



Centre for Professional Practice

Practice Briefing Note No: 84

Title:	COVID19 – Children’s Services Guidance on Risk Assessment/ RAG Rating and Visits
Effective From:	V.3 11 th January 2020– update based upon DfE guidance dated 7 th January 2021: Coronavirus (COVID-19): guidance for children's social care services - GOV.UK (www.gov.uk) This guidance should be read alongside the; <ol style="list-style-type: none">1. National lockdown: Stay at Home - GOV.UK (www.gov.uk) published on 4th January 2021 and2. The Adoption and Children (Coronavirus) (Amendment) (No.2) Regulations 2020 (legislation.gov.uk)3. Safe working in education, childcare and children’s social care settings, including the use of personal protective equipment (PPE) - GOV.UK (www.gov.uk)4. SAGE advice on reducing the risk of coronavirus (COVID-19) transmission in the home - GOV.UK (www.gov.uk)
Practice Note:	Introduction <p>With effect from 5th January 2021, England entered into the 3rd National lockdown as a result of increasing numbers of people who have tested positive for Covid-19 and those who have subsequently passed away.</p> <p>Almost a year after the initial COVID19 lockdown period began, the pandemic continues, and as many other Local Authorities, we must continue to ensure that vulnerable children/ young people are safeguarded, and families supported. As an organisation we are also keen to balance the above requirements for families with minimising risks to our workforce. As such within this guidance is information from Corporate Health and Safety about how to keep yourself safe during home visits. We expect that you will comply this guidance.</p> <p>The expectation from the DfE as set out in the above guidance is ‘social workers to continue to make face to face visits wherever possible’. This guidance explains our Risk Assessment/ RAG Rating tool, which will assist managers to make judgements about high risk (RED) cases requiring the most robust responses.</p>



Family Solutions will also RAG rate and risk assess their families and have different criteria for this. As set out in the Risk Assessment/RAG Rating tool attached, below.

The DfE guidance sets out that managers will 'make a judgement about visiting which balances considerations of the:

- risks to children and young people
- risks to families
- risks to the workforce
- guidance on social distancing and hygiene
- statutory responsibilities, including safeguarding

DfE Principles – that we adhere to in Dudley

The difficult and complex decisions that need to be taken during this period should be made in the spirit of the following principles:

- child-centred - promoting children's best interests: nothing is more important than children's welfare; children who need help and protection deserve high-quality and effective support as soon as a need for help is identified
- risk-based - prioritising support and resources for children at greatest risk
- family-focused - harnessing the strengths in families and their communities
- evidence-informed - ensuring decisions are proportionate and justified
- collaborative - working in partnership with parents and other professionals
- transparent - providing clarity and maintaining professional curiosity about a child's wellbeing

Hands. Face. Space.

Approximately 1 in 3 people who have coronavirus have no symptoms and could be spreading it without realising it. Remember - 'Hands. Face. Space.'

- hands – wash your hands regularly and for at least 20 seconds
- face – wear a face covering in indoor settings where social distancing may be difficult, and where you will come into contact with people you do not normally meet
- space – stay 2 metres apart from people you do not live with where possible, or 1 metre with extra precautions in place (such as wearing face coverings)

Visits to children and young people (if you have symptoms do not visit face to face)

The Risk Assessment/RAG Rating Tool will help to identify children and young people who may need to be seen more frequently, or for whom more frequent management oversight is required, to keep them safe. There are no changes to statutory visit requirements.

When rating **Red, Amber or Green** you will need to make a professional judgement about how the present context impacts on risks to the child or young person. Consider;

- The impact of staying in the home;
- not having regular face to face contact with family;
- friends and professionals involved with the child/young person and their family/carer(s); who is in the household;
- their resilience to stress and isolation and
- behaviours, vulnerabilities and needs e.g. where there has been domestic abuse, drug use, poor mental health, missing episodes, criminal exploitation, disabilities, care leavers living on their own etc.

Children subject to Child Protection Plans

Child protection visits will now revert to pre-covid timescales of every 2 weeks. This is due to recognition that the 4-week timescale that was put in place in March 2020 is insufficient to manage risk for our most vulnerable children (Ofsted and the DfE are also of this view)

- For those children subject to CP Plans, children must be visited every **2 weeks** as per pre-covid timeframes.

Children subject to Child in Need Plans

- Child in Need visits where the RAG rating is RED will be undertaken face-to-face on a 4 weekly basis, supported by phone calls. Where the RAG is **Amber** or **Green**, visits will be undertaken virtually using technology enabled means such as Whatsapp video calls, facetime, Teams call and phone calls

New Assessments

- New Assessments and s.47 enquiries, face-to-face visiting frequency remain the same; first visit within five days and those subject to s.47 within 24hrs.

