



# The Impact of COVID-19 and Immigration Enforcement on Service Delivery for Immigrant Origin Families Involved in the Child Welfare System

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## Abstract

This descriptive study sought to explore how child welfare agencies and community partner organizations experienced and adapted service provision for immigrant children and families during the COVID-19 pandemic. Semi-structured qualitative interviews were completed with 31 child welfare agency practitioners and community partners in 11 states who work with immigrant clients or on immigration related policies within the child welfare sector. Data were coded and analyzed using a thematic analysis approach.

**Results:** Findings documented ongoing immigration-related fears in accessing services due to the anti-immigrant climate as well as increased scarcity of resources and basic needs stressors among immigrants served by the child welfare community during the pandemic. Results also identified child welfare systemic and structural barriers to accessing needed case supports for immigrants, in addition to innovative practice and policy adaptations to meet immigrant needs during the pandemic.

COVID-19 created overwhelming challenges for already overburdened immigrant families at risk of or involved with the child welfare system. Child welfare agencies should foster collaborations with immigrant-serving community organizations who can share information and resources about COVID-19, immigration enforcement, and vaccine distribution. Agencies should adopt policies for tele-visiting that support transnational participation in virtual family visits and court hearings to create more equitable opportunities for reunification and permanency.

**Keywords** child welfare · COVID-19 · immigrants · immigration policy · youth · qualitative methods

## Introduction

The United States (U.S.) is home to 44.9 million immigrants and to 17.8 million children who live with at least one immigrant parent (Batalova et al., 2021). The majority of children in immigrant families (88%) are U.S.-born, living with at

least one foreign-born parent (Batalova et al., 2021), and 4.9 million U.S.-citizen children live with an undocumented parent (Connor, 2021). In recent years, the U.S. has also seen increasing numbers of families and unaccompanied children at the U.S.-Mexico border (U.S. Customs and Border Protection [CBP], 2017; CBP, 2021), a phenomenon which has been met with exceedingly restrictive and punitive federal immigration policy, marked by greater immigration enforcement, reduction of legal relief options, restrictions on public benefits, and the weakening of protective policies (Rabin, 2019; Wong et al., 2019; Wood, 2018).

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## Immigration Policy Context & Challenges

This policy landscape has had significant consequences for the well-being of immigrant children and families who live with the daily threat of deportation and family separation. Policies focused on family separation, detention, and deportation contribute directly to child trauma, toxic stress, and damaged attachment relationships (Wood, 2018); depression, anxiety, and PTSD symptoms (Rojas-Flores et al., 2017); declines in school attendance and performance (Artiga & Lyons, 2018; Bucheli et al., 2021) and the internationalization of negative stigmas related to children's ethnic and cultural identities (Ayón, 2016; Dreby, 2012). Punitive immigration policies also contribute to family financial instability and hardship, including hunger and homelessness; and to fear of accessing public benefits and supports (Artiga & Lyons, 2018). Research has also documented the deleterious impact of punitive state-level immigration policies on parental stress (Ayón, 2020). These physical, mental/emotional, and financial stressors not only have negative impacts for child and family wellbeing but may also increase risk of child welfare system involvement (Dettlaff, 2012; Finno-Velasquez & Dettlaff, 2018; Smith et al., 2020).

Furthermore, in mixed-status immigrant families, where at least one family member lacks legal immigration status, significant barriers arise to accessing key supportive services and public benefits, due to both a lack of eligibility on account of legal status and a fear of immigration consequences even when eligibility is not an issue. For instance, the 2020 “public charge” rule implemented during the Trump administration to identify individuals likely to become dependent on the government as grounds to deny their applications for citizenship or legal permanent resident status, created a significant chilling effect on eligible immigrant families' use of public benefits (Haley et al., 2020). This chilling effect lingers despite the Biden administration's reversal of the 2020 rule (Protecting Immigrant Families, 2022).

## COVID-19 Context & Challenges

The COVID-19 pandemic has also leveraged a disproportionate impact on immigrant communities in the U.S. According to Clark et al., (2020), immigrant communities experience disproportionate medical, economic, legal, and social vulnerabilities that contribute both to increased risk of exposure to COVID as well as poorer socioeconomic outcomes as a result of COVID. For example, immigrants often have limited access to health insurance and medical care or fear accessing it due to immigration status, work in jobs with increased COVID exposure risks or that are

considered “essential” with no “work from home” options and live in more crowded households with limited social distancing capacity (Clark et al., 2020). Additionally, many immigrants have had limited access to or have been completely excluded from COVID economic relief (Clark et al., 2020; Disney et al., 2022).

## Child Welfare System Context & Challenges

While children in immigrant families are not necessarily at a higher risk than other children of experiencing child maltreatment, they may experience unique risk factors and stressors due to their families' immigration journeys, resettlement experiences, and legal status that may contribute to becoming involved in the child welfare system (LeBrun et al., 2016). Child welfare agencies face unique complexities when providing services to immigrant children and families. Documented challenges include: provision of language accessible services; obtaining legal immigration relief for children who are eligible; coordination with consulates; identification and location potential relatives for placement, sometimes in other countries; child visitation with detained parents; communication and coordination with immigration officials (e.g., if parents are detained); parental participation in family court proceedings; and coordination of reunification when parents are released from detention or deported (Dettlaff, 2012; Finno-Velasquez & Dettlaff, 2018). Child welfare workers may also experience challenges in obtaining needed supportive services for immigrant clients who lack legal status and in engaging immigrant families due to families' fears that contact with government entities, like child welfare agencies, may make them vulnerable to detection by immigration enforcement (Finno-Velasquez & Dettlaff, 2018; Greenberg et al., 2019). These types of challenges may create barriers to timely reunification and result in the extension of child welfare timelines and delays to permanency (Dettlaff, 2012; Finno-Velasquez & Dettlaff, 2018). In light of these challenges, it is important for social workers in child welfare agencies to be trained and knowledgeable about these unique immigration-related issues (Greenberg et al., 2019) and on culturally-competent, trauma-informed practice that is specific to immigrant experiences. It is similarly important for child welfare agencies to adapt their policies and procedures to address these documented challenges (Finno-Velasquez & Dettlaff, 2018; Greenberg et al., 2019).

