

“Essential” services, risk, and child protection in the time of COVID-19: An opportunity to prioritize chronic need

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Abstract

In many North American jurisdictions, socioeconomically vulnerable families are more likely to be involved with child protection systems and experience ongoing challenges. The current public health response to the COVID-19 pandemic is having a disproportionate impact on these families via unemployment, “essential” work, isolation, and closures of childcare and schools, with negative implications for children’s developmental wellbeing. Experts warn that while child protection referrals have gone down, children who are at risk of maltreatment are less exposed to typical reporters (e.g., school professionals). At the same time, physical distancing measures are prompting many human service settings to shift toward virtual intervention with children and families. In this commentary, we suggest that a focus on short-term risk in the response to COVID-19 may obscure support for children’s long-term outcomes. We propose two policy considerations: (1) in the immediate term, that child protection workers be deemed “essential”; and (2) in the longer term, that permanent, universal basic income guarantees be implemented to support a baseline of predictability both in families’ material wellbeing and in fiscal budgets in the case of a future crisis. As we write, it is impossible to predict the longevity of these closures nor the extent of their impact on children and families. However, the present article mirrors commentary following previous crises noting the importance of going beyond immediate

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health risk mitigation to consider wellbeing with regard to children's development and families' socioeconomic needs in the long term.

Keywords

Child protection, chronic need, COVID-19 pandemic, long-term outcomes, poverty

Introduction

The COVID-19 pandemic is forcing policymakers to attend to uncomfortable trade-offs between ensuring physical health and preventing harm related to mitigating viral spread. In child protection systems, physical distancing measures may preclude agency mandates from being actualized. The current focus on immediate risk (e.g., contracting and spreading a potentially deadly virus) rather than long-term risk (e.g., negative developmental outcomes due to children's isolation or family conflict) reflects an ongoing critical conversation within child protection about how systems can and should respond to chronic family needs in a way that acknowledges and favors positive long-term outcomes rather than short-term risk mitigation (Fallon, Trocmé, Filippelli et al., 2017; Loman & Siegel, 2015; Trocmé et al., 2014). A focus on the immediate risk and uncertainty of the COVID-19 virus in many countries may be obfuscating systemic, long-term considerations about how child protection systems may better address family vulnerabilities, particularly related to chronic need, poverty, and ongoing inequities.

Prior to COVID-19, it was well-documented that socioeconomic vulnerability puts children and their families at higher risk of being involved with child protection systems. Poor families already experience an increased risk of involvement with child protection systems in many jurisdictions (e.g., Berger, 2004; Cancian et al., 2010; Drake & Pandey, 1996; Esposito et al., 2014a, 2014b; Rothwell & de Boer, 2014; Sedlak et al., 2010; Séguin et al., 2012; Slack, 2004). While some child protection concerns are "urgent" and require immediate intervention to reduce risk of serious maltreatment, the vast majority of child protection cases tend to relate to chronic, ongoing needs and are coded as forms of neglect (e.g., Trocmé et al., 2014). However, child protection systems are not meaningfully mandated, nor funded, to improve families' financial wellbeing (Carlson, 2017; Hyslop & Keddell, 2018). Child protection cases involving chronic need are more likely to be recurrent (Bae et al., 2007; Esposito et al., 2017; Fallon, Trocmé, Black et al., 2017; Fluke et al., 2008; Loman, 2006; Putnam-Hornstein et al., 2015; Semanchin Jones & Logan-Greene, 2016), leading to accumulated harm (Sheehan, 2019). Chronic neglect in particular—often related to recurring gaps in material needs being met—accounts for a large proportion of child protection cases in many western countries (Australian Institute of Family Studies, 2017; Elkin, 2020; Esposito et al., in press; Semanchin Jones & Logan-Greene, 2016; Trocmé et al., 2014).

