The impact of the COVID-19 pandemic on child protective services caseworkers and administrators

Veronica Renov [a], Lauren Risser [b], Rachel Berger [c], Tammy Hurley [d], Andrés Villaveces [e], Sarah DeGue [e], Abigail Katz [f], Cynterria Henderson [b], Kelly Premo [b], Janine Talis [b], Judy C. Chang [g], Maya Ragavan [h,*]

[a] Pediatric Emergency Medicine, UPMC Children's Hospital of Pittsburgh, 4401 Penn Ave, Pittsburgh, PA 15224, United States of America
[b] Division of Adolescent and Young Adult Medicine, University of Pittsburgh, 120 Lytton Avenue, Pittsburgh, PA 15213, United States
[c] Division of Child Advocacy, UPMC Children's Hospital of Pittsburgh, Pittsburgh, PA 15224, United States of America
[d] Child Welfare, Trauma, and Resilience Initiatives, American Academy of Pediatrics, 345 Park Blvd. Itasca, IL 60413, United States
[e] Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Highway, S106-10, Atlanta, GA 30341, United States
[f] Futures Without Violence, 101 Montgomery Street, San Francisco, CA, 94129, United States
[g] Department of Obstetrics, Gynecology & Reproductive Sciences, and Internal Medicine, University of Pittsburgh, 300 Halket Street, Pittsburgh, PA 15213, United States
[h] Division of General Academic Pediatrics, University of Pittsburgh, 3420 Fifth Avenue, Pittsburgh, PA 15213, United States

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ABSTRACT

Background: The COVID-19 pandemic has impacted children and young people experiencing child abuse and neglect. Child Protective Services (CPS) has played an important role in supporting children and families during the COVID-19 pandemic. Few studies to-date have evaluated the impact of the pandemic on CPS caseworkers and administrators in the United States.
Objectives: We conducted interviews to explore CPS caseworkers' and administrators' experiences working and serving families during the pandemic.
Methods: Participants were U.S.-based CPS caseworkers and administrators. We conducted semi-structured virtual interviews with participants and used an inductive thematic analysis approach.
Results: We conducted 37 interviews. Participants discussed how the COVID-19 pandemic has changed the way they conduct investigations and provide services to families in the CPS system. Several services were adapted to occur virtually, providing challenges and unique opportunities. Participants also described the personal barriers they faced during the pandemic, including working remotely, experiencing burnout, and challenges obtaining personal protective equipment. Finally, participants shared creative solutions they engaged in to support children and families during the COVID-19 pandemic, including expanding collaborations with other community-based organizations.
Discussion: This study suggests the important role that CPS has played during the pandemic and challenges individual CPS workers felt, in terms of both experiencing burnout and difficulty obtaining personalized protective equipment. Inclusion of the CPS system in emergency

* Corresponding author: Maya Ragavan, University of Pittsburgh; 3415 Fifth Avenue, Pittsburgh, PA 15213, United States.
E-mail addresses: renovvi@upmc.edu (V. Renov), lauren.risser@chp.edu (L. Risser), rachel.berger@chp.edu (R. Berger), thurley@aap.org (T. Hurley), nnp4@cdc.gov (A. Villaveces), hci2@cdc.gov (S. DeGue), aKatz@futureswithoutviolence.org (A. Katz), cynterria.henderson@chp.edu (C. Henderson), premoke@clarkson.edu (K. Premo), Janine.talis2@chp.edu (J. Talis), changjc@upmc.edu (J.C. Chang), ragavanm@chp.edu (M. Ragavan).

preparedness planning for future pandemics or natural disasters will ensure continuation of these vital services.

1. Introduction

Child abuse and neglect (CAN) is a pervasive public health problem, impacting one in seven children (Wildeman et al., 2014). As experiencing CAN deeply impacts the health and wellbeing of children and families (Griffith, 2020), it is vital that we identify and mitigate the sources of violence against children today to ensure the future wellbeing of our society. The COVID-19 pandemic has caused global unrest and economic instability experienced as worsening health morbidity and mortality, poverty, and stress (Kharas, 2020; Perry et al., 2021). While there is limited precedent for an international crisis equal to the magnitude of the COVID-19 pandemic, previous disasters have demonstrated increased stress, changes in routine, closing of schools, and an overall decline in community resources, all of which have been identified as risk factors for CAN (Zahran, Shelley, Peek, 2009).

