



COVID-19 Impacts on the Kentucky Child Welfare Community: A Public Health Crisis Meets a Vulnerable System

The Kentucky child welfare system is in the midst of transition, more aptly referred to as a *transformation* that began in April 2018. And while the Executive, Legislative, and Judicial Branches have all made commitments to improving the system in recent years, systems change and progress is now being threatened by an unprecedented public health crisis experienced across the globe.

Kentucky Youth Advocates (KYA), with the support of Casey Family Programs, set out to get a better understanding of how the COVID-19 pandemic was impacting the young people, parents, caregivers, and providers through a series of conversations, interviews, focus groups, and other data collection through survey.

While the pandemic is affecting many Kentuckians in different ways, an eye on our most vulnerable Kentucky kids creates opportunities to share the potential for support and improvement in a system meant to keep kids safe.

A Public Health Crisis Meets a Vulnerable System

Kentucky's child welfare system is marred by challenges that are common across child welfare systems throughout the United States as the courts and DCBS face the challenges that substance abuse, domestic violence, and untreated mental health have on the families of Kentucky. A challenge that continues to plague DCBS is the recruitment and retention of a high-quality workforce. We lack adequate frontline child protective services staff to meet the needs of all of our children and families across the Commonwealth. While average caseloads vary and are trending down since 2017, the averages are still higher than best practice recommendations.ⁱ Higher caseloads lend to difficulty retaining highly qualified staff and create issues with morale. A high stress job that often comes with secondary trauma is made even harder when turnover and high caseloads create additional strain.

The Administrative Office of the Courts, Family and District Court judges, and the broader court community along with the Department for Community Based Services were immediately and significantly impacted by the pandemic as major functions of the services provided are typically provided in person. Adapting practices to follow social distancing guidance necessitated immediate responses within the large systems and as with any changes, effective communication is key to

success. The courts and DCBS were in regular communication related to guidance and practice changes. While court dockets adapted to prioritize the most urgent matters, DCBS modified protocols to in-person home visits or assessments for only the most vulnerable.

While it has become common knowledge to those in the system, it is important to note that “place” has a clear impact on service delivery and communication. It is not uncommon to hear an inconsistency in resource referrals, access to services or access to caseworkers vary by region or county.

Listening Sessions and Surveys

In total, KYA facilitated 34 focus group participants and received 86 survey respondents. KYA analyzed the data from the surveys and focus groups and identified the themes that follow. We recruited participants through established networks and existing groups like the Voices of the Commonwealth and START program.

Two separate surveys were developed and disseminated. A survey for individuals engaged in the child welfare system, including foster and kinship care alumni, foster parents, kinship caregivers, and biological parents, this will be referred to as the ‘stakeholder survey.’ A separate (provider) survey was developed for providers of services related to the child welfare system. The survey questions and focus group questions were closely aligned, but the survey included a section instructing participants to rate seven statements on a scale from “strongly disagree” to “strongly agree.” The statements included the following:

- My average daily level of stress is higher than it was before the pandemic.
- My average daily level of anxiety is higher than it was before the pandemic.
- I need more financial support than I did before the pandemic.
- I need more emotional support than I did before the pandemic.
- I seek out help from a friend or family member more frequently than I did before the pandemic.
- I seek out help from a caseworker more frequently than I did before the pandemic.
- I worry about the stability of my own or my child's placement more than I did before the pandemic.

Overall, the stakeholder survey respondents were a majority of foster or kinship care alumni, meaning they were currently or recently in the care of a foster parent, a foster care agency or a kinship caregiver. There were limited participants who identified as a biological parent. Approximately 83 percent of participants identified as white, 17 percent identified as black/African American, and participants represented 43 Kentucky counties. Participants for the provider survey ranged from individuals who identified as DCBS workers, private foster care agencies, the courts and advocacy organizations including Court Appointed Special Advocates.

