

Chapin Hall Issue Brief



Recommendations to Address the Inequitable Impacts of COVID-19 in Child Welfare, Housing, and Community Capacity

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Introduction

The COVID-19 pandemic is rapidly altering families' circumstances. It is creating new social service needs and deepening pre-existing socioeconomic and related inequities. In the United States, unemployment has reached historic highs, jumping from 4.4% to 14.7% between March and April 2020 before leveling back down to 10.2% in July (U.S. Bureau of Labor Statistics, n.d.). As a result, experts expect that we are settling into a recession with long-term impacts on job creation, wages, and economic stability (International Monetary Fund, 2020).

In this brief, we examine COVID-19's impact in three areas: child welfare; youth and family homelessness; and community capacity to address the needs of children and families. Although the conditions and effects of the pandemic are unique, previous recessions demonstrate the harmful impacts of economic downturns on families and children, with disparate impacts on those already in precarious socioeconomic conditions.

Preliminary evidence indicates that COVID-19 cases and deaths are nearly two times higher in Black communities. This trend persists after controlling for socioeconomic factors, geographic concentration of the virus, and rates of medical comorbidities (Millett et al., 2020). While there are gaps in state and local case reporting of race and ethnicity, prevalence and mortality data indicate that Latinx and Indigenous populations also account for a disproportionate

number of cases (Godoy & Wood, 2020). As communities address and recover from the impacts of COVID-19, effective public policy and corresponding interventions to support children and families need to address economic and health disparities that are exacerbated by this crisis.

Method

We conducted a review of existing academic publications and grey literature (reports, government documents, etc.) to explore effects of the pandemic on youth and families in the United States. We examined the effects of prior economic downturns and considered preliminary data on COVID-19 to inform a discussion of impacts and recommendations for policy and practice across Chapin Hall's three main impact areas: child welfare, youth and family homelessness, and community capacity.

Findings: Impacts of COVID-19

Child Welfare

The child welfare system is a diverse network of services intended to promote child well-being by ensuring safety and family permanency. The system's primary responsibility is to prevent, assess, and intervene in cases of child abuse and neglect. Due to the enactment of widespread public health measures and physical restrictions aimed at mitigating the spread of COVID-19, typical strategies for identifying, reporting, and investigating maltreatment have been disrupted. These circumstances threaten the child welfare system's ability to identify abuse and neglect and to assess child well-being.

Preliminary data suggest a steep drop in the number of maltreatment hotline reports received during the pandemic compared to the same period last year. For example, calls decreased by 51% to New York City's Administration for Children's Services (Stewart, 2020), 50% to the LA County Department of Children and Family Services (DCFS; Callahan & Mink, 2020), and 57% to Illinois's DCFS (Herman, 2020). Child welfare agencies nationally have also indicated dramatic reductions in online reports of suspected

maltreatment, including a 56% drop in online reports in Texas (Caprariello, 2020). The isolation of children from mandated reporters (e.g., personnel in fields such as education, law enforcement, social service, and mental health) may be related to an increase in hotline calls from minors. In March, for the first time ever, more than half of monthly calls to the National Sexual Assault Hotline came from minors (RAINN, 2020). Stakeholders are increasingly concerned that instances of maltreatment may go unreported during the pandemic.

It is unclear how the prevalence of child maltreatment might have changed due to the COVID-19 pandemic. However, the emerging patterns align with research linking historic recessions and financial strain to increased family stressors and risk of child maltreatment. Economic hardship has been shown to be predictive of child neglect (Slack et al., 2004), and a number of studies on the Great Recession of 2007–09 correlated periods of declining financial conditions with harsh parenting and a significant increase in cases of nonaccidental head trauma (Huang et al., 2011; Lee et al., 2013). As such, the record spikes in unemployment and financial uncertainty may contribute to additional stress and adverse parenting practices.

