

# Revised Guidance For Visiting Children, Young People and Carers During Covid-19 : 1<sup>st</sup> October 2020 (updated 23/11/20)

## 1. Introduction

### Foreword

This updated guidance follows a critical review and re-assessment of our approach to undertaking purposeful visits to children, young people their families and carers, taking full account of emergent Public Health guidance and advice of the UK Government in relation to Covid-19.

This includes specific government guidance issued to local authority children's social care services on 25<sup>th</sup> September 2020. The guidance is designed to support professional practice and informed judgement, balancing risks and needs based on comprehensive risk assessment, **prioritising face-to-face contact with children wherever possible.**

### Context

Since the Hull CYPFS Visiting Guidance during Covid-19 has been published (version 1, revisions 2 & 3), we have been through a period of 'lockdown' and more recently made a cautious re-emergence as the local and national picture changed and evolved. Whilst mindful of the present patterns in terms of some upward trends in positive testing of Covid-19, this is subject to local variations across the country which we will keep under review, assessing what this means for the children and families that we work with in Hull and what this means for our workforce, by translating the most recent Government advice into operational guidance to inform practice.

As Covid-19 transmission rates began to rise again, the Government introduced new national measures, with effect from 5<sup>th</sup> November 2020, designed to limit social contact and reduce the spread of infection. As at 20<sup>th</sup> November 2020, Covid-19 infection rates in Hull are now amongst the highest in the country, are increasing and are having an impact on our workforce. This includes an increase in positive Covid-19 tests, and increasing numbers of people needing to work from home, for example because they are self-isolating in accordance with government guidance or are needing to care for their own children at home, following partial school closures. (Updated – 23/11/20)

This guidance has been updated (new section 7) to reflect that context. The core expectations (outlined below) in relation to **face-to-face visits** remain unchanged. (Updated – 23/11/20)

We truly appreciate the ongoing hard work, resilience and the flexibility shown by all those in our children's workforce over the past seven months in continuing to promote the welfare, protection and care of local vulnerable children. Covid-19 continues to present a very real challenge and we now know that this is going to be part of our ongoing experience, both at home and work, for some considerable

time.

With this in mind, we are re-stating our commitment to prioritise the needs of vulnerable children and maintaining vital services during this next phase, **prioritising direct interventions with families** whilst maintaining a safe working environment.

In the early months of the pandemic we optimised the use of digital technologies to support visiting arrangements and over recent months progressed to face-to-face visits, subject to robust risk assessment.

We now need to maintain this momentum which is supported by the most recent government guidance emphasising that **virtual visits should now be the exception**.

We remain alert to health risks and the need to remain proactive in ongoing, robust risk assessment activity based on individual circumstances. We acknowledge that the situation may change rapidly and we will continue to keep our visiting guidance under review. However, we need to keep an unrelenting focus on **risks to children** and ensure that we are seeing the children that we are worried about, in person wherever possible. For those children that we care for, or have cared for previously, we also need to be maintaining and strengthening our relationships by continuing **our direct face-to-face contact** if at all possible.

Our expectation is that **all visits will be face-to-face**, unless there is a clear rationale not to do so, such as the result of changing public health advice. If for any reason a decision is made by the worker and manager that a visit will not be face-to-face, this must be recorded as a **Management Oversight** on Liquidlogic clearly stating the reasoning for the **'exception' decision** by the manager. The Group Manager will need to have oversight of these exceptions and review accordingly.

**We know that risks to children are not static and we need to continue to re-assess risks, needs and resources** in the present context for all children and young people that we are already working with, informed by observation, direct work and assessment information gathered on face-to-face visits, wherever possible.

Direct working and home visiting with families that have recently been referred to us remains crucial in accurately identifying and assessing risks. This will ensure interventions and safety planning are shaped to the present context and unique to each child, young person and family.

We know that for all of the families that we work with, risks will have changed during the course of the pandemic and this remains a changeable picture, unique for each child and their context. **New needs may have emerged that will require us to focus on increasing our engagement, re-assessing risks and reviewing planned interventions.**

The guidance that follows is aimed at providing a pathway through some of the complexities of professional judgement and practice, privileging face-to-face contact within the context of a changing landscape. The reader is advised to read this guidance in conjunction with:

- <https://www.gov.uk/coronavirus> provides 'live' Government guidance, support and announcements as they happen, including the restrictions imposed on 5<sup>th</sup> November 2020.

