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a comprehensive look at a prevalent child welfare issue

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COVID-19's Impact on the Delivery of Child Welfare Services

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From the Editors

Welcome to the Center for Advanced Studies in Child Welfare's annual issue of CW360°! As we reflect on the past several years, it's impossible to ignore the profound impact that COVID-19 has had on every aspect of our lives. From healthcare to education, from businesses to personal relationships, the pandemic has left no stone unturned.

In this issue of CW360°, we delve into the complex and multifaceted ways in which the pandemic has reshaped the landscape of child welfare. From disruptions in service delivery to workforce stability, from the strain on families to the resilience of communities, we explore the full spectrum of impacts and implications.

Amidst some of the challenges, there were also opportunities. As child welfare agencies scrambled to adapt to the new realities of remote work and virtual service delivery, we witnessed an inspiring display of innovation and resilience. From creative solutions for conducting home visits to the rapid expansion of telehealth services, professionals across the field rose to the occasion, finding new ways to support children and families in the face of seemingly insurmountable obstacles. However, this pandemic has exacerbated some of the most problematic aspects of the system, and its impacts will reverberate long after the immediate crisis ends.

As we look ahead to the future, it's clear that the legacy of COVID-19 will continue to shape the work of child welfare for years to come. The lessons we've learned during this challenging time – about the importance of flexibility, adaptability, and community collaboration – will undoubtedly inform our approach to serving children and families in the post-pandemic world.

In the pages that follow, readers will find emerging research and best practices as we reflect on COVID-19. For example, how did school closures impact reporting? Did providing direct economic support to families yield promising results? How has virtual service delivery strengthened or compromised engagement with child welfare-involved families as well as the workers who provide services? You'll find insightful analysis, thought-provoking perspectives, and inspiring stories of resilience from across the child welfare community.

As we prepare for each issue of CW360°, our team conducts an extensive literature review and an exploration of best practices. We seek feedback from individuals who work on the specific topic or are well-positioned to write articles that offer insights on a range of policies, programs, and strategies to inform the

child welfare practice community. CW360° is divided into three sections: overview, practice, and perspectives. The overview section takes a broader look at the impact of COVID-19 and summarizes recent research related to child maltreatment, workforce training, and virtual supervision. The practice section features experts from the court on recommendations for remote child welfare hearings, a Toolkit to help bridge the digital divide from iFoster, tips on supporting children of incarcerated parents, and more. The perspectives section features voices from social workers, system-impacted youth, a parent attorney, a Tribal-serving organization, a youth-serving organization, and more.

Additionally, we have provided a resource guide to further support learning and growth. We have removed the reference section from the printed editions of CW360° in order to make space for additional content. You can find a full listing of the citations in PDF format on our website at <https://z.umn.edu/2024CW360>.

Thank you for your continued support of CW360° and for your commitment to the well-being of children and families everywhere.

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Using Data to Understand the Impact of the COVID-19 Pandemic on Child Welfare System Involvement: Challenges and Opportunities

Dana A. Weiner, PhD

Child welfare agencies nationwide receive almost 4 million reports of child abuse or neglect annually, involving over 7 million children (U.S. Department of Health & Human Services, 2023). In the spring of 2020, the COVID-19 pandemic presented child welfare agencies, along with many other human service systems, with unprecedented uncertainty. In the midst of lockdowns and school closures, system leaders feared that vulnerable children, unseen by traditional mandated child maltreatment reporters, would experience high rates of undetected abuse and neglect. Further, these leaders worried that when schools reopened, a deluge of reports from education personnel would overwhelm understaffed agencies. In addition to concerns about detection and capacity for day-to-day operations post-pandemic, child welfare system leaders had to adapt quickly to the task of engaging with families without being able to rely on traditional in-person approaches to home visits, office appointments, and court appearances. Many state child welfare agencies responded with agility, flexibility, and creativity that impressed long-time observers, who had come to accept that systems change in large bureaucracies can be slow and arduous.

The course of the pandemic, and the public health response to it, presented surprising challenges and opportunities to systems, families, educators, and children. In compelling abrupt system changes, the pandemic also presented conditions that were optimal for testing several hypotheses (Campbell et al., 2023). These include questions about the degree to which remote engagement might make services, court proceedings, and other supports more accessible to working families, the degree to which flexible and creative strategies could be deployed to support families in the absence of traditional in-person approaches to service delivery, and the potential benefits of providing families with economic supports that might alleviate the risks of abuse or neglect arising from economic instability.

Together, these conditions also challenged researchers to think differently about how to leverage administrative data across sources and systems to answer complex questions, leading to new insights that have informed prevention, intervention, and research in the years since the pandemic (Mark et al., 2022). In the spring of 2020, researchers at Chapin Hall, in collaboration with the office of the Assistant Secretary for Planning and Evaluation (ASPE) at the Administration on Children and Families, embarked on an innovative collaboration to explore preliminary



convergent findings from the National Child Abuse and Neglect Data System (NCANDS). This research, released in the September 2020 Chapin Hall Issue Brief, documented several key findings (Weiner et al., 2020).

Beyond the findings documented by these analyses, researchers and policy analysts also explored their application to dynamic tools that would improve the administration of child welfare systems, reducing uncertainty and enhancing the ability of leaders to plan for shifts and coming trends. To that end they developed and proposed a “Latent Event

Simulator” that would forecast changes and translate these forecast changes into real capacity needs for staffing and infrastructure (Weiner et al., 2020).

As we now know, pandemic shutdowns lasted longer than anticipated and ended gradually rather than all at once. While data trends during and after the pandemic do reflect changes in the distribution of maltreatment reports and substantiation rates among reporter types, they also give us the opportunity to observe and test hypothesized relationships between some of the risk factors for abuse and

Preliminary Convergent Findings from the National Child Abuse and Neglect Data System (NCANDS)

- In 2018, education personnel were responsible for the largest portion of child abuse and neglect reports (20%).
- Among all reporter types, maltreatment reports by education personnel were the least likely (11%) to be substantiated.
- Monthly variation in child abuse and neglect reports, driven largely by fluctuation in reports by education personnel, was predictable year over year.
- The annual monthly fluctuation in hotline reports suggested that after being out of school in the summer, the volume of reports typically returns to a baseline rate annually when children return to school in the fall rather than overcorrecting with an accumulation of unreported cases in seasonal surges.
- Multi-level time-series analyses in two counties suggested that child abuse reports can be accurately predicted using population, poverty, unemployment, and seasonal data indicators.
- Abuse reports can be more reliably predicted with these factors than neglect reports, suggesting that there are other unobserved influences on reports of child neglect.

neglect, reporting trends, and the interventions that might ameliorate the large number of the instances of maltreatment that are secondary to poverty, housing instability, and other forms of economic hardship.

Indeed, early data suggested that in 2020, child welfare reports were down 40-60% from pre-pandemic levels. But while many families and communities experienced increases in stressors that are typically associated with higher rates of child maltreatment, emergency room (ER) visits for abuse and neglect, a measure largely insensitive to stay-at-home orders, were also lower during the pandemic.

Subsequent research has documented little, if any, change in the incidence of physical abuse diagnosed in hospital settings (Campbell et al., 2023).

Reductions in ER

visits for abusive head trauma in the face of increases in risk factors led to hypotheses around the potential role of economic supports to poor families (Klika et al., 2022). These supports, made more readily accessible through the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), American Rescue Plan Act of 2021, and Medicaid/Medicare expansion policies may have mediated the effect of economic stressors during the pandemic, improving the safety and well-being of children by reducing risks associated with poverty (Coonley & Shafer, 2021; Macartney et al., 2022). Early research suggested that each additional \$1,000 in annual state spending on public benefit programs per person living in poverty was associated with reductions in child maltreatment reports, substantiated maltreatment, foster care placements, and child fatalities (Puls et al., 2021). The potential of these strategies for promoting child safety and family stability have prompted some

policy-makers to revisit the historical wisdom of separating economic supports from family services, which began when the Social Security Act of 1935 situated Aid to Families with Dependent Children (AFDC) in the Social Security Administration while placing social services within the federal Children's Bureau. In hindsight, while the COVID-19 pandemic disrupted child welfare system operations, it also prompted new insights into the ways in which systems can strategically support the well-being of families by addressing economic and concrete support needs.

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Translational analytic work should be applicable and actionable; the implications of analytic findings must be translated into real-world changes and policy implications for system planners and leaders. There are several ways in which we can leverage data to understand, monitor, and even predict trends. During the pandemic, just as child welfare agencies quickly shifted modes of service and family engagement, researchers responded quickly and adeptly to a new set of challenges by:

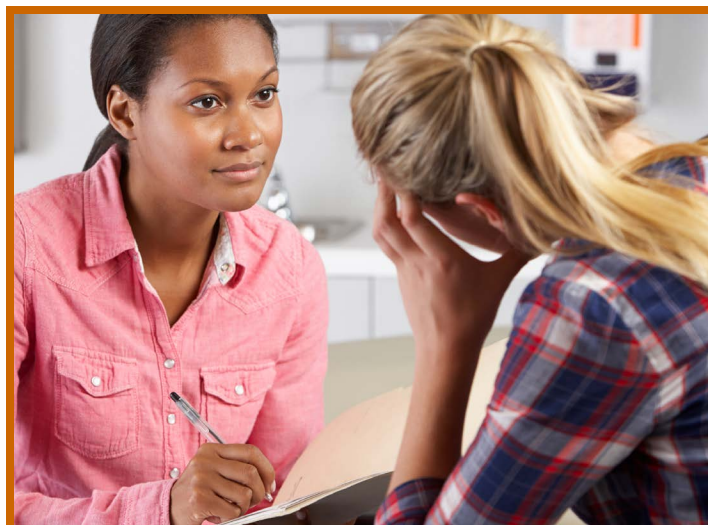
- Leveraging historical data to understand seasonal trends of maltreatment reports;
- Exploring the relationship between reporter type and substantiation;
- Building predictive tools that could inform capacity adjustments; and
- Monitoring and observing the effects of interventions aiming to promote economic stability among families impacted by the pandemic.

These activities have influenced the ongoing research agenda in countless ways, including: underscoring the importance of separating poverty-related neglect from child endangerment and abuse in analytics; promoting the expansion of the array of community-based supports and eligibility to receive them; increasing reliance on technology to support interventions delivered flexibly and conveniently; and development of alternative pathways, including “warmlines” rather than hotlines, to support families with needs that do not require investigative responses. Appendix

D of Child Maltreatment 2021 documents specific examples, including the Connecticut Department of Children & Families’ transition of the entire service array to telehealth solutions in order to maintain a virtual presence

in home and with clients through COVID-19 and Michigan’s expansion of eligibility for at-risk families to receive both Families First Prevention Services Act and Home Visiting Programming, ensuring that prevention and family preservation services would continue despite stay-at-home-orders. Thus, the COVID-19 pandemic yielded valuable lessons about the agility of systems in the face of crisis and the application of economic support strategies for stabilizing families. Using collaborative research and data analytics, we can continue to understand the impact of these philosophical and operational shifts, answering complex questions about real-time change.

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The Work of Child Welfare Pre and Post COVID-19

Amy He, PhD, Julie A. Cederbaum, PhD and Robin Leake, PhD

Child Welfare Work During COVID-19

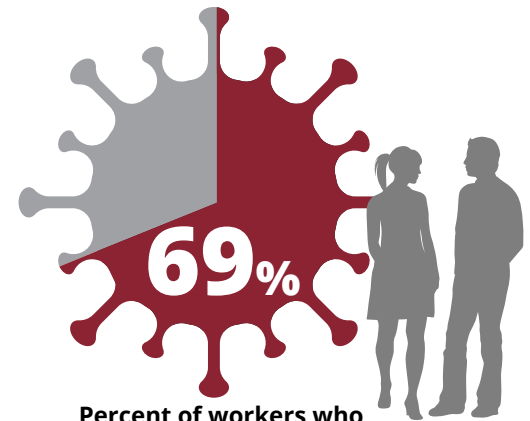
Doing the Work of Child Welfare. The COVID-19 pandemic exacted a large toll on the mental health of workforces across job sectors, with 86% of employees experiencing at least one mental health challenge and only 33% receiving mental health care (Lyra Health, 2023). A study of over 2,000 child welfare workers found that workers experienced negative impacts on their physical (40%) and mental/emotional health (69%) as a result of the pandemic (He et al., 2020). Yet, despite considerable health risks to themselves, child welfare workers remained dedicated to providing essential services to children and families (He et al., 2022; Miller et al., 2020).

The Administration for Children and Families encouraged state and county child welfare agencies to offer innovative solutions for protecting the safety of workers while still meeting the needs of children and families (Milner, 2020). These efforts included strategies for meeting with families outside of the home and virtual home visits and court appointments. The option to conduct their

to meet the basic needs of families (Renov et al., 2022). While workers noted that virtual contacts should be reserved for specific types of meetings (like permanency or placement change, check-ins, or transition plan meetings), other meetings, like those where family separation is being considered, should remain in person (Ahn et al., 2023).

Training Child Welfare Workers.

The COVID-19 pandemic also brought immediate and unparalleled upheaval to the educational institutions charged with training social workers, including child welfare workers. Like the experiences of the clients they were tasked to serve, social work students reported social isolation and mental distress, including increased symptoms of depression and anxiety (Lawrence et al., 2022). The shift to required online learning was met with dissatisfaction from students who reported feeling less engaged and a reduction in the quality of their education (Lawrence et al., 2022). However, this shift also provided opportunities for the training of social workers. COVID-19 exposed



Percent of workers who experienced negative impact on their mental/emotional health

COVID-19 exposed systemic issues that supported classroom learning on disparities (Davis & Mirick, 2021), particularly highlighting the impacts of structural racism and income inequality in the U.S. (which were also drivers of COVID-19 exposure and death).

work outside of the traditional office building benefited child welfare workers, whether it was through the reduction in travel time or allowing flexible work schedules to balance professional and personal demands (He et al., 2022; Miller et al., 2020). Child welfare workers were also encouraged to be creative in finding open spaces to meet with children and families, such as in a public park as opposed to an office building or school facilities. These practice changes were implemented during the pandemic in order to support the work of child welfare and workers' well-being. Both workers and the children they worked with preferred a hybrid approach to visits and meetings (relating and communicating digitally in tandem with in-person visits) (Ferguson et al., 2022). Ahn and colleagues (2023) found that having virtual meetings allowed for increased flexibility in scheduling and more equitable interactions with family and providers. Phone and video visits also improved efficiency, with child welfare workers reporting that they felt that they could support families in new ways and that stronger partnerships with community agencies supported better service provision

systemic issues that supported classroom learning on disparities (Davis & Mirick, 2021), particularly highlighting the impacts of structural racism and income inequality in the U.S. (which were also drivers of COVID-19 exposure and death). Students also were required to be adaptable, calm, and flexible, finding new ways to learn, along with new ways to provide services to others, particularly moving beyond traditional face-to-face interactions (Davis & Mirick, 2021).

Child Welfare Work Post Pandemic Era

As we enter a post-pandemic era, much of the practice implemented in child welfare agencies, such as flexibility and hybrid work options, ended as the immediate health threat of COVID-19 subsided. Little has been done to formalize and improve the use of virtual technology to improve court processes or support communication between child welfare workers and children and families (Font & Bartholet, 2021). This is concerning, as issues of turnover and burnout continue to be high among this workforce; the end of COVID-19

ushered in the "Great Resignation" for workforces across job sectors in the U.S., with child welfare being no exception (Lambert, 2023). Historically, turnover in child welfare has been problematic. Turnover rates ranged from 20-50% due to stressful work conditions, difficulty of the job, and low compensation (Kim & Kao, 2014). During the pandemic, turnover slowed, yet rose even higher than pre-pandemic levels just a year later. Additionally, exacerbating the workforce crisis was the racial reckoning of 2020 sparked by the murder of George Floyd that led to calls to completely transform or abolish child welfare systems of oppression that disproportionately impact Black, Indigenous, and families of color (Dettlaff, 2023). While there is no national systematic tracking of child welfare workforce rates, reports to the Children's Bureau from states, counties, and jurisdictions of rapid turnover (in some areas more than 100% of their workforce turned over in a single year) and long vacancies have ushered in a deepening workforce crisis (QIC-WD, 2022).

The slow rate of formalizing remote or hybrid work options for their child welfare workers poses a challenge as burnout, particularly work-related burnout (factors such as physical and emotional exhaustion associated with work-related situations), remains high post the height of the COVID-19 pandemic, impacting intention to stay and rates of turnover among child welfare workers (Lushin et al., 2023). As having equitable, flexible work options supports work-life balance for workers (He et al., 2022; Iqbal et al., 2021), not embracing a hybrid workplace model creates obstacles in the recruitment and retention of child welfare staff. Therefore, we advocate for child welfare agencies to formalize policies that

allow for equitable hybrid/remote work options for workers. This includes not just the option to have a hybrid work schedule, but also making informed decisions about hybrid/remote work options and practices (Shirmohammadi et al., 2022). Organizational research point to structures and resources that help support workers to conduct hybrid work, such as developing resources to onboard workers into a hybrid work environment, helping workers setup home offices, and training to supervisors to manage a hybrid workforce (Mortensen & Haas, 2021). Advocating for these practices through unions and county/state policies have the potential to meet child welfare worker needs and support both the recruitment and retention of this workforce.

In terms of child welfare education, the future of child welfare practice appears to need boundaries, but also some flexibility in how work tasks are conducted to increase efficiency and reduce worker burnout. Hence, some considerations for education and practice moving forward should include the teaching and practice of tele-behavioral health by educational institutions and allowance for the practice and/or use of telehealth in the field (Davis & Mirick, 2021; Miller & Grise-Owens, 2022). Furthermore, while less preferred by

some learners (Miller & Grise-Owens, 2022), the ability to create and deliver virtual trainings and some remote work opportunities can improve child welfare worker efficiency (Remov et al., 2022). This might be particularly important for social workers as they promote more work/life balance and opportunities for self-care (Holmes et al., 2021).

Summary

In 2022, the U.S. Surgeon General developed a framework for Workplace Mental Health and Well-Being designed to cut across job sectors (Office of the Surgeon General, 2022). It describes five overall essential elements of well-being that include Protection from Harm, Connection and Community, Work-Life Harmony, Mattering at Work, and Opportunity for Growth. Also, in 2022, The National Child Welfare Workforce Institute launched a Breakthrough Series Collaborative that adapted the USSG framework to fit the child welfare context and is supporting public and tribal child welfare across the country in implementing strategies in building equitable and inclusive organizations to improve the well-being of their workforce. Innovative efforts like these are needed in child welfare

organizations in and out of pandemic times to permanently change organizational climate and cultures to support equity, safety, inclusivity, and belonging. Only by focusing on the holistic health and well-being of their workers, both in educational training and once they join workforce, can child welfare organizations retain a sustainable workforce that can, in turn, support the well-being of children, families, and communities.

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Supervision in a Hybrid Environment: Challenges and Recommendations

Cynthia Parry, PhD

Since the initial pivot to virtual work in response to the COVID-19 pandemic, many child welfare agencies have continued to employ some form of virtual work (Quality Improvement Center for Workforce Development, 2023; Parry, 2022). Agency leaders report a variety of hybrid work arrangements including a mixture of in-office days and telework, on either fixed or variable schedules, fully virtual or fully in-office arrangements depending on job duties or experience, and primarily virtual hoteling models, posing new challenges for front line supervisors.

