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| **OPERATIONAL PROCEDURES FOR NORTHAMPTONSHIRE CHILDRENS TRUST DURING COVID-19,** **STATUTORY SERVICE PROVISION.** |

***Note: This guidance will be subject to regular updates as the situation develops and practice is adapted to new ways of working. Please ensure you are referring to the most up to date procedures.***

***The Northamptonshire Children’s Services Procedures website includes the*** [***Local Resources and Procedures relating to COVID.***](https://northamptonshirechildcare.proceduresonline.com/local_resources.html) ***This guidance should be used in conjunction with these procedures.***

**Version 1. Date: 27/04/2020. - amendment 4th May (section 2.4) further amendments 8/1/2021**

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**COVID related services information can also be found on** [**NCC webpages**](https://www.northamptonshire.gov.uk/coronavirus-updates/Pages/default.aspx) **and the** [**Northamptonshire Safeguarding Partnership**](http://www.northamptonshirescb.org.uk/)

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| **1** | **GENERIC PRACTICE** |
| **1.1** | **Working from the Office in the NCT** |

**The role of the Critical Duty and Assessment, Safeguarding and Children in Care Team**:

These teams will ensure duty teams present in the office to respond to any visits/ contact from the public whilst other staff could work remotely from home. The teams will alternate on a rota working in the office and WFH whilst also considering the staff that require to self-isolate. This is to reduce the amount of people who need to travel to the office, to promote social distancing and minimise transmission and protect the health of staff. It is very important in light of WFH and the new ways we are working to ensure that you keep up to date with corporate, NCT and service related email communications as these will include key updates and news.

Staff will conduct face to face visits for our most vulnerable **high risk rated cases** who have been RAG rated by the managers as being at Significant risk of serious harm. For the m**edium risk rated cases** who requirespecific support without which their health and development may be effected and l**ow risk rated cases** who arein a settled and stable placement staff will utilise technology ( Skype, phone) for visits, if appropriate and agreed by the manager. There will be no low risk rated cases open in DAAT or Safeguarding, if the need is low the child should be supported through early help or universal services. There could be changes in the risk levels for cases, if staff working with a family who are on the green/amber list and information comes to light to indicate that the risk has increased, the practitioner should discuss with the manager who will consider and update the classification as required. It is the responsibility of the team manager to ensure the classification is kept up to date and reflective of the child’s situation.

Each Monday morning a meeting will take place in each team to identify the visits that need to take place during the week whether face to face or virtual and ensure these are allocated to a worker and will be completed in that week. Performance reports will be utilised to monitor the team activity and ensure each child has been seen as appropriate.

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| **1.2** | **Working From Home**  |

All staff who are not in the Core duty team will be WFH. Whilst WFH, Staff will need to be logged into laptop/PC and to monitor Outlook mailbox for any email communications to keep connected. All staff should communicate any changes to health, availability for work or other personal circumstances to the team manager at the earliest opportunity each morning.

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| **1.3** | **The safety plan**  |

One of the most important aspect of the intervention is the safety plan, which specifies what action will be taken to keep the C/YP and family safe during this period. This needs to be clear to anyone who does not know the case and it needs to take into account that most contact from professionals will be virtual. Therefore, it is very important that staff talk to the family about who else in their family or community network is supporting them.

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| **1.4** | **MASH/ DAAT New Application of Thresholds**  |

**New Referrals / Section 47 Visits**:

The MASH will remain the primary decision maker for all new referrals, decisions will be based on The Threshold document with the revised application of thresholds criteria <http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-partnership/news/covid-19-safeguarding-arrangements/>  In the event of a difference of opinion regarding threshold, escalations will be dealt with by the SM or Strategic Manager. Revised Application of Thresholds guidance can be found in the [Local Resources](https://northamptonshirechildcare.proceduresonline.com/local_resources.html)

The Northamptonshire Safeguarding partnership case and conflict resolution procedure can be f[ound here](http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-partnership/news/case-conflict-resolution-protocol/)

* Families assessed as Tier 4  will continue to be referred to NCT for a Single Assessment.
* Families assessed as Tier 3 (CIN) will only be referred to NCT for a SW assessment if the level of need is significant and borderline safeguarding i.e. without a SW visiting to check on the wellbeing of the C/YP we would be worried the situation will escalate into a CP scenario.
* Families assessed as Tier 2/3 or below will be redirected to the Early help co-ordinators in the MASH who will provide advice and liaise with other professionals to support vulnerable families through this exceptional period.

