

# Early Help and Children's Social Care Approach—COVID

## 19<sup>th</sup> March 2020

**'Focus on child at risk of harm or at risk of placement breakdown, family or placement'**

**Whilst we endeavour to continue to support all children, young people and families we recognise that our business continuity plan will at times result in the competition of statutory requirements only.**

- Child Protection
- PLO and Court
- CLA and Care Leavers
- C and F Assessments
- Family or Placement breakdown

### Child and family visits and family time (contact)

- Visits to children and families will continue to take place. Below is general guidance on visits, however, the rationale for the visit type for any child with a social worker should be complete in Emergency Home Visit Risk Assessment
- CYP receiving EH. Support to those on EH Plan will be via telephone, face time or Skype for Business. This will take place 1 per month for everyone open to the service currently. Should staffing numbers prevent Children's Social Work / Residential Services operating Early Help will stop and staff will be redeployed to CSC / Residential Services
- CYP on a CIN plan. All CIN visits will be completed via a combination of telephone, skype for business / face time. Children must still be seen using technology. For any child still attending school, liaison with school will ensure children can raise any concerns this will also be critical evidence for CIN meetings. CIN meetings will all take place virtual using the most appropriate technology
- CYP on a CP Plan. All stat visits must be completed. The type of visit will depend upon the level of risk. Child identified as at significant risk; a home visit must be undertaken this includes all children under 5. For other children a doorstep visits can be taken. If you have an concerns about a child and the type of visit required have a consultation with your manager
- Children subject to Pre-proceedings are categorised as high risk. They must be seen on a weekly basis. This should include wider members of the core group and include feedback from school, if it is confirmed that they are attending. No legal review will currently take place. If risks increase speak with your manager
- CLA and Care Leavers who are identified at significant safeguarding risk or at risk of placement breakdown will receive face to face visits as per statutory guidance alongside local guidance. This also includes any child who enters care
- Any Child on a Placement with Parents agreement who is identified as at high risk must receive face to face statutory visits. They must be seen on a weekly basis. This should

include partners

- Children with a ratified plan of permanence that is not at risk of breakdown will operate under the 3 month statutory visit rule and can be completed virtual via a combination of telephone, face time and skype for business. The same will be applied for Care Leavers living in stable accommodation and or staying put.
- All other CLA and Care Leaver will be subject to a doorstep visit to meet statutory guidance and local door step visit guidance
- Foster care statutory visit will mirror the type of visits as outlined for CLA and Care Leaver. This will ensure consistency from both the child's social worker and the fostering team
- Child and Supervising Fostering Social Workers should coordinate visits so that support for children and families is spread out
- We will suspend all direct family time (contact) with looked after children and their parents / connected persons with immediate effect. We will use all reasonable endeavours to arrange for alternative Video or Telephone contact and will communicate alternative contact plans within seven days.

## Immediate safeguarding visits

- Where there are immediate concerns raised about the safety of a child discussion will be held between the worker and manager to consider the risks and worries identified
- Direct contact will be made with families to establish whether they are self-isolating and displaying symptoms of Covid-19
- If no person is self-isolating or displaying symptoms a visit can be planned, adhering to Social Distancing guidance
- If a family member is self-isolating and or displaying symptoms a discussion will be held with the manager to consider safety plans for the worker to support them in visiting the home, this may include the use of PPE and Social distancing
- Where medical review of children is required contact should be made with the hospital and a medical assessment arranged.

## Guides S47 enquires

- Where Section 47 enquiries are currently on-going or have recently concluded with a plan for ICPCC to be convened regular contact will be maintained with the family
- Enquiries will be made with all involved professional to understand visiting patterns and co-ordinate any approaches to support the family
- In planning visits the social worker complete the Emergency Home Visit Risk Assessment. This will determine the type of visit that is completed with the family. This will be signed off by a manager. If a face to face visit is required staff will be supported to safely make the visit by utilising Public Health Guidance along with PPE
- For children where Section 47 Enquiries have concluded with a recommendation

for ICPC with be supported by the Covid19 Guidance for ISGU guidance in respect of conference procedures.

## Guides to C and F

- Children who require a C and F assessment will be allocated to managers trays as per current protocol
- Social Worker / Manager to complete Emergency Risk Assessment for Home Visits which forms results in a clear allocated plan by visit type agreed by the manager. This will also include timescales for assessments
- As assessment is progressed and information is analysed, consideration should be given as to whether the Emergency Risk Assessment for Home Visits should be updated. Again, this should be in consultation with Manager
- Assessments should be finalised as per current protocol and policies.

