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The impact of COVID-19 on child welfare-involved families: Implications for parent–child reunification and child welfare professionals

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Abstract

The COVID-19 pandemic has impacted children and parents involved in the child welfare system and the professionals working with these families. Using survey data collected August–September of 2020, this mixed-methods study examined the perspectives of 196 child welfare-involved professionals (77 attorneys, 99 caseworkers, and 20 therapists) in the United States about the impact of COVID-19 on parents of origin, children, foster parents, and child welfare professionals. Particular attention was paid to the implications of COVID-19 and associated challenges for parent–child contact and reunification. With respect to professional stresses, more than half of participants worried about their own personal safety and health amidst COVID-19, and more than three-quarters expressed concerns about the safety and well-being of child welfare-involved families. Participants, especially attorneys, expressed concerns about parent–child contact and disruptions to reunification. In-person parent–child visits had all but ceased during the early part of the pandemic, and participants identified barriers to effective virtual visits, including lack of foster parent oversight, technology issues, and children's developmental stage and/or lack of engagement. Attorneys were especially critical of the cessation of in-person visits and viewed this as a serious threat to child-parent bonds and reunification. Participants, especially child welfare workers, voiced concerns about children's mental health and educational outcomes amidst the pandemic. Findings have implications for attorneys, child welfare workers, and other practitioners who directly and indirectly interface with child welfare-involved families.

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Highlights

1. COVID-19 has created unique stresses for child welfare professionals.
2. COVID-19 has impacted reunification between children and families in the child welfare system amidst the cessation of in-person visits and problems with virtual visits.
3. Professionals who work with child welfare-involved families are concerned about parent–child bonds and reunification, and youth mental health and educational outcomes, amidst COVID-19.

Introduction

COVID-19 has had significant implications for families, especially those involved in the child welfare system. In response to COVID-19, US child welfare agencies and courts instituted immediate suspension or significant reduction of face-to-face family time for children in foster care—actions that often failed to account for individual family circumstances and ultimately isolated children from their families. In turn, technology-mediated contact was initiated, which has raised concerns among professionals about serving the needs of families, especially those with (a) young or special needs children or (b) limited access to technology (Pisani-Jacques, 2020; Singer & Brodzinsky, 2020). To further understand this issue, the current study used data from child welfare workers, therapists, and attorneys to examine COVID-19's implications for families involved in the child welfare system and for child welfare professionals. Specifically, this study addresses professionals' perspectives on the challenges and stresses experienced by parents of origin, children, foster parents, and child welfare professionals in the US as a result of the pandemic, and the perceived impact of these challenges on parent–child visitation, the reunification process, and the well-being of children and families more broadly.

Impact of COVID-19 on parent–child contact and visitation

Child welfare policy and practice prioritizes family reunification as the preferred goal for most children in foster care (Child Welfare Information Gateway, 2019). Yet there are numerous barriers to achieving reunification between parents and children. Parents whose children are removed from their care typically have 12 months to make use of treatment services aimed at helping them to resolve their difficulties as they move toward reunification, at which point a hearing is held to determine whether children can return home (reunification) or if a different permanency plan should be pursued (D'Andrade, 2019).[1] Parents may be struggling with multiple difficulties, including substance abuse, mental health issues, and domestic violence, which may compromise not only their ability to parent but their ability to access and benefit from services (D'Andrade, 2019). Services may also be difficult to access due to lengthy waiting lists, lack of availability in one's area, language barriers, and other barriers. Ultimately, only about half of youth in foster care in the US typically reunify with their parents, a figure that has been declining over the past 15 years, from 54% in 2005 to 49% in 2019 (U.S. Department of Health and Human Services, 2020).

Family time (visitation) is a critical component of family preservation efforts and may promote the likelihood of reunification (McWey & Mullis, 2004; Pine et al., 2014). It supports ongoing family closeness and bonding, preserves attachments, and reduces children's loss and anxiety associated with experiencing profound disruptions in their caregiving environment (Pine et al., 2014). In addition to maintaining family ties and providing reassurance to both children and parents, family time facilitates opportunities for child welfare professionals to assess parent–child interactions and the progress parents have made in meeting reunification goals, including the development of more effective parenting skills (Pine et al., 2014). Moreover, family visitation is linked to reduced time in care and faster reunification, both of which are viewed as being in children's best interests (Hess, 2014). Of course, parents' ability to satisfactorily resolve the issues that brought them to the attention of child welfare systems (e.g., drug use, parenting abilities, and neglect) as well as structural factors (e.g., visit location) may also impact the relationship between visitation and reunification (Blakey, 2012; Leathers, 2002).

Amidst COVID-19, family time has been challenged due to state and agency rules and guidelines related to physical distancing and other virus mitigation strategies. Virtual contact has, in some locations and/or at certain points during the COVID-19 pandemic, been the only available option to support continued family visitation (Orlando et al., 2021). A survey of 197 child welfare professionals, birth parents, adoptive parents, and foster parents in the United Kingdom during the early part of the COVID-19 pandemic found that face-to-face contact had all but ceased and in most cases was replaced by video communication and other forms of electronically mediated contact (Neil et al., 2020). Yet virtual contact may be undermined by overwhelmed, unsupported, and untrained caseworkers, as well as foster parents and families of origin who are unfamiliar with using virtual technology to support family time interactions and who may be reluctant about contact (Singer & Brodzinsky, 2020). Efforts to develop guidelines and training for virtual communication related to child welfare-involved families have begun (Barr, 2020; Orlando et al., 2021). However, there is still much to be learned about virtual communication in support of parent–child visitation during COVID-19, including whether it is perceived by professionals as adequately supporting reunification goals.

Impact of COVID-19 on families in the child welfare system

Both the risk of contracting COVID-19 and the economic impacts of the pandemic more broadly, are likely to be greater with low-income communities and communities of color, which are also disproportionately more likely to be child welfare system-involved due to systemic inequalities that disfavor them and limit their access to the supports and services they need to thrive (Bryant et al., 2020; Fong, 2017; Nelson, 2020). When children in these communities are removed from their homes (e.g., due to neglect), the primary focus of child welfare agencies is to find safe homes for these children, namely, foster care or kinship care. In addition, agencies seek to address the reasons for children's removal (e.g., lack of access to mental health and housing resources) as part of permanency planning (Fong, 2017; Nelson, 2020).

Although the removal of children from families of origin is intended to reduce their exposure to further stress and trauma, it can be experienced as scary and stressful, evoking loss and grief in ways that can have long-term effects (Mitchell, 2016). It may also create a sense of ambiguous loss in relation to family of origin, whereby family members are psychologically present but not accessible (Mitchell, 2016). For children involved in the child welfare system, COVID-19 may mean prolonged separation from families of origin, possibly in foster homes or residential settings (Pisani-Jacques, 2020). Such isolation is likely to have severe impacts that may not only heighten

their sense of ambiguous loss vis a vis family but also amplify mental health or educational challenges. Compared to the general population, children in foster care are more likely to have emotional/behavioral difficulties, academic delays, and special needs, and to receive special education services (Scherr, 2007; Turney & Wildeman, 2016). COVID-19 and associated physical distancing/safety behavior requirements may result in decreased access to educational and mental health professionals. If and when such supports are provided virtually, they may not be as effective: Children with ADHD and children receiving special education services, for example, have been found to struggle more intensely with remote learning during COVID-19 (Becker et al., 2020; Goldberg et al., 2021).

