

# Child Welfare During the COVID-19 Emergency

By Vivian James, Bryon C. Noon, Ed.D., Sara Spitella and Kevin Zacks The Children's Bureau modified its policy¹ recently on completing monthly home visits—to permit such visits to be conducted by video conferencing while state and local governments are limiting person-to-person contact during these extraordinary COVID-19 pandemic circumstances. However, caseworkers must still closely assess a child's safety at each video conference. Agencies should consider necessary plans of action, such as an inperson home visit, for when a caseworker is unable to reach a child via video conference, or if the video conference raises a concern about the child's safety or well-being.

As the COVID-19 pandemic is a new emergency, there is no direct experience with best practices, but guidance is provided here about how caseworkers can determine when inperson home visits are appropriate and how to stay safe when making those visits. This guidance also includes how caseworkers should proceed when their agency is allowing face-to-face home visits without in-person contact. This is followed by best practices for completing video conference home visits and family team meetings with children, parents, resource parents, service providers and relevant collaterals, when appropriate.

#### When In-Person Visits are Recommended

#### **Case Considerations**

There are some circumstances in which an in-person visit may not be appropriate to waive. Generally, when there is concern for the safety of a child or a child is at imminent risk of harm, an in-person visit is recommended to assess the situation. Other case circumstances may offer more flexibility. The following case circumstances should be considered when determining the necessity of an in-person visit—to address a child's safety, permanency, and well-being:

## More likely to Require an In-Person Visit

- Investigation
- Newly-opened case
- In-home protective services case
- Child at home or placed with a relative
- · Placement recently licensed
- New placement for child
- · Safety concerns identified
- Child unable to contact the agency on their own

#### Less Likely to Require an In-Person Visit

- Open case
- · Case has been open for a while
- Foster care case
- Child placed in a licensed foster home or facility
- · Placement has been licensed for a while
- · Same placement for a while
- No safety concerns
- Child is able to contact the agency on their own

https://www.acf.hhs.gov/sites/default/files/cb/new\_guidance\_videoconferencing.pdf

#### **Worker Safety**

When an in-person visit is required to ensure the safety of a child, caseworkers should be mindful of their own safety as well. Each caseworker should be provided with personal protective equipment (PPE), if available. Instructions for how to properly use PPE are available from the Centers for Disease Control and Prevention (CDC) website. Caseworkers should follow the CDC guidance<sup>3</sup> on how to protect themselves or follow their state health agency recommendations.

## **Screening**

### **Screening Questionnaire**

- 1. Is anyone in the household currently sick (fever over 100.4, cough, trouble breathing, sore throat, etc.)?
- 2. Has anyone in the household been in close contact with any person known to have COVID-19 or is under evaluation for COVID-19?
- 3. Has anyone in the household traveled in the last 14 days to a high-risk area for COVID-19 (including any international travel or travel to U.S. communities with community transmission)?
- 4. Does anyone in the family have an underlying health condition?

Caseworkers can assess the risk of exposure to COVID-19 with a brief screening questionnaire before entering a home. One example comes from the Nebraska Department of Health and Human Services. 4

The agency will need to determine which protocol to follow if there is a positive response to one of the screening questions. One possibility is for the caseworker to meet with the child(ren) and other family members at the doorway or outdoors, maintaining a six-foot distance. Another possibility is for the caseworker to contact their supervisor or other appropriate agency staff to obtain approval to waive the in-person visit requirement for some or all of the family members.

#### Communication

Communication is key to ensuring that stakeholders understand how agency policy changes during an emergency—including waiving in-person visits—affect them. It is vital to communicate policy and agency protocol changes related to face-to-face visits without in-person contact to children, parents and foster parents. The communication should include the visit method (online teleconferencing or smartphone application) and instructions on how it will be used. The agency also needs to determine how to complete visits when case participants do not have access to the Internet or a smartphone.

## **Video Conferencing Home Visits**

Completing home visits with children, parents, foster parents, and other caregivers using video conferencing presents both opportunities and challenges. Caseworkers must engage case participants; assess children's safety and risk; assess family needs and strengths; and discuss case issues and progress just as they would during an in-person visit. This section highlights some of the differences that caseworkers are likely to encounter and offers strategies for completing quality face-to-face visits without in-person contact using video conferencing.