COVID-19 has potential to exacerbate existing inequities in the child welfare system, especially in light of the evidence that financial hardship negatively impacts the risk of child neglect. Black, Hispanic/Latinx, and Indigenous populations experience poverty at higher rates than White populations (Semaga et al., 2020), and children and families of color are overrepresented in the child welfare system. Whereas Black children comprise 13.8% of the total child population, they account for 22.6% of children identified as victims by child protective services (CPS; Child Welfare Information Gateway [CWIG], 2016). Similarly, 0.9% of children are Indigenous peoples, yet they account for 1.3% of children identified as victims by CPS (CWIG, 2016). In California, Black children were more than twice as likely as White children to be referred for maltreatment, have their cases substantiated, and enter foster care. Yet, after adjusting data for socioeconomic and health

indicators, Black and Latinx children may actually be at lower risk than their socioeconomically similar White counterparts for referral and entry to foster care (Putnam-Hornstein et al., 2013). These and other findings on racial disparities (Sedlak, McPherson, et al., 2010; Kim et al., 2011; Gould & Wilson, 2020) suggest that risk of maltreatment is not linked to race or ethnicity directly, but rather correlated with poverty and poorer health outcomes that are experienced inequitably by people of color.

These socioeconomic and racial inequities intersect with geographic disparities in child welfare and corresponding services. Rural children have higher incidence rates of maltreatment and levels of severity than children in urban areas in nearly all categories measured (Sedlak, Mettenburg, et al., 2010; CWIG, 2018). Children in rural counties are 2.5 times more likely to be identified as being neglected than children in major urban counties, and 1.9 times more likely to be neglected than children in urban areas (Sedlak, Mettenburg, et al., 2010). To some extent, these rates reflect definitional and methodological differences across studies, but the disparities are nonetheless of concern. In 2018, the poverty rates of Black and Indigenous residents in nonmetro regions were at least double those of White communities. The prevalence of poverty was especially high amongst Southern pockets of predominantly Black families (United States Department of Agriculture, 2020). Given these preexisting racial/ethnic and geographic disparities, it is imperative that policymakers and practitioners prioritize services and interventions that can mitigate and reduce disparities in maltreatment for rural residents and communities of color as the COVID-19 crisis continues.

Tackling these systemic issues, which existed long before the COVID-19 pandemic, requires long-term investments in prevention programs within and beyond the child welfare system. Prevention-oriented policies, such as the Family First Prevention Services Act of 2018, can reduce family disruptions resulting from out-of-home placements but may be insufficient to reduce disparities in system involvement, decision making, and child outcomes. Beyond the child welfare system, ensuring that families have access to necessary

financial resources, social supports, and community services can mitigate parenting stress and household disruptions (e.g., loss of housing, childcare changes) resulting from the COVID-19 pandemic, which has the potential to prevent child maltreatment.

Youth & Family Homelessness

Economic downturns exacerbate widespread public health crises such as housing insecurity (National Health Care for the Homeless Council, 2013; Sard, 2009). In the U.S., the housing crisis disproportionately affects families who are low-income or racial minorities and those with young children (Gubits et al., 2015; Yamashiro et al., 2018). As of 2016, nearly half (48.3%) of the 43.8 million renter households in the U.S. were cost burdened, spending more than 30% of their income on housing (U.S. Census Bureau, 2016). High housing costs place financial strain on a household, which affects a family's ability to pay other bills or establish savings for unexpected expenses such as healthcare bills or periods of unemployment. Housing instability often coincides with additional challenges that raise concern for family and child well-being such as poverty, domestic violence, parental health concerns, and material hardship (Kull et al., 2019; Leventhal & Newman, 2010).

Emerging data on COVID-19 indicates that the virus, and its most serious side effects, are concentrated among the same segments of the population that are likely to be struggling with housing instability (Centers for Disease Control and Prevention, 2020; Godoy & Wood, 2020). The negative economic impacts of COVID-19 are disproportionately felt by Latinx and Black families. Approximately half of Black parents (49.7%) and two-thirds of Latinx parents (62.2%) with a child under the age of 19 reported losing a job, work hours, or work income in April due to COVID-19 compared to one-third (36.5%) of non-Latinx white parents (Karpman et al., 2020).

