

How COVID-19 Is Placing Vulnerable Children at Risk and Why We Need a Different Approach to Child Welfare

Child Maltreatment
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Abstract

The onset of the COVID-19 pandemic brings new worries about the welfare of children, particularly those of families living in poverty and impacted other risk factors. These children will struggle more during the pandemic because of financial pressures and stress placed on parents, as well as their limited access to services and systems of support. In this commentary, we explain how current circumstances reinforce the need for systemic change within statutory child welfare systems and the benefits that would accrue by implementing a continuum of services that combine universal supports with early intervention strategies. We also focus on promising approaches consistent with goals for public health prevention and draw out ideas related workforce development and cross-sector collaboration.

Keywords

child maltreatment, child welfare, prevention

Introduction

In this article, we comment a number of enduring and more recent challenges confronting child welfare systems in Anglophone countries, and the ways in which the COVID-19 pandemic has heightened concerns about the safety of children. We write about the mismatch between the needs of families and the services available to them in many jurisdictions. We also discuss the disproportionate impact of the pandemic on children and families of color and the persistent disparities in child outcomes that are likely worsened by the current crisis. We point to opportunities to bring about change in child welfare systems by shifting attention from reactive models of care and risk mitigation to services that are proactive and widely available. We believe that current circumstances demand system reform centered on a voluntary, universal model of family supports that provides rapid and timely assessment and engagement of families so that they receive the right services when they need them.

Challenges and Shortfalls of Child Welfare Systems

As we have discussed in earlier publications, child welfare and child protection systems in countries like the United States, Australia, Canada, and the United Kingdom are failing in their mission to protect children from harm caused by abuse and neglect (Herrenkohl et al., 2016, 2019, 2020; Higgins et al.,

2019; Lonne et al., 2019). Challenges and shortfalls of these contemporary systems are a reflection of both the magnitude and persistence of a global problem (Runyan, 2020) and a mismatch between the child welfare services and needs of many families these systems are intended to serve (Choi & Ryan, 2007; Higgins et al., 2019). Prevention and early intervention services, which are critical to the promotion of child well-being—particularly for low income families—are considered secondary to targeted risk-mitigation strategies designed to protect children in unsafe environments (Runyan, 2020). Because state systems often lack the funding and mandate to provide services broadly and proactively, many children who could be helped by less intensive, early interventions are left with little or no assistance (Higgins et al., 2019). Meanwhile, demand for child welfare services continues to rise because inequities and underlying risks for child maltreatment cases are

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deeply engrained and resistant to change (Klevens & Metzler, 2019).

In addition to these concerns, our previous work has highlighted the problems of growing discontent and deterioration of the child welfare workforce, combined with a realization that child welfare systems lack the clinical and policy expertise to change these systems to be more nimble and responsive to issues encountered by vulnerable families (Herrenkohl et al., 2020). Many child welfare professionals feel overwhelmed and poorly equipped to respond to families seeking assistance—taxed by an unrelenting demand for help, but constrained by policies that push reactive over proactive measures (Letson et al., 2019; Lonne et al., 2019; Prost & Middleton, 2019; Russ et al., 2019).

The COVID-19 Pandemic and the Safety of Children

The onset of the COVID-19 pandemic has heightened concern about the welfare of children and families already impacted by poverty and other risk factors. By last count, numbers of those who had contracted the COVID-19 virus globally had surpassed 32 million and more than 980,000 people had died from its complications (Center for Systems Science and Engineering at Johns Hopkins University, 2020). Many of those who have recovered are at risk for debilitating long-term impacts of the infection. In the United States alone, the numbers are numbing: nearly 7 million confirmed cases and over 200,000 dead, as of September 25, 2020.

While the spread is both rapid and broad, the burden of the disease is greater for vulnerable groups, including racial and ethnic minorities (Garg et al., 2020). In many states, Black Americans represent a fraction of the overall population but a very high percentage of Coronavirus infections and deaths. In the state of Michigan, for example, Black Americans are about 14% of the overall population, but 38% of the deaths resulting from COVID as of September 2020. With higher birthrates among racial minority and low-income mothers (Duffin, 2019), children will be disproportionately affected by the current crisis, as they have been in other crises of a similar form and scale (American Academy of Pediatrics and Children's Hospital Association, 2020).

