

Working With Immigrants Who Are Child Welfare Involved: Promoting Innovative Collaborations and Systems Involvement During a Public Health Crisis

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Abstract

The COVID-19 pandemic has had notable impacts on public child welfare systems and their ability to serve families. For immigrant families who enter the child welfare system, pandemic-related challenges were exacerbated on top of existing immigration-related stressors and barriers. This study used in-depth qualitative interviewing with child welfare agency staff and community-based service provider partners working with immigrants to explore their experiences in providing services to families navigating this unprecedented context. Results highlight the adaptations implemented to engage immigrant clients and facilitate interagency collaboration in light of barriers imposed by the pandemic. Practice implications center the need for child abuse and neglect prevention efforts to start in community and demand collaboration between government-based child welfare agencies and a range of grassroots, trusted community providers.

Keywords

child welfare, COVID-19, immigrants, immigration policy, families, qualitative

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Background

The COVID-19 pandemic had notable impacts on child welfare systems and their ability to serve families. A system very reliant on face-to-face engagement, whether for the purposes of child visitation, court proceedings, case planning, and so on, experienced reduced in-person contact and adapted their practices to implement new virtual/remote practices. Office closures and transitions to teleservices also impacted the other service providers that

provide support to child welfare involved families. For immigrant families who are involved in the child welfare system, these pandemic-related challenges were imposed on top of existing immigration-related stressors and barriers. To further understand the intersecting impacts of COVID-19 and immigration-related factors on child welfare service provision to immigrant families, this study explored the experiences of child welfare and community-based service provider partners to shed light on the adaptations made in their

work to navigate this unprecedented context, many of which may continue to be utilized in a post-pandemic context.

The Context of Immigration in U.S. Communities

Recent decades have seen continued growth in the number of immigrants in the United States, with immigrants comprising 13.7% of the U.S. total population at 44.9 million (Esterline & Batalova, 2022). In addition, in the last 5 years, the U.S.–Mexico border has experienced an influx of immigrant families and unaccompanied children seeking asylum (U.S. Customs and Border Protection [CBP], 2017, 2021). Given these trends, roughly a quarter of all children (26%) in the United States live in an immigrant family, with most (88%) being U.S.-born, living with at least one foreign-born parent (Esterline & Batalova, 2022), and 4.9 million living with an undocumented parent (Connor, 2021).

This immigrant population has been met with exceedingly harsh federal immigration and social welfare policies. Recent federal immigration and public benefits policies, particularly during the Trump administration, aimed to reduce available immigration relief, prioritize the apprehension and deportation of immigrants, eliminate protective policies, and limit access to public benefits (Rabin, 2019; Wong et al., 2019; Wood, 2018). These policies have had widespread negative impacts on service-seeking behaviors among immigrant populations due to the resulting environment of fear, for example, related to fear of detection by immigration officials, family separation, repercussions to future legal status, and

so on (Haley et al., 2021; Trisi & Herrera, 2018). These same fears pervade despite the efforts of the Biden administration to reverse several of these punitive policies (Protecting Immigrant Families, 2022).

In addition to impacts to service-seeking behavior, punitive immigration policies have caused negative impacts to physical, social, psychological, and economic well-being among immigrant communities and especially among children in immigrant families. Research has documented harmful psychological impacts to children in immigrant families as a result of immigration enforcement policies, including depression, anxiety, post-traumatic stress disorder (PTSD) and trauma (Rojas-Flores et al., 2017; Wood, 2018) as well as the internationalization of negative stigmas about their cultural identities (Ayón, 2016; Dreby, 2012). These types of policies have also contributed to poorer educational outcomes and declines in school enrollment (Artiga & Lyons, 2018; Bucheli et al., 2021). Meanwhile, parents in immigrant families experience increased parental stress (Ayón, 2020) and psychological distress (Roche et al., 2018), family isolation (Simmons et al., 2021), financial instability, and food insecurity (Artiga & Lyons, 2018).

