



Child safety reporting, services, and child welfare interventions with newcomer families during the COVID-19 pandemic: A survey of ontario child welfare workers.



Daniel Kikulwe^{a,*}, Derrick Ssewanyana^b, Sarah Maiter^a

^a School of Social Work, York University, Toronto, Ontario, M3J 1P3, Canada

^b Department of Physiology, University of Toronto, Toronto, Ontario, M5S 1A8, Canada

ARTICLE INFO

Keywords:

Child welfare referral
Child safety
COVID-19
Newcomer
Urban/rural settings

ABSTRACT

Background: Newcomer families with child welfare involvement face complex COVID-19 related challenges that are still less understood within the Canadian context.

Objective: This study explored views on the changes in child safety reporting and interventions with newcomer families during the COVID-19 pandemic.

Participants: and **Setting:** Participants were 63 child welfare workers from Children's Aid Societies across Ontario, Canada.

Methods: Using cross tabulations with Fisher exact tests, the analysis draws on survey data from the second wave of the pandemic to test for significance of differences in areas of child safety reporting, interventions with newcomer families, and available supports across urban and urban/rural settings.

Findings: Parents' emotional instability and substance use (86%), domestic/adult conflict (85.6%), and child emotional harm (66.3%) were the top child safety issues with most increased reporting during the pandemic. Except for domestic/adult conflict, there were no differences in the rating of the six identified areas of child abuse across newcomer/racialized caseloads in different geographical settings. Increasingly, during the COVID-19 pandemic, workers were intervening with newcomer families by 'connecting them with community agencies or services' (51.8%), and 'reaching out to extended family and other community members to support parents' (44.6%). Mental health supports (68.4%), family access (66.7%), and childcare (65.9%) were the least accessible services.

Conclusion: A closer examination of the reported child safety incidents shows that child emotional harm was on the rise and that child sexual and physical abuse were underreported. Unidentified cases of child abuse during the pandemic posed barriers to help-seeking and resulted in limited or no supports for victims.

1. Introduction

For over three years since its onset, the COVID-19 pandemic has disrupted almost all aspects of society across the world. Children experienced heightened vulnerability to immediate and long-lasting effects (Tso et al., 2020), including child safety issues, alongside changes in service delivery (Fore, 2021; Marmor et al., 2021; UNICEF, 2021). In fact, close to 1.8 billion children live in countries where violence prevention and response services were heavily disrupted by COVID-19 (UNICEF, 2021). At the peak of the pandemic, about 1.6 billion learners missed school due to nationwide lockdowns and school closures (UNICEF, 2021). The evidence suggests that school shutdowns increased children's

exposure to maltreatment, exploitation, and physical and mental ill-health (Rajmil et al., 2021; Viner et al., 2022).

New and complex challenges for child welfare systems have emerged due to COVID-19-related lockdowns and other measures to control the spread of the virus (Jentsch & Schnock, 2020; Katz et al., 2021). Owing to social distancing guidelines during the pandemic, children-in-care experienced prolonged separation from their families and significant others (Goldberg et al., 2021), which is known to exacerbate children's risk for mental and behavioral disorders (MacKenzie et al., 2017). A major shift from in-person to virtual delivery of child protection services in the pandemic limited child welfare workers' ability to provide adequate support, maintain relationships with children, and supervise

* Corresponding author.

E-mail address: kikulwe@yorku.ca (D. Kikulwe).

<https://doi.org/10.1016/j.chipro.2024.100004>

Received 20 December 2023; Received in revised form 13 February 2024; Accepted 13 February 2024

Available online 20 February 2024

2950-1938/Crown Copyright © 2024 Published by Elsevier Inc. on behalf of International Society for Prevention of Child Abuse and Neglect. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

family-child contact, and it was associated with privacy and confidentiality concerns (UNICEF, 2020). Additionally, caseworker turnover during the pandemic was another significant challenge, attributable to fear of COVID-19 infection, increased work-related stress, burnout, and secondary traumatic stress (Renov et al., 2022; Shadik et al., 2023). Owing to such challenges, child welfare workers' role in monitoring and investigating child safety issues has been hampered, with some studies citing potential underreporting of child maltreatment during the pandemic (Rapoport et al., 2021; Whelan et al., 2021).

Children involved with the child welfare system have experienced extreme difficulty during the pandemic (Katz, Varela, et al., 2022). Within the Canadian child welfare system, children from racialized and Indigenous backgrounds are likely to experience the greatest vulnerability (Children First Canada, 2020; Ontario Human Rights Commission [OHRC], 2018). Growing evidence points to the intersectionality between immigration and child protection (Middel et al., 2020; Nadan et al., 2015), indicating a need for improved understanding of key threats and solutions especially for children from newcomer families. In 2018, research on child abuse/neglect in Ontario revealed that for every 1000 children in newcomer households, 134 were involved in a child maltreatment-related investigation (Houston et al., 2021). More specifically, children from a newcomer household are about 2.5 times more likely to be investigated by child welfare than children from a non-newcomer household (Houston et al., 2021). The Black ethno-racial population is considered to be one of the most represented ethno-racial groups amongst newcomers investigated by child welfare in Ontario (Antwi-Boasiako et al., 2020; Houston et al., 2021). Systematic biases in child welfare services and policies, risks related to social safety net, discrimination and racism have been linked to the overrepresentation of children from newcomer households in Canada's child welfare system (Antwi-Boasiako et al., 2020; Houston et al., 2021). The study by Houston et al. (2021), found that the most prevalent child maltreatment-related investigations among newcomer families were related to physical abuse (27%), exposure to intimate partner violence (24%), neglect (11%), emotional maltreatment (2%), and sexual abuse (2%).

Current scholarship on COVID-19 in Canada is scant but has already documented increased mental health needs and behavioral risks among children and caregivers (Gadermann et al., 2021; Raina et al., 2021); heightened violence and substance use among caregivers (Gadermann et al., 2021); delays and breakdowns in family legal services (Ontario Court of Justice, 2020); school disruptions (Aurini & Davies, 2021); difficulties in accessing childcare services (Friendly et al., 2021); technical challenges for social workers using virtual platforms (Ashcroft et al., 2022); and work overload coupled with mental health concerns among child welfare workers (Ashcroft et al., 2022; Williams et al., 2022). Most of these hardships have been reported and discussed from a general perspective. However, such issues have particularly impacted child safety among newcomer families during the pandemic and have been hardly addressed in the Canadian literature.

We explored child welfare workers' views on reported incidents, access to service, and how they were intervening with newcomer families in Ontario, Canada. In this study, newcomer families are defined as primary caregivers with either immigrant or refugee backgrounds who had settled in Canada for 10 years or less. The determination of 10 or less years was approved by a panel of experienced child welfare professionals from the Ontario Association of Children's Aid Societies (OACAS) Research and Evaluation Program Steering Committee. The panel felt that new arrivals experience poverty and marginalization well beyond the accepted five years of migration, a period applied by Statistics Canada (2010) when defining this population. Our study applies the term *racialized* to refer to foreign or Canadian born individuals other than Indigenous peoples, who are non-Caucasian in race or non-white in color. The racialized group in Canada mainly (but not exhaustively) comprises Southeast Asian, South Asian, West Asian, Chinese, Black, Filipino, Latin American, Arab, Korean and Japanese (Statistics Canada, 2022a). The

study was guided by the following two objectives: 1) *to investigate changes in child safety reported incidents among newcomer families during COVID-19 compared to the pre-pandemic period across rural and urban settings in Ontario*; and 2) *to examine access to services/supports and child welfare interventions with newcomer families during COVID-19 compared to the pre-pandemic period across rural and urban contexts*. Understanding that newcomer families are now beginning to settle in Canadian rural centres due to lower costs of living, employment opportunities, and quality of life in comparison to urban centres (Lam (2019), in this study, we were keen to address the aforementioned questions and learn about the experiences of child welfare workers supporting this population across urban and rural settings.

