

FIELD NOTE

RESPONDING TO THE COVID-19 PANDEMIC: THE EXPERIENCE OF JAMAICA'S CHILD PROTECTION AND FAMILY SERVICES AGENCY

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Abstract

The Covid-19 pandemic caused significant disruption globally, and the need for measures to limit the spread of the virus required that both state and non-state entities innovate and explore new ways of operating. More specifically, the pandemic created a unique challenge for agencies delivering social work services which prioritized human relationships and human interactions. Jamaica's Child Protection and Family Services Agency, like many other entities, employed specific strategies to pivot in the delivery of services to clients. This field note will discuss the strategies used by the agency.

Keywords: child protection, covid-19 response, child protection and family services agency, business continuity

Responding to the Covid-19 Pandemic: The Experience of Jamaica's Child Protection and Family Services Agency

Agency Profile

The Child Protection and Family Services Agency (CPFSA)—formerly the Child Development Agency—is an executive agency of the Government of Jamaica, which has the mandate to provide services for children in need of care and protection, and families at risk. For the 2018–2023 period, the agency's mission has been to “contribute to the wellbeing of Jamaica's children by supporting those in need of care and protection, through family empowerment, collaborating with service partners, and regulating alternative childcare services” (Child Protection and Family Services Agency, 2017, p. 5). This mission is articulated in the agency's *Corporate Strategic Plan* which outlines a number of enabling factors. These enabling factors include an improved information technology infrastructure to increase operational and service efficiencies; promotion of a data driven and child rights centred environment; and a prudent governance, compliance, risk management, and financial management framework, among others.

In fulfilling its mission, the CPFSA implements several programmes and provides a number of services for children, families, and other child protection stakeholders. These include but are not limited to:

- intake of child protection concerns (i.e., reports of child abuse and neglect) through the National Children’s Registry
- investigation of child abuse reports
- court services including investigations and production of reports regarding care and protection, custody, and legal guardianship applications
- case management services for children in direct care
- case management for children and families under supervision
- psychotherapeutic services including screening, assessments, and therapy for children in care
- alternative placement services
 - operation of Government of Jamaica residential childcare facilities
 - regulating/monitoring private residential childcare facilities
 - foster care programme
 - family reintegration
- adoptions
- cross-jurisdictional social work services including investigations, welfare checks, home studies
- Transitional Living Programme for youths aging out of care
- Central Authority services under the Hague Convention on the Civil Aspects of International Child Abductions (1980)
- missing children’s intervention known as Ananda Alert
- public education

At the end of March 2020, CPFSA’s National Children’s Registry was receiving a monthly average of 1,200 reports for investigations by just over 30 investigators. There were also another 5,039 children in the care of the CPFSA, as mandated by the courts, with social workers’ caseloads ranging from 40 to 130 based on the parish and/or the complexity of cases.

Leading up to the Outbreak in Jamaica

On March 10, 2020, the first confirmed case of the Covid-19 infection was announced in Jamaica. On that same date, the CPFSA leadership team was engaged in deliberations on the agency’s enterprise-wide risk management framework. The executive management team had also been closely monitoring what was occurring in other countries and was anticipating the activation of its disaster management plan as a response, should the disease spread locally. On learning that the first case was confirmed in Jamaica, the disaster management plan was promptly activated. Some elements of the CPFSA’s response were planned prior to the pandemic, but there were many uncertainties, and much that we did not know or anticipate. Consequently, elements of the response developed organically as reactions to emerging issues or were partly defined by periodic provisions of various Disaster Risk Management Orders issued by the Government of Jamaica. I refer to the totality of the response to the present time, as the CPFSA Covid-19 response model.

The CPFSA Covid-19 Response

The CPFSA's response to the pandemic was carried out along three main lines of activities that were related to specific problems posed by the pandemic. These lines of activities focused on disaster and risk management, business continuity, and the provision of support for mental health and general wellbeing of clients and staff.