Children in care are not the only ones who are affected by COVID-19. For parents seeking to regain custody of their children, but who can no longer see them face-to-face, this reality may exacerbate feelings of loss and undermine motivation to continue to work towards reunification goals (Pisani-Jacques, 2020). They also may face even more limited access to high-quality services that are part of their reunification plan, including substance abuse treatment, mental health counseling, and housing supports, stymying their ability to make progress toward their goals. Although services may be available virtually, vulnerable populations may not benefit fully from these services, due to an inability to access reliable technology (computers and internet) or a lack of private space for meetings or sessions (Racine et al., 2020; Singer & Brodzinsky, 2020). Finally, the financial and emotional strain associated with the pandemic may hit parents especially hard, leading to employment and housing difficulties and increased substance use, all of which can compromise reunification efforts in the short- and long-term (Panchal et al., 2020).

Impact of COVID-19 on services, supports, and systems

Whether or not children and parents of origin maintain contact, and the type and quality of that contact, depends on multiple factors, including child welfare agency policies, policy adherence, caseworker practices, and caregiver (e.g., foster parent) support. To the degree that virtual visits and, when safe, face-to-face visits, are maintained, and the provision of services that support family reunification continue unimpeded, the goal of reunification can be supported. However, there is reason to believe that COVID-19 has led to disruptions in the types of services, supports, and practices that would support this goal, making reunification less likely.

Factors associated with reduced likelihood of reunification—including caseworker turnover and longer duration in care—are likely amplified during the pandemic (Blome & Steib, 2014; Carnochan et al., 2013). COVID-19 may impact family-child contact by limiting caseworkers' ability to develop and maintain relationships with the family of origin, oversee family-child contact, and provide support to foster parents. When workers do not provide foster parents with ongoing training and support for facilitating children's visits with family (e.g., due to workload, stress, and/or COVID-19 restrictions), reunification goals are undermined (Sanchirico & Jablonka, 2000). Likewise, when agencies do not provide adequate guidance to birth parents regarding comprehensive and individualized services that would support their ability to regain custody of their children, the likelihood of reunification decreases (Murphy et al., 2017). Ultimately, staff turnover, high caseloads, and caseworker stress can impact permanency outcomes by interfering with social workers' capacity to focus on relationships with families and caregivers, which can affect their access to and quality of services, and child well-being, leading to longer stays in foster care (Chambers et al., 2018; Flower et al., 2005; Strolin-Goltzman et al., 2010).

Impact of COVID-19 on child welfare professionals and foster parents

Research on the unique and increased challenges faced by child welfare professionals during COVID-19 is emerging. Miller et al., (2020b) found that child welfare workers in the US reported above-normal levels of stress. Jentsch and Schnock (2020) found that child welfare workers in Germany also experienced heightened stress during COVID-19, which the authors suggested may be due in part to workers' concerns about effectively identifying potential cases of child maltreatment absent the support normally provided by teachers and others, as well as the difficulty of maintaining contact with clients while abiding by physical distancing rules. Evidence from the US (Rapoport, 2020) suggests that school closures have decreased the extent to which children interact with professionals trained to detect child maltreatment, and in turn, rates of maltreatment allegations and investigations have declined since the start of the pandemic. Concerns about adequately identifying cases of maltreatment, coupled with social distancing policies aimed to mitigate the spread of COVID-19, means that child welfare professionals may face greater psychological and practical burdens than in non-pandemic times.

Research is also emerging related to the challenges associated with facilitating contact between children and parents during COVID-19. Neil et al. (2020) found that the introduction of virtual contact to substitute for face-to-face contact was more successful when professionals prepared families for and assisted them with this transition and provided training on technology, and when foster parents and parents of origin had already-established and positive relationships. The lack of physical contact was viewed as especially problematic for young children and was expected to possibly disrupt their connection to family of origin and interfere with reunification.

Speaking specifically to the stresses that foster parents face during the pandemic, Miller et al. (2020a) studied 990 foster parents during COVID-19 and found that they reported increased caregiving stress and decreased caregiver satisfaction, with depressed foster parents and those with financial challenges being at particularly high risk for stress. Of note is that foster parents are often at risk for stress related to their unique role vis a vis children and parents of origin. Yet agency training can help them to manage their stress and facilitate more effective visits, for example, by providing guidance on different ways of setting up visits, helping children remain engaged, working with parents of origin who are disengaged, coping with challenging feelings toward parents, and managing children's disappointment when visits are postponed or parents do not show up for visits (Nesmith et al., 2017; Collings et al., 2020).

Theoretical perspective

The current study draws from family stress and systems theories. Family stress scholars understand families as systems (Prime et al., 2020), in which stress is recognized as the product of multi-directional processes that may spill into multiple domains and relationships. The COVID-19 pandemic is an external stressor that impacts families, adding to their everyday vulnerabilities and relationship difficulties and requiring additional family coping resources (Allen & Henderson, 2017). Yet the pandemic is a complex and multifaceted stressor, involving not just the threat of illness but also financial worries, caregiving burden, and social disruption. Such stressors are likely to interfere with individual and relational functioning, by increasing caregiver stress which leads to poorer child adjustment. Moreover, individual and family resources also impact how families will respond to a major stressor such as COVID-19, for example, people with fewer resources and greater social hardship may encounter greater disruption and more negative consequences associated with the pandemic (Prime et al., 2020).

According to ecological systems theory (Bronfenbrenner, 1986), families—and specifically, child welfare-involved families—must interact with multiple proximal and distal systems, such as the social service system (e.g., child protective services and foster care workers) and the legal system (e.g., judges and lawyers), and possibly other systems such as the health care system (e.g., substance abuse treatment programs) and the school system. All of these systems—which exert great power over families—may be disrupted during COVID-19, and yet families must continue to engage with them. Thus, families who are involved in the child welfare system, who in many cases lack financial and social resources, are at risk for negative outcomes during COVID-19, as (a) COVID-19 likely exacerbates this lack of resources, and (b) these families depend on a range of systems to meet reunification goals that may be strained during a pandemic (Pisani-Jacques, 2020). The current study explores the implications of COVID-19 for child welfare-involved families through the eyes of the professionals who interface with them, with an awareness of the multi-systemic stressors that impact such families and their relationships.

The current study

This study aims to answer several key questions:

1. How has COVID-19 impacted the work lives and responsibilities of professionals who work with child welfare-involved families? For example, how has COVID-19 introduced new job-related challenges and/or stressors?
2. How has COVID-19 impacted child welfare-involved families, from the perspective of the professionals who work with them? What challenges has it introduced, and how have these impacted reunification?
3. How and to what extent do the perceived impacts of COVID-19 vary by professional role (i.e., child welfare worker, therapist, attorney?) Do different professionals voice different concerns, or different levels of concern, related to the impact of COVID-19?