2. Material and methods

2.1. Design and sample

This study was cross-sectional by design and was conducted in the province of Ontario. The larger study utilized a mixed methods approach to examine how Children's Aid Societies (CAS) across Ontario were adapting child protection services during the pandemic. In the present paper, we report on the quantitative survey data. Eligibility to participate in the survey was based on: 1) respondents' active involvement in providing services to newcomer families during COVID-19; 2) their ability to communicate in English; and 3) if they were 18 years and older. In total, 108 child welfare workers accessed the online survey and 58.3% (63 of the 108) fully completed the survey.

2.2. Data collection

Data were collected during the second wave of the COVID-19 pandemic (September to October 2020). For recruitment purposes, an online survey approach was chosen as most pragmatic because of social distancing health restrictions. The survey which was designed in the Alchemer online platform took 20–25 min to complete. The OACAS assisted with the survey distribution to its 50 child welfare member agencies through its monthly newsletter. To improve the response rate, we also followed up with individual agencies, reminding staff to complete the survey. Further, the Child Welfare League of Canada (CWLC) also assisted with mass email distribution of the survey link to its key contacts. Permission was also sought from the OACAS to conduct this research. All participants from the child welfare agencies consented to take part in this study.

2.2.1. The survey

The survey instrument comprised of 27 items; however, the following five measures are most relevant for this paper:

1. Social demographics including *their child welfare role, work experience, geographic setting for their agency, their race/ethnicity, and gender identity*.
2. Caseload characteristics – child welfare workers were asked to estimate the *percentage of families in their caseload who are newcomers and the percentage of families who belonged to racialized groups*.
3. Changes in frequency of child safety issues during COVID-19 pandemic. Child welfare workers were asked how frequently they observed the occurrence of child safety issues among newcomer families during COVID-19 compared to the pre-pandemic period. The child safety issues were: *physical harm, sexual abuse, child neglect, child emotional harm, domestic violence/adult conflict, and parental emotional stability and substance use*. The frequency was assessed on a three-point Likert scale comprising the options of: 'Fewer safety issues,' 'More safety issues,' and 'No change.'
4. Changes in frequency of child safety interventions with newcomer families during COVID-19 pandemic. Child welfare workers were asked how frequently they used certain safety interventions within

newcomer cases during the COVID-19 pandemic compared to the pre-pandemic period. The interventions were: *connecting caregivers with extended family and other community members, connecting parents with extended family and other community members, alleged perpetrator leaving the home, non-offending caregiver moving to a safe environment with the child, and legal intervention such as supervision order, voluntary child placement, and child apprehension.* This was assessed on a three-point Likert scale comprising the options of: ‘Less frequently,’ ‘More frequent,’ and ‘No change.’

- Changes in access to services/supports for newcomer families during the pandemic. Child welfare workers were asked how readily accessible services were to newcomer families during the COVID-19 pandemic compared to the pre-pandemic period. The services were: *family access visits, safe and secure housing, financial support, food security, mental health supports, and childcare.* This was assessed on a three-point Likert scale based on: ‘More accessible,’ ‘Less accessible,’ and ‘No change.’

The survey tool was vetted by a panel of experienced child welfare professionals from the OACAS Research and Evaluation Program Steering Committee to ascertain its content and face validity. The tool was also pre-tested among Master of Social Work students with child welfare experience. Confidentiality was ensured by not collecting personal identifying information and respondents’ agency. All data for this study were collected anonymously.

2.3. Statistical analysis

We used descriptive statistics, including percentages, to summarize demographic and caseload profiles. Based on the survey, we formed three groups of caseload compositions to indicate the number of newcomer and racialized families served by respondents: 1) caseload composition of less than 20% indicated *few* newcomers and racialized families; 2) 20–30% showed *moderate* caseload of newcomers and racialized groups; and 3) 40% or more indicated *many* newcomers and racialized families. Using the Fisher exact test, we conducted cross tabulations and tested for significance of differences in demographic and caseload profiles across the two geographic settings of the agencies (i.e., urban and both urban and rural settings).

The response options to the variable on *change in frequency of child safety issues during COVID-19 pandemic* were re-categorized into a binary format with the two revised response options being “*more issues*” and “*fewer or no change.*” A categorical response variable in its original format was analyzed in connection with the outcomes on *changes in frequency of child safety interventions during COVID-19* and *changes in access to services/supports for newcomer families during the pandemic.* We tested if there were significant differences across geographic settings for all the study outcomes. We also checked if there were significant differences in two of the three outcomes according to the composition of racialized families in the newcomer caseload. All tests are two-sided and *P*-values of 0.05 or less were considered statistically significant. Analysis was conducted using STATA 15 software.

3. Results

3.1. Respondents’ characteristics and caseload profiles

The demographic and caseload profiles of the 63 study respondents are summarized in **Table 1** below. Most respondents worked in child welfare agencies serving urban and rural (n = 40, 63%) settings and others (n = 23, 37%) were employed in urban regions. Most respondents worked as ongoing workers (n = 23, 37%) or investigation workers (n = 16, 26%), while others performed both roles (n = 8, 13%). A significantly greater proportion of respondents from urban agencies than agencies serving both urban and rural settings (70% versus 28%, *P* = 0.003) had five years or less of child welfare work experience. Most

Table 1

Socio-demographic characteristics and caseload composition across geographical settings.

Characteristics	Overall sample: N = 63 (%)	Setting		P-Value
		Urban (n = 23)	Both Rural & Urban (n = 40)	
Role of respondent				0.35
Investigation worker	16 (25.8)	9 (39.1)	7 (18)	
Intake worker	7 (11.3)	2 (8.7)	5 (12.8)	
Ongoing worker	23 (37.1)	9 (39.1)	14 (35.9)	
Both Investigation and ongoing work	8 (12.9)	1 (4.4)	7 (17.9)	
Supervisor	2 (3.2)	0 (0.0)	2 (5.1)	
Assorted roles ^a	6 (9.7)	2 (8.7)	4 (10.3)	
Experience working in child welfare				0.003
0–5 years	27 (42.9)	16 (69.6)	11 (27.5)	
6–15 years	22 (34.9)	3 (13.0)	19 (47.5)	
16 years or more	14 (22.2)	4 (17.4)	10 (25.0)	
Race/Ethnicity of respondent				0.17
White	46 (73.0)	15 (65.2)	31 (77.5)	
Person of Color	12 (19.0)	4 (17.4)	8 (20.0)	
First Nations	1 (1.6)	1 (4.4)	0 (0.0)	
Not reported	4 (6.4)	3 (13.0)	1 (2.5)	
Gender identity				0.65
Female	30 (47.6)	12 (52.2)	18 (45.0)	
Male	2 (3.2)	0 (0.0)	2 (5.0)	
Did not identify their gender	31 (49.2)	11 (47.8)	20 (50.0)	
Newcomer families in total caseload				0.19
Few (less than 20%)	30 (47.6)	8 (34.8)	22 (55.0)	
Moderate (20–30%)	20 (31.8)	7 (30.4)	13 (32.5)	
Many (40% or more)	8 (12.7)	5 (21.7)	3 (7.5)	
Not sure	5 (7.9)	3 (13.1)	2 (5.0)	
Racialized families in total caseload				0.22
Few (less than 20%)	27 (42.9)	9 (39.1)	18 (45.0)	
Moderate (20–30%)	15 (23.8)	3 (13.1)	12 (30.0)	
Many (40% or more)	18 (28.5)	9 (39.1)	9 (22.5)	
Not sure	3 (4.8)	2 (8.7)	1 (2.5)	

^a Assorted roles included respondents who reported roles in foster, adoption, kinship, and ongoing service; *P*-values are based on Fisher’s exact test; *P*-values in bold indicate statistically significant differences across groups.

respondents were White (73%) and identified as female.