The negative impacts of social isolation and financial downturn related to COVID-19 will last a long time, likely affecting children both in the immediate term and into their adulthoods (Alliance for Child Protection in Humanitarian Action, 2020; Sistovaris et al., 2020; Yoshikawa et al., 2020). Economists speculate that the financial impact of the COVID-19 will be long-lasting, leaving higher levels of poverty and unemployment for some time (Bickis, 2020). In broad strokes, children living in poverty are more likely to experience a number of challenges to their long-term physical, mental, and financial wellbeing (Alkire et al., 2017; Berger & Houle, 2016; Blair & Raver, 2012; Chaudry & Wimer, 2016; Choi et al., 2019; Hughes & Tucker, 2018; Kwon et al.,

2017; Magnuson, 2014; Shonkoff et al., 2012; Strohschein & Gauthier, 2017). Substantial emergency income support through programs such as the Canadian Emergency Response Benefit (CERB) represents an effort to explicitly address financial risks resulting from the COVID-19 pandemic response. Income supports may mitigate certain family stresses and prevent socioeconomic vulnerabilities from exacerbating child maltreatment risk (e.g., Garbarino, 1980) compared with other jurisdictions which have implemented different, more restricted income supports. A recent U.S. review found that an initial decline in poverty following the pandemic-driven shutdowns was explained entirely through emergency government assistance including expanded unemployment benefits (Han et al., 2020). Where they exist, increases in cash benefits represent a short-term fix, and analyses show that without these cash transfers, poverty levels will quickly increase again, particularly because unemployment rates will persist (Parolin et al., 2020).

Determining which services are “essential”

In the absence of clear information on the health risks of COVID-19, virtually every sector of the economy and government services has adapted the ways people can interact within their setting. A designation of “essential” services has determined who will continue with in-person operations depending on how fundamental a function is deemed to be to the population’s wellbeing. To take one example, in Canada the government designation of “essential” services is given to certain domains such as grocery stores, hospitals, pharmacies, and the postal service whose physical operations are considered “essential to the health, safety, security or economic well-being of Canadians” (Government of Canada, 2020b). This has created a contrast with other domains that can either continue to operate almost entirely online or are not necessary for ensuring public health (or both). While attention to non-COVID-19 health concerns have been deferred or delayed to some degree (e.g., vaccinations; Bharti, 2020), many health services have remained “essential,” meaning that they continue to operate with basic physical distancing and sanitizing precautions. For example, in-home health visits continue when supportive services are deemed essential to physical health, despite the risk of COVID-19 exposure for clients, workers, and their families (Choi, 2020; Circle of Care, 2020; Mahajan et al., 2020; The Lancet, 2020). Conversely, non-“essential” domains shifted—to the extent possible—to reduced, distanced, or virtual operations, all with the singular goal of reducing human physical contact to mitigate risk of possible harm caused by the virus. Low-income families have experienced both loss of employment due to the economic shutdown and continued work for those in the “essential” services sectors at higher levels than the general population, putting these families at greater financial or health risk (Alliance for Child Protection in Humanitarian Action, 2020; Sistovaris et al., 2020).

Government responses to mitigate the potentially disastrous impact of COVID-19 on healthcare systems (e.g., through physical distancing, temporary shut-down of in-person operations) have also created and exacerbated financial, non-COVID-19 health, and mental health precarity for families with children. The shut-downs and stay-at-home orders aiming to curb the viral spread of COVID-19 are shifting families’ routines, incomes, social connections, and access to schools, supports, and services in many ways. Myriad resulting risks to children are identified in recent calls for child protection systems to respond intentionally to the pandemic (e.g., Kelly & Hansel, 2020). The risks of these shifts are disproportionately experienced by families in financial precarity. School closures are more severe for families who may not have the hardware, software, and Wi-Fi access to connect virtually to online learning and for single-parents working inside or outside the home who can’t easily homeschool (e.g., Armitage & Nellums, 2020; Griffith, 2020; Viner et al., 2020),

creating greater educational inequities for low income children. Economic stress can combine with self-isolation and other negative impacts of the pandemic shutdown (e.g., increased substance use) to create a “perfect storm” for family violence to increase (Usher et al., 2020, p. 2). There have been more calls to family violence hotlines since the pandemic began across many jurisdictions (Bosman, 2020; Campbell, 2020). Further, in the current economic climate, partners who experience violence are less likely to have the financial resources to leave a vulnerable situation (Evans et al., 2020). Loss of income for those already living on low wages has increased food insecurity, evidenced by higher demand for support from food banks (e.g., Britneff, 2020). A prior study found that families with low incomes were more likely to have an adult in the household facing a health problem (Neckerman et al., 2016), which may also explain, in part, why COVID-19 deaths may be skewed toward poorer populations (Finch & Finch, 2020), in addition to risk of more frequent exposure to the virus in higher volumes in essential jobs (Garfield et al., 2020). Many are cautioning that all of these abrupt shifts for families are increasing stress and household conflict, exacerbating mental health challenges, and increasing unhealthy reliance on substances—ultimately putting children in more precarious situations with more potential negative impacts in the long-term (Child Welfare League of Canada [CWLC], 2020; Duan et al., 2020; Lawson et al., 2020; Presse Canadienne, 2020).