## COVID-19 Challenges to the Child Welfare System

The COVID-19 pandemic created new challenges for child welfare agencies in providing services for families, regardless of their immigration status, having reduced in-person parent-child visits, restricted case-worker visits, challenges with virtual visitation, reduced available supportive services, delayed reunifications, and more (Goldberg et al., 2021; Renov et al., 2021). The pandemic also resulted in a widespread shift toward the provision of tele-services; however, many child welfare involved families, particularly those who are low-income, often lack access to the technology and internet necessary for engagement in virtual services. There has also been concern over heightened risk of child maltreatment overall due to pandemic-related factors such as increased familiar stress, social isolation, reduction in contact with mandated reporters, etc. (Rodriguez et al., 2020). In the face of these difficulties, child welfare agencies have adapted their practices with innovative approaches such as providing virtual options for family communications and visits, case planning meetings, case worker visits, and parent and youth participation in court hearings (Pisani-Jacquez, 2020; Singer & Brodzinsky, 2020; U.S. Government Accountability Office [GAO], 2021); training staff and foster parents on how to facilitate virtual family visits (Orlando et al., 2021); and building collaborative partnerships with community organizations and stakeholders (GAO, 2021).

## The Current Study

The combined effects of the current immigration policy environment and the COVID-19 pandemic may have compounded challenges that child welfare agencies must navigate when serving this uniquely marginalized population. This descriptive study sought to explore how child welfare agencies and community partner organizations that serve immigrants have experienced service provision for immigrant children and families during the COVID-19 pandemic and how they may have adapted their practices to engage immigrant clients in light of the impediments imposed by COVID-19. The study utilized a qualitative research design to answer the following questions: (1) What unique stressors or supports have immigrant families involved with the child experienced during the COVID-19 pandemic?; (2) What challenges have child welfare agencies and their partners experienced in serving immigrant children and families during the COVID-19 pandemic?; and (3) How have child welfare agencies and community organizations adapted their practices in order to engage immigrant families and navigate impediments imposed by COVID-19?

## Methods

### Sample and Recruitment Procedures

Semi-structured, one-on-one interviews were conducted via Zoom video conference with 31 child welfare agency representatives and community partners who serve immigrant families across 11 states, including California (11), Colorado (4), Georgia (1), Idaho (2), Illinois (1), North Carolina (1), New Jersey (3), New Mexico (2), New York (4), Oregon (1), and Pennsylvania (1). Table 1 below describes additional participant demographics. The Zoom video conference interview method was used to facilitate quick, convenient, and cost-effective access to participants across the U.S., allowing researchers more opportunity to build rapport with study participants and engage in rich conversation than administering the interview over the phone. It also enabled researchers to easily record and transcribe the interviews. The researchers were trained on navigating the Zoom platform and on important considerations for successful interviewing via a virtual platform e.g., common technological challenges and considerations for participants completing interviews from a telework setting and the potential related distractions. Participants were identified and recruited using purposive and snowball sampling methods via the Immigration and Child Welfare Practice Network coordinated by the Center on Immigration and Child Welfare (CICW). The CICW is a national resource center that focuses on the intersection immigration and child welfare systems issues across the three main areas of research, policy and advocacy, and practice (CICW, 2022). The Immigration and Child Welfare Practice Network is comprised of practitioners and administrators of state child welfare agencies, legal professionals, and researchers from 13 different states who meet regularly to discuss new issues and concerns, exchange information and resources related to working with immigrant children and families with state child welfare system involvement. In order to be eligible for participation, practitioners needed to have experience working on policies or programming related to immigration issues within the child welfare sector and/or providing direct services to immigrant clients. Practice network members supplied additional referrals to other colleagues and key community organizations who provide services to child welfare system-involved immigrant families. Researchers aimed to interview 2–3 representatives from each identified agency. Participants were recruited via email and phone call and subsequently completed an informed consent and demographic questionnaire online via Qualtrics. A \$20 gift card incentive was offered to each participant.

