



COVID-19's Impact on Child Welfare

Last Updated: March 28, 2020

Our Goal

Adolescent Health Working Group has developed a list of best practices and recommendations for nonprofits and public agencies to maintain the health/safety of youth in foster care during this pandemic. We will continue to coordinate with stakeholders (youths, parents, foster and adoptive parents, caseworkers, youth advocates, judges, and others) to fine-tune recommendations.

Broad Effects of COVID-19

On March 19, the governor of California ordered a statewide shelter in place. New York state followed a day later. In California, 99% of K-12 schools, as well as colleges and universities, have shut down temporarily or have moved instruction online. Schools are to remain closed until May 1. Many young people do not have homes to return to. The working poor are struggling to find childcare. Child welfare providers scramble to maintain services amidst the slowdown of courts and nonprofits temporarily halting programs/services. Foster youth continue to require acute care related to trauma and abuse, and many parents require ongoing treatment for substance use and mental health.

Summary of Recommendations

Child welfare programs must continue to provide essential services during a pandemic. Organizations and agencies will need to actively communicate with their staff as new updates develop around public health and safety, but also relay updates about services to partners and clients. While all stakeholders should continue to assess each individual's comfort level in carrying out essential duties, organizations and agencies must come up with plans to keep their services running to serve vulnerable youth.

AHWG has developed these community guidelines as a living document. While working with our partners, we will continue to review, modify, and adopt new ideas. Below is a summary.

- Prioritize digital services and bolster access.
- Maintain provider and client interface (whether digitally or in-person).
- Offer immediate training and guidance to staff to minimize health risks.
- When possible, reduce the caseload of providers in order to maximize efforts to maintain minimum care for clients.
- Minimum care should be determined on a case-by-case basis. Services will need to be customized.
- Maintain social distancing as set by health experts.

- Reroute non-essential community funding to address the immediate needs of foster youth and their caregivers.
- Collaborate with the judiciary, nonprofits, colleges, foster parents, and other providers to create a systems-linked safety net.
- Explore local mutual aid models.

How You Can Help

Your support can make a profound difference in this work. Below are several ways that you can contribute to this work:

- Do you have recommendations for the guidelines? Let us know! Please contact Adam Chang by emailing adam@ahwg.org.
- Share this with local nonprofits and agencies that work with you.
- Let us know if we can support your work. If you want to partner with AHWG on addressing the needs of your community, please email Adam Chang by emailing adam@ahwg.org.
- [Join our email list to keep up to date with our work on this project.](#)

Why This Work Is Needed

Strategies of the Federal Government to combat COVID-19 continue to clash with the efforts of counties and states, where many face difficult decisions with minimal guidance. Many states have implemented strategies to limit community spread of COVID-19. However, these broad protocols to shelter in place have had significant impacts on foster youth. We are partnering with nonprofits and public agencies to address COVID-19 and ensure the safety of foster youth who face new threats due to this pandemic. At this stage, local governments should review the innovative efforts of other counties and states in order to adopt their own plans. This document invites partners to engage with us to develop community plans of action by creating linkages between local government, nonprofits, families, colleges, school districts, providers, and the judiciary. The plan aims to bolster grassroot-level organizing by providing a roadmap (whereby neighboring counties could explore cohesive planning and collectively apply pressure) to guide state government into new policies that will continue to protect foster youth beyond this pandemic.

Data

In 2017, about [442,995 children were in foster care](#) across the U.S. As of 2018, nearly [60,000 foster youth reside in California](#). The National Youth in Transition Database reports that [27% of 21-year-olds had experienced homelessness within the past two years](#).

- On March 16, [seven Bay Area Counties](#) (San Francisco, Marin, Santa Clara, Santa Cruz, San Mateo, Contra Costa, and Alameda) ordered its residents to shelter in place.
- These seven counties have 4,882 youth in foster care ([2018 data](#)).

Who We Are

Adolescent Health Working Group (AHWG) is a coalition of youth, caregivers, and adolescent providers in the public and private sectors. We seek to increase the capacity of service providers to better support youth ages 12 to 24 by offering providers training opportunities, innovative resources, and direct community engagement. AHWG and its members prioritize the needs of systems-involved youth including those in foster care, juvenile detention, and experiencing homelessness.

Sources and Resources

- March 11 – [What child welfare should consider during Coronavirus](#)
- March 14 – [General issues pertaining to foster youth \(An interview with Congresswoman Karen Bass\)](#)
- March 17 – [A summary of COVID-19 impact on child welfare](#)
- March 18 – [Families First Coronavirus Response Act signed into law](#)
- March 20 – [Identifying problems and solutions for group home settings](#)
- March 21 – [Various state orders to shelter in place](#)
- Ongoing – [List of California K-12 school closures](#)
- Ongoing – [Map of States with Reported Cases](#)