



**Time  
Together**

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**Family Time experiences of  
care-experienced children and  
young people during the Covid-19  
pandemic: a rapid scoping review**

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# Executive Summary

## Purpose

The Covid-19 pandemic has proved particularly detrimental to the wellbeing and relationships of vulnerable children and young people, and particularly to care-experienced children and young people. Therefore, this review aims to inform questions to be asked in co-produced research with care-experienced children and young people whose Family Time (“supervised contact”) was disrupted by the pandemic.

## Methodology

A rapid scoping review exploring how Covid-19 restrictions have impacted Family Time between care-experienced children, young people, and birth parents.

## Findings

During the March-June 2020 initial lockdown, most face-to-face Family Time was replaced by online methods. For some, the flexibility of this worked well. For babies, young children and children and young people with disabilities, however, online Family Time proved problematic. Whereas social workers and birth parents initially agreed that online encounters should not be used to assess parenting capacity or to pursue legal proceedings, many Local Authorities have since begun to explore ways of doing this. Whilst self-advocacy organisations representing care-experienced young people have disseminated prolifically, little social care research currently available has sought participation from children or young people.

## Originality

This is the first literature review to explore the perspectives of care-experienced children, young people, and families on how the Covid-19 pandemic has affected Family Time.

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## Background

Family Time (“supervised contact”) for care-experienced children and young people (those living apart from their birth parents in foster care, adoptive families, or special guardianship arrangements) is designed to improve the quality of interactions and engagement between birth family and children by supporting all participants in a non-judgemental and compassionate way (Baginsky et al., 2017; Iyer et al., 2020b). It supports both children and young people and their birth families in managing their feelings of grief and loss when separated from one another (Baginsky et al., 2017; Singer and Brodzinsky, 2020), and plays an important role in maintaining, and potentially improving, relationships between families and children (Boyle, 2017; Singer and Brodzinsky, 2020). Building on attachment theory (Boyle, 2017), Family Time supports family members to become more reflective about their parenting and caring roles, understand the importance of consistency, and develop strategies to respond appropriately to the child’s behaviour.

Under both the Children Act (UK, 1989) and broader human rights legislation (UN, 1989; UK, 1998), children have the right to family life, and therefore children living in foster care or with special guardians have the right to spend time with their birth families, provided that this is not deemed contrary to the child’s ‘best interests’, and provided that any safeguarding risks can be sufficiently managed (Baginsky et al., 2017; Simpson and Clapton, 2020). Studies have concurred that care-experienced children and young people want and value Family Time in most circumstances (Iyer et al., 2020b), but also that the views of children and young people regarding the specific nature of their Family Time are not being sought or heard as much as theory, legislation, or professional practice implies (Winter, 2011; Diaz et al., 2018). A recent review by Iyer et al (2020b) found that the extent to which children and young people’s voices and views and needs are listened to and heard during the Family Time process is frequently the main factor which determines the extent to which Family Time is of wellbeing benefit.

In March 2020, at the outset of the first UK lockdown, the UK government ruled that children living apart from one or both parents should be enabled to spend time with non-resident parents, even when this would otherwise contravene the ‘social distancing’ regulations on mixing between households (gov.uk, 2020b). Several legal experts advised that, by analogy, care-experienced children and young people should still therefore be entitled to face-to-face Family Time (Baginsky and Manthorpe, 2020b; Baginsky and Manthorpe, 2020a), and advocacy groups such as the Family Rights Group (2020a) informed birth families of this entitlement. However, despite lobbying by care-experienced young people themselves (Become, 2020a), the subsequent Adoption and Children (Coronavirus) (Amendment) Regulations (UK, 2020) did not clarify whether or not this should be the case, and care-experienced children, their foster carers and birth families often experienced inconsistencies and confusion (McCormack, 2020). Even specific government guidelines on children’s social care (DfE, 2020) engaged only briefly with Family Time, stating simply that judgments should be made on a case-by-case basis. In September 2020, a further government briefing asserted that the Covid-19 pandemic should not provide a legally sufficient justification to prevent face-to-face Family Time (Foster and Loft, 2020). Since then, a number of Local Authorities (ECC, 2020; MKC, 2020; STC, 2020) and the North West Association for Directors of Children’s Services (NWADCS, 2020) have published guidelines and protocols for staff, carers, and birth families for how different forms of ‘Covid-secure’ Family Time should take place.

With regard both to informal co-parenting agreements and court-ordered residency and contact arrangements made within family law proceedings, it appears that children and young people have largely been enabled to spend the face-to-face time with parents that they did prior to Covid-19. For care-experienced children and young people, by contrast, most face-to-face Family Time ceased and has been replaced by video conferencing and telephone calls, sometimes augmented by text messaging and social media (Baginsky and Manthorpe, 2020b; Neil et al.,

2020). Whereas most of these technologies were already being introduced within some Family Time contexts, their status and appropriateness had been contentious, and their use had never been mainstream practice (Alford *et al.*, 2019; Simpson and Clapton, 2020).

