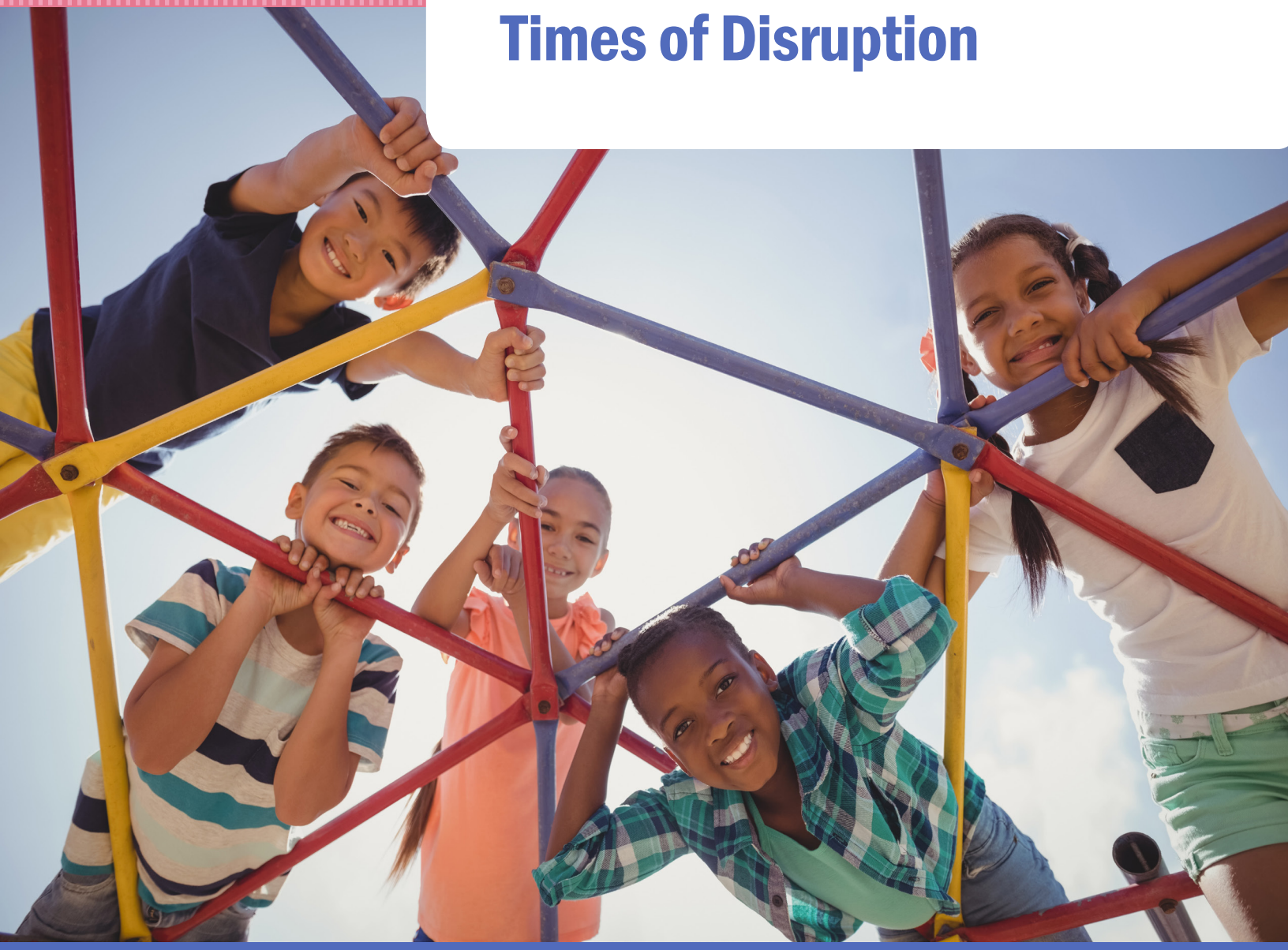
Children's Safety Now Alliance

Ensuring Child Safety During Times of Disruption



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When a disaster, disease outbreak, or other crisis occurs, overwhelming a community's capacity to respond, child safety efforts often need to adapt in order to be sustained. These disruptions can increase the risk for child injury and illness, while also creating serious challenges for organizations and programs that support child safety. Although these times of disruption can be difficult to navigate, they also offer opportunities for positive change. This document provides resources and guidance on how to prepare for, respond to, and recover from times of disruption to ensure child safety efforts are sustained.	The Children's Safety Now Alliance and Children's Safety Network seek to strengthen state and jurisdiction health department infrastructure to support child safety and well-being. This guidance can help injury prevention programs become better prepared to respond during a time of disruption.