Past work has documented increases in physical abuse after natural disasters and during times of economic disruption (Berger et al., 2011; Keenan et al., 2004; Seddighi et al., 2021). Reports from early in the COVID-19 pandemic demonstrated a decrease in reports of suspected CAN by 20–70% during the Spring of 2020 as compared to the same period in 2019 (Campbell, 2020). In addition, national data indicated a decrease in the total number of emergency department visits for CAN in 2020 compared to 2019, but also a noted an increase in hospitalizations due to CAN (Swedo et al., 2020). There is some concern that this decrease reflects a lack of interaction between children and mandated reporters, rather than a true reduction in CAN, particularly in light of increased hospitalizations (Font, 2021; Nguyen, 2021).

These findings combined with concerns that the pervasive stress experienced by parents during the pandemic may increase CAN have inspired a plethora of research surrounding the impact of the pandemic on children experiencing CAN (Cappa & Jijon, 2021). However, less work has considered the role of the child protective services (CPS) system in the context of a pandemic. The role of a CPS worker is multifaceted and includes investigating reports of possible CAN, providing ongoing services to families requiring assistance in safely caring for their children, arranging for children to live with relatives or foster families when they are not safe at home, and organizing reunification, adoption, or other living arrangements for youth leaving foster care (Child Welfare Information Gateway, 2020). More than 3.5 million children are involved in an investigation or response from CPS yearly, and an estimated 1.9 million children receive preventative services (defined as services, often educational, aimed toward supporting parents and caregivers) from the CPS system (U.S. Department of Health &amp et al., 2021).

CPS workers are an important part of the healthcare and human services workforce, functioning as first responders to many suspected CAN cases. As such, they are subject to burnout and exposure to vicarious trauma (work-related trauma often experienced by these workers due to their repeated exposures to victims of violence; Font, 2021; Tavormina & Clossey, 2017) which even prior to the COVID-19 pandemic correlated with a high turnover rate among CPS workers (Leake et al., 2017). Recent research has described how healthcare workers have experienced stress, emotional exhaustion, and burnout during the COVID-19 pandemic (Mehta et al., 2021; Nelson & Kaminsky, 2020). One source of this stress for frontline workers was concern for personal health and access to personal protective equipment (PPE) (Nyashanu et al., 2020; Restauri & Sheridan, 2020). Understanding the obstacles faced by members of the CPS system during this pivotal moment can shed light on the needs of workers supporting our nation's most vulnerable children and families. Additionally, addressing these difficulties while highlighting the resilience exhibited by CPS frontline workers and administrators can help combat burnout while ensuring sustainability of the CPS workforce during the COVID-19 pandemic and future crises.

Therefore, in this study we conducted interviews with US-based CPS caseworkers and administrators to explore: 1) their experiences during the COVID-19 pandemic; and 2) how their agencies responded during the pandemic to support CPS workers and families involved in the CPS system.

2. Methods

2.1. Study design and study team

Data for this article are taken from a larger qualitative study examining the impact of the COVID-19 pandemic on children and families, specifically its effect on family violence and related service provision from the perspectives of intimate partner violence (IPV) advocates, IPV administrators, and CPS caseworkers and administrators. Our study team comprised a multi-disciplinary group representing multiple academic institutions, Futures Without Violence, the American Academy of Pediatrics, and the Centers for Disease Control and Prevention's (CDC) Division of Violence Prevention. This diverse team allowed for multidisciplinary discussion, continuous evaluation of sources of potential bias, and data triangulation from multiple expert perspectives (Patton, 2015). The IPV aspects of the larger study centered on the experiences of IPV survivors and their families during the pandemic, the role of IPV advocates and agencies in supporting families, and practice and policy implications emerging during the pandemic. We examined these questions through interviews with IPV advocates and administrators; results from these data are available elsewhere (Garcia et al., 2021; Ragavan et al., 2021).

The CPS components of this study, which are described in this article, focused on CPS workers' and administrators' descriptions of their experiences during the COVID-19 pandemic (both personally and professionally) and their perceptions of how their work was impacted by the pandemic. We used a descriptive qualitative approach for this study. Descriptive qualitative research is defined as

"research designed to produce a low-inference description of a phenomenon" (Kahlke, 2014). Descriptive qualitative research is particularly useful for hypothesis generation in the context of new or unprecedented phenomenon, such as the COVID-19 pandemic. Descriptive qualitative research relies on an inductive approach, with the majority of codes emerging from the data. We chose this approach to amplify the voices of CPS caseworkers and administrators and hear about their experiences during this unprecedented global health emergency. The University of Pittsburgh Institutional Review Board approved this study and deemed it exempt.

2.2. Participants

Study inclusion criteria included: 1) identifying as a CPS caseworker or administrator in the United States; 2) being 18 years of age or older; and 3) being able to complete the interview in English. CPS caseworkers were defined as those working directly with families; administrators were those with supervisory roles.

