


# The voices of parents in child protective services: A qualitative analysis of families' struggles with COVID-19

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## Abstract

The pandemic of the Coronavirus disease 2019 (COVID-19) has affected children and families worldwide, disrupting their daily lives and well-being. A small-scale study involving 13 parents in Child Protective Services in Estonia was conducted using in-depth, semi-structured interviews to explore parents' experiences with COVID-19 and its impact on their families' well-being. The findings indicated that one of the areas most impacted by the COVID-19 pandemic was schooling, as the implementation of remote schooling often created tensions and conflicts at home. Parents reported regression in daily functioning, attributing this to the lack of supportive services during lockdown and additional distress resulting from increased workload at home and problems with balancing home and work life. Parents were exhausted by the various problems caused by the pandemic and questioned their ability to provide their children the support they needed. Discontinuation of services intensified existing challenges for both parents and children. Furthermore, a lack of trust in Child Protective Services was identified, serving as a barrier to asking for help in times of crisis.

## Keywords

Child Protective Services, child well-being, COVID-19, Estonia, families, qualitative study

The Coronavirus disease of 2019 (COVID-19) has caused major changes in people's lives and their well-being (Appleton & Sidebotham, 2020; Capp, Watson, Astor, Kelly, & Benbenishty, 2021; Cruden, Campbell, & Saldana, 2021; Frimpong-Manso, Cudjoe, Abdullah, Deliege, & Eshun, 2021; Harrikari, Romakkaniemi, Tiitinen, & Ovaskainen, 2021; Nilsen & Skarpenes, 2020; Owusu & Frimpong-Manso, 2020; Rapp, Fall, Radomsky, & Santarossa, 2021), thrusting the world into a

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crisis (Pisani-Jacques, 2020). The COVID-19 pandemic and lockdown restrictions have had an impact on children and families worldwide (Huang & Ougrin, 2021), as children become more vulnerable during emergency situations (Chun & Kim, 2021). Furthermore, the COVID-19 pandemic has led families to unforeseen medical, social, and economic challenges (Bean et al., 2021).

Children and parents in Child Protective Services (CPS) are considered the most vulnerable in this pandemic (Bolborici, 2020; Fegert & Schulze, 2020; Frimpong-Manso et al., 2021; Goldberg, Brodzinsky, Singer, & Crozier, 2021; Goldberg, McCormick, & Virginia, 2021; Janssen et al., 2020; Langley, Ruderman, Waterman, & Franke, 2021; Orlando et al., 2021) as the majority families in CPS tend to have ongoing needs (see Caldwell et al., 2020). Several scholars believe that the vulnerability of children and families in need has intensified in this global crisis (Bolborici, 2020; Franic & Dodig-Curkovic, 2020; Vilar-Compte, Pérez, Teruel, Alonso, & Pérez-Escamilla, 2020; Zhang, Li, Shi, Dong, & Wang, 2021). Crises such as the COVID-19 pandemic can exacerbate existing hardships faced by families (Fallon et al., 2020). Children are particularly vulnerable during COVID-19 lockdown due to minimized access to mandated reporters and increased parental stress (Rapp et al., 2021). As a result of policies designed to protect the public from COVID-19, children's routines have been disrupted and support opportunities have substantially diminished (Appleton & Sidebotham, 2020). At the same time, restrictions impede possibilities to seek help (Abdullah, Cudjoe, Ryu, & Emery, 2021). Instead of formal support, children depend on their parents, especially in lockdown and isolation (Bate, Pham, & Borelly, 2021). Heightened stress generated by COVID-19 may impact parents' ability to effectively parent and provide childcare (Connell & Strambler, 2021; Janssen et al., 2020; Russell, Hutchinson, Tambling, Tomkunus, & Horton, 2020), therefore posing a risk to children's well-being and creating an increased risk of maltreatment (Font, 2021; Nguyen, 2021). COVID-19-related studies have reported an increase in mental health problems, such as anxiety and stress (Bate et al., 2021; Bean et al., 2021; Caldwell et al., 2020; Gayatri & Irawaty, 2021; Huang & Ougrin, 2021; Kerr, Fanning, Huynh, Botto, & Kim, 2021; McFadden et al., 2021; de Winter, de Winter, Bollati, & Milani, 2020; Wu & Xu, 2020). Parenting stress is heightened, particularly in already at-risk families (Becker et al., 2020; Bik-Multanowska, Mikocka-Walus, Fernando, & Westrupp, 2022; Miller, Cooley, & Mihalec-Adkins, 2020; Miller, Niu, & Moody, 2020; Sonnenschein, Stites, Grossman, & Galczyk, 2022; Valeriote & Milligan, 2021; Yael, Carmit-Noa, Roni, & Shirli, 2022), and has been found to result from issues related to remote schooling and worries about health and children's well-being (Garbe et al., 2020; Goldberg et al., 2021a, 2021b, 2022; Wang et al., 2022). Several studies (Hails et al., 2022; McRae, Overall, Henderson, Low, & Chang, 2021; Zafar et al., 2022; Weeland, keijsers, & Branje, 2021) have found that greater levels of parental distress during the pandemic have negatively affected parenting practices.