Fortunately, supervising a hybrid workforce involves many of the same best practices as in-person or fully virtual supervision, such as establishing and communicating clear performance expectations, attending to the emotional needs of staff, providing opportunities for team building, information sharing, professional development, and ensuring that everyone has the tools and resources needed to do the job and knows how to use them (Parry, 2022; University of Wisconsin-Madison Human Resources, n.d.).

However, hybrid working arrangements can also amplify familiar challenges and pose new complications for supervisors. Mortensen (2023) cautions that, under some circumstances, hybrid work can heighten miscommunication, weaken organizational culture and bonds among team members, increase the risk of unfair treatment of staff through proximity bias, and make workplace issues more difficult to resolve. He points out that hybrid work is “fundamentally imbalanced” with people in the office having more access to resources and greater visibility which, if it affects people unequally, can lead to staff perceptions of exclusion and unfair treatment and heighten the risk of turnover. (Mortensen, 2023).

Universities, government, and business leaders recommend a number of strategies to manage the challenges that come with supervising virtual and hybrid teams (Farrer, 2022; Knight, 2020; Maurer, 2020; Monash University, 2020; Parry, 2022; U.S. Office of Personnel Management, n.d.). Among these tips for supervisors are:

- **Guard against proximity bias.** Examine your own feelings regarding in-office and virtual work. Maintain a focus on productivity and meeting performance expectations rather than simply hours spent on in-office activities. Recognize the fundamental differences between telework and office environments in terms of resources and distractions, and check your assumptions if someone doesn't seem to



be performing. Farrer (2022) recommends that supervisors seek out training in virtual leadership to increase their comfort and skill with managing staff working remotely.

- **Evaluate your team's operations and workflows.** Subject to agency policy, determine what tasks need to be done in the office and what tasks can be accomplished as well or better virtually. Also consider which tasks can be done individually and which require the participation of multiple team members. For example, administrative tasks such as entering data into case management systems may be accomplished more efficiently while teleworking. Activities related to case consultation and staff development, such as group supervision, likely will benefit from collaboration and the sparking of new ideas that occurs in an in-person group environment. Such in-person activities may also facilitate the type of organic opportunities for staff development that are difficult to maintain in virtual environments.
- **Set expectations for core working hours and availability of staff whether in the office or working remotely.** While in-office work typically occurs within established hours, remote work doesn't place the same boundaries on the workday. While working remotely offers more flexibility and opportunities like greater work-life balance, hybrid environments can be challenging both organizationally and personally. For example, if staff working remotely cannot be reached when needed, this can affect relationships among team members,

Supervisor Tips

- Guard against proximity bias.
- Evaluate your team's operations and workflows.
- Set expectations for core working hours and availability of staff whether in the office or working remotely.
- Develop a communication plan, preferably co-created with staff.
- Be aware of splitting in your team based on common in-office and teleworking schedules.
- Watch for issues related to toxicity in your organizational culture.
- Recognize team accomplishments.

contribute to loss of productivity, and affect the quality of the work with children and families. Conversely, staff working remotely need to have established boundaries to avoid overwork and burnout. Maurer (2020) reports that research showed an increase in time spent working each week by those who transitioned to remote work in 2020, as well as an increase in time spent on virtual meetings and e-mails. He recommends that front line supervisors set clear expectations regarding accessibility and responsiveness and have regular check-ins with staff to discuss work-life boundary management.

- **Develop a communication plan, preferably co-created with staff.** Guidance from Monash University (2020) states that a good plan will specify what everyone needs to know, what is nice to know, and what can be optional. It should also address how information will be shared and how urgent messages will be transmitted so that those working remotely will be fully in the loop. Supervisors should also consider how staff meetings will be conducted to avoid disadvantaging those who are remote. For example, Knight (2020) recommends holding completely virtual staff meetings. Alternatively, staff meetings can be required to be in person if scheduling allows.
- **Be aware of splitting in your team based on common in-office and teleworking schedules.** Mortensen (2023) points out that organizational culture can be undermined when consistent patterns of in-office and telework days lead to a lack of interaction and communication among some team members. To combat this, supervisors can set aside time in virtual meetings for conversation about non-work activities to build team cohesion and provide regular work planning huddles, group supervision, and other opportunities for staff development and information sharing among those who don't share common schedules or interact frequently.
- **Watch for issues related to toxicity in your organizational culture.** Mortensen (2023) recommends preventing toxicity by laying a good foundation. He advocates modeling a culture of empathy and psychological safety as well as educating staff about the potential for unintended consequences of hybrid work arrangements including how their communication might be perceived, how microaggressions might occur, and how people might feel excluded or disconnected. He also recommends holding ongoing conversations and periodic check-ins to

allow staff to raise concerns and intervening quickly to reach a mutually acceptable solution when problems arise.

- **Recognize team accomplishments.** Many supervisors already understand the importance of recognizing individual and team accomplishments and celebrating success. In addition, the U.S. Office of Personnel Management (n.d.) recommends that managers of hybrid teams recognize employee contributions specifically tied to organizational values and not just to individual performance or productivity.

While these suggestions build on existing best practices in supervision, they also reflect what has been learned as agencies explore new and flexible working arrangements in an attempt to meet the challenges of recruiting, supporting, and retaining a talented and committed workforce. Since 2020, supervisors have adapted their management strategies to a variety of virtual and hybrid configurations. These strategies are likely to continue to evolve as they, and their agencies, gain experience with hybrid work.

Cynthia Parry, PhD provides research and evaluation consultation in child welfare as President of C. F. Parry Associates, Inc.

Minnesota Child Welfare Training Academy (MNCWTA)

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Suffering in Silence: How COVID-19 School Closures Inhibit the Reporting of Child Maltreatment

E. Jason Baron, PhD, Ezra G. Goldstein, PhD, and Cullen T. Wallace, PhD

To combat the spread of COVID-19, nearly all primary and secondary schools in the United States (U.S.) canceled in-person classes and transitioned to remote instruction in March and April of 2020. This measure substantially decreased the amount of time that children interacted in person with their teachers and other school personnel. The decision to close schools and transfer instruction to virtual classrooms has since been shown to reduce academic outcomes (Engzell et al., 2021; Kofoed et al., 2023). Other than its effects on school performance, time away from school could also negatively impact children through a much less explored channel: a broken link between reporters and victims of child maltreatment. Nearly four in ten children experience maltreatment investigation by the time they reach adulthood (Kim et al., 2017). Teachers, guidance counselors, school psychologists, and other school workers are mandated reporters of suspected child maltreatment in every state, and education personnel are the primary reporting source of suspected child maltreatment. This group submitted more than 20 percent of the roughly 4.3 million nationwide reports in 2018, surpassing the shares of law enforcement officers, medical professionals, and social services staff (Administration for Children and Families, 2020).

In our article published in the *Journal of Public Economics*, “Suffering in Silence: How COVID-19 School Closures Inhibit the Reporting of Child Maltreatment,” we examine the impact of school closures on child maltreatment reporting during the early months of the pandemic. In the absence of real-time data on child maltreatment allegations for the entire U.S., we collected monthly, county-level data on the number of child maltreatment allegations made to the Florida Child Abuse Hotline in the early months of the COVID-19 pandemic. This information is made publicly available by the Florida Department of Children and Families (DCF) for all 67 counties in Florida and is available from January 2004 and onward, which allows us to obtain timely, reliable data to examine changes in reporting around the time schools closed in Florida. A central challenge in identifying changes in maltreatment allegations as a result of COVID-19 school closures is the absence of a natural control group; all schools in Florida and nearby states closed at roughly the same time. Rather than relying on a cross-sectional control group of other states, we leverage our monthly data to predict the number of allegations that would be expected in March

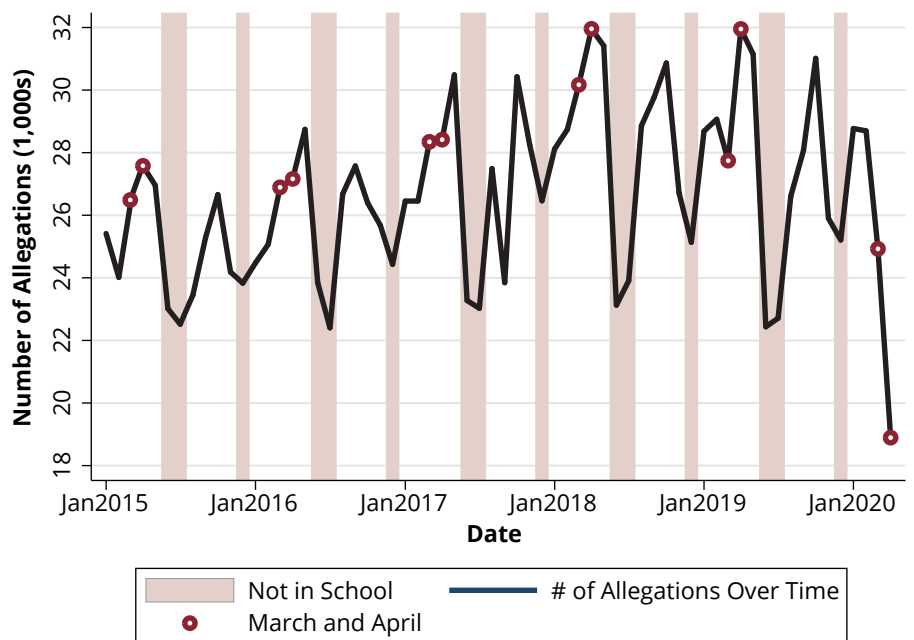


and April 2020—the first two months in which in-person instruction was canceled in response to COVID-19—due to seasonal fluctuations and secular trends. We then compare the actual number of allegations to the predicted, counterfactual values and find that the number of allegations reported in March and April 2020 were 27 percent lower than would be expected otherwise.

We provide compelling evidence that the observed decline in child maltreatment

allegations is substantially driven by COVID-19 school closures. First, we show that the number of maltreatment allegations in our sample generally declines sharply during the months when school is not in session (June, July, and December). Notably, the decline in reporting observed in March and April 2020 closely resembles the decline in allegations when school is out of session. Second, school personnel have been shown to be primarily responsible for “initial” child maltreatment

Time Series of the Number of Allegations in Florida



allegations—the first case-specific allegation made to the hotline (Benson et al., 2022). We show that the decline in the total number of allegations in March and April 2020 is almost entirely driven by a decline in the number of initial allegations. Finally, we show that counties with previously higher numbers of staff trained to identify and report child maltreatment (e.g., school psychologists and school nurses) experience a disproportionately larger reduction in the number of child maltreatment allegations in March and April 2020. While one may worry that this pattern simply reflects general differences in resources, we find no such heterogeneity along

The findings are not unique to Florida's institutional context, and similar estimates have been found in subsequent studies. In Colorado, for example, Prettyman (2024) finds child maltreatment referrals abruptly declined 31 percent during the period in which schools closed. Similarly, Bullinger et al. (2023) report that following the stay-at-home order in Georgia, child maltreatment referrals fell by 58 percent relative to previous years, and the decline is almost entirely driven by education personnel. Similar patterns have been documented outside the United States as well; Katz et al. (2021) show similarly large declines in maltreatment reporting across Australia,

the spread of COVID-19. While discussion of the consequences of school closures has largely focused on student outcomes, school finance, and chronic absenteeism, our study documents a less salient cost of the decision to close schools. Our findings, and those in other contexts, suggest that children at risk of maltreatment are separated from a valuable resource when schools close, and this separation manifests as a reduction in the reporting of child maltreatment.

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Following the stay-at-home order in Georgia, child maltreatment referrals fell by 58 percent relative to previous years and the decline is almost entirely driven by education personnel.

other county characteristics including the level of educational spending on instruction, school administrators, or the operation and maintenance of school infrastructure. All of these patterns highlight the role of school personnel as reporters of suspected child maltreatment and provide evidence that the decline in maltreatment allegations observed in March and April 2020 was largely driven by school closures.

Brazil, Canada, Columbia, and Israel, and Cabrera-Hernandez and Padilla-Romo (2020) find the same in Mexico.

Now, more than three years removed from the outbreak of the COVID-19 pandemic, the public continues to examine policy responses across the domains of public health, finance, environmental policy, and education. Among the policies that have received the most attention is the decision to close schools to stop

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Reflecting on the Relationship between COVID-19 and the Movement to Expand Preventive Legal Advocacy and Pre-Petition Programs

Emilie Cook, JD

COVID-19 undoubtedly changed both the child welfare and civil legal services landscapes. In the years since the pandemic, there has been a steady increase in the number of new preventive legal advocacy and pre-petition programs nationally; yet, the relationship between COVID-19 and growing interest in early legal advocacy programs designed to prevent unnecessary family separation is less than self-evident. Rather than demonstrating a tidy, linear path from crisis to investments in new legal service strategies, COVID-19 kicked off an eruption whose shockwaves rippled through the child welfare system disrupting long-held beliefs and unsettling the child protection landscape. It is not that preventive legal advocacy and pre-petition programs emerged in the wake of COVID-19, but rather that the pandemic gave rise to a variety of shifting priorities and perspectives, the confluence of which served as fertile grounds for advancing a whole host of pre-existing policies intended to keep families together. In this way, the pandemic frames a rather disjointed narrative about opportunities to carve out a space for early legal representation in the post COVID-19 landscape.

In April 2020, Columbia University Medical Center pediatrician, Nina Agrawal, penned a *New York Times* op-ed entitled, “The Coronavirus could cause a Child Abuse Epidemic.. In her op-ed, Agrawal argued that the pandemic had created a perfect storm which would allow child abuse to go largely unchecked (Agrawal, 2020). Her concerns were echoed by many who feared the worst for families experiencing loss of income, isolation, and other known stressors just as child welfare agencies reduced in-home visits, and many juvenile and family courts ceased all but emergency operations. (Child Welfare 7-9).

Across much of the country, reductions in the rates of CPS reports and removals in the early days of the pandemic were dramatic (Brown, 2023; Administration for Children and Families, 2020). In New York City, for example, the number of children removed from their homes for abuse and neglect fell by more than 50% (Arons, 2022). Many feared these trends were the result of underreporting rather than a decline in instances of abuse and neglect (Schmidt & Natanson, 2020). Nevertheless, long relied upon indicators of child maltreatment suggested children might be no less safe despite the forced curtailing of surveillance and petition filings (Campbell et al., 2023; Sege & Stephens, 2022). In many jurisdictions, quarterly reporting following the pandemic failed to reveal the expected

rebound spike in reports and substantiations (Collins, 2023; see e.g., O. Carter).

These findings surprised many stakeholders and encouraged policy makers to consider whether pandemic relief payments and protective factors like the increased presence of mothers in the home had proven a more effective means of prevention than traditional strategies tantamount to family surveillance. (See e.g. Weiner, Friedman, Campbell). In this way, child welfare data related to COVID-19 accomplished two things: it lent credence to ongoing prevention efforts targeting poverty, and it reinvigorated calls for system reform and abolition as a means of addressing the very real traumas of family separation.

Dedicated advocates took note of the resulting focus on risk versus safety. They ramped up efforts to distinguish poverty from neglect, and simultaneously worked to



The fact that the Family First Prevention Services Act was rolling out at this same time contributed to the opportunity for early legal advocacy programs. While FFPSA fails to directly address legal services as a prevention strategy, its funding opportunities elevated prevention to the forefront of policy discussions, even ahead of the pandemic. Just as FFPSA effectively shifted the child

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highlight the importance of legal services as a tool to address the former and protect against conflation of the two (Friedman & Rohr, 2023, 71-83). Advocates also broached the need for due process and family Miranda with renewed vigor (See e.g., Olderman & Wesley, 2021; Friedman & Rohr, 78). Those efforts were fueled in large part by George Floyd's murder in the late spring of 2020, an incident which begged the country to reckon with the pervasive racial disparity in our public safety systems, including the family policing system.

In the wake of Floyd's murder, conversations about racial bias and social injustice were front-page news (Olorunnipa & Griff, 2020). COVID-19 also demonstrated that a smaller, less intrusive system renders children no less safe—a conclusion admittedly still in debate—and advocates were asking courts and policy makers to consider what role parent-attorneys should play in defending marginalized communities against the post-pandemic child welfare system, and to what degree due process might necessitate access to counsel in CPS investigations (Carter, 2021).

welfare field's focus to a broad range of prevention strategies, the widespread economic vulnerabilities brought on by COVID-19 created greater urgency around efforts to expand access to various indigent legal services (Kaplan, 2021, 13-15).

Safety, risk, prevention, trauma, poverty, race, reform, due process, legal aid: policy makers and practitioners were grappling with a whole host of considerations in the wake of COVID-19, and preventive legal advocacy and pre-petition representation presented an opportunity to address several all at once. Some organizations, like Massachusetts Law Reform Institute (MLRI), for example, recognized this potential.

In 2022, MLRI launched the Family Preservation Project and funded five preventive legal advocacy pilots to provide legal services to system-involved families as a means of preventing unnecessary removals (Brown, 2023). Home to the first of the five Massachusetts pilots, Community Legal Aid (CLA) in Springfield had been offering

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COVID-19 and Changes in Minnesota Metro Area Reports for Child Abuse

Caroline L.S. George, Loralie Peterson, Michael D. Evans, Rebecca Foell, Allison Lind, and Susan Mason

Background and Purpose

The COVID-19 pandemic lockdown disrupted the network of institutions and individuals that support children and families. Closures of in-person childcare and schooling, job losses, and restrictions to social interactions created significant stressors for families and limited access to social and financial supports that can buffer family stress. Simultaneously, the systems designed to detect and respond to a maltreatment crisis were severely disrupted (mandated reporters: educators, child protection workers, law enforcement, medical and mental health clinicians, and non-mandated reporters: family and friends).

Research examining Google search data (Riddell et al., 2022) and hospitalized child abuse-related injuries show signs of increase in maltreatment cases related to the pandemic (Cappa & Jijon, 2021; Kovier et al., 2021; Sidpra et al., 2021), although some results were mixed (Kaiser et al., 2021). Nationally, CPS reports and referrals to hospital-based child abuse programs declined over this time (Baron et al., 2020; Cho et al., 2020). Some familial and financial supports were felt to buffer the stress of the COVID-19 pandemic (Riddell et al., 2022; Brown et al., 2020).

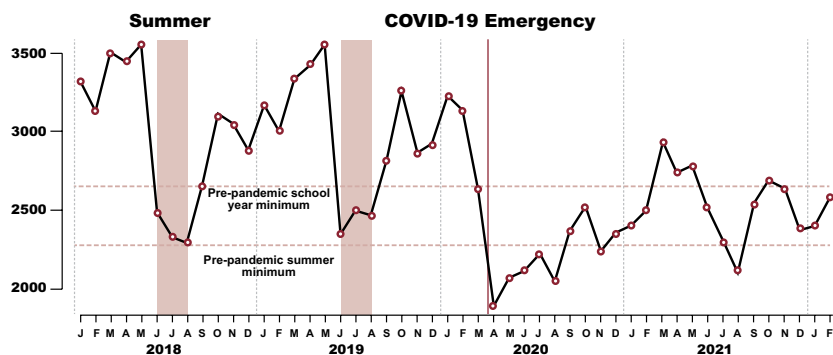
The purpose of the present study was to examine local trends in child maltreatment referral patterns to determine if they parallel experiences nationally. We wished to determine the extent to which COVID-19 changed (1) numbers of CPS reports and (2) referrals to two major child maltreatment clinics. We examined pre- and post-pandemic CPS reports and clinic referrals by reporter type, child age, and alleged maltreatment type.

