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Research Centre for Children & Families

NSW Carer Support Needs: Coping in the context of COVID-19



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EXECUTIVE SUMMARY

The study explored the support needs of foster and Kinship¹ carers in New South Wales that emerged during 2020 due to the COVID-19 pandemic. It built on an evidence review by Associate Professor John Gilroy and Sue Pinkham about the support needs of carers of Aboriginal and Torres Strait Islander² children in out-of-home care (Kalinin, Gilroy, & Pinckham, 2018). The review highlighted negative interactions with agency workers and government departments as sources of carer stress, reduced coping capacity and, in extreme cases, placement breakdown.

The social upheavals associated with COVID-19 restrictions raised concerns about potential stressors for Kinship and foster carers of children in out-of-home care and their support needs. This study has drawn together four data sources to provide a snapshot of Kinship and foster carers' experiences in New South Wales during 2020. The data collection for the study included:

- 222 telephone support requests to My Forever Family carer support and training provider;
- 36 online surveys of registered Out of Home Care organisations;
- 9 semi-structured interviews with workers at services that support Aboriginal families;
- 30 case summaries from specialist therapeutic services for children in care.

In March and April 2020, social gatherings and non-essential activities³ were restricted to prevent the spread of COVID-19. In-person interactions and regular social activities outside the home were suspended. For many children in out-of-home care and their carers, this included school⁴, therapy and other health appointments, family time (contact) visits with family, and home visits from caseworkers⁵. The study contributes to understanding of how organisations supported carers, particularly Aboriginal Kinship carers, to cope with the impact of disruption and physical separation on their family. The study also surfaced differences in terms of help seeking behaviour and access to informal support networks to

¹ The term 'Kinship' is regarded as a proper noun in recognition of its significance to Aboriginal and Torres Strait Islander peoples across Australia

² Aboriginal peoples are the first peoples of mainland Australia and this term is used to refer to the peoples of New South Wales in this report. The terms 'Aboriginal and Torres Strait Islander' or 'Indigenous' are used when referring to research about Aboriginal groups and Torres Strait Islander groups within Australia.

³ New South Wales Public Health (COVID-19 Restrictions on Gathering and Movement) Order 2020 <https://covidlawlab.org/wp-content/uploads/2020/06/Australia-NSW-Restrictions-on-Public-Gathering-Order.pdf> and New South Wales Legislation Amendment (Emergency Measures) Bill 2020. <https://www.parliament.nsw.gov.au/bills/Pages/bill-details.aspx?pk=3741>.

⁴ New South Wales Premier press release 23rd March 2020 <https://www.nsw.gov.au/media-releases/new-covid-19-restrictions-begin-as-schools-move-towards-online-learning>

⁵ Department of Communities and Justice <https://www.coronavirus.dcj.nsw.gov.au/services/child-and-family-services>

assist during difficult times. It highlights the critical role of Aboriginal Kinship in keeping older carers connected to community and supporting children within their extended family networks. The cultural obligation to care has mutual benefits for Elders and for children but does not necessarily adhere to normative definitions of carer roles which leaves the support needs of some Aboriginal Kinship carers invisible to the out-of-home care system. The study found that Aboriginal Kinship carers were supported by local services outside the out-of-home care system, including Aboriginal-Community-Controlled Organisations, that were networked, trusted and able to offer targeted and agile support during the lockdown.

An overall recommendation is to build on these findings through research to understand the perspectives of foster and Kinship carers themselves about their family's support needs. This will enable policymakers and service providers to direct support more appropriately during future pandemics and other environmental crises. These recommendations are for changes at the policy, organisational, and individual level.

1. Initiate a discretionary 'pandemic' fund to allow community organisations to distribute financial aid and target support to families in need.
2. Provide a discretionary 'pandemic' assistance package for all carers during lockdowns.
3. Fund a statewide carer support service that initiates and maintains contact with isolated carer families during lockdowns.
4. Ensure equitable provision of technology, devices and internet connectivity to diminish the digital divide in access to school and services.
5. Review communication protocols used by schools to ensure messages to families and students about attendance are clear and culturally safe.
6. Promote, reward and share flexible and creative casework practices for connecting with families during lockdowns.
7. Urge Government-funded out-of-home care organisations to actively seek to partner respectfully with the local Aboriginal communities who know their families best.
8. Nurture opportunities for cultural exchange between out-of-home care organisations and local Aboriginal communities and invest time and other resources in learning about local customs, beliefs and practices.

INTRODUCTION

Child welfare agencies faced new and unprecedented challenges as restrictions to slow the spread of COVID-19 necessitated rapid shifts in service delivery and changes to workplace activities (Sistovaris, et al., 2020). The United Nations Convention on the Rights of the Child (UNCRC, 1989) notes that children who are removed from their birth family due to maltreatment are at increased vulnerability during natural, human or health disasters. Widespread changes introduced to combat the spread of COVID-19 by the New South Wales Government led to reduced agency monitoring and support for children placed in out-of-home care (Office of the Children's Guardian, 2020). These changes occurred at a time when carers, along with the rest of the community, adapted to uncertainty, loss of employment and disruption to school and other routines for children. For carers, this situation had the potential to exacerbate existing stressors and create new support needs. This study used mixed methods to explore the impact of these changes on carer support needs, including for Kinship carers of Aboriginal children in New South Wales.

Literature review

The impact of COVID-19 on families in child welfare systems

Research to understand the impact of the COVID-19 pandemic on families has examined the economic and health repercussions for children and adults (Sistovaris, et al., 2020; Teo & Griffiths, 2020); government policy responses (Fouch, Fouch, & Theron, 2020) and gender-based violence and child maltreatment (Caron, Plancq, Tourneux, Gouron, & Klein, 2020; Lund, Manica, & Manica, 2020). Sistovaris et. al (2020) reviewed the impact of COVID-19 on children in the child welfare system in Canada and identified increases in physical and emotional maltreatment, gender-based violence, mental health and psychological distress, child labour and unaccompanied and separated children (Sistovaris, et al., 2020). The global increase in domestic violence, child abuse and femicide during the pandemic was also reported by Caron et. al (2020) and Lund, Manica & Manica (2020). In the United States (US), Ruff and Linville (2021) surveyed 127 young adults aged 18 to 26 years who had previously been in foster care and found that, compared to the period prior to COVID-19, young people reported increased concern about physical wellbeing, financial status, career opportunities, social support, relational connectedness, and psychological wellbeing. Also in the US, Miller et. al (2020) administered an online

survey using the parenting stress with a large number of foster carers (n=999). The results revealed that foster carers had increased parenting-related stress, lack of control and reduced parenting-related satisfaction since the start of COVID-19. Unmarried foster carers and those who reported poorer mental health or unstable financial circumstances had higher stress levels. These results suggest that in countries with similar child welfare systems to Australia, adults and young people impacted by out-of-home care experienced increased stress and concern due to COVID-19. However, in light of the substantially lower COVID-19 infection rates in Australia than in most other countries, it is unclear how transferrable these findings about the impact of COVID-19 are to the Australian context.

Support needs for foster and relative carers

The provision of social support for families experiencing vulnerabilities has been shown to influence parenting and child wellbeing (Andresen & Telleen, 1992; Attree, 2005). The two main sources of support that families rely on are formal and informal in nature. Formal support includes services provided by funded organisations and can include casework, parent training, financial assistance, and respite care. Informal support refers to assistance provided by a family's social networks and may take the form of emotional, practical, financial and other help (Butler et al., 2012). Extensive research has explored the role of social support for foster carers but on the whole this research does not specifically consider the support needs of relative carers (Király, 2019). Informal support is associated with reduced caregiver stress (Piel et. al, 2017) increased placement stability (Brown, 2008; Cooley, Thompson, & Newell, 2019) and buffers carer stress (Richardson et. al, 2018). Formal support, on the other hand, is associated with carer retention (Cooley, Farineau, & Mullis, 2015) and carer satisfaction (Geiger, Hayes, & Lietz, 2013; Rodger, Cummings, & Leschied, 2006). This indicates that carers are most likely to benefit from access to both types of supports (Madden, et al., 2016; Mallette, Almond, & Leonard, 2020). Several studies show that carer support and support satisfaction are associated positively associated with willingness to continue with caring role (Denby, Rindfleisch, & Bean, 1999; Richmond & McArthur, 2017; Rhodes, Orme, & Buehler, 2001). Although factors such as self-efficacy and other life stressors contribute to carer retention, these are mediated by the support experience (Geiger, Hayes, & Lietz, 2013).

