**Visiting children and young people in educational, childcare and children’s social care settings**

During this period when coronavirus (COVID-19) is circulating in the community and restrictions have been put in place by central government, there are a range of approaches and actions that those who work with children and young people should adhere to where possible to help prevent the spread of the virus whilst still ensuring that the needs of children are met.

Transmission of COVID-19 mainly occurs via respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces, which are then touched and introduced into the mouth or eyes of an uninfected person. Another route of transmission is via aerosols (extremely small droplets), but this is only relevant to medical procedures for a very small number of children in education and social care settings.

In all education, childcare and children’s social care settings, preventing the spread of coronavirus (COVID-19) involves preventing:

•direct transmission, for instance, when in close contact with those sneezing and coughing

•indirect transmission, for instance, touching contaminated surfaces.

Everyone involved in promoting the welfare, protection and care of children is working extremely hard in the face of unprecedented challenges to support the most vulnerable during this period. It is a time of severe pressure across society which presents heightened levels of risk for some children. It is, therefore, especially important that these children continue to receive the services and support they need, although the way in which this is delivered may need to remain flexible to reflect the current circumstances and to ensure the full range of statutory duties relating to vulnerable children are met.

As restrictions continue to ease, there will be a likely increase in the number of children physically attending educational, childcare and social care settings. In addition, there will be an increasing need for professionals from the Local Authority to engage directly with children and young people in their home and also in other settings where necessary. Schools and education settings may also request support from external agencies to attend their setting to address the needs of those pupils requiring additional support.

Communication and transparency between all parties is critical to ensuring the safety and wellbeing of our children and young people as well as that of our staff. The thresholds for engagement should be proportionate and take into consideration government social distancing requirements.

All parties should consider the following points when planning a visit:

**Is the visit necessary to address the needs of the child?**

* Is the immediate safety of the child at risk?
* Is physical face-to-face contact with the child required to accurately assess the risks and vulnerabilities for the child?
* Are there statutory timescales for the visit?
* Does the child need physical therapy?
* Does the child require personal care or support?
* Does the visit involve the use of specialist equipment that the child requires?
* Do restrictions compromise safeguarding standards – if so how are these mitigated?

**Can the work be facilitated effectively in a remote fashion?**

* Can staff routinely in contact with the child or young person be briefed on the activities required and carry them out with the child?
* Does videoconferencing provide the level of interactivity that is required?
* As there can be some inherent limitations to remote interactions, have you considered all potential risks and protective factors for the child?
* Where virtual contact has taken place but the interaction has been limited, have alternative activities and ways to engage the child or young person during virtual contact been considered?

**If the decision to attend a school or other educational setting is made, then the following should be considered:**

* Your personal circumstances: are you able to undertake the visit safely, do you or a member of your family have an underlying health condition that places you in a vulnerable or highly vulnerable category? If so, discuss the matter with your line manager
* Co-ordinate with the school or setting, giving them as much advanced warning of the visit as possible.
* Consider the activity that needs to be undertaken with the child – is it possible for all or part of the work to take place outside?
* Review the work that needs to be carried out, assess your need for PPE against the education flowchart. If PPE is required (which is likely to be a rare occurrence) please ensure that you take your own and do not rely on the school being able to supply on arrival.
* Plan your activities so that the minimum amount of time is spent within the school or setting.
* Minimise the number of staff required to be present at the visit.

**When alerted of a visit, schools and other settings should also consider:**

* Finding a suitable location for the activity.
* Ensuring that the location is clean and well ventilated.
* Minimising the time that a professional is on site by ensuring that any equipment is available at the start of the meeting and that the child and any necessary staff are ready for the start of the visit.
* Minimising the number of staff and children that come into contact with the professional as far as is practical and safe.

**If the decision to undertake a home visit to the child or young person is taken, then the following should be considered**:

* Your personal circumstances: are you able to undertake the visit safely, do you or a member of your family have an underlying health condition that places you in a vulnerable or highly vulnerable category? If so, discuss the matter with your line manager.
* Prior to undertaking a visit, the social worker, personal adviser, care worker or other professional should attempt to ascertain whether any member of the household is suffering from symptoms of COVID-19.
* Where unable to ascertain whether any member of the household is suffering from symptoms of COVID-19 prior to face to face contact, or where a family is volatile and the outcome of the visit is unpredictable, steps should be taken, where practical, to mitigate risk and these include:
* PPE should be worn as a precautionary measure.
* Knocking on the front door or ringing the doorbell and then stepping back to a distance of 2 metres in adherence to social distancing guidelines.
* If entering the property, maintaining a distance of 2 metres where possible.
* Wash your hands for at least 20 seconds (or use alcohol gel if hand washing facilities are not available) before and after the contact.
* Consider the activity that needs to be undertaken with the child – is it possible for all or part of the work to take place outside?
* Plan your activities so that the minimum amount of time is spent within the home.
* Minimise the number of staff required to be present at the visit.
* If during the visit the presenting risk to staff is higher than anticipated, staff should immediately leave and inform their manager.

**If, prior to the visit, any individual involved in the visit becomes symptomatic or has been in contact with a confirmed case of the virus then the visit needs to be re-evaluated immediately. It is the responsibility of all professionals to inform all necessary parties in this situation.**

**Likewise, if after the visit anyone involved becomes symptomatic or is identified as having been in contact with a confirmed case prior to the visit then all professionals have an obligation to inform all parties. In this circumstance it is important that Public Health are urgently consulted for advice.**

**Further guidance**

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[**https://esafeguarding.org/publications/PSW-and-SWE-Best-Practice-Guide-for-Video-Call-and-Virtual-Home-Visit-20200505.pdf**](https://esafeguarding.org/publications/PSW-and-SWE-Best-Practice-Guide-for-Video-Call-and-Virtual-Home-Visit-20200505.pdf)

[**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**](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)

[**https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe**](https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe)

[**https://proceduresonline.com/trixcms/media/5640/guidance-on-undertaking-virtual-contacts-with-children-final-april-2020-2.pdf**](https://proceduresonline.com/trixcms/media/5640/guidance-on-undertaking-virtual-contacts-with-children-final-april-2020-2.pdf)

[**https://proceduresonline.com/trixcms/media/5596/covid19-case-note-types.pdf**](https://proceduresonline.com/trixcms/media/5596/covid19-case-note-types.pdf)