

North East Lincolnshire Covid – 19 and Family Time Contact Service

This document is a guide for contact within North East Lincolnshire and should not be shared with any parties without agreement from the Local Authority. This document sets out the overarching response to contact currently and may be amended based on national guidance. This guidance is not case specific and for any child who does require face to face contact the specific details for the child should be included.

Covid 19: Updated Advisory Notice and procedures relating to Family Time Contact

Purpose

Provide updated guidance relating to family time (contact) for children in care (foster and residential care). This is to consider the initial stages of recovery in the service and to support us Living with Covid 19 as the risk of Covid 19 remains.

Scope

One of the take home messages as a result of this unprecedented time is seeing how Family Time Contact Supervisors, Foster carers and social workers have responded to recent events, is that we are honoured to have such a professional, dedicated and motivated staff team. They have been excellent in the way they have all worked together around this challenge and the way they are always striving to do more for the children and families that rely on the Family Time Contact Service and our services. They adapted and were creative in maintaining contact for these children in Local Authority care and families through virtual, telephone, videos, pictures, and letterbox.

Making the decision to suspend offering face to face services was something that none of us ever thought we would have to face and hope that we will never again have to make similar decisions. Our practice makes us more than aware of the impact that not having contact can cause.

Up until this point the guidance has been for centres to not open for face to face contact services.

We started to implement a phased approach to starting to re-open our service. This commenced on the 20th July 2020 (in line with the government guidance at that time and with consideration to any changes this may bring) alongside risk assessments of each individual case to start to offer a limited delivery of direct contact due to a reduction in workforce, Covid 19 secure venues and to continue to reduce the spread of Covid 19. This was implemented alongside continuing with virtual contact in some cases. We may have to at any time revert to virtual contact on Government and Public Health advice and this needs to be continually monitored. Some cases may continue for a while to receive a mixed delivery model of direct and virtual. There will be a gradual move forward, but continuing research is being used and reviewed around other models such as virtual and how this may continue to be used moving forward.

We have reviewed National Guidance such as the NACC and taken on board some of their advice and good practice.

We are in contact with other contact services to ensure we are working safely and in line with National Guidance and we are aware that currently the mixed offer we are offering with individual risk assessments is in line with other authorities. We continue to seek good practice sharing so we can ensure we open safely with due diligence

This policy was reviewed again on the 22nd September in line with changes in Government Guidance especially around the rule of 6 etc.

Whilst acknowledging the importance of Family time to children and parents, the priority must remain preventing Covid 19 infections. We aim to balance the benefits to children and families of contact, with the minimising the risk of spreading Covid 19 infection. We also have a statutory responsibility

for the health and safety of those we work with and our staff and all on our premises. The following are included in our approach to recovery of our contact service and these key principles will enable consistency to be applied and this policy position will enable us to try to work operationally within these contexts:

We take into account our local Director of Public Health's advice as to the extent of sustained community transmission. This is based on a range of epidemiological data, including the incidence, rate, and growth of Covid infections, both locally, regionally, and nationally. We will not proceed with contact if a parent or child is coming from an area in lockdown or otherwise on the 'watchlist'. Watchlist is published each week in the 'surveillance summary' document found here:

<https://www.gov.uk/government/news/weekly-covid-19-surveillance-report-published>

Note: If North East Lincolnshire is on the watchlist it is likely we will have to reconsider face to face contacts and potentially stop them altogether.

We will take into account the national alert level and any new measures announced. On Monday, 22nd September 2020 **the UK's Covid-19 alert level moved to 4**, meaning transmission is "high or rising exponentially".

To minimise risk, all visits are subject to a dynamic risk assessment. This is in line with national guidance around contact arrangements, which states all should be assessed on a case by case basis, taking into account a range of factors, including the government's [current social distancing guidance](#) and [guidance on meeting people outside your household](#) and the needs of the child: <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#courts>. It also includes taking into account:

- exposure factors, such as, the number of households coming together
- susceptibility factors for example if someone is in a clinically vulnerable or shielded category
- the wider risk environment in the community, based on the advice of our Director of Public Health

The advice is still that virtual contact will continue in the first instance for most cases and there will be a mixture of virtual and direct where it is deemed necessary.

If we cannot minimise the risk of the spread of coronavirus through implementation of effective control measures and cannot be reasonably assured, then consideration needs to be made regarding other ways to support contact. For example, Phone Call / Face Time / Letter

However, where face to face visits are deemed necessary, we will then seek to put in place relevant control measures, drawn from the principles of infection control which are reflected in the wealth of guidance here: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>.