To clarify threshold levels:

**Level 4** When there is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm.

These children require specialist/ statutory support. Children at this Level would require social work assessment such as Child Protection (CP) investigations or legal interventions in order to make sure they are safe. Children at risk of harm will be seen in a timely way as per national and local guidance for visits to children. Assistance from the Police may be sought in circumstances whereby parents are refusing access and there is cause to believe that the children are suffering or likely to suffer significant harm.

These children will be flagged on the system as High risk under Children’s Emergency planning and will be prioritised for visits, assessments and meetings.

**Level 3** Children with complex or multiple needs

These children require specific support, without which their health and development may be effected. Without support, the family are likely to become in need of a greater level of support and children may be unsafe. These may include children who have been assessed as ‘high risk’ in the recent past, or children who have been adopted and now require additional support.

These children will be flagged on the system as medium risk under Children’s Emergency planning. For these children, social workers will gather information by telephone from the parent/carer, young person/ the child and any professional as appropriate.  Some children may need a home visit to assess the level of risk/concern and determine further actions.  Likely to be one visit only and complete assessment with checks and virtual visits.

The risk classification will be completed by the manager on all new cases.

The **EDT service** **will continue to operate as it currently does,** responding to urgent C/YP and adult safeguarding issues that arise between 5.30pm – 8am and at the weekends/bank holidays. The EDT team will work closely with the MASH and NCT to ensure there is good handover of information between daytime weekday services and evenings/weekends.

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| **1.5** | **Case allocation** |

NCT operates with no unallocated over 48 hours. For all existing open cases the allocated SW or CSW will remain the same, unless a change in allocation is required due to transfer or level of risk e g LOW and MEDIUM rated cases may be reallocated to practitioners who are WFH due to health conditions, to free up capacity in the social workers who could undertake visits to respond to the **high risk red rated cases.**

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| **1.6** | **Visits to families** |

NCT are undertaking face to visits where wherever possible whilst allowing, where face to face visits are not possible due to coronavirus (COVID-19), for visits to take place over the telephone, a video-link or via other electronic communication methods. Face to face visits must be undertaken in relation to critical **high risk red rated cases**. Some m**edium risk rated cases** may require a home visit to assess the level of risk/concern and determine further actions, m**edium risk rated cases** however could have virtual visits if that is consistent with child’s welfare and agreed by the manager. A specific case note type has been created on CareFirst to record this activity called C-Virtual Visit (CHILD SEEN); C-Virtual Visit (CHILD NOT SEEN).

On the Virtual Visit case note, it is important that you only tick a C/YP as ‘seen’ if you have had sight of the C/YP over video and have had some level of interaction. We would encourage staff to be creative and find ways to continue direct work with families in isolation. Please consider Covid-19 guidance for visiting when planning your visits and your assessment work. Frequency of virtual visits will be determined by the child’s plan and whether CIN/CP/CiC.

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| **Frequency of virtual visits:** How often we are in contact with C/YP will be determined on a case to case basis. However the minimum level of virtual visits are as follows: | CIN | Phonecall or video-call minimum once a month  |
| CP | Phonecall or video-call minimum every two weeks |
| CIC | Phonecall or video-call minimum six weekly  |
| CL | Phonecall or video-call minimum twelve weekly  |

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| **1.7** | **Social Care Assessments** |

SWs in the NCT will be visiting to undertake Single Assessments for those C/YP who we have specific safeguarding concerns about and there is either evidence that they are at risk of significant harm or they are borderline CP (high level CIN or CP).