2.3. Development of the interview guide

The interview guides explored workers' perceptions of the COVID-19 pandemic's impact on CPS, on the families they serve, their organization's response or adaptations made, and challenges that arose. Questions focused on: 1) how CPS staff and agencies adapted in response to the pandemic; 2) the experiences of CPS caseworkers and administrators during pandemic; and 3) how CPS supported children and families during the pandemic. Separate interview guides were developed by the research team for caseworkers and administrators, though similar themes were addressed in both. Prior to using the interview guides, we pilot tested them with 1 CPS caseworker and 1 administrator and made adjustments based on their feedback. Additional questions were added during data collection based on emerging codes, such as asking about specific supports needed by frontline workers. Online supplemental materials include the questions asked during interviews.

2.4. Training of qualitative interviewers

Interviews were conducted by 4 of the authors (VR, LR, CH, KP). Prior to starting data collection, the 4 interviewers attended a qualitative methods training facilitated by an expert in qualitative research (JC). This training included content on how to conduct interviews and strategies for managing challenging situations during interviews; we also reviewed the interview guide. The interviewers then practiced conducting interviews on each other and received feedback from the study team. Transcripts from the first few interviews for each interviewer were critically reviewed by qualitative researchers on the team (JC, MR), with feedback provided prior to beginning the next round of interviews. Ongoing training was provided throughout the data collection process.

2.5. Participant recruitment

Participant recruitment occurred through announcements on listservs and word-of-mouth. We started by using the networks of a senior child abuse pediatrician (RB), as well as sending out emails through state listservs. Invitations were distributed widely across the US and territories. Eligible participants emailed or called the study team to set up an interview. Some direct recruitment, via email, was performed to increase responses. We also used snowball sampling, where administrators were asked if they knew caseworkers who would be interested in participating in the study.

2.6. Data collection

Study team members trained and experienced in qualitative interviewing conducted virtual interviews through a private video-conference. An information script was reviewed prior to the interview and participants provided verbal agreement to participate, as required by our IRB for an exempt study. Interviews were conducted confidentially and all identifying information was removed during transcription. Interviews were audio recorded, conducted in English, and lasted approximately 60 min. The interviewer obtained demographic information including race/ethnicity, gender identity, region of the country, and number of years working at the agency. After completing the interview, participants were offered a $30 electronic gift card. Interviews continued until thematic saturation was reached, or when no new themes emerged (Guest et al., 2006).

2.7. Data transcription and analysis

For coding and analysis, the research team used an inductive, thematic-analysis approach, developing codes as they emerged from the data (Braun & Clarke, 2006). To support the organization and management of codes, audio recordings were transcribed verbatim and uploaded into the Dedoose software program (version 7.5.16; Dedoose, 2016). Two coders independently coded each transcript line by line, actively developing a codebook containing individual codes and their definitions (Braun & Clarke, 2006; Patton, 2015). A consensus coder then reviewed the coding of each transcript and noted any discrepancies. An example of a discrepancy which was changed based on consensus coding was adding a new code "effect of COVID on CPS agency" to distinguish impact on agency from direct impact on staff. The entire coding team met weekly to resolve discrepancies through methodically reviewing each discrepancy and discussing until consensus was reached. The full team met monthly to review emerging codes, make any necessary changes to the interview guide, and consolidate codes into themes. To further triangulate our emerging data, we held monthly meetings with a group

of stakeholders affiliated with national and regional violence prevention and victim services organizations around the US. Emerging codes and themes were shared with these stakeholders and feedback was elicited to help shape the results based on their personal and professional experiences.

3. Results

We conducted interviews from July 2020–January 2021 with 21 CPS caseworkers and 16 administrators working in 12 US states. The majority of respondents (81%) identified as female. Other demographic characteristics are found in Table 1. Five themes emerged from the data: 1) impact of the COVID-19 pandemic on conducting investigations; 2) impact of the COVID-19 pandemic on provision of ongoing child protective services; 3) opportunities and challenges for CPS staff working remotely during the COVID-19 pandemic; 4) CPS staff experiencing burnout and challenges obtaining personal protective equipment (PPE); and 5) new ways CPS agencies and staff supported children and families during the pandemic. Representative quotations are provided throughout the results section; Table 2 provides a summary of the results.

3.1. Theme 1: impact of the COVID-19 pandemic on conducting investigations

The majority of participants reported that CPS continued to adhere to pre-pandemic investigation guidelines, conducting cases that reached investigation threshold. An administrator noted, "in terms of what is safe, what is unsafe, what meets criteria for abuse and what doesn't, and what meets criteria for neglect and what does not, [the pandemic] has changed nothing." A caseworker stated: "if we have safety concerns for kids, we still have to go into the home and see the home, see the family, talk with the kids." (P34) Further, the threshold for removal of children from the home was unchanged according to interviewed CPS staff. A CPS caseworker noted: "if a child is at imminent risk of harm, then we have to [remove them] … I don't care if the kid's COVID positive, we have to make that decision… I think when we talk about the threshold of removal, it hasn't so much changed the way we actually do it and the way we determine imminent risk." (P14).