**Table 1** Participant Demographics

| Sample Characteristics                                   | n  | %    |
|--|----|------|
| Race/ethnicity   |    |      |
| Asian/Pacific Islander                                   | 1  | 3.2  |
| Hispanic or Latino                                       | 17 | 54.8 |
| White/Caucasian  | 13 | 41.9 |
| Proficiency in another language                          |    |      |
| Yes  | 27 | 87.1 |
| Proficient in Spanish                                    | 22 | 71.0 |
| Proficient in a language other than Spanish <sup>a</sup> | 7  | 22.6 |
| Education  |    |      |
| Associate degree   | 1  | 3.2  |
| Bachelor's degree  | 4  | 12.9 |
| Master's degree  | 15 | 48.4 |
| Professional degree                                      | 6  | 19.4 |
| Doctorate degree   | 5  | 16.1 |
| Job/position type  |    |      |
| Child welfare practitioner                               | 17 | 54.8 |
| Legal services practitioner                              | 7  | 22.6 |
| Child welfare administrator                              | 4  | 12.9 |
| Social services practitioner                             | 3  | 9.7  |
| Type of organization                                     |    |      |
| City/county child welfare agency                         | 5  | 16.1 |
| Legal services organization                              | 6  | 19.4 |
| State child welfare agency                               | 16 | 51.6 |
| Social services organization/ other                      | 4  | 12.9 |
| Length of time working for the agency                    |    |      |
| Less than five years                                     | 6  | 19.4 |
| 5–10 years   | 8  | 25.8 |
| 11–20 years  | 10 | 32.3 |
| More than 20 years                                       | 7  | 22.6 |

Note: N = 31.

<sup>a</sup> Other languages include Arabic, Armenian, Bosnian/ Croatian/Serbian, French, Hebrew, and Mandarin Chinese.

## Interview Protocol and Procedures

The interview protocol was created by the researchers and informed by their experience working with child welfare and immigrant populations. The interview protocol focused on eliciting the following: (1) stressors or supports experienced by immigrant families they have served during the COVID-19 pandemic, where an example question asked includes, “Have you noted any specific concerns for the well-being of children in immigrant families who may experience social/family isolation due to the pandemic?”; (2) challenges child welfare agencies and their community partners have faced while serving their immigrant populations during the COVID-19 pandemic and how the service needs of this population may have changed during the pandemic, where an example question asked is: “What challenges or barriers have you encountered in providing

services to your immigrant clients during COVID-19?”; and (3) adaptations and innovations adopted by agencies to continue to serve immigrant families in response to COVID-19 constrictions, where an example question asked is, “What new and/or innovative approaches have you and/or your agency utilized to engage with immigrant families during COVID-19?”; and (4) how community partner organizations (i.e., legal service providers), that work in conjunction with child welfare agencies and their clients, have experienced and navigated COVID-19 in their service of immigrant families. An example of a question is, “How have you been able to engage with immigrant youth/families in the context of COVID-19? What approaches have been most helpful in reaching out to clients?”

## Data Analysis

Data analysis followed a thematic analysis approach (Braun & Clarke, 2006). Interviews were transcribed verbatim and coded. Three researchers coded all interview transcripts utilizing the Dedoose qualitative data analysis software, which allowed for a consistent process of coding among all researchers. All transcripts were double-coded by a second researcher to enhance reliability. The data analysis process included familiarization with triangulated data; generalization of initial codes based upon important texts; generation of inductive themes; review and refinement of themes; and definition and naming of themes. During this process, open coding was used to break down the data into smaller codes that could stand alone for categorizing and to detect repeated patterns. The repeated patterns were then sorted into concise categories to assist in identifying emerging themes, creating a manual codebook with definitions of each theme and sample quotes from transcripts.

Methodological rigor was attained through the application of verification, validation, and validity (Meadows & Morse, 2001). Verification is the first step in achieving validity; this standard was fulfilled through literature searches, adhering to the practices of phenomenological design, utilizing an appropriate qualitative research sample size, and interviewing participants until achieving data saturation (Creswell, 2007). The researchers also practiced awareness surrounding potential biases (i.e., positionality) and utilized the strategy of bracketing (Creswell, 2007), to minimize any preconceived ideas about the participants to guide data collection and analysis. Furthermore, to enhance validity, Dedoose, a data analysis software management program was used to assist with data management given the large quantity of data to ensure a systematic approach to the coding of each interview. The use of Dedoose to code and retrieve the data also served as an audit trail to provide documentation of the data analysis process.

## Results

The analysis revealed four main themes. According to child welfare providers and their community partners, immigrant origin children and families involved in the child welfare system experienced: (1) immigration-related distress and exacerbated fears in accessing services due to the anti-immigrant climate; (2) scarcity of resources and basic needs stressors; and (3) challenges accessing support due to child welfare agency systemic and structural barriers. In addition, (4) child welfare and community-based agencies adapted the needs of immigrant families by implementing innovative practice and policies during the COVID-19 pandemic. Each of these themes is explained in detail below.

### Distress in an Anti-Immigrant Climate

According to participants, immigrant fears about family well-being and safety were heightened due to community-wide stressors related to immigration policies during the pandemic, which produced fear of accessing critical support services. Participants reported that the symptoms of distress, suspiciousness and fear contributed to challenges in meeting the goals of child welfare case plans. Specifically, participants reported that families experienced: (1) distrust in accessing and engaging in government-based support; (2) misinformation and withdrawal from public aid due to fear of public charge; (3) social isolation due to fears of immigration enforcement and pandemic stressors.

***Distrust in accessing government-based social services.*** Participants discussed how immigration enforcement policies have impacted clients' ability to access social services and supports. A majority of participants providing services in rural communities discussed worsening distrust and fear among immigrant communities which has led to avoiding critical support. For example, a child welfare worker in a rural town shared, "many of our families see providers as an extension of the government. Trust is low with institutions, schools, and government agencies due to fear of immigration enforcement and an erosion of protection via sanctuary city policies due to the last administration.

