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Kinship and Foster Care in the midst of COVID-19: The perspective of carers

Research article

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Abstract

This paper reports the experiences of kinship and foster carers who were caring for children during COVID-19 lockdowns in the state of Victoria, Australia. Semi-structured interviews with nine foster and kinship carers found that for some children in care, COVID-19 was another experience of trauma. The pandemic amplified carers' existing concerns including stressful relationships with birth parents and social workers, the potentially fragile nature of arrangements involving elderly carers and a lack of formal policy and practice to ensure children in care do not experience digital poverty. These concerns remain salient in a post-pandemic world and out of home care systems need to address these if they are to provide high quality foster care and kinship care placements to vulnerable children. This includes ensuring organisations have protocols and procedures which treat carers with the respect of a co-worker and do not leave carers feeling financially exploited. Contingency plans for the care of children whose carers are elderly or have health issues must also be put in place.

Keywords: *Carer supports, COVID-19, Foster care, Kinship care, Out of home care.*

Introduction

Home-based care is the preferred option to support children and young people who are unable to live with their parents in the State of Victoria, Australia (Victorian Government, 2019). Kinship care is when members of the extended family or friends take on the responsibility for the full-time care of a child or young person, who may, or may not, be engaged with the child protection system. When care within a child's or young person's family networks is not able to be arranged, a foster care placement with an unconnected carer may be organised. When an order for care has been made by the Children's Court, an allowance is paid to kinship and foster carers to defray costs of living. This is crucial for the sustainability of many placements (Borenstein et al., 2018; Octoman & McLean, 2014) as compared to all Australian households, foster and kinship carers have lower annual incomes (Qu et al., 2018). Nevertheless, carers are not necessarily sufficiently resourced to provide for children's needs (Blythe et al., 2013) and it is not uncommon for carers to pay for things needed by children knowing it is unlikely they will be reimbursed for these expenses (McLean et al., 2020).

Being a foster carer or kinship carer is challenging work (Blythe et al., 2013). Most (86%) of Australian children in statutory foster care or kinship care placements have experienced abuse or neglect or been exposed to violence in the home prior to their current placement (Qu et al., 2018). Children's prior experiences of trauma can manifest in behaviours which their carers find challenging (Miller et al., 2018; Octoman et al., 2014).

Despite expectations that children in out of home care will maintain contact with birth parents and other family members, this often creates difficulties for out of home carers, particularly those who have concerns about the potential negative impact of contact on a child in their care (Collings et al., 2020). While caseworkers may facilitate contact with family members, it is not uncommon for carers to supervise contact with birth parents (Collings et al., 2020; Kiraly & Humphreys, 2015). Such contact may be stressful if carers are subjected to verbal abuse or threats of violence (Murray et al., 2011). Moreover, carers' attempts to advocate for children who do not want contact with their parents often ignored (Shdaimah & Rosen, 2020).

Non-government welfare services in each region of Victoria are funded to provide a range of services to both carers and children and young people in care. The services provided to foster carers and kinship carers are similar and were already perceived as insufficient prior to the pandemic (Borenstein et al., 2018; Kiraly et al., 2014). Specific issues for carers include having to navigate complex health, child protection and other systems on behalf of the children in their care (McLean et al., 2020) as well as fraught relationships with birth parents around contact (Blackburn & Matchett, 2022; Farmer, 2010).

Although foster and kinship carers often depend on the emotional support they receive from caseworkers and supports provided by services for the children and young people in their care (MacGregor et al., 2006), these relationships are often stressful (Harding et al., 2020). Despite carers' expectations of prompt responses from the agencies which are funded to support them (MacGregor et al., 2006), lack of worker availability is common (Murray et al., 2011).

Some carers also experience a lack of respect from social workers and feel their work is not appreciated (Cooley et al., 2017; MacGregor et al., 2006). In particular, some carers report constantly being monitored and critiqued by workers who have the right to enter and inspect their home, but often do not follow through on offers of support (Blythe et al., 2013). Hence, additional support for carers, and their families, such as peer support groups are regarded as essential (Borenstein et al., 2018).