A major overarching theme was that of uncertainty and the toll it takes on the well-being of those in a system occupied by traumatized children and young adults. As everyone across the U.S. deals with the uncertainty of school, work, childcare, or socializing without worry of a virus, those who have experienced trauma are likely to be in a state of hypervigilance or exacerbated mental health issues because of the body's response to stress.

Survey and Focus Group Findings

While each group experienced their own unique challenges, themes were identified among the information communicated through surveys and focus groups. Those findings are summarized below.

Difficulty with Non-Traditional Instruction

One of the biggest sources of verbalized frustration for parents and caregivers was around Non-Traditional Instruction (NTI). The foster parents and kinship caregivers cite unsupportive school staff, inattentive or frustrated kids, a lack of understanding of the expectations of parents when it came to schoolwork for kids, and technology glitches. Some foster parents and kinship caregivers were juggling working at home, or in the case of one grandparent, taking his older grandchildren along with him on deliveries during the work day.

For some caregivers NTI provided a look into how their children are faring in school.

Internet issues created access issues. This was especially true for families in more rural areas or kinship families who often are not receiving substantial monetary supports as they struggled to make sure they had necessary supports for at home learning.

Foster parents and kinship caregivers had to adjust to NTI and in many cases the schools were unsupportive and offered inadequate supports for the students. Some foster parents shifted to working at home while parenting high need children without respite compounding the stress of the new schedules and arrangements.

"Realizing exactly how far behind my grandson was in school. Seeing his struggle on things he should know and didn't. Actually being his teacher shined a new light on how much help he really needs."

–Grandmother

"I have 4 grandkids and we kept being told that we had to do online with school classroom. The oldest kids needed to be on the computer (only had one laptop), so we had to stick with the paper packets that had to be turned in."

–Grandmother

Providers expressed concerns over a perceived increase in the number of youth with chronic absenteeism or truancy as parents struggled to find ways to keep their kids engaged or appropriately disciplined. Additional analysis is needed and will be completed by Kentucky Youth Advocates. Providers also discussed the costs incurred by the residential facilities to provide additional staff during school time because without teachers present they did not have enough staff to maintain appropriate ratios. While some residential providers discussed difficulty with NTI because of the need for on-site staff to help with assignments, some reflected that school time became a bit more structured and stable without the transitions and different interactions typically involved.

What worked?

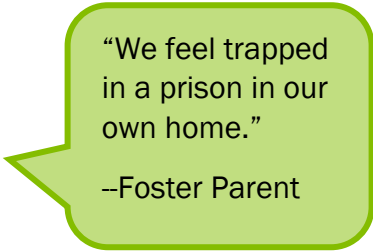
One foster parent identified educational needs of the kindergartner and second grader in her care and worked with them enough to increase their literacy during the remainder of the school year. She identified the benefit of her one-on-one instruction.

Other caregivers cited the benefit and importance of virtual meetings for their children with their teachers and fellow students as it was a means of socialization and created some normalcy.

Mental and Behavioral Health Challenges

Isolation and Anxiety

A broadly identified area of discussion in both focus groups and surveys was the challenges placed on the mental health of those involved and the effects of that on behavior. For foster and kinship care alumni, 95% of survey respondents stated they “agreed” or “strongly agreed” with the statement “I need more emotional support than I did before the pandemic.” It was clear in their responses that they were struggling with isolation and were experiencing anxiety and depression as a result of the changes. They were not alone, as foster parents and kinship caregivers discussed not just the impact on the mental health of the children in their care, but also their own. The isolation was hard on the adults with stay-at-home orders taking a toll on traditional socialization and an adjustment to routines.



“We feel trapped in a prison in our own home.”

–Foster Parent

Foster parents, kinship caregivers, and providers discussed the challenges for the youth in their care related to social isolation and loneliness. With parks and libraries closed and limited social interaction with school mates, adults noted that the young people seemed to struggle and showed signs of anxiety and depression, including despondence, anger, and acting out. Some caregivers discussed difficulty in handling some behaviors which created more stress and frustration.

