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Rapid
Response

**COVID-19 and the Social Safety Net
around Children and Youth at Risk of Abuse,
and Youth Protection Practices**

A production of the Institut national
d'excellence en santé
et en services sociaux (INESSS)

This rapid response was prepared by the scientific professionals at the Social Services Directorate of the Institut national d'excellence en santé et en services sociaux (INESSS).

RESPONSIBILITY

INESSS assumes full responsibility for the form and final content of this document at the time of publication. The findings herein are subject to change as the situation evolves.

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COVID-19 AND THE SOCIAL SAFETY NET AROUND CHILDREN AND YOUTH AT RISK OF ABUSE, AND YOUTH PROTECTION PRACTICES

This document and the findings it sets out were prepared in response to an inquiry from the Ministry of Health and Social Services (MSSS) in the context of the coronavirus (COVID-19) health emergency in Quebec. The aim was to conduct a summary review of the published data and to mobilize key knowledge in order to provide information to policy makers and to health and social service professionals. Since this response had to be provided rapidly, the resultant findings are not based on a comprehensive search of the published data and a systematic assessment of the response quality, or on a highly developed consultation process. During this public health emergency, INESSS is keeping a watchful eye for new data that might warrant an update of this response.

INESSS's FINDINGS

The findings below are based on the scientific documentation and grey literature available at the time of writing and are offered in spite of the uncertainty that exists in this documentation and in the approach used.

- The context of the current pandemic weakens the social safety net for children and young people in Quebec because they find themselves isolated from their usual social networks, such as their schools, child care centres and recreational environments. The literature consulted suggests that the risk of child and youth abuse is higher in such circumstances.
- The general public must be made aware of the role it has to play in protecting children and must be informed of the relevant emergency telephone numbers.
- With the closing of schools, childcare centres and daycare centres, an enhanced sense of collective responsibility towards the protection of children and youth is required. The entire population needs to be involved and needs to ensure better surveillance of child/youth well-being by maintaining regular contacts and communications from a distance, notably through the use of various technological means.
- While health measures and isolation significantly limit the ability of the Director of Youth Protection (DYP) to meet with children and families in person, it is critical that these children and families continue to receive the necessary support.
- In urgent cases requiring immediate attention, home interventions must be maintained so that youth protection services can ensure that children remain safe.
- Youth protection actors need to work closely with the partners in the various intervention sectors (health, community, school) in order to coordinate support

strategies for families and to ensure that they provide assistance tailored to the specific needs of children and young people, particularly those who are receiving child and youth protection services. Families need practical help (financial, material and food), and the mobilization of community organizations, volunteers and other actors must be facilitated.

- In the context of the current pandemic, it is important to consider various risk factors, in addition to the criteria already provided under the *Youth Protection Act* (YPA), when determining which cases to prioritize. These risk factors include significant stress or mental health problems in children or parents, difficulties meeting a child's nutritional needs in the absence of school food assistance programs, weakened social support, the illness or the absence of a parent.
- Organizational and clinical practices must not only comply with the proposed public health measures but must also be adapted for a pandemic context to ensure that services will continue to be offered and to preserve the parent-child bond. In particular, it is recommended that, whenever possible, more use be made of the available technological means (e.g., telephone, video conferencing), without prejudice to the youth and children.

REQUEST FROM THE MINISTRY OF HEALTH AND SOCIAL SERVICES (MSSS)

The Direction générale des programmes dédiés aux personnes, aux familles et aux communautés [individual, family and community programs directorate] of MSSS requested answers to the following questions from INESSS's Social Services Directorate:

1. During the COVID-19 pandemic, how can the community safety net be maintained around children and young people who are at risk of abuse?
2. During the COVID-19 pandemic, which clinical and organizational practices should be implemented with regards to youth protection services in order to keep children and young people safe?

METHODOLOGY

Literature Review

Selection criteria: Children and families, with no limits in terms of time or document type.