Immigrant Families and the Child Welfare System

While children in immigrant families are not necessarily at greater risk of child abuse or neglect than other families, the aforementioned stressors and other immigration-related risk factors, such as migration trauma, resettlement experiences, and legal status may

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have unique implications in the child welfare system context (Finno-Velasquez & Dettlaff, 2018; LeBrun et al., 2016). In addition, some children in immigrant families may come to the attention of the child welfare system due solely to the detention and deportation of one or more parents. While the exact number of children impacted is unknown as child welfare systems do not systematically collect these data, data from the U.S. Department of Homeland Security (DHS) demonstrate that Immigration and Customs Enforcement (ICE) removed over 23,000 parents of U.S.-born children from the United States in 2019 (U.S. Department of Homeland Security [DHS], 2019a, 2019b), placing these children at risk of family separation and child welfare system involvement upon the removal of their parent(s).

Child welfare agencies encounter unique challenges in serving immigrant children and families, related to issues such as language access, immigration legal relief, consulate collaboration, relative placement, visitation with detained parents, parental participation in family court proceedings, and other elements of transnational casework (Dettlaff, 2012; Finno-Velasquez & Dettlaff, 2018). Furthermore, child welfare agencies face challenges engaging with immigrant families due to parents' fear of child welfare system involvement resulting in detention, deportation, and/or child removal as well as their fear of child welfare agencies as government entities (Slayter & Križ, 2015). These administrative and engagement-related challenges may, in turn, delay timely reunification and permanency (Dettlaff, 2012; Finno-Velasquez & Dettlaff, 2018).

COVID-19 Challenges and Barriers

The COVID-19 pandemic introduced additional challenges to this context both through its unique impact on immigrant communities and its impact on the accessibility and quality of child welfare and community resources for all families. To date, no national data exist on COVID-19 infection or death rates among immigrant communities (Artiga, Garfield, and

Orgera, 2020). Most data on the virus's impact have included information based only on location, age, gender, and race and ethnicity (OECD, 2022). It is known that immigrant communities are diverse and it is more common for them to live in overcrowded and multigenerational households where COVID-19 can spread quickly; they are more likely to work in essential jobs and less likely to be able to work remotely; they have less access to the safety net and paid sick leave, and so are more likely to keep working even in dangerous conditions or while sick; they rely more heavily on carpools and public transportation than the U.S.-born; and on average, they have less access to health insurance and regular health care, which can result in higher rates of untreated underlying health conditions, worsening the impact of COVID-19 (Lovato & Ramirez, 2022). Immigrant communities were subject both to a greater risk of exposure to COVID-19 and poorer medical, social, and economic outcomes due to factors, such as unsafe employment conditions in high risk, "essential" jobs; living in more crowded conditions; having poorer access to health insurance and health care; and being excluded from various pandemic relief efforts (Clark et al., 2020; Solheim et al., 2022). During the pandemic, immigrant families also experienced disproportionate job loss contributing to greater financial instability, housing insecurity and inability to afford rent, and barriers to accessing supportive services and resources due to language barriers, lack of documentation, and technology skill barriers (Solheim et al., 2022).

COVID-19 also impacted the ability of service providers, including child welfare agencies, to serve all their clients, including immigrant families. In the child welfare context, especially during the early parts of the pandemic, in-person parent-child visits were reduced or eliminated while the shift to virtual visitation involved many challenges, caseworker visits were limited, court closures led to delayed proceedings and permanency, reunifications were delayed, and more (Goldberg et al., 2021; Renov et al., 2021). Lack of training for both child welfare professionals

and foster parents on the new pandemic adaptations to systems and procedures also served as a barrier (Goldberg et al., 2021). In addition, office closures, the shift to teleservices, and other COVID-related disruptions among community providers resulted in the reduction of available supportive services for child welfare-involved families to meet their case requirements and treatment plans (Goldberg et al., 2021).