Children’s immediate and future mental health and development in particular are at risk in this context. The abrupt loss of connections (to school, recreational activities, family, friends, services, culture) may impact children’s social and emotional development and lead to longer maladaptive behavioral and coping mechanisms in the long-term (CWLC, 2020; Singh et al., 2020; Sistovaris et al., 2020). School closures in particular may be detrimental for children who were already behind their peers in school, in terms of both educational trajectories and mental health outcomes (SickKids, 2020). A recent comparative study of Finland (which closed schools) and Sweden (which did not) found no detectable reduction in transmission rates due to closing schools (Public Health Agency of Sweden, 2020). In a recent review of pandemic and mental health literature, Fegert and colleagues (2020) proposed that different phases of the COVID-19 pandemic (preparation phase, top of the curve, and “return to normal”) would have negative effects on child and adolescent mental health, including anxiety, depression, fear, and PTSD, both in the immediate and long-term. Several authors have recently flagged the risk of COVID-19 measures hastening build-up of adverse childhood experiences (Bryce, 2020), and having potentially traumatic effects for many children and their families (Collin-Vézina et al., 2020). Prolonged exposure to increased stress, violence, and other sources of trauma in childhood are shown to have significant compounding long-term negative impacts on adults’ physical health, mental health and addictions, and employment and other financial outcomes (e.g., Herzog & Schmahl, 2018; Hillis et al., 2017; Monnat & Chandler, 2015). The mental health challenges and financial impacts will be felt for poorer families long after establishments have re-opened and many have returned to work (Bickis, 2020), prompting us to consider the ways in which child protection systems may better respond to the needs of children and families experiencing these inequities both now and in the future.

The way the pandemic will impact child protection systems is not yet fully clear, and may not be for some time. While calls to child protection systems went down in the initial months of the pandemic (e.g., Jonson-Reid et al., 2020; Robson, 2020), the risk of abuse, neglect, and sexual exploitation may have increased (Campbell, 2020; Klein, 2020; Lawson et al., 2020; Rosenthal et al., 2020; Teo & Griffiths, 2020; UNICEF, 2020) but not necessarily be reported due to families’ decreased interaction with potential reporters, such as teachers and other school professionals who

are typically a substantial source of referrals to child protection systems (e.g., Joh-Carnella et al., 2020; Public Health Agency of Canada, 2010). In particular, many child protection researchers and practitioners worry about the compounding impacts of shut-down measures on families who were already in vulnerable economic situations before the pandemic began (Alliance for Child Protection in Humanitarian Action, 2020; CWLC, 2020; Sistovaris et al., 2020). In order to mitigate the risk of viral spread, many social and family support services that serve vulnerable families temporarily shifted certain services to online or phone-based client interactions only (CWLC, 2020), meaning there is potentially a widening gap between the reality of struggling families and the service providers' awareness of the specific challenges families are facing. Typically the connections families have serve as points of protection for family wellbeing, whether filling childcare gaps, lending an extra hand, or simply providing social support—and they also often function to flag child protection concerns. For families who are already involved with child protection systems, family separation may be prolonged (Alliance for Child Protection in Humanitarian Action, 2020; Fadel, 2020), services may be disrupted or suspended (CWLC, 2020; UNICEF, 2020), and youth transitioning out of care will struggle to become economically independent and socially supported in jurisdictions that have not paused the “aging out of care” transition (Treleaven, 2020; Ward, 2020; Zussman, 2020). For children in transracial foster settings, prolonged distance from culture or language could be detrimental (CWLC, 2020).

