

Paper No. 2 as at 9 April 2020

## Parents and the child safety system: Input regarding responses to COVID-19 (Paper No.2)

#### A defining time for leaders

Workers, carers, children and young people, and parents – they are a *collective*. They are *not* separate. They have different 'roles' but they *all* play a part in a system aspiring to keep children safe and loved.

The 'silo' challenges of the child protection system re-emerged strongly in the early weeks of the COVID-19 crisis, with the tendency to revert to old behaviours that value and privilege some roles more than others.

So it is timely to remind people that, over the last few years, **parents** -as leaders and advocates- have finally been able to take their 'place at the table'. As legitimate stakeholders, parents have proven their unique benefit to this system, to policy and to practice. This is an important time to remember and to re-include the voice of parents as new ways of living and working are being rapidly designed.

### *"It's like the borders have been shut.... around me."* (Parent, March 2020)

This is an international theme. "We cannot allow ourselves to repeat the mistakes of the past, where sometimes well intended but deeply misguided efforts to help children had the opposite effect.... There will be leaders and individuals who will learn from these difficult times and chart a new course, inspired by this stark reminder of our common humanity. For such leaders, this crisis is an opportunity to reorient our system" (Jerry Milner *associate commissioner of* the <u>U.S. Children's Bureau</u>, and David Kelly *special assistant to the associate commissioner:* quoted in "<u>Top Federal Child</u> Welfare Officials: Family is a Compelling Reason", 6 April 2020)

Family Inclusion Network Valuing children. Partnering with families. Embracing Diversity

Level One, 209 Boundary Street, West End Q 4101 PO Box 3449 South Brisbane Q 4101 Ph 07 3013 6030 | Fax 07 3013 6039 info@finseq.org.au | finseq.org.au | facebook.com/finseq Family Inclusion Network facilitates opportunities for parents to be advocates for children and themselves. We resource parents and extended family members to participate and have a voice in the policies and services impacting on the lives of their children, family and community.





#### Acknowledgement

This is the second paper describing the experiences of parents in the child protection system – in the context of COVID-19.

The views described come primarily from the Queensland Parents Advisory Committee (the QPAC) and the South-East Queensland Parent Ally Committee. Input and insight is also included from an increasing number of parents making contact with FIN,SEQ (Family Inclusion Network, South-East Queensland) at this time, and from national and international colleagues such as <u>FIN A</u> (Family Inclusion Network Australia) and <u>IPAN</u> (International Parents Advocacy Network).

Geographic coverage includes Brisbane, Logan, Bayside, Toowoomba, Chinchilla, Mt Isa, Townsville, and Bundaberg.

## "Eyes on the child"

The safety, wellbeing and best interests of children and young people are paramount.

There is increasing concern amongst professionals in the system that fewer reports of suspected child abuse or neglect will be made during COVID-19 restrictions. This assumption is based on the fact that mandated reporters and others who normally have 'eyes on the children' - educators, church groups, doctors, and others - are having less contact with them.

Given the uncharted territory we find ourselves in, it is important that data on reporting volumes are made available in (close to) real-time to ensure that the system is managing the *actual* and emerging problems, and not diverting precious resources towards problems that we *thought were going to occur*.

'Eyes on the child' are important in *all* settings. We know that "Out-of-home care itself appears to present risks to children whose vulnerability is exacerbated by isolation from their families, communities and peers and the instability of the settings in which they live" (Child Abuse Royal Commission, <u>Volume 12</u>, 2017).

*Contact* with parents and families provides keenly-focused, loving eyes on this group of children and young people.

#### Suggestions -

- Contact between parents and children to go ahead as uninterrupted as possible, face to face where safe to do so. If moving to virtual contact, space for private conversations is important (see draft Virtual Contact checklist, page 9)
- Real-time data is made available to verify or negate assumptions about rates of child abuse and/or neglect during COVID-19, including Standards of Care reviews leading to investigations and assessment.

## Contact for children – 'blanket ban' on face to face?

Since the last FIN paper there has been a marked increase in distressed parents contacting FIN regarding changes to contact visits.

Most parents who contact FIN appear to be experiencing and/or hearing of a 'blanket ban' on face to face contact from the Department of Child Safety.