<sup>&</sup>lt;sup>2</sup> https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html

<sup>4</sup> http://dhhs.ne.gov/Documents/COVID-19%20Guidance%20on%20Child%20Visits.pdf

#### **Challenges**

- Limited visual field in video conferencing. Caseworkers will have to rely on a parent or older child(ren) to move the video device (e.g., camera, webcam, or phone) around to show the various areas of interest in the home. Caseworkers should consider the circumstances of the case and plan ahead for which areas of the home they will need to see.
- Observing children and families. Older children should be able to manipulate the video
  device themselves while an adult should use the video device to show the caseworker that
  younger children are healthy. The caseworker will need to depend more on verbal cues to
  determine how well family members are interacting with one another and listen closely for
  any sounds that are concerning.
- **Disrupted connection.** Caseworkers should initiate all video conferences (i.e., contact the case participant) and inform case participants that the caseworker will initiate the reconnection if the video conference is disconnected for any reason. A script can be developed that caseworkers can read at the start of each video conference that includes how connection disruptions will be handled and any information the agency determines is necessary to communicate.
- Managing emotions. Caseworkers should prepare in advance to address fear reactions to the COVID-19 pandemic with facts, sources of reliable information, and strategies that will keep children and families safe.

#### **Opportunities**

- Reaching vulnerable populations. Families involved with the agency may be struggling
  to access food and supplies or may need information to keep children safe and healthy.
  Caseworkers can connect families to community organizations providing services,
  including meals and mental health hotlines, and provide information on coping with the
  pandemic and responses related to it.
- Reduced travel. Less travel may allow caseworkers to focus on the quality of their interactions with case participants. Caseworkers can follow a checklist they prepared ahead of time or use one such as the Quality Contact Casework Activities Worksheet developed by the Capacity Building Center for States<sup>5</sup> to ensure the video conference visit is of high quality and that all case issues, participant concerns, and next steps have been covered.
- **Video conferencing.** Video conferencing can be used to facilitate meetings of all kinds where meeting participants are not all present in the same room, including Family Team Meetings.

## Best Practices for Technology-Supported, Face-to-Face Visits and Family Team Meetings

The video conferencing guidelines below apply to all meetings, including face-to-face visits without in-person contact (e.g., a meeting between a caseworker and a single case participant or family), or a family team meeting that includes multiple case participants (e.g., caseworker, parent, extended relatives, resource family, and service providers), and relevant collaterals. Best practices are provided to highlight differences between video conferencing and traditional in-person meetings, and to help caseworkers lead technology-supported meetings successfully.

#### **Before the Meeting**

- **Determine case participant capability**. Caseworkers should explore the following questions to identify case participants who are able to participate in a video conference:
  - 1. Does the case participant have access to an internet-enabled device (cell phone, tablet, or computer)?

https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/114636.pdf?r=1&rpp=10&upp=0&w=+NA TIVE%28%27recno%3D114636%27%29&m=1

- 2. Can "apps" be installed on the device, and does the case participant have the technical skills to install and use a new app?
- 3. Does the device have a front-facing camera?
- 4. Does the app require the user to create an account, and has the case participant
- 5. Once they have created an account for the app, does the case participant have an email address or phone number to use to receive a link (via email or text) to join the video conference?
- Schedule the meeting. Provide all participants with the date and time of the meeting as well as instructions on how they will be able to "join" or access the video conference.
- Check equipment. Caseworkers should check that their device is plugged in or has a full battery charge. When caseworkers are relying on a mobile device, it is a best practice to allow time for device recharging between meetings. Verify that the device is connected to the Internet; that the software program can be accessed; and that the camera/webcam, microphone and headphones/speakers are all working properly.
- Check surroundings. Host the meeting from a quiet location with no background noise. Close blinds on windows, and avoid backlighting from windows or lamps if possible.
- Invite participants. About fifteen minutes before the meeting is scheduled to start, the caseworker should establish their online video-conferencing connection and send the link to join the video conference to participants.

#### **During the Meeting**

- Request all participants to share their video and audio, and ensure that all participants can see and hear all other participants. Mute participants and/or ask participants to mute their microphone when they are not speaking if the video conference is with three or more participants.
- Like all meetings, be clear about the person responsible for leading/facilitating the video conference.
- Advise the case participant on how the face-to-face visit without in-person contact is going to work. Also, provide an agenda that includes an overview of topics to be covered and the planned outcome.
- Establish visual or verbal cues, such as raising a hand, which should be used to indicate when someone wants to actively contribute. This can be useful when the group is particularly large or it is difficult to hear when participants are speaking over others.
- Before ending the meeting, consider asking participants if there is anything that could have improved their experience.

#### **After the Meeting**

**Documentation**. Document the visit or meeting. Generally, video conference visits should be documented in the same way that in-person visits are documented. The only difference is that case notes should include a statement that the in-person visit was waived due to the COVID-19 pandemic and the visit was completed through video conferencing. Agencies should consider the best way to document video conference visits in their case management system and provide guidance to their caseworkers, so they can be credited properly for completing required visits with children, parents, foster parents and other caregivers.

Contact us today to learn more about child welfare resources during the COVID-19 emergency.



