recovery.
- Look for opportunities to expand the reach of evidence-based and supported programs known to be effective in communities post-disaster.

Introduction

The National Advisory Committee on Children and Disasters (NACCD) was established in 2014 under the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA) to provide expert advice and consultation to the Secretary of the U.S. Department of Health and Human Services (HHS) and the Assistant Secretary for Preparedness and Response (ASPR) on the medical and public health needs of children before, during, and after a disaster or public health emergency. The NACCD is comprised of 15 voting members (see Appendix A: NACCD Membership) who are experts in the pediatric healthcare sector; state and local government representatives with expertise in disaster preparedness and response with a child focus; and federal agency representatives from the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Food and Drug Administration (FDA), the Administration for Children and Families (ACF), the Department of Homeland Security (DHS), the Department of Education (DoE), and the Office of the ASPR. The Human Services Work Group (HSWG) specifically focused on human services and child-serving institutions in the community, considering how these services can promote resiliency and recovery for children and families in the face of disaster. (See Appendix B: Human Services Work Group Mission Statement and Member Roster)

This report provides a broad overview of the experience of children ages birth to 18 years⁷ affected by natural disasters⁸ and sheds light on the progress that has been made over the last decade to improve and advance the preparedness, response, short- and long-term recovery for these children, their families and the institutions and human services that serve them.⁹ This report discusses identified gaps and opportunities for continued strengthening of child-serving systems in the community, as well as implications for policy, funding, and research. While we highlight best practices and promising strategies, we recognize that this is only a window into the work that is being done across the country. There are other existing and developing practices that we could not reference due to space considerations. This report is not intended to cover all possible topics, but rather to serve as a springboard for future consideration, discussion, and work by the NACCD and others.

A strong understanding of how disasters impact children and families informs recommendations on human services preparedness, response, and recovery. This report is informed by both the growing body of research and practice, as well as by recognition of the gaps that still exist. The report draws from an extensive literature review and is primarily informed by a series of presentations from subject matter experts (SMEs) conducted by the HSWG via video and teleconference meetings. The SMEs who presented to the HSWG are established authorities in this field. While there are many more individuals who could have contributed, time constraints did not allow for more SME presentations. (See Appendix C: Subject Matter Experts to the Human Services Work Group.) The work group also drew on information about vulnerable and at-risk children, and human services activities that are extensively

⁷ In this report, “children” denotes the age range from birth to 18 years.

⁸ For the purpose of this report, the focus is on natural disasters.

⁹ For the purpose of this report, the terms *human services* and *social services* are used interchangeably. For an overview of progress, see: [2014-2015 Report of the Children’s HHS Interagency Leadership on Disasters \(CHILD\) Working Group: Update on Department Activities](#).

documented in the reports of the Children's HHS Interagency Leadership in Disasters (CHILD) Working Group.¹⁰

The report begins by reviewing what we know about children's experiences in disasters. It then moves to lessons learned and recommendations around community and human services for children before disasters, during disasters, and after disasters. The report considers children and families with specific access and functional needs that may experience disasters in a unique way and, as such, may need additional support or assistance. It addresses legal considerations and concludes with recommendations in the areas of public policy, funding, and research. When considering recommendations, it is important to note that, in the last ten years many federal agencies have used statutory changes, regulatory mechanisms, and/or recommended guidance to establish that the formal child-serving systems (i.e., child care, schools, child welfare, family violence, juvenile justice) provide training and implement policies to address emergency preparedness, collaboration and communication during a disaster and during the subsequent period of recovery. This report contains many recommendations for community-based child serving systems not regulated by federal agencies to assure that they have established training, policies and practices that enable them to support and protect the children, youth, and families they serve. These recommendations would also allow for their distinct knowledge and expertise to be integrated into their community's formal preparedness and response activities.

Background and Summary of the Experiences of Children, Youth, Families and Human Services *During* Disasters

What does a disaster look like from a child's perspective?

Children and youth under the age of 18 comprise 24 percent of the population of the United States.¹¹ On any given weekday, an estimated 69 million children are in schools and child care settings, and may be particularly vulnerable because they are away from their families.¹² When a disaster strikes, children's realities shift in unique ways. For example, for children in a child care center, if disaster hits during the workday, how quickly can they be reunified with their parents? How long will it be until they will be able to return to their child care center which provides a safe environment and return to normalcy? How much will they understand of what is happening around them? How prepared was their child care center and their families to meet their immediate and more long-term needs?

Recent history provides us with many examples of disasters affecting children. In August 2005, Hurricane Katrina wreaked havoc along the U.S. Gulf Coast, driving more than one million people from their homes, separating children from their parents or legal guardians, and forcing more than 300,000 children to enroll in new schools around the country – some very far from the communities they once

¹⁰ See: [2012-2013 CHILD Work Group Update of Activities](#) and [2011 Update on Children in Disasters](#).

¹¹ O'Hare, W. (2011). [The Changing Child Population of the United States: Analysis of Data from the 2010 Census](#).

¹² Save the Children. (2015). [Still at Risk: U.S. Children 10 Years After Katrina](#).

knew.¹³ In October, 2012, Hurricane Sandy inflicted over \$50 billion in economic damage, destroying 650,000 homes¹⁴ and forcing thousands of children and families to take refuge in shelters. At its peak, there were closures of almost 700 child care centers and 90 Head Start programs in Connecticut, New York and New Jersey, resulting in enormous disruption of routines and safe environments for children.¹⁵ The Moore, Oklahoma tornado in May, 2013 killed nine school-aged children and destroyed several schools and child care centers.¹⁶ These few examples illustrate every region of the nation is at risk for one or more types of disaster. Children and youth are among the most vulnerable in them.

Children in the United States spend a great deal of time in child care, and research shows that this area requires particular attention when thinking about children in disasters. The October, 2010 report from the National Commission on Children and Disasters (NCCD) specifically highlighted the need to improve emergency preparedness and response in child care.¹⁷ Child care is crucial to the fabric of the lives of families with young children, and especially during disasters. It must be acknowledged as such. Janice Molnar, Deputy Commissioner of the Division of Childcare Services of the New York State Office of Children and Family Services explains, “On a national level, child care needs to be viewed as part of our infrastructure, not just post-disaster but in terms of the role it plays in the community. If viewed as part of our critical infrastructure, it would be assigned a higher priority when it comes to preparedness planning.”¹⁸

Why are children particularly vulnerable? What does the research show?

Most children and families do well and demonstrate remarkable resilience after experiencing a disaster. However, for children who do not, mental health issues can be significant. Children exposed to a disaster are at increased risk for sleeplessness, separation anxiety and school avoidance, fearfulness and anxiety, as well as academic and social regression.¹⁹ Children may also demonstrate symptoms consistent with post-traumatic stress disorder (PTSD). In a study of children’s reactions after Hurricane Andrew, at three months after the disaster, almost 40 percent of the sample had symptoms consistent with PTSD.²⁰ The Hurricane Sandy Child and Family Health Study found that children living in homes that experienced minor damage were at particularly high risk for psychological and emotional issues. Children living in homes with minor damage were over four times as likely to be sad or depressed, and

¹³ Awotona, A. (2010). *Rebuilding Sustainable Communities for Children and Their Families After Disasters: A Global Survey*. New Castle, UK: Cambridge Scholars Publishing.

¹⁴ Huffington Post. (10/29/13). [Hurricane Sandy’s Impact, by the Numbers: Infographic](#).

¹⁵ Administration for Children and Families. (2013). *ACF Program Impact Assessment Post Superstorm Sandy in CT, NY and NJ*.

¹⁶ Save the Children. (2015). [Still at Risk: U.S. Children 10 Years After Katrina: 2015 National Report Card on Protecting Children in Disasters](#).

¹⁷ National Commission on Children and Disasters. (2010). [2010 Report to the President and Congress](#).

¹⁸ Molnar, J.M. (July 15, 2016). Meeting presentation: Child Care and Head Start: Resilience and Recovery in Disasters.

¹⁹ Schonfeld, D.J., Demaria, T., Disaster Preparedness Advisory Council, and Committee on Psychosocial Aspects of Child and Family Health. (2015). Providing Psychosocial Support to Children and Families in the Aftermath of Disaster and Crisis: A Guide for Pediatricians. *Pediatrics*. doi: 10.1542/peds.2008-1536.

²⁰ La Greca, A. M., Silverman, W. S., Vernberg, E. M., & Prinstein, M. J. (1996). Posttraumatic Stress Symptoms in Children after Hurricane Andrew: A Prospective Study. *Journal of Consulting and Clinical Psychology*, 64, 712-723.

over twice as likely to have problems sleeping after the storm, as were children from homes with no damage.²¹

Research suggests that chaotic or unstable circumstances, such as a natural disaster, can result in a sustained, extreme activation of a child's stress response system, which can have long-term adverse effects. Children may experience stress as toxic or traumatic when it is not buffered by supportive, affective adult relationships.²² Disasters exert long-lasting effects on children and truly can get "under children's skin".²³ As time passes and the disaster unfolds, new stressors can occur. For example, there can be the sudden realization three days after the disaster that the family's car was in a parking garage that is now flooded, resulting in a transportation crisis that was not previously considered. PTSD can also become a chronic condition. For children still experiencing PTSD symptoms nine to ten months after the disaster, recovery can become a much more difficult and tenuous process.²⁴

Children who lose a friend or loved one in a disaster may be grieving, and it is important to recognize that grief may be the predominant emotion a child is experiencing. While it may be natural to assume a child's behavior relates to trauma from the disaster, it may actually be part of a grieving process. "Teachers for example, can learn to appreciate the impact of bereavement on children's learning and development, learn strategies to support learning and adjustment for grieving students within the classroom and broader school setting and demonstrate empathy and support for someone who's grieving all without being expected to provide grief counseling."²⁵ Children who experience loss in the context of a traumatic event may also experience childhood traumatic grief (CTG) which combines both grief and trauma. The trauma symptoms inhibit the child's ability to process grief in a typical way. CTG often also entails common symptoms of PTSD. CTG has distinctive features which differentiate it from typical bereavement and may require more specific, targeted interventions.²⁶

We must remember that disasters alter children's entire ecosystems. After a flood, if a family is required to relocate, a child can lose her whole peer network. A child's family may also be under financial stress with a parent who is suddenly unemployed because the business she worked for sustained damage. The graphic below after the Hurricane Katrina case study highlights ways in which

²¹ See: Columbia University [Sandy Child and Family Health Study Key Findings](#)

²² See: Harvard University Center on the Developing Child [Toxic Stress: Key Concepts](#) and *Young Children and Trauma: Intervention and Treatment*. New York: The Guilford Press.

²³ Abramson, D. (June 23, 2016). Meeting Presentation: Children and Disasters.

²⁴ La Greca, A.M., Silverman, W.K., Lai, B., & Jaccard, J. (2010). Hurricane-related exposure experiences and stressors, other life events, and social support: concurrent and prospective impact on children's persistent posttraumatic stress symptoms. *Journal of Consulting and Clinical Psychology*, 78, 794-805.; La Greca, A. M., Silverman, W. S., Vernberg, E. M., & Prinstein, M. J. (1996). Posttraumatic Stress Symptoms in Children after Hurricane Andrew: A Prospective Study. *Journal of Consulting and Clinical Psychology*, 64, 712-723.

²⁵ Schonfeld, D.J. (April 25, 2016). Meeting Presentation: *Impact of disasters on children: What can communities do? What changes in policy and funding practices are indicated?* For resources on grieving, see www.grievingstudents.org

²⁶ Mannarino, A.P. & Cohen, J.A. (2011). [Traumatic Loss in Children and Adolescents](#). *Journal of Child & Adolescent Trauma*, 4, 22-33. <http://dx.doi.org/10.1080/19361521.2011.545048>

disasters impact multiple facets of a child's world, as well as the ways in which various parts of their world can serve as both risk and protective factors.

The youngest children are not immune from a disaster's impacts. Costa and other researchers encourage us to ask the question, "What about the baby?"²⁷ This begins with the language we use when discussing a disaster. For example, to keep the youngest children in mind, one important consideration is to replace the phrase "young children" with "infants and young children" (G. Costa, personal communication, February 7, 2017). Costa makes the point that infants are born helpless and require care that is psychological (social/interpersonal and emotional) for an extended period of time.²⁸ When a disaster hits, it can severely influence the ability of adults in the infants' life to provide this emotional support. Research supports the notion that infants need to feel safe and when safety is not there. During disasters, defenses are activated which can limit infant learning and growth.²⁹

Along with emotional needs, infants also have distinct feeding needs. In the case of breastfeeding, these needs are closely intertwined. According to Lawrence M. Gartner, M.D., chair of the Section on Breastfeeding of the American Academy of Pediatrics and Health Advisory Council Member of La Leche League International, "Human milk is a valuable resource that can not only protect the vulnerable infant from disease, but can also promote psychological health and comfort during stressful times."³⁰ The ACF Office of Human Services Emergency Preparedness & Response published a fact sheet on infant feeding during disasters³¹ that explains how breastfeeding has distinct benefits, including protecting infants from the risk of using contaminated water supplies during a disaster and protecting against respiratory illnesses and diarrhea. It recognizes that disasters can present multiple barriers to breastfeeding, such as lack of privacy and security, being separated from supportive family, and lack of lactation support. Recognition of barriers and ongoing support can safeguard continued breastfeeding post-disaster.

Children may also be differentially impacted by disasters by virtue of their life circumstances. Children with disabilities, children in low-income families, and children in families with limited English proficiency may experience unique access and functional needs and limitations in the face of disaster. For example, in 2013-2014, thirteen percent of all public school students received special education services.³² Research suggests that these children may experience disaster differently than their peers. For example, issues of evacuation and safety actions can be further exacerbated in children with disabilities. If children have disabilities related to their mobility, then the ability to go to higher ground to escape floods or to descend stairs to seek shelter in case of storms is significantly compromised. For children

²⁷ Fraiberg, S. (1980). *Clinical Studies in Infant Mental Health: The First Year of Life*. New York, NY: Basic Books.

