

Report focus

Rapid research looking at the means agencies are putting in place to support children to keep in touch with their birth families during lockdown.

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Contact during lockdown: How are children and their birth families keeping in touch?



About this report

This report presents the findings of an online survey and interview consultations that collected information from professionals, birth parents, foster carers, kinship carers and adoptive parents, in order to try to urgently understand what arrangements agencies are putting in place to support children to keep in touch with their birth families during lockdown, and how this is working—especially for children.

The work was carried out in 20 days during April 2020.

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About the Nuffield Family Justice Observatory

Nuffield Family Justice Observatory (Nuffield FJO) aims to support the best possible decisions for children by improving the use of data and research evidence in the family justice system in England and Wales. Covering both public and private law, Nuffield FJO provides accessible analysis and research for professionals working in the family courts.

Nuffield FJO was established by the Nuffield Foundation, an independent charitable trust with a mission to advance social well-being. The Foundation funds research that informs social policy, primarily in education, welfare, and justice. It also funds student programmes for young people to develop skills and confidence in quantitative and scientific methods. The Nuffield Foundation is the founder and co-funder of the Ada Lovelace Institute and the Nuffield Council on Bioethics.

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1. Introduction

On 23 March 2020 the UK government gave directions to severely restrict in-person contact and travel outside the home in response to the global COVID-19 pandemic. This 'lockdown' presents significant barriers to children who are in care, in kinship care, with special guardians, or adopted being able to have face-to-face contact meetings with members of their birth family.¹ Guidance issued in April by the Department for Education and the Welsh Government set out the expectation that family contact plans for children in care should continue but that contact would need to take place virtually. Where contact orders were in force the guidance suggested that the spirit of these should be followed with social workers making individualised decisions based on the circumstances of each case.^{2,3}

This rapid research project was commissioned at the end of March 2020 by the Nuffield Family Justice Observatory (Nuffield FJO) in order to understand as soon as possible what means agencies were putting in place to support children to keep in touch with members of their birth families. It became quickly apparent that agencies were experimenting with more virtual forms of contact such as video calls, but how this was working was not known.

At the time of writing the countries of the United Kingdom are still in partial lockdown, as are many other countries around the world. The timetable for relaxing restrictions is not yet clear and will be dependent on the future rates of transmission of the virus. As there is yet no cure or vaccine it is likely that countries may have to practice 'social distancing' for some time to come. This may involve intermittent periods of further lockdown, and individuals and families may be required to self-isolate from time to time. Hence it is important to learn as much as possible about how children can be enabled to maintain family connections in situations where in-person contact may not be possible.

The two main aims of the research were as follows.

- Firstly to understand what contact was happening in the current context, and to learn from the experiences of this in order that Nuffield FJO can consider what help and guidance would be useful to professionals and families in managing children's family contact (including digital contact), while restrictions on meeting face-to-face are necessary.
- Secondly, the research aimed to learn about what works and what does not work in relation to digital forms of contact in order to consider whether digital forms of contact

¹ 'Contact' is an umbrella term that covers a range of practices that keep children in touch with their family members. It includes face-to-face meetings (where often the term 'family time' is increasingly preferred), exchanges of information in letters, phone calls, and (particularly in the current context) 'digital' forms of contact such as video calls.

² Department for Education. (2020). Coronavirus (COVID-19): guidance for children's social care services. Available from: 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 [Accessed 11 May 2020].

³ Welsh Government (2020). Children's social services during the COVID-19 pandemic: guidance. Available from: <https://gov.wales/childrens-social-services-during-covid-19-pandemic-guidance.html> [Accessed 20 May 2020].

may benefit children as part of a range of options for children to stay in touch with family members outside of the lockdown period.

The focus of the research project is children who are in care, or who have left care to be adopted or to live with kinship carers or special guardians. It does not cover contact in private law cases, though some learning from this project may be relevant to understanding children's experiences of virtual contact after parental separation. The survey and interviews undertaken were UK-wide and did not specifically record where the participants were located. However, the findings are of relevance to professionals in both England and Wales.

2. Methods

This chapter discusses the research questions, and how we set out to answer them. It describes the sample and how respondents were recruited. The survey and interview questions are described, and data analysis methods outlined.

Summary

- The research focused on experiences of contact during the period of lockdown.
- Feedback was sought from three main groups: professionals; people caring for children (adoptive parents, foster carers, kinship carers); and birth relatives (mostly mothers).
- Data was not collected directly from children—but the above groups were asked about children’s experiences.
- Qualitative data was collected primarily by anonymous survey with open responses (n=197) and semi structured telephone interviews (n=24) with a few additional responses gained from direct messages on Twitter or via email.
- The data was analysed qualitatively within the same framework, which focused on the experiences of different groups and key issues identified after initial inspection of the data.
- The research gathered and analysed a good range of experiences in a short space of time. A key limitation is children’s experiences were not directly sought. Children’s views about digital contact should be a focus of future research.

2.1 Research questions

The key questions this research set out to answer were as follows.

- How are people facilitating birth family contact for children in care, children in kinship care, and adopted children?
- What experience do people have of using digital media to facilitate contact, and how well is this working for everyone involved (children, professionals, parents and carers, birth relatives)?
- What are the key problems/barriers/challenges, and what is working well?
- What guidance has already been developed?
- What ideas do all concerned have about the value of using technology to facilitate contact beyond the immediate crisis (including, for those involved in adoption, ideas about the potential to use digital methods to facilitate ‘letterbox’ contact)?

The key methods used to collect data were (a) telephone interviews and (b) an online survey. Some additional responses were gathered via email and Twitter. Included in the research were: professionals across a range of settings and roles; those caring for children (foster carers, kinship carers/special guardians, and adoptive parents); and the birth parents (and other adult relatives) of children. We did not attempt to collect data from children directly due to the ethical complexities of doing so in a rapid research project during a pandemic.

2.2 Who took part in the research?

Recruiting the sample

A number of routes to recruit survey and interview respondents were pursued in order to gain a good range of responses in a short space of time. These included:

- publicising the study widely on Twitter
- approaching a local authority and an independent provider of foster and residential care to recruit interviewees
- recruiting independent reviewing officers (IROs) via the National IRO Managers Partnership (NIROMP), which publicised the study on its website
- recruiting foster carers with the help of the Fostering Network, which published a blog about the study (based on an interview with the lead author) and publicised the survey
- leveraging the research team's existing networks
- a webinar about the topic organised by Research in Practice (RIP) and a blog that further publicised the study
- raising awareness amongst kinship carers via the Grandparents Plus Facebook page
- publicising the study amongst birth parents and those working with them via PAUSE⁴
- leveraging the networks of those interviewed
- recruiting interviewees via the survey and Twitter.

Survey respondents

A total of 197 people completed the online survey. The numbers and percentages of people in each respondent group are reported in Table 1. The largest group of participants was foster carers, followed by professionals. In the birth parents/relative group, 13 people said they were mothers, one just said 'parent' and one was an aunt. One young person (who did not specify their age) completed the foster carer section of the survey.

Table 1: Respondents to the survey

| Type of respondent | Number | % |
|--------------------------------|--------|------|
| Foster carer | 63 | 32 |
| Professional | 56 | 28.4 |
| Kinship carer/special guardian | 37 | 18.8 |
| Birth parents/other relative | 15 | 7.6 |
| Other carer* | 14 | 7.1 |
| Adoptive parent | 11 | 5.6 |
| Young person | 1 | .5 |

Note: *The 'other carer' category was included as some respondents to the carer/adoptive parent/kinship carers section of the survey were likely to fit more than one category. This group included people who had both foster and adopted children, kinship foster carers, and foster carers applying for special guardianship orders (SGOs).

⁴ PAUSE is an organisation that supports women who have had at least one child removed from their care.

Professionals who completed the survey were asked to give more information about their job title or role. From this, we categorised people according to their area of work—see Table 2.

Table 2: Survey respondents – professional’s area of work

| Professional’s area of work | Number |
|-------------------------------------|--------|
| Contact specialist* | 11 |
| IRO | 8 |
| PAUSE parent support worker/manager | 10 |
| Supervising social worker** | 6 |
| Other social worker | 14 |
| Other manager | 5 |
| Adoption worker or manager | 2 |

Notes: * For example, people working in contact centres or workers whose main area of responsibility is to manage contact. This group contained social workers, managers and support workers. ** Social workers whose role is to support foster carers.

The data in Table 2 suggests that we had a good cross section of professionals working with the different groups of people. Most of the ‘other social worker’ and ‘other manager’ respondents appeared to be children’s social workers and the team managers of these social workers. We did not have a response from anyone who said they specialised in supporting kinship carers.

Interviewees

24 people were interviewed in total in 23 interviews. The interviewees were:

- a guardian/Cafcass social worker
- two supervising social workers
- a permanency manager and an adoption manager from a local authority (jointly interviewed)
- the operations manager of Children’s Homes (charity)
- three post-adoption support social workers and one principal adoption social worker
- four birth parents (one of these was also a ‘birth parent advocate’)
- the manager of an independent fostering agency
- an adoptive parent
- two foster carers
- a local authority children and families social worker (contact centre)
- a manager of a local authority family time (contact) service
- the manager of residential care home for children with disabilities (charity)
- the director of communications and influencing, PAUSE (charity)
- a local authority IRO and an IRO manager.

Several adoption workers were interviewed because we wanted to learn more specifically about the potential role of digital contact as an option for adopted children (this being linked to another Nuffield FJO project). We did approach more foster carers and kinship carers who left their contact details in the survey, but none were able to be interviewed. This was not a major concern as we had a good range of responses from these groups in the survey.

2.3 The survey and interviews

The survey

The survey was hosted on the Qualtrics online survey platform. After reading information about the survey and consenting to take part, respondents were asked to identify as either a professional, a birth parent/other birth relative, or a foster carer, kinship carer or adoptive parent. This directed people to the three different branches of the survey for these three groups. In each branch of the survey questions were broadly similar, and they numbered between eight and ten questions. All questions apart from those that identified the category of the individual were open boxes where people were free to write as much or as little as they wanted. People could skip questions that they did not wish to answer. The questions to professionals are presented below. These questions were adapted for the other groups covering very similar ground.

1. How have the requirements of social distancing affected contact plans for children in care/kinship care/who are adopted? (You may want to focus on the group/s of children you work most closely with.)
2. What methods or tools are you/your agency using to maintain birth family contact for children in care, children in kinship care, and adopted children since new rules about social distancing and lockdown were introduced?
3. If you have used digital methods (such as video calling), or other indirect methods (such as phoning, texting or letters) to facilitate contact, how is this working for everyone involved (professionals, parents and carers, birth relatives)?
4. How do you feel that children have been affected by any changes in contact arrangements (including not being able to have any contact)? (We are interested to hear how babies, children and young people of all ages and abilities have been affected. If you have had feedback directly from children, please let us know what views they have expressed).
5. What do you think are the key problems/barriers/challenges/risks of using digital technology and how have you tried to address these?
6. What has worked well in terms of using digital technology to facilitate contact?
7. Have you/your agency developed any guidance around using digital technology for contact? Or have you found any other useful advice/guidance? (If so, please can you tell us more about this. Links to any online guidance would be welcome). Do you have any ideas about what guidance should cover/include?
8. What practical, educational, or emotional support do you think is needed to help children stay in touch with important people during the pandemic? (Where possible, comment on help that may be needed by specific groups such as children, foster carers, birth parents, kinship carers, adoptive parents).
9. What ideas do you have about the value of using technology to facilitate contact beyond the immediate crisis (including, for those involved in adoption, what alternatives there might be to traditional letterbox contact?)
10. Is there anything else you would like to tell us about contact during the pandemic, or about using digital technology for contact?

The survey could be completed anonymously, but there was an option for respondents to leave their contact details if they were happy to be contacted for more information.

The interviews

The interviews were semi-structured. Questions were very similar to those included in the survey but adapted for the different groups of interviewees. In addition, the first question in each interview was to ask the person about how they were generally. We felt this was important because of the stressful nature of current times, and also so that questions around contact for children could be considered in relation to the broader context of the pandemic. Interviewees were free to pass on any questions they did not want to answer. The semi-structured nature of the interviews meant that we could probe around emerging issues.

Interviews were carried out by telephone (and in one case, where two people were interviewed, by Skype). They were not recorded, but detailed notes were taken, and these were written up including some verbatim quotes.

Emails and direct messages on Twitter

A few people contacted the research team via direct messages on Twitter or email and sent in their responses this way. This happened mostly at the beginning of the project before the online survey was established. The responses were helpful in shaping the survey questions. Some information and quotes from emails and direct messages have been included in the report with the consent of those providing them.

2.4. Ethics and research governance

The research was approved by the University of East Anglia (UEA) School of Social Work Research Ethics Committee. The local authority that provided particular help with recruiting interviewees also approved the project through its research governance process.

All respondents to the survey and interviewees were given information about the study and, where possible (with interviewees), consent to take part was recorded by email. People were reminded that they did not have to answer any questions they did not wish to. We also strongly emphasised the voluntary nature of participating in the research, this being particularly important given the pressures that many people were under. Contact details of organisations providing support were available at the end of the survey and could also be provided to interviewees if needed.

2.5. Data analysis

It was decided to analyse survey data and interview data within one framework. NVivo software was used to analyse survey data (imported in Excel files, with different files for different groups of participants) and interview data (written records of each interview were imported as separate data files). The process is outlined below.

- Members of the research team first familiarised themselves with the data through reading interview transcripts and survey responses.
- The research team met virtually to generate ideas about the framework for data analysis, and the data was then assigned to 'nodes' in NVivo according to the key factors identified in the framework. The key areas explored were:
 - what contact was actually happening

- the experiences of contact for each group of respondents as reported by themselves and others
 - children's reactions to contact changes as described by all groups
 - wider factors affecting people during the pandemic
 - policies/guidance and support provision
 - relationships between carers and birth parents
 - risks and management of risks
 - ideas about digital contact in the future
 - the pros and cons of video calls.
- The team then met again to decide the structure of this report. The nodes in NVivo were used to identify the key themes relating to the report chapters, hence allowing us to move quickly from data analysis to write up. The team continued to meet virtually at regular intervals to check the understanding and interpretation of the data.

