

## **Public health measures and the placement of children in foster care**

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When children come into care, the greater majority of them will be placed with foster carers. Over time, the plan for the child will evolve, with some children returning home, other children moving to other placements with family members or stranger foster carers, and others leaving care through permanence orders such as adoption or special guardianship. For a child to be placed with foster carers is one of the most significant events that will occur in the child's life, with all the opportunities it provides for the child to be kept safe, and to experience the ordinariness and richness of family life with its routines, certainties and opportunities. At the same time, most children will enter foster care in an emergency with all the stresses, uncertainty and anxiety that this brings. It will be the sensitivity, expertise, commitment and resourcefulness of the foster carer, supported by social workers and other professionals, that will enable the specific needs of the child to be addressed both in the short and long term.

When a child comes into care, this almost certainly indicates a serious crisis in their family and in turn a serious crisis for them. The placement is very unlikely to be considered to be optional, but rather to be necessary to the child's safety, welfare and development. With the public health crisis brought about by Covid-19/coronavirus, the measures taken to minimise risk of infection and provide adequate levels of health service response must be reflected in an equivalent way that children's services function. As such, these services must be considered as a life-saving and life-enabling interventions for children by the State.

The challenge for foster care is the fact that it centres on the direct physical care of the child that cannot be delivered in compliance with required social distancing, or meetings limited to two people, or not leaving home other than to take the child to school (as they will fall within the eligible group). Children need care that involves high levels of physical, emotional and social interaction, from nappy changing, to bathing, dressing, feeding, reading and playing. Each of these will be age- and child-related, but physical, emotional and social distance cannot be acceptable or deliverable requirements – such distance is the very opposite of successful parenting.

Where a child needs to be placed in foster care, then there is unlikely to be an acceptable alternative. The issues will be identifying and managing the significant risks associated with Covid-19 and doing so in a way that enables placements to be made when there are likely to be no alternatives.

### **What are the risks?**

Covid-19 is a variable risk factor. For the majority of children, it is identified as limited risk factor when it comes to serious symptoms or terminal illness. But this may escalate when children have other health conditions, where the risk factors can seriously increase. However, when children are infected by Covid-19, they become a source for passing on the infection to others – other children and adults. These risk factors are similar for adults, where the symptoms and impact may vary. But they significantly escalate for older people – the over-70s – and for those with underlying health conditions. The current approach to addressing these factors, the increase in the provision of health services, is to severely limit social

contact and the movement of individuals outside of their home unless they fall within specific activities or are defined as key workers. For children of key workers, their access to school means that they have to be transported to school by their parents and that includes foster carers. That may mean public transport, by car or walking to school.

### **The challenges for foster care**

There are a number of key issues:

1. Maintaining and supporting existing foster care placements while identifying and addressing the risks to the child, the foster carers and others.
2. Identifying and arranging new placements when a child comes into care.
3. Identifying and approving a new placement when a child needs to move.

The serious issues running throughout these challenges are:

1. The significant shortage of approved foster care placements that has existed for some time prior to the Covid-19 crisis.
2. The continuing recruitment, preparation and approval of foster carers when every individual will be adjusting to major disruptions in their own lives.
3. Identifying the specific risks in every placement that must be prioritised in enabling the child to be kept safe, their needs met and their development facilitated.
4. Directly supporting the child as they respond to the crisis and the fears and anxieties that they have, both about themselves and those who are important to them – their foster carers, their birth parents and siblings and their friends.
5. Accessing health, mental health and education services.
6. The opportunities created by the suspension of relevant child placement regulations to enable services to continue but without creating any immediate or long-term risks.

### **Compliance with Covid-19 public health measures**

1. Foster carers and members of their household, including children placed or other children, must restrict their movements outside of the residence to:
  - a. food shopping or collecting medicines or prescribed health items;
  - b. enable a journey to work where there is no possibility of work being done from home;
  - c. one event outside of their home per day to exercise but where this does not involve coming within two metres of anybody else.
2. Children in foster care and children of key workers are entitled to attend school. The journey to school must take place observing the requirements of social distancing.
3. Where children in foster care have identified health conditions that put them at enhanced risk from Covid-19, then an explicit agreement will need to be made as to whether they should leave home at all.
4. These measures will impact on any contact arrangements with birth parents/s and other family members. Where these contact arrangements take place in the foster carer's home, then they should be suspended. Where they take place in a contact centre, they should also be suspended. Where they take place in a public place such as a park or restaurant, they should be suspended. This may create confusion, distress and objections that need to be acknowledged. But the overarching priority is to

comply with Covid-19 public health measures and to minimise the risk to both children and adults.

5. In some circumstances, contact may be facilitated by online forms of communication, but where this is a new arrangement, any risk factors in doing so need to be explored.

Any decision around making a placement needs to consider the health risks to the child and the carers and to any other members of the household. Foster carers should not normally take on the care of a child if they, or another member of their household, are defined as being in a vulnerable group. If it is possible to avoid making such a placement, then that should be the position, not least because of the duty of care to the foster carers.

If a fostering service did decide to make such a placement, they would need to have considered matters very carefully and be able to justify doing that. There would probably need to be some written agreement that the risks have been fully explored and explained and that the foster carer understands them. Risks to others in the household would also need to have been addressed.

In considering the risks of making such a placement, the specific care plan for the child will need to be taken into account, including requirements for contact and for social workers and others to visit the foster home. The fostering service would need to mitigate risks as fully as possible in the circumstances.