

Practice Guidance for Visits in Response to Covid 19

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Practice Guidance for Practitioners on Visits in response to Covid 19

All Children and Care Leavers Open to Children's Social Care

There have been no statutory changes to the frequency or type of statutory visits social workers need to undertake to children. Visits to children with a child protection plan or in our care remain a statutory duty to ensure their needs are being met and risk of or actual significant harm is being managed and/or prevented.

In exceptional circumstances it may be necessary to do an unannounced visit in order to safeguard a child. Area and Senior Managers/Locality Directors will oversee such circumstances to ensure children and yourselves are supported and safe.

Due to the reduction in time spent with children and care leavers during any type of visit and the reduction in visibility of these children and care leavers to other agencies, **weekly** contact with the child or care leaver is now required either by phone or preferably by video call regardless of whether there is a face to face visit that week and if this visit was a statutory one.

Visits to children can only be recorded on Eclipse as a 'statutory visit' if the child is seen in person by a social worker or personal advisor where the visit is to an 18+ care leaver.

All practitioners undertaking face to face visits and/or virtual contact should refer to [Guidance for Staff Completing Home Visits and Virtual Contact Appendix 3 for measures to be taken to protect both yourself and the family's health](#). The guide in appendix 3 provides you with detail, in summary:

- All home visiting is underpinned by hygiene basics (after prioritising which children, families and carers need to be visited), we must phone families in advance to go through a checklist with them (see [Health Status Check in Guidance and Risk Assessment Tool for Practitioners who are Visiting or in Contact with Families \(Appendix 1\)](#)).
- Informing families we will not be unnecessarily touching children and babies, may be meeting in gardens and only seeing inside houses/bedrooms if risk requires, asking to wash hands with soap and water on way in and way out and explaining to families this is to protect them as well as staff.

For further information on hygiene management see:

<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>

All visits and contact with the child or care leavers undertaken by partner agencies should be recorded and shared with Children's Social Care to be uploaded on to the child or care leavers record. A [Proforma for Record of Visit / Contact by Partner Agency \(Appendix 4\)](#) can be used for this purpose.

All case summaries should be up to date with any key arrangements made to support the child, family, care leaver or carer at this time. The case summary does not need to provide in depth detail but will need to refer clearly where this information can be found.

Health Status of the Household

Before a visit is made to ANY child or care leaver open to social care, necessary checks will need to be conducted, these will include but are not inclusive to phoning ahead and checking if the household is well, self-isolating or are unwell with COVID-19 symptoms.

Please refer to section [Health Status of Household in Appendix 1: Guidance and Risk Assessment Tool for Practitioners who are Visiting or in Contact with Families](#)

If you are due to visit someone who is self-isolating or has COVID-19 symptoms, talk to your supervisor for advice. We will need to plan how to support them and you in a safe way and adapt our approach. [Guidance for Staff Completing Home Visits appendix 3](#) can support you in this.

The [Guidance and Risk Assessment Tool for Practitioners who are Visiting or in Contact with Families \(Appendix 1\)](#) can support you in risk assessing and planning visits by social workers alongside our partner agencies.

Child in Need Visits

We will try to meet our responsibilities to see our children as usual if we can as we have important relationships with them, and we safeguard them. As Child in Need visits are on a consenting basis by parents it is important we work with parents in undertaking the [Guidance and Risk Assessment Tool for Practitioners who are Visiting or in Contact with Families \(Appendix 1\)](#) to explore how the needs of the child can be met and what support they will need to prevent safeguarding concerns arising.

We are able to adapt our approach creatively during this period based on the following things:

1. Whether the child is attending school
2. What the child wants and says about seeing us
3. What their parent/carer is saying in terms of lots of people visiting their homes and their need for support
4. What the Social Worker's view is about the parent / carers support needs
5. Other agencies involved who are maintaining contact/visits (the [Visit Planner Appendix 2](#) can support in organising these).
6. Our assessment of the resilience, risk and stability of the home and our level of satisfaction or concern.

If the Social Worker and their supervisor decide the visits and relationship with the child will be maintained in a more 'adapted creative' way this will need to be clearly recorded as on the child's record using Management Decision form. This will need to outline the plan, rationale and when this will be reviewed. Where a [Guidance and Risk Assessment Tool for Practitioners who are Visiting or in Contact with Families \(Appendix 1\)](#) has been used, this is uploaded as an attachment to the record along with the [Visit Planner \(Appendix 2\)](#) if used.