## *"It's about the well-being and the mental health of both parents and children."* **Zoom Group Chat** (*B, mother, April 2020*)

We have strongly encouraged parents to speak with their local offices.

FIN has read over a dozen pieces of formal information from the Department regarding COVID-19 – many of which mention contact. Based on these, it is our understanding that there **are still cases where face to face contact** <u>*can*</u> **occur**.

"There's a 'blanket ban' on face to face contact. Is that true? This mother sees her 8month old on a weekly basis...parent:infant attachment is definitely 'critical for the child's wellbeing'." (Service Provider, April 2020)

The following were relevant statements made in an "FAQ" (dated 24 March) attached to a message for foster and kinship carers (dated 25 March 2020) -

• "It's important for children and young people to maintain connections to their parents, siblings and families, particularly in times of uncertainty or stress."

- "Maintaining family contact is a legal requirement. It's critical to maintain relational permanency for all children and the Child Placement Principle for Aboriginal and Torres Strait Islander children and young people."
- "The health of everyone in your household is important. We'll assess family contact visits **on a case by case basis** and plan how contact will be made, rather than if contact will be made."

"I believe as parents [we] should be the ones that explain ... the reasons visits have to stop for a period. Explain the safety concerns around covid19. Explain we have to do this to keep all of us safe. To assure them that mum and dad love them more than anything and we're not abandoning them. I don't believe I'm asking too much, to give my kids some reassurance in these difficult times." (Father, March 2020)

While information had been changing almost daily, the rate of new messaging seems to (mercifully) be slowing. The following is a summary of the most relevant, recent and authoritative statements:

- DG Update: <u>30 March 2020</u> "Family contact will be assessed on a case by case basis. As a result of this family contact may need to occur by telephone, Skype, FaceTime, email or similar. In exceptional circumstances there may be situations where face-to-face contact will continue only if it is safe to do so and if it is critical for the child's wellbeing. Carers and parents will be consulted as part of the care team on any face-to-face contact decisions, and individual health and household considerations will be a significant factor."
- 2) DG Update: <u>7 April 2020</u> "The ... <u>Home Confinement, Movement and Gathering Direction from Queensland Health</u>. ... includes information for children under 18 years old who do not live with their parents or siblings and provides guidance for when face to face contact should or should not occur particularly with vulnerable people. Examples of vulnerable people include elderly people over 70 years, or people over 60 years with a medical condition, or Aboriginal or Torres Strait Islander people over 50 years of age. This means we will continue to talk with you and the child's parents as part of the child's care team to assess how we can arrange family contact, such as by phone, FaceTime or similar."

3) Exact wording of the Chief Health Officer Direction (to which the DG's Update refers) – <u>2 April 2020</u> – "A person who resides in Queensland must not leave their principal place of residence except for, and only to the extent reasonably necessary to **accomplish**, **the following permitted purposes**: s.6.l. - "For children under 18 years who do not live in the same household as their biological parents or siblings or one of their parents or siblings, **continuing existing** 

arrangements for access to, and contact between, parents and children and siblings, but not allowing access or contact with vulnerable groups or persons;...\*subject to change.

## Contact for children – national and international concern

Nationally and internationally there are increasing concerns about face to face contact - in some jurisdictions - being summarily ceased. The prevailing premise appears to be that face to face contact can switch to 'meeting on-line' like many workplaces. Yet these are not comparable relationships, circumstances or risks.

It is worth repeating that children and young people in out-of-home care are a highly vulnerable group in typical circumstances. They are now more vulnerable because of the increased isolation of COVID-19 restrictions. Young people living in residential care are arguably the *most* vulnerable.

One factor that can increase the safety of children is "adequate monitoring and supporting of out-of-home care placements – including regularly visiting foster and kinship/relative care placements, creating opportunities to talk with children on their own, and directly observing carers and their interactions with children" (Child Abuse Royal Commission, <u>Volume 12</u>, 2017).

In the USA, many jurisdictions are understood to have suspended all face to face visits between parents and children indefinitely. In New York however, with its vastly larger COVID-19 cases and denser population, the Administration for Children's Services (ACS) has issued guidelines that "recognize the potential for permanent psychological harm if children are unable to see their parents and siblings, especially during a time of crisis, and call for continued in-person visits in lower risk cases, based on guidance from public health officials".

