# Questionnaire on the impact of COVID-19 on intercountry adoptions under the 1993 Adoption Convention

Identification for follow-up purposes:

NAME of STATE or territorial unit:

Australia

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# I. OVERARCHING QUESTIONS

## Both States of origin and receiving States

In response to the COVID-19 pandemic, has your State **modified** intercountry adoption procedures under the 1993 Adoption Convention? If so, what has your State done to ensure that the **safeguards and procedures** of the Convention have been, and continue to be, respected?

Australia's COVID-19 pandemic responses across has differed in accordance with Australian state or territory jurisdictional restrictions put in place to reduce transmission of COVID-19. This has included restrictions to physical movement and interactions during 'lockdown' periods.

Largely, Australia's intercountry adoption central authority staff moved to a 'work from home model', interacting virtually with clients, other government agencies and authorities in other countries.

Australia's STCAs reported that during periods of intensive lockdowns, Home Visits were conducted via videoconferencing, however, as physical movement restrictions eased, face-to-face interactions increased in accordance with COVID safe guidelines.

#### II. OUTBREAK OF COVID-19 (cases in transition only)

## Both States of origin and receiving States

2. What measures, if any, did your State take to deal with cases where the **child** had **already** been **matched** with prospective adoptive parents, but no adoption decision had been issued at the time of the COVID-19 outbreak in your State? How many children were in such a situation?

The ACA worked closely with the Australian Government Department of Foreign Affairs and Trade (DFAT) to liaise with overseas Central Authorities and STCAs to provide up-to-date information regarding travel advice and convey any directives from the central authorities or governments of other countries. For instance some

countries (including Australia for a period of time) closed borders and ceased all travel, both incoming and outgoing.

Since the global pandemic was declared through to now, Australia has maintained consistent messaging that international travel is not advised and consular support cannot be guaranteed.

Where a child had been matched to prospective adoptive parents, and where the borders of other countries were not closed, adoptive parents were able to seek permission from Australian Government prior to undertaking travel. STCAs liaised with the adoptive parents and the country of origin to coordinate travel arrangements with administrative and court processes. Flights were often unreliable. Families were required to undertake any quarantining in the country of origin and then families remained in-country until after the adoption was finalised. This reduced the need to travel more than once. After the child was in the care of the adoptive parents, the families worked with travel agents to secure return flights to Australia. Families were also required to quarantine on their return to Australia.

The exact number of children experiencing this situation is unknown at this time.

3. What measures, if any, did your State take to deal with cases where the **adoption decision** had already been **issued**, but the **child** was **still in the State of origin** at the time of the COVID-19 outbreak in your State? How many children were in such a situation?

In instances where the adoption had been legally finalised in the country of origin, STCAs supported and advised adoptive parents to seek permission from the Australian Government and the authorities of the childs country to travel. Families were made aware of the risk of traveling at that time. Parents often chose to travel to colelct their adopted child despite the risks. STCAs advocated for parents and children to receive additional supports during mandatory quarantining periods both outside of and on return to Australia.

The exact number of children in this situation is unknown at this time, however it is estimated to be at least 4.

#### III. DURING COVID-19 (cases in transition and new cases)

## States of origin only

- 4. Has your State adapted, and if so how, the following stages of the adoption procedure:
  - a) Declaration of adoptability of the child:

#### No change.

b) Matching:

## No change.

c) Socialisation period:

#### No change.

d) **Support** and counselling to adoptable children:

#### No change.

e) Adoption decision:

No change.

f) Other stages:

No change.

#### Receiving States only

5. Has your State adapted, and if so how, the following stages of the adoption procedure:

a) Eligibility and suitability of prospective adoptive parents:

While the assessment of suitability and eligibility of applicants has remained the same: the medium of the assessment and education processes have changed. In most states, during lockdown periods, these sessions were/are being conducted remotely via videoconferencing.

b) **Support** and counselling to prospective adoptive parents:

Post-placement support and counselling services have been modified during lockdown periods to be conducted virtually via remote teleconferencing facilities. Face-to-face engagement is always preferable, however Australia's intercountry adoption community has embraced flexibility in accessing support in the current environment.

c) Other stages:

Advising prospective adoptive parents of circumstances in States of Origin and the potential risks of travel at this time. Following government issued advice and ensuring flexibility as far as possible for families that are traveling Australias has maintained a commitment not to comprimise levels of service and assessment offered is of the highest priority.

#### IV. USE OF TECHNOLOGY

#### Both States of origin and receiving States

- 6. Has the use of technologies (e.g, videoconferencing) **evolved** in the adoption procedures in place in your State since the outbreak of COVID-19 in your State? Please specify:
  - a) any benefits and challenges:

Throughout Australia, as a direct result of the COVID-19 response, working from home and related technologies quickly became the norm for business as usual to proceed. While face-to-face engagement is considered best practice when undertaking assessment of suitability and for post adoption support (particularly from a child-centred perspective), the use of technology to engage with families, other agencies and overseas authorities has allowed for a degree of flexibility.

Challenges arise when access to technology is not consistent across all parties.

Moving forward, a combination of both face-to-face engagement and videoconferencing is likely to be maintained in Australia.

b) if your response to **question 72** ("Use of new technologies") of the <u>2020 Questionnaire</u> on the practical operation of the <u>1993 Adoption Convention (Prel. Doc. No 3)</u> has changed:

No changes since last response.

#### V. POST COVID-19: LOOKING AHEAD

#### Both States of origin and receiving States

7. Has your State developed any practices during this pandemic period that would be **useful to mainstream into regular work** practices? If so, please elaborate on what those practices are and how you plan to go about mainstreaming them into regular work practices:

Videoconferencing has been found to build rapport and interpersonal relationships between all parties in the intercountry adoption space, compared to regular phone conversations. Online information and education sessions are currently in development by STCAs and will likely be utilised in future.

8. Please share any good practices and lessons learned by your State which may be applied in the event of **another pandemic or similar state of emergency:** 

STCAs have reported that working from home is a productive and viable option for maintaining relationships with other central authorities and progressing adoption facilitation activities.

STCAs will continue videoconferencing with clients into the future to provide a better service for clients who are unable to physically attend appointments due to geographical challenges.

Holistically, the ACA, STCAs and authorities in other countries have worked collaboratively to ensure the safety and wellbeing of children at all times. It is hoped that this collaborative functional relationship can be further fostered within the limitations that pandemic created for now and any future state of emergency.

## VI. ANY OTHER COMMENTS

## Both States of origin and receiving States

9. Please insert here any other comments you may have:

Restrictions on cross-international border movement from Australia made travelling to collect children very stressful for families. Different countries had different experiences of the pandemic and so had different restrictions in place and different approaches to continuing adoption facilitation activities.

Families reported they were worried their placement may be affected or would not happen unless they made travel arrangements as adoption processes were reaching their conclusion. Other placements were delayed, causing great uncertainty for families.

Many experienced difficulties getting home and spent several thousand dollars on flights made more expensive by the effects of the pandemic.

The Australian state of Victoria had one of the longest and strictest lockdowns in the world. Most sending countries were understanding when Australia's restrictions on movement were explained and were able to continue with the adoption process as far as possible while families were unable to travel.