



Covid-19 contact arrangements: Social worker checklist

Introduction

Although face-to-face meetings with their birth family and other important relationships may have continued for a few children in foster care during the Covid-19 lockdown, the vast majority of contact that took place was via virtual means – video-link, telephone, text/letters and other methods.

This has worked well for some children and families, and less well for others. The [Nuffield Family Justice Observatory](#) completed some rapid reviews of evidence to try to capture these experiences.

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 (depending on where you live, either [England](#), [Northern Ireland](#), [Scotland](#) or [Wales](#)) and the overall approach set out by their local authority/trust, each child's care plan will need to be individually considered to agree the best way to support their ongoing contact. This will need to be kept under regular review as guidance around Covid-19 changes.

This will be a challenging task for social workers, and many are already grappling with the issues it presents. They will have to consider not only the child's needs, wishes and feelings and those of their birth families, but also that of the foster carers and their household members, some of whom may have greater vulnerability to and/or anxieties about Covid-19 and its potential impact on them, their wider family and social network. While the circumstances and views of foster carers should always be considered when planning contact, Covid-19 makes this all the more important.

In responding to the sudden and unexpected shift to virtual contact based within foster carer's homes, foster carers have shown that they are well placed to support children with contact and able, where appropriate, to adapt to a more central role. There is much to be learned from this experience and there is a real opportunity to build the benefits seen into future practice around contact planning if the right supports and training are put in place.

By considering the issues below, social workers will be helped to develop a plan that can be agreed by the 'team around the child'. Contact planning during the Covid-19 pandemic will require an even more careful balancing between the rights of the child to contact which promotes positive relationships and improves their well-being, those of their birth family, and the rights and responsibilities of their foster carers.

The Fostering Network has set out below some ‘things to consider’ for social workers when reviewing the contact plans for children in foster care. The points are structured around the key principles of contact outlined in Neil et al.’s research for the Nuffield Family Justice Observatory on [contact during lockdown](#). It is hoped that these will assist in identifying appropriate plans in each individual set of circumstances and can work alongside national and local policies and guidelines.

Revisit the current contact plan, including legal requirements where applicable

Principle

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.

- Why is the child in care and on what legal basis? What are the main aims of the care and contact plan?
- Prior to the Covid-19 lockdown, what was the contact plan?
 - Are there any court orders that set out the plan to be followed?
 - Was contact supervised or not?
 - If face-to-face meetings were the basis of contact, was there any other contact taking place outside of meetings (e.g. phone calls, texts, video links, other social media connections)?
- How was this plan working in practice – for the child, birth family, those supervising it and those caring for the child?
- Is the communication between the child’s social worker, supervising social worker and foster carers about roles and responsibilities effective in supporting the child’s family time?
- Can virtual contact be an ongoing positive part of their contact plan, perhaps alongside face-to-face; and is the plan incorporating individual children’s needs and preferences?
- Is there a need to update contact agreements and schedules with revised arrangements when transitioning into some face-to-face contact?
- What representations may be needed in relation to courts about realistic levels of face-to-face contact during the Covid-19 pandemic? Is this needed on a case by case basis, or are there discussions to be had with key local agencies, including decision makers and front-line staff regarding a ‘new normal’ which may include a mixture of face-to-face and virtual contact and taking into consideration local infection ratings?