	<p>Specific guidance for children’s social care services released on 25.9.20 can be found here <a href="https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care">https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care</a></p> <ul style="list-style-type: none"> <li>• <a href="https://hullchserv.proceduresonline.com/index.html">https://hullchserv.proceduresonline.com/index.html</a> details relevant local CYPFS Covid-19 risk assessment guidance for children, young people and carers, templates, best practice guidance and a good case example.</li> <li>• <a href="#">Covid-19 Hull Specific Guidance</a> is specific to Hull CYPFS and also contains our <b>Best Practice Guidance for Social Work during Covid-19</b></li> </ul> <p>When undertaking face-to-face visits (subject to risk assessment) social distancing should be maintained. Effective use of PPE (e.g. face masks; gloves, sanitizer) should be built into the infection prevention risk plan for all social work visits where maintaining social distance cannot be assured.</p> <p>Practitioners with underlying health conditions that put them at increased risk of severe illness from Covid-19, including those who are immunosuppressed, should still not undertake work that entails direct and face-to-face contact as per risk assessment at this time. This will change in line with government guidance.</p> <p>We have seen exceptionally creative, adaptive social work practice during the pandemic and we need to continue to develop our response and interventions as the context continues to change.</p> <p>Social workers, practitioners and managers need to continue to work closely with our partners to plan and coordinate our visits to children and maximise our collective opportunity to safeguard and support our most vulnerable children and families. Children, young people, their families and carers must experience visits which are as planned, coordinated and joined up as is possible.</p>
<b>2.</b>	<b>Key Messages</b>
	<p><u>All visits should be face-to-face, where possible. Virtual visits should be by exception and the reasons will need recording clearly by a manager.</u></p> <p>Covid-19 individual child, young person, carer risk assessments should be kept under review and updated accordingly for all children and young people using the CYPFS framework and guidance contained within the previously mentioned procedures (this relates to risks to the child). This is in addition to the need to undertake a risk assessment prior to visiting considering the spread of infection (this is related to risk to health due to Covid-19).</p> <p><b>For direct visits:</b></p> <p><b>Plan your visit.</b></p> <ul style="list-style-type: none"> <li>• Contact the person you are visiting in advance, unless it is an emergency and there is risk of</li> </ul>

significant harm.

- Seek further information to inform your risk assessment including the present health status of all in the household including those in high risk groups.
- Clarify what the available space is in the home and think how you will use this. Minimise who will be present if appropriate
- Explain your risk assessment and seek their agreement to visit.
- Explain why precautions are needed – to protect them, you and the community. Offer reassurance
- Seek their views on what would reduce risks e.g. very young children approaching you unable to socially distance, agree parent/carer to distract and pick them up
- If you will be using PPE, explain why, this could be frightening for children
- Be clear about the purpose and likely duration of the visit and how this will contribute to the child's plan - risk reduction and promotion of welfare

#### **Before the visit**

- Identify any PPE you may need and ensure you have a way of disposing of it after the visit

#### **During the visit**

- Acknowledge that the family or carers may be feeling anxious about allowing you into the home, try and offer reassurance by telling them about the precautions you have taken. Have sanitiser to hand.
- Check on arrival if there is any new health information you need to know to inform your risk assessment
- Maintain social distancing where possible and minimise the surfaces you touch
- Keep the visit purposeful and concise

#### **After the visit**

- Sanitise your hands and any equipment used e.g. Laptop with disinfectant wipes
- Wash your hands as soon as practically possible
- Dispose of PPE as per Public Health advice
- Wash your clothes at the end of day

#### **Other considerations**

- Plan your visits alongside key professionals working with children, making sure that you don't all visit or telephone on the same day
- Keep in touch with IROs regarding children looked after and discuss how IROs are staying in touch with children and how this fits with wider plans.
- Core groups, planning meetings and reviews still need to happen e.g. via MS Teams. This activity will help to safeguard children and must be clearly recorded on the child's record.

