



**FLORIDA
INSTITUTE
FOR CHILD
WELFARE**

AT FLORIDA STATE UNIVERSITY

FINAL REPORT: COVID-19 Workforce Disruptions: Implementation Drivers to Promote Change, a Follow-up Study on Child Welfare Workforce Retention

September 19, 2021

Authors: Riaan van Zyl, PhD¹; Kerry Littlewood, PhD¹; Lodi Lipien²; Amy Nourie¹; and Andrea Combrink¹

Submitted to

Florida Institute for Child Welfare
College of Social Work
Florida State University
2139 Maryland Circle
Suite 1100
Tallahassee, Florida 32303
850-644-4751

¹ School of Social Work, CBCS, University of South Florida

² Child and Family Studies, CBCS, University of South Florida

Table of Contents

| | |
|-------------------------------------------------------------------------------------------------------------------|-----------|
| Acknowledgements | 5 |
| Purpose | 5 |
| Introduction | 5 |
| Description of the need for the project | 5 |
| Description of the resources that are currently available and identify specific gaps related to the project | 6 |
| The University of South Florida School of Social Work and Heartland for Children | 7 |
| Project Description and Activities | 7 |
| Background..... | 7 |
| Logic Model | 9 |
| Study RoadMap | 10 |
| Workplan and Timeline | 11 |
| Methods | 11 |
| Design..... | 11 |
| Archival Study..... | 11 |
| Survey | 11 |
| Listening Sessions..... | 12 |
| Participants | 12 |
| Archival Study..... | 12 |
| Survey | 12 |
| <i>Table 1. Demographic Characteristics</i> | 13 |
| Listening Sessions..... | 13 |
| Summary of Listening Sessions..... | 14 |
| <i>Table 2. Number of Listening Session Participants</i> | 14 |
| Procedure | 14 |
| Archival Study..... | 14 |
| Survey | 14 |
| Listening Sessions..... | 15 |
| Validation Meeting | 15 |

| | |
|------------------------------------------------------------------------------------------------------|-----------|
| Results | 16 |
| Archival Study | 16 |
| Survey | 16 |
| <i>Table 3. Well-Being</i> | 16 |
| <i>Table 4. Job Satisfaction</i> | 17 |
| <i>Table 5. Traumatic Childhood Experiences</i> | 18 |
| Listening Sessions | 19 |
| Themes | 19 |
| Case Study Methods, Analysis, and Triangulation | 21 |
| Recommendations | 22 |
| Selected quotes | 22 |
| OHU Case Managers | 22 |
| OHU Leadership/Administration | 23 |
| OHU Supervisors | 24 |
| Heartland Leadership | 25 |
| CHS and Devereux Case Management, Supervisors, and Leadership | 26 |
| Archival Study Workforce and COVID 19 Guidelines..... | 29 |
| Objective/Goals | 29 |
| Methodology | 29 |
| The Culture and Climate of Child Welfare: New Challenges to Organizations..... | 29 |
| Results | 30 |
| Considerations for Working with Families | 30 |
| In Person Parent child visits were encouraged after vaccination or screening for Covid-19. | 30 |
| Establish a clear virtual visit protocol. | 31 |
| <i>Diagram 1</i> | 33 |
| Virtual family time can be a safe alternative to in-person visits during the Covid-19 pandemic. | 34 |
| Recognizing and reporting neglect can be more intensive virtually..... | 34 |
| Virtual Supervision: A Welcomed Change | 35 |
| Build capacity for supervisors to support virtual visits..... | 35 |
| Improve the infrastructure required to sustain virtual work..... | 36 |

| | |
|---------------------------------------------------------------------------------------------------------------------------|-----------|
| Conclusion | 41 |
| References | 42 |
| Appendix A: Survey questions | 43 |
| Appendix B: Archival review notes | 45 |
| COVID 19 and Child Welfare Workforce Policies and Legislation | 48 |
| COVID-19 and Foster and Kinship Caregivers A Resource Guide for State Lawmakers | 54 |
| Guidance for Legislators | 60 |
| Summary of State and Federal Activity | 60 |
| Florida Center for Child Welfare Resources | 64 |
| Center Webinar Recording | 64 |
| Resources for Virus Updates | 64 |
| Program Guidance and Updates | 64 |
| Information for Transition Age Youth and Supporters: Resources from Florida's Children First and Florida Youth SHINE..... | 65 |
| Practice Information for Working with Children and Families..... | 65 |
| General Precautions and Health Safety..... | 66 |
| Resources and Activities for Children & Families at Home | 67 |
| Archival Study References | 68 |

Acknowledgements

We are grateful to the Florida Institute for Child Welfare for funding this project. In addition, we would like to thank the leadership of Heartland for Children for their invaluable guidance and assistance with participant recruitment. We appreciate their enthusiastic efforts to understand and address the factors contributing to turnover in Circuit 10, and our partnership has been extremely rewarding. Finally, we would like to thank our research participants from the Case Management Organizations, as well as from Heartland, for their valuable insights during the listening sessions.

Purpose

The purpose of the project was to investigate the impact of COVID-19 on workforce disruptions in Circuit 10. This study consists of a survey, case study, and archival study. We addressed the following research questions:

1. Which turnover factors did child welfare workers experience before and during COVID-19?
2. Were turnover factors experienced differently before and during COVID-19?
3. Which, if any, demographic and case level characteristics impacted turnover rates before and during COVID-19?
4. Which strategies were implemented prior to increasing retention in an organization from 30% to nearly 70%? (Case Study)
5. Why is turnover decreasing? Is this due to reduced caseload due to fewer hotline calls? Are virtual calls more efficient? Are parents better able to attend virtual meetings/counseling than face-to-face?
6. Which tasks child welfare workers and supervisors routinely engage in are best performed by means of virtual communication, and what are the reasons?
7. Which tasks child welfare supervisors and workers routinely engage in are best performed by means of direct face-to-face communication, and what are the reasons?

Introduction

Turnover among child welfare staff is common due to the difficult nature of the work, which typically involves serving children and families in crisis. In fact, the average length of employment for caseworkers is only two years (Johnco et al., 2014), and annual turnover rates can be as high as 40% (U.S. General Accounting Office [GAO], 2003). Although some turnover is unavoidable or involuntary, organizations need to retain productive workers to survive. High caseloads and low salaries are frequently cited contributors to caseworker turnover, but research suggests that a variety of other factors may play a role, including inadequate training and supervision as well as personal traits. It is important to identify as many of these factors as possible to minimize turnover, which can negatively impact child welfare organizations, their remaining employees, and the children and families being served.

Data from our previous studies suggests that turnover rates could have been impacted by COVID 19 this past year. In Circuit 10, the average rolling year staff turnover rate is 66%, but the monthly turnover rate for April 2020 was the lowest since reporting began in 2013 and at the same time productivity appears to be higher. The pandemic has provided a window of opportunity to study and improve retention and productivity for child welfare workers.

DESCRIPTION OF THE NEED FOR THE PROJECT

In October 2019, the lead Community Based Care (CBC) agency in Circuit 10, Heartland for Children, convened a task force to address high turnover rates among their case management staff. A research team from the University of South Florida assisted the task force with the following three study objectives: (a) provide a comprehensive literature review on staff turnover of child welfare organizations; (b) investigate the turnover rates at the Community Based Care lead agencies across Florida; and (c) develop protocols used to gather information about the retention and turnover for child welfare workers.

This partnership with the Florida Institute for Child Welfare will provide a timely opportunity to continue this study and pursue an investigation into how COVID 19 could impact turnover and retention in Circuit 10. It became clear in our last study that the State of Florida could use information to better understand turnover and retention, to develop a methodology for reliable rate calculations, and to identify specific factors that may impact and inform workforce capacity building (Lipien et al., 2020). Initial evidence shows that the pandemic has impacted these factors in ways that have been mostly unexplored. Our research team has incredible depth of knowledge on this topic and is mobilized to implement this new project with well-designed survey instruments based on previous findings and an approved IRB application.

There were also some great successes during this time of disruption. At one Case Management agency, the turnover rate changed dramatically (down to about 30% from a long-term baseline of about 70%). There is a need to learn from this success story and to capture lessons learned for future implementation, which could impact the workplace setting for post-pandemic child welfare.

We also became aware of a time sensitive need to determine guidelines for balancing workload of workers between face-to-face and virtual tasks as frontline workers/supervisors are expected to do more of their work at offices or visits. We have learned that when some tasks such as initial reviews are done virtually, it is a real time saver, while other tasks are best done face-to-face. There seems to be an urgent need to develop guidelines to utilize lessons learned during COVID-19 disruptions to optimally structure workload expectations.

As the lead agency, Heartland for Children assumed the responsibilities for System Administration of a comprehensive child welfare service provider network that included protective services, foster care, adoptions, independent living, prevention, family preservation, family support services and other related services. Heartland for Children has taken the child welfare system in Circuit 10 to a performance-focused and results -oriented system, which aligns well with this project's focus on data-informed practice. Current workforce's demographics will be captured during the baseline data collection, with particular interest in diversity, equity, and inclusion.

The geographic area served with this project is Circuit 10, including Polk, Highlands, and Hardee counties. According to the Office on Rural Health Policy, Polk and Highlands counties have several areas with federal rural designation.

DESCRIPTION OF THE RESOURCES THAT ARE CURRENTLY AVAILABLE AND IDENTIFY SPECIFIC GAPS RELATED TO THE PROJECT

The definition and calculation of turnover is inconsistent across jurisdictions in the Florida child welfare system. In addition to counting the number of caseworkers leaving the organization, turnover rates may include other factors, such as internal promotions, demotions, or lateral moves. Turnover rates could include a wide variety of staff levels, including caseworkers, supervisors, and/or support staff. Our previous study highlighted important workforce contributors to turnover and retention, but more information is needed to better understand how current conditions influenced by societal disruption, particularly the pandemic, have changed over time, how the child welfare workforce has responded and adapted to this change, and to develop recommendations to improve child welfare practice.

THE UNIVERSITY OF SOUTH FLORIDA SCHOOL OF SOCIAL WORK AND HEARTLAND FOR CHILDREN

The University of South Florida School of Social Work has a positive, strong, and collaborative relationship with Heartland for Children. We have worked with Heartland for Children on a task force to investigate turnover and retention since 2019. In Summer 2020, we deepened our relationship by engaging in semi-structured interviews with leadership and front-line staff on their current experiences managing change in work settings during COVID-19 and how supervision responded to these changes. Furthermore, Heartland for Children is enthusiastic about continuing our positive relationship and learning more about how COVID-19 has impacted their turnover and retention.

Project Description and Activities

BACKGROUND

In October 2019, Heartland for Children convened a task force to address high turnover rates among their case management staff. A research team from the University of South Florida assisted the task force with the following three study objectives: (a) provide a comprehensive literature review on staff turnover of child welfare organizations; (b) investigate the turnover rates at the Community Based Care lead agencies across Florida; and (c) develop protocols used to gather information about retention and turnover for child welfare workers. In the process of disseminating this work, we have been exploring the impact of COVID-19 together and sharing interests in future investigations to help improve child welfare practice.

During the time we conducted the study on turnover, the COVID-19 pandemic began to affect the way child welfare workers provided their services, which highlighted the need for a follow-up study. The initial study report on turnover provided to the task force included several recommendations for consideration that may help with issues relating to turnover of staff among case managers. Specifically, the research team recommended the investigation of how the COVID-19 pandemic or other social disruptions can also affect turnover.

In May 2020, the University of South Florida provided a competitive funding opportunity related to COVID-19 and the research team decided to apply for the funding at that time. Ten questions were developed expressly addressing how social disruptions, including natural disasters and pandemics, impact work in Central Florida. The study protocol received Institutional Review Board (IRB) approval. Eight initial interviews with supervisors of case managers were completed, and a cursory review shows a richness in the data of importance to child welfare agencies in Florida. Unfortunately, the proposal was not funded by USF (only 10 out of over 100 proposals were funded) and the research project was stopped in July. The study protocol also included survey methods to examine turnover and retention issues before and during COVID-19. This survey was informed by the initial qualitative interviews and has been created in Qualtrics, including an online informed consent procedure approved by the USF IRB.

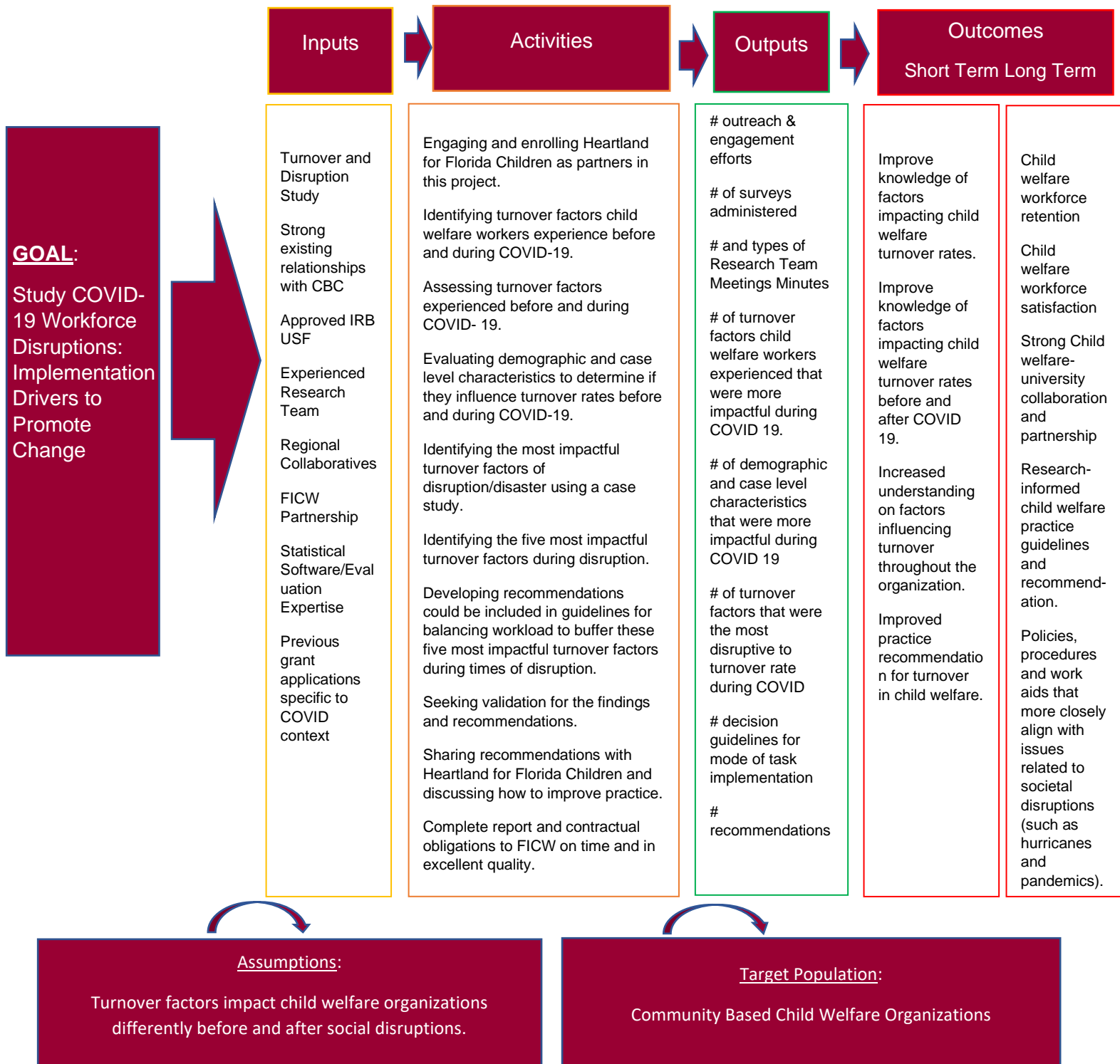
Quantitative data were analyzed in IBM SPSS Version 26 with the most appropriate statistical test. A final report will contain results and recommendations based on the following research questions:

1. Which turnover factors did child welfare workers experience before and during COVID-19?
2. Were turnover factors experienced differently before and during COVID-19?
3. Which, if any, demographic and case level characteristics impacted turnover rates before and during COVID-19?