The child's perspective

Principle

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

- Take time to understand the child's world from their perspective, what has been their experience of Covid-19 and how have they responded to this physically, mentally and emotionally?
- Who and what has supported them at this time and how has this experience changed the way they view their relationships and what is important to them?
- Who is important to them in addition to birth parents?
 - Identify the range, nature and significance of their relationships, including friendships (see The Children's Society [Friendship for All](#) resources).
 - Consider how to manage sibling contact and the role of foster carers in this.
 - Are there relationships that need to be strengthened for the child's future?
- How has contact for this child been managed during Covid-19 restrictions?
- How have they responded to any change or new ways of keeping in touch?
- What support is being provided to children in relation to contact?
- Consider the age and developmental stage of the child and how this may impact on their needs and experience of contact (Social Work Scotland has created a [connections for wellbeing and contact framework](#), appendix A highlights developmental considerations).
- How have the child's expectations changed about regularity of contact if there has been increased frequency (albeit shorter) contacts during 'lockdown'? Should re-established contacts be shorter/longer to help the child re-adjust?
- Could a mixture of face-to-face and virtual contact be written into the child's contact arrangement if it worked well?
- How have children been involved in the discussions about their wishes? Have children's views been re-checked recently? Consider preparation work with children to support and explore their views and wishes about the various ways in which contact can take place (balancing their needs alongside the views of birth family and the foster carers).
- With the environment constantly changing, is there availability of specific psychological input and support for children and foster carers to ensure emotional and psychological wellbeing, and responding to feelings and behaviours in order to prevent placement disruptions?
- Ensure older children are safe and provided with a range of opportunities to share how they feel and how to manage their family relationships, especially where contact does not need to be supervised by adults.
- How can older children be supported to manage re-establishing face-to-face contact with friends safely?

Foster carers' perspective

Principle

Take into account the needs, wishes, feelings and strengths of foster carers and their family members.

- What has been the experience of the foster carer(s) and their wider household, family and social network of Covid-19 in relation to maintaining contact with birth families?
- How does the foster carer's health status impact on contact for children in their care? Are they or anyone in their household 'vulnerable' or 'shielding'? Have any of them become ill or exposed to others displaying symptoms? Fostering services may wish to consult with their medical adviser to help fully understand the implications of foster carer's health status on their vulnerability to Covid-19.
- Have they been impacted by bereavement associated with Covid-19 and how has this affected them?
- What is their level of anxiety around risks of infection and what support have they had/might they need with this?
- What is the foster carers' relationship with the birth family? Has the relationship changed over lockdown?
- Has recognition been given to the differing needs of carers, for example family and friends foster carers (especially for older carers such as grandparents) in order to ensure health needs are prioritised in order to mitigate any potential risks, or short breaks and supported lodgings carers? Do they have any caring responsibilities outside of fostering that need to be taken account of?
- Are there other children in foster care whose needs must be considered in planning for the child you are responsible for? As a social worker, are you in touch with the social workers for those other children to ensure decision making for each child is joined up and avoids tension within the fostering household as far as is possible?
- What have the foster carers observed in relation to the child and contact during the Covid-19 lockdown – what has worked well and what has caused difficulty or distress? What can be learnt from this?
- What are the expectations of the child's foster carers in supporting and promoting contact?
 - Does the family situation require input from social workers or other staff to manage contact, or would the child benefit from their foster carer taking a more central role?
 - Is the foster carer confident to support contact?
 - Do they feel comfortable with this role?
 - Explore any concerns they may have, including those relating to Covid-19.
 - What can be put in place to mitigate risk or address their anxiety?
 - What support is offered before and after contact to carers?
 - What training might be offered to help them to develop their confidence and skills?

The Nuffield Family Justice Observatory's 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.

Birth family's perspective

Principle

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

- What is the birth family's experience of contact during Covid-19 restrictions?
- How have they responded to any changes to the way contact has been managed during Covid-19? How have they engaged with any virtual meetings/video-link or telephone contacts? Do they have what they need to do so successfully – equipment, internet connection, IT skills etc.?
- How do they feel their needs, in respect of maintaining their relationship with their child/relative/sibling, have been met during Covid-19?
- What preparation has been provided to support parents for potential changes to the contact plan following the easing of Covid-19 restrictions?
- How able would they be to adhere to any guidance on social distancing rules to keep themselves, the child and the carers protected?
- What can be put in place to support this and mitigate any health risks associated with face-to-face contact?
- How will parents be supported to understand a child's need to re-adjust if/when face-to-face contact is re-established?