In addition, participants shared that immigrant clients were forced to "go under the radar" and avoid visibility during the pandemic due to fear of immigration enforcement. A community-based provider from an urban county shared:

During the pandemic, we've seen that immigrant families are more nervous of receiving support from social workers. They are fearful to open the door because they have received instructions from well-meaning advocates instructing them to not open the door to anyone because Immigration and Customs Enforcement (ICE) could be pretending to be Child Protective Services or someone else. So, the default is for families to keep their doors closed which makes it very hard to engage with families around child well-being and protection. They don't trust us.

Participants also reported that decreased trust has made it challenging to engage clients in service delivery. A child welfare practitioner shared, "There can often be an engagement issue because we are government representatives, and you know there's a lot of fear around disclosing anything to us. And I would say that definitely increased over the last four years and I would say, got progressively worse to the point where you know many, some families won't tell us their relationship to one another during a family meeting."

***Misinformation/withdrawal from services due to public charge.*** Over half of participants from community-based organizations shared that even for immigrant families who qualify for public benefits, misinformation from the media or a lack of information about benefits produced worries that participation would harm their immigration status and kept many families from enrolling in critical services. According to participants, this reluctance to participate in public programs comes at a time when need for assistance has likely increased because of the pandemic and economic crisis. For example, a legal services provider shared, "a lot of our immigrant families live in mixed status households and have heard a lot of rumors in the community about how accessing social service support might affect their immigration status negatively. We had been hearing that there was a lot of fear for people to access any kind of services that were perceived as free. And that included legal services. So most certainly there's a lot of fear surrounding that."

A lack of reliable sources of information and misinformation about accessing public benefits exacerbated fears among immigrant clients. In another example, a community-based provider spoke about this:

What I would hear from caseworkers is that families don't want to get services because they don't feel safe due to the expansion of the public charge ruling. Families themselves might not even be able to articulate that it is like a public charge issue. Sometimes, I get individual case support questions, and I'd find out that the family already has a green card, but they were still

nervous about using services due to a lack of information and rumors.

**Social isolation.** During the pandemic, immigrants experienced overt anti-immigrant violence in many urban and rural cities across the U.S. that also resulted in increased social isolation. A participant shared: There's been a wave of anti-immigrant violence in California. Currently, it seems more directed towards Asian-Americans, but you know Latinos were part of it too. Latinos were put down during the prior administration and were told that they were not valued. They used hatred and vitriol directed at Latino immigrants. I think that people just feel fearful. They see what's happening at the border. They were afraid before. They're even more afraid now. Plus, they're afraid to go out. All of those things really have provided a severe impact to our undocumented families so that they are isolated.

Participants also described how effects of immigration-related stressors have impacted immigrant children and families' decisions to seek out needed services and led to social isolation. Another participant reported:

With the past administration, there was so much anti-immigrant rhetoric that newcomer immigrant youth and their families are really scared. Whether there's a true risk to them or just a perceived risk it creates a lot of fear and disinformation in the communities, so instead of reaching out and asking for help, youth and families are suffering in silence and isolation which makes it really difficult to access any type of services.

Immigrant families' experienced significant fears about accessing services due to public charge and fear of forced family separations. These fears prevented families from receiving much-needed economic and/or basic needs support.

## Basic Needs Stressors

In the second major theme, participants reported that immigrant clients experienced exacerbated economic stressors due to job and income loss, creating an increase in stress and a need for more basic concrete supports. The COVID-19 pandemic has impacted the ability of families in the child welfare system to get their basic needs met. Sub-themes include: (1) increased food, housing, and economic insecurity; and (2) newly emerged technology needs.

**Food, housing, and economic insecurity.** With high unemployment rates due to the pandemic, a majority of participants shared that their immigrant clients found themselves in worsening economic situations due to job lay-offs in particular employment sectors such as hospitality, service, and retail. A participant from a rural county shared: We have seen a lot of food insecurity among immigrant families. Our food bank is probably the best way for an undocumented family to get food assistance because there's just not as many questions asked. At least you don't have to go through the process of proving that you're a legal resident. The food banks have seen a dramatic increase in reliance on them.

In addition to food insecurity, most participants discussed an increase in the need for housing and financial support among immigrant clients. Participants shared that their clients had to take on employment as essential workers in high-risk public service sectors, which brought on additional fear about their physical health and potentially getting ill from the virus. One community service provider shared:

We work with a lot of agricultural workers. We noticed that when they would get diagnosed with COVID, they would have to take off time from work. However, unlike many other employees, when immigrant workers take off time from work, they do not get paid. It's not a situation where they work, and they get vacation or sick time. Most labor positions don't work like that, and they do not qualify for economic aid.

Ongoing uncertainty surrounding the extent and length of the economic crisis created additional hardship and financial worry for immigrant families.

**Technological gaps.** More than half of participants shared that technology emerged as a basic need for immigrant children and families during the COVID-19 pandemic. One service provider in a rural county reported, "some immigrant families live in areas where internet connectivity and access are inconsistent and unreliable." For other families, financial constraints prevent consistent access to technology. A case manager from a family service agency shared, The biggest effect of the pandemic has been that everything is remote. For immigrant youth who are newcomers they may feel very disengaged. I mean there's a technology gap not having access to the internet, not having internet literacy or technology literacy.

Another participant discussed technological barriers to accessing remote school, sharing, “school districts have been trying to help students access technology but there’s just been a big gap and a lot of immigrant youth are disengaging from school and have stopped going, and because of that they become increasingly isolated and kind of cut off from a lot of valuable resources.”

