

Good morning,

The virus that causes COVID-19 is impacting every part of our daily life. It also impacts child safety. The child safety community is vast, including but not exclusive to: Child Welfare staff, educators, medical and mental health professionals, treatment providers, skills trainers, clergy, coaches, neighbors, friends and family. We rely on the community to share information obtained through expertise, insight, observations, and the self-report of children. As we navigate this health crisis, we are considering how to keep their important perspective.

The collateral impacts of COVID-19 may create or exacerbate family vulnerabilities that put child safety at risk. This document outlines some of those risk factors, vulnerabilities, and recommendations that you, as our partners, can help us to keep an eye on.

At-Risk Communities

- Young children
- Children and adults with developmental delays or other medical vulnerabilities
- Isolated children and families
- Youth and families with severe emotional/mental health needs

Risk Factors

- Social isolation
- Limited resources
- Under employed or recently unemployed
- Homeless/inadequate living conditions
- History of intimate partner violence
- History of substance misuse/overuse

Vulnerabilities Related to COVID-19

- Lack of access to medical care
- Lack of face time with mandated reporters
- Limited access to regular meals due to school closures
- Known exposure to COVID-19 or symptomatic people
- In close contact with someone who is considered high risk if infected with COVID-19

Promoting Safety and Wellbeing for Children and Families

If you are not meeting in person with your service community, what can you offer? Examples include regular phone calls, Skype meetings, e-mails, and sharing information about community resources.

How can we maintain some sense of continuity of services and/or practices around child safety intervention?

How can our providers continue to stay connected to the children utilizing alternative communication methods? What are some observations they can make when communicating via telephone, video conferencing, text message, and communication methods?

Consider observations that typically inform decisions to make a mandatory report to the hotline. Are there insights that can be picked up through a telephone call, e-mail, video call or text message that you would look out for when considering if a child is safe?

Please consider the following questions over the course of your work:

- Are vulnerable children alone, without the care and attention of a safe adult?
- Can children identify a safe adult and have the means to reach them?
- Do non-parental caregivers have the capacity to meet the needs of the children they are supervising? Do these children have exceptional needs?
- If you know there is a history of intimate partner violence, when was the last time someone saw and interacted with the child(ren)? Talked to them? Saw the household? Asked if they need help and/or assistance?

Are there resources that can be shared with vulnerable families? Examples include Next Door App, Food Banks, Schools and Churches offering resources.

If you are continuing to meet with members of the community, please follow the social distancing and share that information with the members you are communicating with:

<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/DISEASESAZ/Pages/emerging-respiratory-infections.aspx>

If you believe that a child is the victim of abuse, please make a report to the Oregon Child Abuse Hotline: 1-855-503-SAFE (7233)

Other Important Resources:

- **Call for questions on local resources and guidance: 211info.org or call 211**
- **Partnership for a Hunger Free Oregon: list of school districts and locations across Oregon offering school lunches**
- **Lines for Life, a nonprofit dedicated to substance abuse and suicide prevention: 1-800-273-8255 or text '273Talk' to 839863**