

**Health & Social Care - Practice Guidance Planning and Promoting Contact with Children and their Families – (***adapted from Rights, relationships and resilience: a framework for decision-makers to help children in care maintain contact with their families during COVID-19 pandemic*

*(V.2 – Published 22 January 2021))*

**Purpose**

This guidance has been reviewed and updated in the context of the additional public health measures introduced in January 2021. This aims to support practitioners and decision-makers in Highland to apply a holistic approach when making formal recommendations and decisions about how children’s contact and connections are maintained, taking account of the child’s safety, health, and wellbeing, respecting the rights of the child, their family members and carers by promoting positive and nurturing relationships which sustain and develop the child’s and family’s resilience.

**Principles**

The work of supporting and promoting face to face or other appropriate methods of contact between looked after children and their families continues to be a key priority. It is recognised as, when assessed as essential, a ‘permissible’ piece of work in supporting and promoting the wellbeing and rights of the child, and should be planned in accordance with the recently published Scottish Govt guidance docs: <https://www.gov.scot/publications/coronavirus-covid-19-looked-after-children-and-young-people---family-contact/> . Further specific information for children in residential can be found on

**Assessment**

Wherever the child is living, there must be a holistic assessment of the child’s need for face-to-face contact, and the specific **purpose** of contact. A risk management plan should take in to account the factors explored in this framework, below. In every situation, prevention of transmission is a shared responsibility by all professionals, parents and carers involved in planning and enabling the face-to-face arrangements. Prevention depends on everyone involved in the plan following all relevant infection control advice. **All risk assessments require to be reviewed and updated at regular intervals to account for any change of circumstances.**

Assessment, planning and decisions should be informed by the Childs Plan using the tools available as per the [Highland Practice Model](http://www.forhighlandschildren.org/5-practiceguidance/high-pract-model.pdf).

**Appendices A (attached) contains additional information with regards to age and stage of development which should support your assessment and planning of contact.**

**Appendix B (attached)contains resources for consideration where face to face contact cannot be progressed.**

**Context**

Every child’s circumstances are different. When making decisions the key questions about their situation that should be understood by all involved are:

* why is the child looked after and accommodated?
* what is the legal basis for the child being looked after and accommodated?
* are there any legal conditions or orders which set requirements for contact?
* what restrictions are in place as a result of [Health Protection Scotland guidance](https://www.hps.scot.nhs.uk/) on infection control, shielding and social distancing?
* how is the child’s voice and experience heard in shaping the plan?
* what are the views of close family members (with whom child needs connection), kinship carers, foster carers or residential staff?
* what direct and indirect contact is necessary and deliverable safely? How has this been assessed?
* what are the main outcomes of the child’s plan?

**Assessing Risk/Ensuring Safety and Wellbeing**

Factors for consideration when planning direct contact condition/arrangement which is part of the child’s plan

* Does the child, their carer, any other child or adult member of the carers household, their parent or any other member of the parent’s household have an underlying health condition that would increase risk from Covid-19 infection?
* If yes to any of the above, what is the medical advice on the risk that direct contact may create to the person/s with the underlying condition? Are foster carers or adopters able to liaise directly with services medical advisor for guidance and advice? Are there ways to allow contact to proceed whilst protecting the child/carer from the medically identified increased risks?
* Is the parent/relative able and willing to observe social distance, within any contact arrangement and also within their day to day interactions with other people? Are there any factors that will make it hard for the parent to maintain social distance (e.g. substance misuse, mental health, learning disability, domestic abuse)?
* Are the views of child/ parent/relative known and recorded in the child’s plan?
* If it is not possible to maintain social distance within the contact can we provide a safe environment in which to do this? Is Personal Protective Equipment available both for workers supervising the contact and the parent? If we need to do this, will the parent comply with the arrangements?
* What venue is proposed for contact and are appropriate hygiene arrangements in place? Are there toilet facilities available which can be safely used by children, or by carers/staff facilitating transport to contact?
* What transport will be needed to the contact? Is transport essential to reach a contact location? Who will do it and what are the risks for the carer/staff member/others in their household? How many people are involved and how far is the journey? Small enclosed spaces, lack of ventilation and length of time in such an environment can increase risk of Covid19 transmission.
* What are the views of staff and carers who will physically facilitate direct contact? If carers are asked to facilitate contact what preparation, guidance and support will be available to ensure safe practice? Health and financial risks for carers and their families must be considered.
* Taking all of the above into account, what is the assessment of the level of risk attached to proposed face to face contact?
* Does the risk of Covid19 transmission to the child or others outweigh the wellbeing reasons for face to face contact and necessitate a review of existing arrangements?