## Child Welfare System Related Issues and Structural Barriers

A third theme details the systemic and structural barriers to serving immigrant children and families encountered in a child welfare context. Participants overwhelmingly reported concerns of agency-related bureaucratic delays caused by the pandemic that threatened child well-being outcomes, including office closures, paperwork processing delays, visitation challenges and placement difficulties in both child welfare agencies and within court systems. In the context of service to immigrant children and families, identified barriers are broken down into three categories: (1) court and office closures; (2) family visitation challenges; and (3) transnational service barriers.

**Court and office closures.** Access to court-ordered child welfare case plan services has been inconsistent during COVID-19. Across the U.S., although some jurisdictions implemented tele-services, some courts closed all together during the spring of 2020. Social service offices and court closures led to delays in processing child welfare cases, resulting in uncertainty around timeframes for family reunification. One child welfare administrator shared: The main barrier that we have encountered is that the courts only hear the emergency cases. Immigration court closed at the height of the whole lockdown. Family courts were hearing only the cases were the most urgent, and so we experienced waits and delays. Consulates closed when our client’s needed documentation from them. Limited hours and court closures meant family case plan delays which impacts permanency outcomes.

Another child welfare practitioner shared,

Well, you have a number of government agencies that are closed or at reduced hours and so you can’t get a hold of anybody. So, if I’m trying to reach an embassy abroad, I can’t reach anyone to assist in processing immigration paperwork. So, it has been impossible to obtain client’s birth certificates or vital documents.

This impacts youth and family members’ reunification processes.

Canceled services and closed offices led to additional delays in achieving permanency for immigrant families in particular. A child welfare worker shared the implications of slowdowns in service delivery in serving immigrant clients: “It’s been difficult due to COVID; our offices are closed so we have to work around having to either meet families at the office or make an appointment to meet our immigrant clients elsewhere which is hard because they are living under the radar due to fear of targeted immigrant violence.” Office closures led to delays for families who were working towards reunification and couldn’t easily participate in services or visitation.

**Family visitation challenges.** Participants highlighted that visitation is a critical component of family preservation efforts and may promote the likelihood of reunification. Over half of child welfare practitioner participants described a drastic reduction or total elimination of in-person or face-to-face visits between children and parents during the pandemic. Noted reasons include state and/or agency COVID guidelines related to physical distancing and inter-household contact, and foster/resource parents’ and caseworkers’ hesitation to facilitate in-person visits, even when restrictions were modified or lifted. The pandemic also reduced and restricted some caseworker visits with children. One child welfare worker shared, We were prohibited from traveling altogether to facilitate visitation between parents and children. This really caused a barrier in terms of reunification and potential visits where we were making efforts to reunify children with their families.

A child welfare administrator acknowledged that visitation policies changed quickly, causing some confusion among child welfare workers. She shared:

In-person visitation policies changed from month-to-month, often without a moment’s notice. All of a sudden, visits weren’t in-person anymore. So, they were via Zoom and sometimes offered via FaceTime. After some months had passed, policies changed again so that families could meet in person. That was obviously something very difficult for everyone, especially the families, and the kids, like you go from seeing your family in-person to now, well, we can’t do that anymore. We have to do it via Zoom, via Facetime. So that was difficult for youth.

A child welfare worker discussed how challenges in visits have specifically impacted reunification for some immigrant families. She said,

In the beginning we were continuing to have visits. Then maybe three to four weeks later visits became virtual and so kids were only able to see their parents on video. That definitely puts a barrier on reunification and children returning home because in order for children to return home we have to have a thought-out transition plan. That means we have to have increased in-person and overnight visits. So, it [the pandemic has] impacted our ability to do transition planning. And all families have been affected and undocumented families [too].

Families and workers had to adjust to changing restrictions around visitation which ultimately impacted families' ability to obtain permanency.

**Transnational service barriers.** The pandemic made it more difficult for parents to meet requirements for reunification particularly in transnational contexts where one or more parents is not in the U.S. Pandemic-related delays place additional barriers on immigrant families who already experience complex and heightened barriers in accessing these much-needed services. A child welfare administrator discussed specific ways in which processing critical documents among transnational families has been impacted by the pandemic. She shared, It's been very challenging working with other countries during the pandemic. While we have a memorandum of understanding with Mexico, their offices completely shut down. So, requesting a socio-economic or psychological assessment was impossible and so that delayed reunification.

A third of all participants also emphasized concerns regarding the impact of the pandemic on the attenuated bonds between children and parents due to long periods of separation, physical distance, and their ability to make progress on their case plans towards reunification. A child welfare administrator in a major metropolitan urban area discussed how transnational barriers to service delivery may impact reunification outcomes:

I would say our ability to communicate with immigration officials and the consulate in other countries has been very difficult. It's been impossible to get home studies completed or just transnational documents signed. We cannot travel to support reunification efforts in another country. If a child wants to go home

to Mexico because his parents have been deported it will be put off for three or four months, like or you don't have a deadline. Families are separated and no one knows what the future will hold.

## Adaptations & Innovations in Service Access and Delivery

Although the COVID-19 pandemic stifled many aspects of the child welfare system, it also fostered innovation in policy and practices and new approaches to flexibility in service delivery. Participants discussed how community-based agencies and child welfare agencies adapted and integrated new practice and policy level interventions to meet the needs of their immigrant clients, specifically in the areas of: (1) acts of care and solidarity; (2) virtual and digital support to promote service access; (3) enhanced community-based collaborations; (4) policies allowing more flexibility in timelines in service delivery to meet basic needs for clients.

