



What Lessons Can the Child Welfare System Take from the COVID-19 Pandemic?

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Key Points

- COVID-19 and subsequent government responses introduced new barriers to detection and responding to child maltreatment and achieving permanency for children in foster care.
- New strategies and better use of existing technologies are needed to detect child maltreatment for children unseen by school personnel.
- Improved use of virtual technology could improve family court processes and family treatment options during and after the pandemic.
- Indications of positive adaptation by community-based agencies during the pandemic allowed them to sustain or increase services to foster, kin, and biological families, but greater support for data collection and transparency for government contracted services is still needed.

The COVID-19 pandemic has drawn greater attention to the plight of abused and neglected children. Maltreatment incidence is likely on the rise, given the combination of social isolation, increased economic precarity, and heightened caregiving burden for children who would typically be in school or day care. Yet, fewer such incidents are referred to state child welfare systems (CWS), and core CWS activities are delayed, canceled, or moved to a virtual format in some areas.

Even as vaccines and treatments for COVID-19 allow for a return to normal, CWS remains at a crossroads. Growing calls from activists to abolish

the system entirely¹ and claims of systemic bias and overreach from within the US Children's Bureau² necessitate a crucial look at CWS's effectiveness. The COVID-19 pandemic has brought long-standing CWS problems to the forefront while also identifying pragmatic opportunities for system improvement.

What can we learn from the pandemic—and federal, state, and local governmental responses—about the cracks in the child welfare system? What lessons can be carried forward post-pandemic?

What happened after the emergence of COVID-19 and subsequent governmental orders?

Recommendations for Protecting Children Through the Pandemic and Beyond

1. Develop strategies for child maltreatment detection outside of schools.
2. Designate CWS caseworkers as essential workers and require timely in-person investigations and monitoring of open cases.
3. During and after the pandemic, permit virtual participation in court hearings by biological parents, children, and foster parents as a standard option.
4. Require that court hearings and other requirements for moving children toward permanency continue without delay.
5. Where appropriate, agencies should facilitate virtual visitation to increase the frequency of contact between children and their biological parents, siblings, and others and build better working relationships between foster and biological parents.
6. Encourage innovation in foster home recruitment and support services by providing current and prospective foster families informed choices.
7. Rely on community partnerships to address non-maltreatment concerns of families referred to CWS.

Reduced Detection of Child Maltreatment

Following widespread stay-at-home orders and school closures beginning in February 2020, many jurisdictions have reported massive and sustained drops in referrals to CWS.³ Few believe that declining CWS referral rates indicate a reduced incidence of child maltreatment. Education personnel—who typically account for one in five CWS referrals⁴—could no longer observe whether children had suspicious bruises or were unfed, and children could no longer go to their teachers or school counselors to disclose maltreatment. Nearly 40 percent of students in the fall of 2020 had no option for in-person learning; millions more were kept out of school by parental choice.⁵

Although synchronous virtual learning would enable some opportunities for observation and disclosure, many of the highest-risk children never logged on.⁶ Beyond the schools, there have also been sharp declines in health care visits for children with Medicaid or Children’s Health Insurance Program coverage,⁷ another crucial point of contact for maltreatment detection. Stay-at-home orders and social distancing may have also isolated children from extended family and community relationships; these nonprofessional relationships typically account for nearly one in three referrals to CWS.⁸

While fewer incidents of maltreatment can be detected, the rate and severity of maltreatment has likely increased during the pandemic.⁹ Stay-at-home orders create greater opportunities for maltreatment to occur—both mechanically, due to increased time spent with caregivers, and because the resulting isolation, unemployment, and economic precarity can affect the quality and safety of parent-child interactions. Although the true rate of child maltreatment during this time is unknown, surges in interrelated social ills lend credibility to the hypothesis that maltreatment has risen too. The US has experienced increased 911 calls for domestic violence¹⁰ and increased calls to the Childhelp National Child Abuse Hotline.¹¹ Escalated opioid abuse, the resurgence of methamphetamine abuse, and increased alcohol consumption¹²—all known risk factors for child abuse and neglect—have also occurred. Limited media reports also point to possible rises in severe physical abuse.¹³ In addition, growing material hardship, though partially abated by safety-net programs,¹⁴ is likely to induce greater parental stress and harsh and withdrawn parenting.¹⁵ It is unlikely that only low-risk cases are being missed. Kentucky reported more than a 50 percent drop in child abuse and neglect cases filed in family court (a response used only when court-ordered intervention is considered necessary for child safety) for April 2020 compared with April 2019.¹⁶

Following the decline in referrals and concerns about the potential increase in severe maltreatment, various strategies were proposed. In Los Angeles County, the sheriff proposed following up on children who were missing from virtual school.¹⁷ This proposal was nixed due to CWS concerns about sending law enforcement to the homes of people not suspected of committing serious crimes. However, CWS was disinclined to follow up either. In Michigan, caseworkers attempted to follow up with recently closed cases to offer support and information about community resources to families.¹⁸ These strategies' effectiveness in preventing or detecting maltreatment is not clear.