Preventing and addressing homelessness and housing insecurities exacerbated by the pandemic is of critical importance to mitigating the long-term effects of the pandemic on family well-being (Rogers & Power, 2020). This includes both supports to provide stable housing for families in the short-term and programs to address the traumatic effects of homelessness over

time. The stress associated with homelessness may negatively influence parenting behaviors and reduce the quality of the parent-child relationship (Coley et al., 2015; Gershoff et al., 2012; Sandel et al., 2018). Taken together, homelessness and parental stress pose a threat to family preservation and increase the risk of child maltreatment (Warren & Font, 2015), as discussed in detail above.

During the 2008 financial crisis, federal and local governments implemented several policies aimed at addressing housing instability. These included many of the same measures that are being enacted now: emergency financial assistance, unemployment expansions, moratoriums on eviction, and additional funding for homelessness prevention. The American Recovery and Reinvestment Act of 2009 (H.R. 1; U.S. House of Representatives Appropriations and Budget Committee, 2009) appropriated \$1.5 billion to support families who were at risk for or currently experiencing homelessness. The federal government also allocated \$3.5 billion to prevent foreclosures under the Innovation Fund for the Hardest Hit Housing Markets (U.S. Department of the Treasury Public Affairs, 2010). Through the Wall Street Reform and Consumer Protection Act, an additional \$1 billion was allocated to the Emergency Homeowners Loan Program (U.S. Department of Housing and Urban Development, 2010). Despite these supports, many segments of the population have not yet recovered from the 2008 recession (Kalousova & Danziger, 2014).

Although emergency supplemental financial assistance is necessary in light of COVID-19, it is not sufficient to reduce the long-term impacts of this crisis. It is important to examine the possible long-term effects after the immediate crisis is over to ensure that youth and families at risk for or experiencing homelessness have access to the supports they need. This will require investments in new policies, practices, and supports to address the disparities—that existed before this pandemic—that make low-income and racial minority families particularly vulnerable to housing instability (Olivet et al., 2018).

Community Capacity

Data from previous recessions clearly illustrate the importance of community systems that respond to the

medical, educational, and social needs of families with young children. The dual medical and economic impacts of COVID-19 pose severe challenges to local education and health systems, and may amplify existing gaps within community systems responding to the needs of children and families.

The link between poverty and adverse child development is well documented, and early childhood programs serve an important role in identifying developmental delays and making referrals to care (Magnuson et al. 2004; Raver, 2004). Childcare programs are struggling. A June 2020 survey of childcare programs (National Association for the Education of Young Children, 2020) found that 18% of childcare centers and 9% of family-run childcare remained closed. Two out of every five programs that were open projected that they will close permanently without additional funding. Among open programs, enrollment is down, which further threatens program sustainability given the dominant enrollment-dependent funding model.

As state budgets face declining revenue and historic projected shortfalls (MacKellar & Maher, 2020), funding for early education programs and developmental delay detection and referral programs may be at risk. Additional federal funds specifically allocated for early childhood programs, with consideration for enrollment declines and virtual delivery models, can prevent widespread cuts in programs and support the developmental progress of young children. For example, the American Reinvestment and Recovery Act (passed in response to the 2008 recession) included significant additional funding for Early Head Start that supported a focus on early childhood development and referrals to developmental services (Aber & Chaudry, 2010). However, the stark economic realities facing states are likely worse than the 2008 recession, and may portend harmful cuts to early childhood budgets.

Following the 2008 recession, nearly half of states with public preschool programming reduced spending per student due to budget pressures, although additional federal funding prevented even larger cuts (Barnett et al., 2010). Given the large-scale disruption to education and early childhood programming due to

COVID, federal spending should prioritize significant investment to maintain and expand community programming such as Head Start and Early Head Start alongside grant support for community organizations providing early childhood development services.

Health systems also face serious strain, initiated by COVID and amplified by the effects of a recession. Pediatric clinics have seen a decline in patients receiving vital services, a shift of care delivery models to virtual formats, and an increased need for integration with social service providers. Starting a week after the declaration of a national emergency, pediatric providers reported a sharp decline in the number of children receiving recommended vaccinations. Compared to the same period in 2019, rates of vaccination between January and April 2020 declined significantly as states enacted shelter-in-place ordinances (Santoli et al., 2020). The drop in vaccination rates suggests that health systems will have to make serious efforts to ensure children are able to keep up with recommended vaccination schedules and preventative best practices.

