



# Virtual 'family time' between children in care and their birth families during 'lockdown': unexpected opportunities

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Contact/family time: helping children feel part of their foster and birth family: 'roots and relationships'

Every family is different

Case-by-case decision making

Contact works when relationships work

Parent/child relationships  
Foster carer/birth relationships

Support must be available

Assess who needs help and provide this!



- Funded by Nuffield Family Justice Observatory
- Carried out in 6 weeks in April/May 2020
- Linked to other NFJO projects:
  - Looking possibilities of digital letterbox
  - Rapid reviews of literature on contact & digital contact (NatCen/Janet Boddy)
  - Work on remote hearings



How is birth family contact for children in care, children in kinship care, and adopted children being facilitated?

What experience do people have of using digital media to facilitate contact, and how well is this working for everyone involved?



23 telephone interviews with:

- 16 social work/social care professionals
- 4 birth parents
- 2 foster carers
- 1 adoptive parent
  
- Online survey (n=197): 63 foster carers; 56 professionals; 37 Kinship carer/special guardian; 15 birth parents/other relative; 14 Other carers  
11 Adoptive parents; 1 Young person

**'Face-to-face contact has been cancelled until further notice'**

**Video calls**

- Mediated or unmediated
- Just talking or play/activity based
- Same frequency or more often
- Not used much in adoption

**Phone calls & messaging**

- Teenagers with own phone
- Carers sending photos/video to 'fill the gap'
- Some concerns about sharing numbers

**Face-to-face family time**

- Very rare
- Teenagers may 'vote with feet'
- Compelling needs
- 2 metres 'social distancing'



## Experiences of Children



- A means of maintaining connections with family and peers – *'a reasonable alternative under the circumstances'*.
- Responses to the change dependent on age of child, individual needs, previous experiences, existing relationships.
- Babies – limited benefits, less effective and appeared confusing - *'The baby doesn't really understand why he can hear Mummy but can't work out where she is'*.
- Teenagers - A more familiar form of communication - *'They are so used to doing everything not face-to-face anyway. It's the way they communicate with their friends'*.



- Lack of the sensory experience – *'It left him feeling the loss of her hugs.'*
- Children with disabilities – difficult for some, surprisingly beneficial for others.
- 'Safe space' - could be a cause of distress but for others *'[It's] taken the emotion out of contact'*.
- Integration of both families – sharing of space and important relationships.
- More time to build relationships with carers, less disruption to routines.
- Keeping children engaged – creativity is key!



## Experiences of Carers



- Increased demands and responsibilities – adapting but struggling at times.
- Carers' generally focused on the wellbeing of the child.
- Lack of support and guidance from professionals and 'being left to it' – particularly kinship carers and some adoptive parents.
- Relationships with parents – *'It has also enabled us to have a little 'window' into their life, environment and lifestyle and given us and contact workers a chance to see how they are living and interacting with each other.'*



- Maintaining confidentiality and managing risks, particularly when not supervised.
- Some liked having more control, or wanted more but were frustrating by professionals' preventing this.
- Managing children's reactions.
- Managing contact alongside other pressures e.g. family commitments, home education, work etc.



## Experiences of Parents



## Key Issues

- Increased anxiety and distress - *'I'm always scared. I can't sleep and some days I can't even eat. I'm constantly thinking what if they get sick.'*
- Understanding and acceptance *'It keeps everyone safe doesn't it?'* – but some angry and frustrated.
- Pleased to see children via calls, but missed physical touch - *'I miss him more than ever. I didn't think it could get much worse.'*
- Access to wifi and equipment – 'digital poverty'.

## Promoting family links



- Keep the child's needs at the centre of planning for family contact time.
- Take into account the needs of birth family members and foster/adoptive/kinship family members.
- Look for opportunities to build trust, collaboration, empathy and a shared sense of goals between carers/adopters and birth relatives.
- Manage risk proportionally.
- Aim for family contact time to be rewarding, fun and child-friendly.



## FAMILY TIME AND THE IMPACT OF COVID 19

'FROM LOCKDOWN TO DATE'

Vicky Metherringham

Head of Service  
Looked After Children





When the Government issued lockdown measures in late March 2020, Family Time (Court ordered supervised contact) sessions initially ceased.

The NYCC Children and Families Service Covid-19 Emergency Planning Group were asked to urgently identify an alternative form of delivery.

- Reps from a number of teams within the Children and Families Service (Safeguarding, Looked After Children, Fostering and Early Help) looked to develop virtual Family Time sessions.
- Alternative approaches were quickly developed, predominantly being via virtual platforms, providing an opportunity for all looked after children to remain connected and share positive experiences with their birth families.



### Reinstating face to face Family Time

By early June it was recognised that it was vital for all children in care to have their face-to-face Family Time reinstated as soon as possible.

