

Article

The Impact on Foster Care Children and Working with Their Families during and after COVID-19

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Abstract: The purpose of this literature review is to inform and examine how foster children were affected by the COVID-19 pandemic. Many children enter and exit the child welfare system every day, and this did not stop due to the COVID-19 pandemic. There were many challenges that ranged from providing adequate services, seeing youth in person, visiting youth in facilities and foster homes, biological parents exercising their rights to visitation, court proceedings, and not to mention the stress for all parties involved, such as the child(ren), biological parents, foster parents, social workers, and other qualified professionals. The child welfare professionals had to figure out how to lessen the impact of trauma by thinking outside of the box until the pandemic was closely controlled and the sense of normalcy was restored.

Keywords: foster care; COVID-19; stress; social worker; child welfare system; trauma; pandemic; foster homes

1. Introduction

In 2020, the United States was invaded by a silent but deadly killer that would forever change the world as we know it. Prior to COVID-19, people were able to travel, eat out in public places, enjoy indoor and outdoor events, etc. Then, as people were exposed to COVID-19, fear set in. Everyone was advised to wear a mask and to isolate to slow down the spread of this deadly disease. As the COVID-19 pandemic ravished every state in America, it left lingering devastation. Family members were being affected by the deadliest disease that the world had ever seen, which was causing hospitalizations, near-death complications, and even death. Many families did not only have to deal with loved ones getting sick and dying but their children being removed from their homes and placed into the Child Welfare system due to allegations of abuse and neglect. For many families, this was exposing their children to several traumatic events all at once. Child welfare practices and policies are put in place to reduce trauma and to promote reunification with parents or relatives as a goal for the majority of children that are in foster care, which meant that visitation was paramount to ensure that family bonding was being continued [1].

Since visitation was paramount and at the forefront of reunification, now all was threatened due to the COVID-19 pandemic, which was causing children to no longer be able to do face-to-face visits with their biological parents, caretakers, or their family service workers (the one person that they have built a rapport with prior to going to a resource home or a facility). This would cause many children to have difficulties with their ability to attach, form a bond, and trust [2]. Family visitation is extremely important and a major component in reducing a child's or children's length of stay, which promotes timely reunification [3]. Children entering foster care will go through a range of emotions, such as anger, being scared, a sense of loss, anxiety, depression, a sense of uncertainty, grief, and stress [4]. Parents losing their child(ren) to the Child Welfare system will also go through a range of emotions such as anger, low self-esteem, depression, anxiety, fear of the unknown (of where their child(ren) will be placed) and scared (of long-term effects and consequences) [5]. Not only are the children, their biological parents', or caretakers feel



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as if they are on an emotional roller coaster, but also the foster parents. The foster parents' emotions during the COVID-19 pandemic ranged from being suspicious to being afraid due to them being unsure if the child(ren) they were taken into their home had already been exposed and/or will they expose me, my family, and my love ones which, was a major stressor [6]. So, working together during this unprecedented period to reduce all these emotions and feelings while figuring out a way to continue visitation in a safe and effective manner. Visitation is a vital necessity for successful reunification.

2. Methods of Materials

A literature investigation was explored for evidence associated with the topic and was conducted using the computer database Google Scholar. The following keywords were used separately or in combination: foster care, COVID-19, stress, social worker, child welfare system, trauma, pandemic, foster youth and COVID-19, foster home, foster parents, resource parents, services offered during the pandemic, visitation with foster children, mental health during COVID, psychosocial well-being in foster children, and virtual visitation. Only research that was written in English and had direct ties or addressing the effects of COVID-19 on the Child Welfare System (foster children, families, Social Workers, foster parents(s), direct services, mental and psychosocial well-being).

During the literature investigation, the articles that were viewed were between the years 1972 and 2022 to ensure that every aspect was considered for this research. There were 62 articles that were considered; however, 19 articles had overlapping information and/or information that was too outdated to be used in this research. So, those articles were eliminated. There were 13 articles reviewed that included COVID-19 separately or in combination. There were also 20 articles where COVID-19 was not used in the search. This literature review was very important to ensure an in-depth foundational understanding of how the pandemic affected the whole child welfare system.

