

Guidance for Meeting a Child/Youth's Well-Being During COVID-19

This guidance is provided as a supplement to FACS Policy Memo 20-01, Disaster Plan Update, COVID-19 Staff Protocol for Client Contact. This guidance is effective immediately and will remain until FACS Policy Memo 20-01 is no longer in effect.

Due to the presence of novel coronavirus (COVID-19) in our community, steps have been taken to decrease the spread of the virus to our staff, foster families, children in foster care and our community. We must also continue to ensure that children who come to the attention of Child and Family Services (CFS) have their physical, mental health, and/or educational needs assessed and addressed.

Communication and Documentation

During this crisis, communication with all parties involved, including parents, youth, resource parents, and providers, is of utmost importance. Ensure documentation is maintained on efforts to abide by the [Child Well-Being Standard](#). Specifically, social workers will need to document what efforts are being made to ensure the agency is still meeting the child's physical, mental health, dental, vision, and developmental/education needs. When appointments are unable to be held, additional documentation regarding why the appointment did not take place and how the concern was mitigated is required. This documentation should be housed in ESPI under the Monthly Progress Note in the Well-Being section.

No appointment should be cancelled without the prior consultation with the child or youth's provider. If in person appointments cannot occur, attempts to schedule appointments through telehealth should be made. Cancelled appointments will be rescheduled as soon as possible, but no later than 30 days from when the FACS Policy Memo 20-01, Disaster Plan Update, COVID-19 Staff Protocol for Client Contact is no longer in effect.

In-Home Cases

It remains the responsibility of CFS to address well-being needs of children receiving in-home services if the physical, mental health, or developmental/education needs are relevant to the reason for agency involvement. The agency is reliant on parents or persons with legal authority to sign a consent to treat children who are receiving in-home services. When Intake Reports are received that require further assessment of the child(ren)'s well-being, a case consultation will be held to determine the best course of action to ensure the identified needs are being appropriately assessed and addressed/mitigated. In ESPI, documentation of this information will be housed under the Well-Being section of the Case Consultation.

Out-of-Home Cases

It remains the responsibility of CFS to address well-being needs of children receiving out-of-home services per the [Child Well-Being Standard](#). Federal and state requirements mandate that the agency screen and, when indicated, further assess initially and on an ongoing basis, and provide services to meet the physical, mental health, and educational needs of children when they are placed outside of their home. Whenever possible, the parent should accompany or meet the child at any well-being appointment and be present to sign permission for treatment/services.

Physical Health

When a child initially enters foster care, CFS should make best efforts to ensure the child is seen by his or her medical provider, including dental and vision, per agency standard. Due to the current COVID-19 pandemic, there may be circumstances that prevent a child from being able to be seen within agency timeframes. Child and Family Services staff should staff these cases with their immediate supervisor. Considerations should include but are not limited to the age/development of the child, reasons for removal, if the child has a current injury, and the overall health of the child. For example, when a child is removed from a home where physical abuse has occurred, and an injury is present, it would be necessary for the child to be seen by a medical provider to identify the gravity of the injury and determine if any other injuries exist.

For on-going Case Management cases, if a child has a routine medical appointment scheduled during the time this protocol is in effect, contact the child's medical provider to determine if 1) the office is open; and 2) determine from the medical provider (pediatricians, dentists, optometrists/ophthalmologist, etc.) if it is an appointment that should remain or be rescheduled. Considerations for whether to reschedule the appointment include the following:

- Is the child/youth immunocompromised?
- How do the resource parents and child's parents feel about the child being in the community?
- Is the appointment medically necessary (such as a medication refill or immunizations)?
- For a child who is ill or is presenting with COVID-19 symptoms, has the child's pediatrician been contacted and consulted first?
- Is the child experiencing pain (such as dental issues) or has the child injured himself/herself playing?
- Can the appointment be completed through Telehealth or through an alternative virtual method?

Mental Health

The mental health needs of children traumatized by child abuse or neglect should be assessed as a component of the child comprehensive safety assessment process. For out-of-home cases, all children age three and older shall receive a mental health screening and, if recommended, a full mental health assessment after a child has been removed. Additionally, the COVID-19 outbreak may cause additional stress for the children being served by our agency. This stress can manifest in children or youth in a variety of ways, including:

- Excessive crying or irritation in younger children.
- Returning to behaviors they have outgrown (for example, bedwetting or toileting accidents).
- Excessive worry or sadness.
- Unhealthy eating or sleeping habits.
- Irritability and "acting out" behaviors in teens.
- Poor school performance or avoiding school.
- Difficulty with attention and concentration.