Disaster and Risk Management

The CPFSA, like many other entities, was committed to implementing strategies for restricting the transmission of the virus within residential childcare facilities, among staff, and certainly within the wider population. There was therefore an intentional monitoring of the crisis in the wider community, and among staff and children in care. The disaster management committee, which was activated as part of the disaster management plan, began meeting weekly in March 2020. The committee continues, up to the present time, to: (a) report on internal Covid-19 cases, community infection rates and trends, and monitor other respiratory viruses reported; and (b) brainstorm and implement response actions where necessary.

Some of the Covid-19 management efforts have included:

- installation of sanitization stations in every office and residential childcare facility
- enforcement of procedures for periodic temperature checks throughout each workday for all staff members present in office
- installation of Covid-19 related signage in offices and childcare facilities
- implementation of a Covid-19 policy for the residential childcare sector which required:
 - designation of quarantine/isolation areas at every residential childcare facility
 - significant reduction in the number of children removed from their families; children were to be taken to a place of safety only if there was absolutely no other option
 - Restriction of visits to residential childcare facilities by family, volunteers, corporate entities, and overseas mission groups among others. Visits by family members were later allowed in late 2021 under strict conditions.
 - ensuring adequate supplies of food, water, and personal protective gear were maintained at all residential childcare facilities
 - Residential childcare facilities that had a case of Covid-19 were locked down for 14 days. The lockdown included staff who had to remain at the facility until they were certain that they were not Covid-19 positive. The agency provided support to staff and their extended families and social networks to ensure that alternative childcare arrangements were made for the staff who had to be quarantined at the facility, and were therefore separated from their families.
- Promotion of vaccination as one line of defence against the virus. Adolescents in care who desired to get vaccinated were also facilitated to do so.

These efforts were not devoid of challenges. Particularly challenging, was the identification of isolation/quarantine areas in residential childcare facilities. The purpose of these spaces was for new admissions to be isolated for 14 days before they were permitted to interact with other children at the

facility. As a result, the overall capacity of many private facilities was significantly reduced as a full dorm, in some instances, was designated as the quarantine or isolation area. There were therefore significant challenges in identifying residential placements for children who had to be removed from their families. Closer to the end of 2021, some private facilities required a negative Covid-19 result before children were accepted. These posed significant challenges for social workers who had to find placement for children often urgently and at short notice.

Business Continuity

Concerns around business continuity were centred on accessibility, ensuring that the CPFSA remained accessible and responsive to the needs of the public, and on the provision of quality services.

Accessibility – The Challenge. The Covid-19 response by the state included a series of lock downs, curfews, restricted shopping days, and a work from home mandate. At the start of the pandemic, when the first set of restrictions began, there was also a significant reduction in the number of child abuse reports received. In March 2020, the National Children’s Registry received only 366 reports; a significant reduction when compared to the average 1,200 reports in the previous months. A major concern for the CPFSA was how the agency could remain accessible to the public, and specifically to children who may find themselves in situations of victimization. The agency wanted to create channels of access for children who needed to reach out for help or to make a report, and for whom trusted adults (e.g., teachers and guidance counsellors) were no longer readily available to hear their disclosure of abuse and report on their behalf. More specifically, the following issues were contemplated:

1. The home is the most prevalent site for child abuse, and parents were predominately the main perpetrators. There was therefore fear that children were at home experiencing abuse but were unable to report it.
2. The National Children’s Registry’s child abuse reporting hotline was not available beyond 11p.m., and children who may not be able to report incidents of abuse during the day and required secrecy to report could not make their reports late at night.
3. The option for reporting via the hotline was not free to all callers.
4. With the work from home mandate, how could offices be accessible for persons who showed up requiring services?