Interagency Collaboration

Interagency collaboration has been a crucial strategy of effective child welfare practice to meet the diverse needs of families who enter the child welfare system, both prior to and especially during the COVID-19 pandemic. According to Linden, “collaboration occurs when people from different organizations, produce something through joint effort, resources, and decision making, and share ownership of the final product or service.” This collaboration can occur on multiple levels, from front-line collaboration among caseworkers, families, mental health providers, teachers, and others. Child welfare agencies often partner, both formally and informally, with a wide variety of community providers to connect clients with health, mental/behavioral health, school, housing, domestic violence, substance abuse, and other supportive services (Bai et al., 2019; Banks et al., 2009; Chuang & Lucio, 2011; Chuang & Wells, 2010; He et al., 2015; He & Phillips, 2017; Zlotnik et al., 2015). Partnership with community organizations became even more critical during the COVID-19 pandemic as child welfare agencies struggled to continue to meet the needs of their clients as described above (Lovato et al., 2022; U.S. Government Accountability Office [GAO], 2021). For child welfare agencies working with immigrant families, interagency and cross-systems collaboration is essential for effective service provision by, for example, connecting families with immigration legal services, coordinating with foreign country consulates, and facilitating transnational casework (Finno-Velasquez & Dettlaff, 2018; Lovato et al., 2022; Radel, 2013).

The Present Study

The present study aimed to identify and highlight the adaptations implemented to engage immigrant clients and facilitate inter-agency collaboration in light of the barriers levied by the pandemic. Using a qualitative research design, this study sought to answer the following questions: (a) How have child welfare agency practitioners and child welfare partners engaged immigrant families and navigated impediments imposed by COVID-19? and (b) What have child welfare agencies gained from collaborations with community partners during the pandemic in learning how to serve immigrant families’ needs?

Method

Participant Recruitment

We elicited perspectives from child welfare agency professionals and social services practitioners from community agencies from jurisdictions known to have experience working with immigrant populations. Participants were recruited via purposive and snowball sampling methods primarily through 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 of immigration and child welfare systems issues across the research, policy, and practice domains (Center on Immigration and Child Welfare, 2022). The Immigration and Child Welfare Practice Network includes practitioners and administrators of state child welfare agencies, legal professionals, and researchers who convene on a regular basis to discuss challenges and share best practices and resources for working with immigrant children and families involved with state child welfare systems. Practice network members provided recommendations of additional colleagues and community agencies who offer services to child welfare system-involved immigrant families. Participants were recruited via email and phone call, and each participant completed an informed consent form and demographic questionnaire online

via Qualtrics prior to the interview. A US\$20 gift card incentive was offered to each participant upon completion of an interview.

Sample

Semistructured, one-on-one interviews were conducted via Zoom video conference February 2021 through September 2021 with 31 child welfare agency representatives and community organization 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). The sample was disproportionately from California as California has a county-level child welfare system compared with the majority of states that have established a centralized administrative system and can be classified as state administered. Participants from multiple counties were invited to participate. All participants indicated having experience working on policies or programs related to immigration issues within the child welfare system and/or providing direct services to immigrant clients. The sample included child welfare practitioners (54.8%), legal services practitioners (22.6%), child welfare administrators (12.9%), and social services practitioners (9.7%). A majority of participants (51.6%) worked in state child welfare agencies, had a Master's degree or higher (83.9%), and reported being proficient in Spanish (71%).

Interview Protocol

We developed a semistructured interview protocol based on researcher expertise and knowledge of the intersection of child welfare system practices and immigrant experiences. The protocol explored participants' experiences with engagement and service delivery to immigrant clients during the pandemic, including both the challenges encountered and the adaptations implemented in response. Specific questions were asked about participant's perspectives on the adaptations and innovations child welfare and/or community

agencies have implemented to continue engaging with and serving immigrant families despite pandemic-related challenges and restrictions. Sample questions include: (a) Have you noticed an increase and/or decrease in service utilization among immigrant clients during the global pandemic? If so, why might this be occurring? and (b) Are you/your agency using any innovative approaches in service delivery to immigrant clients (i.e., telehealth, wellness calls, other social media platforms) during the pandemic?