**Risk Assessment Template (attached) Appendix C**

**Collaboration**

During Covid 19 restrictions it is even more critical that parents, carers and multi-agency professionals involved in contributing and progressing a child’s plan for face-to-face and other types of contact are involved and supported to work together and share learning. For example:

• How are the child’s relationships beyond the home happening now? (both directly and indirectly? e.g. direct contact/ virtual contact/phone contact /online activities/written/exchange of photos, recordings).

• If arrangements are supervised, why? What extra safety precautions are necessary to put in place, either face-to-face or virtually?

• Where and how does it happen?

• Who is involved? What resources are needed?

• What is working well?

• How are current arrangements promoting the child’s resilience and wellbeing?

• What are parents/carers/professionals concerned about? What are the complicating factors?

• Does anything need to change? (in order to ensure child’s and others safety and protection of life, whether immediately; step by step; and whether this requires a decision to be legally authorised?)

• How do we ensure the child’s experience and views about contact and family relationships will be fully taken into account in assessment and recommendations and decision-making? What should happen and how? Eg, is advocacy or legal advice for the child needed?

• How do the views of close family members (with whom child has meaningful relationships and connections) inform recommendations?

* What are the views of kinship carers, foster carers or residential staff?
* What direct and indirect contact is necessary and deliverable safely? How has this been assessed?
* Can face-to-face arrangements be suitably, and temporarily, adapted to other communication options due to current health circumstances**? (Consider implications in terms of legal order/conditions, are they written in a way which allows for adaptions to method of contact?)**

**Decision Making**

The decision-making process should as much as possible continually involve families, as contributions they can bring can generate creative ways of fulfilling contact whilst addressing risk.

Following outcome of risk assessment indicating changes to contact are required, Lead Professional must seek agreement with Manager/Practice and decision clearly recorded with brief reference to risk assessment /COVID restrictions.

Following line management agreement, the outcome must be discussed clearly with child (age appropriate), parent/carer and those and key people involved, those who are directly involved in supporting contact.

An agreed contact plan should specify who will do what, why and when; including how and when plans will be reviewed.

The plan should specify what help, resource, support is needed to make this happen before during and after the contact for the child, and the adults involved (e.g. birth or adoptive parents, foster carers, brothers and sisters living in different households).

**Escalation** Where there is disagreement with the plan for change of contact this should be escalation in the first instance to Children’s Services Manager

**All court and children’s hearings orders must be implemented unless there is evidence of risk of significant harm to the child or another person. In these exceptional situations formal notification in writing must be made to the Principal Reporter without delay and a review of the CSO/ICSO should be sought immediately. Good practice indicates that an initial telephone call to your Area Reporter to discuss is crucial as this will ensure a measured response.**