Methods

Data on reports to CPS from the seven-county metro area (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties) were requested from the Minnesota Department of Human Services (DHS). Child demographics (age, sex, ethnicity) and report (reporter source, maltreatment type) were collected. Five major categories of maltreatment were collected (Mental injury, Neglect, Physical Abuse, Sexual Abuse, and Threatened Injury). Referral data into the Midwest Children's Resource Center and Otto Bremer Trust Center for Safe and Healthy Children were combined into a single repository for analysis of child demographics and referral concern and reporter type.

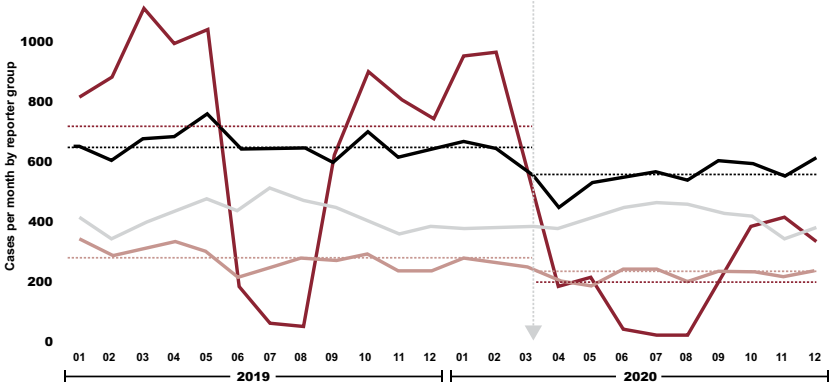
We assessed the impact of COVID-19 on child maltreatment reports to CPS and referrals to the included child maltreatment clinics. We compared reports and referrals leading up to the onset of the COVID-19 pandemic (March

Figure 1: Monthly 7-county case reports received by CPS (ages 0-18 years)



The vertical red line indicates the start of the COVID-19 pandemic. Pre-pandemic summer months are indicated by the vertical blue bars. The pre-pandemic summer and school minimums are indicated by horizontal dashed blue lines. Post- vs. pre-pandemic case rate difference reveals OR 0.81 (95% CI 0.72-0.91) p=0.0002.

Figure 2: Mandated reporter by profession, case reports per month to CPS



Dates on x-axis indicated by year-month. Vertical gray arrow indicates the start of the COVID-19 pandemic. Red (school faculty), Black (health professionals), Gray (law enforcement), and Pink (Child Protection Services). Solid lines are monthly cases numbers while dashed lines indicate average case/month pre- and post-COVID-19 pandemic. There was no statistical difference between pre- and post-pandemic law enforcement averages.

2020) to reports and referrals post-pandemic. Case report frequencies were compared using negative binomial regression models adjusted for month.

Findings

The years 2018 and 2019 show seasonal patterns of reporting that fluctuate with the school year and school vacations (Figure 1). Prior to 2020, the highest numbers of reports were received in March, April, and May, and lowest numbers in June, July, and August. In March of 2020, associated with the shelter-in-place orders, this pattern was interrupted. The number of cases reported in February of 2020 was similar to the number in February of 2018 and 2019, with a sharp decline in March of 2020. By April 2020, the number of cases reported was lower than the lowest months of

2018 or 2019. The number of cases reported remained low through 2021, until March of 2021, and then declined again.

Similarly, when age groups were analyzed separately (0-4 years, 5-13 years, 14-18 years) all age groups had reduced CPS reports post-COVID-19. There was no difference in reporting to CPS based on case sex. All races experienced a significant decline in CPS reports. Reports involving American Indian children appeared to decline slightly less, with a rate ratio of 0.85, than those involving African American / Black, Asian / Pacific Islander, or White children, who all had rate ratios <0.75.

Of the five major types of maltreatment, neglect, physical abuse, and sexual abuse were all reported to CPS less frequently in 2020 than in 2019, with physical abuse showing the largest decline (rate ratio 0.64, 2020 vs

2019). Two report types (mental injury and threatened injury) were not notably impacted by COVID-19.

When examined by mandated reporter type, those associated with school professionals showed the largest decline in reports (Figure 2). Low rates of reporting by school professionals did not recover their pre-pandemic levels school-year levels at any point in 2020. There was a less substantial decline in reports made by health professionals in March and April of 2020 that recovered to close to pre-pandemic levels by the end of 2020. In contrast, reports made by law enforcement did not decline post-pandemic and appear to even have increased slightly. Reports from CPS also declined, although less dramatically post-pandemic.

The Twin Cities child maltreatment clinics also experienced a decline in referrals, suggesting that even cases that require medical evaluation were being detected with less frequency. Sexual abuse and physical abuse cases showed the greatest declines (Figure 3). Referrals for neglect were also statistically significant, but the absolute numbers of these referrals was very small. Referrals for “other maltreatment” (e.g. sibling contact of maltreatment, medical child abuse, failure to thrive) increased slightly.

The most common referral sources to the child maltreatment clinics are hospital providers, CPS, and law enforcement (Figure 4). As in the DHS data, clinic data also showed a reduction in referrals coming from hospital providers and CPS between 2019 and 2020. Unlike in the DHS data, the clinic data suggested a decline in referrals from law enforcement, but this was not statistically significant.

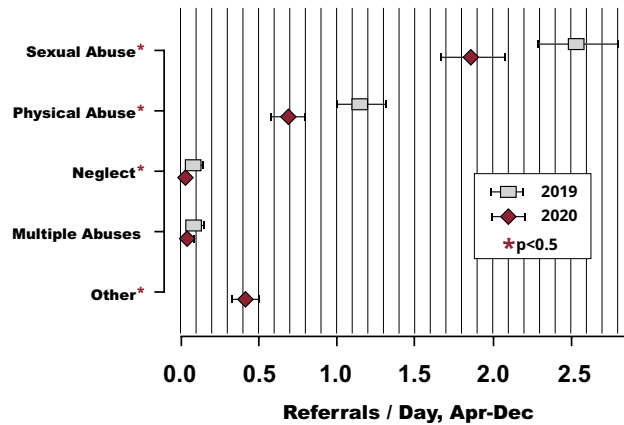
Conclusions

Our findings confirm that reports of maltreatment to CPS declined substantially after the COVID-19 pandemic began, primarily from education professionals. Twin Cities Public Schools were closed to in-person learning from March 2020 through January of 2021. This closure limited contact between educational professionals and students. Notably, even after the reopening of schools and during months with full in-person learning, rates of referrals in 2021 did not return to their pre-pandemic levels. This may be linked to disruption of regular contact and relationships with educational staff, which could in turn limit students’ disclosures of maltreatment.

Our findings also confirm that referrals to child maltreatment clinics declined, likely because CPS is a primary referral source. Most referrals to child maltreatment clinics are for sexual abuse and physical abuse, leading us to believe there was likely a decline in reports to CPS for all abuse types.

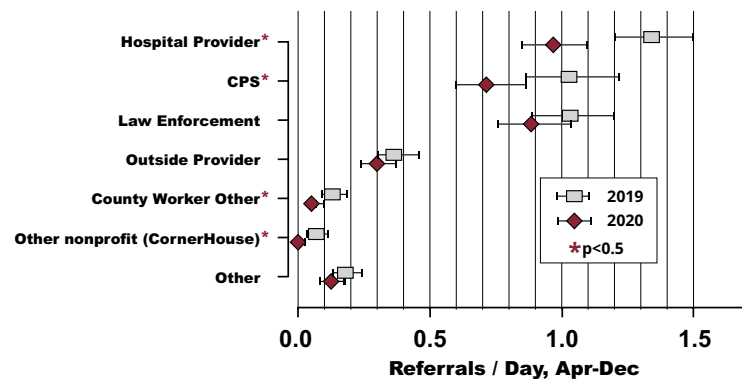
The rate of child maltreatment is difficult to measure. While it is possible that family stress

Figure 3: Initial child maltreatment clinical referrals/day by maltreatment type



2020 vs 2019 April-December months compared. P<0.05 noted by a red asterisk.

Figure 4. Mandated reporter referrals to child maltreatment clinics by type per day



April to December months, 2020 vs 2019. P<0.05 noted by a red asterisk.

and isolation during the pandemic led to an increase in maltreatment, it is also possible that the opportunity to have parents’ home more as well as federal/state financial support limited external stressors and reduced maltreatment. While still unknown, it is highly unlikely that reduced reports were driven substantially by reductions in underlying maltreatment rates. Future studies will help us understand the true impact of the pandemic, and which families benefited and which were harmed.

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A Viral Call to Action

Jerry Milner, DSW and David Kelly, JD, MA

The COVID-19 pandemic exposed further the flawed foundation of the child welfare system and demonstrated it is not a support for families. It also highlighted the gulf between advocates for change and those committed to preserving the status quo.

What surfaced?

The false security of mandatory reporting. School closures led to near hysterical fears that fewer hotline calls from teachers would leave children in peril.

Lack of attention to relational health. Pre-COVID, woefully insufficient weight was given to the harm of family separation and, once apart, families were subjected to artificial, one-size-fits-all visitation practices that did not promote connection and belonging. Fears of COVID exposure took it further with in-person family time often ceasing altogether, preventing children from seeing their parents for weeks and months.

The rigidity of legal and judicial operations. Courts shut down or severely curtailed proceedings, including pending reunifications. Lack of court capacity, technological barriers, and inflexibility interrupted substantive and procedural due process.

Access to services. The already limited availability and accessibility of court-ordered services was exacerbated by closures. Families could not do what they were ordered to do, yet the clock kept ticking toward termination.

Lament or lean in?

Some in the field admired the problems causing families to languish, others acted boldly. This is reflected in the letters sent from the Children's Bureau urging child welfare administrators to exercise caution and utilize exceptions to the requirement to file termination of parental rights petitions during COVID and in their letters to states advocating for ongoing care for youth aging out of care during COVID and the use of Federal funds to purchase cell phones and internet service for parents to allow them to maintain contact with their children (See page 41). Advocates pushed the state and federal government to be proactive, anticipate, and meet family needs—visible in the Stop the Clock Workgroup formed by United Family Advocates in 2020 to support efforts to halt the termination of parental rights timeline during COVID. Communities and local organizations mobilized to provide concrete support to neighbors. Service providers tried to help families, sometimes at great personal risk. The need to protect family integrity was clear. The

power of community and protective factors was demonstrated through action.

System preservationists and alarmists demonized parents and fanned fear that without full mandatory reporter surveillance children would be abused (U.S. Centers for Disease Control, 2020). Others saw strength in families and communities and opportunities to combat isolation, seen in a coordinated call to action to “do right by families.”

Many justified limiting parent-child contact as necessary to assuage foster parents' fears. Those with clearer vision sought and encouraged ways to maintain critical relationships, recognizing just how essential it is for children to have their parents in their daily lives.

What did this teach us?

More reports do not mean safer children, it only means more reports. In fact, there's reason to believe the inverse is true. For example, federal child abuse and neglect statistics indicated that between 2021 and 2022, child abuse and neglect reports to state hotlines increased by 7.2%, yet the number of children determined to have been maltreated actually decreased by 6.8%. In the face of increased reports, the number of child fatalities due to maltreatment also increased by 9.3% (U.S. Department of Health & Human Services, Administration for Children and Families, Children's Bureau, 2024). High volumes of inappropriate or unnecessary calls can overwhelm hotlines, spread resources thin, and make it harder to respond to imminent danger. So long as they are required, hotlines should be reserved for emergencies. During the pandemic, there were not hordes of parents waiting to abuse their children in the absence of mandatory reporters (Arons, 2022).

Connection and belonging are critical human needs that affect every aspect of our lives (Murphy, 2013). They should be emphasized through public policy (U.S. Surgeon General, 2023).

The court system should operate in service to families' needs not institutional convenience. Court delays prolonged family separation. The need for high quality legal representation became even more critical and evident (Children's Bureau, 2020).

The services offered to parents must reflect and meet universal family needs and be accessible, not be an obstacle that parents must surmount to be with their children.

Where do we go from here?

Mandatory reporting should be abolished or limited to the most serious circumstances where

intervention is required. Reporting statutes should contain clear instructions on where to call for help and where to call to report child abuse, and they must be different. Reporting must be based on professional discretion as opposed to fear or duress. It must be clear to all that hotline calls lead to investigations, not help for a family in need.

Prioritize relational health for families through policies designed to prevent family separation. The Child Abuse Prevention and Treatment Act (CAPTA) should be reoriented completely to fund community-based support such as the Community Based Child Abuse Prevention (CBCAP) program, exclusively. Title IV-B funding should be used solely for family support.

Federal funding remains inflexible and lopsided toward removal and foster care. It should be largely redistributed to community-based organizations and direct aid to families, rather than government child removal agencies. Federal funding should also be dedicated to supporting community pathways as alternatives to hotline reporting when child abuse is not present.

Require that all parents and children have access to high-quality legal representation pre, during, and post investigation, including and especially civil legal advocacy that could prevent a child from becoming at risk of foster care entry or expedite reunification.

What does this mean?

Continuing as we were prior to the pandemic is immoral and unjust. As a society, we should build upon the lessons learned, especially the clear benefits of flexibility in programs and funding streams made available during the crisis. We saw first-hand the positive impacts of providing concrete and financial support and organizing around strengthening families as opposed to separating them. We can build a better way and simultaneously phase out approaches that cause harm. These are prudent investments that have now been shown to reduce unwarranted calls to hotlines and help protect children that are vulnerable or truly in danger. We can and must commit to family unity, community-based support, and relational health. Everyone benefits when families and communities are prioritized and valued.

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Lessons Learned from Child Welfare Staff Experiences During the Pandemic

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The COVID-19 pandemic and related safety regulations impacted the way child welfare agencies delivered services. In the early months of the pandemic, there was a nationwide decline in documented reports of child maltreatment (Brown et al., 2020; Brown et al., 2022; Larin, 2021). During this time, many schools and daycares shut down, reducing the number of mandated reporters having contact with children (Brown et al., 2022; Marmor et al., 2023). While reports initially declined, maltreatment continued, with increases in emergency room visits due to suspected maltreatment (Swedo et al., 2020), increased severe cases of maltreatment (Huang et al., 2023), and increases in re-reporting of physical abuse (Fredin et al., 2023).

While child welfare agencies worked to keep staff and families safe and follow safety protocols, changes to service delivery were required. Child welfare staff were largely following pre-pandemic guidelines for investigations, and often used a combination of virtual home visits and in-person visits to continue their work (Renov et al., 2022). Staff were often managing safety concerns, working remotely, using new technology, and typically had less contact with colleagues, causing additional stressors for staff working in child welfare (Shadik et al., 2023a, 2023b).

Information on Study and Themes

Limited research has examined the impact of the pandemic on child welfare staff, with even less focused on learning from their experiences. The information presented in this overview is part of a larger research study designed to explore staff members' perspectives on how changes to agency functioning since the pandemic began have impacted staff and the families they serve. In the larger study, staff members from Children Services agencies in Ohio responded to an electronic survey designed to collect information regarding child welfare staff well-being and satisfaction, changes in agency policies and functioning since the beginning of the pandemic, and staff perspectives on practices they hoped to maintain and discontinue.

Participants in the study were staff from 50 Children Services agencies across the state, with 267 staff members participating. The survey included a combination of demographic questions, rating scales, dichotomous questions, and open-ended questions. The survey took approximately 10-15 minutes to complete. This overview will focus on two open-ended questions staff were asked, 1) "Regarding agency staff, the

Staff Well-being and Satisfaction Survey

1) Regarding agency staff, the most important practice I hope we continue after the pandemic is?

2) Regarding agency staff, the practice I am most interested in stopping after the pandemic is?

most important practice I hope we continue after the pandemic is?" and 2) "Regarding agency staff, the practice I am most interested in stopping after the pandemic is?" A total of 100 participants responded to these questions. Due to space limitations, only the first three themes for each question will be discussed.

Practices to Continue

Thematic analysis of participant responses resulted in 292 codes, resulting in five themes: Nontraditional Site and Schedule (n=168), Remote Meetings (n=57), Safety Protocols (n=34), Communication and Support (n=16), and Helping Children and Families (n=6), as well as 11 miscellaneous responses. Themes are discussed in decreasing order of codes.

The theme with the most responses was Nontraditional Site and Schedule. These responses focused on a desire to work remotely, have hybrid options and increased flexibility regarding work location, and using technology to enable nontraditional worksites. One participant noted the desire to continue, "Working from home. I feel that I was much more productive with my time in my home. ... Much less distraction from colleagues, much more convenient when out in the field seeing clients to return home when close." Another stated, "Some work from home would be beneficial, although I also believe that we need to have more face-to-face interactions with staff. We have lost the benefit of learning from each other." Regarding technology, a participant stated they would like, "Continuing

to find new ways to use technology to enhance workflow."

The second most frequent theme was Remote Meetings. Staff appreciated the benefits and ease of virtual meetings. These responses covered a range of virtual meetings, including those for staff, meetings with and for families, court hearings, and virtual trainings. Staff stated, "Use of virtual meetings (saves SO much time)." Another stated, "Continuing to utilize technology to ensure participation of families, youth and agency partners in family team meetings, court hearings and all other pertinent meetings to ensure the safety, well-being and permanence for our children."

The third theme, Safety Protocols, focused on continuing to prioritize safety, including cleaning desks and shared spaces, social distancing, proactive safety policies and practices, and masking when needed. Staff identified, "Maintaining (a) more stringent cleaning schedule." Another noted the importance of, "Encouraging openness about if we feel ill and not questioning if an employee needs to stay home if a household member has illness." Another stated, "The agency has been very proactive about staff safety and is able and willing to consider all options for best practice with our clients."

Practices to Discontinue

Thematic analysis of participant responses resulted in 236 codes focused on policies and practices they hoped the agency would no longer continue. Analysis resulted in six themes: Virtual Meetings (n=47), Masking (n=47), Mandated Work Location (n=37), Unreasonable policies (n=21), Overloading and Overwhelming Staff (n=17), and Separation from coworkers (n=12). In addition, there were 44 responses that stated no changes were desired, N/A, or the participant was uncertain regarding changes. The themes are discussed in order of decreasing frequency.