As with any public health emergency, disparities are evident not only in who is at risk, but also the consequences that ensue. In the United States, COVID-19 has disproportionately impacted minority communities (Owen et al., 2020; Wadhwa et al., 2020; Yancy, 2020), in which large segments of the population work in temporary, low-wage, and hourly positions that lack basic health care provisions or access to medical insurance. Inflexibility in work schedules and lack of paid leave force many low-wage workers to choose between critical family safety and care and employment. Those in low-wage and hourly positions are also at higher risk because of the unsafe environments in which they work and the lack of personal protective equipment available to slow the virus' spread (McGeehan, 2020).

The pandemic's financial impacts will be more strongly experienced by society's most vulnerable families because the jobs occupied by adult wage earners are the least protected from economic downsizing (CNN Business, 2020). Temporary layoffs will inevitably lead for some (perhaps many) to long-term unemployment, placing families already just scraping by in even more dire and worsening predicaments. Even health care workers—doctors, nurses, and social workers on the front-line of the pandemic—are experiencing pay cuts and layoffs at rates more extreme than at any other point in recent history (NBC News, 2020).

Although early data appeared to show that children were less vulnerable to the disease, new findings suggest that may not be the case at all (Kim et al., 2020). Additionally, many children who avoid becoming ill will suffer the effects of the virus in others ways. In a national study of parents conducted within 2 weeks of physical distancing and stay-at-home orders issued in response to the pandemic, Lee and Ward (2020) found that negative parenting practices were on the rise. In that study, over 60% of parents reported having yelled or screamed at their children in the past 2 weeks and around 20% reported having spanked or slapped their children as a form of discipline. They attributed these high rates of harsh discipline to added stress placed on parents because of childcare responsibilities and the tendency for many adults in caregiving roles to feel alone and overwhelmed because of social distancing. Although not necessarily "abusive" by legislative standards in Anglophone countries, research shows that the use of corporal punishment, including spanking, can lead to detrimental outcomes in children that are in some cases indistinguishable from more severe forms of physical punishment and abuse (Gershoff & Grogan-Kaylor, 2016).

The Pandemic's Disproportionate Impacts on Children in Insecure Environments

Children from families with few financial resources and stable living environments are in particularly desperate and increasingly dire situations. In households impacted by poverty and domestic violence, the risk for severe and chronic forms of child abuse and neglect is already very high. Add the direct and indirect effects of the pandemic, and the risk to them is higher still (Agrawal, 2020; Roy, 2020). Families already in the grip of substance use and mental health problems will struggle more as conditions worsen because of financial pressures and less access to services and systems of support. Increasing gun sales in the United States that followed the start of the pandemic are also worrisome because of a higher likelihood of serious harm to victims of domestic violence, adults and children both (Campbell, 2020). For everyone, the fallout of the current crisis is devastating. However, for children living in poverty or under the threat of violence and other risks in the family, the consequences of the pandemic are exponentially more extreme.

The risk for child abuse and neglect is higher now than before the pandemic, but this does not mean that parents have

become more abusive or neglectful by choice. Rather, widening disparities and worsening social and economic conditions are eroding the fabric and functioning of families to a point where well intentioned parents can no longer cope, let alone care for others (Lee & Ward, 2020). Current circumstances have hastened the decline in family functioning, but the underlying risk factors for child maltreatment remain the same. In addition to poverty and social isolation, for example, racism is an insidious environmental risk factor that manifests in high levels of stress within families and disparities in health, education, and employment in racial minority communities (Yochay et al., 2015). As our present situation worsens and the world's economies are further upended, more parents of vulnerable children will inevitably lose their jobs, pushing families in bad financial positions deeper into poverty and removing any semblance of security these children once had. Unemployment and the ensuing pressures placed on families to make ends meet, create immense stress, which drives the risk for child maltreatment rapidly upward (Yochay et al., 2015).

What Child Welfare Data Show: Fewer Reports, But Not Less Risk

It is expected that the pandemic will cause immeasurable harm to families; yet, surprising to some, data emerging from existing statutory child welfare systems in the United States show reports concerning abuse and neglect are on a decline. Indeed, since social distancing and self-isolation restrictions were put in place to slow the spread of the disease, fewer reports of child maltreatment have been filed in states like Connecticut, Illinois, Missouri, Oregon, and Washington. Some states have actually seen a drop in reports to child protection units of 50%–70% (Jonson-Reid et al., 2020). Roy (2020) reported similar declines in New Zealand. Although this trend may appear as good news, child welfare experts view it differently. To them (us), fewer reports indicate that abuse and neglect of children has become less visible, not less prevalent.

