Guidance note: Maintaining connections for children and youth in the context of COVID-19

This guidance note was prepared by the Child Welfare League of Canada with the expert advice of youth in care networks, service providers, and researchers. Published on April 14, 2020, this guidance will be updated based on evolving knowledge and circumstances.

Introduction

As of March 31, all but three provinces and territories in Canada had suspended in-person family visits for children and youth in care, with some jurisdictions allowing exemptions for extenuating circumstances. These changes have come as governments and communities implement physical distancing measures to slow the transmission of the COVID-19 virus. While such measures have been deemed crucial by public health officers, we must consider health promotion and protection alongside the other critical, unique needs and rights of children, youth, and families, and adopt practices that (1) mitigate or soften the impacts of health control measures on these other rights to the extent possible, and (2) regularly review control measures and their impacts, particularly on those who are in the most vulnerable situations.

Within Canada’s child welfare system, the majority of children and youth are placed in family settings, with foster or kinship families or in customary care. Many of these caregivers are older and at increased risk of complications due to COVID-19. Some children and youth, including those with disabilities or requiring specialized care, are taken care of in group settings, alongside peers and caregivers who may have underlying health conditions that also put them at risk. Thus, the limitation of in-person family visits is a key consideration in protecting wider communities of care for children and youth.

Rights, Connection, and Belonging: A Balanced Approach to Health Protection

Quarantine measures such as school closures and restrictions on movements disrupt children’s routine and social support, creating new challenges around their education, development, mental health, family relationships, and protection just as their access to buffering responses, including family and community support, is also limited. Health control measures that do not consider the rights and needs of children may lead to negative impacts and coping mechanisms. Children, youth and families who are already vulnerable due to socio-economic exclusion or those who live in overcrowded settings are particularly at risk.¹

The implementation of exceptional, emergency health protection measures entails harmful impacts on children and youth, affecting many aspects of their rights and well-being, including their right to family relationships, mental health and development. Adopting mitigating measures is necessary to soften or avoid these impacts while protecting health. Such measures include strenuous efforts to maintain and promote significant connections to family, community, culture and language. This is especially important for children, youth and families who have already been deeply harmed by inequalities in public services, and by colonial and genocidal policies.

that have unnecessarily removed them from their homes and communities and disconnected them from their Elders, cultural traditions and languages.\(^2\)

Disruptions to children’s rights to sustain and develop family relationships, language and culture, even temporarily, can be difficult for any child to recover from. The emotional and relational needs of children and youth are met through social connection and access to family and culture, as are their physiological needs – children under the age of 5 are particularly vulnerable as they undergo a critical developmental period, requiring healthy attachments for optimal biological development, including brain development.\(^3\)

The Convention on the Rights of the Child affirms the rights of children to have their best interests considered as a priority, taking into account all of their rights in decision-making that affects them (article 3); many provisions recognize children’s rights to sustain or recover family relationships, to practice their language and culture, and to be heard when decisions affect them.

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) recognizes the “right of Indigenous families and communities to retain shared responsibility for the upbringing, training, education and well-being of their children, consistent with the rights of the child.” Article 14.3 of UNDRIP says, “States shall, in conjunction with indigenous peoples, take effective measures, in order for indigenous individuals, particularly children, including those living outside their communities, to have access, when possible, to an education in their own culture… provided in their own language.”

These rights are considered to be interrelated, not a hierarchy of needs, which is why they need to be supported to the extent possible even when health protection becomes a predominant consideration.

While some limits on the rights of children, youth and families may be necessary in a state of emergency – such as the current COVID-19 pandemic – these restrictions must be reasonable, justifiable and based in judicious decision-making. All situations must be evaluated individually and any limits should be time bound, with regular review periods put in place to modify, ease or release restrictions as soon as possible. There should be exceptions made on a case-by-case basis where possible.

