

Internal Guidance for Social Workers and Supervising Social Workers for supporting face to face contact during Covid-19

1. Introduction

The Local Authority must and will provide reasonable contact wherever possible and, as a Local Authority, most of our Looked After Children are now having some form of face to face contact with their birth families; however, it is recognised that COVID-19 has significantly impacted contact arrangements between children and their birth families. Since resuming face to face supervised contact the Local Authority recognises that its guidance will need to be kept under review to account for any changes that take place both locally and nationally.

Current contact practice arrangements have been reviewed to allow face to face contact to be meaningful and in line with a child's emotional and developmental needs, while accounting for the need to give regard to social distancing in line with government guidance and assessed COVID risk.

As a Local Authority we are mindful that there will be occasions where parents or family members will need to meet their child's needs which is likely to involve physical contact, we need to ensure that we meet the emotional needs of children during contact whilst managing risks of COVID. Where possible contact should be socially distanced in line with government guidance. However, there may be occasions where physical contact is necessary taking into account the needs and age of the child. When physical contact is likely or does occur, appropriate PPE should be used in addition to any specific hygiene measures. The use of PPE will be informed by the risk assessment.

Where face to face contact is being considered a risk assessment and planning meeting will need to be undertaken in line with minimising the risks of COVID infection. This guidance sets out how face to face contact will be supported in a way that continues to keep all those involved safe, is within the law and adheres to government guidance. It is anticipated that the guidance will assist in alleviating anxieties and worries children, parents, carers and staff might have as a result of face to face contact. In the event that a parent indicates they are within the vulnerable category and unable to wear PPE such as a face mask they will need to provide evidence that they are exempt prior to face to face contact taking place as part of the risk assessment process.

Social Workers and Supervising Social Workers work in partnership with birth families and carers to complete the Risk Assessment and this assessment is used to inform the contact planning meeting. All of the relevant parties views need to be obtained prior to the risk assessment being completed. All contacts will be planned and reviewed either as part of the Placement Agreement Meeting and Children Looked After review meetings or as a separate contact planning and review meetings (where it is not appropriate to be part of the former).

Where physical contact may occur, mitigation measures will be put in place including appropriate levels of PPE and hygiene measures. It is expected that contact with children that are under the age of 3, or with particular physical or emotional needs, there is more likely to be some form of physical contact. The local authority will provide a full PPE pack to include aprons, face mask and gloves as well as additional cleaning stations. Contact Centres will adhere to COVID building requirements and provide adequate PPE to ensure minimal risk of infection during direct contacts. Contact Supervisors

will adhere to social distancing unless there are safeguarding reasons. Any physical intervention will be in the best interests of the child and supervisors will wear PPE.

Arrangements for face to face contact in community settings are being re-introduced. Risk Assessments and planning meetings need to consider the ages and needs of the child(ren) and ensure that they can follow instructions from a supervisor, can walk safely to and from transport and manage their own self-care needs.

Preference is that carers should undertake transport to support child(ren) attend contact given the possible emotional impact of contact. Only in exceptional circumstances where a carer is unable to provide any transport will a contact supervisor be made available to transport the children; however, if this occurs it is preferable that the carers are available collect at the end of contact.

In line with government guidance everyone involved in the provision of contact needs to be aware of the current local alert level [Local COVID alert levels](#) where contact arrangements between birth families and Looked After Children involves someone attending contact from an area where the alert level is different local restrictions and guidance will be applied.

Please note that this guidance is subject to change as government guidance and/or regulations are updated.

2. Current legal position regarding contact as at 03.12.20

The Relevant Law

- *Section 34 of the Children Act 1989*

Provides that where a child is in local authority care, the local authority must allow “reasonable contact” between a child and their parent/s, guardian, special guardian, any person with parental responsibility or a named person who had previous care of the child.

Contact arrangements should take into account the specific circumstances of each child and proposals should be what are considered to be in that child’s best interests.

As a result of the current national health crisis when considering what constitutes “reasonable contact” the current regulations and government guidance should be taken into account.