However, most participants did note modifications to the investigation process. A caseworker noted: "[we have had to get] more creative about trying to really limit our time inside of people's houses, by going out on walks with kids to do interviews or talking with them out in the front yard." (P34) Some organizations continued to require caseworkers to conduct an in-person home visit with each investigation, while others incorporated virtual visits and continually adjusted their requirements based on COVID-19 severity in their region. Other organizations had dedicated field teams that conduct in-person assessments, while the rest of the workers remained remote. As an administrator shared: "[we implemented] a system where we had identified field workers who did not carry a caseload, but essentially made all the field contacts for staff at home…so our staff at home were technically doing the investigations and directing the investigations, and we had limited staff who were actually making field contact with our families." (P20).

Privacy concerns and challenges with virtual service provision were highlighted by most participants. At times with high community-based COVID-19 prevalence, or if a family was confirmed COVID-19 positive, caseworkers described conducting a virtual home walk-through, with a subsequent in-person home visit when it was safe to do so. One caseworker shared: "even during those virtual check-ins and face-to-faces, I need to be talking with all of the adults in the household, I need to be seeing the kids…to check-in with the kids privately. They'll do a swivel of the room to show that they're alone." (P34) An administrator discussed privacy concerns while interviewing children, noting: "behind a phone or behind a camera…the perpetrators could be close or near[by]. It doesn't allow

Table 1
Demographic characteristics of CPS frontline workers and administrators (total $n = 37$).

Region	Participants (n/%)
Midwest	13 (35%)
Northeast	15 (41%)
South	0 (0%)
West	9 (24%)
Job type	Participants (n/%)
Frontline Worker	21 (57%)
Administrator	16 (43%)
Race/Ethnicity	Participants (n/%)
Black/African American	2 (5%)
Hispanic	3 (8%)
Native American	3 (8%)
White	28 (76%)
Multi-racial	1 (3%)
Gender	Participants (n/%)
Female	30 (81%)
Male	7 (19%)
Years at agency	
Minimum	1 year
Maximum	31.5 years
Average (years)	8.8 years

Table 2
Key themes and findings.

Theme	Key findings
Impact of the COVID-19 pandemic on conducting investigations	• Continued to adhere to investigation and removal guidelines • Modifications required to limit in-person contact including outdoor interviews, field teams and incorporation of virtual visits • Privacy concerns emerged regarding virtual interviews, especially with children
Impact of the COVID-19 pandemic on provision of ongoing child protective services	• Ongoing services largely switched to virtual • Concerns emerged regarding foster family availability • Visitation with parents became more challenging • Silver linings included improved engagement with families due to virtual alternatives
Opportunities and challenges for CPS staff working remotely during the COVID-19 pandemic	• Increased productivity for CPS staff due to working from home • Technologic challenges overcome with support from organization • Court cases switched to virtual, improving caseworker efficiency
CPS staff experienced burnout and challenges obtaining PPE during the COVID-19 pandemic	• Obtaining adequate PPE was a big stressor for CPS caseworkers • Caseworkers felt under-recognized and under-supported as frontline workers • Burnout increased and job-retention was of increasing concern • Implementation of additional supports for caseworkers was important in combatting burnout
New ways CPS supported children and families during COVID-19	• Some CPS agencies proactively reached out to families • Caseworkers more readily connected families to supports within the community • There was an increase in requests for basic resources, as well as technologic supports • New COVID-specific support systems were created in some counties

us to see things by the eye as much as we want to…It's not givin' us that thorough look that we would otherwise need or want when we're out in the field." (P22) A caseworker shared a similar perspective: "it was easier when we had the field team workers 'cause that way, they were able to still somewhat see them face-to-face…It was always nice to have someone there personally to see what we're missing 'cause parents can hide stuff." (P15).

In an attempt to preserve confidentiality and fidelity of interviews with clients, the majority of caseworkers reported conducting separate, private virtual interviews with children when in-person visits were not feasible. For younger children, several challenges to this practice were noted. A caseworker shared: "for those kids who are verbal, but easily get distracted, kids three, four, five years old, you really have to put in a lot of effort to interview and get their attention and get all the information you can." (P17) That caseworker noted that they prefer to talk to children "off-site at a neutral spot away from parents. It does take that stress off of kids." (P17) Participants regularly noted challenges finding such sites due to COVID-19 physical distancing regulations. A caseworker explained: "community meeting spots have been taken away." (P17).