More than a half of the respondents from urban agencies (52%) and (40%) working in both urban and rural settings indicated that 20% or more of their total caseload comprised of newcomer families. More than half (52–53%) of respondents working with agencies from either geographical setting had 20% or more racialized families in their caseload.

3.2. Changes in child safety reporting between pre-pandemic and pandemic period

Based on their assigned caseloads, respondents also were asked to compare pre-pandemic and pandemic reporting changes in six identified areas of child abuse and neglect (See **Table 2**). On average, the three child safety issues with the most increased reporting or referrals during the pandemic were: parents’ emotional instability; cognition, and substance use issues (86%); domestic violence or adult conflict (85.6%); and child emotional harm (66.3%). The majority (90.5%) of the respondents indicated that there were fewer reported occurrences or no change in child sexual abuse referrals during this period. More than half of the respondents reported fewer or no change in referrals received regarding child physical harm (65.7%) compared to the pre-pandemic period. It is noteworthy that the response patterns on all the six child safety issues did not statistically differ across the geographic settings for agencies.

When comparing respondents’ reporting on caseloads with *fewer*,

Table 2
Respondents' perceived changes in child safety reports pre-pandemic and pandemic across setting and total caseload characteristics.

Child Safety Issues	Responses across geographical settings		P-value	Newcomer families within total caseload				P-value	Racialized families within the newcomer caseload				P-value
	Urban	Both (Rural & Urban)		Few (<20%)	Moderate (20–30%)	Many (40% or more)	Not sure		Few (<20%)	Moderate (20–30%)	Many (40% or more)	Not sure	
Child physical harm			0.55										1.0
More issues	7 (38.9)	11 (29.7)		9 (33.3)	7 (38.9)	2 (33.3)	0 (0.0)	8 (34.8)	4 (30.8)	5 (31.3)	1 (33.3)		
Fewer or No change	11 (61.1)	26 (70.3)		18 (66.7)	11 (61.1)	4 (66.7)	4 (100)	15 (65.2)	9 (69.2)	11 (68.8)	2 (66.7)		
Child sexual abuse			0.57										1.0
More issues	2 (13.3)	2 (5.7)		1 (3.9)	1 (6.3)	1 (20.0)	1 (33.3)	2 (9.1)	1 (8.3)	1 (7.7)	0 (0.0)		
Fewer or No change	13 (86.7)	33 (94.3)		25 (96.1)	15 (93.7)	4 (80.0)	2 (66.7)	20 (90.9)	11 (91.7)	12 (92.3)	3 (100)		
Child neglect			0.58										0.61
More issues	12 (60.0)	19 (50.0)		18 (64.3)	9 (50.0)	3 (42.9)	1 (20.0)	15 (60.0)	5 (38.5)	9 (52.9)	2 (66.7)		
Fewer or No change	8 (40.0)	19 (50.0)		10 (35.7)	9 (50.0)	4 (57.1)	4 (80.0)	10 (40.0)	8 (61.5)	8 (47.1)	1 (33.3)		
Child emotional harm			0.76										0.51
More issues	12 (63.2)	25 (69.4)		18 (66.7)	13 (72.2)	4 (80.0)	2 (40.0)	16 (66.7)	7 (53.8)	12 (80.0)	2 (66.7)		
Fewer or No change	7 (36.8)	11 (30.6)		9 (33.3)	5 (27.8)	1 (20.0)	3 (60.0)	8 (33.3)	6 (46.2)	3 (20.0)	1 (33.3)		
Domestic violence or adult conflict			0.47										0.15
More issues	18 (90.0)	30 (81.1)		22 (81.5)	19 (100)	4 (66.7)	3 (60.0)	18 (75.0)	13 (100)	15 (88.2)	2 (66.7)		
Fewer or No change	2 (10.0)	7 (18.9)		5 (18.5)	0 (0.0)	2 (33.3)	2 (40.0)	6 (25.0)	0 (0.0)	2 (11.8)	1 (33.3)		
Parent's emotional stability, cognition or substance use			0.70										0.39
More issues	17 (89.5)	33 (82.5)		25 (86.2)	18 (94.7)	4 (66.7)	3 (60.0)	22 (84.6)	11 (78.6)	15 (93.7)	2 (66.7)		
Fewer or No change	2 (10.5)	7 (17.5)		4 (13.8)	1 (5.3)	2 (33.3)	2 (40.0)	4 (15.4)	3 (21.4)	1 (6.3)	1 (33.3)		

*P-values are based on Fisher's exact test; P-values in bold indicate statistically significant differences across groups. Note that each of the binary variable exclude missing entries and responses indicated "Not Applicable".

moderate, and many newcomer families, there was no statistically significant difference in reported patterns of child safety issues except for domestic violence or adult conflict. A significantly (P = 0.03) lower proportion of participants reported an increase in domestic violence or adult conflict during the pandemic among the respondents with caseloads comprising many newcomer families (i.e., 66.7%) compared to respondents with moderate (100%) and those with few (81.5%) newcomer family caseloads. There were no statistically significant differences in the rating of the six identified areas of child abuse and neglect when data were grouped based on respondents' reports on racialized family caseloads. Although not statistically significant, a much higher proportion of respondents with caseloads comprising many racialized families indicated that during the pandemic, there were more issues of child emotional harm (80% vs 53.8% and 66.7%) respectively.

3.3. Changes in child safety interventions with newcomer families in the pre-pandemic and pandemic periods

Table 3 is a summary of respondents' perceptions on seven key changes to their interventions with newcomer families during the pandemic compared to the pre-pandemic period. What stood out from the respondents' reporting on their newcomer caseloads was the interventions of connecting families with community agencies or services (51.8%); and connecting families with extended family and other community

members (44.6%). The highest proportion of respondents indicated more frequent use of those two less intrusive approaches when working with newcomer families compared to the pre-pandemic period. The respondents also reported that they did not change their use of intrusive measures of child apprehension (90.4%); and legal intervention (93.2%) when working with newcomers during the pre-pandemic and pandemic periods. Additionally, when working with newcomer parents, the intervention of asking the alleged perpetrator to leave the home (78.7%) was reported by most respondents as unchanged during the pandemic. When working with newcomers, a high proportion of respondents (88.6%) reported use of voluntary child placement as unchanged between pre-and pandemic periods. Overall, there was no statistically significant difference in the responses for the seven safety interventions with newcomers across geographic settings for agencies.