Our Safe Systems of Work for Visiting Families in Children's Social Care has been updated and contains more detailed advice. *(Updated 23/11/20)*

This advice should be followed at all times and can be accessed here:

	<a href="#"><u>Safe Systems of Work: Visiting Families in Children's Social Care</u></a>
<b>3.</b>	<b>Child Protection</b>
	<p>Children subject to a child protection plan should be visited at their home address and social distancing should be adhered to. We should aim to seek agreement to enter the property and record the reason why not, if this not possible. As keyworkers it is important that we continue to undertake our duties as fully as possible to ensure child safety and welfare needs are met.</p> <p>Professional judgement will be required to determine how we can be satisfied that that the child is safe if we are not entering the property. How can we understand what life is like for them if we are not seeing how they are living? We need to carefully balance risks to the child and health risks and record how we have come to the decision if we not entering the property. As stated, this 'exception' to a face-to-face visit needs to be recorded as a management oversight on the child's case file by the responsible manager.</p> <p>If you are not able to enter the home you should still visit the property and see the child, even if only at a social distance, in the garden, on the doorstep or through the window. The specific details should be recorded clearly on the child's record and the individual Covid -19 risk assessment should be updated to reflect present risk and needs.</p> <p>If a child is not seen it should be recorded as a 'Visit Child not Present' and parents / carers should be asked specifically about the child's whereabouts. If the social worker is dissatisfied with the response, this should be escalated to the team manager and checks should be made to establish whether other agencies have seen the child.</p> <p>Timescale for CPP visits; at least every 10 working days. CP visits should be recorded as a 'Statutory CP Visit'.</p> <p>Workers and managers may choose to undertake a telephone welfare check between each CPP visit – this can be done via phone or WhatsApp and should be recorded using the 'telephone welfare check' option.</p>
<b>4.</b>	<b>Child In Need</b>
	<p>In the early stages of Covid-19 the majority of child in need cases RAG rated amber or green were managed via welfare checks on the telephone or using WhatsApp. It was recognised that these children and young people may have become less visible to us and other professionals given school closures and curtailment of activities of other services such as health visiting and youth services.</p> <p>Hence, in June 2020 guidance was issued stating that the Covid-19 risk assessment should be updated as risks and needs are likely to have changed during Covid-19 and that visits needed to be re-established to facilitate the importance of direct contacts in the cycle of ongoing assessment, planning, intervention and review of children's needs.</p> <p>Visits should now continue as face-to-face contacts wherever possible. The frequency of visiting needs to</p>

	<p>be agreed by the manager and should be at an absolute minimum of four weekly - good practice would suggest fortnightly but this needs to be based on the needs of the child or young person.</p> <p>For <b>assessment teams</b>, visits will be planned and directed by the Team Manager based on the available information and perceived level of risk to the child. Visits should take place at the point of receiving the referral and reviewing all information.</p> <p>In principle, all visits should be face-to-face, subject to the outcome of the Covid-19 risk assessment. Children should be seen, spoken with and their sleeping and living arrangements observed. During phase 3 of the pandemic families should be seen on a minimum of three occasions during the assessment period.</p> <p>Further visits should be planned, with partners, based on the perceived level of risk as the assessment progresses.</p>
<b>5.</b>	<b>Early Help Visits</b>
	<p>During the earlier stages of Covid-19, Early Help contacts with families were managed via welfare checks on the telephone and recorded using Welfare Check case note.</p> <p>In June 2020 where risk assessment indicated that on balance it was safe to do so, support contact progressed to direct visits to the property or garden to see the children or young person, practising social distancing.</p> <p>Alternatively, workers asked the family to visit a children's centre to access support or meet at an outdoor location, ensuring at all times that the health of the family, worker and community are taken into account.</p> <p>Home visits should now revert to usual practice, subject to risk assessment, privileging face-to-face contact.</p>
<b>6.</b>	<b>Child Looked After Visits</b>
	<p>In the earlier stages of Covid-19, guidance advised that children looked after were not to be visited in their placement unless safeguarding or placement breakdown risks were identified (with the exception of unregulated placements or connected carers). Children were to be contacted frequently via telephone or WhatsApp.</p> <p>In June 2020 this became subject to a full Covid-19 risk assessment giving due consideration to the child, young person, carer, fostering household, residential unit or other setting, and visiting worker, and direct visits were re-established.</p> <p>Now, where it is risk assessed as safe to do so, direct visiting within the placement should take place practising social distancing. Visiting should take place within 1 week of placement, then at intervals of not less than 6 weekly. Group Manager approval will be required in exceptional circumstances where visiting is requested to take place at 3 monthly intervals after 1 year, if the placement is agreed as permanent until the age of 18 years.</p>