2.6. Strengths and limitations of the research

A wide range of views and feedback were gathered and analysed in a short space of time. The survey allowed for a good breadth of experiences to be included, and we gleaned information about children across a wide age range, and including children with disabilities, who were living in a range of family and group care settings. The interviews allowed us to explore in more detail how various issues were being managed and experienced. A good range of professionals were included in the interviews and survey responses, including those with special responsibility for managing contact, those supporting birth parents, children's social workers and their managers, IROs, adoption workers and managers, and social workers supporting foster carers. Although we had a very good number and range of respondents, we still cannot claim that our sample is typical of the wider population as it is possible that those who were willing to take part had given more thought or attention to issues around contact and digital methods. The views of some groups of relevant people were also limited in our data, especially Cafcass workers, birth fathers, and professionals supporting kinship carers.

No data was collected directly from children or young people (although one young person did complete the survey). Had we been able to learn from children directly, additional or alternative insights may have emerged. We would recommend that further research needs to be carried out to understand children's views about digital contact.

Although the open format of our questions allowed respondents to raise any issues they felt relevant, with hindsight, it could have been helpful to ask respondents to comment on any issues that were specific to families of minority ethnic origin.

3. Impact of lockdown: changing contact plans and changing working practices for professionals

This chapter outlines the key changes in children's contact plans that professionals described were happening during lockdown. The chapter also looks at the impact of the changes in contact for professionals including the challenges of using unfamiliar technology, working from home and workloads, and the importance of communication and relationships.

Summary

- Face-to-face contact for children in care, kinship care and adoption was reported to have stopped in almost all cases. The impact of this was more significant for children having higher levels of contact.
- A rapid and widespread switch to video calling was reported; this could be supervised by professionals but in many cases carers were now managing this contact.
- Professionals sought out guidance relating to virtual contact and technology (particularly about the pros and cons of different platforms and managing security features as well as how to make video calls engaging for children) and some organisations developed guidance as the changes progressed. The most useful looking guidance addressed both risk prevention and management and promoted collaboration between parents and carers, as well as including positive suggestions to help video calls work well, based on the age and developmental stage of the child.
- Professionals reported saving time on travel, but increased demands in relation to learning new ways of working remotely and new demands of changing contact plans. Some changes to contact and working differently were seen as opportunities to embrace (see also Chapter 7).

3.1 Changing contact and practice

All groups of survey respondents were asked to tell us about what contact or 'family time' had been happening since lockdown. Obviously, parents, carers and adopters answered about their own situations, whereas professionals often shared the approach being taken within their agency (and sometimes across agencies). Across all these perspectives the strongest message was about the almost immediate cessation of plans for children to have face-to-face meetings with birth family members. Many people made blanket statements about all face-to-face contact stopping, but a few exceptions to this emerged. For example, for one young child who had just entered care, there was a plan for the social worker and the child in a pushchair to meet with the mother in a park, the rationale being that the child's need to see the parents was very great. For some teenagers very resistant to the idea of not seeing family members, professionals had allowed some direct contact because of fears that young people would 'run away' to see family members. For example, one professional described a case where the family members were 'meeting and going for a walk 2+ metres apart'.

Some agencies were working with contact centres to manage supervised contact, and many reported that these centres had ceased facilitating any face-to-face contact, and statements

such as this one by a contact centre worker were typical: 'Face-to-face contact has been cancelled until further notice'. Several contact centre workers mentioned that they had started to see a reduction in face-to-face meetings even before the lockdown because people with health conditions or symptoms had started to self-isolate, for example. In some areas, contact centres had rapidly moved to organising the setting up and supervision of contact through video calls, so their work continued but in a different form.

Professionals reported widespread use of video calls in place of face-to-face meetings. A wide range of video call software including Skype, Zoom, WhatsApp, FaceTime, Microsoft Teams and in some cases online gaming programmes were used. Other forms of contact were also being put in place alongside or as an alternative to video calls. In some cases, particularly when children were very young, recorded video and/or audio was shared with parents. In the case of some older children, photographs, pictures and art or craft projects, were posted to parents. A mix of contact was not uncommon, with video calls and phone calls to suit the child, as parents, carers and professionals tried to find the right plan for children:

Some children were having contact five times per week and they've found that video calls that often don't really work so they're having a phone call every other day instead and maybe video on the other days.

Within this overall picture of face-to-face contact being replaced by video calls, differences in the speed and nature of responses between different agencies were apparent. For example, in one local authority they were not using video calls for babies, arguing this was due to the difficulties with engaging a baby and the potential upset for parents—but many other agencies were attempting this. There were also differences in how contact was being managed for children according to the settings in which children were living.

Children in foster care were probably most affected by the restrictions on face-to-face contact, as they were most likely to be having agency-mediated family time with their parents or relatives. Whilst some video contact was supervised by professionals, many children in foster care experienced the switch from their direct contact being 'supervised' by a professional, to virtual contact taking place within their foster home with carers supervising. Very young care entrants in foster care often had the highest level of contact. However because of their age, babies were seen by many as being least likely to actively participate in virtual forms of contact—a consistent message we received from all groups of respondents. For some older children in settled long-term foster care settings, face-to-face family time meetings may have been set to happen only every few weeks or months, so the impact was lower. In these situations, some professionals and carers told us that they were simply hoping that restrictions would be lifted by the time a meeting was due, but for others the switch to video calls had been made.

Most adopted children did not have any plans for face-to-face contact with parents anyway, so the disruption appeared minimal. When face-to-face contact with siblings was the plan, this may have been delayed in the hope that lockdown restrictions would soon be ended relatively soon, or replaced with video calls. One adoptive parent said they were already using video calls to connect with their child's siblings. For the birth parents of adopted children, without any possibility of seeing their children, the pandemic was a time of

heightened stress and anxiety. Hence some adoption agencies were responding to this by checking in with the adoptive parents and either passing news back to birth parents or asking adoptive parents to send an additional letter. Some agencies were asking all their adoptive parents to consider sending an additional letter. In other agencies, no changes were made to existing plans, and even existing letterbox exchanges were being delayed or not going ahead as workers could not access their offices.

As many of the young people in residential care were older children, they may have already been managing some of their contact independently, including using their own phones to text or make voice or video calls to stay in touch with parents. Hence in some cases, people reported that change was minimal. For other young people, again the switch from direct contact to video calls was introduced.

For children in kinship care or with special guardians, a key difference apparent in our data was that kinship carers were mostly managing children's contact by themselves before the pandemic, and most reported that they continued to do so after lockdown. Unmet support needs of kinship carers were apparent, as discussed in Chapter 5.

3.2 The impact of changes to contact on professionals

The rapidly changing situation with regard to the pandemic placed a number of additional demands on professionals to adjust to government restrictions.

Revisiting agreements and guidance

The changes in contact meant that contact agreements had to be revisited. For example, one contact professional explained that: 'Parents and attending adults have been given a new family time agreement to sign to say they understand the rules of the digital sessions'. Carers were also reminded to reiterate the agreement at the start of any video calls.

Many professionals said that the speed at which the situation developed meant that little guidance was available, saying things like there was 'some but nothing formal' or that guidance was 'being developed'. They referred to some resources they had accessed online (for example guidelines from the National Association of Child Contact Centres) or other resources that had been shared between professionals. One professional reflected within an interview that 'if they'd have said we had to do this six weeks ago, there would have been a million and one guidelines'. Instead they were learning, like everyone else involved in the contact situation, as they came across issues to be solved and that could be developed into robust guidance: 'We should take the good from it'.

Other professionals advised that guidance had been produced quickly, covering a range of topics such as how to use different software and tips for managing virtual contact sessions. Some examples of guidance that were provided to us seemed to focus primarily on managing any potential risks of digital contact such as not inadvertently revealing details of the foster home, potentially to the extent that the restrictions could get in the way of the enjoyment of video calls for children (for example, where it was expected that children would sit in front of a blank wall and not move around or bring objects into view). Other examples were more focused on enabling the virtual meeting to be child-friendly. For example, we saw some excellent examples of guidance for foster carers and/or parents that discussed how

parents and carers could prepare games, activities or topics of conversation before a call in order to help children of different ages to find video calls rewarding. Some guidelines also helpfully gave parents tips of how to manage the emotional impact of calls on themselves and how to recognise and respond to what their children may be feeling. Other good examples included advice based on building communication, collaboration and empathy between parents and carers though suggesting 'pre-meeting' calls between the adults and giving foster carers ideas about what parents might be feeling. Risk management was a feature of some guidelines (e.g. suggesting a discussion takes place with the carer about what situations might mean they need to end a call early, and how they can seek further support if they have any concerns), but this appeared more useful when risks were discussed alongside these more positive suggestions about helping calls to go well.

Rising to the technology challenge

Professionals discussed the need to adapt and rise to the technology challenge—both using technology for contact and using technology for remote working. One professional suggested that social workers are not always the 'most tech savvy of folk' but felt that everyone had embraced the challenge. With regard to platforms for contact, professionals' knowledge of different digital platforms had to be developed quickly to learn which worked safely and those best avoided, depending on the situation:

Some issues have arisen with WhatsApp, particularly with early permanence carers as phone numbers need to be hidden and this is not always possible with WhatsApp. This isn't such an issue with traditional foster carers. If a family placement, they generally have each other's phone numbers anyway.

One professional said that in their local authority, a Contact Facebook page had been set up 'which allows carers and birth families to use messenger to call each other'. Some also found Microsoft Teams successful as it has 'the facility to hide email addresses and the contact service can also record the call and save the transcript if necessary, e.g. if required for court'.

However, the many different ways of communicating could be confusing and one professional thought that 'it would be really good if we had just one solution e.g. use Skype'. Different local authorities and individual professionals appeared to favour certain software, most likely based on familiarity, access and security. Zoom was the preferred choice for one supervising professional:

Video conferencing via Zoom gives me control over who can come into the session. It allows me to silence any inappropriate conversations and have discussions with parents without the children being able to hear if needed. I am able to still take notes and compile a report for each session as I would normally.

However, other agencies have implemented a blanket ban on the use of Zoom because of concerns about the security of this platform. Another professional felt that more guidance was required as to the safety of different platforms:

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It would be helpful to have some general guidance around technology and social workers need to be 'clued up'. For example, what about location services? Can people track you? I'd welcome some guidance.

Not knowing which platforms were best added to the pressure experienced by professionals. Some had spent time familiarising themselves with one platform only to be told to use another: 'There have been three or four occasions where workers have been told "use this, no don't use this", e.g. Zoom. We're all sat waiting for the next thing we'll have to learn how to use'.

In one agency, IT support had been very helpful in getting all the professionals set up for homeworking. The resources spent on that had resulted in less support with the technology required for virtual contact: 'Because they have been focusing on this, they haven't really been able to help with setting up IT to facilitate contact'. Many of the professionals indicated that they required support with new technology. A supervising social worker explained during an interview:

The challenge has been the professionals' own issues with using technology. There is a long chain of people trying to get carers on Skype when the supervising social worker doesn't know how to do it themselves. In a few cases, neither the foster carer nor professional has knowledge – there's usually a way through ... it often involves sending a lot of screenshots!

Workload and working from home

Some professionals reported benefits to working remotely and supervising contact virtually. A clear benefit was that time spent on travel was reduced. However, supporting video contact created new demands in terms of helping people make the most of this way of connecting:

Adapting contact that was previously face-to-face to indirect takes time to plan and this has not always been possible—also adapting so that it is age-appropriate. There is a lack of confidence or experience by social workers in doing contact differently as we tend to stick to the way it has always been done.

There have been other additional tasks for some professionals due to the lockdown such as adoption workers contacting all adoptive families involved in a letterbox scheme and asking them 'to send an extra letter to reassure parents, even if it's only a few lines'. Some contact workers were offering more support to carers and parents and made themselves available: 'now we have mobile telephones all my families have my number so they call call/text as and when they need to'.

Access from home was not always easy for professionals. For example, a worker in a regional adoption agency had to connect to 'these five different letterbox systems from home. There are different data governance data sharing and legal stances that the five local authorities take which complicates things'. Although not mentioned by professionals, we can also assume that they may have partners and children in the home during lockdown which also adds to the stress of a new way of working: 'Working from home has also been a challenge, in isolation when getting used to a new way of working'. Nonetheless, after initial rapid change, some were optimistic: 'Now the dust has settled, it's business as usual'.

The importance of communication and relationships

Several professionals reported that remote working was made easier when there were supportive relationships and good communication in place. That applied to all relationships including between colleagues, parents, carers and children: 'We're all trying to keep relationships and connections'. It appeared that some services were working well together to make the new arrangements work: 'Services are supporting each other'.

Professional relationships with parents and carers were also important but could be more difficult when the relationship had not had time to become established: 'It's trickier where there's a significant high risk from parents or when parents have only just started having contact'. If carers and parents had good relationships with professionals, then professionals had less to worry about while they were not able to visit. A social worker felt that relationships were managed well and said: 'We are maintaining the relationships with the families, considering the challenge we're under'.

An IRO was surprised at the way their work with young people had changed. They found that they were having more meaningful conversations with young people and getting more information about their wishes and feelings through virtual contact: 'The quality of communication has improved'—a point reiterated by some other professionals. Interestingly, the reviewing officer also felt that the same applied to virtual communication between colleagues.