3. Family Visitation during COVID-19

Visitation is a vital component to the success of children being reunited with their biological parents/caregivers. It allows children to still feel connected to their extended family, culture, and community. Visitation is considered the nucleus of reunification when a child(ren) has been removed from their home. Family visitation is associated with a decrease in foster care stays [7]. An average stay for a child in foster care is two years, and 48% of children reunify with their parents or caregiver [8]. However, visitation does work hand in hand with parents ensuring that they are working their action steps to reach their desired outcomes on their permanency plan, as well as staying active in their services and complying with treatment if warranted [9]. Parents may feel defeated if they are working hard to regain custody of their child(ren) and they are not being able to physically have visitation with them. Parents may become less motivated in working their services if they feel that the Child Welfare Agency is being underhanded and not working to give their child(ren) back [10].

During the COVID-19 pandemic face to face visitations with parents or caregivers had pretty much ceased [11]. Family Service workers communicated their worries about the lack of face-to-face contact could threaten the possibility of reunification with biological parents or caretakers [12]. Then, visual communication was set in place, which orchestrated a new wave of visitation interaction standards [11]. The Child Welfare Agency had to set in motion enhanced guidelines, standards, and expectations of what adequate visitation would look like [12]. When trying visual communication for visitation, it first brought about a sense of feeling overwhelmed due to many families, foster parents, and family service caseworkers not understanding how this would work and if it would meet the statutory guidelines or policy requirements [13]. Visual visitation caused all parties (foster parents, biological parents, caretaker, family services workers, and qualified professionals) to work as a team and to think outside of the box when formulating a routine schedule which was composed of dates and times for visual visitations to take place between the child(ren),

biological parents and/or caretakers, family services worker, and qualified professionals. When laying out the new visual visitation process, the statutory guidelines were met, and concerns were addressed. The Child Welfare Agency continued to focus on the best interest of the child(ren), ensuring their safety (protection from harm), well-being (overall health: mental, physical, etc.), and permanency (stability), which are the key principals regarding visitation and reunification [1]. Mental health can be considered the foundational core.

4. Mental Health during COVID-19

Many children who are removed from their homes due to allegations of abuse and neglect, especially during the COVID-19 pandemic, face extreme mental health issues such as depression and anxiety as well as other behaviors that can also co-exist, such as self-harming, suicide attempts, suicidal ideations, and homicidal ideations [14]. The COVID-19 pandemic put a mental strain on many foster children and caused them to spin into a sense of insecurity [2]. Imagine not being able to physically touch and/or be able to visit with their parents or caregivers for an uncertain amount of time. Foster care youth are vulnerable, and their risks increase when their needs are not being addressed, which could give them a sense of loneliness and hopelessness [2]. When addressing the needs of the vulnerable at-risk child(ren) mainly during the pandemic can be a challenging task, to ensure that they are receiving services and to guarantee that the services are adequate.

Mental Health professionals worried about their ability to ensure their clients' privacy since the communication was now held through Telehealth and whether they would have accessibility and the ability to hear effectively [15]. Virtual communication services were the alternative route to ensure that services could be implemented and/or continue without a lapse in services during the pandemic [16]. However, many professionals thought that virtual communication was the best way to provide service to vulnerable at-risk children due to this method allowing flexibility for them and their clients [15]. Even though there were many challenges, mental health professionals were able to provide the needed services, allowing mental health professionals to focus on and address the psychosocial well-being of the foster care youth [17].

5. Focusing on the Psychosocial Well-Being of Foster Care Child(ren)

In the beginning stages of the COVID-19 pandemic, studies reported that foster care child(ren)'s mental health outcomes were poor [17], which meant that this vulnerable population was also struggling with their overall psychosocial well-being [18]. Many challenges began to form to cause a breakdown in the foster child(ren)'s psychosocial well-being, such as every form of help being offered digitally and no physical contact happening, almost as if it was prohibited or temporally banned. Foster children were beginning to have emotional and behavioral issues such as post-traumatic stress, stress, anxiety, depression, conduct disorder problems, frustration, irritability, easily distressed, becoming clingy, and fear [19]. All of these negative outcomes are connected to a drastic decline in their psychosocial well-being. Other facts included changes in their routines, structure, and social interaction. A big factor was going from public school, then to being isolated at home for their educational needs. Many children need in-person social contact to grow, learn, to figure out their own identity through maturity development and their well-being [20]. Children, especially foster children, are missing their peers, families, school, and community, exacerbating their mental health [19].