Support Needs of Aboriginal and Torres Strait Islander Carers

The United Nations Declaration of Indigenous Peoples (United Nations, 2007) specifically acknowledges that Indigenous children require protection from abuse and forcible removal from Kin and culture (Art 7, 21-2). Placement with Kin is widely recognised as culturally appropriate for Indigenous children who cannot live with their biological parents (Qu, Lahausse, & Carson, 2018). Current national statistics indicate that Aboriginal and Torres Strait Islander children represent 56 in every 1,000 children in care or 11 times the rate for non-Indigenous children (AIHW, 2021). As of June 30th, 2020, 18,900 Aboriginal or Torres Strait Islander children were in out-of-home care and two thirds lived with relative, Kin or an Indigenous caregiver (AIHW, 2019) and in New South Wales, 73% of Aboriginal children in out-of-home care live with relatives or Kin (NSW Department of Communities and Justice, 2021). Despite their significant overrepresentation in out-of-home care, limited research has examined the experiences and needs of Aboriginal and Torres Strait Islander Kinship carers (Kiraly, 2019; Kalinin, Gilroy, & Pinckham, 2018).

A recent literature review reported on evidence about the support needs of carers of Aboriginal and Torres Strait islander children in out-of-home care (Kalinin, Gilroy, & Pinckham, 2018). The review found that support to alleviate financial stress was a priority for Kinship carers and highlighted the impact on carers of negative interactions with agency workers and government departments, including increased stress, reduced coping capacity and, in extreme cases, placement breakdown (Cooley, Thompson, & Wojciak, 2017; Murray, Tarren-Sweeney, & France, 2011; Randle, Ernst, Leisch, & Dolnicar, 2017). Kinship carers reported low trust in caseworkers and were more likely to associate formal support as surveillance (Cole & Eamon, 2007; Yardley, Mason, & Watson, 2009). Effective support for Aboriginal and Torres Strait Islander families relies on collaboration with Kinship carers and cultural planning to build understanding of their needs and those of the children in their care (Higgins & Butler, 2007; Richardson, Bromfield, & Higgins, 2005; Senate Community Affairs References Committee, 2015). However, inconsistencies in cultural plan implementation undermine effectiveness (Richardson N., Bromfield, Higgins, & Higgins, 2007). Low levels of compliance and implementation of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) were also noted in the literature (Libesman, 2011; SNAICC, 2005) (Arney, Iannos, Chong, McDougall, & Parkinson, 2015). The review concludes that Aboriginal and Torres Strait Islander Child Placement Principle

(ATSICPP) must be integral to planning and service delivery for Aboriginal and Torres Strait Islander children (Kalinin et al., 2018).

Australian research found that it was twice as costly to raise a child in a care placement than to raise other children living in the household (Bromfield L. , Higgins, Osborn, Panozzo, & Richardson, 2005). For Aboriginal and Torres Strait Islander Kinship carers, these costs are compounded by existing economic and health inequalities (Broe & Radford, 2018; Markham & Biddle, 2018). As Biddle (2013, p 14) states “for almost every demographic, geographic, education and employment combination, Indigenous Australians have a lower average income than their non-Indigenous counterpart” which impacts on their social and emotional wellbeing and health. Underlying economic and employment inequalities impact on help-seeking to address carer needs such as flexible respite care, education support, and advocacy. Several studies have highlighted the need to increase the pool of respite carers (McHugh, et al., 2004), enhance carer awareness of and access to respite (Bromfield L. , Higgins, Higgins, & Richardson, 2007) and provide mainstream respite services like out of school hours care (Australian Institute of Family Studies, et al., 2015).

Summary

Providing adequate and culturally suitable support to foster and Kinship carers is intrinsically connected to sustaining strong and stable placements for children. Carers need formal and informal supports and, when delivered, these have flow on benefits for carers and children alike. Available research about the specific supports needed by Aboriginal and Torres Strait Islander carers suggests they may benefit from financial support, improved relationships with agencies and statutory bodies, and support with cultural planning. There is emergent evidence internationally that COVID-19 increases stress for young people with a care background and foster carers, but no Australian research has examined the impact of COVID-19 on carers, particularly Aboriginal and Torres Strait Islander Kinship carers.

Theoretical Frameworks

Resilience Theory and Family Stress Theory

Resilience is broadly defined as successful adaptation in the context of significant threat to development (Rutter, 1999). The concept of resilience has been tested in longitudinal research over several decades to

examine individual variation in responses to childhood adversity (Masten et al., 1999; Rutter, 1999). A key concept is that environments include both risk and protective factors, which influence individual capacity to cope (Masten et al, 2003). Protective factors are characteristics of the child, family or broader social environment which reduce the negative effect of adversity on child outcomes (Vanderbilt-Adriance & Shaw, 2008). Established protective factors for a child include having a positive temperament; receiving warm, responsive caregiving; and having access to strong social networks (Luthar, Sawyer & Brown 2006; Rutter 1999; Vanderbilt-Adriance & Shaw, 2008). The more protective factors present in a child's life the more likely they are to display resilience (Howard & Johnson 2000).

The emergence of the COVID-19 pandemic resulted in significant disruptions to the many social environments of children and families. Environmental stressors are known to diminish carer coping resources and, when stress accumulates, it can have a range of flow-on negative effects on families. Family Stress Theory is a useful theoretical framework to understand carer stress resulting from COVID-19. Family Stress Theory is used to understand the effects of stress on family units and how stress cope and adapt to significant stress (Patterson, 2002; Boss, 2001; Hill, 1958; McCubbin & McCubbin, 1991; McCubbin & Patterson, 1982; McCubbin, Boss, & Wilson, 1980). Family resilience is a key theme, drawing out how ecosystems supports and family processes can lead to positive adaptation to adversity. Protective strengths include the meanings that families make of their experiences, connectedness within the family, and the ability to call on social resources and supports (Patterson, 2002).

Despite the large body of literature on family coping styles, limited research has exclusively examined coping strategies for carers of children in out-of-home care (De Maeyer, Vanderfaeillie, Robberechts, Vanschoonlandt, & VanHolen, 2015). However, there is evidence to suggest that stress can undermine carer coping through 'stress pile-up' (Julien-Chinn, Cotter, Piel, Geiger, & Lietz, 2017). The term 'stress pile-up' describes the compounding effect of multiple stressors that accumulate simultaneously or occur over a short period of time (McCubbin, Patterson, & Wilson, 1983). Evidence demonstrates that exposure to some stressors can reduce the capacity to cope and increase a risk of further stress, thereby compounding the adverse impacts on the family (McCubbin & Patterson, 1982; Schilling & Diehl, 2014). Also referred to as the 'chain-reaction' or 'cascading' effects of stress, research shows that stress can deplete a family's resources and increase susceptibility to other stressors (Patterson, 2002; Rutter,

Psychosocial Resilience and Protective Mechanisms, 1987). Notably, families are particularly susceptible to this phenomenon “in the aftermath of a major stressor” (McCubbin & Patterson, 1982, p. 11). It is likely that in the aftermath of COVID-19, carers are especially vulnerable to stress pile-up and may experience a depletion of their resources to cope with ordinary and extraordinary stressors.

Although research has not examined the prevalence of stress pile-up among foster and Kinship carers, findings from the extant literature suggests they are likely to be susceptible to stress pile-up for a number of reasons. First, they experience stressors related to the care of vulnerable children (Cooley, Thompson, & Wojciak, 2017; Harding , Murray, Shakespear-Finch, & Frey, 2020; Murray, Tarren-Sweeney, & France, 2011; Ottaway & Selwyn, 2016). Second, children in out-of-home care often exhibit trauma-related behaviour, and research indicates that children with additional health-related challenges tax the internal and external resources of carers and undermine familial connectedness (Patterson, 2002; Reiss, Steinglass, & Howe, 1993). Third, stress pile-up is alleviated by having a good work/home balance and delineated work/home responsibilities helps to restore positivity and offset the potential stress caused by work responsibilities (Schilling & Diehl, 2014). As the work and home lives of carers are not separated physically or experientially, their stress is potentially exacerbated (McCubbin & Patterson, 1982; Ottaway & Selwyn, 2016; Rutter, 1987; Schilling & Diehl, 2014).

Indigenous Standpoint Theory

Indigenous Standpoint Theory is a philosophical, epistemological and political position that prioritises Indigenous knowledges and ideologies above Western ontologies (Foley, 2003). Indigenous Standpoint Theory decolonises the scientific basis of the Western research agenda and challenge research 'about' Indigenous peoples, asserting Indigenous people as the 'knower' in their own lives (Morten- Robinson, 2013; Nakata, 2007). This study acknowledges inherent differences between non-Aboriginal and Aboriginal carers that are due to history, culture, and the ongoing impacts of Stolen Generations and intergenerational trauma on Aboriginal and Torres Strait Islander families today. The research team collaborated to demonstrate respect for cultural knowledge, protocols and norms, and not to consider the involvement of Aboriginal and Torres Strait Islander peoples as only an ethical consideration (NHMRC, 2018). The project team included two Aboriginal investigators (JG and SP) and an Aboriginal research assistant (IW), who lead recruitment, design of interview and survey questions and data collection with

all Aboriginal participants. The questions and the approach ensured that all cultural values and principles were considered, and that Elders and leaders were consulted.