<https://www.chip-partnership.co.uk/2020/03/27/coronavirus-joint-statement/>

**Appendix A: Developmental considerations**

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| Age and Stage | **Developmental, experiential and practical considerations** :  These are indicative prompts for general consideration. Developmental stage and communication support needs and therefore resource considerations are specific to each child in context. |
| 0-9 months | **Developmental considerations**   * Babies are reliant upon looking at adult faces to pick up their cues, connect and gauge their own experience of the world. * Babies require to be physically touched on a frequent basis by their adult care givers in responding to needs * Babies physically grow and develop quickly   **Trauma informed perspective** : a baby, child or young person may not be on target with healthy chronological developmental milestones |
| **Considering direct contact** when this is essential to wellbeing /stage of planning: subject to risk assessment, it may be viewed as essential that direct contact is supported   * The venue – there may require to be a cleaning process between use for different children, families and practitioners. Therefore this will impact on both frequency and time for the session to ensure the safety of all involved. * If contact is to be supervised for more than 15 minutes in an enclosed space– are there facilities at the venue where the practitioner can safely observe via a screen and/or maintain a level of physical distance while still understanding the detail of the time between a parent/parents and the baby? * If not – is it safe, and respectful of confidentiality, to have the contact outside in the open air? * It is believed that the Covid-19 virus could remain live on plastic materials for around 72 hours. Is it safe for the child, and possible, to have duplicates of any formula and feeding equipment? * A car seat/any objects moving between households may need to be ‘wiped down’ after each use due to handling by more than one adult * A baby may be less aware of difference in routine regarding the use of PPE equipment such as masks however what impact will this have for a sensory experience and engagement? * It may be deemed essential travel. Travel between locations and contact with others increases risk of transmission. What is the mode and method of transport, timing and finance required for safer travel?   The additional vigilance required for those being asked to facilitate contact for children and their families cannot be underestimated. The additional layer of safety planning and enactment will require time and energy. Practitioners and carers will require time for preparation, planning, enactment – and debrief to maintain the levels of safety required |
| **Resource considerations if considering direct contact include:**   * Duplicate feeding equipment * Support to access any practical provisions * Handwashing facilities and/or anti-bacterial gel and wipes * PPE equipment in enclosed spaces and transitions * Safe methods of transport * Venue (inclusive of cleaning routines and practices in line with infection control methods) * Access to health advice to consider vulnerabilities for babies and all primary care-givers and the risk of transmission   Time written into any plan for preparation/acquiring resources/communicating the plan/on-going risk assessment and debrief |
| 9 months-5 years | **Developmental considerations**   * Children are far more aware of being separated from a specific primary care giver from the age of nine months old * Children who are teething and explore the world using their mouth and hands, * Children are involved in magical thinking at this time and look for different ways to interact. |
| **Considering the child’s experience**   * Is it more distressing or confusing to be told not to touch things and people – than see and interact with adults through a screen which is a physical safeguard? * What is the impact of seeing masks and PPE on adults if this is deemed to be part of the safety plan for those involved? * How can play and story telling be used to support a child make sense both of the plan – and to support interactions? * Thinking about balancing both adult needs and child’s needs – what is the expectations of screen time? Ten minutes may meet the child’s needs to concentrate at this time. A parent may wish to have more time therefore   **Supporting parents and carers**  For example: Are there opportunities to talk for a while with the primary care giver while watching their child play? 2. What supports does the primary care giver need to manage this (both practical and emotional) – how can the team around the child be used well? |
| **Resources required**   * In the use of virtual contact – what technology is required and is this accessible? * What data is required and is this accessible? * A different form of planning for activities may be required in this context – if the agreed plan is to draw/bake/play a game in two households via shared screen time – are there the same ingredients/equipment/books/play equipment in two venues to allow a child to see a mirror image on the screen? This will require additional resources – and plan in advance to coordinate * Can a (social) story be written to explain the specific Covid-19 restrictions or book be sourced? * What additional resources can be put in place to support a parents connection with their child such as a diary of the child’s experiences and milestones? |
| 5 to 11 years | **Developmental considerations and opportunities** Including…   * Increasing curiosity about the world around them – and stories to help process where they fit within this world * When experiencing separation and loss may lack confidence and/or become overwhelmed when faced with new situations. Children may be experiencing the loss of a known situation but equally the loss of time with peers in a school environment, routine and structure * Concentration increases * Begin to develop a sense of humour at the age of 8 years old * Around 10 years old family activities and friendships are becoming very important. There is also a greater capacity to be involved in discussions about problems and values * At the same time fears about the world can begin to become more dominant * Likes a plan and feels safe when adults can anticipate and articulate what is happening next * Depending on the experience of the child – they may be able to increasingly self-regulate and therefore manage carefully delivered messages about social distancing |
| **Considering the child’s experience**   * Although a child may cognitively be able to engage with a concept about social distancing what would be the impact of being near a parent or significant other without being able to touch them? * If a child has been a young carer for a parent or sibling – they may experience a sense of loss of control and/or have deep concern about others well-being magnified by information regarding Covid-19. What information does the child need in addition to any contact arrangements? * Who is important to the child? Would more screen time with a sibling meet a need to connect without a responsibility to manage physical safety or direct play equipment between households? * Would a visual plan help a child to anticipate and identify time with the parent – particularly when their routine does not involve as many physical transitions of venue inclusive of school as it would usually do? * If a child uses communication tools – there may be increased risk of transmission if used in the same physical space. If used virtually - can there be duplicate copies in all relevant households? |
| **Resource considerations**   * Increased use of postal services may be considered to exchange letters, pictures and cards to maintain senses of connections. This will require usual needs and risks assessment * Additional play equipment may be required * Data and technology * Amended observation methods to take into account digital methods if used * Visual charts and plans – duplicate copies * Methods of review as to affect of variance in facilitating family time |
| 11 years and over | **Developmental considerations and opportunities**   * Due to further growth stages in the brain, young people may revert to difficulty in reading adults emotions and facial expressions. * Young people are more likely to have their own mobile phone/tablets/devices * Some young people may be struggling more with the restrictions and have left the house more frequently to connect with peers. Others will have remained at home and had a close connection to primary care-giver. * Due to developmental stage a young person’s view of the ability to manage and control risk may be more than is the case * Identity formation in the midst of increased isolation |
| **Practical planning considerations**   * The impact of PPE equipment may have the same effect as those for a young child despite a young person being able to more actively engage in other ways * Increasing consideration may be required to be given to mental health and wellbeing – either due to increased risks of self-harm – or increased resilience due to absence of usual pressures * If independently a young person has had increased contact with other households – and in information gathered a parent (for example due to substance use) has also had contact with more than once household – how does this impact on any risk assessment of likelihood of transmission? * If a young person has an increased health vulnerability – or a care giver does – how is this explained to the young person and what expectations are given to them – and which are held by adults to manage? |
| **Resource considerations**   * Contextual mapping exercise of associations will assist understanding of risk and opportunities for collaborative safeguarding * Support to young people who are using their own technology to engage in conversations as to what they have seen, heard or experienced * Providing support to structure a plan than a young person creating or engineering this individually * Increasingly providing a ‘toolkit’ for young people so they can enact safety plan and be part of the team. This may involve a pack including hand sanitiser and a mask for use in public places. |

