

Coronavirus: restrictions placed on family contact



The CBF have heard from families who are understandably upset by the continued restrictions around face to face contact that their relative's care home or supported living provider are putting in place. We know how hard this will be for people with severe learning disabilities to understand and the detrimental effect it may have on their mental and physical well-being and subsequent behaviour.

What families are telling the CBF:

Whilst families are inevitably very upset at not being able to see their relative, they are more concerned about the impact upon the physical and mental health and general wellbeing of their loved one. Sadly, many families are seeing their relative reaching crisis point or safeguarding alerts being raised before any decisions about family contact are considered.

Some providers have managed to facilitate family contact throughout lockdown, others are managing limited contact, but some providers have a blanket ban of any kind of family contact, despite this being unlawful. There are different interpretations of the guidance, so experiences of family carers having contact with their relative is extremely varied across the UK.

Living with such uncertainty about when things will return to 'some sort of normal', no one is able to predict what families can expect over the coming months. With the UK population easing the restrictions and resuming some usual activities (including meeting up with and visiting family and friends, being able to go the pub, get a haircut or go to a shopping centre) it is highly important to ensure that individuals with severe learning disabilities and their families exercise the same rights and life opportunities. Below we set out what the law says and what current guidance is for different care settings.

This information sheet has been produced in collaboration with family carers, barristers, care providers and other health & social care professionals to provide examples of how family contact can be facilitated, and potential risks mitigated. It sets out:

- what the law says,
- the current guidance for different settings,
- some examples of what this means in practice.

The law:

Article 8 of the European Convention on Human Rights protects your right to respect for your private life, your family life, your home and your correspondence (letters, telephone calls and emails, for example). This may be achievable through

Facetime, Skype and telephone contact for some, however for others this will not be a possible way to stay in touch.

Care homes and supported living providers **should not have blanket policies that ban all visitors**. Care homes should be conducting risk assessments, which should look at each person and their contacts individually and try to reduce the risk of contamination. This could be, for example, through the use of hand washing, minimal contact with other residents and adjusted ways of gaining access e.g. through a back or patio door. It may be possible to visit your relative in their bedroom for the foreseeable future or to agree that staff will not be present whilst you are visiting.

It goes without saying that anyone who has a fever or cough or any symptoms of Covid-19 should not be visiting a care home or supported living service and should be self-isolating at home.

Registered Managers are obviously very concerned about the health and well-being of both their residents and their staff. Their workforce may be depleted, and they will be working hard to make sure everyone is supported and safe.

The principles of the Mental Capacity Act 2005 should still be followed. If your relative lacks the mental capacity to make decisions about visitors and contact with their family, those decisions should be made by people who know them well following a Best Interest process. As a member of the person's family you should be involved in the best interest decision making process. It may not be possible to hold a face to face best interests meeting but it should still be possible to consult you using other methods, for example, conference calling or virtual meetings via Skype or Zoom. The Best Interests process will need to weigh up the risk to the person's health if they have contact with you against the risk to their well-being if they do not see you.

Some people will have a Deprivation of Liberty Safeguard (DoLS) in place. During the pandemic the arrangements authorised by your relatives DoLS may change. For some people, restrictions on their contact will only represent a slight change (e.g. if they are able to have contact via telephone or video call). However, this may not be possible for everyone and if the arrangements are much more restrictive, then you should inform the Supervisory Body as soon as possible.

Government Guidance:

This information sheet is based on the guidance available in August 2020.

Government guidance is regularly updated. Please note that the Government has replaced national restrictions with local action to contain local outbreaks of Covid-19 (often referred to as "local lockdowns"). This will likely also extend to care settings. You can check whether your area is in local lockdown and what this means [here](#). Contact your Local Authority for further information specific to where your relative lives.

Children's residential care and residential schools

The relevant guidance here is *Coronavirus (COVID-19): guidance for children's social care services* (Updated on 7th August 2020):

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care>

Scroll down to the section that says 'Residential provision: children's homes, residential schools registered as children's homes, and foster care'.

