



April 6, 2020

The Honorable Mitch McConnell  
Majority Leader  
U.S. Senate  
Washington, DC 20510

The Honorable Charles Schumer  
Minority Leader  
U.S. Senate  
Washington, DC 20510

The Honorable Nancy Pelosi  
Speaker of the House  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Kevin McCarthy  
Minority Leader  
U.S. House of Representatives  
Washington, DC 20515

Dear Leader McConnell and Leader Schumer:  
Dear Speaker Pelosi and Leader McCarthy:

We first would like to applaud Congress for the passage of the recent coronavirus response legislation of the several past weeks. These are extraordinary times and as further action is required, the Child Welfare League of America (CWLA) urges Congress to ensure that the most vulnerable children and families impacted are not overlooked.

We are working with public and private sector organizations to provide Congress with more specific recommendations. In the meantime, however, we have attached descriptive issues of what is happening across the country—both in the “hot spots” and in those areas that can expect the same challenges.

What you will find in our descriptions, based on CWLA membership input, is that child protection, child welfare, and social services agencies are confronting a number of emergency situations, including providing services, caring for their first responder workforce without the necessary protections, and assisting families in the most appropriate and timely fashion, both in person and virtually.

In the best of times, these children and families need our help. In this pandemic, that help has become critical.

Thank you for your consideration of this request.

Sincerely,

Christine James-Brown  
President/CEO, Child Welfare League of America

## INTRODUCTION

Over the past several weeks, the Child Welfare League of America (CWLA) has been engaging representatives from its member organizations to understand the challenges they are facing as a result of the impact of the COVID-19 pandemic on their organizations, workforce, families, and children.

In both our ongoing work and in communication with member agency representatives, we are seeing a critical picture of what the child welfare world looks like as the coronavirus spreads. We are seeing the heroes in our field: the agencies worried about their solvency that continue to work with children and families; and caseworkers, social workers, and other staff working at risk as “emergency” or “essential” personnel without the proper personal protective equipment (PPE). We are seeing relative caregivers stepping forward—like the story of a 79-year-old grandfather stepping forward to meet the needs of his grandchild when both parents were hospitalized despite the serious risk that he and all the elderly face from this pandemic. CWLA members who were challenged to help families struggling before this pandemic now are challenged as never before.

Below, we have summarized initial input and comments that we have received from our member agencies. This information will be updated with input received from weekly calls with our members.

### Key Challenges

**The workforce.** Child welfare workers are under great stress. States are generally listing them as essential, but this does not guarantee that they will receive the same support of first responders. With a shortage of personal protective equipment (PPE), social workers and staff in residential facilities have very limited protection.

States are struggling to adapt their guidelines and procedures to protect workers and employees and minimize the spread of the disease. New York City has issued guidance to call the families they need to visit to determine whether anyone has been exposed; if someone has, efforts are to be made to connect them with a doctor. The home visits are then prioritized according to importance and a second call is made prior to entering a house. With exceptions made for child protective services, in-person contacts are not made in households with caregivers who are older adults (60+) or to those over 50 who have chronic health conditions such as heart disease, hypertension, diabetes, cancer, or a weakened immune system.

States like Minnesota have provided guidance for residential care providers and patients. This includes cross-training for staff so that if the virus spreads, other staff can provide backup. It also includes isolation for all residents that may have come into contact with the virus. An ongoing survey of residential providers in New York State found only a small number of children and youth testing positive—so far—but approximately 15 percent of staff are self-isolating. In many instances, these staff are very low-wage or minimum-wage workers, and in

continuing to do their jobs are taking huge health risks. Many agencies are allocating the funds to provide supplemental pay. Nebraska is making efforts to reunite families with children who have disabilities but getting the proper hospital equipment is challenging in this pandemic.

**The agency.** The not-for-profit community—upon which the child welfare system is dependent to provide contracted services—also is facing great challenges to sustain services and budgets. While the new Small Business Administration loans are still rolling out and will hopefully relieve some pressure, these agencies are attempting to assess their status. Most agencies are sustained by regular fundraisers that make up a significant part of their annual budgets. Fundraising is now extremely difficult as in-person fundraisers have been cancelled and potential donors are distracted by their own challenges. Agencies need revenue, the infrastructure and support from donors that they cannot get through contracts. Nonprofits have been affected by the limitations placed on the deductibility of charitable contributions in recent years. Many of these agencies are concerned about potential cutbacks, including delayed or reduced payments, as state and local budgets get squeezed. The traditional lines of revenue— income tax, sales tax, other revenues such as county-based local revenues, and statewide revenue such as lotteries or license fees—are being constricted and are falling off dramatically. Agencies and workers also are trying to upgrade and utilize technology so that they can safely connect with children and families. Agencies may have some of this technology, but in many instances families do not—and this needs to be addressed.

**Children and families** at the center of child welfare comprise a range of needs, from in-home services to foster care and residential facilities. In addition, one of the major mandatory child abuse reporters—schoolteachers—have been removed from the picture during this pandemic. There is also the concern of increased isolation while services and supports, both social and financial, may be limited or cut off. Many in-home services are intended for low-income families, and their struggle will become more difficult as jobs are lost.

There is also the need to continue family visits for those families on a path toward reunification and for foster families. What happens if a child runs from care and returns to the family? Have they been exposed—and are alternate placements needed or even available?

More than 100,000 children in foster care are under the age of three. At the other end of the age spectrum are youth in care. Only half of states extend foster care to age 21, with the rest ending optional foster care at 18. Youth living in transitional or independent living or extended foster care have several challenges. If they were in college, do they have a home to go home to? If they are independent, who will help them navigate their upcoming stimulus check—especially if they don't have a checking account? Who will help them understand unemployment compensation if they have lost their full- or part-time job?

**Relative caregivers** have occupied an increasing role in child welfare over the past several decades. Relatives make up 30 percent of foster care families. There is a less formal subset of families that are receiving TANF as “child-only” grants; then, there are hundreds of thousands of relative “kinship caregivers” stepping forward without formal supports at all. Many of these kinship care families are headed by older parents who are over 60 or have underlying health conditions.

**A crosscurrent of human resources** supporting these families also is critical. This includes nutrition services such as Supplemental Nutrition for Needy Families (SNAP), school nutrition, and the Women, Infants, and Children (WIC) program. Agencies also are concerned about childcare and are struggling with how to provide these needed services for health care and other first responders while maintaining staff, facility, and child health and safety.

These are some of the pictures that CWLA member organizations have painted for us during this unprecedented time. Thank you for considering these issues going forward.