Recommendation 1. Develop strategies for child maltreatment detection outside of schools. Closing schools—especially elementary schools, where children are far less likely to contract or spread the virus—should be a last resort. In addition to the negative long-term implications of school closures for achievement gaps, young children are the most vulnerable to maltreatment and the least able to protect themselves or seek help.

However, detecting maltreatment was a problem long before the pandemic. The fourth National Incidence Study (conducted in 2005–06) found that up to two-thirds of maltreatment identified by groups typically categorized as mandatory reporters was either not reported to CWS or was screened out without investigation.¹⁹ Although these rates may have since improved, there remains a crucial need for improved child maltreatment detection efforts. Many children vulnerable to maltreatment, such as infants, truant teens, and homeschooled children, would not be identified by schools. Indeed, truancy is far more common among abused and neglected children,²⁰ and, in some cases, homeschooling has been used to evade detection of child abuse.²¹

Various outreach and voluntary service programs for at-risk families may help prevent *and* detect maltreatment. However, when programs are perceived as having a surveillance function, the highest-risk families may be least willing to participate, to the detriment of their children. Thus, detection efforts that do not rely on parents' voluntary engagement are crucial to detect the most severe and urgent cases of child maltreatment.

For example, reauthorization appointments for public benefits provided to children who are not attending school and have not been recently seen by a medical professional could require (in-person) verification of the children's well-being. Children in poverty are estimated to experience maltreatment at a rate five times that of other children,²² and the overwhelming majority of impoverished children receive at least one public benefit.²³ The US has traditionally focused benefit eligibility requirements on work, though there is precedent for imposing other conditions on cash transfers, such as regular school attendance for minors.²⁴ Although concerns that CWS already entails “state surveillance” of poor and minority families²⁵ make such proposals controversial, there is historical precedent for requiring home visits as a condition of receiving public assistance.²⁶

More narrowly targeted efforts to detect and prevent child maltreatment have been met with similar criticisms. States have been slow to enact birth-match systems, in which hospitals automatically flag new births to mothers who, for reasons of abuse or neglect, currently have children removed from their care, or have permanently and involuntarily lost custody of their children.²⁷ Given that the majority of substantiated maltreatment does not result in temporary removal of children, much less permanent separation, such systems home in on a particularly high-risk group that may be missed by conventional maltreatment detection efforts.²⁸ Implementation of birth-match systems should be a priority as states seek to implement federal requirements for Comprehensive Child Welfare Information Systems.²⁹

Reduced Response of CWS Caseworkers

Of the smaller number of maltreatment allegations that reached CWS in the months following mass school closures, some jurisdictions were simply not investigating them.³⁰ Faced with caseworkers quitting due to personal or familial health risks, lack of personal protective equipment, ongoing workforce furloughs, and difficulty accessing case records from outside the office, investigations were delayed or incomplete (i.e., no in-person verification of child safety)—sometimes with fatal consequences.³¹ A lack of oversight, standards, and transparency for

handling CWS referrals and investigations inhibits a clear picture of how widespread this problem is.

Similarly, in-home services (family preservation) cases, in which parents who present an ongoing risk to their children continue in a primary caregiving role; in-person verification of child safety; and observation of family dynamics cannot be credibly conducted virtually. Whether this has occurred consistently throughout the pandemic is unknown.

Recommendation 2. Designate CWS caseworkers as essential workers and require in-person investigations and monitoring of open cases. CWS staff—not law enforcement, doctors, or others designated “essential”—are first responders to the vast majority of suspected child maltreatment. Although most states have now designated CWS as essential workers during the pandemic, that this was ever a question illustrates the lack of seriousness attributed to CWS’s work. States have frequently used CWS budget cuts, including furloughs of CWS workers, to balance their budgets³²; such cuts appear imminent as states seek to offset lost revenues during the pandemic.³³

Aside from encouraging states to designate CWS employees as essential workers, the Children’s Bureau remained mute on in-person investigations, instead saying, “We remind states that there are no federal requirements . . . for conducting investigations of alleged child abuse and neglect.”³⁴ Although true, any credible investigation of child maltreatment minimally requires (1) interviews with alleged victims, perpetrators, and witnesses in which interviewers can develop rapport and observe nonverbal cues and responses; (2) assessment of the child’s physical safety; and (3) assessment of the safety of the child’s environment. Each activity necessitates in-person contact. Guidance issued by the Children’s Bureau encouraged practices that are not consistent with effective investigations of serious maltreatment or oversight of families where maltreatment has already occurred. This guidance included avoiding in-person meetings, meeting outside the home, and prescreening children and families³⁵ (in which prewarning of an in-person interview or visit gives perpetrators the opportunity to coach or threaten their children and hide evidence of abuse or neglect).