Method

Procedure

The goal of the study was to recruit child welfare professionals, including attorneys, child welfare workers, and child welfare supervisors, to gain insight into their perceptions of the challenges faced by child welfare-involved families during the COVID-19 pandemic. Potential participants were told that the researchers were "interested in child welfare professionals' perspectives on the challenges facing families involved in the child welfare system during COVID-19, particularly those related to contact and the use of virtual forms of communication." People were invited to participate if they were "a professional working in the child welfare system (e.g., attorney, social worker, and CASA volunteer) who works with families of origin, children, or foster parents."[2]

Participants were recruited via email, social media, and snowball sampling to participate in a 15–20 minute anonymous survey, hosted by the online platform Qualtrics. More specifically, the four researchers—three clinical psychologists, one of whom is a professor and two of whom are in private practice, and one attorney—sent information about the study via email to their professional networks, who were asked to share it within their own personal and professional networks. In addition, the researchers shared information about the study to professional listservs, including those related to child welfare (e.g., the Massachusetts Child Welfare Coalition) and child advocacy

(e.g., the Child Advocates of Rhode Island). Several national organizations (e.g., Lambda Legal; National Association of Counsel for Children) and state/county organizations (e.g., Connecticut Legal Services; County Welfare Directors Association of California) also disseminated the information, at the researchers' request.

Participants were told they could leave any question blank and could drop out at any time. They were given the option of being entered to win one of three $50 gift cards. The study was approved by Clark University's human subjects review board. The median duration to complete the survey was 24 minutes.

Sample

The sample (N = 196) included child welfare-involved professionals, including caseworkers and supervisors (99), attorneys (77), and therapists (20). We only included individuals who completed 75% of the survey in our analysis; and, of these, we further excluded a small number (7) of participants who reported non-legal advocate roles to in order limit the overall number and type of professional roles represented in the sample for comparison purposes. All participants indicated that they worked with child welfare-involved families.

The sample was mostly female (86.2%), White (80.6%), heterosexual (83.7%), and well-educated (all but 2.6% had a college or graduate degree). More specifically, the sample consisted of 169 females, 25 males, and 2 trans individuals. A total of 164 identified as heterosexual; 9 were bisexual, 6 queer, 4 lesbian, 3 gay, and the rest declined to state. A total of 158 identified as White only, with the rest identifying with at least one of the following: 20 Latinx/Hispanic, 9 Black, 9 Asian, 3 Middle Eastern, 2 American Indian/Alaska Native, 1 Native Hawaiian/Other Pacific Islander, and 1 East Indian.

The sample was disproportionately from California and Massachusetts—the states in which the investigators reside and work. Namely, 87 (44.4%) lived in CA, 32 (16.3%) in MA, 13 (6.6%) in NY, 9 (4.6%) in OK, 6 (3.1%) in OR, and the remainder in one of 22 other states.

Participants provided information about the client populations they served. Sixty-four percent of attorneys (49), 80% of child welfare workers (79), and 14% of therapists (14) worked with youth, χ^2 (2, 196) = 5.74, p = .057. Seventy-seven percent of attorneys (59), 50% of child welfare workers (50), and 65% of therapists (13) worked with birth parents, χ^2 (2, 196) = 12.65, p = .002. Follow-up chi squares revealed that attorneys were more likely than child welfare workers to work with parents of origin, χ^2 (1, 176) = 12.53, p < .001. A total of 22% of attorneys (17), 64% of child welfare workers (62), and 35% of therapists (7) worked with foster parents; and 1% of attorneys (1), 26% of child welfare workers (26), and 5% of therapists (1) worked with adoptive parents. Due to small cell sizes, no chi square tests were conducted to examine the association between professional role and foster parents/adoptive parents as clients.

Questions

The current mixed-methods study focuses on responses to closed- and open-ended questions regarding the effects of COVID-19 on job-related stresses, families in the child welfare system, and reunification.

Professional role. Participants were categorized as child welfare worker/supervisor, therapists, or attorneys based on their response to two questions: (a) What is your professional role? Case worker, Case manager, Supervisor, Therapist, Lawyer, Something else (explain) and (b) What is your job

title and responsibilities? As noted, there were a small number (7) of non-legal advocates (e.g., CASAs) whose data we do not include given their limited representation.

Changes in job due to COVID-19. Participants were asked whether or not COVID-19 had created more stress or challenges in their job in four areas: (1) increased worry about the safety of families and children (e.g., rising stress, economic insecurity, and substance use); (2) increased worry about their own safety/protection from the virus (e.g., when interacting with families); (3) fear of, or actual, furlough or job loss; (4) increase in caseload; and (5) something else (open-ended).

COVID-19 and reunification. Participants were asked, "In your opinion/experience, how has COVID-19 affected the process of reunification and/or permanency planning for children?" and given the following response options: (1) It has led to a slow-down in reunification (explain); (2) It has led to an acceleration in reunification (explain); (3) It has led to other changes in permanency planning (explain); (4) I cannot speak to this in my professional capacity.

Concerns about reunification changes due to COVID-19. Participants were asked, "If you believe that COVID-19 has impacted the process of reunification or led to changes in permanency planning), how concerning is this to you?": (1) I am very concerned; (2) I am somewhat concerned; (3) I am not very concerned; (4) I am not at all concerned.

Open-ended questions. (1) What are your greatest concerns about how COVID-19 has impacted families involved in the child welfare system? (2) What challenges do you see parents of origin, children, foster parents, and/or pre-adoptive parents encountering during COVID-19 related to contact/visitation? (3) If you believe that COVID-19 has led to [a slow-down in reunification; an acceleration in reunification; other changes in permanency planning], explain. (4) In your experience, if face-to-face visits between parents of origin and children have ceased, even temporarily, during the pandemic, please explain why and how long this occurred or has typically occurred.

Data analysis

Quantitative. To determine whether selected variables differed by professional role, we conducted a limited series of chi square analyses for dichotomous variables. Where chi square tests were significant for professional role, post hoc chi square tests were conducted.

Qualitative. We used content analysis (Krippendorff, 2004) to examine responses from the open-ended portions of the surveys. Participants generally gave responses of 1-5 sentences to each query. Content analysis is a standard method for examining open-ended responses to survey questions, generating new insights through a process of identifying, coding, and categorizing primary patterns or themes in the data. Through this process of exploring and classifying qualitative data, we condensed responses into a number of content categories (Krippendorff, 2004) to develop a coding system to organize the data (Bogdan & Biklen, 2007).

Our analysis focused on participants' description of the child welfare system, visits, reunification, and COVID-19 and was informed by prior literature and family stress and ecological systems frameworks, as we were attentive to the interrelated and cascading nature of the stresses experienced by families and caregivers involved in the child welfare system, from the perspective of professionals involved in that system. The first author first read all open-ended responses to all survey questions to gain familiarity with the data, including overarching themes in responses.