COVID-19 brought new challenges, which existing guidelines and protocols had not anticipated (Wilke et al., 2020). With a population of 6.7 million people, only 20,366 individuals tested positive for COVID-19 in Victoria in 2020 (Victorian Government, 2022). Nevertheless, Victorian Government adopted a preventive strategy to contain transmission of the virus involving both statewide lockdowns and lockdowns in regions of particular concern. Critically, this included schools being shut and remote learning replacing school attendance for much of 2020 (Wright, 2021). Travel between regions was also severely restricted as was social mixing with those not living in the same household. At the same time, the state expected all workers who could work from home, including support workers, to do so.

This study explores the experiences of foster carers and kinship carers in regional Victoria regarding the impact of COVID-19 in providing out of home care. In particular, this research occurred at a time many of the usual supports provided to carers were not available or curtailed as a result of public health measures. While recognising that COVID-19 resulted in some particular issues which pertained only to this pandemic, this study also sought to identify existing support gaps which may have become more apparent as a result of COVID-19, and to provide guidance for the support of carers during any future emergencies.

Methods

Participants

Carers associated with two kinship care services and one foster care service in regional Victoria were invited to participate in the study if they had provided care to one or more children during the COVID-19 pandemic. All potential participants resided in regions in which there had been very few reported cases of COVID-19 at the time of the study. Nevertheless, there had been long periods of lockdown resulting in service disruptions from agencies which provide support to carers as well as closures of schools and other services which provide support to children in out of home care.

Potential participants were sent an invitation from the author on university letterhead, along with a plain language statement and consent forms. These were distributed by program staff in each agency. The original intention had been that invitations would be emailed to all carers in each program who had provided care since the pandemic began, but none of the programs routinely collected email addresses. While some caseworkers mentioned the study to carers, it is unclear as to how many of the estimated 120-150 carers across the three programs received invitations to participate in this study.

Carers interested in participating were invited to email the consent form, including their contact details, to the author, and 10 were received. The information sent to participants explicitly stated that no information would be provided to the agency as to which carers participated in the study. Potential participants were also informed that they may withdraw at any time during the study.

The author sent details of each potential informant to the team of interviewers assigned to the carer's program. Interviews were subsequently arranged with two foster carers and seven kinship carers, with at least one participant from each program. There was one carer who had expressed interest in the project who was subsequently unable to be interviewed. All participants were female and had been a carer for between a few months and more than ten years.

Procedure

The protocols for semi-structured interviews were designed by three groups of two final year social work students who had been assigned to one of the programs as part of their final field education placement between September and November of 2020. Based on the existing literature about carer needs and discussions with staff in the foster care and kinship care programs, a common set of questions for interviews was established, and any additional questions relevant to a specific program identified. Each group of students was responsible for the arranging, conducting and transcribing interviews and identifying some initial emerging themes. These students only had access to information about participants in the program they were assigned to.

The interviews were conducted either online using Zoom or by telephone, depending on the preference of the participant. Interviews lasted for up to an hour and were digitally recorded with consent from the participant. Topics explored in the interviews concerned experiences of being a carer prior and during COVID-19, supports needed and received during lockdowns, and recommendations for improving supports provided to carers. Carers responsible for school-age children were also asked arrangements for schooling during periods of lockdown. Ethical approval was provided by Deakin University, approval numbers HEAG-H 160_2020 and HEAG-H 161_2020.

Data analysis

The interviews were transcribed by the student researchers and identifying information within the transcript, such as names, was replaced with a code. The seven kinship carers were coded KC1 to KC7 and the two foster carers FC1 and FC2. Deductive thematic analysis (Braun & Clarke, 2022) was undertaken using these de-identified transcripts. This involved the author reading all nine transcripts, taking note of themes which had emerged in individual programs and exploring whether these were individual or program specific. The themes presented in this paper are those which emerged from more than one of the three programs from which participants were recruited.

The decision to present data from foster carers and kinship carers in the one paper is not uncontroversial and key differences exist. Kinship carers may have a commitment to a specific child and support for family members (Farmer, 2010), whereas foster carers typically have a more generalised desire to care for children whom the state places with the family for a period of time (Williams, 2016). Hence, assessment of foster carers is often perceived to be more stringent than for kinship carers and occurs before any placement of a child or young person occurs (Kiraly, 2018). In contrast, kinship care placements are generally negotiated at a time of crisis and kinship carers are less likely to have received training prior to becoming a carer or a full assessment of their needs for support to care for a child (Harding et al., 2020). However, approximately one-fifth of kinship care placements in Victoria are with persons unrelated to the child(ren) being cared for, and while there may have been a strong relationship prior to placement, at other times the relationship between carer and child was tenuous or non-existent. Not surprisingly, non-familial kinship carers may feel they are really foster carers (Kiraly, 2018). Moreover, what is considered a "kinship" care placement with a non-related carer in Victoria, is considered foster care placement in some other Australian jurisdictions (Kiraly, 2019). While acknowledging these differences, the focus of this study was the supports needed and received by foster carers and kinship carers during the COVID-19 pandemic, rather than the carers themselves.