Therefore, this rapid scoping review (Arksey and O'Malley, 2005; WHO, 2017) seeks to establish what is and is not currently known about care-experienced children and young people's experience of Covid-19 related disruption to Family Time. In so doing, it aims to inform the questions to be asked in co-produced research exploring this challenge with and amongst a group of care experience children and young people whose own Family Time was disrupted by the Covid-19 pandemic. This Time Together study, carried out by Blue Cabin CiC in partnership with South Tyneside Council and funded by the Department for Education, is taking place during the early months of 2021.

# Methodology

This review adheres to the methodology of both the scoping review (Arksey and O'Malley, 2005) and the rapid review (WHO, 2017). Within social care, scoping reviews are widely accepted as the most effective way to synthesise research evidence with theory, policy materials, audit data, and statutory guidance (Moriarty and Manthorpe, 2016). Within rapidly developing situations such as the Covid-19 pandemic (Iyer et al., 2020a; Jones et al., 2020; Verma and Verma, 2020), rapid reviews typically respond to the imperative for urgent response by including material which might not necessarily meet the quality criteria for other forms of literature review: for example, journal pre-prints, unvalidated statistics, polemical material from news media and social networking platforms, and previously-undertaken literature reviews (WHO, 2017).

Rapid review methods (Fouche et al., 2020) and scoping reviews (Merrill et al., 2020) have been used by children's social care researchers throughout the Covid-19 pandemic to understand its emerging effects

and to inform directions to for further research. Unlike a systematic review or a narrative literature review, this rapid scoping review is not able to inform child social care policy or practice, and offers no recommendations as to how Family Time for care-experienced children and young people should be undertaken. Instead, scoping and rapid reviews share the aim of providing the broadest possible overview of what is and is not known on a particular topic, what broader knowledge might inform any gaps in this knowledge, and thereby where future research should focus.

In sourcing their literature, both scoping and rapid reviews draw not only from database searches but also from the recommendations or suggestions made by experts in the field, whether this expertise comes from professional practice or from the lived experience of being a service user (Jones et al., 2020). Figure 1 outlines the search protocol of this review:

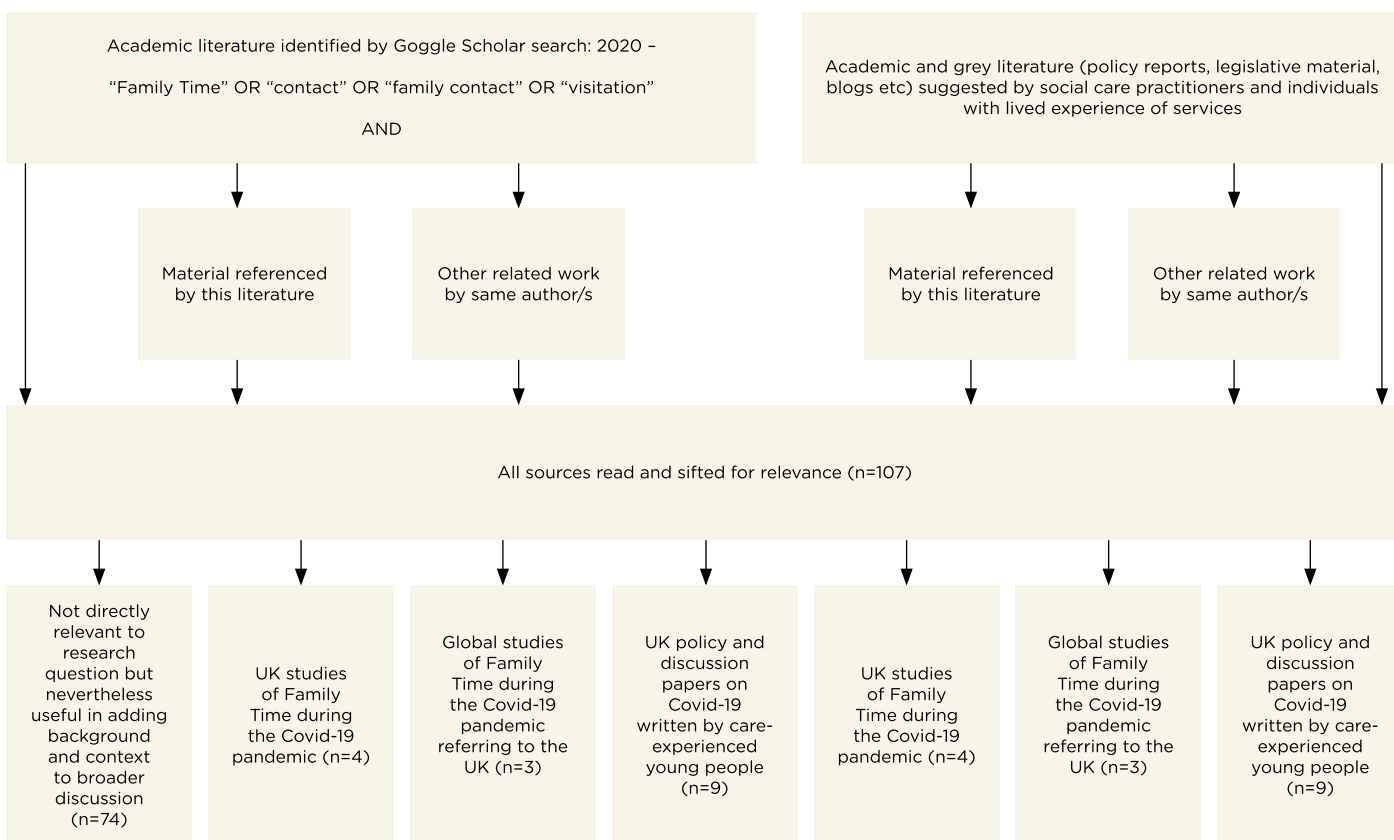


Figure 1: Literature Search

## Findings

### The vulnerability of children and young people to the Covid-19 pandemic

Children and young people have largely been less medically affected than adults by the Covid-19 virus, experiencing lower rates both of serious illness and death. Nevertheless, they have been subjected to most of the same lockdown regulations as adults, and have thereby seen their personal freedom, educational and leisure opportunities, and social development curtailed more restrictively than adults (Gabriel et al., 2020; Iqbal and Tayyab, 2021). The cessation of educational and health services has meant that many children and young people have been denied the support they need for their development and wellbeing (Crawley et al., 2020; Iqbal and Tayyab, 2021), with and of rates childhood ill-health and particularly mental ill-health have risen rapidly (Crawley et al., 2020; Herrenkohl et al., 2020; Singh et al., 2020; TCS, 2020). Across the world, the economic impact of the pandemic and lockdown has led to rising levels of poverty, and particularly child poverty (UNICEF, 2020a). Economic uncertainty, stress, and poverty have led to rising levels of family violence and child abuse and neglect (UNICEF, 2020b). In referring to the impact of lockdowns upon children, UNICEF (2020a: 1) has described “mitigation measures that may inadvertently do more harm than good”, and in the UK Crawley et al (2020: 1) have described children as the “wider collateral damage... of the social distancing measures designed to reduce the impact of Covid-19 in adults”.

### The particular vulnerability of care-experienced children and young people to the Covid-19 pandemic

Irrespective of wider socioeconomic conditions, care-experienced children and young people have long been recognised as all one of the socially most disadvantaged groups in UK society (CELCIS, 2020; gov.uk, 2020a; WC?S, 2020a), and particularly so with regards to mental and physical health (Richardson and Lelliott, 2003; Fry et al., 2017) and education (Sebba et

al., 2015). Across all surveys and reports produced by care-experienced young people themselves, poverty, and health issues, which Covid-19 would deepen their poverty, were the most common concerns (Barnes et al., 2020a; Barnes et al., 2020b; CELCIS, 2020; WC?S, 2020b; WC?S, 2020c). Care-experienced children and young people have also been particularly impacted that poverty and mental health issues have been a particular concern (WC?S, 2020b; WC?S, 2020c). As family relationships remained important to all, concerns about the impact of Covid-19 upon Family Time had often been subsumed by more immediate and existential worries.

### The increased pressures upon social care services

Across the world, increased levels of child poverty, violence, abuse, and neglect within the general population, together with the specifically exacerbated vulnerability of care-experienced children and young people, has led to increasing demand for child welfare support and intervention (Baginsky and Manthorpe, 2020a; Lawson et al., 2020; Vallejo-Slocker et al., 2020; Verma and Verma, 2020). Research has sought to consider how increased numbers of children and young people needing care outside the family might safely be accommodated (Jones et al., 2020; Vallejo-Slocker et al., 2020), though services in lower-resource settings have sometimes responded by sending children perceived as least at risk of harm back to their families of origin (Grupper and Shuman, 2020; Wilke et al., 2020). Research is considering how social care workers themselves might manage the infection risks and emotional demands of their abrupt switch to socially-distanced and digital forms of working, as well as how to facilitate and support the continuation of services that usually take place face-to-face, such as Family Time. (Baginsky and Manthorpe, 2020b; Baginsky and Manthorpe, 2020a).