- Avoidance of activities enjoyed in the past.
- Unexplained headaches or body pain.
- Use of alcohol, tobacco, or other drugs.

Things to help support children and youth demonstrating these stress responses include the following:

- Take time to talk with them about the COVID-19 outbreak (in a developmentally appropriate manner) <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html>
- Reassure them they are safe and let them know it is okay or normal to feel upset.
- Share with the child/youth how you handle your own stress (and remember they are watching you, so modeling will be important.)
- Limit your own and your family's exposure to news coverage.
- Keep regular routines.
- Be a role model. Take breaks, get plenty of sleep, exercise, and eat well.
- Remain connected to friends and family while respecting the orders for quarantine or social distancing (be creative—utilize art, letters, recordings, and virtual means to maintain connections).

If a child or youth is already receiving counseling from an established provider, the social worker, parent, or resource parent should contact the provider to determine what alternatives are available. Some considerations include the following:

- Is the child/youth immunocompromised?
- Can the provider engage in virtual mental health services?
- Is another service available, such as Telehealth? <https://bcidaho.com/telehealth/>

Medication

There is no change in practice guidance regarding children receiving medication during the COVID-19 pandemic. If a child/youth has a routine follow-up appointment specifically for medication while this practice guidance is active, the social worker, parent, or resource parent should contact the provider first to determine if their office is open. Request of the provider what guidance they have regarding an in-person appointment and determine if it is more appropriate (or available) to have a virtual appointment to refill the medication.

Considerations include the following:

- Is the child/youth immunocompromised?
- How many refills remain?
- Can the prescription be refilled without an appointment (this decision requires consultation with the provider)?
- Can the appointment to refill medication be completed through Telehealth or an alternative virtual method?

Under no circumstances can a social worker, parent, or resource parent decide for a child or youth to taper off, or discontinue, medications. This decision requires consultation with, and direction from, the child/youth's prescribing provider.

Educational/Developmental

Individual school districts are utilizing the [Idaho Back to School Framework](#), to develop plans to provide educational instruction to Idaho's children for the 2020-2021 school year. While not all school districts have made final decisions for re-opening schools, many school districts are offering children and families the option of in person instruction, online/virtual only or a combination of the two. CFS will continue to meet the educational needs and follow the requirements for school attendance in the [Standard for Child Wellbeing](#) while attending to the safety of children in foster care during the COVID-19 pandemic.

Referrals to the Infant Toddler Program (ITP) will continue per the Standard for Child Wellbeing and Birth to Three. Currently, ITP is conducting assessments/evaluations and therapies virtually. Social workers will need to ensure parents and/or resource parents have adequate access to appropriate technologies to meet these needs.

CFS must continue to provide for the educational stability of children and youth in foster care who experience a placement change. CFS staff will continue ensure we are meeting this requirement as outlined in the Standard for Child Wellbeing by completing ESSA best interest determinations notifications.

Social workers should be in contact with the parent, resource parent, and teacher(s)/school district to gather information on what alternatives have been developed. Additionally, social workers should check-in with parents and/or resource parents to ensure they have the necessary tools to meet the child's educational needs with the instructional platform provided by the school district.

While the Department has the final decision-making authority regarding in person or virtual/online classes for children/youth in our custody, that decision must be made in collaboration with the resource family who must manage the day to day effects of this decision. The child's parents should also be consulted and provide input in making a decision best suited to the educational needs of their child, while supporting the ability of the resource parent to safely implement the decision

1. When there is disagreement between the resource parent and child's parents or difficulty arranging for the child to participate in online/virtual instruction, the assigned CFS worker in collaboration with the resource parent and the child's parents must consider the child's educational needs and ability to be successful in that setting while giving careful consideration to the resource parents ability to support the decision. Consider the courtroom questions to address education during COVID-19 developed by the legal center for Foster Care & Education included at the end of this guidance.
2. In circumstances where the Department must make a final decision, a supervisor must review and approve the final educational setting. CFS staff, resource parents, and the child's parents must consider:
 - a. How does this child learn best? Will they be successful in a virtual/online setting? Can those concerns be mitigated through additional support by the resource parents, extended family members, resource parents support system (RPPS) and/or the child's parents? Is additional tutoring an option?