In contrast, there are federal requirements for monthly in-person visits with children in foster care,

though the Children’s Bureau has permitted visits occur virtually during the pandemic.³⁶ (Some state and county agencies continue to require in-person visits.) Where foster homes are adequately screened before licensure and caseworkers are in regular contact with the parents and children, virtual visits with foster families and children seem to pose a comparatively low risk of harm. However, many states have demonstrated an inability or unwillingness to appropriately screen foster homes or follow up on safety concerns,³⁷ especially for kinship caregivers.³⁸

Virtual—or Canceled and Delayed—Family Court Hearings

Initial reporting indicated that many areas delayed or canceled family court hearings at the start of the pandemic.³⁹ Children’s progress toward permanency was stalled, as termination of parental rights hearings, permanency reviews, and adoption finalizations were delayed indefinitely.

The Children’s Bureau encouraged holding hearings via videoconferencing.⁴⁰ Many jurisdictions are successfully using virtual hearings and are implementing creative solutions, such as public kiosks, to accommodate parents without reliable internet access. Virtual participation, typically by phone, has long been an option for parents who are incarcerated or hospitalized; with adequate security protocols, there is no reason such hearings should not become the new normal.

Videoconferencing is an opportunity to bring multiple stakeholders and informants who care about a particular child together to identify needs and opportunities. The numerous barriers to participation—such as transportation or distance and childcare or work responsibilities—are greatly reduced in a virtual format. Greater participation by biological and foster parents, kinship caregivers, children, and service providers gives judges more information on which to base decisions and ensures that the information CWS provides to the court is accurate, thorough, and up-to-date. In addition to promoting accountability and improving rates of participation, there are indications that the quality of participation and engagement in hearings is higher for virtual hearings.⁴¹

In sum, there is no indication that virtual hearings—with reasonable accommodations for those without

reliable internet access—compromise participants’ rights or the quality of information available to judges. On the contrary, virtual hearings may be a key tool for increasing participation post-pandemic.

Recommendation 3. During and after the pandemic, permit virtual participation in court hearings by biological parents, children, and foster parents as a standard option.

New Barriers to Visitation and Reasonable Efforts to Achieve Permanency

In August 2020, Rep. Gwen Moore (D-WI) introduced H.R. 7976 to “pause” the timeline for termination of parental rights (TPR) created under the 1997 Adoption and Safe Families Act (ASFA).⁴² ASFA instructs states to file for TPR if a child has been in care for 15 of the preceding 22 months of his or her life.⁴³ Similarly, the Children’s Bureau has encouraged agencies to avoid TPR if parents’ progress toward reunification was affected by the pandemic.⁴⁴ Yet, before the pandemic, the TPR timelines were frequently not applied, due to broad statutory exceptions, lack of meaningful tracking,⁴⁵ and no accountability for compliance. Further relaxation of the TPR timelines may foreshadow its eventual elimination, something many parent advocates have long desired.

However, the TPR timelines are not arbitrary. They were implemented in recognition of empirical realities: (1) Children experience time differently than adults do, and spending multiple years without legal permanency is harmful to them; (2) as children get older, the probability that they will be adopted drops precipitously⁴⁶; and (3) foster care is ill-equipped to provide long-term care, so longer stays are associated with greater risks of placement instability and other adverse events. Nor are the ASFA timelines unrealistic or unnecessarily restrictive. Approximately two-thirds of children reunified from foster care exit within one year⁴⁷—substantially less than the 15 months allowed under ASFA—and there is no evidence that allowing for more time meaningfully increases rates of reunification. If that were the case, one would expect to see higher rates of reunification among children in kinship care, who are exempted from the TPR timelines, when compared with children in other forms of

care. Yet, children placed with kin do not have higher reunification rates.⁴⁸

In sum, children’s needs for safe and timely permanency do not recede because there is a pandemic. Further delays will cause harm, and there is little reason to believe such delays will allow for additional safe, stable reunifications. Thus, CWS should not be alleviated of its requirement to make reasonable efforts toward reunification within the time frames. Rather, it must adapt.