Results

Carer perceptions pertaining to five key themes are presented here: the impact of COVID-19 on children in care, from carer to educator?, contact with parents and siblings living elsewhere, agency support and peer support. Each will be discussed in turn.

The impact of COVID-19 on children in care

The carers noted some specific issues related to COVID-19 for the children in their care. In particular, the actual or feared losses due to the pandemic were very real for children who had already experienced loss and trauma. Unsurprisingly, some children were worried about their carers being infected and dying:

> One of the products of the beginning of the coronavirus when things were still very much uncertain, [Child] was concerned with mixing with people and bringing it home to me because she said I'm not 100% well and I'm not a spring chicken anymore, she was worried about bringing it home to me because she thought at my age and with the health problems I have it'll kill me. (KC5)

Younger children might not have been able to articulate their concerns but nevertheless displayed behaviours consistent with ways they had responded to previous traumas. For example, one carer commented:

> I found that the trauma of COVID actually triggered past traumas for them, especially about food. So, I found that they really did start hoarding food more, and I'd find food underneath their pillows and things like that, and their need to go into the cupboard and into the fridge grew.

> I also found that because they were triggered they were more wakeful and they were sort of like hypervigilant, checking on me, checking on the house, checking that things were still the same, because they knew that something had shifted in their world and they were really reliving past trauma. (KC4)

The perceived threat of losing a secure living environment was compounded for some children by simultaneously losing access to other important relationships such as friends:

> And that's how it felt all the way thought, that they'd lost their place in the world. He felt a deep sense of grief about it, and I think because he was in prep this year he'd just started to know those kids and then they disappeared and it took me a while to realize that he didn't realize where they'd gone to or whether the were coming back again or whether he'd ever see them. It was like the COVID meant that people went poof and suddenly, because certainly he's lost other people in his life … I felt like he's thinking this was gonna be the same. (KC4)

Not all the impacts on young people were negative. Carers also told stories of the pandemic encouraging positive behaviour change, such as a young person who was often disobedient complying with requests from the carer:

> I just can't believe how good he has been through the COVID situation like, yeah like I want it for the next two years to keep him in line (laughter) and you know, like he abides by things, you know like before he would go down the street and I wouldn't see him for two and a half hours. Now I'll say to him … you got to be back in an hour and he's back in an hour. (FC1)

From carer to educator?

A consequence of school closures was that in addition to their caring role, some carers found themselves being placed in the role of educator which was outside what carers are contracted to do. A number of carers were well out of their comfort zone with these new expectations and for some the curriculum was confronting:

> I'm nearly 70 and I'm trying to help with this homework, and I look at it and read it and think "what the hell is that?". You know, its supposed to be math and I think, yeah right! It doesn't make any sense to me and I've had to go over and over and over it trying different scenarios to solve it and I can solve it in my way, but not in my granddaughter's way. … she's got very frustrated with me because I wouldn't help her because I couldn't understand what the question was basically. (KC5)

In addition to not understanding the curriculum, some carers had little or no experience in using online technologies required in online learning:

> Well I am pretty much technology illiterate, if you put a computer in my hand –

> I'll just look at it, I don't know what to do with it. So, it took me the first three weeks to figure out that I was actually using the wrong app and that's why I couldn't see any of their schoolwork (laughed). I'm like that dumb seriously (laughed). (KC3)

Not all carers had equipment that enabled the children in their care to learn online. While one carer reported the agency had arranged for the school to lend them an iPad during the first lockdown, some carers resorted to purchasing equipment themselves:

> Financially speaking, that could have you know, they could have offered, I don't know what they could have offered. But I went out and I had to buy iPads for the children, like and it wasn't, I guess it wasn't a necessity, but it helped a lot in terms of home learning and then obviously trying to keep the middle one occupied at the same time. … I know that they were limited in what resources they have available, but just if they could have looked at what they did have and what they could offer and actually offer it instead of expecting carers to put up their hand and say hey I need help because people don't ask for help very often. (KC1)

Another carer relied on donations of old IT equipment from friends:

> We have an extremely old iPad from when my daughter was in year 7 in high school [several years earlier], and we realized that was never gonna do the job. So, we went out and purchased a brand new iPad. And then I was really lucky that when the children came to us, we had lots of people donating clothes and things like that, but a friend at work just finished year 12 herself and her and her dad had old Microsoft laptops. And they were old, and when she gave them to us, I was wondering why, like why she would do that and what I was actually going to use them for. But that meant that each kid had their own device, which if we didn't have that we wouldn't have survived home-schooling at all. (KC2).

Only one carer mentioned receiving funding from the State for a laptop during lockdown, and they had to apply for this:

> We had to get a laptop for [Child] because we only had our desktop computer … all the funding sort of goes through Permanent Care and Adoptive Families. And so we had to apply, and we ended up getting, they actually paid for a laptop for her so that, so that wasn't actually through [Kinship Care Agency]. (KC6)

Perhaps not unsurprisingly, there were a couple of carers who were glad that the schools attended by the children they cared for provided hardcopy resources rather than expecting children to be online:

> We used to have to go to the school and pick up a pack each Friday, because they actually printed everything off and so you would go into the school and pick up your bundle for the next week and then you would take that back the following Friday and swap it over for another one. (KC6)

Hardcopy was also preferred by at least one student:

> He would rather have the hard copies and that's what the teachers were giving him, paper copies, so he preferred it that way and that was fine. (FC1)

A different approach to managing the stress of home learning was for carers to consider what was most important for a child at that point in time and follow their instincts as to what they needed to do at the time:

> We were much more laid back the second time, we were like eh whatever, like sort of all, very like, with home-schooling we didn't worry so much about it, or like, you know as long as she feels comfortable, she feels loved and cared for and she's happy with all of that, I'm not so concerned about her, the academic side of things. Not that I ever had any worries or concerns for her. (KC1)

Supervising children who undertook remote learning resulted in carers having no break from their caring responsibilities:

> You know it sounds awful I know, but you just need to have that time to yourself while they are at school, and so we were with each other like twenty-four-hours – apart from when they are sleeping. (KC6)

Homeschooling also encroached upon time usually devoted to caring for preschoolers:

> For me, the second lockdown was horrible. The first one I sort of coped with. I didn't know what was coming so (laughed) you know, we get through that and then yeah, the second one got me. It was just, just home learning was so hard, just to get them to focus for five flipping minutes and do your schoolwork while the baby is going off its nut (KC3).

Exemptions to the requirement for home schooling existed for some children with special needs. Some carers took up the opportunity for the young people in their care to attend school, including children with a disability.

> No, so second lockdown, he's been able to attend school. So that's why this time, I feel that it's been a lot easier. .... Well only due to because they've got an intellectual disability so they're at a special school so that was an exception to children. (FC2)

For another young person, the opportunity to attend school came as a result from an invitation from the school:

> 'Childs's wellbeing teacher who he's really connected with at high school said to us 'you know you can't do everything, you're struggling. Let me lighten the load.' So, we sent [Child] to school 3 days a week. So that meant we didn't have to concentrate on him, and it was just the littler kids. (KC2)

A second category of children permitted to attend school during lockdowns were the children of essential workers. Being in out-of-home care met the legislative criteria for attending school during lockdowns, but carers and their support workers either did not realise this or did not want children to be further stigmatised. Other carers however determined that the children in their care continue to go to school. One carer explained this to the children in her care that she was an "essential worker" (KC4) and that their school attendance was essential for their own self-care:

> And I chose it because they had a sense of belonging to the school and they're kids that like structure and routine and that actually for me to stay sane during lockdown I needed to properly have a break from them, being a nanny I'm 61. (KC4)

Unlike schools, most childcare agencies throughout the state continued to provide care during the pandemic. Some carers made the most of this opportunity and even increased the number of days children attended care:

> And then second lockdown as soon as it became apparent we were gonna be locked down again I put [Child], the 4 year old, into day care an extra day of the week just so that when we're home we could teach the kids without having to worry about keeping her entertained or fed or happy or other things like that. (KC2)

