

How Do We Construct a Child-Friendly Emergency Management Framework? A Policy Commentary

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ABSTRACT

When considering vulnerable populations, or those with the most cascading obstacles that cause them to be susceptible to certain hazards and events, children are among the most vulnerable. Those living in poverty or in marginalized communities are among the most vulnerable to disasters. They make up a quarter of the United States' and a third of the global population, yet there is not an emergency management framework that meets their needs. While there are principles and a number of tools and programs directed at children- and more generally, youth- they suffer a lack of widespread socialization. This article offers a framework as an option to create that socialization as well as a child-centered approach that can be operationalized.

KEYWORDS

Children, Climate Change, Community Resilience, Disasters, Mitigation, Poverty, Risk Reduction, Youth Preparedness

INTRODUCTION

In an age when climate-driven disasters become more frequent and impactful, so will the consequences for communities. As the hazard mitigation community deepens its analysis of natural hazards and the cyclical events that comprise disasters to include vulnerability and disparate impacts, it will need to look at poorer communities and the people who live in them. Among those in most need of particular attention is children, especially children living in poverty.

Children's rights in disasters are broadly touched upon in a variety of documents. This includes international guidelines and U.S. government policy. They are considered in programming at FEMA and the Red Cross. However general principles, values, law, and policy in this area have not been solidified across the fields of emergency and disaster management, nor are they deeply studied in disaster and climate science. This makes it difficult to socialize child-related emergency management resources and knowledge so that they may be leveraged consistently. It is a challenge across elements of the larger emergency and disaster management practice and research. This is particularly true concerning sustained outreach and planning across themes and organizations that are focused on children. Confusing youth agency and contributions in crises and disasters with working to better serve children in these events is also a factor.

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The author acknowledges the breadth of research about children and disasters. In this policy review and commentary, there will be a review of some previous research and the policy background upon which the paper is based. The insights come from this, the author's ongoing research, and practical experience on the topics presented. In this paper and associated recommendations suggested in it, the aim is to offer ideas for new policies, guidelines, and areas for further research. These ideas are centered on two questions: First, what has already been done and where has the impact been noted? Second, are planning frameworks rooted in the communities where children need it most and are they centered on *service to* children's needs?

POLICY BACKGROUND

Emergency Managers and Humanitarian Actors need to reconsider their resourcing policies and operational frameworks to take children and child poverty into consideration. In 2015, Daoud, Halleröd & Guha Sapir studied the nexus between severe child poverty and vulnerability to disasters in 67 middle to low-income countries. They narrowed their focus to hone in on governance, hypothesizing that in countries with poor governance and poor emergency response mechanisms, resources would be quickly exhausted without meeting the needs of children in the short term. The recovery deficit would disproportionately impact children. The study had some aberrant results because of the size and availability of micro-data. In some cases, higher rates of governance seemed to make child poverty worse after a disaster. Other cases suggested access to sanitation increased after a geological event. What was not covered was the impact of international organizations' involvement in disaster management (Guha Sapir et al., 2015). However, subsequent qualitative research showed some nexus between the two.

For nearly two decades the right to health, shelter, and nutrition has been considered part of the highest attainable standard for human dignity. The Universal Declaration on Human Rights states, "Everyone has the right to a standard of living adequate for the health of himself and of his family, including food, clothing, housing, and medical care and necessary social services". Further, numerous United Nations documents state that additional measures are needed to protect the health and development of children (UNHCR | Universal Declaration on Human Rights, 2000).

In 2010, President George W. Bush created the bipartisan National Commission on Children in Disasters. It focused on the United States' ability to meet the needs of children, which is considered to be people between the ages of 0-18 (consistent with United Nations definitions), during emergencies and natural disasters ("OHCHR | Convention on the Rights of the child," n.d.). This commission and its subsequent report came on the heels of Hurricane Katrina, the H1N1 Pandemic, and the Haiti Earthquake. The report noted that children make up 25 percent of the country's population. However, only 25 percent of emergency medical services and six percent of hospital emergency departments have supplies to meet their needs. It also found that the Strategic National Stockpile, meant to provide the public with medicine and medical supplies in a national emergency, was found to be "woefully" understocked with children's supplies. The Commission handed back more than 81 recommendations across eleven categories aimed at filling gaps in children's services and protection in disasters (National Commission on Children and Disasters, 2010).