3.4. Changes in access to services and supports for newcomer families during the pre-pandemic and pandemic periods

Further, respondents were asked to rate their observations of how six different identified services/supports were accessible for newcomer families during the COVID-19 pandemic compared to the pre-pandemic period (See Table 4). Overall, mental health supports (68.4%), family access (66.7%), and childcare (65.9%) were ranked by the largest proportion of respondents as being less accessible during the pandemic. On

Table 3
 Respondents' perceived changes in interventions with newcomer families pre-pandemic and pandemic across settings.

Safety Interventions	Overall respondents n (%)	Respondents according to setting		P-value
		Urban n (%)	Both Rural & Urban n (%)	
Connecting family with extended family and other community members				1.00
No change	27 (48.2)	10 (50.0)	17 (47.2)	
More frequent	25 (44.6)	9 (45.0)	16 (44.4)	
Less frequent	4 (7.2)	1 (5.0)	3 (8.3)	
Connecting family with community agencies or services				0.67
No change	21 (37.5)	8 (38.1)	13 (37.1)	
More frequent	29 (51.8)	12 (57.1)	17 (48.6)	
Less frequent	6 (10.7)	1 (4.8)	5 (14.3)	
Alleged perpetrator to leave the home				1.00
No change	37 (78.7)	15 (83.3)	22 (75.9)	
More frequent	9 (19.2)	3 (16.7)	6 (20.7)	
Less frequent	1 (2.1)	0 (0.0)	1 (3.4)	
Non-offending caregiver to move to a safe environment with the child				0.77
No change	34 (75.6)	14 (82.3)	19 (70.4)	
More frequent	6 (13.3)	2 (11.8)	4 (14.8)	
Less frequent	5 (11.1)	1 (5.9)	4 (14.8)	
Legal intervention: supervision order				1.00
No change	41 (93.2)	14 (93.3)	27 (93.2)	
More frequent	1 (2.3)	0 (0.0)	1 (3.4)	
Less frequent	2 (4.5)	1 (6.7)	1 (3.4)	
Voluntary child placement				0.53
No change	39 (88.6)	13 (86.6)	26 (89.7)	
More frequent	4 (9.1)	1 (6.7)	3 (10.3)	
Less frequent	1 (2.3)	1 (6.7)	0 (0.0)	
Child apprehension				0.78
No change	38 (90.4)	14 (93.3)	24 (88.9)	
More frequent	2 (4.8)	0 (0.0)	2 (7.4)	
Less frequent	2 (4.8)	1 (6.7)	1 (3.7)	

P-values are based on Fisher's exact test; P-values in bold indicate statistically significant differences across groups. Note that the entries in the table exclude participants with missing data and those who indicated "Not Applicable".

average, 12.7% of the respondents indicated that childcare was unavailable for families during the pandemic. Others (2.6%) indicated that mental health support was not available at all. With the exception of food security (46.5%), more than a half of the respondents reported that all the services/supports were either less accessible or not available during the pandemic when compared to before the pandemic.

There were no statistically significant differences in responses across both geographic settings for agencies and caseloads comprising of racialized families. Although not statistically significant, compared to respondents with caseloads comprising fewer and moderate racialized families, a much higher proportion of respondents with caseloads of many racialized families reported that there was less accessibility to financial support (62.5% vs 44% and 46.7%) and less accessibility to childcare (81.2% vs 52% and 66.7%), indicating a high level of inequality, even in the context of resource scarcity.

4. Discussion

This study's findings show three key areas: child welfare workers' perspectives on changes in child safety reporting, changes in child welfare interventions with newcomer families during the COVID-19 pandemic, and service availability for families during the pandemic. The thread that ties these findings together is that keeping children safe became more challenging during the pandemic. Indeed, as evidence suggests that there is always a rise of child maltreatment during global and national catastrophes (Curtis et al., 2000; Seddighi et al., 2021).

Our study findings potentially indicate that child emotional harm and adult risk factors including parental emotional instability, substance use, and domestic violence notably increased during the COVID-19 pandemic. Similar concerns have been noted by other studies as key threats to children and families during the pandemic in Canada (Gadermann et al., 2021; Raina et al., 2021) and beyond (Humphreys et al., 2020; Kourti et al., 2021). These risk factors are interrelated and therefore likely to co-occur among vulnerable families (Lapierre et al., 2018). COVID-19 heightened these child safety concerns because families became physically, economically, and emotionally more vulnerable (Power, 2020). Some parents became more stressed and insecure about the pandemic, resulting in their children feeling more irritable and anxious and leading to increased use of physical and emotional violence by adults (Priolo Filho et al., 2023). These conditions also led to increased mental/emotional problems (including substance use) especially among people with histories of drug use (Ali et al., 2021) and among caregivers (Gadermann et al., 2021). In Canada, for example, a nationally representative study showed that Canadian middle-aged and older adults were twice as likely to experience depressive symptoms during the pandemic compared to the pre-pandemic period (Raina et al., 2021). Furthermore, large Canadian survey found that a larger proportion of Canadian parents with children less than 18 years old at home reported increased alcohol consumption, and feelings of self-harm or suicidal thoughts (Gadermann et al., 2021). Corroborating with our findings of the co-occurrence of mental health issues with other risk factors for child safety, emotional illness was linked to increased domestic conflict (Gadermann et al., 2021; Raina et al., 2021). In our study, we found fewer reports of domestic violence or adult conflict during the pandemic among respondents with caseloads comprising many newcomer families. This finding, however, needs further investigation, but it may be due to limited child safety referrals involving newcomer families thus resulting in an underreporting of these situations.

Another potential risk factor for parental emotional instability and emotional harm for children is discrimination, which increased by almost three-fold in Canada during the pandemic, mostly due to race and ethnicity (Statistics Canada, 2022b). In line with this evidence, in our study a higher proportion (though not significant) of respondents reported child emotional harm, especially those with caseloads comprising many racialized families. During the pandemic, ethno-racial newcomer adults living in Ontario were disproportionately represented in precarious jobs including healthcare and long-term care homes and therefore, they were at greater risk of exposure to COVID-19 and also poverty (Ontario Council of Agencies Serving-Immigrants [OCASI], 2020). Poverty can result in family stress (e.g., food and housing insecurities), which can lead to child safety risks (Carrière & Strega, 2015; Saar-Heiman et al., 2020).

Most respondents told us that there were fewer reports (or no change) of child sexual abuse and physical harm during the pandemic compared to pre-pandemic. This was unexpected given the various pandemic-related child safety risks (like poor caregivers' emotional health, substance use, and domestic conflict) discussed in earlier sections. However, this finding is consistent with what others have described as a silent crisis and the increased danger of child abuse during the COVID-19 pandemic with fewer reports to child welfare agencies (Pietrabissa & Simpson, 2020). Similar to our results, American studies found substantially fewer reports of child maltreatment (including physical harm and sexual abuse)

Table 4
Perceived changes in accessibility to services and supports for newcomer families pre-pandemic and pandemic across geographical settings and caseloads.