What Is a Time of Disruption?

A time of disruption is any period when an event or occurrence—such as a disaster, disease outbreak, or new technological development—disrupts the status quo for individuals, organizations, and communities.[1] The Centers for Disease Control and Prevention define a disaster as "a serious disruption of the functioning of society, causing widespread human, material, or environmental loss that exceeds the local capacity to respond, requiring external assistance."[2] During a disaster or other time of disruption, existing systems and processes may no longer work as they should, making it difficult for organizations to perform their daily functions. As a result, organizations must find creative ways to adapt to changing circumstances and transition into new and improved processes and systems.

Children Are More Vulnerable During Times of Disruption

- The American Academy of Pediatrics (AAP) notes that children's developing bodies and minds make them more vulnerable during disasters and other crises than adults because they:[3]
- May not be able to flee hazards or may even approach them out of curiosity or because they do not understand the risks. Small children are closer to the ground, which increases their risk of being exposed to environmental hazards.
- Breathe in more air for their size than adults do, absorbing toxins from the air more easily. These exposures can cause serious, long-term harm to developing bodies and minds. They also have less fluid in their bodies, which increases the risk for dehydration.
- May not be able to care for themselves. Small children and young people with disabilities may need help with eating, getting dressed, using the bathroom, and other

Some children are more likely to be affected during a time of disruption.

Times of disruption do not affect all children equally. Characteristics of the child, family, and community—including existing health status and financial resources—can influence the impact the event will have on a child. The American Academy of Child and Adolescent Psychiatry notes that disasters may particularly impact children who:[9]

- Have a physical, mental, behavioral, or developmental disorder
- Live in foster care, or who are homeless or in juvenile detention
- Experienced prior maltreatment
- Have a history of adversity or trauma
- Live in poverty
- Have racial/ethnic or sexual minority status
- Are from refugee or immigrant families
- Lack English proficiency

personal care tasks.

- Need special emergency supplies, medical equipment, and medicines designed for smaller bodies.
- Have less experience coping with difficult situations than adults do. Children may understand less about the crisis, feel less able to control the events around them, and find it difficult to explain what is bothering them or what they need.
- Times of disruption can undermine traditional family, school, and community supports that help protect children from injury and illness. Routine health care services, including preventive screenings, vaccinations, and counseling on child injury prevention, may also be disrupted. For example, AAP notes that a significant drop in well-child visits during the COVID-19 pandemic resulted in delays in routine child vaccinations and counseling on optimal child health.[4] These events can have long-term consequences for children, affecting not only physical and mental health, but also learning and educational achievement.[5] Some children—including those who have a disability or illness, live in poverty, or have experienced prior trauma or abuse—may be particularly at risk for harmful consequences.

Levels of partner engagement vary, and include:[10]

- **Networking:** Exchanging information
- **Coordination:** Jointly modifying activities to better serve constituents
- **Cooperation:** Sharing resources to help each other do a better job
- **Collaboration:** Helping each other expand or enhance capacity
- **Multisector collaboration:** Forming a partnership among private, public, and non-profit organizations and community members to solve systemic problems in a community

Keeping Children Safe During Times of Disruption

To keep children and families safe during times of disruption, organizations and programs dedicated to child safety must build organizational resilience—the capacity to maintain positive adjustment under challenging conditions and emerge from these conditions strengthened and more resourceful.[6] Resilience allows organizations to adapt to crises and emerging challenges by adapting their policies, processes, and organizational culture to better fit evolving circumstances and demands. Building organizational resilience can reduce vulnerability to disruptive shocks by allowing organizations to respond effectively while maintaining delivery of core services.[6]

Preparedness

Before a disruption occurs:

- Identify an existing team or form a team tasked with leading the development of mitigation plans for potential disasters and other times of disruption. Ensure broad-based participation from staff, partners, families, and other community members and stakeholders. Consider ways to work with partners to engage and serve families and children that may be most vulnerable during a crisis, including people with disabilities and racial, ethnic, and sexual minorities. The plans should outline priorities, goals, and roles and responsibilities.
- Develop plans for sustaining operation of core services during times of disruption (e.g., business

continuity and risk management plans). Identify ways to address periods of urgent demand, and when staffing may be reduced due to illness or reassignment—including creative ways to sustain core services with limited personnel. The plans should also address ways to maintain staff motivation during a crisis, support staff retention, ensure access to mental health supports, maintain a continued supply of essential goods and services, and meet crisis-related equipment needs.

- Ensure staff are trained on child-centered response to disasters and other crises, including relevant state and federal laws (e.g., privacy, data sharing). To increase flexibility to respond during times of peak demand or reduced staffing, help staff build knowledge and skills in multiple areas (e.g., management, data analysis, evaluation), so they are better prepared to serve in different roles.
- Establish relationships with partners and networks that can be leveraged during a crisis. Potential partners can include healthcare providers (e.g., doctors, nurses, emergency medical services, mental health care providers, etc.), faith-based organizations, youth groups, day cares, schools, hospitals, non-profit organizations, community agencies, philanthropies, businesses, and many others. These relationships can extend access to resources that can be drawn upon during a crisis. Discuss ways to maintain communication and collaboration with partners during challenging times (e.g., shutdowns, power outages, flooding).
- Regularly monitor data that can provide early warning of impending disruptions. Be prepared to collaborate with partners to rapidly collect information from the community during a time of disruption. Identify information needs and collaborate with partners to close any information gaps.

Response

- Use surveillance data and quality improvement tools to apply systems-level thinking during a crisis. Assess these community needs to guide action:[7]
  - Measure the magnitude and severity of the emergency
  - Identify barriers and risk factors to guide ongoing response
  - Identify the areas and groups most impacted to guide resource allocation

  If necessary, collect data from alternative sources to meet emerging information needs. Consider working with partners to collect information through community outreach to quickly understand and address immediate needs.

- Build on transparent and inclusive leadership and decision making to create a shared vision and goals among staff, partners, and other stakeholders, including first responders and community members. Identify clear and simple measures that will keep all parties updated on progress. Use the principles of SMART objectives (i.e., specific, measurable, achievable, relevant, and time-bound) to create, track, and accomplish goals.
- Increase staff motivation and commitment to goals by creating a positive social environment, providing staff with resources adequate to match their work demands, monitoring and addressing staff stresses, and providing flexibility around staff needs.[9] Foster an organizational culture that rewards creativity and innovation, allowing for positive adaptions to emerge.
- Ensure rapid, tailored, clear, and accurate communication—both within the organization and with partners, families and children served, and vendors—to implement an effective response under changing conditions. Keep lines of communication open to prioritize what needs to be done first and respond

flexibly and in real time. Educate families and children regarding the crisis and engage them in identifying needs and solutions. Update all parties as the crisis ebbs and regular operations resume.

Recovery and Transition

During the recovery and transition phase:

- Conduct a review of the effectiveness of response efforts that includes debriefings with staff, partners, and families served. Engage in ongoing data collection and analysis. Use findings and lessons learned to enhance recovery efforts and inform preparedness plans for future crises. Identify data gaps that need to be addressed and develop plans for obtaining the needed information.
- Use lessons learned and incorporate findings into ongoing systems improvement efforts. Critically review changes in policies, processes, and organizational culture that emerged in response to the crisis. Identify features and components that should be retained and integrated into standard operations to improve performance and increase organizational ability to thrive in the face of future challenges. Discard or modify elements or components that were not effective or created anticipated problems.

Examples from the Field

The COVID-19 pandemic and other recent crises—including wildfires and winter storms—have created serious challenges for child safety programs, disrupting program operations and diverting staffing and resources. But these times of disruption have also served as a catalyst for positive change, hastening a shift to virtual or hybrid formats, and producing many successful innovations. The following are a few examples from the field.