Indeed, it is well known that many children at-risk for abuse and neglect never come to the attention of child welfare professionals because only the most extreme cases are reported, however, the spread of COVID-19 has shed new light on this issue. Fear of transmitting the virus, coupled with policies designed to slow its spread, make it increasingly more likely that abuse and neglect will go unreported because mandatory reporters, including teachers, social workers, and sports coaches, have less contact with children on a routine basis. This is one of the reasons why the American Academy of Pediatrics issued a statement urging the safe return to school for millions of students in the United States who have been learning at home since the pandemic first began (American Academy of Pediatrics, 2020). As explained by Raman et al. (2020), public health measures used to prevent one problem can actually undo efforts to prevent or lessen another. In this case, staying home keeps children safe from a virus, but it also places some in

harm's way at home. Complications and challenges from the virus and impromptu, reactionary responses from federal and state governments abound.

Early Engagement of Vulnerable Families: A Case for Prevention

From a prevention perspective, investigations of reports by statutory authorities is not the most important strategy. Instead, it is the early engagement of families to lessen risks across the social ecology (Herrenkohl et al., 2018). Home visiting is arguably the gold-standard in child abuse and neglect prevention outside of the child welfare system (McDonald et al., 2012). A number of promising home visiting programs are currently operating in Australia and the United States. For example, in Victoria, Australia, *right@home* (<https://www.rch.org.au/ccch/research-projects/right-at-home/>) is a sustained home visiting program to increase the number of visits from maternal and child health nurses for women facing adversity. In the United States, evidence-based home visiting models, such as Healthy Families America (HFA), engage families across the risk continuum, during the prenatal period to provide support and guidance to address family needs and to set the relational foundation for optimal child and family well-being (<https://www.healthyfamiliesamerica.org/>). Programs like these hold tremendous promise for the prevention of child maltreatment, yet they are sometimes restricted to families who meet specific thresholds of risk (e.g., first-time mothers, low-income) and it is yet unclear which programs can both prevent and sustain reductions in abuse and neglect at a population level (Euser et al., 2015). It is also unclear whether home visiting programs can keep very high-risk families from entering the child welfare system.

On the one hand, addressing families with the highest need and risk for abuse is an intuitive strategy. However, without a system in place to detect and intervene with families at low and moderate risk for child maltreatment, measurable reductions in the overall incidence and prevalence of child maltreatment will be hard to achieve (Higgins et al., 2019). Programs such as Family Connects International (<https://familyconnects.org/>) provide voluntary services to all families in a community and align services and referrals proportionate to family need. The program acts as a “gateway” to services in the community and is designed to engage families early, before crises arise. The model is predicated on a belief that early assessment and intervention matched to a family's strengths, risk, and needs, can help establish a foundation for positive parenting and strong parent-child relationships that will foster a child's healthy development. This is a foundational goal of public health prevention to lessen child maltreatment (Herrenkohl et al., 2016) and it is fundamental to the Essentials for Childhood framework put forward by Centers for Disease Control and Prevention to improve child outcomes (Centers for Disease Control and Prevention, 2014).

Embracing a Public Health Prevention and Early Intervention Approach

Statutory child welfare systems are based on a three-pronged model of reporting, investigation, and removal. Risk is assessed at various stages of the “front door” child welfare processes (Lonne et al., 2020). Yet, in the vast majority of cases following reporting—or even investigation—there is no further statutory action aside from potential referrals to community-based support programs, which are themselves over-stretched and under-resourced (Lonne et al., 2020). The living circumstances for many vulnerable families, with or without the existential threats now posed by the COVID-19 pandemic, are highly complex due to pressing and often intersecting vulnerabilities. Voluntary support programs are essential to help families get by and provide “good enough” care, yet they are not sufficient.

There is promise in new efforts aimed at workforce training, advocacy, and intensive family supports. An Australian example is Nabu, a culturally driven, relationally based family support program for Aboriginal families at Waminda—a community-controlled Indigenous organization. The program works with families to keep their children in their care, or returned to their care, while deepening connections to “culture and community” to broaden systems of support (see <http://www.waminda.org.au/nabu-family-preservation-restoration/>). Without this sort of accessible, relationally based, culturally responsive form of mutual care, circumstances for many families will not improve.

Challenges and worsening conditions following the onset of the COVID-19 pandemic add to worries about the safety of vulnerable children, but they do not change the fundamentals of what is required to improve child outcomes (Herrenkohl et al., 2016; Higgins et al., 2019; Lonne et al., 2019). For many years and throughout crises of one sort or another, evidence of the need for change within statutory child welfare systems has been mounting. Indeed, our recently published book points to a host of challenges and failures of these systems that existed well before COVID-19 became our world’s new reality (Lonne et al., 2019). What is required at this time, possibly even more than before the pandemic struck, is a different model for engaging and supporting families so that children are kept safe and vulnerable families are uplifted, not stigmatized or left unassisted by child welfare systems without sufficient resources or mandate to engage. This model leads with prevention and early intervention and is based on the foundational principles of a public health approach.

