



## Community Guidelines to Strengthen Child Welfare Services During COVID-19

Last Updated: March 28, 2020

Adolescent Health Working Group (AHWG) has developed a list of best practices and recommendations for nonprofits and public agencies to maintain the health/safety of dependent and non-dependent foster youth during this pandemic. We will continue to coordinate with stakeholders (youths, parents, foster and adoptive parents, caseworkers, child advocates, judges, and others) to fine-tune recommendations. [Click here to learn more about this project.](#)

### How You Can Help

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

- Do you have recommendations for the guidelines? Let us know! Please contact Adam Chang by emailing [adam@ahwg.org](mailto: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 on addressing the needs of your community, please email Adam Chang by emailing [adam@ahwg.org](mailto:adam@ahwg.org).
- [Join our email list to keep up to date with our work on this project.](#)

### Priority Needs for Youth in Foster Care

As the estimated number of those infected rises, the child welfare community's priority, working in conjunction with the healthcare sector, must be minimizing the rate of infection to prevent overloading hospitals. to maintain child welfare services. All stakeholders should continue to assess each individual's comfort level in carrying out essential duties. Federal guidelines may continue to develop and take time to reach local communities. The following guidelines aim to develop on-the-ground policies as resources further develop.

#### 1. Setup Videoconferencing

Social workers, CASAs, and other providers must continue to monitor foster youth while taking measures to protect public health. Videoconferencing (e.g. Skype, Facetime, Zoom) should be used by providers and youth for the following:

- Caseworkers to maintain monthly visitation with foster youth.

- CASAs to maintain weekly visits with foster youth. If necessary, and should the CASA volunteer have the capacity, they should increase these visits/calls from once a week to two or three times a week given the lack of an in-person meeting.
- Maintain parent/child and siblings visits via videoconferencing.
- Child and Family Team (CFT) meetings (a meeting for all care providers supporting a foster youth or sibling set in foster care).
- Organizational staff may conduct a health assessment screening over the phone first to determine whether to meet with clients in person.

Continue to explore what other services can be achieved using videoconferencing.

## **2. Address the Digital Divide Facing the Working Poor**

Centers for supervised visits have always served as a physical safe space for foster youth to engage with their families. During this time, centers should be equipped to accommodate virtual visits.

- Centers should set up a laptop with a video camera and equipment should be sanitized after each use.
- Parents who do not have their own equipment must be allowed to visit the center and have the option to video call their children.

If any foster child is in need of technology, iFoster is currently offering free, unlimited high-speed data hotspots, headsets, and laptops to youth ages 13 to 24. Advocates may also seek local funding to provide smartphones to foster youth.

## **3. Coordinate and Maximize Staff Efforts While Social Distancing**

Child welfare programs should avoid closing altogether for any duration of time. Organizations and agencies need to communicate actively and frequently with staff to minimize miscommunication and lack of direction. Pandemics require a degree of social distancing, and will vary depending on how a disease spreads.

- Given CDC information regarding COVID-19, if meeting in person, providers may ask that the amount of people at home or in a given space be minimized.
- [Providers and clients could also meet](#) in the front yard, porch, or driveways if appropriate while maintaining social distancing (including hand washing, avoiding physical contact, the use of masks, minimizing the number of people in a room, and isolating if presenting symptoms).
- Physical touch should be minimized or avoided during in-person meetings.
- Staff will need to be creative and customize case strategies while working remotely.
- Minimizing staff case load should also be prioritized.

## **4. Make Quick and Informed Responses to New Developments**

The child welfare system now operates under unprecedented conditions. Quick decisive measures will save hundreds of lives, but we must remain open to adapting plans based on

community needs and new government orders. As counties and states continue to pilot their own policies, continue to track and adapt various models to minimize fall out from short-term decisions.

## **5. Adapt Substance Use Services**

Parents may be in treatment for opioid and heroin use and receive methadone or other medication to help them recover. We should assume in-person substance use programs are increasingly closing or limited. The following are some suggestions to help adapt substance use services to current conditions:

- Explore solutions for parents to self-medicate remotely.
- Programs and parents that can adapt to a digital presence should do so.
- Frequency of drug testing should be reduced (if appropriate) to lessen the burden on the system.
- Therapists and counselors should apply tele-counseling if possible.