Data Analysis

Researchers utilized a thematic analysis approach to analyze the data (Braun & Clarke, 2006). All interviews were transcribed verbatim. Three researchers independently coded the transcripts. In addition, a second researcher from this team double-coded each transcript. Two individuals coded the data to help check interpretations against the data and increase reliability. Coding and analysis took place in the Dedoose qualitative data analysis software, which was selected to ensure a secure, systematic, and consistent interview coding process and to provide an audit trail of the data analysis process. Researchers familiarized themselves with the data, utilized an open coding approach to identify initial codes as they appeared from the data, generated inductive themes, and patterns from the transcripts (Braun & Clarke, 2006). Then, repeating patterns were reviewed, refined, and categorized into themes and recorded in a manual codebook containing the theme title, definition, and sample quotes from the interview transcripts.

Methodological rigor was attained through the application of verification, validation, and confirmability (Meadows & Morse, 2001). In achieving verification, specific strategies were taken to ensure both reliability and validity of data, such as sampling sufficiency and methodological coherence (Meadows & Morse, 2001). In this study, the researchers achieved methodological coherence by ensuring congruence between the research question and the components of the method. In

addition, the researchers ensured that the sample was appropriate, consisting of participants who best represent and have knowledge on the research topic. In terms of validity, this standard was fulfilled through conducting literature searches, adhering to the practices of phenomenological design, utilizing an appropriate qualitative research sample size, and conducting interviews until obtaining data saturation (Creswell, 2007). The researchers also practiced awareness surrounding potential biases (i.e., positionality) and utilized the strategy of memo writing and bracketing (Creswell, 2007) to minimize any preconceived ideas about the participants throughout the data collection and analysis process. To achieve validity, Dedoose 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. To support confirmability, the researchers conducted an audit trail (Padgett, 1998) by documenting each step taken in data collection and analysis.

Results

The analysis revealed two main themes. During the pandemic, child welfare and community service providers: (a) strengthened and developed new and unique community-based collaboratives to address immigrant child/families' emergent needs and (b) modified child welfare agency programming and policies to enhance engagement with immigrant families. Each of these themes is explained in detail below.

Strengthening and Developing New Community-Based Partnerships

Child welfare providers reported learning a great deal from community-based organizations

(CBOs) who were on the front lines supporting immigrant families. All participants shared how increased communication was needed to address the concerns and needs of multiple stakeholders and families in a continually changing environment. According to participants, a range of new partnerships developed to coordinate and meet clients' changing needs that included faith-based agencies, transportation hubs, legal service providers, and city agencies/local governments that enhanced service responsiveness. For example, agencies that never before worked with law offices developed new programming, that is, legal assistance to protect essential workers' labor rights. Other new partnerships described include connecting domestic violence survivors who were sheltering in place with partners who committed abuse with supportive services, and connecting people to mental telehealth services.

Specific domains of this theme discuss partnerships that: (a) coordinate basic needs support, such as housing, economic support and promote mutual aid efforts; (b) enhance advocacy, outreach and information sharing with immigrant families; and (c) rely on faith-based organizations for support.

Enhanced Basic Needs Supports and Mutual Aid

Community partners reported that due to the economic crisis caused by the pandemic, communities saw an increase in clients' unmet basic needs, such as food, cash, and housing, where organizations quickly responded by creating broad coalitions and partnerships to support clients' needs. A community-based worker from an urban metropolitan community shared:

Our collaborative is made up of child welfare workers, school-based educators, and legal services that emerged right at the beginning of the pandemic. It has really taken shape and grown during the pandemic. It's been a great "think tank" and a place for all partners to come together to talk about our newcomer immigrant youth and make sure they're not getting left behind.