The report went on to make recommendations to improve our ability to include children in our emergency planning across eleven indicators: disaster management and recovery, mental health, child physical health and trauma, emergency medical services and pediatric support, disaster case management, child care, and early education, elementary and secondary education, child welfare and juvenile justice, sheltering standards, services, and supplies, evacuate procedures and of course, housing (National Commission on Children and Disasters, 2010).

The core recommendation was that a national strategy should be developed to meet the needs of children. Specifically, the members of the commission wrote, "the unique needs of children must be more thoroughly integrated into planning and made a clear and distinct priority in all disaster

management activities.” Within that strategy, core capabilities for children’s health, education, and well-being would need to be developed. FEMA and other agencies have developed programmatic activities from some of the recommendations. Some examples of these programs include the Department of Health and Human Services’ (HHS) emergency childcare voucher and disasters and emergencies collection of child-oriented programs from other agencies. In addition to the aforementioned programming at FEMA, the Red Cross and several agencies and nongovernmental organizations have programs. However, those programs suffer from a lack of socialization and support that would come from having a strategic underpinning (Koziol, 2015).

Part of the reason for this issue is that children’s rights in disasters are broadly touched upon in a variety of reports and framework documents but not with specificity or in concert with strategic planning. General principles of law and policy have not been solidified. This creates a schism between principles, programming, and child-related emergency management resources and knowledge. Both the United Nations Office for Disaster Risk Reduction (UNDRR) and the Sphere Project have chapters about youth engagement and child protection (“sphere handbook,” 2018). UNDRR correctly acknowledges in the Sendai Framework that people under 30 make up half the world’s population and should be included in disaster risk reduction work. In its report on child health and disaster risk reduction, the UNDRR claimed that “30-50 percent of fatalities arising from natural events are children” and that many of the root causes of those deaths are due to social, economic, or health conditions that existed before the event (“Disaster risk management for health: child health,” 2011). A broad “whole of society approach” is heavily endorsed and has yielded important work in youth activism and engagement. But the large range of people included in the definition of “youth” can create scenarios where the youngest are not fully considered in disaster risk reduction work.

The Sphere handbook added an entire chapter about minimum standards for child protection. The chapter goes a long way towards making spaces child friendly. Some examples include ensuring play and social engagement needs are part of shelter design and that facilities such as sanitation stations are safe and risk-free for children or people under the age of 18. This came to be because many of the inputs were given by the core constituency... children. Many of the programmatic activities mentioned earlier are derived from this work. Much of the writing is focused on children’s protection and not on a child-friendly response framework or resilience and mitigation planning. It focused on addressing the symptoms of a system that is not child-focused than on entirely addressing the fact that parts of the system need to change. (“sphere handbook”, 2018)

The first step towards creating child-friendly emergency management and humanitarian assistance framework is to re-focus on the particular vulnerabilities of children and the needs of the communities in which they live. Jonathan Todres writes in “A Child Rights-Based Approach to Reconstruction in Haiti,” that after the 2010 earthquake public attention to children in that event shifted from one issue to the next. In his case, the discussion ebbed and flowed over susceptibility to human trafficking. He posits that a more holistic approach focused on children’s rights would have delivered better outcomes for children in that event. (Todres, 2011) Children in an emergency context, and always, have the following basic rights: to be free from sexual abuse and exploitation, health rights, education rights, and the right to an adequate standard of living among others. This is taken almost directly from the Convention on the Rights of the Child.

Todres viewed the violation of these rights through the lens of a post-disaster framework in which education and health infrastructure were damaged. NGO supplementation of these structures was not enough to match the need. Children’s education was interrupted or ended early. They and their families were left without permanent housing and access to health care (Todres, 2011). In the Convention on the Rights of the Child, the right to basic needs is articulated throughout the document. While the medium and long-term impacts of these disruptions have not been studied intently, we have enough anecdotal and qualitative substantiation to know there is a cost to children and their communities with these needs are not met. This truth is even more critical in an emergency.

DISCUSSION

Before entering into the necessary law and policy discussion about such a framework, it is important to acknowledge and implore that some principles be outlined. Calling a program or initiative “child-centered” is well-meaning but insufficient. It has to be “community-centered” with a focus on children having full citizenship and personhood in that community. It has to be contextualized, noting both differences in local culture and aspects of marginalization and isolation that exist in every community. When focusing on the vulnerability of children, the intersections of race, gender, and poverty will heighten the standard of care.

When asking the questions of what it means to have a child-friendly emergency management framework, return to the two initial questions. What has already been done and where has the impact been noted? Is the planning and proposal for doing so rooted in the communities where children need it most and centered on service to children?