Child Passenger Safety

Washington State and Wisconsin used a combination of approaches to sustain and improve their child passenger safety programs during pandemic-related disruptions. As in many states, Child Passenger Safety Technician (CPST) courses were halted until safety measures and social distancing guidelines were established. At the same time, in-person car seat checks were discontinued. In an effort to commence services for families wanting assistance to ensure proper use and installation, Washington State's Child Passenger Safety Program partnered with Safe Ride News, a nonprofit organization that develops educational materials on child passenger safety, to develop the documentation and process for virtual car seat checks. The program hosted a virtual training event for currently certified technicians so they could learn the process of conducting a virtual car seat check using a combination of technology platforms, including FaceTime, Zoom and Skype. By offering virtual car seat check services, the program was able to increase the number of child seats checked at a time of decreased capacity.

Similarly, Wisconsin's Motor Vehicle Traffic Safety team efforts included holding numerous smaller in-person and socially distanced CPST courses strategically around the state, conducting monthly virtual Tech Talks and virtual CEU sessions to interact with technicians around the state and help them with their recertification requirements, participating in meetings with technicians and instructors using virtual options, and conducting a CPST renewal course. The virtual adaptations have improved technician retention by increasing convenience and reducing the time and costs associated with attending in-person training. Like Washington State, Wisconsin moved car seat installation instruction to an on-demand virtual platform, and also added in curbside car seat distribution. The latter improved equitable access to car seats as recipients were able to pick up seats whether they arrived by bus, car or with a friend, and then schedule a virtual installation appointment at their convenience.

Preventing Youth Self-Harm and Suicide

When the pandemic and other recent natural disasters shut down in-person suicide prevention gatekeeper training, Louisiana and Tennessee were able to sustain and improve their efforts by pivoting to online training using Question, Persuade, and Refer (QPR) and LivingWorks Start. The online shift allowed programs to expand gatekeeper training to diverse groups, including teachers, coaches, faith-based leaders, community workers, scouting leaders, and others. This approach also enhances health equity by increasing access to youth suicide prevention training among gatekeepers in underserved locations and settings.

The two states also enhanced their suicide prevention efforts by using the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), a tool available from the Centers for Disease Control and Prevention (CDC), to monitor increases in suicide-related behaviors and guide plans and action. Available in CDC's National Syndromic Surveillance Program BioSense Platform, the system tracks patient complaints and discharge diagnoses in emergency departments within 24 hours of a patient encounter. Using this tool, suicide prevention programs can identify regions or counties where suicidal behaviors may be increasing and work with partners to better target prevention efforts, including identifying areas where gatekeeper training can have the greatest impact. To learn about syndromic surveillance, visit this CDC website: https://www.cdc.gov/nssp/new-users.html.

Challenges and Lessons Learned During Times of Disruption

The following are challenges and lessons learned by injury and violence prevention programs during times of disruption, many draw from the COVID-19 crisis, that can be useful when responding to future crises.[8]

Area	Challenges	Lessons Learned
Operations	Shutdowns and social distancing requirements may keep personnel working from home, interrupting program operations. Barriers include a lack of organizational policies regarding distance work, difficulty upgrading technology hardware, lack of equipment for working from home, and poor Internet connectivity in some locations.	Have plans, policies, and infrastructure in place that are flexible and allow operations to be maintained from offsite.
Programming	Evidence-based interventions designed for in-person delivery may not be feasible to move to a virtual environment without approval from program developers. Many groups—including low-income populations, people with disabilities, and residents of rural communities—may be particularly difficult to reach.	Identify evidence-based interventions that can be conducted virtually (e.g., text, email, computer-based, etc.) and remotely (e.g., postal service). Use data to identify groups that may be at greater risk or disproportionately affected during an emergency and implement strategies for meeting their needs during an emergency.