Children receiving support from Family Solutions

- For those subject to Level 2 or 3 (Early Help) – **4 weekly** visits as a minimum supported by weekly or fortnightly phone calls. Again where the RAG rating is **RED**, face-to-face visits must be undertaken as per pre-covid arrangements.

Care Leavers

- Care leavers will continue to be visited in accordance with the statutory timescales

Duration of the visit

All face to face visits should take place at the child's home – although you can talk with children and young people in the garden or go for a walk with young people. You should encourage parents and carers to make sure you let as much fresh air in, as you can without getting uncomfortably cold. There is an expectation for practitioners to spend approximately 15 - 30 minutes in children and families' homes to reduce chances of infection. There will be instances where there is an in-depth piece of work required; in such situations a blended approach needs to be implemented i.e. use of virtual visits, in addition to face to face visits. Please ensure that you discuss this with your line managers. **If you think a child or young person would experience an unmanageable increased risk of harm without a more regular visiting pattern, you must discuss this with your manager and agree a safe visiting frequency.**

COVID Risks Assessment/RAG Rating tool: to be used to review risks on each child, every **6 weeks** (change from 4-week expectation in v.1 of this guidance). Managers are to add a 'COVID19 – Management Oversight – Risk Assessment/RAG Rating case record to the child's record – every **6 weeks**. Managers with Practitioners to review the level of risk and ensure that the case file reflects any changes in Risk/RAG rating due to a change in circumstances or a changed level of risk. This case note will allow Managers and senior leaders to track that there are up to date Risk Assessments/RAG Rating tools on case files.

As stated above, the expectation of the DfE is that all visits to children will be undertaken **face to face** unless, temporary virtual visits are required due to risk of Coronavirus, as set out in the Adoption and Children (Coronavirus) (Amendment) (No:2) Regulations 2020 (temporary flexibilities).

Pre-visit Checklist: this brief checklist is to be completed by the practitioner prior to every visit to identify families where a member of the family has Coronavirus symptoms or are self-isolating. The checklist also picks up if other professionals are seeing the child. Management decision to be added to cases where there are COVID risks/potential COVID risk/self-isolation

and child is not being seen by any other professional. Management oversight to be added to the pre-visit checklist, added to LCS Documents and a case note added using the new COVID19 – Pre-visit Checklist case note.

Children in Care

- DfE guidance above sets out the expectation that wherever possible visits to children in care should be undertaken **face to face**. Whilst visits can be undertaken virtually, such visits should be the exception and can be used as a result of public health advice or when it is not reasonably practicable to have a face-to-face visit otherwise for a reason relating to the incidence or transmission of coronavirus (COVID-19).
- As good practice, children and young people should be told why a face-to-face visit is not possible and be advised of their right to advocacy or support.
- Again, use of the Risk Assessment/RAG Rating Tool will assist managers with this decision making. Manager oversight must be added to the child's case record to explain rationale for a virtual visit being undertaken instead of a face to face.
- Visits to Children in Care are six weekly or as per statutory requirements, for children who have been in care for longer. Residential Care workers will continue to care for our young people in their care. If there is a plan of a placement move/transition plan and there is no known Covid risk in the residential home, with the child or within the new placement, then the move should be progressed. Children are in school every day and whilst we do not want to increase risks to those in Children's Homes, we do not want to delay plans for them, if this can be progressed safely. Again, it is essential that the Risk Assessment/RAG Rating Tool is used to evidence management decision and rationale. For those children placed at a distance, if the risk assessment indicates that the risk is high (red) face to face visits need to be maintained. Those who are settled, rated amber / green and placed at a distance may require a virtual visits with some face to face where appropriate. Please discuss this with your manager to enable a balanced decision to be made.
- All internal Children's Homes and Foster Carers are being asked to reduce community based social or leisure activities in line with Government guidance for Dudley, during national lockdown or future Tier that we will be under at any given time.

All private providers of fostering or residential placements are being asked to confirm how they are minimising the contracting/spread of infection and to reduce community based social or leisure activities in line with social distancing advice.

Where any carer is planning to take a child in care out of the country, they are asked to notify us immediately and agreement will be made on a case by case basis, based upon Government and Public Health advice at that time.

Corporate Health and Safety Guidance on Visits for Children's Services (Sept 2020) – may need to be updated also following expected DfE guidance.

Before visiting a property

- When you make an appointment check if the individual you are visiting or anyone else in the house is self-isolating because of coronavirus or is in the NHS high risk group. If anyone in the household is worried they might have COVID-19 then advise them to use the NHS 111 online coronavirus service to find out what to do next. If you made the appointment more than 24h ago then call the person again to check they are still not self-isolating.
- If the person is now self-isolating or in the NHS high risk group:
- Speak to your manager to decide whether a visit is essential during the self isolation period
- Complete the home visit risk assessment
- If it is not essential, then take into account the amount of time that they have already self-isolated. Plan to call back closer to the time when the 10-day isolation period ends, check the person feels better before visiting. If there are other people in the house this will need to be extended to 14 days.
- If they are in the NHS high risk group assess whether the visit can be delayed until after the pandemic, or if anything can be dealt with by phone.