## The cessation of face-to-face Family Time

In the UK, as across most of Europe and the Global North (Grupper and Shuman, 2020; Jones et al., 2020), most care-experienced children and young people had their face-to-face Family Time stopped as most contact centres closed at the start of the March 2020 lockdown (Baginsky and Manthorpe, 2020b; Baginsky and Manthorpe, 2020a; Neil et al., 2020). Some UK social workers enabled case-by-case exceptions in specific circumstance: allowing 'socially-distanced' outdoor Family Time when, for example, a young child had only recently entered foster care, when an older child was at risk of absconding to see birth parents, or when a child was in particular distress (Baginsky and Manthorpe, 2020b; Baginsky and Manthorpe, 2020a; Neil et al., 2020). Nevertheless, most care-experienced children and young people in the UK had no face-to-face Family Time from the beginning of the March 2020 lockdown until the easing of restrictions in June of that year.

## Moving Family Time online

### The global context

Within many countries, online means of communication between children in residential and foster care and their birth parents was being trialled and introduced prior to Covid-19 (Alford et al., 2019; Simpson and Clapton, 2020; Singer and Brodzinsky, 2020). As lockdowns began across the world, however, Family Time for children in residential care was moved online in countries as diverse as France, Israel, Kenya, Serbia, South Africa and the UK, typically using the Skype, Zoom and WhatsApp platforms (Grupper and Shuman, 2020). Across the lowest-resourced settings of the Global South, Wilke et al (2020) found that lockdowns had sometimes led to increased telephone contact. Whereas a number of studies have found that families and professionals find video calls more helpful in maintaining Family Time relationships than telephone calls (Iyer et al., 2020a; Singer and Brodzinsky, 2020), none have yet explored Wilke et al's (2020) suggestion that, for vulnerable and impoverished families, telephone calls may be more accessible.

No research has specifically investigated the socioeconomic impact of the Covid-19 pandemic on birth families or foster families. Given, however, the consistency of the evidence that the pandemic and lockdowns have caused such widespread poverty amongst vulnerable groups worldwide (Herrenkohl et al., 2020; UNICEF, 2020a), it seems reasonable to assume that birth families and foster families may also need financial support to manage online Family Time.

### The UK context

As two reviews by Iyer et al (Iyer et al., 2020a; Iyer et al., 2020b) and previous studies (Alford et al., 2019) highlight, virtual and digital forms of communication between care-experienced children and young people in the UK with their birth parents and families was already a recognised practice – albeit an often contentious one – prior to Covid-19. However, online Family Time has become mainstream practice only during the Covid-19 pandemic (Alford et al., 2019; Neil et al., 2020).

To date, two studies have researched the transition to online Family Time in the UK. Baginsky and Manthorpe (2020b; 2020a) surveyed the pandemic experiences of representatives of 15 English Local Authorities, a number of social workers commenting in a personal capacity, and the service leads of voluntary sector care providers and independent advocacy groups to explore how the Covid-19 pandemic had affected children's social care practice. Online Family Time forms a specific section within their National Institute of Health Research (NIHR) Policy Research in Health and Social Care workforce report (Baginsky and Manthorpe, 2020b), and is briefly mentioned within their academic paper published from this report (2020a). In their report for the Nuffield Family Justice Observatory, Neil et al (2020) sought specifically to understand how care-experienced children and young people and their birth families were keeping in touch with one another during the Covid-19 lockdown (see Figure 1). The move to online Family Time is the main consideration discussed. In seeking to understand the experiences of children, young people, and families as well as those of social care practitioners Neil et al (2020) relied, like the Spanish study of Vallejo-Slocker et al (2020), upon how adult carers reported and described children and young people's

experiences. Neil et al (2020) acknowledge this as a methodological limitation. Little research, either in the UK or elsewhere, has studied care-experienced children and young people's experience of online Family Time.

### **The advantages of online interactions for children and young people**

Neil et al (2020) found that most children appeared content with online Family Time, and that those mature enough to understand the consequences of the Covid-19 pandemic seemingly accepted it as an adequate way to maintain their relationships with birth family. Some children appeared more comfortable with online than face-to-face Family Time, especially when face-to-face interactions with birth parents had previously been tense or threatening (Neil et al., 2020), and especially when long journeys to contact centres had previously created stressful or tiring routines (Baginsky and Manthorpe, 2020b). Younger children often found the move to shorter and more frequent sessions – necessitated by short attention spans and the need not to travel to contact centres – made Family Time feel more natural and relaxed (Neil et al., 2020). However, children had more mixed feelings about online Family Time being situated in their foster homes, especially where safeguarding concerns meant that webcams could not show any identifying features of their location: some children welcomed the immediacy and familiarity of Family Time from foster homes; others found the intimacy and intrusiveness distressing (Neil et al., 2020). Many foster carers, too, felt uncomfortable with online Family Time taking place in their homes (Baginsky and Manthorpe, 2020a). Writing from his perspective as a both a former care-experienced child and a current foster carer, McCormack (2020) emphasises the need for social workers to provide foster carers with the autonomy to enable them to make decisions on what forms of online Family Time might or might not be appropriate for the specific children they are caring for, and to impose their own parameters and boundaries with birth families accordingly.