Through line-by-line coding, relevant words, phrases, and sentences that were relevant to the primary domains of interest were identified and labeled. Then, these codes were abstracted under larger categories and subcategories, and these were positioned in relation to each other, such that connective links among them were established in an effort to accurately and meaningfully describe the data and participants' perceptions of the child welfare system and COVID-19. A coding scheme was produced and re-applied to the data. The second author reviewed the scheme and offered input about the "storyline" of the findings (Bogdan & Biklen, 2007). Finally, themes were explored with attention to key participant characteristics, such as profession, to better understand patterns across, and unique to, specific groups of participants.

Findings

Descriptive data: Key stressors for attorneys, child welfare workers, and therapists

Participants reported a mean caseload of 56 (Mdn = 30, SD = 91.50; attorneys: M = 76.7, SD = 66.6; child welfare workers: M = 46.0, SD = 114.5; therapists: M = 19.8, SD = 15.44). Participants were asked whether COVID-19 had created more stress or challenges in their job in key areas. A total of 152 participants (77.6%) endorsed increased worry about the safety of families and children, a finding that differed by role, χ^2 (2, 196) = 6.93, p = .031. Follow-up chi square tests revealed that attorneys were more likely to endorse this than therapists, χ^2 (1, 97) = 6.67, p = .015, and to a lesser but not significant extent, than child welfare workers, χ^2 (1, 176) = 3.02, p = .053. A total of 108 (55.1%) endorsed increased worry about their safety and protection from the virus; 45 (23.0%) had experienced or feared furlough/job loss; and 29 (14.8%) reported an increase in caseload. The latter three concerns did not differ by professional role.

Fifty participants (25.5%) indicated that they had experienced other stressors in their job. Analysis of their responses showed that such stressors involved managing and worrying about one's staff/employees' physical safety (e.g., in terms of overseeing visits; n = 5) and emotional well-being (n = 3). Personal stress, deteriorating mental health, and a decreased sense of mastery in one's job were emphasized (n = 5), as well as stress related to the disappearing work-home boundary and its consequences for one's job (e.g., confidentiality) and personal life (e.g., work emergencies creep into home life) (n = 5). Stress related to adapting to virtual court hearings (n = 6) and virtual visits (n = 4) and forming rapport with clients virtually (n = 3) were noted. Some (n = 7) described stress related to the increased workload more generally, including learning new technology, managing more paperwork, and adapting to ever-shifting guidelines and policies.

Descriptive data: COVID-19, reunification, and permanency planning

We conducted descriptive statistics related to beliefs regarding how COVID-19 had affected permanency planning, and follow-up chi squares to determine whether endorsement of the position that the pandemic had slowed down reunification differed by role. Similarly, we investigated participants' level of concern related to reunification slow-downs and whether being very concerned (versus somewhat, not very, or not at all concerned) differed by role.

A total of 101 participants (51.5%) believed that COVID-19 had slowed down reunification, with 8 (4.1%) believing that it had sped it up, 29 (14.8%) believing that it had affected permanency planning in other ways, and 58 (29.6%) unable to speak to this in their professional capacity. Excluding this last group, we found significant differences as a function of role with regard to perceptions of COVID-19 as slowing reunification (versus accelerating it or causing other

permanency planning changes), χ^2 (2, 138) = 18.44, p < .001. Attorneys were more likely than child welfare workers, χ^2 (1, 124) = 15.16, p < .001, and therapists, χ^2 (1, 73) = 14.20, p < .001, to believe that COVID-19 had slowed reunification.

More than half (103, 52.6%) of the sample was very concerned about the impact of COVID-19 on reunification or permanency planning. Over a quarter (54, 27.6%) said they were somewhat concerned, 10 (5.4%) were not very concerned, and 2 (1%) were not at all concerned, with 27 unable to speak to this issue. Excluding the last group, we determined that there were significant differences in being very concerned (versus somewhat, not very, or not at all) by role, χ^2 (2, 169) = 26.70, p < .001. Attorneys, χ^2 (1, 151) = 26.26, p < .01, and therapists, χ^2 (1, 95) = 4.11, p = .039, were more likely to express being very concerned than child welfare workers.

COVID-19 and families in the child welfare system

Participants were asked about their greatest concerns regarding the impact of COVID-19 on families involved in the child welfare system and about the specific impact of COVID-19 (and their concerns about such impacts) on family-child visits, reunification, and permanency planning. In our qualitative analysis, we focused primarily on the broad question regarding impact on families, drawing on respondent data related to reunification and visitation where relevant—for example, to elaborate on participants' concerns and perceived relationships among various factors, such as COVID-19, poverty, access to services, and reunification.

Participants generally emphasized multiple concerns—including, most frequently and saliently, the attenuated bonds between children and parents due to long periods of separation; lack of services (or lack of access to services) for parents to support their physical and emotional well-being, and in turn, their ability to make progress on their case plans and move towards reunification; and lack of support from the child welfare system (including foster parents) and court systems to facilitate reunification goals or permanency planning more generally. The direct impact of the pandemic on birth parents' physical and emotional well-being, and on children's emotional and educational well-being, were also emphasized. A typical response came from this attorney: "It has weakened the bonds between parents and children, delayed services for reunification to occur, and has negatively impacted children's education."

We present our primary findings in terms of the major themes that emerged related to in-person visits, services, and systems, and their role in undermining reunification between birth families and youth (Figure 1). Consistent with the quantitative data presented above, attorneys were especially likely to emphasize the slow-down in reunification as a concern, likely reflecting in part the reality that they were the most likely to represent parents of origin (and often represented youth). Attorneys often indicated that they viewed multiple systems and stakeholders (courts, the child welfare system) as overly protective of children and quick to remove, but slow to reunify them with, family, especially during COVID-19. We also present findings on several other areas of major concern, which were more commonly described by child welfare workers: impacts on youth in care (mental health and educational), impacts on foster parents, and unreported abuse/neglect due to school closures and social distancing amidst COVID-19.

Lack of in-person visits leads to attenuated bonds which in turn undermines reunification