The current global pandemic itself can also be experienced as a traumatic event (Collin-Vézina, Brend, & Beeman, 2020). Wu and Xu (2020) elaborate that the risk of child maltreatment has increased during the pandemic due to multiple COVID-19-related stressors, such as physical and mental health concerns, economic stress, challenges with home-schooling, and intensified child-parent relationships resulting from increased time spent together in isolation.

In Estonia, a state of emergency was declared at the beginning of the COVID-19 pandemic from 12 March 2020 to 18 May 2020. Several restrictions were implemented, including the closing of schools. Remote schooling due to COVID-19 health concerns was re-implemented at times during the autumn and winter of 2020. Caregivers and immediate family members generally functioned as the primary support for children in many countries, including Estonia, (Walters, 2020) as existing services were being limited or not operating at all (Toros & Falch-Eriksen, 2020). A study conducted in Estonia has indicated a general lack of systemic action to respond to referrals or conduct

assessments to evaluate care contexts during the state of emergency (Toros & Falch-Eriksen, 2020). Furthermore, based on Toros (2021) study, children registered in CPS reported struggling with their emotional well-being, and not all of them received the necessary support or assistance from CPS.

According to the Estonian Child Protection Act (2014), child protection is defined as “the aggregate of activities, supports, services and other assistance following the principles provided for in the Act to ensure the rights and well-being of children” (§10), including “upon becoming aware of a child in need of assistance, immediately assessing the child’s need for assistance and to provide measures for assisting the child” (2014, §17). Statistical data demonstrate that the number of children identified as in need of assistance has increased in the past decade in Estonia. In 2007, 2,396 children in need were registered (0.9% of the total population of children in that year). This number increased in 2014 to 6,311 registered children in need (2.6% of the total population of children in that year) (Statistics Estonia, 2022), while in 2018, the number of children registered as in need of assistance was 9,488, representing 3.8% of the total population of children (Lauri, Toros, & Lehtme, 2020). The increasing number of children in need indicates a greater number of assessments and support from child protective workers is required to help children. The actual number of children in need during the COVID-19 pandemic in Estonia remains unknown; however, based on child protective workers’ experiences, children’s rights to protection and continuity of care have been threatened during the COVID-19 pandemic, as urgently needed services and other CPS protective measures have been hindered (Toros & Falch-Eriksen, 2020).

It can be argued that the pandemic has also affected the child welfare system (Ciacchini et al., 2020; Herrenkohl, Scott, Higgins, Klika, & Lonne, 2021; Miller et al., 2020a, 2020b; Pisani-Jacques, 2020). Miller et al. (2020a, 2020b) argue that the pandemic has altered child welfare practices by imposing restrictions on protective social support and decreasing early intervention and child protection work (Alston et al., 2021; Driscoll, Lorek, Kinnear, & Hutchinson, 2020; Manickam & Slingsby, 2020; Marmor, Cohen, & Katz, 2021). As COVID-19 continues to create serious challenges to ensuring the well-being of children in CPS, it is important to understand how their immediate support systems are coping with the pandemic and how the child welfare system can improve family support during crisis situations. However, there is a lack of research on parents’ experiences during COVID-19, both in Estonia and internationally. Therefore, the current article explores the experiences of parents who are registered in CPS during COVID-19, specifically, what the parents’ primary challenges during the pandemic and lockdown have been in terms of daily functioning and how they perceive the pandemic’s impact on the well-being of their families and children.