- b. How will the resource parents' children receive their educational instruction in the fall? Does the resource family have a household member who is at high risk and therefore there is a concern about a child attending in person instruction? Does the resource parent need additional support in arranging for daycare or appropriate supervision for older youth in order to for the child to receive virtual/online instruction?
 - c. What concerns do the child's parents have regarding in person or online/virtual instruction? While parents must be included in a collaborative discussion, the resource parents' concerns are paramount to ensuring the success of either in person or online/virtual instruction.
3. For school districts that will only be offering in person instruction, the resource family, CFS staff, and the child's parents should consider each child's education needs and medical needs if the child is high risk or immune compromised.
(<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>)
4. In circumstances where the school district will be providing in person instruction with no option for online/virtual instruction and the team decision is that the resource parent cannot support in person instruction and the child's education needs can be met in another setting, the [Standard for Child Wellbeing](#) must be followed.

School Attendance

Every child in the custody of the Department will:

- Be enrolled in and attend an accredited on-site public or private school;
- Be instructed in elementary or secondary education in accordance with the educational code of Idaho;
- Will have completed secondary school; or
- If a youth is at least 16 years of age and has previously dropped out of school with his/her parent's permission, the youth will participate in an independent living plan that will address his/her education (GED) and/or training.

If there are extenuating circumstances and it is determined that virtual academy (online) is the most appropriate educational setting for a child, a variance can be approved by a hub's manager. However, children attending virtual academy must also have a socialization plan to ensure social skill building opportunities and connections.

5. Four ways for CFS to prioritize education (<http://www.fostercareandeducation.org/>)
 - a. Partner with schools and know what they have to offer.
 - i. Access to meals – many schools continue to provide meals to students through the free school meals program
 - ii. Access to school-related resources and services – Work with the school to determine what resources are available including internet connectivity, laptops, homework packets, school counselors and resource specialists.

- iii. Obtain current information from schools – information changes frequently, keep in touch with school regarding distance learning opportunities and services being offered by the school or school district.
 - iv. Provide information to schools – Contact schools to verify child specific information is accurate including where the child is living and their current needs. Verify that the school has the resource parents and case manager contact information for updates regarding school schedules.
 - b. Support the Education and Well-Being of Students in Foster Care.
 - i. Ensure children in foster care have access to school materials and resources, including technology – utilize IL funds, donations, or CFS funding to provide technology for children that allows them to remain connected to the school.
 - ii. Provide educational materials and support when needed – assist foster parents by transporting children to and from school to pick up homework packets and drop off homework. This is a great opportunity to meet the monthly contact requirement. Consider if children will benefit from online tutoring or provide links to online learning opportunities.
 - iii. Ensure that children’s social/emotional needs are met – with assistance from the school identify virtual school connections or location outside of school providers to support the child.
 - iv. Encourage school engagement – find motivational strategies to help the child want to learn and continue in school
 - c. Support Caregivers.
 - i. Ensure that foster parents and the child’s parents are up to date on school instruction plans and resources including information about meal and academic and emotional support available through schools.
 - ii. Provide additional support to caregivers when needed – foster parents are under significant stress during the pandemic. Provide additional support when possible for transportation, setting up technology and arranging counseling or therapy appointments.
 - d. Prioritize students in foster care with special education needs.
 - i. Reach out to foster parents who are caring for children with disabilities to determine what supports are needed.
 - ii. Assist the foster parent in determining how the Individualized Education Program (IEP) will be implemented during the school year.
 - iii. Clarify who is the child’s education decision maker is – if the child’s parent does not participate in the IEP assure that there is an identified decision maker who is not the CFS worker.
 - iv. Be sure that children birth to age 5 also receive any needed educational services.

Parents and Resource Parents are encouraged to continue to help children with meeting their educational needs. Below are some suggestions to help Parents and Resource Parents meet this need:

- Maintain structure and regular bedtimes/wake-up times.
- Establish a school day educational schedule.
- Encourage involvement in activities such as cooking, allowing them to measure/stir/etc., and ask exploratory questions that build a lesson. For example:
 - Where do these eggs come from?
 - What happens to them if you do not put them in a refrigerator?
 - How should you eat eggs?
 - What's your favorite way to cook eggs?
- Encourage “recess” and engage in new activities, such as bike rides, kickball, basketball, or playing a new game.
- Utilize technology to maintain connection between the child and school friends.
- Utilize on-line school resources where/when available.

If the child is engaging in developmental therapies, contact the provider to determine the best method to ensure the child's needs are met without compromising the child's health.