²⁸ Greenspan, S. I. & Shanker, S.G. (2004). *The first idea: How symbols, language and intelligence evolved from our primate ancestors*. Cambridge, MA: Da Capo Press.

²⁹ Porges, S.W. (2015). Making the world safe for our children: Down-regulating defence and up-regulating social engagement to 'optimise' the human experience. *Children Australia*, 00, 1-9.

³⁰ See: La Leche League International, 2016 [Breastfeeding During Emergencies](#).

³¹ See: U.S. Department of Health & Human Services, Administration for Children & Families, Office of Human Services Emergency Preparedness & Response, 2013, [Infant Feeding During Disasters](#).

³² See: National Center for Education Statistics, 2016, [Children and Youth with Disabilities](#).

with cognitive disabilities, signs related to disasters and dangers may not be fully understood. These children may be more confused and anxious when confronted with emergency signals and actions.³³ All of these factors place children with disabilities at a significant disadvantage in a disaster and at an increased risk for mental health concerns such as PTSD.³⁴

This report considers natural disasters from three points in time: **before, during** and **after** the event. For all three points in time, this report identifies areas where significant progress has been made, as well as existing promising or best practices and recommendations. Recommendations are to be considered by federal, state, tribe, territory and local levels of government, and by all child-serving organizations. It is essential that the recommendations herein be integrated and leveraged through partnerships across all levels of government and organizations. This will ensure success in advancing and supporting family and community resilience and activities, policies, funding and research that effectively promote a more rapid and equitable recovery of children and their families affected by disasters.

Case Study: Hurricane Katrina

The [Gulf Coast Child and Family Health Study](#) provided insight into the experiences of the children who were impacted by Hurricane Katrina, including the 163,000 children who were displaced for three or more months. In this study, the researchers visited 1079 households annually for five years to see how children and families were faring. There was clear improvement on some measures. For example, the percentage living in a trailer or hotel had dropped. However, five years out, more than 40 percent of parents were still living with mental health distress. After five years, more than half of the children had moved in the previous year. The researchers looked at the question of what was related to serious emotional disturbance in children. They found that prior mental health problems made a difference. Other, hurricane-related factors that made a difference were household stressors (e.g. not enough money for food) and parental constraints (e.g. parental distress, disruption of social networks). Another predictor was social disorder in the neighborhood, such as gang activity. This study led to the development of the Socio-Ecological Framework of Recovery, which holds that exposure to a disaster makes a difference, impacting multiple aspects of the child's environment and the adult perception of recovery. The greater the exposure, the poorer the outcome will likely be.

³³ Peek, L. & Stough, L.M. (2010). Children with disabilities in the context of disaster: A social vulnerability perspective. *Child Development, 81*, 1260-1270.

³⁴ Balbus, J.M., & Malina, A.B. (2009). Identifying Vulnerable Subpopulations for Climate Change Health Effects in the United States. *Journal of Occupational and Environmental Medicine, 51*, 33-37.; Peek, L. & Stough, L.M. (2010). Children with disabilities in the context of disaster: A social vulnerability perspective. *Child Development, 81*, 1260-1270.; Weissbecker, I., Sephton, S., Martin, M., & Simpson, D. (2008). Psychological and physiological correlates of stress in children exposed to disaster: Review of current research and recommendations for intervention. *Children, Youth and Environments, 18*, 30-70.

The following figure depicts the Socio-Ecological Framework of Recovery. First it shows chronic stressors, pre-event moderators and pre-existing conditions that exist in individuals, households and communities before a disaster event. Next, when a disaster strikes, there are the mediating factors of human services moderating factors in the aftermath. Finally the framework shows the recovery stage in terms of outcomes post-event at the individual, household and community level. Recovery at all levels can be up, down or unchanged depending on all of the variables that factored in before and during a disaster event.

Figure 1: Disaster Recovery Socio-Ecological Framework

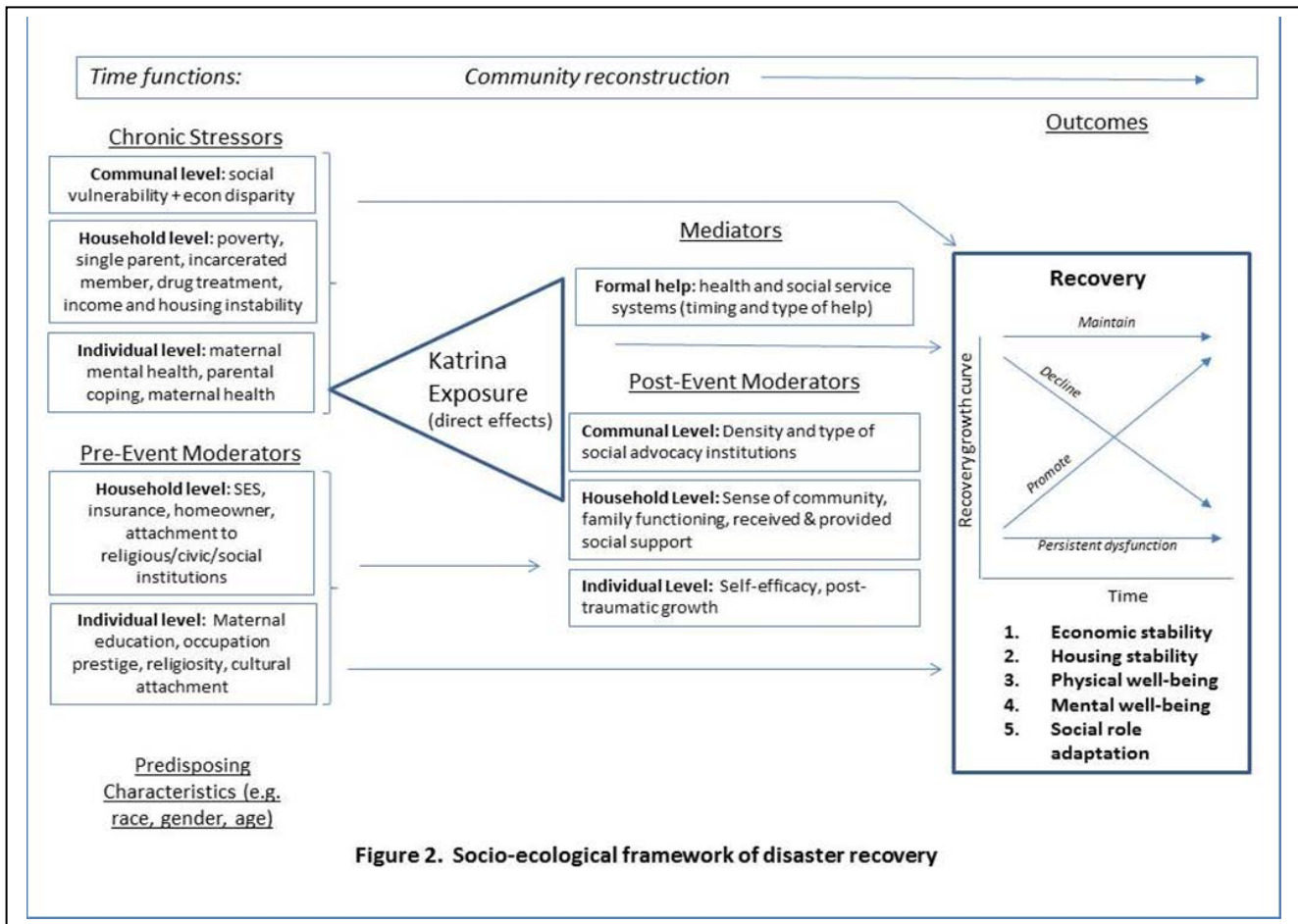


Figure 2. Socio-ecological framework of disaster recovery

Source: Abramson, D., Stehling-Ariza, T. Park, Y., Walsh L. & Culp, D. (2010). Measuring individual disaster recovery: A socio-ecological framework. *Disaster Medicine and Public Health Preparedness*, 4(Supp1): S46-S54.

Lessons Learned, Improvements Made and Recommendations for Services for

Children *Before* Disasters

Planning

Emergency preparedness planning helps to ensure that child-serving institutions are prepared to react in a manner that protects the safety of children and staff when an emergency occurs. Emergency plans also establish mechanisms to help programs during the recovery phase and get businesses and services “up and running” as soon as possible. This promotes continuity of care and reduces the risks of clientele and income loss. As one example, the Administration for Children and Families (ACF) Office of Child Care developed and released a six-part webinar series to enhance emergency preparedness and response.³⁵ An additional example, specific to Head Start, is ACF’s updated *2015 Head Start Emergency Preparedness Manual*³⁶ which provides programs with tools, templates and resources for developing emergency plans. Another example is a disaster planning manual for runaway and homeless youth programs, *Ready for the Anything: A Disaster Planning Manual for Runaway and Homeless Youth Programs*³⁷ that teaches the “Ps and Rs” (prevention, preparedness, response, and recovery) of disaster planning. Created by ACF, this manual includes worksheets and checklists to guide youth-serving agencies with a systematic process of creating an emergency preparedness plan for their agency.

Resources for Child Care Centers:

[Resource Guide: Emergency Preparedness and Response Resources for Child Care Programs](#)

[The Unique Needs of Children in Emergencies: A Guide of the Inclusion of Children in Emergency Operations Plans](#)

[Protecting Children in Child Care During Emergencies: Recommended State and National Regulatory and Accreditation Standards for Family Child Care Homes and Child Care Centers and Supporting Rationale](#)

[Post-Disaster Child Care Needs and Resources](#)

[The Response to Superstorm Sandy Highlights the Importance of Recovery Planning for Child Care Nationwide](#)

³⁵ See: [ACF Emergency Preparedness Webinar Series](#)

³⁶ U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. [Head Start Emergency Preparedness Manual: 2015 Edition](#).

³⁷ U.S. Department of Health and Human Services, Administration for Children and Families, Family and Youth Services Bureau. [Ready for Anything: A Disaster Planning Manual for Runaway and Homeless Youth Programs](#).

Preparedness and planning can also be enhanced by incorporating efforts into existing programs. For example, in New York State, seven years before Hurricane Sandy, the Office of Children and Family Services (OCFS) began geocoding facilities for case assignment purposes. This information has proved to be incredibly useful over the years. For example, when there was an active sniper at large outside of Syracuse, within minutes OCFS staff could identify programs within a mile, call them, and put them on lockdown. When Hurricane Sandy was predicted, OCFS turned to the geocoding data and created a satellite-based pushpin map of all programs in certain flood zones, allowing staff to focus on key vulnerabilities. OCFS now processes about 3.5 million addresses per year, and this information can be incredibly useful in the case of a disaster. The information available because of the establishment of the geocoding allows OCFS to accurately identify critical programs and populations if a disaster hits (J. Molnar, personal communication, January 31, 2017).

Geo-Code Resource:

[GeoHEALTH Platform](#) is a U.S. Department of Health & Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR) secure Geographic Information System (GIS) electronic, interactive, mapping application. It has geocoded information that can be used by community planners and responders to identify local needs.

Six new Preparedness Benchmarks in Healthy People 2020 emphasize the importance of preparedness for schools and other child-serving institutions. The Healthy People 2020 report presents a ten-year agenda for improving the nation's health, providing benchmarks for states and local communities to set goals. The new benchmarks focus on topics such as: school districts requiring schools to include specific topics, such as reunification, in their crisis preparedness, response, and recovery plans; increasing the proportion of parents or guardians who know about their child(ren)'s school emergency evacuation plan; and increasing the proportion of adults who are aware of evacuation transportation needs.³⁸

Ensure Planning Considers All Members of the Community

When ensuring that an organization, community or locality is prepared for a disaster, it is crucial to recognize that not all children and families are homogeneous, and one size does not fit all. Programs and services must accommodate the access and functional needs related to disparities and social determinants of health including limited English proficiency, cultural competency, low-income families, children with disabilities, diverse cultural background, and children from refugee resettlement communities. Resources and trainings exist to facilitate and promote the use of culturally and linguistically appropriate services (CLAS) throughout a disaster. For example, the U.S. Department of Health and Human Services Office of Minority Health offers an e-learning program designed to help "deliver culturally and linguistically competent services in disaster situations."³⁹

³⁸ See: [Healthy People 2020 Preparedness Objectives](#)

³⁹ See: [Cultural Competency Curriculum for Disaster Preparedness and Crisis Response](#)

Promoting Resiliency

In certain areas of this country that are more likely to experience weather-related disasters, there is an argument for considering and promoting resiliency before a disaster occurs. Programs exist and can be implemented that empower children and families to be able to calm themselves and combat anxiety. Programs within child-serving institutions can provide children with tools for coping when under stress. For example, the *Pillowcase Project*, sponsored through a partnership between Disney and the Red Cross, targets third to fifth graders on disaster preparedness and teaches strategies from relaxation and coping skills to thinking about what kinds of things they might need, how to take care of themselves, and how to talk to their parents.⁴⁰ The Federal Emergency Management Agency (FEMA) has created a Youth Preparedness Catalog comprised of over 200 curriculums to support individuals interested in promoting youth preparedness education by connecting them with existing local, state, and national programs.⁴¹

Community Preparedness Index

General considerations around being prepared for a disaster include communication plans, evacuation plans, family reunification plans, coordination with emergency management and first responders, strategies for sheltering in place, and plans, protocols and drills.⁴² These issues provide the foundation for the Community Preparedness Index, introduced by Save the Children in 2015 to enable communities to examine how prepared they are to meet the needs of children and youth in the event of a disaster.⁴³ The tool is broken into sections, allowing a community to focus on one particular area such as child care or foster care, or to review their readiness across the continuum of care. Several communities on the East Coast have piloted the tool or are currently using it.