A key component of reunification is parent-child visitation. During the pandemic, in-person visitation (particularly indoors) may be ill-advised, given that children in foster care have heightened rates of chronic health conditions indicated in the severity of COVID-19 symptoms (e.g., asthma). Moreover, foster parents, and particularly kinship caregivers, are often older and thus may be in a high-risk group. Although the Children’s Bureau has argued that “family is a compelling reason” and thus in-person visitation should continue regardless of those risks,⁴⁹ this could lead foster families to end existing placements or decline new placements if a household member is in a high-risk group.

Virtual visitation could be used as an alternative when in-person visits are not possible or in combination with in-person visits. Virtual visitation has its drawbacks—especially for young children for whom play, rather than conversation, is the primary mode of interaction during visits. However, it could also enhance the quantity and quality of interaction for some children. In-person visitation, which typically occurs once a week or less, can sometimes be stressful for children and foster parents, due to the disruption in routine, behavioral or emotional responses of children before or following visits, no-shows by the parents, and distrust or animosity between foster and biological parents.⁵⁰ When coupled with more frequent virtual visitation, children may be better able to prepare for in-person visits, biological parents may benefit from seeing aspects of the child’s daily life and environment, and it could provide opportunities for the foster parents and biological parents to exchange information and build a working relationship that benefits the child. Currently, federal funding can be used to purchase cell phones or other devices or services that enable virtual visitation.⁵¹

Beyond visitation, agencies must facilitate, and parents must engage in, various services to ameliorate the risks that led to foster care placement. Access to in-person services may be reduced during the pandemic, and families may face additional barriers to participation, such as unreliable internet service.⁵² However, CWS can and should contract with providers that continue to offer (where safe) in-person services or can provide telehealth services. Competitive funding to evaluate the efficacy of virtual delivery for existing evidence-based child welfare services should be made available. After the pandemic, continuing to provide flexibility in service delivery options removes commonly cited barriers for non-completion (e.g., unreliable transportation or childcare)⁵³ and may enable more parents to complete their case plans successfully or, at a minimum, provide clarity to the courts as to parents' and agencies' efforts toward reunification.

Recommendation 4. Require that court hearings and other requirements for moving children toward permanency continue without delay.

Recommendation 5. Where appropriate, agencies should facilitate virtual visitation to increase the frequency of contact between children and their biological parents, siblings, and others and build better working relationships between foster and biological parents.

Adapting Foster Parent Recruitment and Retention Strategies

The pandemic introduces additional challenges to foster home recruitment and retention—including employment loss or financial insecurity and difficulties associated with virtual schooling. Many foster parents are also older adults who face higher risks associated with the coronavirus. At the same time, other families may have experienced changes in circumstances that enabled them to engage in fostering (e.g., reduced work commitments, a shift to remote work, and early retirement).⁵⁴ Agencies that were unable to provide adequate supports or had slow, inefficient processes lost existing foster homes and were unable to certify new ones. Yet, some agencies made reasonable accommodations to facilitate orientations, trainings, and licensures

during the pandemic and found that foster home recruitment remained unchanged or, in some cases, increased relative to pre-pandemic levels.⁵⁵ Accommodations included virtual orientations and trainings and moves to online processes for completing and filing paperwork—efforts that will also serve families post-pandemic, given that issues related to work, childcare, and distance from agency may inhibit in-person attendance to frequent trainings or meetings.

That some agencies saw declines in foster family recruitment and retention when others did not indicates likely differences in agency practices' effectiveness. Unfortunately, what is known about foster parent recruitment and retention during this time is largely anecdotal. Federal data collection focuses on child characteristics and provides no information on agencies. Overall, despite the near-constant chorus of reform demands for CWS, there has been little attention to meaningfully measuring, tracking, or reporting on the quality and outcomes of agencies. As a result, prospective foster families cannot make an informed choice about which agency is best suited to their interests, and governments cannot make informed decisions about contractors.

Recommendation 6. Encourage innovation in foster home recruitment and support services by providing current and prospective foster families informed choices.