- *Regulations*

All of the legislation that specifically relates to Coronavirus can be found at <https://www.legislation.gov.uk/coronavirus>. There are different regulations relating to different areas in the UK. The main regulations that currently relate to England are:

The Health Protection (Coronavirus, Restrictions) (All Tiers) (England) Regulations 2020 - <https://www.legislation.gov.uk/uksi/2020/1374/contents/made>

These regulations set out the current rules in respect of the different Tiers.

- Case Law

At the current time there has been one Court of Appeal case that has considered the issue of contact with children in care during the pandemic - [Re D-S \(Contact with children in care: COVID-19\) \[2020\] EWCA Civ 1031 \(4 August 2020\)](#) (Jackson, Carr and Baker LJ). The case confirms that the general principles apply when considering application for contact with a child in care. However, while the COVID-19 pandemic continues, the court needs the following information to make its assessment:

- The children's circumstances.
- The LA's resources.
- The current government guidance.

Government Guidance

There is national guidance that applies to England. There are differences to the guidance for Wales, Northern Ireland and Scotland.

If anyone is travelling to contact from outside England consideration will need to be given to any specific restrictions that may be in place particularly if they are not part of a travel corridor with England.

- The 3 Tier System

As of 2 December 2020 England is in a 3 Tier System with different rules applying depending on what tier your local area is in. The 3 Tiers are as follows:

- Tier 1 – medium
- Tier 2 – high
- Tier 3 – very high

Within each Tier there are restrictions as to how many people can meet and where. An exemption to these limits in each tier is when it is enabling contact to take place between a parent or siblings with a child in care. These exemptions do not extend to other family members so contact with anyone other than a parent or sibling should take place in accordance with the relevant Tiers rules. Legal advice on specific cases may need to be sought if contact is being proposed with any other family member that does not comply with the relevant Tiers rules.

There are also exemptions in place to facilitate moving a child to a placement and contact with prospective adopters as well as fulfilling a legal obligation such as attending court.

- Social Distancing

Within the guidance all contact between members of different households or people outside of a support bubble is predicated on social distancing with the guidance that social distancing should be 2 metres. In situations where it is not possible to social distance to 2 metres then this should be “1 metre plus” which includes the use of mitigation such as face coverings, not sitting face to face, additional hygiene processes, etc.

- Linked households

A linked household (previously support bubble) enables two households to become linked to form one exclusive household. Within a linked household you do not have to adhere to social distancing and are considered as a member of their linked household when applying the regulations and guidance. Once a linked household has been formed it can only be changed after a period of 14 days of no contact with the other household. The following can form a linked household:

- A single adult or single parent with dependent children
- Your household includes a child with a disability who requires continuous care and is under the age of 5, or was under that age on 2 December 2020
- You are a child aged 16 or over living alone or with other children and without any adults
- You are a single adult living with one or more children who are under the age of 18 or were under that age on 12 June 2020

A childcare bubble is where one household links with one other household to provide informal childcare to a child or children aged 13 or under. They can provide the childcare in either or both of the homes from the 2 households. This can only be used for the purpose of providing childcare and can be in addition to the linked household set out above. A childcare bubble can be changed following a period of 14 days of no contact with the other household.

- Track and Trace and self-isolation

If someone involved with face to face contact arrangements develops symptoms of Covid-19, has tested positive for Covid-19 or been contacted by Track and Trace they will self-isolate for the requisite period and face to face contact will be cancelled during this period to be replaced with a virtual contact.

The relevant person to whom the above applies must contact the supervised contact team as soon as they are aware of the need to self-isolate and the supervised contact team will be responsible for cancelling contact.

In all other circumstances if contact has to be cancelled this will be the responsibility of the social worker.

- Guidance specific to Children's social care services

Coronavirus (COVID-19): guidance for children's social care services (updated 26 November 2020)
<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>

In relation to contact, particularly court ordered contact, it sets out the following:

Court orders related to contact for children in care

We expect that contact between children in care and their birth relatives will continue. It is essential for children and families to remain in touch at this difficult time, and for many children, the consequences of not seeing relatives would be traumatic. We expect the spirit of any court-ordered

contact in relation to children in care to be maintained. However, there may be local or individual circumstances where face-to-face contact may not be possible, including where members of households are isolating or continuing to take precautions due to clinical vulnerability.

Contact arrangements should, therefore, be assessed on a case by case basis taking into account a range of factors, including the government's current social distancing guidance and guidance on meeting people outside your household and the needs of the child.