3.2. Theme 2: impact of the COVID-19 pandemic on provision of ongoing child protective services

Ongoing services—those implemented when there is a perceived need to mitigate future risk in a family for whom the initial investigation is completed—primarily switched to virtual. Participants described the challenges they experienced with virtual service provision. An administrator shared: "initially, the biggest change…was the pausing of face-to-face contact with clients…Pausing face-to-face contact and switching everything to telephone and teleconference we did immediately." (P30) A caseworker shared how virtual service provision changed in-person visitations: "[prior to COVID-19 we] were supposed to be seeing kids in custody once a month in the home…Right now we have permission to do all virtual. I don't go into the home unless it's absolutely necessary or an emergency." (P33).

Most participants also shared challenges arising from placing children in foster homes, noting that many foster homes put their licensures on hold. One administrator relayed: "we don't really have a whole lot of options if we have a child that needs to come into [foster] care; they need to be removed from their parents…we don't have a whole lot of options that we used to have before." (P25) These barriers were compounded if a child had been exposed to COVID-19. As one caseworker noted: "no foster home wants a kid who's got COVID. No foster home wants a kid who's been exposed to COVID, because they don't wanna put themselves or their families at risk." (P34) While some workers stated they had not seen a reduction in foster family availability, this caseworker noted: "for kids [who] have either been exposed to COVID or for kids that have COVID, it's almost impossible to find placement for those kiddos."

Visitation between parents and children in foster care became increasingly challenging to coordinate. Participants described how the indoor locations where visitations had once taken place were often inaccessible due to COVID-19 restrictions, which led workers to arrange visitation outdoors. In late 2020, once the weather started to change, it became harder to find private, safe locations for visitation. One administrator commented: "for a period, we ceased all visitation. Several months later we were able to then reinitiate visitation…Providing PPE to biological parents, letting them—can you hug, can you not hug?…it's a lot to pay attention to." (P28) Some agency visitation rules were based on the ages of children. An administrator noted specific rules for children under age five: "[they] can still see parents face-to-face because of that young age vulnerability bonding. Kids five and older have to do televisits" (CPS

VR 16) based on the COVID severity in their region. Another administrator described challenges related to bonding during these physically-distanced meetings: "parents have to wear full PPE in order to have a visit with their baby and how effective is that bonding with their baby when the baby can't even see the face of their parent?" (P29).

While there were many challenges experienced by CPS workers and their clients during this timeframe, participants did relay some opportunities arising from adaptations made during the pandemic. Importantly, many caseworkers noted improved family engagement during the pandemic due to the transition to virtual service provision. One caseworker explained: "[previously] parents would have issues, especially coming to say court hearings or family partnership meetings, and they'd have to leave work or miss work. The families that are still working, if they're from home, it's easier for them to just hop online, click a button, and they've joined the meeting." (P21) One administrator explained the shift that occurred, stating "we're in a government building, so previously, any parent essentially with a warrant, which is a lot of our parents, would refuse to come to meetings because they could get arrested here. Now, they're showing up to these meetings because they're via phone. They don't have to get here with public transportation. They're not getting arrested because they have active warrants. They're actually making more progress faster on their treatment plans because of the virtual world we're in now." (P24) Overall, as one caseworker remarked: "while there were definitely a lot of benefits pre-COVID to being in court in-person and family partnership meetings in-person…I think what we're noticing a lot is we have less no-shows, more engagement." (P21).

3.3. Theme 3: opportunities and challenges for CPS staff working remotely during the COVID-19 pandemic

The majority of participants reported working from home since the onset of the pandemic, at least part-time. This allowed for increased productivity and efficiency when connecting with coworkers and clients virtually. One caseworker commented: "[I] found that I have more time to support families with the introduction of telehealth. I would actually see my [clients] more virtually throughout the month than I was when I was seeing them in person." (P14) An administrator commented: "caseworkers really are feeling a better work-life balance with being able to work remote. They're not having long commutes. They can throw a load of laundry in between meetings or whatever. We've heard multiple times that, despite the stress the pandemic is causing, they do feel like there's a better work-life balance." (P31).

Some CPS administrators stated their organizations were able to provide new supports for workers at home during this time. Many participants noted that they appreciated working from home and felt supported by their department during the transition period. As one administrator explained, "child protection has been extremely flexible with allowing us to make our schedules work with our families' needs at the time." (P27) While some caseworkers faced technologic challenges such as inadequate connectivity, they were often able to overcome these issues with the help of their department. As one caseworker noted, "it's like we've found some rhythms to make things easier for us…and the department has given us cellphones and laptops to work from home. Their technical support has boosted significantly." (P24).