Children living in residential care should be supported to continue face to face contact with their families. Guidance states that only when this is not possible should children be supported to keep in touch via telephone calls and video calling. Therefore, the expectation is that you will be able to visit your child, respecting social distancing and other Government guidance where possible.

You may need to be flexible in your contact, for example meeting outdoors, negotiating a plan that keeps everyone as safe as possible with the provider.

Care Homes

Government guidance (published on 4th July 2020), states there are 'exceptions to the rules on gatherings' – meaning that you are allowed to gather if 'you are visiting a member of your household, a close family member or a friend who is receiving treatment in hospital or staying in a hospice or **care home**' – please see link below to the Government's updated legislation below, *The Health Protection (Coronavirus, Restriction) (Amendment) (No.4) Regulations 2020*:

<http://www.legislation.gov.uk/ukxi/2020/588/regulation/2/made>

This means that care home providers should facilitate face to face contact between you and your relative. Following hygiene rules, social distancing if possible, considering meeting outdoors and agreeing an individual plan for the visit will help care home managers be more confident in facilitating this.

Government guidance issued on **31st July 2020** about updating policies for visiting arrangements in care homes can be found here:

<https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes#section-2>

Within the guidance around initial risk assessments for family visits, consideration should also be given to:

- the health and wellbeing risks arising from the needs of the cohort of residents in that setting. This will include both whether their needs make them particularly vulnerable to Covid-19 and whether their needs make visits particularly important (for example, people with dementia, a learning disability or autistic people)

- the likely practical effectiveness of social distancing measures between the visitor and the residents, having regard to the cognitive status of the resident and their communication needs
- where the healthcare needs of the individual cannot be met by socially distant visits, whether there are sufficient infection-control measures in place to protect the residents, staff and visitors, to allow the visit to take place (see [section 4](#)). This might include the provision of personal protective equipment (PPE), as provided to members of staff caring for that individual.

Supported Living

The Government published guidance for people living in supported living settings on 6th August 2020. The guidance discourages blanket decisions about contact with families. Instead it says local managers should use it to develop their own specific ways of working to protect people's wellbeing and minimise risks.

You can read the full guidance here:

<https://www.gov.uk/government/publications/supported-living-services-during-coronavirus-covid-19/covid-19-guidance-for-supported-living>

Supported living is support provided in the person's own home and, although advice and good practice may be offered, it will only be followed if the person understands the advice and is in agreement. If your relative does not have the capacity to agree, the Mental Capacity Act applies and you should be involved in a Best Interests decision.

The Supported Living guidance suggests the following regarding visits from family members and forming support bubbles:

- No one with Covid-19 symptoms should visit
- No one should visit who is self-isolating because they have had close contact with a Covid-19 case or returned from [certain countries](#) in the previous 14 days
- If a supported living service has a communal garden area which can be accessed without anyone going through a shared building, then using this space for visits should be encouraged, as long as social distancing measures are met
- Alternatives to in-person on-site visiting should be explored, including the use of telephones or video, or arranged walks in the park or outdoor spaces. If the person is clinically extremely vulnerable then the current [shielding guidance](#) should be followed
- Providers could offer support so people can go to suitable outside spaces to see their relative in a safer environment in line with current social distancing rules
- Visitors should be encouraged to keep personal interaction with the person they are visiting to a minimum and remain socially distanced for as much of the visit as possible
- Numbers of visitors should be limited to the current guidance on group meetings