## Methods

This study reports findings related to parents’ experiences during COVID-19 in the context of a larger qualitative study of child protective workers and families (children and parents) registered with CPS and their experiences and perceptions of child protection practices. The Research Ethics Committee of the University of Tartu granted approval for the study.

## Participants

The study was conducted in two regions of Estonia. Child protective workers from local districts (working in local government) in these regions were contacted by phone and asked to identify for possible participation families with children who had undertaken child protection assessments and were registered as children in need of assistance. A child in need of assistance is defined as a child

whose well-being is threatened or in the case of whom some indication has arisen of abuse, neglect, or any other situation violating the rights of the child, as well as a child whose behavior threatens their own well-being or the well-being of other persons (Child Protection Act, 2014, §26). The inclusion criteria for the families were: (i) a child in need of assistance registered with CPS with an active case plan; (ii) a child at least 10 years of age. Child protective workers were informed of the goals of the study and asked to approach families who met the inclusion criteria. Eighteen families were contacted and invited to participate in the study and 13 parents agreed. Reasons for refusal included unwillingness to talk about personal matters with a stranger in addition to anonymity and confidentiality issues. In obtaining the initial consent, child protective workers were requested to ask for parents' permission to forward their contact information to the research team, who would then invite them to participate in the study. Furthermore, information about the study and the contact number of the researcher (first author) were given to the parent in case of further questions or concerns regarding the study prior to or after the interview. After obtaining consent, the researcher contacted the parent to provide further information about the study, reconfirm consent, and schedule an appropriate time for an interview. All of the parents reconfirmed their consent and were included in the study. All of the parents were mothers, with ages ranging from 28 to 45 years with a mean age of 38.2 years. Families consisted of two to seven children. The nature of the cases included allegations of school truancy, child neglect, parental alcohol abuse, and child and parent mental health issues.

### *Interview design and data*

Parents' experiences were gathered through in-depth, semi-structured interviews conducted from November through December 2020. At the beginning of each interview, the consent form was read together and discussed in order to ensure the participants clearly understood the purpose of the study, the interview process, and confidentiality/anonymity; the form was then signed by the participant. Parents were informed about the voluntary principle and their freedom to terminate participation at any point without explanation. Parents were assured that the information shared during the interview would be kept anonymous; data collection, confidentiality, and anonymity of information regarding records and study participants were considered. Demographic information was collected at the beginning of each interview. Parents were openly invited to tell their "story" of daily life during the pandemic. Supportive sample questions were asked to help parents share their experiences. Sample questions included: "Can you describe your/your family's daily life during the pandemic?," "What was hardest to cope with during the pandemic?," "How was the contact/collaboration with CPS?," "What kinds of services were needed/received/not received from CPS?," "What support was needed/needed the most?," and "How have you reflected on your thoughts about COVID-19 during the pandemic?" Based on parents' preferences, interviews were held primarily at home or via Zoom; one parent preferred to meet at a youth center. While interviewing at home, protective measures for COVID-19 prevention (masks and hand sanitizer) were practiced. Researchers ensured that parents were not distressed or disturbed by the themes discussed before finishing the interview. Interviews were tape-recorded and fully transcribed, after which the recorded files were deleted. Parents were not compensated for their participation.

### *Data analysis*

Data were analyzed using thematic analysis principles described by Terry et al. (2017). Analysis of the data began with transcribing the material. The first author read the interviews multiple times to

**Table 1.** Parents' challenges during the COVID-19 pandemic: Main themes and labels.

| Main themes                                | Labels   |
|--|--|
| Emergency remote schooling                 | Lack of guidance from teachers; parental lack of competence for teaching; increase in workload: work–life imbalance; children's struggles: lack of motivation to study                                       |
| Tension in the family dynamics             | Parent–child relationships, relationships between siblings, living in a small space, existing previous issues, financial difficulties; negative feelings: exhaustion, fear, anxiety, anger, and hopelessness |
| Discontinuation of services and programs   | Mental health support: psychiatric and psychological counseling, psychosocial support for the child, and parenting support   |
| Lack of trust in Child Protective Services | Non-functional collaboration: guilt, fear; demand-based collaboration; barriers to parents asking for help   |