Literature review methods: The scientific documentation and grey literature were briefly reviewed, and a narrative synthesis based on a comprehensive reading of the documents reviewed was produced. The quality assessment of the documents was not performed.

Literature search

The Scientific Information Adviser developed a search strategy to identify all documents related to the youth-in-difficulty activity sector as well as to coronavirus and other situations that might raise similar issues (e.g., SARS, Ebola, pandemics, epidemics, health crises, disasters). The goal was to create a master data bank for this sector. The

data bank was then searched for answers to the questions of interest discussed in this document.

- The following databases were consulted for this search: Medline, PsycINFO, CINAHL, Cochrane Database of Systematic Review, Social Work Abstracts.
- The following key words were used to search for documents related to coronavirus and related concepts:
 - Concept 1: (coronavirus OR corona virus OR pneumonia virus OR SARS-CoV OR Covid OR nCoV OR 2019nCov OR nCoV OR WN CoV OR (Wuhan* ADJ2 virus*) OR acute respiratory syndrome OR WN-CoV OR Ebola OR MERS OR SARS OR H1N1 OR avian influenza OR H5N1 OR outbreak* OR pandem* or epidemic* or epidemy or epidemis or disaster* or health crisis OR catastrophe* OR sanitary crisis OR sanitary emergenc*).
- The following key words were used to search for documents related to the activity sector concerned with youth in difficulty:
 - Concept 2: (abus* OR neglect* OR maltreat* OR mistreat* OR abandon* OR domestic violence OR home violence OR family violence).ti,ab
 - Concept 3: (adolescen* OR baby OR babies OR boy OR boys OR child* OR early adult* OR elementary school* OR high school* OR girl* OR grader OR infan* OR juvenile OR kid OR kids OR kindergarten* OR middle school* OR minor* OR neonat* OR newborn* OR new born* OR nurser* OR pediatric* OR paediatr* OR preadolescen* OR pre-adolescen* OR preschool* OR pre-school* OR preteen* OR pre-teen* OR schoolchild* OR teen* OR toddler* OR young people OR young person* OR youth*).ti,ab
 - Concept 4: (welfare OR protection OR protective OR foster* OR kinship* OR looked-after OR child care OR residential treatment center* OR residential treatment centre* OR “out-of-home care” OR “out of home placement” OR substitute care).ti,ab
- The following key words were used to search the master data bank with respect to various issues of interest: child welfare, foster care, child protection services, covid, coronavirus.

A search for grey literature was also conducted using similar keywords on the websites of various national and international organizations and different government jurisdictions.

The search strategy made it possible to put together a master data bank containing a total of 1,619 titles and abstracts. Five documents related to the issues of interest discussed here were selected from this bank, including three scientific articles and two expert opinions (e.g., correspondence). A total of 32 documents were also found on the websites of various national and international health agencies and organizations.

Of all the documents selected, 13 are from Canada, 8 from the United States, 4 from the United Kingdom, 4 from Lebanon, 3 from France, 2 from Australia, 1 from Iraq and 2 from international groups.

A SUMMARY OF THE LITERATURE CONSULTED

1. Maintaining the community social safety net around children and youth at risk of abuse

1.1 Impact of Covid-19 and associated control measures on children, youth and families

According to the literature consulted, the control measures implemented to curb the spread of Covid-19 (e.g., closure of schools, child care centres and daycare centres, travel restrictions) can have a significant negative impact on children, youth and families, weaken the social safety net around children and increase the risks of abuse [1-4].