Area	Challenges	Lessons Learned
Staffing	Program personnel may be reassigned to disaster, pandemic, and other responses, causing staffing shortages at a time when injuries and violence are increasing (e.g., drowning, domestic violence).	Prepare for low staffing and reduce burnout by reviewing and modifying work plans and recruiting and training a robust workforce that can sustain core functions during times of disruption.
Data	Access to data needed to guide action may be curtailed. Surveillance data collection may be interrupted due to staffing reassignments. Some partners may also stop submitting data because they are responding to urgent community needs. Other data sources may shut down or may be difficult to access.	Develop protocols and procedures for continuing surveillance data collection during a time of disruption. Identify data sources and coordinate in advance with respective individuals and organizations to ensure continued access to data.
Partnerships	Key partners—including schools, community-based organizations, public health departments, and tribal reservations may be less available due to social distancing, lack of technology infrastructure, and disaster-related responses. Collaborations may suffer.	Ensure preparedness plans include flexible strategies for developing new partnerships and maintain collaboration with existing partners during a time of disruption.
Funding	Staff reassignment to response efforts may make it difficult for programs to manage current grants or apply for new funding. Some programs may experience a rapid influx of topic-specific funding. However, limitations on the use of the funds and the need to quickly disburse them to partners may make it difficult to leverage the funding towards long-term solutions.	Maintain close communication with funders to collaborate on prioritization of work plan activities, use of funding, no-cost extensions, etc.
Communication	In-person communication with staff, partners, and families may be disrupted by shutdowns, social distancing, and masking requirements.	Develop plans for maintaining internal and external communication during a time of disruption, including who the points of contact are and through what means communication will be delivered (internet, phone, mail, etc.). When a crisis develops, disseminate clear and accurate information to families and children.

Resources

Communication

- Lessons from COVID - 19 on Executing Communications and Engagement at the Community Level During a Health Crisis| National Academies of Sciences, Engineering, and Medicine
- Preparedness and Safety Messaging for Hurricanes, Flooding, and Similar Disasters| CDC

Data

- CASPER Toolkit | CDC
- Reviewing Deaths of Children in Disasters and Mass Fatality Events: National Guidance Report | National Center for Fatality Review and Prevention

Guidance and Standards

- Caring for Children in a Disaster | CDC
- Disaster Preparedness | Emergency Medical Services for Children (EMSC) Innovation and Improvement Center
- Disaster Technical Assistance Center (DTAC) | Substance Abuse and Mental Health Services Administration (SAMHSA)
- Disasters | National Child Traumatic Stress Network (NCTSN)
- Disasters and Children | American Academy of Pediatrics (AAP)
- Embedding Equity Into Disaster Preparedness Efforts in Child Welfare | Administration for Children & Families
- Pediatric Pandemic Network | Health Resources and Services Administration (HRSA)
- Public Health Preparedness Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health | CDC
- Recommendations | National Advisory Committee on Children and Disasters (NACCD)

Mental Health

- Coping with Traumatic Events | National Institute of Mental Health (NIMH)

- Mental Health and Behavioral Guidelines for Preparedness and Response to Coronavirus and Other Emerging Infectious Outbreaks | Center for the Study of Traumatic Stress

- Preventing Trauma and Suicide During Catastrophic Events and Beyond | Prevention Institute

- Resources to Support Mental Health and Coping with Coronavirus (COVID-19) | Suicide Prevention Resource Center

Online Training

- Disaster Epidemiology and Response | CDC

- Learning Center for Child and Adolescent Trauma | National Child Traumatic Stress Network

- Pandemic Preparedness Training for Public Health Officials | Center on Trauma and Children, University of Kentucky

- Planning for the Needs of Children in Disasters | FEMA

- Preparedness for Child Care Providers |FEMA

- Preparing for Mass Casualty Incidents: A Guide for Schools, Higher Education, and Houses of Worship |FEMA

Program Operations and Quality Improvement

- Framework for Quality Improvement and Innovation in Child Safety: A Guide to Implementing Injury and Violence Prevention Strategies and Programs | Children's Safety Now Alliance

- Leveraging Funding Sources and Partnerships in Child and Adolescent Injury Prevention | Children's Safety Network

Resources for Children and Families

- Family Behavioral Health Crisis Plan | Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals

- Family Readiness Kit | American Academy of Pediatrics (AAP)

- Helping Children Cope During and After a Disaster: A Resource for Parents and Caregivers |CDC

- Ready Kids Disaster Preparedness | Ready.gov

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