Under the current provisions for social distancing, there are exemptions from the 6-person limit for the purposes of arrangements for access to, and contact between, parents and children where the children do not live in the same household as their parents or one of their parents. However, the 6-person limit will apply to meetings with other relatives. Therefore, it may be necessary for children and other friends and family to make alternative arrangements.

Where it is not possible for the usual face-to-face contact to happen, keeping in touch will need to continue to take place virtually. We would encourage social workers and other professionals to reassure children that this position is temporary. We would also expect foster parents and other carers to be consulted on how best to meet the needs of the children in their care and to be supported to facilitate that contact.

We recognise that some young children may not be able to benefit from virtual contact with their family, because of their age or other communication challenges. In these circumstances, local authorities should work with families to ensure that they can have safe face-to-face interactions, whilst still adhering to social distancing guidance or restrictions.

When considering the most appropriate ways for children to stay in touch with their families, social workers and carers should seek the views of children who may welcome different forms of contact, including less formal and more flexible virtual contact with their birth families.

Factors to consider when planning face to face contact

Considering the current law, guidance and recent court decisions the local authority needs to consider how best to facilitate face to face contact on a case by case basis.

Considering what is reasonable contact for each child will depend a number of different matters and will be informed by risk assessment having been undertaken that considers a range of factors that relates to the individual child/ren, their parents and their carers.

Specifically:

- the age of the child/ren
- who the child is placed with
- the impact and harm on the child/ren in not having direct contact
- if anyone attending contact is leaving the home regularly
- the make-up of the household
- whether anyone involved in contact has a medical condition that puts them in the vulnerable group as defined within the regulations
- whether measures could be put in place to mitigate any identified risk
- any local restrictions that may be in place

There is a need to consider the type of contact being proposed, the most suitable contact venue, to include consideration of community contact and who will supervise the contact.

All contact arrangements will need to be kept under regular review particularly as the government guidance and regulations develops.

3. Risk Assessment

Section 1 – Initial Information

The risk assessment needs to be completed in partnership between the child's social worker and the supervising social worker. Be mindful that face to face contact may not return to the level it was taking place at pre-COVID as restrictions may continue for at least the next six-months, if not longer

Section 2 - Completing Risk Assessment

As an employer, we must protect people from harm. This includes taking reasonable steps to protect your workers and others from coronavirus. This is called a COVID-19 risk assessment and will help you manage risk and protect people.

You must:

- identify what work activity or situations might cause transmission of the virus
- think about who could be at risk
- decide how likely it is that someone could be exposed
- act to remove the activity or situation
- or, if this isn't possible, control the risk

The Risk Assessment questions RAG allows social workers to understand the level of risk and what can be put in place to mitigate the risk to allow meaningful face to face contact.

Considering - Social Distancing

Are parents willing / able to socially distance where possible?

- When discussing social distancing with parents are they willing to follow guidance and participate in games / activities that support this?
- Do parents have learning / mental health challenges that affect their understanding of social distancing?
- Can they give examples of when they have adhered to social distancing / PPE guidance?
- If they need support in contact to socially distance who can offer this?
- If parents were to become overwhelmed what strategies do they use to manage this and how could this be supported in contact?

Do the child(ren) understand COVID and social distancing?

- What are the ages, emotional capacity, learning needs of the child(ren) and how does this affect their understanding around the need for contact to be socially distanced?

- Are the children attending school / activities where they have developed skills around social distancing?

When considering social distancing what support is needed to minimise physical contact?

Considering - Health and Wellbeing

When RAG rating health please be mindful of government guidance regarding those that are defined as vulnerable <https://www.legislation.gov.uk/ukxi/2020/1200/regulation/4/made> and NHS guidance on who is at higher risk from Covid-19. If the carer, child, parent or anyone within the relevant household has a health condition that falls into the vulnerable category the health condition and impact of that health condition should be considered within the risk assessment alongside any particular medical advice that has been given. Please note that prior to the risk assessment being shared within any third party including the court the specific details of the health condition and/or any medical advice specific to that individual should be redacted.

Health and wellbeing risks need to be explored for all those who are attending contact. If parents are in the at-risk groups are they willing to resume face to face contact and understand the risks?