The Federal Emergency Management Agency (FEMA) has created programming and grant support for state and local planners to be able to have childcare in emergencies expenses paid for and to include resources for children and toddlers in emergency supply kits, for example (“Early childhood disaster-related resources for policymakers,” 2017). FEMA also coordinates with the National Center for Missing and Exploited Children on family reunification and locating missing children during disasters (“Disaster preparedness and response,” 2020).

The American Red Cross offers a wide variety of online tips and tools to help families prepare for disasters (“How families can prepare for emergencies,” 2018). The nonprofit creates child-friendly spaces in its shelters and advocates for child-safe places. It also hosts youth councils and disaster preparedness groups and programming for older children to help them be more involved in disaster planning. For example, FEMA, the American Red Cross, and the U.S. Department of Education coordinated on a “*National Strategy for Youth Preparedness Education: Empowering, Educating and Building Resilience*”. It acknowledges that youth make up 25-percent of the U.S. population and should have a strong role in preparing for disasters (“National strategy,” 2019). The strategy has produced Youth Preparedness Councils, online resources, and several engagement initiatives that focus on helping youth have a role in preparing their communities. It does focus on older children with access and agency in their communities. It also focuses on youth being of service, rather than benefitting from services focused on their unique needs.

The National Center for Disaster Preparedness at Columbia University (NCDP) created a program and toolkit that is most similar to the proposal in this article, called “Resilient Children Resilient Communities” (RCRC). It is a fairly comprehensive program that includes communities, planners and has items for policy writers (“RCRC home,” 2019). In designing the project, NCDP and its partner Save the Children chose two pilot communities to test their materials, Washington County, Arkansas, and Putnam County, New York. Both of the initial communities are ones whose demographics are close to 90% White, the majority of the population is above the poverty line and parts of married couples, according to the 2010 Census. In its latest iteration, two additional communities in North Carolina were added: Robeson and New Hanover Counties. The former is known for its large Lumbee population, an Indigenous group, and a higher-than-average Black population, while the latter is closer in demographics to the prior study communities. Humacao and Mayaguez, Puerto Rico are also currently being studied, according to the RCRC website. According to the last census, people in each of these areas identified as “White” Puerto Rican and made up 78% or more of the population. That is compared to 8-9% Afro-Puerto Rican and Indigenous identifying individuals making up less than a percentage point. The program is developing an indicator and several online resources that target families, schools, and youth involvement. If resilience and vulnerability are to be tied to poverty and race or other obstacles to child-centered solutions, demographic considerations are critical.

This leads to the second question posed for analysis, whether the planning and work are being targeted to the communities where obstacles are most prominent and deep-rooted. Is that work centered

on children's needs? That requires a brief snapshot of children in America. The median household income for families with children in the United States is \$78,000. ("Median family income among households with children | KIDS COUNT data center," 2020). Looking more closely at what many in disaster risk reduction and human services consider an intersecting factor or vulnerability multiplier, poverty, the risk analysis takes a different tone. According to the Children's Defense Fund publication, "The State of America's Children 2020," 16% of children live in households with incomes below the federal income poverty level of \$25,701. ("state of America's children 2020 - Child poverty," 2021). Roughly 30% of African American and Indigenous children live in poverty or extreme poverty, followed closely by about 23% of Latinx children. When looking at the poverty breakdown by state, the highest percentages of poor and extremely poor children of color live in Mississippi, Louisiana, Alabama, Arkansas, New Mexico, Arizona, Oklahoma, Tennessee, Texas, West Virginia, and the Carolinas. (Children's Defense Fund, 2020). All of these areas had high poverty rates for White children as well, with a large amount of them living in rural areas. Scant further research is required to know these are also some of the most disaster-prone and climate-fragile states in the country. The risk to these children is compounded by geography, poverty, and access to services.

According to the Joint Center for Political and Economic Studies, more than 30% of African American families do not have high-speed Internet access and more than 17% have no computer at home ("Expand internet access among Black households," 2020). The Pew Research Center noted that 23% of Hispanics and 19% of African Americans are "smartphone-dependent" meaning their access to the Internet is tied to a phone and are much less likely than their White counterparts to have in-home computers and Internet access ("Hispanics and mobile access to the internet," 2019). The Economic Policy Institute reports that despite an overall increase in median incomes across the nation, the income divide between racial minorities and Whites remains constant. The poverty rate among African Americans is 18.7% and Hispanics 15.7% and the wage gap has Hispanic households earning 74 cents to every White dollar earned and African American ones 61 cents to every White dollar earned ("Racial disparities in income and poverty remain largely unchanged amid strong income growth in 2019," 2020). This means that families with the most overall vulnerability are less likely to be able to access and utilize the variety of mostly online resources meant to build resilience. In essence, this cuts against what ought to be the point and purpose of community resiliency, which is building the aforementioned in communities that need it most.