Practical considerations

Principles

- **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.**

- If it is decided to return to face-to-face meetings, usual safeguarding considerations will extend to include the management of [health risks associated with Covid-19](#). Are appropriate risk assessments in place for face-to-face contact? Has this been shared with the foster carers and birth family?
- You will need to think carefully about how, when, where and for how long face-to-face contact will take place, and who will be involved. If contact is to happen indoors, do adults and any older children need to wear a face mask? Government guidance on wearing face coverings differs in [England](#), [Northern Ireland](#), [Scotland](#) and [Wales](#).
- What is the local infection rate? Is the local area on a government watch list and/or in or likely to go into lockdown again? Considering this, should face-to-face contact take place?
- What restrictions will need to be in place around physical contact? How will the child and family members manage that? What will be the impact on them of seeing but not being able to touch each other? Information on health risks associated with Covid-19 available [on the NHS website](#). Government guidance on social distancing in each of the four nations is available here for: [England](#), [Northern Ireland](#), [Scotland](#) and [Wales](#).

- Is there agreement between all parties on how a face-to-face contact session will take place i.e. who has to wear masks, any physical contact that can take place? How will conflict surrounding this issue be resolved?
- What activities could be introduced to occupy people and ensure they feel a sense of 'connection' without physical contact?
- How will children, families, foster carers and any fostering service members of staff safely travel to the meeting place?
- Is the child going to be transported to contact in a car seat? If so, there should be thought given to the transferring of the car seat and guidance issued.
- What other safeguards need to be in place? Handwashing/sanitising stations, PPE of any sort, changing of clothes, etc.
- Is there a clear risk assessment around all venues to be used for contact, for example, availability of appropriate PPE, protocols in relation to room hygiene where contact is taking place such as appropriate cleaning between contact sessions, screens, reminders for people to keep their space from one another, or toys and other play materials being removed?
- Anyone who has contact with the child or the child's equipment/belongings must follow hygiene measures to minimise risk, washing/sanitising hands before and after touching surfaces etc.
- Are there toilet facilities where contact will take place? How long is the drive to and from contact – will finding a toilet be an issue for the child, foster carers, birth family or others travelling to contact?
- What is the availability of contact spaces to allow social distancing?
- Consider the potential pressure around transport arrangements to and from face-to-face contact. Is there a need to consider staff/escort availability?
- What processes are in place if someone attending contact is displaying possible Covid-19 symptoms?
- If someone is concerned that they may have contracted coronavirus during contact or elsewhere before attending contact, do they know how to get tested? The NHS website provides information about [how to ask for a test](#). Is there an assurance from all parties involved in contact that they will inform others if they have symptoms and test positive?
- The impact of [Test and Trace](#) systems and local lockdowns could interrupt resumption of contact. What is the contingency for resumption of virtual contact where necessary?
- If virtual contact is to be continued as part of the contact plan, how could you support foster carers and birth families to continue to develop their IT skills, use of digital platforms, and exploration of other creative ways to enable virtual contact to continue in a meaningful way?
- Could there be a continued use, or introduction, of contact book updates or other creative ways of sharing information about a child?
- Do you need to review and amend child and placement plans accordingly in light of any changes to contact arrangements? Is the foster carer and birth family in agreement to these changes?
- What support will families need following contact?
- If face-to-face contact has already resumed, are you happy that everyone abided to social distancing rules and the risk assessment? If not, does the procedure need to be changed? Have any concerns been communicated and dealt with appropriately? Should face-to-face contact continue if the risk assessment or government/local guidance has been breached?

General considerations for services

- If staff or venue capacity is limited, how will children's needs for face-to-face contact be prioritised? Which children should be prioritised, for example:
 - children where re-integration home is planned and interaction in contact is being assessed
 - children who are not coping with virtual family time
 - babies or children with special needs
 - children with court ordered contact arrangements
- Is there anything that can be learned to improve contact planning in future – such as new methods of communication to include or things to avoid?
- Ensure you consult, support and manage staff, foster carer's and birth parents' anxieties about any face-to-face meetings, including contact, visitors to the foster home, children leaving and returning from contact arrangements.

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