Younger children generally found online Family Time the most challenging. However, Neil et al (2020) detail some of the ways that foster carers and birth parents found to make video calls more engaging.

Reading stories, playing games, singing, and shared colouring and other craft activities proved particularly effective.

Older children and young people often valued being afforded more independence, flexibility, and control over the Family Time process, for example through the opportunity that video calls provided them to choose whether and when to message or to call; they could also end difficult sessions more easily (Neil et al., 2020). Those already familiar with interacting with peers on social media, found that online platforms enabled them to communicate more openly with both birth parents and social workers (Neil et al., 2020).

From the studies reviewed, professionals and carers describe care-experienced children and young people as largely positive about the experience of online Family Time. Like Neil et al (2020), however, Baginsky and Manthorpe (Baginsky and Manthorpe, 2020b; Baginsky and Manthorpe, 2020a) did not seek the experiences, views or feelings of children and young people themselves. It is therefore unclear whether this favourable appraisal was accurate.

### **The limitations of online interactions for children and young people**

Baginsky and Manthorpe (2020b; 2020a) identify two groups for whom social care practitioners considered online Family Time potentially unworkable: children and young people with disabilities; and babies, toddlers, and very young children. Children and young people with disabilities may not communicate verbally, may not be able to understand the transition from seeing their parents face-to-face to on a screen, may not understand the changes caused by the Covid-19 pandemic, and may be experiencing extreme levels of distress. Some social workers reported that these children were allowed face-to-face Family Time outside and/or with professionals, carers, and parents in PPE (Baginsky and Manthorpe, 2020b; Neil et al., 2020). However, it is unclear how frequent or how widespread such Family Time was, and unclear how the children and young people themselves felt about it.

Babies are known to attach to the smell and sensation as well as to the voices of their parents. Babies and young toddlers communicate largely through touch



(Neil et al., 2020). Online Family Time cannot facilitate smell or touch, and therefore cannot mitigate the disruption to the parent-child relationship. Both birth parents and foster carers described online Family Time with babies, toddlers, and young children as largely unsatisfactory: it was unhelpful in maintaining the parent-child attachment, bonding, or relationship, and useful only in facilitating communication between birth parents and foster carers (Neil et al., 2020). Some foster carers sought to augment unproductive online Family Time with babies and toddlers by using text messages, messaging apps and social media to send birth parents photographs and video clips of their children (Neil et al., 2020). In their pre-Covid review of Family Time, Iyer et al (Iyer et al., 2020b) established that good communication between birth parents, foster carers and professionals is an important factor in making Family Time a meaningful experience for children. However, given that their pre-Covid face-to-face Family Time had usually been facilitated by contact centre staff, many foster parents and birth parents surveyed by Neil et al (2020) did not feel comfortable communicating directly with one another. Social care practitioners, foster carers, and birth parents alike concurred that, notwithstanding the risks posed by the Covid-19 pandemic, online Family Time was not to satisfactory replacement for face-to-face Family Time for babies, toddlers, young children (Baginsky and Manthorpe, 2020b; Baginsky and Manthorpe, 2020a; Neil et al., 2020). In so doing, they concurred with the earlier studies reviewed by Iyer et al (Iyer et al., 2020a), which found that online Family Time was only effective in maintaining family relationships in children of around school age or above. However, none of the studies reviewed described specific age brackets nor offered prescriptive recommendations regarding what forms or platforms of Family Time they considered appropriate for any given age group.

Beyond the disrupted attachment and relationship caused by the cessation of face-to-face Family Time and the distress this causes to babies, toddlers, young children, and birth parents, the lack of two-way communication which results from online Family Time makes it difficult for birth parents to evidence or to develop their parenting capacities (Baginsky and Manthorpe, 2020b; Baginsky and Manthorpe, 2020a; Neil et al., 2020). This means that birth parents were

concerned that online Family Time used in parenting assessments would result in unduly harsh appraisals of their parenting, potentially with the result that babies would never be returned to them (Neil et al., 2020). Social workers also worried about using online Family Time to inform parenting assessments (Neil et al., 2020), and UK family court proceedings have validated these concerns by ruling that face-to-face Family Time must take place to ensure a thorough and fair judgment is made (Baginsky and Manthorpe, 2020a).