According to child welfare agency participants, networks of non-profit organizations and other trusted community-based partners were essential in providing food, income, and other basic forms of support to immigrant youth and families. Local nonprofit organizations coordinated and developed their own pantries to provide economic and food relief to meet immigrants' basic needs. A community-based partner from a rural community shared, "our pantry is open to anyone, including newcomers and immigrant youth. Community members tell one another that we are available and we can be trusted. We have seen an increase in immigrants who access our support." Another community-based partner shared new efforts to promote mutual aid drawing upon the intrinsic value of collectivism among Latino immigrants: He shared:

Latinos are a part of a collectivist culture in that we look out for everyone's needs. We make sure to get the word out, whether it's through written flyers, social media, or just word of mouth. There's so many immigrant families here that when one family receives help they in turn help others. Even though this community is small, everyone really looks out for each other.

While it was common to shift to virtual services during the pandemic, some community providers continued to conduct in-person outreach as a strategy to reach their most vulnerable clients. One participant described the ongoing outreach efforts to provide education to immigrant community members on personal protective equipment (PPE) and safety protections. For example, a community partner shared,

For our most isolated families, it can be very overwhelming. While some agencies have shifted to primarily virtual outreach, we have been committed to educating the immigrant community on PPE, safety practices, and resources by safely holding workshops in distanced, outdoor spaces so that our families learn how to protect themselves and care for family members. We do this to ensure their safety and they appreciate the in-person connection even if it is at-a-distance.

Advocacy Through Outreach and Information Sharing With Immigrant Families

During the pandemic, community-based providers prioritized enhanced advocacy efforts for their clients who were unable to apply for any city, county, or federal funds due to barriers in legal status as well as fear of detention/deportation and family separation. Advocating for immigrant rights required that participants serve in an organizing capacity by responding swiftly to urgent needs in the community, expanding outreach, informing families about safe resources, educating people about public charge rule, and assisting with program enrollment.

Community-based participants discussed many barriers that immigrant families faced accessing services due to a lack of information, language barriers, fear of public charge; someone who is deemed dependent on the government for subsistence by the receipt of public cash assistance, and a lack of digital access, which drove a need to rapidly prioritize joint communication and outreach efforts with this population. For example, a community-based partner agency shared,

We have instituted opportunities to engage in regular communication with our immigrant families to educate them about the virus. We provide new and up-to-date information on available resources, assist them with enrollment in programs, and refer them to health services and other service providers. We watch out for them because there's so much fear in our community. Our families don't ask for support from government agencies due to fear of public charge and immigration enforcement so we share important information with them.

Participants also discussed supporting outreach around policies related to immigrants' access to health care, such as emergency Medicaid, and school policies that affect child access to food and technology. A community-based agency counselor shared,

We provide outreach to clients by translating documents in Spanish/English and by making

accessible health and safety recommendations and “Know-Your-Rights” information, including tenants’ rights, and to develop and share bilingual materials on new federal relief programs such as Family Paid Leave, stimulus payments, and the Paycheck Protection Program.

Another participant described a new advocacy-based collaboration formed with food banks to ensure services are provided regardless of immigration status, and to reassure the public that no information would be shared with immigration enforcement authorities. She shared, “we started an immigrant task force in our community that is run by-and-for the people. We can’t wait around for the local city/county to support us. We do it on our own by obtaining food donations and medical supplies.”

Relying on Faith-Based Supports

A majority of participants discussed how child welfare workers and community-based partners forged new relationships during the pandemic with faith-based leaders and spiritually based organizations due to their long history and commitment to supporting immigrant families. Because faith-based organizations provide social and spiritual connections, they played a critical role in enhancing service access among immigrant communities. For example, a child welfare worker discussed working with churches to obtain mutual aid support for child welfare-involved clients:

We just continued to reach out to churches for support. There is a history of trust there since the Sanctuary movement which provided a safe haven for Central American refugees fleeing civil conflict in the U.S. I think faith-based communities are the most open to support immigrants because they control their own funding and donations. They are not beholden to any other government based aid. And like Sacred Heart Church, who is part of the Catholic Diocese, they are always willing to help the immigrant community. They don’t ask for a Social Security number or an identification card and so people don’t feel scared accessing their support. Our agency started collaborating with

them recently and it’s making a difference in building trust with the immigrant community. In addition to serving clients basic needs, the church offers opportunities for clients to light candles, pray together outdoors, and tend to their spiritual needs during these trying times.