Services and supports	Respondents according to setting		P-value	Racialized families within the newcomer caseload				P-value
	Urban	Both (Rural & Urban)		Few (<20%)	Moderate (20–30%)	Many (40% or more)	Not sure	
Family access			1.00					0.44
More accessible	2 (9.5)	3 (7.7)		2 (8.0)	2 (13.3)	0 (0.0)	1 (33.3)	
Less accessible	14 (66.7)	26 (66.7)		17 (68.0)	9 (60.0)	13 (76.5)	1 (33.3)	
No change	5 (23.8)	10 (25.6)		6 (24.0)	4 (26.7)	4 (23.5)	1 (33.4)	
Safe and secure housing			0.21					0.96
More accessible	0 (0.0)	1 (2.6)		1 (4.0)	0 (0.0)	0 (0.0)	0 (0.0)	
Less accessible	9 (45.0)	21 (53.8)		13 (52.0)	7 (46.7)	9 (56.2)	1 (33.3)	
No change	9 (45.0)	17 (43.6)		10 (40.0)	8 (53.3)	6 (37.5)	2 (66.7)	
Not available during COVID-19	2 (10.0)	0 (0.0)		1 (4.0)	0 (0.0)	1 (6.2)	0 (0.0)	
Financial support			0.69					0.81
More accessible	4 (20.0)	5 (12.8)		3 (12.0)	2 (13.3)	3 (18.7)	1 (33.3)	
Less accessible	10 (50.0)	19 (48.7)		11 (44.0)	7 (46.7)	10 (62.5)	1 (33.3)	
No change	5 (25.0)	14 (35.9)		10 (40.0)	5 (33.3)	3 (18.7)	1 (33.4)	
Not available during COVID-19	1 (5.0)	1 (2.6)		1 (4.0)	1 (6.7)	0 (0.0)	0 (0.0)	
Food security			0.85					0.95
More accessible	1 (4.8)	3 (7.9)		2 (7.7)	0 (0.0)	2 (13.3)	0 (0.0)	
Less accessible	8 (38.1)	18 (47.4)		11 (42.3)	7 (46.7)	7 (46.7)	1 (33.3)	
No change	11 (52.4)	16 (42.1)		12 (46.2)	7 (46.7)	6 (40.0)	2 (66.7)	
Not available during COVID-19	1 (4.8)	1 (2.6)		1 (3.8)	1 (6.7)	0 (0.0)	0 (0.0)	
Mental health supports			0.95					0.67
More accessible	1 (5.0)	2 (5.1)		1 (4.2)	1 (6.7)	0 (0.0)	1 (33.3)	
Less accessible	14 (70.0)	26 (66.7)		16 (66.6)	10 (66.6)	12 (70.6)	2 (66.7)	
No change	5 (25.0)	9 (23.1)		6 (25.0)	3 (20.0)	5 (29.4)	0 (0.0)	
Not available during COVID-19	0 (0.0)	2 (5.1)		1 (4.2)	(6.7)	0 (0.0)	0 (0.0)	
Childcare			0.94					0.58
More accessible	0 (0.0)	1 (2.5)		1 (4.0)	0 (0.0)	0 (0.0)	0 (0.0)	
Less accessible	13 (65.0)	26 (66.7)		13 (52.0)	10 (66.7)	13 (81.2)	3 (100.0)	
No change	4 (20.0)	8 (20.5)		7 (28.0)	4 (26.7)	1 (6.3)	0 (0.0)	
Not available during COVID-19	3 (15.0)	4 (10.3)		4 (16.0)	1 (6.7)	2 (12.5)	0 (0.0)	

P-values are based on Fisher's exact test. P-values are based on Fisher's exact test; P-values in bold indicate statistically significant differences across groups. Note that each of the binary variable exclude does with missing entry and those who indicated "Not Applicable."

during the pandemic compared to pre-pandemic (Rapoport et al., 2021; Whelan et al., 2021). Like the study conducted by Katz, Priolo-Filho, et al. (2022), we suggest that rather than an actual decrease in incidents of child sexual abuse and physical harm, it is more likely that fewer child safety issues were being reported, owing to the complexities underpinning child maltreatment reporting systems and access to child welfare services in the context of social distancing directives in the COVID-19 pandemic. Significant for this finding is what Teo and Griffiths (2020) report that some children were invisible to the usual reporting systems like school authorities that otherwise provide a form of protection from abuse and neglect.

Several questions emerge regarding underreported cases of child sexual abuse and physical harm. How would these unidentified cases of child abuses be addressed? Would the post-COVID- 19 pandemic be different from other crises (i.e., wars and natural catastrophes) that regularly result in increased child abuse (Curtis et al., 2000; Seddighi et al., 2021)? Cross checking of our research findings with case information stored and managed by the Child Protection Information Network (CPIN), a provincial information management system used by Ontario child welfare agencies, would be beneficial. Future studies could pursue these lines of inquiry to inform practice to support victims of child abuse.

Our findings showed that there was an increased frequency of connecting families with community agencies or services, as well as connecting caregivers and their children with extended family and other community members. Although we do not have any baseline data on what this means or the effectiveness of these interventions to help us understand the implications of these trends. In Canada, more than half (54%) of caregivers were 'very or extremely' concerned about their children's loneliness or social isolation during the onset of the pandemic (Statistics Canada, 2020). Worldwide, the COVID-19 pandemic has been associated with a major breakdown in social, physical, and emotional connection/support (Gadermann et al., 2021; Gayatri & Irawaty, 2022). Initiatives to create and strengthen social connections in the pandemic were overwhelmingly needed to build a sense of togetherness, trust,

cohesion, and happiness in difficult times (Gayatri & Irawaty, 2022). According to a guidance note issued by the Child Welfare League of Children First Canada (2020), service providers were encouraged to promote significant family and cultural connections during the pandemic, with particular attention to children who are vastly over-represented in care. Furthermore, recommendations included creating environments where young people and their families can connect while adhering to physical distancing guidelines, providing opportunities for more frequent and significant connections (i.e., via phone, text, online chat or video conference, etc.) and governments allowing service providers and social workers to be creative in arranging visits for children and youth with parents (Child Welfare League of Children First Canada, 2020). These and more initiatives potentially explain the findings of increased frequency of services connecting children, families, and communities during the pandemic.

Our findings further indicate that workers' use of intrusive measures like child apprehension and legal interventions were unchanged during the pandemic for newcomer families. From the pre-pandemic Canadian literature, we know that ethnic/racial minority groups, immigrants, and refugees are often disproportionately subjected to child protection interventions (Adjei et al., 2018; deFinney et al., 2011). While we do not have the child placement numbers during the pandemic, according to Ontario incident studies, the rate of child placement in 2008 was 1.55 per 1000 children; in 2013, the rate was 1.02 per 1000; and in 2018, the rate was 0.71 per 1000 children (Fallon et al., 2015, 2021). The Ontario Human Rights Commission [OHRC] (2018) has argued that "even where these [parent/child] separations occur, attention should be paid to children's ethnic, religious, cultural and linguistic backgrounds when considering where to place them" (para. 17). There are also repeated calls to reduce the over-representation of Indigenous children and racialized immigrant and refugee children and youth in Ontario's child welfare system (Clarke et al., 2018; Ontario Human Rights Commission, 2018).

Some child welfare agencies like the Children's Aid Society of Toronto have responded to this call by initiating programs such as *Journey to Zero*

to ensure that children are kept safe within their families and communities (Children's Aid Society of Toronto, n.d.).