Contact with parents and siblings living elsewhere

In addition to schooling, another impact of the pandemic on children and carers were restrictions which prevented or restricted face-to-face meetings with people living elsewhere:

> At the start it did like when it very first started he wasn't allowed to see his family and stuff like that. So that was sort of a little bit of an issue I suppose for him but in saying that he was very good about it. (FC1)

As face-to-face contact with this young person's parents required supervision, previously this had occurred at the foster care agency. With staff no longer able to provide supervised access, contact was initially restricted to being via telephone. However, face-to-face contact subsequently occurred because the carers were willing to facilitate this in addition to their contractual responsibilities. Restrictions on having visitors in one's own home also at times limited children's access to siblings living elsewhere, with carers seeking to minimise the disruption in contact as much as possible.

Mostly it seemed that children and their parents abided by the state public health restrictions. However, some family members who contravened access arrangements prior to the pandemic continued to do so:

> They don't follow the rules, they don't listen to the boundaries. ... So yeah, they have had probably, four or five visits since the start of the first lockdown.

> They don't get past the front door, but you know they still keep showing up. … They are only on monthly access so, and whether that's a phone call or a video chat or a face to face it doesn't matter, it's one or the other. (KC3)

For this carer, the support they needed during lockdown was not available. Nor were they confident they would receive this support in the future:

> All I want from [Kinship Care Agency] is back up with the hard things, like enforcing the rules and being there and not holding it against me when the parents show up to my door and try and kidnap the kids. I don't need that held against me. Just the backup is all I need. (KC3)

Agency support

At a time of great change and uncertainty, some carers felt abandoned by the social workers from agencies which were supposed to be providing support:

> Just everything changed. But nothing changed for us in regards to would we need certain things in place and we need support. This is, you know, a whirlwind of everything has changed for us but nothing is available for us. (KC2)

Several of the children being cared for by the carers interviewed for this study had health issues or disabilities and required support from additional service providers:

> … they had OT and psychology via Zoom. It wasn't the same as having it face to face but we tried to carry on with it because we decided that all it was doing was maintaining the relationship with that therapist through Zoom and through that time, and it was important for them to know that those people hadn't disappeared. (KC4)

Kinship and foster care workers play a crucial role in brokering these services, and they were unable to provide such support, some carers found themselves spending hours trying to arrange services:

> So I really did feel that I had to step up a lot and that's where the last three months I have been asking for some extra support. Because all my time, like some days I was on Zoom and phone calls up to five hours a day. (FC2)

For a carer who already found it difficult to contact the part-time worker assigned to support her, the level of support during the pandemic was insufficient. However, another carer reported good support by telephone:

> … although they couldn't come to our home to do the assessments and things like that, just the fact that she was on the other end of the phone call to offer us support of coach me through something was really valuable.

> She's amazing, I always tell her she's yeah, we couldn't have gotten through his without her. And just having that extra support person to back you so you know you're not, yeah you can't be pushed around. She's there to support you. You quite often feel like the little man when it comes to child protection … and they quite often use the language that we're just the carers, where [Kinship Care Agency Support Worker] makes us more than just the carers. (KC2)

Some workers devised alternate meeting strategies such as meeting outside the fronts of carer's homes:

> [Foster Care Agency Case Worker] hasn't been allowed to even able to come into our home but she, when lockdown settled last time in about May, she did get to come out but she was only allowed for 15 minutes and we had to be outside my house. (FC2)

Being able to decline visits from workers was empowering for two carers for whom the pandemic provided them with an opportunity to regain some control of their situation. As one said, "I've got two children of my own and I don't really feel I need someone else telling me how I need to raise kids" (KS7). The other felt they now had a reason to decline a visit from the out of home care caseworker:

> And I had to ring Agency and say you're not coming, you're not welcome, you're not coming today. [Child] is stressing over it too much so you're gonna have to cancel it. I said I'm not gonna let you in. so yeah, I have to be pretty forward sometimes. (KS5)

Peer support

In addition to support provided by agency social workers, the pandemic highlighted the crucial role that other carers play in providing support and encouragement:

> We used to have a, and still do, have a support group in [Town], which I go to, I can go to the [Another Town] one as well, but, yeah. And that's just such a big, big thing, to have other people that are in the same position as you and going through the same feelings as what you are going through. It just makes a big difference and our little group, we were only a little group but nobody judged you, like if you came and said 'oh I have just had enough today" you know they wouldn't think "oh [name] you shouldn't be doing that' you know they, we all understood where everybody was coming from. (KS6).