**Acts of care and solidarity.** About half of all community-based provider participants discussed the importance of demonstrating culturally-attuned acts of care and solidarity via offering increased check-ins, technological support, as important aids in the mental well-being of under-resourced families during this time of pandemic isolation. For example, a legal services provider shared: Among my immigrant clients, phone calls took on a little more importance. They had questions and I just tried to be warm and kind. They'd tell me 'it's good to hear your voice,' and I let them know that I am wishing them well. Even just offering niceties took on a new significance during the pandemic. I think it was just a nugget of nourishment for the soul. How humbling that is; our words can be so valuable when you put heart and soul behind them to call out strengths in clients to identify strengths to remind them how resilient they are. Yes, to remind them how resilient they are in the ever-changing landscape of the pandemic. It's simple but needed.

Similarly, a community-based provider in a rural midwestern state shared the importance of keeping in frequent contact and providing basic needs support to immigrant clients and live in hard-to-reach areas. She reported,

In our rural state, a lot of our immigrants work in agricultural areas and so what I have done is remained in more contact with them via phone more frequently. Or, if they prefer, I'll send them a text. I offer weekly



assessments of clients' needs such as delivering food boxes or providing transportation to medical appointments. So just keeping that connection, a monthly connection with them to vent, *chismear/gossip* is helpful. They feel a bit more well-connected with others.

A bilingual service provider spoke about the value of maintaining regular visits and using Spanish often in their communication as a form of competency and comfort. She shared,

A client who was in the hospital shared that our visit meant so much to her because she told me that no one at the hospital spoke Spanish. So just hearing the same familiar language meant a lot to her and gave her a little bit more hope and comfort. Service providers offered solidarity and support to immigrant clients by providing warmth in the form of enhancing the frequency of check-ins, offering basic needs support, and using language proficiency.

### Offering digital support to promote service access

Participants promoted the value of family time by, although not a substitute for in-person contact, providing access to technology, allowing children to maintain contact with their parents, siblings, and extended family members. Several participants discussed the importance of assisting immigrant families in accessing electronic technology, enabling them to be part of their children's daily routines such as during meals, doing homework, and bedtime stories. A community-based service provider shared, "so, after being remote for many months, our agency is returning to families' homes and providing them with hotspots and technology when needed and we've also been sharing community resources and helping them access them if they are online. We educate youth and families so that they can become digitally literate." Providing technological support meant that immigrants could attend school regularly and spend virtual family time with those whom they were separated from. One service provider spoke about important collaborations with city government in providing access via robust websites. For example, a legal services provider in a large metro area shared,

The Mayor's Office of Immigrant Affairs has been doing a lot of work around addressing the needs of immigrant families during COVID and they have an entire web page of information that's available to immigrant families which has been really helpful. We do get questions about you know undocumented

immigrants were not eligible for initial rounds of relief so with the Mayor's Office for Immigrant Affairs like we will point people to their webpage to answer questions about how to help immigrant families.

### *New & enhanced community-based collaborations.*

Over half of participants shared unique strategies to meet their clients' changing needs via new and enhanced collaborations with faith-based agencies, legal service providers, city agencies, and enhanced service responsiveness. A service provider from a rural county shared: One of the things that I've seen across our rural state is that communities have tried to come together, whether it be through their church communities or just other serving, public serving agencies to get donations for food boxes or gift cards or, you know, other household kinds of items that families may need and may be struggling with. And I think that there's been a strong increase in the number of families that are utilizing those services.

A community-based service provider from an urban metropolitan county discussed a new specialized newcomer immigrant serving collaborative that developed at the start of the pandemic, which has enhanced service delivery. She shared,

Our multi-agency collaborative has really taken shape and grown during the pandemic. I think it's been helpful for legal services, school based and clinical providers in building connections with various players in the education and child welfare system. I have listened to their struggles and how they're addressing challenges to see if there's anything we could do differently to serve newcomers. It's been a really good kind of like think-tank and a place for all the involved parties to come together and talk about our newcomer immigrant youth and make sure they're not getting left behind.

Similarly, a community-based provider shared about the value of collaboration with immigrant organizations and some government-based aid that did not require checking immigration status. He shared,

So, the most important task has been reaching out to our immigrant organization partners. And getting the food banks, for example, to help folks apply for Medicaid or food stamps. Some of the parents don't qualify for food stamps because of their immigration status. I think one good thing is that we did the P-EBT program, which is a federal program that allowed us

to give essentially money or really a P-EBT card or an EBT card to families whose children were receiving free or reduced lunches but weren't able to get those because of school. By a declaration from the federal government, they were eligible for that and that was not considered a public charge.

Immigrant families benefited tremendously from the collaborative support and outreach provided by local non-profit, immigrant serving organizations who were mindful of not compromising their legal status.

***Immigrant-focused outreach.*** Child welfare agency shifts in approaches to engagement with immigrant communities provided critical local solutions to help address multiple barriers to service access. More than half of all participants discussed the development of innovative approaches to enhance service delivery, ensure safety, and promote flexibility in child welfare timelines to serve immigrant families. For example, a child welfare administrator discussed a public health campaign to reassure immigrant families that it is safe to contact the child abuse hotline and receive support, explaining: We created a public service announcement letting families know that we work 24-hours a day. And that if they saw any abuse to please go ahead and report it, to let them know that they could do a report anonymously if they were concerned about the safety of any children in the community to go ahead and call us so that we can make an assessment. We publicized our services via the ration, and television because we were not getting as many referrals from mandated reporters. It seems that it worked because we did get an increase of referrals.

