

# **Rights, relationships and resilience: a framework for decision-makers to ensure children in public care maintain strong connections with family during Covid-19 pandemic**

**16 June 2020**

**Purpose**

1. This framework is intended to help decision-makers to support important family and social relationships between children of all ages in public care who are affected by the social distancing and movement restrictions introduced to protect public health and suppress the spread of the Covid-19 virus.
2. There are ethical and practical challenges in maintaining connections with people under these restrictions. This framework is designed to help find solutions which enable every child to keep connected with the people that are most important in their lives minimise the risk to the child and others involved from being infected by, and spreading, Covid-19[[1]](#footnote-1).
3. The framework consists of principles and key steps for consideration by practitioners working with children and families to support arrangements, conduct assessments and form recommendations about contact, and decision-makers including children’s hearing panel members and relevant managers.
4. The framework encourages practitioners and decision-makers to apply a ‘wellbeing lens’ when making formal recommendations and decisions about how children’s contact and connections may be affected by current restrictions. This involves thinking about the child’s safety, health, welfare and happiness respect for human rights, of the child, their family members and carers how positive and nurturing relationships can be sustained and developed how the child’s and family’s resilience can be fostered and increased.
5. This is an interim framework. It will require adaptation as public health response to the pandemic evolves. It may inform but does not replace local guidance. It does not provide comprehensive guidance on how to assess a child’s needs during the Covid-19 pandemic. It is recognised that the term ‘contact’ does not convey the meaning and importance of family relationships. Where used in the framework it refers to actions required to implement formal plans and legal conditions. ‘The Promise’ (Independent Care Review, 2020) describes ‘foundations’ for policy, systems and practice which underpin the principles and decision-making steps in this framework. In whatever way they express their experience, “*Children must be listened to and meaningfully and appropriately involved in decision-making about their care*”.

**Principles**

1. Every child, situation and stage in planning requires individual consideration. Just as before the pandemic, any ‘contact arrangements’ should be compatible with securing a child’s safety, emotional security, stability, supporting their evolving identity and understanding, and practitioners must have due regard to legal requirements to implement contact conditions attached to Compulsory Supervision Orders / Interim Compulsory Supervision Orders (CSO / ICSO).
2. In order to achieve these objectives, plans and decisions should be informed by:
* consideration of the child’s physical and emotional needs, both short term and long term, and the child’s feelings and views
* understanding of the child’s experience of trauma, developmental and communication needs
* physical safety, including implementation of current Health Protection Guidance
* statutory responsibilities and legal requirements imposed by children’s hearings and the courts
* collaborative planning, actively involving the child in the most appropriate way and considering the views and support needs of parents and carers
* leading to decisions and plans understood and implemented by all
* regular review; with prompt response and adjustment as needs, circumstances and health guidance evolve.

**A framework that sits within the National Practice Model**

1. A child’s experience of relationships shapes their experience of ‘care’. Assessment of the child’s need for relationships and planning how best to support these are therefore at the heart of every progressing child’s assessment and plan. The National Practice Model already provides the core components for assessment of a child’s wellbeing needs. The My World Triangle provides a basis for ecological and developmental assessment of the child’s world. Decisions about ‘contact’ sit within this broader assessment. Relationship connections are integral to the realisation of every wellbeing indicator. The resilience matrix provides a tool for analysis of the child’s internal world and understanding of the skills and relationships that will assist growth through this particular phase of high stress and adversity.
2. The diagram below symbolises necessary areas for consideration and review. The diagram suggests a circular rather than linear process. Steps are then outlined in more detail in the table that follows.
3. The steps below should inform these connections for wellbeing; a shared analysis of risk and need; and promote shared and/ or compulsory decision making.

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| **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 in care?
* what restrictions are in place as a result of health protection guidance on infection control, shielding and social distancing both from [Scottish Government](https://www.gov.scot/coronavirus-covid-19/) and [UK Government](https://www.gov.uk/coronavirus)?
* what is the legal foundation for the child being in care?
* are there any legal conditions or orders which set requirements for contact?
* how is the child’s voice and experience heard in shaping the plan
* what are the main aims of the child’s plan and purposes of contact ?
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| **The child’s world**The child’s needs, experience and (as far as they can express them), their views should shape how their contact and connections with important people takes place. An ecomap may be a helpful way to depict the range, nature and significance of relationships in the child’s world, from the child’s perspective. This can be developed with and by the child, and used to show the direct opportunities and indirect media through which connections can be maintained. The team around the child should aim to form a shared understanding of the child’s world, risks and strengths from the inside out.* What are this child’s core relationship needs? this includes physical and emotional safety; attuned reassurance; stability of home base and – as fits each child and situation – developing connection with future loving relationships.
* What considerations affect the way we support these needs? this may include support for communication, arrangements adapted to a child’s stage of development or trauma \*, and adjustments to sustain cultural connection and identity
* What are this child’s wider relationship needs? this includes connection with friends and extended family; opportunities for play, exploration, activity, achievement, which will help a child build and internalise a positive experience of their relationships.

