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[See table of contents](#)

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Article abstract

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NAVIGATING “SAFETY” IN A PANDEMIC: A CRITICAL EXAMINATION OF ONTARIO CHILD WELFARE SAFETY INTERVENTIONS FOR NEWCOMER PARENTS AND OTHER FAMILIES DURING THE COVID-19 PANDEMIC

Daniel Kikulwe and Sarah Maiter

Abstract: This study investigated circumstances surrounding the impact of COVID-19 on child protection investigations, particularly those affecting newcomer parents in Ontario, Canada. Recognizing that the pandemic inflicted substantial socioeconomic disadvantage on some people, the purpose of the study was to use an intersectional lens to examine challenges and solutions found by child welfare agencies when working with families. Insights for policy and practice are drawn from 11 virtual interviews with child welfare workers and managers in Ontario. Our findings reveal that some newcomer families encountered unique challenges: ineligibility for the available pandemic public assistance; inaccessibility to faith-based supports, which had often been their first key contact for mental wellness in the past; technological inequities; and language barriers. These intersecting conditions impacted newcomer families and led to innovative child protection interventions. Analysis of the interview data shows a gradual shift in Ontario from risk-focused approaches to supportive and preventative child welfare interventions in families. Furthermore, supervisors faced the dilemma of how stringently to enforce ongoing safety policies when some social workers were questioning the benefits of these rules for families with intersecting identities who were experiencing added burdens because of the pandemic.

Keywords: child welfare, COVID-19, safety, families, intersectionality, newcomers

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In a statement on March 23, 2020, the Ontario Association of Children’s Aid Societies (OACAS; 2020) clarified that children’s aid societies (CASs) across Ontario, along with agencies dedicated to Indigenous children and family well-being, would continue to provide essential child protection services throughout the COVID-19 pandemic. The OACAS (2020) noted that agencies had modified their daily operations based on public health recommendations; however, the nature and extent of these changes were not publicly available beyond general statements regarding office closures to the public, staff working remotely, and adherence to physical distancing.

While all child welfare agencies in Ontario must comply with the directives outlined in the *Child, Youth and Family Services Act, 2017*, each agency is independently governed and therefore changes made within daily operations in response to COVID-19 were not necessarily uniform. Understanding that Ontario child welfare agencies continued to provide services to ensure child safety, this research project asked: “How are children’s aid societies across Ontario adapting their safety interventions within the context of the COVID-19 pandemic for newcomer and other families?” Within this study, we defined newcomer families as those in which one or more primary caregivers are immigrants or refugees who have been settled in Canada for approximately 10 years or less. While the term “newcomer” has been applied to people who have arrived in Canada “up to five years prior to a given census year” (Statistics Canada, 2010), new arrivals can experience poverty and marginalization well beyond the five years, as they can continue to be deprived of access to equal opportunities and resources (Yan & Anucha, 2017). While the diversity among immigrant and refugee families in terms of race, gender, age, class, and other identities is recognized, the term “newcomer” is a grounding point for intersectional analysis. Though the focus was on newcomers, the participants also talked about other families with intersecting challenges (e.g., poverty and racial prejudice), and this information has been included in this study. This article uses the terms “safety interventions”, “service provision”, and “child protection investigations” interchangeably within the context of how child welfare staff and management supported families to ensure the safety of children during the pandemic.

Immigrant Families and Child Welfare

There is a rapidly expanding literature that explores the intersection of immigration and child protection. For example, recent Canadian scholarship has explored the following areas: refugee and immigrant parents’ lack of contextual understanding of the Canadian child welfare system (Adjei et al., 2018), parental encounters with child welfare authorities (Kikulwe et al., 2023), and physical abuse in adolescents and pre-adolescents from immigrant families (Wang, 2019). Prior to the pandemic, it was also reported that disproportionately high numbers of immigrant children and families in large Canadian metropolitan centers encounter child protection services and that these encounters do not always result in improved child and family well-being (Alaggia & Vine, 2013) due to intersecting challenges of poverty, racism, and cultural misunderstanding (Contenta et al., 2014; Fallon et al., 2016). In Ontario, where this study took place, of every 1,000 children in

newcomer households, 134 were involved in a child maltreatment-related investigation (Houston et al., 2021). For non-newcomer households, 54 of every 1,000 children were involved in a child maltreatment-related investigation (Houston et al., 2021), a figure indicating that, among families in Canada, newcomers are more likely than non-newcomers to become involved with child welfare services.

During the COVID-19 pandemic, children living with disabilities, those from low socio-economic backgrounds, those from rural areas, and those with immigrant or refugee status became more vulnerable to child maltreatment (Katz et al., 2022) because of increased poverty, social isolation due to home schooling, and a corresponding rise in mental health issues (Chaabane et al., 2021; Font et al., 2021; Marmor et al., 2021). The pandemic impacted not only the children in marginalized households, but also their parents, who encountered such challenges as lack of access to services (Brown et al., 2020) and heightened marginalization due to precarious immigration status (Children First Canada, 2020).

