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# **Introduction**

This Covid-19 Secure Practice Guidance sets out the arrangements for delivering children’s social care services to children, young people and families in Newham during the ongoing coronavirus pandemic.

The Covid-19 Secure Practice Guidance sets out how we will resume visits, interventions and meetings with children, young people, families and carers in line with the local policies, procedures and statutory guidance that were in place prior to the Covid-19 public health emergency and reflects the Governments’ coronavirus guidance for local authorities and children’s social care which can be located here:

<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>

The above DfE coronavirus guidance, recognises that the coronavirus public health emergency is a time of severe pressure across society, presents heightened levels of risk for some children and young people and that it is important that these children and young people continue to receive the services and support they need.

At the same time, it acknowledges that the challenging coronavirus context means that local authorities and partners will struggle to meet the full range of statutory duties relating to child protection, safeguarding and care.

Whilst the extreme lockdown measures introduced in March 2020 eased over the summer months, September 2020 has seen an increase in infections; a local lockdown criterion has been introduced with different levels of restrictions. Autumn and winter 2020 are likely to increase Covid-19 infections, which will affect services for children and families and our workforce.

From 17th October 2020 London was designated a Tier 2 High area for Lockdown measures. <https://www.gov.uk/guidance/local-covid-alert-level-high>

**Our Practice Model principles**

The DfE’s coronavirus guidance supports local authorities in determining how best to support families and protect vulnerable children. Our 6 C’s practice model in Newham provides a framework to inform local decision-making and day-to-day practice with children and families.

**C**ompassion – we approach all residents and staff with care and compassion for the impact of Covid19 on their lives and the lives of those they care for

**C**ommunity – we respond to the unique needs of the community in Newham where many people have sadly lost their lives because of Covid19

**C**o-production – we work with families, partners and each other to reach the family led outcomes for children in the context of Covid19

**C**uriosity – we maintain our interest in the welfare of children and their lived experience in light of the Covid19 pandemic

**C**larity – we focus on transparency to be clear with children, families, partners and each other about the purpose, plan and focus of our work together

**C**onfidence – we respond to risk with confidence maintaining our focus on the protection of children

**Welfare of Staff**

The health and welfare of our staff is of key importance, individual risk assessments are required and details are available via the corporate Covid19 Intranet site <https://onesourceict.sharepoint.com/sites/Intranet/c19>

Social workers, practitioners and managers are reminded that they should not attend Council offices, undertake visits, participate in physical meetings or transport children, young people or families for work purposes if they:

* Have any of the Covid-19 symptoms (a new continuous cough, a high temperature, a loss of, or change in, your normal sense of taste or smell )
* Have received a Covid-19 positive test result and are within the required isolation period
* Are waiting for a Covid-19 test or the result of a test
* Are isolating because they have been in contact with an individual who has tested positive for Covid-19 or have been instructed to do so by NHS Test and Trace.

You can find more information and guidance about when you are required to stay at home here:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

**Practice Guidance**

This Practice Guidance provides information how to keep in touch with children, young people and their families in the current circumstances of Covid19 pandemic and has been updated in light of the new identification of levels of concern via Tiers. London is currently designated at Tier 2 High. This guidance sets out how children need to be seen in person safely and guidance on virtual visiting where this is required.

As our visits to children, young people and families are:

* Work
* Fulfilling a legal obligation
* Providing support to a vulnerable person

They are exempt from the ‘Rule of Six’ coronavirus restrictions for the duration of the visit. You are permitted to undertake a home visit even if there are six or more household members. You can find more information about exemptions and social distancing here:

<https://www.gov.uk/government/publications/coronavirus-covid-19-meeting-with-others-safely-social-distancing/coronavirus-covid-19-meeting-with-others-safely-social-distancing>

Government guidance about social worker and practitioner visits to family homes can be found here:

<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#what-care-should-staff-visiting-families-in-their-own-homes-take>

Covid19 Risk Assessments must be completed for all children at the following frequency:

Assessment, before the first visit then 4 weekly;

4 weekly for CP & CIN

6 weekly for Children in Care

8 weekly for Care Leavers

Screening calls must be made prior to all visits to confirm social isolation status of the household.

Staff whose own health is at higher risk from Covid19 infection will not be required to undertake visits.

The MASH and Assessment Service is operational responding to concerns about the welfare and protection of children in conjunction with the police and other partner agencies.

Personal protection equipment (PPE) is available for social care staff from Dockside and Becton Road and must be used in all in face-to-face contact with children and families. The Council has provided two washable facemasks for all staff, available from Dockside Reception.

The government has issued guidance for children’s social care services, which is available here:

<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>

# **2 Visiting**

When visiting children Public Health Guidance must be followed; washing hands before and after; using hand sanitiser when hand-washing facilities are not available; always wear a facemask; observe social distancing guidance of 2 metres.