Child protection and essential functioning during COVID-19

While “virtual” intervention may be better than no intervention at all, the nature of child protection and social work in general may not accommodate virtual assessment and ongoing work with children and families. The degree to which varying settings can successfully accommodate going virtual depends on the nature of the activities carried out during non-pandemic times. For example, banks continue to function but some have decreased their opening hours and in-person services. In some cases, business has gone on as usual, albeit in a contracted fashion for some (e.g., restaurants who expanded their take-out or delivery services, and/or continue to operate at reduced capacity) and in innovative and lucrative ways for others (e.g., online communication platforms such as Zoom). However, for child protection and other human service domains, distancing measures may mean it is difficult to carry out mandated functions. This is particularly problematic for providing service to families who don't have the means to be connected virtually through a webcam and high speed internet (Armitage & Nellums, 2020), which is more likely for rural families (Dane et al., 2013; Eurostat, 2020; Government of Canada, 2020a). In child protection settings—and broadly any social services domain—arguably the operational activities necessitate human proximity. “Social work” is by definition an interactive vocation; child protection workers often travel to meet families in homes or elsewhere in families' environment in order to carry out their work (e.g., Disney et al., 2019; Jeyasingham, 2018). A recent study of child protection workers' geographical movements and perception of their cases found that some workers felt more emotionally distanced from families when they were physically further away from them (Disney et al., 2019), suggesting worrisome practice implications when workers are distanced to mitigate COVID-19 risk. In-person and in-home visits are demonstrated to allow for much more complex practice with families (e.g., Ferguson, 2016; Winter & Cree, 2015), while phone calls can make it more difficult to develop rapport and deescalate tense interactions (Hanna, 2008). However, virtual meetings can make it possible to “see” families who wouldn't be able to access services otherwise, and may allow for

longer visits due to minimal or zero travel time (this is documented in other domains, but not to our knowledge in child protection literature; see for example: Gaulton et al., 2020).

The current pandemic-driven trade-off seems to prioritize acute physical health risks rather than long-term implications for child well-being. Continued services to individuals with serious immediate physical health risks is deemed more important than the risk of viral transmission and necessary precautions are taken: where there is a serious physical health concern, workers are expected to provide in-person services because the nature of the work demands it. In cases where child protection work is shifted to be done remotely, it seems that a different risk calculation has been made; the assumption is that the work can still be done while assuring physical health of clients and workers. The COVID-19 pandemic has illustrated the shortcomings of relying on a risk model of family intervention: when risk is narrowly understood, other potential harm goes unacknowledged and cannot be addressed in practice. While suspension of certain in-person child and family services may well limit the spread of COVID-19 in the short-term, the reduction of services combined with exacerbated long-term financial and mental health harms may counteract these benefits many times over.

Chronic need is being created or exacerbated for many families, the long-term outcomes of which seem not to be included in the current risk calculation. If the goal of suspending or limiting in-person child protection visits is to reduce the risk of viral transmission, this effort may be succeeding. However, examining risk of harm from a child protection perspective arguably requires logic based on a timescale that considers long-term developmental outcomes. While mental health challenges and longer term negative outcomes may not always present immediate health risks, they can be deadly too. The current situation illustrates the broad spectrum of ways family wellbeing can be impacted, as well as the limited mandate of child protection systems, whether during a global pandemic or not.

Notions of “risk” and protection have been a subject of debate in child protection, at the crux of which is the question of how child protection systems can adequately respond to chronic family needs and challenges when its mandate and funding are nominally limited to addressing urgent safety concerns for children (Connolly, 2017; Masson & Parton, 2020; Parton, 2017). An increasing shift toward risk assessment, risk mitigation, and liability has, as some argue, created a too-narrow focus on child protection that overemphasizes negative elements of immediate family situations (e.g., Masson & Parton, 2020; Parton, 2017) and obfuscates ongoing socioeconomic vulnerability. The general aim of risk assessment in child protection approaches is to assess the possibilities of future harm to better inform current action to protect children (Baird & Wagner, 2000; Wald & Woolverton, 1990). However, in the current moment, in which COVID-19 risk mitigation is the norm and long-term economic and health outcomes are deprioritized, child protection risks are exacerbated, illustrating the limits of child protection systems to address complex, long-term vulnerabilities.

