

## **COVID-19 Calamity**

### **Connecticut's most vulnerable children even more at risk during coronavirus crisis**

HEALTH by JACQUELINE RABE THOMAS MARCH 23, 2020

One hundred and twenty-six. That's how many people typically call the state's hotline each day to report they believe a child they know is being abused or neglected.

Then COVID-19 touched down in Connecticut and children and their families were instructed to socially distance themselves – to stay home, out of sight from the teachers, principals, coaches, and doctors who are required to call the hotline if they suspect a child is being mistreated.

The number of daily calls dropped to 39 in the first week. Not only are dozens of potential abuse and neglect cases going unreported, the state Department of Children and Families has relegated 13,300 at-risk children who have been allowed to remain in their homes to remote monitoring, which means that crucial in-person supervision and services from private providers are suspended while the public health crisis persists.

"All group treatment, in-home and/or in-person services should be immediately suspended. During this heightened time of crisis, our desire is that all work be done remotely," DCF Commissioner Vanessa Dorantes wrote providers last week.

In short: the impact of the drastic measures the state has implemented to isolate people from one another is reverberating across Connecticut – with the repercussions likely to fall the hardest on the state's most vulnerable children.

"It almost feels like everyone's abandoning these areas of need. Everyone's pulling out of Hartford. No one is going to provide services there anymore because of the edicts that are coming down," said Hector Glynn, the chief operating officer for The Village, a nonprofit that provides services to hundreds of struggling families in the Hartford region. "It has all unraveled."

It remains to be seen if DCF social workers will soon receive similar orders. Gov. Ned Lamont on Saturday issued an executive order giving the commissioner the authority to set new rules restricting visitations of children in state custody. Providers can still respond in person to families in crisis or where the family dynamic is deteriorating quickly, but the services and supports these social workers and mental health counselors provide families have all had to shift onto remote platforms.

For those who work with the state's most at-risk children, it defies logic that the number of children being neglected or abused during this incredibly stressful time for families has been cut by two-thirds – as reports to the hotline would indicate – or that the thousands of children under the the agency's supervision need fewer supports and services.

"We are extremely concerned for the families that we serve, and for the children who, because they are not in school, because they're not in daycare, and are not receiving the full array of support that they have been. We are all concerned for them and their safety," said Ken Mysogland, the bureau chief of external communications at the vast state agency. "I think there is the potential for the assessment of risks to be lost. There is the potential for information not to be fully understood, which is why we are in this mode of extreme crisis and looking at all options for the best planning to ensure our families receive what they need."

Family Based Recovery is one program for which limiting person-to-person contact is a huge risk. The recovery program, which allows active drug users to live with their infants and toddlers as long as they take drug tests and allow regular home visits, is being moved to video calls. Group counseling has ended. Drug testing has also been suspended.

"I think the real question we have is: How much risk are we willing to tolerate around child welfare and mental health issues? I think people should be worried," said Glynn.

The strategy of isolation – or, in the governor's mantra, "Stay Safe Stay Home" – works for blunting the spread of the coronavirus. But it goes against what experts say is best for children living in precarious living situations. That's because the connections children have outside their family with a teacher or coach are essential for these vulnerable children.

"One of the things that we are so extraordinarily worried about right now is the social disconnection. It's too bad they use the word social distance. They should have said physical distance because social connection and having at least 20 points of contact a day is the most healthy thing for everybody," said Alice Forrester, the chief executive officer of Clifford

Beers and Child Guidance Center of Mid-Fairfield, programs that provide services to families in the New Haven and Fairfield County areas to prevent children from needing to enter DCF custody.

Her staff spent the last several days moving to a phone and online platform to connect with families. “We are desperately worried. But even though we can’t currently see people, this intervention at least offers us an opportunity for connection.,” she said. “It’s absolutely not 100% ideal in any way.”

Joette Katz, the state’s DCF commissioner from 2011 through 2018, wrote Friday in the Connecticut Law Tribune that “A positive relationship with a supporting adult may enhance the resiliency of children who have been abused, are at-risk for being abused, or live in a home where no abuse occurs but the family experiences other problems, such as substance abuse ...” “These are unusual times,” she continued, “and I think it’s safe to say that we are in a crisis. But these children and families cannot simply be collateral damage.”

The state’s child welfare agency during Katz’s tenure shifted to taking on more risk by keeping more children with their families and out of group or foster homes. That model, however, relies on the agency being able to accurately assess whether children are safe at home and also providing them services to prevent emergencies from arising.

Many families were already strained before this crisis hit. Nearly one in five children had already experienced at least two adverse childhood experiences in their families such as economic hardship, substance abuse, domestic violence, or mental illness. The trauma many children will surely experience as the result of the COVID-19 crisis as their parents get sick or lose their jobs and income won’t help.

Martha Stone is worried. She is the executive director of the Center for Children’s Advocacy, a nonprofit with attorneys who represent children intertwined with the child protection agency.

**“Everyone is stressed. Yes. Is this group of kids more under stress? Yes,” said Stone. “There was a safety network surrounding the families; whether it be drug treatment, mental health treatment, medical providers, social workers, counseling. It was a safety net that was wrapped around the child. And then there was the school. You take all of that away – and then you have food insecurity and employment disruption – it’s an extremely stressful situation for the families.”**

**“I think the kids are at risk because of all of this,” Stone said. “They’re not being seen by school personnel, and there is going to be limited visitation by DCF. It puts more pressure on DCF to figure out a back-up system if the providers are not going to see the kids. Who is going to see the kids? There are no easy answers.”**

Stone also worries about all the DCF-involved children who live with their grandparents, and what is going to happen to the children if their caregivers become ill with COVID-19. Data show the virus is having the most serious impact on the elderly.

The edict to drastically scale back those in-person encounters strains the ability of the agency and its providers to respond. Setting up a remote system for counseling, home visits, and safety assessments is proving challenging.

“It’s hard to imagine how you do supervised visitation through a tele-platform,” said Glynn, whose agency also oversees supervised visits so parents can see children who are in foster care and hopefully move toward regaining custody. “We’re rewriting the playbook. We’re just not prepared.”

But when it becomes clear there is an “emergent urgent need” that warrants an in-person interview, the agency and providers are not prepared to shield themselves from the virus. Face masks and personal protection equipment is not available for this staff.

Case workers have been instructed to call ahead to find out if anyone is in the house or has been exposed to someone who is sick, but for non-responsive families this setup might not always work. “Is this going to mean that at times, we are going to have to enter homes where individuals may, in fact, be sick? You know, I think we may have to cross that point in our work,” said Mysogland.

As social distancing drags on and the ability to monitor the safety of children remains more complicated, fear is mounting that more children will be removed from their families out of an abundance of caution and put into foster care.

“Yes, if services cannot be provided, that may lead to escalating risk and safety factors which cannot be addressed. That may result in children having to come into care. That is one potential outcome if our communities cannot get back to operating like they previously did,” said DCF’s Mysogland. “We are doing everything we can to avoid that.”