Lack of Respite

Another need specific to foster parents but likely applicable to kinship caregivers is the lack of available respite care. The pandemic created significant barriers to respite care due to the stay-at-home orders and social distancing. Relatedly, some foster parents and kinship caregivers mentioned their utilization of informal support groups that formed or resumed through virtual means.

Mental Health Services

Young people discussed a lack of utilization of mental health services. While some alumni did have a therapist or someone to talk to, many discussed frustrations around not feeling heard or feeling like their therapist hadn't bothered to really understand them.

Some foster parents discussed issues accessing therapy services including their foster care agency not adapting quickly enough to tele-therapy or not providing therapy services at all. Both providers and caregivers made comments related to the efficacy of the treatment with foster parents, kinship caregivers, and providers saying that therapy didn't seem to be as "effective" as it was in person, however clear definitions of effective were not offered. Providers received feedback from young people about virtual therapy with some young people reflecting that, "therapy isn't feeling like therapy."

Some kinship and foster parents were able to access mental health supports and thought it was better than nothing. Other kinship caregivers and foster parents were not able to access mental health services at all for their kids which created a disruption in treatment and often cited poor communication as the barrier to accessing services—from the mental health provider or case worker.

Providers discussed a perceived increase in the number of kids being referred to the courts for behavioral issues, specifically older youth. An analysis of the data over the course of social distancing compared to the previous year is recommended to identify trends related to this. DCBS provided a presentation to the Child Welfare Oversight and Advisory Committee on July 22, 2020 that indicated an increase in rates for "Child's Behavior Problem" as a removal reason from January to June 2020 compared to 2018 and 2019. While an increase in rates does not indicate causation, it is important to track those trends.

What worked?

Some foster parents, kinship caregivers, and youth turned to virtual platforms for socialization and support including Facebook groups or other social media platforms and discussed how helpful it was to have people to normalize their situations.

Tele-therapy offered more readily available access to services through the utilization of virtual care rather than in-person care. Though there were mixed reviews of the effectiveness of tele-therapy compared to in-person, overall caregivers seemed grateful to have something rather than nothing.

Barriers to Basic Needs, Including Safety

Placement Instability

Older youth aging out of care, specifically turning 21 in care had significant concerns around losing housing and supportive services. DCBS put in place a “moratorium on aging out” and worked with private child caring agencies to extend supports to youth turning 21 after recognizing the need for youth to access supports during the state of emergency. It was clear in the focus groups, however, that the young adults accessing educational vouchers or independent living services were experiencing anxiety in the uncertainty of what comes next. Survey results also indicated that youth aging out of care were experiencing increased concern around placement stability with 88 percent of respondents “agreed” or “strongly agreed” with the statement, “I worry about the stability of my own or my child's placement more than I did before the pandemic.” Youth in care juggled virtual classes and losing their jobs with concerns around not being able to pay rent because of inaccessible unemployment insurance. Some youth are couch surfing. Some youth are going to work and feeling unsafe about their risks of getting COVID-19.

Fear of Falling Ill

Those who are already vulnerable, be it caregivers with pre-existing conditions or medically fragile children, the pandemic exacerbated risk due to risk of exposure, lack of access to typical services, and issues related to the provision of services and obtaining medications. Grandparents and others with physical vulnerabilities expressed concerns around being at a higher risk and contracting the virus. Those who voiced concern around contracting the virus often discussed the lack of clarity around recommendations and risk saying that there was different guidance from the Centers for Disease Control, federal officials, and state and local officials.

Providers expressed concerns around keeping their staff and children healthy, especially for those in residential facilities. Being on a closed campus and depending on staff to decrease their risk of exposure by limiting interaction whenever they were not at work created significant stress. Residential facilities are at risk of a rapid spread of infection similar to nursing homes and jails because of the living situations for the young people on campus.

