

## **Buckinghamshire Council – Children’s Services**

### **Guidance on undertaking Virtual Contacts with children, young people and their families during the COVID-19 pandemic**

During this unprecedented time of national crisis, we are having to adapt the way in which we work with the most vulnerable members of our society; keeping them safe and continuing, where possible, to provide the required level of support. For most of you this will mean undertaking virtual contacts to see children, young people and their families, perhaps via Skype, Whatsapp video call or FaceTime, instead of face-to-face visits.

The concept of virtual contacts presents challenges for all us (professionals and service users included). Some of us may work best in conditions where we can have that human connection and respond to body language or the environment around us; some of us may not be as confident with technology as others; or perhaps some of us may not yet feel confident in knowing how to navigate a virtual contact possibly wondering ‘what are we allowed to ask’ or ‘what should we talk about with the families during the contact’?

This guidance has been created to help support our Social workers, IROs, CPAs, Child and Family workers, Personal Advisors, support workers and anyone else who is helping our children, young people and their families in navigating the difficult task of virtual contacts. We know this new way of working is challenging for everyone to adjust to, and so we hope this guidance gives some sense of clarity around current practice standards and expectations, whilst also supporting you to do your work.

Please note, this guidance is not intended to be prescriptive and final about what you should ask, but more to serve as helpful prompts to remind you of certain aspects to cover during your interactions with children, young people and families. The aim is to enhance your existing practice skills and methods of meaningful engagement. The guidance is to supplement the work you are already doing with the family; please continue to treat virtual contact in the same way you would a regular face-to-face home visit. Where possible please continue to progress actions on Child in Need, Child Protection Plans and care plans, and evidence this within your case notes.

Now, more than ever, our children need us to be vigilant in ensuring their safety and we mustn’t lose sight of this. Be curious, be inquisitive and be confident in your ability to support families and each other during this time.

### **Virtual Contact (Video calls):**

The majority of families we work with are likely to be willing to work alongside you in the new ways we are working with them, such as virtual contacts. However, not all families will want to engage in these; they may try and resist showing you around the house, or be avoidant during the call. Please be as persistent and curious as you would be if you were stood on their front door step and they wouldn't let you in, or if you were visiting a family and the parent wouldn't allow you to see the child alone. Curiosity is key.

Please always consider the risk of significant harm to the child. Ask yourself, if no one saw this child for the next 2, 3 or 4 weeks, how worried would I be about them? If no one checked in with this parent for the next 2 weeks, how worried would I be about them and their parenting? Where you are worried about escalating risk, please **do not hesitate** to escalate this to your line manager or where they are unavailable, the Head of Service. You can then discuss whether a face-to-face visit is required to ascertain the child's safety and wellbeing.

Remember, there is never an overreaction when it comes to ensuring children's safety and wellbeing in the current climate. If you are worried about a child, please speak to your manager. This is a different way of working and is new to all of us; it is important for us to work together to make sound judgement calls about how best to keep our children safe.

Things to consider and note in your observations during the virtual contact:

- Home conditions (tidiness, bedding, food available)
- Children's presentation (what are they wearing, are they clean, their mood)
- Do any of the children/adults have any visible injuries
- Your conversation with children and parents/carers, their responses and their mood
- Continuously consider the risk of significant harm – has it increased or decreased since your last interaction with the family? Why? How can you evidence this?

Things to discuss during a virtual contact:

- Check on the health of all household members **every time** you speak to them. You are looking for any indication of signs of COVID-19 (cough and high temperature). If anyone in the household is displaying symptoms, please ask for **full details** – when this started, what symptoms they have, their current health status, any medical attention they have sought and how they are treating their symptoms and what worries or anxieties they may have relating to this. Where household members are showing signs of COVID-19, you need to alert your manager so that the relevant alerts can be added to the file.