While being able to attend groups was valued, carers who had work, study or other responsibilities were sometimes excluded:

> The supports that they do have available for the carers outside of COVID, are good, so like their monthly support groups are good. I used to go to those until I started studying. (KS1)

With their usual in person peer support groups not possible, one of the agencies organised an evening online social event for families:

> Well we had our first trivia night, last Wednesday night. So that was really good. … It was through Zoom, so we all Zoomed. [Foster Care Agency] provided us with dinner. It was for two hours. And the kids had a ball. I feel like it was like the first connection for this whole year. … (FC2)

It is unclear from the transcript whether this was a form of support carers would welcome on an ongoing basis or was just a form of support during the pandemic. However, although peer support was often organised by the agencies, some found their own supports:

> I'm on an online, you know, through Facebook, an online kinship group that I've come across before I was with [Kinship Care Agency], as well as this other one where I Zoom in once a month, and at the moment that's all that I can do but I'd love to have a face to face one in the local community. (KC4)

Although support groups could be moved online, opportunities for carers to have respite disappeared with lockdowns. One carer reported a reciprocal arrangement that stopped during the pandemic:

> If she gets a child in and she needs a break …. I'll be her respite carer during the that time. And same with me, if I need help, she was my respite carer. (FC2)

Discussion

Caring for children in foster care and kinship care settings is challenging and carers need support (Browning, 2020). Children residing in out-of-home care have often experienced significant trauma which requires additional supports or interventions than the provision of an appropriate home environment (McPherson et al., 2018). For children who have already experienced a great deal of disruption and uncertainty in their lives, the pandemic was a potentially further disrupting factor particularly if services which had been established to support them were not available and they were unable to meet in person with their parents and other family members (Whitt-Woosley et al., 2022). Although professional support was recognised deemed critical in retaining foster carers prior to COVID-19 (Murray et al., 2011; Randle et al., 2018), during lockdowns carers not only had to navigate the consequences of these disruptions in the lives of children in their care, but do so without being able to rely on the supports usually received not only from agency social workers but also from family members living outside the household (Whitt-Woosley et al., 2022).

Some concerns which were present prior to the pandemic, were amplified or became more apparent as a result of COVID-19 (Lee et al., 2021), such as the lack of respect some carers experience from the agencies and stressful relationships with birth parents of children in their care (Blackburn & Matchett, 2022).

For children and their grandparent kinship carers, the pandemic also provided a stark reminder of the fragility of care arrangements which are dependent on elderly carers (Backhouse & Graham, 2013). This study also highlighted the issue of "digital poverty" (Johnson, 2020: 210) for children in care. Similar to a recent US study of foster carers, some carers did not have sufficient, or even any, computing equipment for students studying online (Whitt-Woosley et al., 2022). At a time when it was imperative that school-age children in care had access to IT equipment such as laptops and internet access, it was a matter of chance as to whether a carer had such equipment in their home or whether such equipment was available from other sources such as schools or care providers (Lee et al., 2021). At the same time, carers could not assume that if they purchased computing equipment without prior approval that their costs would be refunded by the state (McLean et al., 2020).

Previous research has suggested that case workers may be more tolerant of less than perfect kinship care arrangements than in foster care (Farmer, 2010). This might explain why a number of the kinship carers reported issues with lack of computing equipment to assist with home schooling. Moving forward, arguably the minimum standards for a long-term placement of a school-aged child in either foster care or kinship care should include provision of technologies to enable the child to fully engage in their education, including being able to undertake homework that assumes access to computer equipment.

For some carers the pandemic had some beneficial aspects. A recent North American study found that foster carers often feel their expertise is devalued and/or that they cannot be trusted by the agencies which employ them (Shdaimah & Rosen, 2020). Some carers in the current study resented interference in their lives from support workers, and in particular, what they perceived as judgemental attitudes towards themselves, reported being able to establish a degree of agency and decline home visits during lockdowns. Hence, the findings in this study act as a reminder that foster and kinship carers are part of a child's care team and should be treated as colleagues rather than clients of the agency.