The case study and archival study enabled us to address the following questions:

1. Which strategies were implemented prior to increasing retention in an organization from 30% to nearly 70%? (Case Study)
2. Which tasks child welfare workers and supervisors routinely engage in are best performed by means of virtual communication, and what are the reasons?
3. Which tasks child welfare supervisors and workers routinely engage in are best performed by means of direct face-to-face communication, and what are the reasons?
4. What can we learn from an archival study about guidelines for virtual and face-to-face performance of child welfare tasks?

COVID-19 Workforce Disruptions: Implementation Drivers to Promote Change



The Study RoadMap (below) illustrates the development of the work to explore the problem of high turnover rates and societal disruptions in child welfare in Florida. This work began in 2019 with an exploratory study to examine turnover rates, how they are conceptualized and measured, and how child welfare circuits in Florida’s child welfare system can be compared and contrasted. To learn lessons and improve practice, it is essential that child welfare organizations are speaking the same language when it comes to turnover and retention. This 2019-2020 Study explored that task using a mixed methods approach.

Lessons learned from the first study (2019-2020) helped to inform the planning and approach for the 2021 Study on Turnover and COVID 19. This new endeavor integrated the challenging context of COVID-19 disruption and its impact on turnover and retention. To execute this study, mixed methods were used, including an archival study, a survey study, and listening sessions.



Workplan and Timeline

The expedited work plan that was developed to execute the study in eight months. The Table below shows the activities in the workplan, the responsible person or agency, and the month to complete.

| Activity/ Workplan | Person/ Agency Respon sible | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
|----------------------------------------------|-----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|
| Kick off meeting with USF, Heartland, & FICW | USF | | | | | | | | |
| Bimonthly team meetings | USF | | | | | | | | |
| Launch Survey | USF/HC | | | | | | | | |
| Complete Interviews/Listening Sessions | USF/HC | | | | | | | | |
| Analyze Results | USF | | | | | | | | |
| Write up Results | USF | | | | | | | | |
| Validate Results | USF/HC | | | | | | | | |

Methods

DESIGN

Archival Study

The goal of the archival review was to scan and assess the currently available data to help inform child welfare leaders make decisions in a COVID-19 world. This archival study reviewed guidelines for virtual and face-to-face performance of child welfare tasks to better understand which types of activities performed well in person, and which types of activities could be better performed virtually. This archival method allowed the usage of existing and emerging data on dynamic responses to COVID-19 in child welfare.

Survey

The team developed a 12-item survey that was designed to gather information from child welfare staff about factors related to retention. Sections of the survey included demographic information, exposure to adverse childhood experiences, and child welfare workforce issues, including the impact of the pandemic on specific aspects of job satisfaction. The survey was uploaded to Qualtrics to be administered electronically.

Listening Sessions

Listening sessions are designed to be more inclusive and bottom up than focus groups, which tend to be facilitated by professionals through a hierarchical structure. Liberating Structures are used in listening sessions to literally liberate groups and their energy, and this freedom combined with appropriate structures, allows them to tap into their collective intelligence and creativity. A microstructural design clarifies the purpose and group interactions with a sequence of steps. While microstructures impose constraints that focus group attention and purpose, their other main role is to enable all participants who are affected by a challenge to shape responses and solutions. This creates real possibilities for developing bottom-up proposals and actions. Enabling and constraining are complementary. Instead of these groups being expertly driven, they are more exploratory and in search of the lived experiences of all participants, especially capturing those who feel less inclined to participate in traditional focus groups.

An after-action review (AAR) was performed after each listening session to capture the experiences of the researchers. These are included in the transcription process and highlight the key findings, surprises, what could be done differently, and other AAR questions identified by the research team. Lastly, a feedback and fact-checking session was conducted with participants.

PARTICIPANTS

Archival Study

The scope of the Archival Study includes publications in 2020-2021 related to COVID-19. Key words included COVID-19, Coronavirus, child welfare, workforce, virtual, in person, policy, guidelines, and children and families. Data sources were identified from January 2020 through May 2021. Two researchers on the study team reviewed sources independently, came together to share and validate, and curated the information most relevant to help make decisions about workforce activities in child welfare. Results show validated areas presented to inform child welfare decisions

Survey

This study used purposeful sampling for the case study. All survey participants were English-speaking child welfare staff and leadership aged 21 and older. Child welfare staff and leadership from Heartland for Children were evaluated for eligibility at the point of initial contact when background information is gathered. Exclusion criteria included child welfare staff and leadership who had worked at the Heartland for Children for less than one month. Due to the time constraints and resources available, non-English speakers were excluded.

A link to the survey was emailed to 148 staff members employed at three case management organizations on March 31, 2021.

Table 1. Demographic Characteristics

| | N | % |
|--------------------------------------------------|---------------|-------|
| Gender | | |
| Male | 2 | 10.50 |
| Female | 17 | 89.47 |
| | | |
| Race | | |
| Black or African American | 6 | 31.58 |
| White | 9 | 52.94 |
| Hispanic | 3 | 15.79 |
| Other | 1 | 5.26 |
| | | |
| Age (Mean/SD) | 35.89 (11.17) | - |
| Hours of sleep per night (Mean/SD) | 6.58 (1.43) | - |
| | | |
| Degree | | |
| Bachelor's Degree | 16 | 84.21 |
| Master's Degree | 3 | 15.79 |
| Field of Study | | |
| Psychology | 4 | 21.05 |
| Social Work | 3 | 15.79 |
| Education | 2 | 10.50 |
| Criminal Justice | 6 | 31.58 |
| Other | 4 | 21.05 |
| | | |
| Job Title | | |
| Case manager | 9 | 52.94 |
| Supervisor or lead case manager | 6 | 31.58 |
| Trainee | 2 | 10.50 |
| Specialist | 2 | 10.50 |
| | | |
| Years of work at current CMO (Mean/SD) | 4.16 (4.43) | - |
| Years of work with current team (Mean/SD) | 2.47 (4.12) | - |

Listening Sessions

The listening sessions, or focus groups, were conducted with three case management organizations in Circuit 10, including Children's Home Society, Devereux, and One Hope United. These 90-minute sessions were conducted separately with case managers, case manager supervisors, and leadership at each organization. After these sessions were completed, the researchers met to discuss potential changes to our list of questions for leadership at the lead community-based care agency, Heartland for Children, based on the answers provided by the case management organizations. However, it was determined that the questions should be the same in order to obtain the most relevant information related to worker retention during the COVID-19 pandemic. A listening session was then held with leadership at Heartland for Children in July 2021.

SUMMARY OF LISTENING SESSIONS

We conducted 10 listening sessions with a total of 29 participants between May and July 2021 (see Table 2).

Table 2. Number of Listening Session Participants

| | Leadership/ Administrators | Case Managers | Supervisors |
|----------------------------------------------|-------------------------------|------------------|-------------|
| Case Management Organization | | | |
| One Hope United | 2 | 5 | 3 |
| Children's Home Society | 3 | 3 | 0 |
| Devereux | 4 | 3 | 3 |
| | | | |
| Community-Based Care Organization | | | |
| Heartland for Children | 3 | - | - |

PROCEDURE

Archival Study

The steps in the archival research process include the following:

1. Conduct background research
2. Identify sources that may be helpful specific to COVID-19 (e.g. national resources centers, child welfare resources in other states, publications).
3. Search for and identify collections, repositories and publications
4. Read material inclusive of archival finding aids and collection guides
5. Contact and "visit" repositories if necessary
6. Repeat steps as needed
7. Summarize guidelines derived from archival material.

The scope of the archival study includes publications in 2020 related to COVID-19. Key words included COVID 19, Coronavirus, Child Welfare, Workforce, virtual, in person, policy, guidelines, and children and families. Data sources were identified from January 2020 through May 2021. Two researchers on the study team reviewed sources independently, came together to share and validate, and curated the information most relevant to help make decisions about workforce activities in child welfare. Results show validated areas presented to inform child welfare decisions.

Survey

The survey was uploaded to Qualtrics and pilot tested during the first quarter of this contract. During the second quarter, the survey was launched, with several recruitment strategies deployed. A recruitment letter was sent to staff from leadership. Leveraging existing relationships and leadership buy-in have been critical to our goal of higher participation and completion rates of the survey. In May and June 2021, we implemented our second phase of recruitment, which involved engaging with leadership to promote

participation and reminding participants in the listening sessions to complete the survey as well.

Survey data were downloaded from Qualtrics and uploaded to SPSS IBM Version 26 for the analysis. Descriptive statistics, including frequency tables, were generated to explore the demographic variables. Paired samples t-tests were used to compare the mean differences on ratings of work satisfaction before and during the pandemic.

Listening Sessions

Listening sessions took place to explore societal disruption and its impact on systems and lessons learned on workforce turnover and retention to better understand the barriers and facilitators to in-person and virtual work prior to and during/after COVID-19. Listening sessions were all transcribed and coded by two separate researchers who met to review themes. The Research Team provided validation after the codes were written up and shared. The Team also took the grounded theory-driven codes and identified quotes from the transcripts in an additional validation process.

Prior to 2020 and the COVID-19 pandemic, an archival study of child welfare workforce retention issues and recommendations would have been dramatically different. There would be little discussion of personal protective equipment (PPE), necessary quarantine time, and virtual home visits or court hearings. However, despite the major differences in recent years due to COVID-19, there are three important similarities. First, the child welfare field has had substantial retention issues that may have only been exacerbated by the pandemic. Burnout is something that is often discussed in connection to the child welfare workforce. High caseloads, long hours, and low pay have been ongoing problems in this field (DePanfilis & Zlotnik, 2008). Next, safety has always been the priority for children, families, and workers, though the discussion of what safety includes was different. Finally, the move to virtual work. Although the transition process was forced to be minimal, technology has been moving towards virtual work for years.

Validation Meeting

On September 14, 2021, the researchers held a validation meeting with leadership from the three case management organizations, as well as leadership and human resource professionals from Heartland for Children. Although the researchers were expecting several members of the leadership team, the meeting had an unexpectedly high number of participants, perhaps due to the retention issues that were then peaking since the listening sessions were completed. At this meeting, the researchers provided updates on the project, major themes from the listening sessions, and recommendations for the future. However, as the title implies, this meeting was mostly used as a session to validate the experiences of the participants and to discuss the changes that have occurred in child welfare case management since COVID 19, specifically related to employee retention.

Themes from this meeting included the nature of virtual case management work, home visits, birth parent contact, onboarding new staff, and climate and culture of their specific organizations, including staff recognition, incentives, and ways to professionalize case management. The participants, it seemed, agreed with the results and themes of the study, while also recognizing new retention issues that have since developed. The meeting participants specifically appreciated the various quotes provided from the listening sessions

as a tool to validate their experiences during this time. The participant group was incredibly engaged and interested in learning from the study, and most hoped this professional relationship could continue and grow in order to better meet the needs of child welfare staff in the future.

Results

Archival Study

Survey

The research team received a total of 19 valid responses to the survey. The average age of the respondents was 35.9 years ($SD = 11.7$). The majority were female (89.5%) and 52.6% identified as white. Although a few respondents had a master’s degree (15.8%), most individuals had a bachelor’s degree (84.2%) across a wide variety of disciplines. Respondents had worked for their current organization for an average of 4.16 years ($SD = 4.43$). With the exception of four respondents, the most common job title reported was “child welfare case manager.”

Table 3. Well-Being

| 1 = at no time 2 = some of the time 3 = less than half the time 4 = more than half the time 5 = most of the time 6 = all of the time | Mean | SD |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------|------|
| Over the last two weeks, I have felt cheerful and in good spirits. | 4.16 | 1.30 |
| Over the last two weeks, I have felt calm and relaxed. | 3.58 | 1.39 |
| Over the last two weeks, I have felt active and vigorous. | 3.95 | 1.43 |
| Over the last two weeks, I woke up feeling fresh and rested. | 3.11 | 1.52 |
| Over the last two weeks, my daily life has been filled with things that interest me. | 3.79 | 1.27 |

Table 4. Job Satisfaction

| What is your level of satisfaction with the following aspects of your job? 1 = very unsatisfied 2 = unsatisfied 3 = satisfied 4 = very satisfied | BEFORE pandemic | | CURRENTLY | | | Paired samples t-test | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------|-----------|------|--|-----------------------|------|
| | Mean | SD | Mean | SD | | t | p |
| Overall amount of work | 2.33 | 1.07 | 1.92 | 0.97 | | -2.16 | .05 |
| Availability of supervisor | 3.33 | 0.98 | 3.25 | 0.97 | | -1.00 | .34 |
| Quality of feedback from supervisor | 3.33 | 0.98 | 3.25 | 0.97 | | -1.00 | .34 |
| Support from coworkers | 3.00 | 0.85 | 2.67 | 1.07 | | -1.30 | .22 |
| Availability of case managers for mentoring/shadowing opportunities | 3.11 | 1.05 | 2.22 | 0.97 | | -2.29 | .05 |
| Fairness experienced at work | 2.50 | 1.17 | 2.58 | 1.16 | | 0.29 | .78 |
| Opportunities to work with other races and cultures | 3.50 | 0.53 | 3.10 | 0.99 | | -1.81 | .10 |
| My commute to work | 3.08 | 0.67 | 3.67 | 0.49 | | 2.03 | .07 |
| My work efficiency | 3.23 | 0.93 | 3.15 | 1.07 | | -0.37 | .72 |
| My physical safety at work | 3.33 | 0.65 | 3.17 | 0.58 | | -1.00 | .34 |
| My ability to cope with stress | 2.75 | 1.22 | 2.75 | 1.14 | | 0.36 | .72 |
| My ability to concentrate at work | 2.90 | 0.94 | 3.00 | 1.00 | | -0.56 | .59 |
| My ability to balance work and personal life obligations | 2.58 | 1.24 | 2.50 | 1.24 | | 0.00 | 1.00 |
| Impact of remote work option on job satisfaction | 3.44 | 0.88 | 3.44 | 0.88 | | 0.00 | 1.00 |

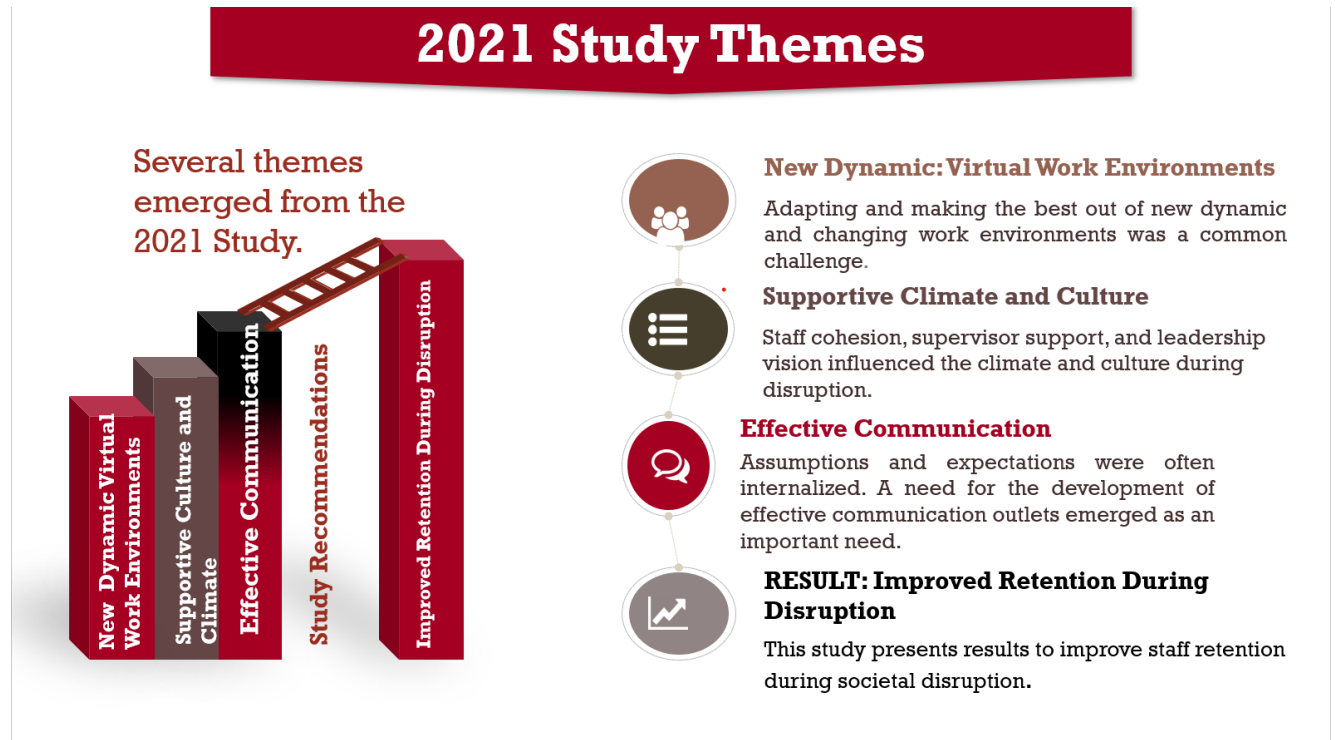
Note. Red = lower satisfaction since pandemic; green = higher satisfaction since pandemic; gray = no change