\(^2\)This situation disproportionately affects First Nations, Inuit and Métis peoples and African-Canadians. There are more Indigenous children in care today than at the height of the residential school era. According to the 2016 Census, Indigenous children under the age of 14 represent 52.2% of children in foster care, despite only representing 7.7% of children in Canada (Statistics Canada, 2016). Findings from a 2016 study in Ontario indicate that “compared to White children, Aboriginal children [are] more than twice as likely to be investigated, 41% more likely to be transferred to ongoing child welfare services, and 2.7 times as likely to be placed in out of home care. Compared to White children and youth, Black children and youth [are] 39% more likely to be investigated, 8% more likely to be transferred to ongoing services and 13% more likely to be placed in out of home care (MacDonald & Wilson).

Beyond respecting the rights of children and youth, governments, agencies and caregivers must help them to feel safe and hopeful. That can only be facilitated by creating the conditions under which relationships and meaningful connections can be maintained and nurtured.

**Enabling Significant Connections in the Context of COVID**

We must all be creative and determined in our efforts to protect, maintain and increase young people’s connections to family, community, culture and language now, and after the pandemic. **A minimum level of significant access must be maintained, one that satisfies the relational and emotional needs of the child/youth and those of the people they are connecting to.**

**Guidance for service providers**

- Protect and promote significant family and cultural connections for all children and youth, paying particular attention to those who are vastly overrepresented in care; namely, First Nations, Métis, Inuit, African Canadian and LGBTQ2S+ children and youth. Create space for, respect and support cultural practices.

- Maximize opportunities within public health guidelines. Where permitted, create environments where young people and their families can connect while adhering to physical distancing guidelines with proper personal protective equipment.

- Provide opportunities for frequent and significant connections (i.e. via phone, text, online chat or video conference, or through the sending and receiving of care packages). In homes and centers where only communal phones exist, accommodations must be made for young people to access a mobile device and communicate with their families and core support networks in isolation, including accessing online cultural and language programming.

- Provide children and youth who are approaching family reunification the opportunity for an extended in-home family visit. This is especially important for young children, mothers and fathers, who represent most family reunification cases and who are at serious risk of trauma from prolonged separation.

- Reach out to youth who have recently ‘aged out’ of care and provide them with the supports they need to stay connected to their peers, their loved ones, their culture, community and language. Provide an option for extended supports and placements post care, while maximizing connections.

- Sustain supports – such as housing and income supports – for youth who have technically aged out of care, relevant to individual need.

- Reach out to youth in care networks for advice on how best to create and sustain safe and healthy practices for children and youth in care and help young people connect to their peers. Many youth networks and organizations are holding video chats and online programming related to mental health, cultural practices, and skill-building.
• Ensure accountability measures are in place to guarantee an appropriate frequency and significance of connection.

• Maintain and encourage forms of care permanency for youth during COVID-19 to assist with their transition after the pandemic is over. Permanency includes customary care, guardianship, adoption, reunification, and community connections.

Guidance for governments

• Designate child welfare and protection as essential services.

• Allow service providers and social workers the flexibility to be creative in arranging some visits for children and youth with parents or significant others, while respecting health guidelines (i.e. children’s hospitals in Quebec are permitting parental visits, within certain parameters; in Ontario, some Indigenous service providers are proceeding case-by-case and maintaining visits in specific cases, for instance, where reunification is very close).

• Cover the cost of technology for children, youth, families and Elders so that significant connections can be maintained (i.e. tablets with data, laptops, wi-fi).

• Fund service providers and communities, enabling them to offer free and readily accessible online mental health supports, including access to Elders, counselling, and psychiatry.

  • Ensure no young person transitions out of care during the pandemic and offer supports and services immediately and unconditionally so that young people can maintain significant connections.

And because connection relies on families being able to access resources:

• Ensure poverty reduction efforts are robust and that barriers to accessing provincial, territorial and federal benefits are eliminated for those who are in the most precarious situations.

• Comply with Human Rights Tribunal rulings and immediately end the inequitable funding of child and family services in First Nations communities so that they are better able to meet the needs of children, youth and families.

Conclusion

Across the country, people and communities are trying to keep children, youth and their caregivers safe during the COVID-19 pandemic. We should spare no effort to ensure that children and youth in and from care are able to have and maintain significant connections with the people who love them. Together, we need to challenge ourselves and create the conditions for hope and love to shine through this difficult moment and into a brighter, more equitable future for all.
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References