**Appendix B: Resources**

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| **Appendix B : selected references**  Independent Care Review (2020) The Promise. <https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf>  **Contact during lockdown: How are children and their birth families keeping in touch?** Nuffield Family Justice Observatory/University of East Anglia. *Briefing paper* reporting on social work and carers experiences of enabling contact during lockdown in England (PDF; 6pp) <https://www.nuffieldfjo.org.uk/app/nuffield/files-module/local/documents/nfjo_contact_lockdown_rapid_research_briefing_paper_20200520_final.pdf>  **The effects of digital contact on children's well-being: evidence from public and private law contexts**. Nuffield Family Justice Observatory *Briefing paper* : rapid review of existing evidence on digital contact (PDF)5pp<https://www.nuffieldfjo.org.uk/app/nuffield/filesmodule/local/documents/nfjo_digital_contact_evidence_review_briefing%20paper_20200520.pdf>  ‘HOW TO’ TIPS ON ENABLING FAMILY TIME VIRTUALLY  **Family Time: from a distance, without technology** Research Centre for Children and Families, University of Sydney. *Practical pointers for practice* (PDF, 2pp) (*Ideas for supporting children to keep connected to family members without the use of technology*) <https://www.sydney.edu.au/content/dam/corporate/documents/faculty-of-arts-and-social-sciences/research/research-centres-institutes-groups/rccf-family-time-from-a-distance-without-technology.pdf>  **Family Time: tips for using video chats.** Research Centre for Children and Families, University of Sydney. *Practical pointers for practice* (PDF; 2pp) <https://www.sydney.edu.au/content/dam/corporate/documents/faculty-of-arts-and-social-sciences/research/research-centres-institutes-groups/rccf-tips-for-using-video-chats-for-family-time-march-2020.pdf>  **Conversation starters for children and families** Research Centre for Children and Families, University of Sydney. *Practical pointers for practice* (PDF; 2pp) <https://www.sydney.edu.au/content/dam/corporate/documents/faculty-of-arts-and-social-sciences/research/research-centres-institutes-groups/coversation-starters-for-children-and-families.pdf>  Keeping in touch: managing contact for looked after children.City of Edinburgh(2014)[https://www.girfec-aberdeenshire.org/wp content/uploads/2015/11/KiT\_Guidance\_Complete\_LR-RGB.pdf](https://www.girfec-aberdeenshire.org/wp%20content/uploads/2015/11/KiT_Guidance_Complete_LR-RGB.pdf)  **Social online games for children and families** Research Centre for Children and Families, University of Sydney. *Practical pointers for practice* (PDF; 7pp) <https://www.sydney.edu.au/content/dam/corporate/documents/faculty-of-arts-and-social-sciences/research/research-centres-institutes-groups/social-online-games-for-children-and-families.pdf>  **Tips for Video Chatting with Young Children – Staying Connected While Far Apart,** National Association for the Education of Young Children (NAEYC) (Webpage) <https://www.naeyc.org/our-work/families/tips-video-chatting-young-children>  ADVICE ON GUIDANCE ON USE OF DIGITAL TECHNOLOGY PLATFORMS  **Seven questions to ask when using digital technology to help maintain family contact** Nuffield Family Justice Observatory. Before employing a new platform, practitioners should ask themselves some key questions to ensure the experience is safe, accessible and appropriate, and that it offers the best experience for each family. (Web page) <https://www.nuffieldfjo.org.uk/news/7-questions-when-using-digital-technology-to-help-maintain-family-contact>  Twenty-first century contact: the use of mobile communication devices and the internet by young people in care. Simpson J (2020) Adoption & Fostering 2020, Vol. 44(1) 6–19  **Using technology to enable contact, National Association of Child Contact Centres**  – Step-by-step how to on setting up and using Skype for contact (Two short videos, 2mins:44secs; 1min47 secs) <https://remotecontact.naccc.co.uk/> |

