**Hull Children and Families Service Online Procedures**

**Contact Procedures and Guidance**

RELATED GUIDANCE

[**The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review (2015)**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/441643/Children_Act_Guidance_2015.pdf)

**Amendment chapter updated in March 2015**

[**Section 1, Approving and Planning Contact**](https://hullchserv.proceduresonline.com/p_contact_parents.html?zoom_highlight=contact+service#approving)

**This Chapter COVID AMENDMENT Updated June 2020**

**Principles for Family time – face to face**

This update was completed in June 2020 to reflect the current COVID- 19 pandemic worldwide and revised again in August 2020.

As lockdown eases and guidance around social/physical distancing changes (to enable people from different households to meet in safe ways), social workers will need to revisit children’s contact plans. Working within the current government guidance on Covid-19 and the overall approach set out by their Local Authority, each child’s care plan will need to be individually considered to agree the best way to support their ongoing time with their family. This will need to be kept under regular review as guidance around Covid-19 changes.

Family time planning during the Covid-19 pandemic will require an even more careful balance between the rights of the child to having time with their family (which promotes positive relationships and improves their well-being), the rights of their birth family, and the rights and responsibilities of their foster carers.

**Principle 1 – revisit each child’s contact plan**

Look for opportunities to build trust, collaboration, empathy and a shared sense of goals between the family caring for the child or young person and the child’s birth family so they can work together in the best interests of the child or young person.

# Principle 2 - Children and young peoples’ perspective

Keep the child’s wishes, feelings, strengths and short and long-term needs at the centre of planning for family contact time.

**Principle 3 – Birth Family’s perspective**

Take into account the needs, wishes, feelings and strengths of the birth family.

**Principle 4 – Foster carers’ perspective**

Take into account the needs, wishes, feelings and strengths of foster carers and their family members. (The Nuffield Family Justice Observatory rapid evidence review demonstrates clear benefits for many children where foster carers assume a more central role in managing and even supervising virtual contact within their homes. With appropriate support and training, these benefits can be built on if foster carers are included as an equal partner in the ‘team around the child’ with their views, skills and position of trust in relation to children in their care fully recognised by others)

# Principles 5 - Practical considerations

Consider on an individual basis what risks there might be and make plans to manage these proportionally. Aim for family contact time to be rewarding, fun and child-friendly.

To enable face to face family time to commence, each principle needs to be explored in a risk assessment unique to each child. This needs to consider:

* Venue
* Transport arrangements
* Support in family time session
* Contract of expectation with child, parents, carers
* Test and Trace to be in place to keep a record of peoples contact details
* Symptoms check prior to each session

With this in mind we have devised a risk assessment template (attached), which will need to be completed for each child having contact, as well as general guidance for Social Worker and parents below, which has been sent out and will be reviewed on a regular bases as situation changes locally, nationally and globally day by day.

**Letter to parents in respect of restarting face to face family time with your child/ren**

We understand that family time is important for children and that we have been working hard to ensure that children can spend time with their families in a safe way. I am working with contact and fostering services alongside the social workers to support and promote family time but in order for this to happen safely I am asking you also to work with me to ensure that we ensure safe family time for your child/ren and the carers who are looking after your children.

* I am requesting that if you have tested positive for Covid-19 you do not attend face-to-face time with you child/ren and that we will endeavour to offer an alternative when you are clear.
* I am requesting that if you are symptomatic (e.g. if you have symptoms) that you do not attend face-to-face time with your child/ren and that we will endeavour to offer an alternative when you are clear.
* I am asking that you take care and consider who you have been in contact with prior to the contact and that you have followed the government guidelines about maintaining safe relationships outside of your household.
* The vast majority of family time will take place outdoors.

I appreciate that when you have not had face-to-face time with your child/ren for many weeks that it will be very difficult to remain separate from your child/ren when you see each other. However,  I am requesting that we work together to ensure that we make your child/ren and their carers our top priority to keep them safe by ensuring that you support your child/ren during face-to-face time and keep to social distancing of one metre plus.

**Guidance to Social Workers & Foster carers in respect of restarting face to face family time for Child/ren**

As you are all aware we are all living and working in unprecedented circumstances which have had an impact on everything we do and how we do it.  The Covid-19 pandemic has also meant that face-to-face supervised contact between children and their parents had to be put on hold for a period of time.

