



STATEMENT

FROM THE FAMILY INCLUSION NETWORK OF AUSTRALIA INC. IN RESPONSE TO CHILD PROTECTION JURISDICTIONS AND COVID19

More than ever, children need their families during COVID-19.

For most Australians this is not in dispute. However, more than 40,000 children in Australian care systems do not have reliable access to their families. These children are living in various care arrangements; including foster care and residential care. Outside of COVID-19 almost all of them regularly see and spend time with their families. Many of them are on reunification pathways which rely heavily on face to face time together. We know from research that children in care need to regularly have quality time with their families.¹

Children in care are very vulnerable. There is trauma, grief and loss in the experience of every child in the care system. The care system recognises this vulnerability by setting up monitoring and support systems of care providers; including for foster carers and residential care providers. These vary from state to state but all involve face to face assessment processes for potential carers and face to face home visiting of children in their care arrangements. In many places, these face to face processes have been routinely stopped during COVID-19, without a link to infection control requirements and without regard for the individual circumstances of vulnerable children, their wishes, or the wishes of their families.

The Family Inclusion Network of Australia is committed to supporting Government health guidelines and restrictions for the good of children and broad public health. However, overarching formulaic responses have potential to cause greater harm to children, young people and their families. For this purpose, we bring to your attention the following issue:

Family Contact – children and families spending time together

We are aware that face to face contact between children and families is being routinely stopped without regard to children's circumstances or proper consideration of what public health requirements are for COVID-19. Such responses fail to consider the legislative requirements in all jurisdictions, the rights of children to see their families, and important legal principles such as the Aboriginal and Torres Strait Islander Placement Principles.

In some cases, families and children are being told they will be shifting to "virtual" time together, relying on Skype, FaceTime and other forms of technology. There is inconsistency across jurisdictions and case work practice, and broadly speaking there is little or no consultation with families and children about what this means, and indeed if the individual needs of children can be met using virtual means.

¹ A range of studies have been done linking quality family contact and relationships to better outcomes for children. Studies have also found children want to see their families and maintain relationships with them. For example only: Create (2014). *Hearing from children and young people in care: experiences of family contact inWA*, Perth; Mendes, P, Johnson, G and Moslehuddin, B (2012). "Young people transitioning from care and relationships with families of origin: an examination of three recent Australian studies", *Child Care in Practice*, 18 (4).



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Reunification processes

In some places, reunification is being routinely stopped or delayed, in others there is some commitment to continue and even expedite the process, but supports may not be being properly provided. Reunification is a critical and often stressful period under the best of circumstances. Supports around safety and wellbeing must be in place for these families along with robust planning and resourcing.

The importance of parent, family and child relationships

Our member organisations have been working with families who have experienced poor practice leading to damaged relationships as a result of rigid responses during COVID-19. For example, some newborn baby removals from hospitals have ignored medical advice and seen mothers and children unnecessarily traumatised. This has included occasions where mother and baby have been prevented from having contact in the first days of baby's life. Where child protection concerns are raised or evident, this does not remove the right of babies to have skin to skin contact with their mothers, and indeed their fathers, and to breastfeed. This contact is good for healthy development, including the development of a healthy immune system, to say nothing of the physical and emotional health of mothers who have just given birth. If a newborn baby is taken into the care system, then appropriate strategies need to be put in place during COVID-19 to allow for mother and baby to bond in a safe and supported way.

All children and young people in care have the right to be supported in their family relationships. We know from experience that children and young people in care do return to family and that the support of early family attachments remains vital to their wellbeing. By routinely stopping face to face contact during COVID-19, we are undermining those relationships to the great peril of children and their healthy development.

Compromised oversight and support of vulnerable children in care

Many agencies and staff in government and non-government child protection and out of home care agencies, are stopping face to face visits by caseworkers to children in care, and are moving to "virtual" means. Again, these decisions are being made without regard to the individual needs of children and their vulnerability in care. We know from history that children in care are often exposed to abuse, and that this can occur even when children are being regularly visited. Combined with reduced time with their families, this increased isolation of vulnerable children creates a very unsafe environment. Replacing oversight visits with virtual contact is inadequate. It is our understanding that continuing face to face visits during COVID-19 is consistent with current public health directives.

Expedited recruitment of foster carers

In order to expedite carer assessments, (in anticipation of more children entering the care system during COVID-19) some jurisdictions have suggested that foster care assessments be undertaken in ways that don't require face to face contact with carer applicants. This means that vulnerable children may be left with new carer recruits, who are almost always strangers to children, when their houses have not been properly assessed for safety, and when face to face contact with an assessor has not occurred, or has occurred, to a minimal extent. Essentially these approaches



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protect carer assessment staff and carer applicants from COVID-19 during assessment activities. However, the system appears more than willing to expose children to these perceived risks.