Preparation in Schools

Schools play a crucial role in children's lives and, as such, should play a key role in disaster preparedness. The Sandy Child & Family Health Study examined the physical and mental health status and well-being of residents who lived in areas exposed to Hurricane Sandy. This research showed that schools can serve a protective factor for students via the mechanism of teacher trust (D. Abramson, personal communication, January 5, 2017). For schools and school personnel to play this role, they need ongoing training and professional development. Training should impart safety skills knowledge but should also include strategies for providing Psychological First Aid (see below), grief support services, bereavement support, and recognizing signs needing referral for additional mental health services as indicated. The American Red Cross stresses the need for preparedness in schools: "Schools give children more than an academic education, providing consistent routine, social support, life skills, and maybe even meals. Any disruption in those connections can be deeply distressing – for students and for you and your

⁴⁰ American Red Cross. [Resources for Schools](#).

⁴¹ See: [FEMA Children and Disasters Webpage](#)

⁴² Abramson, D. (June 23, 2016). Meeting Presentation: *Children and Disasters*.

⁴³ Save the Children and Columbia University National Center for Disaster Preparedness. (2014). [Community Preparedness Index Guide](#).

colleagues.” The American Red Cross offers a multitude of resources to help schools prepare for a disaster, including tips for staff, tips for students, and an extensive Emergency Resource Library.⁴⁴

The American Academy of Pediatrics, in their document on disaster planning for schools, stresses that schools are part of larger communities and, accordingly, must coordinate planning. It is not enough that schools have plans in place, but schools and school districts must also be sure that the community at large is aware of those plans.⁴⁵ This model of cooperation and collaboration can be seen implemented during and after disasters, in the **Children and Youth Task Force in Disasters model**, highlighted below.

The Readiness and Emergency Management for Schools (REMS) TA Center⁴⁶ also has a variety of tools and resources available to assist schools, school districts and institutions of higher education with their emergency management efforts. These include an Emergency Management Virtual Toolkit, specialized training packages that allow schools and school districts to train at their own pace, threat- and hazard-specific resources, an interactive map for locating state-level information related to safety and emergency management, a wide range of publications, information about America’s PreparAthon, and information about earthquake drills.

FEMA created the *Youth Emergency Preparedness Curriculum*.⁴⁷ Designed with different modules for grades 1-12, the lessons teach children what to do before, during, and after an emergency while fostering critical skills such as problem solving, teamwork, creativity, leadership, and communication. For example, the lessons for the first and second grades help students understand what exactly is an emergency or a disaster, help them think through creating an emergency kit for their family, and explain safe behaviors and steps for responding to an emergency.

Psychological First Aid Training

The National Child Traumatic Stress Network defines Psychological First Aid as “an evidence-informed modular approach to help children, adolescents, adults, and families in the immediate aftermath of a disaster or terrorism event. Psychological First Aid is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping” (p. 5).⁴⁸ Adults interacting with children, youth, and families in the community and in child-serving institutions must have established skills in Psychological First Aid and a general knowledge of how to respond to the unique emotional needs of children.⁴⁹ As Schonfeld states, “Anyone that interacts with children can be a potential source of assistance and support – if unprepared, they can be a source of further distress.”⁵⁰

⁴⁴ American Red Cross. [Resources for Schools and Students](#).

⁴⁵ American Academy of Pediatrics, Council on School Health. (2008). Disaster planning for schools. *Pediatrics*, 122.

⁴⁶ See: [Readiness and Emergency Management for Schools Resource Page](#)

⁴⁷ See: [FEMA Youth Emergency Preparedness Curriculum](#)

⁴⁸ National Child Traumatic Stress Network, National Center for PTSD. (2006). [Psychological First Aid: Field Operations Guide, 2nd edition](#).

⁴⁹ Fox, J., et al. (2013). [Effectiveness of Psychological First Aid as a Disaster Intervention Tool: Research Analysis of Peer-Reviewed Literature from 1990-2010](#). *Disaster Medicine and Public Health Preparedness*; 6(3), pp 247-252.

⁵⁰ Schonfeld, D.J. (April 25, 2016). Work Group Presentation: *Impact of disasters on children: What can communities do? What changes in policy and funding practices are indicated?*

Organizations have developed several strong training curricula, but no regulations or criteria exist to require formal training and coaching for those professionals and para-professionals who work with children, youth and families on a daily basis.⁵¹ This knowledge base and skill set must be a part of regular professional development requirements. Experience indicates that jurisdictions do not pursue this type of preparation for those working with children until after they have experienced a disaster. Both New York and New Jersey used the supplemental appropriations they received after Hurricane Sandy to support training for adults working with children in child care settings and schools. This included professional staff and para-professionals. These curricula could easily be replicated for other states and communities.

One specific example is the Keeping Babies and Children in Mind Curriculum. The Center for Autism and Early Childhood Mental Health at Montclair State University (CAECMH) developed this 21-hour curriculum (seven sessions, three hours each) for professionals who work with infants, toddlers, young children and their families (pregnancy through age eight). The series provides an overview of infant and early childhood mental health, the impact of trauma on young children and ways to support them and their caregivers, and emphasizes both relationship-based interventions and reflective practices.⁵²

Reunification Planning

The entire process of reunifying children and parents during a disaster is delicate and requires serious attention. Studies show that 63 percent of parents would disregard an evacuation order and go directly to their children's school to collect their children, even if they have received instructions to do the opposite. When parents are familiar with the emergency plans of their children's care providers, especially the evacuation and reunification components, they are more likely to follow evacuation and shelter-in-place orders, making everyone safer.⁵³ Reunifying unaccompanied minors and separated or missing children with their parents or legal guardians in the aftermath of a disaster is a priority. Accomplishing this goal requires the efficient, coordinated use of resources and efforts from across the whole community⁵⁴ at the local, state, regional, and national levels. By understanding approaches to reunification from across the whole community, jurisdictions will be able to further develop and enhance the reunification elements of their emergency preparedness plans.

One of the known challenges related to reunification of children following a disaster is the need to expand system capacity to handle situations where no adult can be located for child release. Although

⁵¹ McCabe, L., et al. (2012). [Psychological First Aid: A Consensus-derived, Empirically-supported, Competency-based Training Model](#). *American Journal of Public Health, 104, (4)*, 621-628.

⁵² See: [Keeping Babies and Children In Mind Montclair State University Infant and Early Childhood Mental Health Training Project](#)

⁵³ Federal Emergency Management Agency, Department of Health & Human Services, American Red Cross, & National Center for Missing & Exploited Children. (2013). [Post-Disaster Reunification of Children: A Nationwide Approach](#).

⁵⁴ Whole community is defined as a concept that "residents, emergency management practitioners, organizational and community leaders, and government officials can collectively understand and assess the needs of their respective communities and determine the best ways to organize and strengthen their asset, capacities, and interests." Federal Emergency Management Agency. (2011). [A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action](#).

child care settings have procedures in place for meeting the immediate health and safety needs of children, there is a point at which programs and institutions will no longer be able to provide care for reasons such as caregiver fatigue, caregiver obligations, and lack of resources. When supervision or continued care is needed beyond a reasonable period of time, the child care system looks to the child welfare system for support.

In isolated situations, such as when a parent does not come to pick up a child at the end of the day, and the child care program is unsuccessful in making contact with an adult who is on the list of persons authorized to pick up the child, the program would contact local law enforcement. Law enforcement would typically reach out to the county child welfare system to arrange for care and custody of the child until a parent or guardian can be located. While this is a rare occurrence, the connection between law enforcement and the county has proven to be a workable model to move children from child care to the child welfare system for short periods of time until reunification can be accomplished. Generally speaking, the respective State has identified an organization responsible for reuniting children with parents or legal guardians in the aftermath of a disaster.

The challenge exists when considering how this situation would be handled on a larger scale. In the case of a major disaster, law enforcement may not be available, and the county level child welfare system may have limited capacity to meet the demand for the number of children that need temporary or even long-term care. The transition of supervision from child care staff to parties other than law enforcement or the child welfare system presents a unique set of challenges given the regulatory requirements that limit to whom children may be released. Other issues such as individual needs of children, medical conditions, and confidentiality of records also warrant consideration. From the perspective of the child welfare system, planning needs to include processes to verify the identity and custody rights of adults seeking the release of the child in situations where records may be damaged or destroyed, and procedures to facilitate the actual reunification. For these reasons, increased coordination with the child welfare system is a critical issue that should be considered in planning related to reunification of children (personal communication, M. Bastiani, February 2, 2017). These considerations, while highlighted here for child care, are also relevant to all child-serving institutions and settings, such as schools, juvenile justice facilities, and hospitals.

Strengthening capabilities around reunification is crucial. Following Hurricanes Katrina and Rita, children were separated from their families for days and even weeks. In response, the National Center for Missing & Exploited Children (NCMEC) established a call center and worked with law enforcement and social services to reunite these children and families.⁵⁵ The Post Katrina Emergency Management Reform Act of 2006⁵⁶ mandated FEMA to support the NCMEC's establishment of the National Emergency Child Locator Center (NECLC) and to establish procedures to facilitate the expeditious reunification of children.

⁵⁵ See: [Children Displaced by Disaster](#), NCMEC

⁵⁶ See: [Post Katrina Emergency Management Act of 2006](#)

FEMA and the NCMEC also co-led the development of *Post-Disaster Reunification of Children: A Nationwide Approach*⁵⁷ which aims to provide a comprehensive overview of the coordination processes necessary to reunite unaccompanied minors with their parents or legal guardians in the aftermath of a large-scale disaster. FEMA has created a multi-agency reunification services template⁵⁸ to be used to guide the creation of a reunification services section to a jurisdiction's Emergency Operations Plan or Mass Care Annex. Lastly, FEMA and the NCMEC have established a pre-disaster agreement which would allow FEMA to reimburse the NCMEC for the deployment of personnel (Team Adam) to a presidentially declared disaster to assist in reunifying displaced children with parents or legal guardians when requested by the state.⁵⁹

Summary of Recommendations *Before* a Disaster Occurs

- Promote and engage in comprehensive emergency preparedness planning efforts by publicly posting and using available evidence-based tools and resources and establishing partnerships across child- and youth-serving agencies and institutions. Consider access and functional needs in planning efforts.
- Identify and implement evidence-based and promising practice programs that promote resiliency and equitable recovery.
- Use Save the Children's Community Preparedness Index to gauge your program's/community's/system's level of preparedness.
- Provide ongoing training and professional development for school, child care and Head Start staff in the areas of safety, youth preparedness, emergency preparedness planning and Psychological First Aid, with awareness of the potential need for grief counseling and behavioral and mental health referrals.
- Support Psychological First Aid training across all child-serving institutions.
- Establish or strengthen reunification planning across child-serving institutions, including child care settings, Head Start, child welfare systems, and schools. Build on the existing partnerships focused on reunification, with a particular focus on younger children in child care settings and on the access and functional needs of all children.

⁵⁷ Federal Emergency Management Agency, Department of Health & Human Services, American Red Cross, & National Center for Missing & Exploited Children. (2013). [Post-Disaster Reunification of Children: A Nationwide Approach](#).

⁵⁸ Federal Emergency Management Agency. (2015). [Multi-Agency Reunification Services Plan Template](#).

⁵⁹ National Center for Missing & Exploited Children. (nd). *Disaster resources*.

Lessons Learned, Improvements Made and Recommendations for Services for Children *During* Disasters

Child and Family Disaster Services⁶⁰

As soon as a disaster occurs, community based child-serving institutions need to immediately begin working together. Strong, effective child-serving institutions can facilitate a quicker return to normalcy post-disaster. Human services support the social and economic well-being of individuals and families and their ability to maintain activities of daily living in a safe, healthy manner. Disaster human services are an extension of non-disaster human services programs and systems, but with attention to two fundamental priorities in response and recovery: ensuring continued service delivery when emergency events disrupt services, and addressing unmet human services needs created or exacerbated by a disaster. The self-sufficiency of individuals and families and the viability of whole neighborhoods and communities depend upon social connectedness. Disaster-caused disruption damages this foundation of community resilience and can affect the critical infrastructure of family and community life such as workplaces, schools, juvenile justice systems, children’s hospitals, child care and Head Start facilities, cultural institutions, faith-based institutions, and neighborhood gathering places, such as Boys and Girls Clubs and the YMCA. Disaster human services are primarily directed at mitigating threats to socio-economic well-being at the household and community levels and to assisting individuals, families, and communities with unmet needs. Effective provision of disaster human services promotes rapid and equitable recovery and mitigates many forms of disproportionate risk and vulnerability that may otherwise result in some survivors being left behind as their communities recover around them. These services can also serve to buffer children against potential toxic and traumatic stress.⁶¹

“For the Joplin recovery, child-serving institutions were pivotal. Not just the public schools and not just the private schools, but the entities of the YMCA, the Boys and Girls Club. As you might know about the Joplin tornado, it happened May 22 so we were just moving into summer and the idea of child supervision for the summer was already on people's mind. But the child serving agencies in Joplin collaborated like they've never done before and made a commitment to not only that first summer provide care for all children, but even during Christmas break, our first Christmas break. The school system, the YMCA, and the Boys and Girls club made a commitment that pay would not be a hindrance. So just to give you a context of when I think about child serving agencies, I'm thinking not just the public schools but those traditional places that kiddos go after school or during their structured day.”
-Renee White, presentation to the NACCD Working Group

⁶⁰ Services refers to both human services and social services. In this report, those terms are used interchangeably.

⁶¹ Department of Health and Human Services. (2014). [National Biodefense Science Board Community Health Resilience Report](#). Aldrich, D. P. (2012). *Building Resilience: Social Capital in Post-Disaster Recovery*. Chicago: University of Chicago Press.

One specific example of how this type of coordination can happen is via the **Children and Youth Task Force in Disasters (CYTFID) model**.⁶² The **CYTFID** model uses a task force type of coalition to bring together the whole community of child- and youth-serving agencies, organizations, and professionals in a single forum for shared strategic coordination with the goal of reducing the adverse effects of disaster and to meet the needs of affected children and youth. These Task Forces support vulnerable children, youth, and their families after a disaster by coordinating efforts that restore critical services, address new disaster-caused needs, and support the long-term recovery efforts for children and youth.

