

Response to Covid 19

Practice Guidance on RAG rating, Visiting and Recording

Introduction

As the third national lockdown (lockdown 3.0) commences, it is right that we amend our visiting guidance accordingly. This guidance dated 12 January 2021 replaces previous guidance.

For the next four weeks we will be reviewing the number of the face to face visits taking place. The guidance will be reviewed on the on the 12 February 2021.

In West Sussex County Council, all services have been asked to RAG rate the children they are working with as a priority to identify who are our most vulnerable and at-risk children and young people. The principles set out below is helpful in planning and carrying out face to face/ or virtual activities based on risk assessments. This document will be updated on a regular basis taking Government and Public Health information into account.

Aims:

- To help all workers undertaking visits or contact with children to keep safe and reduce risk of infection while undertaking key responsibilities.
- To reduce the risk of infection to others by staff entering homes
- To enable the workforce to undertake key duties

Risk Assessment tool - RAG Rating

Below are some indicators of how all staff within Children Services can prioritise case work with their line managers and how other services can coordinate case work responses within and to teams.

Children and young people's cases will need frequent review by the line manager and when new information is received. A case note (management comment) and visiting plan is required on Mosaic and all case summaries need to be updated when there is a significant change or not less than three months.

We require all workers to plan and undertake home visit/visits in other settings when a risk assessment deems it absolutely necessary to prevent:

- Significant harm
- To fulfil our statutory duties that cannot be fulfilled in any other way and/or

- When the risks of infection to staff and people visited have been mitigated in
- accordance with this guidance and Public Health England advice.

Risk analysis should be based on professional judgement and information known. The list below is not exhaustive.

RED

- All children subject to Child Protection (**S47**) where sexual abuse (including sexual exploitation) or physical abuse has been substantiated and the risk remains high
- High Risk MARAC where both parents are living in the address / have contact and risk can't be managed.
- Children where legal threshold met to initiate proceedings or in Pre-proceedings where risk is high requiring removal
- All Children Looked After (CLA) where there are any children on interim Care Orders at home or full Care Orders at home where placement with parents' regulations are not signed off
- Cases where Child Protection (**S47**) identified as part of a strategy discussion.
- All children subject to an initial Child and Family Assessment, which would also inform the risk assessment.

AMBER

- Plans in place for children and young people but not confident risk can be managed, and increased visiting should have been in place or reliant on other agencies visiting
- Plans in place for high risk adolescents
- Children in initial viability arrangements that hasn't been fully assessed
- High risk Child in Need (CIN) where concerns about children not being fed adequately and issues relating to COVID - 19 could exacerbate this
- Children who have moved placement still need to be visited within a week.

GREEN

- Child Protection (**CP**), Child in Need (**CIN**) and Children Looked After (**CLA**) but have enough arrangements in place that wouldn't rely on priority Social Work visits
- Missing children where police dealing with.
- Safety plan in place where you are assured of the child's safety. The plan is tried, tested and the child are seen by other professionals.

Please note: Risk is fluid so regular review of RAG rating will be required as new information is acquired, or staff are unable to make contact with children.

Current Visiting Requirement

RED - where children have been RAG rated as red, these require priority visiting and workers may be asked to support other teams to ensure all children rated red can be seen face to face. Risk assessment classified as red are deemed as our 'most at risk' and therefore it is expected that a case note (management comment) will confirm the RAG rating risk assessment (i.e. rationale for decision making). Workers will continue to record RAG ratings in the Mosaic step and guidance and update as required.

Prior to any visits the following should be undertaken

Where possible contact should be made with the family beforehand (by text or telephone) to explore whether someone in the household has been impacted by COVID-19 and whether it's safe to undertake the visit; unless by doing so the contact will place the child at increased risk. The risk assessment for face to face visits must include the recommended physical distance of two meters.

Workers and their managers need to identify:

- Is the family reporting Covid symptoms? Advise the person who is ill to seek advice from 111.
- Who will be present in the room/household?
- Plan entry and use of the space in the home – or remain at the door. Workers need to maintain social distancing at all times
- Workers and their managers must consider confidentiality.

A management comment should be added to capture this decision and will need to be recorded on a case note selecting 'Covid health risk' as it must now cover how health risk will be managed during the face to face visit and why a Face to face visit is now required.

Undertaking Visits

- When visiting families and entering their house the worker should ask if they can wash their hands, or use sanitiser, so families can be reassured that we are following public health guidance. Workers should familiarise themselves with current health advice on steps around handwashing. Workers may choose to take their own paper towels with them
- Workers should avoid physical contact with family members and children and follow current public health guidance around distancing from families
- Any face to face contact or visits with children and families can be undertaken in line with the analysis of health risk to ensure staff can keep safe. This means workers need to apply professional judgement and can be creative where appropriate or required to enable a face to face visit to take place. This could include in the garden, at the door etc.

- Care should be taken to avoid contact with surfaces wherever possible and if this cannot be avoided, workers are encouraged to wash their hands as soon after as possible
- Workers should keep up to date with Public Health advice and follow any recommended steps around social distancing, for example, keeping the length of a visit to a minimum
- When visiting (or virtual), the worker should explore with the family around whether they have sufficient means to feed their children and how they can be supported with this, including any local resources, access to school meal vouchers etc. The worker should have an explicit conversation with family regarding safety planning whilst self-isolating or if children are home from school for an extended period
- In all cases, it is important to record visits ASAP in case the worker goes off sick.

Where face to face visits cannot be undertaken for a child and/or young person rated as **RED** this must be escalated to a **Service Lead/ Group Manager** unless risk can be mitigated.

The Principal Social Worker Network has helpful guidance on virtual visits you may find useful [The PCFSW Best Practice Guide for Video Call/Contact and Virtual/Online Home Visit on undertaking both face to face and virtual visits](#)

Changes to RAG rating

Amber - All Amber identified visits should be face to face and virtual, alternating. If the worker and the manager determine that the risk has increased to a **RED** a face to face visit is maintained, the RAG rating needs to be escalated and changed to **RED**.

A management comment should be added to capture this decision and will need to be recorded selecting '**Covid Health Risk**' as it must now cover how health risk will be managed during the face to face visit and why a Face to face visit is now required.

Green – all visits should be undertaken by virtual means only. If the worker and the manager determine that the risk has increased and a face to face visit is required, the RAG rating needs to be escalated and changed to **RED**.

A management comment should be added to capture this decision and will need to be recorded selecting 'Covid health risk' as it must now cover how health risk will be managed during the face to face visit and why a Face to face visit is now required.

Early Help staff will only undertake virtual visits, however, should workers be concerned following a virtual visit they must apply professional judgement in consultation with a manager to agree the need to do a face to face visit. Management oversight should be added to capture this decision and will need to include how the health risk will be managed by Early Help during a face to face visit to comply with Public Health England advice on social distancing.

Carers or children in foster care who are reporting and symptoms/ self-isolating

When foster carers report themselves / or children in their care experiencing symptoms or are self-isolating. Advise the carer who is ill to seek advice from 111. Workers are to report this to their manager and maintain frequency of calls to support the carer and the child. The worker should update the IRO.

There are two types of visits that Social Worker can record on Mosaic:

- **Visit – Statutory visit** (Child Seen face to face or seen virtual)

On the Mosaic visit template (Red, Amber or Green as above)

- **Visit – Non-Social Worker visit** (e.g. other professional/ agency have seen the child, virtually or otherwise)

As a case note on Mosaic – use Non-Social Worker visit

Management Oversight

Management oversight should be used to regularly review RAG ratings to ensure our most vulnerable children are seen and assessed as appropriate.

Review / Contacts / References	
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