Even though there were several negative outcomes to psychosocial well-being. There were a few positive outcomes that can be pointed out, depending on an alternative view. First, telework was helpful in reducing the daily need to commute to work or take children to school and another daily task that warranted transportation which reduced stress and overall time management [21]. Second, not having to go to school reduced some children's anxiety, especially if they have been struggling in school, whether it was academically, behaviorally, or emotionally (being bullied) [22]. Third, families and children spending

more time together, whether it is biological families or foster families, allowed them to build better relationships and better communication with one another [23].

From the foster parents' point of view, their overall concept was that spending time with their foster child(ren) was positive, and it did allow them to get to know them better, build a good rapport, and give them insight into their community and families [24]. They also thought that school was hard to manage in the beginning; however, they felt that they were able to help the child(ren) on one-on-one bases to help them get stronger in a subject that may have caused them problems, which could have caused poor behavior or emotional difficulties [25]. Foster parents were willing to foster their foster child(ren) support systems to ensure that their foster child(ren) psychosocial well-being is intact. Foster children's support system is the main component of their psychosocial well-being. It is the Eco map of their existence, and when their support system is no longer there, then their very foundation is dismantled [26]. Then, their psychosocial well-being suffers to great depths, which leads to future or long-term trauma that many foster children cannot break the generational cycle.

6. Biological Parents' and Caregivers' Concerns

The generational cycle is usually passed down from biological parents and/or caretakers. Many biological parents and caretakers have also traveled this path as a child, which brings about a multitude of negative emotions when dealing with the Child Welfare system [1]. There are so many emotions that arise when children are removed from their homes and placed into foster care. Many parents think that they will never get their children back and that their voices do not matter, nor will they be heard [27]. Parents want and need to visit their children to ensure that their bond is not lost. However, biological parents and/or caretakers go into this process blind, which means that they will not trust the process easily. Plus, listening to others who had had a negative experience or were evolved as a child and had to deal with the Child Welfare system does not give biological parents/caregivers a lot of hope based on their own personal experiences. Most parents think that foster parents already want their children (so they can rescue them from a bad situation), that foster parents will look down on them, and their children will have problems due to where they come from [28]. Many biological parents and caregivers are also struggling with mental health issues, so losing their children to the Child Welfare system could send many into a downward spiral faster, which causes a sense of defeat. Visitation is one of the ways to give them hope that all is not lost, and the physical touch of their child(ren) gives them a sense of encouragement to work on their permanency plan and get them back [29]. When children do not have visitation with their parents/caregivers or families, it could cause an unrealistic portrayal of their biological parents or caregiver, leading them to low self-esteem and the ability to relate to peers [30]. Neither biological parents nor caregivers would want their child(ren) to struggle while away from them, but unfortunately, this happens. The COVID-19 pandemic initially impacted child-parent visitation, which caused feelings of panic, grief, and a sense of loss to set in for biological parents and caregivers [4]. The one thing they were looking forward to the most was visitation with their child(ren), which was temporally on hold, and their motivation snuffed out until a safer plan was put in place to ensure quality visual visitation. This pushed foster parents into being more flexible to accommodate biological parents/caretakers, which in the beginning would cause complicated dilemmas.

7. Foster Parent Support

During all the chaos, foster parents were receiving all of the backlash. Their world of stress ranged from abuse and neglect to take a child(ren) in that could have already been exposed to COVID-19, having COVID-19, figuring out school communication since everything was online, child(ren) not being able to visit with their parents in person, which would cause possible behaviors, their family members possibly going through COVID issues, and the list goes on. All of these issues are complex challenges for foster parents [31].

Some foster parents were tasked with the discussion of telling their foster child(ren) that due to COVID-19, there would be no face-to-face visitations with their parents and/or caregiver. Foster parents had to deal with possible behaviors and mental health concerns of their foster child(ren) [32]. Many foster parents suffer from high compassion fatigue when dealing with such issues, which leads to foster parents becoming burnt out and then quitting [33]. If a foster parent decides to no longer foster, then that is a placement disruption and another trauma episode for the child(ren) [24]. Many foster parents were not able to receive the support that they felt they needed due to the unpredictable circumstances of COVID-19, because of isolation, and social distancing. Even though many foster parents did not think that they had the support they needed even before the pandemic [34]. A study reported that foster parents engage in moderate self-care while caring for their foster child(ren) [35]. Specialized training could have helped foster parents during this unprecedented time, which would have given them more skills/techniques to aid them [36]. Foster parents knew there would be limited help during this time of crisis; however, the support that was provided was based on the Center for Disease Control (CDC) health guidelines and addressed any concerns they may have had [16]. Then, a plan was put in place to address the concerns. The major concern was no foster parent wanted a child(ren) in their home without being tested for COVID. So, all children were tested prior to going into a foster home. If a child(ren) did test positive for COVID-19, they would go into a place called the "COVID cottage" until they tested negative, then they would go to placement. Even though this was the safest way, sometimes siblings were separated due to having tested positive [1,16]. There were a couple of supports for foster parents that needed to be shared. Foster parents were offered "respite" for the child(ren) if they needed a break. Foster parents also received an increase in board payments, and the foster child(ren) received EBT benefits to assist with food in the home. Foster parents were not the only ones that had challenges during the COVID-19 pandemic but also family service workers.