	<p>Workers can also meet young people out in the community and where in-placement visits do take place, workers are reminded to plan in advance with carers and young people as per suggestions on pages 2-3 of this document.</p> <p>In-between visits workers should keep in touch with children and young people via telephone, WhatsApp, and Mind of My Own statements. This should be in accordance with their needs and at a minimum of once every 3 weeks.</p> <p>Workers should be mindful that children and young people will be going through a period of transition, returning to school and perhaps re-establishing direct contact with birth families and additional support may be required at this time.</p> <p>Independent Reviewing Officers (IROs) have been using telephone or WhatsApp calls to consult with children and young people prior to CLA reviews and for virtual visits between reviews. IROs should exercise their professional judgement as to whether these methods of contact and 'visiting' are sufficient to enable them to fulfil their duties in the current context. If possible visiting in placement to facilitate face-to-face contact should now resume subject to risk assessment. In such cases, IROs should follow the guidance for direct visits.</p>
7.	<b>Impact of High Covid Infection Rates – Additional Interim Guidance</b> <i>(Inserted 23/11/20)</i>
	<p>The visiting guidance, including the requirements for face-to-face visiting and the frequency of social work visits to children subject of child protection plans, children in need and children looked after <b>still</b> all apply. Wherever possible, these visits should always be undertaken by the child's allocated social worker.</p> <p>Where this is not possible, visits <b>must</b> still take place and will need to be undertaken by another qualified social worker. In <b>exceptional</b> circumstances, where a team or service area reaches a point where this is not practically possible, <b>non-statutory</b> visits (e.g. CIN visits) <b>may</b> be undertaken by non-qualified colleagues following the guidance below:</p> <p><u>Statutory Child Protection Visits</u> <b>must always</b> be undertaken by a qualified social worker. This may be a colleague social worker (or a team manager if need dictates).</p> <p><u>Looked After Children Visits</u> <b>must always</b> be undertaken by a qualified social worker (or team manager, if need dictates). There may be other qualified social workers already involved with the child and family who may be able to undertake the visit on the allocated social worker's behalf (for example, a fostering social worker who knows the child and family and can combine their visit with a fostering supervision visit).</p> <p><u>Child in Need Visits</u> <b>must normally</b> be undertaken by a qualified social worker (or team manager, if need dictates). There may be <b>exceptional</b> circumstances, based on capacity and informed by assessment of need and risk, where it is necessary and/or in the child's best interests for a single visit to be undertaken by a non-qualified colleague (e.g. a family practitioner) who has an established relationship with the child and family.</p>

	<p>Where any child in need visit is undertaken by a non-qualified practitioner this <b>must</b> be agreed in advance by a Group Manager and the decision recorded on the child's record by the Group Manager.</p> <p>Guidance on the visit must be provided to the non-qualified practitioner in advance by the child's social worker or team manager and should:</p> <ul style="list-style-type: none"> <li>• Ensure that the worker undertaking the visit has read the visiting guidance and has access to PPE</li> <li>• Ensure that the worker is appraised of relevant background information</li> <li>• Provide clarity about the purpose of the visit</li> <li>• Clearly identify key issues to observe/address</li> <li>• Specify any identified risk factors/indicators</li> </ul> <p>Following the visit there must be a discussion between the team manager and the practitioner who has undertaken the visit, to evaluate outcomes against the stated purpose of the visit and to ensure that any concerns about the child's welfare or safety are shared.</p> <p>Any visit agreed to be undertaken by a non-qualified worker instead of a social worker must only ever be agreed as a 'one-off' for that particular child and not as a series of visits.</p> <p>Face-to-face visits must still be prioritised. However, whilst Covid-19 infection rates remain high in the city, it may be appropriate, supported by an assessment of risk, to shorten visits to some children and families, and use a more 'blended' approach. Children must always be seen and spoken to and checks made to assess the safety of the home environment. Other ongoing social work intervention (e.g. as part of assessment or direct work outlined in the child's plan) may be conducted virtually with agreement with the child and family.</p>
8.	<p><b>Leaving Care In Touch Visits</b></p> <p>During 'lockdown', guidance advised Care Leavers would not be visited in their placement or accommodation unless safeguarding or placement breakdown risks were identified and contact would be via telephone or WhatsApp.</p> <p>In June 2020 Covid-19 risk assessments were advised to be updated for all Care Leavers and where possible workers were to resume our responsibility of visiting and maintaining visits at a frequency of not less than bi-monthly.</p> <p>Face-to-face contact should now be reinstated for all Care Leavers if this has not yet occurred. Staying in touch via telephone or WhatsApp can continue in-between if useful.</p> <p>Where a Care Leaver has involvement with adult social care, close communication should be taking place to ensure that the young person is safe and this should be clearly recorded.</p> <p>We recognise that Care Leavers may have been particularly vulnerable during the pandemic and a re-assessment of risks and needs will be required to ensure tailored support is in place.</p>