The most common theme, Virtual Meetings, focused on no longer holding a variety of meetings virtually. The primary types of meeting participants hoped would end were staff meetings and team meetings. Others identified a desire to end home visits, visits between parents and children, court hearings, case reviews, trainings for parents, and supervision. A participant stated, "Lack of face-to-face meetings. We lose participation when holding meetings virtually as it is more difficult to talk and interact." Another concern focused on, "Virtual visits. It is critical that staff are in homes and able to observe children in

person and the living environment in person at every visit.” Another respondent stated, “I am glad that the Agency stopped virtual visitation with parents and children. Parents are not able to bond with their small children in an effective way over the phone or through video calls.” The second theme, Masking, focused on agency mask mandates and masking with clients. Most responses simply noted the desire to stop “wearing masks” or having “mask mandates.” Others provided more details regarding their concern such as wanting to stop, “Mask requirements in the building.” Another stated the desire to end “Mask wearing during home visits. Facial expression is a considerable aspect of communication.”

The third theme, Mandated Work Location, focused on the agency requiring staff to work from a specific location. Some staff wanted to stop full-time remote work, while others wanted to stop working from the office full-time. A quote regarding ending remote work stated, “I find it difficult to work from home because it doesn't allow me to have any break from my work. It is difficult to have a work life balance when your [sic] constantly reminded of work while at home.” A participant who no longer wanted to work full-time from the office stated, “Bringing people back into building... does not line up with work-life balance practice, and removes empowerment and respect... Those who can and want to work from home should be able to have the choice.”

Implications and Conclusions

Based on participant responses, many staff valued the option to have a nontraditional

site and schedule. Many wanted the option to work remotely, have a hybrid schedule, and have some flexibility in work location and schedule. Participants in this study had mixed feelings about their primary worksite, with some wanting to be back in the office full-time. Schwab-Reese (2020) found that staff encountered many challenges when working from home, particularly regarding space and blurred boundaries. Miller and colleagues (2020) have suggested that child welfare agencies continue to offer the option to work remotely to help staff manage stress. Others who participated in this study wanted to work from home full-time or have a hybrid schedule as they felt they were more productive, and it was more convenient. The recent research of Renov and colleagues (2022) also found CPS staff valued working from home at least some of the time as they were more productive and efficient. Given the contrasting opinions, it may make sense to give staff some choice and autonomy in where they work. Having some flexibility may help staff feel the agency is responding to their needs and preferences, which may reduce burnout and turnover.

Another important finding from this research concerned the mixed perspectives regarding the use of virtual meetings. Some staff hoped to continue virtual meetings, while others wanted them to end. Reasons for continuing virtual meetings generally focused on efficiency and increased contact. Motives for discontinuing virtual meetings focused on concerns with safety, negatively impacting the parent-child relationship, and a desire for more in-person contact with their colleagues.

Previous research identified similar concerns regarding the ability to assess safety (Renov et al., 2022). Finding ways to selectively use technology may help enhance contact and efficiency, while retaining the ability to assess safety and increase in-person interactions between staff through in-person meetings.

Listening to the perspectives of child welfare staff is important. The staff who participated in this research lived and worked through the COVID-19 pandemic and can provide insight into the practices that worked and those which were problematic. Many of the participants in this study had strong feelings regarding work location and virtual meetings. One of SAMHSA's six principles of trauma-informed care is empowerment and choice (CDC, 2020); finding ways to enhance empowerment and choice is likely also important for child welfare workers. It is hoped that the perspectives of child welfare staff who participated in this research can help inform agency decisions to benefit clients, staff, and agencies.

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The Well-being Indicator Tool for Youth (WIT-Y)

The Center for Advanced Studies in Child Welfare (CASCW) at the University of Minnesota has partnered with Anu Family Services to develop the Well-being Indicator Tool for Youth (WIT-Y), a self-assessment tool for youth aged 15-21 years. The WIT-Y allows youth to explore their well-being across eight domains: Safety and Security, Relationships, Mental Health, Cognitive Health, Physical Health, Community, Purpose, and Environment.

The WIT-Y consists of three components:

The WIT-Y Assessment, The WIT-Y Snapshot, and The WIT-Y Blueprint.

For additional information visit: z.umn.edu/wity



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Healthy Families America: Prevention and Healing Beyond the Pandemic

Karen A. Guskin, PhD and Kathleen Strader, MSW, IMH-E®

Healthy Families America (HFA) is a foundational part of the prevention landscape that supported families with young children before, during, and after the pandemic. Data from the 2023 Home Visiting Yearbook (see Resources) show that HFA is currently one of the most widely implemented early childhood home visiting models in the United States. HFA is an approved in-home parent skill-based prevention program rated at the highest level by the Title IV-E Prevention Services Clearinghouse for the Family First Prevention Services Act (FFPSA), and it is also approved as an evidence-based model eligible for federal funding through the Maternal Infant Early Childhood Home Visiting (MIECHV) program.

HFA was launched over 30 years ago as Prevent Child Abuse America's signature program for preventing child abuse and neglect by providing early relational health supports as part of an in-home family visiting model. Since its inception, the number of HFA program sites has grown from 25 to nearly 600, and today approximately 70,000 families are served annually in 38 states, the District of Columbia, five US territories, and Israel. HFA goals are to promote healthy child development, strengthen parent-child relationships, and enhance family well-being.

HFA and other evidence-based home visiting programs have a track record of addressing health equity and the social determinants of health that impact child well-being. HFA family support specialists connect families with basic needs and essential community services, actively reducing barriers to access when they exist, including referrals to health services and links to the economic support needed for healthy child development. In addition to reductions in child maltreatment, intimate partner violence, and improved parenting skills, HFA studies have shown that participating families have improved maternal health and well-being and greater economic self-sufficiency, along with improved child health and development, and school readiness. HFA improves outcomes for families and children by addressing historical, generational, and current sources of trauma through a relationship-based approach to supporting secure parent-child attachment and healthy coping skills.

HFA is customizable and was designed from the very beginning with flexibility in mind, allowing every community the ability to tailor



HFA mom plays with her daughter at playground.

portions of the model to meet their needs and the needs of each family. This includes flexibility regarding eligibility, whether to extend the reach of services universally or in a more focused way, and whether to choose to implement HFA using the child welfare protocols which allow sites approval to enroll families with children up to age two for children referred from child welfare agencies. During the pandemic, HFA sites leveraged this flexibility to make a complete pivot from in-home visits to virtual home visits to best serve the needs of families at the time. Except for individual circumstances, HFA visits are now expected to be in the home where home visitors can best observe the home environment and caregiver-child interaction. While encouraging flexibility to community needs, HFA maximizes quality and consistency across its network by utilizing a comprehensive set of research and user-inspired best practice standards and intensive model-specific training for home visitors, supervisors, and managers. The HFA National Office is responsible for ensuring that all affiliates receive comprehensive training and high-quality technical assistance to support implementation of the model to fidelity.

HFA staff are selected because they possess characteristics necessary to build trusting, nur-

turing relationships and work effectively with families with different cultural values and beliefs than their own. Focusing on these characteristics also increases opportunities for diverse representation and equitable access to positions for historically and currently underrepresented individuals and groups. All HFA staff receive comprehensive model-specific training (now delivered to learners online using a combination of instructor-led and self-paced methods), as well as ongoing professional development.

As a part of implementing HFA with fidelity, family support specialists share information (e.g., credible source parenting materials, evidence-informed curriculum) with parents to promote healthy child development, nurturing parent-child relationships, parenting skills, and health and safety practices. Health and safety practices include prevention strategies and address any health and safety issues observed in the home. Family support specialists also provide information and referrals to health care and health care resources for all participating family members. Caregivers are screened for depression and offered resources to support positive mental health; children are screened for development, and families are offered resources to strengthen child development.

HFA sites also work to assure effective systems are in place at the community level. This is accomplished through policy and practice changes, with guidance from the site's community advisory board, as a champion for families and children, advocating for just and equitable opportunities within the community, and increasing access to services and supports for those it serves and employs. HFA sites and the HFA network also engage in ongoing evaluation, research, and continuous quality improvement. All HFA sites have a comprehensive quality improvement plan, utilizing site level data related to acceptance, retention, home visit completion, etc., to develop and apply strategies aimed at strengthening site services.

What does HFA look like in practice?

HFA is a relational health and trauma-informed program that integrates the science and study of infant mental health into day-to-day work with families. HFA has incorporated information about brain development, protective factors, and ACEs based on current

Zoom Courts and Professional Participants: Maximizing Success in Online Proceedings

Beth Thornburg, JD, BA

Introduction

When the COVID-19 pandemic hit, courts had to adapt. To keep vital legal processes moving while keeping participants and the public safe, courts quickly reached for what technology could provide. The move online, when coupled with a commitment to transparency and public access to courts, succeeded better than anyone expected and allowed courts to move forward with crucial business even during the height of the pre-vaccine COVID-19 pandemic. While many worried about the ability of poor, elderly, and rural litigants to access online proceedings, it turned out that the near ubiquity of cell phones made online hearings accessible, and, in some cases made it easier for everyday participants to participate in hearings without having to lose a day's pay or incur transportation or childcare costs (Thornburg, 2020).

While COVID-19 is still with us, the availability of vaccines, comparatively milder symptoms for many, and public weariness with health precautions have caused the courts to return to holding most proceedings

Best Practices

To some extent, online professionals such as social workers should adopt the same type of best practices that they would use in person. Their appearance needs to be professional,

...online professionals such as social workers should adopt the same type of best practices that they would use in person.

in person. But many hearings, particularly those that do not include disputed evidence, still take place online (Thornburg Interviews, 2023a & b). Others may be a kind of hybrid, where most participants appear in person, but some are allowed to appear through online technology. Going forward, then, lessons learned from the days of virtual hearings can continue to help the professionals involved maximize their effectiveness.

they need to speak clearly, and they need to prepare their own testimony and arguments, considering both content and manner of presentation. If they will be referring to documents that they wish to show to the court and other participants, they need to master the screen sharing function of the online system being used.

The online context requires more. As one would do in person, the professional should dress appropriately (at least from the waist up). Less obviously, the professional should consider issues such as what lighting is needed and what background will appear in the little Zoom square. Particularly for hearings in which sensitive information will be shared, the social worker should "attend" the virtual hearing from a place that is private and quiet. Effective participation also requires thinking about screen placement, camera and microphone placement, posture, and how to simulate eye contact by looking at the camera. Even talking is a bit different. Zoom testimony requires speaking a little more slowly than one would in person; Zoom often has an audio lag, so in addition, more pauses may be needed.

If the social worker is involved in preparing children, parents, or other lay witnesses to participate in an online hearing, several practices can be helpful. Preparing such witnesses to testify requires not only content preparation, but also preparing them for what it will be like to participate in a Zoom hearing. Preparation should also include technological advice like how to connect well (for example, what device to use, how to connect, whether to use headsets, and what to do if there's a problem). Other topics might include how to choose the best place from which to join the hearing (considering bandwidth, privacy, and quiet). Social workers can also discuss ways to help the witness choose a suitable background, because shots of home conditions may affect the judge's assessment not only of credibility but also of the home environment more generally. If an online witness is at risk of abuse, advice about background should also

Positive Benefits of Zoom Courts:

- 1 Easier to arrange childcare
- 2 Less time-off work or school
- 3 No need for travel arrangements
- 4 No expenses to incur for gas and parking
- 5 Less barriers for those with disabilities
- 6 Greater feeling of personal safety

*From the Remote Processing Toolkit
(The National Center for State Courts) on pg. 22*



take into consideration the need to keep the witness's physical location confidential.

Staying Online

Today, it's generally safe to hold hearings in person. But should we default to that? The 2020 study demonstrated that most uncontested hearings can easily remain online. "Prove-up" hearings, status conferences, adoptions, CPS matters with uncontested recommendations, agreed temporary orders, and the like were

courts is the lack of technology for zooming into a room. The audio is tricky without about \$15,000 of integrated hardware. We anticipate that once that hardware is commonplace, every evidentiary hearing will be hybrid. That's the future. The impact on access to justice and the increase in quality of justice (more evidence = better outcomes) is too big to forego (Thornburg, 2024).

Virtual hearing practices vary considerably from state to state. The National Center for State Courts provides excellent resources, both

This is an area in which social workers, as advocates, can contribute meaningfully to the intersection of child welfare and virtual courts. A recent study showed that "through careful considerations of technology, open and clear communication, and realistic expectations, dependency courts can facilitate virtual hearings that not only respond to impacts of past traumas experienced by families involved in the child welfare system, but also avoid creating new traumatic experiences" (NCSC, 2022). Social workers, with their training in trauma-informed care, will readily see that those principles are consistent with courts' guiding principles of voice, respect, neutrality, and understanding. Using that expertise, they can help advocate for sound systemic choices about online proceedings that will best ensure the welfare of the children and families whose lives are affected by the courts' processes and decisions.

Social workers, with their training in trauma-informed care, [...] help advocate for sound systemic choices about online proceedings that will best ensure the welfare of the children and families whose lives are affected by the courts' processes and decisions.

conducted effectively online. Even contested hearings worked well in many cases.

As one judge who participated in a hybrid hearing pilot program noted:

Most in-person evidentiary hearings now are hybrid. Experts, teachers, treating physicians, out of state witnesses, all of whom can't easily attend. The only holdback in most

about current state practices (NCSC, 2023a) and a guide for courts deciding when and how to use remote proceedings (NCSC, 2023b). The former can be used to help anticipate which hearings might be conducted online, and the latter can provide information helpful in deciding whether to recommend (or oppose) an online hearing in particular matters.

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Lessons and Strategies for Remote and Hybrid Child Welfare Hearings

Teri Deal, PhD, Angela Sager, MPA, and Sarah Vandenberg Van Zee, LMSW, National Center for State Courts

Amid the COVID-19 pandemic, courts embraced remote hearings to keep dependency cases moving forward. Now, nearly four years later, while some jurisdictions have returned to in-person proceedings, many recognize the potential benefits of remote and hybrid hearings and continue using them to support families and improve court efficiency. The National Center for State Courts (NCSC) has been studying remote child welfare hearings, including the experiences of hearing participants and judicial engagement practices. This article explores lessons learned over the past year.

Attorneys Adapt Their Communication Methods for Remote Hearings

The shift to remote hearings presented new challenges for attorneys in child welfare cases, particularly in communication with their clients before, during, and after hearings. A survey of 762 parent, child, and state attorneys in nine states revealed that some aspects of high-quality representation were easier in remote hearings. For example, more than half (59%) of child attorneys reported that it was easier to make arrangements for the child to attend court if they wished to do so in remote hearings. Parent and child attorneys both indicated that aspects of high-quality representation, like communicating with their clients during the hearing, calling witnesses, presenting evidence, and ensuring their clients understand court documents, were easier for in-person hearings than remote hearings. State attorneys reported that most aspects of high-quality representation were about the same

regardless of remote or in-person hearings; however, 66% of state attorneys indicated that it was easier to provide parents copies of the petition, court reports, and service plans in in-person hearings.

A survey of 762 parent, child, and state attorneys in nine states revealed that some aspects of high-quality representation were easier in remote hearings. For example, more than half (59%) of child attorneys reported that it was easier to make arrangements for the child to attend court if they wished to do so in remote hearings.

All attorney types indicated that some aspects of high-quality representation required adaptations for remote hearings. The most common adaptation reported across attorney types involved changing how they communicated with their clients and other parties before, during, and after hearings. Parent and child attorneys reported being more likely to text, call, or meet with their clients virtually. State attorneys reported adapting to remote hearings by emailing or electronically sharing documents. To learn more about the survey findings and implications of the findings, please visit *Survey of Attorneys Regarding Virtual Child Welfare Hearings* <https://z.umn.edu/99uc>.

Parent Partners Encourage Courts to Provide Technical Support

NCSC engaged Parent Partners, individuals who help parents navigate the child welfare system and who often have lived experience in it, to hear their observations as they supported

parents during remote child welfare hearings. The Parent Partners expressed mixed feelings about remote hearings, noting that they were convenient for parents but also frustrating. They described instances where remote hearings

facilitated parent engagement, especially for parents intimidated or overwhelmed by the in-person courtroom environment. However, they also described challenges with parent engagement that persist or are exacerbated by remote hearings, such as ensuring a clear understanding of the court process or providing an opportunity for parents to express their needs. They also described providing technical assistance to parents who have limited access to technology or experience with video conferencing platforms. Most Parent Partners, like many other court professionals, believe that decisions about whether child welfare hearings are remote or in-person should be made on a case-by-case basis, depending on the nature of the hearing and the family's situation.

The Parent Partners' observations informed several strategies courts could implement to engage parents in remote hearings, including clear guidance on navigating the platform and accessing assistance if needed. To read more about the observations of the Parent

NCSC's Tools to Help Courts Improve Remote Hearings

NCSC's Remote Proceeding Toolkit provides several resources to help courts decide how to use remote and hybrid hearings. The Toolkit describes considerations for developing remote hearing policies and procedures related to equal access, due process, transparency, fairness, standardization, and safety. It also provides guidance for courts on how to critically decide which video conferencing platform to use and how to develop detailed user instructions. The Remote Proceeding Toolkit also offers advice on collaborating with community partners to increase access to the technology needed to participate in remote proceedings.

The popularity of the Remote Proceeding Toolkit encouraged NCSC to develop a supplemental guide specific to dependency cases. Building on guiding principles highlighted in the Remote Proceedings Toolkit, the forthcoming Supplemental Guide for Dependency Cases will provide guidance for courts to implement remote hearings that recognize the nuances of dependency hearings. The Guide will feature an assessment tool for court teams to assess their current practices related to remote dependency hearings and identify opportunities to enhance court policy and operating procedures, technology, hearing logistics, safety and privacy, and family engagement strategies. The Guide will also offer recommendations for remote hearing policies and practices that are trauma-responsive and family-friendly and tools such as checklists for judges and attorneys to effectively engage with families remotely. The Supplemental Guide will be available in Spring 2024.



Partners and recommended parent engagement strategies, please visit *Insights from Parent Partners on Virtual Child Welfare Hearings* <https://z.umn.edu/99uj>.

Welcoming Remote Courtroom Environments Encourage Engagement

Just as court professionals can adopt practices to engage parents in remote hearings, there are also strategies to engage children. Adults tend to think young people are comfortable in remote hearings because they are technologically savvy; however, when asked to describe their experience in remote hearings, they described feeling confused, overwhelmed, and ignored.

To cultivate welcoming remote courtrooms for children, courts can implement policies prioritizing their presence, offer training on engaging children in hearings, and ensure children have the information and tools they need to access the hearing. The judge can implement engagement strategies like acknowledging their presence, highlighting ground rules, and communicating with children in a developmentally appropriate manner. To learn more about how to engage children in virtual hearings and trauma-informed virtual courtrooms, please see *Facilitating Meaningful Child Engagement in Remote Dependency Hearings* <https://z.umn.edu/99uh> and *Facilitating Trauma-Responsive Virtual Hearings for Dependency Cases* <https://z.umn.edu/99ui>.

Moving Forward

Questions remain about the impact of remote hearings on case timelines and outcomes. As the use of remote hearings has evolved from a solution to conditions of the pandemic to a readily available court tool, the court community needs to continue to study the operations of remote hearings and the experience of children and families to ensure that the technology does not unintentionally hinder access to justice.