- If there is no outside space, visitors should visit the person in the individual's own room and should be asked to wash their hands for at least 20 seconds on entering and leaving the accommodation. Visitors should take all sensible hygiene precautions, as advised by government.
- If in shared accommodation, visitors should avoid (or minimise if avoidance is not possible) contact with other people who live there and staff (with face-to-face contact occurring for less than 15 minutes and at least 2 metres apart).
- Where needed, conversations with staff can be arranged over the phone following an in-person visit
- Visitors should be encouraged to wear appropriate face coverings when visiting to protect people in supported living settings
- In some cases visors may be preferable to masks, to enable better care and support for non-verbal people and where recognising familiar people reduces agitation and distress. The decision to use visors would need to be risk assessed and would have to balance with additional risk of transmission.
- Where possible, visitors can be given support on how to prepare for a visit and given tips on how to communicate if face coverings are required, for example:
 - speaking loudly and clearly
 - keeping eye contact
 - not wearing hats or anything else that might conceal their face further
 - wearing clothing or their hair in a way that the person they are visiting would more likely recognise

See this information about people with learning disabilities and face coverings:

<https://www.challengingbehaviour.org.uk/learning-disability-assets/sldandppeupdated30thjuly1.pdf>

This list is not exhaustive and we encourage you to think about your family's specific circumstances and your relative's individual needs to negotiate and agree a plan for visiting with their care home or support provider.

Planning family contact and visits: things to consider

Initial review meeting to discuss individual's situation.

Even in a group home this should be looked at on a case by case basis.

What type of family contact – you may need to be flexible here, meeting outdoors, wearing masks (if tolerated)

MCA (Mental Capacity Act): There should be a best interest's meeting if your relative is over 16 and does not have the capacity to make the decision for themselves.

HRA (Human Rights Act): Your relative's right to a family life should be upheld, if they cannot use technology to stay in touch, a face to face visit may be the only way to uphold this right.

Individual risk assessments should address:

Risks associated with the impact on the person of not having contact with family

- increase in challenging behaviours impacting on physical health
- relationship with family
- self-confidence
- social skills
- communication skills
- mental health
- general wellbeing
- significant harm to person or those around them
- being admitted to an inpatient unit.

The risks of the person of contracting Covid-19. Are they in good health or do they have an underlying condition that increases their risk of contracting the virus?

Risks to family members. Are they in good health or do they have an underlying condition that increases their risk of contracting the virus?

Other things to consider

- Risk to other residents
- Risk to support staff
- Risk to the wider community
- Risk of reduced work force should staff need to isolate

For further information about planning and safely managing family visits you could encourage your relative's care provider to go to The Care Provider Alliance website:

<https://careprovideralliance.org.uk/coronavirus-visitors-protocol>

On the Care Provider Alliance website you will also find **Care England's statement on visitation to learning disability services**. This guidance acknowledges the need to maintain the good work done by providers in keeping people who use their services, staff and the wider community safe from Covid-19 but it also states that

"The starting point for decision-making must be safety, transparency and a human rights-based approach. Clearly, we cannot ease restrictions for the rest of society while keeping people with care and support needs locked down indefinitely. But, the move towards increased liberty of movement must be accompanied by ongoing person-centred risk assessments."

<https://careprovideralliance.org.uk/assets/pdfs/Care-England-statement-on-visitation-to-LD-services-Final.pdf>

Raising a concern

If you have concerns about how decisions about whether your loved one should have contact with you, a first action would be to approach the Registered Manager for a discussion about the risk assessment and the rationale behind the decision. You might be able to suggest a compromise that respects everyone's safety and wellbeing and jointly agree a way forward. If you feel your views are not being considered and an informal discussion does not resolve things you can use the template letter [here](#) which you can post or email to the Manager of the service and your relative's Social Worker.

If you are not satisfied with the response you receive you can contact the CBF Family Support Team on 0300 666 0126 or email support@theCBF.org.uk (attaching a copy of the response to the letter). For more information on how to keep in touch with a loved one living away from home, please see our [Keeping in Touch With Home](#) resource.

Case studies on risk assessment and positive risk taking

Craig is 21, has a Severe Learning Disability and Autism and lives in a single person service with a dedicated team of support staff. Craig has historically displayed behaviours described as challenging: self-injurious behaviour, physical aggression towards others, property destruction and self-stimulatory behaviours e.g. smearing of faeces. Craig is supported by a team of 14 staff, who also work in other care settings.