Coordinated Disaster Resources:

[Children & Youth Task Force in Disasters: Guidelines for Development](#)

[New York Children's Issues Task Force](#)

This model was successfully implemented in New York and New Jersey in Superstorm Sandy; in Washington State in the aftermath of the SR530 (Oso) Slides; in Oklahoma after the Moore tornadoes in 2013 and in 2015; and in Louisiana post Hurricane Isaac. The first **CYTFID** Task Force was formed following the Joplin tornadoes in which 19 child care centers were lost and several damaged. The **CYTFID** model makes it possible for community-level leaders to access technical assistance and subject matter expertise from federal, state, tribes, territories and communities partners, human services agencies, nongovernmental organizations, such as Voluntary Organizations Active in Disaster (VOAD), Save the Children and Child Care Aware of America, Child Care Resource and Referral agencies, Community Action Groups, other experts, such as the American Academy of Pediatrics, and a broad range of child-serving stakeholders. Additionally, the a **CYTFID** Task Force can facilitate integration of early childhood programs and the behavioral health mission, capitalize on different levels of expertise and enable resource-pooling to address gaps. In both New York and New Jersey, the post-Sandy **CYTFIDs** that were stood up in these States were instrumental in addressing both short and long-term recovery needs and planning for children, youth, and their families. The model has been replicated in disaster-affected states and communities for the purpose of keeping the needs of children and their families at the forefront following a disaster, as well as prioritizing needs and systems and infrastructure issues such as child care, housing, transportation, and environmental issues, such as mold and debris.

Other programs also help with coordinating services. To support children and families in disasters, ACF administers the **Disaster Human Services Case Management Program**, which is a FEMA Disaster Case Management (DCM) Program that supports States, Tribes, and Territories, local and non-profit organizations by providing case management services to individuals and families impacted by a disaster. The primary goal is to link individuals and families with disaster-caused unmet needs to resources that will optimize a more rapid and equitable recovery through case management services.⁶³

⁶² Administration for Children and Families. (2013). [Children & Youth Task Force in Disasters: Guidelines for Development](#). Administration for Children and Families. Administration for Children and Families. (2014). [New York Children's Issues Task Force: Lessons Learned From Response and Recovery in Superstorm Sandy](#).

⁶³ [U.S. Department of Health and Human Services, Administration for Children & Families, Office of Human Services Emergency Preparedness and Response Disaster Case Management](#).

The DCM case managers assess disaster-caused unmet needs and work with the survivors to establish a recovery plan. Case managers serve as a point of contact that can support children and families by linking them to resources that can assist with recovery, such as, housing, child care, clothing, food, transportation and other needs directly related to the disaster. Services are time-limited, require a presidentially declared disaster with FEMA Individual Assistance, and are authorized for funding under the Robert T. Stafford Disaster Relief and Emergency Act⁶⁴.

Communication and Collaboration

Despite an emerging understanding nationally of how to be better prepared on behalf of the children and youth in our communities, communication strategies still must be developed so that families, service providers, government agencies and funders are in communication and aware of each other's actions. All child-serving agencies need to be in communication about all the other services that are available in a particular area. For example, in Joplin, Missouri, following the tornado in 2011, they established a website endorsed by five of the large institutions in town: the Chamber of Commerce, the University, the public school, the city, and United Way (R. White, personal communication, February 7, 2017).

Resources and Examples of Volunteer Community Partners:

[National VOAD Members Resource Directory](#)

⁶⁴ See: [Robert T. Stafford Disaster Relief and Emergency Assistance Act \(PL 93-288\)](#).

Sheltering In-Place and Strengthening Community Supports

Consideration should be given to strengthening (hardening⁶⁵) community supports to allow children and families with access and functional needs and limitations to shelter in place. This can be especially true for children who are not living with their families. For example, thousands of older youth live in community care programs to support a variety of issues including substance abuse and mental illness. These community care programs for vulnerable youth need to remain open to maintain treatment and supervised activities. Relocating at-risk youth to mass care shelters could result in a detrimental loss of continuity of care and relapse into homelessness or drug abuse.

Following Hurricane Irene and Superstorm Sandy, behavioral healthcare providers in New Jersey took extraordinary measures to shelter in place or relocate their programs “intact” to local hotels and motels to assure continuity of care. This also ensured that youth who may pose risks to others if they are not properly supervised or miss medication doses were not introduced into mass care shelters. Keeping residential programs open may require additional funding for resources. New Jersey has since begun providing funding for the purchase of alternative energy sources such as generators in all new requests for proposals for children’s residential programs. The language in the Requests for Proposals for service providers states, “The facility must also assure a generator is installed and operational to address any power outages (to full agency capacity) that may occur. Purchase and installation of generators are acceptable as part of startup funds” (A. Blake, personal communication, January 31, 2017).

Mass Care Sheltering

When sheltering in-place is not possible, either for families or for children in special settings, finding mass care settings becomes necessary, bringing with them unique challenges. Experience in prior disasters has shown that children often are at greater risk in some of the very structures designed to keep them safe during an event, as demonstrated in media reports following Hurricane Katrina.⁶⁶ However, proper planning can mitigate this risk.⁶⁷ The staff and volunteers who provide the backbone of mass care settings must receive training so that they can ensure children have safe and supervised places to sleep, play, and be separate from other individuals, as children may be at greater risk of abuse and exploitation when supervision is not firmly in place.

Lessons learned support the need for a return to normalcy as quickly as possible for children, including structured play and educational time while in shelters, and transportation to their schools, Head Start programs and child care providers when they reopen.⁶⁸ Trevor Rikken, Regional Chief Executive Officer for the American Red Cross of the Bay Area and the Northern California Coastal Region, Mary Casey

⁶⁵ Hardening is a term used in the disaster field to refer to strengthening and entrenching supports.

⁶⁶ DeBerry, J. (July 21, 2015). [Hurricane Katrina illustrated that children fare worse in disasters](#). *The Times-Picayune*.

⁶⁷ First, J. First, N. & Mills, T. (2016). [Disasters and Child Abuse: A Fact Sheet for Disaster Responders and Providers](#). University of Missouri Disaster and Community Crisis Center.

⁶⁸ Fothergill, A. & Peek, L. (2015). *Children of Katrina*. Austin, TX: University of Texas Press.

Lockyer, Health Services Lead for American Red Cross, and FEMA’s Mass Care Team Lead, shared a number of strategies that should be kept in mind in situations that require mass sheltering.⁶⁹

1. Look specifically at children’s needs and how to meet access and functional needs⁷⁰, medical needs, and mental health needs. This holds special importance for children with any of these needs. An example is children with autism, where any minor changes in their environment can have a big impact.⁷¹ “It is important to pay close attention to the cues they may provide regarding their fears and feelings and provide them with ways to communicate. Remember that any change in routine may result in additional emotional or behavioral upset. If the child’s environment must be changed (e.g., an evacuation, the absence of a parent), try to maintain as much of the normal routine (e.g., meals, play, bedtime) as possible in the new environment.”⁷²
2. Engage community partners.
3. Help children return to school as quickly as possible.
4. Make sure that age-appropriate food is available and age-specific feeding requirements.
5. Establish a diaper changing area for infants equipped with hand sanitizing stations.
6. Establish safe sleeping spaces for infants, possibly by using pack-n-plays (e.g. portable cribs) which are included in FEMA’s *Commonly Used Sheltering Items Catalog*⁷³.
7. Recognize that different aged children have unique needs and ensure there are activities for teenagers so they are not idle, bored and disconnected.
8. Adopt a framework for emergency planning that is based on an understanding of access and functional needs: communication, medical needs, maintaining functional independence, supervision, and transportation (C-MIST).⁷⁴
9. Set up a safe play space for children. For example, following Hurricane Katrina, Save the Children and Children’s Disaster Services brought in appropriate play equipment and used a sign-in and sign-out process.
10. If possible, establish licensed child care on site. An example of these services is via the work of the Church of the Brethren’s Children’s Disaster Services (CDS) division. Since 1980, CDS has been establishing child care centers in shelters and disaster assistance centers. “Specially trained to respond to traumatized children, volunteers provide a calm, safe and reassuring

⁶⁹ Tinsman, M., Riggen, T. & Casey-Lockyer, M. (October 12, 2016). *NACCD Human Services Work Group Presentation Summary*.

⁷⁰ [FEMA definition of “access and functional needs”](#): “Simply put, people with ‘access and functional needs’ includes individuals who need assistance due to any condition (temporary or permanent) that limits their ability to take action. To have access and functional needs does not require that the individual have any kind of diagnosis or specific evaluation... Individuals having access and functional needs may include, but are not limited to, individuals with disabilities, seniors, and populations having limited English proficiency, limited access to transportation, and/or limited access to financial resources to prepare for, respond to, and recover from the emergency.”

⁷¹ Centers for Disease Control and Prevention. (2017). [Autism and Preparedness](#).

⁷² Ford-Lee, G. (2014). [Oklahoma State Department of Health Resource Guide for Access & Functional Needs of Children and Youth in Disaster Planning](#).

⁷³ Federal Emergency Management Agency. (2013). [Commonly Used Sheltering Items & Services Listing](#).

⁷⁴ Kailes, J.I. & Enders, A. (2007). A Function-Based Framework for Emergency Management and Planning. *Journal of Disability Policy Studies*, 17, (4), 230-237.

presence in the midst of the chaos created by tornadoes, floods, hurricanes, wildfires any natural or human caused disaster.”⁷⁵

Summary of Recommendations During a Disaster

- Partner with and engage community based child-serving institutions to meet the surge of needs for children, youth, and their families affected in the disaster, and to restore child-serving systems and infrastructures.
- Immediately implement the **Children and Youth Task Force in Disasters (CYTFiD) model** to create a **CYTFiD** task force type of coalition that brings together the whole community of child- and youth-serving agencies, organizations, and professionals in a single forum for shared strategic coordination with the goal of identifying needs and gaps, reducing the adverse effects of disaster on children, and identifying and pooling resources to meet and address needs.
- Collaborate and communicate across child-serving institutions immediately and effectively.
- Widely disseminate information so that the community and families know where they can access disaster-related and recovery resources.
- When mass care sheltering is required, follow recommendations to ensure health, safety, and developmentally appropriate practice. While FEMA does not have statutory authority to develop standards that guide the delivery of services to children in shelters, many organizations do have tools that can assist with this. FEMA has worked with voluntary agencies, nongovernmental organizations, and state and local emergency management teams to develop and compile resources that can guide shelter operations.⁷⁶ Work to meet the access and functional needs of all children and families in mass care shelter settings.

Lessons Learned and Improvements Made for Services for Children *After* Disasters

Defining Recovery and Return to Normalcy

Fothergill and Peek define recovery as “when a child has some semblance of stability, routine, predictability and wellbeing in all spheres of the child's life.”⁷⁷ Recovery and a return to normalcy look different for every individual. Schonfeld⁷⁸ reminds us how important it is to meet children where they are in order to help them to move forward. Experience from previous disasters indicates that children who return quickly to school and child care have better outcomes than children who are delayed in returning to their normal routines. To accomplish a rapid return to normalcy, child-serving programs must be prepared to respond quickly and to help buffer toxic and traumatic stress.⁷⁹

⁷⁵ See: [Children's Disaster Services](#).

⁷⁶ See: [Sheltering Field Guide](#).

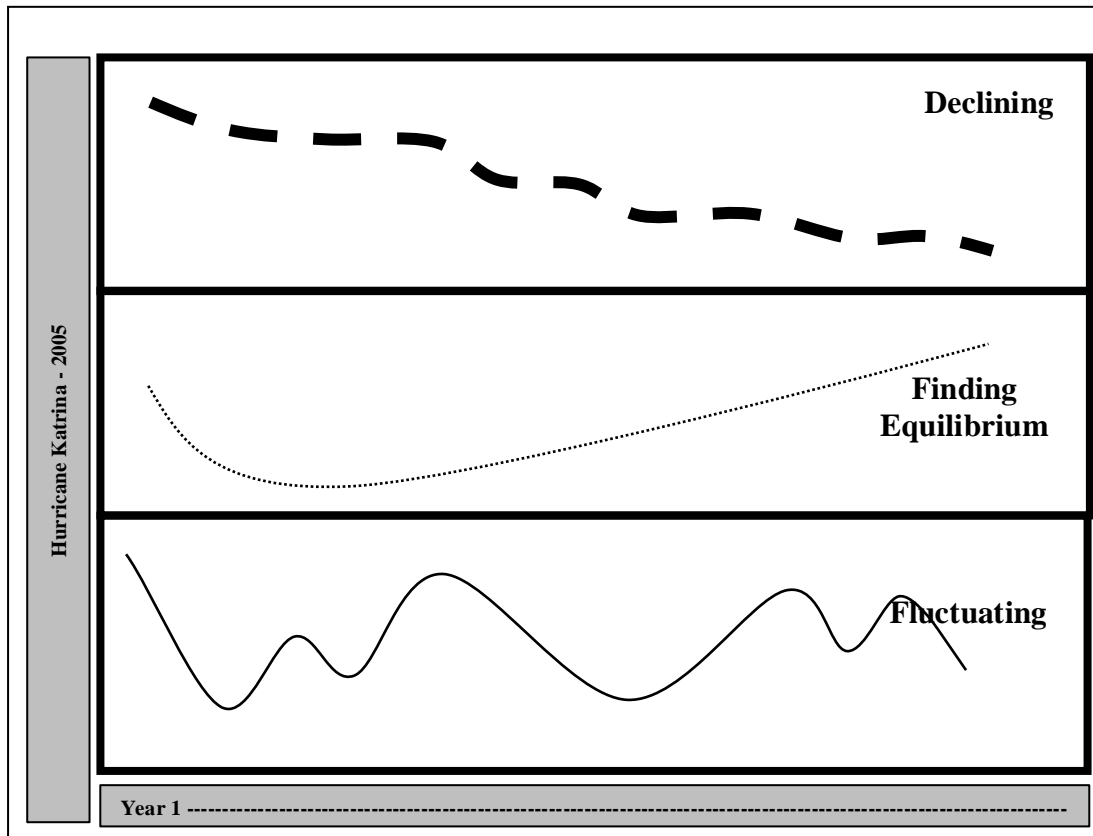
⁷⁷ Fothergill, A. & Peek, L. (2015). *Children of Katrina*. Austin, TX: University of Texas Press.