As in Canada, there was consistent reporting in the United States about the heightened risk for children of living in households undergoing financial hardship. One American study reported that Latinx children experienced a higher degree of vulnerability during the pandemic compared to their White counterparts (Ramirez Diaz, 2022). The vulnerability to child maltreatment experienced by Latinx children (Ramirez Diaz, 2023) and other marginalized child populations during the pandemic were due to limited access to services and systems of support, as well as health and economic hardships encountered by their parents (Herrenkohl et al., 2021).

Rationale for the Research

Limited data are available regarding the changes that were made to Canadian child welfare practices due to COVID-19, which was declared a worldwide pandemic in March 2020 (WHO, 2020). Racialized and low-income populations have been disproportionately impacted by the pandemic for various reasons, including being overrepresented in essential service work (Wilson, 2020) and being less able to access government funding intended for people with regular earnings. At the national level, heightened poverty because of forced layoffs (Statistics Canada, 2020), together with social distancing and isolation, intensified preexisting family issues (Bogart, 2020). In addition, increased unemployment across Canada due to COVID-19 (Beland et al., 2022) and prolonged inflation (Statistics Canada, 2022) were added burdens on many new arrivals and other families who were already struggling to make ends meet.

In this article, we present three interrelated findings that child welfare workers highlighted:

- **New and old child protection threats to families and their children.** Child welfare workers discussed the fact that some refugee families did not qualify for the available public assistance, which exacerbated family stressors. In addition, restrictions on gatherings meant that many newcomer families did not have access to churches, mosques,

temples, and cultural communities with shared language and religious backgrounds, which are typically the first point of contact for mental wellness and supports.

- **Shifts in child welfare surveillance approaches.** Child welfare workers noted that they were now completing safety assessments and engaging families using virtual methods instead of engaging in person. Workers also discussed technological inequities experienced by families who could not afford internet costs. Tension grew between some supervisors and workers about whether using phone and video check-in calls with families constituted completing comprehensive assessments.
- **A marked shift from a risk-focused approach to a supportive and protective approach.** As the pandemic progressed, social workers showed greater understanding of the challenges experienced by families and made greater efforts to help them keep their children at home.

These study results lead to the conclusion that there were intersectional policy and practice gaps that needed to be filled to allow child welfare supervisors and workers to support newcomer parents and other families during the COVID-19 pandemic and beyond.

Theoretical Framework

This qualitative study was guided by an intersectional theoretical orientation exploring child welfare service provision for newcomer parents and other families in Ontario during the COVID-19 pandemic. We applied an intersectional analysis to examine how child safety interventions (i.e., protection of children from abuse and neglect) were completed by child welfare agencies in Ontario when supporting newcomer families during the COVID-19 pandemic. From its beginnings in Black feminist scholarship in the 1980s (Combahee River Collective, 2000), feminist and antiracist scholars have engaged with intersectionality as a theoretical and methodological framework worldwide (see, e.g., Al-Faham et al., 2019; Cho et al., 2013; Collins & Bilge, 2020; Crenshaw, 1991; Dill & Zambrana, 2009; Overstreet et al., 2020). Intersectionality shows that one-dimensional thinking on issues of oppression lacks insight into and understanding of the multifaceted layers of domination and privilege (Cho et al., 2013). As Hankivsky (2014) stated, “Inequalities are not the result of single, distinct factors, they are the outcome of intersections of different social location, power relations, and experiences” (p. 2).

In this study, we use intersectionality as an analytic tool because, as Cho et al. (2013) put it: “Conceiving of categories not as distinct but as always permeated by other categories, fluid and changing, always in the process of creating and being created by dynamics of power — emphasizes what intersectionality does rather than what intersectionality is” (p. 795). An intersectional approach to examining and informing child welfare practice for newcomers during COVID-19 builds on a broad base of previous literature. For example, the interlocking intersections of race, gender, class, and immigration status have been identified as possible root causes of the disproportionate involvement of immigrant families with child welfare systems (Contenta et al.,

2014; Fallon et al., 2016). Social identities of race, class, gender, and others have created disadvantages and inequalities that have particularly excluded people of color (Crenshaw, 2011) and immigrants. It is not uncommon for immigrant mothers to be involved with child welfare (Chaze, 2009) because the gendered power imbalance that existed pre-migration is often heightened in the new home environment (Newbold et al., 2013). The COVID-19 pandemic has further compounded child safety concerns for families living in poverty (Herrenkohl et al., 2021).

One of the main areas of tension regarding intersectionality in social work is the field's engagement with calls to deconstruct identity (see, e.g., Gibson, 2015). While deconstructing categories of identity is essential to the necessary work of “unsettling” social work as a field, it is dangerous to dismiss intersectionality on the grounds that it solidifies, rather than deconstructs, categories of identity: we do not want to privilege theoretical discussions over the material effects of multifaceted layers of oppression (Cho et al., 2013; Collins & Bilge, 2020). It is salient to remember the origins of the theoretical framing of intersectionality in order to address the dismissal of the lived experience of Black women within a predominantly White legal system. We state this not to dismiss interrogations of intersectionality, but to echo caution not to replicate such dynamics within the predominantly and structurally White academy (Cho et al., 2013; Collins & Bilge, 2020). Instead, we focus on Collins and Bilge's (2020) call to “attend to intersectionality's critical praxis” (p. 142) as we explore how race, poverty, and immigration interact and affect child welfare interventions for newcomer families across Ontario in the context of the COVID-19 pandemic and consider what might have been done differently.