Foster carer assessment processes in Australia are already inconsistent in their application, and overall lack an evidence base. By removing or limiting the face to face element of these assessments, we are exposing children to compromised decision making. Once approved, these carers will be part of the system beyond COVID-19.

It is more desirable for children to be cared for by family. If children do need to come into care during COVID-19, they should be placed with kin. This needs to happen in close consultation with children and their families and, for Aboriginal and Torres Strait Islander children, in ways that are consistent with the Aboriginal and Torres Strait Islander Placement Principles.

A need to focus our resources primarily on family support and prevention

In situations during COVID-19, where children are at risk of harm, the first response must be on supporting families to care safely for children including; in the case of family violence, ensuring that nonviolent parents and children can remain together. We would suggest adopting approaches such as the *Safe and Together* model that keep children and families safe and together, while ensuring the system and the law responds protectively.

We support responses during COVID-19 that help families care safely for children including providing practical support and assistance. Preventing child removal during COVID-19 is particularly vital as removal may be even more devastating for children and families than at other times. Instead of planning for increased child removals, our systems need to plan for increased family support, reunification and prevention efforts.

We propose a child focussed, principled, case by case approach, compliant with public health directives.

The **Aboriginal and Torres Strait Islander Placement Principles**. These require participation and involvement from families, communities and elders in decision making about children.

Children's rights and needs to be paramount. The need to put children's welfare at the forefront of decision making is a core principle of legislation throughout Australia and does not change during COVID-19.

An emphasis on the **prevention of harm to children** including; the prevention of new entries to care, and the prevention of harm to children who are already in care.

Family and community inclusion in children's lives. We need to recognise that by involving families and communities we are making children safer. This was recognised by the recent Royal Commission into institutional responses to child sexual abuse². When families and communities are not able to participate properly then children are less safe, especially when they are not attending school or participating in the community. Consistent with these principles we make the following suggestions.

² The Royal Commission found that institutions that are family and community involved are safer for children. See Volume 6 – [Making Institutions Child Safe](#) – for more information.



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- a) We increase access to family support and preventative services during the pandemic including attention to family violence, the provision of practical and emotional support to families under stress, and access to reliable and high quality childcare
- b) Face to face family contact to continue for children in care, in ways that are safe and consistent with health directives. These decisions need to be made with and by children and families, not imposed upon them. Other factors to consider are whether reunification is either planned or under consideration
- c) The development of clear and transparent messaging to families, young people, carers and practitioners about when and why a shift away from face to face contact would be warranted because of COVID-19.
- d) When *virtual* family contact is required because of COVID-19 the following needs to occur:
 - Negotiation with families and children. Solutions must not be imposed on children and families without their involvement
 - Practical support to be offered to parents and family to participate in virtual processes, including guaranteed access to internet and data plans
 - The development of child focussed resources, and support to help families and children make the most of virtual time together, along with a commitment to make virtual time together as relaxed and child friendly as possible
 - Feedback mechanisms to ensure children and families can provide feedback about their virtual contact experiences so that adjustments can be made
 - A clear time frame for the review of virtual arrangements and a return to face to face contact as soon as possible
- e) Reunification processes to continue, and where possible expedited. Reunifications to receive the support and services necessary to help families cope during this stressful time
- f) Where removal of young children is being considered, mothers, fathers and babies need to be supported and encouraged to have physical bonding time, and where the mother is able and willing, to breastfeed her baby
- g) Monitoring and oversight of children in foster care, and other forms of care, by caseworkers to continue and to include face to face options
- h) Assessment of any new foster carers to occur substantially face to face and in applicant's homes, including and not limited to home safety checks
- i) Rather than relying on the recruitment of new foster carers, kinship care to be first priority for all children who are removed, with families and children central to decision making and planning.

The challenge to child protection systems throughout Australia during these unprecedented times, is to work towards creative and collaborative approaches of relational work rather than 'risk-averse' responses.

Member Organisations of the Family Inclusion Network of Australia.



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The Family Inclusion Network of Australia (FINA) is a national association of family inclusion organisations that seeks to elevate the voice of parents and family members with children in the out of home care system throughout Australia.

FINA promotes inclusive, respectful and collaborative policies and practices between statutory authorities, families, children and carers to assist children and families to achieve good life outcomes.

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