Supervising Social Workers need to complete the RAG assessment based on who lives within the carers' household including other foster children, their own children and if they have formed a linked household. The child's Social Worker completes the assessment in consultation with the birth parents and carers.

- If there are risks, how are these currently being managed?
- Are social workers and other professionals having direct contact and if so, how is this being managed well?
- Can a linked household be formed between the carers and parent (in the event of a single parent family) to support contact?
- Do parents understand and demonstrate willingness to follow guidance regarding self-isolation / linked households / testing / temperature checking / self-reporting symptoms?
- Do they understand the seriousness of COVID-19 and are they able to evidence how they have managed to keep themselves safe and healthy?

When considering health and wellbeing what needs to be put in place to minimise COVID infection spreading? e.g. level of PPE, outside space, length of contact

As part of the bottom lines agreed within the planning meeting parent(s) are asked to self-test their temperature prior to arriving at the contact centre and not attend contact in the event they develop COVID symptoms before contact.

Parents may be tested on arrival at the contact centre. If a test shows $\geq 37.7^{\circ}\text{C}$ parents will be given the opportunity to have their temperature taken again. If their temperature continues to read $\geq 37.7^{\circ}\text{C}$ contact will be cancelled on that occasion.

Considering other factors that could increase risk

Parents social environment and behaviours may increase or reduce risks of being exposed to COVID

- Are parents willing and able to reduce exposure to COVID-19 by minimising risk factors?

- In their day to day lives do they use face masks and follow hygiene rules to reduce risk?
- Do they understand how the virus is transmitted?
- Length of time in face to face situations increases the likelihood of transmission, are parents spending considerable amounts of time with other people and / or at work?

Transport of Child(ren)

The presence of a trusted carer on journeys to contact is particularly helpful to young children, babies and children with complex emotional issues, in terms of supporting their attachment needs, and Supervising Social Workers should actively encourage this

- To minimise how many contacts the child(ren) have and support them emotionally, are the carers able to transport to and from contact?
- If the risk assessment assesses contact can go ahead how will we support carers to transport child(ren) being mindful of car seats / touch. Are the children able to get in and out of the rear of a car and put seat belt on alone?

Where it is essential for the SCT to provide transport the SCT will follow government guidance on transporting children as outlined [here](#). Additionally West Sussex SCT will:

- wear face masks and gloves when helping a child in and out of the car
- ensure seatbelts are secured parallel to the child
- car seats will be provided by the SCT and collected from contact centres. If the carer prefers that their car seat is used it must be clean prior to being used.
- SCT will provide adequate cleaning products to supervisors to clean their cars in between contacts.
- SCT will provide adequate PPE for contacts supervisors to have in their cars including spare PPE for parents.
- Where appropriate the supervisor will hold the child's hand wearing gloves i.e. to and from the car
- Pool cars can be used if required.

Section 3 - Making contact work

- What needs to be considered with carers, social workers and parents prior to the planning meeting to support contact
- What would support the child(ren) to understand and manage contact?
- Are there certain toys and activities that will support contact? Are the carers parents able to provide toys? There are websites to support thinking about good socially distanced activities.
- Are parents aware that contact times may be shorter than pre COVID arrangements given capacity issues in buildings?
- Are parents and carers prepared to use PPE and wash and sanitise hands
- How many people normally take part in contact? This may need reviewing due to room sizes
- Toilet; who will support the children to the toilet / nappy changes?
- Drinks and snacks should be avoided during contact?
- Medication/ first aid support, if this is required who will provide this?

To adhere to social distancing the supervisor will remain 2 metres apart from the family during contact.

Please be aware that limited toys and games will be available in contact centres and equipment used will be cleaned after contact. If children require certain activities, then these need to be provided. Supervisors will sanitize toys, furniture, door handles and any contact points such as light switches after each room is used. The cleaner comes in daily for a thorough clean.

Community Contacts

Planning meetings need to consider the ages and needs of the child(ren) and ensure that they can follow instructions from a supervisor, can walk safely to and from transport and manage their own self-care needs.

Preference is that carers should undertake transport to support child attend contact given the possible emotional impact of contacts. Where there are circumstances where a carer is unable to transport both ways it is preferable that the carers are available to collect at the end of contact. Only in exceptional circumstances where a carer is unable to provide any transport, will a contact supervisor be made available to transport the children.