Methods

The present study was part of a larger mixed methods research project that aimed to explore how CASs in Ontario were adapting their child protection services during the pandemic. For the quantitative study, which is reported on elsewhere (Kikulwe et al., in press), we used an online survey to collect data from a total of 108 child welfare workers in Ontario. The survey instrument asked respondents about (a) information on caseload characteristics; (b) a comparison of changes in child safety issues, interventions, barriers, and accessibility to services by families prior to and during the pandemic; and (c) service needs to support child safety during the pandemic.

In this article, we report on qualitative data collected through in-depth virtual interviews with 11 child welfare workers and managers in Ontario. We took into consideration issues of privileged and oppressed identities to ensure an alignment between the study's epistemological and methodological approaches (Bowleg, 2017). We used an intersectionality-informed qualitative approach to understand and document the varied perspectives of workers and managers regarding child welfare work adaptations as the pandemic evolved. We adhered to Kuper et al.'s (2008) ideas of research rigor for assessing qualitative studies, using the following criteria:

- Was the sample used in the study appropriate to its research question?
- Were the data collected appropriately?

- Were the data analyzed appropriately?
- Does the study adequately address potential ethical issues, including reflexivity?
- Overall, is what the researchers did clear? (pp. 687–689)

We strictly followed the criteria to ensure research rigor, which is demonstrated in this section through descriptions of the recruitment strategy, sampling techniques, data collection, and analysis.

Recruitment

After receiving approval from York University Ethics Review Board (Ethics reference #e2020-126), we initially consulted with the OACAS Research and Evaluation Program Steering Committee, who vetted our interview guidelines and tools and later endorsed our research and promoted the project to its 50 child welfare member agencies. We followed up individually with child welfare agencies, requesting their staff to participate in the individual interviews. Finally, we also reached out to our established contacts in the Child Welfare League of Canada and requested assistance with the promotion of the research.

Sampling

Based on our use of criterion sampling (Palinkas et al., 2015), the criteria for virtual interviews were that the participants had to (a) be 18 years or older; (b) have frontline child protection or supervisory/management experience at the intake/investigation or ongoing service levels; and (c) currently be working in an Ontario CAS. Although our sample of 11 participants may appear small, Guest et al. (2006) found that basic elements or themes are present as early as the first six interviews of a study. Weller et al. (2018) found that comprehensive and in-depth interviewing allowed salient points to emerge even from sample sizes as small as 10 participants, and this was also the case in our study.

Data Gathering

The interviews lasted from one to one and a half hours. We asked participants about child welfare services for newcomer families and other families during the pandemic; factors helping agencies to adapt their services; barriers to protecting children; and how child protection referral sources had changed. All the interviews were recorded and transcribed. We also completed member checking (participant validation) with all virtual interview participants to establish trustworthiness and to verify data. Participants received an honorarium of \$50 in recognition of their participation in and contribution to the study. Prior to beginning the virtual interviews, all participants completed an online consent form, as well as a form collecting demographic information, which is summarized in Table 1.

Data Analysis

Using the research question and the intersectionality theoretical framework as guides, data were analyzed through multiple readings of the interview transcripts to become familiar with the

content. We developed a coding framework and engaged in focused coding, which resulted in 16 codes and, ultimately, the identification of three themes (Saldaña, 2012). We used NVivo software to help us organize the data, establish patterns, and identify shared and divergent themes.

Table 1. *Demographic Profile of Virtual Interview Participants (N = 11)*

Characteristic	<i>n</i>	%
Child welfare role		
Frontline (intake & family service level)	8	73
Management (supervisor & director level)	3	27
Range of years of work experience		
0–5 years	2	18
6–10 years	2	18
11–15 years	4	36
16–20 years	3	27
Racial identity*		
Racialized (visible minority)	8	73
White	3	27
Gender identity*		
Male	5	45
Female	6	55
Highest level of education		
Bachelor of Arts	3	27
Bachelor of Social Work	1	9
Master of Arts	1	9
Master of Social Work	6	55
Languages spoken		
English: Monolingual	2	18
Bilingual (English and, e.g., French, Spanish, Hungarian, Akan, Arabic, Polish)	6	55
Multilingual (e.g., Twi, Ga, Fante, Urdu, Punjabi)	2	18
Unidentified	1	9

*Participants were asked to describe themselves; categories were not predefined.

Without using participants' personal identities, we have used detailed quotations from the participant interviews to capture their insights on the different ways in which safety interventions were modified in the context of COVID-19. Pseudonyms were chosen by 10 virtual interview participants — Anna, Nancy, Jamal, Mary, Mike, George, Olivia, Victoria, Suzette, and Mohammad, and one person allowed the researchers to give them a pseudonym — Participant #10. The pseudonyms are intended to protect the participants' confidentiality and ensure anonymity while giving them a voice.

