

## Internal Guidance for Social Workers and Supervising Social Workers for supporting direct contact during Covid-19

### 1. Introduction

As part of our recovery from Covid-19, this guidance sets out how direct contact will be supported in a way that keeps 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 be having as contact plans resume.

This guidance supports the above aims by setting out a clear risk assessment process and tools, requiring completion prior to resumption of direct contact.

All contact will be planned as part of the Placement Agreement Meeting or a separate Contact Planning Meeting (where it is not appropriate to be part of the former).

Although the Local Authority must and will provide reasonable contact, we need to be mindful that face to face contact will not look like it did prior to COVID-19. Contact plans will need to incorporate both direct and indirect contact.

### 2. Internal Legal Guidance Regarding Contact – as at 14 July 2020

#### 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.

#### Background

At the commencement of the pandemic on 26 March 2020 the Health Protection (Coronavirus Restrictions) (England) Regulations 2020 aka the Lockdown Regulations (“the Regulations”) were enacted which gave legal force to the lockdown restrictions imposed by the government and complimented the Stay at Home Guidance. The Regulations included provisions preventing households from mixing, specifying when and why people were allowed out of their home and

forced the closure of a large number of businesses in a bid to prevent the spread of Coronavirus. Contravention of the regulations was a criminal offence.

During lockdown the following guidance was given regarding contact:

*Coronavirus Crisis: Guidance on Compliance with Family Court Child Arrangement Orders prepared by Sir Andrew McFarlane dated 24.03.20*

- Provides that movement between the home by children is a decision for the parents to make “after a sensible assessment of the circumstances, including the child’s present health, the risk of infection and the presence of any recognised vulnerable individuals in one household or the other”.
- “The key message should be that, where Coronavirus restrictions cause the letter of a court order to be varied, the spirit of the order should nevertheless be delivered by making safe alternative arrangements for the child.”

#### DfE / Coram Guidance

Regarding residential placements - <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> (to be reviewed 31.05.20 – this guidance remains unchanged)

- Face to face contact is still permitted, taking account of the social distancing guidelines, and children should be supported to manage this. Where it is necessary for safeguarding or welfare purposes to impose conditions, restrictions or prohibitions on a child’s contact with family or friends this remains possible under regulation 22.

<https://corambaaf.org.uk/sites/default/files/coronavirus/fostering/Making%20arrangements%20for%20contact%20270320.pdf>

- When considering contact issues, the safety, health and welfare of children, their carers and birth parents must always be the overriding priority, and the local authority must agree a plan that recognises this. The severe risks associated with Covid-19/coronavirus have resulted in significant restrictions being placed on any form of social contact. This includes setting out a very limited set of circumstances where adults or children can leave their home. As a result, any form of direct contact involving a child in foster care, wherever this usually takes place, must stop. Suspending contact arrangements is likely to be distressing for both birth parents and the child, but the parent/s have a primary responsibility to ensure that their child is kept safe and that the Government’s Covid-19 requirements are complied with.

The Regulations were amended as certain restrictions eased.

#### Current Position

The Regulations were repealed on 4 July 2020 and have been replaced with:

- *The Health Protection (Coronavirus, Restrictions) (No. 2) (England) Regulations 2020* - <http://www.legislation.gov.uk/uksi/2020/684/contents>

The Stay at Home guidance has been replaced as of 11.05.20 with:

- *Staying alert and safe (social distancing)* - this was most recently updated on 9 July 2020 – <https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing>

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

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.

- Support Bubbles

At the current time single adults or single parents with dependent children can form a support bubble with one exclusive household. They do not need to adhere to social distancing within their support bubble and are considered as a member of their support bubbles household when applying the rest of the guidance. Once a support bubble has been formed it should not be changed.

- Socialising and contact with other people

Any number (not exceeding 30) of people can meet indoors provided they are from no more than two households and maintain social distancing whilst inside. A member of a different household can stay overnight in another home provided that social distancing is maintained.

Up to 6 people from different households can meet outdoors subject to social distancing measures being adhered to. More than 6 people can meet if everyone is exclusively from no more than 2 households.

- Outdoor activities

From 4th July 2020 a number of businesses reopened, with further businesses opening from 11th July, even more from 13 July and plans for more to open from 25 July. These businesses now include outdoor and indoor attractions, play parks, open spaces and tourist attractions etc. These businesses have been allowed to open provided they comply with current government guidance which means additional hygiene measures, social distancing and more limited capacity.

#### Guidance specific to children’s social care services

- *Coronavirus (COVID-19): guidance for children's social care services* - <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>

This guidance was updated on 1 July 2020. In relation to contact, particularly court ordered contact, it sets out the following:

*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 traumatising.*

*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 the needs of the child. However, we expect the spirit of any court-ordered contact in relation to children in care to be maintained.*

*Where it may not be possible, or appropriate, for the usual face-to-face contact to happen at this time, keeping in touch will, for the most part, need to take place virtually. In these circumstances, 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, particularly if those carers are shielding or medically vulnerable.*

*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 identify ways to have safe face-to-face interactions, whilst still adhering to social distancing guidance.*

*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.*

### **Learning from Local Case Decisions**

Where the court has imposed contact orders this has tended to involve placements where the children were placed with relatives whom the court considered suitable to supervise contact. In these cases the court allowed face to face contact to go ahead with physical contact between the child/ren and parent.