Wherever possible **Single Assessments will aim to be completed within 1 visit,** covering the core safeguarding issues. They will continue to be recorded on the standard Social Care Assessment Form on CareFirst. As part of the Assessment process the classification of r**isk category will also need to be completed.** Further assessment visits will only be conducted where there is a specific safeguarding concern identified. Consideration will need to be given if the information could be gathered through a virtual visit. Hi**gh risk red rated cases that escalate to CP will continue to be visited face to face. Medium risk rated cases will mostly have** virtual contact whilst professional judgement would determine if a face-to-face visit is required. **Low risk rated cases** will be closed with clear rationale and recommendations, where support from extended family and Early help will be considered.

Whilst it is likely that the amount of virtual assessment visits may need to increase in order to gather a more accurate account of the situation, NCT will continue the assessments work and direct work with children.

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| **1.8** | **Strategy Meetings & Section 47 Enquiries** |

If the strategy discussion or S47 indicates that an ICPC is necessary, then with the TM agreement, the social worker will send a convening request to SQAS Conveners. Once an ICPC is booked it is expected that a social worker and CP chair will discuss the case and plan how best to facilitate it.

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| **1.9** | **Return Home Interviews:** |

These will be undertaken virtually, unless the circumstances of the missing episode indicate the C/YP is at risk of significant harm and is assessed **high risk red rated** when a face-to-face visit should be undertaken.

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| **1.10** | **CIN Review Meetings** |

CIN review meetings will be held virtually. SW should identify the network of family and professionals who are continuing to have contact with the C/YP, work with that network should continue virtually, explicitly taking account of the restrictions on the capacity of agencies to provide services and the particular challenges raised by the impact of C-19.

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| **1.11** | **Child Protection Conferences (ICPC, RCPC) & Core Groups** |

All CP conferences will continue and be undertaken virtually, as a multi-way phone call/video-call or if technology does not allow, it will be held as a series of phone calls/video-calls, led by the CP Chair making sure all participants have information as to the concerns and outcome of discussions. CP’s will be recorded using the standard forms and in the usual way, the only difference is that they will occur by virtual means.

Partner agencies will be asked to provide a written report in the usual way wherever possible or information will be obtained by phone call/video-call.

CP plans made during this period will explicitly take account of the restrictions on the capacity of agencies to provide services and the particular challenges raised by the impact of C-19. Recommendations to end a CP Plan will be considered on a case by case basis.

Whenever possible email addresses for parents will be obtained and the CP record emailed to them securely. Where this is not possible the CP Chair or SW may need to read the outcomes to them over the phone.

If the CP chair has to minute the conference themselves due to no availability of minute takers, these will be a summary of the meeting rather than full minutes.

**Core groups:**

Core Groups will continue and be undertaken virtually, as a multi-way phone call/video-call or if technology does not allow, it will be held as a series of phone calls/video-calls. They should continue to implement and evaluate the CP plan, explicitly taking account of the restrictions on the capacity of agencies to provide services and the particular challenges raised by the impact of C-19. Core Groups should be recorded using the standard forms.

The social work report to conference must be completed before the day of the conference, so this can be shared with other professionals due to attend the virtual conference.

It remains important to share social work reports with parents before the day of conference, so they can prepare and fully contribute to the meeting.

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| **1.12** | **Gateway Panel**  |

The Gateway panel will be virtual. SW and TM will receive notification via email about the attendance times for SW and/or TM’s to present their cases to the respective panels.

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| **1.13** | **Management & Supervision** |

**Management oversight of the C-19 Risk Assessment & Safety Plan**

TM or AP oversight of classification and safety plan should be recorded on a management oversight case note.

**Supervision:** Supervision is to continue and be recorded as normal, by phone call/video-call if practitioners are WFH. Daily contact needs to be made with all staff WFH by managers.

