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# **Covid-19 Crisis: Considerations for home visits and face-to-face interventions with children and families**

**A practice briefing from the Martin James Foundation**

Dr Justin Rogers & Ian Thomas  
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## **Covid-19 Crisis: Considerations for home visits and face-to-face interventions with children and families**

This practice briefing aims to support practitioners and managers when planning home visits and face-to-face interventions during the Covid-19 crisis. The briefing highlights the complexity of child protection practice during an emergency such as the current Covid-19 pandemic. It also reinforces the need to balance rigorous assessment of risk, with the need to support families and carers and keep the safeguarding of children central to decision making.

In the face of this global pandemic there have been fundamental changes to the ways in which practitioners and carers around the world are responding to support families and safeguard children. Although there is still more to be understood in relation to Covid-19, we do know the virus is having a devastating impact on people's health, and that many people have lost their lives. Covid-19 social distancing policies have impacted on people's support networks, wellbeing and livelihoods and for families with existing vulnerabilities this may lead to increased safeguarding concerns.

In most places around the world we are now living in a context where our governments are urging us to stay at home. However, practitioners are being asked to leave the safety of their own homes to go and support some of our communities most vulnerable families to protect children. This practice briefing aims to share advice for practitioners and managers so that they can plan visits and interventions as safely as possible. This briefing draws on approaches that have been developed by colleagues across the Martin James Foundation, including our affiliates Foster Talk in the UK and the Key Assets children's services in Australia, New Zealand, Japan and Canada. We have also spoken to practitioners about their current practice. The briefing highlights and provides links to a range of guidance from professional bodies, governments and health organisations, which offer advice on minimising the spread of the virus. It is not intended to replace this existing comprehensive guidance and it is not intended to substitute directions issued by regional and/or national government and health authorities.

In some countries, this paper may reflect what has already become an established way of working, but for others we hope this will highlight key issues and inform their plans as they prepare and develop their practice. As this is an unfolding emergency there are new developments and publications on Covid-19 daily. Therefore, it is important that practitioners and their managers keep safety at the forefront of their mind and keep up to date when new guidance is published.

Many practitioners have already been using telephones and video calling, to minimise the need for face-to-face contact. The numbers of social work home visits and face to face meetings will no doubt have been reduced to help stop the spread of the virus. However, some practitioners still have a legal duty to see children and families and in some emergency protection situations inevitably face-to-face contact will be required. Practitioners may also be required to visit homes they have not been to before and navigate already complex circumstances. There may also be a need for social workers to be involved in placing children in alternative care settings. Furthermore, there will still be emergencies and a need for some foster carers to welcome children into their home, and at time of crisis offer support and care. Therefore, it is imperative that when these interventions are needed carers and practitioners are supported to undertake these safely, to protect the children, themselves and the vulnerable families they are meeting.

### **Things to consider before scheduling face-to-face visits with children and families**

Before undertaking face to face work with children and families, an initial assessment will be required to make a pragmatic decision about whether a visit is needed, and this must be made with the best interests of children in mind. Caseloads should be reviewed, and an analysis of risks is required that considers both concerns and protective factors. It is also important for accountability to keep a clear record of the decisions made and this should be done with the support of line managers. The following points should be considered when assessing risks.

- First and foremost are there concerns that suggest a risk of significant harm to any child in the household?
- Does the family acknowledge any of the original/new concerns/challenges?
- Could social isolation be increasing risk? For example, are contact arrangements impacted, schools closed, respite care placements cancelled?
- How have the family's networks of support been impacted and have protective factors reduced?
- Is there an existing child protection plan in place with the family, is this being worked on and does it need reviewing?
- Have any pending legal proceedings been impacted, if so, it is important to support families and manage expectations, anxieties whilst considering the risks.
- What measures/strategies are in place to promote family strengths and the safety of the child/family? What protective factors could be built on to in place to reduce and manage risk?
- Have other professionals seen/visited family and can they provide feedback. Practitioners have told us that in the UK some schools are contacting vulnerable families every 48 hours.
- UK Government have stipulated that in cases of domestic violence victims are able to leave the family home to seek refuge and ensure their safety. It is important that victims and the practitioners working with them are aware of this in order to formulate a safety plan.
- As caseloads are reviewed it is important to consider the needs of care leavers and those transitioning from their placements. They often face challenges that could be exacerbated by Covid-19. For example, they could experience significant social isolation and as a result may still need face-to-face visits with social workers and personal advisors.

### **Considerations for maintaining engagement where the decision has been made not to visit:**

In this unprecedented context of social distancing and lockdown the use of video calling has proved vital. Social workers and practitioners are maintaining contact with families in a safe way and many are already implementing a number of these suggestions.