Of the negative consequences identified among children, youth and parents, those most often reported relate to the closure of schools, child care centres and daycare centres:

- These environments usually act as protective factors [5]. With their closure, the youth workers and professionals in these settings are no longer able to observe worrying situations and carry out any required reporting to the Director of Youth Protection (DYP) [4].
- Children who are in need no longer have access to the meals and snacks provided for free or at a reduced cost by these institutions in normal times [6]. The Breakfast Club is an example in Quebec.
- The closure of these institutions requires parents to make significant work accommodations, with some parents even having to give up work [1, 3, 5]. These difficulties in balancing work and family and the economic pressures of job loss can lead to significant stress for parents [3]. Some of them might also decide to leave their children without adequate supervision during working hours [2, 5].
- Others find it quite challenging to have to keep their children fully occupied, especially in large families [7], which can represent an additional burden for parents.

Overall, social distancing measures weaken the social support that is normally available to children, youth and their families (e.g., greater difficulty accessing food banks, closure of community organizations, limited contact with relatives and extended families who might otherwise provide relief) [2, 3].

These various consequences can be a significant source of stress—and even distress—for parents, children and young people, making them particularly vulnerable [2, 3]. In addition, some parents may use inappropriate coping strategies to deal with the situation (e.g., drinking problems) [2]. Furthermore, young people with complex trauma are likely to experience intense episodes of anxiety and panic that can be more easily triggered during the current pandemic [8].

All of these negative consequences can make children and youth more vulnerable to abuse [1-3]¹. Although none of the studies referenced measured the actual effects of Covid-19 on child abuse by parents or significant individuals, other studies reported an increase in the incidence of physical and psychological violence and neglect in related contexts, such as natural disasters or other health crises [7, 9-11]. Some parents may also contract Covid-19 and be hospitalized as a result of the disease, or even die [2, 12] and therefore be unable to care for their child.

1.2 Conditions conducive to implementing a community social safety net for children and youth at risk of abuse

As noted above, the pandemic context is likely to negatively impact the social safety net for children and youth in Quebec. It therefore seems important to specify the conditions that would be conducive to maintaining or even strengthening this safety net. The current context calls out for:

a) The mobilization of all the actors in the community:

According to the literature consulted:

- With respect to communication and collaboration:
 - It is important to work with community members to define child-appropriate messages about COVID-19, the associated risks and the services available during the pandemic [1].
 - Families must ensure that they protect their loved ones by establishing ongoing communications with them through a wide range of means (e.g., telephone calls, emails, social media) [4, 13].
 - Opportunities for regular contact between children and families who are physically separated should be created and encouraged [1, 14]².
- The general population must support youth protection by exercising greater vigilance to protect children and youth [4]:
 - It is important to stay vigilant to potential signs of child abuse and alert youth protection services as needed [15, 16].
 - If in doubt, every witness—even auditory witnesses—should call the appropriate emergency numbers. These telephone numbers need to be widely known by the public [16].
- Organizations working with the most vulnerable populations should:

¹ For a more comprehensive list of the negative consequences associated with COVID-19, the measures for controlling this virus and the associated risks of abuse, please see the technical note for the review conducted by the *Alliance for the Protection of Children in Humanitarian Action* (Appendix 1).

² For additional information about distant socializing, please see the report entitled *Covid-19 and Distant Socializing: People Living in a Residential Facility and Caregivers* (INESSS, 2020a).

- Continuously identify and analyze the issues faced by these populations and the impact that the measures put in place have on them [3].
- Support the most vulnerable populations and provide the resources they need for the duration of the pandemic by focusing on positive coping strategies for communities, families, caregivers and children [1].
- Youth protection services and other sectors that directly concern children and young people should:
 - Increase public awareness of the specific needs of children and families who are receiving youth protection services.
 - Raise awareness in all cross-sector partners who are likely to be called on during a pandemic (e.g., police officers, community organizations) with respect to the increased risks of violence that children face [10].
 - Develop strategies to address the stigmatization and social exclusion experienced by the most vulnerable [1, 16].

b) The engagement of various intervention sectors:

According to the literature consulted, the engagement of various intervention sectors is necessary to protect children during a pandemic; this engagement includes:

- Providing support for families and parents through various measures, including economic, food and material assistance, particularly to low-income families and those whose sources of income have been impacted by the pandemic [1, 3].
- Ensuring accessibility to local community organizations that contribute to maintaining the social fabric around families (through distance parent discussion groups, videoconferencing, telephone follow-up with families who frequent drop-in daycares, etc.) [3].
- Keeping child care centres and schools open for some children:
 - In the United Kingdom, vulnerable children, including those who have been assigned social workers and those who are under protective monitoring, have the opportunity to use child care centres and attend school during a pandemic, although these facilities are closed for other children³. Through this measure, the state aims to prioritize the protection of the most vulnerable children [17].
- Involving volunteers in various tasks and activities (e.g., educational and recreational activities, food shopping, maintenance) in order to support families and the work of the child protection actors [3, 16].

³ For additional information, see *Covid-19 et Services de réadaptation essentiels pour les enfants âgés de 0 à 18 ans ayant une DP, une DI ou un TSA* [Covid-19 and essential rehabilitation services for children aged 0 to 18 with a physical impairment, an intellectual disability or autism spectrum disorder] (INESSS, 2020b).

2. **Adjusting organizational and clinical practices to ensure the safety of children and youth**

The mission of ensuring the safety and development of children remains a core concern of child protection services. Given their essentiality, all youth services should be maintained during the current COVID-19 pandemic [16, 18-21].

Children and youth receiving child protection services are considered a vulnerable population because of the abuse they have suffered. Beyond this vulnerability, the pandemic context can significantly limit the ability of youth protection services to provide services to this population. It then becomes especially important for those services responsible for vulnerable children to ensure continuity of their services during this period [2, 18].

Various organizational and clinical practices identified in the literature review can be implemented by the institutions, managers and youth workers to ensure that children receiving youth protection services continue to do so. These practices are summarized in the sections that follow.

2.1 **Adjusting organizational practices**

The literature consulted on child protection highlights the fact that, as is currently the case in all other areas of activity, it is important for all actors (managers, youth workers, young people, parents, foster parents) to comply with the health guidelines and to follow public health procedures in the presence of symptoms or positive Covid-19 test results [20, 22-27].

In addition to health measures, the literature consulted outlines a set of organizational practices that can be put in place to enable the institutions to ensure the safety of children and youth during the current pandemic; these practices include:

- Increasing cross-sector collaboration and coordination in order to address emerging challenges and risks related to child protection (e.g., the health care system, education system, community network), particularly for children with complex traumas [2, 9, 18, 28].
- Revising or defining standardized procedures with the health care sector and other sectors to ensure appropriate identification and referral of at-risk children [1].
- Supporting the partners in order to provide additional resources and a helpline for families and children [29].
- Providing contingency plans to [6, 10, 17, 18]:
 - Deal with service interruptions caused when workers or foster parents are quarantined.
 - Ensure the possible relocation of a large number of children into alternative living environments.

- Ensure continuity of services by maintaining Court-ordered services despite isolation or quarantine.

Similarly, the literature consulted outlines various practices that enable child protection managers to support youth workers during the current pandemic; these practices include:

- Equipping all youth workers who have contact with the families to identify distress situations that can lead to abuse, and supporting these workers as they can coach parents in their role and steer them to any resources they may need [3].
- Providing training to youth workers on the impact of COVID-19 on youth protection and on the available support services [1, 18].
- Ensuring that the clinical supervision of youth workers is maintained in order to further support them during this period of stress—and possibly even increasing the frequency of this supervision [30].

2.2 Adjusting youth protection practices

Despite the essentiality of youth protection services, the relevance of face-to-face visits in the family home must always be assessed in the context of the pandemic. In this respect, Ministry guidelines are specified in the technical note entitled *Prévention de la COVID-19: recommandations lors d'interventions à domicile pour les services en protection de la jeunesse* [COVID-19 prevention: recommendations for youth protection services during home interventions] [24].