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Enhancing Remote Hearing Experiences for Families: Tips for Success

	Display your name and role so parties know who you are
	Appear by video if possible and ensure audio and video are clear
	Equip families with resources and support to navigate the virtual platform
	Inform clients about how to communicate with their attorneys privately
	Facilitate pre-hearing and post-hearing discussions with parents and children, offering time to plan for the hearing and debrief afterwards

NCSC Remote Hearing Tools

	Facilitating Meaningful Child Engagement in Remote Dependency Hearings
	Facilitating Trauma-Responsive Virtual Hearings for Dependency Cases
	Remote Proceeding Toolkit
	Remote Dependency Hearing Supplemental Guide

Serving Children During Challenging Times: The Impact of COVID-19 on Child Services and Potential Solutions

April M. Schueths, PhD, LCSW, Julie Pickens, PhD, CRC, MPA, Chad Posick, PhD, and Cary Christian, PhD

An already troubled U.S. child welfare system was stretched to its limits during the unprecedented COVID-19 public health emergency, with lingering effects continuing. As we suggested at the start of the pandemic, child-serving organizations, including our nonprofit organization,

Child Advocacy Services, SEGA, Inc. (CASSEGA), the sponsoring agency for Ogeechee Court Appointed Special Advocates (CASA), Ogeechee Visitation Centers, and the recently added Prevent Child Abuse Ogeechee, would likely be affected for the foreseeable future (Posick et al., 2020). We called for the need for creative solution-focused strategies grounded in best practices and offered our preliminary approaches. The authors, members of the CASSEGA executive board of directors who are also Georgia Southern University faculty members, and the executive director share further lessons learned.

A Closer Look at Child Maltreatment Trends During and After the COVID-19 Pandemic

Although formal child abuse and neglect reports declined nationally during the pandemic, research findings on the rates of child maltreatment are mixed. Research suggests an increase in child maltreatment rates during the initial phase of the pandemic (Babvey, et al., 2020; Chang, et al., 2020; Rodriguez et al., 2021). However, research using diagnostic codes from hospital emergency rooms in the beginning six months of the pandemic indicate that rates of abusive head trauma for young children decreased; they acknowledge treatment may not have been sought for milder cases (Maassel et al., 2021). A systematic review, with most studies from the United States, on the prevalence of child maltreatment during the pandemic found “a decline in allegations of child maltreatment and an increase in severe cases of child



maltreatment” (Huang et al., 2023). Similarly, another recent literature review found increased rates of children witnessing intimate partner violence (IPV) during the pandemic (Mojahed et al., 2023). While these studies provide insight, we likely will not have a complete

As difficult as it is, we must strive to balance the contradictory truths of the need for child safety and family-centered approaches, as they are essential to ethical child welfare practice.

picture for some time.

In Georgia, where we are located, child maltreatment referrals declined by about 58% after the implementation of the public health emergency because of less contact with mandatory reporters (Bullinger et al., 2023). At the start of the pandemic, scholars found “increases in material and supervisory neglect in Georgia”. Since 2020, the Georgia Department of Human Services (DHS) has indicated that the number of children receiving child welfare services declined, including the southeastern counties where we are located (Georgia Department of Human Services, n.d.). However, official reports of maltreatment in Georgia have begun to rise since 2022.

Although a decline in reports may appear to be a success, we are concerned that the Division of Family and Children Services (DFCS) understaffing, overburdened case managers, and an overall lack of resources may have led to delays that potentially leave Georgia children in harm’s way. In some cases, failing to bring children into care may mean children remain in abusive or neglectful environments for extended periods; exposure to such conditions

can lead to severe and lasting physical, emotional, and psychological harm and can impede their educational progress, affect their capacity to form healthy connections, and increase the likelihood of adverse outcomes in adulthood (Norman et al., 2012).

On the other hand, the foster care system is imperfect, and despite good intentions, children do not always receive optimal care. Recent bipartisan U.S. Senate subcommittee inquiries found numerous human rights violations of Georgia foster children and that nearly 1,800 children in DFCS custody were reported missing between 2018 and 2022 (Landeragan, 2023). Former children and families served by DFCS, juvenile court judges, and child welfare experts testified to horrendous

systematic barriers to child safety, permanency, and well-being. Also, in January 2024, a Class Action Lawsuit was filed on behalf of children in foster care in Georgia against Georgia Department of Community Health, Georgia Department of Behavioral Health and Developmental Disabilities, and DHS/DFCS. In the lawsuit, the plaintiffs claim that they were denied remedial services necessary to treat their mental health conditions to avoid institutionalization and segregation. Therefore, we do not claim that placement in foster care is always in a child’s best interest. As difficult as it is, we must strive to balance the contradictory truths of the need for child safety and family-centered approaches, as they are essential to ethical child welfare practice.

Lessons Learned

Financial Challenges and Advocacy

Funding challenges are a consequence of the disparity between child welfare needs and services.

CASSEGA services are provided at no cost to families and DFCS; therefore, we

heavily rely on charitable donations and grant funding, which were impacted during the pandemic. With limited fundraising events, and postponed and reduced grant payments, CASSEGA maintained services from pandemic relief programs, including the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Paycheck Protection Program, and currently the American Rescue Plan Act (ARPA); however, we have recently lost other federal grant funding as the number of children served declined (Pandemic Oversight, 2023). For example, one county in our service area with limited staffing brought no children into foster care for more than one year despite receiving reports and conducting investigations (Georgia Department of Human Services, n.d).

Fortunately, our small nonprofit organization now has funding reserves to fall back on, an essential goal for other small child-serving organizations moving forward (Azzaro, 2020). We advocate for comprehensive, ongoing, sustainable child welfare federal funding in line with other scholars and practitioners (Garner et al., 2024). In particular, we call for nuanced funding determinations that do not penalize illusory child welfare achievements. To help meet these advocacy goals, we have engaged in legislative advocacy with elected officials to share our child safety concerns.

Community Engagement

CASSEGA has also built strong community networks with Georgia Southern University faculty, staff, and students, some of whom serve as board members, interns, and volunteers. The best partnerships are interdisciplinary and utilize subject-area experts and learners. For example, the authors have academic backgrounds in sociology and social work, special education and rehabilitation, public administration, and criminology and criminal

justice. Our board of directors created a research subcommittee to evaluate services and recommend innovative approaches, which includes student researchers. We also incorporate student interns each semester for a win-win, service-learning approach. Multiple qualified student interns have been hired as CASSEGA staff members.

Adapting to Hybrid Services

During the stay-at-home order, CASSEGA quickly transitioned to teleconferencing services (Posick et al., 2020). As we have moved forward, we found that hybrid services benefit many children and families, especially those in rural and underserved areas. In-person services and training are ideal and utilized as often as possible; however, remote options allow supervised visits and parent training to continue when parents lack resources. It has also provided more opportunities for parents to continue to engage with their children while they seek in-patient treatment, allowing parents to still see their child(ren) while taking proactive steps toward a healthier future. Children can also maintain connections with siblings and extended family members. Volunteer CASAs can receive training and meet more frequently with foster children placed outside of their service area so they can better advocate for their best interest in juvenile court.

Because of DFCS understaffing and few transportation providers in our area, many foster children wait weeks and even months to visit with their biological families; this is especially common among foster children placed outside of their home service area, which has become much more common. Regular visitation allows children and parents to maintain and strengthen their relationship, work on addressing issues that led to the child's removal, and demonstrate the parent's ability to provide a safe and secure environment.

Without visitation, the chances of successful reunification are diminished.

When offering virtual services, it is vital to empower families by giving them choices about the modality of services offered. Some individuals require access to equipment for virtual services and may need access to the internet. Others may need training and technological support. CASSEGA provides biological and foster families training on how to use video calling programs; we also provide troubleshooting services if parents are struggling connecting with their children. CASSEGA was able to use additional Covid related funding (i.e., Preparing Safe and Stable Families COVID) to assist a family in paying their internet bill to ensure continued visits with their children on the other side of the state.

Staff Well-being and Retention

We offer hybrid work and work-from-home arrangements to help staff's well-being and retention. Research examining perspectives of child welfare professionals found that they preferred more flexible work arrangements, which helped workers manage an already stressful position (Shadik et al., 2023) (see page 17). With post-pandemic workplace trends moving toward more remote and hybrid options, child-serving agencies must follow this trend to recruit and retain talented child welfare professionals.

Program Expansion

Navigating the pandemic in a rural part of the state helped CASSEGA move toward our goal of integrating more comprehensive holistic services. As mentioned, we now have an additional program, Prevent Child Abuse Ogeechee, a Prevent Child Abuse America program. The organization continually seeks inter-agency collaborations to best assist the needs of children in the area.

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The Mental Health Collaboration Hub: Getting to Yes!

Kirsten Anderson, Todd Archbold, LSW, MBA, Christine Chell, BSW, MBA, and Shelley Shea, RN, BSN

We have been living amidst an ongoing mental health crisis that has only been exacerbated by the COVID-19 pandemic. The disruption to our daily lives and the various forms of trauma experienced across the globe has been recognized as a longer-lasting impact to our mental health. Every day in Minnesota, dozens of youth present to hospitals and emergency departments in a psychiatric or behavioral health crisis. The number of youths in emergency departments in crisis has doubled in the last decade, overwhelming hospital staff and infrastructure that is designed for medical emergencies. Stories of youth boarded (stuck) on medical units, hallways, and even parking garages have become more common as they have no place to go. The situations are intense, and services are scarce. The time spent boarding is increasing as well, in some cases up to weeks or even months. This is a result of an underfunded and understaffed system of mental health care providers and human service systems.

In response to this crisis, in August 2022 stakeholders across the state began to meet to talk about the problem. Led by the Metro Health Coalition and AspireMN, they represented the state's largest hospitals, counties, mental health treatment centers, group homes, and advocacy groups. Together, these previously relatively disconnected groups began identifying specific cases of youth who were boarding in inappropriate settings and trying to connect them to care. Most cases were boarding in hospitals and emergency departments, but some were boarding in county administration buildings and even hotels. The cases being discussed were among the most difficult to place. Many youths were in foster care or county custody, often lacking clear contacts for health care decision-making or coverage for services.

The provider group began meeting weekly and tracking their efforts in a secure SharePoint site. It became clear that there were paths forward, but it would require aligned goals, creativity, and tenacity to break through barriers. They dubbed their efforts, "Getting to Yes!" As each week passed, one or two kids were often able to get the necessary intervention and safe placement they needed. However, the efforts involved were extraordinary in the number of providers it took brainstorming options, and the process lacked efficiency.

The Minnesota Department of Health awarded PrairieCare, the state's largest psychiatric health system, a Pediatric Mental Health Access Program grant through the Health Resources and Services Administration (HRSA). This funding allowed the provider group to build a secure online platform for



centralized communication and automation. Thus, the Mental Health Collaboration Hub was born. The grant also helps to support

PTSD or trauma related disorders (36%), followed by ADHD (31%), and then anxiety (27%) and depression (27%). There was

One clear achievement has been building relationships outside of the service silos that our professionals tend to operate within. We have acknowledged that a team approach is necessary to design services that meet the unique needs of each child – with counties, child welfare professionals, disability providers, and other community partners collaborating in "Getting to Yes."

administrative and technical support for the platform, as well as education and outreach. Any health provider or human services agency in the state can register their organization and build a profile to interact within the Hub. There are currently 170 organizations registered and nearly 400 individual users.

More than 200 cases were entered into the system within the first year, and aggregated data along with user interactions provide insights in a custom dashboard, available to all users. This includes a breakdown of ages, genders, diagnosis, risk factors, and more. While most youth who are boarding are struggling with a severe mental illness, it is most often the behaviors corresponding to those illnesses that are impacting their situation. Nearly 75% of all cases had two or more psychiatric diagnosis. The most common psychiatric diagnosis was

also 17% of the youth who were diagnosed with autism spectrum disorder, which is a developmental disorder that may present through dysregulated behaviors.

Almost all boarding cases presented with additional risk factors, most often characterized as aggression, self-harm, suicidality, elopement risk, or substance use. It is often these behaviors that present risks to an intervention or safe placement. Many children on the Hub with some of the most complex circumstances are in foster care and have a long history of not accessing needed care, with significant numbers of treatment stays, foster homes, and experiences of trauma.

The most sought-after treatment recommendation or placement was a group home (40%) followed by a residential treatment program (31%). Some youth have

been able to benefit from a shorter-term intensive intervention such as psychiatric hospitalization, but most need longer-term ongoing stabilization in a safe setting, which may even include therapeutic foster care (20%). It is important for providers to understand the differences in care settings and how each of them can be accessed. Barriers to access often include lack of capacity in that setting (amplified by staffing shortages) or a lack of insurance coverage or county payment. Both barriers have made access to Minnesota's crucial Psychiatric Residential Treatment Facilities (PRTFs) especially difficult.

Most children in boarding situations require complex mental health treatment provided by very specific levels of care that include group homes, children's residential facilities (CRF), or psychiatric residential treatment facilities (PRTF). For individuals with a mental or behavioral disorder, it is critical to have a clear diagnosis, and only then can you understand the best treatment or intervention. The Diagnostic and Statistical Manual of Mental Disorders (DSM) details more than 300 distinct mental illnesses in five general categories. The most common category of disorder that appears in the most complex boarding cases are neurodevelopmental disorders and externalizing disorders. For those with severe illnesses or behavioral conditions who require a long-term placement (i.e., residential treatment, group home or

hospitalization), every bed type is different, serving a different population.

We now have a better understanding of the complexity of factors that lead to boarding situations based on the insights captured within the Mental Health Collaboration Hub. We know that the social determinants of health play a consistent role, as do social supports and biological factors. The Mental Health Collaboration Hub has brought together a community of providers with shared goals and now a better understanding of what our communities need to prevent boarding situations. One clear achievement has been building relationships outside of the service silos that our professionals tend to operate within. We have acknowledged that a team approach is necessary to design services that meet the unique needs of each child – with counties, child welfare professionals, disability providers, and other community partners collaborating in “Getting to Yes.” However, we still lack the resources and services that our youth and families need. We also need to develop shared nomenclature and systems that result in better assessment and triage of youth with mental illness and behavioral conditions.

The Mental Health Collaboration Hub is a transformational tool that has opened doors, both figuratively and literally. However, it is merely a conduit to existing services; it has not created additional capacity, or improved funding for the services themselves. The result

is a better connected, yet fraught system of mental health care providers and partners – including county and child welfare service providers – as we all strive to support youth in accessing the best treatment and service settings. We have discovered vulnerabilities and opportunities, and providers are constantly pivoting to remain viable.

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Mental Health Collaboration Hub

The MHCH is a secure online portal that helps connect youth and families in psychiatric or behavioral health “boarding situations” to safe and healing mental health treatment. Users can connect with appropriate living and mental health treatment settings based on the unique needs of the patient.



Case information is submitted into the MHCH for youth who are boarding



The MHCH connects the case to appropriate mental health providers, safe living settings, and ancillary support services



The MHCH user community can view de-identified case information, collaborate creatively, and view case trends in dashboard



Users are able to participate in weekly video calls to network and interact realtime

Contact Us • 855-431-6468
admin@mnpyschconsulthub.com

The MHCH is accessible online 24/7/365 to help youth in need

Visitation during the Pandemic: Strategies Employed in California to Keep Reunification on Track

Ann-Marissa Cook, JD

During the COVID-19 pandemic, many states, including California, were able to maintain family visitation and develop strategies to reduce the impact of COVID-19 on the child welfare system. These mitigation efforts or interim best practices allowed child welfare practitioners to continue pursuit of the goals of keeping children safe while also preserving and strengthening family ties. This article focuses on the best visitation practices used in California during the pandemic.

The significance of visitation or family time in child welfare cases cannot be understated. Research shows there is a strong connection

reunification goals and factor significantly into liberalization of visits and/or reunification.

When the COVID-19 pandemic hit, jurisdictions responded to family time in a variety of ways. In Wyoming, in-person visitation was assessed by multidisciplinary case team reviews, and virtual options were used when someone in the foster home was considered at high-risk. In Oregon, family time continued when all parties and stakeholders, including the parents, resource parents, relevant tribes, and caseworkers, agreed that there were no health-related barriers and sufficient space to practice social distancing was available.

smartphone with unlimited voice and text, unlimited data with 20 gigabytes (GB) of high-speed data per month, and hotspot capability to current and former foster youth residing in California. The ability of foster youth to obtain a cell phone allowed for visitation with family and was part of a broader effort that encouraged use of technology such as video conferencing, phone calls, and other forms of communication (e.g., texts, apps, etc.) to keep children, parents, and siblings connected.

Second, stakeholders in California's child welfare cases collaborated to troubleshoot visitation issues. This involved creative problem solving and communication among counsel for the parents, minor, and agency. For example, family members were contacted to supervise contact and engage in visitation outdoors. In other instances, resource parents were asked to provide transportation to, and supervision of, family time to limit the number of contacts and possible exposures to COVID-19.

In addition, in some cases in California, caregivers and parents were trained in engagement strategies for effective use of video communication. This included helping parents develop appropriate expectations regarding video visits as compared to face-to-face contact, having toys and other props available to engage the child and maintain attention, identifying child behaviors which signaled when the child's interest was waning or lost, and understanding how to respond when the child sought care from the caregiver.

Finally, in some instances, parties and the juvenile court considered whether children could be safely reunified with their parents in an expedited manner. While reunification timelines during the pandemic were often protracted, there were cases in California where a combination of good social work, strong independent investigation by minor's counsel, hard work by the parents, and strong advocacy by counsel, generally, resulted in earlier and safer reunification.

Undeniably, visitation during the pandemic was fraught with challenges; however, effective collaboration and strong communication among stakeholders in child welfare led to interim best practices that, when implemented in concert, worked to keep reunification on track.

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between meaningful family time and positive outcomes for families (Wentz, 2014). Studies demonstrate that quality family time results in a greater likelihood of reunification, including earlier and safer reunification, and improved prospects of sustained case closures. For children, family time reduces trauma, helps maintain the child's identity, and expedites permanency (Green, 2020). For parents, family time supports the parent/ child bond, helps to evaluate family strengths while identifying ways to reduce concerns within the family, and provides opportunities to learn, improve, develop, and practice parenting skills. For the social worker, visitation offers an opportunity to gauge the quality of the parent-child relationship, to offer parenting interventions, and to assess the parent's understanding of and ability to address the child's needs (Singer & Brodzinsky, 2020). For the juvenile court, descriptions of family time can be key indicators of a parent's progress in meeting

In Washington, some localities continued in person family time, following the state Supreme Court's issuance of an order identifying specific factors to consider such as the child's age and development level, the feasibility of in-person and remote visitation, and the functional capacity of the parent and child.

Likewise, in California, decisions about in-person family time were made on a case-by-case basis. Pursuant to California's Emergency Rule 6, promulgated in April 2020, changes in manner of visitation were to balance the public health directives and best interest of the child and to take into consideration whether in-person visitation could continue to be held safely.

In addition to avoiding a blanket ban on family time, California implemented further measures to maintain visitation during COVID-19:

First, as part of a larger federal program, California administered a robust Phones for Foster Youth program, which provided a free



Bridging the Digital Divide for CA Foster Youth During a Pandemic

Serita Cox

Youth in the foster care system are some of the most digitally disconnected young people in the country. A 2016 University of California (USC) study found that 95% of rural foster youth and 79% of urban foster youth lacked access to a computer and the internet where they live. This digital divide partially explains why foster youth lag significantly behind their peers on educational outcomes including high school graduation rates (66% with 33% dropping out), employment (50% unemployed within 4 years of aging out), and post-secondary degree attainment (3% within 4 years of aging out)—placing them at a lifelong disadvantage.

