

5 CRITICAL NEEDS FOR BABIES IN COVID-19: Supporting Strong Families



ZERO TO THREE
Early connections last a lifetime

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Prevention Services and Family-Centered Child Welfare Can Boost Protective Factors

The Investment:

- \$1 billion increase for prevention services through Title II of Child Abuse Prevention and Treatment Act (CAPTA) Community-Based Child Abuse Prevention state grants
- \$1.5 billion in emergency spending for the Maternal and Child Health Block Grant
- \$100 million for emergency uses to state administrators and Tribal grantees in Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
- \$500 million in emergency funds for CAPTA state grants for enhanced child protective services
- \$1 billion increase to enhance family child welfare services through Title IV-B, Part 2, the MaryLee Allen Promoting Safe and Stable Families Program (PSSF)

Why is this need critical?

- **Critical for babies' emotional health:** Strong families nurture positive social-emotional development essential for all learning and relationships. Disasters often increase parents' stress, straining this protective buffer and sometimes leading to harsh, even abusive, parenting.
- **Critical for strong maternal and child health:** The pandemic has affected access to health care for pregnant women and children needing well child care, especially families of color and those with low income. Public health approaches oriented to women and children can support health as well as strengthen families.
- **Critical for reaching isolated families and supporting protective factors:** Many families with young children, including grandparents caring for babies, are isolated at home, often under great economic strain and cut off from support networks. From previous disasters, we know family supports can increase resilience and prevent harm that can have lasting effects.
- **Critical for protecting young children in the child welfare system:** Caseworker visits with families under child protection orders as well as family time visits with children in foster care help ensure families are supported, children are safe, and progress toward reunification continues.

Investment Details:

Congress should invest heavily in prevention through CAPTA Title II to provide greater outreach and virtual support to parents and other caregivers isolated in this crisis.

Many parents and caregivers of young children have been isolated at home, under great social and economic stress, and unable to receive in-person support or treatment they may normally rely on. Families with young children [continue to report](#) concerns about meeting basic needs, particularly feeding their children, that ratchet up stress levels and could leave lasting effects. Confinement, social

isolation, and inability to use familiar coping mechanisms and parenting strategies like taking personal space, visiting with family, or going to the playground, may exacerbate the impact of these stressors. Unfortunately, such unbearable stress levels can lead to social-emotional distress in even very young children that can undermine their positive development as well as lead to a greater risk of child abuse. Here's why: Young children develop in the context of their families, where stability and supportive relationships best nurture their growth. These relationships foster trust, positive social-emotional development, and the capacity to form strong relationships in the future. A disaster such as the current pandemic strains the conditions for this crucial support. Parents become stressed by their own concerns about health and the inability to meet pressing economic needs. Young children sense this stress and may act out their own anxieties in ways that parents may interpret as misbehavior, increasing parental stress even more and sometimes leading to harsh treatment that may become abusive. In addition, many grandparents and other relatives are in great need of support during this time, especially with heightened concerns about exposing older people to the coronavirus.

Amanda from Redding, CA speaks to this need:

"I am in desperate need of community support. I really relied on support persons in the community. I am currently isolated to my home with my 18-month old daughter. I have no one to check on me or anyone to talk to."

We continue to need to ramp up prevention services, to avoid these grave outcomes for young children and their families. We know from previous disasters that providing support for families with young children to increase their resilience and prevent harm that can have lasting effects is a key intervention to prevent and mitigate the pandemic's harmful social impact. It is critically important in this unprecedented time to find ways for parents and caregivers to stay connected with support networks. Service delivery organizations already are making great efforts to continue their work, but out of necessity it will need to look different.

An additional \$1 billion in emergency funding for Title II of CAPTA, Community-Based Child Abuse Prevention, would quickly channel flexible funding for supporting outreach to families to the local level. There, it would augment preventive family support services through methods appropriate to the community. Uses could include:

- Maintaining and expanding contact through such means as family resource and support centers, programs such as [HealthySteps](#) (child development specialists embedded in primary care practices, which are continuing well-child visits), home visitors, especially those not funded through MIECHV, and other services to address the increase in family stress due to calamitous social changes and prevent child abuse;
- Providing a critical conduit for early childhood and maternal mental health providers to reach families needing mental health support; and
- Allowing the purchase of technology for workers and families, including pre-paid mobile devices and data allotments for the latter.

Congress should provide \$1.5 billion in emergency funding through the Maternal and Child Health Block Grant.