Just as CPS agencies shifted to operating virtually, so too did other organizations and operations such as the court system, allowing for increased efficiency. One caseworker noted: "[pre-pandemic] if I had a 9:00 a.m. hearing and then a 10:30 a.m. hearing in person, I'd be in court my whole morning through lunch. Just for two court hearings. Now that we're virtual, I can literally plan work in between my court hearings now because I know when my court hearing's actually gonna occur." (P26) Within their own organization both administrators and caseworkers noted "[there was] more supervision and…continued check-ins…There's more trainings and more workshops and the participation has…[increased] too." (P16).

While pandemic adaptations created some opportunities, some CPS staff felt that they accomplished more working from the office and noted it was difficult to balance their working time at home while caring for family members. One administrator noted that their staff were facing challenges similar to those of the families they serve: "we've had some staff have to go off on family medical [leave] 'cause of childcare. They have children who are at home in school and so they're saying I have to focus on my children." (P7).

3.4. Theme 4: CPS staff experiencing burnout and challenges obtaining PPE during the COVID-19 pandemic

Participants shared many new sources of stress caused by the COVID-19 pandemic. Obtaining PPE, and the delay therein, was a significant challenge for many departments. This led to workers feeling unsupported by their agencies. As one caseworker noted: "[initially] there just wasn't a whole lot of support…as far as acknowledging what was going on and trying to get us—I think it was two or three months into the pandemic and lockdowns before we got PPE gear." (P34) This caseworker added "[I was] literally stitching pillowcases together to make my own masks because I was having to go out. I know a lot of essential workers were in those kinds of positions." (P34)

As CPS caseworkers continued to perform their duties throughout the pandemic, many described feeling under-recognized as frontline workers. One caseworker noted: "[there has not been sufficient acknowledgment of—we're also still out there on the front line, going out and doing all this stuff for kids." (P34) An administrator reported: "[caseworkers are] very rarely recognized as being the ones that are out on the frontlines. Our agency hasn't stopped in any way, shape, or form since this pandemic started. The law requires us to see children when we need to see children. There's no loopholes with that. We were given the N95 masks to wear in case we're near somebody who has COVID. We don't really have any protections or guarantees or anything throughout all of this. We're the ones that are in the middle of trying to help these people who are financially ruined by this pandemic." (P13) Some caseworkers felt so overwhelmed during the pandemic that they were not able to give their clients the support they knew they required: "[I don't] have the time to go above and beyond and try to provide those extra services, even though I've no doubt they'll be helpful." (P26).

Implementation of additional supports for caseworkers was important in combatting burnout. These ranged from technical support

to mental health services, as well as encouragement for workers to utilize pre-existing services like an employee assistance program. One administrator reported: "[I would send] reminders to staff to utilize our employee assistance, if they need it." (P31) Administrators recognized that this was a challenging, isolating time for workers, noting: "[we have] caseworkers who are trying to homeschool their kids, and work. All the challenges that all of America are facing. It takes an emotional toll, especially on top of a job that's emotional and taxing anyway." (P31) Administrators noted that there was a pre-existing issue of job retention within CPS which was exacerbated by the pandemic. Per one administrator: "one of the most profound elements is the unbelievable drop in the number of investigators once COVID hit… We are under 700 investigators right now. We sometimes are up between 750 and 800… This is a time where we have a lot of people leaving child protection regardless, based on the age of our employees and the time of year." (P28) Thus, some agencies held a variety of trainings for caseworkers, including mindfulness, self-care and interviewing tips while being mindful of COVID-19 restrictions. One administrator reported: "[we are] doing a mindfulness training…We have an actual worker from another county that's presenting it for us... I'll be honest, a lot of our staff are in counseling right now. Their own personal counseling because they had to." (P22).

3.5. Theme 5: new ways CPS supported children and families during COVID-19

During the pandemic, especially during the height of shelter-in-place orders, many people reported feeling isolated. Some agencies proactively reached out to clients during the pandemic to ensure their needs were being met. One administrator reported: "[we looked at] all the data, all the cases within the last six months…[Caseworkers] called [clients]… saying we just want to know do you need anything. Letting them know it's not that we had any complaints or anything, but we just wanted to see if they were okay and if they needed anything." (P7).

Agencies utilized existing resources and developed new strategies to meet the needs of families. One administrator stated: "we tried to guide [families] to the services that are in the community. We have put in services into place as far as in-home services, or parent aid services, or child health support…much more freely since the pandemic. It might be a case where an in-home provider, you really needed to justify it a year ago…whereas now we're saying, 'Let's put it in and try it and see if it's at all beneficial.'" (P30) Another administrator reported: "[we are sending] out not just investigators, but…child welfare specialists who can connect with things like housing, food pantry, mental health services, and make really important connections." (P28).