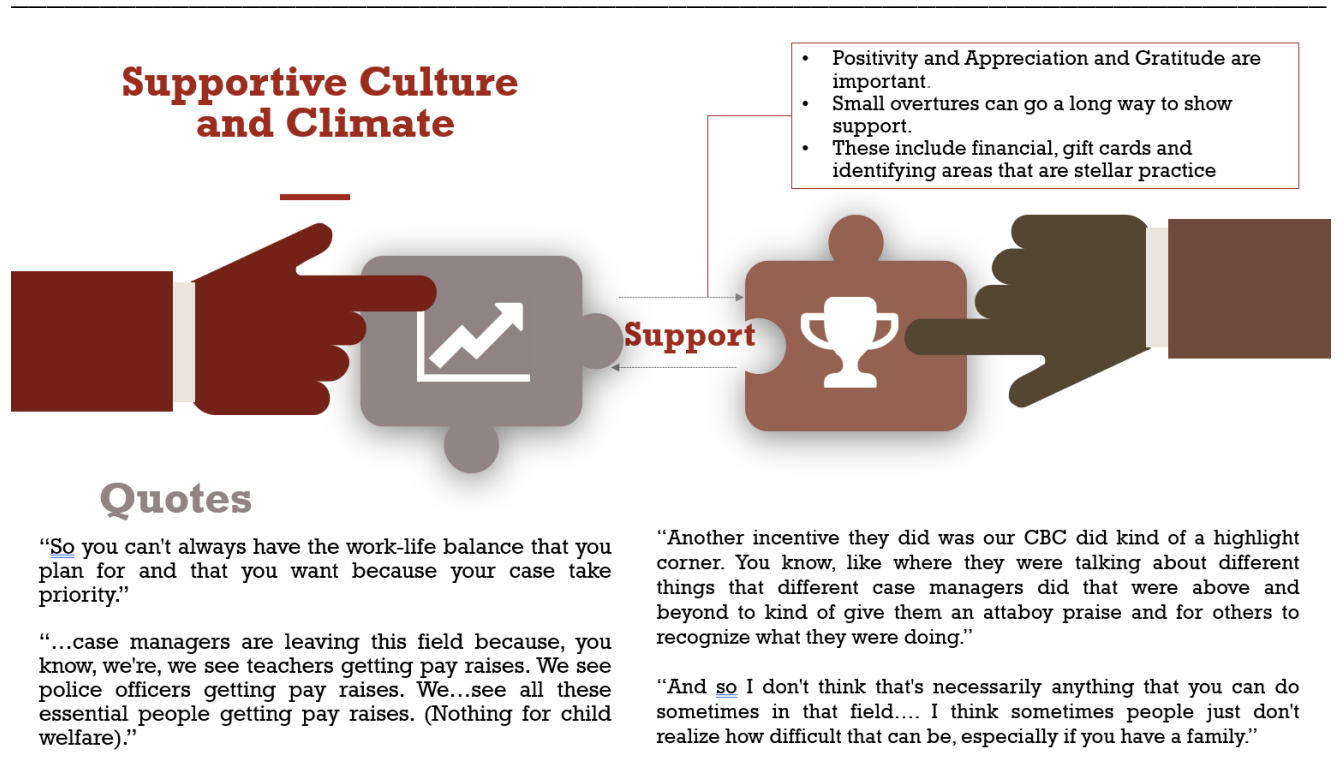
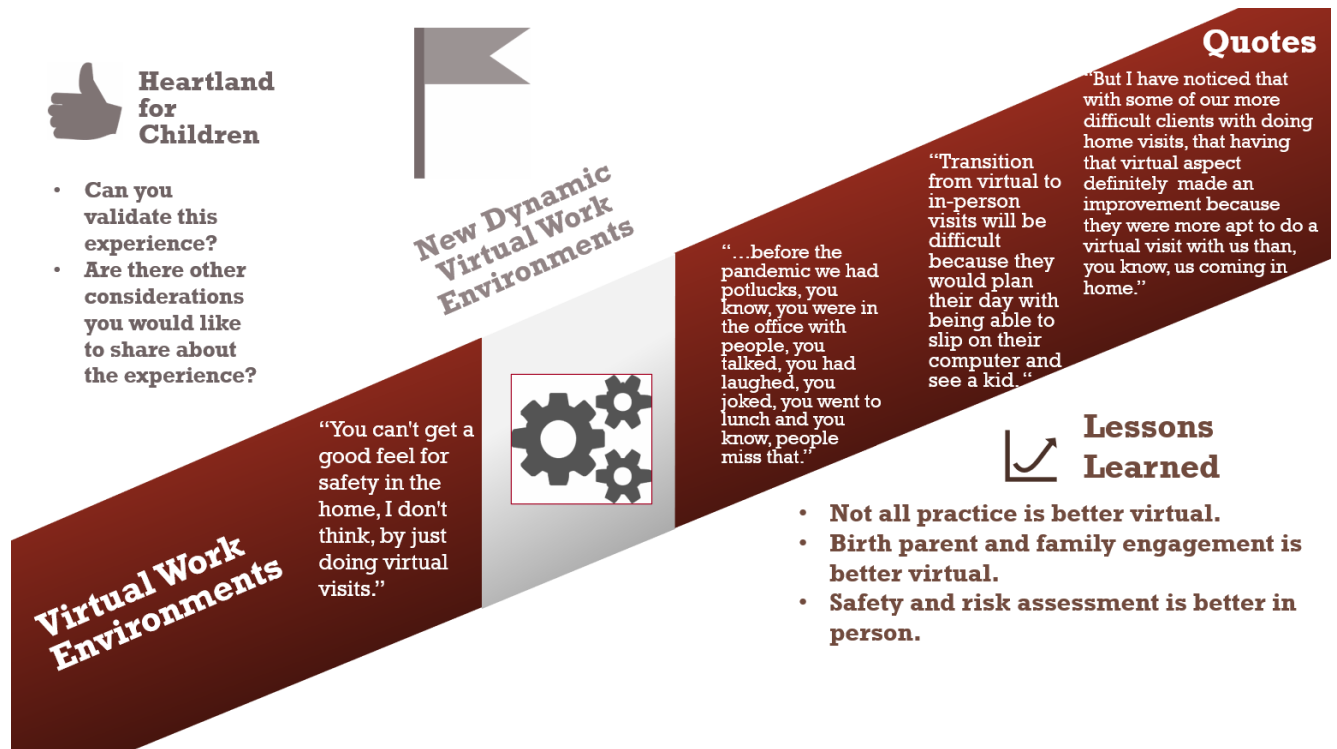
Table 5. Traumatic Childhood Experiences

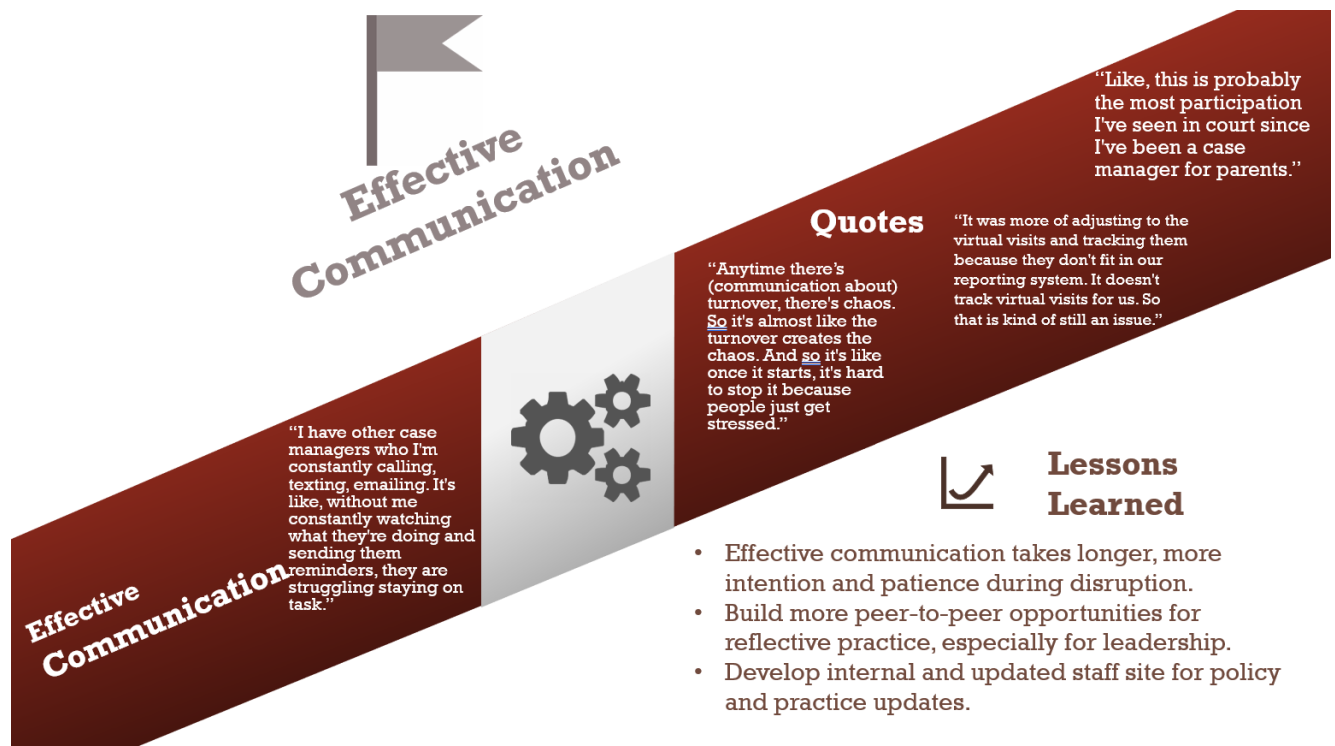
| | N Yes | % Yes (based on 13 non- missing responses) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|
| Did a parent or other adult in your household often swear at you, insult you, put you down, or humiliate you? | 2 | 15.38 |
| Did a parent or other adult in your household often act in a way that made you afraid that you might be physically hurt? | 2 | 15.38 |
| Did a parent or other adult in the household often push, grab, slap, or throw something at you? | 0 | 0.00 |
| Did a parent or other adult in the household often hit you so hard that you had marks or were injured? | 2 | 15.38 |
| Did an adult or person at least five years older than you ever touch or fondle you or have you touch their body in a sexual way OR try to actually have oral, anal, or vaginal sex with you? | 2 | 15.38 |
| Did you often feel that no one in your family loved you or thought you were important or special? | 2 | 15.38 |
| Did you often feel that your family didn't look out for each other, feel close to each other, or support each other? | 3 | 23.08 |
| Did you often feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect you? | 0 | 0.00 |
| Did you often feel that your parents were too drunk or high to take care of you or take you to the doctor if you needed it? | 1 | 7.69 |
| Were your parents ever divorced or separated? | 6 | 46.15 |
| Was your mother or stepmother ever physically assaulted or threatened with assault by another adult in your household? | 2 | 15.38 |
| Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? | 2 | 15.38 |
| Was a household member depressed or mentally ill? | 3 | 23.08 |
| Did a household member ever attempt suicide? | 1 | 7.69 |
| Did a household member ever go to prison? | 1 | 7.69 |

Listening Sessions

Several themes emerged from the listening sessions: 1) New dynamic virtual work environments, 2) Supportive climate and culture, and 3) Effective Communication.







CASE STUDY METHODS, ANALYSIS, AND TRIANGULATION

The archival study, interviews, and listening sessions with leadership will be used in order to determine themes related to child welfare staff turnover and COVID 19. The results of these multiple sources of evidence will be triangulated in order to develop a comprehensive set of guidelines.

An outlier explanatory case study as conducted to explain the presumed causal links in retention strategies employed and Covid-19 organizational adjustments made with retention outcomes. The increase in retention rate in the purposefully selected agency is not typical and the outlier case has the potential of providing new insights. The case study is explanatory as we attempted to connect ideas to understand perceptions of cause and effect. Data sources include documentation, archival records of retention, and focus group transcripts. Data analytic techniques were used include linking data to propositions and explanation building.

Several listening sessions were conducted. Listening sessions are designed to be more inclusive and bottom up than focus groups, which tend to be facilitated by professionals through a hierarchical structure. Liberating Structures will be used in listening sessions to literally liberate groups and their energy, and this freedom combined with appropriate structures, allows them to tap into their collective intelligence and creativity. A microstructural design clarified purpose and group interactions with a sequence of steps. While microstructures impose constraints that focus group attention and purpose, their other main role is to enable all participants who are affected by a challenge to shape responses and solutions. This creates real possibilities for developing bottom-up proposals and actions. Enabling and constraining are complementary. Instead of these groups being expertly driven,

they will be more exploratory and in search of the lived experiences of all participants, especially capturing those who feel less inclined to participate in traditional focus groups.

An after-action review (AAR) was performed after each listening session to capture the experiences of the researchers. These will be included in the transcription process and will highlight: the key findings, surprises, what could be done differently, and other AAR questions identified by research team. Lastly a feedback and fact checking session will be conducted with participants. Data from interviews and listening sessions were transcribed into a datafile. Content analysis was performed using Nvivo. Saturation was achieved after the identified number of interviews and there was no need for additional interviews.

Recommendations



SELECTED QUOTES FROM OHU CASE MANAGERS:

Case managers noted that during the pandemic, they enjoyed the CMO-sponsored gift card drawings, rental car availability, town hall meetings with group activities, online games with co-workers, and scheduled check-ins with supervisors. “So that’s always a bonus when you attend a meeting and get a gift card for it.”

One case manager noted that most of her work could be done virtually, but she preferred in-person assistance with submitting court documents: “I don’t want to submit the wrong form, not in time or incorrectly and have the wrong information.”

SCHOOL OF SOCIAL WORK, COLLEGE OF BEHAVIORAL & COMMUNITY SCIENCES

“I like having the option to go into the office when I have to do a really big print job.”

Some opposing views:

“Virtual visits were cool. They were convenient.”

“It’s hard to engage with the kids and families when it’s virtual.”

“[It would be good] ... to support work-life balance.”

“So, you can't always have the work-life balance that you plan for and that you want because your case take priority.”

“A nice raise would be great. Just due to the magnitude of the job...[you need to] compensate me well for this type of stress...I think we'll forever be underpaid.”

“So, I think that's what why a lot of people, like after they earn their master's degree, they feel like they should be earning more and they're not.”

“I'm originally not from Florida. I'm from New York City. So, what I'm making is chump change compared to what I can make in New York.”

SELECTED QUOTES FROM OHU LEADERSHIP/ADMINISTRATION:

“We're very flexible with people working from home, even before the pandemic, people working from home, working out in the field, being able to set their schedules, how they need to be able to take time off to go pick up the kids, you know, [and go to] school programs or doctor's appointments or things like that. So we're pretty family-centered also for our people.”