Findings

Our data show that child welfare services made adaptations in order to support newcomer families during the COVID-19 pandemic. These are discussed in this section under the headings of three interrelated themes: (a) new and old child protection threats to families and their children; (b) surveillance shifts: virtual assessments during COVID-19, which led to the subtheme of navigating supervisor–worker tensions in the age of virtual assessments; and (c) service providers shifting from a focus on risk to a focus on protective factors.

New and Old Child Protection Threats to Families and Their Children

Participants noted that during the pandemic both newcomer and non-newcomer families experienced heightened domestic violence, adult conflict over custody and access, child emotional harm, parental emotional instability, food insecurity, transportation barriers, and parent–teen conflict. The transitioning of schooling to family homes added more challenges for parents, as they had to provide parental supervision to ensure that their children were participating in online learning. Immigration status, however, added an extra layer of complexity and impoverishment for some newcomer families as noted by Jamal, a supervisor with over 11 years of child welfare work experience:

If somebody was a refugee claimant and their claim was denied, they [didn't] even have access to Canada Emergency Response Benefit (CERB). A lot of the newcomers, especially if you [had] recently come to Canada, and you may not have made \$5,000 last year, because of you being on social assistance in that first year, or even you hadn't even been here for a longer period of time that allows you to have made \$5,000, in the event that you were working even a cash job, because you were in the process of updating a work permit or whatever, then you would not be eligible for CERB.

Jamal added that “most refugees, claimants, they didn't get [the] Canada Child Tax Benefit of \$300 for COVID.... A lot of those people, you assume that their children would need masks. They would need to get more sanitizer, all of these things.”

Some participants also noted that newcomer families did not readily have access to mental health services, friends, family, and faith-based or cultural networks. Jamal said:

A lot of the first point of contact for mental health for some of the newcomers, especially within the African community, is the church ... or the mosque imam. The place where people may have gone for the first point of contact for mental health [was] no longer there for them.

In her interview, Anna, a frontline worker with over six years of work experience, added: “I think every second family that I visit are saying, my mental health is down because of COVID.” Anna noted that the cost of services contributed to their inaccessibility:

There is a lot of [services] my clients have paid for and they should probably, in the pandemic, lower their fees because I think there is a lot more people experiencing mental health [issues] right now and stress and can’t afford to get the services they need.

George, also a frontline worker with at least 11 years of experience, noted that income interruptions due to layoffs during the pandemic were so severe for some immigrant families that their “phone services were cut off”, which intensified their social isolation. Some social workers mentioned the lack of educational supports pertaining to the pandemic, financial barriers, and limited access to technology. With financial hardships, families turned to food banks. Olivia, a frontline worker, described the heightened concern of families “as to whether or not they will be comfortable going face-to-face to the actual food bank”. The introduction of drive-through food bank services was a convenience for some families, but for others, lack of transportation was a barrier to food access.

Mary, a frontline worker for over 20 years, explained, “We had a lot of our families [both immigrant and non-immigrant] being threatened with eviction because they didn’t have the resources or the money to pay up front.” Newcomer parents had less access to supportive, safe, and secure homes. Mary elaborated:

Somebody [had] COVID and they [were] asked to quarantine...but they live[d] in small quarters, [it was] very difficult, because what Public Health [was] say[ing], use the separate washroom while you’re quarantining, and sometimes our clients do not have the luxury for separate washrooms. So, these are some of the things that ma[d]e it difficult.

Additionally, George noted, refugee families whose immigration applications had been rejected “had no money to hire lawyers, leaving them in suspense” during the temporary closures of programs, including immigration services, and that these closures were “emotionally killing” some immigrant families. As an ongoing family worker, George described the difficulty of navigating these challenges:

Do you ask [the family] or do you [just keep quiet] ... because some people like to keep that [immigration status] private because they don’t trust authority figures and rightly so, because of the insensitivity of the authority figures sometimes.

Precarious immigration status was also interlocked with lack of access to health care and potential child safety concerns. As Jamal noted, “Some newcomers and refugees [were]

automatically at a disadvantage. And I worry that, with COVID, that becomes even worse for them and their ability to access healthcare.” Jamal highlighted this with an example:

I had a client [with] flu and cold symptoms, took the child to the hospital, [and] end[ed] up with a \$700 bill. Very unlikely that the next time she would take a child to the hospital ... she had just come to Canada a month prior to [the pandemic].

Jamal’s example illustrates some of the medical and financial challenges that newcomer families encountered that led to their involvement with child protection services. Refugees have temporary health coverage under the Interim Federal Health Program¹. As a response to these health challenges, the Province of Ontario waived the three-month wait period for health coverage for newly arrived immigrants and other newcomers during COVID-19².