Mental health supports, family access, and childcare were rated as the least accessible supports to newcomer families during the COVID-19 pandemic. Indeed, an overwhelming demand for mental health services by families during the pandemic has been extensively documented globally (Fegert et al., 2020; Muller et al., 2020). In support of our findings on mental health, a representative Canadian survey reported that up to 44% of parents with children under 18 years living at home experienced mental health concerns as a result of the COVID-19 pandemic (Gadermann et al., 2021). Chronic underfunding, unmet needs for mental health even prior to the pandemic, unclear policies, and suspension of in-person programs and services by mental health and addiction sector organization explain inaccessible mental health services during the COVID-19 pandemic in Canada (Canadian Mental Health Association, 2020; Vaillancourt et al., 2021). However, during the pandemic, the Canadian federal government put in place targeted investments and developed resources mostly focused on short-term virtual services, community resources, and information for people experiencing anxiety, stress, and depression due to COVID, as well as ensuring that emergency and crisis responders were available for children and youth (Canadian Mental Health Association, 2020). Such initiatives included increased funding for the Kids Help Phone (to increase number of available responders) and the launch of online portals, such as the Wellness Together Canada, to offer free mental health self-assessment and mental health resources (Canadian Mental Health Association, 2020).

In connection with our findings about low accessibility to childcare and limited family access, there were widespread precautionary mandates to close licensed childcare centres in most Canadian jurisdictions early in the pandemic (Findlay & Wei, 2021). Our findings are corroborated by results from the 2020 survey on Early Learning and Child Care Arrangements in Canada (Findlay & Wei, 2021). In this survey, 4 in 10 parents reported having difficulties finding childcare. Of the parents who were not using childcare, about 6 in 10 reported that the difficulty was finding affordable care, and 43% had difficulty finding any form of childcare during the pandemic (Findlay & Wei, 2021). Challenges with childcare access during COVID-19 have been associated with psychological distress, reduction in working hours, and increased probability of transitioning out of employment for working mothers (Zamarro & Prados, 2021). Moreover, lack of access to childcare has lasting negative impacts on youth development (Child Welfare League of Children First Canada, 2020; Walsh, 2012, pp. 173–185) and family income.

We found that financial support was reported by the largest proportion (16%) of respondents as more available in the pandemic than pre-pandemic period. While a small proportion, it is notable that increased access to financial support has been reported in another nationally representative Canadian survey conducted during COVID-19 (Gadermann et al., 2021). In this survey, a significantly greater proportion of parents with children less than 18 years living at home, compared with the rest of the population, had relied on government financial supports and had accessed food banks since the start of the pandemic (Gadermann et al., 2021). Indeed, various provinces and territories availed financial supports during the pandemic. In Ontario province, for example, \$3.7 billion, COVID-19-related funding was provided early in the pandemic to help families pay for extra costs associated with school and daycare; offer support to Indigenous peoples and communities; provide temporary emergency supports for people in financial need; and support the Low-income Energy Assistance Program (LEAP) (Ministry of Finance Ontario, 2020).

A strength of this study is that the case composition of racialized and newcomer families is taken into consideration while examining child safety incidents and interventions during the COVID-19 pandemic. Our research and its potential implications target context-specific problems and their solutions, which can support evidence-informed decision-making. Among the limitations of our study is the small sample size,

which limited the extent of inferential statistical analysis. This was, in part, due to challenges experienced in ensuring adequate response rates during the early stages of the COVID-19 pandemic when this work was conducted. Another limitation is that the *P*-value of 0.05 which we used as a cut-off value for statistical significance may have been inadequate due to multiple tests performed. Given that the study was requesting respondents to reflect on their experiences during the earlier waves of the pandemic, there was also a potential risk of memory bias, which may have resulted in lack of details regarding their work with newcomers. Overall, there are insights gleaned from this study that provide some understanding of the changes in reported incidents of child safety issues, and workers' interventions with newcomer families during pandemic.

5. Conclusions

This study investigated views of child welfare workers on changes in child safety reporting during COVID-19 compared to the pre-pandemic period and changes in the child welfare interventions with newcomer families across rural and urban settings in Ontario, Canada. Our findings confirm that the pandemic was characterized by an increase in child safety incidents, especially parents' emotional instability, cognition, or substance use; domestic violence or adult conflict; and child emotional instability. Paradoxically, fewer cases of child sexual abuse and physical harm were reported during the pandemic compared to the pre-pandemic period. However, we suspect that it is more likely that less cases were being reported due to COVID-19 related challenges. Connecting families with community agencies or services and connecting caregivers and their children with extended family and other community members were the most frequently delivered interventions in the pandemic. Child apprehension and legal intervention were reported as the two most unchanged interventions during the pandemic. Mental health supports, family access, and childcare were rated as the least accessible supports to newcomer families during the COVID-19 pandemic. More research is required to examine how services, health, and well-being of children and families have evolved over the pandemic in Canada so as to support child safety and post-COVID recovery within the child welfare system. There is a need for a multi-pronged and multi-sectoral approach in addressing multiple risk factors for child safety.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

References

- Adjei, P. B., Mullings, D., Baffoe, M., Quaicoo, L., Abdul-Rahman, L., Shears, V., & Fitzgerald, S. (2018). The "fragility of goodness": Black parents' perspective about raising children in Toronto, Winnipeg, and St. John's of Canada. *Journal of Public Child Welfare*, 12(4), 461–491. <https://doi.org/10.1080/15548732.2017.1401575>
- Ali, F., Russell, C., Nafeh, F., Rehm, J., LeBlanc, S., & Elton-Marshall, T. (2021). Changes in substance supply and use characteristics among people who use drugs (PWUD) during the COVID-19 global pandemic: A national qualitative assessment in Canada. *International Journal of Drug Policy*, 93, Article 103237. <https://doi.org/10.1016/j.drugpo.2021.103237>
- Antwi-Boasiako, K., King, B., Fallon, B., Trocme, N., Fluke, J., Chabot, M., & Esposito, T. (2020). Differences and disparities over time: Black and White families investigated by Ontario's child welfare system. *Child Abuse & Neglect*, 107, Article 104618. <https://doi.org/10.1016/j.chiabu.2020.104618>
- Ashcroft, R., Sur, D., Greenblatt, A., & Donahue, P. (2022). The impact of the COVID-19 pandemic on social workers at the frontline: A survey of Canadian social workers. *British Journal of Social Work*, 52(3), 1724–1746. <https://doi.org/10.1093/bjsw/bcab158>
- Aurini, J., & Davies, S. (2021). COVID-19 school closures and educational achievement gaps in Canada: Lessons from Ontario summer learning research. *Canadian Review of Sociology/Revue canadienne de sociologie*, 58(2), 165–185. <https://doi.org/10.1111/cars.12334>
- Canadian Mental Health Association. (2020). *COVID-19 and mental health: Heading off an echo pandemic*. Retrieved from https://cmha.ca/wp-content/uploads/2021/07/EN_COVID-19-Policy-Brief.pdf.

