

Child Welfare Pandemics and Literature Scan: Report Summary

This document provides a summary of the *Child Welfare Pandemics and Literature Scan* recently published by the Fraser Mustard Institute for Human Development in the context of the unfolding global COVID-19 pandemic. The text summarized herein has been pulled directly from the referenced report, a full copy of which is accessible at: <https://t.co/zcxf5hDe7X?amp=1>.

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Summary:

This literature scan identifies and synthesizes existing literature examining the effects of pandemics and the identification of policy solutions to mitigate their effects on children in the care of Canada's child welfare system. Compared to other developed countries, Canada has an exceptionally high rate of children in care. Pandemics can significantly limit the capacity of public agencies to operate and provide services and supports to populations during a period of heightened demand and uncertainty. It is especially important for child welfare agencies responsible for vulnerable populations such as abused and neglected children to ensure continuity of care during this period.

Given the dynamic nature of the current COVID-19 pandemic, it is difficult to provide a clear picture of how COVID-19 is affecting child welfare systems' ability to function. However, early feedback from key stakeholders [in the United States]—children, youth, parents, foster and adoptive parents, caseworkers, probation officers, judges and others—suggests system resources and capacity are under considerable pressure as agencies and child protection workers struggle to provide services and supports to clients.

A scan of existing literature reveals that children in care are at a heightened risk of harm from not only the current COVID-19 pandemic, but in many cases, from government policies being implemented to contain the epidemic. This includes increased risks of: physical and emotional maltreatment; Gender-Based Violence; mental health and psychosocial distress; engagement in exploitative labour; separation from caregivers; and social exclusion.

In their analysis of the current COVID-19 pandemic, UNICEF has identified three main potential secondary impacts on children and their caregivers in term of child protection: neglect and lack of parental care; mental health and psychosocial distress; and increased exposure to violence, including sexual violence, physical and emotional abuse. "Children with disabilities, marginalized children and other vulnerable groups are at higher risk of these secondary impacts."

What actions and measures must be taken to mitigate adverse impacts of epidemics and ensure continued protection of children during epidemics? Child welfare systems and agencies require policy makers to formulate, articulate and implement child protection strategies that:

- **Allow for and encourage increased coordination across all sectors that involve children in care:** Increased collaboration and coordination across all sectors is necessary to address and mitigate the harm and risk of COVID-19. This includes sectors

responsible for: education; livelihoods; food security; education; health; nutrition, water, sanitation and hygiene; and shelter. Multi-sectoral interventions should emphasize: “[s]tandard procedures for documenting and referring children's cases that may need follow-up; [c]lear protocols to prevent/reduce...child protection risks; [r]educe stigma and social exclusion that may result from the disease; and [c]lear, coordinated, child-friendly community messaging on children's unique risks and vulnerabilities related to the outbreak.

- **Build on the strengths and positive coping mechanisms of communities, families, caregivers and children:** To protect children during the current COVID-19 pandemic, it is essential that, in addition to mitigating risks, child welfare practitioners “build on the strengths and positive coping mechanisms of communities, families, caregivers and children.” This involves the development of child protection strategies focused on: individual and group activities for child well-being; strengthening family and caregiving environments; community-level approaches; case management; and alternative care.
- **Address the challenges of highly vulnerable populations such as youth in residential care:** Youth living in residential facilities are at a heightened risk of infection with viruses that are easily transmitted such as COVID-19 because of communal living arrangements, a situation which is even more dire for children and youth with pre-existing health conditions... It is critical that “[s]ystems and agencies that operate these facilities...have plans in advance for dealing with the need to quarantine youth or staff; be prepared for large relocation of children; and have agreed-upon medical centers to take children to in an emergency situation.
- **Provide for the required resources and supports to function not only during an epidemic but also in pre- and post-pandemic environments:** Child welfare systems need the capacity and resources to: respond to increased demands for supports and services; minimize the effects on vulnerable populations; and ensure continuity of care. This requires:

The formulation and articulation of a pandemic plan **before** a pandemic begins to unfold, i.e. how agencies will:

- identify, locate, and continue the availability of services for children under care or supervision who are displaced or adversely affected;
- respond to new child welfare cases and provide services;
- remain in communication with caseworkers and other essential personnel;
- preserve essential program records;
- coordinate services and share information with other levels of government.

Effective implementation of the plan **during** a pandemic:

- Good management of resources, essential functions and assigned roles;
- Coordination with key partners;
- Communication of vital information;
- Access to critical information systems by staff.

An evaluation of the plan **after** the pandemic.