Immigration and language barriers were also interconnected for newcomer families, as Nancy, a service manager, and Olivia, a frontline worker, noted: interpreting services were unavailable for a period of time, disadvantaging people whose first language was not English. All these preexisting and emerging factors indicate the precarious position of newcomer families during the pandemic.

Based on the above excerpts, it is evident that both child welfare workers and managers were aware of the intersectional challenges for newcomer families with child welfare involvement during the pandemic: they recognized emerging child risk factors and threats, including parental mental illness, immigration precarity, increasing poverty, lack of services and supports, limited access to technology, and transportation barriers. This awareness of child and parental risk factors, particularly those that emerged during the pandemic, is critical for both workers and managers as they implement policies and practices to support families.

Surveillance Shifts: Virtual Assessments During COVID-19

As providers of an essential service, child welfare agencies faced the challenge of ensuring child safety during COVID-19. In the early waves of the pandemic, the child welfare standard shifted from completing regular home visits to ensure the safety of children to phone and video calls. In her interview, Anna elaborated: “I do know that a lot of clients don’t have Wi-Fi ... and don’t have access to [a] phone, and in particular, some of them have to pay for minutes [data].” Anna added, “I’m working with [a father]. He is about 35. He’s unemployed, and he is going to Tim Hortons [restaurant] every time he wants a conversation because that’s the only time he can get Wi-Fi.”

¹ <https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/help-within-canada/health-care/interim-federal-health-program/coverage-summary.html>

² Ontario Ministry of Health: <https://www.ontario.ca/page/apply-ohip-and-get-health-card>

Participants also were concerned about privacy for families when trying to adjust to COVID-19 rules and their impact on child welfare standards, as described by Anna:

Some families [immigration status unidentified], though, refused to have me in their house, and I had to [see them] because it is a standard for me to see the house and see where the children are sleeping.... So, I did have interviews on [the] porch, like the backyard or porch visits.

However, some families living in apartment buildings did not have a backyard or porch area, leading to a lack of safe spaces for parents and workers to meet. As Suzette , with five years of frontline work experience, related:

[We] don't have the opportunity to meet each other on their front or back porch, having them in a location where it's not only safe for them, it's safe for the worker as well.... I believe that they run the risk of the high traffic, confidentiality being breached ... those very hot days that we had over the summer months, not just winter ... where can we meet?

Jamal added:

So yeah, there was a lot of struggles and pushback from clients about us coming into their homes, for sure. [Parents were saying] ... you're seeing all these different people, your family and your personal life, the other clients that you are jumping from one place to another. You're more likely to spread the virus. I don't want you coming into my home for safety reasons.

Workers reported that they were spending more time on their check-in calls with families during the pandemic. As an example, Mohammad, a frontline worker, noted that the “minimum timeframe on any meeting ... is at least anywhere from an hour and a half to two hours or more, whereas before it was, you could do [a home visit] within an hour.” Mike, also a frontline worker with over 16 years of experience, stated that “the majority of the phone-call duration was with adults. The kids could care less.... I'm a stranger here, a little bit of, 'How are you doing?' 'Good.' 'Good.' They [kids] were just really quick to get off the call.” Contrary to Mike's experiences, Jamal noted:

And the children were just as engaged virtually. They would take the phone, and they would go around the house and show us their bed ... all of that. Even if it's for the first time, it's just about how you engage and say.... Some of them are already doing their schooling online anyways, so it's easier.

Participant #10, a director of service with at least 16 years of experience, stated “youths [in foster care] are hav[ing] virtual fatigue, and didn't necessarily always want to participate.”

Participant #10 added, “We have also tried to give incentives by sending them gift cards, or sending them Uber Eats, so that they come to participate in a Zoom call.”

Other workers shared that they experienced challenges in virtually assessing child safety in high-risk situations. As Mary, a supervisor, said:

We were worried about domestic violence, as well as physical abuse [of] one child. And so, I remember asking the worker to ask the child to tap his forehead three times if things were getting worse in the house again. So, we did that over the phone, but in the video, he was supposed to like pretend like he was having a headache or something, so that we could tell, because when we're in the home, we're able to do private [interviews].... But if father was around, then it was very difficult.

For some participants, there was a sense of loss of control when doing virtual assessments to keep children safe. Mike shared that, “You're never going to be able to complete a wholesome assessment without being there [in the home].... None of us would stand by 100% that [virtual] assessment, which is pretty scary.”

Virtual assessments posed fewer challenges in situations where workers had preexisting relationships with families. For Jamal, “[As] an ongoing worker that comes on a monthly basis to follow-up and support somebody ... whether I do it in person or virtually, it makes no difference. I think that can fully happen virtually.” However, virtual interviews also were described as challenging by Jamal: “I can't assess to see if the living room is cluttered, or if there is a person in the basement that's not supposed to be there.”

Similarly, Mary mentioned that, “When we do a safety [assessment], we like to see the entire baby; is there a diaper rash? And in the virtual setting, it can be difficult, because we're not there and we don't have that control.” Although at one point Jamal stated that “there was no compromise on [child] safety when we're using technology versus in person”, he had previously said that it was not possible to get the full picture virtually, indicating how complex it was to conduct a virtual safety assessment.