In brief, public health interventions focus on whole-of-population strategies by using universal service delivery platforms that reach the widest number of families well before crises emerge and by fundamentally shifting the conditions and contexts in which they live (Sanders et al., 2017). The public health model requires that child welfare systems develop a continuum of services that combine universal (primary prevention) programs with those that are more targeted, based on population risk—known as blended prevention or proportionate

universalism (Herrenkohl et al., 2015; Higgins et al., 2019; Sanders et al., 2017).

In a blended prevention model, interventions are focused on the primary prevention level, but integrated with supports at the secondary and tertiary levels. The effect is to engage and support families earlier than is now possible, well before they have reached a tipping point where child safety investigations and removal are required. The model prioritizes enhanced communication and collaboration across systems so that needs of families are addressed more directly, efficiently, and comprehensively; so that families do not feel judged or stigmatized by the system (Herrenkohl, 2019). It is a kinder and more compassionate approach to ensuring children’s well-being. It is also a less costly and more sustainable model that allows children to remain in their homes and in the care of their parents, rather than the state.

In Australia, there has been a nationally agreed framework for protecting children since 2009 (Commonwealth of Australia, 2009). While it has led to some good reforms within statutory systems (e.g., introducing national standards for provision of alternative/out-of-home care and preparations for leaving care), it has been much less effective in achieving a strong focus on prevention, or in driving down notifications and substantiations of abuse and neglect, or the number of maltreated children moved into care of the state. One reason is that the national framework has not drawn in and broadly engaged government departments and agencies cross-sectorally in ways that have will produce systemic change. Without a commitment to cross-sector engagement and reform, it is unlikely there will be sufficient authorizing authority and buy-in from those who have the capacity to implement policy and practice changes at a local level (Doyle et al., under review).

Why Prevention and Early Intervention Makes Sense

As conditions emerging from the pandemic expose deeply rooted inequities and failures of the health and child welfare systems, they also expose inadequacies and gaps in practices of other child-serving systems, such as health care settings and schools (Herrenkohl, 2019). Schools in the United States, for example, are neither prepared to address the needs of vulnerable children nor well positioned to advance a public health agenda focused on childhood adversities and child well-being (Chafouleas et al., 2016; Herrenkohl et al., 2019). Schools have come to rely on the same reactive, risk-mitigation strategies that define child welfare systems because they remain too narrowly focused on academics, ignoring the need that many vulnerable and traumatized children have for compassionate care and support (Herrenkohl, 2019; Herrenkohl et al., 2019). To the extent that child welfare and education systems remain siloed and limited in approach, the lives of many children will remain unfulfilled. As needs press harder on these systems to do more with less as the economic consequences of the COVID-19 pandemic are fully realized, already well-established

challenges and shortfalls of these systems will become even more apparent and consequential. The benefits of prevention and early intervention are clear, yet the finances and political will to act and bring about change to these systems on behalf of children in need have long been lacking. The systemic disruption resulting from the pandemic presents opportunities to address longstanding systemic failures because the issues facing vulnerable children and families are increasingly clear and undeniable.

How to Bring About Systems Reform From a Public Health Approach

We have previously called for a full embrace of prevention and early intervention in the child welfare and education sectors. This requires political and administrative will, as well as institutional and cross-sector reconfigurations that fundamentally change when, how, and for what purposes families are engaged and served (Parton, 2020). Our call and vision are actually quite similar to what is needed to strengthen a public health response to crises like the one we are facing in the pandemic itself, which has also been lacking because of disinvestment and lack of preparation in and across service systems (Rovner, 2020). To succeed in ensuring the safety and well-being of children, we must do what we can to “flatten the curve” and bring the pandemic under control—while also seizing the opportunity to advance related public health prevention efforts. Now is the time to engage proactively at a population level with a primary goal of preventing new and recurring cases (of abuse and neglect) and enhancing the workforce already engaging with families.

There is considerable work to be done to get professionals in the fields of child welfare and education (and healthcare and allied disciplines) “upskilled” in their roles of both supporting children’s safety and well-being and being alert to when referrals for targeted services and supports are required (Lonne et al., 2019). Typically, the statutory child protection service workforce would have done the “heavy lifting” and deployed their skills inwards toward their core tasks: receiving reports, investigating (if it reached a threshold and system capacity allowed), and intervening (with services, or potentially removing children into safe care). Now, it is possible to focus outward and turn that skill base into a resource that can be deployed to train, equip, mentor and support the much larger existing workforce that is already coming into contact with families—particularly through the health and education/care sectors (Schelbe et al., 2020). This broader group of professionals across sectors should be seen as the new child welfare workforce.