Accessibility – The Response. To respond to the accessibility related challenges, the CPFSA firstly made operational changes which ensured that branch offices remained open. For example, various team members were assigned two or three days to work from office where necessary and assigned to work from home for the remaining days of each week. This limited the number of staff in office while remaining accessible to the public. Secondly, in keeping with its commitment to promoting a technology enabled work environment, the CPFSA turned to information and communication technologies (ICT) to increase its accessibility. It was fortuitous that prior to the pandemic and in keeping with the Corporate Strategic Plan, the CPFSA was engaged in implementing an ICT expansion plan with

support from the Inter-American Development Bank under the Government of Jamaica's Public Sector Transformation Project. Some of the ICT solutions included:

1. The promotion of WhatsApp messaging as a route through which child abuse reports could be made. This was primarily targeting children.
2. The use of Google forms on social media sites for persons to provide contact information to facilitate telephone contact by the agency at specifically requested times.
3. Provision of all intake Registration Officers with headsets and laptops to allow them to work from home by way of laptop-based softphones connecting to the agency's private branch exchange (PBX) over the internet via a virtual private network (VPN). With this system, officers could work from home and pick up calls made to the child abuse reporting hotline.
4. Installation of session initiation protocol (SIP) trunking to allow for the child abuse reporting line to receive multiple calls simultaneously. This was not the case previously.
5. In 2021, the child abuse reporting line (888-PROTECT) was changed to a three-digit number (211) which was easier for children to remember. Additionally, the 211 was expanded from a 16 hours per day operation to a 24-hour operation. This was in response to the concern that children may have to sneak to self-report late at night when their parents or guardians were asleep. Even further, the 211 line was made free for all callers; toll charges were not removed, but were billed to the Agency, rather than to the callers. This decision was made to enable children to report, even when they did not have sufficient credit on their cell phones to make regular calls. The decision was also made because all telecoms providers were not willing to remove toll charges and other fees because the Government of Jamaica had not yet declared the child abuse reporting line or the Child Protection service as an *emergency service* in the Emergency Powers Act (1938) or any of its amendments or regulations.

The expansion of the child abuse reporting line also required recruitment of personnel. An additional eight social workers were employed to man the child abuse reporting hotline. The upswing in the number of child abuse reports received monthly since January 2022 (with the lifting of all Covid-19 restrictions) when compared to the pre Covid-19 figures suggests that the efforts to increase accessibility has made it more convenient for persons to report their child protection concerns. But it has also highlighted the need for more social workers to handle the volume of calls received each week.

Provision of Quality Services – The Challenge. The pandemic caused us to rethink how we deliver social work services. Specifically, how do we do provide these services in a time when physical human contact, and face to face meetings were discouraged? How do we conduct child abuse investigations? How do we remove children where necessary? How do we provide psychotherapeutic interventions?

Provision of Quality Services – The Response. The CPFSA leveraged technology to respond to these questions, but there were some for which technology and other innovations would not suffice. Some responses included:

1. Embracing tele-counselling/Zoom counselling and therapy sessions. While these worked for clients around the world, CPFSA psychologists and counsellors had to work hard to establish the therapeutic alliance over the virtual/cloud meeting platforms. This was within a context where: (a) children were becoming fatigued by online school, (b) therapy was being conducted in settings where child clients were distracted by events in their backgrounds, or (c) there were others who could hear their engagements/interactions with the therapist/counsellor. There were therefore some matters that could not be dealt with via cloud meetings.
2. Investigators were still required to make their visits because technology could not provide a solution. Investigators were therefore equipped with masks, gloves, sanitizers, face shields, and, in some instances, gowns. Although personal protective gear was provided, investigators still feared bringing home the virus to their own families; regardless, they risked compromising theirs and their families' health to provide support to children in need of care and protection.
3. There were several efforts to engage children and parents using the online platforms. These included various webinars, and online talent shows and so on.

As a means of supporting children in care to pursue their education and their overall wellbeing, efforts were made to ensure that all children in care received a device – a tablet or a laptop. These devices facilitated their attendance at online school, safe entertainment, and engagement with friends. Additionally, the agency entered contracts with online learning platforms such as EduFocal, which supported children in care attending primary schools.

Staff were also able to engage in professional development opportunities as there was a proliferation of online professional development programmes. The CPFSA was able to support several social workers to participate in professional development courses focusing on various topics including trauma informed care, suicide prevention, and childhood neuroplasticity. Some staff members were also able to participate in international conferences where their participation would have otherwise been restricted by distance and cost. Additionally, the pandemic was an opportunity to enforce the onboarding of social workers to the agency's new web-based case management system which replaced the traditional paper-based system. The use of the case management system was promoted as a means of restricting the virus through the reduction in the sharing of physical files between officers and office locations.