Completing home visits and engaging with families — making a personal connection with families — also changed during the pandemic because of the barriers imposed by masking. Jamal stated, “People already have fear and worries about working with us, so the PPE [personal protective equipment] created another barrier between us and the children and families that we work with when we even go in person.” As demonstrated in this quotation, PPE was intimidating to children and awkward for private interviews and private visits with children.

Navigating Supervisor–Worker Tensions in the Age of Virtual Assessments

The shift from home visits to virtual check-ins created tension between workers and supervisors. Mary, a supervisor, stated:

I was concerned. When it dawned on me that I have to manage a team that would then, manage them virtually, plus they now are doing visits virtually ... how am I going to be able to gauge the work? People [staff] are in their homes, you don't know how much they're doing.

Commenting on the supervisors' concerns about virtual assessments, Olivia reported:

People's perception of risk was heightened during the pandemic, especially during our virtual contact. So, supervisors were a lot more risk-focused because there was worry around, "Oh, are we getting the full picture with a virtual contact versus being personally or physically in the home", right?

The fear of child death and the consequences for workers were also considerations for Mike:

When I go to a home, I'm not only assessing the physical safety of the kids' well-being, but also the safety of the home. That's hard to do virtually ... especially when we're dealing with newborns and infants.... Much of the assessment is visual.

The same concerns were reiterated by Olivia: "What if a child gets seriously injured or what if a child dies?" Olivia also stated that the "surveillance type of relationship" with families was almost impossible during the pandemic because workers were not "getting the full scope of what's happening in that home, who is in that home, who may be living downstairs in the basement."

Some supervisors expressed safety concerns even for families who had been assessed and approved as kinship caregivers prior to the pandemic. These concerns by supervisors created tensions for Olivia, who was working with and supporting kinship caregivers; supervisors were questioning workers' assessments, saying, for example, "Are you sure that the kin family is being honest about what's happening with their home?" For Olivia, kinship caregivers "are the unsung heroes of our child welfare system, but there's very little recognition of them really in the public sphere, but that's just my little soapbox moment". While she noted tensions with supervisors, Olivia also noted

how strong and resilient our families are and how well they managed during some pretty difficult circumstances. So, that was really good to see. It was like a really good confirmation to us to be like, "Oh, you know what, there was a reason why we approved you as kinship."

In such cases, pandemic-related observations helped to offer positive feedback on pre-pandemic measures.

Overall, the stories of the workers and managers demonstrated a lack of trust in using a virtual surveillance system to manage and control assessments of child risk, especially during the initial waves of the pandemic. Supervisors managing frontline workers and workers managing families are integral parts of the child welfare system, but this became challenging during the pandemic as family assessments shifted from in-person to virtual. With a virtual surveillance system, there were limitations in tracking the intersectional realities that families faced, including poverty, mental illness, domestic violence, substance abuse, and other stressors that could result in child maltreatment.

Service Providers Shifting From a Focus on Risk to a Focus on Protective Factors

There is some indication that micro-level interventions with families became more focused on prevention during the pandemic, using practices described by Jamal as “protective factors”. He went on to say that they are now thinking more about “the existing safeties that we can build on in order to protect children, as opposed to where is the risk that we’re looking for”. Examples of the focus on prevention include: using family-focused or group conferences to identify families’ resources, assets, and strengths to ensure child safety; provision of financial assistance and grocery gift cards to prevent child admission to care; and community referrals to allow parents access to critical supports that parents needed to keep their children safe.

In describing their interventions with families, other participants also confirmed a shift from focusing on risk to identifying protective factors to ensure the safety of children in their family homes. Nancy said:

I work with a lot of supervisors and colleagues who always start at a much more intrusive approach.... I really secretly enjoyed seeing this [the change in focus] happen in child welfare. I saw people being required to be less intrusive because we didn’t have the option.

Nancy added, “Children are still okay in their families and still loved and not necessarily needing our intrusion.... I thought it was a good gut check.”

The heightened sensitivity to familial issues and concerns were explained by Anna in her comment that, “My work ... in terms of identifying safety hasn’t changed, it’s just how I approach families and how we talk about stress [that] has changed a bit.” Mike said:

It was ... very interesting to see a little bit of a change, where we were spending more time on the phone and in these kinds of meetings, than I would normally spend if I was able to do the face-to-face. It was almost like ... a counselling session.

Similarly, Mohammad “allow[ed] them [families] the space to be able to speak, and then [gave] them the opportunity to try to do some sort of family-focused conference.... So that’s how I’ve really kind of shifted.”

Participants prioritized child safety assessments, but they also engaged with families using less intrusive interventions such as connecting families with community supports, helping families access information, providing support letters, and following up on community referrals. Jamal noted:

We needed to think outside of the box when it came to funding... We created ... what we call admission prevention funds. And these are funds to prevent the circumstances that require more intensive child protection responses. So, a big bulk of [the funds] was ... to make sure they also had access to tablets and technology, in order to be able to access services, counselling, or schooling online.