- Ask the child to tell you about their day, from the minute they woke up (“and then what happened?”, “what did you do after that?”, “who did that with you?”). This will give you a good sense of their current routine, where parents/siblings are, whether their needs are being met etc.
- Have they been out anywhere? Who with? For how long? Why? Please be mindful (and remind families where necessary) of government guidelines to only leave home for essential reasons: 1) to exercise, 2) to seek medical attention, 3) to get food 4) to go to work (if they are a key worker). There should be no visiting other households or socialising with anyone from other households (the only exception is for children travelling between parental households for contact arrangements). If you are concerned that a family is not adhering to these rules, please escalate to a manager and consider whether this contributes to a picture of neglect (in terms of meeting the child’s basic need for their health needs to be met).
- Have any visitors been to the home? Who? Why? When?
- Have they been doing any school work (if not in school)? What other activities are they doing? Do they have sufficient activities in the home to keep them occupied and stimulated?
- Are parents still working? How are they coping financially?
- Are they affected by grief – have they lost any loved ones?
- Please also be aware that domestic abuse can start at any time, and with the additional pressures many families are facing at present, this could be the cultivating environment for tensions to boil over. It is therefore important to always check in with any family about how the adult relationship is, and asking them openly if they are finding things difficult. This also applies to young people who perhaps may be living semi-independently, or care experienced young people living with a partner (even if they have no children).

### **Direct Work**

It is just as important to see and speak to the children alone during virtual contact as it is during your usual face-to-face visits. Although virtual contacts may feel less personal, there are ways you can still build relationships with children, such as playing games (rock, paper, scissors always seems to be a popular one!), playing “I-spy” (you can spy things in their room), asking them to give you a tour of the house from their eye level etc.

Direct work is of course more challenging, but not impossible. Here are some ideas:

- Cut up small strips of paper and write some questions about emotions, home life, friends, school etc on them. Try and use different colour paper, or just colour some dots on each piece (ensuring they are different colours). Put them all into a container (might even be a mug if that's all you have at home!), and whilst you are on the video call with the child get them to pick a colour. Make it fun and swirl the pieces around (sing a silly song if you feel brave!), find a corresponding colour questions and then you can read it out. The catch is that you **both** have to answer the question (please bear in mind your own personal boundaries) – this gives children a sense of it being a shared activity rather than you asking questions and they answer. They also get to have some control by picking the colour.
- Ask the child to sit at the table and prop the phone up somewhere so it is as though you are sitting opposite them. You can both do some colouring or drawing and then compare drawings at the end. Whilst colouring/drawing you can chat about how their day has been, how home life is, any worries etc. Some children are often more open when distracted and don't have to look at someone.
- Download and use the Mind of My Own 'ONE' app with children and young people. The app is aimed at children/young people aged 8+ and can be downloaded to a smartphone, tablet or desktop. The app allows young people to express how they are feeling in an engaging way including whether they feel supported.
- You can work with teenagers to create a family tree – as you go through each relative you can ask the child to tell you their favourite memory or favourite thing they know about that person. This is also a mindful task, helping the young person to regulate their emotions, and you can even get them to talk to their parents/carers about the family history to tell you more information the next time you speak to them.
- Get children and young people to write down or make a note or (even in their smart phone) the best and worst thing about each of their days between your virtual contacts. They can talk you through them when you next speak to them and it will help give you an idea of what life has been like for them that week.

### **Domestic Abuse**

In cases where domestic abuse is a concern, *or even a suspicion*, first and foremost you **must** ensure you develop a safety plan with the victim. This includes speaking to them on their own and agreeing a safety word or phrase that they can text/email/say to you or their

family/friends or other professionals which will alert someone that they feel unsafe and need immediate assistance. Examples of such words or phrases might be “red folder” or something you can integrate into conversation such as “banana pudding” (you might agree to always ask “did you eat today?” each time you speak to them and that will be their identified response if they need intervention). Where possible and appropriate, include children in these safety plans so that they know how to seek help.

These safety plans must be **clearly** recorded on the child’s file, on the “Case Summary” section. Please do not record them solely in a case note as these will get lost amongst other case notes as more get added. This will also mean that the Emergency Social Work Team (ESWT) are able to access the safety plan should contact be made outside of usual office hours.

The safety plan on LCS should include details of their safe word/phrase, an identified safe location (if there is one, such as a friend or family’s home) that can be agreed in advance in the event that neither parent or carer can provide physical care due to a domestic incident, and whether there is a specific safe person to contact for the victim in such an emergency (such as next of kin). Please also ensure that if family or friends are involved in the safety plan, that they have the telephone number for the Emergency Social Work Team who can support in coordinating support for the family if out of office hours. Victims of domestic abuse should be given support information specific to their circumstances and sign posting to compliment the support be provided by social care.