8. Family Service Workers' Challenges

Before the COVID-19 pandemic, there was already a high demand for family services workers with high caseloads, no self-care, high turnover rate, understaffing, and feelings of burnout [37]. During the COVID-19 pandemic, this did not change; however, it got worse [38]. Family services workers were being overworked, children had to stay in the office due to no foster home beds, and the continuation of the spread of COVID-19 limited both family service workers and foster homes. Family service workers continued to try and ensure the safety of the child(ren), perform paperwork, and ensure that the child(ren's) best interest was being protected; however, this became overwhelming to them. Many family services workers knew that these issues would affect the outcomes of permanency and reunification due to them not being able to focus on relationships with biological parents and caregivers in their traditional way (in-person contact). This also affected the quality of services for the family, access to services to the family, and the child(ren's) overall well-being. These issues lead to longer foster care stays and a decrease in reunification [39]. All family service workers wanted to do was their best to ensure that every child(ren) was receiving what they needed while they were away from their families. They also want to ensure that they are assisting the biological parents and caregivers with services. This would show that they were working toward their permanency plan desired outcomes so reunifications with their child(ren) could happen [40], which supports best practice policy.

9. Virtual Visitation as Best Practice

During the upheaval of the COVID-19 pandemic, it was decided in the best interest of the child(ren) and their families that all face-to-face visitation would cease, which caused major concerns. Social distancing was the initial step that was put in place, then it went to isolation, and then virtual support was needed. Many states and agencies began putting protocols and guidelines in place to ensure that services for child(ren) could start and/or continue by virtual technology such as telehealth or Zoom meetings [41]. There are nine

guiding principles in Child Welfare relating to best practices. Number three relates to providing flexibility, concentrated services, and individualized services for child(ren) and their families in order to preserve and reunify families [42]. So, a structured way to allow visits without being face-to-face was to do them virtually. This was the only way to support parent-child(ren) visitation [41].

Technology during this time would bridge the best practice approach by ensuring that visitation would continue even though it was not in person. Face-to-face contact was more productive when professionals or family service workers prepared families and provided training on digital devices such as iPad, computers, tablets, and cellular phones [11]. This allowed foster child(ren) and families to continue to bond through virtual connection, and this continues to support best practices, which support the mission of providing prevention and support services to child(ren) and families that encourage safety, permanency, and well-being [42]. Virtual visitation promotes mental health and well-being, ensuring the safety of the child(ren), and inspires parents and/or caregivers to work toward the permanency of reunification. Not only were their virtual visitation with biological parents and or caretakers but family services workers were also utilizing this method to ensure that children were being checked on by their assigned family service workers.

10. After Effects of COVID-19

The COVID-19 pandemic has slowed down and measures have been put in place to keep people safe, whether getting vaccinated, taking boosters, continuing to wear a mask, or washing and sanitizing their hands. There are still protocols in place to continue to transition children and families back into the mainstream of child welfare. Technology is still being used in court proceedings to hear family cases and telehealth to address mental health needs. Virtual visitations can still be utilized if a child, biological parents, or caretakers have tested positive for COVID. However, family visitation has resumed as face-to-face unless it puts others at risk, such as testing positive for COVID, Flu, or RSV.

Foster care children are also back attending school, and foster parents are transitioning back into their former routine prior to COVID. Some foster parents may still be able to use telework due to some companies seeing that overhead expenses could be reduced during the COVID pandemic, which allowed many companies to save money and increase workers' pay. The foster child(ren) is being able to get back into a school setting, which allows them to increase their mental health capacities by no longer feeling depressed, being connected to their friends, and feeling a closeness to their community [43]. Foster child(ren) also has an increase in their psychosocial well-being due to being around peers [43].

