

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 the operation of children’s services. As such, these services must be considered as a life-saving and life-enabling interventions for children by the state.

What are the risks?

Covid-19 is a variable risk factor. For the majority of children, it is identified as a limited risk factor when it comes to serious symptoms or terminal illness, but this may escalate when children have other underlying health conditions. 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. It is important to recognise that in some cases, the child, carer or parent, or members of their households will be particularly vulnerable in relation to Covid-19 as the result of age or existing health conditions. There is also evidence that black and minority ethnic individuals are statistically more vulnerable to the virus, although the reasons for this are not entirely clear.

It remains the case that 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 the plan must be duly authorised by a senior member of the organisation and continuously monitored. 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 direct and indirect forms of contact and for social workers and other professionals and support service staff to visit the foster home. It will also be relevant to take account of whether the parties have been observing social distancing advice in their day-to-day life, and the localised context (i.e. rates of transmission locally and any local restrictions). This will be a crucial aspect in decision-making. The fostering service would need to mitigate risks as fully as possible in the circumstances.

The Covid-19 crisis has focused attention on “risk” and has forced the sector to creatively adapt practice to mitigate the health risks to children, carers and practitioners. Caring for children who have experienced abuse, trauma and family separation is challenging and support is vital. Following months of “lockdown”, carers may be fatigued and some placements may be at risk. Supporting the well-being of carers and therefore enhancing their capacity to meet the needs of children must be a priority for the sector. The realities of Covid-19 and the risk this poses have to be considered within a balanced and detailed assessment which also takes into account protective factors.

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. 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.
2. Ensuring that foster carers are supported and their well-being prioritised. Opportunities for “time-out” and informal respite arrangements are likely to be reduced and carers may be suffering from fatigue.
3. 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.
4. The significant shortage of approved foster care placements that has existed for some time prior to the Covid-19 crisis.
5. The continuing recruitment, preparation and approval of foster carers when every individual will be adjusting to major disruptions in their own lives.
6. Accessing appropriate health, mental health and education services.
7. Supporting children and carers with the return to educational provision.
8. 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

The Government guidance (<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local>)

[authorities-on-childrens-social-care#residential-provision-childrens-homes-residential-schools-registered-as-childrens-homes-and-foster-care](#)) recognises the challenges facing children, families and practitioners at this time, and there are exemptions made within the regulations for some key elements of fostering and adoption processes. Please see our Covid-19 web pages (<https://corambaaf.org.uk/coronavirus>) which address specific areas of practice. The guidance highlights the need for the sector to prioritise “stability for children” and to work pragmatically to address issues. Partnership working is vitally important. Risk assessments should be balanced, regularly reviewed and take into account any localised measures. Carers and children must have an opportunity to express their thoughts and feelings about any issues and decisions in a supportive and open way.