Child Protection Visits

Child Protection Visits are statutory visits which are required by law to be undertaken at least once every 10 working days. In the absence of a child being in school and/or other community centres such as children centres or health visitor clinics, the number of times the child is seen during this period reduces significantly. By completing the [Guidance and Risk Assessment Tool for Practitioners who are Visiting or in Contact with Families \(Appendix 1\)](#) we will be able to risk assess with our partner agencies to ensure children are seen as frequently as possible in a variety of ways.

We are able to adapt our approach creatively during this period based on the following things:

1. Whether the child is attending school
2. The age of child and their ability to meet with you outside of the home
3. The level of assessed risk and if visiting frequency of once per 10 working days is enough to safeguard the child
4. The number of agencies still working with the child who will see them or have contact during this period (the [Visit Planner Appendix 2](#) can support in organising these).
5. Our assessment of the resilience, risk and stability of the home and our level of satisfaction or concern

If the Social Worker and their supervisor decide the visits and relationship with the child will be maintained in a more 'adapted creative' way this will need to be discussed and agreed with the Area Manager for the child and a Independent Safeguarding Reviewing Officer. This will be clearly recorded on the child's record using Management Decision form. The record will need to outline the plan, rationale and when this will be reviewed. Where a [Guidance and Risk Assessment Tool for Practitioners who are Visiting or in Contact with Families \(Appendix 1\)](#) has been used, this is uploaded as an attachment to the record along with the [Visit Planner \(Appendix 2\)](#) if used.

Statutory Visits to Children in our Care who live with Foster Carers and Care Leavers in Staying Put Arrangements

We will try to meet our duty to see our children as usual if we can as we have important relationships with them, and we safeguard them.

However, we will adapt our approach creatively during this period based on the following things:

1. Whether the child or care leaver is attending an education provision
2. The age of child or care leaver and their ability to meet with you outside of the home

3. What the child or care leaver wants and says about seeing us
4. What the child's care plan is
5. What their foster carer is saying in terms of lots of people visiting their homes and their need for support
6. What the Supervising Social Worker's view is about the foster carers support needs and their frequency of visiting/contact (the [Visit Planner Appendix 2](#) can support with this)
7. Our assessment of the resilience, risk and stability of the home and our level of satisfaction or concern.

If the Social Worker and their supervisor decide the relationship will be maintained in a more 'adapted creative' way this will be discussed with the Supervising Social Worker and will be clearly recorded on the child or care leaver's record using Management Decision form. This will need to outline the plan, rationale and when this will be reviewed. Where a [Guidance and Risk Assessment Tool for Practitioners who are Visiting or in Contact with Families \(Appendix 1\)](#) has been used, this is uploaded as an attachment to the record.

Statutory Visits to Children in our Care or visits to Care Leavers who live further away from Devon

Children who live further away from us are more vulnerable by virtue of the distance and many of them have gone to live in more specialist foster or children's homes because of their needs.

It is therefore important we try and see them in person, or we arrange for someone they know to go and see them, if their social worker cannot. Any visits to a child or care leaver made by other agencies should be recorded and uploaded to the file, a [Proforma for Record of Visit / Contact by Partner Agency Appendix 4](#) is available for this purpose.

To reduce the use of public transport you do not have to use the train and can drive a pool car, or you own car.

If visits are looking too difficult to undertake, an alternative plan will need to be explored. The [Guidance and Risk Assessment Tool for Practitioners who are Visiting or in Contact with Families \(Appendix 1\)](#) can be used to inform this. Any changes to the normal face to face frequency expected will need oversight and agreement from an Area Manager and an Independent Reviewing Officer, using the principles above.

Statutory Visits to Children in our Care who live in Children's Residential Home or Semi Supported (un/regulated) accommodation

Children who live in residential children's home are more vulnerable by virtue because of their needs. Children over 16 years old who reside in semi supported (unregulated

accommodation) are more vulnerable due to the potential limitations of support workers available to provide additional support during this difficult time.