Prior to lockdown Craig was visiting his family home once a week (without staff staying). Family members would regularly visit Craig in his home, also taking him out into the community. Extended members of the family and family friends would also see Craig regularly in their own homes and in his. Craig doesn't understand why he cannot see any of his family and is unable to socially distance.

During lockdown Craig's self-injury and aggression has increased worryingly, resulting in injury to himself and others. He is clearly extremely distressed at not seeing his family. Staff have been giving Craig PRN medication – he had not been prescribed any Antipsychotic medications for some years, since spending 3 years in an Assessment & Treatment Unit.

Whilst Craig's care provider was initially reluctant to reinstate any face to face contact with family and was adhering strictly to the Government guidance at the time. It became obvious that Craig was becoming at increased risk of being readmitted to an inpatient setting, the impact of which, on Craig and his family, would be catastrophic.

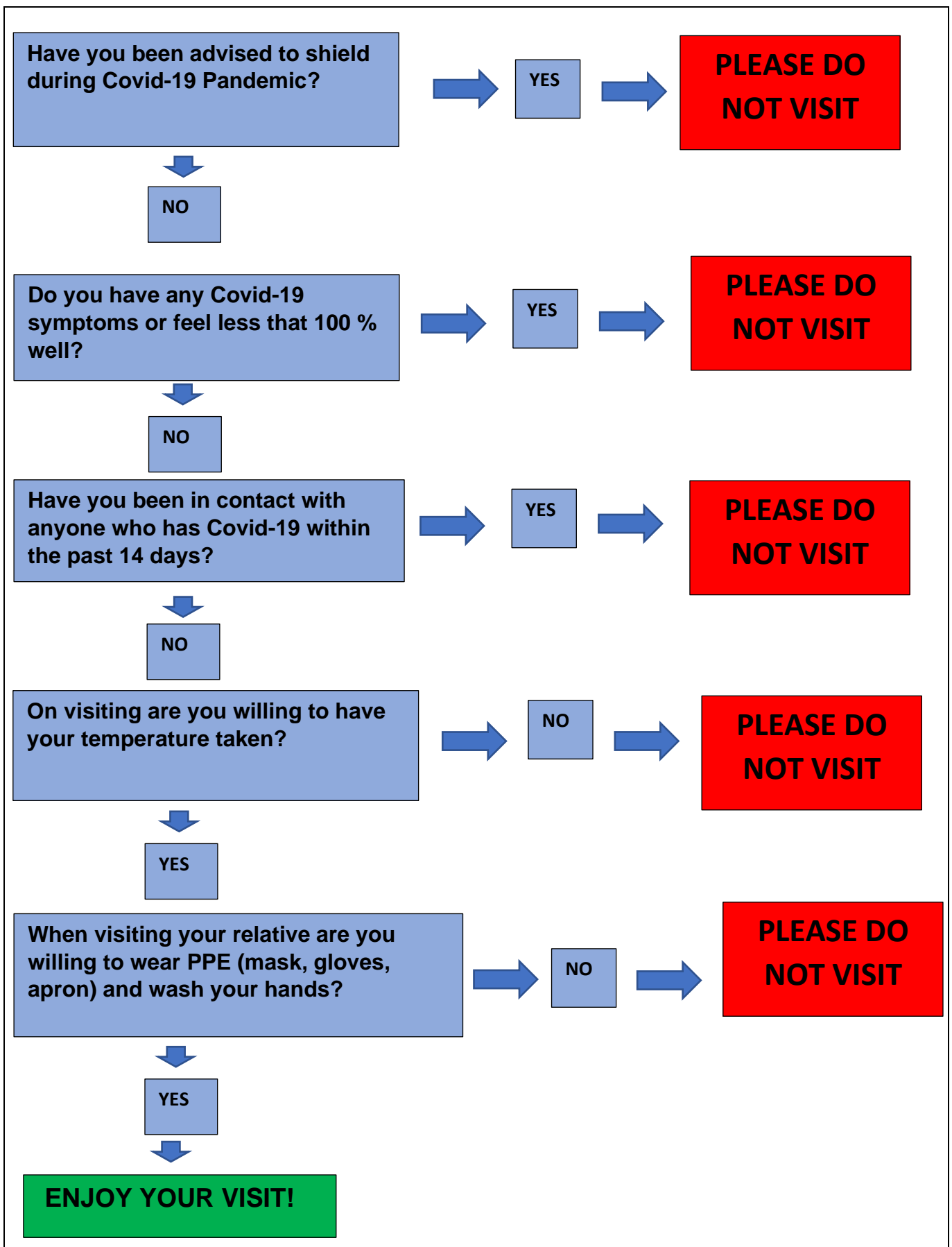
The family contacted CBF who suggested they request a best interest's meeting to discuss family contact. A Multi-Disciplinary Team of Health & Social Care professionals held a blue light Care & Treatment Review meeting, involving Craig's parents, holding a video conference to discuss whether having family contact was in Craig's best interests. All involved discussed the risks involved to Craig of not having contact with family vs the risks to Craig, his staff and family of contracting Covid-19. His parents explained that they should be considered an extended part of Craig's essential care team.