Community-based providers spoke about how referrals to faith-based entities fill in service gaps where immigrant families are fearful of accessing formal and/or government-based support. A community-based provider discussed:

We do a really good job of collaborating with churches who provide support to all families. We have a service that we call, “Care Portal.” This service allows us to reach out and get basic needs met in the community via mutual aid. For example, if a client says, “you know my refrigerator broke, I need a refrigerator.” We submit a request to the Care Portal and there’s about eight churches in the county that will respond. One will say we’re going to purchase it and they delivered directly to the family, it is efficient and useful because immigrant families don’t fear accessing support from churches like they may fear from other types of government entities.

For many child welfare agencies, engaging faith-based organizations and churches in service provision served as a lifeline and trusted source of support. These well-known entities counteracted the mistrust promoted by the Trump administration against vulnerable immigrants, as many churches remained strong advocates against misinformation to immigrant communities and offered a spiritual component to service delivery, which can be vital during times of crisis.

Programmatic Modifications to Enhance Engagement

To address service delivery challenges that arose during the pandemic, both child welfare agencies and community partners implemented new virtual/remote practices. Participants discussed the implementation of remote work and virtual services to help reduce health risks among staff and families as well as address

disruptions to court, health and other services. For example, a child welfare worker shared,

We adopted virtual services so that our families don't have to commute to the office or deal with finding child care or missing work, especially since many of them are essential workers. Offering more flexibility improved access to services particularly in rural communities where services are not easy to find.

In addition, while technological barriers were present among families, child welfare agency participants discussed efforts to address these barriers by providing technology and Wi-Fi hot spots to clients, and by offering more flexibility in remote/virtual service delivery. One caseworker discussed the utility of providing laptop computers to clients:

We know there are tech issues among our immigrant youth and families so we actually provided our teen clients with laptop computers so that they can attend their therapy appointments. We noticed that they not only showed up more often to our meetings but we also noticed that they attended their therapy appointments more regularly because it was just easier to log on rather than having to commute in person.

Child welfare agency participants also learned from community-based partners that they must embrace modifications to programming and institutional policies to improve immigrant family engagement. A veteran child welfare administrator shared,

As a system we are sometimes very slow to adapt to change. However, through this pandemic we have learned a lot from our community partners on how to enhance best practices. This goes beyond simply assessing for risk and safety. We are evaluating how to ensure and support permanency among all immigrant families in this difficult immigration and public health crisis.

More specifically, child welfare agencies implemented new programming to respond to immigrant families' critical needs, that is, legal assistance to protect essential worker's labor rights, connecting immigrant mothers

with viable employment opportunities and connecting immigrants to culturally informed mental telehealth services. A child welfare worker discussed the programmatic innovations developed during the pandemic:

A lot of our families are in crisis and what we see are a lot more needs. We are trying to do as much preventative services as possible. We are trying to keep children out of the dependency system. We are reallocating our resources to move towards more support at the emergency response level and are creating a new "voluntary unit." So they can go from emergency response and sign what's called a "voluntary services" agreement and divert them out of the court system.

In addition, child welfare workers and community-based partners discussed modifications to existing programming that increased the frequency of virtual visits, used forms of technology that are more familiar to this population, such as texting or using the FaceTime and WhatsApp platforms, and increased investigation timelines to ensure the well-being and safety of all children in care. For example, a child welfare agency administrator shared,

We have been encouraged to check in with our clients more frequently throughout the week, even if it's just an additional 15-minute call to make sure they are doing o.k. While this goes for all of our clients, our bilingual office has been doing a diligent job of checking in more frequently with immigrant families because they are more vulnerable and at risk of COVID since they are serving as our essential workers.

A child welfare administrator added how useful it has been to learn from the efforts of CBOs in enhancing immigrant engagement in services. He shared:

Due to our community partners, we are now collaborating with family enrichment centers to serve immigrant neighborhoods that have high rates of child welfare involvement. These centers were able to respond very quickly, and provide immediate help to families by providing food and help with remote learning for kids whose parents have been on the front lines. We

also learned that we can and should be an immediate resource as well by providing hands-on basic needs support to our families who are most at risk of experiencing pandemic-related stressors.