Most participants described a drastic reduction or total elimination of in-person or face-to-face visits between children and parents, due to state and/or agency COVID guidelines related to physical distancing and interhousehold contact—as well as, in some cases, foster parents' and social
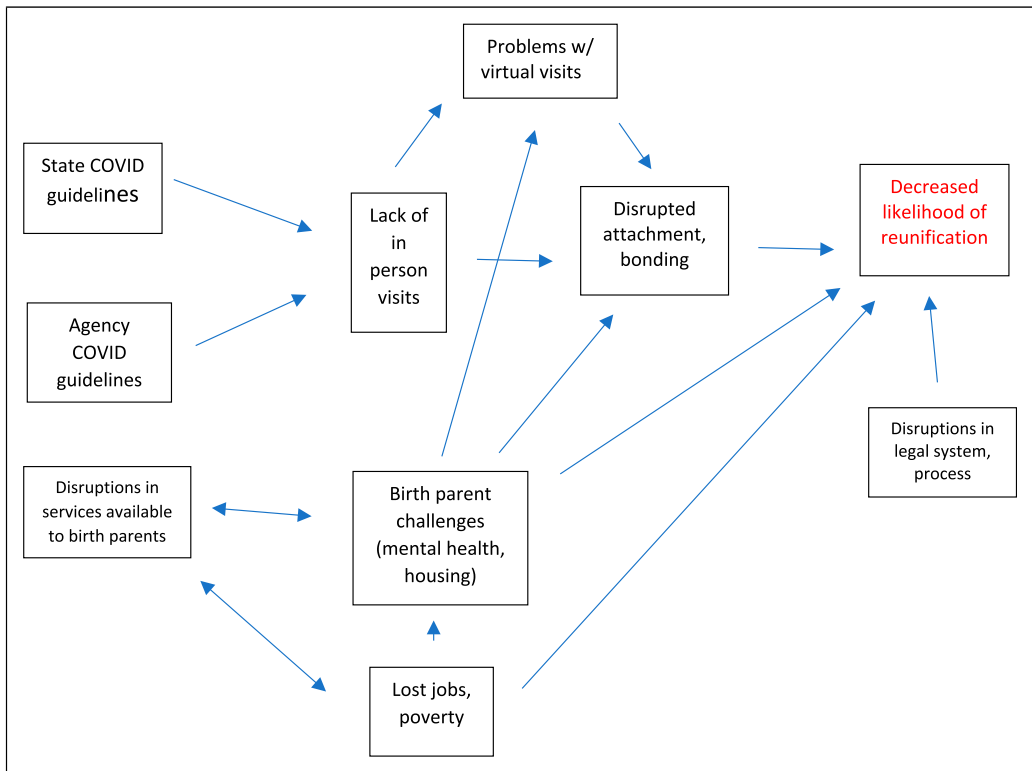
Problems w/ virtual visits

State COVID guidelines

Agency COVID guidelines

Lack of in person visits

Disrupted attachment, bonding

Decreased likelihood of reunification

Disruptions in services available to birth parents

Birth parent challenges (mental health, housing)

Disruptions in legal system, process

Lost jobs, poverty

Figure 1. Systemic, interpersonal, and intrapersonal impacts on reunification.

workers' hesitation to facilitate in-person visits, even when restrictions were modified or lifted. A lack of parent–child contact was of notable concern, given its implications for bonding, attachment, and family relationships, which in turn was viewed as impacting reunification. "It's a bonding and attachment nightmare," said an attorney. "Not only has COVID-19 been a traumatic experience but the separation and isolation from friends and family is frightening for parents and children," said a child welfare worker. Indeed, 51 participants—32 attorneys (AT), 17 child welfare workers (CW), and 2 therapists (TH)—emphasized the damaged parent–child relationship as a serious concern— with attorneys, again, centering poor reunification outcomes as a notable consequence of prolonged separation. One attorney said, "The parents and children have limited if any contact and this will affect reunification since bonding is a huge factor in our cases." Another attorney stated, "The lack of contact. . .will have long lasting effects on family dynamics, even if families are able to reunify."

Many participants emphasized the serious effects of this separation for infants and young children, for whom virtual visits were likely an especially insufficient substitute due to the lack of physical touch and difficulties with engaging virtually. One attorney stated: "Long periods of no in-person contact with parents, especially for toddlers and infants, have diminished attachments. . . . The court slow-downs, suspended in-person visits, and delays in services will further increase the length of time that many children are in care." A child welfare worker pointed out that not only was a lack of in-person visits harming the parent–child relationship, but, for young children especially, the extended time with foster parents facilitated a substitute bond: "I worry most about parents who

have had their babies taken away and can't see them for critical developmental periods while the babies bond with the foster families."

Ultimately, the lack of in-person visits that so many participants cited as negatively impacting bonding was viewed as impacting reunification in several different ways. First, a lack of visits was viewed as impeding the court's willingness to facilitate reunification. "I do not see any situation where our department and court would return a child home who was visiting just a few hours a week; there needs to be a progression" (CW). A lack of visits was also viewed as undermining birth parents' motivation to work towards reunification: "The research supports that regular contact with children motivates parents to keep working towards the goal of reunification. COVID has impacted visitation in a way that I think may discourage parents and may lead to a lower percentage of reunifications in the system" (AT). Finally, a lack of visits not only impacts parents, but children. Indeed, when young children fail to attach to their parents because of a lack of face-to-face contact or when their existing attachments to parents are disrupted by lack of contact, this too may decrease the likelihood of reunification. One attorney noted, "Kids are not bonding with their parents after removal, and kids are not bonded with parents upon return," highlighting how, even if reunification occurred, it might be temporary or problems in family dynamics might persist far beyond children's homecoming. Several attorneys noted that even as in-person visits resumed in some areas of the country, they might be "too little, too late": "In person visits are being reinstated but very slowly and very inadequately. We have situations where the kids really don't even remember the parents. It is very sad."

Problems with in-person and virtual visits. In the rare cases where visits did occur in-person,[3] such contact took place in less than ideal conditions that did not seem "natural" and thus was not always viewed as meaningful family time that facilitated bonding. Child welfare workers in particular shared that it was challenging to get children to "respect" physical distancing—and parents sometimes struggled as well. This created conflict for the visitation supervisor. Seven participants (3 CW, 3 AT, and 1 TH) shared that it was difficult to get family members to follow the guidelines. "Kids may not understand COVID protocols for safety, distancing, and parents may not follow them either" (CW). The inability to be physically close was seen as difficult for children and parents. "Social distance is hard on most kids and they don't understand why they can only see parents outside or from a distance" (CW). Eleven child welfare workers noted challenges regarding foster parents' agreement to visits: Without knowledge of birth families' exposure risk, many were unwilling to allow these visits to happen even if permitted by agency/state guidelines. Nine professionals (7 CW and 2 TH) described issues finding staff who were willing to provide supervision for in-person visits, due to concerns related to their own or children's exposure risk, or discomfort with trying to enforce mask wearing/social distancing.

Most often, however, in-person visits were not occurring; rather, visits were happening virtually. Participants cited many challenges and limitations associated with virtual contact, especially for infants and young children, for whom activities like feeding, holding, and cuddling are especially important to bonding (Singer & Brodzinsky, 2020). As one attorney said, "Virtual contact does not allow for the touch and physical interaction necessary to parent, or, for a child to feel the parent or receive hugs." Indeed, 20 participants said that virtual contact lacked many of the key qualities of in-person contact (i.e., it was less meaningful, did not support effective communication, and was not engaging). "Children do not express themselves as well as when in person" (CW). "Kids are disinterested, and the quality is not very good" (AT). Difficulties with technology (e.g., due to lack of access to/training in using technology) were cited by 21 participants as undermining visit quality success, and in some cases agencies were blamed for not addressing such issues through the provision of equipment or training. Said one attorney, "Many parents have a difficult time staying

connected to virtual visits due to lack of understanding of technology or sometimes financial barriers (data plan limits, only having access to free wi-fi in the community)." Said another attorney, "Clients have complained about poor connections and older equipment and have not been helped by DHS. . . to improve the situation."