While increasing professional development and mentoring for this expanded and re-visioned child welfare workforce, opportunities exist to strengthen pre-service training so that those entering the workforce in a variety of child/family-facing roles are knowledgeable about evidence-based parenting supports and practices (Doyle et al., under review). They also must be equipped to collaborate across sectors and work in partnership with researchers to further goals related to

prevention (Schelbe et al., 2020). This requires breaking down silos that slow the sharing of information, bolstering the evaluation expertise and capacity of child welfare, education and health services, and creating new avenues to disseminate research in a timely and expedient manner (Schelbe et al., 2020).

Governments also have a responsibility to think about ways to overcome the silos that become entrenched. For example, the state of Queensland, Australia, tried to implement a network of Child Safety Directors appointed in each major state government department, coordinated by their specialist stand-alone statutory authority as a way of ensuring a focus on safety and prevention, providing integrated responses and ensuring child protection is a whole-of-government responsibility. Directors across the portfolio would meet together, raise issues, coordinate policy responses, and be supported to flag issues within their own departments that support safety of children. However, for it to work, this strategy has to be underpinned by an explicit commitment to a public health approach to prevention activities (not just responses when harm has occurred or is at imminent risk). There also has to be an authorizing environment in each of those other departments/agencies, resourcing for an agreement on a clear whole-of-government strategy that each of those respective agencies contribute to (championed by the directors in the network), and measurement of outcomes—so that the aspiration of making child protection and safety “everyone’s business” becomes a reality not just a slogan (Queensland Government Department of Child Safety, 2009).

Equally important, now is the time to re-engineer our response system into a prevention system that leverages the existing contacts and relationships between professionals and children/families—one that will survive and likely be strengthened by the challenges that this COVID-19 pandemic presents. A public health system of prevention requires not only practices to support children and families, but also policies that ensure basic needs are met, families remain engaged in the workforce, and parents are provided the opportunity to care for their children and loved ones without compromising their long-term employment (Klevens et al., 2015).

A Pandemic for Reform

Building a stronger, more equitable child welfare system requires a new public health-oriented model that prioritizes universal prevention-focused programs and an extensive network of programs that can support families in times of crisis (Ali et al., 2020). Using current circumstances to deepen connections at a local level between child welfare agencies and communities in order to foster networks of support and informal helping seems a wise and prudent step. Demonstration projects like Strong Communities in Greenville, South Carolina offer prime examples of the ways in which communities can come together and rally around families requiring assistance. The model relied on outreach workers and volunteers to mobilize an entire community around shared norms for the care and support of families. Its goal was to strengthen institutional

and personal relationships, promote universal services focused on wellness and early intervention, and connect child-serving organizations (Kimbrough-Melton & Campbell, 2008; Kimbrough-Melton & Melton, 2015; McDonnell et al., 2015; Melton, 2014).

Research in the United States has begun to show that, by providing families with basic economic support in the form of paid family leave (Klevens et al., 2016), Earned-Income Tax Credit (EITC) (Klevens et al., 2017), child tax credits (Rostad et al., 2020), and increases to minimum-wage (Raissian & Bullinger, 2017) may significantly reduce the risk for child maltreatment. These policies work because they improve the financial health of families, and thereby lessening parental stress and other risks for abuse. The effects of COVID-19 will indeed be long lasting and wide reaching. More and more families every day are finding themselves in dire circumstances brought about by unemployment, food insecurity, or failing health. Working with policy makers to understand the connection between economic supports for families and family well-being is essential in creating thriving communities (Schelbe et al., 2020).

Let us use this time of uncertainty to consider how to build on these early program and policy successes, while also beginning the process of (re)building child welfare systems around a voluntary, universal model of family supports that provides rapid and timely assessment and engagement of families so that they receive the right services, through non-stigmatizing platforms, when they need them (Daro, 2019). Some families will no doubt require intensive and/or statutory interventions, but the majority will not.

To be clear, prevention-oriented universal services and supports will not replace the need for an investigatory response in extreme and high-risk situations where children can be harmed. However, they will make these situations less likely, and thus improve child outcomes and reduce costs to governments. Perhaps, in all of the tragedy of our current situation globally, there is potential for change, and to use the disruptions to “service as usual” as an opportunity to reinvent our approaches. Few who study and track the welfare of children will deny the need.

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