In sum, working with community-based organizations (CBOs) helped child welfare agencies to expand the possibilities of their own service delivery methods in serving immigrant communities.

Discussion

This study sought to examine how child welfare agencies and their community-based partner organizations adapted to serve immigrant families during the pandemic. Recent studies have documented the systemic barriers and inequitable effects of COVID-19 on immigrant children and families (Bernsetin et al., 2020; Clark et al., 2020; Disney et al., 2022; Falicov et al., 2020; Garcini et al., 2020). This study builds on that work by probing deeper into the new types of collaborations and unique modifications to service that developed to better serve immigrant families.

The intersection of pandemic-related challenges and challenges in child welfare cases with immigration issues prompted child welfare agencies to implement new strategies and adaptations both for engaging immigrant families and for navigating the administrative and transnational aspects of cases with immigration issues. A primary theme emerged that detailed the unique collaborations and grass-roots partnerships forged among CBOs to fill gaps in immigrant child/families' emergent needs. This finding has been cited minimally in previous literature (Bernstein et al., 2020; Falicov et al., 2020; Garcini et al., 2020; Lovato et al., 2022). CBOs have a track record of collaboration and earned trust in historically marginalized communities that have been noted to enhance pandemic-related public health prevention measures (Đoàn et al., 2021). This study described newly solidified collaborations that allowed community-based participants to respond swiftly to gaps in service delivery among immigrant clients. They

formed local task forces and teamed up with neighborhood institutions to improve all aspects of service delivery, such as health, education, economic support, advocacy, and so on. These findings echo some prior research pointing to the importance of newly formed community-based collaborations that filled in the gaps where local civic institutions were slower to respond (Bernstein et al., 2020), as well as previous research on the importance of interagency collaboration among child welfare agencies and other entities to connect families to needed supportive services, for example, for health and mental health, school, housing, domestic violence, and substance abuse (Bai et al., 2019; Banks et al., 2009; Chuang & Lucio, 2011; Chuang & Wells, 2010; He et al., 2015; He & Phillips, 2017; Zlotnik et al., 2015).

Participants from child welfare agencies and CBOs alike shared insights on how the overlapping public health and economic crises caused strain on immigrant families' ability to meet critical basic needs, such as rent, food, housing, health care, and mental health needs. The increase in basic needs among immigrant families, the exclusion of undocumented individuals and mixed status families from relief programs, the constraints of state and local government supports, and the continued fear of the public charge rule have made the work of immigrant-serving CBOs more essential than ever. The strengthening of stakeholder partnerships highlighted the importance of communication and collaboration in responding to the pandemic (Đoàn et al., 2021; Falicov et al., 2020; Fortuna & Tolou-Shams, 2021; Lovato & Finno-Velasquez, 2022).

Findings also detailed the critical role that faith-based agencies played in providing basic needs support and relief to immigrant families in fearful and hard-to-reach communities, aligning with current literature (Garcini et al., 2020; Parra-Cardona et al., 2021). Other recent studies have highlighted that during times of crisis and in a context of xenophobic prosecutorial immigration policy context, many faith-based agencies and churches remained strong advocates against abuses by

immigration enforcement agencies (Bernstein et al., 2020; Nicholson, 2018). These agencies and churches also offered flexible infrastructures and reliable social support networks that are essential for the implementation of intervention and prevention initiatives.

A second unique theme called attention to the ways in which child welfare agencies learned from CBOs to implement new and enhanced remote services and programmatic modifications to enhance engagement. Child welfare workers reflected on the rapid transition to remote work and virtual services that allowed for greater frequency of family well-being calls. Some child welfare agencies also attempted to minimize the technological divide among immigrant families by providing computer laptops to support youth academic success and family service access. Prior to the COVID-19 pandemic there was little data on the efficacy of teleservice delivery due to low rates of usage (Hodges & Calvo, 2023). The widespread implementation of remote services during the pandemic and in particular by child welfare agencies and community-based partners has provided an opportunity to evaluate this modality in reaching immigrants and its ability to address treatment disparities.