The key infection, prevention, and control principles we are working with:

- **Minimise contact with those who are unwell, those living with a household member who has symptoms or close contacts of a confirmed case**
- **Clean hands thoroughly and more often than usual**
- **Promote good respiratory hygiene - 'catch it, bin it, kill it' approach**
- **Implement enhanced cleaning, especially frequently touched surfaces, often using standard products, such as detergents and bleach**
- **Minimise contact between individuals and maintain social distancing wherever possible**

- **Use of PPE, in line with national guidance.**

We also consider the feasibility and effectiveness of these control measures, within the specific context and setting for each visit. If social distancing cannot be maintained and given we are in a period of sustained community transmission of Covid 19, we consider the use of appropriate PPE, in line with national guidance here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/918091/IPC_Highlights_Quick_Reference_Guide.pdf.

We recognise the impact of wearing PPE on our very young children and some with additional needs, where there is a greater reliance on facial expression for communication. Unless there are some other specific risks, we consider that the benefits outweigh the risks in such situations. Again, however, this may change based on the Covid specific risks identified locally or nationally, or as otherwise advised by our Director of Public Health.

However, all participants need to be aware that contact is not risk free. We can reduce potential risks involved but we cannot eliminate them entirely. Reducing the risks involved includes adherence to national and local guidance on infection prevention and control measures. This includes all the participants involved in contact being required to comply with all the principles and actions below:

Principles which also need to be considered around delivery moving forward through recovery, living with Covid and reduction in spread:

- Cases will be prioritised by the service around requests for direct family time giving a priority to final contact and those children for whom adoption is their next transition.
- The next priority will be cases who are in proceedings or cases of reunification currently which will be still risk assessed on individual cases.
- Travel to/from visit- can this be facilitated by foster parents to limit child's contact with other adults increasing the risk?
- Social Distancing- can this reasonably maintained in the visit but appropriate to the age of the child and recognising the nature of family contact in any visit
- The offer currently across our area and for all families in our service we are offering one 1 hour direct contact a week (this may be split in different ways which will be discussed in the individual risk assessments and case reviews) alongside 2 virtual per week, due to the impact of Covid 19 on our service; Furthermore, this ensures that the family have an allocated Key worker to further reduce the amount of people the child will come into contact with and further support a phased return back into family time. In addition to this, to further reduce any impact on the child and parent should we go into another lock down. This will need to be implemented alongside continuing with virtual contact in some cases. We may have to at any time revert to virtual contact on Government and Public Health advice and this needs to be continually monitored. Some cases may continue for a while to receive a mixed delivery model of direct and virtual. There will be a gradual move forward, but continuing research is being used and reviewed around other models such as virtual and how this may continue to be used moving forward". Moreover, we are mindful of and currently considering the rise in numbers nationally and locally.

Action

The below steps need to be taken before any employee of the Local Authority undertakes to offer face to face Family time to promote and safeguard the children, the carers, our employees, and the family members.

- RISK ASSESSMENT Appendix 1 to be completed in all cases where a social work team decides that a visit is essential to the wellbeing of the child and family then the social worker needs to complete the risk assessment below and send it to donna.burns@nelincs.gov.uk where it will be screened and then you will be contacted by the family time service to discuss next steps