Singer and Brodzinsky (2020) offer a critical appraisal of Neil et al's (2020) report which aims to consider its findings to inform the role of online Family Time in facilitating the reunification of children in the US public care systems with their birth parents. Whilst Singer and Brodzinsky (2020) acknowledge that online forms of Family Time may be the only safe way for families to maintain contact during Covid-19, they nevertheless regard online Family Time as generally uncondusive to family reconciliation for children and young people of all ages. Whereas they recognise the value of online Family Time in maintaining and strengthening established parent-child relationships, they recommend that social workers should not rely upon online Family Time to assess parenting or to make decisions about the child's future. This recommendation broadly accords with that of pre-Covid studies, which conclude that, however successful online Family Time might be, it should not fully replace face-to-face Family Time (Iyer et al., 2020a).

However, Baginsky et al's (2020) study of child protection proceedings during the pandemic somewhat challenges any perceived limits to what virtual Family Time and decision-making might achieve. Their survey found that social care practitioners held a range of views regarding the appropriateness of online child protection conferences, with most not wholly opposed to them. Many social workers reported having discovered that online technologies could facilitate the participation of family members who might not otherwise engage with face-to-face meetings, and that this could be of benefit to the overall process. Similarly, both the Association for Directors of Children's Services (ADCS, 2020) and the Family Rights Group FRG

(2020b) have produced recommendations and guidelines for how virtual decision-making activities should be conducted.

### **Technological considerations**

Most foster carers had never facilitated online Family Time before, and many foster carers and social care practitioners had never previously used many of the online platforms required. Most learned very quickly, often with the help of the children and young people they were caring for (*Baginsky and Manthorpe, 2020b; Neil et al., 2020*). However, all remained aware of, and concerned by, the safeguarding challenges of online interactions. For example, some foster carers accidentally revealed their mobile numbers to birth families, and some birth parents invited to video calls relatives with whom their children were meant to have no contact. Whereas local authorities provided some level of guidance and support, some foster carers felt this was insufficient, especially in situations where they themselves, rather than contact centre staff or social workers, were tasked with supervising online Family Time (*Neil et al., 2020*).

In surveying the experiences of foster carers and birth parents, Neil et al (2020) used online questionnaires disseminated by email and social media. All of their participants were therefore by definition literate, technologically able, in possession of a device with which to connect to the internet, and able to afford the necessary data charges. Neil et al (2020) found that social workers provided devices and financial assistance to some foster carers and birth parents, though on a case-by-case basis only. It is unclear how comprehensive this support was, and some may nevertheless have struggled to get online. Given the known economic hardship caused by the Covid-19 pandemic (*UNICEF 2020a; Verma and Verma 2020; Wilke et al. 2020*), and given the levels of extreme poverty identified amongst care leavers in other countries (*Greenson et al. 2020; MacDonald et al. 2020*), it is reasonable to suspect that there will have been vulnerable birth parents and perhaps also vulnerable foster carers, for whom online Family Time was not accessible. Their experiences will not have been captured within the studies reviewed.

## Discussion

### The strengths and limitations of this review

Rapid reviews are designed for use in unpredictable and rapidly-developing contexts (WHO, 2017). Nevertheless, all of the main studies available to this review were published during the spring or summer of 2020. At the time of this review, undertaken during the 'winter peak' of December 2020 - January 2021, the immediate future of face-to-face Family Time within some Local Authorities remains unclear.

Within the studies reviewed, the Covid-19 pandemic and its social distancing restrictions largely determined the research methods used, and meant that online questionnaire surveys predominated. Academic discussions surrounding advantages and limitations of survey methods and of the use of the internet in survey research (Fricker and Schonlau, 2002) are well documented. However, this review's findings of the extreme poverty that the Covid-19 pandemic has caused to many vulnerable people, together with emerging research into how the pandemic has affected the so-called 'digital divide' of those without access to the internet, suggest that these studies, and therefore this review, will not have captured the experiences of the most vulnerable people involved with children's social care services. This discussion concludes by considering how future research might seek their participation and their voices.

Furthermore, as Neil et al (2020) themselves acknowledge as a significant limitation, none of the surveys on Family Time sought to include the experiences, feelings or views of children and young people themselves. Whereas material produced by birth families raises concerns around Family Time (FRG, 2020c; FRG, 2020a), material produced by care-experienced young people raises more proximal concerns about hunger and mental ill-health. This review will conclude by considering the many ways in which this is problematic, and how future research might engage children and young people as participants.