gain an overall understanding and familiarity with the data. After reading, initial codes from the data were generated. Subsequent coding involved repeated readings of the transcripts to discover patterns in order to code the data into potential meaning units for labels, named initial themes. After the initial codes were compiled, a list of codes was developed. The process of pattern formation and identification led to constructing themes, and the initial codes and themes were then verified by further analysis or merged with corresponding themes and labels. Themes were then further shaped and clarified by revisiting the texts for defining and naming themes (see Table 1). As the number of participants was reasonably small, transcripts were manually coded using word processing software. Four main themes and labels are introduced in the following section, including quoted data extracts to illustrate the connections between the raw data and the conclusions that were drawn. The interviews and data analysis were conducted in Estonian and subsequently translated into English. To ensure confidentiality, participants identifying information, including location or details concerning other individuals or agencies, was edited during transcription. After transcribing the interviews, the audio files were deleted, as promised to the participants.

## Results

### *Emergency remote schooling*

Based on parents' reflections, one of the most complex aspects related to the COVID-19 pandemic was remote schooling. Parents reported a *lack of guidance from teachers*, which created confusion, as well as parents having a *lack of competence for teaching* various subjects, as one of the parents described:

When the lockdown began and schools were closed for e-learning, the children stayed home. And then things turned upside-down, including my feelings ... I wanted to help the children with their school homework, but then I didn't know everything, as I am not a teacher and then the children had no motivation to learn ... (P11)

This quote indicates how, along with parental struggles, new forms of studying that demanded a great degree of independence also caused struggles for children in terms of *lack of motivation*.

Parent 11 elaborated on how her negative experience of being in the role of a teacher, “inspector” of schoolwork and supporter/motivator did not function effectively in practice, and she eventually gave up: “... all of this created exhaustion and I couldn’t do it anymore and I quit [being involved in e-learning] ...” Other parents discussed similarly struggling to find ways to support children’s motivation to do homework. Furthermore, the “role of a teacher” increased parents’ workload at home greatly, creating *work-life imbalance*. Some of the parents had to take days off from work for Zoom classes for their younger children: “... in order for the child to attend online class, I had no other choice than to take the day off work for that one class [to provide technical assistance to the child]” (P5), ‘... logistics were the hardest – how to split my time between work, e-school, kindergarten and home ... I work in the city and home is outside the city ...” (P12).

### *Tension in the family dynamics and other negative feelings*

Circumstances resulting from the pandemic and lockdown created general tension within family dynamics. First, *parent–child relationships* were harmed by disagreements and conflicts primarily related to remote schooling and restrictions imposed by the government on social interactions in out-of-home settings. Some parents found it extremely difficult to make children understand the severity of the emergency situation during lockdown when children had to stay at home: “... The hardest was to explain to my son that he has to stay at home and follow restrictions in force ...” (P9). This parent struggled with her child constantly leaving home secretly while she was at work. Second, children sharing computers, having online classes at the same time or with background noise (e.g., toddlers running around and playing), and not being able to physically interact with their friends resulted in acting out at home, impacting not only relationships with parents but also *relationships between siblings*. Third, *living in a small space* for a longer period of time was another factor generating tension, especially for families with smaller homes. Fourth, *problems prior to the pandemic* continued during the pandemic and, in some families, parents reported regression in daily functioning, attributing this to not having supportive services during lockdown and additional stress caused by an increased workload at home, creating problems with balancing home and work life. Fifth, for some families, *financial difficulties* made providing basic needs, such as food, for children more complicated, as schools were closed and pre-school children were urgently requested not to be taken to kindergarten, so the meal these children had received at school/kindergarten was no longer provided. Half of the parents discussed the food packages provided by the school every 2 weeks, and one parent shared the experience of receiving food on weekdays. Monetary difficulties were a primary concern, also influencing parents’ ability to properly take care of their children, as this mother explained:

One time my child [an 8-year-old attending school] got sick and I had to take a sick leave. I was able to take care of her, help with the online schooling, but then I couldn’t do it as long as needed as it affected my income negatively [the care allowance for nursing a child under 12 years of age compensates 80% of the salary] ... (P10)

Furthermore, at the beginning of the lockdown, not all children had access to online classes at home since many did not own computers. Child Protective Services organized the provision of computers, giving children the ability to participate in remote schooling.