Looking ahead

Professionals expected some future difficulties due to the lockdown and the possibility of continued social distancing. A key area highlighted was their work with children in care proceedings—that is, where the plan for the child is under assessment. One area that usually requires face-to-face contact is assessments:

Regarding assessments, when lockdown initially started all parenting assessments were put on hold unless they were high risk. Some are being continued over the phone if they had already started and sometimes workers are going into the home whilst maintaining social distancing rules.

As an outcome of proceedings is that a child may return to their parents, the opportunities to have direct contact become more vital. The longer direct contact is denied, the more difficult it may be for the child and the parents. One guardian raised the issue that with unprecedented changes happening, it was harder for them to challenge local authority decisions:

Guardians would usually challenge this if they disagree based on case law or previous cases which have set a precedence. It is now very difficult to challenge arrangements as there is no precedent for what is happening.

Some professionals saw the changes forced upon them as an opportunity to do things differently in the long term and to be more creative in their working with children and parents: 'On the whole it feels that the current situation has provided opportunities for innovation and creativity'. Opportunities for changes in future contact plans are discussed in Chapter 7.

4. The experiences of children

This chapter considers the impact of face-to-face contact stopping on children and how they have responded to these changes, based on the views of their parents, carers and professionals working with them. The majority of respondents commented mostly on children's contact with birth parents, though some of the discussions below will also be relevant to contact with siblings and other birth family members. All children's views were directly reported via respondents, aside from one young person who completed the online survey themselves. The different responses based on the ages and needs of the children are explored, as well as some of the benefits and challenges of virtual contact for children. Consideration is also given to other factors affecting children that were related to lockdown measures.

Summary

- For most children, maintaining some kind of connection to their birth families was very important, and virtual contact provided a way of doing this.
- Children's responses to virtual contact tended to be affected by the quality of pre-existing relationships and previous face-to-face contact with their birth families. For some, virtual contact was reported to be more manageable and less emotionally intrusive.
- Children's responses were also affected by how the virtual contact was managed and supported by the adults—creative ideas and activities helped.
- Bringing contact into the foster home had been positive for some children but distressing for others—again depending on previous experiences. The opportunity to share their foster homes with birth parents had led to increased integration between these two worlds.
- There was a particular concern about the impact of lack of face-to-face contact for very young babies who were unable to interact meaningfully with parents via video. This became increasingly significant where reunification was part of the plan.
- Communicating digitally was very familiar to many children, particularly older children and teenagers, and had 'normalised' contact with birth relatives in some ways.
- It was also important for children to maintain connections with their peers, particularly as many were not having social contact through school attendance. It was also important for teenagers where friendships were becoming increasingly significant.
- Children were missing the physical touch and other sensory responses that they got from face-to-face contact with parents, which were impossible or very difficult to replicate through virtual means.

4.1 Children's responses – ages and needs of children

The responses to the change in contact experienced by children and young people were largely dependent on their age, individual needs and previous experiences, with respondents describing mixed reactions. Generally, the consensus was that digital contact

was a reasonable alternative to face-to-face contact under the circumstances. For many children, it was reported that they missed their parents and/or siblings and enjoyed being able to see them on screen (where video calls replaced face-to-face contact) or talking to them on the phone. One contact supervisor stated: 'I have seen children of all ages touch the screen and kiss it, with the carer saying they are touching/kissing their parents picture' and one carer believed that for her three-year-old foster child: 'Phone calls remind him that they're thinking of him still and are still there'. Professionals who had spoken directly to children and young people reported that many had been pleased to see their parents on video calls and this helped to ease any worries and offer reassurances where children were concerned about the health of their family members. Birth parents generally felt that their children missed them: '[They] can't wait to see me every phone call I have'.

Where children were of an age to understand the context of the restriction of face-to-face contact, this appeared to be helpful in their acceptance of it, though did not necessarily make it any easier to manage. For some children, this kind of contact was seen to intensify feelings of loss: 'He found it made him miss his mum more and was quite disruptive at home'; 'The older one is crying at night for her mumma' and some carers saw behaviour changes such as increased aggression, introversion and withdrawal. However, most respondents believed it to be important for children to maintain some form of contact with parents:

For children, virtual contact means they're still seeing their parents, which is promoting their identity and keeping connections to their family.

Responses to, and engagement with, digital contact often depended on the age of the child. Some respondents reported that even some young toddlers got something out of digital contact and there appeared to be some recognition of parents' faces: '[One] 13-month-old touches the screen on mum and dad's face when they see them'. One carer described how their two-year-old foster child 'loved being the centre of attention' and this resulted in a 40-minute call to parents (unusual, as calls tended to be relatively short). For this age range, however, it was reported by both parents and carers that children often appeared confused by being able to see parents' faces but not touch them: 'The baby doesn't really understand why he can hear Mummy but can't work out where she is'.

For many teenagers, contact arrangements had not changed significantly. One children's home manager reported that 'a lot of our young people don't have much meaningful contact anyway', a potentially wider issue in itself, but one that seems to suggest that lockdown has had little impact on the relationships between young people and their birth parents. A lot of young people were already having some form of virtual contact with parents, and both carers and professionals highlighted that communicating in this way was their 'norm', and that the children were very familiar with this method of communication in other aspects of their lives: 'They are so used to doing everything not face-to-face anyway. It's the way they communicate with their friends'.

Where face-to-face arrangements for teenagers had changed, the impact of this was dependent on existing needs. For example, one social worker reported that it had been more difficult where the young person had existing mental health problems. For children and young people with disabilities, it was often difficult to gauge how they were feeling about

contact but sometimes respondents were confident about their views. One child with disabilities was described as having a sense of time, but limited understanding, so: 'When contact does not happen on a specific day like she is used to, she cries. This is compounded by everything else around her changing'. On the other hand, one young man with significant disabilities, who had never had the experience of a video call with parents before, responded with joy, with it being described how he would grin and pull faces at the screen, being 'totally focused on it', which was a complete surprise to those caring for him: 'It's effective and beneficial for [him]'.

In some circumstances, there was a fine balance between managing face-to-face contact versus the risks if it did not take place. Examples such as the detrimental emotional impact of no contact for a child with disabilities were given, or a teenager being able to 'talk with their feet' and abscond from a placement in order to see birth parents. In these situations, professionals described taking a pragmatic approach and allowing contact to continue as it was, or arranging 'socially distant' contact, such as a walk in the park.

Carers, parents and professionals alike highlighted particular concern for very young babies, where video contact had limited benefits and was less effective than for older children. A factor discussed frequently for all children, but particularly in relation to babies and contact, was the missing opportunity for physical touch, which is discussed further in the next section. Many professionals worried about the impact that ceasing contact would have on a baby being able to form or maintain any attachment to their birth parents, which may also impact upon reunification plans or ongoing assessments:

I do feel that the babies will be most affected by the current restrictions as they might not remember the parents and the attachments they have built up may be lost or reduced.

Carers and professionals reported that some of the creative methods that had been put in place for contact between babies and parents, such as parents recording bedtime stories or nursery rhymes, were working well, with babies being observed to respond to the sound of their parents' voices. Some carers or professionals reported that, for some babies, previous face-to-face contact arrangements had appeared to unsettle or disrupt them—a point also raised about some older children. They therefore felt that the temporary halt to this had provided opportunities for babies to become more settled with their foster carers.

4.2 The importance of touch

It left him feeling the loss of her hugs.

The loss of physical touch was something that was raised as a critical issue by many participants across all groups, and for all ages of children, but was a particular issue for babies who cannot interact with a video call in the same way as older children: 'There is nothing that can replace touch and smell for newborns—there is no way round that'.

For many children, contact was reported to be a very physical experience. Not only did a lot of children enjoy cuddling up to their parents but having any face-to-face interaction provided an opportunity for eye contact and engagement through various activities: 'I think children struggle with seeing parents but not being able to hold them or have a cuddle'; 'It is so

important for them to be able to kiss and hug their own families to give them their sense of identity and connection again’.

4.3 Benefits and challenges of virtual contact for children

One issue that was raised on numerous occasions was that of children’s concentration levels and the challenge of managing to keep a child on a call for any extended period of time—with calls being much shorter than face-to-face contact usually would be. As one carer who was facilitating a relatively high level of virtual contact reported, it was difficult for all involved: ‘Sometimes the calls only last five or six minutes as they don’t want to sit, which in turn seems to upset their parents’.

For younger children, concentration levels were particularly limited and carers reported that they would often run off to do something else quite quickly after a call started.

[Birth mother] reports that it is harder to engage with her younger child (15 months) over FaceTime because she cannot verbally communicate with her in the same way and she loses attention span quickly.

Some carers had embraced this and instead of trying to engage a pre-verbal toddler in a ‘conversation’ for the whole call, they were instead filming the child at play—a benefit more likely to be for the parents but one which meant the child was not becoming distressed by having to be physically restricted. The issue of children wanting to run around was particularly difficult where carers had been advised to hold a video call in a specific place in the house in order to protect confidentiality of the placement. Younger children were also reported to want to grab the phone or tablet during the call and had inadvertently cut birth parents off, with the child becoming agitated at not being able to hold the screen. Birth parents also identified the struggles in getting their young children to engage with them on a call: ‘[He] gets very giddy on the phone and I can’t see how it’s going to help him understand’.

Sometimes children were seen to struggle to find things to talk about on calls and conversation was stilted, or children responded by being ‘giggly’ or ‘silly’, perhaps indicating they were uncomfortable or excited. Some carers were helping with this by writing a list with the child before the call of things they wanted to talk about or tell parents, or they planned an activity to do together on a call. One birth parent described how she was able to post her child a colouring set and she also got one for herself, so they were able to colour together on the call and show each other what they were doing, which she said both she and her son enjoyed.

Carers and professionals reported that the shift from seeing their parents outside the foster home to inside had a negative impact on some children, with parents being brought into the children’s ‘safe space’. Some children were reported to be concerned and anxious that their parents would be able to find them, as one contact worker explained: ‘[The child appeared] to be worried about mummy coming to where he is’.

Being able to see their birth families’ homes on video seemed to cause some children anxiety or distress, though one child was reported to enjoy this, particularly getting to see her cats that lived with her mum. On the other hand, video calls had been a positive

opportunity to share their foster home with their birth parents, with more integration between birth and foster families. One child was keen to show his Mum his rugby skills from the garden: 'The children have been keen to share what they have been doing and where they are living with their parents'.

Virtual communication could feel 'safer' and some children appeared more relaxed with this method of communication than seeing parents face-to-face, with one carer stating: 'Phone calls, Skype, etc. offer them choice and emotional safety'. As one social worker said, it had 'taken the emotion out of contact', which had led to some previous behaviours ceasing, such as bed wetting.

Professionals and carers believed that for some children, virtual contact had felt less distressing and intrusive than face-to-face contact. There was also a sense of a child having more control over contact when it was virtual, for example: 'Children have expressed that they feel they are in control as they are free to move around and leave the screen if they wish to'.

An important factor in how well digital contact was working for children appeared to be the quality of the pre-existing relationship with birth parents and how positive or negative face-to-face contact was prior to lockdown. Where one child had infrequent face-to-face contact with birth parents, the carer reported him finding a video call 'awkward' as he did not have much to say. Another carer spoke of the difference in quality of calls between mum and dad. The child had an existing positive relationship with their father and therefore found video calls 'easier', whereas they found the call with their mum (who they had seen less prior to lockdown and had more negative feelings about) more difficult. Another carer spoke about a pre-school foster child who would sometimes say 'not Daddy' when a call was suggested, advising that face-to-face contact with dad was difficult before lockdown. For adopted children who did not have any previous face-to-face contact, the impact of lockdown on contact was often reported to be minimal.

Some carers and contact supervisors highlighted how many children had long journeys to and from contact and there was then less disruption to their routine, which again had led to them become more settled.

4.4 General impact of lockdown

Professionals and carers reported that children and young people had responded in different ways to lockdown and social distancing measures. The temporary cessation of going to school had been significant for many. For some, the loss of their usual routine had been very unsettling but for others, not having to separate from their carers every day and attend school had provided time to work on and strengthen attachments, leading to some children presenting as far more settled:

It has been positive in that it has stopped my child feeling tormented and overwhelmed by normal daily social interaction and expectations of time keeping, routine and structure of school life. It mostly relieves him from experiencing daily bullying and school punishments and sanctions such as daily detentions and the associated experiences of blame, hostility, conflict, [and] criticism, which result in him feeling anger and rage. I now have my happy child back who has grown to become communicative, confident and approachable and openly demonstrative.

The young person who responded to the survey expressed frustration that social workers would not visit in person, which they felt had nearly led to a placement breakdown. Professionals on the other hand, particularly IROs, reported that children were engaging far better in 'virtual visits' with them than they were face-to-face, and more meaningful conversations were taking place. As one IRO manager stated: 'They're communicating on their level. This is how young people communicate'.

Carers, professionals, and parents had all been helping children and young people to try and understand why lockdown and social distancing rules were in place. This was a particular issue for very young children, or for children who had learning difficulties. One care home manager reported that the experience of seeing people outside in masks could be confusing and many of the young people with learning difficulties did not understand the concept of 'social distance'. Carers reported that story books and videos explaining the virus had been helpful to support children's understanding but as one respondent stated: 'Whilst many children understand why the restrictions are in place, this has caused frustration. They think 'the virus' is controlling everything we do'.

Carers reported that some children had become increasingly anxious about not only their birth relatives, but where children or young people had been in a foster placement for a long time, their foster families too. One carer described a child's anxiety leading to regression in behaviours, which presented as clinginess and being more hypervigilant. One professional noted: 'Where a child was already concerned about her mum's mental health, now she is much more fearful that mum will die before she sees her again'. Some carers also reported that a few children were very worried about catching the virus themselves which had led to them spending increasing amounts of time on their own.

Another important factor for children and young people was the lack of social contact and inability to meet up with their friends. For some, it was just as important to maintain peer relationships as it was to keep in touch with their birth families: 'They are missing parents but equally missing contact with friends possibly just as much'. One children's home acknowledged this and was considering how to promote these relationships for the young people who resided there. For carers, it was sometimes challenging to help teenagers understand the gravity of the situation, as one supervising social worker described:

Teenagers can fail to understand the risks and my carers have been working hard at home to keep them entertained and safe.