⁷⁸ Schonfeld, D.J. (April 25, 2016). NACCD Human Services Work Group Presentation: *Impact of disasters on children: What can communities do? What changes in policy and funding practices are indicated?*

⁷⁹ Fothergill, A. & Peek, L. (2015). *Children of Katrina*. Austin, TX: University of Texas Press.; Costa, G. (June 3, 2016). NACCD Human Services Work Group Presentation. *Responding to disasters: The critical role of infant and early childhood programs in recovery and growth*; G. Costa, personal communication, 2/22/17.

From their work following Hurricane Katrina, Fothergill and Peek offer three post-disaster trajectories that children typically experience, as shown in the following figure.⁸⁰

Figure 2: Three Graphs of Recovery in Children One Year after Hurricane Katrina: Declining, Finding Equilibrium and Fluctuating



Understanding these three trajectories can help inform strategies to promote a return to normalcy. For example, children in the **declining trajectory** seem to have an accumulation of vulnerability factors. Addressing and manipulating this trajectory requires an understanding of these vulnerabilities, many of which are pre-existing when the disaster occurs. These can include living in an unsafe neighborhood, or having a parent who struggles with a disability or unemployment. For children in the **finding equilibrium trajectory**, how long children decline and the depth of the decline relates both to the depth of the resources available to them and their family as well as to their family's ability to mobilize and access those resources. Children in the **fluctuating trajectory** demonstrate a mixed pattern of stable moments followed by unstable periods in one or more area of their lives.

⁸⁰ Fothergill, A. & Peek, L. (2015). *Children of Katrina*. Austin, TX: University of Texas Press.

Understanding the differences between the three types of trajectories provides a key opportunity for intervening by increasing both resources available and a family’s ability to access them. For example, in the book, *Children of Katrina*, Fothergill and Peek share the story of a girl named Cierra.⁸¹ Cierra, by all accounts, was vulnerable, living in a low-income household with Debra, her single, working mother. They had very few resources available to them at the time of Katrina. This excerpt from the book describes their experience:

“She and her mother endured a harrowing period at a New Orleans hospital that was battered by the hurricane. That experience left them both deeply shaken, with painful memories of the horror they witnessed and the fear they felt as they wondered whether their family members and friends had lived or died. After they were rescued by boat from the hospital, Cierra and her mother stayed at a temporary shelter in Lafayette for three months. They then moved on to a FEMA trailer located on the outskirts of Lafayette for three years. They finally secured a Habitat for Humanity home in Lafayette, the city where they would permanently settle after Katrina.” (pp. 285-286).

But Cierra, although vulnerable, was able to find equilibrium, and although she was in real danger of landing on the declining trajectory, she was able to stay on the finding equilibrium trajectory. This was possible because of resource mobilization and the support and assistance of advocates and institutions, with which Debra connected her. With Debra mobilizing these resources, staff at the Cajundome shelter, Cierra’s school and teachers, church leaders, the Big Sister organization, FEMA, and Habitat for Humanity, all were able to provide crucial resources for Debra and Cierra’s recovery. Furthermore, Cierra herself was able to seek out resources, maintain relationships that were important to her, and lean on those around her.

Addressing Disaster-Related Traumatic and Toxic Stress

The Center on the Developing Child at Harvard University explains that a toxic stress response can occur when “a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.”⁸² Accordingly, the traumatic experiences in disasters may stress children in unique ways that may severely and permanently impact their lives.^{83,84} In a disaster, children often witness devastation to their homes and communities, experience the death of people and animals, and may be separated from their parents and other important family and community resources. Adults interacting

Disaster Trauma Resource:
[National Technical Assistance Center for Children's Mental Health, Trauma Informed Care: Perspectives and Resources](#)

⁸¹ Fothergill, A. & Peek, L. (2015). *Children of Katrina*. Austin, TX: University of Texas Press.

⁸² Center on the Developing Child, Harvard University. [Toxic Stress](#).

⁸³ American Academy of Pediatrics. (2012). [The Lifelong Effects of Early Childhood Adversity and Toxic Stress](#).

⁸⁴ Shaw, J, et al. (2007). *Children: Stress, trauma and disasters*. University of Miami DEEP Center.

with children on a daily basis must be prepared to identify and respond to the indicators of trauma and toxic stress brought on by exposure to disaster and its impact on children’s families and social support networks. Parents and professionals should have the skills to be able to identify warning signs in young children and adolescents, (i.e., changes in sleep patterns, mood, and personality, and indications of suicidal ideation).

Following Superstorm Sandy, State officials collaborated with the New Jersey Chapter of the American Academy of Pediatrics to engage pediatricians in specialized trainings and grand round sessions that introduced them to the signs of disaster-related toxic and traumatic stress. The State also partnered with mental health professionals to provide psychoeducational training to professionals and para-professionals working with children in early childhood programs and elementary and secondary schools.⁸⁵

As discussed when considering what action can be taken *before* a disaster, Psychological First Aid also remains crucial after disasters. Psychological First Aid can be provided in the early days after a disaster. For example, the National Child Traumatic Stress Network has two mobile phone apps that address the needs of children and family recovering from disaster-related trauma. The first, *PFA Mobile*, can assist parents and caregivers who provide Psychological First Aid. The second, *Help Kids Cope*, can help parents best support their children throughout disasters, whether they are sheltering in-place at home, evacuated to a shelter, or healing after reuniting.⁸⁶

As an example of a specific intervention, the National Center for Child Traumatic Stress in conjunction with the National Center for PTSD has developed a program called Skills for Psychological Recovery (SPR), an evidence-informed modular intervention that works to build individuals skills in managing distress and coping with stress after a disaster. It can be delivered in a variety of locations where children congregate, including schools, libraries, and community centers. SPR does not directly treat mental health issues, but, instead, works in the prevention mode to build skills across the community.⁸⁷ FEMA also funds Crisis Counseling Grants that are administered in collaboration with the U.S. HHS Substance Abuse and Mental Health Services Administration (SAMHSA). This Crisis Counseling Program allows for the inclusion of a child coordinator.

Additional tools are under construction and organizations should continue to create tools that can be used by families, communities, and multiple levels of government to support recovery and reduce adverse outcomes among vulnerable children and families.

⁸⁵ American Academy of Pediatrics, New Jersey Chapter. (2014). About the Pediatric Partnership Initiative (PPI). [New Jersey Pediatrics, Special Issue.](#)

⁸⁶ See: [NCTSN Psychological First Aid Mobile App](#) and [NCTSN Help Kids Cope](#)

⁸⁷ See: [NCTSN Skills for Psychological Recovery](#)

Role of Child-Serving Institutions: Child Care and Head Start⁸⁸

Professionals who work with young children must strive to understand what children are experiencing. Research suggests five core tenets that are essential to mitigating disaster-related trauma: promoting a sense of safety, promoting calming, promoting a sense of self and collective efficacy, promoting connectedness, and promoting hope.⁸⁹ By understanding these crucial functions, child care providers can help facilitate children's recovery from the experience of a disaster.

The activities that Head Start and child care centers engage in every day are the exact things that make them assets in a disaster. Shannon Rudisill, past Associate Deputy Assistant Secretary for Early Childhood Development at ACF explains, "Child care settings provide safety and supervision for the children that provides freedom for parents to go do what they need to do, which is typically work and school. But in a disaster, that can mean going back into a neighborhood that's no longer safe for children, and loss of child care can mean families are not able to do what they need to do to recover their homes and work. However, while Head Start and child care centers are uniquely situated to be a critical asset in returning children to normalcy, these centers and the individuals who work there are often highly under-resourced themselves."⁹⁰

If early care and education settings, including Head Start and child care centers, re-open as quickly as possible, children can return to their routines and realize that the people they care about – their classmates and teachers – are safe. This has the added benefit of allowing parents the knowledge that their children are safe as they attempt to return to work or begin to focus on home repairs or rebuilding. Child care providers and educators who work with children daily may be the first to recognize signs of distress in children and may have the resources to refer them for specialized help. ACF has created several resources to support child care settings, such as *Helping Children Recovery from Exposure to Trauma: Resources for Child Care Providers and Parents*⁹¹ and the *Resource Guide to Trauma-Informed Human Services*⁹². As highlighted below, the Child Care Development Block Grant also includes provisions related to emergency preparedness.

Head Start has demonstrated the ability to react quite quickly in the face of disaster. Following Hurricane Sandy, Head Start staff contacted 87 percent of their grantees within 48 hours and deployed staff to centers.⁹³ Head Start in Region 2 released information memorandums to allow the broadest flexibility for programs to serve families. For example, these memorandums for grantees assured them that they could support children in oversized classrooms and extend their hours. They could serve

⁸⁸ Head Start is used as an illustrative example in this section because one of the SME presentations was from Head Start staff. It is not meant to ignore other child-serving programs and institutions but to provide examples that can be generalized to other programs.

⁸⁹ Hobfoll, S.E., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry*, 70, 283-315.

⁹⁰ Rudisill, S. (July 15, 2016). *NACCD Human Services Work Group Presentation Summary*.

⁹¹ Administration for Children and Families, Office of Child Care. [Helping Children Recover From Exposure to Trauma: Resources for Child Care Providers and Parents](#).

⁹² Administration for Children and Families. [Resource Guide to Trauma-Informed Human Services](#).

⁹³ Administration for Children and Families, Office of Head Start, Baker-Goode, C. *The Region 2 Head Start Response to Hurricane Sandy* (November 17, 2016). NACCD Work Group Meeting Presentation.

children who were not technically eligible, overlooking eligibility criteria in favor of simply serving the community. For families who were displaced and whose children had to attend a new Head Start center, sometimes one a long distance away, the programs used family workers and family advocates to keep in touch via phone calls and e-mails. Also, following Hurricane Sandy, Head Start staff developed a 17-point Program Assessment Tool to help regulators assess the situation and make informed decisions about a program's ability to provide a safe and secure environment for children.⁹⁴

Head Start worked with grantees to coordinate with FEMA and conduct damage assessments. Head Start staff provided technical support to grantees to assist them with submitting FEMA applications in their recovery efforts. Office of Head Start (OHS) regional office staff also worked with programs to gather damage estimates and to connect them with FEMA and other available resources and to ensure that programs potentially eligible for recovery assistance were fully informed of this option and the process to apply for it, application process, and deadlines (personal communication, T. Bevans, February 2, 2017). Following the enactment of the Superstorm Sandy Disaster Relief Appropriations Act of 2013⁹⁵, the Head Start region worked with centers to apply for funding and then to manage that funding.

In the long-term recovery period after the hurricane, the ACF Head Start program and grantees in Region 2 further developed their available resources. For example, they provided ongoing mental health support. One of Head Start's main accomplishments during this time was finalizing a Program Assessment Guide to assist the mental health response team/task force in identifying and documenting programs' mental health support needs. Educational Alliance received funding to provide enhanced mental health services to children and families in the aftermath of Sandy. The program hired two full time mental health therapists to lead this project and utilized curriculum focused on dealing with trauma. They offered psychoeducational workshops around attachment and separation anxiety to families and staff. Therapists trained teachers and family advocates to recognize signs of mental health issues in order to connect children and families to the appropriate services and interventions (T. Bevans, personal communication, February 2, 2017).

Head Start and child care centers can help with basic needs such as providing food and clothing, thus reinforcing their essential role in the safety net for young children and their families. This anecdote from Hurricane Sandy demonstrates the role Head Start can play:

“A program from Wisconsin knitted mittens and we were able to go out and visit our programs and provide the mittens and hats. Many of our families lost everything during the storm so children in our Head Start programs were very fortunate to be able to attend the Head Start program to get clothing, to have food for the families, to be able to wash clothing and sometimes just to find someplace warm and with light because there was power.”⁹⁶

⁹⁴ New York State Office of Children and Family Services. *Program Assessment Tool*. Rensselaer, NY: Division of Child Care Services.

⁹⁵ See: [Disaster Relief Appropriations Act of 2013, Superstorm Sandy, Public Law 113-2](#)

⁹⁶ Baker-Goode, C. (November 17, 2016). *Hurricane Sandy*. NACCD Work Group Meeting Presentation.

Child care centers, schools, and Head Start centers may need support to be able to reopen as soon as possible after a disaster. Providing funding and other support to these key organizations to enhance preparedness, disaster mitigation, and the ability to repair and reopen is essential to the well-being of children, and their return to normalcy. With the appropriated funding from the Superstorm Sandy Disaster Relief Appropriations Act of 2013, ACF⁹⁷ provided supplemental funding to states impacted by Superstorm Sandy for the rebuilding and repair of Head Start programs and child care centers in the impacted states. This allowed facilities to stay open, or to reopen more quickly or rebuild, which provided the opportunity for children to be served in a safe environment and return to normalcy.

As child-serving institutions re-open in communities, the individuals caring for children in those settings may also need additional support. Rudisill explains: “The workforce is a workforce which I think you want to be particularly mindful during a disaster because the childcare workforce itself makes about \$20 thousand a year on national average. It means it's particularly important to get people back to work in the childcare industry. They also do not have any kind of cushion. We're dealing with a population that doesn't have a lot of resources to fall back on themselves.”⁹⁸ As a fact sheet from the Department of Education explains, most early childhood educators qualify for public benefits because they earn so little.⁹⁹ These providers need not only training to work with the children in their care but also may need assistance and supportive mental health services for themselves.