- Communicate with children and families through virtual/digital home visits.
- Explore with families any barriers they may have to accessing software, apps and navigating these. Some governments/organisations have provided vulnerable families with devices as many do not have these. Also consider additional funding to pay for data use so video/ online access can be maintained.
- Another barrier may also be something as simple as a person not liking video calling or seeing themselves on screen. This may mean the difference between a phone call whilst recognizing there may still be a need to see a child/ren.
- Supervising social workers can ask to see the child/ren and speak with them, some children/young people may even have their own devices. Transparency and agreement around direct phone contact with children would be advisable to maintain professional boundaries
- Remain accessible, let families and children know they can call/text you.
- Through video calling practitioners can request to see the child's room, areas of the house e.g. if there have been concerns about neglect and hygiene issues you can still support parents and explore ways of meeting any agreed standards in a care plan.
- Explore where possible for support services to be continued using technology, e.g. online therapeutic or counselling sessions.
- Mutual aid groups and peer support can also be accessed online. For example, with online parenting groups, foster carer support groups, arranged contact with family, online gaming with friends.
- With increased use of online communication methods, it is important to consider online safety for children and young people. For example, [ChildNet-support for parents and carers](#)

It is important when engaging without face to face contact to keep updated records, which can serve as a continuation of an assessment of risk. This will ensure that risk is monitored and help inform decision making as to whether intervention or support needs to be elevated and if face-to-face visits are necessary.

### **Considerations when undertaking face-to-face visits with children and families during Covid-19:**

It is important before planning any face to face contact to keep up to date with safety precautions and the current guidance on how Covid-19 is spread and contracted. The World Health Organization offers the following advice, which can be found in more detail here [\(COVID-19\) advice for the public](#)

- **Hand hygiene is the top priority:** Regular and thorough hand washing with soap and water. In circumstances where there is no access to soap and water use hand hygiene sanitizer.
- **Maintain social distancing:** Maintain at least 1-meter (3 feet) distance between yourself and others. Especially if someone is coughing or sneezing.
- **Avoid touching eyes, nose and mouth:** Hands can pick up bacteria through touching objects and surfaces. It is then possible to transfer the virus to your eyes, nose or mouth.
- **Practice respiratory hygiene:** Covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.
- **Personal Protective Equipment:** Center for Disease Control (CDC) have indicated that COVID-19 is very contagious but preventative practices can reduce the possibilities of contracting it and infecting others. The CDC advise that you:
  - Cover your mouth and nose with a scarf, cloth or mask.
  - Wear gloves when in high risk areas, do not touch your face and dispose of gloves carefully afterwards. To learn more about how COVID-19 spreads ([click here](#)).

- If you have a fever, cough and difficulty breathing, seek medical care early.
- Even with mild symptoms such as a headache and slight runny nose, stay at home until you recover.
- Inform your manager and self-isolate for 14 days. If possible, undertake contact tracing with your manager and recall who you have met with and assess the need to inform them.
- If you develop a fever, cough and difficulty breathing, seek medical advice promptly as this may be due to a respiratory infection or other serious condition.

### **Face-to-face visits**

In the context of the covid-19 pandemic we have established that face-to-face visits may still have to take place in emergency situations. For example, when an assessment concludes a child may be at risk and the family needs to be seen. In different jurisdictions there may also be legal requirements for practitioners to undertake visits for supervision, of kinship care, foster carers and adopters. In such circumstances the following suggestions could guide practitioners in preparation, before and during face-to-face visits with children and families.

### **Phone ahead of time to ascertain the following...**

- Does any household member, or anyone they have had contact with display symptoms? (a dry persistent cough; raised temperature; sore throat; loss of smell and taste or other symptoms)
- Is anyone working in a health or social care setting?
- Do parent/ carers or family members have underlying health conditions?
- Explore and identify how the purpose of the visit could be achieved while staying safe from infection
- Explain the situation of Coronavirus and preventative measures like social distancing of 1-meter (3 feet), face mask and gloves.
- Gain an understanding of the home environment and agree a way to navigate the visit safely, consider use of space, number of people in a room, could it be moved to a large meeting room, or conducted at the front door if appropriate. Some practitioners have informed us that they see the children in the garden. The key here is to maintain social distancing.
- Explain to parents and carers that you may be wearing personal protective equipment and explore a way of preparing children to understand preventative measures.
- If small children are present or people who may be concerned about mask wearing, workers can also fix a full-face photograph of themselves to the front of their clothing so their face without a mask is visible, which is more humanising.
- Ascertain acknowledgment and agreement to the risks and incorporate a shared plan, which can be explained to children in a way they understand.
- Where available provide PPE for those you are visiting and discuss with them in advance, they will be requested to wear this themselves.
- Seek the parent/carer views on the situation and answer any questions they may have. Take time, be reassuring and provide adequate space for a good discussion.
- Where necessary provide opportunity for the decision to visit to be challenged. If you can explore and resolve some of the tensions before the visit, then the preventative measures may be upheld with more agreement.
- If practitioners find that the family, they are visiting will not adhere to social distancing they must consider whether the visit should continue in conjunction with their line manager.