“...before the pandemic we had potlucks, you know, you were in the office with people, you talked, you had laughed, you joked, you went to lunch and you know, people miss that.”

“[They started the gift cards because] we were starting to lose some people, people were feeling very overwhelmed and I don't want to say not supported, but they were feeling like they were being overworked and they weren't getting, you know, they weren't getting anything.”

“[Transition from virtual to in-person visits will be difficult because] they would plan their day with being able to slip on their computer and see a kid. And now some of them are having to drive an hour and a half to go see their kids. So they're having to learn how to restructure their days to kind of put that drive time in there, you know, when you're at somebody's house, sometimes it's harder to end the conversation and leave, or you may see something you're concerned about and it takes a little bit longer on that visit.”

Interviewer: So, do you feel like the severity is worse now than it was prior to COVID, like the severity of the abuse and neglect? “Oh yeah, for sure. A lot more physical abuse... I've not seen physical and sexual abuse, like I've seen in the last, you know, six, seven, eight months.”

Regarding newly trained case managers: “They, to me, they need to be retrained. I don't feel anybody that has come out of pre-service since it's gone virtual has gained information for this field. I agree retraining would probably be more beneficial than just setting them off and leaving them to figure it out... I think we're setting them up for failure that way. And we're setting ourselves up for some substantial turnover, which only stresses the people that are still here.”

SELECTED QUOTES FROM OHU SUPERVISORS:

“There's little incentives and drawings and stuff like that to give out gift cards... which was, you know, intended on building some of the morale of staff.”

“Another incentive they did was our CBC did kind of a highlight corner. You know, like where they were talking about different things that different case managers did that were above and beyond to kind of give them an attaboy praise and for others to recognize what they were doing. That's kind of continued, but one of the things they did add was Thank You Thursdays, like where we could like say, you know, thanks so-and-so for doing this.”

“Reaching out to parents is very difficult. Seeing them in person was very hard...It's easier to get ahold of them over the phone and getting them to do a video call versus us, trying to set up a meeting and see them in person. And they, a lot of times they weren't showing up for court at all.”

“As far as the contact with the parents is a lot of the time in person they try to avoid us, you know, but... it's easier to get a response with them as far as possibly a text message before meeting them in person.”

“But I have noticed that with some of our more difficult clients with doing home visits, that having that virtual aspect definitely made an improvement because they were more apt to do a virtual visit with us than, you know, us coming in home.”

“I will say that it looks like there are certain case managers that aren't maybe as accountable and maybe working from home is not best for them. And it's kind of like a 50 50 split because you have some people that do are doing really well, working from home. You have some people who are not doing anything.”

“It was more of adjusting to the virtual visits and tracking them because they don't fit in our reporting system. It doesn't track virtual visits for us. So that is kind of still an issue.”

“I think the biggest issue with retention doesn't even necessarily have to do with the pandemic at all. It is pay. I mean, most people are struggling to make ends meet. Many case managers and case management organizations have not seen a pay raise in years, cost of living keeps increasing, but yet our paychecks are not increasing. And a lot of case managers are leaving this field because, you know, we're, we see teachers getting pay raises. We see police officers getting pay raises. We...see all these essential people getting pay raises. The governor just signed, you know, a special bonus for essential workers for

police officers, firefighters, school teachers. But nowhere is there ever mention of DCF workers or social workers or child welfare workers as being essential or talk about increasing pay or doing, you know, something in that genre. And I know that most of them that I've talked to that have been in the field even for years are leaving because they can just go somewhere else and make more money without as much stress. Because our job is very high demanding. It's very stressful, you know, I mean, we are responsible for children's lives. We are responsible for families, you know, being reunified being back together and whatever safety issue brought them there to make sure that that issue is resolved. And when you can go somewhere else and make quite a bit more money without that stress or pressure on you. I mean, most of the people that I know are leaving, that's exactly why it's, it's, it's a pay issue."

"I mean, if you can do face-to-face, that's the best because you really get to see the children, you get to make sure that they are doing okay. You get to make sure that conversation is private. You know, you see things, smell things that on a home visit that you just can't on a virtual visit."

SELECTED QUOTES FROM HEARTLAND LEADERSHIP:

"...[in the past] because case supervisors were having to be out in the field and have to handle a lot of stuff for their case managers, sometimes it was easier for them to just go like, let me just do it instead of teaching the case manager how to do it, it wasn't promoting that long-term support or long-term staying. And so we've done a lot of work with supervisors trying to train them to help them figure out how do they really provide that extra support."

"A lot of people from the CMOs tend to want to gravitate towards Heartland when they leave...we try not to pull somebody from our CMO staff when we can avoid that. I mean, if they're absolutely the best candidate and we really need somebody that's got all that experience then we have to, but if we've got a choice between two different candidates, we try not to pull from our locals as much as we can...just not to tag onto that additional turnover for them."

"We were seeing a little bit of improvement in turnover over the last year. I think a lot of that has to do with people being afraid to leave their roles too, in this environment. We are starting to see it creep back up again. Now that things are getting a little more stable, but I think, you know, all the CMOs went to almost a complete remote work environment. And for some people that was a great positive. They enjoyed it, but other people did not. It was not something they were comfortable with and it made that support from the supervisor and everybody even harder."

"having some of these court hearings be virtual, probably saves them so much time because I remember just sitting in court for forever waiting for your hearing to be called. And the time it takes to drive to court and come back. And so I think there's value in some court hearings being in-person, but I also think it's really a time-saver for them to be able to have those

continue to be virtual for hearings like judicial review, something really quick, that doesn't necessarily need to have everybody in person and present.”

“You can't get a good feel for safety in the home, I don't think, by just doing virtual visits.”

“I think with COVID we saw that they were able to make a lot more contacts with birth parents because they were doing a lot more of the virtual context with them and that's helped to drive those numbers up, but then got to go back to face-to-face with them now. And as they start doing that face to face, when we're encouraging them really augment that with continued virtual.”

“And I will say a lot of times when we ask them why they're looking to make that move a lot of times, it's because they want more work-life balance. And so I don't think that's necessarily anything that you can do sometimes in that field.... I think sometimes people just don't realize how difficult that can be, especially if you have a family.”

“One of the other things we've seen, a lot of our CMOs start to try is really not giving new trainees legacy type cases, things that cases that have been around for a while. They're really trying to give them brand new cases when they come out of class. And that way they're not having to look back and learn a case... So they're really trying to give them those new cases so they can really hit the ground fresh with that case and learning from very beginning going forward.”

“But thinking back to case management, you know, anytime there's turnover, there's chaos. So, it's almost like the turnover creates the chaos. And so it's like once it starts, it's hard to stop it because people just get stressed.”

SELECTED QUOTES FROM CHS AND DEVEREUX CASE MANAGEMENT, SUPERVISORS, AND LEADERSHIP:

“I think it was just recently introduced, the career ladder, with the incentives of bonuses and things of that nature... They pay our certification fees... The health care benefits holiday was another incentive they gave. You know, so many months off of us having to pay for health care...”

“So I'm not looking forward to court back in person for a few reasons.”

“Virtual court has been a blessing in some ways.”

“...A lot of court hearings start at eight, eight thirty...if I have to be there personally, I have to leave home at like six five, you know, 10 minutes to seven to get there by eight o'clock.”

“I'm torn about court. I would hope that some version of JRs can continue to be virtual, but I think it's really been to the detriment that like actual motion work....But if the JRs remained virtual, one of the neat things has been the parent engagement has shot through the roof...:

“A lot of my visits with my youth that are in like detention centers in Tallahassee and all those places we would normally have to get an out of county worker that would have to go by and

see them ...If all I have to do is a virtual visit, I don't need to solicit any out of county assistance. I can basically see them myself virtually."

"Visits are better in person. Yeah, I know we've had to rely on doing them virtually, but there is a lot of you, there are a lot of things that we are supposed to assess that we can't actually assess virtually. I can't really assess the condition of the house. I can't really tell if I'm speaking to the kid by themselves or the adults."

"Especially with the younger kids...they just could not focus. And so sometimes there's some kids that just will not be able to communicate well over video chat."

"Yeah, the little ones. I mean, just imagine trying to talk to a three-year-old over a video chat. That is not happening."

"Parent and sibling visits, you know, that family interaction time, and if they have to be done virtually, it's really difficult for a family to actually interact with other virtual."

"But there was just a lot of anxiousness around things happening to kids that we couldn't control, especially those that are in home with parents or in home non-judicial cases."

"I think they like the flexibility of the virtual visits...but I think a lot of them missed that interaction with their kids, which is more the social work piece of it."

"And some of the caregivers loved the virtual visit. So especially the foster parents, because they have so many case managers that have to come to their house all the time, that they're just like, this is really nice to be able to just pick up the phone and be done with it."

"For me, since I'm still kind of new to everything, sometimes like documentation and things like that, like having to figure it out on my own, that's kind of difficult. And like, I can call people, but it's not always the same as having someone right next to you..."

"We implementing some things with the training specialists and utilizing the Heartland training folks to kind of wrap their arms around the new ones coming out of training just to make sure that, you know, they were getting their questions answered, to make sure someone was going out in the field with them; you know, just trying to be a little bit more hands on because we saw that when they got out of training, it was just like a deer in headlights almost."

"Well, I know for the new case managers just getting out of training, before they would get out of training, they would get like...about a half a caseload. They felt that they were getting them too soon and not able to handle it, like it was too overwhelming. So we started going slower."

"When it comes to supervising, I think...it just feels like a dictatorship. You need to get this done when you have this...no communication. There's no friendly interaction because everything is just about, are you working on this?"

“For me, sometimes I have like a small, simple question and like, in person, it’s a lot easier to just like pop in and ask it really quick and then just like go back to you desk...”

“I think interaction with your supervisor, even with co-workers, are done 100 percent better in person.”

“I think the supervisors like the flexibility of working from home, but I just think you miss that interaction with the case managers, getting to know them, them getting to know you...”

“So, it’s just stressful. It’s been really stressful during this time. And I had a parent who we collected check stubs and things like that and she works in Walmart. And I was just like, oh wow, really? This is a nice check for Walmart because this is more than mine.”

“...always money. I mean, that’s a bigger issue just for the work I do. It’s not a 40-hour job that you can do not matter how hard you try, like, you just can’t do it. And I think that’s a bigger piece, because when you’re dealing with people, there’s so much that you have to consider. So you have staffing working, working, working and work-life balance isn’t there.”

“There’s a lot of work for the amount of money that we make. I mean, just imagine McDonald’s making minimum wage fifteen dollars an hour and so I can go to McDonald’s and be a manager and make that they want to make. And I’ve worked at McDonald’s before, so I know it’s not that hard.”

“Going back to the office, I miss just seeing, like, the different changes of the holidays, how we all decorate...”

“Yeah, I mean, just to hear people laughing or joking around or you hear this unit doing this. Let’s go out to lunch...”

“There’s nothing really that can replace, you know, a face-to-face meeting.”

“I don’t think Devereux is fully ready to kind of like compete in a virtual work environment, because that would be a lot of technology...”

Archival Study Workforce and COVID 19 Guidelines

Objective/Goals

The goal of this archival review is to scan and assess the currently available data to help inform child welfare leaders make decisions in a Covid-19 world. This archival study will be triangulated with the findings in the case study, survey and listening sessions. This archival study reviewed guidelines for virtual and face-to-face performance of child welfare tasks to better understand which types of activities performed well in person, and which types of activities could be better performed virtually.

Methodology

The steps in the archival research process include the following:

1. Conduct background research
2. Identify sources that may be helpful specific to COVID-19 (e.g. national resources centers, child welfare resources in other states, publications).
3. Search for and identify collections, repositories and publications
4. Read material inclusive of archival finding aids and collection guides
5. Contact and “visit” repositories if necessary
6. Repeat steps as needed
7. Summarize guidelines derived from archival material.

The scope of the archival study includes publications in 2020 related to COVID-19. Key words included COVID 19, Coronavirus, Child Welfare, Workforce, virtual, in person, policy, guidelines, and children and families. Data sources were identified from January 2020 through May 2021. Two researchers on the study team reviewed sources independently, came together to share and validate, and curated the information most relevant to help make decisions about workforce activities in child welfare. Results show validated areas presented to inform child welfare decisions.

THE CULTURE AND CLIMATE OF CHILD WELFARE: NEW CHALLENGES TO ORGANIZATIONS

Many child welfare organizations found themselves ill-prepared for the challenges related to COVID 19. The child welfare workforce attempted to locate disaster planning protocols that provided specific guidance for agencies about how to operate in a global pandemic. Unfortunately, many child welfare organizations did not have vetted, reliable disaster planning protocols in place. Another challenge that revealed itself during COVID-19 was that many states lacked clear guidance for designating child welfare workers as essential workers, with wide variability of this designation from state to state.

Due to the lack of protocols and consistent designation of child welfare workers as essential workforce, the child welfare workforce often found it difficult to access personal protective equipment (PPE), including masks, gloves, and anti-bacterial cleaning products for themselves and also the families they are working with in their jurisdictions. Without these policies in place, there was a lack of knowledge and understanding about how to conduct essential child welfare services in ways that were safe for the workforce and the families

served (essential services include investigations of child abuse and neglect, home visits, facilitating visitation between children and parents, and court hearings). These should be included in policies, protocols and essential workforce designations.

Another major challenge facing the child welfare workforce during COVID-19 relates to the lack of resources to conduct work virtually, such as laptop computers, broadband internet, and software platforms, as well as staff training to support virtual meetings (i.e., Zoom).

Results

Results are presented by providing considerations based on the lessons learned during the archival review. First, considerations for working with families are shared to inform new approaches for working during COVID. Next considerations are shared on supervision and what is working and not working virtually and in person. Last, ideas are presented on how to improve the infrastructure required to sustain virtual work for child welfare organizations. For more detailed information about findings, the Appendix is available at the end of this report.

CONSIDERATIONS FOR WORKING WITH FAMILIES

In Person Parent child visits were encouraged after vaccination or screening for Covid-19.

Children who are in foster care are already subject to feelings of solitude and separation, even before the start of the pandemic. To combat these feelings and to promote strong relationships with birth families, visitation is essential (American Academy of Pediatrics, 2020). In-person visits, by most standards, are the preferred method of conducting visitation between children and their birth families as well as between children and child welfare workers (American Academy of Pediatrics, 2020). Although preferred, there are some instances where it simply is not the safest option. According to the CDC, people over the age of 65 are at increased risk of severe complications or death from Covid-19. Approximately 80% of fatalities due to Covid-19 are likely found in this age bracket. Other diseases that expose increased risk related to COVID-19 include: moderate to severe asthma, COPD, cystic fibrosis, and pulmonary hypertension. Other chronic diseases such as diabetes, and kidney disease (Centers for Disease Control and Prevention, 2021). Adults with these conditions and several other health concerns could cause concern for in-person visits.

Conversely, parent/child visits are especially safe when both parties have received any of the vaccines regardless of pre-existing conditions. Adults and children over 12 years of age are only considered fully vaccinated two weeks after the second dose of Moderna or Pfizer or two weeks after the single shot of the Johnson and Johnson vaccine. Both clinical trial data and real-world data have shown that vaccines are effective at preventing most cases of Covid-19, as well as the spread of the disease from person to person. Early data also suggests that the current Sars-Cov-2 vaccines protect against virus variants (Centers of Disease Control and Prevention, 2021).

Information in this review can inform how to plan and conduct safe in-person child welfare visits. Child welfare workers, children, and their birth families should ideally be screened for any symptoms of covid a day before the visit even when fully vaccinated. Symptoms of Covid-19 include but are not limited to:

1. Fever of 100.4 F or greater
2. Fatigue
3. Cough
4. Runny nose or nasal congestion
5. New loss of taste or smell
6. Shortness of breath

Other factors to consider are whether any person was exposed to someone who is Covid positive or was awaiting a Covid test within the last three days. Whether a person has traveled out of state within the previous 14 days should also be considered. During care rides to visitation location, it is advised to only transport two children and a time and have the windows down to allow fresh air to enter the car if persons are unvaccinated.