The provider took some time to reflect on this and were still reluctant, thinking that family contact would increase the risk of Covid to Craig, his staff team and their own families. Involvement from The Director of Infection Prevention and Control from the local CCG advised that the risk arising from family contact is of a similar magnitude to infection from Craig's staff team and no additional measures are needed in addition to what is expected from Craig's staff team on a day to day basis.

After much consideration it was decided that it was in Craig's best interests for visits to his family home to be reinstated. The behaviour specialist for the provider drew up a rationale to support family contact and a written agreement of the steps that would have to be taken to safely manage visits to the family home.

Agreement made between the provider and Craig's family when Craig visits the family home:

- Family to read the updated Coronavirus policy
- Family will adhere to the flowchart below before every visit (if the flowchart indicates the visit should not go ahead a review of the visit will take place)
- The company's vehicle travel and handover to family members plan will be adhered to
- Support staff will be on hand at the beginning of the visit to be able to respond if required
- Craig will wash his hands before he leaves the family home
- When Craig is picked up by staff they will clean his hands with sanitizer before he gets into the car
- When Craig returns to his home the interior of the vehicle will be sanitized
- Craig will be supported to change his clothes and staff will wash these immediately
- Family are to be alert to the recent increase in Craig's behaviours particularly aggression to others and self-injurious behaviours. This is to ensure that they take appropriate steps to manage the situation where necessary.
- Reports will be completed by staff after each visit and family visits and other contact will be reviewed regularly.



Examples from family carers about how visits with their relative are being managed safely

Dan is in residential care – a home with just two other people – and his family were told that, whilst they can still go and see him, they can't go into the home.

Care staff meet Dan's family at the door with Dan, and his family can then take him out for a drive. Initially they have agreed not to go into any public buildings such as cafes and pubs and to just drive around or go for a walk in a quiet open space. Dan is happy with this arrangement.

Ahmed's family have been allowed to see him in a park for a few months now. At first one family member waited in the car, as at the time only one person could meet and the care company wanted to make sure they were following Government guidelines. Ahmed was accompanied to the park by his carers as was permitted by the guidelines. This was important as his family needed them to be close by.

The provider safeguarded staff and residents by ensuring everyone who could wear PPE and Covid19 tests were available when necessary.

Ahmed's family said 'it was so nice to be able to see my son again although a lot of restrictions still, but I still get to see him. I thank the home for that'.

Dawn lives in a cottage with one other person. She is now visiting her family overnight. She has had a negative Covid19 test and this has reassured staff and family.