Many pediatric providers have made a de facto shift to telehealth services. This is a significant change. Prior to the pandemic, structural barriers prevented a wider adoption of telehealth, including reimbursement processes, telehealth parity, and licensing restrictions (Dorsey & Topol, 2016). Federal guidance and state initiatives have expanded provider flexibility, offering a valuable starting point for evaluating longer-term telemedicine reform (U.S. Department of Health and Human Services, 2020). Community health systems will eventually transition back to primarily in-person services and consider options for sustaining successful aspects of telehealth. As they do, they might consider payment model innovations centered on reducing costs borne by patients, providers, and insurers, which may facilitate wider adoption of telehealth in service delivery models (Dorsey & Topol, 2016).

Recessions dramatically amplify social service needs such as food assistance, public insurance, and unemployment benefits. Referral networks can reinforce the connection between medical and social services and bridge the gap between clinical and holistic care to address social determinants of health.

As referral networks face increased pressures to identify and address emergent social needs due to COVID-19, there is an opportunity to scale up social needs screening and referral best practices across different communities. Established community resource referral platforms (see Cartier et al., 2019 for an overview), which enable providers to utilize technology to make referrals for services, report making modifications to increase their effectiveness during an increase in demand for services, including tagging COVID-specific resources and dedicating more staff to maintain up-to-date information for service providers (Cartier et al., 2020). Providers can also initiate conversations about social needs on a wider scale by emphasizing patient-centered, culturally-sensitive care and identifying challenges families are facing that impact their health (Brown et al., 2020).

Policy & Practice Recommendations

1. Use healthcare and education providers as screening and access points to refer families to supports.

Whereas some healthcare visits and education settings have been disrupted, these are still nearly universal access points that offer the benefit of being in convenient locations (whether physical or virtual) where individuals may be more comfortable receiving support. Utilizing these settings as points of screening and referral to services can reduce stigma associated with help-seeking and result in higher rates of service acceptance (Brown et al., 2020; Daro & Karter, 2019). By initiating conversations about social needs, healthcare and education providers can acknowledge the difficulties the families they serve may be facing and connect them to needed resources (Cartier et al., 2020; Spain et al, 2020).

2. Amplify funding support and prepare for possible shifts in service capacity for early childhood programs and child welfare initiatives.

Additional funding appropriated under the CARES Act for Head Start and Early Head Start is an important

step to supporting healthy childhood development and to mitigating the impacts of extreme social disruption on young children. However, the short period of time before the funding expires belies the urgency of expanding low-income and middle class working families' access to affordable, quality child care nationwide. This is especially important given the research illustrating that consistent, high-quality early learning experiences translate into substantial benefits over a child's lifetime. Positive benefits in the areas of health, education, labor, and more translate into an annual rate of return on investment between 7.0 and 13.0% (Garcia et al., 2016).

Despite these documented benefits, in 2018 over half of American families lived in regions classified as child care deserts (Malik et al., 2018), and only 15% of eligible children actually received subsidies from the Child Care Development Fund in 2016 (Chien, 2019). This suggests that short- and long-term funding for child care must be dramatically increased to meet the basic needs of working families. Investing in professional development systems can aid the expansion of early childcare providers and efforts to standardize a high quality of care (Early Childhood Learning and Knowledge Center, 2020). Given that around 40% of the current early childhood workforce are women of color, and over 25% of workers speak at least one language other than English (Center for the Study of Child Care Employment, 2018), redefining the measures of high-quality care among diverse populations can prevent gatekeeping or unintended consequences for minorities in the workforce. Equitable and effective professional development systems will de-emphasize corporate-backed, standardized testing for licensure and instead conduct comprehensive assessments of effectiveness, such as the Performance Assessment for California Teachers, which contextualize culturally empathetic practices (Lucero et al., 2020).

Most educators shifted suddenly to online learning with little to no prior preparation for virtual teaching - a skillset typically developed over several months of training (Adams, 2020). As virtual learning and care become more prevalent, meaningful trainings may cover how to identify signs of child maltreatment

during virtual contact and increase student awareness of support mechanisms (Beau Biden Foundation, 2020; Eichmann, 2020). To make resources easily accessible to students, schools can integrate a comprehensive, tailored list of support systems within their virtual learning platforms.