While the findings reported are unsurprising given resonance with previous research, a key limitation is that the small sample may not have been sufficient to identify some pertinent issues, particularly in respect of foster carers of whom only two were interviewed. (Whitt-Woosley et al., 2022). Previous studies of Australian foster carers (Octoman & McLean, 2014) and kinship carers (McLean et al., 2020) have found recruiting carers into research very difficult. Another study which sought to interview carers in another region of Victoria at the same time as this research was bring conducted recruited no participants. Similarly, response rates have been low in US research (Collins & Baldiga, 2020). Nevertheless, even if the issues raised in this paper are not widespread, children placed in foster care and kinship care placements deserve high quality care, and this includes providing appropriate support for carers.

At an agency level, the findings of this study also demonstrate a need for organisational infrastructure, including policies and procedures, to ensure critical support can be provided to carers during times of emergency (Harms et al., 2022).

None of the programs involved in this study had a history of staff working from home on a part-time, let alone full-time, basis. Consequently, at least initially there were not only a lack of protocols concerning working from home, but a lack of infrastructure support such as ensuring staff having access to agency laptop computers and internet access, particularly for staff living in remote areas.

Conclusion

Although COVID-19 resulted in some exceptional circumstances which affected service delivery to children living in out of home care and their carers, there are a number of findings from this study which remain relevant in a post-pandemic environment. Importantly, carers should expect to be treated with the respect of a co-worker by agencies and social workers. At an organisational level, agencies need to have protocols and procedures to ensure that carers are not exploited financially or left without support to undertake what is difficult work. Regular assessments by social workers are required to ensure that children in care have those items which they require for their education and health, such as computers and medications. When carers are elderly or have health issues, social workers also need to ensure that there are contingency plans, should the current care arrangement no longer be feasible.

References

Backhouse J., & Graham, A. (2013). Grandparents raising their children: Acknowledging the experience of grief. *Australian Social Work, 66*(3), 440-454.

Blackburn, C., & Matchett, E. (2022). 'A little piece of my heart goes out with each of them': Foster carer reflections on current fostering practice. *Adoption & Fostering, 46*(4), 383-396.

Blythe, S. L., Halcombe, E., Wilkes, L., & Jackson, D. (2013). Caring for vulnerable children: Challenges of mothering in the Australian foster care system. *Contemporary Nurse, 44*(1), 87-98.

Borenstein, J., Frederico, M., & McNamara, P. (2018). The practitioner's role in statutory kinship care: 'It's a minefield'. *Developing Practice, 51*, 61-77.

Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology, 9*(1), 3-26.

Browning, A. S. (2020). The impact of complex and unwanted feelings evoked in foster carers by traumatised children in long-term placements. *Adoption & Fostering, 44*(2), 185-196.

Collings, S., Wright, A. C., Spencer, M., & Luu, B. (2020). How foster carers experience agency and support for birth family contact. *Child & Family Social Work, 25*(1), 83-91.

Collins, M. E., & Baldiga, S. (2020). Normalcy for children in foster care in the time of coronavirus. *Journal of Children's Services, 15* (4), 215-219.

Cooley, M., Thompson, H. & Wojciak, A. (2017). Risk, resilience, and complexity: Experiences of foster parents. *Children and Youth Services Review, 76*, 35-41.

Farmer, E. (2010). What factors relate to good placement outcomes in kinship care? *British Journal of Social Work, 40*(2), 426-444.

Harms, L., Boddy, J., Hickey, L., Hay, K., Alexander, M., Briggs, L., Cooper, L., Alston, M., Fronek, P., Howard, A., Adamson, C., & Hazeleger, T. (2022). Post-disaster social work research: A scoping review of evidence for practice. *International Social Work, 65*(3), 434-456.

Harding, L., Murray, K., Shakespeare-Finch, J., & Frey, R. (2020). The wellbeing of foster and kin-carers: A comparative study. *Children and Youth Services Review, 108*, 104556.

Johnson, E. (2020). Responding to COVID-19: Some personal reflections. *Adoption & Fostering, 44*(2), 208-211.