Another participant discussed a campaign launched to support and engage immigrant and Latinx clients around vaccine usage: “we used bilingual flyers to provide information on COVID; from how to appropriately wash one's hands, to defining what COVID is; the symptoms, who to call, and to contact the department if they get tested and they have COVID.” Immigrant-serving organizations used practical and mindful approaches to engaging with families in timely and culturally engaging ways.

## Discussion

This qualitative study sought to examine how child welfare agencies and community partner organizations adapt their practices in order to engage immigrants in navigating the impediments imposed by COVID-19. Recent studies have documented the inequitable effects of COVID-19 on

immigrant children and families (Disney et al., 2022; Falicov et al., 2020; Garcini et al., 2020; Clark et al., 2020). This study builds on that work (Callejas et al., 2020; Goldberg et al., 2021) by probing deeper into how the child welfare system has responded to immigrant children and families' needs during the pandemic.

Reinforcing prior literature (Ayón, 2020), one major theme elucidated how immigration-related stressors remained pervasive throughout the pandemic. A growing body of evidence has documented widespread chilling effects of the public charge rule in that immigrant families often avoid critical public benefits because of fear of potential immigration consequences as well as confusion and misunderstanding about the rule (Artiga & Lyons, 2018; Bernstein et al., 2020; Garcini et al., 2020). According to provider participants in this study, fear of immigration enforcement, family separation, and/or public charge led parents to avoid government aid and institutions that they perceived as sites where Immigration Customs Enforcement (ICE) would engage in enforcement activities. Participants shared that some families even terminated their critical government subsidized aid such as Women, Infants, and Children (WIC), and food stamps during the pandemic. Others reported that even though U.S.-born children qualified for programs such as Medicaid and Children's Health Insurance Program (CHIP), their immigrant parents were fearful that participation will harm their immigration status or expose them to enforcement authorities. Although these stressors have existed in many immigrant communities for years, providers from this study discussed how the pandemic magnified the effects of immigration stress on mental health given that they are now compounded with a severe public health and economic crisis that has limited access to needed health care. These findings echo prior research pointing to the negative impact that immigration-related barriers have on families' health and well-being (Henderson et al., 2008; Holcomb et al., 2003; Lovato & Abrams, 2021; Rojas-Flores et al., 2017; Yoshikawa, Orozco & Gonzales, 2016; Wood 2018; ).

A second theme highlighting the exacerbation of basic needs stressors among immigrants during the pandemic also aligns with current literature (Falicov et al., 2020; Garcini et al., 2020; Haley et al., 2021; Lund, 2020). Participants emphasized that many social services were temporarily reduced or closed during lockdowns and stay-at-home orders, and schools were closed reducing access to free or reduced lunch programs. Other recent studies have emphasized that reduced access to these supports led to tremendous distress for immigrant families and had an impact on mental health functioning (Falicov et al., 2020; Garcini et al., 2020). Findings show that while immigrant families experienced basic needs stressors, they were simultaneously

restricted from accessing federal support due to their immigration status, which compounded stressors. In addition, technological gaps and digital Wi-Fi connectivity issues particularly among rural immigrant populations acted as a major barrier in facilitating support, suggesting that electronic technology limitations intensified inequalities among immigrant families (Amandolare et al., 2020; Falicov et al., 2020; Rodriguez & McGrath 2021).

A third theme revealed that structural barriers in child welfare and community partner organizations arose due to the pandemic, such as shutdowns, dependency court delays, barriers in visitation, and transnational service delivery impediments, specifically threatened immigrant families. It illuminated ways in which a reduction in in-person interactions during the pandemic disrupted critical work on cases that transcend international borders, delaying and limiting opportunities for reunification and permanency for families with immigration issues. These findings concord with parallel research suggesting that disruptions in parent-child contact due to pandemic may impact reunification and permanency outcomes (Prime et al., 2020; Goldberg et al., 2020).

The findings of this study revealed a unique fourth theme that called attention to innovative strategies employed within child welfare agencies and immigrant-serving partner organizations in many cases to meet immigrants' changing service needs. Virtual family meetings and visits became commonplace, which enabled family members located in other countries to engage in their cases more easily. Extra support was provided to families who never had Wi-Fi or used computers before. Providers substituted usual forms of support from family and friends with expressions of empathy, caring words, and phone support during this time of social isolation.

Importantly, the findings underscore the importance of showing solidarity with immigrants, offering warm, culturally responsive support, and making extra effort to meet concrete needs such as food, housing, legal advocacy, social support, and shelter, which provided some immigrant families a sense of hope during challenging times. In particular, we found that local immigrant-based advocacy organizations leveraged relationships with faith-based agencies and churches to provide basic provisions such as food, clothing, and cash aid through grassroots fundraising and grants to families dealing with hardships stemming from immigration enforcement. These data suggest that providers' acts of care and solidarity provided critical aid to the mental well-being of under-resourced families during this time of isolation and scarcity.

COVID-19 created overwhelming challenges for already overburdened immigrant families at risk of or involved in the child welfare system. Immigrant-serving organizations

in particular, demonstrated new, creative, and inspiring ways of responding and caring for families with the most need. Focusing on the strengths of immigrant families, agencies successfully created space for both honoring families' complex experiences and reactions in these challenging times and co-creating ways of responding together.