Basic resources such as food and technology were some of the items most commonly requested by families. As one administrator reported: "[we] provided more hard service supports than we probably normally do. Gift cards for groceries, that kind of thing." (P31) Financially, a caseworker from one county reported: "[there is an] additional funding resource available…called COVID emergency assistance. It's basically an application that the family can fill out [to] receive assistance for…rental, or gas, food, those sorts of things." (P21) Additionally, during the pandemic many families became increasingly reliant on technology, and some counties were able to provide smartphones to families in need. An administrator noted: "each worker [was] probably accessing 10 to 12 phones each, and we have 40 field CPSW staff in our office. We were getting 5 to 10 iPhones delivered daily" (P30) which they then handed out to families.

Participants discussed developing collaborative relationships with other community-based organizations to help support families. One caseworker noted: "[we also have to] think about the parents, how are we supporting them? With our role, it's pretty limited, so… what can we do as an agency to connect with other agencies to fully come up with really good resources for these families." (P23) Another caseworker shared: "[our county created] a care portal. Basically, if a family has a request for say car seats, or a gas card, we can submit a request through this portal, and it essentially goes out to any business or church that is participating in the program." (P21) Some organizations also reached out to members of the community for additional support. One administrator noted: "guidance counselors were having no work to do, so we were asking them to go knock on the door and not go in the house necessarily but knock on the door to see if they could engage kids." (P32) This was helpful, because as this administrator explained "our agency can't do it alone. Before they report an [educational] neglect case to us, we ask them now to have a community response team meeting." (P32).

4. Discussion

To our knowledge, this is one of the first studies to describe the perspectives of CPS workers in the US regarding the impact of the COVID-19 pandemic on themselves and the families they serve. Participants highlighted challenges in virtual service provision, while also noting how engaging with families virtually provided flexibility and opportunity for both families and CPS workers. Virtual visits (telemedicine) became more ubiquitous across healthcare settings after the start of the COVID-19 pandemic and have been shown to increase patient's access to healthcare (Koonin et al., 2020; Mann et al., 2020). Our study builds on prior work in the healthcare space by showing that virtual service provision similarly offers families involved with CPS greater opportunity to engage with services. This is particularly critical because one of the reasons that children may remain in the child welfare system is because of challenges parents may face juggling CPS-mandated services with their employment schedules, thereby criminalizing poverty (Keegan Eamon & Kopels, 2004; Roberts, 2002). However, virtual CPS visits also created privacy concerns, as many participants noted challenges guaranteeing confidentiality during visits. Similar concerns have been noted in studies examining virtual mental health therapy (Jentsch & Schnock, 2020; Ragavan et al., 2020). Additionally, virtual family visitation was highlighted by participants as an adaptation made during the pandemic which had potentially harmful impacts on families and parent-child bonding. For that reason, organizations advocating for children and families, such as the American Academy of Pediatrics have released guidance recommending in-person visits continue whenever possible (American Academy of Pediatrics, 2021).

While research prior to the pandemic demonstrated that CPS workers experience high levels of burnout, compassion fatigue and vicarious trauma, the CPS caseworkers in the study noted that the pandemic compounded their baseline stress (Tavormina & Clossey,

2017). These findings are similar to studies conducted with healthcare workers, which have found high levels of burnout due to the COVID-19 pandemic (Denning et al., 2021; Mehta et al., 2021; Raudenská et al., 2020). Caseworkers furthermore noted that they felt overwhelmed and stretched beyond their capacities, and verbalized their awareness that this likely had negative repercussions for their clients. Studies have found that it likely negatively impacts child outcomes as well (Denne et al., E. Denne M. Stevenson T, 2019).

In the face of numerous stressors, the one most cited by participants was feeling ignored and unrecognized as frontline workers specifically as it relates to PPE prioritization. Lack of transparency about PPE shortages, panic around lack of PPE, and unclear PPE guidance created compounding stress for healthcare workers (Nyashanu et al., 2020; O'Sullivan, 2020). Our study suggests that CPS workers were also not provided adequate PPE, and experienced delays in obtaining PPE, which contributed to stress surrounding contracting or spreading the virus to clients as well as their families. Additionally, it exacerbated their feelings of neglect within the health and human services system as a whole, as they felt that they were operating as frontline workers while not being adequately prepared for the challenges that this provided. While CPS workers were prioritized in Phase 1a for COVID-19 vaccine by the Advisory Council on Immunization Practices, many participants did not feel like they were being prioritized and struggled with a lack of PPE (Centers for Disease Control and Prevention, 2021).