"ACS and our provider agency staff are part of the essential workforce that is carrying out our mission to protect children and support families, and we continue to put protocols in place to help our child welfare provider agencies carry out that mission safely." (quoted in 'City Limits', New York City, <u>30 March 2020</u>)

The <u>World Health Organisation's COVID-19 mental health recommendations</u> for Caregivers of Children states "... if a child needs to be separated from his/her primary

caregiver, ensure that appropriate alternative care is provided and that a social worker, or equivalent, will regularly follow up on the child. Further, ensure that during periods of separation, regular contact with parents and caregivers is maintained, such as twice-daily scheduled phone or video calls or other age-appropriate communication (e.g., social media depending on the age of the child)."

#### Suggestions —

- Contact between parents and children to go ahead as uninterrupted as possible, face to face where safe to do so. If moving to virtual contact, regular communication between the worker, carer, child/young person and parent is key, as is the need for the 'tools' and skills to make virtual contact successful (see <u>draft</u> <u>Virtual Contact checklist</u>)
- Timeframes for the review of each COVID-19-related response should be stated (in writing) and monitored by the Department. (Now is an opportunity to rapidly test and improve many aspects of the child protection system for now and for the future. All participants should be involved in designing and reviewing these solutions children, young people, carers, parents, workers)
- As COVID-19 testing becomes more available, carers, workers, young people, children and parents should be given priority access to testing to provide better information to assist case-by-case determinations about the safety of visits, contact and placements.

## Virtual meetings – the 'tools' required: technology, data and 'soft skills'

Many parents have moved successfully into using telephone and video conferencing for some purposes.

One parent has begun receiving support services for their teenager that they had not been able to access previously. Another has re-connected with estranged family members. In regard to virtual contact - some parents are enthusiastic ("Why couldn't it be this way before?"), some have initial practical concerns about access to equipment and data, and others worry that their babies "won't know them when all this is over".

Parents' input is illustrated on the following pages.

"Having virtual contact is working for some parents and they're wondering why it couldn't be that way before." (B, Dad, Logan – April 2020)

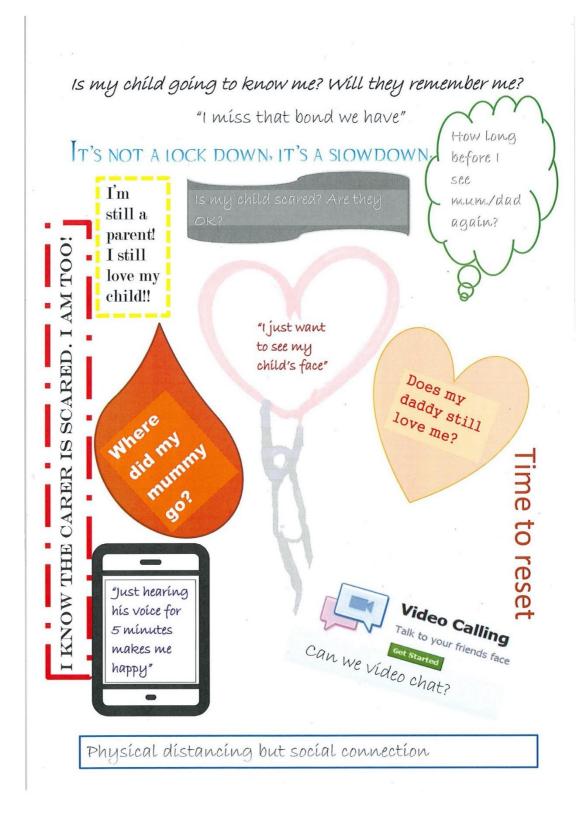
Key challenges include:

- Assumptions that 'virtual' contact is a 'plug and play' replica of face to face contact. In a time of significant community stress, it is a significant change that requires considerable re-thinking for all participants. The aim of contact must remain childfocused, relaxed and enriching. It is an enormous paradigm shift that may be underestimated because of the large number of adults who are professing to be happily and successfully shifting their lives and work to 'virtual'. Because everyone is 'going virtual' at the same time, by *necessity* not by design, we are lacking the typical 'customer focus' with the design of this innovation. We are not asking "What do children and young people need this to look and sound like?". And we need to. Otherwise we risk 'adult-focused' models being imposed and embedded.
- Access and affordability of the **hardware** (phones, tablets, laptops)
- Access and affordability of credit and data
- Age-appropriateness of 'swapping' face to face for on-line:
  - screens do not translate as well for some age groups particularly babies and young children. The solution may include more frequent contact of less duration.
  - Screen time has, until now, been tightly restricted by many parents and educators – so the current increase in 'good' screen time requires skilled integration. Other solutions may include voice recordings and songs to focus on auditory only, and more 'hands on' Apps and sharing of drawings etc.

#### Suggestions -

- Parents be given the opportunity to explain to their children why changes to 'virtual' are happening
- The Department assesses carers and parents' hardware, software, credit and data needs and supports this.
- All participants (children/young people, carers, parents, workers) assess their readiness and needs using a framework or virtual contact checklist (see draft)
- Other individual circumstances be well understood and supported for example, large households where space and privacy for successful virtual contact is limited, locations or households where mobile reception is poor, locations where supply of technology is limited.

	lestion:		
The 'Virtual Contact' - Are we ready? Checklist			
Child / Young Person	Parent		
What time will work for me and how long can we chat?	What times are good for me to talk?		
what technology can I use?	What technology do I have and do I need: computer? Tablet? Phone?		
Can I have privacy when talking to my parents and family? And/or can we have some time when all of us talk together — my parents, my carer and me? Can I show mum or dad around my room / my things? Can I message mum or dad to change the time to talk? Do I still have all my supports from other people working with me? Can I access a devices to contact my parents if I'm worried?	There are so many wonderful Apps and platforms: but which is best me? And best for everyone? Do I need help with credit and data? Can the department assist so financial pressure and stress doesn't fall to parents and or carers? What does my child like to do? And talk about? And see? How do I make the most out of virtual contact? Can I talk privately? And as a group? For example, can my child and I have private time? And can I also talk to the carer about how my little one is going? Do I have good support? Do I need skilling up? Can video/phone calls be more frequent with my younger children (it's certainly harder to keep their attention)? If contact was already "unsupervised" — what can this look like		
Foster carer	now? Can children and parents to be flexible with times and durations of calls? Support Worker — eg. Child Safety Officer (CSO)		
What technology do I have for the child to use? What do I need help with (hardware, Apps, cost of data?)	Have I checked with child/young person, carer and parent that virtual contact is possible and found a platform that they are all happy using?		
What time would virtual contact work best for me — as well as the child and their parents? If times have to change at the last minute (because children don't always run exactly by the clock 😉 how will I communicate	Does everyone have access to data / phone / ipad (tools required)		
this? To who?	Have I found a time that suits everyone?		
Where is the best place for the child to talk (or look) from (so they can look, hear and talk without interruption)	What special instructions do I need to give everyone to make contact a success and something that enriches the child's life?		
For babies and very little ones, am I able to fit in more frequent	Am I prepared to facilitate virtual contact if carer is unable? How can I help?		
video/phone calls, or video story time? Who do I talk to if I am worried about conversations? Can I talk to the parent? As well as the CSO? Do I feel comfortable supporting virtual contact? It is all so	Am I able to manage conflict when things go wrong and assist all parties to find a resolution?		



## Differences, complexities and contradictions

The community at large has been struggling to make sense of the escalating 'lockdown' measures. Parents are very clear about the messages about hygiene, social distancing, and 'self-isolate if you are unwell or at high-risk'. However, like most people, they are confused about some of the seeming inconsistencies and logics around school and child care attendance, work from home, and reduced contact.

It is challenging to reconcile reducing face to face contact with children, with the fact that many children remain in child care and are therefore interacting with a number of children and adults in environments where 'social distancing' and the vigilant hygiene are difficult.

In other situations, parents say their reduced face to face contact with children, is coupled with the fact that carers are still working outside of the home, or having the clients of their home business come into the dwelling.