## **6. Manage Foster Placements and Transfers**

Counties should be prepared for an influx of requests for placements and transfers. Measures that can help include:

- A priority status checklist should be developed to determine which requests are directly related to the pandemic (i.e. A person has contracted COVID-19), but should also include requests that arise due to a lack of childcare or youth behavioral needs related to isolation.
- Tele-counseling should be utilized to minimize moving children if possible.
- California has made an exemption for fingerprint and background checks for emergency placements, but families must do a livescan once livescan services are restored and the “stay at home” order is lifted.

## **7. Manage Institutional Group Settings**

Residential settings and group homes where many young people live in relatively close quarters will need to set appropriate quarantine, social distancing, and sanitation protocols.

- With school closures, some communities have redirected afterschool program staff to support group home settings.
- With cuts to programs (mentorship, excursions, spiritual retreats, etc.) and visits, supervisors could set up digital substitutes for exercise and entertainment activities.
- These institutions may adopt internal forms of communication including group videoconferencing, journaling, recorded spoken word, and other activities to maintain positive social distancing.

## **8. Partner with Community-Based Organizations**

Nonprofits are actively working to modify and adapt their programs and services. Many private and government funders are communicating that they are allowing nonprofits to adapt their programs as needed to best serve their communities. Child welfare agencies are encouraged to ask their community partners to consider telecounseling (for therapy sessions), increasing CASA check-ins via video calls, peer video support groups, and other digital programs. Note the following:

- Providers should not feel limited in communicating with one another about client services in fear of violating HIPAA as exceptions are made during a national public health emergency. Review more [here](#).
- Child welfare systems should continue to reach out and coordinate with volunteers (even if it means managing a volunteer to serve as a volunteer coordinator).

## **9. Support Non-Minor Dependent Youth**

For states with non-minor dependent youth, counties must support youth in accessing resources needed to remain housed and fed.

- Some colleges have announced funds to offer support for travel, food, and housing, while other schools are issuing refunds for students. Local government should continue to advocate on behalf of foster youth to secure such funds.
- Other campuses are exploring having students remain in dorms but with modified living arrangements and dining options. Organizations and public agencies should consider partnering to help colleges explore appropriate setup for group living arrangements in dorm settings.
- Some communities have experimented with and are recommending a direct cash assistance program to youth experiencing homelessness (no strings attached). Read more [here](#).

## **10. Minimize Slowdowns in Courts**

Judges should convene with one another to determine which cases to prioritize in their respective courts.

- Consideration should be given to cases in which a settlement has been reached.
- Hearings pertaining to the termination of parental rights and juvenile detention should also be prioritized.
- Allowing lawyers to call in as needed can help minimize delays.

## **11. Address Decline in Foster Parent Wages and Lack of Respite Care**

Funding should be shored to ensure free or very low-cost child care options for parents who need to work and can't take days off. Larger counties may have resource centers committed to coordinating childcare.

## **Preparing for “Quasi-Normal”**

As we respond to the most immediate needs of our community, some capacity should be designated to planning for what is to come. Estimates of sheltering in place range from weeks to many months. Dozens of reports highlight the possibility of drawn out timelines and extensions to existing rules put in place. There will be a period of readjustment and a new “normal” will be established. In looking ahead, we can begin to implement some of the following steps.

### **1. Improving Telepresence Capabilities**

Drawing on lessons-learned with tele-health and tele-counseling, the legal system of courts, lawyers, and community-based organizations should layout guidelines and procedures to ensure that court hearings, and client communication, can proceed without undue delay.

### **2. Examining Organizational Capacity and Infrastructure**

New policies and procedures will need to be developed to consider how existing structural facilities can accommodate the needs of children and families during a pandemic. Staff roles and responsibilities may need to expand to account for working remotely when necessary.

### **3. New Trainings for Providers and Families**

We will learn a lot in the upcoming months. New trainings (based on new implemented policies) will need to be developed and implemented to ensure the safety of foster youth, caregivers, and providers.