5. The experiences of foster carers, kinship carers and adoptive parents

This chapter sets out the experiences of foster carers, kinship carers and special guardians, and adoptive parents as well as some of the professionals who support them. The term 'carer' is mainly used to include all carers (and adoptive parents) unless the point is related to one specific group, which will be made clear. The impact of the change in contact and experiences of carers and professionals are discussed, including the increased tasks for carers, benefits of video calls, and the impact of carer-parent relationships on contact. The revised way of contact is situated within the broader context of the COVID-19 pandemic, and reflections on carers' access to support and supervision are presented.

Summary

- Many carers adapted quickly to new ways of contact and remained focused on the well-being of the children in their care.
- Carers found it difficult to engage babies and very young children in video calls and felt responsible for making contact sessions as helpful for parents as possible.
- Demands on foster carers increased once all contact took place from their homes and mostly via video calls. Where there were extended families, large sibling groups and a high frequency of previous face-to-face contact, carers would spend a lot of time organising and often supervising calls.
- Some foster carers said video calls could feel intrusive as it brought birth parents into their homes (albeit virtually) and accessed children's 'safe spaces'.
- Where relationships were good between carers and parents, contact changes were easier to manage.
- Carers experienced several additional worries and demands within the context of the current COVID-19 pandemic, which increased anxieties and dynamics within families during lockdown.
- Many carers felt unsupported and had to organise their own ways of keeping children in touch with parents, often without guidance or financial support. This was a particular issue for kinship carers and special guardians and adoptive parents.
- Supervision of calls was inconsistent and foster carers worried about potential risks to children, other family members and parents.
- For some children and carers, virtual contact was preferred and worked well.
- Only one adoptive parent who participated in the survey received an offer of support. Fortunately, other adoptive parents managed the change in contact well and were keen to continue with a mix of contact tools.
- Special guardians often had closer and more established relationships with birth parents, which enabled less formalised contact arrangements and for many eliminated concerns over security (knowing addresses, telephone numbers, and seeing inside the home).
- Kinship carers, like the adoptive parents, mostly did not receive any offers of support with the new, virtual contact arrangements.

5.1 The change in family contact during lockdown

As set out in Chapter 3, almost all carers reported that face-to-face contact had ceased. Thus, the majority of carers quickly had to adapt to new ways of continuing contact for the children they cared for. A small number of carers experienced no change in contact arrangements, either because the child had no ongoing contact with birth relatives, or because they had always preferred using digital technology for contact, or because face-to-face contact had continued with social distancing agreements in place.

Some foster carers expressed concern that the change from face-to-face contact to the use of digital technology was initially slow to happen and some felt pressured to continue to visit contact centres, particularly those who care for babies and very young children. They felt that there was an expectation 'to put their, their families and community health on the line as well as babies' health' because contact was ordered by the court.

Once all face-to-face contact had stopped, carers were expected to use alternative ways to keep children connected with their birth parents. Mostly video calls replaced face-to-face contact. The time spent on video calls was mostly shorter than if the child was seeing a parent face-to-face, due to the intensity of a video call but also due to the difficulties many children had when concentrating and engaging in a call for a long period of time. As we discussed in Chapter 4, carers did report that video calls posed a particular problem for babies, very young children and some disabled children. A foster carer explained that 'what was six hours a week face-to-face is now barely an hour a week on Skype'. Many foster carers tried their best to fill any gaps due to the reduced contact time, particularly if they cared for babies. Some would send daily photos, video clips or updates to parents including information about daily routines and health, though one carer of a toddler noted the absence of any real update to parents and was keen to rectify this (as this would have previously been provided through a contact book going back and forth between her and parents).

For slightly older children, foster carers described planning activities for the child to engage in during the video call to try and keep their attention for longer and attempt to share quality time with the parents. In some cases there was increased frequency but each contact was reduced in length or there were alternative contacts via emails, post, texts or telephone. Foster carers understood the importance of contact for the very young despite the difficulties:

The child I'm looking after is a baby so doesn't have a view. I don't think he misses his parents but it's important for him to maintain contact with them or he will literally forget them. He will need to also have contact with a family member who might well care for him in the future.

One supervising social worker was concerned that the increase in frequency would be hard to change once lockdown ended and recommended that: 'Digital technology should replicate the requirements agreed to before the lockdown, for example, two direct contacts per week means two video call contacts per week. Otherwise it will be hard to pull this back once lockdown is over'.

5.2 Additional tasks for carers

Foster carers who had children from different families had many video calls to organise and engage in, through supervision of the calls or, in the case of babies and toddlers, by encouragement to focus on the call. They found it very stressful at times when trying to make the contact as rewarding for the birth parents as possible:

Trying to encourage two pre-schoolers to engage for ten minutes with mum five times per week and dad three times per week is very difficult. Sometimes the calls only last five or six minutes as they don't want to sit, which, in turn, seems to upset their parents.

In some situations, carers said they ended up doing a lot of the engaging with parents: 'Really it's the carer and mum and dad having a conversation with baby on the knee babbling or making faces at each other'. Carers sometimes felt blamed or responsible for the poor 'performance' of a baby or young child. Children could be shy during video calls, especially if they were seeing someone they had not had face-to-face contact with for a while:

I was even asked to call a grandparent that has only seen my pre-schoolers three times in eight months and they said 'hi' and wouldn't engage further. I had to apologise to the grandparent and said we would try again another time but she wasn't very happy. It's awfully stressful! When I try to tell relevant people how difficult it is, the response I get is "oh well, they're only young" or "this is an unprecedented situation we're in and we have to each do what we can". It's tough.

Other birth relatives also became anxious and requested extra contact with children, which further increased the time carers spent on calls. In some cases, carers took on what seemed a reasonable arrangement initially but soon found that they were overwhelmed. One carer had two children with lots of extended family and the supervising social worker said: 'Initially she said that she will get the children to speak to each family member once a week, but it seems the carer may have 'bitten off more than she can chew' as it's getting a bit much'. Similarly, children who were part of a large sibling group who would normally meet together with a parent, had sometimes needed to have individual calls with the parent and then with each sibling and their carers.

In order for video contacts to run smoothly and for longer, carers often prepared the sessions in advance and included activities that children and their parents could share such as word games, drawing and storytelling. Carers were often trying to help children with the new way of contact at the same time as they familiarised themselves with new technology. In addition, many carers reported other stresses of the pandemic such as homeworking, home schooling, more cooking and cleaning and a full household.

Foster carers were in many cases taking on the supervision of contact and views about this were mixed. A supervising social worker explained how: 'Some contact cannot safely be supervised by carers so we are using staff to do this'. However, carers were still stepping in and supervising some of those difficult situations as another social worker explained: 'Carers [are] stepping up and facilitating contact even when worried about this'. A foster carer who was now supervising calls felt disappointed as she had little contact from the social worker who was not 'asking for any feedback or how I'm finding contact that I'm supervising'. Other

carers were more comfortable supervising calls, for example where the relationship between the carer and birth family was good:

The calls, both video and telephone calls, went well. Our young man is happy to have the call on speaker, birth family happy that we are present.

5.3 The use of video calls can feel intrusive

Some foster carers worried about video calls and the potential for showing more of their homes than they were comfortable with. One foster carer argued that as face-to-face contact was always outside her home, video calls should not take place inside her home. This linked to carers views about where they wanted more guidance and support (see Section 5.7).

It could be particularly difficult for carers to arrange video calls when other household members were also around and/or working from home. One carer really struggled as they were caring for three babies who all had contact with their different birth parents: 'It's hard to arrange a 'good' time with two other babies in the house and a husband still working full time! It's also tricky to find a quiet, private place in a busy household'. For older children, there is less privacy for the child when the house is full and if the call is supervised by the use of a speakerphone.

Some carers also expressed concerns about the fact that children may also see their birth parents' home, other family members that they do not usually see at contact, or even witness inappropriate behaviour:

In my circumstances the parent asked children if they wanted to say hello to aunty, so I had to intervene and say not allowed as face-to-face is normally supervised with a support worker and mum only. Parents are always pushing the boundaries.

The children don't like to see the inside of birth mum's house, this has upset them a little.

5.4 Benefits of video calls and other virtual contact: convenience, child preferences, and connecting with parents

Carers could see many benefits to using video calls, and in some cases they were already using video calls (e.g. if a child had relatives overseas). Carers noted the convenience of video calls. They eliminated the time usually spent travelling to contact centres and could be particularly useful when birth relatives lived in different parts of the country. Contact can happen at times to suit all parties and even on a bank holiday when centres would normally be closed but may be a good time for parents. Interestingly one foster carer noted that the time spent travelling was actually helpful for her children and that was seen as a drawback when using a video call:

There is also no journey back with us to distract them from their feelings, nor stuff to tell us about what they have been doing.

Another benefit that carers perceived was that a missed contact session could be more easily rescheduled. It was also considered by some to be more useful than letters or phone calls for 'filling a gap in birth families spending time with their children'.

As discussed in Chapter 4, carers sometimes felt children preferred virtual contact as they had more control. For example, a child with disorganised attachment was not engaging initially with video calls as he was used to six hours of face-to-face contact. Now his carer said he enjoys, and even prefers, an hour of FaceTime where he engages in activities prepared for him: 'He gets more attention and he has some control over what is happening'. Carers described involving children in discussions around how they preferred to connect with parents so they could find a rhythm that suited the child: 'We do FaceTime 20 minutes [in the] morning and early evening, the children are happy with this. We spoke to the children when lockdown started and this is what they were happy with'.

It was not a common response, but some carers did feel that video calls had enabled them to build a relationship with the birth 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.

Some professionals also highlighted this as a benefit of carers being more involved in contact. For example, one manager talked about the benefits of foster-to-adopt carers interacting virtually more with parents, arguing it 'it's been brilliant in terms of supporting our relationship-based model we are trying to promote'.

5.5 Carer-parent relationships

Managing virtual contact was easier when good relationships between carers and parents were already established:

It doesn't feel overly intrusive as mum and siblings know my home. In a different situation I believe it would take away the safe haven of the foster home. I have always worked openly and fairly with birth families but have not necessarily wanted them to invade my personal space.

Some foster carers already had frequent contact with birth parents and relatives. For two older children who were in kinship care, a good carer-parent relationship enabled continued contact: 'The boys are old enough to call or text themselves as we have a great relationship with mum'.

When relationships were not good the use of digital contact could create fears for carers. As one professional described it, 'it's a test for carers where the relationship is not good'. Several carers mentioned concerns about using their own phone number for video calls. Others worried about other children in the household appearing on the video, or the inside of their home being seen. A foster carer was anxious about allegations being made against them and therefore recorded the conversation on another phone. For some carers and parents there were non-disclosures of address in place and no personal details could be shared (including phone numbers), which could create barriers to connecting digitally.

5.6 Situating contact in the context of a pandemic

Like all homes across the UK, carers said that children were mostly out of school and engaging in home schooling and parents and carers were working from home, furloughed or even out of work due to the lockdown. The pandemic had affected foster carers in various ways, including isolation from friends and family, increased responsibilities for other family members who were perhaps 'shielding', worries about health and well-being, and managing children who were restricted by the 'stay at home' rules—all in addition to the increased expectations and new ways of working around contact.

Although unable to engage children in their usual activities, carers attempted to introduce routines for children which included school work, play and treats. Some children missed school and friendships but carers found that other children were easier to manage when not in school and it opened up opportunities for more intense nurture:

Our little one is six and has greatly benefitted from the opportunity for extra nurture and connection without the disruption of going out to school/work and has adjusted well to our new normal routine, including our work being homebased. We do three/four days' rota of work, so our small always knows there's 100% attention from one of us. We have made a hopes and wishes jar of things we are looking forward to. We have explained about everyone keeping home to stay safe and have explained that meant we couldn't do our usual "family meet up" near Easter. We don't call it contact, even though it is that!

5.7 Carers' experiences of support and guidance

Carers often expressed understanding that the pandemic and lockdown represented an unprecedented and fast-moving situation, and that this was likely to be the reason why little guidance or support had been offered initially. There were variations between areas and foster carers were aware, through connections with other foster carers, that in some cases a contact worker was available for support and to supervise the calls, whereas others were 'left to get on with it'. The variability of support was evident in the survey and the interviews with foster carers, kinship carers and special guardians, and adoptive parents.

In some cases, the social worker had given advice and supported with initial technical issues. Contact staff also provided continued support: '[The] contact centre keeps in contact to ensure everything is going well'. Carers felt reassured when they were supported through the whole process and guidance was given regarding potential risks. One foster carer said that the contact supervisor 'explained how the call would work e.g. it would be on loudspeaker, the supervisor would listen in on the conversation and if there's anything inappropriate being said then they would end the call. They put in ground rules'. Some carers were familiar with the technology and although support was offered, they declined. In other cases, guidance was given but it was not the guidance required or expected:

There was guidance sent by supervisors about anonymising backgrounds etc. but not enough done to make sure our details are not known to parents. No guidance as to correct app etc. to use.

From the point of view of most of the foster carers and kinship carers in our study, there was very little support and guidance offered. Carers were concerned and one foster carer

wondered if the lack of guidance may be due to social workers themselves feeling unsure and still finding out what is safe to do and what should be avoided: 'There's a general lack of confidence around alternative contact'. In many cases there was no discussion around rules and boundaries: 'We were pretty much left to set up our own arrangements. I think it should be given firm boundaries and perimeters if used in any type of contact arrangements'. Carers were 'learning by experience' and that, at times, led to mistakes. For example, one foster carer accidentally revealed their phone number and consequently received numerous messages throughout the day from a parent requesting photos and videos. Often carers with older children who were familiar with video call platforms were led by the children.