**Performance clinics:** Performance reporting will continue through this period, accepting that the reports will have a different focus. Performance clinics will be done remotely ensuring that we are making regular contact with families, reviewing risk assessments, updating plans and holding virtual meetings. A new report for visits has been made available to enable managers to prioritise work and ensure that visits (either face to face or virtual) are taking place.

**Auditing**: Audits will continue to be conducted, however, the nature and scope of the audits will alter. The Strategic Manager for SQAS will circulate information about audit activity as and when it arises.

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| **2** | **CORPORATE PARENTING** |

**Visits to CLA and CL will continue and these will take place virtually or face-to-face dependent on the Risk Classification.** For **Low risk rated cases** of young people in stable placements, the visit could be undertaken by the Supervising Social Worker, this will be decided on case by case basis.

**Placement Planning Meetings** will be undertaken virtually, as a multi-way phone call/video-call.

**Initial and Review Health Assessments** are undertaken in line with current guidance.

**Personal Education Planning Meetings** are undertaken virtually. The Virtual School continues to provide virtual educational support to CLA.

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| **2.1** | **Making a Child/Young Person Looked After** |

Gateway Panel or Assistant Director will have responsibility for making decisions about whether a C/YP should become CLA. The process does not change from the current procedures.

Outside working hours, the Service Managers have been given authorisation to agree S20 accommodation. The service manager agreeing for the S20 accommodation will ensure that the day team are aware of this and that formal agreement is sought via the appropriate routes the following working day.

The ability to find placements throughout this period will be significantly impacted, therefore every effort to find an alternative safe family or community option must be fully explored.

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| **2.2** | **Legal Planning Meetings, PLO & Court Work** |

Legal advice would be accessed virtually.

**LPM’s**

All LPM’s will be held virtually via phone call/video-call once agreement been given by SM. Legal will provide a legal note of the meeting on the standard recording forms.

**PLO & Pre-proceedings mediation meetings:**

These will take place virtually via phone call/video-call, set up by the legal team. The ability to undertake normal PLO pre-proceedings activity will be significantly impacted by the current working context, therefore careful thought will be needed at the LPM about what we need to see from parents to prevent us issuing care proceedings, what support could be provided or assessments completed.

**Court Hearings:**

The Family Court have advised that hearings will mainly take place virtually. Arrangements will be made so that parties do not need to attend in person unless instructed. The hearings will be held by telephone, video or skype with the judge in court and the hearing recorded on the court recording equipment and Family Justice Guidance will be followed.

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| **2.3** | **Placements, Fostering & Adoption** |

**Placement Requests**

Placement will continue the search for a suitable placement when agreement given, and make every effort to try and find an available resource.

Any decision around making a placement needs to consider the health risks to the child and the carers and to any other members of the household.

If a placement needs to be made, there needs to be a written agreement that the risks have been fully explored and explained and that the foster carer understands them. Risks to others in the household will also need to be addressed. In considering the risks of making a placement, the specific care plan for the child will need to be taken into account, including requirements for contact and for social workers and others to visit the foster home.

 Foster carers should not normally take on the care of a child if they, or another member of their household, are defined as being in a vulnerable group.

**New UASC arrivals**

If UASC arrive in the country and have symptoms of the C-19 virus we will utilise the provision that has been made available to enable self-isolation.

**Fostering and Adoption**

**Support to Foster carers** Contact with all our foster carers will be maintained by phone call/video-call, however, face-to-face visits may be deemed essential in critical **high risk red rated cases** – where a placement may be at risk of disrupting, where safeguarding issues are of concern. Before agreeing to such a visit, it will be necessary to assess the risk, taking into account the purpose of the visit, any specific vulnerabilities within the fostering household, the wishes and feelings of the foster carers and other adults in the household, and the wishes and feelings of any children in the household, according to their age and understanding. In these cases it will be the Child’s Social worker responsible for the face to face visit unless otherwise decided.

**Fostering and Adoption Panels**

Panels will continue to operate virtually by using Skype.