Study aims

This study aims to provide evidence of the support needs of foster and Kinship carers in New South Wales, including cultural and social support for Aboriginal children, and changes in carer needs due to the COVID-19 pandemic and mitigation strategies such as social distancing. The research question is:

How has the COVID-19 pandemic affected foster and kinship carers in NSW? What support needs have arisen for carers and children and young people in out-of-home care?

Methodology

The study was approved by the University of Sydney Human Research Ethics Committee [No: 2020/404]. Four separate data sources were used to triangulate results and increase reliability. These were administrative records, a survey, case records, and interviews. A sequential mixed methods design (Schoonbenboom & Johnson, 2017) was used, with each stage informing the next one (see Figure 1). The first stage involved capturing a statewide snapshot of carer needs and issues arising during the emergence of COVID-19 and the subsequent introduction of restrictions. The most comprehensive source available was the carer support requests collected by statewide service, My Forever Family⁶. Aggregated telephone records were analysed, and key issues identified. These were used to design a survey which was administered with out-of-home care organisations in New South Wales to determine if similar needs were reported by the carers they worked with. These data provided a snapshot of most commonly expressed support needs and were used to discern emerging patterns in support needs. Specialist therapeutic services for children in care were asked to provide de-identified case examples of issues reported by caregiver families engaged with their services. Patterns were surfaced across all data sources. Finally, in recognition that many Aboriginal Kinship carers provide care informally – that is, outside the registered out-of-home care system – and that even registered Kinship carers may choose to access community-based supports rather than seek help from the agency responsible for the child’s

⁶ For more information, visit <https://tinyurl.com/3xwyuh6d>

placement, we reached out to well-connected community services providers in one particular region, to highlight needs of Aboriginal Kinship carers.

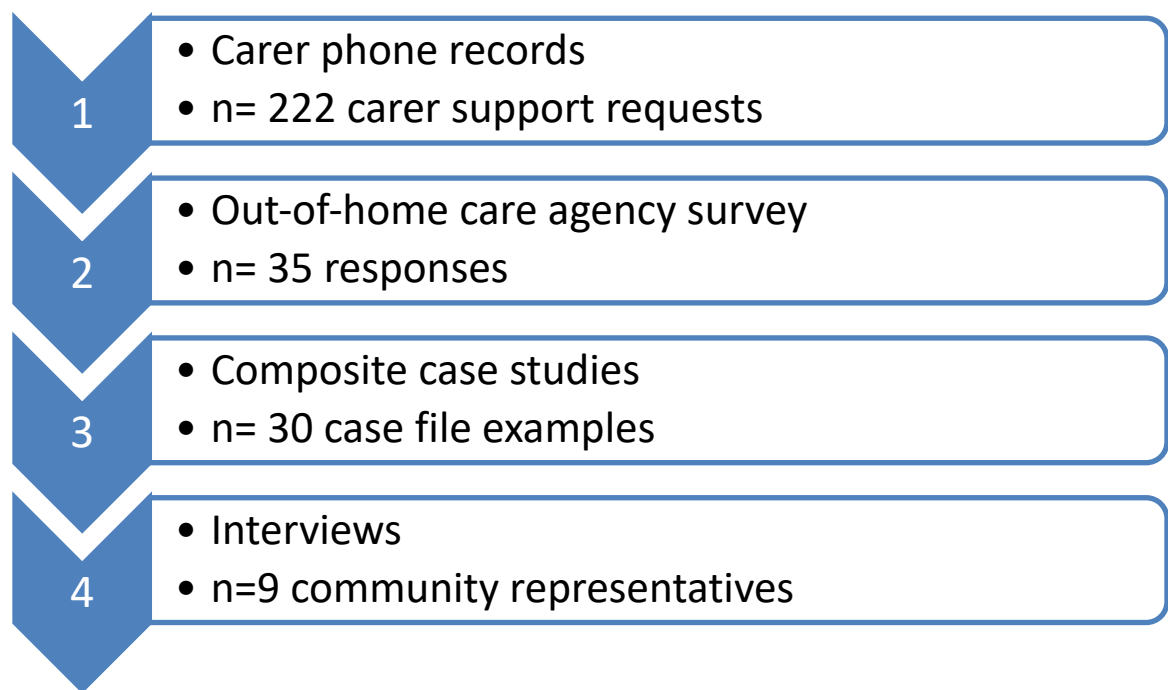


Figure 1: Sequential Study Design

Phone Records | My Forever Family

My Forever Family (MFF) is a statewide service funded by the New South Wales Government to provide recruitment, training and support for foster and Kinship carers. MFF operates the only statewide support service which includes a secure portal and telephone hotline which carers can contact to seek advice or support. It provided aggregated records routinely collected from the support service database. Data collected through this support service represents the largest database in New South Wales that captures support requests made by carer across the state. Descriptive statistics provided evidence on the frequency, type and volume of advocacy and support requests between March and December, 2020.

Survey | OOHC Agencies

An online survey was administered between June and September 2020. Two separate online surveys were used; one with Aboriginal-Community-Controlled Organisations and another with all other registered (mainstream) OOHC agencies. Participants were recruited via phone and through an

advertisement distributed by the workforce peak body, Association of Children's Welfare Agencies (ACWA). Follow up phone calls were made to every registered out-of-home care organisation listed on the website of the Office of the Children's Guardian⁷. All respondents were provided a Participant Information Statement prior to completing the survey and consent was implied through submission of a completed survey. The survey comprised of four main components: a brief demographic questionnaire; identification of carer support needs by category; identification of systemic gaps and open-ended question about other effects of COVID-19.

Case Studies | Therapeutic Services

Specialist services working with children in out-of-home care with additional support needs and their carers were invited to take part in the study. These organisations worked with foster and Kinship carers across the state and offered a window into issues for carers likely to already be facing high stress due to the need for specialist assistance. The organisations were asked to provide anonymous examples of issues that had arisen during 2020. Managers liaised with their support teams to review individual client case file records that documented communication between workers and carers since the start of the COVID-19 pandemic. Information was extracted about support needs and support provided during the lockdown and its aftermath. Key themes were identified across the case examples and organised according to the categories used for survey data. Composite case studies were compiled to narratively describe a range of carer needs, related to issues such as family size, rural/regional location, Indigenous status, and older carer age.

Interviews | Community Organisations

Not all care arrangements take place within the out-of-home care system, and this is particularly the case for Aboriginal families. Aboriginal Kinship means that family, particularly older family members, often provide care for children for extended periods of time without being registered carers. The experiences and issues of these carers were not visible to the organisations who took part in the study. But even Aboriginal Kinship carers who are registered may be reluctant to confide in their out-of-home care organisations about their family's needs, particularly if they are not supported by an Aboriginal

⁷ For more information visit <https://www.kidsguardian.nsw.gov.au/>

Community-Controlled organisation. A convenience method was used to provide a more comprehensive picture of the needs of Aboriginal Kinship carers during COVID-19. Aboriginal workers who supported Aboriginal families in their community were recruited through established community networks of one research team member (IW). This provided a snapshot of how Aboriginal families living in one region of New South Wales fared during COVID-19. Interviews were audio recorded and professionally transcribed.

Thematic analysis

Thematic analysis involved a stage process of open coding and constant comparison (Braun & Clark, 2006). Interviews transcripts were uploaded to DedooseTM software and two researchers completed dual open coding. In accordance with the Indigenous Standpoint Theory, an Aboriginal researcher (IW) completed initial coding, to ensure that codes were culturally sensitive. Dual coding increases the reliability of thematic results (Gibbs 2007). When all interviews had been initially coded, two researchers (IW, SC) reviewed the coding tree to refine labels and remove duplicates. The process of reading, reviewing and discussing the categories together ensured corroboration. The final codes were organised into categories and emerging patterns across the sample were discussed, resulting in identification of three themes.

RESULTS

The following section presents the results of data analysis. Each data source is treated separately, and the discussion highlights emerging themes across the data.

Statewide data

Administrative data from My Forever Family was derived from phone records of support requests by carers from the March 17th to December 1st, 2020. This spans the emergence of the COVID-19 virus into Australia and the following months in which its impact was felt most acutely.

In total, 222 carers in NSW accessed the support service during the data collection period (Figure 2). There were 181 unique support requests (Figure 3). The records included requests for 34 different kinds of support and ranged in frequency from 1-25 unique requests for the different types of support (Figure 4). Overall, there were 7 types of support requested by 10 or more carers. These were related to Family Time or Contact (n=27), Education (n=25), Specialist Support (n=22), Carer support group (n=13), Carer payments (n=11), Agency (n=11) and Placements (n=10).