Role of Child-Serving Institutions: Schools

As with early childhood care and education settings, schools can also provide a strong protective buffer for children post-disaster, providing them with a sense of continuity and normalcy. However, school can also be a key place where children manifest post-disaster stress. School anxiety and school avoidance are common reactions to a disaster: “We really have to work with schools to let them know that it isn't just the children that come into school and have difficulties. I am actually more concerned about the children who actually don't show up to school after a disaster.”¹⁰⁰ The role of schools can be incredibly complicated. Schools may suddenly be serving a whole stream of new, displaced students. If the disaster occurred during the school day, students may be hesitant to return to school. In addition, teachers and administrators have their own personal situations and stresses. These are all issues that must be considered, taken seriously, and addressed. As Schonfeld explains:

“When I'm working with community based groups, such as schools, they say that supporting children after a disaster isn't really the business of schools. Schools are there to educate and teach. They're neither to provide emotional support nor to do counseling. Taking time in schools to help children adjust to a disaster and its aftermath is actually essential if you want to promote academic achievement. When schools say our job is academic achievement, I tell them in order to do that job effectively; you do need to attend to their emotional distress and their adjustment needs after a disaster.”

⁹⁷ Agency for Children and Families. (2013) Office of Community Services Social Services Block Grant Information Memorandum. [Hurricane Sandy SSBG Supplemental Funds](#).

⁹⁸ Rudisill, S. (July 15, 2016). *NACCD Human Services Work Group Presentation Summary*.

⁹⁹ U.S. Department of Education. (2016). [Fact sheet: Troubling Pay Gap for Early Childhood Teachers](#).

¹⁰⁰ Schonfeld, D.J. (April 25, 2016). *Impact of disasters on children: What can communities do? What changes in policy and funding practices are indicated?* NACCD Work Group Meeting Presentation.

Schools can also play a key role for children post-disaster by offering and being a host for extracurricular activities. Participating in extracurricular activities such as sports or 4-H can keep children who might be lacking resources on the path to recovery and a return to normalcy. Schools help provide a sense of routine and predictability by providing activities and making the days as “normal” as possible, as soon as possible.¹⁰¹

While opening schools as quickly as possible is crucial, some parents may need time before being ready to let their children return to school. As Renee White explained, while a return to normalcy is important, emotionally some children need to stay home from school for some period of time: “That’s really the parent’s call to decide how quickly they want to relinquish their child, if you will. But I think as child serving agencies, we should be very quick to be open and be flexible, giving choice to parents, giving parents the autonomy to decide what’s best for their kiddo.” It is just as important to think about the children who do not show up as the children who do. For example, in Joplin, Missouri, they instituted a Check and Connect program. This is for children who seemed to be coping immediately post-disaster and then suddenly stopped coming to school or whose academics took a sudden turn for the worse. This program involves mentoring and a strong academic focus.¹⁰²

Mental Health Consultation for Children and Youth

Mental health consultation may be an effective means for decreasing the likelihood that children with challenging classroom behaviors will be expelled or suspended. Immediately after Sandy touched down in New Jersey, the state’s Traumatic Loss Coalitions mobilized to provide crisis and mental health counseling to the schools they normally support in their youth suicide prevention work. Research specifically on early childhood suggests that mental health consultation is effective in:

- Building behavior and classroom management skills of early care and education (ECE) providers;
- Increasing ECE providers’ use of developmentally appropriate practices and expectations; and
- Reducing staff stress and turnover.¹⁰³

In New York, Hurricane Sandy Social Services Block Grant funds were awarded to support six mental health service contracts. These contracts focused on supporting children to manage their anxiety and to better control their behavior. This involved a variety of activities including breathing, yoga for children, and art. The contractors used a range of curriculum. Some used *Junior Journey of Hope for Zero to Five-Year-Olds*, which is a resiliency curriculum developed by Save the Children from experiences that children had with Hurricane Rita and Hurricane Katrina.¹⁰⁴ Some contractors also adapted a curriculum developed by Louisiana State University Health Services Center Department of Psychiatry and Louisiana

¹⁰¹ Fothergill, A. & Peek, L. (2015). *Children of Katrina*. Austin, TX: University of Texas Press.

¹⁰² White, R. (June 2, 2016). *NACCD Human Services Workgroup presentation*. For further information see: [Check and Connect](#).

¹⁰³ Green, B. L., Everhart, M., Gordon, L., & Gettman, M. G. (2006). Characteristics of effective mental health consultation in early childhood settings: Multilevel analysis of a national survey. *Topics in Early Childhood Special Education, 26*, 142-152.

¹⁰⁴ For further information, see: Save the Children [Journey of Hope Resilience Skills](#)

State Department of Health and Hospitals Office of Behavioral Health, which involved a disaster interview for parents.¹⁰⁵

Promoting Resiliency, Protective Factors, and Long-Term Recovery

Programs that focus on resiliency promote optimal development by enhancing healthy and adaptive cognitive, emotional and social processes and by promoting skill development in the areas of problem-solving, expressing emotion and forming relationships. Abramson¹⁰⁶ highlights a wide range of programs, including those that promote resiliency by:

- Increasing self-efficacy (Teen CERT, Masters of Disasters, Youth Council, Boy Scouts/Girl Scouts, Wisconsin READY Camp and Class) and
- Promoting a positive world view (9/12 Generation Project, VAYLA, Re-thinkers, Urban Resilience Program, and Disaster Readiness Actions for Teens).

Trauma Resource:

Child-Adult Relationship Enhancement (CARE) is a trauma-informed, field-initiated set of skills based on several strong evidence-based parenting programs. See: [NCTSN Trauma-Informed Interventions](#).

As highlighted throughout this report, multiple spheres influence children’s lives daily. These include school, peers, health, extracurricular activities, faith-based and cultural centers, family, and housing. There are opportunities in all of these spheres to promote resiliency in children after disasters. For example, in the peer/friendship sphere, it is crucial to remember the importance of friendships and peer support and the way these dynamics affect a child’s recovery. In displacement, adults must help children to identify the whereabouts of their friends and to reconnect displaced children with their peers.

Individuals that make decisions about child-serving organizations and programs must remember that decisions that may not immediately appear to be related to resiliency can, in practice, have a strong impact on children’s ability to recover and thrive. For example, consider the Joplin school district’s decision to reopen schools 87 days after the tornado, even though 60 percent of the schools had been either destroyed or comprehensively damaged. While this decision may have initially been perceived as foolish, it ended up being a galvanizing theme for the community. It allowed the community as a whole to come together and work towards a clear objective. It also achieved the objective of stabilizing routines and providing safe school environments for children. It brought children, families and the community together, creating newfound strength where there might have been more despair.¹⁰⁷

¹⁰⁵ Ciccone, A., et al. (2012). [Disaster Psychosocial Assessment and Surveillance Toolkit \(DISASTER-PAST\)](#) (Measurement Instrument).

¹⁰⁶ Abramson, D., Brooks K. & Peek L. [The Science and Practice of Resilience Interventions for Children Exposed to Disasters](#).

¹⁰⁷ Abramson, D.M. & Culp, D. (2013). [At the Crossroads of Long-Term Recovery: Joplin, Missouri Six Months After the May 22, 2011 Tornado](#).

Children themselves can also help assist in the effort to promote recovery and resiliency. Children can contribute by helping adults, helping other children and youth, and helping themselves. Looking specifically at helping adults as an example, children can help by:

- Preparing for impending disaster
- Promoting evacuation behavior
- Assisting with rescue and response, as appropriate for age and level of maturity
- Settling into new routines
- Volunteering
- Influencing parental decision-making
- Raising funds for family and community

Involving children in this way can begin to combat the problem that, "Children are often written about, but rarely consulted about their own lives."¹⁰⁸

Some educational and human services delivery systems have developed strong programs that yield good outcomes for children and youth by acting as protective factors.¹⁰⁹ One example from Superstorm Sandy was the decision to expand evidence-based home visiting programs in the impacted counties.¹¹⁰ These programs helped prevent child abuse and neglect and helped strengthen parenting skills. When considering how to develop interventions to support long-term recovery in children and youth, government agencies should consider relying on their existing expertise in terms of what they know works to keep children safe from harm. Those same programs can be strengthened and expanded in the aftermath of a disaster to mitigate the harmful effects of disasters.

It is also crucial to find ways to predict which children need intervention and which children will recover naturally over time. How can programs determine children's trajectories of risk and recovery early on after a disaster? One good indicator is comorbidity. Considering children from Hurricane Ike, eight months post-disaster, ten percent of the sample reported clinically elevated posttraumatic stress and depressive symptoms. Almost half of the children who reported elevated posttraumatic stress also had co-occurring elevated depressive symptoms.¹¹¹ This research suggests that if, "you are looking not just for kids with elevated posttraumatic stress, but also kids who might be anxious or depressed, have poor social support networks, are experiencing other major life events, these are the kids that may need more intensive interventions early on."¹¹²

¹⁰⁸ Peek, L. & Fothergill, A. (August 25, 2016). *National Advisory Committee on Children and Disasters Work Group Presentation*.

¹⁰⁹ Fothergill, A. & Peek, L. (2015). *Children of Katrina*. Austin, TX: University of Texas Press.

¹¹⁰ Blake, A. (2013). [*New Jersey Department of Children and Families: A Plan to Support Children and Families in the Aftermath of Hurricane Sandy*](#).

¹¹¹ Lai, B.S. La Greca, A.M., Auslander, B.A., & Short, M.B. (2012). Children's symptoms of posttraumatic stress and depression after a natural disaster: Comorbidity and risk factors. *Journal of Affective Disorders*. DOI: 10.1016/j.jad.2012.08.041.

¹¹² La Greca, A. (November 28, 2016). *Risk, resilience, and internalizing problems in youth*. NACCD Meeting Presentation.

Summary of Recommendations After a Disaster

- Promote and advocate for a more rapid, equitable and safe return to normalcy for children, youth, and their families.
- Recognize and be prepared to address disaster-related traumatic and toxic stress in both the short- and long-term.
- Support child-serving institutions. Help child care centers and Head Start programs to reopen as soon as possible after a disaster, allowing them to meet children’s physical and emotional needs. Support schools as they provide a protective factor for children. Continue to work to implement the recommendations from the 2010 National Commission on Children and Disasters regarding both child care services’ and schools’ capacity to provide services in the immediate aftermath of and recovery from disaster.¹¹³
- Provide mental health consultation to support caregivers and service providers who are working with children who have experienced disaster-related traumatic stress.
- Support programs and services that promote or support strengthening protective factors, resiliency, and long-term recovery. Experiences with disasters such as Hurricanes Katrina and Superstorm Sandy demonstrate that recovery often takes years.
- Look for opportunities to expand the reach of existing evidence-based and supported programs known to be effective in communities post-disaster.

Populations to Consider

Research clearly demonstrates that when a disaster strikes, children and families do not react in the same way. There are disparities in reaction to and recovery from disasters based on children’s individual differences, as well as differences in resources and ability to access them. The Healthy People 2020 report explains these social determinants of health:

“Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as ‘place.’ In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.”¹¹⁴

It is impossible to consider the impact of disaster on every possible group of children and families, so here we present three examples of groups of children and families that might be differentially affected as examples of ways to consider and address those differences: children in foster care, children/youth in the juvenile justice system, and families experiencing domestic violence.

¹¹³ National Commission on Children and Disasters. (2010). *2010 report to the President and Congress*. AHRQ Publication No. 10-M037. Rockville, MD: Agency for Healthcare Research and Quality.

¹¹⁴ See: [Healthy People 2020 Social Determinants of Health](#).

Children in Foster Care

Foster care systems know that it takes a team to figure out how to prepare the system, staff, families and children for emergencies. The experience of the New Jersey Department of Children and Families in the face of Hurricane Sandy provides an example of how teamwork and preparation can occur.¹¹⁵ When Sandy was clearly approaching, the staff worked quickly to ensure that emergency contact information was up-to-date for all resource families. They also established the state's Child Abuse Hotline as the hub of communications for the department. (M. Adams, personal communication, 2/22/17)

On September 30, 2006, the Child and Family Services Improvement and Innovation Act (P.L. 109-288) was signed by President Bush. While this was a large child welfare bill (reauthorizing CIP and IV-E waivers, etc.) it required states within the title IV-B, subpart 1, [section 422(b)(16)] to have a disaster plan in place for title IV-B and IV-E programs by September 28, 2007. The disaster plans must include how a state or tribe would:

1. Identify, locate and continue availability of services for children under the state's care or supervision who are displaced or adversely impacted by a disaster;
2. Respond to new child welfare cases in areas adversely affected by a disaster and provide services in those cases;
3. Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;
4. Preserve essential program records; and
5. Coordinate services and share information with other states.¹¹⁶

In New Jersey, learning from the experience of Hurricane Katrina, they prepared a Resource Family Disaster Plan, as required by ACF federal regulations for foster care. The plan included relocation plans, items to take, check-in contact, special accommodations needed, means of transportation, and staff distribution of the plan. States must have formal plans in place that address resource families' readiness in the event of a disaster. These can include:

- Documentation of children's medications, medical and social needs;
- Plans to assure continued communication with the state child welfare agency regarding a child's location and well-being; and
- Plans to assure some ability to provide communication between children in foster care and their biological families during a disaster to assure all that they are safe and out of harm's way.

New Jersey's experience also includes the nursing service model through the Child Health Program. Nurses and nursing assistants staff Child Health Units in county child welfare offices. With the support of the staff assistants, the nurses or healthcare case managers are responsible for identifying, coordinating, and monitoring the healthcare needs of all children in out-of-home care. To meet this goal the nurses

¹¹⁵ New Jersey's experiences referenced in this section come from personal communication with M. Adams and M. Weglarz and from New Jersey Department of Children and Families, Adams, M., von Pier L., & Weglarz, M. (2016). *The impact of disaster on the public foster care system*. NACCD Work Group Presentation.

¹¹⁶ For further information about state disaster plans see Child Welfare Information Gateway. (2016). [Disaster Planning for Child Welfare Agencies Fact Sheet](#).

work closely with resource parents, facilitating access to care and providing health education and anticipatory guidance to ensure that the resource parent can meet the needs of the child in foster care. The nurses visit children in their resource homes and know the health care needs of children and those who are medically fragile. Prior to Sandy, the nurses contacted resource parents to assess their readiness with food, formula, water, medications, and a backup plan for electronically powered medical equipment. In the wake of the storm, nurses and staff assistants followed up with resource families to assess what resources and assistance they needed to be safe.