In addition to experiencing isolation, women and children have faced particular challenges to accessing health care. Women needing prenatal care face obstacles, and women with low income are more likely to be disadvantaged as they seek care especially if they do not have and cannot afford the equipment for strategies such as telehealth visits or self-monitoring. In addition, women with low income and women of color are more likely to have underlying conditions that make their pregnancies high-risk and to have had difficulty accessing care even pre-COVID. We also know that COVID testing and monitoring is critically important. Pregnant women face particular risks in contracting COVID-19, and women of color appear to be disproportionately affected. Hispanic women account for 23 percent of births annually, but comprise [38 percent](#) of pregnant women infected with COVID-19. Once hospitalized, [pregnant women are more likely to be placed in intensive care](#) than non-pregnant women, although they do not have higher mortality rates. Families also have had challenges in attending well-child visits and keeping vaccinations up to date, problems that not only could lead to missed concerns in children's health but could pose barriers to returning to child care.

The Maternal and Child Health Services Block Grant program in Title V of the Social Security Act has been the anchor for the public health response and services to support pregnant women, infants, children, and adolescents in a holistic way, including children with special health care needs and disabilities. Many of its services are designed to promote health equity and reduce disparities in outcomes. The Block Grant structure provides a quick way to get funding to state and frontline public health agencies that can tailor support responses to local needs.

An additional \$1.5 billion in emergency funds could be effectively deployed to the front lines for services that include:

- efforts to control community COVID-19 spread focused on women and children;
- prenatal and postpartum care and service coordination;
- action to ensure children get routine health care and immunizations;
- family support contacts for families with new babies;
- investments in family and youth organizations to provide family resource services;
- mental health supports for child care and schools;
- adolescent health and mental health care; and,
- surveillance of COVID-19 impacts on MCH populations.

Congress should provide \$100 million in emergency funding through MIECHV to help home visitors stay connected with families.

A parent from Chicopee, MA described what it means to miss her home visitor:

"I have very little support from family and don't have many friends I can count on. My home visitors can't come to my home, and they haven't been able to set up a system where they can at least video chat or Facetime with my children to help me through whatever problem I can't figure out on my own. I just pray things get better because I need them. My kids need them."

Home visitors are a key support to families with young children and never more so than in times of great stress. Home visitors need to be able to support the families with whom they work in the safest way possible to protect their own health and that of their clients.

An additional \$100 million for emergency uses to state administrators and Tribal grantees in the MIECHV program will help enhance continued outreach to families. Because many home visiting programs are funded through other means but serve the same important purpose of connecting with families, we urge Congress to find funding sources that can be used to support home visitors across the states.

The funds could be used for:

- Supporting telehealth visits, including for clinicians providing mental health consultation where families need additional mental health support;
- Providing staff as well as families with technological equipment to do such visits;
- Paying home visitors even if they are unable to make visits;
- Providing hazard pay to those who do still go into homes; and,
- Other uses that help home visitors continue to provide supportive services to families.

Congress should provide increased funding for Title IV-B and CAPTA state grants and increase Title IV-E FMAP to enhance the child welfare system's ability to respond to the needs of children and families under its supervision.

Unfortunately, some children will experience abuse and neglect, and many more are already in the child welfare system and in need of continued services. Our goal must be to do everything we can to protect their well-being and safety, working to ensure they have a safe and stable home. Child welfare work for children who have experienced abuse and neglect is heavily dependent on contact between caseworkers and families, made immensely more difficult by the need for social distancing. Foster parents and kin providers also will face challenges and may become unable to care for children. Finally, biological parents working hard to reunify with their children are missing crucial moments of contact. Child welfare and child protective service agencies need enhanced funding to ensure the safety and well-being of children and families.

These complexities are highlighted by a child welfare caseworker from Florida:

“One father reported that he has been struggling because supervised visits with his son are on hold. He has had some communication with his son over the phone but wishes he could have an in-person visit. He is using his sober supports to help cope with the situation.”

To this end, we recommend Congress provide:

- Increased funding to Title IV-B, Part 2, the MaryLee Allen Promoting Safe and Stable Families Program (PSSF) by \$1 billion to help eliminate the need for out-of-home placements, both to protect children and to prevent the child welfare system from being overwhelmed by the crisis. PSSF is a critical funding source for stabilizing families, supporting foster parents, and other prevention efforts for states during times of crisis;

- \$500 million in emergency funds for CAPTA state grants to assist in worker safety and workforce needs in terms of protections and health practices and the need for new or expanded encryption technologies and equipment for both workers and families for virtual meetings and other methods of home visits and investigation; and,
- Increases in FMAP for Title IV-E foster care commensurate with any increase to Medicaid FMAP, also applied to the new Title IV-E Prevention Services program.

As telehealth and remote visits become the order of the day, family service and child welfare providers should be prioritized for broadband infrastructure.

Finally, a constant thread through what we have heard from many family support providers, infant-early childhood mental health specialists, child welfare workers, and home visitors in the field is that, in the face of the pandemic, they have moved operations online in an emergency capacity. While this is useful as a stopgap measure, many families do not have access to broadband internet and may be reliant on mobile devices with costly and finite data plans. As Congress considers new funding for national broadband infrastructure, we implore Congress to prioritize child welfare and family service providers access to broadband infrastructure funds as they become available.