Tension was a repeated theme discussed throughout the interviews. Additionally, *negative feelings* were expressed mostly with words such as “exhausting,” “fear,” “anxiety,” “anger,” and “hopelessness”. The pandemic was reported to be exhausting for both parents and children. For

children, social isolation and understanding the reality of the situation were difficult; for the parents, in addition to the tensions described in this section, fear of losing employment was constantly on some of their minds, causing anxiety and anger. Parents were exhausted with the situation caused by the pandemic, questioning their ability to provide their children the physical and emotional support they needed. Furthermore, fear was associated with the situation never changing, as one parent reflected: "... it is lasting forever and will never end ..." (P7). This in turn led to hopelessness, which Parent 10 expressed, describing the pandemic and her feelings about it: "... Complicated, difficult, annoying, making me angry. This has really exhausted me and made me feel hopeless, especially when I think of the children and how they have to cope." Parents recognized their struggles and the influence of the pandemic on their children's well-being.

### *Discontinuation of services and programs*

With the declaration of a state emergency, parents reported constraints to accessing social services that were needed but had been postponed indefinitely. *Mental health support*, specifically psychiatric and psychological counseling, was most frequently discussed by the parents as a service that was acutely needed but had been canceled. One parent shared an emotional example of how play therapy had helped her children: "I really needed someone to talk to and ask what to do in case of trouble ... When the children went to play therapy, they were different, their behavior, attitude was better. And then, therapy stopped ..." (P10). She explained how changes were apparent with the therapy and without, and that the discontinuance of this service was a step back that directly affected the children's well-being and family functioning. Another parent outlined the need for psychological counselling for a child in terms of coping with stress caused by the pandemic: "... I needed counselling for my child as restrictions caused stress and communication was not good between us ..." (P7).

Social rehabilitation services that aimed to provide *psychosocial support for the child* were another example of services that were affected by the pandemic. In one case, teletherapy was arranged and practiced for a short time, but then terminated due to non-contact communication not providing the desired outcome: "With this craziness [COVID-19 lockdown], rehabilitation was cancelled. We tried it online, but it did not work and then it was simply not happening" (P11).

Furthermore, parents themselves required *parenting support* to help them enhance their parenting skills. According to parents' reflections, the lockdown and pandemic increased the need for parenting support considerably, especially related to parent-child communication, establishing rules and resolving conflict situations in the family. Several parents reported the suspension of programs for positive parenting. Nevertheless, parenting support was continued for three of the participants in the form of a support person service, which involved a person going to the family's home. In one case, the parent (P1) occasionally had the chance to take their child to a support person's home for supervision.

In addition to formal help, some parents believed they "could not have survived" without their older children taking care of and watching the younger children while they were at work during lockdown since, as indicated earlier, not all parents had the financial option to stay at home with their children. One parent explained: "I am thinking that if I didn't have older children, I would have been in a serious trouble with knowing what do with the younger children ..." (P2).

### *Lack of trust in Child Protective Services*

For two of the parents, support and assistance provided by Child Protective Services continued as it had prior to the pandemic: “The situation was difficult, but nothing was undone. If I wished or needed anything, I contacted [Child Protective Services] and all was sorted out. Actually, it was a big help and support for dealing with child-related issues [food, communication]” (P12). Others did not require help as they tried to cope by themselves and some needed help without having access to it, as another parent shared: “... Child Protective Services did not express any interest in us, how we were doing during the pandemic” (P11). While analyzing the data, we noticed that parents reflected frequently on their relationship with their child protective workers, describing it as a “distrusting relationship”: “... I would rather talk to a friend or acquaintance who has children but not the child protective worker” (P5), “Child Protective Services is the last place to ask for help” (P13), “It is better not to deal with them [Child Protective Services] ... If there is no trust, there is nothing to discuss with them, but look for help from somewhere else” (P11). Child protective workers’ attitudes and approaches to collaboration were considered the main reasons for *non-functional collaboration*, generating guilt and fear among parents—fear related to the removal of their children and guilt related to not being able to care for and raise their children:

I have the feeling that I cannot manage with my family or anything else. Especially with the case of the neighbour [the neighbour reported to Child Protective Services about the noise children make at home during the pandemic], I felt that everything is my fault ... They came and told me how I must raise my children, what I can do and what I cannot. Instead, they could have offered me some kind of a service or support ... (P10)

Another parent described her experience with Child Protective Services as “*demand-based collaboration*” wherein the child protective worker made demands of the parent in order to resolve the situation. During the lockdown, one of Parent 9’s children was not staying at home and the child protective worker demanded the parent keep the child at home and not let him out. This parent was looking for a solution on how to achieve this outcome but did not receive support, only a demand. Distrust and non-functional collaboration served as a *barrier to asking for help* for some of the parents, including in times of crisis.