Figure 2: Number of carers in phone data

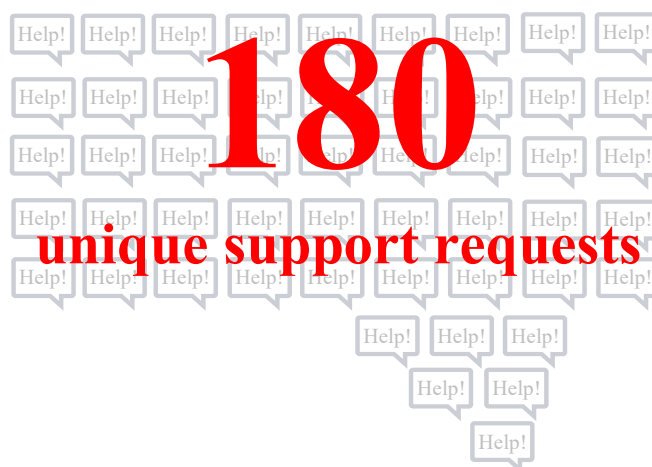
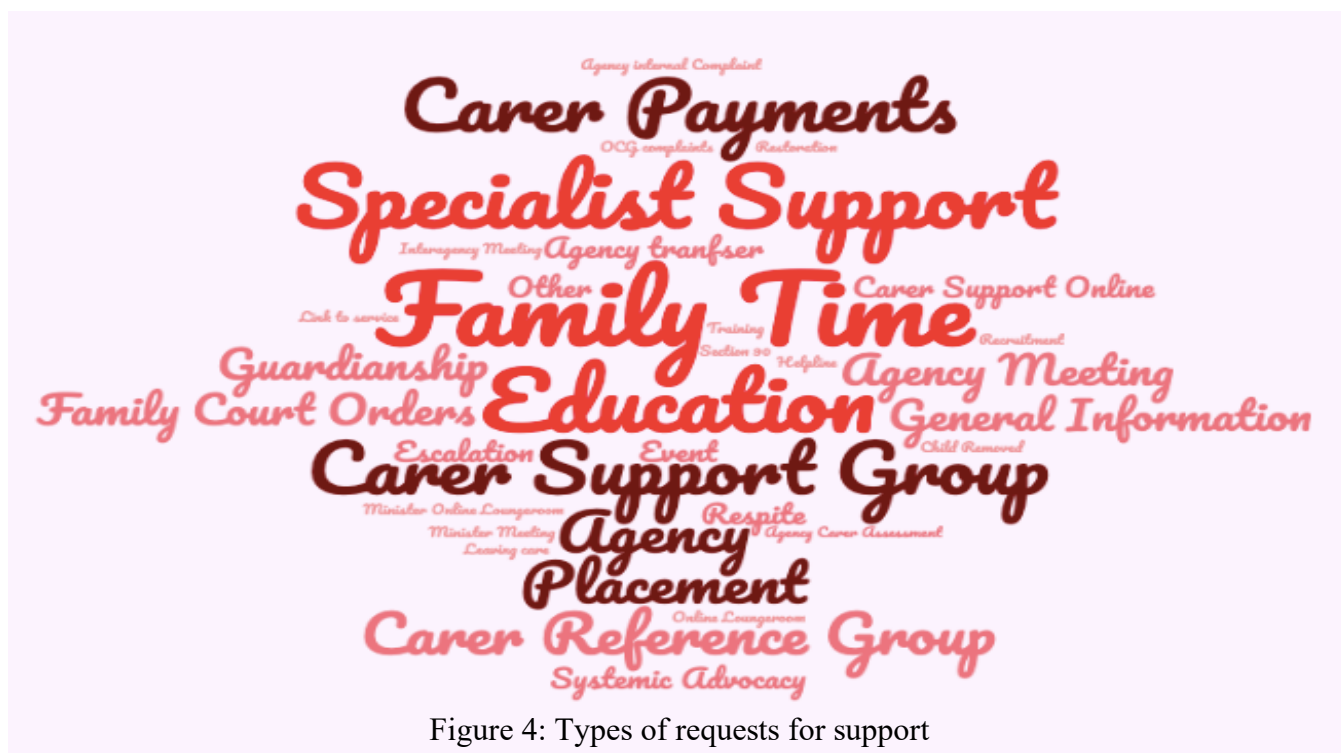


Figure 3: Number of unique requests



Survey

The survey was completed by 35 individuals from 23 of the 58 registered out-of-home care organisations in New South Wales. This is a response rate of 40%. Organisations were invited to submit separate responses for different regional offices. These organisations were based in Greater Sydney and some regional areas. During phone follow up, a high proportion of agencies reported that they did not have capacity to complete the survey due to workload and resource pressures relating to accreditation, staffing and service adjustments due to COVID-19.

Carer Support Needs

Respondents were firstly asked about the overall impact of COVID-19 on carers support needs. The majority of respondents (89%) identified that there were more support needs as a result of COVID-19.

Q4: Overall, how do you perceive COVID-19 has affected carer support needs?



The proceeding questions enabled respondents to rate the support needs requested by carers of children in OOHC in order from most (1) to least (6). This triggered further questions pertaining to whether specific supports were more or less requested than before COVID-19. Respondents were given six options which included ‘specialist support’, ‘health related needs’, ‘financial hardship’, ‘child related needs’, ‘household issues’ and ‘family time’ (Figure 5).

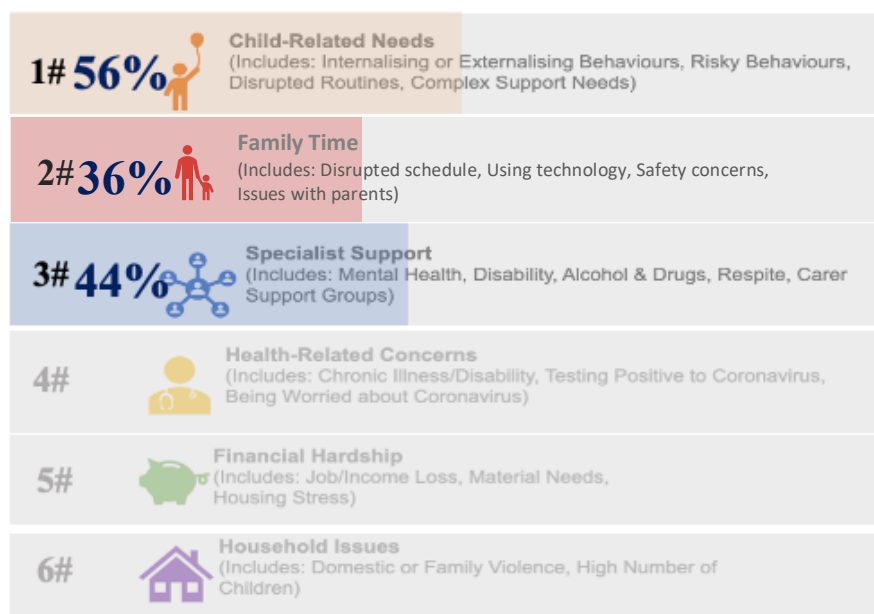


Figure 5: Top three support needs rated by respondents

Nineteen of thirty-four respondents (56%) rated child related needs as the topmost requested support need during COVID-19. Of those nineteen (Figure 6), respondents noted that there have been more

requests than before COVID-19 for support related to disrupted routines (89%), externalizing behaviours (68%) and complex support needs (58%).

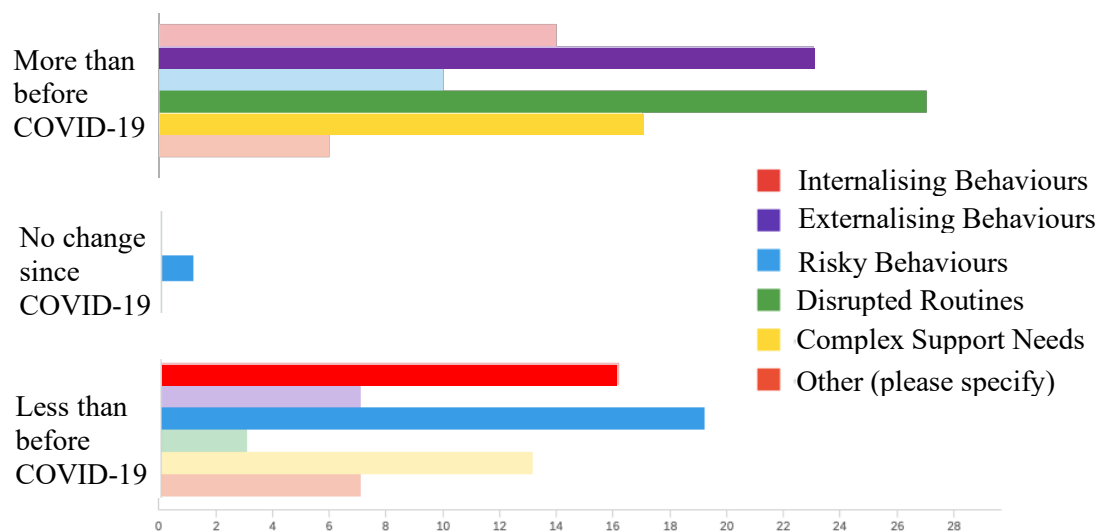


Figure 6: Child Related Needs: Requests for support

The second highest rated support need rated by twelve of thirty-four respondents (35%) was 'family time'. Of those twelve, respondents noted that there have been more requests than before COVID-19 for support related to using technology (83%), disrupted schedules (83%) and issues with parents (67%).