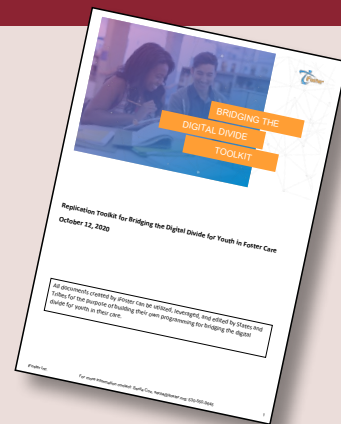
The pandemic only served to exacerbate these disparities and threatened to isolate California's foster youth not only from school and employment, but their entire support network of peers, family, social workers, attorneys, therapists, attorneys, and counselors. In response to the looming catastrophe of foster youth unable to connect, the Governor of California issued a mandate and funding to iFoster to implement a statewide program to ensure every youth in foster care from age 5 to 21 had the technology they needed to attend school and connect with their support network. Philanthropy stepped in to fund former foster youth up to age 26 for the same purpose.

In response, iFoster coordinated an unprecedented collaboration with philanthropy, state and local child welfare agencies, manufacturers, distributors, and education partners to deliver laptops and hotspot-enabled smartphones to foster youth aged 5 to 26 across the state. From mid-March to the end of December 2020, iFoster partnered with over 750 agencies serving current and former foster youth in California to identify youth who needed technology and could not get it from their schools. Agencies included county child welfare, offices of education, school districts, K-12 schools, colleges (Guardian Scholar programs), and community-based organizations. A standardized, rapid response process was implemented resulting in youth receiving the technology they needed within 3-5 days of their request. This model resulted in 15,920 CA current and former foster youth receiving technology over 9 months of the pandemic in 2020.

Foster Youth	Youth Served	Smartphone/ Hotspots	Laptops (Tablets for K-8)
Foster Youth (in care)	11,069	9,095	3,539
Former Foster Youth	4,851	4,150	3,653
TOTAL	15,920	13,245	7,192

iFoster Tech Access ToolKit

iFoster has worked with the Children's Bureau to develop a Tech Access ToolKit for Tribes, states, and community-based organizations to be able to replicate iFoster's programming to bridge the digital divide. This includes planning, program model, operating procedures, and templates:



- Program design.
- Access to technology and unlimited data.
- Outreach to eligible recipients.
- Efficient distribution.
- Funding from philanthropy and/or government.
- Activities to leverage existing government programs such as LifeLine.

If you are interested in the replication toolkit, please email support@ifoster.org

Youth reported their technology helped with school and distance learning, staying connected to their support network, visitations, and telehealth. It was a true lifesaver; as one participant wrote in response to a survey on the utility of his phone, "I might have committed suicide if I wasn't able to reach my support system with my iFoster phone. I'm okay now, but it would have been really bad without that resource."¹

- **67%** use their devices for telehealth (i.e., doctor's appointments, therapy sessions, parenting classes)

In addition, youth who had aged out of the foster care system indicated they used their technology to access the resources they needed for self-sufficiency. With the technology they received, they could access supportive services to get help with basic needs, attend virtual

The right to digital communications is now enshrined in the California Foster Care Bill of Rights which ensures that every youth in care, regardless of placement, has the right to access phone, text, and internet communications.

Surveys were conducted by iFoster quarterly throughout the pandemic on the utility of the technology provided. 3,800 youth aged 13 to 26 provided feedback as follows:

- **100%** of recipients receiving a laptop use it for schoolwork.
- **89%** use phone for schoolwork including streaming classes, studying using hotspot functionality, & corresponding with teaching staff.
- **99%** use phone to communicate with family & friends.
- **97%** use phone to communicate with support networks (i.e., social workers, mentors, attorneys).

classes and get tutoring help, schedule and attend telehealth appointments, access mental health services and crisis help, and attend job skills training virtually, apply for jobs, and even work virtually.

The pandemic has fundamentally changed society and the child welfare system in California. Virtual school, work, telehealth, social worker visits, visitations, and court hearings are now the norm. It is more imperative than ever for our youth in state care to have access to technology.

The good news is the pandemic also changed technology access for foster youth in California. The right to digital communications

Continued on page 40

¹ Phones for Foster Youth Survey, Conducted for CA Senate SB546 Analysis, iFoster Administered, March 2021

Family Ties Inside and Out: A Program to Maximize Support for Children of Incarcerated Parents

Joanne Linden, EdD

The United States faces a staggering reality: more than 5 million children have experienced having a parent behind bars. This issue disproportionately affects impoverished and Black communities, with one in eight poor children and one in nine Black children experiencing parental incarceration. Shockingly, between 1991 and 2007, the number of children with a father in prison rose by more than half, while those with a mother behind bars nearly doubled. The impact on these children is profound, with many of them being younger than 10 years old, and more than 20 percent of them being just four years old or younger. About half of the people in state prisons are parents to children under 18 (Child Trends, 2015).

Research and common sense converge to underscore the devastating effects of parental incarceration on children. It is a traumatic experience that inflicts a daily barrage of stress, disrupting healthy childhood development. These children are often exposed to a multitude of adverse experiences, including substance abuse within the family, domestic violence, and neighborhood violence. As a result, they face increased risks of poverty, frequent changes in living arrangements, academic struggles, and long-term health and mental health challenges (Child Trends, 2015).

The statistics paint a grim picture, especially in states like New Hampshire, which has been deeply affected by the opioid epidemic. With over 15,000 children in the state having experienced parental incarceration, the need for comprehensive support systems is urgent. The rise in opioid-related crimes leading to imprisonment further exacerbates the situation, as many of these children end up living with caregivers struggling with substance use disorders themselves (Annie E. Casey Foundation, 2016).

In response to this pressing issue, New Hampshire launched the Family Ties Inside and Out (FTIO), funded by a statewide federal grant from the Office of Juvenile Justice and Delinquency Prevention. Building upon the success of the small pilot program "Family Ties," FTIO aims to establish a coordinated system of support for incarcerated parents, their children, and the caregivers of these children during and after incarceration. Through partnerships between the New Hampshire Department of Corrections, Family Resource Centers, graduate schools of marriage and family therapy programs, and nonprofit organizations such as the fiscal agent of the grant, Waypoint, FTIO seeks to provide a range of services to address the complex needs of affected families.

Leveraging existing services is crucial in effectively supporting children of incarcerated parents. Many communities already have resources in place that can be adapted to meet the unique needs of this population. By partnering with schools, community centers, mental health organizations, and other service providers, comprehensive support networks can be established to address the multifaceted challenges faced by these children and their caregivers. One way that we have been able to effectively reach and provide timely mental health services and counseling has been utilizing graduate students in counseling programs that need hours.

Existing services such as counseling, mentorship programs, educational support, and financial assistance can be tailored to

By harnessing the collective resources of communities and building upon existing services, we can create a more comprehensive and sustainable support system for children affected by parental incarceration.

cater to the specific needs of children with incarcerated parents. By collaborating with these organizations, programs like FTIO can extend their reach and ensure that no child falls through the cracks.

Furthermore, raising awareness among existing service providers about the needs of this vulnerable population is essential. Training sessions and informational materials can help equip professionals with the knowledge and skills needed to effectively support children of incarcerated parents and their families. In jails, prisons, and courts, a small but critical intervention for us was to ask leadership to add two questions at the time of, or close to, intake. "Are you a parent of minor children? May we have caregiver contact info, so we may offer them, and your children support services?" Although not every facility implemented this language, all three prisons, three of the ten county jails, and the New Hampshire Drug Courts institutionalized this practice.

By harnessing the collective resources of communities and building upon existing



Sesame Street has virtual tips, videos, and activities to support children in understanding their parents' incarceration. This is one of the many resources listed on the Waypoint website.

services, we can create a more comprehensive and sustainable support system for children affected by parental incarceration. Through collaboration and innovation, we can ensure that every child has the opportunity to thrive, regardless of their family's circumstances.

The onset of the COVID-19 pandemic necessitated a shift to virtual platforms for program delivery. Utilizing Zoom, FTIO adapted its services to continue supporting

families both inside and outside correctional facilities. Family counseling sessions, caregiver and child support groups, training sessions, and leadership meetings all transitioned seamlessly to the online environment.

Within correctional facilities, FTIO offers vital services such as family counseling, reentry planning, and parenting classes. Outside the walls, caregiver support groups have proven invaluable, fostering a sense of community and providing much-needed assistance to those caring for children of incarcerated parents. Despite some challenges, such as uneven participation in younger children's support groups, the overall response to Zoom-based services has been positive. One of the key strengths of FTIO lies in its ability to bridge the gap between incarcerated parents and their families, fostering communication and providing support throughout the reentry process. By addressing the intergenerational impact of parental incarceration, FTIO is



Call to Action: A Foster Youth's Appeal for Post-Pandemic Support

Shawna Bullen-Fairbanks

BEFORE

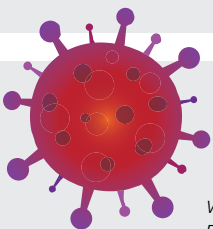
Before the COVID-19 pandemic, I was working a part time job and starting to dabble in advocacy work. I was also getting ready for my high school graduation. My kinship family was going to have



my dad flown out for my graduation. I hadn't seen my dad since I was seven years old. Having my dad at something as special as my high school graduation meant the world to me. The only services I was receiving before the pandemic were often in-person visits from my social worker.

DURING

During the COVID-19 pandemic, the transition to virtual visits with my social worker was hard, but it actually made me less anxious about visiting with her as well. I noticed that there were longer wait times in connecting with my social worker due to having to contact her through either email or having to leave a voicemail. Waiting to hear back from my social worker could often take a while. I wish there were more check-ins from my worker during the pandemic or someone to go to for questions when I was having a crisis. My dad passed away on the day of the COVID-19 lockdown, and I barely graduated high school due to the switch to online learning.

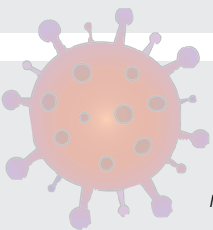


I also didn't have support from my kinship family at the time. I turned eighteen during the pandemic, and I felt so alone. The stimulus money helped once I turned eighteen, but it wasn't enough, especially because I didn't qualify for Extended Foster Care (EFC). I was "reunified" at seventeen and a half years old with my older sister. Even though I still had a county worker until I was eighteen, I was told I didn't qualify for EFC and didn't receive a transition plan. I felt I still deserved to have a transition plan to prepare me for adulthood.

Both myself and other Fosters that I've spoken with felt lost and helpless during the pandemic. They often felt like they didn't have any help, that reaching out backfired, or receiving help took so long that after a while it didn't feel worth it to reach out again. Fellow Foster peers have had similar experiences to mine such as not even getting a transition plan, being confused about the transition plan, or not having their transition plan explained well to them. Transition plans are such a key aspect of aging out especially during the pandemic, where there was already limited support. In 2020, Minnesota could have done an executive order to halt aging out at twenty-one years old during the pandemic and could have made it easier for fosters to re-enter extended foster care or provide other support to fosters like me who fell through the gaps of extended foster care. Instead, they didn't do any pandemic support until they were required to by federal law—and then were even delayed by a few months. Harm was done to Fosters by the system from March 2020 through March 2021 because of that. It didn't have to be that way for my peers and I. The system failed me and my peers during the pandemic while we were in dire need.

NOW

Since the pandemic, I've struggled quite immensely with the transition into adulthood as well as having to grieve my dad. As an adult, I've still been confused about aspects of my case. I had a lot that wasn't explained to me and now that I have space to look back, I often wonder about that. Since being an adult, I was coerced out of my first apartment by my county worker and landlord. What I need now is housing support and help getting my driver's license. I wasn't supported in learning how to drive while in care, and it's almost impossible to get my license on my own now as an adult. I could've had support from my worker for these things but didn't. For a lot of youth



out of the system, their support doesn't end at eighteen. Especially during the pandemic, a lot of my non-Foster peers were able to live back at home, which continued post lockdown. An option I sadly don't have, along with most of my Foster peers.

All the temporary support foster youth got from federal bills have now gone away. What I want you as a worker to do now is do all you can to help youth transition to adulthood. It's the right thing to do as a worker and as a human being. The pandemic's impacts haven't ended for Fosters, and Minnesota is failing its promise to do right by so many of us. Remember that this is a person's life in your hands, and you could be the one to help fulfill that promise, even if just for one youth.

Shawna Bullen-Fairbanks is an advocate for foster youth rights.



Recovering Hope: Navigating Substance Use Challenges, Healing Families, and the Impact of COVID-19

Carmichael Finn

BEFORE

Recovering Hope Treatment Center stands in Mora, Minnesota as a beacon of hope for families struggling with substance use disorders. A unique residential program, it is one of only four in the state licensed to provide treatment for women while allowing their children to reside on-site with them. This pioneering approach presents an opportunity for child welfare workers to collaborate with treatment providers, tackling one of the primary reasons for out-of-home placements – parental substance use. Recovering Hope provides a secure, drug-free environment



with supervised settings, offering trauma-informed daycare services for children during the day while they live on-site with their mothers. Parents, in turn, receive critical co-occurring treatment services, medical care, and psychoeducation addressing the reasons for out-of-home placement.

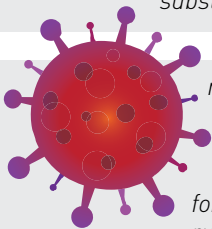
Notably, the program empowers mothers with essential relapse prevention skills and parenting education, fostering a two-generation approach that serves both as prevention and acute care for co-occurring disorders. Referrals primarily come from child welfare workers and the court—all working towards the common goal of reuniting families in a substance-free environment.

DURING

Shattered Mechanisms and Rising Despair

Unfortunately, the onset of the COVID-19 pandemic wreaked havoc on the mechanisms that safeguarded vulnerable women and their children, leading to a surge in “deaths of despair” within the state. Fentanyl, alcohol, and suicide rates skyrocketed, overshadowed by the overwhelming focus on preventing COVID-related deaths. The substance use disorder field witnessed a breakdown, with increasing barriers to treatment services, economic stress, and heightened harm in vulnerable populations.

The workforce faced a double blow — a spike in exits during a time when the state was already grappling with a significant



number of vacant alcohol and drug counseling positions. Rural areas like Mora bore the brunt of the impact. Strict quarantine measures and extended waits for treatment further compromised an individual's window of motivation for seeking help. The closure of courts, especially in rural areas ill-equipped for online proceedings, disrupted referrals, leading to a decrease in the census of family treatment programs. One such program, unable to cope with the sudden decrease in demand and workforce shortages, closed permanently in Sauk Rapids, Minnesota.

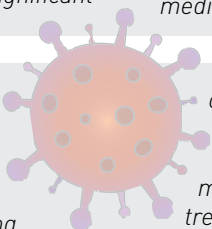
Families suffered from the absence of child welfare visits, communication breakdowns, and increased chronicity and needs among children and mothers. The pandemic exacerbated existing challenges, with inconsistent schooling, economic burdens, and limited access to transportation and medical care.

NOW

A Lingering Impact and a Call to Action

Post-pandemic, the child welfare courts gradually resumed, either in-person or through video, bringing a semblance of consistency to case planning, referrals, and collaboration with providers. Family treatment slowly returned to pre-pandemic levels, yet the lasting effects of over a year of inconsistent care and barriers persisted. Families continued to grapple with increased needs, and children exhibited heightened developmental and emotional challenges.

One of the somber realizations brought forth by the pandemic is the critical importance of family treatment programs for the well-being of families. The data unequivocally demonstrates that the disruption of access to these vital services during COVID resulted in significant harm, even leading to tragic



outcomes such as deaths within the families we aim to support. Moreover, it underscored the positive impact that child welfare courts have played in enhancing motivation and facilitating access to these lifesaving treatment measures.

Grief, trauma, economic stressors – these are the ongoing battles faced by a beleaguered workforce still struggling to find effective strategies to support families in the era of fentanyl. The pandemic emphasized the capacity of governments and communities to address public health crises, paving the way for hope that maybe this crisis can be addressed too. As fentanyl continues its alarming rise, impacting children and adolescents across the nation, it is imperative that we recognize this is an emergency also. Let us unite to meet the needs of these families, demonstrating the collective strength and resilience that can bring about positive change.



Preserving Cultural Ties: Supporting Native Foster Families During the COVID-19 Crisis

Elisia Manuel

BEFORE

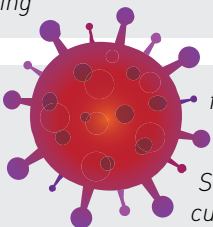
Three Precious Miracles is a 501(c)(3) non-profit that has long been dedicated to serving Native American children in the foster care system. We began in a humble garage - first by providing for the immediate needs of children removed from the home and giving items like diapers, clothing, and toys. Through working with children and their foster families, we realized that there was a huge need for programming



that helps keep kids connected to their Native American heritage, and, ideally, to their specific Tribes. We began doing programs that connected Native mentors to children in the foster care system. This included activities like bowling with Native American leaders, creating quilts or blankets based on Tribal affiliation, and other meetings and get-togethers to help both Native and non-Native foster parents learn about their children's Tribes. And then there was a global pandemic.

DURING

The COVID-19 pandemic created a lot of strain on our organization, and we've seen the effects reverberate throughout the foster care system. In our own organization, we had to pivot our programming. It was much harder to provide in-person services and programming due to the restrictions created to keep people safe. We were forced to shift our programming and find new ways of providing cultural information to children and their families.



foster care system were not given support to develop and grow their identity as Native Americans.

So, we began to plan with our partners to develop a more culturally relevant curriculum for our families. Being from Arizona, we wanted to focus on the tribes that are local to our area. We partnered with a local artist to help develop different toys and resources that children will enjoy, but also come with a learning component for the parent to help both learn and celebrate the Tribal heritage and background of the children placed in their care.

One way we pivoted was by creating resources that the families could access at home. We partnered with organizations to develop care packages to have ready when a family contacted us. We were able to continue to deliver information and goods while maintaining a safe, hands-free delivery.

During the pandemic, we began to see the families in our networks grow more distant — both physically and socially. This has had a number of negative effects. Many children fell behind on their social skills, developed less friendships, and had fewer chances to celebrate their Native identity through ceremony and community gatherings. One concerning outcome of the pandemic we began to see was that children in the

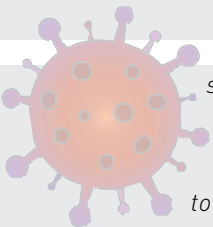
We worked with a partner to develop 3D models that were inspired by the Tribes of Arizona along with information booklets about the models for adults to read and discover more about different aspects of Indigenous life and cultures. We also began developing children's books based on our models with our partner with pictures and stories that incorporate the models and help bring the history to life.

Shifting our focus to embracing and celebrating culture and history has been extremely rewarding. We were able to bring families closer during the pandemic by giving them more ways to connect and share the culture and history of their tribe.