Financial Hardships

Foster parents who were able to maintain their job but shifted to working at home struggled to cover the costs of in-home babysitters due to the low reimbursement rates, particularly for those with children who have special needs or are medically fragile. Access to child care is a common support utilized by foster parents and kinship caregivers, but when that is not provided in a center because it is closed, the reimbursement wouldn't equate to minimum wage for an eight-hour workday. Foster parents and kinship caregivers paying out-of-pocket for in-home child care created financial hardships for those working from home.

In addition to concerns around paying for child care or housing, there were several remarks related to paying for or accessing other basic needs including food. Foster and kinship care alumni and kinship caregivers expressed concerns around accessing food and paying for groceries. While some kinship caregivers were able to access school lunches, there were others who struggled to buy necessities in large quantities to limit trips to the grocery store because they didn't have it in their budget or the stores didn't have staple items.

What worked?

Some kinship caregivers accessed food pantries and school lunches. Other kinship caregivers were able to access extra funds through food stamps and meet their children's needs.

Some kinship and foster care alumni struggled with accessing unemployment insurance when they lost their job as a result of the pandemic. Very few alumni and kinship caregivers received the \$1,200 stimulus payment and were often those who demonstrated the most need.

Navigating Complex Systems

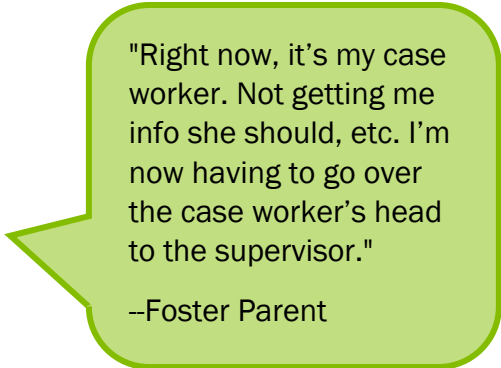
Visitation

While visitation was a topic of conversation for kinship caregivers, foster parents, and biological parents at large, there was not a consensus around if the impact of visitations was positive or negative. Foster parents were forced to provide home addresses to facilitate visitation when there was a fear of retaliation from the biological parents, but because there was no available public places to meet, that was the solution provided by a caseworker. It was also made clear that inconsistent guidance around visitations was heard as a grandmother discussed traveling three hours for visitation that was court-ordered, yet others were told they did not need to comply with visitation orders. Visitation woes was the common frustration for biological parents as they discussed frustration around the caregiver of their children not facilitating virtual visitation.

Courts

Timeframes were impacted as the courts had to limit in person hearings and some hearings were delayed because of concerns around access, specifically for termination of parental rights. Foster parents and providers noted frustration around delayed hearings that were already behind schedule and several months overdue.

In addition to delays with Dependency, Neglect, and Abuse hearings, grandparents and older caregivers expressed concern around delays for establishing guardianship or updating wills for fear of loss of life due to the virus. This is likely to have contributed to the anxiety discussed above.



"Right now, it's my case worker. Not getting me info she should, etc. I'm now having to go over the case worker's head to the supervisor."
—Foster Parent

Caseworkers

Foster parents discussed a lack of clarity around expectations from caseworkers as well concerns around retaliation for complaints if further guidance or clarification is sought from someone other than their caseworker. Kinship caregivers and foster parents expressed frustration around a lack of follow-through with some of their caseworkers, waiting great lengths of time to get their questions addressed or to obtain guidance on visitation.

" I've had a new caseworker for about 2-3 months and I haven't even met her yet."

–Foster Youth Alumni

On the other hand, caseworkers and other providers discussed increased fear for the safety of the children they serve. As caseworkers checked in on parents or caregivers

through telephone or web conference, they had no way of knowing if what they were being told was accurate because they were unable to see the environment or put eyes on the children.

What worked?

Virtual visitations reduced long trips in the car and saved on costs for transportation for caregivers. Foster parents and caregivers shared that it also allows for caregivers to ensure they are not traveling several hours to a visitation where it is not uncommon for biological parents to arrive late or not show up at all.