- Carrière, J., & Strega, S. (2015). *Walking this path together: Anti-racist and anti-oppressive child welfare practice* (2nd ed. ed.). Halifax, NS: Fernwood Publishing.
- Child-Welfare-League-of-Canada. (2020). *Guidance note: Maintaining connections for children and youth in the context of COVID-19*. Retrieved from [https://en.bebestart.org/sites/en.beststart.org/files/resourses/bulletins/Special bulletins/CWL_C_Maintaining_connections_COVID-19.pdf](https://en.bebestart.org/sites/en.beststart.org/files/resourses/bulletins/Special%20bulletins/CWL_C_Maintaining_connections_COVID-19.pdf).
- Children First Canada. (2020). *Top 10 threats to childhood in Canada and the impact of COVID-19*. <https://childcarecanada.org/documents/research-policy-practice/e/20/09/top-10-threats-childhood-canada-and-impact-covid-19>.
- Children's Aid Society of Toronto, (n.d.). Journey to Zero. <https://www.torontocas.ca/journey-zero>.
- Clarke, J., Hasford, J., Gudge, L., & Mills-Minster, S. (2018). Issue 2: Imagining a community-led, multi-service delivery model for Ontario child welfare: A framework for collaboration among African Canadian community partners. *Journal of Law and Social Policy*, 28(1), 42–66.
- Court of Justice, O. (2020). *COVID-19 notices and information*. <https://www.ontariocourt.ca/ocj/covid-19/>.
- Curtis, T., Miller, B. C., & Berry, E. H. (2000). Changes in reports and incidence of child abuse following natural disasters. *Child Abuse & Neglect*, 24(9), 1151–1162. [https://doi.org/10.1016/S0145-2134\(00\)00176-9](https://doi.org/10.1016/S0145-2134(00)00176-9)
- deFinney, S., Mackenzie, D., Loiselle, E., & Saraceno, J. (2011). All children are equal, but some are more equal than others: Minoritization, structural, inequities, and social praxis in residential care. *International Journal of Child, Youth and Family Studies*, 2(3/4), 361.
- Fallon, B., Lefebvre, R., Filippelli, J., Joh-Carnella, N., Trocme, N., Carradine, J., & Fluke, J. (2021). Major findings from the Ontario incidence study of reported child abuse and neglect 2018. *Child Abuse & Neglect*, 111, Article 104778. <https://doi.org/10.1016/j.chiabu.2020.104778>
- Fallon, B., Van Wert, M., Trocme, N., MacLaurin, B., Sinha, V., Lefebvre, R., & Rha, W. (2015). *Ontario incidence study of reported child abuse and neglect 2013*. Toronto, ON: Canadian Child Welfare Research Portal.
- Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and Adolescent Psychiatry and Mental Health*, 14(1), 1–11. <https://doi.org/10.1186/s13034-020-00329-3>
- Findlay, C. L., & Wei, L. (2021). *Use of child care for children younger than six during COVID-19*. *Economic and Social Reports*. <https://doi.org/10.25318/36280001202100800003-eng>, 36-28-001.
- Fore, H. H. (2021). Violence against children in the time of COVID-19: What we have learned, what remains unknown and the opportunities that lie ahead. *Child Abuse & Neglect*, 116, Article 104776. <https://doi.org/10.1016/j.chiabu.2020.104776>
- Friendly, M., Forer, B., Vickerson, R., & Mohamed, S. S. (2021). COVID-19 and childcare in Canada: A tale of ten provinces and three territories. *Journal of Childhood Studies*, 42–52. <https://doi.org/10.18357/jcs463202120030>
- Gadermann, A. C., Thomson, K. C., Richardson, C. G., Gagné, M., McAuliffe, C., Hirani, S., & Jenkins, E. (2021). Examining the impacts of the COVID-19 pandemic on family mental health in Canada: Findings from a national cross-sectional study. *BMJ Open*, 11(1), Article e042871. <https://doi.org/10.1136/bmjopen-2020-042871>
- Gayatri, M., & Irawaty, D. K. (2022). Family resilience during COVID-19 pandemic: A literature review. *The Family Journal*, 30(2), 132–138. <https://doi.org/10.1177/10664807211023875>
- Goldberg, A. E., Brodzinsky, D., Singer, J., & Crozier, P. (2021). The impact of COVID-19 on child welfare-involved families: Implications for parent-child reunification and child welfare professionals. *Developmental Child Welfare*, 3(3), 203–224. <https://doi.org/10.1177/25161032211045257>
- Houston, E., Ganness, A., Black, T., & Fallon, B. (2021). Examining child maltreatment-related investigations of children from newcomer and non-newcomer households in Ontario, Canada. *International Journal of Child and Adolescent Resilience*, 8(1), 110–123. <https://doi.org/10.7202/1082070ar>
- Humphreys, K. L., Myint, M. T., & Zeanah, C. H. (2020). Increased risk for family violence during the COVID-19 pandemic. *Pediatrics*, 146(1). <https://doi.org/10.1542/peds.2020-0982>
- Jentsch, B., & Schnock, B. (2020). Child welfare in the midst of the coronavirus pandemic—emerging evidence from Germany. *Child Abuse & Neglect*, 110, Article 104716. <https://doi.org/10.1016/j.chiabu.2020.104716>
- Katz, I., Katz, C., Andresen, S., Bérubé, A., Collin-Vezina, D., Fallon, B., ... Muñoz, P. (2021). Child maltreatment reports and child protection service responses during covid-19: Knowledge exchange among Australia, Brazil, Canada, Colombia, Germany, Israel, and South Africa. *Child Abuse & Neglect*, 116, Article 105078. <https://doi.org/10.1016/j.chiabu.2021.105078>
- Katz, C., Varela, N., Korbin, J. E., Najjar, A. A., Cohen, N., Bérubé, A., ... Fallon, B. (2022a). Child protective services during COVID-19 and doubly marginalized children: International perspectives. *Child Abuse & Neglect*, 131, Article 105634. <https://doi.org/10.1016/j.chiabu.2022.105634>
- Katz, I., Priolo-Filho, S., Katz, C., Andresen, S., Bérubé, A., Cohen, N., ... Truter, E. (2022b). One year into COVID-19: What have we learned about child maltreatment reports and child protective service responses? *Child Abuse & Neglect*, 130(1), 105473. <https://doi.org/10.1016/j.chiabu.2021.105473>
- Kourti, A., Stavridou, A., Panagoulis, E., Psaltopoulou, T., Spiliopoulou, C., Tsolia, M., ... Tsitsika, A. (2021). Domestic violence during the COVID-19 pandemic: A systematic review. *Trauma, Violence, & Abuse*, Article 15248380211038690.
- Lapierre, S., Côté, I., Lambert, A., Buetti, D., Lavergne, C., Damant, D., & Couturier, V. (2018). Difficult but close relationships: Children's perspectives on relationships with their mothers in the context of domestic violence. *Violence Against Women*, 24(9), 1023–1038. <https://doi.org/10.1177/1077801217731541>
- MacKenzie, M. J., Bosk, E., & Zeanah, C. H. (2017). Separating families at the border—consequences for children's health and well-being. *New England Journal of Medicine*, 376(24), 2314–2315. <https://doi.org/10.1056/nejmp1703375>
- Marmor, A., Cohen, N., & Katz, C. (2021). Child maltreatment during COVID-19: Key conclusions and future directions based on a systematic literature review. *Trauma, Violence, & Abuse*, Article 15248380211043818. <https://doi.org/10.1177/15248380211043818>