- All cases will need to be re-assessed using the Covid 19 Risk assessment for Family time and this will need to then be discussed on an individual case with the contact service around risk and needs before it takes place.
- All staff involved in family time contact will have undertaken the 4 mandatory modules of Covid 19 training.
- Need to undertake a welcome meeting with the parents around the new way we are delivering contact during this time in line with social distancing.
- All parents must undertake the Module 1 Covid 19 training prior to face to face contact being offered to enable them to understand the need and expectations of social distancing in line with government guidance.
- A agreement needs to be drafted with parents around the need to cease any contact where parents do not adhere to the social distancing rules so not placing the children or workers under any health risk under the health and safety at work act.
- Transport arrangements where possible need to be undertaken for individual cases supported by carers to minimise the number of individuals who transport the children so to reduce the need for direct contact around lifting children to and from vehicles
- Safe systems of work to be followed when delivering family time direct contact.
- Risk levels to be incorporated into the Covid 19 risk assessment around the use of open spaces in the community to confirm their suitability for use which will also be dependent on the weather etc. This is due to the limited number of suitable Covid 19 secure venues to accommodate large groups.
- Family time contact needs to review on each individual case for them to be undertaken in the outdoors as due to the child's age and needs etc. this will be influenced by the weather, access to toilet facilities etc.
- The Family time contact service base is currently removing all toys from the rooms that may be suitable for delivery to minimise risk. Parents are requested to bring their own toys or activities to encourage the children to engage in activities to minimise the use of toys within centres.
- If a child wants to hug their parents, then we advise parents to try to distract them with toys or activities so keeping the direct contact to a minimal amount in line with social distancing guidelines
- All touch points in indoor areas and cars are to be cleaned down prior to and after use by staff who will be provided with cleaning equipment.
- Work must be undertaken with individual foster carers around their worries and fears around supporting the transition to face to face contact and recognising that individuals may need to isolate at different periods due to health needs or at any stage be advised to shield again.
- Only use Covid 19 secure venues for indoor face to face contact but note these venues are limited locally and only allow a smaller number of participants in some rooms so the venues risk assessments around Covid 19 will need to be checked before room bookings are undertaken. Cleaning of touch points etc. will need to be undertaken when using other buildings in the local authority to comply with the Covid 19 secure procedures.
- Where some parents are deemed high risk face to face contact may be prohibited in order to protect staff. HASWA 74 – Section 2.
- Face coverings are not a replacement for masks and fluid resistant masks must be worn where two metres social distancing cannot be maintained.
- If direct care of a young child is to take place the gloves, apron and masks must be worn, and close proximity kept to minimum time. (Adhering to the PPE guidance tables)
- If not possible to maintain 2m do not sit opposite where possible encourage the parent and child to sit side by side
- Staff may wear face coverings if they wish in the office
- If you touch surfaces or other people, it is advisory not to touch your face until you have washed your hands
- All participants must be willing to comply with NHS Track and Trace.
- Staff and others involved in contact sessions should follow the latest guidance on self-isolation here: <https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/>
- Staff members should be encouraged to maintain good ventilation within buildings to reduce risk of contamination

- Staff returning from shielding should complete the 1-1 back to work meeting with line managers and managers should follow the People and Culture guidelines.
- If a member of staff is concerned they have COVID 19 they must follow the latest [NHS guidance](https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/) and self-isolate. At this point they must not deliver the service until advised that it is safe to do so by their Service Manager. <https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>

Appendix 1

RISK ASSESSMENT

Note: One form should be completed for each contact arrangement for each child in care and needs to be reviewed regularly in accordance with the identified risks, needs and government guidelines

In these instances, the following considerations need to be taken:

Considerations for Family Time face to face contact should be reasonably risk assessed and should be facilitated to continue unless there are counter indications or unacceptable exposure to risk.

- We will look at each situation on a case by case basis
- We will carry out risk assessments
- There will be ongoing review of this
- If the parent/foster carer or child has an underlying medical condition, this should also be taken into consideration.

Note: The following critical factors are to be considered when making decisions regarding direct contact for anyone involved in the contact session:

- Any child / young person or adult who has tested positive for COVID 19 within the last 14 days or is experiencing the principle symptoms consistent with COVID. <https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>
- Child's / young person's underlying health needs / conditions should be considered
- Child's age – e.g. premature babies; newborn and very young babies and children who may have difficulty maintaining appropriate social distance need to be considered but this itself does not preclude a team deciding the contact is necessary. What precautions can be put in place such as parent required to wear full PPE etc.
- Numbers of children / adults involved in the family time contact it – it is recommended that numbers are kept small confined to significant parties.
- Consideration should be given to any medical issues arising in both the foster carers home; residential unit and family that may indicate concern regarding COVID 19 e.g. other children or adults displaying Covid-like symptoms or comprising health issues which would increase their vulnerability.

Location of access –Contacts should occur where possible outdoors with all the other control measures in place and as a last resort a non-public indoor area adhering to the other control measures as below:

1. **Minimise contact with symptomatic individuals by excluding those with symptoms or those living with a household member who has symptoms**
1. **Clean hands thoroughly and more often than usual**
2. **Promote good respiratory hygiene - 'catch it, bin it, kill it' approach**

3. **Implement enhanced cleaning, especially frequently touched surfaces**
4. **Minimise contact between individuals and maintain social distancing wherever possible**

NOTE Venues are limited due to the current situation so:

- frequency will need to be reviewed,
- weather will also have an impact on outdoor contact so may need to be cancelled,
- community venues and the access to toilet and changing facilities for the children

The key principles we are working with:

- **Minimise contact with those who are unwell, those living with a household member who has symptoms or close contacts of a confirmed case**
- **Clean hands thoroughly and more often than usual**
- **Promote good respiratory hygiene - 'catch it, bin it, kill it' approach**
- **Implement enhanced cleaning, especially frequently touched surfaces, often using standard products, such as detergents and bleach**
- **Minimise contact between individuals and maintain social distancing wherever possible**

We also consider the feasibility and effectiveness of these control measures, within the specific context and setting for each visit. If social distancing cannot be maintained and given we are in a period of sustained community transmission of COVID, then we follow the national guidance here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/918091/IPC_Highlights_Quick_Reference_Guide.pdf.