<https://www.gov.uk/guidance/domestic-abuse-how-to-get-help>

### **National Domestic Abuse Helpline**

The [National Domestic Abuse Helpline](#) is run by Refuge and offers free, confidential support 24 hours a day to victims and those who are worried about friends and loved ones.

Telephone: 0808 2000 247

### **The Men’s Advice Line**

The [Men’s Advice Line](#) is a confidential helpline for male victims of domestic abuse and those supporting them.

Telephone: 0808 801 0327

**Emergency** – if a victim calls 999 for assistance but cannot speak, they can press 55 on the keypad to alert they are in immediate danger and require assistance

If any of you receive an alert like this from a service user you must immediately inform your line manager, Head of Service and the Police to formulate a collaborative response to

ensure the victim and child/ren are safeguarded.

During virtual contacts with a family where domestic abuse is a concern or suspicion, please always do the following:

- Attempt to speak to the victim alone. Always ask them from the outset who they are with (to give you an idea if the perpetrator might be listening to the call, or close by), and whether they can speak openly and safely. You can keep this question casual by asking jovially “so who’s at home today? What are you guys doing today?” Try to establish the safest way and time to communicate with the suspected victim to avoid professional contacts becoming a source of conflict or heightening suspicion.
- If the victim is not able to speak openly then ask about their schedule for the day; are they going out for a walk or to do a food shop where they might be alone and you can call back? Does the perpetrator work? If so, get to know their work schedule so you can call at times you know they won’t be there to allow for a more open discussion with the victim.
- Please take careful note of the victim’s presentation; any marks, bruises, injuries, as well as their emotional state and presentation. If you notice any injuries which you are concerned about, ask the victim how they happened (providing they can speak safely). If you have any suspicion that they may have been inflicted as a result of physical abuse, please alert you line manager and Head of Service immediately to explore options for safeguarding the victim and child/ren.

## **Mental Health**

Many families we work with suffer from mental health difficulties of differing severity. It is important that we recognise the impact that current social distancing measures are likely to have on all those with mental health issues, particularly those who perhaps rely on social support to aid their emotional wellbeing.

Additionally, it is important that we are mindful of the stress than can be felt by parents where children are not attending school and are therefore at home all day every day. Even parents who do not usually experience mental health difficulties may start to feel anxious, stressed, or depressed with the huge task they are presented with; occupying children all day, no respite, trying to get them engaged in home schooling etc. It is therefore important that we always check in with all parents to see how they are feeling. You don’t need to be a counsellor to support people with mental health issues, but a listening ear is often more helpful than you think.

Points to remember when undertaking virtual contacts to someone who suffers from mental health difficulties:

- Check what medication they are taking – the name of the medication, dosage, and when their next medication review is. Are they still taking it? If not, why?
- When is their repeat prescription due? Do they have to manually request this – if so, have they remembered? If they have forgotten and this means they will run out of medication before they get the next prescription, please ensure they speak to a medical professional as there are sometimes ways that GPs or prescribing officers can approve an emergency prescription to fill the gap.
- Ask them how they are feeling – do they feel different than usual? If so, how? Please note this carefully in your case notes so you can measure this each time you speak to them. Encourage self-assessment using scaling questions to explore from individuals' perspective how they would rate their own emotional/mental health to inform necessary responses. Ask what would be most helpful for them to improve their mental health.
- Are they self-medicating, with drugs or alcohol? If so, ask how much? Note if this has increased or decreased. Please also note in your case note how this is likely to be impacting on the child/ren and consider with your manager whether this increases risk.
- Please always take time to carefully consider the difference between how their mental health was *before* this pandemic, and map it against how they are presenting *now*. For example, you may see a decline in someone leaving the house, or not being able to sleep, or they may be hypervigilant and alert all the time. It is important to note these differences in your case notes so that the right support can be sought if things continue to escalate. It is also important to note where there is no change to their usual presentation during your virtual contact.
- Ensure you are familiar with what local services are offering at present – some charities are offering telephone support, or even virtual interactive support also – and signpost where necessary.