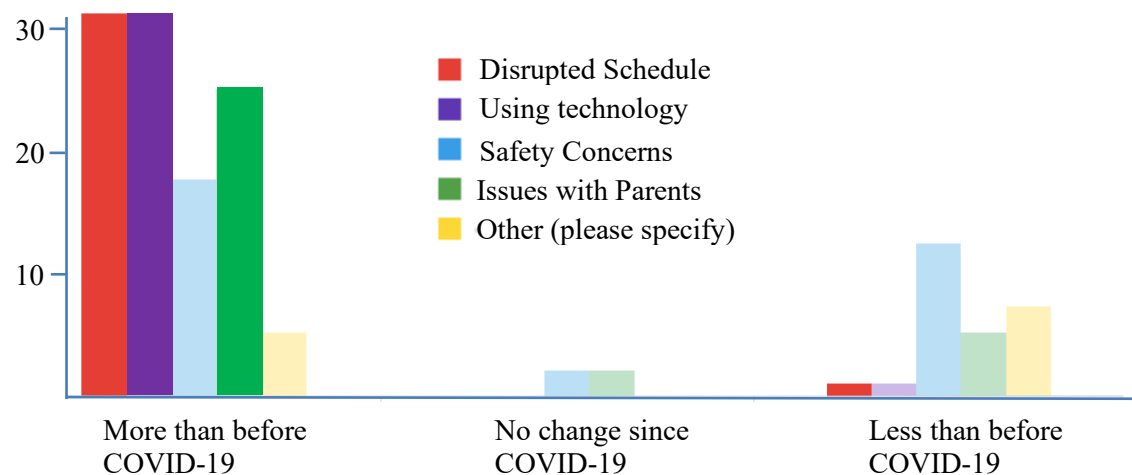


Figure 7: Family Time - Requests for support

Fifteen of thirty-four respondents (44%) rated ‘specialist support’ as the third-most- requested support need. Of those fifteen, respondents noted that there have been more requests than before COVID-19 for support related to respite (73%) and mental health (67%). Overall, family time and child related needs were rated as the top two most requested support needs by more than 80% of respondents.

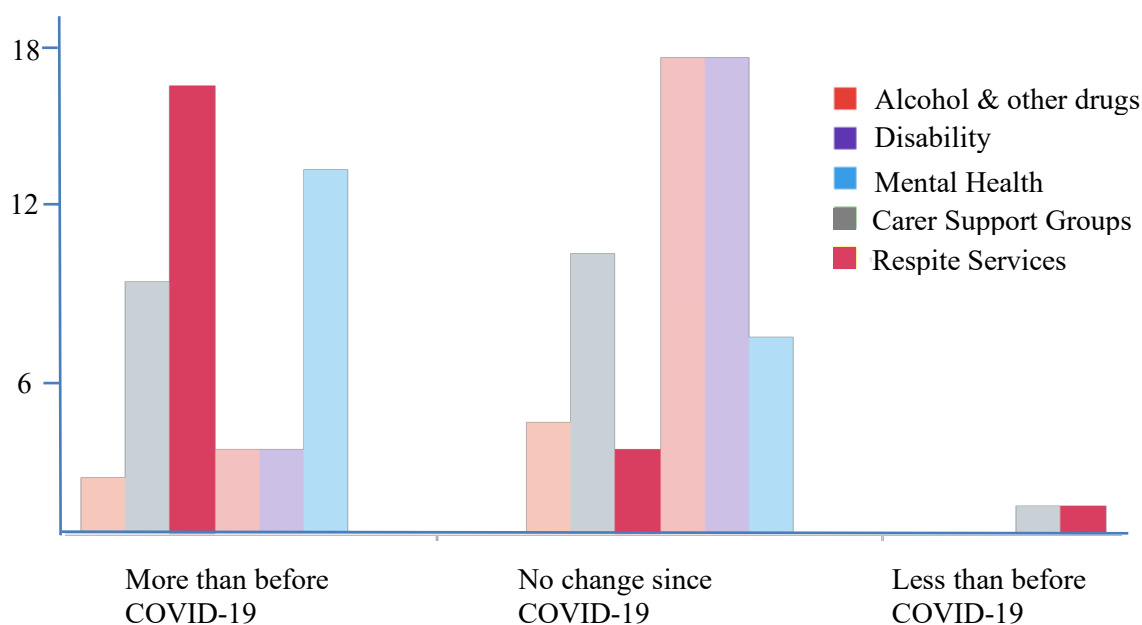


Figure 8: Specialist Support - Requests for support

Systemic Gaps

Respondents were offered a chance to provide open-ended responses regarding any systemic gaps which they have noted since the pandemic started and most (34 of 35) did so. The majority (74%) of respondents identified one or more ways in which COVID-19 had led to the emergence of systemic gaps in the provision of services to carers whereas one in four (26%) did not believe that COVID-19 had led to systemic gaps. Of those who identified systemic gaps, the largest group identified issues related to service continuity (n=9) followed by the operation of the courts (n=5). Regarding service continuity, respondents noted several challenges including responding in new ways to meet needs; maintaining interagency collaboration; and providing face to face support. In relation to the operation of court systems, respondents primarily identified delays in court proceedings and lack of responsiveness. Other systemic gaps identified included difficulties in facilitating birth family contact, lack of access to technology, and lack of access to respite for carers.

Open-ended responses

Respondents were given an opportunity to raise any other concerns which had not been captured by the survey. Ten of thirty-four respondents provided a response. Although a variety of issues were raised, the most common responses concerned changes to contact and home visits.

“Home visits were all conducted via face time or zoom. Removing a lot of face to face support has affected some carer support needs” (Participant 12)

“During the Covid-19 lockdown, stress levels with the carers became more heightened due to limited access for the young people in the community.” (Participant 16)

“Overall stress levels appear higher for some carer families which has impacted the capacity to deal with existing complex issues. COVID 19 has impacted family contact schedules and there is some ongoing anxiety about safety for family time for some carers.” (Participant 3)

“There was also an increased sense of reluctance in some families to go back to face to face visits after using video calls for a significant period of time. They required a lot more support in this area than previously.” (Participant 21)

“Carers required support to facilitate, or did not facilitate, phone contact with birth family. this meant case managers spent extra time facilitating these calls.” (Participant 10)

“Perhaps one of the biggest challenges has been how the various DCJ regions have interpreted their own policies and guidelines around how best to work in a COVID environment with some regions insisting face to face family time still occur when there was an identified risk to child or carer family and others being more flexible.” (Participant 19)

Composite Case Studies

Specialist services for caregiver families extracted data from 30 individual cases and highlighting 20 separate types of issues. Five composite case studies were compiled from this data to provide a narrative description of these main issues and needs. These do not represent any single case example in order to preserve individual anonymity and are a synthesis of related and overlapping issues. No actual client names are used

Case Study	Issues	Support Needs	Link to survey
1	Child behaviours	Respite Training	Child Related Needs Specialist Support

Background. Ben and Stacey are in their mid-thirties and care for four children. They have two biological children, aged 8 and 13, and two foster children, Jeremy aged 11 and Blake aged 12. Ben and Stacey are high school teachers and Stacey gave up her part-time job to take on school from home when the COVID-19 lockdown was announced.

Issues faced. Stacey observed that Jeremy and Blake had both been experiencing greater emotional dysregulation and more difficulty with routines in the last 6 months. She said there had been an increase in behaviours such as hitting, screaming, swearing, and damaging property. Responding to these behaviours on top of her usual caregiving and schooling from home had put her under increased pressure.

Support requests made. Stacey felt more exhausted than usual due to having fewer opportunities for respite and expressed a need for more ‘me’ time, asking the out-of-home care agency for more respite support. Stacey feels that the lack of time out to rest and restore her emotional capacity has meant she is less able to co-regulate and respond effectively to the children’s hyper-arousal. She has also identified a need for more training and support to address Jeremy and Blake’s challenging behaviours. Although she has undertaken training in trauma-informed parenting, she feels more help is needed because these behaviours have manifested more since the lockdown.