In addition to perceived lack of guidance for themselves, carers were also concerned about the lack of guidance for parents and children: 'Children should also have some guidance to learn how to use the technology safely for contact'. One foster carer had set up their own arrangements and worked out boundaries for themselves, attempting to address the timing of calls, who initiates the call, and how it will end, where in home the call will take place (noting her boys like to show their mum their rooms and things they have made), and who is present in each household. She had set up a signed agreement with the parents about these boundaries.

Other perceived risks that carers wanted guidance for included concerns about parents making screenshots of sessions, which could then be uploaded online, and accidental disclosure of information that should not be shared with parents. Some carers worried about their location being revealed, and it was clear that some professionals had been working to guard against this. One example of addressing the security of a carer's location was to try different platforms: 'We tested free Skype conference calling and this takes this issue away'. Even where safeguards had been discussed, some carers still worried that something could go wrong:

It has worked well so far. We just worry that it could easily go wrong. We could be caught off guard and mention where we live as you sort of get lulled into a false sense of security on social media so we just have to be really alert and careful. Also, we worry that one day we might forget to make sure the camera is on the baby and they see our faces as for this particular baby, security is vital.

A kinship carer also had concerns about the increased use of digital platforms for contact and felt that: 'It might encourage the child to contact the parent without the guardian's knowledge when they are old enough to access devices on their own but before they can really understand the pros and cons'.

Contrary to the foster carers' predominant views around guidance and policies, professionals who worked with foster carers explained the support and guidance they provided to foster carers and kinship carers:

Foster carers and kinship carers [...] have [...] been provided with devices so that they do not need to share personal numbers. For some contact via WhatsApp is facilitated by [a/the] worker and the three-way calls also appear to be successful. Feedback can be offered and [contact] can continue to be supervised in this way where appropriate but the workers, as not really interjecting, are smaller on screen so not as obtrusive.

Some carers had received financial support or equipment such as phones and installation of internet, but others had not, and were not aware that support might be available. Some had taken out extra phone contracts, at their own expense, to keep their number safe. A kinship carer explained how they had struggled:

I have, in my own time, had to fund equipment, means of training and computer courses myself and travel to the Apple store to learn technology as my previous attempts have been tangled, ignorant, confused and expensive. Advice and financial and emotional support would be highly valued in our complex circumstances but has not been forthcoming in any shape or form.

5.8 Experiences of contact changes: adoptive parents

The majority of the adoptive parents who took part in the research were generally already facilitating birth family contact, often including face-to-face meetings with parents or siblings. As such, they were less typical than the general pool of adoptive families that professionals tended to refer to, most of whom had only letter contact. Adoptive parents who provided information about their current situation reported a lot of anxieties for their children, which they were trying to manage. Many fears related to birth parents or brothers and sisters where children worried if they were ok, if they would ever see them again, and some had a new interest in connecting with birth parents. One adoptive parent said her children were used to visiting and staying with their birth family and were disappointed that they could no longer do so. Some adoptive parents also had their children's siblings (either adopted, in foster care or care leavers) to stay, something that had also stopped. As an alternative, letters, Skype, texts and WhatsApp were used but they were often tools already used alongside face-to-face contact. Therefore, most of the children were confident using video or voice calls. There was one parent who only had letterbox contact and assumed that it would continue as usual.

There was little variation across the adoptive parents when looking at support and guidance offered to help them use digital technology. There were some adoptive parents who had not had the offer but did not feel they needed support anyway. It is perhaps surprising that only one adoptive parent was offered support, however, the support received was excellent:

We were advised to use a separate phone to our normal ones. We have had a brilliant support worker who helped us establish indirect contact last year. She emailed at the beginning of lockdown to check in with us and check we were ok.

Another adoptive parent explained that the relationship and contact they had with birth parents 'has never been facilitated or agreed via social workers before or after adoption order' so they were not expecting any offer of support. Another parent was frustrated because she was not allowed to contact the carers of her children's siblings:

I think social workers are scared to let foster carers and adoptive parents manage sibling relationships. If our children's siblings' foster carers had "permission" to speak to us outside of arranging the infrequent face-to-face contact we have, a lot of the fears and worries our children have could be allayed.

There was general interest amongst adoptive parents in using digital technology in the future when appropriate and if safe to do so, depending on circumstances and alongside other forms of contact. One adoptive parent thought that 'anything that can make these relationships easier to maintain over time should be looked at and reviewed regularly as kids grow up'.

5.9 Experiences of contact changes: kinships carers and special guardians

Special guardians were working hard at keeping children busy at home, schooling and allaying fears about the virus. Some children were sad because they were not seeing their parents—but also because they were not seeing anyone: 'I think the awareness that we are not seeing anyone has heightened her perceived loss'. Special guardians expressed concern that for some children, returning to a routine of going to school would be difficult and would require a lot of reassurance from their carers.

Like other carers, many special guardians reported using 'alternative' methods of contact that they had already been using alongside frequent face-to-face contact prior to lockdown. Where children and parents lived nearby, it was possible to meet as long as social distancing guidelines were followed. A contact worker who supports fathers described how a dad:

has to sit in the back garden of maternal grandparents where his wife and children are currently in lockdown. The dad has been told he can't go in the house, his children want to hug him but he can't. It's heart-breaking. The children are young and don't understand this and at first virtual chats didn't work.

The relationship between special guardians (many of whom were grandparents or other relatives) and birth parents was often, but not always, better established than that between other carers and children's parents (foster carers and adoptive parents). That enabled a more informal contact arrangement and the use of technology for contact rarely raised concerns about security. Some special guardians were not familiar with video calling, although the older children in their care often were, and that could cause difficulties and added stress. Regrettably, there were very few special guardians who had been offered support with technology use or financial support to set up new ways of enabling contact:

Nothing at all. Our local authority has offered a lot of support to foster carers including kinship foster carers but nothing to special guardians.

6. The experiences of parents

This chapter draws on the experiences of birth relatives who took part in the survey or were interviewed. Throughout the chapter we will refer to respondents as 'parents' but one aunt was included, and as far as we could tell, most parents were in fact mothers. Parents' thoughts and feelings about their children during the current crisis are discussed, and their experiences of staying in touch with their children are described. The chapter also includes the views of professionals about the needs and experiences of parents in relation to contact during the pandemic, and how they were trying to support them.

Summary

- The pandemic had increased some parents anxieties about the children they were separated from, and some were missing their children more than usual.
- While many parents understood and accepted the need for restrictions on direct contact, they were not necessarily happy about the situation, and some parents felt angry and frustrated.
- Parents who had experienced video calls in place of face-to-face contact were pleased to be able to see their children but missed being able to be physically close to them.
- Parents whose children were very young expressed the most concern about video calls as they felt it made it difficult for their children to engage.
- Both parents and professionals raised concerns about the impact of the lack of physical contact on parent/child relationships for very young children in care proceedings. Some raised fears that this could affect the outcome of care proceedings and disrupt children's returns home.
- Parents had mixed feelings about the involvement of foster carers in video calls. Some welcomed it as a chance to connect with carers and see the child in the foster home environment; others felt the presence of foster carers was intrusive.
- Parents' views as to whether they had been helped or supported with changes in contact were varied, with many reporting a lack of support.
- Professionals who had supported parents did this in three main ways: explaining changes to parents; helping get parents online; and helping parents prepare for and manage different forms of contact.

6.1 Parents/relatives thoughts and feelings about children they were not living with: anxiety and missing children

The two main feelings about their children that parents emphasised when discussing the impact of the pandemic were worry/anxiety and missing the children.

In terms of anxieties, many parents were worried that their child might get sick with the virus: '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'. Some parents linked this anxiety to their children's health problems: 'My child is in the high-risk group due to her having chest problems and been on three inhalers and [that's] made me feel very worried'. Parents worried about how their children were

copied with information about the virus, and they felt helpless because they could not offer comfort or reassurance to their child. Some parents expressed concerns that their child might need to leave the placement if they (or foster carers) became ill. As one mother said, her thoughts were 'running wild'. It was clear from the responses of several parents that the pandemic had not necessarily created worries where none previously existed, but it had exacerbated existing worries and concerns:

I've been feeling anxious and thinking of my children constantly. Usually I can put them thoughts to the back but due to having no contact it is an anxious time.

Many parents referred to missing their children, and although they may have been pleased to hear news of them, or even speak to them by phone or video calls, they still missed seeing them in person: 'I miss him more than ever. I didn't think it could get much worse'.

Parents/birth relatives also expressed concerns that lack of physical contact with children was going to have a negative effect on the parent-child relationship, particularly when children were very young and/or where parenting assessments had started. For example, one parent said about video calls with a child who was just aged 19 months: 'I am worried it is not doing enough to support the connection'.

On the whole, the views of professionals about the reactions they were seeing in parents echoed the thoughts of parents themselves. The additional worries that parents were expressing about their children was certainly noted by most professionals: 'We have noticed that every woman, regardless of their child's status, is worried about their children'. Professionals also mentioned that parents were even more anxious where children had underlying health problems, and the issue of parents being worried about foster carers becoming ill was also raised.

6.2 Parents views about changes in contact since lockdown

Some parents did understand the reasons why their contact with children had to be reduced temporarily: 'It keeps everyone safe doesn't it?'. Others, however, did not find the restrictions easy to understand and accept, and their feelings about reductions in contact were affected by their negative feelings towards professionals and/or the carers of their children. For example, one parent said: 'I think the local authority have every intention of breaking my bond with my daughter, and the current situation is very convenient to them'.

Some parents found restrictions hard to accept because of perceived inconsistencies in the totality of lockdown. For example, one parent found it hard to accept that she could not see her children, as her children were still attending school and therefore mixing with a range of other people outside of their immediate household. Another parent mentioned that she had read online that children whose parents share custody are allowed to go back and forth between parents, and she wondered why that was ok but not for children in care? (This question was also echoed by some professionals.) The uncertainty about how long restrictions would be in place led some parents to feel helpless and frustrated: 'I miss her very much and feel helpless and can't confirm when I'm seeing her'. Other worries that parents raised included: children being confused about when they could return home; worries about siblings losing touch/the impact of children not being able to see brothers and sisters, and worries that children's distress at separation may lead to behavioural difficulties.

Parents' views about any changes in contact since lockdown varied according to what plans were actually put in place. For parents who could no longer have face-to-face contact but who had been offered an alternative, views could probably best be summed up as 'it's better than nothing'. Parents often spoke about being relieved or happy to see their children's faces on video calls, or hear their voice on the phone, or even—for parents whose contact was very minimal (such as after adoption) —to receive an email or phone call from the social worker reassuring them that their child was fine. But parents frequently emphasised that a letter, phone call or video call were not the same as being able to meet with their children:

I need to have physical contact with my children. Times like these they need to be assured they are safe by their parents constantly. I need to be able to hug, kiss and tell them I love as much as possible.

Although parents often expressed gratitude for the efforts made for them to stay in touch with children, several mentioned that they eagerly anticipated the crisis being over so they could meet their children again.

Some birth relatives felt that video calls were easy for their children to use. As one person said, the children seemed to find it 'fine, used to it, easy, already 'tech savvy''. However, for others, although being able to see children was undoubtedly valued, several parents had not found it easy to interact with their children during the call. For example, one person said that despite efforts to engage her child, the child's young age was a barrier:

It is good to see [her] but very hard to keep her attention for the duration of a call. She understandably wants to play and run around and struggles to remain focused on the screen even where I play games, sing to her and bring toys from home to play with on screen.

One parent came up with a range of suggestions for making calls more interesting for children:

I'd suggest ideas for things to do over video calls like silly dancing for older children and singing nursery rhymes for babies. Don't underestimate the reassuring sound of their parent's voice.

Another parent described how her child, who had emotional and behavioural difficulties and was in a residential setting, needed extra help to engage with video calls. Ways of interacting that she had found helpful included reading a story, drawing something together, and talking about what was going on in the background in the residential home environment. She also reassured her child that they did not have to talk if they did not feel like it. She also felt that routine was vital for her child, so calls were arranged at fixed times.

Parents had mixed views about video calls taking place within the foster home. For some, it was reassuring for parents to see where their child was living, observe their connection with their carers, and watch children playing so that their developmental milestones could be seen. Other parents felt that carers being present on the call or even just in the background was an inhibiting factor: '[It is] frustrating because I do think [the children] wanted to talk a lot more because they are really talkative. But they couldn't say a lot because of the surroundings'.

We asked parents if they had been given any support or guidance to enable them to use digital technology for contact. Most birth relatives said they had not received any help or guidance or financial support with additional costs (such as needing to get a smart phone or buy more data). Other parents did report receiving some help. Examples included: a parent who had been helped by a family support worker to connect to Skype—the worker had later checked in with them to see how the call had gone; a child's school facilitating video calls as the foster home did not have a computer; and support from a social worker to rearrange contact (provided via video calls): 'She understands and listens to both sides... she wants what's best for [child]'.

6.3 How parents were coping with changes to contact plans: views of professionals

The views of professionals about how parents were coping with changes in their contact with children echoed many things parents had said themselves. Some professionals emphasised just positive responses of parents (e.g. 'The feedback I have received from families [who have maintained contact with their children] has been positive'). Others focused on more negative reactions: 'It's challenging for birth parents due to not being able to meet children. It might also cause anger'. Many people acknowledged that parents' reactions were typically somewhat mixed: they were grateful to be able to have some contact with their children, but video calls, letters or phone calls were not the same as seeing children in person: 'They really miss hugging their children'.