The admission prevention fund is not a new pandemic initiative. The Ontario Permanency Funding Policy Guidelines³ (OPFPG), which have been in place since 2016, provide a framework for the provision of financial assistance for the purpose of facilitating admission prevention, kinship service, place of safety, customary care, legal custody, and adoption options. Jamal's reference to the admission prevention fund concerned funding supports for families who did not have access to technology. Mary also noted that as an agency, "[We] provided electronics to families that didn't have it... [They were] able to do the virtual visits." These gestures in the name of technology equity also raise questions about whether these tools have reorganized surveillance from face-to-face home visits to video check-ins by child welfare agencies on a more permanent basis. As Jamal noted, "A lot of the technology is here to stay. I think some of the stuff that we started during COVID, we're going to continue to use moving forward, I fully believe."

In terms of instrumental supports for families, Victoria, with more than 11 years of frontline experience, noted that her agency was "very communicative and focused on ... keeping kids [in their] homes". Victoria stated that gift cards were offered to families on an ad hoc basis before COVID, but during COVID, "We didn't really need much of an explanation [to supervisors or managers] as to why we were requesting financial assistance for the client. It was approved pretty easily." Victoria added:

Stressors come from finances and "What are we going to do?" And that leads to domestic violence or conflict with the kids. So, if we can take one of those pressures away, in giving them a grocery card or ordering groceries and getting it delivered straight to the house, that often helped with the rest of the stressors that were going on for them.

From the interviews, it is evident that participants had become more responsive to families' needs, and more concerned with finding ways to ensure the safety of children without removing them from their homes. The resulting health, social, and economic conditions related to the pandemic likely increased the workers' and managers' awareness of the intersectional injustices

³ <https://www.ontario.ca/document/child-protection-service-directives-forms-and-guidelines/2021-ontario-permanency-funding-policy-guidelines>

and inequities encountered by parents and children with multiple identities, leading to a shift from approaches centered on child-risk to unconventional family-centered approaches aimed at minimizing intrusive practices, including child removal.

Discussion

Based on the study findings as understood through an intersectionality lens, there is evidence to suggest that policy and practice shifts are needed to strengthen child safety plans as new threats (e.g., COVID-19) emerge as risks to families, including newcomer families. Our findings may also have potential for informing child protection interventions beyond the pandemic. In this section, we present insights gleaned from this study that have both practice and policy implications for child welfare interventions affecting newcomers in Canada and other countries as well.

Practice Insights

Many of the essential services offered by social workers such as parenting support, behavior or anger management, mental health counselling, referrals to shelters, and child protection investigations were either paused completely or not available in their usual forms because of the pandemic (Dixon, 2020; O'Reilly, 2020). With a significant reduction in services, there were new worries about the welfare of children (Herrenkohl et al., 2021). Studies indicated a decrease in child abuse and child neglect reporting not because of reduced child protection incidents but because children had limited contact with mandatory reporters, such as schoolteachers and health professionals (Rapoport et al., 2021; Whelan et al., 2021). In Ontario, a reduction of up to 40% in child maltreatment referrals during the pandemic was noted by Katz et al. (2021).

In our study, child welfare workers talked about new and old child protection threats to families and their children and how vulnerability was heightened for those from racialized, newcomer, and impoverished backgrounds. For health and safety reasons during the pandemic, virtual contact became the primary method of intervention in families (Usher et al., 2020), changing how child protection workers engaged with families. In our study, both supervisors and workers demonstrated fears and concerns about the limitations of virtual assessments, fearful that incomplete assessments would result in serious child safety concerns for younger children. Supervisors wanted to maintain in-home surveillance of families. Mullaly (2010) stated that the parenting ability of marginalized populations, including Indigenous people and immigrants, is always being questioned, as these groups are regularly under surveillance and their rights are less well protected than parents from the dominant group. Social work itself, and child welfare specifically, were created partly with the function of controlling groups deemed as “Other” (see Margolin, 1997; Thobani, 2007). This history continues into the present as, for example, Black and Indigenous youth are vastly overrepresented in those under the care of child welfare agencies (Maynard, 2017; Ontario Human Rights Commission, 2018; Trocmé et al., 2004). Emerging scholarship from the United States calls for child welfare workers and the broader community to reconsider surveillance strategies and be more sensitive to social inequities facing parents (Brown et al., 2022).

With the shift from face-to-face to virtual meetings with children and families, Lawson et al. (2020) visualized an opportunity to intentionally connect with parents to support their mental health and promote coping strategies. In our study, some participants moved away from the current child welfare punishment-consequence (e.g., child removal) model of intervention and strove to extend their understanding of parents' struggles during the pandemic. Their focus shifted away from risk and towards protective factors and extending supportive services; this was illustrated by workers building relationships with families through prolonged phone and virtual contacts. Brown et al. (2022) have suggested that the circumstances surrounding COVID-19 (and beyond) call for professionals, including child welfare workers, not only to be alert to the signs and symptoms of child maltreatment during virtual engagements with parents and their children, but also to be aware of the potential for misidentifying and mislabeling families as “risky”, which can result in intrusive child welfare measures.