NOW

The Aftermath

Currently, we are still working to develop ways to bring families closer together. We still plan care packages with different resources inside to give families activities to complete together. Since in-person gatherings are becoming more common, we have started to resume and enhance our programs with activities around the models we developed. We are planning even more fun ways to help families engage with the Tribal history and culture of Arizona.

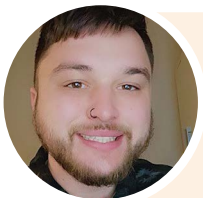


started by sharing our model files for families with access to 3D printers, and we are sharing our books and other resources online as well. As we develop more ways to engage with Tribal history and culture, we want to make sure they are free and easy to access by children and their parents.

More than anything during the pandemic, we found that focusing on Indigenous identity and culture is the most meaningful way to connect with the families we serve. The loss of knowledge keepers and elders in many of the communities we serve was devastating, and the effects of the pandemic are still felt by many Native communities. We will continue to create resources and programs that help our children find and celebrate their Indigenous identity!

We still see the lingering effects of COVID and are constantly working with partners to develop ideas for resources. We

Elisia Manuel is the founder of Three Precious Miracles, an incorporated Arizona non-profit organization that supports Native American children who are in or have been a part of the foster care system.



Navigating the Uncharted: One Social Worker's Evolution through COVID-19

Brady Brecht

BEFORE

Fresh out of my internship at Johnson Brother's Law in Lindstrom, Minnesota, I knew I wanted to work with kids and families. I began working as a youth counselor at Heartland Girls Ranch in Benson Minnesota, a small town I moved to with my pregnant wife and our daughter. After a few months of working in the residential facility, I was informed of a job opening for a child protection social worker for Pope County. I had grown close with some of the residents, and I knew leaving this position was going to be hard. I received a fairly powerful slap in the face from one of the residents on my last day. I couldn't be mad—these children had gone through a lot and my leaving may have influenced some to revisit their feelings of grief, loss, and frustration. I knew it had to be

done to better provide for my single income family and to progress my career in the direction I desired. I wanted to work in my hometown, so I applied. Eager to learn about social services, I began my training. I was quickly exposed to unforgettable family situations in this position. Being a parent and knowing the love involved, it was heartbreaking at times. My first child removal was straight from birth at a hospital. I never hugged my kids tighter than when I returned home from work that day. Thankfully, I had some wonderful co-workers who managed to assist in identifying and utilizing that child's family for permanency. The ups and downs of this position are already so evident. I am a hands-on learner, and shadowing someone in the child protection role was the most effective way for me to gain knowledge and improve my performance. Training was going great, then COVID-19 came along...

DURING

No more face-to-face contact with anyone outside of the home. No more office, printer, home visits, school visits, or grabbing lunch with co-workers. No more shadowing. My apartment was not fit for working from home. I set up my computer in the basement. A musty, dark, and rather creepy little basement. As I sat there, listening to what sounded like my children dropping bowling balls on the floor above, I found myself completely muddled. Unable to think clearly or focus, my training progress halted. My hands-on learning style was not something that could be accommodated at that point in time. Minnesotans know the listlessness that comes with long winters, but this was different. Those social gatherings that keep us grounded were no longer allowed. I fear for my family and friend's lives when I hear they are COVID-positive. My children were unable to partake in public play areas, go to movie theaters, or even attend Early Childhood

Family Education events. The country came to a halt, but child protection did not. There were so many unknowns. After this quarantining continues for what feels like a lifetime, I received a call from my supervisor. I was informed that I was being moved to a different position, licensing, as that was determined to be a better fit for me. This wasn't exactly what I had planned, but I do what I can to stay positive. I was so thankful when we began working in-office again, masked and distanced of course. I began shadowing the licenser who was leaving the agency in just a couple weeks. Not nearly enough time as I had hoped to have shadowing this seasoned licenser. Training after training, I learned the process. After a few months and some extremely helpful Department of Human Services consultants, I was licensing foster homes and family childcare programs on my own. I accepted the offer to take permanency cases for Pope, Grant, and Traverse County while lessening some of my licensing duties. This position is new to the agency, and I gladly welcomed it.

NOW

Today, I am continuing to work primarily as a permanency social worker for three counties. I still maintain a caseload of relative foster care providers. I very much enjoy meeting with the youth and getting to know them. I understand my role. I am not a parent, and I will not be in their life forever, so I do my best to find someone that can be that lifelong support for them. A lot of people tell me that I should be proud of what I do, finding "forever homes" for children in foster care. Although adoption day is always a tear-jerking and happy day, I cannot ignore the fact that this is all part of the traumatic experience that children and youth go through. I know that the children

have been hurting for a long time, so I do what I can to set up supports for youth in care. These children are so strong, and I am so proud of all of them. As for COVID, there is no "back to normal." The effects of the pandemic will forever change how we function and progress as a society. Since the pandemic, hearings have changed, and many continue to operate via video call. I have seen more foster parents engaging in them, and they now can maintain anonymity in the hearings. I also see parents attending more hearings, as many of them struggle with social anxiety, lack of formal clothing, lack of transportation, and more; the video-based hearings can help accommodate for some of these factors. Things will never be normal, but then again, what is "normal?"



From Pain to Purpose: Finding New Strength in Family Services

Julie Schultz

BEFORE

As the executive director of a local social service nonprofit, Main Street Family Services, my team and I serve at-risk families with complex needs. Many of our families have experienced domestic violence, addiction, and poverty, which leads to further isolation and puts children at risk for abuse and neglect. We provide therapy, supervised visitation, parent



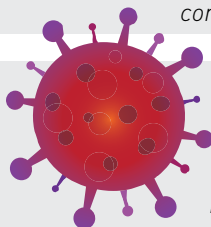
coaching, and education, and our goal has always been to help individuals, children, and families find healing, restored relationships, and to find belonging in their homes and community.

We had no idea the impact the pandemic would have on the families we worked with and the child welfare system. The pandemic would come to touch every part of our lives: our health, our homes, our work, our neighbors, and our community.

DURING

I remember when the mandates began. I remember thinking of the children and their parents and how isolated they would be. I was devastated as I imagined the impact on already hurting families. I could picture the outcomes and knew it would not be good. And then I faced my own health emergency—something I would rather forget.

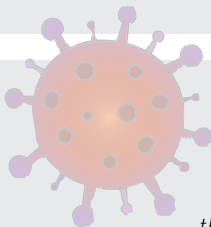
It was December 9, 2021, when I entered the hospital, where I would stay until January 16, 2022. I battled COVID, and I came out the other side, but not without a fight. Being intubated for 18 of those days and needing to learn to walk again took its toll. I remember the freedom I felt on the drive home from the



hospital and how beautiful everything was. My people were waiting for me at home with warm embraces. I remember their eyes welling with tears; they would say, "I can't believe what a miracle you are. We have been praying for you." I was slightly confused by their big emotions and the extent of the celebration. It took a while, but I began to realize their perspective. They were fighting for me. They walked through many days of me hanging on by a thread and the reality that I may not come home. Yes, I went through a lot of suffering and a long healing journey, but I had been asleep which is what we affectionately call the time I was intubated. My perspective was different from theirs. It took a long time for me to realize they were fighting for my life along with me.

NOW

So, here we are; a few years have gone by. As we move forward and things are more "normal," I believe we sometimes forget the impact of the pandemic, which still lingers and is more widespread than we realize. I was in a meeting discussing the tragic death of a child. We talked about the systems that impacted the family. We discussed the efforts of the helpers from every angle and wondered what we could have done differently. We analyzed ourselves and wondered if we could have done more or seen the signs sooner. After a long time of reflection, we looked at the date in our documents: 2021. In all our discussions, we had forgotten about the impact of the pandemic. As the reality of this flooded over the group, we were speechless and sobered.



As the director of Main Street Family Services, I have seen the impact of the pandemic on staff, workforce shortages, the stress on the families we serve, challenges to access resources, and systems needing to be rebuilt after so many challenges chopping away at the foundations.

Yet, I have also witnessed a new strength, a new energy to move forward, and pride in what we have overcome. In the meeting, the silence and the collective exhale in the room remembering 2021 and the years previous gave us pause. Words of encouragement and compassion were spoken within the group. I personally left with a new resolve to see the beauty of those who fought for us and with us. If we learned anything, we know we need each other. We need help. We need meaningful connections and to be surrounded by those who are willing to walk the extra mile with us. The amazing joy of being reunited with others who fought alongside us is a gift to embrace.

Julie Schultz is executive director at Main Street Family Services. Contact administrator@mainstreetfamilyservices.org



Navigating the Storm: Rebound Inc.'s Journey Before, During, and After COVID-19

Carmeann Foster interviewed by Denise M. Cooper

BEFORE

During the pandemic's onset, Rebound Inc., was relatively young, having been founded in 2014 and initiating services in 2015. Our main goal is to partner with the community to tackle the overrepresentation of Black youth in juvenile justice and social services. Through culturally responsive and community-centered programs, we operate residential and after-care programs for youth aged 14-21, including support for those transitioning from foster care, all offering comprehensive case management services for youth and their families. We prioritize parents and families by inviting them to our houses, programs and meals. We emphasize involving parents and families by inviting them to our events and meals. We firmly believe that our organization support

for youth does not lessen the importance of parental involvement.

Our early focus was on community partnerships to actively engage youth. We organized events and activities, including a Historically Black Colleges and Universities (HBCU) tour, Youth in Government participation, camping trips, and more. The goal was to expose them to new experiences, both within and beyond their immediate communities.

From a leadership and community perspective we created a mini Wakanda—a safe space where youth and families felt supported and where Black professionals could connect with the community and support youth and families. Unfortunately, the pandemic forced a shift in our operations and presented unique challenges.

DURING

The traumatic experience of the pandemic, compounded by the racial tensions after the murder of George Floyd left lasting impacts and impacted our work. Staff and clients alike struggled to process these events, creating an undercurrent of anxiety.

Our administrative office is in North Minneapolis. We worked intentionally with culturally specific experts in our community to host a communal healing experience for staff, youth, and their families. We discussed the concerns facing our nation and local community at that time: systemic racism, police brutality, feeling unsafe amidst a pandemic, and higher rates of criminality – particularly with youth and carjackings. These meetings enabled us, as a staff, to talk to the young people and allow our youth to process the events. While we were accustomed to addressing tough situations and systemic challenges, it became harder to stay emotionally resilient for our youth as people were isolated at home and felt they had to cope alone.

In the beginning of the pandemic, we were also approached by Ramsey County to open a group home. We faced uncertainties about procedures and protocols due to the new COVID-19 reality. The county's strict interpretation of CDC guidelines limited our interactions with families and disrupted our usual programming. Despite several barriers and challenges we were able to open the doors to the new group home spring 2020.

We experienced other challenges in the ways that we had to shift programming. The shift to virtual visits presented technological barriers, with many families lacking access to Wi-Fi and devices. However, we navigated these challenges by securing resources such as loaner computers and finding innovative ways to keep our programs running. We also brought partnerships directly to the youth through onsite events instead of requiring them to leave their homes. Virtual outings, museum visits, and online engagement strategies helped us maintain connections between youth across multiple houses. Foundations also played a crucial role during this time, increasing our revenue and offering short-term resources.

NOW

Despite the challenges, we learned to be creative, adapting mentorship and case management online. With the pandemic "over," we face the challenge of readjustment, adopting a hybrid schedule and transitioning to a new office space. Decisions on day-to-day operations are complex, and balancing diverse needs is challenging. As we resume onsite operations, we're rebuilding the essence of our organization. Despite the trauma of the pandemic, we're focusing on resuming the signature programs that define us, ensuring our vision is understood and maintained.

Acknowledging the need for emotional support, we initiated communal healing experiences, providing virtual cultural advisors to guide staff and prepare them for conversations with youth. However, challenges persist in creating a comfortable space for expressing emotions, especially for our youth.

The journey of navigating our programming and service delivery for youth during COVID-19 has been filled with challenges and lessons. As we transition into the post-pandemic era, we carry forward the resilience and adaptability that allowed us to overcome unprecedented obstacles yet remain committed to the youth we serve.

Carmeann Foster, JD, LICSW is co-founder and executive director of Rebound, Inc. Contact cfoster@reboundmpls.org



Rising Up: How C2i Meets the Needs of Minnesota Fosters

Karina Hunt and Jessica Rogers

BEFORE

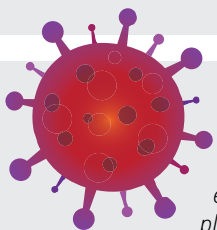
We embarked on 2020 with a team of six, brimming with anticipation for our 7th annual Kentucky Derby fundraiser. Our agenda included the launch of a mentoring program, youth focus groups to revamp St. Joseph's Home for Children, and the initiation of Peris Hill, the housing development envisioned by Connections to Independence (C2i) youth. It was an exciting time!



As news of the looming pandemic and city shutdowns spread, we proactively engaged with our building's leadership to devise a contingency plan. Despite the lack of clarity from authorities, we preemptively prepared for a shutdown. By March 9th, we had stocked up on essential supplies, sanitized our office, and loaded C2i vans with provisions. Thankfully, our foresight paid off, with our office closing the subsequent week with just one day's notice.

DURING

However, nothing could prepare us for the tragedy of George Floyd's murder, mere blocks from our office, also in many of our staff members' neighborhood. We immediately halted routine operations and marched together in solidarity from 38th and Chicago to the 3rd precinct. The ensuing month was dedicated to ensuring the safety and well-being of our staff and the youth we serve, all grappling with community trauma and unrest. There were countless sleepless nights documented in our staff group text, ensuring everyone had made it home safely before we'd all try to rest. We were confronting a pandemic, with racial injustice thrusting Minneapolis into the global spotlight.



resorting to unconventional methods such as mobile tax assistance and driveway celebrations.

Before 2020, around 60% of C2i youth pursued education beyond high school. However, this figure plummeted to 20% during the pandemic. Fortunately, legislative initiatives like the Fostering Independence Grants (FIG) offered hope, aiming to restore and surpass previous attendance rates.

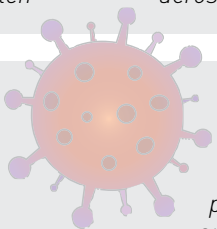
Amidst this turmoil, we conducted a youth survey to identify pressing needs and lend support where it was most needed. Overwhelmingly, young people wanted resources for mental health support and assistance with essentials like hygiene products, rent, and groceries. Social workers and other county staff were not allowed to meet in-person with anyone during this time to help meet these basic needs or offer emotional and peer support. Despite the limitations imposed by the pandemic, we persisted in meeting these needs, often

Upon securing a PPP loan, we prioritized hazard pay for our staff and implemented salary hikes. Recognizing the importance of self-care, we allocated one hour daily for staff well-being, mirroring the support we offer our youth.

Realizing that a return to "normalcy" was distant, we formed a strong coalition with fellow youth and foster-focused nonprofits to advocate for a moratorium on youth aging out of foster care. It took federal legislation for Minnesota to impose a moratorium on aging out, allowing young people to access resources and remain in extended foster care longer. When the Department of Human Services received CARES Act funds, this coalition advocated for direct cash to be given to those who had aged out during the pandemic. We were successful in dispersing \$192,000 to 128 former fosters across the state of Minnesota.

NOW

Despite the challenges, C2i has experienced remarkable growth since 2020. With a team now comprising of 12 members and an expanded budget, we have extended our reach to more counties and fosters. Most significantly, we have cultivated



a culture of support and empowerment within our organization, amplifying the voices of C2i youth and driving policy changes and accountability at the state and county levels. As we reflect on our journey, we are proud to be a part of this community of changemakers and are looking forward to the further growth of C2i!

Karina Hunt is operations and strategic growth coordinator at C2i. Contact khunt@c2iyouth.org

Jessica Rogers is executive director of C2i. Contact jrogers@c2iyouth.org

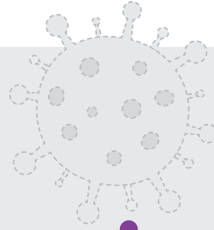


The Child Welfare System Before, During and After the COVID-19 Pandemic: The Perspective of a Parent's Attorney

Carrie Doom

BEFORE

Before the COVID-19 pandemic, representing parents in the child welfare system was not without its challenges; yet, it had a sense of



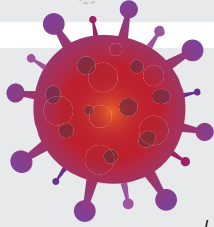
predictability. Families and partners within the child welfare system knew what visitation, services, and court looked like for families. We had established practices in place that allowed for relationships to form and collaboration to occur.

DURING

At the outset of the pandemic, professionals working within the child welfare system were immediately confronted with questions, including:

- How can we ensure parents and children within the foster care system maintain contact?
- How do we connect families to services that are crucial to reunification?
- How do we build relationships for these families with their social workers, attorneys, and guardian ad litem?
- How do statutorily required court hearings continue to occur?

It was imperative that we quickly found answers to these questions. While the United States was coming to a



halt, the statutorily imposed timelines for reunification within the child welfare system did not.

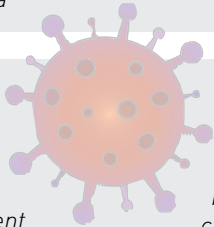
The child welfare system adapted relatively quickly to the challenges presented by the COVID-19 pandemic. Using remote technology, families were able to meet virtually during periods of stay-at-home orders. Families were also able to connect with service providers through telehealth as we saw many chemical dependency treatment programs and mental health providers quickly transition to virtual services. Remote technology also allowed for collaborative meetings to occur between the parents, social workers, attorneys, and guardian ad litem. The judicial system also quickly transitioned to remote hearings which allowed for necessary court hearings to continue.

NOW

The use of remote technology that ensured that the child welfare system continued to function during the COVID-19 pandemic is still very prevalent in this post COVID-19 era. However, its predominance has continued to raise questions amongst partners in the child welfare system about its continued efficacy.

Remote hearings continue to be the primary way hearings are conducted in the child welfare system. Remote hearings provide an accessible way for parents to participate in court hearings without the barriers created by transportation issues. The remote hearings also provide a convenient mechanism for foster parents, family members, and other support persons to participate in the hearings without taking significant time off work.

In the post COVID-19 era, however, we are spending more time litigating matters than working collaboratively. This has begged the question as to whether remote hearings have made it too easy for people to be litigious. While there may be some truth behind that sentiment, as we have transitioned trials back into the courtroom, the litigiousness within the child welfare system has remained high, which suggests that the remote hearings are not the root of the problem.



Rather, the problem appears to stem from the fact that conflict is at an all-time high in this post COVID-19 era, which is not unique to the child welfare system. However, high conflict within the child welfare system creates unique challenges. It has led to a palpable lack of trust between families and the social workers, guardian ad litem, and the system, ultimately creating a significant barrier to reunification of families.

Adding to this, the complexity of cases is far greater than in the pre COVID-19 era. Significant mental health and domestic abuse cases seem to predominate the child welfare system presently, the need for mental health providers has increased significantly, and high waitlists cause several month delays. In the context of the child welfare system, there is not time for delays as the timeclock to permanency continues to progress without regard for the availability of service providers.