Where transport is required the ratio of children being transported is 2:1 given COVID restrictions and social distancing in a medium or larger sized car and 1:1 in a small car e.g. 3 door cars.

Social Workers will plan with schools where contact supervisors are required to collect directly from school / nursery.

If the parents were having positive community contact prior to COVID and their previous contact supervisor is available, contact may be able to resume directly into the community if the risks are assessed as appropriate. However, careful consideration to the factors set out below will need to be given and the details of any community contact confirmed in advance.

The initial contact(s) may be held in a contact centre to meet and assess the adherence to the contact plan prior to moving into the community. No family will have contact in the community until they have met the contact supervisor and the contact plan and transport agreement is in place.

Given the current changes in meeting in public places careful consideration needs to be undertaken to where community contacts take place.

- What is the community venue?
- What will the alternative plans be should they get closed due to COVID.
- Who pays for accessing the venue?
- Who pays for the contact supervisor to attend the venue?
- Who will book in advance for the venue?
- Who provides the activities?
- If weather is bad what is the alternative plan?

Resolving Differences and Issues

In the event difficulties arise within contact or concerns are raised regarding the conduct of anyone involved in contact and the implications of not adhering to the written agreement and expectations of the risk assessment a resolutions meeting should be convened by the supervising social worker and the child's social worker. Please Supervised Contact Process summary.

Farewell Contacts

Additional consideration will need to be given to exceptional circumstances such as farewell contacts between children and their birth family. Final farewells are highly significant for children and continue to need careful thought and consideration. It is expected that the level of physical contact taking place a goodbye contact will require additional consideration of appropriate mitigation measures to address any concerns raised in the Risk Assessment.

Arranging Tests

Tests are available for anyone with symptoms via the [NHS website](#)
Essential workers have priority access to testing, self-referral is available via [Gov.uk](#)

If testing is required, that does not fit the current criteria please email the designated nurses for looked after children at Sussex CCGS to discuss at sxccg.lookedafterchildren@nhs.net

The testing team require the following information:

- Name
- DOB
- NHS Number if available
- Address
- Telephone number to confirm booking

The appointment will be for a drive through and results will take 48- 72hours (there is currently no 2-hour testing available)

Additional information on the Coronavirus (COVID 19) and testing is available via the NHS website [NHS Coronavirus](#)

Legal Services Input

If the child/children are the subject of current care proceedings, then legal advice must be sought from the allocated fee earner prior to the finalisation of the contact plan and the risk assessment being approved by the relevant social work manager. Any legal advice provided should not be included in the risk assessment itself but sent separately to those making the decision regarding contact i.e. the social worker, supervising social worker and their manager.

If the child/children are not the subject of current care proceedings but a specific legal issue arises whilst considering the risk assessment, then advice should be sought from the duty solicitor (03302 225111). Any legal advice provided should not be included in the risk assessment itself but sent

separately to those making the decision regarding contact i.e. the social worker, supervising social worker and their manager.

Section 4 – Decision Rationale

The risk assessment requires the child’s social worker and carers supervising social worker’s signatures plus their respective managers oversight into whether face to face contact can take place. In the event that there are two or more issues RAG rated red then the risk assessment and proposed contact plan should be referred to the relevant service lead prior to it being signed off.

Where face to face contact cannot resume, parents need to be made aware of the reasons and what steps need to be put in place to mitigate risks. Social workers will advise parents on what needs to change to enable face to face contact to take place.

Decisions will be reviewed in partnership with parents and carers every 14-days.

Section 5 – Contacting the Supervised Contact Team

The Risk Assessment and proposed date for a contact planning meeting needs to be sent to the SCT allowing for 3 working days for a contact supervisor to be identified. Both the contact supervisor and central team will attend the contact planning meeting.

Contact plans need to account for accessing buildings and appropriate inside space. They need to consider a combination of virtual and face to face moving forward for at least the next 6-months, if not longer.

Consider if contact takes place in community settings and what plans need to be accounted for should there be adverse weather conditions.

Please be mindful that it may take up to 15-working days to secure room space (this will be dependent on requests received). The SCT will be able to discuss availability of venues at the meeting.

Review / Contacts / References	
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