A frequent theme from practitioner responses was that many parents were showing acceptance of the need for contact restrictions, possibly because they could see these restrictions were affecting all in society rather than being directed at them specifically: 'There is an acceptance from birth parents as everyone is in this situation and they're not seeing it as social workers being out to get them'. Others mentioned that parents were accepting of changes as they realised there was no real alternative and that it was necessary for their child's safety therefore, they were 'making the most of the situation they are faced with' despite this being 'very hard for them'. Some practitioners did acknowledge that reduced contact was causing anger and resentment in some parents. For example, a Family Drug and Alcohol Court (FDAC) worker argued that parents' reactions were:

Very variable and in line with their pre-existing psychology, and how they view FDAC/the proceedings. Some understand they need to accept and focus on working on their issues. For others it's another focus for their anger and resentment against the system. But I think the distress of the separation is universal.

Whilst parents' reactions might be shaped by a number of different factors, the most frequently recurring factor mentioned by professionals was the challenge that babies and toddlers have engaging with video calls and how discouraging this could be for parents. In addition, the fast pace of developmental change for young children was mentioned by some—parents of babies were missing a lot in a short space of time.

Again, as raised by some parents themselves, many professionals highlighted concerns of parents that relationship with children could be eroded, and the knock-on effects of this on parenting assessments (which effectively could not be fully undertaken). For example, a

practitioner working in an FDAC team stated that all face-to-face contact between parents and children had ceased. The situation had affected ongoing assessments, which were not going ahead as workers were not able to observe parents and children in the home. Planned gradual reunifications had had to be suspended and she said that: 'Overall there is concern among parents that proceedings—and so decision-making—will be delayed and that the time away from their children could be prolonged'. A birth parent advocate similarly expressed concerns about recently removed babies not getting the opportunity to attach to parents, and parents could not demonstrate their parenting capacity. She argued that this lack of opportunity for babies and parents to develop a relationship must be taken into account in subsequent court proceedings, and not used as evidence against a parent.

There were some circumstances in which professionals highlighted that the move away from face-to-face contact had positive benefits for parents. One person supporting parents felt that for a small number of parents who struggled to go to contact meetings (possibly because of the burdens of travel or just finding the meetings difficult) there was a sense of relief that face-to-face contact had stopped. Another benefit mentioned by some was that parents were appreciating the chance to talk to foster carers.

6.4 Supporting parents to stay in touch with children: views of professionals

In addition to actually setting up new arrangements for contact, professionals gave a range of examples of support they were providing to parents, or support they felt would be valuable, to enable parents to accept changes to contact. This support could also help parents to participate positively in new ways of connecting with their children. Four key areas of support work were identified, as set out in the following sub-sections.

Helping parents understand the needs for changes

This suggestion included helping parents understand the general government advice as well as specific changes made in their case. It could also involve explaining information to parents in a way they could make sense of it. For example, one professional discussed how parents with learning difficulties had been given information about changes to contact in the form of a story board. One PAUSE worker said they had liaised with social workers to ensure that 'women have the right information at the right time in a way they can understand'. They felt getting this information had helped women to 'manage their emotions, have a fuller understanding of why decisions have been made and have an opportunity for their voice to be heard'. The need for professionals not just to explain changes to parents but to show understanding of the difficulties such changes would cause parents was also brought up: 'We as a staff team really feel for these parents and have been able to communicate this to them and I think that this has helped'.

Helping parents get online

Several practitioners noted that not all parents had the means to have video calls with their children because they lacked a smart phone, data, Wi-Fi connections, and/or skills and understanding in using online platforms: 'Birth families haven't got the same level of equipment'. In order to help parents' understanding how to use different platforms, one local authority stated they had sent parents 'a guide to virtual contact and how to get the best experience from this'. Some local authorities were purchasing tablets or smart phones for birth parents who didn't have them: 'I have purchased a mobile telephone for one parent to date and some credit as they were not able to financially support this', whereas another local authority had passed on old smart phones that were previously used by social workers. Where birth parents did not have access to email, digital letters received from adoptive parents were being passed on by professionals verbally as an interim measure: 'In some cases they are phoning birth parents and reading the letter to them over the phone'.

Helping parents prepare for and manage different forms of contact

There were many examples of how professionals were working with parents to prepare for connecting with their children in different ways. Where parents were writing letters, practitioners were assisting with this. In one case a worker sat outside a mother's house and communicated with her through the window to help with letter writing. Another practitioner had provided arts and crafts materials to mothers so they could make things to send to their children. Practitioners were also helping parents to understand and anticipate how their children might react to video calls, so they could be realistic about things like their child's likely attention span. Practitioners helped parents think through and prepare for lots of different ways they could try and engage with their children during video calls such as reading a story, singing nursery rhymes, playing a game together, asking questions that children would find easy to answer. A clinical psychologist had worked with an NSPCC team to develop a 'developmentally informed' approach to supporting contact, arguing that this 'could help prevent families being 'set up to fail' and can help reduce feelings of rejection in parents who may be keen to spend longer talking than their child is able (i.e. it is normal for two and three-year-olds to want to stop talking by video/phone pretty soon)'. In this team parents were also contacted before a video call when recent information about the child was shared, helping parents to ask children appropriate questions and providing a chance to check the parent was available for the video contact. Other practitioners talked about helping parents to think about factors like the timing of calls, where they would be when they made the call, minimising distractions in the background, the need to make sure their phone was charged up or plugged in, and so on. As part of helping parents to connect with their children via video calls, some professionals also talked about debriefing with parents afterwards. This was discussed as being important in terms of helping parents 'to manage their emotions and offload thoughts, feelings, etc.'.

7. The future of digital contact

This chapter considers how digital contact may be utilised in the future, within the context of how it has been using during the COVID-19 pandemic. It considers the perspectives of all those who took part in the study.

Summary

- Many people involved in contact arrangements were seeing this as an opportunity to do things differently and continue the creativity and flexibility that has been seen through the pandemic thus far.
- A potential benefit of digital contact identified by some was the opportunities for increased cooperation and communication between parents and carers/adoptive parents.
- Most argued that the use of future digital contact will very much depend on individual circumstances—where it is right for one child, it won't be for another—and this needs to be assessed on a case-by-case basis.
- A culture of risk awareness as opposed to risk aversion has generally been seen, which is a shift in practice for many.
- Digital contact was viewed as having been very successful for a number of children.
- Birth parents' views about digital contact were dependent on their original standpoint—but those who had little or direct contact welcomed being able to see their children more.
- The majority were clear that face-to-face contact cannot and should not be replaced with digital contact where it is working well or where it is required for assessment purposes.

7.1 A digital shift? Different perspectives

Across the board, most people saw some potential for digitally mediated contact in the future, but views varied depending on individual circumstances and experiences.

Birth parents

The views of birth parents in relation to the use of digital contact in the future were related to the frequency and type of contact they were getting with their child/children before lockdown started. Those who had only been receiving letter contact from the adoptive parents of their children considered that digital contact in the form of video calls would be a welcome 'step up': 'I would love to be offered video contact with my children, please help make this more accessible to birth parents'. Those who were having regular face-to-face contact with their children before lockdown were keen to return to this as soon as possible, with one parent writing: 'Please let it be back to normal soon' and another stating: 'I need to be able to hug, kiss and tell them I love as much as possible. My video contact is every six weeks, it's pathetic'. On the whole, birth parents wanted more contact with their children if possible, in

whatever form that might take. As one birth parent said: 'I think it's a great way to communicate with people who live far away and to keep in touch with family'.

Professionals

Professionals were generally positive about using digital contact in some form in the future, but were very clear that it should not be used as a replacement for face-to-face contact: 'I hope it doesn't replace face-to-face contact where this works well, but recognise that for some children and families the recent developments will be amazing and might work well in situations that are not appropriate for other forms of contact'. Consideration was also given to how and when it could be used safely:

I think there could be lots of families in the future that could benefit from using digital technology especially for those children who have moved on and actual contact is too damaging, disruptive or distressing but they just need to check in. It would be good to have a standard safe way for this to be facilitated, where you could have the child's, parent carer or worker on screen for support but not visually, a way to enable text feedback. A new model of something that is specific for its purpose for facilitating contact but without it being physically face-to-face.

Many respondents commented on how the majority of people involved in contact arrangements have been willing to think more flexibly and creatively than pre-lockdown in order to maintain some kind of connection between children and their birth families. There was generally a feeling of 'hope' that things have been 'shaken up'. Adaptations to traditional practices in all areas have had to be made rapidly and many were pleasantly surprised at how quickly professionals and organisations have been able to make changes to their ways of working:

I think the way that LAs [local authorities] have had to urgently implement other solutions and strategies for managing contact shows how quickly and effectively things can be done differently and creative thinking can be implemented. I hope that this continues.

However, some were worried that decisions would be made as a result of the actions during the pandemic without being considered carefully:

It is barely adequate for the circumstances. Don't make a knee jerk reaction that this is the way forward.

Social workers who support foster carers observed how carers were communicating with birth parents in ways they would usually not, such as having direct conversations with each other on calls. In many situations this had been very positive and led to improved relationships: 'It has helped some parents and carers work together and more flexibly'.

Foster and kinship carers

As with professionals, many carers felt that digital contact was no substitute for seeing parents in person and that where face-to-face contact was working well, this should be reverted to post-lockdown, when safe to do so:

If possible, in my case, I would like it to return to face-to-face contact for the three children we currently care for. It is so important for them to be able to kiss and hug their own families to give them their sense of identity and connection again.

The majority of carers considered that in principle, however, there may be scope to use digital forms of communication for contact between children and their birth families, where this is in the child's best interests: 'As always need to tailor to individual needs but technology should be more widely used.'

Those who have been using it successfully during the pandemic were often keen to continue it in some form and in some cases as an alternative to face-to-face contact where this has previously caused distress for a child: 'I definitely think it's better in my case as the child really just wants to check that her birth mum is ok and it takes away the anxiety and expectations that the child has with face-to-face contact!'

Adoptive parents and professionals

Contact generally looks very different for children who are adopted and for those who are in kinship or foster care. Facilitating face-to-face contact is an expectation of the role of a foster carer but not necessarily of an adopter, which has led to some anxieties from adoptive parents who are concerned about managing additional contact. This was highlighted by one adoption social worker who believed that adoptive parents generally want to be 'shielded' from birth parents. The majority of adoptive parents who responded to the survey were relatively positive about using digital formats to connect with birth family, though for some this may be in the form of a digital letterbox service as opposed to regular video calls.

One adoptive parent, however, whose children were having positive and regular face-to-face contact with their birth family pre-lockdown, was keen for this to return as the children were struggling, but was 'open minded' about future digital contact, stating 'we need to think differently'. Professionals working in the adoption field shared similar views:

The letterbox system is outdated. I think video calls could be used going forward, or pre-recorded videos of children. It has been extremely valuable for parents to have photographs of their children so that they can see that they are happy and safe and I strongly feel that this should be extended into adoption. I am worried about the prevalent focus on risk in this context.

Certainly in adoption cases, technology could be used if it is safe for the child and the adoptive parent. Sharing photos and videos instantly (maybe more than once a year) may be more beneficial. However the difficulty comes when it is not monitored to see if it is appropriate. This would have to be case-by case decision.

7.2 Flexible contact arrangements

The creativity and flexibility that has been apparent thus far in relation to contact during the pandemic is something that may be helpful for many children. Many respondents thought that there are now potential opportunities to use digital contact where it had not previously been considered, such as where face-to-face contact was not possible, either on a temporary or permanent basis: 'I think it will make people think differently about what they can do'. Examples included where children had to miss contact due to illness, where birth relatives lived far away or abroad, if children were distressed by face-to-face contact, or where parents themselves struggle with face-to-face contact:

I think for parents that struggle with mental health, especially if they are sectioned or residing in units for their own well-being, that this could be a way of seeing their children for positive short periods of time, but with structure and someone else being in control so that they don't have to worry about putting boundaries and structure and play in with the children that they can just focus on talking to them and will be less pressure for the parent/child/children.

It has allowed us to consider that contact can be managed rather than being direct, if for some reason a parent couldn't attend a contact due to unforeseen circumstances, digital ways could be used so that contact can still happen and the child is not affected as previously contact would not have happened and may leave them feeling sad/ responsible and have a detrimental impact.

Some children voice that they do not want physical family time with their family due to the trauma they have suffered and they are old enough to make that choice but they may be open to telephone conversations.

Ultimately, however, respondents across all groups were clear that the future of digital contact will always need to be considered on a case-by-case basis:

The value depends on the child, the circumstance, and the parent/carer. They are all individual and what works for one does not [necessarily] work for another.

Risk awareness

As discussed in Chapter 3, and throughout this report, both professionals and carers/adoptive parents highlighted that digital contact can pose different types and levels of risk, including in relation to confidentiality and the impact on children. So in terms of future digital contact, people often raised the issue of risk management.

However, many could see that there had previously been a culture of 'risk aversion' in some local authorities and the implementation of new methods had brought down some barriers that were previously in place. One social worker considered that digital changes are 'demystifying' the risks that many thought were present and people are now more confident in using these methods to maintain family connections for children. Many found it difficult to imagine that this would not lead to some future changes, including in the court arena, as suggested by one Cafcass guardian: 'It will be very difficult for LAs [local authorities] to say video calls aren't safe', going on to say that 'birth parents will be in a much stronger position to ask for [video calls]'.

Now it's here, and we have worked out how to make it work, it has to play a part in our planning in future. We will have learned a lot.

8. Discussion and implications for practice

This chapter summarises the key learning in relation to the research questions. The implications arising from the research are then discussed.

8.1 How are people facilitating birth family contact for children in care, children in kinship care, and adopted children?

Figure 1 summarises the overall picture about children's contact during this first month of lockdown. Face-to-face family time meetings were happening very rarely, and where these were occurring, people were generally advising children, young people and their families to try and keep two metres apart.

There was widespread use of video calls, but how these were used was very variable. Foster carers were having more involvement in children's family time with parents through video calls than they had previously been used to when children were meeting face-to-face with their families. Some online 'meetings' however continued to be managed by professionals. In some cases people were sticking to the original time and day for contact to happen, and for some children this regularity and routine was considered to be important. But in other cases changes had been made. Most commonly these were to have a greater number of encounters of shorter duration.