Despite the many challenges associated with the COVID-19 pandemic, there were also several silver linings from a professional standpoint including improved efficiency when working remotely, new ways of connecting with coworkers, and opportunities surrounding virtual trainings. Our findings parallel those of a qualitative study regarding the adaptations that one state made to their CPS training program during the pandemic—finding that leadership was able to provide tangible support for their staff by encouraging self-care, promoting work flexibility and actively listening to their employees (Schwab-Reese et al., 2020). Given the high burnout and turnover rate for CPS workers (Leake et al., 2017; McFadden et al., 2018) these changes could be part of a post-pandemic work-life balance set up for CPS agencies looking to retain workers longer.

In addition to finding innovative solutions to support their own professional wellbeing, CPS workers reported that they were able to support families in new ways, such as proactively reaching out to clients and innovatively utilizing existing resources. In particular, participants highlighted the importance of strengthening collaborations with trusted community organizations providing other needed services. Historically the child welfare system has faced challenges coordinating with other community-based resources, due to communication barriers, lack of resources and competing primary foci between CPS and the collaborating agencies (Darlington et al., 2004). Building partnerships and strengthening relationship among CPS, schools and community organizations (e.g., summer camps, victim services agencies, faith-based groups) might be a potential approach to providing resources and supports for children and families in the CPS system.

We recognize several limitations to this study. Despite extensive, nationwide outreach attempts by the study team, there was a concentration of responses from agencies in the Northeast and Midwest and fewer to no caseworkers and administrators were interviewed from the West Coast and the southern United States. A majority of the participants identified as non-Hispanic white and women, which, while not representative of the United States at large, is representative of CPS caseworkers nationwide (65% identify as non-Hispanic white, 77% as women (Careers, 2021) Zippia.com. We faced challenges getting approvals from some states for CPS staff to participate in this study, which was different from our experiencing interviewing IPV advocates and administrators as part of the larger study. Some CPS caseworkers were not comfortable with recording conversations, despite assurances of privacy and confidentiality per IRB protocol. As a result of the challenges, there is likely selection bias in terms of who participated in this study. Another limitation was that we interviewed CPS employees rather than the families they serve. Families and CPS workers may perceive the same situations and events in different ways. We also did not limit our study to experienced CPS employees, although we believe this is a strength as it allowed us to elucidate a full range of experiences.

Additionally, while not necessarily a limitation, we recognize that few participants discussed the specific needs of communities of color, particularly Black and American Indian or Alaskan Native (AIAN) persons who are over-represented in the CPS system due to histories of racism that have perpetrated cycles of state-sanctioned violence and family separation (Palusci & Botash, 2021; Roberts, 2002). Furthermore, families of color (in the cited study, Black and Hispanic/Latino), as compared with non-Hispanic white parents, reported feeling like the CPS system and processes were less understandable (Cleveland & Quas, 2020). The COVID-19 pandemic, which, due to structural racism, disproportionately impacts Black, AIAN, and Hispanic/Latino communities, likely compounded these pre-existing disparities (Dorn et al., 2020). Interviewees' minimal conversation around racism is potentially expected, as we did not explicit ask about experiences of communities of color (instead used the broader term marginalized communities; supplemental materials). Additionally, studies have shown that white people often avoid discussing issues of race and class, engaging in so-called "strategic colorblindness" (Apfelbaum & Sommers, 2008). Further research is needed to better understand why the intersectional pandemics of racism, COVID-19, and CAN did not emerge in this study.

5. Conclusion and implications

The results from this study set the foundation for research, policy and practice recommendations. Future quantitative research conducted with larger groups of CPS employees and families impacted by the CPS system may be helpful for triangulating some of the findings from this exploratory qualitative study. From a policy and practice perspective, it is likely that CPS caseworkers will have an increased number of clients to support in the aftermath of the COVID-19 pandemic, with physical distancing measures ceasing, and society returning to "normal." There may also be more families requiring services given the deleterious effects of the pandemic. Resources and support are needed for families in the CPS system and for agencies supporting them, including continued opportunity to engage with private virtual services. Additionally, mitigating burnout among CPS workers through flexible schedules, mental health support, virtual trainings, and social connections are important steps to sustain the CPS workforce.

This work also provides guidance for future pandemics or natural disasters. Disaster planning should consider the impact of children and families in the CPS system and ensure safe ways to continue visitation. During future pandemics, clearly identifying CPS workers as front-line workers will help ensure their access to PPE and other important resources. Encouraging communication among CPS systems in different regions and states will be important to share how innovative solutions to common challenges were successfully implemented.

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Declaration of competing interest

The authors do not have any conflicts of interest to disclose. The findings and conclusions in this manuscript are those of the author (s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.chiabu.2021.105431.

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