Dawn's family will go to the office then staff will bring her to meet them, so as not to risk her house mate or staff.

Amira lives in supported living on her own, with full support from a dedicated staff team. Her mum had not been able to see Amira for almost 6 months.

The provider and Amira's mum worked out an agreement for measures that had to be adhered to, in order to facilitate a visit safely, for example: Amira's mum had her temperature taken by staff on arrival and sanitised her hands before going in to see her daughter. They stayed in the sitting room and staff wiped surfaces down when Amira's mum left and sanitised Amira's hands and their own.

Amira's provider recently took her to visit her mum in the family home. The visit went really well and everyone followed the plan for visiting safely.

An example of how a provider facilitated family contact

Residential services: Our services support individuals with complex challenging behaviours. There is a minimum of 1:1 staffing, in some cases 2:1 per person, which means social distancing is not an option due to the needs of people we support. We have strict Covid19 protocol such as washing hands frequently, taking temperatures at every shift including the people we support, cleaning surfaces two-hourly. We have obtained PPE privately as we were unable to get adequate stocks initially from local authorities.

We have several people within our services that are unable to verbally speak to their families. This proved a difficult task especially as we could see the impact this was having on them, we were seeing a change in individual's behaviour as their world had been turned upside down – scheduled activities stopped, routines changed and there was no family contact. We discussed and agreed that it would be staff and outside people that would have put the individual at risk, so meeting with family (unless they were shielding) in an outside venue proved to be a possible option. We initially gave weekly emails to families at the beginning of the crisis on their relative's progress and in some cases we used Facetime so families could have contact with their relative. For some of the people who live in our services this has proved to be the wrong thing to do. Facetime caused an increase in anxiety as they didn't understand why they couldn't see their family face to face. Our next strategy was discussing with families what they wanted, as we thought that there were several options of how we could keep in contact.

- Sending photos. Lots of photos were taken of when out on walks (which we advocated as per government guidelines). Families could see that their family members were happy and well.
- Facetiming for those who could tolerate and understand this.
- We purchased a large trampoline and put it in a field owned by us. There were strict instructions and sanitizers to wipe clean after use. Photos were taken to share with families. This was important as so many of our clients regular activities had been stopped because of Covid19.

Some of our clients have now been on home leave. Home leave has been booked for others and overnight stays over the next week or so. We have also offered mutual places to meet whereby they can go on walks. All these visits are supported by staff apart from overnight stays. On return our organisation protocols were adhered to. Open dialogue remained with family members. We trusted that the families would not want to put their loved one at risk by mixing with other people during the stay.

Supported Living: This area has proved to be more difficult as one of our clients only has limited hours and their family were self-isolating. Their mental health was deteriorating through not seeing family, so whilst they had no contact we tried to replicate the art activity they would have attended outside their home, by bringing the activity and materials to them. Another person shared staff from the small residential home around the corner. They were included in the in-house barbeques and activities. This was to ensure that they felt less alone. This person has an elderly mother who was shielding but they were able to talk/ Facetime everyday. They visited and stood outside and chatted. More overnight stays are booked.

We understand how other providers maybe thinking, as CQC and local authorities contact us at least weekly highlighting updated guidance and the importance of keeping safe in these difficult times. Staff anxieties are exceptionally high as they are on the front line and whilst the NHS got real accreditation from the media in the early days, social care staff did not. Things are not so intense currently but the risks are still there. We have two people that we are having to shield due to health reasons, which again puts added pressure on what we do and how we do it. We have not had any suspected or confirmed cases of Covid19, should this happen our stance will have to reflect the needs of the people we support. Photos, Facetime/ calls and update emails may then have to be the contact until things are safe.

How to safely have face to face contact with your relative

We have developed the following template plans to help you think about the procedures you may need to follow to safely visit your relative. You can edit them to meet your relative's needs and individual circumstances. These plans can be sent with your request for contact, as a starting point for discussions around best interests and reducing the risks to your relative, their house mates and staff.