Some co-parenting families describe experiencing added isolation with reports that some Child Safety Centres have prescribed that contact visits, including the 'new' virtual contact visits, can only include one parent. Parents work hard to show their children that, despite mum and dad living apart from each other, they have a united and loving commitment to them.

"We have attended two social assessments together and it was noted the children enjoyed being able to spend time with both parents together. There is no order in place from the courts stating this cannot happen" (Mother, March 2020)

FIN is also aware that still other parents have suggested pausing face to face contact: they did not want to put their children or the carers at risk.

The key is communication, voice and choice.

## Stigma experienced by parents

A better understanding of the experience of parents will help to develop more effective responses, more humane approaches, and stronger relationships between carers, workers and parents.

When the Townsville Bulletin described a mother "shattered when she learned her triweekly visits to see her two children would be stripped from her by the Department of Child Safety...", the on-line response was harsh:

"Join the club. I haven't seen mine since Xmas" "Suck it up. Stop whinging...." "One might ask, why were they taken from her by the state in the first place" "Stiff, does she think she's the only one?"

Perhaps this 'stop whingeing' response can be partly attributed to the stress and isolation being experienced by many people during the pandemic. But it is a reminder that the popular catch cry "we're all in this together" may still have a way to go. Stigma and 'being done to' leaves many (or most) parents unable to question (those in power), unable to selfadvocate or complain.

A deeper understanding of stigma and powerlessness is an important attribute for workers and carers in the system. To really understand that *this* separation of parents and children is not because of a 'natural' flow of life. It is not related to the 'ages and stages' of typical families.

When children enter care, parents' *choices* for their children diminish. And in most cases they do not have a *voice* in the where, when or how of their children's lives. Precious 'family time' or contact is all they have. THE pain of being denied visits to see her children has become too much for a Townsville mother who is "not coping" with strong COVID-19 restrictions that could deprive her of their hugs for months.

The mother, who cannot be named to protect herself and her children, was shattered when she learned her triweekly visits to see her two children would be stripped from her by the Department of Child Safety in an effort to stop the spread of coronavirus.

Future changes were announced in a statement by director-general Deidre Mulkerin on Friday and come as the Federal Government tightens public gatherings to no more than two people, urging residents to stay at home where possible.

In the statement to parents, Ms Mulkerin said there would be "unavoidable impacts" as a result of COVID-19 and the department was planning to ensure the support of children and young people in their care.

Given supervised parental visits are often conducted in public, the new measures were set to adhere to the new laws.

The distraught mother was told about the new

## Communication – from and with the Department

At the time of writing, there have been six (6) published Director-General messages: five addressed to carers, and one addressed to parents; as well as five (5) Sector Communiques.

It is almost as though there are too few, yet too many communiques? The sentiments and instructions do not seem to always agree. A fair amount has been written about parents, children and their contact – but not much of it is addressed **to** them (let alone *with* them).

Because messages are often time-critical, authored by different authorities (Prime Minister, Chief Health Officer, Director-General, Team Leader, Child Safety Officer, etc), then conveyed through multiple channels, and then crafted to specific audiences (staff or carers or parents, etc) - there is confusion about which message 'take precedent'.

#### Suggestions-

Written directives might be improved by:

- writing less communiques, to less people instead, send exactly the same information, to all stakeholders, at the same time
- adding a time stamp to all communiques

At the local-level, the ability of CSOs to manage their workloads, the rapid changes, the need to re-negotiate arrangements with families and carers - alongside their own personal and family worries - means it is difficult for all participants to make timely phone contact with each other.

Parents suggest what works well with some:

- a timeframe to be called back in
- an alternative name or position (eg. Team Leader) to call
- administration workers can be advised of the urgency
- mobile phone numbers
- texting?
- Central enquiry number?

## Reunification

Parents close to reunification are very concerned for a range of reasons. Some are worried that reunification will be hastened and feel they do not yet have the planned practical and social supports in place, as well as being concerned, like many families, about how to stay healthy and safe.

More parents, however, are worried that reunification will be slowed, and others are worried it will be 'cancelled'.

FIN strongly advocates for families who were reunifying to be prioritised for support.