In terms of the actual visit, outdoor spaces are preferred over indoor spaces. Face coverings are encouraged, and although one cannot expect any physical contact between birth families and children, safe physical contact is encouraged. Some examples of safer physical contact are leg hugs and hugging with faces in the opposite direction (American Academy of Pediatrics, 2020).

According to the updated guideline of the CDC, fully vaccinated persons may continue all outdoor and indoor activities without wearing a face covering where permitted by local and state governments. However, if someone who is fully vaccinated is experiencing any symptoms, they should immediately proceed with isolation procedures ([CDC], 2021).

Establish a clear virtual visit protocol.

At the beginning of the pandemic some child welfare jurisdictions required continued, in-person contact with children and families, and workers struggled to obtain appropriate personal protective equipment (PPE), including masks, gloves, gowns, hand sanitizers, to protect themselves (and their families), as well as their clients. In March of 2020, the National Council on Juvenile Crime and Delinquency conducted a survey of child welfare agencies in 20 states on agency response to COVID-19. Child welfare agency respondents reported that inadequate PPE was the most significant challenge they faced at that point in the pandemic. Survey recommendations included increased access to gloves, masks, and other PPE for use in interactions with families and children.

Jurisdictions found different ways to support their child welfare workforce during COVID-19. The U.S. Department of Health and Human Services (HHS) asked state governors to classify child welfare workers as level one first responders allowing them easier access to appropriate PPE. At the same time, the Children's Bureau sent a letter to child welfare leaders urging them to work with public health and emergency management in their states to strategize on obtaining PPE. The federal government also tried to specify that certain federal funds could be used to pay for PPE for child welfare workers tasked with face-to-face contact with children and families. This assumed that child welfare organizations had the capacity and agility in their system to repurpose federal funds. In some cases, states lack

the internal knowledge to reposition federal funds, especially those which require a legislative mandate to change current federal funding plans (i.e. Washington).

Jurisdictions participating in the Quality Improvement Center for Workforce Development (QIC-WD) were no different than other states facing the lack of PPE. An example provided by QIC-WD explained how Virginia's QIC-WD Site Implementation Manager Laura Polk faced challenges in getting basic equipment that firefighters, police, and health professionals already had access to.

“When the pandemic really hit Virginia hard, starting in mid-March [2020], frontline workers had not yet been designated as first responders. This was an obstacle preventing us from getting basic PPE for workers who were responding to abuse and neglect allegations and ensuring the safety of the children in our care. Finally, our governor did designate child welfare workers as first responders for the purposes of obtaining PPE.”

The QIC-WD surveyed two sites in May – June 2020 and found varying access to PPE. In one site, only 46% of staff agreed or strongly agreed that their health had been well protected. Specifically, a little over 71% of staff received some sort of PPE including disposable masks (68%), cloth masks (64%), hand sanitizer (67%), gloves 53%, disinfectant wipes (50%), and protective eyewear or clothing covers (<5%). Only 31% of staff in that site received training on how to mitigate the risk of contagion while doing in-person contacts with families and supporting their own health, and only 14% received training in ensuring the health of their own family.

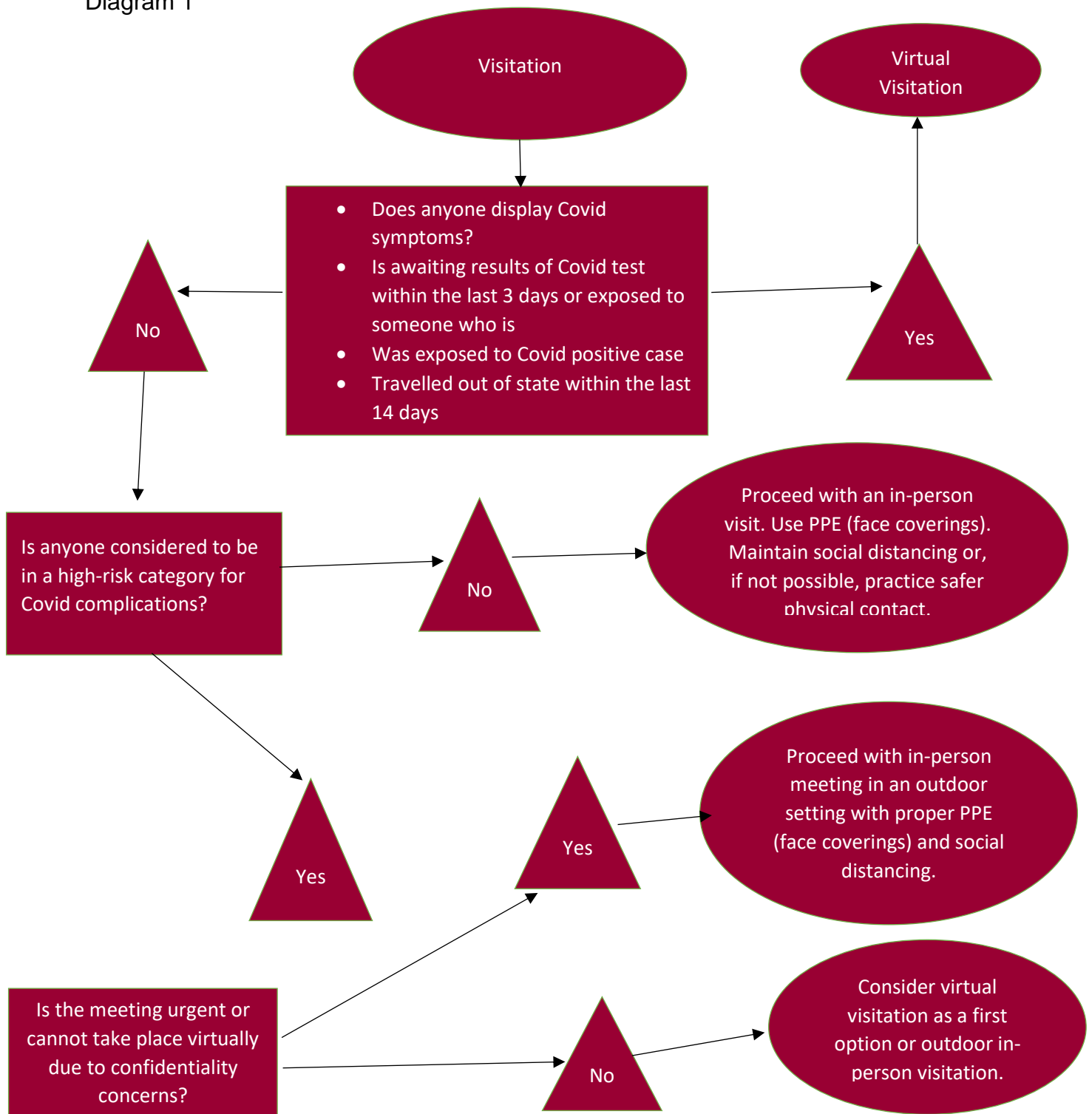
The other surveyed site was more successful in acquiring and distributing PPE. Ninety-one percent (91%) of staff in that site agreed or strongly agreed that their health had been well protected. There, 94% of staff received some sort of PPE including cloth masks and gloves (94%), disposable masks (93%), hand sanitizer (92%), disinfectant wipes (91%), protective clothing cover (71%), and protective eyewear (68%). In addition, 57% of staff received training on how to mitigate risk of contagion while doing in-person contacts with families, and 54% received training on supporting their own health and preventing contagion. Only 30%, however, received training on how to support the health of their own families which may have contributed to some health worries. Thus, protection of child welfare staff varied widely.

According to the National Governor's Association, states prioritized child welfare agencies to receive PPE. State governors issued executive orders in at least 19 states listing child welfare, child protection and/or related agencies as essential government functions that were to remain in operation during the pandemic. Like Virginia, the North Carolina Department of Health and Human Services classified child protective services workers as emergency first responders, allowing them to access necessary PPE.

One year into the Coronavirus epidemic, the nation's child welfare workforce operates under extraordinary circumstances - ensuring children's safety and well-being while facing travel restrictions, social distancing, and strict safety protocols – yet they continue to do their job. Most workers now have the equipment necessary to prevent the spread of the Coronavirus when they are in the field, and many have been able to do more work from

home, yet the on-going stress of the pandemic continues to challenge the child welfare workforce (See Diagram 1 as an example of a virtual visit decision tree).

Diagram 1



Virtual family time can be a safe alternative to in-person visits during the Covid-19 pandemic.

Family time can reduce the time that children spend in foster care and strengthen family bonds. To maximize the benefits of virtual family times, there are a few general guidelines available in the literature.

1. Decide on the platform or app that will be used.
Platforms that contain both video and audio feed are preferred over those that contain audio-only. Many platforms allow multiple users to join at the same time, while others might have a limit. One factor that might influence this decision is whether or not siblings joining the call together at the same time or to arrange for only one child at a time to visit. It is advised to pre-test the platform and make sure there are no connectivity issues before utilizing it. A backup plan should also be in place in case of technology or other failures.
2. Assess age appropriateness of the visit.
Younger children have shorter attention spans than older children and benefit from shorter, more frequent virtual visits. This may influence current in-person scheduling and adjustments may be needed. However, the total amount of hours allotted for visitation per week should remain constant.
3. Advise parents on how to create an environment conducive to a virtual visit.
Parent visits work well when parents sit in a quiet, well-lit room with no distracting or inappropriate material in the background. To reduce backlight, a lamp or light can be placed in front of the face and not behind it. Parents and children may also need to be reminded to use fully charged devices and that the device is pointing at their face. To promote privacy, earbuds or earphones should be used, but are not recommended for children three years and younger. Parents can be encouraged to use hand gestures and realia/props to engage children better. It may also be helpful to prepare an activity ready for children to engage in (singing, having a meal together, playing, or drawing together) and make sure to have backup activities if the child displays boredom (Child Welfare Information Gateway, 2020)

Recognizing and reporting neglect can be more intensive virtually.

Since many states have locked down schools to curb the Covid-19 pandemic, reports of abuse and neglect have decreased. School referrals of neglect had sharply declined in 2020. One cannot assume that neglect and abuse has necessarily decreased in the light the Covid-19 pandemic, merely the reporting of abuse, since these avenues of mandatory reporting are no longer available. Hotline referrals have also decreased during 2020. Law enforcement referrals, however, have remained relatively constant. Many states have developed tools to help child welfare workers spot abuse or neglect using virtual methods. These might include check-in questions and using visual aids to spots signs of abuse and neglect.

Some states have also increased funding for SNAP benefits and telehealth services to help alleviate stress and depression, potentially leading to neglect and abuse of children (Child Focus, 2020).

Know & Tell New Hampshire (2021) developed a list of basic signs to look for during virtual calls:

1. Physical appearance
 - a. Look for signs of bruises, injury, etc. Make sure that the child moves the camera around their body to do a full assessment. Also, check signs for lack of hygiene.
2. Environment
 - a. Make sure the child passes the camera around in the house and look for signs of alcohol/illicit drugs, family violence, and dysfunction
3. Behavior and Effect
 - a. Assess changes in mood, behavior, outcries of abuse
4. Supervision
 - a. Check for access to responsible adult and level of involvement

Virtual Supervision: A Welcomed Change

There is evidence to suggest that doing office work virtually can be beneficial during COVID 19. Firstly, it allows employees to work more independently and manage their time in a way that works best for them. Secondly, there is evidence suggesting that teleworkers can be more productive and even happier with their jobs overall. However, there might still be hesitation from some employees to embrace telework fully. Supervisors need to be mindful of any workforce concerns. Regular check-ins using virtual platforms can alleviate some of these concerns and is an effective way to monitor the overall status of cases and tasks. Supervisors should set clear expectations of how workday hours are spent and when workers should be available. Encourage caseworkers to make a regular schedule for themselves, dress professionally, and work in an environment with fewer distractions. Caseworkers should also be encouraged to check in with one another virtually to promote self-care and support one another (QIC-WD, 2020).

Build capacity for supervisors to support virtual visits.

When examining secondary trauma in the eight QIC-WD study sites, 75% of child welfare caseworkers, especially those with high caseloads and exposure to traumatized families and children, are at risk of experiencing secondary traumatic stress and PTSD. The Coronavirus pandemic exacerbated an already beleaguered workforce.

Data from previous pandemics is alarming. Research from the SARS pandemic indicates that survivors often developed PTSD which could last for many years. Those most affected were health care workers who, similar to child welfare workers, were impacted by the social isolation imposed by authorities to contain the pandemic. And, like COVID-19, there was no full understanding of how the illness would progress and no known course of treatment. During COVID-19, child welfare workers were also apprehensive about the plummet in child maltreatment reporting since children were at home and away from the watchful community “eyes and ears” who might observe family stress and signs of maltreatment. Workers also feared spreading the coronavirus to their own families or to other families on their caseloads, especially when faced with a lack of personal protective equipment necessary to continue required in-person visits and investigations.

Child welfare agency leadership, recognizing the potential for lasting harm among workers struggling to meet the demands of the pandemic, sought to develop resources to support and strengthen the workforce. The Quality Improvement Center for Workforce Development (QIC-WD) hosted a webinar, *Coping in the Time of COVID*, featuring evidence-based strategies to:

1. Manage stress while working from home, including the importance of physical activity; the necessity of adequate sleep; and, relaxation, mindfulness and breathing techniques.
2. Manage personal relationships during the pandemic including setting limits, developing a daily routine, and connecting with friends and family and communicating effectively.
3. Learn lessons from two jurisdiction, Ohio and Nebraska, that implemented interventions to address worker secondary traumatic stress, pre-pandemic. Nebraska and Ohio offered Resilience Alliance (RA) in some locations to enhance workers' ability to handle on-the-job and crisis-related stressors. In Nebraska, post-RA peer support groups (to continue skill building) were sustained in some locations during the pandemic. In some Ohio locations, post-RA check-in groups also continued during the pandemic. According to Summit County, Ohio caseworker Heather Murphy, "Since COVID-19 has changed the way we work with one another, RA is more important than ever. I am constantly using RA skills to help manage the new and different stressors we encounter from the pandemic." In Ohio, RA was enhanced by supportive supervision. The QIC-WD also offered guidance on the critical role supervisors can play in helping workers navigate their way through the ongoing pandemic. This included defining expectations, setting realistic goals, communicating regularly with staff, and establishing regular, consistent check-ins with workers.

Other jurisdictions, not involved in the QIC-WD, have considered how to build resilience and manage traumatic stress among the child welfare workforce. In 2017, for example, Colorado lawmakers enacted House Bill 17-1283 which created a task force to recommend guidelines for child welfare caseworker resiliency programs. Recommendations included education and training on resiliency and stress, and the implementation of cognitive-behavioral strategies and mindfulness-based methods, post-crisis debriefings, and peer support groups. Although evidence of the effectiveness of these interventions is still pending, child welfare agency leaders can work to ensure that their workforce is equipped with strategies to handle secondary traumatic stress, as an occupational hazard. These coping skills may be a protective factor for workers experiencing crises such as the pandemic.

Improve the infrastructure required to sustain virtual work.

When the COVID-19 pandemic struck, many states had to rapidly pivot to remote technology to conduct mandatory visits of children in foster care and engage in supervised visitation between children and their families. They also had to determine how to provide oversight of treatment and intervention services required through case plans even though many provider services had to suspend or limit services due to stay-at-home orders.

Technology (a.k.a. tech) hardware and software were critical tools for child welfare agency leaders to support their workforce during the Coronavirus pandemic. Some jurisdictions were better prepared than others and policy changes were often needed to support the workforce. The U.S. Department of Health and Human Services (HHS) granted flexibility in child welfare funding through Title IV-E, IV-B and SSBG to cover costs associated with obtaining smart phones, tablets, laptops and other technology to facilitate in-person and remote contact and visitation with children and families.

In Ohio where the Quality Improvement Center for Workforce Development (QIC-WD) is working with eight counties, a survey of workers conducted between May and July 2020 found that 96% of the workforce pivoted to remote work within three weeks of the World Health Organization declaring COVID-19 a global pandemic. Only 5% of that workforce had teleworked before the pandemic, but 89% of staff had already received tech devices to conduct work remotely and receipt of software to connect to colleagues, community partners and families increased from 36% to 47%. Most staff reported that logging into the system or entering information and receiving technical support from home was somewhat to extremely easy.