Our participants overwhelmingly agreed that remote services were an effective modality for immigrant clients when they were available, a promising finding in light of research showing that telehealth services can lead to clinically significant improvements in quality of life, and psychosocial functioning for vulnerable clients (Dorstyn et al., 2013).

Taken together, these findings illustrate how child welfare agency staff and community-based partners listened to their clients' changing needs to pool together resources and provide multimodal services. Immigrant serving CBOs provided a warm connection with clients who felt isolated, particularly during the statewide stay-at-home orders. Child welfare providers shifted their protocols and policies and were generally resilient in the face of significant service delivery disruption. All providers shared a goal of continuing to serve their clients, which meant that they were will-

ing to take on larger workloads and utilize best practices in innovative ways to meet the needs of vulnerable clients.

Limitations

This study has some limitations. In terms of sampling, efforts were made to recruit child welfare agencies and their partnering community-based agencies from geographically diverse sites through the use of snowball and purposive sampling via CICW networks. However, 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 data were collected from 11 states across the United States, it is unclear whether participants' experiences would be shared by child welfare professionals and community-based agencies in other locations in the United States. Furthermore, because data collection occurred during the height of the pandemic, it only included professionals' perspectives during this timeframe of the pandemic and may not be transferable to the context of future, non-pandemic times. Perspectives were obtained from participants via Zoom due to social distancing and stay-at-home orders. It would be ideal in future studies to hear from immigrant families directly. Finally, immigrants are a heterogeneous group and so these findings may not provide transferability to all immigrants (e.g., based on migration status or country of origin).

The current study adds to our growing knowledge of the 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 CBOs in both rural and urban settings 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.

Practice and Policy Implications

These findings have several implications for practice. Child abuse and neglect prevention with immigrant populations starts in community and demands collaboration between government-based child welfare agencies and a range of grassroots, trusted community providers. These individuals are often vetted by the community to ensure immigrants a sense of safety in engaging in services due to pervasive fear related to the anti-immigrant political climate. State/local government/private partnerships may be an effective model of serving the most under reached immigrant families. Effective social support networks with flexible infrastructures can be built locally to serve immigrants, with faith-based agencies as key network members. Furthermore, both child welfare and community-based participants in this study expressed a desire to have more of a working relationship with immigration officials to assist with staying informed of immigration policy changes. Effective collaborations should include a role for open communication with immigration officials regarding policies and enforcement priorities, so that networks and the public they serve can stay well-informed of changing policies and potential risks to families. Targeted outreach to engage immigrants in supports should extend beyond individual agencies; information and communication campaigns should be coordinated across the community and should be mindful of immigrants' concerns regarding utilizing services so as to help dispel fear and misinformation among immigrants.

In regards to remote service delivery, significant investment and assistance from community-based providers is generally needed for remote services to be successful with immigrant families. Providing technical assistance from administrative or paraprofessional staff may help address digital literacy issues for families (Falicov et al., 2020; Hodges & Calvo, 2023). Using forms of technology that are more familiar among immigrants, such as texting and WhatsApp, and conducting service outreach and promotion of basic needs supports

via multiple social media platforms, may be useful forms of teleservices.

Directions for Future Research

More research is needed on the effectiveness of community-based models and techniques for enhancing engagement of immigrants in basic supports and social services aimed at child maltreatment prevention. Additional research in this area should focus on the pathways to immigrant families receiving needed support, for example, how engagement with one trusted community entity may lead to receipt of other types of needed services. Research should better delineate the elements that contribute to immigrant trust of some faith-based and community agencies. Along these lines, researchers should more directly study existing immigrant community service networks and their overlap and interactions with child welfare systems, to include elements, such as outreach strategies, messaging, sources of information, and community brokers with the child welfare system.

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