## Limitations

As with all studies, this one has limitations. Efforts were made to recruit from geographically diverse sites through the use of snowball and purposive sampling via CICW networks including child welfare agencies and their partnering agencies, nonprofit organizations, and legal services. Recruitment did not occur from many northern states nor from states or jurisdictions that are not part of this network, thus limiting experiences to those areas with some existing form of organization around serving immigrant families. While insight was gained from 11 states across the U.S., it is unclear whether participants' experiences and views would be shared by child welfare professionals and community-based agencies in other locations in the US. Further, because data collection occurred in Spring of 2021, it only included professionals' perspectives during this timeframe of the pandemic and may not be generalizable to the context of future, non-pandemic times. Perspectives were obtained from service providers due to social distancing and stay-at-home orders. It would be ideal in future studies to hear from immigrant families directly. Last, immigrants are a heterogeneous group and so these findings may not provide generalizability to all immigrants (e.g., based on migration status or country of origin).

Despite these limitations, the current study adds to our growing knowledge of the devastating impact of the COVID-19 pandemic on child welfare-involved families and professionals. This study is unique in that it is the first multi-state study to examine how child welfare agencies and community-based organizations in both rural and urban settings have adapted their services during the pandemic for a specific, marginalized population. Our participants were from urban settings, rural areas, and U.S.-Mexico border communities, representing communities with various levels of immigration status, acculturation, environmental resources, and access to services. Thus, participants were uniquely situated to provide insights into the context of immigrant communities where they work and live.

## Practice and Policy Implications

### Implications for Practice

In terms of practice, child welfare agencies must make considerable efforts in engaging immigrant families by fostering collaborations with immigrant-serving community organizations, faith-based leaders and multidisciplinary institutions that are vetted and trusted by immigrant communities. Identifying and coordinating with trusted community first responders such as pastors, organizers, community clinics, and community leaders who can share information and resources about COVID-19, immigration enforcement, vaccine distribution, and mobile provision is imperative. In addition, a multi-faceted approach is required to address immigrant needs during and following the pandemic and to enhance the span of services available to immigrants overall. Child welfare practitioners and contractors should demonstrate culturally responsive tele-mental health care to address any post-traumatic stress symptoms and provide therapeutic support, evidence-based assessment and treatment, and coping strategies. In a post-pandemic world, providers might continue to consider being flexible about where services are provided. Meeting with children in public settings, such as schools, might feel safer for many families. Offering services by phone or even videoconference might also aid in reducing anxieties about potential immigration enforcement.

Child welfare agencies should build on the small successes of remote services in engaging with immigrant families that cross international borders and invest more fully in a technology professional fully dedicated to setting up video calls with clients, while training practitioners, interpreters, and clients in technology, during and after this pandemic. In addition, agencies can facilitate access to WIFI and computers at local public facilities or offer services via mobile or satellite as a way of assisting families who may be economically challenged.

Finally, child welfare and community-based agencies should collaborate with trusted immigrant-serving organizations and/or other trusted community partners including faith-based orgs and churches who have long-standing relationships with immigrant communities to further promote trust among agencies and the community. These agencies can offer social support groups, Know Your Rights Workshops, and other advocacy-based trainings to assist immigrant families feel safe in their respective communities. As the National Association of Council for Children (2020) has highlighted, children and others involved in the child welfare system need robust advocacy during these times to ensure that (1) their cases move forward; (2) their due process rights are guaranteed; (3) they have access to and can

attend court proceedings, and (4) family time is protected and prioritized.

### Implications for Policy

In light of the current political climate on immigration, undocumented immigrants and their families are extremely vulnerable to the impact of immigration enforcement and pandemic-related stressors. Locally, cities should promote “protected area” (formerly “sensitive locations”) policies which prohibit ICE from targeting undocumented immigrants in hospitals, schools, churches, court offices and/or public demonstrations. This might ensure that individuals seeking to participate in activities at any sensitive locations are free to do so without fear of apprehension. Immigrant families should be included in all COVID recovery initiatives moving forward. States and local jurisdictions can prioritize funding and programming from the American Rescue Plan Act and future recovery packages to reduce inequities in access to key economic and social supports and be intentionally inclusive of immigrant children and families. In addition, with lessons learned during the pandemic in tele-visiting, child welfare agencies should be able to adopt policies to effectively engage with immigrant family members who may reside in other countries that support participation in virtual family visits and court hearings and thus creating more equitable opportunities for reunification and permanency.

### Directions for Future Research

This study contributes to the literature by not only describing how child welfare agencies and community-based organizations navigate impediments to serving immigrant families caused by the pandemic, but it also shows unexpected findings regarding unique adaptations made. Community-based agencies in particular demonstrated flexibilities in time and space, using procedures that improve standard professional approaches to overcome multiple socio-contextual constraints. The adaptations that emerged may be seen as a form of justice and empowerment in serving immigrants in ways that promote equity in child and family well-being, and that have become even more compelling under COVID-19’s restrictions. Several questions on this topic remain. Future studies should explore how the ongoing impact of COVID-19 has expanded the viewpoints of child welfare administrators, practitioners, and community-based service providers as new challenges or opportunities emerge in creating a more equitable and just child welfare system. In addition, future study in this area should represent and center the

voices of all individuals involved, including immigrant children and parents themselves, and provide a comprehensive understanding of how anti-immigration legislation and the pandemic impact children and families over time.

## Declarations

**Competing Interests** We have no known conflict of interest to disclose.

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