\* Appendix 1 illustrates developmental considerations and a parallel CELCIS publication will offer illustration of positive practice in lockdown. |
| **Collaboration** In order to recommend and support a plan, those who care for and have responsibilities for the child need to work together and share learning about strengths and concerns in current patterns. 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?
* 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?
* What are parents/carers/professionals concerned about? What are the complicating factors?
* What needs to change? (in order to ensure child’s wellbeing and safety of all, whether immediately; step by step; and whether this requires a decision to be legally authorised?)

Collaborative recommendations on future plans:* Who will ensure the child’s experience and views about what should happen are represented and how? Is advocacy needed?
* How do the views of close family members (with whom child needs connection) inform recommendations?
* What do kinship carers, foster carers or residential staff think?
* What are the perspectives of other key professionals e.g. health professional, social worker, teacher foster carer?
* Are there any differences in views, and if so, how are these captured and addressed?
* What direct and indirect contact is necessary and deliverable safely? How has this been assessed?

If a statutory Review of the child’s case or Children’s Hearing is needed to authorise change to existing contact arrangements, then options should be explored together with child, parents and carers, remotely if need be, before the Review or Children’s Hearing. Recommendations to decision makers should be practical; and evidence-based; and they should take account of all relevant perspectives (including medical advice when appropriate). For complex plans that require collaboration to ensure safety and understanding, consideration should be given to how this can best be achieved. For example, virtual Family group decision making and ‘Signs of Safety’ meetings might be considered. While it is important to remain alert to risk, not all relationships and connections need to be regulated. Nothing replaces a hug. Nevertheless, if there has to be a pause in direct contact there are many ways to keep in touch with a child and help them to feel that they are held in mind and to share their feelings and moments of their daily lives with those who are most important to them. How can a child’s spontaneity and self-expression be safely supported?  |
| **Safety parameters**How does guidance on reducing risk of the spread of infection shape or determine recommendations and planning. For example, what is the need for social distancing or self-isolation by child or others in relation to symptomatic persons or persons who are shielding, whether formally or informally?What resources are needed and what mitigating steps need to be taken, by whom, in line with health guidance at this stage of the pandemic (e.g. to do with PPE, standard infection control, transport, location and conduct of any direct contact) to facilitate the child’s relationship needs within health protection parameters?What other safety considerations inform recommendations about support for child’s relationships? This may include known online or risks in virtual/indirect contact.Factors to think about in seeking to implement a 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 carer’s household/children’s house, 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 service’s 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 record?
* 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?

During the pandemic decisions about implementation of face to face contact should involve a consultation between the child’s lead professional and their line managerIf in doubt about any of the above, an opinion should be sought from a medical practitioner about the risk of exposure to infection and requirements to minimise risk to the child and any other people involved in proposed contact arrangements. This may require to be endorsed by a court or children’s hearing. |
| **Decision making** Can decisions on changes or plans be made, now, by participants in (3) above?How will inter-agency views on safety and wellbeing needs be involved and represented in key recommendations and decisions? If line management agreement is required for any aspect of a new contact plan this should be sought before the change, Review or Children’s Hearing takes place. If changes to a child’s plan, or variation to a Compulsory Supervision Order or a new order is needed, apply protocols for seeking advice from reviewing officers and making notification to the Reporter. Consider how preparation and follow up will occur to ensure shared understanding about decisions. 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 parents, foster carers, brothers and sisters living in different households).  |
| **Action and review of plan**If there is a delay until formal decisions can be made, what immediate action is needed to ensure the child’s safety and wellbeing? At what level (e.g. Service Manager) will approval be required for the non-implementation of a condition of contact for COVID related reasons?When decisions have been made, what support is needed, for example to enable different forms of virtual contact; and to help a child/parent/carer adjust to necessary restrictions placed on contact? If a Hearing decision differs substantially from the recommendation, what work needs to be done to ensure shared understanding?Action plan should state when the new contact arrangements will be reconsidered (at the end of each contact/weekly/monthly) who will undertake this; and describe the safety and wellbeing factors to be taken into account.A written record of this should be included in the child’s plan and communicated to all involved.Review should ensure plan is being implemented as intended, taking account of feedback from child, parents and carers.How will complaints and disagreements in this situation be resolved? If contact cannot happen as required by the terms of a current CSO/ICSO then formal notification in writing must be made to the Principal Reporter without delay and a review of the CSO/ICSO should be sought.  |

1. Where there is a condition of contact attached to a CSO/ICSO in respect of the child then the implementation of that condition remains a legal requirement. CHS and SCRA have issued a joint statement on how contact directions should be managed during the coronavirus emergency, endorsed by Social Work Scotland which can be viewed [here](https://www.chip-partnership.co.uk/2020/03/27/coronavirus-joint-statement/). [↑](#footnote-ref-1)