*“In a crisis everyone recognises the need to stay in touch with the people they care about. Keeping connected with loved ones is particularly important for children who have already experienced disrupted relationships, their feelings of loss and rejection are already likely to be heightened. Maintaining family links is important for helping children cope with separation, loss and identity issues”.* Nuffield Family Justice Observatory – April 2020

- However, there was also a balance to identify between the safety and wellbeing of the children and the safety and possible anxiety of the Foster Carers and birth parents due to the risks of the Covid-19 virus.
- With this balance in mind, a Family Time Working Group was formed with the sole aim to reinstate Family Time in a safe and phased manner



### The Family Time Working Group

#### Representation on the Group

- Children and Families Service - Safeguarding/LAC/Early Help/Fostering
- Business Support Services
- Property Services
- Public Health England Advisor
- Senior Health and Safety Advisors



### Family Time Working Group - Timeline and Tasks

- (1) Purpose, terms of reference and membership (2) matrix – phases 1,2,3 (3) Blended approach – face to face & virtual

#### Communication

- Letters to families and foster carers
- Development of a One Minute Guide
- Words and Pictures / venue video
- Question and answer sessions for all managers and staff involved in delivery
- Meetings with Unison

#### Venues for delivery of Family Time

- Buildings Matrix - Identification and preparation of building to ensure Covid Secure
- Creation of Family Time Working Protocol and Risk Assessment
- Resources including PPE



### Phase 1

- Children aged under 4 were identified to be the main cohort for Phase 1 as it was felt that they may have less of an understanding of why they are currently not able to see their parents/family face-to-face and this may lead to further confusion, worry and stress.
- A flow chart was developed to ensure a safe process was in place to enable face-to-face Family Time to resume, enabling key decisions to be made by all involved.
- A scaling questionnaire was formulated to assist in identifying the children



### Phase 1 did not cover all situations where Face-to-Face Family Time needed to start ASAP

#### Unplanned additions to the Phase 1 included:

- A child aged 4, where video/telephone/interaction using technology wasn't successful in offering the child the quality of contact needed and the child showed high levels of distress due to not seeing their parent/family member directly
- A child aged 4 and above, where the care plan for them was reunification home to parents and any delay in face-to-face Family Time would delay the planned trajectory further and be detrimental to the child



**There were also children aged under 4 where reinstating face-to-face Family Time as part of Phase 1 was not suitable:**

- A child under 4, where health or specific Covid-19 virus status for the family/foster carer makes them extremely vulnerable and they were shielding.
- A child under 4 where they are part of an older sibling group that are living in different households. This was considered to high a risk. The children where considered for Phase 2.



**Use of 'Signs of Safety' scaling questions to aid discussions with all involved**

On a scale of 0 – 10 in terms of considering the child having face-to-face Family Time with their family right now, where would you rate the safety of this and the possibility of it going ahead?

**10** is where the child has a really good understanding of what is going to happen when they see their family. The parents and the Foster Carers are comfortable and confident with the arrangements and everyone is happy for face-to-face family time to resume.

**0** although the family and the Foster Carers know that it is really critical that the child sees their family, everyone is very anxious and worried about catching the Covid-19 virus and do not want it to go ahead at this time.



## Helping The Child's Understanding

### Words and Pictures

A Words and Pictures Safety Plan was used to help the child understand the steps to take during Family Time to keep everyone safe and well, for example hand washing and social

Alicia lives with her foster carer Jo. Every Tuesday + Friday Alicia use to visit her Mummy and Daddy. But now she speaks to them on the phone instead because of a virus.



Some people call the virus Covid19. It is like a bad cold but it can move from one person to another quickly and make people poorly. This is why Alicia could not see their mummy and daddy face to face.



Jo has said that it is ok for Alicia to see her mummy and daddy face to face next week as long as she is very Careful and she washes her hands. Alicia must also wash her hands when she comes home. Alicia is really excited about seeing her mummy and daddy and understands that they all have to be very careful.



## Maintaining a 'blended approach'

- Using a blended approach of face-to-face and virtual sessions – a way to enhance the time a child spends with their family and connected networks.
  - We advocate one face-to-face session per week, with additional sessions provided via a virtual platform. If replacing face-to-face sessions with virtual sessions, the latter would in most circumstances be more frequent, to compensate for the likelihood of reduced length of contacts'.
  - Our message to Social Workers is '*we recognise that each child's circumstances and needs are different; as such, we must always aspire to meet the best possible needs for that child. If there are exceptional circumstances, these must always be discussed with the child's Social Worker and Team Manager and considered on a case-by-case basis*'.