The pandemic has highlighted what has long been known: Agencies differ in ways that should inform government contracts and prospective foster parents' selection of licensing agency. CWS has long relied on private agencies to recruit, certify, and support foster families,⁵⁶ with privatization advocates arguing that private agencies are less bureaucratic, more innovative, and better connected with their communities. Improving foster care—now and beyond the pandemic—requires transparency and accountability at the agency level. Agencies should be incentivized to collect and publicly report information on recruitment, retention, and placement outcomes to offer prospective foster families a meaningful, informed choice of which agency can provide the quality of services and supports the family needs to be successful.⁵⁷

Increased Need for Social and Economic Supports; Community-Based Agencies Fill Gaps

The pandemic has highlighted the risks of delegating new and greater responsibilities to overburdened and underperforming governmental agencies. Our public schools that serve large proportions of vulnerable children routinely fail to provide basic literacy and numeracy skills and yet are expected to identify child maltreatment and provide children with food, counseling, physical health care, and other basic needs. Similarly, CWS, which routinely fails to adequately investigate maltreatment or protect children from harm, is increasingly asked to fund or facilitate families' housing, income, and other needs, often through "differential response programs"⁵⁸ that purport not to investigate child maltreatment but draw on resources allocated for child protection. During the pandemic, the cracks in this approach widened, as calls to CWS plummeted and large swaths of at-risk children went missing from school.

In 2020, the Donald Trump administration issued an executive order on child welfare that instructed states' CWS to report on strategies to partner with other public, private, faith-based, and community organizations.⁵⁹ The Administration for Children and Families (ACF) also recently announced a multiyear effort to transform CWS into a "child and family well-being system" that prioritizes "strengthening families . . . rather than separating families."⁶⁰ (The press release incorrectly implies that CWS's primary response to child maltreatment is family separation; ACF's annual reports confirm that the overwhelming majority of children reported to CWS do not enter foster care.⁶¹) The details of the initiative remain unclear, but the press release and other communication from the Children's Bureau⁶² indicate an expansive vision of CWS as responsible for meeting the vast, complex, and often chronic needs of families, rather than its original purpose of identifying child maltreatment and taking protective action.

When CWS becomes a gateway to desired services and supports, more families will be referred to and involved with CWS,⁶³ and its already limited capacity to identify and respond to child maltreatment will be further diminished. Thus, the optimal strategy is to sever the link between CWS and access to

resources, not to entrench it further. To the extent that families are referred to CWS when they require only material, employment, or health care services, the remedy for this is not for CWS to provide such services.

Families referred to CWS—even when there is no indication of current maltreatment—often have complex and substantive needs that may include, but extend beyond, parenting behavior or risks to child safety. Their children face heightened risk of adverse outcomes that CWS neither caused nor meaningfully abated.⁶⁴ Nongovernmental, community-based entities, not CWS, are well-suited to take on a larger role in meeting these needs. Community agencies capably organize and enlist volunteers by leveraging existing relationships (e.g., to churches or civic groups) and word of mouth. Such organizations provide volunteers and paid staff with a shared mission and sense of group membership, which may motivate higher levels of sustained commitment. Although these agencies require some governmental funding to carry out their work, they may be able to provide these services at a lower cost by supplementing government funding with volunteers and private donors and reducing staff turnover.

Beyond conserving resources, community-based agencies may also provide vulnerable families with relational benefits. Research has long found that social isolation and toxic social networks contribute to child maltreatment risk,⁶⁵ but CWS has no capacity to fill that need. As a governmental entity with corresponding *parens patriae* authority, CWS is poorly positioned to engage families and build long-standing relationships to aid those with complex and chronic needs. Rather than reduce or eliminate CWS's authority to remove children from their homes or monitor child safety in the home—given that a substantive proportion of high-risk families does not voluntarily engage in preventive services—community agencies should be empowered to engage and serve families outside of CWS unless and until those efforts are insufficient to protect children from harm.

Recommendation 7. Rely on community partnerships to address non-maltreatment concerns of families referred to CWS. CWS should connect high-risk families that are ineligible for or do not

necessitate CWS services to relevant voluntary community-based agencies. Even when CWS intervention is needed, CWS should focus its resources on addressing maltreatment-related risks and rely on voluntary community-based agencies to meet families' non-maltreatment needs (including material needs), rather than providing or arranging such resources directly.

Predictive risk modeling is an increasingly common and effective strategy for reducing investigations of families with little or no maltreatment risk.⁶⁶ However, screened-out or unsubstantiated allegations often reveal family concerns that may be escalating (i.e., result in child maltreatment in the future) or that may implicate chronic needs of the family that,

even if not maltreatment, result in harm to children.⁶⁷ Moreover, CWS regularly makes the wrong decision; it screens out, deems unsubstantiated, or closes without services cases in which children are being abused or neglected.⁶⁸ CWS allegations for some families become a revolving door; they never reach the threshold where CWS intervenes, but they continue to function at a level that arouses concern by those around them.⁶⁹ To reduce unnecessary referrals and investigations and conserve resources for responding to child abuse and neglect, CWS can combine predictive risk modeling with strategic redirection of screened out and unsubstantiated referrals to voluntary community-based agencies equipped to address non-maltreatment needs.

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