Some contact was happening using the postal system, especially for adopted children. Professionals working in adoption, and parents whose children were adopted, both highlighted the desire many parents (and occasionally children) had for extra reassurance because of worries about COVID-19. Some adoption agencies were responding to this, or even proactively asking adoptive parents (or occasionally birth parents) to send an additional letter. Other adoption agencies were advising parents that 'no news is good news' and they should wait for their letter to arrive at the normal time. In some cases even regular letterbox contact had been interrupted due to the disruption to office space working.

Obviously telephones are key communication devices, but some foster carers and adoptive parents were reluctant to share their personal phone numbers with birth parents. This was not always an issue for kinship carers however. Teenagers were often using their own phones to keep in touch with their family members, as had been the case for some prior to the pandemic. Some foster carers or kinship carers were sending photos or short video messages to parents, particularly when they were caring for very young children who found it hard to engage with video calls.

Figure 1: An overview of children’s family contact during lockdown

| Medium | Key characteristics |
|---------------------------------------|--|
| Video calls | <ul style="list-style-type: none"> • Mediated by professionals or by carers; or managed by a young person. • Just talking or play/activity-based. • Same day/time as before or ‘little and more often’. • Common for children in care and kinship care, limited in adoption. |
| Letters/cards/gifts | <ul style="list-style-type: none"> • Common in adoption. • Requests by agency or birth parents for adoptive parents to send extra letter. • Delays to existing letters for some. • Used by some across all settings as a preference or add-on to other forms of contact. |
| Phone calls and messaging | <ul style="list-style-type: none"> • Common for teenagers who have own phone. • Used by carers to send photos and videos to parents to ‘fill the gap’. • Some carers/adopters want to keep number confidential (withhold number). |
| Face-to-face meetings and family time | <ul style="list-style-type: none"> • Only happening very exceptionally. • Teenagers who may ‘vote with feet’ if not allowed. • Where need considered to be urgent. • Attempts to apply rule of two-metre ‘social distancing’. |

8.2 How well is digital contact working?

Our research questions in relation to digital contact were:

- What experience do people have of using digital media to facilitate contact, and how well is this working for everyone involved (children, professionals, parents and carers, birth relatives)?
- What are the key problems/barriers/challenges, and what is working well?

We will answer these questions together in this section. By ‘digital contact’, we primarily mean video calling.

Children’s experiences of digital contact

Children’s experiences of digital contact were very varied but some key themes are summarised below.

- **Familiarity and comfort with the medium was important.** Generally older children and young people were more likely to feel comfortable using digital technology, and for some it was a preferred way of communicating that felt more ‘normal’ than professionally supervised contact.
- **The age and ability of children was important.** From all respondents we heard over and over again about the difficulties for babies and young children (predominantly the under fives) in communicating with their families through video calls. Similar difficulties were also experienced by some older children with disabilities. For very young children, lack of understanding and interest, and possibly confusion and even distress, in seeing their parents on screen was highlighted, though some felt there was a benefit even to very young babies in hearing their parents’ voice and seeing their face. The limited attention span of young children was also highlighted by many.

- **Whether video calls were designed to be ‘child-friendly’.** Linked to the points above, we had many examples of how people had experienced greater success in using video calls with children through building in fun activities (playing games, singing songs, reading stories, doing crafts), which helped children stay interested and engage with their parents.
- **The quality of the child’s relationship with parents was important.** Where children felt at ease with their parents (or other relatives), then they enjoyed video calls much more. They were often pleased to be able to ‘show’ their parents their home environment and might enjoy seeing their parents’ home. Some children missed their parents (and other relatives) very much and being able to see their family in video calls offered some level of comfort. But it was clear that an individual approach is needed, as some children were reported to be unsettled or even frightened with video calls—this was usually in a context where children’s relations with their parents were not generally good. So some children who were used to supervised contact in a neutral setting were unhappy with it taking place in the foster home. Some children did not want to see their parents on video calls and could find their parents’ presentation frightening. In other instances, video calls were reported to be a good intermediate option for children who wanted some connection with their parents and who preferred the greater distance that video calls afforded compared to face-to-face meetings.

The experiences of foster carers, kinship carers and adoptive parents

There were many similarities in the experiences of those parenting or caring for children: these related mostly to the challenges of helping children deal with their feelings and experiences.

- **Increased demands on time.** Foster carers especially reported having greater involvement in, and responsibility for, children’s contact arrangements because these were taking place in the foster home rather than elsewhere. They were often arranging and supervising the contact, as opposed to professionals being responsible for this, and they were having to spend more time helping children prepare for and manage video calls. This was in a wider context of children being often out of school, and other stresses related to the pandemic.
- **Managing relationships and boundaries with parents: opportunities and stresses.** For some (again mostly foster carers), being able to communicate with parents through video calls was experienced positively, and professionals working with carers often felt it had advantages for the children, with greater integration of different aspects of their lives. In some cases however, carers found having parents ‘virtually’ present in their homes an intrusion, and they felt uncomfortable with this greater level of connection, suggesting they could benefit from more support with this aspect of their role. Some carers and kinship carers also found it hard to deal with boundaries with parents, such as managing what happened during video calls, the ending of calls, dealing with requests from parents for additional contact, and concerns about confidentiality. Hence some carers valued professionals continuing to support contact, for example by renegotiating plans with parents, initiating calls, and supporting the call through listening in or being visible on the screen.

- **Unmet support needs.** Some parents and carers reported unmet support needs, particularly in relation to managing the challenges set out above. Carers and adopters also sometimes highlighted their lack of confidence with using digital technology, and even problems with accessing digital technology. It was noticeable that kinship carers in particular felt that they were not being adequately supported.

Parents' experiences of digital contact

Many parents were understanding of the reasons why their face-to-face contact with their children needed to stop for the time being. Parents were happy that video calls at least gave them a chance to see their children, as the pandemic had increased parents' worries about their children and their feelings of loss and separation.

- **Video calls were seen as 'better than nothing'.** Although parents appreciated being able to see their children, many talked about missing physical contact, and were keen that video calls would not replace face-to-face contact in the long term.
- **Parents struggled when children found video calls difficult.** Parents found it hard when their children (particularly young children) were not terribly interested in video calls, but this was easier when parents had realistic expectations, and where different ideas were tried out to make calls more fun for children.
- **Parents of children in interim care expressed high levels of concern about losing physical contact.** Parents were concerned that, without spending time with their children, they could not develop or sustain a relationship and demonstrate their parenting capacity, and that this may reduce the chances of their child returning home. This worry was also expressed by many professionals.
- **Managing relationships with children's carers.** Similar to the views of carers, some parents found it helpful to communicate more with their child's carers, whilst others found this challenging or intrusive.
- **Unmet support needs.** Some parents had received good support, and others less so. As well as needing help with the issues described above, for some parents just the most basic problem was digital poverty—not having a smart phone, computer, access to data or good Wi-Fi etc.

Professionals' experience of digital contact

In general professionals had responded quickly to the need to find different ways for children to have time with their families, though some differences between agencies were reported.

- **Need to rapidly acquire new knowledge and skills.** Professionals often described a 'steep learning curve' in terms of setting up and managing video calls to facilitate children's contact, as well as to enable them to work remotely. Even across our short data collection period, there was a sense of rapid learning as professionals shared ideas and sought out solutions to problems such as developing suggestions for making video calls more engaging for younger children.
- **Finding the right balance in managing different types of risks.** Using video calls to help children connect with their families raised new questions about risk management for

professionals. This included considering whether and how they could or should ‘supervise calls’ remotely. Concerns about how to connect people digitally without using personal phone numbers was common. Whether or not software platforms were sufficiently secure was a worry for many people, and people often felt they lacked information about these questions. Tension was often apparent between understanding and managing this whole new set of risks, and trying to make video calls feel like pleasant and relaxing ‘family time’.

8.3 What are the key barriers and challenges in using digital contact, and what is working well?

Drawing on all the information in Section 8.2, Figure 2 summarises the key positive aspects of using video calls, and the key barriers and challenges both to this contact being possible, and being a positive experience for all concerned. It is worth reminding ourselves however of the main benefit of video calls in the current climate, which is that they eliminate risks of infection from the COVID-19 virus. This is important for the whole of society. In some situations, such as where carers are over 70, or where parents, carers, children, or other people living with any of the above have serious underlying health conditions, avoiding passing on coronavirus will be an overriding concern.

Figure 2: Key positives and challenges of using video calls

| Positives | Barriers and challenges |
|--|--|
| <p>Preferred by some children: feels more relevant or safer.</p> <p>For some parents and children, better than not being able to see each other at all.</p> <p>Can create opportunities for better integration between a child’s two worlds, though greater involvement of carers in contact.</p> <p>Can be used flexibly.</p> <p>Saves travel time.</p> | <p>Difficulties for babies, under-fives and older children with disabilities.</p> <p>Fears about impact on parenting assessments.</p> <p>Parents and children missing physical contact.</p> <p>Raises new questions about risks.</p> <p>Some additional stresses for carers.</p> <p>Upsetting for some children.</p> <p>Parents, carers and children may not have equal access to digital devices or the internet; some may not know how to use digital methods.</p> |

We will return to these positives and barriers and challenges when we discuss the future of digital contact in Section 8.5.

8.4 What guidance had been developed to help people manage digital contact?

Again, the answer to this question was that practice appeared very variable around the country. Some agencies had developed their own guidance, other professionals had shared examples of guidance with each other, or found useful sources online. There were two key areas where professionals wanted more guidance:

- choice of digital platforms, and how to use these safely, protecting the confidentiality of carers and adoptive parent where it was necessary to do so
- ideas and guidance about how to make video calls work well, particularly in terms of being an enjoyable and safe experience of children.

In addition to these key areas, some people raised the importance of developing guidance or agreements specific to individual contact arrangements so that everybody involved understood the parameters of the new plan.

8.5 What ideas did people have about the value of using technology to facilitate contact beyond the immediate crisis?

Many people did identify benefits in the use of video calling (see Figure 2). As such, there was much positivity about the potential to continue to use video calling beyond the immediate crisis. However, it was clear that people wanted to see this as one of a number of options that could be used alongside existing options, as opposed to completely replacing them. Some people felt that being effectively forced (because of the current circumstances) to try digital methods, they had been surprised at the potential benefits of this. Using video calling had caused some professionals to question whether they had been too risk averse in the past, for example by facilitating all contact themselves in order to keep both parents and carers separate. Most people were keen to add caveats to their generally positive view regarding the future use of digital contact, the key ones being:

- that this is decided on a case-by-case basis, and in particular that the impact on individual children is taken into account
- that any risks are effectively managed
- that digital contact should not replace face-to-face contact, where face-to-face contact was working well
- that digital forms of contact could offer a new option for adopted children as an alternative to letterbox contact—however this would need to be a carefully thought through, and in many cases be a professionally mediated and secure service; birth parents of adopted children were typically very positive about the idea of digital contact.

8.6 Key implications from the research

Virtual contact between babies and young children and their parents needs particular consideration

The impact of a lack of face-to-face contact between parents and children involved in interim care proceedings was a critical issue raised repeatedly in this study, particularly by professionals but also by parents. Attachment relationships cannot be built or maintained between babies and parents using only video contact. However, even when contact is frequent and face-to-face, it is likely that babies will form their primary attachment with foster carers. It is important to focus on what parent-child contact can achieve however, as it is valuable for babies 'to be familiar with the voice, smell, touch and presence of the birth parent, and for the older infant to be able to experience play and games with the birth parent, so that this can provide a platform for the relationship if the infant returns home' (Schofield and Beek 2006, p. 403). Video calls only allow *some* of these benefits for babies and may be less rewarding for parents (and hence discourage some parents from staying in touch), both of which have implications for babies returning home. It is currently unclear how long current restrictions such as lockdown and social distancing measures, will go on for—but it may be for some time. Where parents and babies are prevented from meeting physically for a prolonged period, this could have implications for children and their parents

and this is a matter that needs urgent consideration by the Department for Education, the judiciary, and other professionals. This consideration should include taking account of the impact of the restrictions on physical contact when assessing parents and the plan for the child. As restrictions on lockdown are relaxed it is important to consider how face-to-face contact can be resumed safely for all concerned (especially as many foster carers may be older and in 'at risk' groups). In the meantime, video calls are likely to be 'better than nothing', especially when parents can be helped to have reasonable expectations about their child's ability to engage, where the quality of contact can be maximised by taking a developmentally informed approach, and where the contact can be used as a positive occasion for carers and parents to build collaborative relationships.

When facilitating video calls between parents and very young children, it is important to take a developmentally-informed approach. Video calls including very young children should aim to be engaging e.g. including singing, story reading or simple games. Even so parents may need support to have realistic expectations. Video calls could be supplemented by other forms of contact that can make up for the limited time children can engage. For example, carers could send parents photos or short video of the child and messages to update them about the child; parents could send a recording of a story or song to be played to the child.

Some babies in interim care will be in foster-to-adopt placements. The Adoption and Children (Coronavirus) (Amendment) Regulations, which came into force at the end of our period of data collection (24 April 2020), affect children in early permanence placements (i.e. foster-to-adopt placements) as the requirement for such placements to be approved by a nominated officer, for a placement plan to be prepared before the child is placed and for the placement to be reviewed have been temporarily removed. Contact between birth parents and foster-to-adopt carers can lead to better relationships being built between parents and adopters and can lead on to more positive post-adoption contact (Monck, Reynolds, and Wigfall 2003). The early stages of a foster-to-adopt placement therefore constitute a crucial time for positive contact between parents and carers to be established, and hence it is important that with any relaxation of professional scrutiny the matter of working towards positive relationships between parents and carers, and contact between parent and child is not overlooked or downgraded.