### How has Covid-19 affected online UK Family Time?

This review found that, for children of approximately school age and older without disabilities, the move to online Family Time necessitated by the Covid-19 pandemic and lockdowns generally worked effectively (Baginsky and Manthorpe, 2020b; Baginsky and Manthorpe, 2020a; Neil et al., 2020). However, online Family Time did not work well for babies, toddlers, and younger children for whom relatedness requires touch, nor for children and young people whose disabilities may also cause them to communicate non-verbally (Baginsky and Manthorpe, 2020b; Baginsky and Manthorpe, 2020a; Neil et al., 2020). Online Family Time often operated less smoothly in settings of particular safeguarding risk (Neil et al., 2020). Most studies concurred that online Family Time should not be used to assess parenting capacities for the purpose of legal proceedings (Baginsky and Manthorpe, 2020b; Baginsky and Manthorpe, 2020a; Neil et al., 2020; Singer and Brodzinsky, 2020).

At the time of this review, it remains unclear whether, when, or how it might next be safe to guarantee face-to-face Family Time for babies, toddlers, and younger children, or for children and young people with disabilities. Given that social work practice regards it as contrary to a child's 'best interests' to keep children in temporary placements for long periods, some parenting assessments may need to be undertaken during online Family Time. Further research might explore how these might better operate.

### How has Covid-19 affected face-to-face UK Family Time?

This review found that, in all but exceptional circumstances, Family Time ceased during the early months of the Covid-19 pandemic and lockdown (Baginsky and Manthorpe, 2020b; Baginsky and Manthorpe, 2020a; Grupper and Shuman, 2020; Neil et al., 2020). When and how it has since been reintroduced has not yet been researched, and

remains less clear. Further studies are needed to explore this.

This review found that older children and young people already confident in digital communication methods could continue to relate well – and in some cases better than face-to-face – to birth parents via online Family Time (Neil et al., 2020). This is a finding which disrupts the emerging consensus on how the Covid-19 pandemic has disrupted human communication and relationships. Research exploring the impact of both online and face-to-face social distancing asserts that physical proximity and touch are important to the development of all meaningful interpersonal interaction and relationships, because the infection risks inherent within Covid-19 restrictions undermine the most basic human concepts of embodiment and trust (Dolezal, 2020). This research would predict that care-experienced children and young people of all ages and all verbal and technological abilities will ultimately require ongoing face-to-face Family Time unhindered by the need to remain physically separate during sessions. However, most of the research identifying the challenges of social distancing has been undertaken amongst adults who did not communicate and socialise online as children (Yoeli, 2021). As the pandemic continues, further research might explore how important specifically face-to-face forms of Family Time prove to be.

In light of the legislative and policy uncertainty at the time of this review, the status and nature of face-to-face Family Time remains unclear. Given policy emphases on re-introducing face-to-face Family Time (Foster and Loft, 2020), and given the protocols and guidance increasingly disseminated by Local Authorities (ECC, 2020; MKC, 2020; NWADCS, 2020; STC, 2020), it appears likely that some level of face-to-face Family Time should nevertheless continue, despite ongoing restrictions. Therefore, further research might explore how care-experienced children and young people of all ages, abilities and maturity levels understand, experience, and respond to social distancing during face-to-face Family Time, as well as to its online alternatives.

## Might Covid-19 have improved Family Time?

Even prior to Covid-19, children and young people had not always found Family Time easy or beneficial, and few social care professionals had ever regarded Family Time as straightforwardly well-functioning or unproblematic (Boddy, 2019; Iyer et al., 2020b). Given the extent to which most care-experienced children and young people adapted largely positively to the move to online Family Time, several studies have begun to question whether the Covid-19 disruption of Family Time should be regarded not only as a crisis but an opportunity to innovate and to reform face-to-face and online Family Time structures, systems, and practice (Iyer et al., 2020a; Neil et al., 2020; Wilke et al., 2020).

The lived experience of facilitating Family Time as a foster carer during the pandemic suggests that the pandemic has required social services and families “to explore methods of staying connected that may previously have been unexplored” (McCormack 2020). For example, McCormack (2020) states that a “positive result of Covid-19, has been that a technical dinosaur like me has learned to set up and operate Zoom, Skype and Microsoft Teams!” (McCormack 2020). He adds that for his foster children, learning to do things differently and creatively has meant a more child-centred approach to Family Time.

Neil et al (2020) describe the rapid – and largely successful – expansion of online Family Time during the Covid-19 pandemic as a paradigm shift in how social workers assess, manage, and tolerate the risks associated with digital environments. Because of the precedents established, social workers and family courts will now be unable to stipulate that online Family Time is inherently inappropriate, unsuitable, or unsafe. Children, young people, and birth parents who ask for online Family Time will be more likely to have this permitted. As Iyer et al (Iyer et al., 2020a) highlight, this will raise a number of challenges in terms of managing the expectations, boundaries, and support needs of all concerned, and further research into the implications of this is needed.

With the safety of online Family Time broadly established, Iyer et al (Iyer et al., 2020a) recommend

that social workers shift their focus from the risks to the rights of children and young people. Children and young people have the right to be protected from harm, but also have the right to family life (UK, 1989; UN, 1989; UK, 1998; UNICEF, 2020a). Particularly in its more informal, flexible, and child-led forms, online Family Time should be regarded as a way of facilitating children and young people's right to relationships with their birth parents.