## Home visit guidance

- Prior to visit contact family to check if anything has changed e.g. symptoms.
- Upon arrival at the home do not enter until you have made observations of presentation e.g. any visible signs of symptoms.
- If agreement has been made that a visit will be completed where the family are self-isolating due to symptoms please make use of the PPE; face masks, gloves and hand sanitiser.
- Remember to explain to children and family's that equipment is for both their and your safety.
- Prior to the visit check if the family have enough food etc. If they don't speak to your manager about the use of S17 and Community Hub Support.
- For each visit, wash/ sanitise hands prior to entering the property. If you do not have sanitiser, baby wipes that have alcohol can be used or travel with soap and a large bottle of water and a bowl to wash hands in your car. Avoid direct contact and as much as possible keep safe distanced (at least 2 metres). In very small homes you may ask members of the family to participate in the visit at different times to help maintain distancing.
- Wash/ sanitise hands after upon leaving the property and if using PPE ensure that these are disposed after exiting the property. This should be followed by washing or sanitising of the hands
- Shower and change clothing as soon as you get home. As an extra safety measure do this before touching any members of your family

## Doorstep visit

- If possible complete checks with agencies who have contact with the child. E.g. if the child is in the school provision for vulnerable children
- Speak to parents/carer via phone, WhatsApp video, facetime etc.

- If the child is able, speak to them via phone, what's app video facetime etc.
- If the child is not yet talking and you are able to video technology, ensure you see the child
- On each virtual visit check with family regarding new symptoms, are they prepared for lockdown/ isolation?
- The step door visit will be able to see the child(ren) and family to be seen
- Don't lose sight of why we are involved, the doorstep visits should still have a purpose
- Record clearly on LCS that visit was via doorstep due to COVID 19. Ensure rationale for this is included in COVID19 Risk Assessment
- Always analyse the effectiveness of your visit, if you have concerns about the safety of a child, consider how other visits can be used more effectively through the COVID19 Risk Assessment.

## Virtual

- If possible complete checks with agencies who have contact with the child. E.g. if the child is in the school provision for vulnerable children
- Speak to parents/ carer via phone, WhatsApp video, facetime etc.
- If the child is able, speak to them via phone, what's app video facetime etc.
- If the child is not yet talking and you are able to video technology, ensure you see the child
- On each virtual visit check with family regarding new symptoms, are they prepared for lockdown/ isolation?
- Don't lose sight of why we are involved, virtual visits should still have a purpose.
- Record clearly on LCS that visit was virtual due to COVID 19. Ensure rationale for this is included in COVID19 Risk Assessment
- Always analyse the effectiveness of your virtual visit, if you have concerns about the safety of a child, consider how other visits can be used more effectively through the COVID19 Risk Assessment.

## Management / review processes

- All children will continue to receive ICPC, CP Review Conferences, CLA Initial and Reviews as per the ISGU Covid19 Guidance
- Any child on PLO will be reviewed monthly by Service Lead, Service Manager, Team Manager and Social Worker
- All children currently in proceedings will be reviewed by Sn Manager and Legal
- Critical Case Tracker will be updated on a bi-weekly basis
- Managers will allocate visits ensuring that all children are seen utilising one of the methods outlined
- Placement processes will remain, ensuring the DCS signs of any placement that may be in breach of regulations

- QAU will regularly dip sample children identified as the most at risk of harm
- Supervision will continue to take place; this should be in accordance with social distancing or via virtual technology
- Strategy Discussion will be done virtually, but all other components of the process will remain the same.

## Guide to home working

In these uncertain times we want to make sure staff are safe and that we are continuing to work as effectively as we can so have drawn up some guidance we expect staff to follow.

1. Please make sure calendars are up to date so managers and others can see where you are if we need to contact you. This is also important in terms of lone working /lone visits and our lone working policy
2. Please ensure you are contactable by telephone and have internet access
3. Please alert your managers to any potential difficult visits so that you can risk assess the need to have someone with you or make plans to ensure your safe return
4. It is expected that Managers and staff will regularly 'check in' so that no one feels isolated or is worrying alone
5. Please add your mobile number to the calendar so if anyone needs to contact you urgently it is easy to find
6. It is expected that whilst you are working at home you will be using the opportunity to record stat visits, update C and Fs, case summaries, chronologies, ensure PEPs are on, Care Plans and Pathway Plans are updated
7. Please note in calendars the ID number of the case updating you are working on as Managers will be expected to audit work undertaken at the end of the week
8. Please record the circumstances you are undertaking the work in e.g. if it is a 'doorstep' visit and you have only seen the child briefly, explain the circumstances of this.