In our study, the hesitancy of supervisors to shift from risk-focused to preventative interventions is noted. At the same time, workers demonstrated that they wanted to use less intrusive measures because of their awareness of the multilayered and intersecting factors encountered by families during the pandemic. Bernard and Moriah (2007) concluded that the responsibility for providing culturally responsive services has largely remained in the hands of individual workers. In this study, we learned that some organizations intentionally moved to prevent child admissions to foster care during the pandemic. However, there remains a need to have, and act on, mission statements and policies that address intersectional forms of power, oppression, and privilege if better outcomes for children and their families are to be achieved.

Policy Insights

While urging the public to contact their local CAS agencies if they had concerns about the well-being of any child, OACAS (2020) noted that they were working harder than ever to ensure support for the values of inclusivity, openness, and respect (for families) during the pandemic. A significant finding in our study is that during the COVID-19 pandemic a gradual shift from risk-focused to preventative child welfare measures took place.

Less intrusive child welfare measures are long overdue, especially for families who are systemically disadvantaged within child welfare, including those of Black, Indigenous, immigrant, and racialized backgrounds (Alaggia & Vine, 2013; Blackstock, 2020; Fallon et al., 2016; Maynard, 2017). Participants noted that child welfare policies need to be strengthened to effectively support families that experience intersecting forms of oppression, and that one of the policy gaps is the limited inclusion of frontline workers in child welfare policymaking processes. Pryce et al. (2007) also noted how child welfare managers were regularly perceived as disconnected from the realities of frontline workers and their working conditions. There has been an attempt to include the voices of frontline child welfare staff in the proposed Ontario child welfare redesign (Ministry of Children, Community and Social Services, 2023). However, workers representing a variety of identities need to be at the table during policy discussions and decisions.

None of the social workers interviewed went so far as to suggest the inclusion of families from marginalized backgrounds in policy consultations, yet these families are the ones who experience the effects of policies and structures that marginalize their intersecting identities.

Public-funding initiatives like CERB that were provided during the pandemic work to construct who is “deserving” and who is “undeserving” of support. Many newcomers did not qualify for these funds, based on their immigration or employment status. Herrenkohl et al. (2021) wrote that state systems often lack the funding and mandate to provide services to newcomers broadly and proactively; as a result, many children who could be helped by less intensive, early interventions are left with little or no assistance (p. 9). According to Herrenkohl et al., low-income families, including those who experience multiple intersecting forms of oppression, are not prioritized by the state for risk-mitigation strategies designed to protect children in unsafe environments.

Study Limitations

This study cannot be generalized as it is not a representation of all the experiences of child welfare workers who work with newcomer families but instead provides an understanding of the participants’ particular interactions with these parents during the pandemic. However, a strength of the study is that it provides depth and insights that large-scale quantitative studies may not. In order to be respectful of the extra stress of the pandemic, this research project intentionally did not engage directly with families at a time when they may not have wanted to be interviewed. Therefore, another limitation of the study is that it describes only the experiences of child welfare workers. Indigenous child welfare agencies in Ontario were not included as these agencies confront unique issues that could not be captured within the parameters of this study. Finally, the endorsement of this study by OACAS was welcomed by the research team, but we also recognize that child welfare staff, particularly some frontline workers, may have refrained from participating because of fears related to confidentiality, resulting in the small sample size.

Conclusion

This study adopted a qualitative methodology, allowing us to elicit the stories and perspectives of workers and managers through virtual interviews to understand how CASs across Ontario adapted their child protection investigation safety interventions with newcomer families in the context of the COVID-19 pandemic. This study highlights opportunities to use less intrusive measures to mitigate risk and ensure child safety while working intimately with newcomer families. However, we are not able to present a detailed understanding of the transition from risk-focused interventions to preventative measures at the macro level. This study calls for a broader provincial consultation with frontline workers and supervisors, as well as youth and their families, to create a new vision of a post-pandemic child welfare system with more preventative and supportive measures. Such measures are especially needed when intervening in racialized and immigrant families who are often disproportionately the subject of child protection interventions.

A similar framework that prioritizes and values the input of child welfare workers following the pandemic has been proposed for the United Kingdom by Levine et al. (2020).

The pandemic has brought more attention to the intersectional challenges and injustices faced by marginalized individuals, who often work in precarious, low-paying, and shift-based jobs due to systemic forms of oppression (Yang, 2020). In applying the theoretical lens of intersectionality, Windsong (2018) emphasized the importance of critically examining privilege alongside oppression, as they are intrinsically linked; of developing theoretical insights into the need to reflect on power and privilege; and of adapting an intersectional lens to look at how different layers of oppression impact families involved with child welfare. While this study engaged with intersectionality in order to explore how CASs in Ontario adapted — or could have adapted — safety interventions for newcomer and other families during COVID-19, future studies are needed to deconstruct the discourse that shapes and mobilizes these safety interventions with a view to better understanding how such adaptations fit within, and uphold, broader systems of domination and power.

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