## **Who might be marginalised by the ongoing use of online Family Time?**

As this review has acknowledged throughout, the studies included were methodologically unable to capture the experiences within birth families or foster homes where a lack of internet access precluded online Family Time from taking place. Both globally and in the UK, the Covid-19 pandemic has caused extreme levels of poverty and food scarcity, particularly to those already economically or socially vulnerable (Crawley *et al.*, 2020; UNICEF, 2020a). Emerging research indicates that this poverty has widened the so-called 'digital divide' of those without access to the internet (CELCIS, 2020; ONS, 2020; Ramsetty and Adams, 2020), because the most vulnerable people cannot afford digital devices or the data charges necessary for their consistent use. In some areas of the UK, care-experienced children and young people have been provided with tablets and laptops under a scheme designed to help vulnerable children to manage online school work (gov.uk, 2021). However, this scheme did not always ensure that recipients could adequately access the internet, and its impact upon Family Time has yet to be evaluated. Reports from advocacy groups for birth families (FRG, 2020c) and reports produced by older care-experienced young people (WC?S, 2020a) express concern that many care-experienced children, young people, and families are so marginalised and excluded that many will not be identified by such support mechanisms, and will therefore remain without internet access.

In the UK, mothers with children in care come disproportionately from the most disadvantaged socioeconomic groups, and the experience of having a child removed frequently leads to further

poverty and adversity (Broadhurst and Mason, 2020). Especially during the ongoing Covid-19 pandemic, it is particularly likely that many vulnerable birth parents may lack the digital devices needed for online Family Time, and may not consistently be able to afford the data required. During Covid-19 lockdowns, women from all sections of society have experienced increased levels of domestic abuse, which often involves partners and family limiting their access to communication devices (UNICEF, 2020b). Therefore, as online Family Time continues, social care services may need to assist the most economically and socially vulnerable birth parents to access and to operate the technology required. Because the online survey used by most studies precluded the research participation of digitally-excluded birth parents, future studies should seek their involvement and their experiences.

## Conclusion

As much of the literature within this review acknowledges, all Family Time research to date has been based upon how adults – most typically social workers and foster carers, and sometimes also birth parents – perceive the experiences, views, and feelings of care-experienced children and young people (see Figure 1). To date, none has yet sought the experiences of children and young people. Neil et al (2020) explain this acknowledged limitation in terms of the ethical and moral complexities and sensitivities inherent within research with care-experienced children and young people in such exceptionally difficult times. Throughout the history of social care, however, concerns and assumptions around the perceived emotional burden of user involvement in care planning and research has led to the often inadvertent exclusion of vulnerable people from considerations of how their lives might be improved (Lonbay, 2018). Even prior to Covid-19, however, insufficient consideration had long been given to how care-experienced children and young people might best be enabled to contribute their voices and experiences to the decision-making processes governing how their Family Time and broader aspects of care take place (Diaz et al., 2018), even though such a dearth of meaningful participation contravenes the fundamental social work duty to promote autonomy, empowerment, and independence (Cashmore, 2002). Gibson and Edwards (2016) found that in research, as in Family Time and care proceedings themselves, social workers and foster carers often use safeguarding and risk management concerns to facilitate or to control the research participation of children and young people in ways that may undermine their agency and right to self-expression. Such research has repeatedly demonstrated that research relying upon social worker, foster carer, or birth parent accounts of the experiences, views, and feelings of care-experienced children and young people is not a methodologically accurate or ethically valid substitute for research engaging children and young people directly. Therefore, research into the Covid-19 Family Time experiences of children and young people that is undertaken in partnership with the care-experienced children and young people themselves should be an imperative. The findings of

this review are currently being used to inform the Time Together Study, undertaken by Blue Cabin CiC in partnership with South Tyneside Council and funded by the Department for Education. Time Together is using creative facilitation and arts-based participatory research methods to co-produce a study of how children and young people in care have experienced Family Time during the Covid-19 pandemic.

Amongst the UK care-experienced population during the Covid-19 pandemic, this review has identified two groups who have found the decline or loss of face-to-face Family Time and its replacement by online Family Time particularly challenging or unhelpful: babies, toddlers, and pre-school aged children; and older children and young people with disabilities who communicate non-verbally. Research undertaken in partnership with care-experienced children and young people should therefore pay particular attention to engaging and including the very youngest and those with disabilities. However, this research must nevertheless remain aware that, for many care-experienced young people, the poverty, isolation, and mental ill-health resulting from the Covid-19 pandemic remain more challenging and problematic than any disruption to Family Time itself.

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