Lack of supervision of virtual visits by foster parents (e.g., due to lack of interest, not seeing "bridging" as a part of their role, scheduling demands, stress, and lack of training) was seen as a barrier to meaningful, effective virtual contact. A child welfare worker said, "When the foster parent is responsible for supervising or monitoring it hinders the bridging relationship between the foster parent and natural parent and can cause awkwardness in the relationship and for the children." Another child welfare worker said: "They're having to do much of the oversight during virtual visits which leads to frustration and uncomfortable situations."

Fourteen participants (10 CW and 4 AT) described foster parent concerns about privacy and confidentiality as central to their unwillingness to facilitate visits. "Foster parents did not want biological parents to know where they were or have their phone numbers so refused to do virtual or phone visits" (CW). "Some foster parents are very nervous to allow the biological parent to even see their home or their face" (CW). Five participants (4 AT and 1 CW) felt that foster parent bias interfered with their willingness to facilitate visits ("they have their own agenda"; AT). One attorney shared their perspective that "some foster parents want to limit visits with birth parents because they want to adopt the children and will provide subpar excuses for unavailability." Another attorney said: "They are biased observers with often an alternative motive that the parents don't trust and for good reason. And they are believed by courts...without question."

Lack of access to birth parent services and supports undermines reunification

Twenty participants (10 AT, 8 CW, and 2 TH) emphasized COVID-related disruptions in services, supports, and resources for child welfare-involved families, and parents of origin specifically, which were often expected to interfere with and undermine reunification goals given that these services were fundamental to their case plan. Attorneys were especially likely to highlight this, noting for example that the "lack of services available in the community [due to COVID] means that parents cannot check the boxes to complete their case plan." Seven attorneys suggested that child welfare agencies were either taking advantage of or doing nothing to offset the fact that families of origin were struggling with a lack of services and did not expect agencies or courts to make accommodations (e.g., extend timelines for reunification; give credit for virtual service participation). "The resources parents need to work on their case plans aren't there, and the child welfare agency isn't helping work towards reunification," said one attorney. "The department seems lackadaisical in their unwillingness to recognize that families need a do-over for the lost [opportunity to benefit from services] due to COVID's impact," said another.

Of course, not only did the disruptions in and lack of access to treatment and services impact birth parents' ability to "check the boxes," it also deprived them of the ability to get help for their challenges, potentially magnifying their current struggles (e.g., depression, substance use). One therapist observed that the pandemic and associated lack of services "continues to put parents behind in their struggle to overcome identified issues." A child welfare worker reflected, "Families are not getting the support they need from drug and alcohol services, mental health services, and parenting education services. It is easy to not engage when there is no team of people." Some recognized that an inability to make progress might interfere with parents' hope and motivation related to reunification: "It causes additional stress for parents who are working towards returning [children] home to now feel like they are stuck since they can't make progress in their services"

(CW). And, of course, not only were some parents unable to "check the boxes" to complete their case plan, and possibly struggling with increased depression, substance use, and motivation, but, these behaviors themselves might lead to further personal and family destabilization and decrease chances of reunification. As one attorney noted:

If a client was receiving domestic violence services and those classes stop, the parent might resume their toxic relationship, totally destabilizing their case and putting them on track for services to terminate and the children adopted. Same with drug treatment and any other issue. If we are really giving parents the services to allow them to make changes in their lives in order to become safe parents, and then the services are no longer offered, how can we continue the timeline of the case? This is incredibly unfair.

Many participants recognized that birth parents' personal and family stability was not only indirectly affected by COVID-19 (e.g., via its impact on services) but also directly affected, in terms of its impact on their material resources (e.g., via job loss and housing issues) and overall stress, which in turn increased their risk of substance abuse, mental health challenges, and abuse—either as perpetrator or victim. Their elevated risk of experiencing negative social or personal circumstances due to COVID were emphasized by some—especially attorneys—as possibly undermining re-unification goals and accelerating termination of parental rights, since these parents were in-creasingly living "on the margins," threatening their ability to provide for children. One attorney expressed concern that COVID-19 and the economic downturn would affect "clients' ability to find work and maintain stable housing, which will further stall reunification." Another attorney said, "Children won't be returned to families that cannot support the kids and cannot help them distance learn or provide adequate nutritious food."

Significantly, seven child welfare workers asserted the belief that substance use and mental health difficulties would likely be amplified due to COVID-19—but rather than focusing on how these issues would impact reunification, they underscored how they might contribute to removal of children. These professionals were concerned about parents' increased risk of abuse, neglect, and poor parenting due to COVID-19, leading to child removal. One child welfare worker worried about the "stresses of finances and relationships and people cooped up together. [There will be] more feelings of isolation, depression, drug use, violence."

Child welfare and legal system failures undermine reunification

Participants detailed concerns about how failures in both the child welfare and court systems might delay or interfere with reunification. Eleven (9 AT and 2 CW) highlighted the role of child welfare agencies in either indirectly or directly interfering with reunification: "The agencies will try to use COVID itself as a reason to slow-down reunification. Parents who have participated in programs virtually during COVID may not get full credit for participation" (AT). Several attorneys critiqued child welfare agencies for unilaterally ceasing in-person visits and family time, seeing this decision as having consequences for reunification that agencies either did not seriously consider, or con-sidered and took advantage of. Said one attorney, "It's horrendous that the Department used the pandemic to justify alienating children from their families of origin." In this case, and others, attorneys appeared to view departments of social services as biased against families of origin and as directly interfering with reunification.

Some emphasized the role of the court system in interfering with reunification. Twenty par-ticipants (13 AT, 5 CW, and 2 TH) highlighted the slow-down of the court system in undermining permanency planning, including reunification and termination of parental rights. Court closures had led to delays in processing cases, resulting in a backlog: "[Because of the] delays in cases, I am

concerned that parents have had progress slowed" (AT). One attorney was "concerned about the time it will take to get a trial date if trials are in person, and that continued time out of the home will. . .damage parent-child relationships, making reunification more challenging."

In addition to concerns about slowing or stalling cases, seven attorneys noted that birth parents' rights, including due process rights, were being violated due to the ways that courts were proceeding in their cases. In their view, virtual hearings disadvantaged parents who lacked access to proper equipment or high-speed or stable internet connections. Some also viewed the expectation for parents to attend court appearances online as inappropriate. One attorney said: "I am extremely concerned about my clients' due process rights, having to do evidentiary hearings on zoom, and their ability to be up to date with necessary technology." Another attorney said:

> That courts are going to start conducting term[ination] of parental rights trials and ultimately terminate parental rights over video conferencing...is a huge violation of due process and is inappropriate to do in the middle of a pandemic when so many of us are just struggling to maintain, never mind access, new services and grow/improve ourselves.

Other impacts: foster parents, children, and "unreported abuse"

Beyond problems related to lack of in-person visits, interrupted access to services, and problems in the child welfare and court systems, all of which directly or indirectly impact reunification, participants highlighted concerns in three other areas: (a) stress and functioning among foster parents; (b) stress and functioning among children in foster care; and (c) unreported child abuse and neglect due to youth's lack of access to adults outside of their family who would ordinarily provide reports of known or suspected abuse/neglect to the child welfare system.