This applies when seeing children and families in homes; offices; care placements and other locations.

Practitioners need to be confident to ask people to move away if the 2-metre rule is in doubt. Children will undoubtedly find this much harder therefore, PPE is required and practitioners need to ask parents and carers to assist with maintaining a safe environment for everyone.

Before visiting your risk assessment should determine whether the home environment needs to be seen; if not then undertake the visit on the doorstep or alternative venue.

If entering a family home for CIN or CP children; or a placement for children in care is needed then you will need to call the family prior to the visit to find out the household is currently isolating due to symptoms and / or a positive test result for Covid19. If this is the case then the type of visit needs to be discussed and agreed with a manager and clearly recorded.

A “doorstep visit” is one in which you do not enter the family home and maintain a safe distance from members of the family. Depending on the age of the child / young person, you may also consider asking them to temporarily leave their home to talk with you in the local area whilst maintaining a safe distance from them. A “doorstep visit” is most likely to be appropriate where you want to be reassured that the child / young person is safe but do not need to view the home environment.

Confidentiality may be compromised in public spaces therefore you will need to use you’re professional judgement in the detail of what is discussed.

Parents and families are very worried about the coronavirus pandemic and what might happen to their children and themselves. Announcements by the government and media coverage is focussing on helping families understand the ‘Rule of Six’ and that they must reduce contact with people outside of their household. Many parents and families will not know about the Public Health England guidance we are using to prevent and control coronavirus transmission when we visit families.

If a family is refusing, because of Covid-19 related concerns, to allow a social worker to visit or to visit the social worker and their manager should contact the family to listen to their concerns and try to negotiate a way for the social worker to see the children.

Where a family maintain their refusal, the social worker’s manager should develop a plan to ensure that the child is safe. These actions may include a call to the family by a manager, involvement of other professionals in the network in visiting or seeing the child; a strategy discussion to consider if s47 enquiries are required; a request for assistance from the Police or consideration of legal action to safeguard the child.

Where there are serious child protection concerns visits may need to take place in homes when families are isolating using PPE and if necessary jointly with the Police.

In some instances where a member of the household you are visiting is extremely clinically vulnerable and these require advice and guidance from the Service Manager / Head of Service. You can find more advice about working with extremely clinically vulnerable people here:

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#definition>

Everyone has responsibility to ensure that PPE is used in line with the Public Health England guidance so that their risk of transmission is reduced and there is enough PPE available for those essential visits that require it.

**Transporting Children**

You should avoid sharing a vehicle with children, young people and families. Where possible the parents and carers the child resides with should be asked to transport the child or young person.

It is acknowledged that there will be occasions where social workers and practitioners will be required to transport children, young people and their family members.

Where you are transporting passengers who are well; have none of the Covid-19 symptoms and are not required to self-isolate the risk of transmission is small at 2 metres. Where possible, you should maintain 2 metres distance. If you cannot keep a 2-metre distance, reduce the risk to yourself and others by maintaining a 1-metre distance where possible, and taking suitable precautions that should include as many of the following:

* ensure you and your passenger wear a face covering
* sit your passenger in the back left-hand seat where you are transporting one person
* where seating arrangements allow, travel side by side or locate people behind you, rather than facing them
* face away from each other
* open windows for ventilation
* maximise distance between people in the vehicle
* clean your car between journeys using standard cleaning products - make sure you clean door handles and other areas that people may touch

In exceptional circumstances, if a symptomatic child, young person or family needs to be transported you should complete a risk assessment with your line manager and do one of the following:

* Where a family requires transportation, arrange for a private hire vehicle with a bulkhead or partition that separates the driver and the family to transport the family
* Where a young person is over 14 years, has capacity and the risk assessment identifies they are safe to travel alone, arrange for a private hire vehicle with a bulkhead or partition that separates the driver and young person to transport the young person
* Where a younger child, a child who lacks capacity or a young person who is not safe to travel alone requires transportation Children’s Social Care staff driving should use full PPE, and the child or young person should wear a facemask if they are old enough and able to do so. The driver should consider the seating arrangements to maximise the distance between themselves and the child.

More advice about safely transporting children and young people can be located here:

<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#what-protection-is-needed-when-settings-organise-transport-for-children>

# **3 Virtual Visiting / Conferencing Interventions**

Virtual visiting is the exception to the visiting approach on a case-by-case basis where someone has or is likely to have Covid19. Virtual visiting can and is encouraged to maintain relationship based practice in between visits in person.

The world has become so much more complex in such a short time for the children, young people and families that we work with as well as ourselves. Everyone has to manage the new uncertainties. The task of supporting families and children has become very different very quickly and our tools for doing this are changing daily.