**Fostering & Adoption Recruitment and Training**

All face to face training has been suspended. Online courses remain on offer and a webinar/ online training offer for preparation of foster carers and adopters will be made available.

The service will continue to respond to any enquiries from prospective adopters and foster carers and assessment visits will be undertaken virtually.

**Placement of children with prospective adopters**

Where introductions have begun, there will be a priority to complete those introductions and for the child to be placed. The introductions will include an assessment of all potential risks and identification of how those risks will be mitigated. Where a match has been approved and a plan is being made but where introductions have not started, there must be an assessment of the risk factors, as set out below, to decide whether introductions can begin or whether there needs to be a suspension of those introductions until the risk factors have been mitigated.

**Post Adoption and SGO support**

Referrals for Assessment of needs are being accepted as usual through the duty line.

As part of the Assessment process the classification of risk category will need to be completed. Further assessment visits will only be conducted where there is a specific safeguarding concern identified. Consideration will need to be given if the information could be gathered through a virtual visit. **High risk red rated** cases will continue to be visited face to face. **Medium risk rated** cases will mostly have virtual contact whilst professional judgement would determine if a face-to-face visit is required. **Low risk rated cases** will be supported through virtual means and support from extended family and Early help will be considered.

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| **2.4** | **Connected Carers and Special Guardianship**  |

The Connected Persons team continues to assess applicants for Initial Viability Assessments (IVAs) and further assessments (ie Full Connected Persons assessment or SGO assessments) when IVAs are positive in partnership with CCT colleagues. Emergency IVA’s will continue to be completed within the Child Care Teams

During the current pandemic these assessments are undertaken remotely in the majority of cases via use of Skype, WhatsApp or telephone. However, on occasion they are also completed face-to-face in line with organisational requirements on social distancing and use of PPE and after an appropriate review of the circumstances.

IVAs typically take ten working days to complete though they may be needed on an emergency basis which will then be completed within a much reduced timeframe.it is acknowledged, the current pandemic has created some challenges in completing these within the expected timescales due to applicants’ availability as a result of self-isolation and social distancing.

Further assessments (ie Full CP assessments or SGO assessments) are undertaken upon the completion of positive IVAs. GPs are unable to complete full Fostering medicals (AH1 and AH2) and therefore CP applicants can complete a Medical Self-Declaration form which is then forwarded to the LA Medical Advisers.

On all occasions where timescales are likely to be delayed Court extensions are sought.

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| **2.5** | **Permanence Planning**  |

Permanence planning continues to be a priority and needs to be considered as part of every care and placement plan, even before a C/YP comes into care.

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| **2.6** | **Contact** |

All contact arrangement between children in care and their family are under review. A balanced approach to family time is being taken in line with government guidance with face-to-face family time taking place for specific children where a risk assessment has determined that levels of risk can be managed in a safe way. Virtual Contact will be facilitated for children and young people for whom face-to-face family with their family is not possible.

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| **2.7** | **CLA Review Meetings**  |

All review meetings will continue and be undertaken virtually, as a multi-way phone call/video-call or if technology does not allow, it will be held as a series of phone calls/video-calls, led by the IRO.

At least Five working days prior to Review

Social Worker to ensure the following are available to the IRO: -

* CiC SoS assessment;
* CiC SW - Review Decision Updated from on Carefirst is completed;
* Care/Pathway plan (in draft for Second and subsequent reviews);
* EPEP and
* health reports

Reviews and the updating of C/YP care plans will need to take account of the restrictions on the capacity of agencies to provide services and the particular challenges raised by the impact of C-19 on C/YP, their carers, their families, and on professionals.

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| **3** | **BUSINESS SUPPORT & FINANCE** |

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| **3.1** | **Roles and responsibilities** |

Whilst operating during Covid-19, Business support staff and managers provide support to NCT. Directions about priorities and/ or support tasks will be confirmed through the SLT during this time and all core operational tasks will continue unless otherwise directed.

