Operational Guidance for Children's Social Care

Safeguarding Children in the Context of the Coronavirus Outbreak

In view of the third lockdown, this guidance was updated on 06.01.2021

Purpose of the Guidance

To clarify arrangements for seeing and supporting vulnerable children during the national response to coronavirus whilst also protecting our staff from infection and complying with the government guidance for Children's Social Care.

General Principles

It is also important to note that existing general duties on local authorities under section 17 of the Children Act 1989 in relation to safeguarding and promoting the welfare of children remains unchanged. This is also the case for duties under section 47 of the same Act as regards to investigating cases where the local authority has cause to suspect that a child is suffering or is likely to suffer significant harm.

It is important to balance our responsibility to maintain the health of our staff with our responsibilities to safeguard, protect and promote the wellbeing of the most vulnerable children in Bradford. Our staff are our most valuable resource and we continue to be extremely grateful to all of you for your efforts during this difficult period.

How often do children need to be seen?

Statutory Visiting frequency:

- Children on Child Protection Plans – maintained at **face to face** visits at a minimum of 10 working days
- Children in Need – maintained at **face to face** visits at a minimum of 20 working days
- Children subject to Interim Care Orders and placed with family via a direction under s38(6) – **face to face** visits need to take place at least weekly until the first child in care review thereafter visits should be **face to face** once every 10 working
- Children subject to placement with parents' arrangements – **face to face** visits need to take place at least weekly until the first child in care review. Thereafter face to face visits should be a minimum of once every 20 working days with a digital visit in the intervening period at 10 days
- Children in care who have experienced placement disruption, are likely to experience placement disruption or who are at high risk of exploitation / repeatedly missing – maintained at a minimum of once every 20 working days
- Children in care matched to permanent carers – minimum 3 monthly
- Children in care not matched to permanent carers – minimum every 20 working days
- Children and young people who are supported by keyworkers in family support services – at least weekly phone call and one home visit every 10 working days. See additional guidance.

For children in care, face to face visits are preferable as long as this can be done safely. PPE should be worn and social distancing maintained. In some cases a face to face visit may not be possible or safe to either the child, carers or social worker for reasons related to infection control. In such circumstances a virtual visit can take place however the reason for this should be recorded.

In addition, each team will be aware of children who are a high priority due to safeguarding concerns but who are not within these cohorts - Team Managers and Service Managers will need to remain sighted on these as well as any emerging concerns.

Attending school

All children subject to Early Help, Chid in Need Plans and Child Protection Plans should be attending school unless of course there are particular health vulnerabilities affecting the child or a household member.

For Children in Care:

- Children placed at home (PwP, kinship) should attend school
- Children in long term matched and settled placements should be offered the opportunity to attend school with the agreement from the foster carer
- Children in fragile placements should be required to attend school
- Children in residential placements should attend school unless a risk assessment identifies that they should not go. In these circumstances, learning will be supported by the staff in the home.

How should children be seen during the outbreak?

Social distancing rules still remain and it is essential that staff wear face masks during a visit and ask the parent(s) and carer(s) to do the same.

Remember, “visits” are more than a “welfare check”, you should follow practice guidance in respect of how to undertake a good home visit which can be found at

https://proceduresonline.com/trixcms1/media/6705/recording-a-visit-to-a-child-practice-guidance.pdf

For any circumstances when transport is being provided for our children and young people, PPE must be worn to reduce risk of infection.

Covid 19 - Checklist and Guidance Notes
For Staff Carrying Out Home Visits

	Y / N
1. Is anyone in the home known to be Covid 19 symptomatic?	☐
2. Is anyone in the home known to be self-isolating?	☐
3. Is anyone in the home known to have underlying health conditions?	☐
4. Do you have underlying health conditions or are you symptomatic?	☐

If you answer “Yes” to any of these you should discuss with your Manager the potential to find alternative ways of making and sustaining contact with a child / family for a limited period - or in the case of question 4 consider an alternative staff member carrying out home visits.

Guidance Notes

- Before home visiting and if appropriate staff are advised to call ahead and ask if anyone has Covid-9 symptoms or self-isolating. Staff should check case records for any alerts.
- Before visiting the family staff should request that only the family members are present that are required for the visit and discourage others from attending.
- If visiting a family and you are concerned that a member of the household may be symptomatic then end the visit as soon as is practicably possible and report and discuss this with your Manager.
- Before and after visiting the family home, staff are advised to wash their hands.
- Staff are advised not to shake hands with any member of the household and seek to sit or stand maintaining a 2 metre distance from others.
- Staff are advised not to touch any unnecessary surfaces, toys, doors or accept drinks or refreshments from the family.
- Staff should spend only the time necessary with families, to carry out checks, assessment or direct work according to the circumstances of the case.

Child protection medicals for children with suspected/likely Covid 19 in isolation at home

Physical abuse/neglect (sexual abuse contact Mountain Health Care as usual)

This applies to children who are at home in isolation with their carers for suspected or definite Covid 19, and physical abuse or serious neglect is suspected. Once the schools break up it may be difficult for children to disclose so any concerns must be taken seriously. Disclosures or concerns may come from other family members, or via email / other contact.

Refer to “referral for CP assessment” document for details of usual medicals.

NB this is a fast changing situation, details such as where the medical is done may change.

Deciding on the medical

This must be done at a senior level.