### **Discussion and concluding thoughts**

The COVID-19 pandemic has brought new challenges to almost every aspect of the lives of parents and their children (Wu & Xu, 2020), with various problems arising from lockdown, social isolation, home and work-life imbalance, and fear of the pandemic. The impact of the COVID-19 pandemic on the well-being of children in Child Protective Services is considered to be long-term (Caldwell et al., 2020; Loria et al., 2021). Families not only continue to face challenges, but also the COVID-19 pandemic is believed to be having a wide-ranging impact on societies and families (Marmor et al., 2021). As children become more in need of help and protection during a crisis, ongoing support for families during a global emergency is of vital importance to ensuring the well-being of children. Nevertheless, the pandemic has resulted in the breakdown of formal systems of support, leading to the interruption of welfare services (Campbell, 2020; Toros, 2021). Fickler (2020) has identified children in Child Protective Services as the group most harmed by the pandemic due to the disruption of welfare services as well as educational and early care systems, limiting the ability to



protect children in need (Fegert & Schulze, 2020). Fegert and Schulze (2020) used the phrase “at each other’s mercy” in describing vulnerable families.

Franic and Dodig-Curkovic (2020) highlight that for families in need, the negative impacts during times of crisis are amplified, specifically, social isolation and the inability to use familiar coping mechanisms (Imran, Zeshan, & Pervaiz, 2020). Families in the current study reported struggles caused by limited social interaction, lockdown, and a “new reality” at home—conflicts, disagreements, and tension due to remote schooling; increased workload at home; and other obstacles arising from the pandemic. Several parents acknowledged that problems prior to the pandemic continued, in some cases decreasing the child’s well-being, particularly in the event of discontinuation of services, which intensified existing challenges for parents and children. Parents’ experiences indicated that families felt they were left alone in a time of need, which posed a threat to providing a safe and stable environment for vulnerable children. These findings suggest that the COVID-19 pandemic has left the social work profession somewhat on standby, with families waiting for the continuation of services needed to enhance the well-being of children and families. Furthermore, Abrams and Dettlaff (2020, p. 302) argue that during the pandemic, social workers are making moment-by-moment decisions on how to exercise the core ethical principles of the profession, including the question of providing continuity of care. Based on parents’ reflections—not only related to the COVID-19 crisis – several questions should be raised: What is the basis of a helping relationship and how can social workers efficiently support children and families in need? One of the crucial findings of this study was parents’ distrust of Child Protective Services, which impeded asking for help and left dysfunctional families attempting to find ways of coping in times of crisis and need even when a child protective worker was available.

Parton and O’Byrne (2000) wrote decades ago that social work is becoming almost asocial. Traditionally, social workers’ expertise has been built on the ability to establish relationships and focus on dialogue and listening, thereby empowering clients to bring about change. Now, however, they have taken on the roles of organizational functionaries. Parton and O’Byrne expressed their belief in an urgent need to return to the roots of the profession. Today, in the time of a global pandemic, it is essential to find ways to support children and families in need. It is truly time practitioners learned how to provide efficient and effective support.

The COVID-19 pandemic can be seen as an opportunity to fundamentally change welfare systems and practices (Elias & D’Agostino, 2021). Harrikari et al. (2021) claim that the pandemic will change interactions between social institutions and people. In the same vein, Abdullah et al. (2021) raise an essential point: The COVID-19 pandemic requires reforms in essential areas of the child protection system, specifically, developing neighborhood and community-based measures to promote the welfare of children and families. Moreover, it is also important to establish immediate short-term and long-term intervention goals to address the childcare crisis (Chun & Kim, 2021). In the context of child and family support, several suggestions have been provided based on experiences during the pandemic. Font (2021) has suggested developing strategies for child maltreatment detection outside of schools. As remote schooling is a major challenge for parents, Gayatri and Irawaty (2021) find parental support essential in mitigating the negative impact of crises on family resilience. McMahon, Gallagher, Walsh, and O’Connor (2021) suggest schools provide parents with resources and guidelines on what their child is learning and how best to teach the materials, including videos designed for parents.