Recommendations for Practitioners and Planners

The practical way by which we arrive at a child-friendly framework is to start with children, families, and the organizations that support them. As demonstrated in some of the government-led programming mentioned earlier in this article; parent groups, childcare facilities, schools, kindergartens, and head start facilities are critical parts of the engagements. In addition to being rooted in communities, any framework also has to be contextualized to the nuances of that community. Public structures are important, but so are local nonprofits, private schools, and community planning groups. Leaving out organizations that specifically deal with marginalized groups is a nonstarter in work intended to address the systemic issues that led to vulnerability. That means reaching out to religious organizations, particularly ones serving religious minorities. Immigrant rights groups, LGBTQ+ rights, racial justice groups, and ones dealing with homelessness should also be part of a discussion about any emergency management framework, particularly where cascading impacts of marginalization puts children at heightened risk.

Including all of these kinds of organizations ensures that emergency managers and agencies involved in emergency management will have a clear understanding of the *entire* population of children within their jurisdiction. Oftentimes, community engagement is composed of individuals and organizations with the capacity and political alacrity to continually engage with officials and have the time budget to participate in activities like town hall meetings and exercises. Building a larger "tent" of organizations means those in planning roles will be better able to align assets with needs relevant

to children and families. What this means for those in budget roles is that planning for supplying stockpiles should include more items for infants and small children. It means that in a city or town with a larger population of children, it is worth the expense to have first aid and emergency supplies that are suited to people of that stage of development. Recovery planning can include the “back to school” packs of school supplies and learning materials we often see in humanitarian operations. These are meant to make it easier for children that have been displaced, who are in low-resource families or unstable housing situations to return to school after a disaster or crisis.

This information can also be used to include a wider variety of child-focused issues in exercises and planning. One example could be to include guidance to neighborhoods about forming child and family evacuation circles to help parents and caregivers prepare and track children collectively. Adding a level of community participation leverages social connections and resources while finding a way to lessen the possibility of children being separated from caregivers. Every community will have other examples and opportunities to exercise, but the point is to look for opportunities to socialize dealing with children into customary emergency management practice. Otherwise, the work will be episodic or dependent on an individual practitioner’s abilities.

Recommendations for Researchers/Further Research

There is a wide body of work about children and disasters. This ranges from nonprofit and think tank reports about the impacts of climate change and disasters on children’s mental health (Save the Children 2007) to deeper studies of vulnerability and resilience (Peek, 2008). The commonality between these studies is the theoretical framing from allied and public health points of view that reflect on the impacts of disasters on children. As mentioned earlier, many of the works and investigations pivot from impacts on children to the perspective of empowerment and the ability of children and youth to have agency in disaster preparedness or even contribute to preparedness work. What is missing are approaches that look at children as citizens of communities around which disaster and emergency management studies and practice are centered. Also missing is an examination of how the practice, particularly in light of ongoing conversations around equity, should evolve to train and resource practitioners to plan for children’s needs and normalize those needs as part of training and exercises. (Sanders, 2022)

An example of how research can support practice is through the development of case studies and applied research initiatives that demonstrate how taking a holistic and community-focused view of preparing children for disasters can function. This begins with building out from the concept that children’s vulnerability is based on their physiological and psychological differences from adults (Centers for Disease Control and Prevention 2020) and exploring the ways those differences manifest themselves to developing applied research concepts that direct practitioners towards solutions. One example of such a case study is that of a Colorado school district that planned for a secondary site for educational continuity and preserving social bonds that are important to child development (Tobin, 2019). It is also important to understand that novel research approaches are not confined to the political boundaries of the United States and Global North, and to consider research and case studies from other regions as informative. In China, researchers spent a year looking at ways to create child-centered disaster risk reduction frameworks. The result of a year of work was a four-point model they hope can be replicated in other countries. The four points are for schools, measuring risk reduction prospects on school campuses, using those to develop a campus safety culture, creating a curriculum about disaster risk, and finally building teacher capacity to react and respond during disasters. The latter aligns with some prior research but elevates it to create a new skill set within a part of society who, excepting parents and guardians, spend the most amount of time caring for children (Lu *et al*, 2021).