**Unannounced visits:** For a variety of reasons the nature of child protection work means that some visits are unable to be planned and prepared for. In such cases these should be treated as a high-risk Covid-19 environment and proceed in line with public health measures (see above WHO).

**Placing & supporting children in foster care:** Government guidance on social distancing requires a change in practice for foster families and their social workers. Wherever, possible it would be advisable not to arrange any new placements. It is also important to support children, young people and foster carers to understand why some respite arrangements may be postponed and cancelled. However, some children will require emergency support and an overall assessment will need to be made that considers how children will cope with being cared for in a new setting under isolation circumstances. This should be done in conjunction with regular matching considerations that assess the foster family's capacity to meet the needs of the child. Practitioners transporting children between placements may require PPE to keep themselves and the children safe. Community Service Industry Response in Australia [offer advice on how and when to use PPE](#). Coram BAAF offer [advice for the placement of children in foster care during the crisis](#) and highlight the need to keep a duty of care to the foster carers.

### **Management and leadership:**

Managers will have responsibilities for assessing the risks posed to practitioners and carers in what can be rapidly changing circumstances. This is a significant responsibility as these complex decisions may need to consider the wellbeing of the child, family, carers and practitioner. Everybody involved in these assessments will require support and clear procedures to help guide their decision making. It is important that these decisions are not made in isolation and quality assurance measures, for example, two managers approving a visit could help to share this responsibility in a supportive way.

### **Considerations for leaders:**

- Assess the vulnerability factors within staff group in relation to Covid-19.
- Prepare for sudden escalation of risk/needs for vulnerable families.
- Prepare for escalation in staff sickness rate.
- Efficient distribution of Personal Protective Equipment, however we are aware that not all organizations are able to ensure that there is enough PPE available to all their staff. In such instance's consideration could be given to reimbursing staff who purchases their own PPE.
- Provide training on the correct use and disposal of PPE as when used incorrectly this can increase risks of transmission.
- Clear policy and guidance on face-to-face visits for practitioners.
- Promote self-care and wellbeing considering increased stress, loan and remote working.
- Check with your professional regulators on issued guidance, especially considering any change to statutory duties.
- Facilitate online team meetings to explore and share practice challenges and solutions.

## **Useful Resources**

- British Association of Social Workers (BASW) [Professional practice guidance for home visits during Covid-19 Pandemic.](#)
- British Association of Social Workers (BASW) Domestic Abuse and Child Welfare: [A Practice Guide for Social Workers.](#)
- British Association of Social Workers (BASW) [Covid-19, Ethical Guidance for Social Workers.](#)
- Better Care Network (BCN) have published an inter-agency [technical note on the protection of children during the covid-19 pandemic: children in alternative care.](#)
- Community Care: [How social workers can tackle the ethical and practice challenges of Covid-19:](#) guidance from Practising Social Workers.
- Dominelli, L. (2020) Surviving Covid-19: Social Work Issues in a Global Pandemic (Child Protection and Welfare, Social Care). Stirling: Stirling University. Published as Open Access: Available Online: <https://bit.ly/2VMllsZ>
- [World Health Organisation: 'Guidance for Health Workers'](#)
- The Principal Children and Families Social Worker (PCFSW) Network have written guidance on [Best Practice Guide for Risk Assessment and Prioritising Children and Families' Needs during Pandemic.](#)
- The Office for Standards in Education, Children's Services and Skills (**Ofsted**) [Children's Social Care](#)
- Online Gaming: [An Introduction for Parents and Carers:](#) ChildNet.
- Article: [Care leavers and COVID-19: A time for even greater state and community responsibility.](#)
- Wallbank and Wonnacott. (2016) [The integrated model of restorative supervision for use within safeguarding.](#)
- Australian Government of Social Services. [Coronavirus \(COVID-19\) information and support.](#)
- World Health Organisation: Coronavirus disease (COVID-19) outbreak: [rights, roles and responsibilities of health workers, including key considerations for occupational safety and health](#)
- World Health Organisation: [Getting your workplace ready for COVID-19](#)
- International Federation of Social Work: [ETHICAL DECISION-MAKING IN THE FACE OF COVID-19](#)
- Center for Disease Control (CDC) [How to Protect Yourself & Others](#)

### **Assessment tools and checklists**

- World Health Organization: [Risk assessment and management of exposure of health care workers in the context of COVID-19.](#)
- This document summarizes WHO recommendations for the rational use of personal protective equipment (PPE), in health care and community settings. ([Guidance and template](#)).
- Ascia- [Checklist](#): Actions to reduce the spread of COVID-19.



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