Another QIC-WD project site in Milwaukee County also pivoted to remote work immediately in March of 2020. There, over 21% of staff already had a telework agreement in place, and the necessary tech devices, and software before COVID-19 hit. These staff were surveyed in fall 2020 (between November and December) and at that time, 83% were still teleworking.

Prior to COVID-19, two other QIC-WD sites implemented technology-focused interventions to strengthen their child welfare workforce. The Washington state Department of Children, Youth & Families QIC-WD site implemented a telework project to strengthen their child welfare workforce. This experience better equipped the agency to support workers to work from home. For example, workers had laptops, an iPhone, and a secure VPN network. The VPN allowed workers to securely access data and other information without physically being in their offices, which made remote work much more seamless and efficient. The Virginia Department of Social Services QIC-WD site, implemented technology solutions to help the workforce better manage their administrative and family engagement tasks while they are in the field. The project consists of a transcription service which allows workers to dictate notes from their case visits via telephone, and a mobile application using an iPad into which workers can enter case notes, access information, upload photos, and conduct virtual meetings with and message families. All workers were equipped with a cell phone and an iPad which, along with the addition of laptop computers, proved to be essential tools during the pandemic.

Sarah Wingfield, a Family Service Manager at the Winchester, Virginia Department of Social Services, describes the benefits of using the mobile application during the pandemic. "If you get to a home and then realize that someone is not going to pass the health questions and it might not even be safe to meet with them face-to-face outside, sometimes a worker has gone to their car then and [said], 'I saw you through the door, but I'm going to go ahead and talk with you from my car and use my mobile solution to type while I'm talking' and still at least be able to have a good home visit with the family, even though COVID might have stopped that normal interaction that we were used to."

Some child welfare agencies had to procure and train staff on the appropriate software to support a remote workforce. HHS temporarily allowed videoconferencing for certain child welfare caseworker visits and for approved Title IV-E prevention programs. Several states issued directives either allowing remote visitation or requiring in-person contact. Workers were quickly introduced to new platforms and measures were taken to ensure that remote visits were safe and secure. According to a QIC-WD survey of staff in Ohio in mid-2020, about one-third of staff in each site reported that they received training focused on the use of virtual technology platforms.

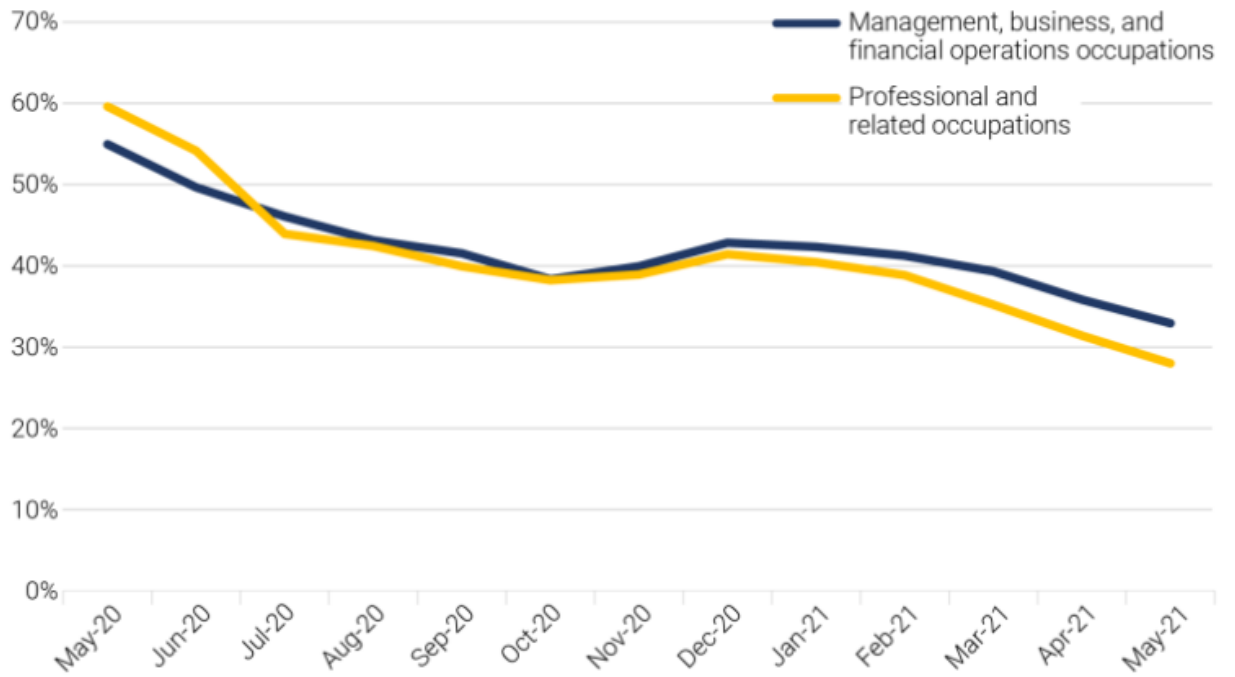
Even with the easing of in-person requirements, child welfare jurisdictions faced additional challenges around remote work with families. For example, workers expressed concerns about maintaining confidentiality during videoconferences and ensuring that children and other family members could safely provide information about children's well-being and safety. Furthermore, not all families had the necessary technology to participate in virtual visits. In one QIC-WD site only 19% of staff reported that there was an effort by their agency to ensure families had access to tech devices after the pandemic began and only 34% reported efforts to ensure families had access to tech software. In another site, 30% received tech software after the pandemic began to facilitate connection with families virtually. However, even fewer staff reported efforts to ensure families had access to tech devices or software (18%).

According to Jewish Vocational Services of Boston (2021), we need to create new hybrid models of education and training to incorporate what we've learned from the pandemic, especially as it relates to training and education. What we have learned during this period is that high-quality adult education and training services can be delivered remotely, and that clients with a wide range of education, literacy, and skill levels can participate under the right conditions, and with appropriate supports. When we are able to move back to in-person classes, we will want to create hybrid models that incorporate distance learning and coaching that can enhance in-person classes, as well as entirely remote services that can remove the barriers of limited travel time, inaccessible public transportation, and the financial burden of paying for child care and transportation to attend classes.

Technology is an important tool for many agencies impacted by the pandemic and the rollout of tech devices and software varied widely by jurisdiction. In some locations, many workers are still required to go into the office or into the field which was stressful and required appropriate safety precautions.

Unfortunately, child welfare jobs are often included as essential frontline workforce during the pandemic—including fast food workers, social workers, cleaners, retail associates, transit workers, home health aides, and other workers. Now that these workers are deemed essential—it highlights the reality of a workforce policy approach that makes decent pay and benefits, workplace safety, and union rights difficult to achieve without fundamental change. The economic fallout of the pandemic demonstrates why workers need unqualified assurances that the jobs that they go back to, or the new ones they seek out, will have better working conditions than from before the COVID-19 pandemic. According to the Workforce Development at the Center for American Progress (2020), if the U.S. economy is to achieve an inclusive recovery and stay resilient, policymakers must reengineer a workforce response designed to protect workers against low wages and poor working conditions.

Figure 1. Percent of employed persons who teleworked because of the coronavirus pandemic for selected occupations, May 2020 – May 2021



Source: Brookings analysis of BLS data.



NCWWI asked child welfare workers how they're doing during the COVID-19 Pandemic.

Workers responded that they need:

1 ... clear and safe return-to-office plans, including:



... child welfare programs to support ongoing work-from-home options.

2

During the pandemic, workers found that working remotely:

Increased

- Client engagement
- Schedule flexibility
- Work-life balance
- Worker efficiency and effectiveness



"The pandemic has shown we do not need brick and mortar buildings to get our essential work done."

Decreased

- Office distractions
- Driving time
- Travel-related stress and expense

"Working remotely has been amazing for my mental health. My stress level has been way down and my productivity way up."

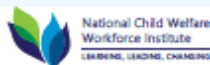
3 ... innovation in using virtual platforms for child welfare work.

Using videoconferencing for agency and client-related meetings has increased attendance and engagement. These virtual practice options could also improve:

- Follow-up contact
- Case-closing conferences
- Service plan reviews
- Virtual visits for parents who live far away



- Court interactions for families and staff by:
 - Helping families consistently show up
 - Reducing barriers to childcare
 - Making the waiting process less stressful
 - Decreasing the time staff spend waiting for a case to be heard



NCWWI.org | #WeAreChildWelfare

Conclusion

This archival study provided an opportunity to assess policies and guidelines that have been developed to assist in informing child welfare decision making. Although results show a continued need to support and train virtual work, notable challenges such as the lack of PPE, inconsistent essential worker status, and wide variability of formal policies and guidelines adapted broadly make it difficult to maintain consistent practice during these challenging times. Specific information on state and jurisdiction efforts to support child welfare practice during the pandemic can be found in the Appendix. Additional electronic resources specific to child welfare practice during the pandemic.

References

- American Academy of Pediatrics (2021) Guidance for Children and Families Involved with the Child Welfare System During the COVID-19 Pandemic. Retrieved from <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/guidance-for-children-and-families-involved-with-the-child-welfare-system-during-the-covid-19-pandemic/>
- Centers for Disease Control and Prevention (March, 2021) People with Certain Medical Conditions. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>
- Centers for Disease Control and Prevention (May, 2021) Key Things to Know about the Covid-19 Vaccine. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html>
- Centers for Disease Control and Prevention (May, 2021) Interim Public Health Recommendations for Fully Vaccinated People. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>
- Child Focus (2020) Supporting Families to Prevent Child Abuse and Neglect During the Covid-19 Pandemic. Retrieved from https://static1.squarespace.com/static/5c3e3494e2ccd19ef929d5f7/t/5eb59f7693ad1a19c28443ad/1588961143704/CA_N-COVID-19Brief_April+2020_final.pdf
- Child Welfare Information Gateway (2020) Tips for Supporting Virtual Family Time. Retrieved from <https://www.childwelfare.gov/pubs/bulletins-familytime/>
- DePanfilis, D., & Zlotnik, J. L. (2008). Retention of front-line staff in child welfare: A systematic review of research. *Children and Youth Services Review*, 30, 995–1008. doi:10.1016/j.childyouth.2007.12.017
- Know & Tell (2021) During eLearning and Video Communication 5 Warning Signs that a Child Needs your Help. Retrieved from <https://knowandtell.org/wp-content/uploads/2020/05/elearning-5-warning-signs.pdf>
- Quality Improvement Center for Workforce Development (April, 2020) Supervising Child Welfare Professionals Virtually during a Pandemic. Retrieved from <https://www.qic-wd.org/blog/supervising-child-welfare-professionals-virtually-during-pandemic>
- Workforce Development at the Center for American Progress. (2020). Adjusting to a Post-Coronavirus Economy Requires Just Transitional Workforce Strategies. Retrieved <https://www.americanprogress.org/issues/economy/news/2020/06/24/486762/adjusting-post-coronavirus-economy-requires-just-transitional-workforce-strategies/>

Appendix A

Survey Questions

Please take a few minutes to consider how your feelings about work *before* we experienced the impact of COVID 19 pandemic and *during* the COVID 19 pandemic.

| Question: <i>How has each item influenced your feelings about your work?</i> | Prior to COVID 19 | | | | During COVID 19 | | | | How would you explain the difference? |
|------------------------------------------------------------------------------|-------------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|---------------------------------------|
| | No affect | Minor affect | Moderate affect | Major affect | No affect | Minor affect | Moderate affect | Major affect | |
| 1. Amount of work | | | | | | | | | 1. |
| 2. Focus on closing cases in timely manner | | | | | | | | | 2. |
| 3. Systems of care expectations | | | | | | | | | 3. |
| 4. Outdated policies and procedures | | | | | | | | | 4. |
| 5. Quality of feedback from supervisors | | | | | | | | | 5. |
| 6. Support from coworkers | | | | | | | | | 6. |
| 7. Availability of supervisor | | | | | | | | | 7. |
| 8. Experienced case managers available for mentoring/shadowing opportunities | | | | | | | | | 8. |
| 9. Mock cases as a training tool | | | | | | | | | 9. |
| 10. Safety concerns | | | | | | | | | 10. |

| Question: <i>How has each item influenced your feelings about your work?</i> | Prior to COVID 19 | | | | During COVID 19 | | | | What factors impacted the difference after COVID 19? |
|------------------------------------------------------------------------------|-------------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|------------------------------------------------------|
| | No affect | Minor affect | Moderate affect | Major affect | No affect | Minor affect | Moderate affect | Major affect | |
| 11. My general satisfaction with life | | | | | | | | | 11. |
| 12. Other jobs available in overall job market | | | | | | | | | 12. |
| 13. My intent to leave my job | | | | | | | | | 13. |
| 14. My emotional exhaustion | | | | | | | | | 14. |
| 15. Fairness experienced at work | | | | | | | | | 15. |
| 16. Working with other races or cultures | | | | | | | | | 16. |
| 17. Structural racism within child welfare | | | | | | | | | 17. |
| 18. Commute to work | | | | | | | | | 18. |
| 19. My work efficiency | | | | | | | | | 19. |
| 20. My finances | | | | | | | | | 20. |
| 21. Ability to work independently | | | | | | | | | 21. |

Appendix B

Archival review notes

| Document title | Organizational Sponsor | Summary | Relevance to Our Research Focus |
|--------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dear Colleagues letter | ACF_HRSA joint letter | How family support, maternal and child health can partner with families and local organizations during CV-19 pandemic | Tips on how to link families to essential services, what type of text messages to send families for support, frequency of virtual check ins, providing technology to families |
| Guidance for Children and Families Involved with the Child Welfare System During the Covid_19 pandemic | American Academy of Pediatrics | Reiterates that Child welfare is an essential service. Goes on to advocate for SAFE in person visits but also that frequency is important. Frequency can be increased by virtual visitation. Virtual visitation can also familiarize children with any changes that parent has undergone and can make in person visits better. Suggest that proper CV-19 screening should take place before each visit | Great advice on how to conduct the actual in person visit. Advocates that child and birth family should preferably connect in person if it can be done safely. Does state that virtual visitation can prepare child for in person visit. (e.g. what do they want to do, does the parent look different.). Also, basic principles of virtual visits. <ol style="list-style-type: none"> 1. Have activities 2. Shorter for smaller kids 3. Facilitators |
| Dear Child Welfare leaders | HHS | | |
| Tips for Supporting Virtual Family Time | Children's Bureau/ACYF/ACF/HHS | Excellent article on how to conduct successful virtual visits. Tips are provided on which platform to use; how much supervision should be present and how to keep children entertained during the visit. | When parents are in a high-risk category, in person visits should preferentially be held virtually. |
| Supporting Families to Prevent Child Abuse and Neglect during the Covid-19 Pandemic | Child Focus | Re-states that maltreatment reports, especially in schools, have declined since schools have been locked down. Does state that police reports of maltreatment have remained the same. | How can virtual tools be utilized to better identify neglect and abuse? Resources to prevent abuse and neglect. |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Some states have developed check in questions for child welfare workers to spot abuse. Other states have developed tools for teachers to identify signs of neglect and abuse while teaching virtual classes. | |
| Centers for Medicare & Medicaid Services (CMS) and Substance Abuse and Mental Health Services Administration (SAMHSA): Leveraging Existing Health and Disease Management Programs to Provide Mental Health and Substance Use Disorder Resources During the COVID-19 Public Health Emergency (PHE) | HHS | Linking mental health and substance abuse recovery services virtually to patients via apps, secular and religious hotlines with trained professionals et. Expanding medical aid coverage for telehealth services relating to substance abuse. | Providing mental health and substance abuse rehabilitation services to parents and caregivers can mitigate some of the extra stress caused by the Covid_19 pandemic. This promotes overall well-being families/ |
| SUPPORTING THE WORKFORCE DURING A PUBLIC HEALTH CRISIS | (NCSACW) | In the absence of drug testing and face to face visits, SUD assessments need to be conducted using alternative virtual assessments. | How to rely less on in person assessments to reveal potential signs of abuse or neglect |
| Tips For Social Distancing, Quarantine, And Isolation During An Infectious Disease Outbreak | SAMHSA | When the need for quarantine or isolation arises, many negative feelings may result. This document explains ways to deal with those negative feelings. | These practical tips can be shared with families, care givers and colleagues to reduce stress and depression during quarantine and isolation. Ultimately, parents and care givers well-being will benefit the children in their care. |
| Child Welfare Safety Assessment and Planning During Covid_19 and Physical Distancing | NCCD | | |

| | | | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Supervising Child Welfare Professionals Virtually during a Pandemic</p> | <p>QIC-WD https://www.qic-wd.org/blog/supervising-child-welfare-professionals-virtually-during-pandemic</p> | <p>A comprehensive list of tips provided to child welfare supervisors on how they can support their staff in terms of telework</p> | <p>It would seem that checking in on staff and providing them with adequate resources can easily be achieved in a virtual environment, if the necessary technology requirements are in place</p> |
| <p>Virtual Case Management Considerations and Resources for Human Services Programs</p> | <p>(Waters, Winston & Ghertner, 2020) https://aspe.hhs.gov/pdf-report/virtual-case-management</p> | <p>Key steps</p> <ol style="list-style-type: none"> 1. Identify appropriate technology (often video tech better to identify visual cues and to gauge children better 2. Provide training for caseworkers and clients 3. Consider privacy concerns and information sharing virtually | <p>More practical guidelines for virtual sessions</p> |

COVID 19 and Child Welfare Workforce Policies and Legislation

Child welfare caseworkers are first responders, ensuring the safety, stability, and well-being of vulnerable children and families. This already challenging job is now further complicated by the COVID-19 pandemic. With many jurisdictions implementing social distancing mandates, the operating environment for child welfare caseworkers has shifted.