#### Suggestions-

• Reunification must continue, where safe to do so, with additional family support referrals.

## Permanency

Permanent Care Orders were introduced in Queensland in late 2018. FIN remains keenly interested in evidence about how this amendment is progressing.

Given that the Queensland Legislation positions permanency decisions within a twoyear timeframe, and that estimates for COVID-19 impacts and restrictions have an estimated 6-12 month timeframe, FIN suggests the Department and DCPL pause permanency decisions. (This may occur as a matter of course given changes in the Children's Court.)

"Time is a child welfare system's biggest challenge .... The timelines in the Act were more the result of negotiation than what we know about the importance of parent-child relationships, recovery and trauma. They do not reflect what we know about treatment and recovery and do not reflect the contextual factors that are directly relevant to successful reunification, such as the availability of quality services and treatment and a family's ability to access services timely and effectively." (Chronical of Social Change, 6 April 2020)

#### Suggestions-

- The Permanency 'window' must be paused for the period of the COVID-19 crisis.
- The numbers of children and families subject to reunification <u>and</u> permanency should be transparently reported, per Service Centre, with active oversight and management of this data at the local, regional and state level to ensure case work does not stagnate.

### Courts

Court availability and processes appear to be severely impacted by COVID-19 restrictions.

The implications of the document "Children's Court (Magistrates Court) "Practice Direction No.1 2020" and "Magistrates Court "Practice Direction No.3 2020" are concerning.

While describing an ability to conduct business on-line or via 'Chorus Call' – the direction also states, amongst other things, "All child protection matters... currently before the Court ... will be adjourned ... without appearance to a date to be fixed".

On the current trajectory, delays will severely impact families and may potentially stop reunification or other pivotal decisions for months if not years.

#### Suggestions-

• That the Department (Child Safety) and the Official Solicitor, working alongside the Department of Justice and Attorney-General/Legal Aid to discuss the impact on families affected by the child protection system – and consult with parents (via FIN and/or the QPAC) where possible. Court - Other excerpts:

#### Work the Court will undertake

10. Each of the Courts sitting will hear:

- (a) Overnight custody arrests children
- (b) urgent child protection applications....

[Direction 3 adds "(c) including applications to vary existing child protection matters"]

#### **Currently Listed Matters**

12. All **child protection matters** and any other proceedings currently before the Court (excluding the matters in paragraph 10) will be adjourned on the papers by a Magistrate without appearance to a date to be fixed. Notice of the adjournment date will be posted or emailed to the parties and their legal practitioners by the Magistrates Court Registry. Current orders in force in the matter will continue for the period of the adjournment. Applications to vary the order by any party shall be made under paragraph 10(b).

#### Urgent Applications for Leave to Hear a Matter

14. The Court will continue to accept applications to hear matters where delay would cause substantial prejudice to a party. To seek the leave of a Court to hear a matter the person should contact the Court by email outlining the nature of the application and why it is urgent. A Magistrate will consider the application and make directions as to whether the matter will be heard.

## Emerging themes?

Further themes will be gathered and reported periodically.

Domestic and Family Violence is a theme being universally discussed, and FIN acknowledges the much-welcomed increase in Domestic and Family Violence service system resourcing that has already been allocated by the State Government. FIN and parents are particularly interested in the intersecting responses being received by families experiencing domestic violence: For example, a parent who approaches (or who wishes to approach) Police, but are worried about Child Safety intervention as a result. FIN will consult further on this issue.

## Parents' Spirit #AllInThisTogether

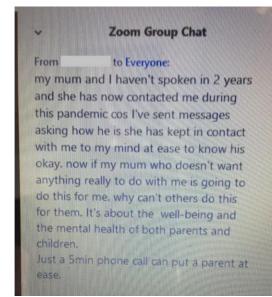
Parents comment that they are acutely aware that *every* person is experiencing the stress and impacts on their families and loved ones at this time.

FIN acknowledges the Department's published a series of useful links 'For parents and carers', 'For children', and 'For young people'.

Some parents are reporting that their IFS has connected (in the virtual space) more than previously and that new referrals to additional supports are also working well.

The Queensland Parents Advisory Committee (the QPAC) has embraced teleconferencing and Zooming.