Triage questions to be used prior to contact being undertaken

1. Is the child/ren currently attending school?
2. Do you have access to a car to bring the child/ren to a session?
3. Is the child currently shielding or vulnerable?
4. Is anyone in the household currently shielding or vulnerable?
5. Does the child have any allergies or health conditions we need to be aware of?
6. Are you or your child or anyone in your household displaying any symptoms of high temperature, cough, or a loss/change to your sense of smell/taste or have you have been told to self-isolate?
7. Has anyone in your household tested positive for Covid 19?
8. Advise to contact the service immediately if anyone in the household starts displaying symptoms of COVID. We can then rearrange the contact session at a later date.
9. Advise that the session may be cancelled due to bad weather (if community based).
10. Advise that if anyone presents at the family time appearing to have symptoms the session will not go ahead, and they will be advised to seek medical advice

Note: If access is cancelled, the reason for that decision must be recorded on the file and if a parent has not made contact to cancel this needs to be followed up.

Brief details of why supervised contact are required and where the case is in proceedings	
Details of Pre COVID-19 Contact Arrangement	
Details of current contact arrangements during Covid and feedback on how this has been for the children (inc voice of the child)	
Health Questions	
<p>Are any of the participants part of a COVID-19 extremely high risk/shielding or at-risk group as per current guidance?</p> <p>who's-at-higher-risk-from-coronavirus</p>	
Have the participants been notified by the Contact Tracing Advisory Service, or Public Health England, that they have been a close contact of someone had contact with anyone who is COVID-19?	
<p>Do any of the participants have any of these symptoms below:</p> <ul style="list-style-type: none"> • a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your 	

<p>temperature)</p> <ul style="list-style-type: none"> • a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual) • a loss or change to your sense of smell or taste – this means you have noticed you cannot smell or taste anything, or things smell or taste different to normal <p>Most people with coronavirus have at least 1 of these symptoms</p>	
<p>Have any of the participants tested positive for COVID-19. If so:</p> <ul style="list-style-type: none"> • When were they tested? • If they still have symptoms, no matter how long since the test, then they should still be isolating, and contact should not go ahead. If more than 14 days ago ok but only if they feel well and have no symptoms consistent with COVID. If they still have symptoms, no matter how long since the test, then they should still be isolating, and contact should not go ahead 	
<ul style="list-style-type: none"> • Have any of the participants travelled within the last 21 days from abroad and should be isolating in line with national guidance? Y/N 	
<ul style="list-style-type: none"> • Are there any known concerns/risks about participant’s lifestyle, which may cause concern with regards their compliance with National guidance and infection prevention and control guidance before or during contact (please provide details) 	

Access to contact	
<ul style="list-style-type: none"> • Have you had contact with the foster carer/carer to discuss access? 	
<ul style="list-style-type: none"> • Is the foster carer/carer concerned about contact 	
<ul style="list-style-type: none"> • What efforts have been made to address the carers' concerns 	
<ul style="list-style-type: none"> • What supports are to be put in place to facilitate contact 	
<ul style="list-style-type: none"> • Is the carer able to transport the children to reduce the number of people the children come into contact with? 	
<ul style="list-style-type: none"> • How are the other participants going to travel to the access, i.e. parent, children (via) e.g. public transport, taxi, own car 	
<ul style="list-style-type: none"> • How is the child to be transported to the contact session 	

Childs Views	
Have you had contact with the child/young person to discuss the family contact visit?	
Are there any additional factors which may impinge on contact taking place, e.g. other children in the placement or unit, distance, or travel issues?	
Child's views on the arrangements moving forward	
Possible impact on the child if direct contact is offered or not offered	

Analysis	
Are there any issues arising out of this risk assessment that require follow up prior to	

access taking place	
Can social distancing be maintained If no, is it due to a child's understanding/age, e.g. premature babies, newborn and very young babies, or children who may have difficulty maintaining appropriate social distance	
Can the contact take place outdoors or in the community? ** Social distancing should still be adhered to where contact session is in an outdoor setting	
<ul style="list-style-type: none"> • What PPE is required for this contact to be undertaken? https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control	
Social Worker Details	
Date form completed	
Date review of risk assessment was completed	

Decision: (To be agreed with manager of contact service if support from service is required)	
Is Direct access to proceed and how	
If no, what are the alternative access arrangements (e.g. Phone/video call)	
Please explain the rationale for the decision to either proceed or not offer direct contact	
Case review and action agreed	