

Evidence-Based Factors for Effective Reunification of Children and Dependent Adults

Emi Bendler, Social Work; Kari Holte, Health Administration; Lauren Lavin, Health Policy; Kelly Thomas, Health Administration

Research Mentor and other collaborators:

Karen Hammar, MHA, MOT, OTR/L

Objective:

To generate evidence-based recommendations for the Center for Disabilities and Development (CDD) based on reported best practices for the inquiry and reunification process after a disaster for children and dependent adults.

This research will discuss what key factors influence the effectiveness of reunification centers in facilitating timely and safe reunification of children and dependent adults to families. The review will focus specifically on best practices for the inquiry process during reunification.

We aim to identify key factors that influence the effectiveness of reunification centers in facilitating timely and safe reunification with families. We also look to specifically focus on other organizations' inquiry processes to provide evidence-based recommendations for the CDD.

Overview & Context:

Mass casualty incidents (MCI), such as mass shootings and bus crashes, often cause families to be separated due to the panic and chaos that ensues directly after the event. When this happens, Reunification Centers are activated. Reunification Centers exist to house children and dependent adults in a safe environment until they can be reunited with their families.

University of Iowa's CDD has a reunification procedure in place to be deployed in the event of an MCI or other emergent event that may cause children or dependent adults to be separated from their guardian(s). The CDD's protocol includes the transfer of children and dependent adults from University of Iowa Hospitals & Clinics (UIHC) to CDD following medical triage, safe housing at CDD, and reunification of individuals with their families. There is an opportunity to improve the evidence-based structure to reflect best practices that other Reunification Centers have effectively deployed.

Research Methods:

As a key part of this research project, we conducted a narrative summary review. The goal of a narrative summary review is to provide an overview from a variety of materials on a specified topic. We used a purposive search strategy to identify relevant documents through bibliographic databases, internet search engines, websites, and forward citation searching. Initial terms for document inclusion were "hospital-based reunification center," "inquiry process," and "guardian verification." Included documents were analyzed based on the Population-Context-Concept (PCC) method.

We analyzed the literature's best practices and compared them to the current practices at the CDD to identify both current success areas as well as areas for improvement. The findings were reported via a process map that contrasted the current state of the CDD reunification process and an ideal reunification process based on the practices found in the literature.

Results & Conclusions:

From our review, best practices for reunification can be grouped into three categories: federal and local governmental agency involvement, private organization involvement, and reunification procedure.

Within governmental agency involvement reported best practices included sharing patient lists with the public health department, reporting separated children and adults to National Center for Missing and Exploited Children's (NCMEC) and National Emergency Child Locator Center (NECLC), verify legal guardians in partnership with U.S. State Department, and coordinate with local law enforcement to have a presence at the reunification site and communicate clearly with the community. Best practices for private organizations included communicating with school districts, childcare facilities, and Adult Day/Habilitation Programs to cross-reference individuals' information as well as contacting the Patient Connection program through Red Cross. Finally, best practices for reunification include having a procedure in place for guardians who call officials looking for a missing child or dependent adult, placing an ID badge with ID number on the child or dependent adult, have the guardian show ID of child or dependent adult and picture of them with the child or dependent adult, conduct family interviews with multiple family members, verify guardian identity by having child or dependent adult pick out guardian in a picture line-up and include a security question that both would know (i.e. name of family pet, favorite toy, name of sibling), and once reunification occurs, take photo of child or dependent adult with guardian and add to record. Limited information was publicly available to analyze many reunification plans.

Future Considerations:

As we look to the future state of the Reunification Center, we recognize the significance of community education and engagement. Collaborating with local schools and Adult Day/Habilitation Programs, we aim to establish a verified list of guardians annually. Additionally, we encourage educating first responders and 911 operators to enhance their awareness of reunification centers. To ensure inclusivity, on-site translators and signage in multiple languages can improve inclusive practices. Furthermore, we encourage creating sensory-friendly environments, incorporating clear communication through visual aids which are beneficial for individuals with Autism and non-English speakers alike. These future considerations aim to continuously drive improvement and development within the Reunification process at the CDD.

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