We will try to meet our duty to see our children as usual if we can as we have important relationships with them, and we safeguard them.

However, we will adapt our approach creatively during this period based on the following things:

1. Whether the child is attending an education provision
2. The age of child and their ability to meet with you outside of the home
3. What the child wants and says about seeing us
4. What the child's care plan is
5. What their residential home manager/manager of supported provision is saying in terms of lots of people visiting the home and their need for support
6. What the child's keyworker's view is about the support needs and the frequency of visiting/contact (the [Visit Planner Appendix 2](#) can support with this)
7. Our assessment of the resilience, risk and stability of the home and our level of satisfaction or concern.

If the Social Worker and their supervisor decide the relationship will be maintained in a more 'adapted creative' way this will be discussed with the manager of the children's residential home/supported living provision. It will be clearly recorded on the child's record using Management Decision form. This will need to outline the plan, rationale and when this will be reviewed. Where a [Guidance and Risk Assessment Tool for Practitioners who are Visiting or in Contact with Families \(Appendix 1\)](#) or the [Visit Planner \(Appendix 2\)](#) has been used, this is uploaded as an attachment to the record.

Upon the keyworker/support worker or other agency undertaking a visit or a virtual contact with the child, they should share with you their record of the visit, the [Proforma for Record of Visit / Contact by Partner Agency \(Appendix 4\)](#) can be used for this purpose.

Visits to Care Leavers Open to Children Social Care Who Do Not Reside in a Staying Put Placement

We will try to meet our responsibilities to see our care leavers as usual if we can as we have important relationships with them, and we support them.

However, we will adapt our approach creatively during this period based on the following things:

1. Whether the care leaver is being supported by family members or other key staff/agencies/adult social care
2. The ability of the care leaver to meet with you outside of the home

3. What the care leaver wants and says about seeing us
4. What the care leaver's pathway plan says
5. What the care leaver (and other inhabitants of their property where applicable) are saying in terms of lots of people visiting their homes and their need for support
6. What the Adult Social Worker (where applicable) and Personal Advisor's view is about the care leaver's support needs and their frequency of visiting/contact the [Visit Planner \(Appendix 2\)](#) can support with this
7. Our assessment of the resilience, risk and stability of the home and our level of satisfaction or concern.

If the Personal Advisor and their supervisor decide the relationship will be maintained in a more 'adapted creative' way this will be discussed with the Adult Social Worker where applicable and will be clearly recorded on the care leaver's record using Management Decision form. This will need to outline the plan, rationale and when this will be reviewed. Where a [Guidance and Risk Assessment Tool for Practitioners who are Visiting or in Contact with Families \(Appendix 1\)](#) has been used, this is uploaded as an attachment to the record.

Where the care leaver is visited by their Adult's Social Care social worker, their visit record should be uploaded to the care leaver's file. the [Proforma for Record of Visit / Contact by Partner Agency \(Appendix 4\)](#) can be used for this purpose.

Supervision of Devon's County Council Foster Carers

The Fostering Service will continue to provide supervision and support to Devon's foster carers. The overriding principles here are 'Supervision' and 'Support' which can be delivered in a number of ways - traditional home visits, telephone / video call or a walk in the park observing social distancing.

The frequency of contact with the foster carer may need to increase as foster carers will have children at home for longer periods of time where the child is not attending school. In addition, foster carers will not be able to access face to face training or support groups.

Visits in person may be needed if foster carers ask for this or we feel they need extra advice, guidance and support. Supervising Social Workers if visiting can undertake the children's statutory visit and may want to take the children out in the fresh air as part of their support to the household.

Supervising Social Workers & Children's Social Workers should agree a household visiting plan with our Foster Carers and Children, so our duties are delivered proportionately, with shared tasks that don't duplicate, and reduce the footfall. The [Visiting Planner \(Appendix 2\)](#) can be used for this purpose and uploaded to the child's record.

If neither Supervising Social Worker or Children's Social Worker are visiting in person then Area Managers need to authorise the arrangements which will need to include

weekly contact with children by telephone but preferable video call and **weekly** contacts with foster carers by the Supervising Social Worker. The Visiting Planner can also be utilised to plan this out between the Social Workers involved.

Routine Statutory unannounced visits to Foster Carers by their Supervising Social Worker will be **suspended** until further notice.