Long-term outcomes: Balancing immediate risk and chronic need

This is an opportune moment for further reflection on how long-term child and family wellbeing can be supported through various formal and informal supports, and the role of child protection systems as an exceptional intervention in families’ lives when all other attempts at mitigating risk are exhausted. Which risks are given attention in the public sphere and prioritized through public guidance or legal mandate should be more thoughtfully debated with attention to the long-term outcomes for children.

In the immediate term, workers in child protection and other family support services should be considered “essential.” Extending this designation to child and family services should be seriously considered because the risks of not doing so may be grievous (CWLC, 2020). Recognizing child protection systems as “essential,” without exception, would help “maximiz[e] connection” whether through in-person visits and meetings in homes or offices, and through skype and phone contact only when needed (CWLC, 2020, p. 3). In some jurisdictions it may enable access to temporary funding to ensure essential services can continue with COVID-19 accommodations.

There are tangible considerations for how child protection practice might have to compromise or be creative in order to operate within the context of the pandemic, which may continue for some time. The thoughtful consideration given to how health professionals should continue their work given the risks of COVID-19 should also be extended to child protection workers. To the extent that budgets allow, workers must be given adequate medical grade personal protective equipment (PPE), training on using PPE and avoiding cross-contamination, and be compensated to recognize the increased risk to their physical and mental health. Recognition of the risks to workers’ children and other family members should also be acknowledged (Mahajan et al., 2020). However, even if workers are ready and willing to see clients in person, challenges will persist: families may only be able to travel to an office on public transit, putting themselves at physical risk, which may also increase their stress. Similarly, even if a worker has a car and PPE, going inside a family’s home is still risky and a face mask can limit the quality of interaction by obscuring facial expressions and muffling speech. Meeting outside lowers physical risk, but is weather-contingent, is not confidential, and makes difficult other aspects of home-based interventions such as evaluation of the safety in a family’s residential environment. If a family is in quarantine due to exposure to the virus, other considerations must be made beyond the physical health concerns: when there is known family violence and a family is under quarantine, thoughtful clinical decision making by child protection workers is critical.

There are valuable lessons to be learned from health care settings in the beginning of the pandemic to increase safety for child protection workers and clients alike, such as creative use of technology when necessary, the utility of respite for workers, and contingency planning within service delivery systems (Gonzalez et al., 2020; Keesara et al., 2020; Timmis & Brüssow, 2020). As with medical professionals, the possibility that child protection workers become vectors should be seen as less risky than not continuing to see clients, however possible. The potential long-term harm resulting from suspended services in the short term must be part of the calculation of child protection policymakers, managers, and workers themselves.

While in-person and in-home supports for children and families should resume as soon as possible to enable better assessment and support for families, this will be inadequate to address the chronic socioeconomic vulnerabilities putting families at risk, much of which has been exacerbated by COVID-19. In the longer term, child wellbeing and protection policy ought to acknowledge the role of poverty and chronic need: supportive, preventative services must be prioritized. Recent calls for practice to incorporate a poverty-informed lens into assessment and intervention models (e.g., Semanchin Jones & Logan-Greene, 2016) have warned of the accumulated risk of harm when involvement with child protection systems is chronic. Case planning with families in situations of poverty may also benefit from more appropriate services to address their particular needs (e.g., Loman, 2006). For example, differential response models offer a more flexible practice approach depending on family needs and are unsurprisingly shown to attend well to situations of poverty and gaps in material wellbeing (Delaye & Sinha, 2017; Fluke et al., 2019;

Loman, 2006; Loman & Siegel, 2012). Both now and going forward, we urge child protection systems to consider how risk and chronic need are being considered and integrated into decision making during assessment, case planning, intervention, and case closure, and to question how well this can be done “virtually” without proximity to families and their environments.