Regarding foster parents, eight child welfare workers worried that COVID-19 was negatively impacting their overall stress and anxiety (e.g., due to the need to simultaneously work and manage remote schooling and other online supports for children), which in some cases might affect caregiving. Several of these professionals also voiced concern about a decline in the number of available foster parents, noting foster parents' limited willingness to take on new placements, in part due to concerns about exposure (e.g., if in-person visits were encouraged): "Foster parents have put themselves on hold and won't take placements out of fear of exposure to COVID; we are getting less applicants and applicants are dropping out" (CW).

Regarding children, 17 professionals (15 CW and 2 TH) worried about social isolation due to COVID-19 and social distancing mandates and their negative effects on mental health, voicing concern about the "limited opportunities for socialization for children who already feel isolated and a lack of belonging" (CW). Nine professionals (7 CW and 2 TH) emphasized concerns about the lack of services for youth with mental health challenges—either because there were not enough therapists and available support professionals or because online therapy and other services were not working for children. Five child welfare workers were concerned about the impact of COVID-19 on the physical health of children in care: for example, they worried about their risk of contracting the virus, especially when there were few foster homes available and children were increasingly being placed in congregate care settings. Eighteen (16 CW and 2 TH) were concerned about the pandemic's impact on the educational outcomes and trajectories of children in the foster care system, often noting that "virtual school [was] not going well [for them]." Limited access to special educational supports were of great concern. Professionals worried about learning loss and increased risk of drop out among children ("many kids are stating they want to drop out" [CW]; "students that were already behind are much more behind" [CW]).

Finally, some professionals (23: 16 CW, 2 TH, and 5 AT), particularly child welfare workers, articulated concerns about children at risk for abuse/neglect, noting that they were currently not easily identified or detected because of a lack of access to mandated reporters. One child welfare worker, for example, was "very concerned about children who are not being seen in public ways—school, daycare, doctor visits—and the potential for unrecognized neglect and abuse." These professionals asserted that child welfare agencies were seeing far fewer reports from school staff—who had served as an "extra set of eyes. . .[and] were a huge part of reporting allegations of child abuse or neglect" (AT). In addition to seeing fewer reports to child protective services, participants shared that they were seeing fewer child removals from homes where there was suspected abuse/neglect. Several child welfare workers and attorneys shared that the reports they were aware of were more serious, and typically made by law enforcement or hospitals, not schools, potentially speaking to a lack of early identification (Swedo et al., 2020). They regarded these reports as just the "tip of the iceberg" in terms of abuse/neglect, highlighting the severe stresses that so many families were dealing with during COVID: "There is likely more abuse that is not being reported. Families who are already stressed are being truly tested with so much to deal with—unemployment, food and housing insecurity, children at home all the time, social isolation, fear of illness" (CW). One child welfare worker noted:

> The children are cooped up in homes with families who are already stressed due to COVID, lack of jobs, income, etc., and the mental health of the parents may be going downhill, the domestic violence may be increasing, the abuse and mental/emotional abuse towards the children may be increasing, and the children may not have an outlet to express this to anyone or anyone to see the signs.

Discussion

The current study is novel in that it assessed the perspectives of a diverse range of professionals who interface with the child welfare system regarding the impact of the pandemic on the populations they serve—populations that are often more vulnerable in general and who are exposed to multiple severe stressors amidst COVID-19. Yet it is important to situate these professionals' observations and reflections in the context of their fairly homogenous racial, educational, and gender makeup: our responses were from a mostly White, well-educated group of women. Participants' racial makeup in particular may have impacted how they described their concerns surrounding the impact of COVID-19 on child welfare-involved families. For example, although they acknowledged these families' vulnerability in the context of economic inequality, they rarely mentioned systemic racism as a factor in their vulnerability—both in terms of being child welfare-involved and also impacted by COVID-19 (Nelson, 2020).

There is no doubt that COVID-19 has complicated and magnified the responsibilities of child welfare professionals, including child welfare caseworkers, their supervisors and managers, attorneys, and therapists. Additional bureaucracy and slow-down in terms of assisting parents of origin in achieving the goals specified in their agency case plans (e.g., parenting classes) are challenges for social workers who are also facilitating family visits and finalizing adoptions—responsibilities that are often overwhelming to begin with amidst large caseloads and limited support and resources (Ellett et al., 2007). The professionals in this study spoke to multiple ways in which the COVID-19 pandemic had made their jobs more stressful, echoing other emerging research suggesting high levels of stress among child welfare workers during COVID-19 (Miller, Niu et al., 2020). More than three-quarters of our sample, for example, endorsed increased concerns about the safety of the families they served, and more than half endorsed worry about their own

safety as they performed their jobs in a pandemic. Worries about job loss, weariness related to a lack of work-family boundaries, and other stressors were also identified, highlighting the multifaceted and cascading nature of stress during a global pandemic (Prime et al., 2020).

Attorneys, who often represented and served parents of origin and/or children, were the most likely to endorse the belief that COVID-19 had slowed reunification and to endorse being very concerned about disruptions to reunification. Of note is that when parents have high-quality legal representation, reunification may be more successful, and children's length of time in foster care lower (Gerber et al., 2019). Perhaps, at least in this sample, attorneys' awareness of and concerns about the potential negative impact of COVID-19 speaks to a heightened level of dedication to and advocacy on behalf of the parents and youth they serve—a vulnerable group during non-pandemic times (Fong, 2017) and one whose rights are uniquely threatened during COVID-19. As the National Association of Counsel for Children (2020) has highlighted, youth and others involved in the child welfare system need robust advocacy during the pandemic, to ensure that (a) their cases move forward, (b) their due process rights are guaranteed, (c) they have access to and can attend court proceedings, and (d) family time is protected and prioritized.

Professional role shaped what issues were most salient and concerning to participants, with attorneys often emphasizing concerns about parent–child contact and reunification disruptions and child welfare workers more often focusing on children's mental health or educational outcomes as well as the possibility of unreported abuse/neglect due to widespread school closures and social distancing. Speaking to the theme of parent–child contact, many participants highlighted the importance of in-person visits (which had all but ceased) and the many barriers to effective virtual visits, including lack of foster parent oversight, technology issues, and children's developmental stage and/or lack of engagement. Attorneys were especially critical of the cessation of in-person visits and viewed this as a serious threat to child-parent bonds and ultimately reunification. Significantly, on January 25, 2021, the American Academy of Pediatrics issued a statement declaring that "Whenever possible, in-person visitation is preferable. This refers to family visitations as well as visits between child welfare professionals and children." This statement speaks to the irreplaceable qualities of eye contact and physical closeness that are so crucial to family-child contact, especially for young children (Singer & Brodzinsky, 2020), and calls upon child welfare professionals to develop creative and safe ways for ensuring in-person family time. Agency involvement in facilitating in-person visits needs to consider ways that COVID-19 risks can be mitigated such as by requiring and enforcing mask wearing and issuing strict guidelines related to sanitation practices before and after visits, thus enabling visits to occur safely outdoors or in well-ventilated indoor spaces. In some locations, rapid COVID-19 testing may also be possible.