## Phases 2-3 and next steps



- Phases 2 and 3 were built on Phase 1. Phase 1 established confidence in practice across the workforce.
- Phase 2: older children/young people.
- Phase 3: all other groups – e.g. larger groups of siblings; children where carers or children had previously been shielding

The Family Time Working Group considered:

- Updates to the Family Time Protocol and Risk Assessments
- Further Q&A sessions were held to update staff and to receive feedback
- Regular communication with families, foster carers and Unison throughout



### J's Story

*“The best part of Family Time was getting to cuddle mum.”*  
*“I really enjoyed seeing you mum, I can't wait for next Monday to see you again”*

*“Family Time has been a very positive experience for myself, and I felt safe throughout” - Children and Families Support Worker*

*“The contact supervising team were brilliant in preparing for the contact”  
 - Social Work Manager*



## J's Story Continued

J, aged 9, had his first Family Time with his mum on 15<sup>th</sup> June. He had not seen his Mum for nearly 14 weeks, initially due to her being sectioned under the Mental Health Act and then due to lockdown. He was considered an exception to be considered in Phase 1 (using the matrix) due to the worries he had about his mum and her health and how mum's health was being impacted by not seeing J.


Prior to Family Time taking place, the social worker did a great piece of work with both J and mum so that they knew what to expect in terms of following government guidelines. They talked through washing hands, what they could and couldn't do and we shared a Words and Pictures with J to explain about why he hasn't seen his mum and what we were doing to try and make that happen.





*The Family Time supervising team were brilliant in preparing for this and we considered both outdoor (preferable) and also indoor contact, at the Children's Centre in Northallerton, if the weather was bad. We had plans for J to take his own toys and books with him so that we didn't touch any of the toys in the family centre. J has learnt at school about washing his hands and taking hand gel so this came nice and easily to him.*


*The Foster Carers have been wonderfully supportive of the whole process. They understood not only the importance of ensuring that J had the opportunity to see his Mum but also to promote Government guidelines around Covid-19. We worked with them to ensure that their daily routine of picking J up from school wasn't disrupted and they also thought about making sure he didn't spend time in anyone else's car.*

*The Children and Families Support Worker collected J from school and walked to the Family Centre where mum was waiting. J was excited to see his Mum, they hugged, after asking if it was ok. They went to the park and everyone was really good at using hand sanitiser before and after using the play equipment.*



**J's Words & Pictures**

<p>J lives with his foster carers M and A. Every Monday, Wednesday and Friday J speaks to his mum on the phone because of a virus.</p> 	<p>Some people call the virus covid-19. It is like a bad cold but it can move from one person to another quickly and make people poorly. This is why J <u>can't</u> see his mum face to face at the minute.</p> 
<p>J's social worker, Sue, has said that it is ok for J to see his mum face to face in the next two weeks as long as we are very careful and we all wash our hands. J must wash his hands when he enters the family centre and when he gets home. Sue will be asking J's mum, to do the same so that we can all make sure that we clean our hands and <u>don't</u> spread any germs.</p> 	<p>J is <u>really excited</u> about seeing his mum and understands that whilst this will be good to spend time together we have to be careful.</p> 



## Review of Virtual Family Time

- As part of wider review work into new virtual working practices, NY Voice carried out some focused review work of Family Time
- This explored views of young people, parents and carers.
- CYPs staff were also consulted.





## Consultation Quotes

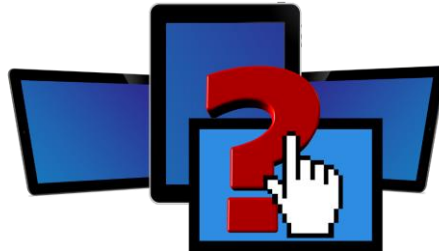
- "I have been supported by my key worker to access Family Time as normal"* (Young Person)
- "Everything has worked, no issues, just fits in with my lifestyle"* (Young Person)
- "The children have Family Time weekly which has worked fine but they are ready to see friends and family face-to-face now as they are missing everyone."* (Foster Carer)
- "Family Time was really hard work. Couldn't access invitations sent via e-mail. We had to connect 3 separate video links up for his family to join us. Just seemed clunky and uncoordinated. Poor signal spoiled the time. 2 hours for very minimal speaking. I feel it would be good to use a different system other than Skype which is more user friendly. Even as someone who is computer literate, this is hard work. But as the travel is usually a nightmare when we meet face-to-face this is a good alternative."* (Foster Carer)



## Feedback Themes

- Virtual / video Family Time seen as a good alternative where face-to-face was not possible
- A blended approach is preferred as we move forward
- Virtual Family Time provides increased flexibility on amount / time of contact
- Travel time and associated cost savings
- Older young people often prefer virtual engagement in general
- Younger young people especially missed face-to-face Family Time
- Some privacy / home safety concerns from foster carers
- Some parents not prioritising virtual Family Time as much as face-to-face
- General dissatisfaction with Skype platform from all groups
- Issues with access to / competency with technology (digital exclusion)

## Questions



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<https://www.nuffieldfjo.org.uk/resource/lockdown-keeping-in-touch>

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