In making the decision to direct that face to face contact could go ahead in these circumstances the court took a number of factors into account including:

- the age of the child/ren
- that the placement was with a relative
- it was felt the child/ren were suffering harm in not having direct contact
- the fact the children were leaving the home regularly to attend nursery
- the make-up of the household
- that measures could be put in place to mitigate the risk. Some of the mitigating factors included the parent taking their temperature before each contact and the wearing of a face mask and gloves.

### **Factors to take into account when considering direct contact**

Taking into account the current law, guidance and recent court decisions the local authority continues to be under a duty to provide reasonable contact as per section 34 of the Children Act 1989. The Local Authority needs to consider how best to facilitate contact on a case by case basis.

In considering what is reasonable contact for each child will depend on a large number of factors with a risk assessment having been undertaken that takes into account a range of factors that relates to the individual child/ren, their parents and their carers. It will also need to consider the type of contact that is being proposed, the most suitable contact venue and who will supervise the contact. All contact arrangements will in any event need to be kept under regular review particularly as the government guidance 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 direct contact may not return to the level it was taking place at pre-covid-19. Restrictions may continue for at least the next six-months, if not longer.

Contact moving forward needs to combine learnings from virtual contact and contact plans need propose a mixture of these. Research from [Nuffield](#) into virtual contacts address how, in practice, Social Work practice needs understand and embrace the positive aspects of using a digital offer, but being aware of the challenges.

#### **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 it’ll 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

RAG rating the questions will allow social workers to understand what the level of risk is now and what could be put in place to mitigate the risk to allow face to face contact.

### Considering - Social Distancing

#### Are parents willing / able to socially distance?

- When discussing with parents the rules around social distancing 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 been out and have adhered to social distancing / PPE guidance?
- If they need support in contact to socially distance who can offer this? Can they be available and wait outside?
- If parents were to become overwhelmed what strategies do they use to manage this and how could this be supported in contact?

**When considering questions like there where do you RAG the parent? Is there evidence that the risks could be reduced with good support?**

#### Do the child(ren) understand 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?
- If the child(ren) require physical touch will the carers be available to support this?

**When considering questions where do you RAG rate the child(ren)? Is there evidence that the risks could be reduced with good support?**

### Considering health and wellbeing

When RAG rating health please be mindful of government guidance [Extremely Vulnerable People](#) 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 extremely vulnerable or clinically 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 direct contact and understand the risks? Are they socially isolating due to their vulnerabilities?

SSW need to complete the RAG assessment based on who lives within the carers' household including other foster children, their own children and who mixes in their social bubble.

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 social bubble be formed between the carers and parents to support contact?

Do parents understand and demonstrate willingness to follow guidance regarding self-isolation / social bubbles / 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 questions how do you RAG rate the health and wellbeing considerations? Is there evidence that the risks could be reduced with good support?**

#### Considering other factors that could increase risk

Parents social environment and behaviours may increase risks of being exposed to COVID-19.

- Are parents willing and able to reduce exposure to COVID-19 by minimising these 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 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, so where possible SSWs should actively encourage this'

- To minimise how many contacts the child(ren) have, are the foster carers able to transport to and from contact?
- If they are not willing can contact go ahead at this time?
- If the risk assessment assesses contact can go ahead who will support 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?

#### Section 3 - Making contact work

- Considerations that need to be explored with foster carers / SSW / parents prior to planning meeting to support positive contact
- By trying to enforce contact that requires social distancing will this be more impactful on the child than continuing with virtual?
- Will visual prompts support the child(ren) to understand how to behave / manage in 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.

**Please be aware that NO TOYS or games will be available at contact centres. We are asking parents and carers to bring their own toys to avoid cross-contamination. The only items in rooms are the basics: tables and chairs. Supervisors will sanitize the furniture, door handles and any contact points such as light switches after each room is used. The cleaner comes in daily in the morning for a thorough clean and we have a person coming in at around lunchtime each day to sanitize high contact points such as door handles.**

- Are parents aware that contact times will be shorter given capacity issues in buildings? Be realistic with parents that socially distanced contact will be more challenging and likely to be **limited to no more than 45 minutes.**
- 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 unless there is a medical reason to have them available? Who will administer any drinks, snacks?
- Medication/ first aid support, if this is required who will provide this? Will the carer be in an adjacent room during the contact to support?

**In terms of social distancing- the supervisor has a designated area within the contact room- 2 metres apart from the family.**

- Contingency planning where physical contact takes place. What are carers comfortable with? Who needs to be contacted when physical contact takes place and within what timescales?

### Farewell Contacts

Special 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.

**Farewell Contact is a one-off contact where physical contact may, with suitable risk measures accounted for, be appropriate.**

- If physical contact is permissible what will be written into their contact agreement regarding extent of physical contact? For babies and younger children transparent face masks should be considered.
- Is testing required prior to physical contact and will the parents agree to self-isolate following testing?

### 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](mailto: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 should be sought from the allocated fee earner prior to the final decision having been made in respect of direct contact 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 supervising social worker's signatures **plus their respective managers oversight** into whether direct contact can take place.

Where direct 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 allow direct 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.

Please consider what the contact plan will ‘look like’ given that there are limitations on building space and time required to make room space clean for follow on contacts.

Contact will need to be a combination of virtual and direct moving forward for at least the next 6-months, if not longer.

Can contact take 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.

<b>Review / Contacts / References</b>	
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