Kiraly, M. (2018). Fairy godparents and fake kin: Exploring non-familial kinship care ('kith care'). Retrieved from https://healthsciences.unimelb.edu.au/__data/assets/pdf_file/0010/2719801/Research-Report-2018-Non-familial-Kinship-Care.pdf

Kiraly, M. (2019). Support for children in kinship care from the Commonwealth, states and territories of Australia: A national policy survey. *Developing Practice, 52*, 10-24.

Kiraly, M., & Humphreys, C. (2015). A tangled web: Parental contact with children in kinship care. *Child & Family Social Work, 20* (1), 106-115.

Kiraly, M., James, J., & Humphreys, C. (2014) 'It's a family responsibility': Family and cultural connection for Aboriginal children in kinship care. *Children Australia, 40*(1), 23-32.

Lee, J. Y., Chang, O. D., & Ammari, T. (2021). Using social media Reddit data to examine foster families' concerns and needs during COVID-19. *Child Abuse & Neglect, 121*, 105262.

MacGregor, T. E., Rodger, S., Cummings, A. L., & Leschied, A. W. (2006). The needs of foster parents: A qualitative study of motivation, support, and retention. *Qualitative Social Work, 5*(3), 351-368.

McLean, K., Clarke, J., Scott, D., Hiscock, H., & Goldfeld, S. (2020). Foster and kinship carer experiences of accessing healthcare: A qualitative study of barriers, enablers and potential solutions. *Children and Youth Services Review, 113*, 104976.

McPherson, L., Gatwiri, K., Tucci, J., Mitchell, J., & Macnamara, N. (2018). A paradigm shift in responding to children who have experienced trauma: The Australian treatment and care for kids program. *Children and Youth Services Review, 94*, 525-534.

Miller, J. J., Niu, C., Sauer, C., Bowman, K., Segress, M., & Benner, K. (2018). Foster carers' knowledge of child trauma: An exploratory study. *Journal of Aggression, Maltreatment & Trauma, 27*(5), 505-522.

Murray, L., Tarren-Sweeney, M., & France, K. (2011). Foster carer perceptions of support and training in the context of high burden of care. *Child & Family Social Work, 16*(2), 149-158.

Octoman, O., & McLean, S. (2014). Challenging behaviour in foster care: What supports for foster carers want? *Adoption & Fostering, 38*(2), 149-158.

Octoman, O., McLean, S., & Sleep, J. (2014). Children in foster care: What behaviours do carers find challenging? *Clinical Psychologist, 18*(1), 10-20.

Qu, L., Lahausse, J., & Carson, R. (2018). Working together to care for kids: A survey of foster and relative/kinship carers. Melbourne: *Australian Institute of Family Studies.* Retrieved from https://aifs.gov.au/sites/default/files/publication-documents/working_together_to_care_for_kids_research_report_0.pdf

Randle, M., Miller, L., & Dolnicar, S. (2018). What can agencies do to increase foster carer satisfaction? *Child & Family Social Work, 23*(2), 212-221.

Shdaimah, C. S., & Rosen, J. (2020). 'We're the eyes for these children 24 hours a day': Foster parents' understanding of their role as foster carers. *Child Welfare, 98*(1), 1-22.

Victorian Government (2019). *Strong carers, stronger children: Supporting kinship, foster and permanent carers to achieve the best outcomes for children and young people in care.* Retrieved from https://www.dffh.vic.gov.au/sites/default/files/documents/202211/Strong-carers-stronger-children.pdf

Victorian Government. (2022). *Victorian COVID-19 data*. Retrieved from https://www.coronavirus.vic.gov.au/victorian-coronavirus-covid-19-data.

Whitt-Woosley, A., Sprang, G., & Eslinger, J. (2022). Foster care during the COVID-19 pandemic: A qualitative analysis of caregiver and professional experiences. *Child Abuse & Neglect, 124*, 10544.

Wilke, N. G., Howard, A. H., & Pop, D. (2020). Data-informed recommendations for services providers working with vulnerable children and families during the COVID-19 pandemic. *Child Abuse & Neglect, 110*, 104642.

Williams, D. (2016). Grief, loss, and separation: Experiences of birth children of foster carers. *Child & Family Social Work, 22*(4), 1448-1455.

Wright, A. (2021). *Chronology of primary and secondary school closures in Victoria due to COVID-19*. Retrieved from https://www.parliament.vic.gov.au/publications/research-papers/send/36-research-papers/14000-primary-and-secondary-school-closures-in-victoria-due-to-covid-19