Case Study	Issues	Support Needs	Thematic link to survey data
2	Partner abuse Family contact	Counselling Financial support	Family contact Financial hardship

Background. Linda and Craig are an Aboriginal couple in their mid-fifties who care for the children of Linda's sister, 8-year-old Jason and his brothers, 11-year-old Joshua and 14-year-old Eden. Craig lost his job as a construction worker due to cutbacks that followed the announcement of the lockdown. Linda and Craig were reliant on the Commonwealth Government Job-keeper payment as their main source of income; however, they often struggled to pay for their regular expenses.

Issues. Prior to COVID-19, Linda had been the primary carer for the children. After losing his job, Craig was at home more and this led to conflict in the home. Craig was often verbally and emotionally abusive to Linda and the boys. On top of this, Eden was struggling with not being able to see his mother. With changes to contact arrangements, Linda found herself left to facilitate contact between the children and their parents over video. She struggled with this due to technology and scheduling challenges, particularly because their mother lives in a rural area with poor internet.

Support requests made. Linda reached out for financial support to be pay for the boys to participate in an online gaming event and to access affordable counselling to cope with her increased stress. Linda sought support to help the boys stay connected to their mother and strategies to overcome technology issues.

Case Study	Issues	Support Needs	Thematic link to survey data
3	Health concerns Mental health	Safety support Casework visits	Health Related issues Specialist Support

Background. Maria and Jeff are a sixty-year-old couple who care for their two granddaughters, Eva aged seven and eleven-year-old Monique. Maria and Jeff usually spend a lot of time with neighbourhood friends and family who have children close in age to Eva and Monique. Jeff also lives with asthma.

Issues faced. Maria and Jeff became increasingly anxious about their health due to the COVID-19 outbreak and were very fearful of Jeff contracting the virus. As a result, they imposed strict self-isolation on themselves and the girls. This drastically reduced the time they spent outdoors and with friends, which has had a negative knock-on effect on their mental health. The girls were upset at having their

normal routines disrupted, which had led to hypervigilance and anxiety symptoms such as nightmares, and at not being able to see their mother.

Support Requests. Maria and Jeff made several requests for support to keep them safe from COVID, looking for strategies to ensure the girls were not placing them at risk. They also requested agency support to help them cope with the girls' anxiety behaviour and for home visits to troubleshoot concerns about their physical safety.

Case Study	Issues	Support Needs	Thematic link to survey data
4	Home-schooling Child behaviours	Respite Therapeutic Parenting	Child Related Needs Specialist Support

Background. Joanne is a single foster carer of two children, Kristen aged 5 and Jesse aged 8. Joanne has been caring for children for 2 years. She holds down a job and lives with some chronic health issues.

Issues. Due to employment and health needs, Joanne could not supervise schooling from home during the lockdown so she called on her mother, who lives nearby, to assist. Despite this, Joanne found that the girls were not doing their schoolwork and their behaviour indicated they were not coping well. Kristen struggled with the lack of routine and had become withdrawn and anxious, to the point where she was reluctant to leave her room or go outside because of fears about COVID-19. Jesse became more prone to emotional dysregulation, frequently screaming, breaking things, swearing, and hitting others.

Support Requests Made. Joanna made several requests for support to cope with stress. She needed therapeutic parenting support to cope with the behavioural challenges that the girls were experiencing and respite to give her a break so she could manage her own heightened state of arousal.

Case Study	Issues	Support Needs	Thematic link to survey data
5	School from home Carer Stress	Respite Learning support	Specialist Support Child related needs

Background. Joey and Christine are an Aboriginal couple who have been providing short-term foster care to two boys, Lucas aged 7 and Albert aged 13. Christine is the primary carer for the children as Joey works a full-time job as a mechanic. They find it difficult to access services in regional NSW.

Issues. When schools were closed during the lockdown, parents were expected to take on remote learning and assist children with schooling from home. The boys' behaviour became more dysregulated than normal and Christine found it harder to cope with and, with no prior experience of teaching, she felt overwhelmed and stressed. Christine also struggled to keep the boys at home during the lockdown and said they would go out with friends which caused her concern about her own health and safety.

Support requests made. Christine made several requests for respite and said the lack of time to herself had impacted negatively on her mental and physical health. She felt time away from the children would help restore her capacity to cope and resilience. Christine needed help to create a learning environment and strategies to engage the children in their education.

Community Interviews

Nine representatives from community organisations took part in a semi-structured interview using an interview guide which focused on the five domains of social determinants of health. Interview questions elicited information about services and support sought by Aboriginal community members, with a focus on families where older people provided informal care to children as well as formal Kinship carers [See Appendix 1 for interview guide]. All interviews were completed by an Aboriginal researcher and data analysis was undertaken collaboratively by an Aboriginal and a non-Aboriginal researcher. This section presents results of inductive thematic analysis to understand the unmet needs of Aboriginal Kinship carers due to COVID-19. Three main themes emerged: Keeping Culture Strong, Below the Radar, and Putting it on the Table. Each theme and sub-themes are explored below.

1. Keeping Culture Strong

The participants were proud that Aboriginal communities had coped with the emerging challenges of the pandemic. They reflected on the resilience of Aboriginal people whose history and cultural identity provide the tools to survive during troubled times. This theme is expressed in three sub-themes of *joining together*, *being resourceful* and *passing on knowledge*.

Joining together

The strong connections that exist within Aboriginal communities were a key strength during the pandemic and helped families and communities to cope with the separation enforced by social distancing introduced by the government to minimise the transmission of COVID-19. The participants explained that communities balanced a need to protect older people from the health risk posed by the virus with the equal risk that they would be cut off because people physically or socially isolated themselves. Participant 4 explained their approach: “*So the government’s telling everyone to isolate away from elders. Ours was the complete opposite where our families join together*”.

The participants reflected that they were in a position to help families adapt to the disruptions to daily life caused by the lockdown because they had strong community networks and already knew which

families were most vulnerable. Being able to stay in touch with community members was critical in the rapid transition to life in lockdown for carers of children in OOHC. As participant 9 put it: *“It was developing ways of communicating differently than we had in the past”*. Communities and organisations responded proactively to reduce the risk of social isolation for older people. As Participant 1 explained how caring for Elders and children was essential during the pandemic: *“The government saying, ‘Leave the elders, wave to them’, and I think every Aboriginal organisation said ‘no’. If anything, they [families] maybe sent the older kids to stay with nan and pop ... so that no elders were left alone.”*

Several participants talked about the role that Kinship played in Aboriginal culture and how this served community during COVID-19. Participant 3 said, *“I think one of their strengths is their reliance on family. Our aunties and uncles and cousins, and brothers and sisters. It’s a fairly close-knit family culture”*. The extended family unit was represented as a driving and unifying force within community which provided energy and sustenance: *“One of the things about Aboriginal people is family. Family is the most important. Family is what keeps us together and keeps us going. Family is how we know who we are, where we come from, how we’re related and it’s having that kinship connection”* (Participant 2).

Being resourceful

Participants reflected on how resourcefulness was a core attribute of Aboriginal families during 2020. It was evident, as participant 3 noted, in coming together to share resources so everyone had enough: *“They’re resourceful, they’re sharing, and they’re family-minded”*. Some participants explained that they had continued to operate during lockdown, albeit differently. For example, Participant 9 said, *“We weren’t able to run programs face to face. It was then coming up with creative ideas to keep in contact because we didn’t just want to shut the doors and have no contact and lose those connections that we’ve built up over many years”*.

Participants saw the inherent adaptability and creativity of Aboriginal people as on display in the way they coped with COVID-19. Community members overcame logistical barriers to prevent families and individuals going without. Participant 3 said, *“They are prepared to collect for people who can’t be there because of physical disability or because they don’t have transport, so they set up their own little distribution networks from the people that have cars”*. Participants also praised the resilience and

resourcefulness of Elders and noted that many older Aboriginal people were not computer literate or had limited access to technology. As Participant 7 said, *“Some of them didn’t even know what Facetime or Facebook were! Whereas now, they know what Zoom is, they know what Skype is”*.

The strengths of Aboriginal Kinship were evident during the lockdown because multi-generational households gave older people access to children and young people who could help them build new skills and confidence with technology: *“I think – yeah, I think it was a positive thing – a little bit positive with our seniors having the kids because they thought they – you know, it was going to be so overwhelming, but they got through it”* (Participant 7). Another participant concurred, saying that older people *“sort of went into [the lockdown] really nervous, but they’ve come out of it knowing new skills, being better with technology”* (Participant 9).