Partners within the child welfare system can reflect and see that while at the outset of the COVID-19 pandemic, the challenges initially seemed insurmountable, remote technology provided a path forward. The challenges that predominate the child welfare system in the post COVID-19 era, however, do not come with any easy solution. Many are left asking, "where do we go from here?"



Aid to Inmate Mothers: Nurturing Connections

Carol Potok, interviewed by Denise M. Cooper

BEFORE

The Aid to Inmate Mothers (AIM) program, established in 1987 through collaboration with the Alabama Prison Project and the Alabama Department of Corrections, has been a cornerstone of support for incarcerated mothers and their families. AIM's dedication goes beyond facilitating visitations; it encompasses a comprehensive array of programs and services aimed at nurturing connections and providing essential support.

Prior to the pandemic, AIM orchestrated visits for up to 50 children to reunite with their mothers in a nurturing environment every month. These visits weren't just about spending time together; they were meticulously planned to create memorable experiences. AIM ensured that the second Saturday of every month was a special occasion, with children transported to the prison for a 3-hour visit. Volunteers from a vast network of churches and other community members played a crucial role in making these visits possible, ensuring

that children could maintain meaningful connections with their mothers.

During these visits, AIM went above and beyond to celebrate important milestones in the children's lives. Birthdays were commemorated with special gifts chosen by the mothers and provided by AIM. Holidays became opportunities for bonding and celebration, with arts and crafts activities and special meals that brought joy to both mothers and children. Moreover, AIM recognized the practical needs of families, offering support in the form of school supplies, utility assistance, and even assistance with children's athletic programs.

In addition to these invaluable in-person experiences, AIM introduced the innovative Storybook Project in the early 2000s. This initiative allowed mothers to record readings of children's books, accompanied by personalized messages, to be sent to their children. This not only fostered literacy but also strengthened the emotional connection between mothers and children, even in the absence of physical proximity.

DURING

The onset of the COVID-19 pandemic brought operational challenges, with prison closures halting visitation and disrupting services. However, AIM quickly adapted, offering virtual programs and classes to support both mothers and children. Challenges included technological barriers and logistical hurdles, with the most significant obstacle being the availability of an officer to facilitate Zoom sessions within the prison. Nonetheless, partnerships and innovative solutions enabled AIM to continue its crucial work.

One positive outcome of the shift to virtual programming was the increased accessibility it provided. With

virtual sessions, more people were able to participate, including those who might have faced barriers to attending in-person events. This expanded reach allowed AIM to engage a broader audience and provide support to more incarcerated mothers and their families.

The focus shifted to virtual engagements, skill-building programs, and transitional support for mothers upon release. Despite hurdles, partnerships and innovative solutions enabled AIM to continue its vital work, ensuring that families remained connected during uncertain times. After 18 months of prison closures, the visits restarted and continue to be a core part of AIM programs.

NOW

As the pandemic recedes, AIM remains steadfast in its mission to empower incarcerated mothers and their families. Advocating for rehabilitation and comprehensive support, AIM emphasizes enhanced prison programs, vocational training,

and reentry initiatives. The program continues to prioritize the dignity and rights of incarcerated individuals, offering transitional housing, access to resources, and advocacy for rights restoration. With a continued focus on keeping families connected and empowering mothers for success, AIM embodies resilience and hope for a brighter future.

Carol Potok served as the executive director of Aid to Inmate Mothers (AIM) for 26 years and remains active with AIM and other prison initiatives.

Reflecting on the Relationship between COVID-19 and the Movement to Expand Preventive Legal Advocacy and Pre-Petition Programs

Continued from page 13

pre-petition defense to families facing neglect investigations since 2021. CLA's project was the result of a concerted effort to address racial disparity within the Hampden County child welfare system (Schoenberg), and MLRI's project represented a statewide expansion of those efforts. Around the same time, similar preventive legal advocacy projects took root in states like Ohio, California, Arizona, Oregon, and Maryland, among others.

While the preventive legal advocacy program model was hardly a new concept (Sankaran, 2014), the movement to expand early legal advocacy gained significant traction following the pandemic, and, in part, because of it. In the years since COVID-19, preventive legal advocacy and pre-petition programs have continued to serve as an effective tool in ameliorating racial inequities and avoiding unnecessary removals. The challenge now becomes sustainability, both with respect to funding for existing and emerging early legal advocacy programs, and, more broadly, the momentum necessary to continue meaningful policy change.

At their core, preventive legal advocacy and pre-petition programs protect families by promoting resilience and confronting policies that have long stacked the deck against vulnerable communities. These efforts are furthered not only by ensuring widespread access to early, high quality legal representation, but also by amending neglect statutes to ensure children are not removed—with or without formal court involvement—due to poverty, inadequate housing, mental illness, or substance use, absent a specific connection to imminent danger (Shapiro, 2021).

Efforts on the prevention front will no doubt continue in the post-pandemic era, but the degree to which policy advocates and attorneys continue to achieve meaningful advancements in the field of early legal advocacy will be a direct reflection of the value we place on child and family well-being in the years to come.

Emilie Cook, JD is the Preventive Legal Advocacy Fellow at the Barton Child Law & Policy Clinic at Emory University School of Law. She leads the Preventive Legal Advocacy / Pre-Petition National Cohort. If you're interested in learning more about early legal advocacy and topics related to program design and implementation, please visit placohort.org.

Healthy Families America: Prevention and Healing Beyond the Pandemic

Continued from page 19

knowledge and embedded that into its training and approaches with families. When family support specialists partner with families whose lives have been impacted by stress and trauma, they help them find healing and a safe space for emotional expression, to develop reflective capacity, and see the world through the eyes of their child. This includes:

- Having culturally humble and curious conversations to learn what nurturing looked like when parents were children and identifying the childrearing values they want to carry forward in their current family
- Utilizing a strength-based perspective, looking for opportunities to build on existing skills, and supporting parents as they consider new information
- Offering families many repeated pleasurable experiences of connection and partnership
- Using a shared language to talk about attachment and parent-child interactions
- Exploring and noticing together how infants and young children communicate their needs and how the parent feels equipped to respond to those needs.

The HFA approach is based on the belief that when the parent-child relationship is strengthened, children experience safety, predictability, comfort, and pleasure; consequently, child health and development, school readiness, and family and child well-being all naturally flourish. Investing in the power of positive relationships helps parents overcome adversity and changes the trajectory not only of their own life but of the next generation. Families tell us again and again that through Healthy Families, healing is possible.

Karen Guskin, PhD is managing director of research at Healthy Families America.

Kathleen Strader, MSW, IMH-E® is national director at Healthy Families America.

Bridging the Digital Divide for CA Foster Youth During a Pandemic

Continued from page 40

is now enshrined in the California Foster Care Bill of Rights which ensures that every youth in care, regardless of placement, has the right to access phone, text, and internet communications. As a result of our rapid response coalition, 62% of CA foster youth ages 13 to 26 now have the ability to communicate with their own phone and internet access, up from 15% as measured by USC in 2016. And this continues to grow

daily since the California Public Utilities Commission has created a program within LifeLine, the state program providing free/low-cost phones to low-income individuals funded by the Universal Service Fund, to ensure every foster youth ages 13 to 26 has access to a smartphone with voice, text, data, and hotspot capability. This pilot program has already connected over 20,000 current and former CA foster youth and is being voted on shortly by the Commission to become a permanent program in California.

While it is unfortunate that it took a global pandemic to connect California foster youth, the digital future of our young people is assured. iFoster has partnered with the Administration for Children and Families to ensure that lessons learned from our California pandemic experience can help other states bridge the digital divide for their children and youth in foster care.

Serita Cox is co-founder and CEO of iFoster. Contact serita@ifoster.org

Family Ties Inside and Out: A Program to Maximize Support for Children of Incarcerated Parents

Continued from page 30

not only helping current generations but also breaking cycles of adversity that can persist across families.

In conclusion, the FTIO program in New Hampshire represents a proactive and holistic approach to addressing the complex challenges faced by children of incarcerated parents. Through collaboration, innovation, and a commitment to supporting families, FTIO offers hope for a brighter future for these vulnerable children and their caregivers.

Joanne Linden, EdD is the Family Ties Project Director. Contact lindenjoanne53@gmail.com

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Resources

This list of resources is compiled with input from CW360° authors and editors as well as CASCW staff.

Governmental Organizations & Resources

- Administration for Children and Families <https://www.acf.hhs.gov>
- Children's Bureau <https://www.acf.hhs.gov/cb>
- Child Welfare Capacity Building Collaborative <https://capacity.childwelfare.gov/>
- National Center on Substance Abuse and Child Welfare <https://ncsacw.acf.hhs.gov/>
- National Children's Alliance <https://www.nationalchildrensalliance.org/>
- Office of Juvenile Justice and Delinquency Prevention <https://ojjdp.ojp.gov/>
- U.S. Department of Health and Human Services <https://www.hhs.gov>

Organizations, Programs, & Resources

- Aid to Inmate Mothers (AIM) <https://inmatemoms.org>
- Annie E. Casey Foundation <https://www.aecf.org>
- AspireMN <https://www.aspiremn.org>
- Center for the Study of Social Policy <https://cssp.org>
- Child Trends <https://www.childtrends.org>
- Child Welfare Information Gateway <https://www.childwelfare.gov>
- Children and Family Futures <https://www.cffutures.org>
- Children's Law Center of California <https://www.clccal.org>
- Connections to Independence (C2i) www.c2iyouth.org
- Family Justice Group <https://www.thefamilyjusticegroup.org/>
- Foster Advocates <https://www.fosteradvocates.org/>
- Healthy Families America <https://www.healthyfamiliesamerica.org/>
- iFoster <https://ifoster.org>
- Mental Health Collaboration Hub <https://mnpsychconslthub.com/>
- National Association of Counsel for Children (NACC) <https://naccchildlaw.org>
- National Center for State Courts (NCSC) <https://www.ncsc.org/>
- National Children's Advocacy Center <https://www.nationalcac.org/>
- National Child Welfare Workforce Institute <https://www.ncwwi.org>
- National Home Visiting Resource Center <https://nhvrc.org/>
- PrairieCare <https://prairie-care.com>
- Three Precious Miracles <https://www.threepreciousmiracles.com/>
- Title IV-E Prevention Services Clearinghouse <https://preventionservices.acf.hhs.gov/>
- United Family Advocates <https://www.unitedfamilyadvocates.org>
- Waypoint <https://waypointnh.org>

Additional Reading, Resources, and Tools

Telehealth Solutions, Establishment of Warm Lines & Prevention

- Children's Bureau, *Maltreatment 2021, Appendix D* <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>
- Connecticut Department of Children and Families, *Maltreatment 2021, pp. 151-156* <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2021.pdf>
- Michigan expansion of eligibility to at-risk families to receive Families First and Home Visiting Programming pg. 197 <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2021.pdf>

Supporting Families Impacted by Incarceration

- Annie E. Casey Foundation, *Children of Incarcerated Parents, A Shared Sentence, 2016 Policy Report* <https://www.aecf.org/resources/a-shared-sentence>
- Child Trends, *Parents Behind Bars: What Happens to Their Children?* <https://z.umn.edu/9fsz>

Advocacy and Policy Guidance

- Cannon, *Stop the Clock for Kids in Foster Care* <https://thecannononline.com/stop-the-clock-for-kids-in-foster-care/>
- Children's Bureau, *Guidance in Filing Petitions to Terminate Parental Rights During Pandemic* <https://z.umn.edu/9g3d>
- Children's Bureau, *Guidance Letter for Foster Care* <https://z.umn.edu/9g3f>
- Children's Bureau, *High Quality Legal Representation for All Parties in Child Welfare Proceedings* <https://z.umn.edu/9g4q>
- Children's Bureau, *Lessons Learned From the COVID-19 Pandemic: Supporting Families Through More Just, Equitable, Proactive, and Integrated Approaches* <https://z.umn.edu/9g5l>
- Children's Bureau, *Letter on Federal Funds* <https://z.umn.edu/9g3g>
- Children's Bureau Express, *Considerations and Strategies for Engaging Tribes and Tribal Families* <https://z.umn.edu/9fsy>
- Children's Bureau Express, *The Moment Is Now* <https://z.umn.edu/9glj>
- Children's Bureau Express, *We Must Meet the Moment in Child Welfare* <https://z.umn.edu/9glk>
- Community Legal Services, *Suspend the Timeline, Not Parental Rights* <https://clsphila.org/family/hr-7976-suspend-the-timeline/>
- The Imprint, *Child Welfare Alarm Paints Unfair Picture of Families* <https://z.umn.edu/9g3k>
- Minnesota Office of Higher Education, *Fostering Independence Grants* <https://www.oh.e.state.mn.us/mPg.cfm?pageID=2491>
- United Family Advocates, *An Adoption and Safe Families Act Overhaul to Center Family Connections* <https://www.unitedfamilyadvocates.org/adoption-and-safe-families-act>

Bridging the Digital Divide, Keeping Families Connected

- Administration for Children & Families, *Letter from Jerry Milner, Associate Commissioner, Children's Bureau, March 27, 2020* <https://z.umn.edu/9fvf>
- iFoster, *Replication Tool Kit for Bridging the Digital Divide for Youth in Foster Care* <https://www.ifoster.org/bridging-the-digital-divide>
- iFoster, *Phones for Foster Youth, Pilot Program* <https://z.umn.edu/9fz4>

Relational Health

- Family Justice Journal, *series of articles discussing the need for relational health* <https://www.thefamilyjusticegroup.org/family-justice-journal>

Virtual Hearings

- Administration for Children & Families, *Letter from Jerry Milner, Associate Commissioner, Children's Bureau, March 27, 2020* <https://z.umn.edu/9fvf>

Resources continued next page

Resources continued

- NCSC, *Facilitating Meaningful Child Engagement in Remote Dependency Hearings* <https://z.umn.edu/9fi8>
- NCSC, *Facilitating Trauma-Responsive Virtual Hearings for Dependency Cases* <https://z.umn.edu/9fi2>
- NCSC, *Insights from Parent Partners on Virtual Child Welfare Hearings* <https://z.umn.edu/9fi9>
- NCSC, *Remote Proceedings Toolkit* <https://z.umn.edu/9fi1>
- NCSC, *Scan of Authority for Remote or Virtual Court Proceedings* <https://z.umn.edu/9fic>
- NCSC, *Survey of Attorneys Regarding Virtual Child Welfare Hearings* <https://z.umn.edu/9fsw>
- *Thornburg Interview with Judge Roy Ferguson, Lawyer Uses Zoom Filter by Mistake* <https://www.youtube.com/watch?v=qcnnI6HD6DU>

Visitation

- *Administration for Children & Families Family Time and Visitation for Children and Youth in Out-of-Home Care* <https://www.acf.hhs.gov/sites/default/files/documents/cb/im2002.pdf>
- *Administration for Children Youth & Families, Home Visiting Evidence of Effectiveness* <https://z.umn.edu/9fsx>
- *National Home Visiting Resource Center, 2023 Home Visiting Yearbook* <https://nhvrc.org/yearbook/2023-yearbook/>
- *Pennsylvania Office of Children & Families in the Courts, Parent Visitation Guide* <https://z.umn.edu/9fsv>
- *Rose Marie Wentz, Visits: Strategies for Achieving Legal Standards and Best Practice Outcomes* <https://z.umn.edu/9fsr>

Agency Discussion Guide for Looking Back, Moving Forward: How COVID-19's Impacted the Delivery of Child Welfare Services

The Agency Discussion Guide is designed to help facilitate thoughtful discussions during supervision and team meetings about the information presented in the issue. In this issue, we are exploring how COVID-19 has impacted children and their families as well as the child welfare workforce. We would like readers to reflect on how policies initiated during COVID-19 affected family's lives and child welfare practice, service delivery, and family preservation efforts.

Self-Reflection Questions:

1. In their article, Shadik et al. discuss the positive and negative changes that the COVID-19 brought about for child welfare workers. What is one change you want to see post-COVID-19, and what is one change you would like to see discontinued? Why?
2. E. Cook reflects on how George Floyd's murder brought to light the systemic bias in policing systems. What impact did his death have on the way you saw your profession, if any?
3. What barriers did you face during COVID-19 personally that may have impacted your work?
4. How did the limitations of face-to-face contact during COVID-19 impact you personally and professionally? What was one success you had despite lockdown and one challenge?
5. Post COVID-19, people have discussed a "new normal." What does this look like for you?

Discussion on Practice Implementation

1. Many authors discuss the increasing importance of technology in keeping families connected during COVID-19. How has this impacted the way you do your job?
2. In their article, George et al. discuss the decreased reporting of child abuse during the COVID-19 pandemic. How were you and your agency affected by the decrease in reporting?
3. How has COVID-19 changed your workplace culture? What are some successes and challenges?
4. In her article, A. Cook discusses the many ways in which child welfare agencies changed their visitation strategies to keep families connected. What choices did your agency make, and how has that impacted them to the present day?
5. In their article, Anderson et al. talk about the collaboration that led to the Mental Health Hub. What has you or your agency's experience been with the Hub? How can you build on lessons learned post-COVID-19 to build on collaboration and efficiency between disciplines/agencies



CASCW PODCAST CHANNEL

CASCW is committed to connecting child welfare professionals to relevant and accessible training resources. We are excited to bring you the latest in research, policy, and practice via **PODCASTS**.

Interviews with

- Researchers • Frontline social workers • Community members
- Policy makers • And many others

Topics include

- Moral injury in child welfare professionals • Supportive supervision
- Person-centered practice • Supporting parents with disabilities
- And more!

z.umn.edu/cascwpodcasts



The Phoenix Learning Xchange (PLX) is an interactive, multidisciplinary, non-credit certificate program. PLX aims to broaden the knowledge of the development, challenges, positive engagement, and well-being of youth and adolescents involved in the child welfare and other systems.

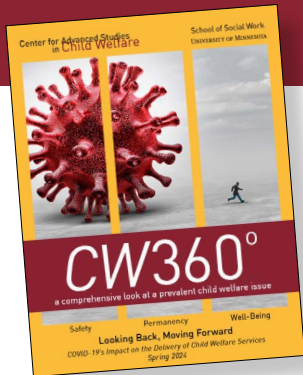
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About CW360°

Child Welfare 360° (CW360°) is an annual publication that provides communities, child welfare professionals, and other human service professionals comprehensive information on the latest research, policies, and practices in a key area affecting child well-being today. The publication uses a multidisciplinary approach for its robust examination of an important issue in child welfare practice and invites articles from key stakeholders, including families, caregivers, service providers, a broad array of child welfare professionals (including educators, legal professionals, medical professionals and others), and researchers. Social issues are not one dimensional and cannot be addressed from a single vantage point. We hope that reading CW360° enhances the delivery of child welfare services across the country while working towards safety, permanency, and well-being for all children and families being served.

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In This Issue of CW360⁰

- The challenges and opportunities that COVID-19 provided the child welfare workforce
- Strategies and best practices for promoting child safety and family stability
- Tips on supporting the child welfare workforce
- Resources for family visitation and preservation efforts
- Perspectives of front-line workers and service providers
- Discussion of the importance of prioritizing cultural ties and maintaining connections

CW360⁰

a comprehensive look at a prevalent child welfare issue

Looking Back, Moving Forward: COVID-19's Impact on the Delivery of Child Welfare Services, Spring 2024

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