When using video and telephone means of relating with children and families this brings with it constraints and some opportunities to try to do things differently. We want to remind you that we need to practice in a Purposeful, Planned and Focussed way. At this time, it is even more important to be clear about our purpose, to plan to meet it and stay focussed on achieving the plan to meet that purpose.

Attached, at Appendix A, is some guidance on thinking, planning and undertaking telephone, skype or other social media interventions with children, young people and their families. Remember, that any contact with a family, child, young person or their family is an opportunity for change to be constructed. Attached at Appendix B is a link to materials that may be of assistance in engaging with some primary school age children.

Most of the children and families with whom we work have mobile phones, tablets or laptops although not all and we need to remember that access to virtual media is not universal. Where it is available, you can therefore use FaceTime or Skype to keep in contact and “see the children”. Ask them to show you around using the phone camera; ask them to “take you” to a quiet space where you can talk to them in your own. It is important that you stay in touch, particularly during a period of time when the other professionals who may have been in contact with a child may not be doing so.

You will also need to assess how the child, young person or family are coping with the additional stress of social isolation (and the additional stress that this may have caused the family, both emotionally and financially).

For all children, especially care leavers, it is important that we keep in touch on a regular basis and are able to provide practical support / advice as well as check in calls. If any care leaver is not responding to contacts then please discuss what this may mean with your line manager/service manager.

Don’t forget:

* Prepayment cards will be available for emergency situations;
* Existing payment arrangements will continue;
* Court hearings will not be taking place “in person” – see guidance in the “Local Resources” section of the Tri.X procedures.

The Tri.X Web Site that includes our procedures and local resources is at the following address: <https://newhamchildcare.proceduresonline.com/>

You can access this link from any computer, not just your Newham laptop.

The following link shows you how to set up a Skype call using your Newham laptop:

<https://youtu.be/7_c4zVJ739M>

If you do not have video conferencing facilities available on your laptop and / or you mobile phone, please raise this with your line manager.

The Smarter Newham intranet page contains guidance on using Zoom and Microsoft Teams.

Child protection conferences, statutory reviews and other review meetings will take place using Virtual methods. The Conference Chairs and IRO’s will make these arrangements.

# **4 Information from other Professionals and Schools**

Where appropriate, you should seek information from other professionals about their contact with a child / family and record that as part of your overall intervention with a family.

Schools have re-opened and therefore all of the children that we work with need to attend unless there are ill health reasons as would apply in pre Covid circumstances, or the school has decided on a temporary isolation for the child’s ‘bubble’. You should ascertain from the family whether children are attending as part of the Covid19 Risk Assessment.

If children are not attending school due to concerns about Covid infection, you should discuss with their parents / young people why they are not doing so, encourage them to attend and liaise with the school for their support, and agree the level of contact the school and SW will maintain with the child / family.

If children / young people do not attend school, you should discuss their circumstances with your manager and consider whether an additional visit should be made to see the children.

# **5 Recording**

It is essential to maintain a record of the work that you are doing, especially when normal services are disrupted and you may be covering for a colleague. Azeus will continue to be available and you should record your work as normal – be purposeful, planned and focussed in your work and in your recording.

In the Person / Medical / Health and Disability section of Azeus, there is now the ability to record Covid 19 status, which will also create a flag on that person’s record, and those associated with them.

The visiting form now allows you to record the type of visit that you have undertaken – virtual visits are now only when there is an active Covid19 infection concern and immediate safeguarding action is not required.

# **6 Supervision**

Face-to-face supervision may not always be possible because you or your manager are working from home or not able to be in the office at the same time. In those circumstances, Skype / Zoom or other conferencing software provides an opportunity for you to have a “face-to-face” discussion, which is preferable to a telephone call. This may be used for either individual or group supervision.

Team meetings are a valuable source of support and information. Whilst is will not be possible for teams to physically meet together, Skype or Zoom conferencing should enable teams to maintain contact with each other.

# **Appendix A - Purposeful, Planned and Focussed**

**Before the Call**

**Purpose**

* What is your purpose for making the call? Make sure you are clear about this and how it links with the presenting safeguarding risks. How will it help in addressing these?
* Keep your purpose for the call specific. If it is to check they have food then keep it to that. If it’s to discuss risks then keep it to that. Having wide-ranging calls are tricky for all. But especially so for stressed families/YP who are not used to these types of interventions in their lives
* Seek agreement with the family about having this discussion. Families have had to re organise as well as us. So it may not be that the time we have free fits for them. This may not be them avoiding but rather them making better choices in the moment.