When considering the needs of resource families before, during and after a disaster, the New Jersey Department of Children and Families Office of Licensing was also involved post-disaster, as sometimes inspections and enforcement actions in process prior to the disaster in affected areas needed to be delayed. New Jersey enacted rule relaxation policies so that families could maintain licenses until repairs needed due to the storm were completed, and licensed temporary residences.

New Jersey learned a multitude of lessons regarding children living with resource families in the face of a disaster. Building on the understanding that children and families need more than food and water, they also call for:

- Specific interventions to support children;
- Back-up power sources, that are not necessarily generators;
- “Go Bags” for each family;
- A plan for medication refills;
- Safe, supervised activities for children of all ages; and
- Plans for different methods of communication with resource families.

Children and Youth in the Juvenile Justice System

Youth in the juvenile justice system demonstrate unique needs. These youths are separated from their families before a disaster hits and are already predisposed to mental health needs. Experts have found that there must be a plan in place before a disaster strikes. The primary goals of this planning are to: ensure that during and following an emergency there is efficient continuation of operations; reduce risks to the physical plant and functions; and, most importantly, protect the safety and well-being of the youth in the juvenile justice system and the staff members caring for them. Models exist for effective planning. For example, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) *Emergency Planning for Juvenile Justice Residential Facilities* guide¹¹⁷ recommends five key tips to remember in emergency planning:

1. Adopt an “all hazards” approach;
2. Collaborate with partners and stakeholders;
3. Establish a chain of command prior to, during, and following the event;
4. Take the time to write a comprehensive plan; and
5. Exercise, review, and revise the plan accordingly.

¹¹⁷ U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. (2011). [Emergency Planning for Juvenile Justice Residential Facilities](#).

OJJDP has been providing training in accordance with this guide to states across the country to assure more jurisdictions' juvenile justice systems are prepared and able to respond in the event of a natural disaster.

All juvenile justice agencies and facilities need to consider emergency preparedness. Agencies can conduct self-assessments of their current level of emergency preparedness and engage in training from OJJDP that will bring about large-scale improvements, always keeping in mind the safety of the youth, staff and community. As an example, in Florida when it was necessary to evacuate two facilities, emergency planning proved to be essential. Officials were able to relocate youth from the Atlantic Coast facility to a Gulf Coast facility. This successful evacuation was possible because they had a reciprocal agreement with a facility that was on the Gulf Coast in the event the storm was going to impact the Atlantic side of the state. Through a memorandum of understanding, Florida officials identified what the payment was going to be, what types of staff they were going to send to the host facility, where they were going to house the kids and staff, and the per diem for food and services. This was clearly not an arrangement that could have been developed at the last minute (Simon Gonsoulin, personal communication, February 16, 2017).

Families Experiencing Domestic Violence¹¹⁸

There is strong evidence that disasters precipitate surges in the incidence of family and sexual violence. For example, after floods in Missouri in 1993, the turn-away rate of domestic violence survivors from shelters increased 111 percent.¹¹⁹ Disasters, by affecting the infrastructure of a community, can compromise already fragile support systems that victims of domestic violence may have in place. Disasters also disproportionately affect families that are already struggling with daily activities and relying on local human service delivery systems; individuals who are disadvantaged before a disaster will experience a disproportionate share of the negative impacts.¹²⁰ Every day there are thousands of women and children in domestic violence shelters. It is essential that these shelters stay operational after disasters. Women and their children may otherwise return to abusive spouses or unsafe homes.

There are multiple barriers to serving domestic violence victims after a disaster, which may be unique to this population. For example, in a mass care shelter there may not be any place to speak privately. Communication with other supportive agencies may not be accessible post-disaster, and there is typically a lack of counselors available for trauma and stress counseling. Victims of domestic violence may suddenly be forced to stay in the same house with an abusive partner or that partner's family.¹²¹ Shelters need resources to remain in operation after a disaster. By re-directing grant funding, states

¹¹⁸ This section draws from the following presentation: Hernesh, C., Noyes, K., & Amezcua, N. (June 20, 2016). *NACCD Human Services Work Group Meeting Summary*. For a research review on domestic violence and disasters, see: NJ Department of Children and Families. [Domestic Violence and Disasters](#); Disaster and Community Crisis Center at the University of Missouri & The National Child Traumatic Stress Network. (2014). [Disasters and Domestic Violence: A Factsheet for Disaster Responders and Providers](#).

¹¹⁹ Godina, V. & Coble, C. (1995). *The Missouri Model: The Efficacy of Funding Domestic Violence Programs as Long-Term Disaster Recovery. Final Evaluation Report*. Jefferson City, Missouri: The Missouri Coalition Against Domestic Violence.

¹²⁰ Kaufmann, M. & Emery, M. (2014). *Domestic violence advocacy: A disaster response*.

¹²¹ Ibid.

recently hard hit by disasters have equipped domestic violence shelters with emergency generators so they can remain open during power outages, allowing vulnerable women and children to shelter in place. In terms of future needs, domestic violence programs should look at retrofitting emergency shelter and administrative offices to the same standards as disaster emergency shelters. This will allow them to withstand disasters without needing to evacuate.

More training is essential.¹²² The ACF Family & Youth Services Bureau (FYSB) released an interactive training guide developed by the National Domestic Violence Hotline and the State Domestic Violence Coalitions in NY and NJ with the support of Hurricane Sandy supplemental grant funding provided by the Disaster Relief Appropriations Act of 2013.¹²³ One training curriculum was developed for disaster response and preparedness personnel on addressing

domestic violence in disaster response situations and making linkages to appropriate services. A separate curriculum was developed to train domestic violence program staff on the nexus of disaster and domestic violence to enhance their services for survivors of domestic violence impacted by Hurricane Sandy and other disasters. These comprehensive trainings focus on protocols and referral procedures, accessing domestic violence services, recognizing the warning signs of domestic violence, safety planning, and maintaining ongoing health and wellness initiatives during the crisis response and recovery phase.¹²⁴

**Domestic Violence and Disasters
Resource:**

[Training at the Intersection of Domestic Violence and Disaster](#)

Legal Considerations

Congress reauthorized the Child Care and Development Block Grant (CCDBG) in 2014. This action reauthorizes the law governing the Child Care and Development Fund (CCDF) for the first time since 1996 and represents an historic re-envisioning of the program. The reauthorization includes several provisions related to emergency preparedness. As part of the health and safety requirements and training section¹²⁵, states must have requirements concerning emergency and response planning for emergencies resulting from a natural disaster or a man-caused event, within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C.5195a(a)(1)). Training on this topic must also be completed pre-service or during an orientation period in addition to ongoing training appropriate to the provider setting. The following states provide examples of the way states have met these requirements:

- North Carolina:
 - [Emergency Preparedness and Response in Child Care Training](#) (offered regularly, statewide and regularly over the next two years).

¹²² Administration for Children and Families. (2015). [Training on the Intersection of Domestic Violence and Disaster](#).

¹²³ U.S. Department of Health and Human Services. 2013. [Social Services Block Grant Informational Memorandum, Hurricane Sandy SSBG Supplemental Funds](#).

¹²⁴ See: [Administration for Children and Families Training at the Intersection of Domestic Violence and Disaster](#)

¹²⁵ See: [Section 658E of the Child Care and Development Block Grant Act](#)

- California:
 - [Disaster Planning Self-Assessment Guide for Child Care Centers and Family Child Care Homes](#)
- Texas:
 - [Texas Resources on Emergency Preparedness for Child Care Providers](#)
 - Includes printable checklist for child care providers

The law requires that states must include child care in their Statewide Disaster Plan.¹²⁶ Plans should address evacuation, relocation, shelter-in-place, and lock-down procedures; procedures for staff and volunteer emergency preparedness training and practice drills; procedures for communication and reunification with families; continuity of operations; and accommodation for infants and toddlers, and children in child care with disabilities and with chronic medical conditions. Communication and reunification with families should include procedures that identify entities with responsibility for temporary care of children in instances where the child care provider is unable to contact the parent or legal guardian in the aftermath of a disaster. Accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions should include plans that address multiple facets, including ensuring adequate supplies (e.g., formula, food, diapers, and other essential items) if sheltering-in-place is necessary.¹²⁷

As discussed above, there is also legislation specifically related to children in foster care. On September 30, 2006, Congress passed the Child and Family Services Improvement and Innovation Act. While this was a major Child Welfare Reform Bill with reauthorizations of the Court Improvement Project and 4A waivers, one of the requirements was that states receiving Title 4B, Subpart 1 or 4E had to develop a disaster plan under their Title 4B state plan. Part of the required disaster plan was for states to identify, locate, and continue availability of services for children under the state’s care and supervision who were displaced or adversely impacted by disaster. States are also required to respond to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases.

States are required to develop and submit a child and family service plan every five years, which focuses primarily on Title IV-B services. They must also submit an annual progress report every year in between that five-year plan. Part of the plan includes the Child Abuse and Prevention Treatment Act, the Chafee Foster Care Independence Program, and the Education and Training Vouchers Program. As part of the process, states and tribes are required to review their previously submitted disaster plans and make any needed changes when they resubmit each June 30 of each year.¹²⁸

¹²⁶ See: [Child Care and Development Block Grant Act](#).

¹²⁷ U.S. Department of Health & Human Services, Administration for Children & Families, Office of Child Care. (2016). [Child Care and Development Fund Reauthorization](#).

¹²⁸ Von Pier, L., Adams, M. & Weglarz, M. (September 8, 2016). *The Impact of Disaster on the Public Foster Care System. NACCD Work Group Presentation.*

Public Policy Recommendations

Policies, Programs and Services Require Coordination

Service integration and coordination is the key for children and families impacted by a disaster. Better coordination between the multiple systems and services that support vulnerable and at-risk children and their families is needed. Policies and planning activities should address and strengthen the integration of human services into emergency management practices at all levels of government and of the whole community. This includes consideration and integration of child care, Head Start, school systems, domestic violence prevention services, runaway and homeless youth services, services for homeless children and families, services for children and families involved with the child welfare system (foster care), child abuse prevention services into emergency management planning. Include public human services programs in coordination with state emergency management planning.

State and local communities must have comprehensive plans in place that include educational and behavioral health agencies.¹²⁹ They should also recognize that these plans need to address both short-term and long-term recovery needs as the impact of a disaster can evolve over an extended period. Include and involve individuals and entities such as Head Start program directors and the broad range of child-serving institution stakeholders with the local long-term recovery committee or **Children and Youth Task Force in Disasters** coalitions. This would help assure that communities will consider the needs of and support resources for these children and families when engaging in their disaster planning.

Policies should also promulgate development and integration of children and family disaster reunification in emergency preparedness plans of child-serving institutions. These types of plans require the efficient, coordinated use of resources and efforts from across the whole community at the local, state, regional, and national levels.

Preparedness, response, and recovery efforts must be coordinated with activities of community-based child-serving organizations (i.e., faith-based communities, parks and recreation programs, youth sports, scouts, libraries, etc.) whenever possible to maximize impact and minimize duplication of effort. These types of coordination would help ensure that federal and non-federally funded child and youth serving systems and programs have established and coordinated plans, policies and procedures related to disaster preparedness, response and recovery, including clearly discernable policies regarding continuity of operations communication with staff and service providers, and training.

Looking specifically at sheltering, the federal government and federal agencies can play a strong role by working together to create official guidance for states and local government on standards of care for children and families in mass care shelters. Care of children in disaster mass care shelters is an issue in all disasters, and coordinated guidance is critical for care of children in communities post-disaster.

Overall, echoing the theme of partnership and collaboration across all government levels and the whole community, it is a strong recommendation that the federal agencies including but not limited to HHS,

¹²⁹ Schonfeld, D.J. (April 25, 2016). *Impact of disasters on children: What can communities do? What changes in policy and funding practices are indicated?* NACCD Work Group Presentation.

ASPR, and FEMA provide their expertise, resources and agency support to promote, advance and strengthen human services and child-serving institution disaster preparedness, response, recovery and community resilience efforts as brought forth throughout this report, with an emphasis on funding and research opportunities, reducing the adverse effects and disaster-related traumatic stress in children, reunification of children with their families post disaster, mass care sheltering standards for children, and the implementation of the **Children and Youth Task Force in Disasters model**.

Policies Need to be Flexible

Following an emergency, it will be vital that human services agencies have the authority to amend some policies and/or regulations. Experiences in New York following Hurricane Sandy highlight the importance of flexibility. In New York, they found it was crucial to maximize regulatory flexibility to serve families who needed child care by keeping child care businesses open. The New York State Office of Children and Family Services (OCFS) gave disaster-declared counties the option to expand child care services to needy families by allowing them to:¹³⁰

- Extend the eligibility period for child care services;
- Expand the definition of a child needing protective services;
- Expand the amount of time a county can pay for child care for families seeking employment;
- Expand the number of allowable absences; and
- Expand the number of allowable program closures (reimbursed time for when a program is closed and not operating).

As Janice Molnar, OCFS explains, “Even in settings without electricity, without heat, without running water which in normal circumstances would lead to program suspension, we waived everything that could safely be waived including on a case by case basis, group size and staff child ratios. Our guiding principal here was maximizing regulatory flexibility so as to serve families who needed child care and to keep child care businesses open while not straying from our core mission as a regulatory agency which is to protect children and keep them safe.”¹³¹

Funding Recommendations

Funding Needs to be Streamlined and Flexible

Funding sources must maximize the availability of human services programs in the face of disaster. Some states have used state funds to strengthen social services programs, however, use of federal or other funding streams must be considered, since not all states can or will fund these activities (i.e., alternate energy sources for domestic violence shelters, rebuilding and recovery of child services and children’s residential programs). Organizing preparedness, response and recovery funding streams that

¹³⁰ See: [New York State Office of Children and Family Services Division of Child Care Services Statewide Child Care Disaster Plan](#).