**Communication**

BSO’s in the NCT should follow the operating guidelines in relation to MASH, CP or Corporate Parenting activities as directed by an appropriate manager. The operational priorities are likely to be reviewed on an ongoing basis and staff at all levels will need to work flexibly to meet with the needs of the service.

For those working remotely at home, staff will need to be logged into laptop/PC for 9am and to monitor Outlook mailbox for any email communications relating to support tasks or process changes which will be received throughout the day. BSO’s need make it clear to the manager on duty what time they will be taking a lunch break so that this is factored in.

All staff should communicate any changes to health, availability for work or other personal circumstances at the earliest opportunity.

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| **3.2** | **Finance** |

Financial transactions will be supported in the normal way and Business Support will support the processing once approved.

A Business Case requires completing with Finance and forwarding to the NCTApprovalPanel inbox, if the expense is associated with the pandemic and falling into one of the following categories below:

1. New exceptional costs. Additional expenditure to deal with the emergency situation. Expenditure on items that would not normally be purchased.

2. Market-underwriting. Measures taken to support the market and supply chain at a local level.

3. Increased demand cost. Variations in spend on existing budgeted items following increased demand due to Covid-19.

4. Income/Funding. Including loss of income from chargeable services and any variations in funding and other income streams.

ALL COVID related spend needs to be identified as such and approved by NCT Panel. Small amounts under £500 (S17, COVID related) will be approved on a collated spreadsheet and not require individual application to panel.

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| **4** | **Youth Offending Service** |
| **4.1** |  **Working arrangements**  |

All YOS staff are working from home unless they are rostered for duty within the YOS office.

Every weekday there will be a duty team present in one of the offices to respond to any visits/ contact from the public. Monday, Tuesday, Thursday and Fridays the duty team will work from Northampton with Kettering closed. On Wednesdays the duty team will work from Kettering office and Northampton Office will be closed. The teams are designed to have one senior manager, one operational manager, one administrator and a police officer present in the office. This is to reduce the amount of people who need to travel to the office, to promote social distancing and minimise transmission and protect the health of staff.

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| **4.2** |  **Scheduled court hearings** |

In relation to Crown Court there are no new trials at the moment, however, current cases will continue where possible via video link, and each case will be directed individually by the judge.

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| **4.3** |  **Remand court**  |

Remand Courts continue to operate each weekday and also include Saturday and Bank Holiday cover.  A rota is available to all staff to ensure court cover is clearly communicated.

Remand courts will be run using a cloud video platform with the young person attending the remand hearing via video link from the Police cells in one of the two Criminal Justice Centres located in Brackmills and Weekly Woods.  YOS staff will attend by video to make representations and YOS staff will have access to young people in cells. Prosecutors, defence solicitors and interpreters will join by video link.

Remand assessments will be required as per normal practice.

The court cells and police cells have confirmed PPE equipment will be available to all YOS staff on entrance to the cells.

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| **4.4** |  **Referral Orders** |

All Referral Orders are being managed in line with YOS guidance and contact levels depending on the young person’s levels of risk in relation to re-offending, harm to others or their own safety and wellbeing.

All panel meetings will be run using video and conferencing facilities to ensure that the young person’s order starts promptly.  Young people are still expected to attend/participate in their initial, end and any emergency panels, but reviews will go ahead in their absence.

All panels will be facilitated with the required number of Referral Order Volunteers. The Restorative Justice Worker and Case Manager are expected to attend panel virtually and updated ASSET+ assessment and Referral Order report will be prepared for each panel.

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| **4.5** | **Management of Children and Young People subject to Orders and Outcomes in the community** |

The Youth Offending Service must meet statutory responsibilities, in particular to protect the public from harm, and to safeguard the wellbeing of children and young people.  All children and young people will be assessed as per normal practice and the level of mandatory contact will be governed by these assessments which of cover risk of harm and safety of wellbeing.