In some cases, there was more contact and higher quality contact through Facetime between the children, caregivers, and caseworkers. The providers and adult caregivers indicated that the use of technology for teens to meet with their caseworkers in many incidences appeared to improve their relationships and was enjoyable for the young people because in some cases access to their worker was improved.

"The bio visits – because it's through the Zoom visit, we don't have to worry about his immune system being compromised. It's been nice to have 'visits' at more opportune times. More accessible to the family schedules."

–Foster Parent

Providers all noticed a change in the dynamics for those who participate in virtual hearings including an increase in participation and client demonstrating less intimidation in speaking up.

Potential Solutions

While a bulk of the conversations were focused on barriers and the current state of affairs, many in each group identified solutions to challenges within those discussions. Suggested solutions for help

with meeting the needs of children who are in the child welfare system ranged from common sense and pragmatic to very bold and innovative.

Non-Traditional Instruction

In discussing the similar needs that children in foster care have relate to education, specifically a more trauma-informed and individualized approach, one participant recommended utilizing homeschool co-operatives for families who are either homeschooling by choice or are participating in distance learning.

For those in the public-school system, develop a peer support groups for parents and caregivers within the district, or by population type may increase connectedness and reduce isolation for both caregivers and children.

To ensure all caregivers can support distance learning in their home, provide a stipend for families to get access to internet services or to improve their internet speed.

Mental and Behavioral Health

Increase access to support systems for all involved in care. Utilize models similar to the Foster Parent Mentor Program to connect more foster parents, kinship caregivers, and young adults to mentors for emotional support.

Ensure clear communication related to services available specific to mental health from both the agency responsible for the child and the managed care organization (MCO).

In times of uncertainty, overcommunication related to expectation may help to reduce anxiety.

Increase access to information through hotlines, websites, and social media including creating a forum for individuals to ask questions and get timely responses while a “Frequently Asked Questions” board is established.

Basic Needs, Including Safety

Ensure increased accessibility for young people to connect to caseworkers or relevant staff related to unemployment insurance or accessing any other available financial supports. This may necessitate collaboration with Workforce Development and Family Support offices.

Provide clear guidance from systems to ensure caregivers are hearing the same message from multiple people related to accessing supportive, emergency services like food banks, help with bill payments, and any other available basic needs services provided in times of crisis.

A reduction in the utilization of residential facilities for only those who cannot be served in the

community reduces risk of staff and young people at those facilities from contracting the virus. Research also clearly demonstrates that the outcomes for young people in residential or congregate care are poor as they are more likely to experience homelessness, joblessness, be a victim of violence, and not complete high school. A reduction in utilization of residential facilities can be facilitated by increasing the number of family-based care options including with foster parents and kinship care providers with supportive services. An emphasis on family reunification and preservation programs for biological parents and their children can also help to reduce the use of residential facilities.

Navigating Complex Systems

Ensure clear guidance from the top down related to any responsibilities or expectations for foster parents or kinship caregivers and make that information accessible in a variety of formats including on websites, social media posts, mailers, and pre-recorded messages through phone calls.

Increase tools and guidance for both foster parents and kinship caregivers related to relationship-building with biological parents.

Continue to recruit and retain high quality frontline staff to ensure caseloads are manageable.

Enhance the use of evidence-informed family preservation and reunification services to ensure children to not enter or remain in out-of-home care if they can safely remain with their first family.

Summary

Our young people need more connections and more emotional and tangible support as they navigate the pandemic. Those who care for them also need to be connected and emotion or tangibly supported to ensure we can safely maintain placements.

Made possible with support from Casey Family Programs.



¹ Testimony from the Department for to the Child Welfare Oversight and Advisory Committee. July 22, 2020. <https://apps.legislature.ky.gov/CommitteeDocuments/320/12791/7%2022%202020%20DCBS%20Foster%20Care%20Update%20Presentation.pdf>