Considerations for Policy Makers

Policy makers have a role in socializing programming and lending credence to a child-friendly emergency management framework. Primarily, they can help ensure there is consideration across the

inter-agency. For example, FEMA has begun stockpiling and at times pre-positioning some children's supplies along with other materials as part of its disaster preparedness work. There are some child psychologists available via the psycho-social support crisis counseling grants offered when FEMA partners with the Substance Abuse and Mental Health Services Administration (SAMHSA) to deliver them. States, territories, and municipalities need to know about these resources and have support accessing them ahead of an event. Imagine being prepared to offer immediate mental health support to young children after a disaster or crisis. ("Children and Disasters," 2022)

When working on supplemental legislation related to disasters and climate change at the Federal level, policymakers can include deeper incentives for agencies with disaster response missions to coordinate more deeply with the Center for Missing and Exploited Children on locating kids missing or at risk in disasters. The reunification resources are already present in the International Red Cross and investigations training is already being given within Interpol ("Disaster victim identification (DVI)," n.d.). While it is a less appealing thought than creating children-friendly shelter spaces, law enforcement organizations do report increases in danger to children during large-scale disruptions. Further, COVID-19 showed us that the danger evolves and so must our ways of anticipating and preventing this in training. ("Interpol report highlights the impact of COVID-19 on child sexual abuse," n.d.)

Post-Katrina the Department of Housing and Urban Development (HUD) began to have a disaster housing authority, which is activated when it has a mission assignment from FEMA to assist with post-disaster housing. ("HUD disaster resources," *HUD.gov / U.S. Department of Housing and Urban Development (HUD)*, n.d). Generally, this part of HUD has a clear recovery mandate, often activating after FEMA or the Small Business Administration has provided initial assistance. The planning part of the mission was still in a state of maturing and suffering from agency-wide inertia as a result of Administration decisions from 2016 through 2020. Changes in leadership create an opportunity to go beyond offering emergency rental payments and special re-housing programs to offer programming that contributes significantly to whole community recovery and the recovery and well-being of children.

One way to achieve this is by enriching its inter-agency engagement to include more work with HHS, the Department of Education, and other agencies that share a consistent portfolio of work involving children. Imagine a scenario of agency coordination that thought through re-housing disaster-displaced children in ways that had the least disruption to their educations and had access to child health services. It should also develop relationships with national organizations that deal with women's and children's shelters to get a better sense of the spectrum of needs. Those relationships should be used to help regional offices and partners develop or strengthen local relationships and coordination with similar groups. Overall, the result would be partnerships and planning that are both child-centered and focused on children in families with increased vulnerability due to poverty or other kinds of distress pre-disaster. This kind of continual engagement around housing will create stronger planning from evacuation as a consideration in preparedness through to recovery planning.

Legal and Regulatory Recommendations

Under its individual assistance program, FEMA has the authority to offer supplemental rental payments to help with recovery after a disaster. To meet the needs of families in poverty, particularly in light of the long-term impacts of the global pandemic, FEMA should increase the limits on supplemental rental payments in disasters. Better yet, these payments can be scaled to disposable income, not simply gross income, and give special considerations to single heads of households. Other kinds of individual assistance should also be revisited for qualifications other than homeownership or wealth. The idea is to ensure households with children and the impoverished receive assistance that is equitable ("Individual Assistance Policy Guide (FEMA)," 2019).

Emergency food stamps, childcare vouchers, and other emergency assistance are offered to families in need as a mission assigned to HHS' Temporary Assistance to Need Families (TANF) program. As with rental assistance, the limits should be raised during the years ahead in which

the country is recovering from the pandemic and other cascading events. Applications should be considered irrespective of whether the family previously received assistance. The regulations should be adjusted to scale to income and account for situations where food insecurity is a major concern. TANF policies should also be “blind” to immigration status (“Temporary assistance for needy families (TANF),” 2020).

Many of these recommendations are similar to or updated versions of those put forth by the National Commission on Children in Disasters (National Commission on Children and Disasters, 2010). In addition to a national strategy, the Commission recommended revising the FEMA public assistance program to make childcare an essential service. Further, it recommended that Congress make it an “essential service of a governmental nature” in the Stafford Act. Each of these is among the majority of the recommendations that Save the Children report as not complete or not begun in its disaster report card (“Save the Children report finds U.S. children still at risk 10 years after Hurricane Katrina,” 2015).