The use of digital methods, including video calling and a digitally mediated post-adoption letterbox contact service, should be considered as part of a range of options available for children separated from their birth families beyond lockdown

Many positive benefits of digital contact have emerged in this study, and these echo findings from the small but growing body of research about children's experiences of digital contact (Iyer et al. 2020). The use of digital methods, including video calling and a digitally mediated post-adoption letterbox contact service, should be considered as part of a range of options for children separated from their birth families. Further research on care-experienced children's experiences of digital contact is needed. The use of digital contact in the future, as well as in the immediate situation, is likely to work best where children, parents, carers and adoptive parents are involved in the development/planning and review of such methods.

Children's family contact in lockdown should draw on the principles of best practice that have been learned from the wider research around contact for children

Contact can have a number of benefits for children including enabling them to maintain relationships with their parents and return home, and addressing issues of loss and separation, and identity for children, which in turn can have a positive effect on children's well-being (Iyer et al. 2020). Research into contact suggests that the quality of children's contact is more important than the type, or frequency (Iyer et al. 2020; Sen and Broadhurst 2011). Contact is most likely to be positive when it is individually tailored to the child's needs, and where the child's wishes and feelings are taken into account and kept under review; where the adults around the child (for example birth parents and foster carers) can develop a good relationship and collaborate in the child's best interests—each respecting and supporting the other's role in the child's life; and where children's relationships with their birth relatives are positive (Iyer et al. 2020; Neil 2018; Schofield and Stevenson 2009).

The support needs of children, parents, adoptive parents, kinship carers and foster carers should all be taken into account, and the current research suggests areas where all parties may need additional support in adjusting to new plans. Effective support should consider risk management, but also enable positive and rewarding experiences and recognise the need to promote good relationships both between children and parents and parents and carers/adoptive parents (Bond 2007; Neil 2010). When directly involved in contact meetings (virtual or in person), professionals need to be clear about their role and function, particularly in distinguishing between the roles of assessing parents and observing, and situations where facilitation or support is required during the meeting. There may be a further role for professionals in mediating contact 'behind the scenes' (e.g. establishing the plan, developing agreements, trouble shooting, or offering support between meetings).

In Section 8.7 we propose a framework for planning and supporting children's contact during lockdown, which draws on these key principles that have been derived from the wider literature in relation to what works for children.

8.7 Five key principles for promoting 'family time contact' for children and young people who are in care, in kinship care or adopted—and applying these during the COVID-19 crisis

The five principles below are drawn from the first author's work into post-adoption contact, as well as the wider research around when and how contact can be positive for children. Issues of practical and emotional support are vital to consider, and these are woven in throughout.

- Keep the child's wishes, feelings, strengths and short and long-term needs at the centre of planning for family contact time.
- Take into account the needs, wishes, feelings and strengths of birth family members of foster/adoptive/kinship family members.
- Look for opportunities to build trust, collaboration, empathy and a shared sense of goals between the family caring for the child/young person and the child's birth family so they can work together in the best interests of the child/young person.

- 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.

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

- Be clear about what you are trying to achieve for children through their family contact/family time. For example, think about children's needs for information, reassurance, and connection. For a baby the key benefit may be to hear a parent's voice or to see their face. Roots and relationships are at the heart of family time contact. Try to get a shared focus on these needs from all involved.
- Ask how the current situation is affecting children's wishes, feelings and needs about connecting with birth family members. It is important to ask children about this (and encourage their carers and adopters to have these conversations) rather than wait for children to volunteer information. Some children may feel more comfortable talking to a social worker than their carer/adoptive parent. It is important to stay in touch with children and young people. Some may enjoy communicating with you remotely, but there may be situations where children really need to see their social worker.
- Consult with children about proposed changes as far as you can, given their age and ability. Keep checking in.
- How are children reacting to changes in family time contact that result from social isolation/lockdown? It is important to listen to children (and notice their reactions to changes) when new means of staying in touch are attempted.
- Take into account the nature of the child's relationships with birth family. This can be a guide to understating how comfortable children might feel with a change in the format of their contact. For example, some children may need extra comfort or some additional contact if they miss their parents, grandparents or siblings. Others may have a fearful relationship with parents and will want contact to stay tightly controlled in a neutral setting. Where children are relieved not to be having face-to-face contact, this suggests that once lockdown is lifted changes may need to be made to ensure any meetings are comfortable for children.
- Provide children with information about changes to contact in a form they can easily understand.
- Where children or young people have a compelling need to actually see parents or relatives, this may need to be considered, although the health concerns of those affected must be the primary consideration.
- Overall, adopt a **developmentally informed approach** to planning and supporting children's family time, in whatever format that takes (see Box 1 for an example of good practice).

Box 1: Good practice example for addressing the needs of very young children from Dr Leah Cronin, Principal Clinical Psychologist, Glasgow Infant and Family Team (GIFT), NSPCC

1. The helping team must have a developmentally-informed idea of what a young child can realistically manage attention-wise and when is a good time for them to be most alert. Sticking to the routine of time also helps. This will prevent families being 'set up to fail' and can help reduce feelings of rejection in parents who may be keen to spend longer talking than their child is able (i.e. it is normal for two and three-year-olds to want to stop talking by video/phone pretty soon).
2. Carers having a pre-call with parents to share info on the child (what they have been doing etc.) to help the parent have something to talk about with the child
3. The pre-call also allows for the carer to see if the parent is available before ringing/skyping with the child in the room—to try to reduce anxiety if the call/Skype is not able to go ahead.
4. Having concrete objects to use to guide the conversation—so the parent can ask about the here and now (a favourite teddy etc.) rather than abstract conversation about the past and future which is not always accessible to a child under five.
5. Books to read—we have provided some of our parents with copies of the child's favourite books so they can read it to the child while the child looks at the book in their placement (supported by the carer if needed).
6. Nursery rhymes—singing over the phone and using apps for this.
7. Sending videos and photos as well as/instead of phone or video call if the child is just not coping.
8. Giving reassurance to the little one that mummy/daddy has grown-ups helping them and is still there in their house (even our little ones can feel responsible for their parents).

Take into account the needs, wishes, feelings and strengths of birth family members and foster/adoptive/kinship family members

- Recognise that, although contact is primarily for the child's benefit, if parents or carers/adoptive parents find the contact unrewarding or difficult this can impact on the child's experience.
- Ask how birth family members are affected by the pandemic, especially in terms of their anxieties/concerns about the child.
- Try to respond to parents who have a heightened need for reassurance about their children's welfare, especially parents who have very limited contact with their child, and where children have complex health needs. Parents may be relieved to have a letter, or updated information from the social worker. This may build trust and help parents engage in contact in the future.

- Help parents to prepare for, anticipate and understand the need for changes in contact. Developing written help sheets may be useful, especially where they address the age/development of the child, include positive ideas to try, and acknowledge the emotions parents may experience.
- Recognise that kinship carers may be worrying about the children they are caring for—but may also be trying to support the child’s birth parents. They often have to manage complex family dynamics and it should not be assumed that because the contact is ‘within the family’ it will be easy for them to manage.⁵
- Consider what are the wider effects on birth parents, adoptive parents and carers as a result of the pandemic. E.g. if they are in an ‘at risk’ group, ill, self-isolating, home schooling children, deteriorating mental health etc.
- Recognise that birth parents, adopters and carers may all have their own reasons for not asking for help—they may want to be seen as coping or their feelings about children’s services may get in the way. The current time of crisis presents an opportunity to reach out to people and offer support, potentially building more trusting relationships for the future.
- Consider whether people need help accessing or using digital technology, and try to meet these needs where possible.⁶
- Consider how confident carers and adoptive parents feel about managing their child’s contact – some may prefer to stay in control, but others may need your backup and support. As far as possible, the extent to which you take responsibility for contact, versus carers or adopters taking responsibility, should be negotiated on individual basis.

Try to build positive relationships between parents and carers/adoptive parents

- Look for opportunities to build trust, collaboration, empathy and a shared sense of goals between the family (or residential home) caring for the child/young person and the child’s birth family so they can work together in the best interests of the child/young person.
- You may need to renegotiate contact plans – look for opportunities to get parents and carers (and children were old enough) to work together in determining the new plan.
- It may be helpful for carers/adoptive parents and birth parent to have a conversation before the child comes on a video or phone call. This can be a useful way for carers to update parents about children’s latest news and activities, and to plan things to do during the video call that the child will enjoy.
- Think about whether the current ‘emergency’ situation might actually pose opportunities for people to come together or for relationship to be improved – e.g. an adoptive parent

⁵ See the NFJO summary of research into special guardianship orders by Simmonds et al. (2019): www.nuffieldfjo.org.uk/app/nuffield/files-module/local/documents/NuffieldFJO-Special-Guardianship-190731-WEB-final.pdf

⁶ The DevicesDotNow initiative may be able to help. See: <https://futuredotnow.uk/devicesdotnow/>

or foster carer reaching out to a birth parent to reassure them the child is ok could help birth parents feel more trusting and more able to engage constructively in contact.

- Providing feedback to parents and carers after contact can help build relationships. For example, passing on to foster carers that birth mum/dad really valued the call, letting parents know that the children were ok after the video meeting etc.
- Where carers need to take on a more active role in managing contact, recognise the potential benefits but also challenges that increased contact with parents can bring, and provide support with the challenges.

Consider on an individual basis what risks there might be and make plans to manage these proportionally

- Be alert to the risks if child has a fearful relationship with parents—they may be sensitive to any changes in contact such as feelings their safe space invaded.
- Consider whether it is necessary to be very strict about any identifying details of foster/adoptive family such that you need to restrict views of the house, ensure that phone numbers are not known, or ensure that the child's location cannot be determined, for example. If it is necessary to be strict about these matters, build in safeguards.⁷
- However, it is important not to apply the highest level of risk to all situations without discrimination, as unnecessary restrictions can work against people feeling relaxed and comfortable.
- Think through who might be involved in video calls and whether these need to be mediated by parents/carers or professionals.
- In situations where direct contact might occur, people have to consider the health risks and try and maintain social distancing where possible, ensure people do not have symptoms and consider 'at risk' groups.
- Work with IT-experienced colleagues to develop clear in-house guidelines about use of digital platforms and how these can be used safely.
- Provide guidance to young people around using digital technology safely.

Aim for family contact time to be rewarding, fun and child-friendly

- This involves being clear about the purpose of any contact and distinguishing between situations where you are assessing parents and where you are promoting family time. The use of the term 'family time' may help parents and children feel more relaxed, and focus everyone involved in making virtual meetings feel more natural and 'family-like'. Be clear with everyone about the different aspects of your role in facilitating family time. Possibly aim to clarify this in writing.
- Consider what will be engaging for the child—University of Sydney guidance on video calls has useful examples such as parents reading their child a story, the child getting

⁷ For key question prompts, see: www.nuffieldfjo.org.uk/news/7-questions-when-using-digital-technology-to-help-maintain-family-contact

some toys or examples of their art ready to show parents, parents and children eating and drinking something 'together'.⁸

- Some children/young people may enjoy playing online games with their siblings or cousins (or even birth parents).⁹
- Parents may want to record bedtime stories or nursery rhymes for children that can be played to the child by carers.
- Help everyone to be realistic about the ability of young children to sustain interest in phone or video calls for long periods—parents needs to be prepared. Carers may be able to manage this by being flexible. For example, if a baby is sleeping when the video call happens, they could film the baby once they are awake and share this video with the parent, or share a photo of the child at play.
- It may be helpful for carers and parents to have the same toy or book so that children can play with/read this alongside their parent during the video call.
- Consider other ways that children might enjoy connecting with their family such as creating a craft project and posting it (or vice versa, parents sending small things they have made to the child).¹⁰
- It may be helpful for children to have shorter, more frequent video calls than a long call or calls.

Overall, it is key to take a child's age and developmental level into account when planning and supporting their contact with parents.

8.8 Conclusion

The current COVID-19 pandemic has caused drastic changes to daily life at a global level. Restrictions on social contact have been seen as key to reducing rates of infection amongst the population. People everywhere are having to stay apart from friends, work colleagues and family, and many of us are looking forward to when we can be together again. This study has explored one particular group of children who are affected by these restrictions on contact—children who do not live with their parents because they are in care, with kinship carers, or adopted.

The study has provided a picture of how such children were being enabled to stay in touch with their birth family members during the first four weeks of lockdown in the UK. We have documented how face-to-face contact was rapidly replaced with other methods, particularly the widespread use of video calling. This has been challenging but has enabled at least

⁸ See: www.sydney.edu.au/content/dam/corporate/documents/faculty-of-arts-and-social-sciences/research/research-centres-institutes-groups/rccf-tips-for-using-video-chats-for-family-time-march-2020.pdf

⁹ See: www.sydney.edu.au/content/dam/corporate/documents/faculty-of-arts-and-social-sciences/research/research-centres-institutes-groups/social-online-games-for-children-and-families.pdf

¹⁰ Some ideas about methods of staying in touch 'from a distance' but without technology are available at: www.sydney.edu.au/content/dam/corporate/documents/faculty-of-arts-and-social-sciences/research/research-centres-institutes-groups/rccf-family-time-from-a-distance-without-technology.pdf

some connection between children and their parents to be maintained. How this has been experienced has been very individual, but as well as challenges, many opportunities and benefits have been identified, and learning from the current period can be very useful in utilising digital technology as one of a range of options to help children stay in touch with their families in the future.

Three main recommendations emerge from this report:

- firstly, there is an urgent need to consider the impact of a lack of face-to-face contact on babies and young children in temporary care, as under these conditions parent/child relationships cannot develop, and parents cannot demonstrate their parenting capacity—and when video calls have to be used, they should take account of the age/developmental level of the child
- secondly, the usefulness of digitally-mediated contact should continue to be developed
- thirdly, it is recommended that contact during this lockdown period should learn from and follow key principles that underpin successful contact and that have been identified in previous research.

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