Many child welfare systems have begun to shift their focus to preventing out-of-home placements by addressing risk factors such as poverty and unemployment while supporting the behavioral health needs of families. At the same time, caseworkers and service providers can emphasize culturally empathetic services and interventions to reduce racial disparities throughout the child welfare continuum. Although the 19% of Americans who live in rural regions may not have access to the service array available to their urban counterparts (Belanger et al., 2007), the social capital and strong informal networks of rural populations can be mobilized to enhance services (Belanger, 2005, as cited in CWIG, 2018; Daley, 2015). The length of the pandemic and its ongoing impacts on the child welfare system remain uncertain, thus it is crucial to prepare decision-making guidelines for caseworkers and frontline staff so that a [framework](#) is in place to address future, and potentially urgent, shifts in service demand and capacity (Wulczyn, 2020).

3. Expand sustainable solutions for homelessness prevention and increase federal and local funding.

The Department of Housing and Urban Development has allocated additional CARES Act funding to address emergent housing needs through the Emergency Solutions Grants, Community Development Block Grants, and several housing and rental assistance programs. The Chicago Housing Assistance [program](#), for example, provides relief for renters and property owners as well as eviction counseling and other free services for residents who are at risk of experiencing homelessness (Chicago Office of the Mayor, 2020). Rapid rehousing programs—particularly those with central intake systems—reduce returns to homelessness (Cunningham et al., 2015; Finkel et al., 2016) and can stabilize families during and beyond a period of crisis.

There are several promising initiatives to support individual youth experiencing homelessness. The new Foster Youth to Independence (FYI) program provides youth aging out of the foster care system with housing vouchers and educational and employment supports. As of August 2020, FYI funds were awarded to assist 654 youth, a small fraction of the estimated 5,000 youth released from foster care annually who will experience homelessness within 4 years and could benefit from support (U.S. Department of Housing and Urban Development, 2020). For other unaccompanied youth experiencing homelessness, one possible solution is the use of cash transfers. Among the comprehensive [findings and recommendations](#) from the 2017 Voices of Youth Count national survey, Chapin Hall identified a growing need for effective, cost-efficient, and flexible interventions (Morton et al., 2017). Crises created by the COVID-19 pandemic highlight the glaring need to create an equitable social safety net. Researchers expect that the evaluation of Chapin Hall's pilot cash transfer [program](#) will contribute to the growing evidence and international understanding that cash transfers can improve a range of outcomes in vulnerable populations (Morton & Bishop, 2020; Bastagli et al., 2016).

4. Integrate best practices from virtual delivery to expand access to services, with a focus on racial and economic equity, as social needs providers and agencies transition back to in-person services.

Telemedicine and telecare vastly expanded due to shelter-in-place measures, but were often rolled out ad hoc and with rushed implementations. Informed by their experiences and systematic evaluation of best practices in their field, providers should consider how long-term adoption of certain aspects of virtual care can address gaps in patient access. Continuing select federal flexibilities for telemedicine—such as cross-state licensing, service platform flexibility, and expansion of reimbursed services—may aid providers in sustainable implementation and realizing cost-saving potentials of virtual care. Combining remote care with in-person care can develop patient-provider rapport while also expanding convenience and access for families.

Future adaptations may more intentionally integrate culturally responsive care to telehealth settings to improve access and engagement for all patient populations. Cultural competence and adaptation of care to reflect patient experiences and diversity can improve patient engagement and outcomes (Henderson et al., 2018), and may be associated with similar effects in certain virtual care settings, such as tele-behavioral health (Stewart et al. 2019). Wider telehealth use can also address access gaps for families living in remote areas by reducing the number of in-person appointments, connecting families with limited English proficiency to language-appropriate virtual services, and providing more flexible provider engagement options for low-income families who face difficulties in seeking care.

Conclusion

Many of the findings and recommendations we discuss highlight racial disparities that are too often accepted as the norm within our public systems. In order to truly address the inequitable impacts of COVID-19, we have to acknowledge and address that these systems often perpetuate these inequities. While transformative change will require dramatic shifts beyond the scope of this brief, we hope these recommendations can begin to support that effort.

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