<b>9.</b>	<b>Return Home Interviews</b>
	<p>The majority of children and young people who returned home or to their placement following a missing episode were contacted by telephone or WhatsApp video during the earlier stages of the pandemic. Since June 2020 Covid-19 risk assessments were advised to be undertaken following all episodes of missing, to determine if a face to face RHI could take place, practicing social distancing. This could be at the home address or in a public space.</p> <p>All visits should now be face-to face unless there is a clear rationale as to why this should be an 'exception'.</p> <p>The VEMT manager will continue to identify all high risk missing episodes and make the decision to undertake a face-to-face RHI. Where VEMT have concluded that follow up face-to-face discussion is required, they will plan with the social worker or placement in the first instance.</p> <p>RHI's will continue to be recorded on the standard RHI form on Liquid Logic.</p>
<b>10.</b>	<b>Supervision of and Visits to Hull City Council Foster Carers and Supported Lodgings Providers and One Adoption Adoptive Parents</b>
	<p>During the pandemic, the Fostering Service and the Adoption Service has continued to provide supervision and support to HullCC's foster carers, supported lodgings providers and One Adoption Adoptive parents.</p> <p>The overriding principles of 'Supervision' and 'Support' which has been delivered by telephone or video call and some home visits subject to robust risk assessment of any Covid-19 related factors in the fostering or supported lodgings household. Face-to-face visits should be promoted as the norm, by mutual agreement with the foster carers or lodgings providers.</p> <p>The frequency of contact with the foster carer/ supported lodgings providers/ adoptive parents may need to remain relatively high as carers may still have children at home for longer periods of time if the child has not yet returned to school or resumed undertaking other usual activities in the community.</p> <p>In addition, foster carers/ supported lodgings/ adoptive parents will not have been able to access face-to-face training or support groups for some time and may have been facilitating virtual contact with birth families during lockdown. Additional support needs may now become more apparent and will need responding to by stepping up the frequency of visits if foster carers/ supported lodgings providers ask for this or we feel they need extra advice, guidance, support or supervision.</p> <p>Supervising fostering or supported lodgings staff, Children's Social Workers or Personal Advisors should agree a household visiting plan with our Foster Carers/Adoptive Parents and children/ young people, so our duties are co-ordinated, with shared tasks that do not duplicate. All staff planning a visit to a foster carer or lodgings provider household should agree this mutually with the carer in advance and confirm any PPE/ safety arrangements as per pages 2-3 of this guidance. Unannounced visits should only be taking place in emergency safeguarding situations.</p>

	<p><b>Prospective Foster Carers subject to Assessment</b></p> <p>Assessments of any prospective carers/ providers, including emergency Foster Carers, will be conducted by a combination of telephone/ video conference calls and home visits. There must be <u>at least two visits</u> to the house to check household arrangements, health &amp; safety, bedrooms etc. before the assessment is completed and presented to Foster Panel.</p> <p>Where a child's team is involved and undertaking a visit, the Fostering worker should liaise with them to potentially undertake this at the same time, providing clear guidance on information needed in order to reduce visitors to the household. The timing of this is to be considered alongside the self-declaration by the "carers" regarding COVID-19 risk factors.</p>
<b>11.</b>	<b>Post Order Support</b>
	<p>A decision will be made in every individual situation giving due regard to the needs of the children and adopters/SGO carers in addition to the safety needs of staff. Where a child is subject to a Child in Need Plan in addition to the SGO/Adoption Order, Child in Need Visits guidance needs to be followed and face-to-face visits should be undertaken .</p> <p>Additional visits may be needed where there is a risk of adoption or placement breakdown – in such situations, a risk assessment will need to be undertaken before a visit is completed. Welfare checks through telephone or video call remain appropriate in-between visits.</p>