The child welfare workforce is now investigating maltreatment, providing in-home services, responding to substance abuse crises and ensuring that visitation and reunification services are coordinated — all while minimizing the spread of COVID-19. Some jurisdictions do not have adequate gloves, masks or hand sanitizer to keep caseworkers safe during investigations and home visits. Alaska, Arkansas, Florida, Kentucky, Missouri, North Carolina, Tennessee and Utah as the only states that have introduced legislation directly addressing these issues.

| Addressing COVID 19 Issues | Responsible entity | Considerations |
|----------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Background Checks, Emergency placements, Workforce | California Governor's Office | June 19th, 2020 - The governor signed an executive order extending a number of waivers to allow for flexibility in the emergency placement of foster youth and ensure that foster youth have access to critical programs and technology by verifying foster care status for foster youth and wards of the juvenile court whose cases are pending; permit In-Home Supportive Services (IHSS) program caseworkers to continue their work caring for older adults and individuals with disabilities; and allow the California Department of Justice to develop procedures to perform name-based background checks to ensure there is no delay processing employment for critical sectors, such as health care services and care and support for vulnerable populations, including developmentally disabled persons. |
| Safety | Child Welfare Information Gateway | State child welfare agency website responses to COVID-19. |

| | | |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Workforce, Substance use disorders, Visitation, Reunification</p> | <p>The Chronicle of Social Change</p> | <p>As the coronavirus continues to spread, the Chronicle of Social Change solicited information from stakeholders in the field of child welfare, including youth, parents, foster and adoptive parents, caseworkers, probation officers, judges and others about how the spread of coronavirus is affecting those systems' ability to function. The responses are captured in this article, Coronavirus: What Child Welfare Systems Need to Think About.</p> |
| <p>Workforce</p> | <p>National Governor's Association</p> | <p>Information and links to state executive orders that list state child welfare and child protection agencies as essential government functions that are to remain in operation during the current coronavirus pandemic. States include: Alaska, Arizona, California, Connecticut (services needed to ensure the continuing operation of government agencies and the provision of goods, services or functions necessary for the health, safety and welfare of the public), Delaware (social assistance), District of Columbia, Guam (residential facilities and shelters for children), Hawaii, Idaho, Indiana, Massachusetts, Mississippi, Montana, New Hampshire, New York (human services), North Carolina, Ohio, West Virginia, and Wisconsin.</p> |
| <p>Courts</p> | <p>National Center for State Courts</p> | <p>State court activities. Includes a webinar on how to establish remote hearings in response to COVID-19.</p> |
| <p>Courts</p> | <p>National Council of Family and Juvenile Court Judges</p> | <p>Various state dependency and juvenile court responses to COVID-19.</p> |
| <p>Workforce</p> | <p>New Jersey Legislature</p> | <p>NJ S 2374 - Concerns family leave benefits; expands the definition of family leave and</p> |

| | | family temporary disability leave to include an event of a state of emergency declared by the Governor and an epidemic of a communicable disease, including coronavirus disease. |
|-----------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Workforce | New York Legislature | NY S 7506 - Expands the definition of family leave and family temporary disability leave to include an event of a state of emergency declared by the Governor and an epidemic of a communicable disease, including coronavirus disease. Specifically mentions foster children in the definition. |
| Workforce | Pennsylvania Legislature | PA H 360 – Extends the deadline for recertification for employees having contact with children, adoptive and foster parents. |
| Workforce, Foster care providers | Tennessee Department of Children Services | The Tennessee Department of Children Services (DCS) created a COVID-19 webpage that provides information specific to DCS staff, foster parents and private providers. |
| Workforce, In-home services, Visitation | Utah Department of Child and Family Services | The Utah Department of Child and Family Services developed a COVID-19 Reference Guide for their workforce in conducting child protection services. |
| Visitation | Washington State Department of Children, Youth and Families | For child welfare visitation, DCYF staff are strongly encouraged to conduct a simple assessment prior to making home visits or having visits to the offices. The department also provided guidance for home visiting programs. |
| Topics | Sources | Description |
| Caseworker Protection | Children’s Bureau, Administration for Children and Families, U.S. | This letter to child welfare leaders from Associate Commissioner Milner urged child welfare leaders to work with emergency management and public health leaders in |

| | | |
|-----------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Department of Health and Human Services | their respective states to have child welfare workers and service providers classified as Level 1 emergency responders so that they may more easily obtain PPE for required contact with vulnerable children in their state. |
| Funding | Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services | The Children's Bureau continues to release program instructions for how states can address the impact of COVID-19 on their child welfare systems: June 8th, 2020 - provides information on the allowable use of the funding and actions states, territories and tribes must take to report on planned and actual use of CARE funds. |
| Caseworker Protection | Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services | The Children's Bureau and CDC hosted a webinar on how child welfare workers can maintain safety when engaged in in-person interaction with families. |
| Caseworker Protection | Office of the Secretary, U.S. Department of Health and Human Services | The April 17, 2020 letter to governors from HHS Deputy Secretary Eric Hargan, aims to increase child welfare worker and service provider access to personal protective equipment (PPE) by having them classified as Level 1 emergency responders. In addition, Associate Commissioner Jerry Milner provided guidance to child welfare leaders for how they should go about securing PPE. |
| Workforce | Administration for Children and Families, U.S. Department of | This letter to child welfare leaders summarizes allowable practice adjustments during this pandemic. Highlights: |

| | | |
|------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Health and Human Services | <p>Monthly caseworker visits can be conducted by videoconference.</p> <p>States are permitted to adjust Performance Improvement Plans (PIP), extend PIP deadlines if they make a request 60 days prior to the initial deadline. ACF will reschedule upcoming Title IV-E eligibility reviews.</p> <p>States are required to adhere to their own protocols and timelines for contact, safety and risk assessments, and other investigation procedures.</p> <p>Delays in conducting periodic reviews and permanency hearings will not adversely affect a child’s eligibility for Title IV-E services.</p> |
| Workforce, Foster Care Providers, Safety | Administration for Children and Families, U.S. Department of Health and Human Services | The Children's Bureau has COVID-19 resources for children involved in the child welfare system, foster care providers and the child welfare workforce. |
| Background Checks, Visitation | Administration for Children and Families, U.S. Department of Health and Human Services | Associate Commissioner Jerry Milner wrote to child welfare leaders relaxing fingerprint-based criminal background check requirements. Available name-based criminal background checks must still be conducted, but fingerprint-based checks can be done as soon as safely possible. The Children’s Bureau is also allowing videoconferencing in place of some in-person caseworker visits. |
| Courts | Administration for Children and Families, U.S. | The Associate Commissioner wrote state judicial leaders to work with court improvement programs to support video |

| | | |
|---------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Department of Health and Human Services | conferencing while continuing to provide required oversight. |
| Workforce | Child Welfare League of America | The Child Welfare League of America created a webpage that shares tips, policies protocols, and resources for the field of child welfare professionals and parents in response to the COVID-19 pandemic. |
| Workforce, Health Care, Safety, Family support, Food Programs | Federal legislation | The Families First Coronavirus Response Act provides paid leave to employees, establishes free COVID-19 testing, offers protections for public health workers, and provides expanded food assistance and unemployment benefits for children and families. The Children's Bureau has provided an information memorandum detailing how the new legislation may impact child welfare agencies. |
| | Federal legislation | July 7th, 2020 - U.S. Senators Catherine Cortez Masto (D-Nev.), Sherrod Brown (D-Ohio), Kamala D. Harris (D-Calif.) and Bob Casey (D-Pa.) introduced the Child Welfare Emergency Assistance Act , legislation to provide flexible, emergency aid for child welfare programs working to support young people and families during the COVID-19 pandemic. The Senators' legislation seeks to ensure child welfare agencies and organizations are equipped with resources to continue protecting and supporting families during this public health crisis. |
| Workforce | National Association of Social Workers | The National Association of Social Workers provides guidance for social workers who are concerned about their well-being during the COVID-19 crisis. |

COVID-19 and Foster and Kinship Caregivers | A Resource Guide for State Lawmakers

Amid the COVID-19 pandemic and anticipated economic downturn, foster and relative caregivers face a range of issues while providing critical supports for the more than 437,000 children and youth currently in foster care in the U.S. Challenges include foster and relative caregivers not easily able to quarantine or self-isolate from children in their care, making plans for children should caregivers become incapacitated or hospitalized, difficulty keeping medical or behavioral health appointments and obtaining medication for children in their care.

Major Concerns:

- Household stress resulting from job loss (foster parents and older youth), school closures and lack of extracurricular activities. This can cause placement instability as caregivers feel unable to handle children’s behaviors.
- Facilitating visits between children and their biological parents and/or siblings and required caseworker visits.
- Attendance at court hearings while social-distancing measures are in place and many courts are closed.
- Navigating remote learning for children and youth out of school; foster and kinship care homes may not have computers or internet access.
- Housing for older youth and young people who lost their college or university housing and want to identify relatives or former foster families for support.

State lawmakers can help ensure foster families and kinship care providers are included in developing COVID-19 responses and accommodations. Legislators can also work with child welfare administrators and other stakeholders to assess federal, state and local financial resources available to support caregivers during this crisis.

The chart below contains federal guidance, directives and opportunities and examples of how states are addressing COVID-19’s impact on foster and kinship caregivers. **New York, Vermont, Washington, and the District of Columbia as the only jurisdictions that have introduced or enacted new legislation directly addressing these issues.**

| Topics | Sources | Description |
|----------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Family support | Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services | This letter, which was jointly issued by the Administration for Children and Families and the Health Resources and Services Administration of the U.S. Department of Health and Human Services, encourages family support, maternal and child health, and early childhood programs to promote |

| | | |
|------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | family strengthening and prevention strategies via virtual, electronic, telephonic, or other safe means during the COVID-19 pandemic. |
| Foster care providers | National Conference of State Legislatures | NCSL's Supporting Foster Parents webpage provides 50-state legislative charts on laws related to foster parent bill of rights, foster parent advisory groups, family and medical leave, liability insurance, recruitment/retention and licensing. |
| Kinship care providers | National Conference of State Legislatures | NCSL's Supporting Kinship Caregivers webpage provides 50-state legislative charts on laws on relative notification, placement preference, licensing, financial subsidies, medical and educational consent, relatives standing in court hearings and definitions of fictive kin. |
| Guardianship | District of Columbia | The District of Columbia adopted PR23-0871 declares the existence of an emergency with respect to the need to expand the standby guardianship law to enable a parent, legal guardian, or legal custodian who is, or may be subject to an adverse immigration action or exposure to COVID 19, to make short term plans for a child without terminating or limiting that person's parental or custodial rights. |
| Health care | Illinois Governor's Office | Illinois Executive Order 2020-10 specifies that individuals may leave their residence to work for or obtain services at any Human Services Operations, including any provider funded by the Illinois Department of Human Services, Illinois Department of Children and Family Services, or Medicaid that is providing services to the public and including state-operated, institutional, or |

| | | |
|--------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | community-based settings providing human services to the public. |
| Background checks | Washington Governor's Office | Washington Executive Order 20-31 waives and suspends statutes and rules that require fingerprint-based background checks before a person may be approved to have unsupervised access to children during the COVID-19 pandemic, including foster and adoptive parents and group care staff. |
| Kinship care providers, Safety, Visitation | Washington Governor's Office | Washington Executive Order 20-33 attempts to reduce the loss of foster and kinship care providers who fear COVID-19 exposure if children are allowed to visit people outside of the foster home; allows the Department of Children, Youth and Families to immediately waive and suspend statutory in-person visitation requirements under RCW 13.34 and RCW 74.13 that require in-person visitation of children in custody by parents or other family members and by Department caseworkers. |
| Housing | New York Legislature | New York Senate Bill 8140 (Pending) would create a COVID-19 Emergency Rental Assistance program to ensure that individuals and families are not rendered homeless or severely financially burdened because of an inability to pay the cost of housing and other necessities due to loss of income related to COVID-19. The law states that "income" for purposes of eligibility for emergency rental assistance is not to include foster care payments. |
| Facility guidance, Family support, | Vermont General Assembly | Vermont House Bill 742 (Enacted) would allow the Secretary of Human Services to waive or permit variances from foster care and residential program regulations. The |

| | | |
|-------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Foster care providers | | legislation also specifies that a business will not be charged or have their experience rating (related to the risk of a business having an employee file for unemployment insurance) increased if an employee who is caring for a foster child with COVID-19 claims unemployment benefits. |
| Family support | Washington Legislature | Washington House Bill 2739 (Enacted) modifies the shared leave program (to provide annual leave, sick leave, or personal holidays to fellow state employees) to permit employees who are isolated or quarantined, or who have relatives or household members (to include foster children) who are isolated or quarantined due to COVID-19. |
| Health care, Visitation | Georgia Division of Family and Children Services | Child Welfare Direct Services Continuity FAQ – Guidance from the Georgia Division of Family and Children Services on monthly contacts with children in foster care, foster parent contact requirements, protocols for youth suspected of having COVID-19, court-ordered visitation, and foster parent use of a reasonable and prudent parenting standard to identify substitute caregivers. |
| Health care, Visitation | Indiana Department of Child Services | Information for Foster Parents on COVID-19 – Includes guidance related to Indiana’s requirement for physician visits for children entering care, use of technology to connect foster children and parents, new placement screening and protocols for children’s suspected COVID-19 exposure. |
| Health care, Workforce | Washington Department of | Washington State Department of Children, Youth and Families Coronavirus Updates and Foster Care Licensing – Provides |

| | | |
|------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Children, Youth and Families | information on child welfare, foster care and foster care licensing during the COVID-19 pandemic. |
| Childcare, Health care | Wisconsin Department of Children and Families | <p>Foster Parent Letter and Kinship Care Family Letter – Describes COVID-19, its impact on children, what to do if a foster child or someone in the household has COVID-19 symptoms, how COVID-19 impacts foster parents’ or relative caregivers’ ability to make reasonable and prudent parenting decisions, and how to find child care for children placed in their homes when schools are closed.</p> <p>Additional Child Welfare Information and Guidance – Includes guidance for congregate care facilities, information on court hearings and waivers for requirements, such as regular health and dental exams.</p> |

| Topics | Sources | Description |
|------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Foster care prevention | Administration for Children and Families, U.S. Department of Health and Human Services | The Children’s Bureau will not require a separate application for the \$500 million one-time transition fund that states can use to help with the implementation of the Family First Act. All eligible states, territories, and tribes will be awarded funds as soon as possible. |
| Kinship care providers | Administration for Children and Families, U.S. Department of Health and Human Services | The Children’s Bureau has extended the deadline for state applications for Kinship Navigator funds to May 1, 2020. |
| Courts | Administration for Children and Families, U.S. Department of Health and Human Services | The Children’s Bureau clarified that they cannot waive statutory requirements for hearings, but courts are encouraged to use flexible means of convening such hearings during the COVID-19 crisis. |

| | | |
|-------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| Family support | Federal legislation | The CARES Act provides \$45 million for grants to states to support the child welfare needs of families during this crisis, and to help keep families together. |
| Housing | Federal legislation | Housing Support for Youth in Care When Colleges Close Due to COVID-19 – For youth and young adults not able to stay at their college or university, child welfare agencies are encouraged to offer temporary shelter in foster homes, facilitate contact with relatives or other potential caregivers, or identify other housing options. |
| Health care | Federal legislation | NCSL’s overview of the Families First Coronavirus Response Act addresses the bill’s provisions for workers and public health. |
| Family support, Food programs | Federal legislation | Older Americans Act Disaster Relief – Provides states with funds for any disaster relief activities for older individuals or family caregivers served under the act, which may include, but are not limited to: providing drive-through, take out or home-delivered meals; providing well-being checks via phone, in-person or virtual means; and providing homemaker, chore, grocery/pharmacy/ supply delivery or other services. |

Issue

Summary: **NCSL staff and child welfare experts expect many older youth in the child welfare system will experience disruptions in their lives due to social distancing measures necessary to slow the spread of the COVID-19 pandemic. In addition, many older youth and young adults who have recently exited the system will contend with housing and economic instability, including those who’ve lost their home or income as a result of college and university closures.**

Major Concerns:

- **School closures** place an additional burden on families and youth who previously relied on schools for some of their meals. In addition, many schools are continuing to provide lessons electronically, but not all youth have access to a computer or the internet.