Children Social Care, Health and Safety Executive, Senior Management and the Trade Unions have all been working together to look at ways in which this can be resumed while still adhering to Covid-19 government guidelines which protects children, parents, staff, foster carers and other children in their care while undertaking the face-to-face contacts. As a result we are now in a position for supervised face-to-face contact.

For all contacts for children placed in foster placements, the full foster household situation needs to be considered, as the starting point for arranging any of these contacts. This should be a three-way meeting between the children’s SW/s, Fostering SW and Foster Carer. If the FSW is not available please contact their TM.

Also consider that if foster carers have children from different families in placement, they may not be able to facilitate contact and in such situations, these contacts may have to be referred to the Contact team to supervise, including for babies/ toddlers. Alternative placements/ day care arrangements for other children in the household should not be proposed so that the foster carer can supervise contact with one of the children, as this would not be in the best interests of the children involved.

Supervised face-to-face contact will now look very different and will be as follows:

* Consider if the contact can be facilitated via use of technology in the first instance?
* Can the face to face contact be facilitated by the care giver/foster carer?
* Contacts that were being undertaken or any current referrals that are waiting allocation prior to Covid -19 will now need to be updated and resubmitted and require a Direct Contact Risk Assessment to be completed this will need to be attached to the updated referral form and submitted through to the Contact Team Tray via Liquid Logic.
* Each request for face-to-face supervised contact will be assessed on a case by case basis.
* **If your request for contact is approved the contact will be given is one hour per week, per parent if separate contact is required.** Other contact time will need to be made up by other methods currently in place i.e. WhatsApp or telephone contact.
* Supervised contact will now be undertaken outdoors with children and young people aged over 5 where everyone involved is able to maintain social distancing at North Locality, Midmere and with limited availability at East Locality.
* Supervised contact by the contact service for babies and children under 5 will take place at McMillan centre only, as we will have the correct facilities in place.
* When contact has finished the baby/child/ren will exit the room and be taken to their transport.
* We are working hard with Health and Safety Executive and other partner agencies to make sure our guidance is kept up to date and are in the best interest of children in our care. As the situation changes locally and nationally we will continue to review these and update guidance.
* Our expectations are that social worker, foster carers, children’s parents and the contact service work closely with each other to prepare children for contacts before any contact takes place.

Below summarises the Public Health Advice that was developed in conjunction with the Fostering, Contact and Health and Safety Teams in relation to contact visits for children in Foster care.

Dr James Crick, Consultant in Public Health Medicine

Helen Christmas, Acting Consultant in Public Health

1st August 2020

**Agreed principles:**

* The aim of the contact visit is to allow the child in Foster Care to maintain relationships with their birth parent(s).
* Equal consideration must be given to protecting the health of all involved (the child, the Foster Family, Hull City Council Staff and the Birth Family) and minimising any negative impact on the emotional development and wellbeing of the child.
* Individuals who have symptoms of, or are confirmed cases of COVID-19, or have been identified as contacts of confirmed cases should not take part in contact visits.
* The safest, least restrictive approach that can be taken should be taken in carrying out contact visits.
* Each situation will need to be risk-assessed based on the situation at the time.

**Background:**

COVID-19 is a lung disease caused by a new strain of coronavirus that started causing illness in humans in late 2019. It is spread from person-to-person by large droplets, through contact with the mouth, nose and eyes. Spread can be reduced by carrying out simple measures:

* Washing hands more frequently with soap and warm water for at least 20 seconds; if soap and warm water are not available then alcohol-based hand sanitiser is an acceptable alternative;
* Coughing into a tissue and disposing of it in a bin and then washing hands;
* Maintaining 2m of “social distance” where possible, or putting other measures in place where this is not possible, e.g. more frequent hand hygiene, use of face coverings or eye protection etc.
* If symptoms of COVID-19 occur, the individual must isolate at home and arrange testing as described in the national guidance; symptoms of COVID-19 are:
  + New continuous cough; or
  + Fever of greater than 37.8⁰C; or
  + Loss or change in the sense of taste or smell.

The Public Health Team in Hull are working with partners and other agencies to monitor the level of COVID-19 infection in the City. Based on the information available at 31st July 2020, less than 2% of all of the positive cases in Hull occurred in children under the age of 16 years.