"It's not a lockdown it's a slowdown"





## Summary of Key Suggestions

Suggestion		Status or Action	
1.	Child Safety to make a strong commitment to keep parents regularly informed. [23/3/20]	One DG Update to parents has been published. Most published messages are addressed to other groups in the system. Local (Service Centre/CSO) communication is occurring with parents: largely in the form of informal phone conversations. FIN is aware of some parents receiving written advice when requested by the parent.	
2.	<ul> <li>Contact between parents and children to go ahead as uninterrupted as possible [23/3/20]:</li> <li>face to face where safe to do so.</li> <li>if moving to virtual contact: more frequently</li> <li>parents be given the opportunity to explain to their children why changes to 'virtual' are happening</li> <li>support for hardware, software, credit and data</li> <li>all participants (children/young people, carers, parents, workers) assess their readiness (see <u>draft Virtual Contact</u> <u>Checklist</u>)</li> <li>individual circumstances be supported – eg. large households where space and privacy for successful virtual contact is limited, etc</li> <li>regular communication between the worker, carer, child/young person and parent is key</li> </ul>	Face to face contact has been the most frequent topic from parents. Published messages from the Department so far appear consistent – ie that face to face contact <b>can still</b> <b>occur when safe to do so</b> – yet the messages that some parents are receiving appear contradictory.	
3.	If a child gets sick (in any way), parents need to know immediately. [23/3/20]	Some published statements support this request eg. "Decision Making Framework – Critical services – "6. Providing information to parents, particularly those concerned for their children"	
4.	Advice about which support services are open or closed. [23/3/20]	Funders, NGO and private sector appear to have made good progress. InfoXchange now publishing service availability.	
5.	Advice about Emergency Relief availability. [23/3/20]	Funders, NGO and private sector appear to have made good progress.	
6.	<ul> <li>Transparency – data to be monitored and made available:</li> <li>changes in notifications, and standards of care.</li> <li>numbers of children and families subject to reunification and permanency. [9/4/20]</li> </ul>		
7.	Court – the Department and the Official Solicitor, working alongside DJAG/Legal Aid to discuss the impact on families, and consult with parents where possible. [9/4/20]		
8.	Renunciation must continue, where safe to do so, with additional family support referrals. [9/4/20]		
9.	The Permanency 'window' must be paused for the period of the COVID-19 crisis. [9/4/20]		

# Article from a Parent: This is a time for carers and parents to make valuable connections

"...What is an unprecedented time for everyone involved, is also a new and terrifying experience for parents and carers. Parents are still parents, regardless of the situation. We are still parents when our child grows up and becomes a parent themselves, we are still a parent if our child passes away. We made a mistake, we see that. This virus is not something else that should be used against parents. This is a time for carers and parents to make valuable connections.

The coronavirus (covid-19) is something never seen before. It has taken the whole world by storm. Many thousands (millions?) of people have lost their job, their homes are at risk, their entire lives have been turned upside down. This means we are looking at ways to adapt to a new society. Right now, we can't go out and meet our friends for a coffee at the local café. We can't go to the movies with our friends or family. We are told, stay home.

Parents with children in care ... ask for allowances to be made for contact. While the parent and child and carer are feeling well, all contact should be allowed. If there is a worry with the health of any of them, then there should be an immediate change to phone calls and/or video calls. ... the government should be able to step in and say that contact is ok, with the same information given to every other person. "If feeling unwell, stay home"...

... allow video calls or phone calls on a daily basis so the parents can feel at ease about their child. So, the child knows mum and dad haven't just left them. So, the child is no further traumatized than they already are from the events that led them to being fostered.

This virus is bigger than any of us, and we have to be adaptable. This could go on for months or even years."

Bobbi (Parent, Advocate, Grandparent, Social Worker - Townsville, Qld)

Links to related articles and blogs:

https://citylimits.org/2020/03/30/covid-19-creates-deep-uncertainty-in-nycs-child-welfare-system/

https://www.nccprblog.org/2020/03/nccpr-news-and-commentary-round-up-week\_30.html

Mental Health Considerations during COVID-19 Outbreak - 6 March 2020