University at Buffalo iHeartTech

2020

remote casework

for child welfare stakeholders in the time of Covid-19

Prepared by the Institute on Healthy Engagement and Resilience with Technology (iHeartTech)
University at Buffalo School of Social Work

ISSUES FOR POLICY MAKERS

CHILD WELFARE & TECHNOLOGY

TECHNOLOGY TOOLS & TRAINING NEEDS

INFRASTRUCTURE GAPS

As caseworkers rapidly attempted to transition to working from a distance at the start of the COVID-19 crisis, they quickly learned that their out-of-office technology would not keep up. From out-of-date tablets and flip phones that lack capacity to connect to the internet to no laptop availability, the front line workforce could often not access agency tools to enter case notes or contact clients. Even as federal guidance was released that said workers could use personal devices with reduced HIPAA scrutiny, workers received messaging from their agencies that their devices could be subpoenaed and confiscated during personnel investigations if they transmitted client information on them. These mixed messages left workers with no good choices. When HIPAA regulations are relaxed during emergencies, policies regarding personal liability for workers using their devices for professional purposes should match the federal guidance.

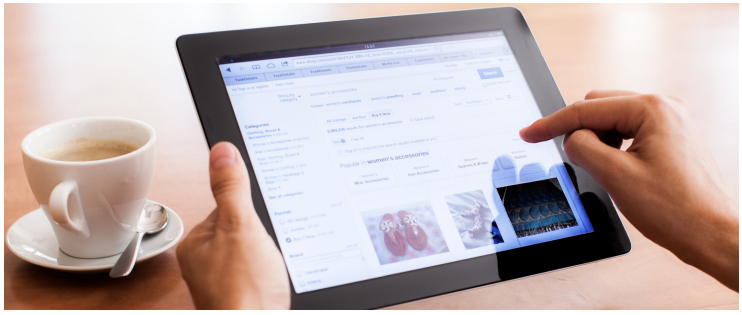
Although HHS informed child welfare agencies they could make 30-day visits remotely, many non-profit agencies found themselves under rules of state agency contracts requiring in-person visits, and were not granted flexibility. Coupled with a complete lack of Personal Protective Device availability across much of the nation, workers made home visits in high-risk locations where state and county workers were not held to similar standards. States should align local and state policies regarding in-home visitation with federal guidance during disasters.

Child welfare technology is moving quickly, and investments in this area are crucial to assure fairness and equity for families. Algorithmic decision making and other tools are quickly changing the landscape of data-informed practice. Policy makers must be ready to evaluate, fund, assess, and make recomendations regarding emerging technology tools, and should not wait until times of crisis to innovate.

TECHNOLOGY-MEDIATED TREATMENT

IMPROVING ACCESSIBILITY

During the pandemic, many mental health services moved online without service inturruptions. A growing body of evidence points to the efficacy of online contacts and treatments, including self-help for youth, alcohol abuse treatment, and even parenting training. As Family First legislation works toward responsive family-centered engagement and prevention services, web-based services may be one way to improve accessibility and reduce barriers such as transportation and evening availability. Additionally, access to national programs may improve cultural fit and treatment preferences. Although technology access is a barrier for some, costs associated with providing equipment to clients may be offset by expenses of foster care and agency involvement for families who are able to complete services more quickly. Mandated programs already employ models for supplying technology to clients, (i.e. breathilizers and ankle tracking). Many useful digital supports became available to families during COVID-19, but access is uneven. It's time for child welfare to get creative about how to best meet family needs with technology. This is an important area for policy, practice, and research exploration.



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TECHNOLOGY-MEDIATED VISITATION

Visitation frequency is linked to improved parent motivation, reunifcation, and relational maintenence. Unfortunately, workforce availability impacts visitation frequency, and under COVID-19, many visits have been restricted. This is not acceptable. Technology-mediated visitation may improve family and sibling contact; however, the child welfare field, including caseworkers and foster parents, have insufficient knowledge about the risks, benefits, and practice skills necessary to facilitate and prepare families for online visits. In some jurisdictions, these kinds of contacts are already used; however, their use is uneven and little is known about outcomes. Research, training, and dissemination of best practices are needed to ensure that families are provided with the most liberal safe policies that facilitate relationships and reunification.

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The mission of the *Institute for Healthy Engagement and Resilience with Technology* (iHeartTech) is to discover and disseminate research and best practices related to healthy engagement and resilience with technology, and the productive use of technology for social good and effective delivery of social services.

Learn more about iHeartTech: https://bit.ly/iHeartTechInstitute

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