Wu and Xu (2020) discuss the importance for families to learn to identify their strengths and resilience in order to cope with various stressors. Identifying strengths and building on them promote a sense of self-efficacy and facilitate working toward change and improvements in children’s well-being (Ayón, Aisenberg, & Erera, 2010; Toros & Falch-Eriksen, 2021; Van Hook,

2019). Furthermore, solution-focused techniques, such as exploring exceptions, coping, scaling, and the miracle question could be useful for families in terms of resilience, strengths and resources (Cowger, 1994; Oliver, 2017), empowerment, motivation (Kemp, Marcenko, Lyons, & Kruzich, 2014; Lwin, Versanov, Cheung, Goodman, & Andrews, 2014; Toros & LaSala, 2018), and effective coping strategies (Toros, LaSala, & Medar, 2016). As solution-focused questions are found to improve communication between social workers and clients (Bannink, 2007; de Jong & Berg, 2001; Oliver & Charles, 2015), they also have the potential to improve communication between family members.

Weiner (2020, p. 23) outlines that “while the COVID-19 pandemic has disrupted child welfare system operations in countless ways, it has challenged us to think strategically about how to re-orient our systems to promote child and family well-being”. Others discuss how novel methods are also needed not only in practice but also for social work research and education as well (Bright, 2021; Mishna et al., 2021).

COVID-related research refers to the importance of creativity in finding solutions and flexibility in the management and operation of the child protection system (e.g., Cabiati, 2021; Caldwell et al., 2020; Sen et al., 2021; Toros, 2021; Toros & Falch-Eriksen, 2020; Zhang et al., 2021). The child welfare system has become bureaucratically preoccupied (Ferguson, 2017) as a consequence of managerialism (Munro & Turnell, 2018; Rogowski, 2011). Managerialism has contributed to creating a controlled and proceduralized workforce (Munro, 2010), leading to a “procedure-driven, child unfriendly environment” (van Bijleveld, Dedding, & Bunders-Aelen, 2015). The result is that in times of crises, such as the COVID-19 pandemic, this system does not provide assistance and protection for children and families in need, particularly in the context of lockdown. Alternative and creative approaches are required. It can be argued that the pandemic has brought forth the “old” understanding of the unique value of each individual and family, a client-centered approach. Furthermore, it is essential to uphold and enforce the right of the child to protection, understanding that “rights are supposed to be enforced, albeit tailored to fit the new crisis context, and new enforcement must be conditioned to accommodate and answer the challenges caused by the crisis” (Toros & Falch-Eriksen, 2020). Studies indicate that the pandemic has shifted the focus away from the best interests of vulnerable children and replaced it with a focus on the interests of adults (Campbell et al., 2021; Toros, 2021).

### *Implications for practice*

Based on the study findings, several recommendations can be outlined. Estonia requires the Emergency Child Protection system to respond to children and families in need and ensure that the child’s and families’ right to protection and support is continuously enforced during and after a crisis. Systems of referral should be developed to ensure fast response and process of referrals and child protection assessments to identify those who are in most need of assistance. Parents’ experiences with COVID-19 indicate that accessible preventive intervention programs and awareness of such programs would improve their ability to cope with challenging situations and support their mental health. It would be beneficial to explore how technology can provide continuing support (including various virtual programs) in case of assessment and service provision. The educational system must be improved to support children more efficiently during remote schooling (e.g., individual and group mentoring systems, peer mentoring systems) so parents are not forced to take on the role of home-teachers. Intersectoral collaboration, including school, health, and social services, can be used to design measures to support students and parents with the challenges of remote schooling (e.g., early identification of struggles with studies, emotional well-being, etc.).

Furthermore, it is essential to facilitate collaboration with communities to strengthen the well-being of their members by developing efforts to identify families in need, provide psychosocial support, organize food packages, and address other needs. Although the context for this study is Estonia, these findings can be potentially useful for CPS practices in other contexts.

### Limitations

The findings of this study are drawn from a small number of parents, and therefore cannot be generalized. Moreover, the sample consisted of only mothers. Although the study describes the experiences of parents in CPS in one country, Estonia, their descriptions provide insights into how vulnerable families with children in need have been impacted by the COVID-19 pandemic.

### Declaration of conflicting interests

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