If the individual has symptoms of COVID-19 or is in the NHS high risk group and you have to visit them at home:

- Any member of staff who is higher risk should not visit anyone with confirmed Covid-19 unless advised otherwise by their occupational health team. In this situation arrange with another member of staff to carry out the visit. If the individual receiving care and support has symptoms of COVID-19 or is in the NHS high risk group, then the risk of transmission should be minimised through safe working procedures:
- Phone when you are near to the property to advise you are about to arrive
- If it is a shared house, ask the person with COVID-19/NHS high risk group if there is anyone else who you can speak to with their consent. If so, ask the individual to isolate themselves in another room.
- If there is no other house mate/resident, ask the person to put on a face mask if they have one before they answer the door
- Ask the person to stay at least 2 metres away from you during the discussion.
- Ask symptomatic person to remain in separate room behind closed door.
- Face coverings should be worn when in a person's property
- Additional PPE may be required which will be determined by a specific site related risk assessment in consultation with you line manager. If a person is symptomatic within the

home then these need to be double bagged and put aside in the property until 72 hours where they can then be put in domestic waste stream.

- Minimise any items that you take into the home, only take what is necessary.
- Ensure hands are washed with soap and water before and after each visit. If you touch anything on your way out of the home, use antibacterial hand gel.
- If soap and water aren't available, then antibacterial hand gel (with at least 60% alcohol content) is an alternative if hands are visibly clean. Otherwise hand wipes should be used, followed by antibacterial hand gel.
- If it is not possible to find out whether any member of the household is suffering from symptoms of coronavirus (COVID-19) before face to face contact, steps should be taken where practical to mitigate risk. These steps include but are not restricted to:
 - 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.
 - donning PPE (see above) as a precautionary measure.

Face Coverings

- Following changes to national guidance it is now expected that all DMBC staff should wear a face-covering when working in indoor places where social distancing may be difficult **and** where you will come into contact with people from outside of your team/usual colleagues. This includes visits to citizen's homes. This is to prevent staff passing on COVID-19 to other people.
- Where there is a requirement for staff to wear face-coverings during the working day then these will be supplied by the Council. Disposable face-coverings will be provided.
- Face-coverings can be used continuously unless you need to remove the covering from your face (e.g. to drink, eat, take a break from duties, at end of shift). Face coverings should be replaced if they become damp, damaged or become uncomfortable to wear.
- If your role involves visiting clients in their homes, you can continue to wear the face-covering between different home visits, if it is safe to do so whilst travelling. This may be appropriate when travelling between households on foot or by car or by public transport, so long as you do not need to take the face-covering off, or lower it from your face and providing it does not compromise your safety (e.g. driving ability) in any way.

Should social care visits to extremely clinically vulnerable children and young people continue?

- From 5th January 2021, the vast majority of children and young people who have been previously identified as 'clinically extremely vulnerable' have started shielding. This small number of children and young people will still be shielding because they are following clinical advice after consultation with their specialist health professional.
- Read [Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19](#)

- Any social care workers who need to visit and support a clinically vulnerable child or young person in their home can continue to visit unless they have any of the symptoms of coronavirus (COVID-19).
- Extra care should be taken in the event that a social care visit is required to a child or young person who is extremely clinically vulnerable and so are at very high risk of severe illness from coronavirus (COVID-19) because of an underlying health condition.
- Good basic hygiene should be followed, such as handwashing or use of sanitiser before and after the visit, and not touching your face during the visit.
- Staff should also follow social distancing guidance where this is possible. Where this is not possible, mitigating measures such as use of PPE should be in place.

Partnership Working

Multi Agency Meetings

All multi agency meetings will be undertaken via Microsoft Teams. This includes; Strategy Meetings / MACE / POT/ Core Groups / CP Conferences, CLA Reviews, Multiagency Action Meetings (MAAM) or any other meetings

Partner engagement in intervention

It is important that practitioners and managers record on the case file what intervention is being provided by partners agencies and whether the support is face to face or virtual/online. Practitioners and managers have reported partners agencies not being as involved with families, which has led to our workforce feeling that the burden for visiting is on them. Where another professional is visiting, please ensure that you get an update from them before visiting the child.

Having a clear record on file of the involvement of partners is important to evidence levels of partner engagement and the impact upon children and their families. Any ongoing concerns about partner engagement on individual cases or in general to be shared with the partner agency in the first instance or with the Dudley Safeguarding People Partnership via the Head of Safeguarding or Service Director.

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Date:	14 th January 2021
Review Date:	If/when DfE Guidance changes
Reference No:	0084/2021/PPP