Passing on knowledge

Some participants reflected on how Elders pass on cultural knowledge to protect culture and strengthen identity for young people. *“I think the majority of people that were identified as Indigenous were very culturally conscious. They were proud of their culture”* (Participant 3). One participant held a position that helped reconnect young people in out-of-home-care to culture and said *“That’s where I’ve come in, I’ve been there and I’ve done that, now I’m passing that knowledge on to our younger generation now. Not to be angry but for them to be not only helping themselves but also help their elders to move forward”* (Participant 7). Kinship ties that created obligations to look after each other meant that during a crisis such as the pandemic, older people could be assured they would not be left alone and parents doing it tough knew their children would be cared for by relatives. Participant 7 embodied the optimism for the future that cultural pride created, saying *“hopefully with that understanding there’ll be less fighting and squabbling with the Government and that. It’s time – it’s bringing the people together”*.

2. Below the Radar

This theme describes needs that emerged during 2020 for Aboriginal families related to challenges of the lockdown and social distancing as well as the amplifier effect of the pandemic on existing needs. Three sub-themes were *digital divide, disconnection and financial hardship*.

Digital divide

The pandemic exposed existing inequalities between Aboriginal and non-Aboriginal communities and played out through their relative access [or not] to technology. This issue was summed up by Participant 5: *“everyone needed to have access to technology all of a sudden and people didn't have the skills or the hardware or the SIM card or whatever it was”*. Geography also played a part in whether people could access technology. As Participant 1 noted: *So sometimes we're asking people to use technology [that] they don't have access to because there's suburbs in our area where the reception is appalling”*. Participant 9 explained that *“what they'd normally do is take the kids down to McDonald's and get free Wi-Fi, but they couldn't do that [during lockdown]”*.

The digital divide was also revealed in relative access to healthcare. Older Aboriginal people didn't know which services would be open and what new processes were in place due to COVID-19. Telehealth is a great solution for minor illness and an important ‘add on’ but for people with multiple and chronic conditions, which many older Aboriginal people live with, but having face-to-face communication with a health professional they trust is essential. Good health – including mental health - is about connectedness and relationships and technology is no substitute for in-person visits. *“While technology is great actually seeing somebody and speaking to somebody in person, particularly for Aboriginal and Torres Strait Islander people is so important. For their physical health they need to see doctors and get their medications but also for their mental health”* (Participant 9).

Another element of digital deprivation that several participants raised was in relation to educational access for Aboriginal children. In the transition to schooling from home, *“Some of the kids actually got left behind because they didn't have access to internet, they didn't have their own laptops”* (Participant 2). Evidence that Aboriginal children were likely to have less ready access to a working computer or reliable internet access at home was not sufficiently addressed in education department planning. As Participant 2 explained, *“I reckon the government weren't expecting so many families out there who had no access to the kids doing their work, no laptops, no computers, no internet”*. These issues were compounded for those children living with an older carer who was likely to find it very difficult to

support their online learning. As Participant 5 noted, even if older carers had a computer and internet connection *“they weren't aware of how to use it properly for school”*.

Disconnection

Participants also raised the issue of how being removed from the physical space of school impacted on Aboriginal carers of school-aged children. Social distancing had an impact on children's education because it reduced the flow of information between families and schools. Aboriginal children were supported by Aboriginal liaison workers based in schools who provided an important conduit between children and educators. Learning from home reduced visibility of children's learning needs, particularly needs emerging during the pandemic. Even when specialist workers did contact families and surface emerging problems, as they were no longer co-located with staff it was far harder to communicate with teachers to resolve these. Participant 8 reflected, *“for our community not having a place that they could actually go in and actually meet with Aboriginal [staff] ... there was a disconnection”*.

Three participants (1, 4, 8) referred to a New South Wales Government initiative that was announced in early 2020 to support children living in homes without technology through funding to purchase computers. All three organisations had applied on behalf of families they worked with and were critical of the process, feeling it did little to address the digital disadvantage faced by Aboriginal families. Participant 1 said that a significant delay to the distribution of funds meant that the *“horse has bolted”* by the time successful applicants were notified. By this time, children who did not have a computer at home had already fallen further behind their classmates. One participant was frustrated that none of the applications she submitted was successful despite all families being eligible.

Kinship carers also needed to adapt to using technology to maintain contact arrangements when face-to-face contact was suspended during the lockdown. Like schools, it seemed many out-of-home-care agencies assumed that carers had some access to technology and skills to use applications such as FaceTime or Skype. For many older carers, navigating this unfamiliar territory created additional stress. In addition, children's reactions to the disruption to contact routines or their inability to concentrate during video calls could make technology unsuitable and stressful for all. As Participant 1 noted, *“Often*

the children might have had underlying behavioural conditions, that means that FaceTime on a phone is ... useless”.

Financial hardship

The pandemic was hardest on families who were already struggling and exposed the fault lines of social disadvantage. As participant 7 stated, *“a lot of the kids were being left with the grandparents. I think in one way it helped in terms of they weren’t as isolated but then in the other way I think financially it was burden”*. Participant 5 explained *“having to home school while dealing with other family issues, just probably made situations a lot more difficult. A lot of the carers weren’t educated themselves, so for them it was a fear factor of even looking at what the kids needed to do during COVID”*.

Caring for children and young people came naturally to Kinship carers who had not only raised their own children but often had relative’s children living with them at different times. However, being expected to purchase new materials to support learning from home created a financial burden which contributed to stress. Organisations responded by providing resources to support families in need. As Participant 6 said *“lots of the families were so thankful for that because they didn’t have anything at home. They didn’t have pencils or textas or things for them to make and play with, so it actually gave the kids something to do whilst being at home during COVID”*. As noted above, organisations also helped families who did not have computers. Participant 2 said *“I have asked for help and then I contacted a service – a service contacted me and said that the government was giving out applications for people to apply or services to apply for laptops for family members who needed it”*.

3. Putting it on the Table

The participants and their services had intimate knowledge of the community they served, which was vital for early detection of needs arising in the context of COVID-19. They were in a position to have timely conversations about what was going on for Kinship carers who may have fallen below the radar of out-of-home care and mainstream service systems. Sub themes of *understanding community*, *24/7* and *motivating change* are explored.

Understanding community

Local community services were a lifeline for many older Aboriginal people during 2020 and this gave them an insight into how older Kinship carers were faring. As participant 6 explained, *“We were the only ones that were answering phones and being operational [and] because of the stigma that was put on the COVID and going out, lots of our women engaged with us over the phone and even if it was a phone call to see how they were going”*.

The participant’s role as trusted source of support provided them a window into the lives of Kinship carers. This was particularly evident for those caring for children who needed help *“being able to keep up with the schoolwork”* (Participant 2). Participants’ understanding of the needs of carer families put them in a good position to advocate on their behalf. For example, some participants liaised with schools to ensure that children’s education was not disrupted and that carers could support them with schooling from home. As Participant 9 explained, *“the schools would email us the paperwork; we would print it out and then hand it to the families”*. Similarly, Participant 1 explained that advocacy meant *“we make sure that we connect with effective workers in the services that we link with”* so that families got the help they needed.

24/7

Most organisations were funded to provide specific services and were staffed weekdays and during office hours. The participants explained that the needs of their community did not fit neatly into this restricted system response. Aboriginal people were used to giving and receiving support when and however it was needed, and COVID-19 only accentuated this predisposition. Kinship carers and their families called upon the local services they trusted to help them with a range of different problems. These services knew they were a critical lifeline to community and, if carers were not asking for help, they reached out. In this way, services were able to anticipate emerging problems and prevent situations from escalating. Participant 6 said *“We dropped things that they [the children] could make for their mums and that was a way of us engaging with families without being able for them to come in [to the office] and participate”*.

Other participants reflected on the inflexibility of mainstream services during COVID-19 as a contributor to compounding problems such as homelessness. Participant 1 explained that when Aboriginal young people were in trouble, government agencies took a punitive approach whereas family were there to pick up the pieces, *“When you're homeless if you don't complete those tasks, you don't get any further accommodation assistance, you get flicked. So, you've got to go and sleep on the floor at Auntie so-and-so's”*.

Motivating change

Participants and their organisations had established trust within their community which allowed them to have conversations with families to ‘put on the table’ problems and concerns without causing fear of negative consequences. This was particularly critical for families living with violence or mental health issues. Participant 1 reflected on the way their organisation kept several members of one family motivated saying, *“Frequently we're keeping someone motivated to get entry into a rehab while nan's got the kids, mum's trying to focus on getting clean and mum's got the plans to go into rehab so we're revving her up for that and we're keeping her motivated”*.