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| GENERAL INFORMATION ABOUT KEEPING CHILDREN SAFE ONLINE | |
| **Keeping children safe online** | *Advice on how to talk to a child about online safety*  <https://www.nspcc.org.uk/keeping-children-safe/online-safety/talking-child-online-safety/> |
| **Setting safeguards for online games** | *Advice on how to keep children safe in online games*  <https://www.nspcc.org.uk/keeping-children-safe/online-safety/online-games/> |
| **Information about social networks, apps and games** | Reviews and assessments of different networks, apps and games (searchable)  <https://www.net-aware.org.uk/networks/> |
| **Reviews of common video chat online platforms and apps for adult supported virtual communications** | Zoom <https://www.net-aware.org.uk/networks/zoom/> |
| Skype <https://www.net-aware.org.uk/networks/skype/> |
| WhatsApp <https://www.net-aware.org.uk/networks/whatsapp/> |
| FaceTime <https://www.net-aware.org.uk/networks/facetime/> |

**Appendix C:Risk Assessment template-planning direct contact**

**Highland Council** **Risk Assessment Template - Planning direct contact**

**June 2020 (COVID -19 specific)**

1. **PLACEMENT DETAILS**

|  |  |
| --- | --- |
| CHILD / YOUNG PERSON’S NAME: |  |
| DATE OF BIRTH: |  |
| HOME ADDRESS: |  |
| TOWN: |  |
| POSTCODE: |  |
| PLACEMENT ADDRESS: |  |
| NAME OF CARER/ KEY WORKER: |  |
| DATE OF PLACEMENT: |  |
| DATE RISK ASSESSMENT COMPLETED: |  |
| REVIEW DATE: |  |

1. **BACKGROUND INFORMATION**

*(Please use this section to provide some brief information re child’s circumstances e.g. reference to age and stage re physical contact, legal issues, is there a condition of contact? Any specific health concerns -child, carers, parents, support workers, e.g. pre-existing conditions ref govt COVID guidance, likely to increase risk, where contact takes place, any additional risk)*

1. **RISKS IDENTIFIED IN CURRENT OR PROPOSED PLACEMENT**

*(Please include any specific risks identified e.g. foster carer having additional children in the home, possible spread of infection following contact, will child need to move placement if contact goes ahead due to level of risk to household, parents having to travel by public transport, parent’s capacity to adhere to COVID directions, social distancing etc, PPE availability)*

1. **ACTIONS REQUIRED TO MANAGE RISKS**

*(Please use this section to outline what needs to be put in place to minimise risks e.g. all parties to assess health prior to contact and report any symptoms, refer to self-isolation guidance, child ready for immediate transport to contact location, minimise unnecessary physical contact, good hygiene, including washing down of equipment, pram, car seat etc. following contact, contingency plans for remote contact if unable to facilitate face to face. Clarity that in the event of non-compliance with COVID rules, contact will end)*

1. **OTHER SPECIFIC ACTIONS TO BE UNDERTAKEN TO MANAGE RISKS DURING COVID-19 PANDEMIC**

*(Please use this section to outline any contingency plans should placement be at risk due to demands re: contact e.g. additional out of hours support, advice availability)*

**SIGNATURE:**

**JOB TITLE:**

**DATE:**

**Copy of COVID-19 risk assessment read and agreed by all parties detailed.**