Protective measures to consider as part of the daily routine - to be included for each example of family contact:

- (Name) has his/her temperature taken by staff three times a day
- (Family members) take their temperatures twice a day
- (Family members) have been self-isolating for due to other health conditions unrelated to Covid-19
- Food, essentials and post are wiped down with antibacterial spray after they have been delivered and plastic bags used to deliver food, disposed of immediately after unpacking (family and provider)
- Staff will follow (name of care provider's) Coronavirus Policy for the use of Personal Protective Equipment and other safety measures
- If either (name), or (family members) or any support staff show signs of becoming unwell (particularly if he/she develops a high temperature or cough suggesting Covid-19) he/she will not go out with family and staff will ensure that he/she self-isolates and Government guidance is followed. This can be reviewed after he recovers and is clear of signs and symptoms
- If (name) starts (behaviour e.g. head banging) this is a sign that he/she may be unwell and should be investigated as such.

Family receiving their relative to the family home:

- Staff to wipe the car down with antibacterial spray/wipes before they get in it
- Staff to wash (name's) hands before s/he gets in the car to go to visit family
- Prior to (name) coming home (family members) will wipe down all taps and surfaces that they know (name) will touch
- (Family members) will wipe down the door handle outside and inside (and bell or door knocker?)
- A time for the visit will be pre-arranged so (family members) can look out for (name's) arriving at the family home
- (Family members) will wash their hands prior to (name's) arrival
- When (name) arrives home again, staff will stand two metres away from the door until (name) is inside
- (Family member) will wash (name's) hands as soon as s/he comes in
- Before (name) leaves to go back home (family member) will wash their hands and use sanitizing gel
- When (name) returns home staff will wash her/his hands upon her/his return
- Staff will wipe the car down with antibacterial spray/wipes
- (Name) will be supported to change his clothes
- Staff will wash (name's) clothes straight away

Family carers visiting their relative in supported living:

- A time for the visit will be pre-arranged so staff can look out for (family member) arriving
- Before the visit, staff and family will discuss which room in the house they will meet in to minimise the risk
- When the weather is good if possible meet in the garden (chairs/tables can be wiped down before the family come and after they have gone)
- Staff will clean any surfaces the family are likely to touch prior to their arrival
- Staff will support (name) to wash their hands before the visit
- (Family members) will use sanitizer gel upon their arrival
- Staff will look out for (family members) and will open the door to let them in
- Staff will stand two metres away from the door to minimise contact
- When the visit ends staff will open the door for (family member) to leave and stand two metres apart
- (Family member) will use hand sanitizer
- Staff will support (name) to wash his hands
- Staff will wipe down hard surfaces that (family member) or (name) may have touched during the visit
- (name) will be supported to change her/his clothes
- Staff will wash (name's) clothes straight away
- Staff will wash and sanitize their own hands

Family carers taking their relative out:

- A time for the meeting up will be pre-arranged and a quiet location chosen
- (Family carer) will wash and sanitize their hands before leaving their home
- (Family carer) will decide if they need to use further protective equipment e.g. gloves/mask in line with their relative's needs and how they will tolerate use of unfamiliar equipment
- If (family members) are picking their relative up they will wipe the car down with antibacterial spray/wipes
- Staff to ensure (name's) hands and their own are washed before s/he goes
- When (name) arrives staff will support (name) out of the door, maintaining an appropriate distance from the family depending on their relative's needs
- (Family member) will take (name) out in the car or for a walk
- If possible (family member) will use antibacterial gel on their relative's and their own hands
- When they return back home staff will come out to meet (name)
- When (name) returns home staff will wash her/his hands
- (Family member) will wipe their car down with antibacterial spray/wipes
- Staff will support (name) to change her/his clothes (using gloves/PPE if possible and appropriate)
- Staff will wash (name's) clothes straight away

****All Government guidance was correct at the time this document was produced: 26/08/20**