- Some **courts are closed or operating with limited capacity**, resulting in delayed reunification and substance abuse court proceedings. In addition, older foster youth are more likely than the general population to be involved with the juvenile justice system. These crossover youth will also have to contend with delayed judicial proceedings and visitation disruptions.
- Older youth in the child welfare system with children of their own will join the legions of parents struggling to arrange safe, stable and developmentally appropriate **child care**.
- Many youth **aging out of foster care** during the pandemic will struggle to become independent and self-sufficient without the support of the child welfare system or a permanent placement.

Guidance for Legislators: During this pandemic and throughout the anticipated economic downturn, legislators will be responsible for appropriating funds, championing legislative solutions, providing oversight of child welfare agencies, and addressing constituent concerns. As always, we recommend talking with your state child welfare agency about how you can help them.

Summary of State and Federal Activity: The chart below contains federal guidance, directives and opportunities and examples of how states are addressing COVID-19’s impact on vulnerable older youth and young adults. **North Carolina and the District of Columbia as the only jurisdictions that have introduced legislation directly addressing these issues.**

| Topics | Sources | Description |
|-------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Aging out of care, Housing | National Conference of State Legislatures | 35 states allow for reentry into foster care up to age 21 (or up to 23 if a state exercises the option in their Title IV-E plan). |
| Older youth transitioning from care | California Governor’s Office | April 17, 2020, Executive Order - allows for temporary waivers to certain foster youth programs to ensure continuity of care in response to the COVID-19 pandemic. Allows county child welfare agencies and probation departments to perform necessary functions using alternative processes other than face-to-face interactions, includes allowance for a 60-day waiver to allow for flexibility in the emergency placement of foster youth, and ensures that foster youth have access to critical programs and technology. Here is |

| | | |
|-------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | the all-county letter which outlines the program extending foster care beyond a youth's 21 st birthday through June 30, 2020. |
| Aging out of care | Alaska Governor's Executive Order | An Executive Order suspends age requirements for foster care placement to allow 21-year-olds to choose not to age out. The suspension is retroactive to April 8, 2020, and remains in effect until 11:59 pm May 11, 2020, unless otherwise noted. |
| Aging out of care | District of Columbia Legislation | B23-0733 – The COVID-19 Response Supplemental Emergency Amendment Act of 2020 allows youth who are aging out of foster care to choose to remain in the District's care during the declared emergency. |
| Aging out of care | Illinois Department of Children & Family Services | To support older youth transitioning from care, the Illinois Department of Children & Family Services is offering waivers of certain requirements such as requirements for housing assistance, completion of tasks for emancipation funds, and licensing provisions. The department will perform well-being checks of all youth currently under age 21 who have left care in the last two years. |
| Housing | Illinois Legislation | May 6, 2020 – Illinois has instituted a number of measures to reduce the spread of COVID-19. This includes hotel rooms for residents that need to leave their homes. These hotel rooms offer full wraparound services, including meals and medical assistance, and are entirely free for anyone to access through their county or local public health department. |

| | | |
|------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Housing | New York Legislature | NY S 8140 - Creates a COVID-19 Emergency Rental Assistance program to ensure that individuals and families are not rendered homeless or severely financially burdened because of an inability to pay the cost of housing and other necessities due to loss of income related to COVID-19. The law states that “income” for purposes of eligibility for emergency rental assistance is not to include foster care payments. |
| Childcare, Funding | North Carolina Department of Health and Human Services | Childcare Guidance – North Carolina, like many other jurisdictions, is under a “stay at home” order to slow the spread of COVID-19. Child care centers are considered essential services and may remain open. North Carolina has also launched a hotline to provide child care options for children of critical workers who do not have access to typical care because of COVID-19 closures. |
| Childcare, Food programs, Housing, Older youth transitioning from care | North Carolina | NC HB 1043 – Appropriates \$19,000,000 to the Department of Health and Human Services to provide funding for food banks, support for residential settings, child protective services, housing security, and childcare. The department receives an additional \$2,540,000 to serve youth in foster care up to age 21. |
| Food programs | Washington Office of Superintendent of Public Instruction | Nutrition and Meals Guidance – Schools in Washington state may continue to provide meals from closed sites. They may serve up to two “grab-n-go” meals per recipient per day. |

| Topics | Sources | Description |
|---------|---------------------------------|----------------------------------------------------------------------------------------|
| Housing | Administration for Children and | Jerry Milner, associate commissioner for the Administration for Children and Families, |

| | | |
|-------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Families, U.S. Department of Health and Human Services | released this letter and participated in a virtual town hall addressing housing for foster care alum. |
| Education, Courts | American Bar Association | A list of distance learning questions for courts overseeing child welfare cases to consider when determining a child’s well-being. |
| Education | American Bar Association | A tip sheet for school districts during COVID-19. This includes tips for partnering with child welfare agencies, connecting children in foster care with school resources, and targeted support for students in special education. |
| Housing | Federal Legislation | Chafee Foster Care Program for Successful Transition to Adulthood – Up to 30% of a state’s or tribe’s annual allotment may be used to provide room and board assistance to eligible youth ages 18-21 (or up to 23 if that option has been exercised in the Chafee plan) On March 19, 2020, the Congressional Caucus on Foster Youth requested an increase in funding and increased flexibility in how states use the funds. |
| Funding, Housing, | Federal Legislation | The Coronavirus Aid, Relief, and Economic Security Act was passed on March 27, 2020, and provides \$6.3 billion to the Administration for Children and Families, including \$45 million in grants to states for child welfare services. NCSL provides an overview of the legislation. |
| Health care, In-home services | Federal Legislation | Families First Coronavirus Response Act – Includes a temporary increase in the federal medical assistance percentage (FMAP), which provides additional funding for child welfare agencies. This includes funding for foster youth through Title IV-E of the Social Security Act. NCSL provides a summary of the legislation. |
| Education, Housing | Federal Legislation | McKinney-Vento Act – States must have procedures to ensure that homeless children |

| | | |
|--|--|--------------------------------------------------------------------------------------|
| | | and youth do not face barriers to accessing academic and extracurricular activities. |
|--|--|--------------------------------------------------------------------------------------|

Florida Center for Child Welfare Resources

The Florida Center for Child Welfare Resources compiled reputable resources, best practice recommendations and policy updates.

Center Webinar Recording:

[Practical Guidance for Navigating COVID-19](#) (Recording and Q&A from Dr. Anna Armstrong, 3-24-20)

Resources for Virus Updates

[Coronavirus.gov](#) (From the White House, Dept of Health and Human Services and the CDC)

[Coronavirus \(COVID-19\): Information, Latest Updates & Other Resources \(Centers for Disease Control\)](#)

[Coronavirus \(COVID-19\) Information & Resources \(Nat'l Alliance on Mental Health\)](#)

[Coronavirus \(COVID-19\) Information, News, & Resources for Child Welfare Professionals and Others \(Child Welfare League of America\)](#)

[Coronavirus Resource Center \(John Hopkins University & Medicine\)](#)

[Florida Courts Updates](#)

[Florida DCF COVID-19 Updates](#)

[Florida Dept of Education Updates](#)

[Florida Dept of Health - COVID-19](#)

[The Joint Commission](#)

[World Health Organization - Coronavirus](#)

Program Guidance and Updates

[Office of Child Welfare \(OCW\) Policy and Practice Documentation of Virtual Contact \(8/12/20\)](#)

[OCW COVID-19 Guidance: Required Use of Personal Protective Equipment for DCF Frontline Team Members \(7/21/20\)](#)

[OCW COVID-19 Guidance for Frontline Team Members \(7/21/20\)](#)

[COVID-19 Mandatory Reporting in FL \(OCW\)](#)

[COVID-19 Mandatory Reporting for Educators \(OCW\)](#)

[COVID-19 Mandatory Reporting for Parents & Caregivers \(OCW\)](#)

[ACF and HRSA Joint Letter Family Strengthening and Virtual Primary Prevention \(5/28/20\)](#)

[OCW Guidance for COVID-19: Guidance for CPI and API Frontline Team Members \(3/23/20\)](#)

[OWC Guidance for COVID-19: Methods for 30-Day Visits for Children, Youth, Young Adults Placed In-State Care \(3/23/20\)](#)

[Emergency Order Visitation Limits at Residential, Skilled Nursing and Long-term Care Facilities](#)

[Florida Coalition for Children COVID-19 Response](#)

[Medicaid Coverage of Services During the State of Emergency Related to COVID-19](#)

[ACF and HRSA Joint Letter Family Strengthening and Virtual Primary Prevention \(5/28/20\)](#)

Information for Transition Age Youth and Supporters: Resources from Florida's Children First and Florida Youth SHINE

[COVID 19 Health Care: Q and A for Former Foster Youth \(June 2020\)](#)

[I NEED MY MONEY FAST! Economic Stimulus Payment Tip Sheet \(4/6/21\)](#)

[Income Tax Tip Sheet \(4/6/21\)](#)

[Reemployment Assistance \(Unemployment Insurance\) \(4/15/20\)](#)

[Freaked about Finances Tip Sheet \(3/26/20\)](#)

[Responding to COVID-19: How You Can Support Youth and Young Adults in Florida Who Have Experienced Child Welfare or Homelessness](#)

Practice Information for Working with Children and Families

[Kids, Families and COVID-19: Pandemic Pain Points and the Urgent Need to Respond \(ACEF, December 2020\)](#)

[Reopening Florida's Schools and the CARES Act \(FDOE\)](#)

[Fostering Inequity: How COVID-19 Amplifies Dangers For LGBTQ+ Youth in Care](#)

[Supporting Kinship Care during the COVID-19 Pandemic and Beyond \(Center for the Study of Social Policy\)](#)

[Supporting Clients in Under-resourced Communities during the COVID-19 Pandemic \(ChildTrends\)](#)

[On Demand Video - Adapting Practice During a Public Health Crisis: Guidelines for Public Child Welfare: Intake/Hotline Assessment and Pre-Commencement](#)

[Action for Child Protection COVID Statement \(Includes link to register for Virtual Learning Opportunities\)](#)

[Action for Child Protection Guidelines for Ongoing Safety Management: Maintaining Sufficient Surveillance and Support Webinar Overview \(Includes the following](#)

resources: Adapting Practice During a Public Health Crisis: Guidelines for Public Child Welfare, Tips for Conducting Virtual Contact with Placement Providers, Caseworker Tips for Conducting Virtual Home Assessments & Tips for Preparing for a Professional Virtual Child Welfare Contact)

[Ways to Promote Children’s Resilience to the COVID-19 Pandemic \(ChildTrends\)](#)

[Protection of Children during the Coronavirus Pandemic](#)

[ACF Update on Policy Due to COVID-19 Pandemic](#)

[Center for Prevention and Early Intervention Policy - Resources for Coping with the Coronavirus](#)

[Centers for Medicare & Medicaid Services - Program Guidance](#)

[Child Welfare Safety Assessment and Planning During COVID-19 and Physical Distancing \(National Council on Crime & Delinquency\)](#)

[Coronavirus- What Child Welfare Systems Need to Think About \(Chronicles of Social Change\)](#)

[How to Protect and Care for Your Family \(HealthyChildren.org\)](#)

[How to Talk to Children About Coronavirus \(COVID-19\) Video \(Child Mind Institute\)](#)

[National Association of Counsel for Children](#)

[Parent/Caregiver Guide to Helping Families Cope with Coronavirus \(NCTSN\)](#)

[Social Work Professional Organization Information](#) (Resources from social work professional organizations to help you navigate social work practice during the COVID-19 pandemic)

[Successful Video Visits With Young Children \(National Council on Crime & Delinquency\)](#)

[Summer Break Spot \(Free Meals for Kids and Teens - Florida\)](#)

[Surviving COVID-19: A #RealCollege Guide for Students \(Hope4College.com, 3/23/20\)](#)

[Youth Law Center - COVID19 Updates](#)

[Tips for Families: Coronavirus \(Zero to Three\)](#)

General Precautions and Health Safety

[CDC’s Recommendations for Implementation of Mitigation Strategies for Florida](#)

[Cleaning and Disinfecting Recommendations \(CDC\)](#)

[Guidelines for Preparing Workplaces for COVID-19 \(OSHA.gov\)](#)

[Joint Commission Statement on Use of Face Masks Brought From Home \(Jointcommission.org\)](#)

[Keeping the Workplace Safe \(CDC\)](#)

[Tip Sheet: Working From Home](#)

[Tip Sheet for Child Welfare Workers: Helping Parents, Caregivers and Children during COVID-19](#)

Resources and Activities for Children & Families at Home

[Guide to Staying Virtually Connected During COVID-19](#)

[Educational Resources for Children at Home due to COVID-19](#)

[250+ Creative Ways to Keep Children Busy During the COVID-19 Crisis](#)

[Simple Activities for Children and Adolescents \(NCTSN\)](#)

[List of Florida School Districts and Links to their website](#)

Archival Study References

- American Academy of Pediatrics (2021) Guidance for Children and Families Involved with the Child Welfare System During the COVID-19 Pandemic. Retrieved from <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/guidance-for-children-and-families-involved-with-the-child-welfare-system-during-the-covid-19-pandemic/>
- Centers for Disease Control and Prevention (March, 2021) People with Certain Medical Conditions. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>
- Child Focus (2020) Supporting Families to Prevent Child Abuse and Neglect During the Covid-19 Pandemic. Retrieved from https://static1.squarespace.com/static/5c3e3494e2ccd19ef929d5f7/t/5eb59f7693ad1a19c28443ad/1588961143704/CA_N-COVID-19Brief_April+2020_final.pdf
- Child Welfare Information Gateway (2020) Tips for Supporting Virtual Family Time. Retrieved from <https://www.childwelfare.gov/pubs/bulletins-familytime/>
- Know & Tell (2021) During elearning and Video Communication 5 Warning Signs that a Child Needs your Help. Retrieved from <https://knowandtell.org/wp-content/uploads/2020/05/elearning-5-warning-signs.pdf>
- Quality Improvement Center for Workforce Development (April, 2020) Supervising Child Welfare Professionals Virtually during a Pandemic. Retrieved from <https://www.qic-wd.org/blog/supervising-child-welfare-professionals-virtually-during-pandemic>