Provision of Support for Mental Health and General Wellbeing

Activities within this line of response were more reactive than proactive and emerged out of a recognition of the severe adverse effects of the pandemic on the physical, psychological, and emotional wellbeing of children in care and staff. Firstly, the frequent changes articulated in various Disaster Risk Management Orders made by the Government of Jamaica, the constant news about the virus and its various strains, and the frequent press conferences held by the Prime Minister and the Minister of Health and Wellness resulted in an increased sense of anxiety and panic among staff. They had an understandable fear of the virus. There was also a fear of being thought to have the virus, as well as fears about contracting the virus when they had to do investigations, came to office, or even made a visit to the supermarket. Secondly, as in other places around the world, children in care and

members of staff began to lament their sense of isolation. Additionally, CPFSA clinical psychologists reported increased scores for depression and anxiety among children screened in residential childcare facilities since the pandemic. To respond to some of these issues, the Agency engaged staff and children in a number of ways, including:

- **covid-19 testing:** Covid-19 testing was facilitated by the Ministry of Health and Wellness, therefore the staff did not have to join long lines at general testing sites.
- **providing support to staff during periods of isolation/quarantine:** Members of the human resources team made check-in calls and delivered grocery items for staff who could not go out for their own groceries.
- **promotion of mindfulness and relaxation activities:** Members of the psychological services unit held online workshops for children and staff and sent periodic emails with mental wellness tips tailored for the pandemic.
- **continuing staff engagement activities on a smaller scale:** In previous years, the CPFSA would have a staff fun day and a Christmas party for its over 500 staff members. During the pandemic, each office was supported to plan local activities limited to the members of that office, thus limiting the inter-office contact, and better managing/limiting the spread of the virus.
- **provision of additional mental health support:** Staff who required additional mental health support were also facilitated through an arrangement with a private counselling firm. Staff were encouraged to make use of the opportunity where needed.
- **engaging children and staff in fun activities using technology:** As mentioned earlier, children and staff were engaged in various online activities such as the online talent shows, online comedy show, and recognitions ceremonies, among other fun/leisure activities.
- **telephone check-ins:** There were telephone check-ins with children in family reintegration placements, as well as with children who were not committed to the care of the state but were ordered to remain in their families under state supervision.

Conclusion

As a social work agency, the CPFSA has not only valued the importance of human relationships but has always included human interaction and a physical closeness with clients and their families in the carrying out of its mandate. This standard mode of operating was challenged by the physical distancing required for managing the spread of Covid-19 infections. However, this forced the CPFSA to innovate and identify ways to maintain and strengthen human connection notwithstanding distance and separation. Although the pandemic caused significant hardships, it created an opportunity for us to explore non-traditional modes of working; an opportunity to leverage available technologies and strengthen our ICT systems; and to carefully consider the provision of value-added services to clients when face to face was not an option. The urgent need to pivot also resulted in increased political will to direct resources to specific initiatives that were long in coming, not least of these is the implementation of a three-digit child abuse reporting line which has been intermittently discussed and lobbied for since 2009.

However, the pandemic created new issues, not least of which is the increased vulnerability of staff, children, and the general population to mental health issues. There was also an increased vulnerability to cyber abuse and other related issues including exposure and access to pornography by children navigating the online environment; the Agency responded by training caregivers on promoting healthy online behaviour among children. Certainly, this generation of social workers have not operated within a pandemic of this proportion before, and there were many lessons learned in our handling of it. Because Covid-19 is still with us, we continue to learn, innovate, and pivot. So far, we have learned through reflection that in handling hazards, disasters, epidemics, and pandemics in the Caribbean, a response approach or model for social service agencies may include a tripartite focus on disaster/risk management and mitigation, business continuity focusing on accessibility and the provision of quality services, and the provision of support for mental health and general wellbeing to staff and clients.

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Reference

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