#  Contact for children in care during COVID-19

**Effective from 1st June 2020**

**This document sets out our approach to supporting children and young people in care to have meaningful and enjoyable contact with those who are most important to them, in accordance with their contact plan, during the COVID-19 pandemic. It sets our interim arrangements for supporting contact during the current period, while social contact is restricted, and social distancing measures are in place across society.**

**Changes to current contact arrangements will be introduced gradually, and reviewed regularly, on a case by case basis. All changes to contact arrangements and the rationale need to be agreed by the Team Manager and recorded on the child’s case record and as a change to the child’s Care Plan.**

**This guidance will be reviewed when further government guidance is issued regarding restriction of activity and social distancing.**

1. **Supervised contact**

For most children on Care Orders and Interim Care Orders face to face contact has not taken place since the commencement of lockdown on 24th March 2020.

Supervised contact has still happened, but this has been via alternative methods, preferably involving “live” methods such as Facetime and Skype. Contact supervisors, allocated social workers and carers have carefully planned each contact, **aiming on making this as creative, fun, meaningful and participative as possible**.

Virtual contact has worked well in many cases, with positive feedback and engagement from children and young people, parents and carers. We have learnt that there are some advantages with virtual contact that we may well preserve for the long term, as part of a flexible approach to contact between children and their families. There are however some groups of children and young people, and some individual circumstances where an absence of face to face contact has been problematic, and is likely to inhibit the progression of the care plan and/or is having a significant impact on the emotional wellbeing of children.. These groups include pre-school age children who are less able to understand and engage with virtual contact, children with a care plan of reunification; children in care proceedings where parenting needs to be observed; some disabled children; children and young people who are experiencing placement instability; children and young people who have entered care since 24th March 2020 (during lockdown). This list is not exhaustive and there will be other cases where individual circumstances mean that face to face contact needs to be reintroduced sooner rather than later.

*On 10th May 2020 government announced some limited and phased easing of the restrictions imposed on social contact imposed by lockdown. School will re-open to some pupils from 1st June. In response to this our approach to contact will be adjusted, taking into account the following principles:*

* *Although lockdown has been partially lifted, social contacts are still restricted, society has not ‘returned to normal’, and therefore we will not be able to resume the same frequency of face to face as was in place before the period of lockdown*
* *Any decisions about changes to contact arrangements must meet the child’s identified needs, and be agreed by the appropriate Team Manager*
* *Where virtual contact is working well, meeting the child’s needs and fulfilling the child’s care plan this should remain the default position, within the exemption being for babies under the age of 6 months for whom face to face contact has continued*
* *Where face-to-face contact is critical to the progress of the child’s care plan then this should be facilitated where possible*
* *Where virtual contact is not meeting the child’s needs; in particular some disabled children and young people, pre-school aged children and those children whose emotional wellbeing has been negatively impacted by virtual contact, physical contact should be considered*
* *Where introduced, face to face contact will take place between only two households at a time*
* *Careful case-by-case decisions will need to be made to ensure the needs and vulnerabilities of all parties are taken into account in decision-making, and decisions made that meet the needs of the individual child or young person*

***Managing face to face contact***

* *Contact supervisors and allocated social workers will continue to use the risk assessment on each case, and implement social distancing and hygiene practices to minimise risk.*
* *Contact should take place outside, in the open air, where possible; consider using parks or open space close to the carers home; to avoid the need for transportation*
* *Where contact must take place inside use larger rooms to enable social distancing*
* *Consider adjusting contact plans to alternate between face to face and virtual contacts*
* *The rationale for decision-making to be clearly recorded on the child’s case record / care plan*

*Allocated social workers (or the Team Manager if the social worker is not available) are responsible for informing the child and parents of the new arrangements. There may be circumstances where it is better for the Contact Supervisor to inform the child/parents, but this will be agreed by the allocated social worker and Contact Supervisor.*

*When contact is taking place indoors, parents will be asked to take their own temperature, using a forehead thermometer strip, before the contact and if they show a high temperature the contact cannot take place. All Family Centres have supplies of thermometers and gloves and masks are also available for additional safeguarding.*

1. **S20 and unsupervised contact**

The principle of restricted social contacts applies to all children looked after under Section 20 and to children who are subject to Orders, but where contact is managed on an unsupervised basis.

As we don’t hold parental responsibility for children under Section 20 and contact arrangements are usually managed between the parent, child and carer, it is crucial that the child’s social worker discusses contact arrangements with the child and the parent and involves them in making decisions about the best way of them keeping in touch with each other and other family members. Most parents will understand the need to limit face to face contact and will be equally concerned to keep their child and other family members safe. Decision-making regarding contact for children who are looked after with parental agreement will follow the same principles set out above.

If the parents do not accept the changes or restrictions to contact and this is causing strain on the foster placement, we may advise the parent that we cannot continue to look after the child under Section 20.

The same approach of seeking agreement to changes applies in cases where the child is on a Care Order and contact is unsupervised, with the important difference being that we can insist on changes being made, if discussion with the child and parent has not been successful.

If the child has been having increased levels of contact within a plan of return home both they and their parents may wish to bring the plan forward and wherever possible this should be supported.

ECC, Head of Permanency, Placements & Sufficiency