- Middel, F., López, M. L., Fluke, J., & Grietens, H. (2020). The effects of migrant background and parent gender on child protection decision-making: An intersectional analysis. *Child Abuse & Neglect*, 104, Article 104479. <https://doi.org/10.1016/j.chiabu.2020.104479>
- Ministry of Finance Ontario. (2020). *Ontario's action plan: Responding to COVID-19*. <http://budget.ontario.ca/2020/marchupdate/>.
- Muller, A. E., Hafstad, E. V., Himmels, J. P. W., Smedslund, G., Flottorp, S., Stensland, S. Ø., ... Vist, G. E. (2020). The mental health impact of the covid-19 pandemic on healthcare workers, and interventions to help them: A rapid systematic review. *Psychiatry Research*, 293, Article 113441. <https://doi.org/10.1016/j.psychres.2020.113441>
- Nadan, Y., Spilsbury, J. C., & Korbin, J. E. (2015). Culture and context in understanding child maltreatment: Contributions of intersectionality and neighborhood-based research. *Child Abuse & Neglect*, 41, 40–48. <https://doi.org/10.1016/j.chiabu.2014.10.021>
- Ontario Council of Agencies Serving Immigrants. (2020). *Ontario budget must invest in immigrant and refugee settlement*. <https://ocasi.org/ontario-budget-must-invest-immigrant-and-refugee-settlement>.
- Ontario Human Rights Commission. (2018). *Interrupted childhoods: Over-Representation of Indigenous and Black Children in child welfare*. Toronto, Ontario: Ontario Human Rights Commission. <https://www.ohrc.on.ca/en/interrupted-childhoods>.
- Pietrabassa, G., & Simpson, S. G. (2020). Psychological consequences of social isolation during COVID-19 outbreak. *Frontiers in Psychology*, 11, 2201. <https://doi.org/10.3389/fpsyg.2020.02201>
- Power, K. (2020). The COVID-19 pandemic has increased the care burden of women and families. *Sustainability: Science, Practice and Policy*, 16(1), 67–73. <https://doi.org/10.1080/15487733.2020.1776561>
- Raina, P., Wolfson, C., Griffith, L., Kirkland, S., McMillan, J., Basta, N., ... Maimon, G. (2021). A longitudinal analysis of the impact of the COVID-19 pandemic on the mental health of middle-aged and older adults from the Canadian Longitudinal Study on Aging. *Nature Aging*, 1(12), 1137–1147. <https://doi.org/10.1038/s43587-021-00128-1>
- Rajmil, L., Hjern, A., Boran, P., Gunnlaugsson, G., De Camargo, O. K., & Raman, S. (2021). Impact of lockdown and school closure on children's health and well-being during the first wave of COVID-19: A narrative review. *BMJ paediatrics open*, 5(1). <https://doi.org/10.1136/bmjpo-2021-001043>
- Rapoport, E., Reiser, H., Schoeman, E., & Adesman, A. (2021). Reporting of child maltreatment during the SARS-CoV-2 pandemic in New York city from march to may 2020. *Child Abuse & Neglect*, 116, Article 104719. <https://doi.org/10.1016/j.chiabu.2020.104719>
- Renov, V., Risser, L., Berger, R., Hurlley, T., Villaveces, A., DeGue, S., ... Talis, J. (2022). The impact of the COVID-19 pandemic on child protective services caseworkers and administrators. *Child Abuse & Neglect*, 130, Article 105431. <https://doi.org/10.1016/j.chiabu.2021.105431>
- Saar-Heiman, Y., & Gupta, A. (2020). The poverty-aware paradigm for child protection: A critical framework for policy and practice. *British Journal of Social Work*, 50(4), 1167–1184. <https://doi.org/10.1093/bjsw/bcz093>
- Seddighi, H., Salmani, I., Javadi, M. H., & Seddighi, S. (2021). Child abuse in natural disasters and conflicts: A systematic review. *Trauma, Violence, & Abuse*, 22(1), 176–185. <https://doi.org/10.1177/1524838019835973>
- Shadik, J. A., Perkins, N. H., & Heller, N. (2023). Child welfare workers satisfaction and wellbeing during the COVID-19 pandemic: Perspectives of agency staff in Ohio. *Child Abuse & Neglect*, 136, Article 106000. <https://doi.org/10.1016/j.chiabu.2022.106000>
- Statistics Canada. (2010, February 2). *Canada's ethnocultural mosaic, 2006 census: Definitions*. *Statistics Canada*. <https://www12.statcan.gc.ca/census-recensement/2006/as-as/97-562/note-eng.cfm>.
- Statistics Canada. (2020). *Impacts of COVID-19 on Canadian families and children*. <https://www150.statcan.gc.ca/n1/daily-quotidien/200709/dq200709a-eng.htm>.
- Statistics Canada. (2022a). *Canada at a glance*. Racialized groups, 2022 <https://www150.statcan.gc.ca/n1/pub/12-581-x/2022001/sec3-eng.htm>.
- Statistics Canada. (2022b). *Discrimination before and since the start of the pandemic*. <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2022021-eng.htm>.
- Teo, S. S., & Griffiths, G. (2020). Child protection in the time of COVID-19. *Journal of Paediatrics and Child Health*, 56(6), 838–840. <https://doi.org/10.1111/jpc.14916>
- Tso, W. W., Wong, R. S., Tung, K. T., Rao, N., Fu, K. W., Yam, J. C., ... Chan, S. K. (2020). Vulnerability and resilience in children during the COVID-19 pandemic. *European Child & Adolescent Psychiatry*, 1–16. <https://doi.org/10.1007/s00787-020-01680-8>
- UNICEF. (2020). *Child protection: Digital opportunities, challenges and innovations across the Region*. Retrieved from Geneva <https://www.unicef.org/eca/media/14386/file>.
- UNICEF. (2021). *Preventing a lost decade: Urgent action to reverse the devastating impact of COVID-19 on children and young people*. Retrieved from New York: <https://www.unicef.org/media/112891/file/UNICEF%20275%20report.pdf>.
- Vaillancourt, T., Szatmari, P., Georgiades, K., & Krygsman, A. (2021). In *The impact of COVID-19 on the mental health of Canadian children and youth* (vol. 6, pp. 1628-1648): *Canadian science publishing 1840 woodward drive, suite 1*. Ottawa: ON K2C 0P7.
- Viner, R., Russell, S., Saule, R., Croker, H., Stansfield, C., Packer, J., ... Hudson, L. (2022). School closures during social lockdown and Mental health, health behaviors, and well-being among children and Adolescents during the first COVID-19 wave A

- systematic review. *JAMA Pediatrics*, 400–409. <https://doi.org/10.1001/jamapediatrics.2021.5840>
- Walsh, F. (2012). *Facilitating family resilience: Relational resources for positive youth development in conditions of adversity* *The social ecology of resilience*. Springer.
- Whelan, J., Hartwell, M., Chesher, T., Coffey, S., Hendrix, A. D., Passmore, S. J., ... Greiner, B. (2021). Deviations in criminal filings of child abuse and neglect during COVID-19 from forecasted models: An analysis of the state of Oklahoma, USA. *Child Abuse & Neglect*, 116, Article 104863. <https://doi.org/10.1016/j.chiabu.2020.104863>
- Williams, S., Bruer, K. C., Evans, A. D., & Price, H. L. (2022). The impact of COVID-19 on Canadian child maltreatment workers. *Children and Youth Services Review*, 138, Article 106492. <https://doi.org/10.1016/j.chidyouth.2022.106492>
- Zamarro, G., & Prados, M. J. (2021). Gender differences in couples' division of childcare, work and mental health during COVID-19. *Review of Economics of the Household*, 19(1), 11–40. <https://doi.org/10.1007/s11150-020-09534-7>