Where the level of risk is such that face to face contact is required as part of the changed arrangements, a specific risk assessment must be completed and countersigned by the Operations Manager.  Additionally, there is a spreadsheet being maintained and updated providing details of each client and the decisions/contact arrangements in place. [Additional guidance is available]

Where Contact arrangements will be through telephone or a virtual application [predominately for Low and medium risk young people] it is expected that contact is meaningful in the context of the young person intervention plan.

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| **4.6** | **Management of Children and Young People in Custody or in Residential establishments outside Northamptonshire** |

Responsibility for day to day management of their Risk and Safety/Wellbeing rests with the custodial/ residential service provider.  Children and young people should be contacted by telephone more frequently than would normally be the case, and checks made with staff on their welfare, the general situation in the Unit, and the current judgements about the risks they may pose and face.  It may also be necessary to increase contact with their parents/carers.

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| **4.7** | **Risk, Safety and well-being (RSWB) Panels** |

It is expected that Risk, safety and well-being (RSWB) panels will be completed virtually. The panels will focus on both risk of serious harm and risk of well-being. All partner agencies will be invited to participate through skype. Risk panels will be tracked centrally within the YOS to ensure we are maintaining the level of oversight required.

The process of organising a risk panel has not changed, we assess escalation of risk / well-being and where necessary organise a risk panel.

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| **5** | **Targeted Support and Adolescent Support (COVID-19)** |
| **5.1** |  **Working arrangements and Rag rating**  |

Targeted Support and Adolescent Support continue to be delivered. All open cases are RAG rated and a tracker spreadsheet is utilised by the managers to monitor the high and medium priority cases and by the seniors to monitor the green cases. All case activity is recorded onto Capita.

Red – Children where a level of risk to the child is present, children are at home and there are safeguarding concerns. These children/ young people are prioritised for visits, assessments and meetings as necessary; the meetings to be virtual wherever possible. Where cases are also open to Social Care, to liaise with the social worker as to who is to visit and the purpose of the visit (Remember Targeted Support visits do not constitute statutory visits).

**Red-rated children/young people** could include children/ young people who are at risk of exploitation in the community or at risk at home through neglect, emotional abuse or physical chastisement; there may be a degree of disguised compliance from parents/carers; there may be domestic abuse in the home or a young person may be a perpetrator of abuse against a partner, parent or grandparent; situations where children/young people may be at risk of immediate or significant harm if things escalate and may be at risk of coming into care in an unplanned way if the situation deteriorates further; children/young people who are eligible for support from schools but may or may not be accessing provision; the child or young person’s health needs are not being prioritised. Children/young people going missing, particularly when parents are not reporting them missing or do not know where they are and especially where it is believed those young people are at risk of county lines/gangs; Families where the learning needs of the parent/carer are a concern and also if any young people are living with grandparents – particularly elderly grandparents and cannot be supported by them or continue living with them in the current situation; new cases which TSS have not been able to make contact with or who have just been stepped down from DAAT to T3.

**Amber -** Children who require specific support, without which their health and development may be effected; without support, the family are likely to become in need of a greater level of support and children may be unsafe.

**Amber-rated children/young people** could include children or young people where there are complicating factors and their families may be struggling under the constraints of the current situation and may need help with a variety of issues; parents may have financial issues or difficulty obtaining a secure supply of food and other essentials so the family may need practical support; young people who have limited support networks and are at risk outside the home. For these children/ young people we could utilise technology for visits if appropriate. Children/young people at this level of need are eligible for support from schools but may or may not be accessing provision; their health needs are usually being met. Young people who may be in need of sexual health support such as pregnancy testing or the morning after pill may need signposting or support. Families can be provided with access to practical support via websites and/or helplines, telephone contact to be sustained.

**Green -** Low risk is the child or young person in a settled and stable home with parents/carers able to meet their needs and with stable support networks, income and safe homes. Families may be close to the end of period of direct work/intervention and cases may be suitable for closure. Parents may need help with parenting or other practical issues and this may be provided via screen-based technology or phone calls. Families can be provided with access to practical support via websites and/or helplines, and worker to provide a clear exit plan that details any outstanding actions/signposting and advice given.