Similarly, the literature reviewed suggests assessing the health status of family members to help parents make appropriate decisions about their health and to schedule meetings that are safe for staff [6, 20, 28].

Furthermore, before a direct intervention with the child and his or her family is carried out, it is suggested that various options be explored to assess the situation in which the security or the development of the child is in danger, and to maintain services in other ways (e.g., through technological means, by conducting interviews outdoors to maintain physical distance) [20, 30]. These should be the preferred arrangements in non-emergency situations [16, 18-21, 23, 31].

It is essential to maintain home interventions in emergency cases that require immediate attention. Moreover, the decision as to the type of contact must be based on the degree to which a child's safety or development is compromised:

- Low/medium risk: by telephone or other technological means.
- High risk: in person, taking the required precautions [23, 25, 28, 31].

During the pandemic, workers must comply with the health measures and:

- Explain the reasons for wearing protective equipment.
- Constantly remind users to respect these measures and provide them with general information about COVID-19.

- Refer children and families to physical health services (when a case is suspected) [10, 13, 17, 20, 23, 25, 28, 31].

At the clinical level, particularly during the pandemic when children are at greater risk, youth workers need to:

- Ensure that children's basic needs (e.g., food) are being minimally met [6].
- Attach special importance to maintaining positive family relationships, managing problem behaviours and managing parental stress during their contacts with the family [7, 13].
- Confirm with parents which means are already in place to enable them to take care of their children in a healthy way during their period of isolation [13].
- Inform parents about the mental health resources, child activity directories, family life management resources and financial support that are available to them. [10, 17, 30].
- Pay attention to any signs of educational difficulties in children who are already struggling academically [16].

The documents reviewed do not clearly identify which client groups should be prioritized for youth protection services during the COVID-19 health emergency pandemic, but they do indicate that the circumstances listed below may heighten the risks of abuse and therefore require increased attention:

- Parents who are finding it more difficult to meet their children's basic needs during the pandemic [3, 6].
- Vulnerable children with a history of health problems/trauma or young people whose housing situation is precarious [6, 9, 13, 25].
- In addition, child protection services need to be maintained for youth who reach legal age during the current pandemic [16, 21, 32, 33].
- Large low-income families in which a parent has a mental health or addiction problem, as well as families that have a history of violence [6, 7, 10, 13, 25, 34].
- Significant stress in children (due, for example, to various disruptions associated with the pandemic) or in parents (due, for example, to their work-life balance, a job loss, financial hardship or to their heavier parental responsibility caused by the full-time presence of their children) [1, 3, 7].
- Weakened social support: when no significant person in the child's and parents' surroundings (e.g., a family friend, extended family) is able to provide any kind of support and some degree of oversight during periods of social distancing and the closing of schools, child care centres and daycare centres [2, 3].

Specifically, in the case of children and young people, it is important to:

- Ensure that children are seen on a regular basis (virtually or in person) and that family members are seen separately [13, 35].

- Ask children about their parents' behaviour during the pandemic and about the consequences of alcohol and drug use on them [13, 31].
- Provide emotional support to children and youth during the pandemic [1, 8, 13, 18, 25, 35-37]:
 - By proposing various strategies specific to the child, including maintaining daily routines, providing opportunities to make choices, helping young people stay in touch with peers and family members, limiting media exposure, being aware of the present moment and spending some time outdoors, etc.
 - By offering individual or group activities (at a distance) that support the child's well-being (e.g., activities that promote mental health, psychological support from the youth worker or partners).
- Implement a protection plan with the child by identifying a person who can be reached in case of an emergency, either by phone or virtually [13].
- Determine the date of the next meeting with the child or young person [31].
- In the case a child who would have to be separated from his or her parents/foster parents if the latter have Covid-19 [1, 23, 36]:
 - Preferably, a relative should take responsibility for the child.
 - Ensure that the child is able to communicate with them on a regular basis.