Elders used their status within community to motivate young people who have faced personal challenges and were living away from parents. Participant 7 explained his strategy for helping young people *“who are in trouble”* to convert anger to cultural pride responsibility by saying *“they feel down, I take that child and I take them – we go in the bush and we have men business. Instead of having them in four walls around them, take them out to the park, go somewhere where it's just us and have that talk because a child when they're in [out-of-home care] that sort of – well, in that background they feel important, they're not left out and the thing is they're asked a question. Now as passing it on for them to be angry but for them to be not only helping themselves but also help their elders to move forward”*.

DISCUSSION

This study provides insights into support needs of carers in New South Wales arising due to COVID-19 and subsequent social restrictions to reduce its spread during 2020. The study presents a snapshot of emerging needs as expressed by carers to services they were involved with at this time, with a particular focus on Aboriginal carers accessing informal and community-based support. Out-of-home care agencies reported that most (89%) carers had increased needs due to COVID-19. Some needs arose as a consequence of changes to children's routines and others were due to more long-standing issues for the carers that may have been exacerbated during this timeframe. The study builds on the limited international evidence about how foster care families fared during the emergence of COVID-19 which shows increased financial stress and reduced psychological wellbeing and social support (Miller et. al, 2020; Ruff and Linville, 2021).

Technology emerged as an area in which carers reported unmet needs across all data sources. Schools and out-of-home care service providers relied on families to be equipped with ready access to technology and the skills and knowledge to use it to support children's learning and relationships. However, this study showed that carer families experienced difficulties such as lack of access to computers, unreliable internet connection and unfamiliarity with using digital technology. Older carers, in particular, felt less comfortable with technology-mediated communication and this made school from home and technology-assisted family time visits more challenging. Aboriginal Kinship carers with chronic health conditions relied on community services to help them overcome technology-related obstacles to using telehealth services, which included coming up with transport options so vulnerable older people could attend medical appointments in person.

Losing everyday routines was disruptive for all children, but for children in out-of-home care, who had already experienced significant trauma and disruption in their lives, coping with change was particularly difficult. This is illustrated in the case studies, which showed that the loss of predictable routines had a direct impact on the anxiety levels and coping resources of both children and adults. For older carers and those with pre-existing health conditions, COVID-19 also exacerbated fears about health and physical safety. Some carers responded to anxiety about the virus by seeking to reduce all contact with the outside world, which could further disrupt children's important social relationships. Some older carers

reported having difficulties getting young people in their care to comply with the lockdown and fears that they may contract the virus if young people in their household did not maintain social distancing. These reports about declines in mental health among older carers due to lockdown and self-isolation to protect their physical health contrasted with accounts from interviews with Aboriginal workers. These individuals did not view caring for younger family members as posing a risk to Elders but rather as protecting their health and wellbeing by giving them an important role to play and by ensuring someone was available to support them during the lockdown.

The characteristics of carers who sought help from the My Forever Family phone support service were not available, but it is reasonable to assume that most were foster carers, based on evidence that Kinship are more likely to view formal support as surveillance (Cole & Eamon, 2007; Yardley, Mason, & Watson, 2009) and are therefore less likely to actively seek help from services associated with the out-of-home care system. The most common phone request for assistance and second most common issue reported by out-of-home care services was family time. This is likely to reflect difficulties for foster carers who usually relied on caseworkers to manage in person visits having to adapt to mediating technology-assisted communication between children and families themselves. The availability of support is strongly correlated with carer satisfaction (Denby et al., 1999; Geiger et al., 2013; MacGregor et al., 2006; Rhodes et al., 2001) and continued caregiving (Denby et al., 1999; Randle et al 2017). The loss of casework availability to support family time during COVID-19 is likely to have reduced carer satisfaction and may even have destabilised some placements. In addition, with evidence that respite care is an essential support for carers (Bromfield et al., 2007), survey response and case studies illustrated that this was an area of unmet need for carers during COVID-19.

All three organisation types in the study that were directly associated with the out-of-home care sector – My Forever Family, out-of-home-care agencies and specialist therapeutic services for children in care – reported that carers had increased challenges related to children’s behaviour due to COVID-19. Behaviours ranged from those characterised by internalising symptoms such as anxiety, distress and withdrawal, to externalising behaviours such as hitting and screaming. Not surprisingly, support in the form of respite care was often sought, suggesting that carer coping resources were over-stretched by the additional burdens placed on caregiving by COVID-19. This is consistent with existing evidence that multiple, simultaneous stressors over a short time can produce ‘stress pile up’ (McCubbin et al, 1982).

In contrast, based on interviews with Aboriginal workers at community-based organisations, the stress burden on Aboriginal carers was more related to financial hardship and social inequality rather than issues with children's behaviour. Notably, Aboriginal participants did not characterise children's behaviour as a challenge but saw it as a normal reaction to a crisis, and their top priority was assisting carers and children to cope with their new home circumstances.

Existing evidence shows that informal support buffers carer stress (Piel et. al, 2017; Richardson et. al, 2018). A key finding from the current study was that informal support networks were an important resource for Aboriginal Kinship carers and the children they cared for. Aboriginal carers reached out for support to people they trusted within their local communities or Aboriginal workers who were not associated with the out-of-home care system. Strong family and community bonds have a protective effect on children and carers (Luthar, Sawyer & Brown 2006; Vanderbilt-Adriance & Shaw, 2008). Strong connections to community were a buffer against social isolation and high anxiety for Elders who cared for children and young people. Aboriginal Kinship carers drew on help from culturally appropriate and safe services within their community. Extended family networks supported potentially vulnerable and isolated older carers to remain connected, which was a protective factor in the context of reduced social interactions during the COVID-19 pandemic.

The study adds to existing knowledge about carer stress and coping by surfacing the influence of cultural obligations within Aboriginal communities on the provision of Kinship care. By using an Indigenous Standpoint (Foley, 2003), Aboriginal research team members were able to learn about how Aboriginal communities support Kinship carers. Many Aboriginal Kinship carers are likely to fly below the radar of the out-of-home care system because they either provide care informally or are reluctant to ask for help from mainstream services. This renders an account of their caregiving experiences absent in the literature (Kalanin et al., 2018; Kiraly, 2019). The results in this study showed that Aboriginal people did not view taking on the care of relative children as an identity that one assumes – being a 'carer' – but as an act constituted in a shared sense of responsibility for sustaining Kinship. This responsibility applied not only to the care that Elders offered to children within their Kin networks but to the support provided to these carer families by workers in Aboriginal-identified community roles. Cultural obligations to help Elders meant that services operated outside standard office hours and responded promptly to prevent families reaching crisis point. Workers acted as professional

intermediaries between families and mainstream services, assisting them to navigate complex systems and communicate with schools, out-of-home care agencies and health services.

Aboriginal Kinship care families were at elevated risk of stress ‘pile up’ when the COVID-19 pandemic struck because this event would have exacerbated the burden of financial, health and other stressors they already faced due to living in conditions of complex social disadvantage (Biddle, 2013; Broe & Radford, 2018; Markham & Biddle, 2018).

RECOMMENDATIONS

1. Initiate a discretionary ‘pandemic’ fund to allow community organisations to distribute financial aid and target support to families in need.
2. Provide a discretionary ‘pandemic’ assistance package for all carers during lockdowns.
3. Fund a statewide carer support service that initiates and maintains contact with isolated carer families during lockdowns.
4. Ensure equitable provision of technology, devices and internet connectivity to diminish the digital divide in access to school and services.
5. Review communication protocols used by schools to ensure messages to families and students about attendance are clear and culturally safe.
6. Promote, reward and share flexible and creative casework practices for connecting with families during lockdowns.
7. Urge Government-funded out-of-home care organisations to actively seek to partner respectfully with the local Aboriginal communities who know their families best.
8. Nurture opportunities for cultural exchange between out-of-home care organisations and local Aboriginal communities and invest time and other resources in learning about local customs, beliefs and practices.

CONCLUSION

The COVID-19 pandemic offered important lessons about adapting to a world in which environmental hazards and natural disasters are increasingly common. The out-of-home care system must take stock of

these lessons so it is prepared to support carers with their critical role of caring for vulnerable children and young people. The main areas of carer support needs related to family time, schooling from home, and coping with children's behaviour. The study showed that foster and Kinship carers reported mental health issues for themselves and the children in their care that directly related to mitigation measures such as the lockdown and social distancing. COVID-19 exposed the digital divide between families with and without ready access to computers, internet and technology skills, and was particularly evident for older carers and Aboriginal Kinship carers. Despite existing financial stress and social disadvantage, the self-reliance and resilience of Aboriginal communities emerged as a strength that helped Kinship carers cope during 2020. The study incorporated accounts about informal Kinship arrangements which showed that the term 'carer' may be less relevant and appropriate to Aboriginal people for whom caring is a cultural obligation. A sense of shared responsibility for children and young people extended beyond family to encompass broader community networks. Mutuality of caring was evident, too, whereby having children in their care was protective for Elders against a risk of social isolation during the lockdown.

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