Beyond these practice solutions, however, permanent universal poverty alleviation policies are needed to ensure child protection intervention is both less necessary and more effective when it happens. When all other attempts to improve family well-being have been exhausted—including income supports, in-person family support, and mental health services—child protection intervention can be more focused and responsive to particular concerns, and hopefully will be less needed when the next crisis comes. Renewed calls for a permanent universal basic income guarantee have come due to the clear widespread economic precarity most recently illustrated through the COVID-19 pandemic shut-downs (e.g., Arnold, 2020; Canadian Association of Social Workers [CASW], 2020). Extending programs such as the CERB in Canada to become universal in its eligibility and non-contingent upon extenuating circumstances such as a pandemic would provide a baseline of stability for all. The benefits resulting from such a shift are difficult to predict, but would likely be desirable for both clinical and fiscal reasons. A guaranteed universal income scheme has been endorsed by social workers themselves (e.g., CASW, 2020; Hamilton & Martin-West, 2019; Hyslop & Keddell, 2018; Kennelly, 2017; McCartan et al., 2018) as a first line of prevention for families who so often end up in child protection systems as a result, at least in part, of poverty and precarity, and stress that comes with it. This, in turn, could reduce the number of families for whom the main driver to become involved with child protection systems is poverty, enabling services to be more effective for those who come in contact with the system for other reasons. Wiederspan et al. (2017) illustrated how a negative income tax could cost less than current social welfare schemes, which are not universal, require invasive surveillance of families, and are administratively costly. Such schemes would need to be implemented in such a way that frequent (biweekly or monthly) disbursements were made, filling in gaps upon a sudden shock to the economy, allowing families to cover ongoing rent, food, and other basic costs. A universal income guarantee has the additional benefit for policymakers of being a more predictable, built-in feature of the budget, both allowing for longer term planning and mitigation of the risk of future pandemics or other crises that threaten to exacerbate family precarity.

Conclusion

Previous research suggests taking a wide view on how crises can impact children. A recent study looking at long-term impacts on children in poverty in the wake of natural disasters found that they impacted children both directly (e.g., homelessness due to an earthquake or flood), and indirectly (e.g., via a reduction in resources and services supportive to their wellbeing) in lingering ways (Diwakar et al., 2019). The authors of this study recommended poverty alleviation and other “risk-informed” policies supportive of ongoing child developmental well-being even while crises continue (Diwakar et al., 2019, p. 1). Literature on the impacts of previous pandemics and other widely felt financial shocks undergird the current speculation that there will be long-term consequences for those most dramatically impacted now. Recent pandemics less widespread than COVID-19 are shown to have increased mental health struggles in both children and parents (Murray, 2009; Sprang & Silman, 2013; Stevenson et al., 2009). Atkins and Frazier (2011) lamented a lack of attention to mental health in the public health response to limit the spread of the H1N1 virus, and recommended a multilevel approach including social determinants of mental health going beyond

adapted psychotherapy or clinical models to incorporate socioeconomic factors. Based on a study following the Great Depression, which found that macroeconomic factors such as unemployment rates had a stronger relationship to harsh parenting than did individual family situations (Lee et al., 2013), Fegert and colleagues (2020) propose that lasting negative impacts of the COVID-19 pandemic response for children could be much the same, with the lingering economic downturn impacting children negatively even as individual families get back on their feet.

As we write it is October 2020 and it is unclear how long virus-mitigation strategies will continue, nor how they will evolve over time with the pandemic. So far, however, they are reifying certain challenges already evident in child protection: that chronic need is present in an overwhelming portion of child protection-involved families, and that risk is often too narrowly conceived. The current narrow conceptualization of risk prioritizes physical and public health concerns over long term financial and mental health outcomes, paralleling an ongoing critique of child protection responses being inadequate to address chronic gaps in families' socioeconomic needs (e.g., Gupta, 2017; Hyslop & Keddell, 2018; Mason, 2019; McCartan et al., 2018; Saar-Heiman & Gupta, 2019).

We hope that the current situation can catalyze a shift in the logic of child protection such that (1) universal income supports can address chronic material need; and (2) risk calculations considering child well-being are attuned to long-term outcomes. It seems clear to us that without a shift in policy integrating children's long-term developmental wellbeing into risk calculations, there will be financial and mental health gaps that are detrimental to children's development now and into adulthood, potentially overwhelming social service provider capacity in perpetuity. For budget-conscious policy makers, acting now to mitigate long-term demand for services through universal income support seems prudent. The risk of not addressing these structural challenges is higher than we might realize: without a more concerted upstream policy effort to address material needs, future crises will put vulnerable families at the highest immediate and long-term risk, and child protection systems will continue to be ill-equipped to respond.

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