In cases of supervised visits:

- Inform parents if their access rights have been suspended and suggest other means of communication to maintain contact [16, 27].
- Encourage and create opportunities to foster regular contact between children and family members from whom they are physically separated because of the pandemic [1, 6, 13, 16, 36]:
 - If the use of video makes the conversation between the child and parent difficult, suggest a game that can be played at a distance to maintain the bond remotely.
- During supervised in-person visits: ask questions about the health of visitors prior to their visit and ensure compliance with sanitary hygiene measures (e.g., frequent cleaning of supervised visiting rooms) [6].
- Answer the child's questions and reassure him or her that the situation is temporary [30, 36].

APPENDIX. Child protection risks during the COVID-19 pandemic
identified by the *Alliance for the Protection of Children in
Humanitarian Action*

Risks presented by COVID-19 and related control measures	Causes of risks
Child Protection Risk: Physical and emotional maltreatment	
<ul style="list-style-type: none"> ● Reduced supervision and neglect of children ● Increase in child abuse and domestic/interpersonal violence ● Poisoning and other danger and risks of injuries to children ● Pressure on or lack of access to child protection services 	<ul style="list-style-type: none"> ● Childcare/school closures, continued work requirements for caregivers, illness, quarantine/isolation of caregivers ● Increased psychosocial distress among caregivers and community members ● Availability and misuse of toxic disinfectants and alcohol ● Increased obstacles to reporting incidents
Child Protection Risk: Gender-based violence (GBV)	
<ul style="list-style-type: none"> ● Increased risk of sexual exploitation of children, including sex for assistance, commercial sexual exploitation of children and forced early marriage ● Pressure on or lack of access to child protection/GBV services 	<ul style="list-style-type: none"> ● Reduced family protection of children ● Reduced household income and/or reliance on outsiders to transport goods and services to the community ● Girls' gender-imposed household responsibilities such as caring for family members or doing chores ● Increased obstacles to reporting incidents and seeking medical treatment or other supports
Child Protection Risk: Mental health and psychosocial distress	
<ul style="list-style-type: none"> ● Distress of children due to the death, illness, or separation of a loved one or fear of disease ● Worsening of pre-existing mental health conditions ● Pressure on or lack of access to MHPSS services 	<ul style="list-style-type: none"> ● Increased stress levels due to isolation in treatment units or home-based quarantine ● Children and parents/caregivers with pre-existing mental health conditions may not be able to access usual supports or treatments ● Quarantine measures can create fear and panic in the community, especially in children, if they do not understand what is happening

Risks presented by COVID-19 and related control measures	Causes of risks
Child Protection Risk: Child labour	
<ul style="list-style-type: none"> ● Increased engagement of children in hazardous or exploitative labour 	<ul style="list-style-type: none"> ● Loss or reduction in household income ● Opportunity or expectation to work due to school closure
Child Protection Risk: Unaccompanied and separated children	
<ul style="list-style-type: none"> ● Separation ● Becoming unaccompanied or child head of household ● Being placed in institutions 	<ul style="list-style-type: none"> ● Loss of parents/caregivers due to disease ● Isolation/quarantine of caregiver(s) apart from child(ren) ● Children sent away by parents to stay with other family in non-affected areas
Child Protection Risk: Social exclusion	
<ul style="list-style-type: none"> ● Social stigmatisation of infected individuals or individuals/groups suspected to be infected ● Increased risk/limited support for children living/working on the street and other children already at risk ● Increased risk/limited support to children in conflict with the law, including those in detention 	<ul style="list-style-type: none"> ● Social and racial discrimination of individuals/groups suspected to be infected ● Disproportionate impact on more disadvantaged and marginalized groups ● Closure/inaccessibility of basic services for vulnerable children and/or families ● Disruption to birth registration processes due to quarantine

*Extracted from: The Alliance for Child Protection in Humanitarian Action. Technical Note: Protecting Children during the Coronavirus Pandemic (v.1), 2019, p. 3-5.

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