Because in-person visits are not always possible, it is equally as important to ensure that child welfare workers and foster parents receive the necessary training and guidance to ensure cooperative and collaborative relationships between foster parents and families of origin, as well as support in coping with the technology challenges that are common in virtual communication (Orlando et al., 2021). Further, social service departments can facilitate access to computers at county facilities and/or stable internet connections as a way of helping parents of origins and foster parents who are disproportionately affected due to their economic constraints.

Lack of in-person visits was just one of several factors that participants identified as potentially undermining reunification. Difficulty accessing and obtaining services needed to meet the goals of case plans, court closures and delays, and loss of jobs and housing were all invoked as systemic stressors that uniquely impacted parents of origin, especially amidst pre-pandemic vulnerabilities and lack of resources (Prime et al., 2020). In non-pandemic times, the number and range of requirements that parents must meet to regain custody is often viewed by reunification stakeholders

(i.e., attorneys, caseworkers, service providers) to be excessive (D'Andrade, 2019). One important implication suggested by this study is the need for agencies and courts to relax and/or revise the nature of and/or timeline for the completion of requirements needed for reunification to occur. In this way, permanency planning can be better matched to the realities of parents' and families' circumstances and better aligned with the child welfare system's priority of reunifying and preserving families (Chambers et al., 2018).

Turning to participants' concerns regarding child outcomes, child welfare workers and therapists worried about the academic functioning and progress of children in foster care, who may not only be at greater risk for academic difficulties, but whose access to special educational resources may be limited during the pandemic (Goldberg et al., 2021). If such resources are provided, they are often done so online, which can be less engaging for youth with ADHD and other executive functioning difficulties (Becker et al., 2020; Goldberg et al., 2021). Likewise, children in foster care may struggle with isolation and exacerbated emotional and behavioral challenges—which may be especially difficult to address given the virtual nature of most therapies during the pandemic (Racine et al., 2020). Further, if foster parents do not feel that they have sufficient support and guidance, they will likely—as participants suggested, and prior work during the pandemic has found (Miller, Cooley et al., 2020)—experience significant stress, which will interfere with their ability to care for children (Prime et al., 2020).

Potential underreporting of abuse/neglect was emphasized by child welfare workers in particular, reflecting their central role in the monitoring and investigation of child abuse and neglect. As Thomas et al. (2020) note, several states reported double-digit percentage decreases in reports to child maltreatment hotlines during the first 6–12 months of the COVID-19 pandemic—yet these reductions may not reflect declining rates of child maltreatment, but rather the decrease in contact between children and extrafamilial adults who are mandated reporters of abuse. Unfortunately, it will likely be many months until we know whether and to what degree the pandemic has created—through its cascading effects on job loss, mental health challenges, and parenting difficulties—an intensified and widespread risk of child maltreatment.

Limitations, conclusions, and implications

Our findings must be considered in light of a number of important limitations. As noted, our sample was relatively homogenous, involving mostly White, well-educated women, limiting the generalizability of the findings to professionals in other demographic groups. Indeed, various reports suggest that although child welfare workers (including caseworkers and supervisors) are often disproportionately White and female (e.g., two-thirds to three-quarters), the race and gender makeup of child welfare workers (including caseworkers and supervisors) tends to vary considerably state to state (California Child Welfare Co-Investment Partnership, 2017; National Child Welfare Workforce Institute, 2011). Child welfare professionals of color might very well be more attuned to issues of racial inequity in the child welfare system and/or to the ways in which COVID-19 has exacerbated existing inequalities. In addition, most participants were from either California or Massachusetts. Since child welfare policies related to COVID-19 vary by state, it is unclear whether participants' experiences and views would be shared by child welfare professionals in other locations, both within and outside of the US. Relatedly, we did not obtain data from child welfare professionals, therapists, and attorneys working in a single state, and thus their data and perceptions cannot be truly triangulated to form a coherent portrait of how three types of professionals experience and perceive the same phenomena. And, of course, all of the data were based on self-reports,

and therefore reflect participants' observations, experiences, and perceptions: we did not compare them to case records or the like.

An additional important limitation is that our study focus, and most of our survey questions, were framed as investigating the negative impact of and/or challenges introduced by COVID-19 with regard to professionals themselves, the families they served, and the child welfare system generally. More neutral and/or even positive framings may have generated different patterns of responses: indeed, we provided few opportunities for participants to generate positive impressions of COVID's impact. We also removed respondents who answered less than 75% of the survey, potentially introducing sample bias.

An additional limitation is that our use of snowball sampling inevitably limits the generalizability of the findings since participants may share study information with those whom they know have similar experiences and views. Further, because data collection occurred in August-September of 2020, it only covered professionals' views during the first 5–7 months following the outbreak of COVID-19 in the US. Following this period, there has been an ebb and flow to the pandemic, initially spreading more widely and causing a greater number of deaths and disruptions throughout the country, then slowing due to the widespread availability of vaccines but also causing uncertainty as new variants emerge. It would be important to see how the ongoing impact of COVID-19 has shaped the perspectives of child welfare professionals, and the process of reunification. Further, the continuously shifting parameters and knowledge about the pandemic and its variants as well as the introduction of vaccines may create added challenges for child welfare-involved families and professionals as restrictions or limitations are either tightened or relaxed. As the court system and professionals are able to adapt, and training or new protocols for visitation, service provision, and reunification are instituted, new challenges or opportunities may emerge.

Despite these limitations, the current study adds to our growing awareness of the devastating impact of the COVID-19 pandemic on child welfare-involved families and professionals. It highlights the similarities and differences of different professionals who work with foster children and their families, as well as the type and extent of stress experienced by professionals, families, and children because of the pandemic.

Understanding the kinds of stresses that COVID-19 may bring to child welfare-involved families can help therapists and other professionals to provide the support and coping tools necessary for parents of origin, children, and foster parents to maximize the effectiveness of virtual visits and therapy and support services. Recognizing the challenges faced by parents of origin in completing case plans may help child welfare workers be more adaptable and creative in the provision of services, visitation settings, and supervision. Also, while court appearances via video may not be optimal, they may also provide opportunities for parents of origin who otherwise had difficulty traveling to court to participate. Finally, especially if there is training available to maximize the effectiveness of virtual visits, these can be used as an adjunct to face-to-face contact for parents of young children and to provide more frequent parent–child engagement, thereby promoting attachment and enhancing the likelihood of reunification.

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Notes

1. If there is evidence presented at the hearing that parents have made significant progress toward social casework goals, courts often grant them additional time to comply with reunification requirements.
2. Although the perspectives of families of origin, foster parents, and children would have added valuable information, this approach would have required significant time for participant recruitment, as well as raised concerns regarding respecting participant confidentiality. Given the urgency of informing the field regarding the impact of COVID-19 on child welfare practices, especially reunification, we decided to focus only on the perspectives of professionals working in the field.
3. Some participants shared that their state's Department of Social Services (DSS) or Department of Children and Families (DCF) considered requests for in-person visits for children under a certain age (e.g., 6 months and 5 years) when COVID restrictions were lifted (e.g., during the Summer 2020). Others said that face-to-face visits were dictated by transmission rate (e.g., if the rate drops below 1, visits are resumed).

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