Where children are residing in the care of an Independent Fostering Agency – please consult with them as to their proposed arrangements for supporting and supervising the carer.

Support of Devon County Council Foster Carers by Family Practitioners / Placement Support Team.

'Support' can be delivered in a number of ways - traditional home visits, telephone / video call or a walk in the park observing social distancing.

The frequency of contact with the foster carer may need to increase as foster carers will have children at home for longer periods of time where the child is not attending school. In addition, foster carers will not be able to access face to face training or support groups.

Visits in person may be needed if foster carers ask for this or we feel they need extra advice, guidance and support.

The Placement Support Team offer an out of hours support service. Primarily this is a phone-based service. On very rare occasions requests are made for face to face interventions. A decision will be made in every individual situation giving due regard to the needs of the children and foster carers in addition to the safety needs of the staff members. These requests will be discussed and agreed between the supervisor and the area manager.

Where children are residing in the care of an Independent Fostering Agency – please consult with them as to their proposed arrangements for supporting and supervising the carer.

Appendices

Appendix 1:

Risk Assessment Tool for Practitioners who are Visiting or in Contact with Families

In these unprecedented times we are all having to work differently. One positive difference we can make is to share information well across agencies and to co-ordinate our work so children and young people are protected, and families are supported.

What is the Risk Rag Rating for the Child:	Red Amber Green (delete as necessary)
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School Attendance

Is the child attending an education provision as part of the government offer for vulnerable children?	Yes	No
If you answered no, does this increase the risk to the child/young person (not just in relation to our service but also related to the work of partner agencies)?	Yes	No
If yes, detail reason:		

Visit Frequency

Work out who will be contacting the family and when – aim to co-ordinate visits/contacts so the child/care leavers/family/carers have regular support – these arrangements may need to last some months, so think about long term provision and sustainability and share the load. Consider the primary need of the child/young person, e.g. Safeguarding, Mental Health or Physical Health.

- *Use the [Visit Planner](#) template (appendix 2) and share with family, carer and professionals (as applicable) the frequency and type of visits to be undertaken*
- *Refer to [Guidance for Staff Completing Home Visits](#) (appendix 3) before your visits*
- *Use proforma for [Recording the Visit/Contact by Partner Agencies](#) (appendix 4) and upload these to the child's file when received. This cannot be counted as a statutory visit unless undertaken by a social worker face to face.*

Frequency and timing of visits <u>prior</u> to COVID 19 restrictions by each agency:	Agency:	Agency:	Agency:	Agency:
Frequency and timing of visits <u>after</u> COVID 19 restrictions by each agency: <i>Be clear if visits are face to face or virtual or will no longer be taking place</i>	Agency:	Agency:	Agency:	Agency:

Are visits (virtual contact or face to face) proposed above enough to mitigate risk? Using the Visit Planner (Appendix 2) map out the visits to avoid duplication and spread visits out.

Information Sharing with the Team Around the Child (partner agencies)

Be alert to sudden changes in the child's circumstances and make sure relevant colleagues know as quickly as possible if action is required

Has consent been sought to share information across the partner agencies where this is not already in place?	Yes (<i>state who gave it</i>)	No (<i>state who refused</i>)
Are all partner agencies involved with this child / young person aware of their situation?	Yes	No
Are the names/contact details involved with this child / young person recorded clearly on their file?	Yes	No
Provide details on how information will be shared between the key agencies in the event of staff changes/lack of availability:		

Health Status of Household

Information to be obtained below prior to any face to face home visit

Is there anyone at home considered part of an at-risk group?	Yes	No
Is there a confirmed case of COVID19 in the household?	Yes	No
If yes give details:		
Are members of the household self-isolating due to showing symptoms?	Yes	No
If yes, detail reason:		
Are members of the household social distancing?	Yes	No
If yes, detail reason:		
If members of the household are self isolating/ social distancing do they have support to get food/ medication etc:	Yes	No

If yes, outline the support being provided?

If no, what support can be provided and by whom?