FEMA does have a National Coordinator for Children in Disasters, some of the programmatic work mentioned in this article is attributable to that role. However, the authorities and scope of that role are not clear from any of the documents publicly available. It is clear the role is not supported at the level recommended in the Commission’s report. Groups are working across the inter-agency on children’s mental health and educational needs in disasters. One of those is the National Advisory Committee on Children and Disasters within HHS. After being terminated by statute in September 2018, the committee reconvened in 2022 but had yet to make any recommendations as of this writing. While active the recommendations it did issue were close to those offered by the National Commission on Children in Disasters, particularly concerning the national stockpile having more items for children. (*Recommendations from the Prior NACCD (2013-2018)* 2020). That advisory committee’s charter was updated in February 2020 to expire in September 2023. There was no activity from 2018 to 2020. In addition to reviving the work of the advisory committee, FEMA can work with the committees of oversight in Congress to also review the role of the National Coordinator for Children in Disasters for efficacy and its ability to influence policy related to the mandate of the office. Within this review and the larger conversation about equity, there is a need for a deeper understanding of how this as a concept and operational principle should apply to children. (Sanders, 2022)

What other accomplishments there are or what outstanding work needs to be done is difficult to understand. This is partly because since Save the Children’s 2015 report card, there has been little external review of the government’s progress in this area. Congress has not held hearings on the topic since the Commission’s last report. Congress should hold oversight hearings and briefings to understand what needs to be done about the outstanding recommendations. For productivity, it should review interagency work and committees with statutorily prescribed renewal dates, such as the aforementioned. Given that it has been ten years since its writing, in addition to revisions, updated ideas and concepts are needed to appropriately assess and address children’s needs in disasters.

Often when thinking of broad policy considerations, policymakers in the United States look internally. While it is important to review national and state practices, there are guidelines and lessons to be taken from international work in the same area. In addition to working with organizations like Interpol on Disaster Victim Identification, the Sphere Guidelines have a set of minimum standards for child protection. (“sphere handbook”, 2018) From 2019 onwards, the guidelines have transitioned to an online peer update format. Some of the latest changes include important guidelines for including children from marginalized groups, understanding that not all children are in family units and how to adjust for those circumstances. While the UN and other organizations broadly define children as people aged 0-18, the guidelines make an important distinction between children and adolescents, which it defines as aged 9-17. It notes those two groups have different needs and offers guidance about how to work with them across developmental differences and family constructs. (“CPMS Handbook” 2019)

As noted in many cases during the COVID-19 pandemic and throughout the healthcare debate, access is a national problem across demographics in this country. When dealing with children,

especially those living in poverty and facing other vulnerabilities, planners need to take transportation, costs, quality of care, and other obstacles to healthcare into account. Children and families that have healthcare challenges pre-disaster will have additional burdens during and after one. One example of effective guidance about how to deal with this issue is in UNICEF's Health in Emergencies program. It views children's healthcare during crises from a holistic standpoint. It considers healthcare as a response, but also a child development issue. Access to healthcare throughout the crisis management cycle is also part of planning activities (UNICEF, n.d.). A practical example would be to consider creating a stakeholder map of child-friendly temporary health facilities or including them in planning for the positioning of field hospitals after catastrophic events.

Programmatically, there are resources in place to take this approach, but as the Commission on Children in Disasters reported, case management for children in disasters needs to be improved. This is particularly true concerning clarifying the handoff process from a federal response back to state responsibility during recovery from the event. Adding capacity to address these issues should be included in the principles and guidelines which inform programming. One way to approach this may be to include health in emergencies and children's health as part of the National Preparedness or Recovery Frameworks.

CONCLUSION

Effectively preparing for disasters and mitigating risks for children is fertile ground for policy development, program consideration, and further research. This has been demonstrated in the number of programs, tools, and initiatives which involve youth. The pathway to the effective practice of child-friendly emergency management is attitudinal, not programmatic. Tools and programs have limited reach and efficacy unless socialized by consistent outreach and integration into practice. That is achieved with effective policy and legal constructs. Therefore, imagining a new framework or intentionally re-framing existing frameworks is the way to be of service to one of our highest priority populations. Policymakers, emergency management, and humanitarian practice professionals and researchers should consider an investment in a framework focused on children as an important part of long-term preparedness and mitigation.

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