¹³¹ Molnar, J.M. (July 15, 2016). *Child care and Head Start: Resilience and recovery in disasters*. NACCD Presentation.

support resilience, surge capacity and re-institution of human services and child-serving institutions, into one, easy-to-find location that is accessible to governments and communities in an effort to relieve the burden caused by the chaotic approach for informing of funding resources and opportunities in planning, response and rebuilding efforts would strengthen coordination, response and recovery. Creation of a clearinghouse or directory of federal funding streams (e.g. HHS Social Services Block Grants and Family Violence Prevention Services, FEMA disaster assistance, Small Business Administration funds, etc.) that indicates what is permissible and how to access the funds, should be given strong consideration. Additionally, the development of incentive programs that offer opportunities for states, counties, and local governments to match federal funds for hardening/strengthening disaster resilience and recovery purposes should be explored.

The National Academies of Sciences, Engineering and Medicine report on *Promoting Healthy, Resilient, and Sustainable Communities After Disasters* recommends leveraging recovery resources in order to achieve healthier post-disaster communities.¹³² While in some cases it may not be possible to combine funding for human services programs to address disasters, because the budgets are through different agencies, statutes, and legislative authorities, we can promote better human services preparedness planning and response by considering these funding streams as a network of programs that meet the needs of at-risk individuals with access and functional needs in communities. We can promote a shift to building relationships and partnerships across different agencies and services.

Flexibility in funding could allow for more expeditious dispersal of funds to provide emergency funding to states and territories for the development of services in the wake of a disaster. Federal funds can often take a long time to reach the families who need them. Mental health and other social supports are needed within the first 60 to 90 days but experience in the aftermath of Hurricane Sandy demonstrates that supplemental funding does not come for several months. Flexibility would allow for treating not only symptoms directly related to the disaster, but other issues that the disaster brings to the surface, as well. Previous disaster experiences have demonstrated that the Congressional approval process is a lengthy one, so mechanisms should be established to reimburse states for mental health and other social services provided in the immediate aftermath of a disaster, given that post-disaster citizens seek assistance from governmental programs they may not normally access.

Funding Can Come from Multiple Sources

The domestic violence sphere provides us a strong example of funding from multiple resources. The Allstate Foundation demonstrates the usefulness of public/private partnerships. They created a partnership with the National Network to End Domestic Violence, which developed broad based training. This model could be pivotal to identifying ways for bringing both governmental and public-private organizations to the table. Funding can be mixed from a variety of sources: governmental,

¹³² Institute of Medicine. 2015. *Healthy, resilient, and sustainable communities after disasters: Strategies, opportunities, and planning for recovery*. Washington, DC: The National Academies Press.

disaster philanthropy, fee-for-service contracts, churches and other religious institutions, and Adopt-a-Projects.¹³³

In the Joplin, Missouri school system, immediately after the disaster they instituted adopt-a-classroom projects. Five years later, money remains in that fund, providing an example of a unique kind of project; a church group could donate \$200 and that allows them to help fix the kindergarten classroom in one building.

One caveat is that donations can also present their own kind of challenge. Renee White, speaking on the aftermath of Joplin said, “It was not so lovely sorting through thousands of teddy bears, thousands of underwear that had already been worn, thousands – we ended up having a great deal of volunteers that were just inventorying donations. Even so, I would have never guessed that the affiliation, such as a YMCA in Boston wanted to send things here. Organizations need to have a policy about what they want to do about donations. Community tables need to have a conversation around donations.”¹³⁴ One possible remedy for this would be to establish and promote national disaster registries for these situations. To manage in-kind donations, a **Children and Youth Task Force in Disasters** or another community group could develop a list of needed items.

When considering funding from different possible sources, funding intended for specific populations should be considered as a viable option. For example, previous disasters have shown the importance of funding from the Family Violence Prevention and Services Act to support additional shelter and counseling in transitional housing. This country already has an acute shortage of shelter programs for survivors of domestic violence, and that shortage is only exacerbated by a disaster. Utilizing available funding can help mitigate the shortage.

Funding Needs to Address and Strengthen Preparedness Planning and Training Efforts

An earlier section of this report highlights the importance of training, preparedness planning and coordination, and exercises. These activities require funding. Funding should be identified to prepare and train caregivers in all formal child and youth programs so they can respond to the needs of children and youth in the event of a disaster. Emergency preparedness and planning training, including recognizing and addressing disaster-related traumatic stress and community resources is strongly recommended for child-serving providers, teachers in schools at all levels and for Head Start and child care providers. This training, as emphasized above, cannot only address the physical impact of the disaster but must also include a mental health focus, including Psychological First Aid training.

The establishment of a federal funding source(s) for grant opportunities for states, tribes, territories, non-governmental organizations and communities (similar to that of the ASPR Hospital Preparedness Program grants and funding model) for projects that strengthen the children and disaster human services mitigation, prevention, preparedness, response and recovery efforts, is also recommended. The recommended federal funding sources include agencies at HHS, such as ASPR, the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC) and the Administration

¹³³ White, R. (June 2, 2016). *NACCD Human Services Workgroup Presentation*.

¹³⁴ Ibid.

for Children and Families (ACF), as well as FEMA. Consistent with the National Response Framework¹³⁵ and National Disaster Recovery Framework, Health and Social Services Recovery Support Function¹³⁶, promote activities at all levels that restore and improve the social services networks that promote the resilience, health, independence and well-being of children in the whole community.

Funding for preparedness planning can go towards implementing some of the programs and curricula highlighted above. For example, following the New York model highlighted in the preparedness section above, funds could go towards geocoding state child care facilities to ensure communication and collaboration post-disaster. As another example, a state could allocate funds toward educating all Head Start staff with the keeping Babies and Children in Mind Curriculum. Communities can also adopt Save the Children's Get Ready Get Safe initiative, designed to help communities be prepared to care for children during crisis situations.¹³⁷

Funding should also be available to states for developing or strengthening state emergency management plans. This includes child care as mandated by the CCDBG reauthorization, the establishment of a **Children and Youth Task Force in Disasters** both pre- and post-event and other critical child-youth provider services post-disaster.

Funding is Needed for Research in General and, Specifically, on Resiliency Programs and Research Around Resiliency Programs

Funding should be allocated that supports ongoing evaluations, studies and research on the short- and long-term effects on children impacted by disasters. Research is needed to identify protective factors, human services and child-serving institutions and supports that promote resiliency, and evidence-based best or promising practice models that reduce adverse outcomes and facilitate a more rapid and equitable recovery for children and their families.

As Abramson¹³⁸ highlights, for the most part the federal government does not fund child resilience strategies or programs. As a result, "there was not much funding or interest from the main research centers within government like the National Institutes of Health, the National Science Foundation, and the Department of Education to evaluate resilience building activities. And that makes it harder for the research community to answer these kinds of questions." The voluntary philanthropic sectors that do often fund this type of work are often the least interested in funding research.

¹³⁵ U.S. Department of Homeland Security. (2016). [National Response Framework, Third Edition](#).

¹³⁶ U.S. Department of Homeland Security, FEMA. (2011). [National Disaster Recovery Framework: Health and Social Services Recovery Support Function](#).

¹³⁷ See: [Save the Children The Get Ready Get Safe Project](#)

¹³⁸ Abramson, D. (June 23, 2016). *Children and disasters*. NACCD Work Group Presentation.

Research Recommendations

Translational Research

- There is a strong research base of literature reviews and meta-analyses that consider the impacts of disasters on children, and these include research on efforts to mitigate the impacts of disasters.¹³⁹ Researchers need to continue to update this work with new empirical research and use the empirical data to guide intervention, research, and funding efforts.
- Conduct ongoing research on the short-term and long-term outcomes of children affected by disasters, and identify protective factors, supports that promote resilience, and evidence-based or promising practices that provide more rapid and equitable recovery outcomes for children and families.

Children and Youth

- Assess children and youth's short and long-term psychological and stress responses to disasters. Include children with access and functional needs who may be impacted to an even greater extent than their peers.
- Identify stressors and protective factors:
 - for children and youth that are temporarily or permanently displaced from their pre-disaster residences, school, Head Start and child care;
 - for disaster effects on children and youth related to increased vulnerability to human trafficking; and
 - for disaster effects on children and youth related to increased vulnerability to domestic violence in their families.
- Pay additional attention to subgroups of youth such as homeless youth and children with special needs, in order to highlight specific needs and how their background exacerbates the effects of a disaster.
- Consider child and youth perspectives in order to understand their experience of disasters and their experiences of recovery.

Child-Serving Professionals, Facilities and Services for Children and Youth

- Survey professionals working with children and youth in communities to understand their perceptions of readiness or self-efficacy to support the children they work with during and after a disaster.
- Assess the effectiveness of federal and state disaster case-management services in the immediate aftermath and long-term recovery period post-disaster to help families with disaster-

¹³⁹ For examples see: Bonanno, G. A., Brewin, C. R., Kaniasty, K., & La Greca, A. M. (2010). Weighing the Costs of Disaster: Consequences, Risks, and Resilience in Individuals, Families, and Communities. *Psychological Science in the Public Interest*, 11, 1-49.; Furr, J. M., Comer, J. S., Edmunds, J., & Kendall, P. C. (2010). Disasters and Youth: A Meta-Analytic Examination of Posttraumatic Stress. *Journal of Consulting and Clinical Psychology*, 78, 765-780.; Pfefferbaum, B. & North, C.S. (2016). Child Disaster Mental Health Services: A Review of the System of Care, Assessment Approaches, and Evidence Base for Intervention. *Current Psychiatry Reports*, 18, 5. doi: 10.1007/s11920-015-0647-0.

caused unmet needs more rapidly and equitably recover and resume normalcy as they rebuild their lives.

- Assess how needs for children and youth are addressed in mass care shelters especially for infants and toddlers; identify effective strategies and gaps. To this end, shelters can use *The Early Childhood Self-Assessment Tool for Family Shelters*¹⁴⁰ as a guide.
- Assess the effectiveness of Psychological First Aid.
- Evaluate the effectiveness of interventions.
- Identify other social and emotional supports that are needed beyond the crisis counseling funded by FEMA in the immediate aftermath of a disaster.
- Identify the range of services that reduce adverse outcomes for children, youth and families post-disaster, including child care services, Head Start, schools, domestic violence shelters, juvenile justice, homeless youth shelters and families with foster children.
- Evaluate the effectiveness of the **Children and Youth Task Force in Disasters model** in the preparedness, response and recovery phases and establish it as a standard of practice.

Research and practice have taught us a great deal about how to best serve children and their families in the face of natural disasters. The research evidence clearly demonstrates that natural disasters impact children in unique and long-lasting ways. Effective partnerships, programs, planning, policies, and activities before, during, and after disasters can help mitigate these impacts, reduce adverse outcomes, promote resilience and support a more rapid and equitable recovery for children and families affected in these events. Proposing a path forward, this report provides recommendations and opportunities for all levels of government as well as for all child-serving organizations to continue to strengthen these child-serving systems, as well as implications for policy, funding, and research.

¹⁴⁰ U.S. Department of Health & Human Services, Administration for Children & Families. (2015). [Early Childhood Self-Assessment Tool for Family Shelters](#).

Appendix A: NACCD Membership

Voting Members:

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President, UCSF Benioff Children's Hospitals
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Allison M. Blake, Ph.D., LSW
Commissioner, New Jersey Department of Children and Families
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David G. Esquith
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Robin H. Gurwitch, Ph.D.
Clinical Psychologist, Department of Psychiatry and Behavioral Sciences, Duke University Medical Center
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Lauralee Koziol
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Linda M. MacIntyre, Ph.D., RN
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Scott M. Needle, M.D., FAAP
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State Epidemiologist and Chief, Disease Outbreak Control Division, Hawaii Department of Health
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Sally Phillips, Ph.D., RN
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CAPT (ret) Mary Riley, MPH, RN, CPH
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Ex Officio Members:

Gary L. Disbrow, Ph.D.
Acting Director, U. S. Department of Health and Human Services, Office of the Assistant Secretary for
Preparedness and Response, Biomedical Advanced Research and Development Authority, Division of
Chemical, Biological, Radiological and Nuclear Countermeasures
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Daniel Dodgen, Ph.D.
Director, U.S. Department of Health and Human Services, Office of the Assistant Secretary for
Preparedness and Response, Division for At Risk Individuals, Behavioral Health, and Community
Resilience
Washington, DC

Appendix B: Human Services Work Group Mission Statement and Member Roster

Established under the National Advisory Committee on Children and Disasters (NACCD), the Human Services Work Group (HSWG) will explore how recent disaster events effected and compromised steady state human service and child serving systems in the community and how these same systems have provided support to children and their families when impacted by disaster. The HSWG will also explore strategies and approaches that promote and support the resilience and more rapid and equitable recovery of children and families when disasters affect the communities in which they live. Strategies will be considered that allow these systems and programs to be expanded to address the disaster-caused needs of children and families, including to those who had not previously sought services or assistance. Drawing from the current science, from promising practices in the field and from lessons learned in previous disasters across the nation, the HSWG will identify gaps, areas in need of further research and funding, and will seek opportunities for improvement, including changes to public policy.

The HSWG will provide to the United States Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) a report containing actionable government recommendations related to public policy, funding, and future research agendas that build and strengthen the capacity and resilience of select human service and child serving systems that support children and their families in a disaster response and through a long-term recovery. The HSWG will generate this report for deliberation and vote by the NACCD and upon approval, the NACCD will transmit the report to the ASPR.

Co-Chairs:

Allison Blake, Ph.D., LSW
Commissioner, New Jersey Department of Children and Families

CAPT (ret) Mary Riley, MPH, RN, CPH
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Linda M. MacIntyre, Ph.D., RN
Chief Nurse, American Red Cross

Appendix C: Subject Matter Experts to the Human Services Working Group

David Abramson, Ph.D., MPH

Clinical Associate Professor, College of Global Public Health, New York University

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