**Plan**

* Have a clear plan to achieve agreed purpose, including,
* Length of calls and how many calls are needed to have to achieve your purpose?
* Who is needed to be present today and how will you share what has been spoken about with those not present.
* How will you review your purpose and plan? At the end of the call or by a follow up call.
* What questions do you need to ask, how can you ask them in a way that invites the other person to respond?
* Who and what do you need to listen to/hear know things are ok?

**Focus**

* Prepare for possible distractions from your purpose and how you might respond to these so that you keep focussed. If another topic takes priority, how will you return to your purpose?
* Prepare some open questions and statements about positive qualities or skills the person/people you are talking to has. (Evidence suggests that asking questions that illicit hope will reduce stress, increase agency and enable people to carry on managing)
* Prepare questions to enquire about safeguarding. How will you ask the difficult questions? How will you check is safe to ask or the person to answer/ People experiencing violence at hoe may not always be able to answer. Think about how you can offer ways of answering without saying the words etc.
* Make sure your choice of questions and statements match the context and stage of intervention e.g. engagement, assessment, skills coaching and intervening, ending etc.

**A little more on Preparation:**

**Preparation**

* Consider who to call – will you have individual conversations or is there a possibility for a whole family / parents only conference call? This will depend on your purpose but also with consideration of family’s ability to cope. Consider the influence of social graces and distribution of power and the effect this may have on talking and listening. This will inform your planning of duration and frequency of calls as well as who to speak with.
* When planning your call, consider how you will meet different family members’ needs, including their capacity to focus, turn taking etc.
* Due to our reduced service we need to prioritise safety so that calls finish with the family feeling OK about one another. Consideration may therefore need to be given to changing your levels of relational risk taking.
* Prepare your questions, responses in relation to the purpose, plan and focus of your call.

**The call**

* Explain your rationale to for continuing our intervention over the phone.
* Explain how the intervention will need to continue as part of a CIN/CP plan. In terms of how we plan this with the family, this will be done collaboratively.
* Talking about the talking: Plan a convenient time to call – let the family know how long you expect the call to last (this will vary from family to family and according to your purpose). Decide on frequency of contact and who is needed to be present.
* Discuss how you will all manage this way of talking by phone – is this something they are used to? How will you allow for thinking time, manage pauses?
* Plan how distractions might be dealt with, agree how the family will let you know they if they need to pause etc.
* Check out how well people are feeling and impact of this on their engagement. If mum is unwell, who, if feasible, could be spoken to instead?

**Suggested Techniques**

* Emphasise resilience building, highlighting positives and developing strengths.
* Draw on techniques that promote engagement and motivation.
* For example, Permission seeking, open questions, validating, talking about the talking, warming the context, relabelling negative words or expressions to less emotive or negative words, reframing statements to bring out positive intent.
* Offer parenting strategies. It is OK to suggest ideas or work in a more first order way than usual.
* Regarding skills coaching – if a conference call is carried out this will require listening and turn taking in order to work! When the family manage this, use examples of these as opportunities for reinforcing the skills they already have.
* Discuss relapse prevention / safety planning
* At the end of the call check out how everyone is and agree when you will next call. Calls may need to be more frequent, depending on the safeguarding concerns, capacity for family to focus.
* Make sure you speak with every child in the family – even if this is just to ask how they are. For older children, request a separate conversation by phone or skype, following the call, with an older child/children.

**Checklist:**

* Have you seen and spoken with every family member including each child? If not ensure you try to do this ASAP. Note who you did and did not speak to.
* Have you addressed the concerns about risk in the new context of covid-19? Everyone living on top of each other may increase risks or develop new ones
* Have you agreed a next appointment to talk and with whom?
* Do the family know the procedure of who to contact and how, should risk escalate?
* Is there anyone I need to sign post this family on to or contact after this conversation?

**Have you recorded accurately and pasted on any concerns to the appropriate person.**

# **Appendix B – Talking to Children about Coronavirus**

Axel Scheffler has illustrated a digital book for primary school age children, free for anyone to read on screen or print out, about the coronavirus and the measures taken to control it. Published by Nosy Crow, and written by staff within the company, the book has had expert input: Professor Graham Medley of the London School of Hygiene & Tropical Medicine acted as a consultant, and the company also had advice from two head teachers and a child psychologist.

The book answers key questions in simple language appropriate for 5 to 9 year olds:

• What is the coronavirus?

• How do you catch the coronavirus?

• What happens if you catch the coronavirus?

• Why are people worried about catching the coronavirus?

• Is there a cure for the coronavirus?

• Why are some places we normally go to closed?

• What can I do to help?

• What is going to happen next?

<https://nosycrowcoronavirus.s3-eu-west-1.amazonaws.com/Coronavirus-ABookForChildren.pdf>