Risk Management

Is it safe to delay a planned face to face visit?	Yes	No
	Rationale:	
Is the visit able to be conducted virtually?	Yes	No
	Rationale:	
Risk management plan: Does the child have access to means of communication with their social worker? <i>E.g. What's app/text/mind of my own (what if they are non-verbal?)</i>	Yes	No
Where no, what action needs to be taken?		
Is there a change or deterioration in physical health, mental health or behavioural presentation?	Yes	No
Where Yes, what action needs to be taken? i.e. Inform colleagues in health services		
Existing family support? Is there a pre-existing safety plan that can be utilised?	Yes	No
Where family support is identified, are the child's records up to date with the contact details for the family support members, can these be shared with team around the child?	Yes	No
Where there is no existing family support plan, or the family support plan can no longer be actioned due to the impact of Covid 19 – what steps can be taken to reduce the impact of this for the child? <i>E.g. Virtual / phone contact between family members, family organising shopping to be delivered, family providing toys/books for child</i>		

Appendix 3:

Guidance for Staff Completing Home Visits and Virtual Contact

You will have discussed with your supervisor the level of risk and what families still require a home visit during this period.

For all visits / contact completed by a partner agency as part of the visit plan, ensure the pro-forma for Record of Visit/Contact by Partner Agency is completed and uploaded on to the child's record.

Home Visits Face to Face

If a home visit is required, please follow this guidance:

- Prior to visit contact family to check if anything has changed e.g. symptoms.
- 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.
- 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 PPE; face masks, gloves and hand sanitiser.
- For each visit:
 - Wash/ sanitise hands prior to entering the property.
 - Avoid direct contact and as much as possible keep safe distanced (at least 2 metres)
 - Wash/ sanitise hands after upon leaving the property.
 - Shower and change clothing as soon as you get home.
 - Keep the use of direct work tools to a minimum, where used, clean after
 - Where possible, use garden / outdoor space to talk to children/young people (while maintaining distance)

Virtual Contact

If contact is completed virtually follow these steps:

- Undertake checks with agencies who have had contact with the child or young person. E.g. if the child is in the school provision for vulnerable children.
- Speak to parents/ carer via phone, what's app, video, facetime etc.
- If the child/young person is able to speak via phone, what's app video facetime etc. this must happen and ensure as far as possible child or young person is given opportunity to be spoken to alone.

- Where a child/young person is unable to speak, they should be observed via the phone video and the phone shown to them so they can listen / see who is calling.
- Where required, the parent/carer/care leaver is asked to provide a virtual tour of the home using the phone video
- Don't lose sight of why we are involved, virtual visits should still have a purpose.
- Record clearly on Eclipse record that visit was virtual due to COVID 19. Ensure rationale for this is included in Eclipse COVID19 Risk Assessment.

Appendix 4:

Proforma for Record of Visit / Contact by Partner Agency

Record of Visit / Contact		
Child/Young Person:	Eclipse ID Number	
Name:	Date of Birth:	NHS Number:
Key worker undertaken the visit:		
Name:	Organisation:	Email:
Permission to share information with other agencies: Yes/No		
Date of visit:	Time of visit:	

Any change in presentation or increase/decrease in behaviours of concern or resilience of the Parent/Carer:

Consider the risk and impact of domestic abuse for the parent and child, where possible and safe to do so assess the risk and inform the social worker

Change in presentation or increase/decrease in behaviours of concern or resilience of the Child/Young person:

Does the child/young person have needs that are not currently being met due to social distancing that are causing undue distress?

Strengths identified in the child's, care leavers or members of the household's

(parents/carers) presentation:

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Emotional Health, Resilience & Wellbeing: *including check regarding suicidal ideation and any other emotional health issues previously raised as a concern*

- Child / Young person
- Parent/Carer
- Siblings

Do they have basic provisions & medication – how are these being obtained?

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Are there any changes to the health /at risk status of any members of the household?

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Child or Young Person's Wishes and Feelings

Where possible, talk directly to child or young person and record their comments/worries

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Resources shared during the visit /contact

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Plan for next visit / contact

Where there has been a necessary change to the visit planner, please ensure this is updated

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Who has this record been shared with?

Name	Agency

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If there are concerns arising from your visit, these must be communicated with the team around the child as soon as possible, where necessary, the risk assessment should be reviewed and updated.

Make sure that the central risk register (partner agencies) is also updated if you are concerned that risk has elevated.