Family service workers are also back to seeing foster child(ren) in their foster homes as well as making school visits to ensure that their continuous needs are being met. Child and Family Team meetings are being held in person or virtually, depending on the needs of the meeting, but options are being given. Family service workers are also able to attend a school meeting in person or virtually for the foster care child(ren), and the school also gives the team that option. Family services workers are being able to conduct drug screens with biological parents and caregivers. This allows family service workers to assist biological parents or caregivers in moving forward with permanency and hope reunification can occur soon when there are no COVID-19 pandemic barriers. Since the child welfare agency is moving back toward its traditional practices, it shows resiliency amongst all parties.

11. Recommendations

The COVID-19 pandemic put a spotlight on the constant struggles of family services workers, which were high turnover, high caseloads, burnout, and no self-care [37]. It appears that there has been an increase in pay to compensate the overworked family service workers [1]. However, it is so much more needed, such as overstaffing seems like it would be one of the most logical answers, which means you would have to add more supervisor positions. There is always the question of where is all this money going to come from. First, anyone that has at least 30 years of experience will retire. Secondly, allow staff

to retire voluntarily. Third, allow a buyout for anyone in the upper management positions, such as Regional, Team Coordinators, and Team Leaders. This will free up monies to hire new family service workers and supervisors. It will also allow some family service workers to apply for regional and management positions, which will create a movement that allows people in positions with new, innovative ideas to help the child welfare system to advance to a new level. Being overstaffed will cause smaller caseloads, less burnout, and more self-care for family service workers, which will support their mental health. More staff can also provide more support for foster parents, which possibly leads to fewer disruptions [24]. The best benefit for all children in foster care is to ensure that their needs are being met and not to cover issues with a band-aid due to family service workers being overwhelmed by too many cases, which causes family service workers to rush and make decisions that could cause greater problems. Family services not having the time to accurately assess a situation could put someone in danger; however, foster care caseloads should be between 10 and 15 to ensure adequate attention for a case. Caseloads being lower would allow more time for self-care, fewer feelings of burnout, lower turnover rates, and better opportunities to not overlook any resources for child(ren) and their families. When family service workers are not feeling overwhelmed, pressured, or worrying about the next case blowing up, they can effectively do their jobs. This makes them hardworking and loyal to their families and peers, and this also gives them a sense of confidence. The overall outcome is providing services that assist the child(ren) and families to ensure that reunification is achieved timely, and providing family services workers with the support they need is paramount [1].

12. Conclusions

The COVID-19 pandemic caused Child Welfare agencies to reconsider their best practice protocol and how it would directly affect children during their stay in foster care with no face-to-face visitation [1]. Technology plays a major role in facilitating visitation with families [11]. Using digital devices helped reduce trauma, depression, and anxiety while the foster child(ren) was in isolation and social distancing. Child Welfare agencies labeled this new method of visitation as Virtual visitation and thought that it would be bested to allow the family service worker to explain the reasoning. So that the child(ren) would be able to ask questions and feel comfortable with the process. Virtual visitation also supported continuous bonding even though it was not in person [41]. The intent was to ensure that communication, family engagement, and overall mental well-being were the first priority. When looking at how the best practice would be looked at when referencing biological parents and or caregivers was to ensure that child–parent visitation would happen. Also, to make sure that they are connected with services using telehealth or other forms of technology to support them as they work on their permanency plan outcomes and regain custody of their child(ren) through reunification [42]. For foster parents during the COVID-19 pandemic, they were looking at providing adequate support to help them not become overwhelmed, frustrated, and want to quit. The best practice for maintaining the psychosocial well-being of foster children is to ensure that they remain in one foster care placement. This will assist in sustaining stability until they reach reunification with their biological parents or caretakers. Best practice was ensuring that Center for Disease Control (CDC) Health guidelines were being followed and that family services workers were addressing foster parents' concerns [16]. Family service workers worked hard to ensure that all child(ren's) needs were being met as well as providing support to biological parents and or caregivers by providing resources. They also provided support to the foster parents to ensure that they were feeling supported and addressing all of their concerns, foster child(ren) or personally. Family service workers have to deal with stress daily, and burnout is factual, so they have to practice some type of self-care. The best practice for family services workers was to still ensure that every child was seen and services were implemented for them even if they were not in person [42]. COVID-19 did not stop these mandatory things from happening to children. The pandemic allowed creativity and

outside-of-the-box thinking to ensure children and families were being provided with the best care and alternative ways of achieving the best outcomes without putting them at risk.

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