There is currently no evidence that Birth Parents would pose a greater risk of transmission that anyone else in the community; the locations of transmission are varied but the higher-risk locations nationally appear to be health and care settings and food production facilities.

**Approach:**

To balance the need to keep all safe and maintain the ability to allow the child to maintain relationships with their birth parent(s) at the contact visit, the following approach was agreed. In keeping with the agreed principles, it was suggested that:

1. Foster Parents would be contacted on the morning of the contact visit to check whether anyone in the household has symptoms of COVID-19 – if symptoms are present in the household, or the child is a contact of a confirmed case of COVID-19 then the contact visit would be rescheduled;
2. Birth Parents would be contacted on the morning of the contact visit to check whether they had any symptoms of COVID-19, or were identified as contacts of a confirmed case – if they have symptoms, or were identified as contacts of a confirmed case, the contact visit would be rescheduled;
3. The child would be transported to the contact site;
4. Adults should maintain 2m social distancing where possible;
5. The Birth Parent(s) would be met at the door, at 2m distance and a further check would be made as to whether they had any symptoms of COVID-19, or were identified as contacts of a confirmed case – if they have symptoms, or were identified as contacts of a confirmed case, the contact visit would be rescheduled;
6. The contact visit would be observed as is normal practice, and the Birth Parent(s) would be reminded about good hygiene practices should it be necessary.
7. The Birth Parent(s) would not need to wear a coverall or eye protection as this would be disproportionate and may impact negatively on the child’s experience of the contact visit, and eye protection would provide no additional protection to the child;
8. The child could be cradled on the Birth Parent’s lap on an appropriate barrier provided by the Contact Team which could be stored and laundered as per national guidance (e.g. a blanket) – a similar approach could be used to allow hugging;
9. Good hand hygiene must be practised at the end of the contact visit;
10. The room and any equipment used to transport the child should have hard touch-points cleaned with an appropriate hard surface cleaner between uses;
11. Birth Parents will be asked in advance not to kiss their child during contact visits at this point in the pandemic. Birth Parents may wish to allow their child to kiss them in an area that has been recently, and could be easily washed (e.g. hand) or an area that would present a lower risk of transmission (e.g. top of the head);
12. Birth Parents would be encouraged not to bring food or gifts for their child, or in exceptional circumstances (e.g. birthdays) are asked to bring items that can be wiped clean or easily washed at this point in the pandemic;
13. This approach will be reviewed in light of any future local or national guidance that is published in relation to this population group and the COVID-19 pandemic.

If you have any questions please contact Debbie London, Contact Team Planning and Reviewing Officer (2540), Vanya Sanderson, Locality Contact Team Leader (5177) or Fiona Lees, Contact Team Leader (4541) who will be happy to answer any queries or questions you may have and if required will where possible advise and support in the completion of the Contact Team Covid-19 Risk Assessment which is attached.

This will be reviewed on a fortnightly basis by Group Managers to ensure government changes are adhered to.

**COVID-19 Risk Assessment to determine reasonable contact with the child**

**Child: D.O.B**

**Dated:**

|  |  |  |
| --- | --- | --- |
| Circumstances and factors to be considered | COVID-19 infection risks more likely | COVID-19 infection risks less likely |
| **Child’s healt**h |  |  |
| **Parents’ health**  (refer to each separately) |  |  |
| **Parents’ household(s)**  (consideration of health and vulnerability of all persons who live with parents) |  |  |
| **Carers’ household**  (consideration of health and vulnerability of all persons who live with Child) |  |  |
| **Suitable venue for contact**  (consider infection control need to have hand-washing facilities and PPE) |  |  |
| **Arrangements for persons travelling to contact**  (consider management of risks for persons using public transport) |  |  |
| **Compliance with UK government guidance**  (consider risks posed by any person involved in contact that does not comply with “social distancing” and “stay at home” advice) |  |  |
| **Managing infection control during contact**  (consider items brought to contact and arrangements for PPE and physical contact) |  |  |
| **COVID-19 infection or suspected symptoms**  (consider how persons involved in contact and persons within their households will report and monitor this) |  |  |
| **Any other case specific circumstances to be considered**  (consideration to persons supervising contact) |  |  |
| **Decision made regarding reasonable contact that can proceed after completion of assessment.** | | |
| **Review date for risk assessment:** | | |