- On receiving a referral, the social worker is still expected to contact the child and speak to / assess the child before requesting a medical as CSC contingency plans
- If a medical may be needed there must, as usual, be an urgent strategy discussion which includes a health professional to provide information and discuss threshold.
- **A Consultant Paediatrician** MUST be involved in the discussion either as part of the strategy meeting or contacted afterwards by a CSC manger or above. The CSC Manger will contact paediatrician on call for child protection (via BRI switchboard - working hours via secretary, out of hours directly as usual)
- Before the child is brought, a clear plan must be in place as to where the child goes after the medical as they will need to be discharged immediately. This is needed **before** the child is taken for a medical.
- If it is agreed that a medical is necessary, it will be booked in as soon as practical and deemed appropriate.
- The secretary / Dr will inform the ward
- **Siblings** should be discussed at the same time, instead of the usual consideration after the medical

- We would not usually accept photographs of injuries, but under these circumstances there may be discussion about whether photographs of the injury are available eg on the child's or relative's phone.

Booking the Medical

Ward 32 CDA, possible Covid-19 area

Most medicals on "well" children during this period will be done at St Luke's – a child with possible Covid-19 will be the exception as they need isolation.

How?

- If possible, the family will bring the child to the ward. The ward will be expecting the child and immediately put into an isolation room on arrival. All will need to wear masks to walk through the hospital. **The Social Worker will ensure the child and his/her family members are provided with the appropriate personal protective equipment.**

- If brought by a social worker, masks need to be worn by all from the home to admission.

Medical will be done as soon as possible in the assessment cubicle with appropriate mask, apron and gloves.

Who?

- Within normal hours if available, Consultant on call for Child protection registrar.

- Out of hours or if consultant in St Luke's, ward consultant / SPR if senior and experienced enough.

Afterwards:

After discussion with the social worker the child will usually be discharged immediately with brief written report in hand unless further investigation is needed.

Further information

The decision to progress with a CP medical will usually come out of a multi-agency strategy meeting. Within the meeting, the chair will need to give consideration to the urgency of the medical. This will be dependant on a number of factors:

- The child's age and assessed vulnerability e.g. an immobile baby.
- The significance of the injury.
- Whether the medical would support a social care / police investigation (i.e. what do we stand to gain evidentially from the medical and how will this inform safety planning?)
- A balance in the need for an urgent medical against exposing the child to a hospital ward - is it absolutely necessary?
- Timing – for example if the child is out of isolation the following day and appears to be safe the medical may be later than we would normally expect.

Family time/contact for children in care

The Covid 19 outbreak is presenting challenges in all areas of the work that we undertake with children and families. All arrangements for family time MUST HAVE A COVID RISK ASSESSMENT (see form), wherever this takes place which the social workers must complete fully.

These are extreme and unprecedented circumstances that will inevitably have an impact on our ability to offer family time to all our children in care. We have therefore decided to facilitate family time, in which the following circumstances apply:

- Following discharge of a baby straight in to foster care
- Final good bye before adoptive placement

- Where children are subject to care proceedings and/or where social workers have risk assessed that it is safe to supervise family time for children; this must be outside / outdoors or in a Covid secure environment which is properly cleaned between meetings to prevent the spread of the virus.

For children in care, all arrangements for family time need to be considered on individual basis.

This position is consistent with other Local Authorities in the region and will be kept under review on a daily basis.

Where there are current care proceedings our legal officers should be informed or consulted regarding arrangements for contact so that they can advise and also liaise with all parties and the court.

The following guidance is offered in order to try to minimise the impact of reduced family time:

- Increased levels of telephone contact or contact via video calling must be offered
- Should foster carers wish to purchase additional mobile phones to enable this to take place then this will be supported by us. They should liaise with their Supervising Social Worker if necessary.
- Should birth families also need this then they can be supported via team S17 budgets.
- For babies, this contact can be at as high a frequency as can be managed (daily or even greater is permissible in the circumstances) and must also include:
    - foster carers sending frequent photographs to the parents via message or email
    - carers being in frequent touch with parents and sharing messages about how baby is doing
    - the sharing of pictures, hand and footprints etc. can all contribute to the maintenance of a relationship during the outbreak
    - promoting a positive relationship between carer and parent (where this is safe) will be an important part of the care plan during the outbreak.
    - Any other creative ways that social workers and carers can think of to give parents and children a sense of "being in touch" during the outbreak (please feel free to share ideas across the service)

In some cases, telephone contact between parent and baby may also help. This will enable baby to hear parent's voice and may also enable the parent to hear baby making noises.

It is recognised that there may be exceptional circumstances that mean that the risk of contact not taking place is greater than the risk of the virus being spread further. Such cases should be discussed with Service Managers and Heads of Service for the child and the carer and a risk assessment and plan be put in place to minimise the risk. Examples of circumstances that might be deemed "exceptional" would be cases in which a parent or child has a life-limiting condition and is approaching end of life. Assessed contact will be for an hour a week once a week, subject to review.

Completing court-ordered Parenting Assessments

The purpose of this guidance is to provide some clarity around the expectations and arrangements for completing Court ordered assessments of families when normal life is seriously affected by 'lockdown' as a result of the national response to Covid-19.

We are directed by the Court to file parenting assessments on the dates recorded in the Court orders and it is expected that these deadlines will be met. However, we recognise that this will present some additional challenges and assessments and final care plans may be incomplete.

The Assessment Sessions:

In the main it will not be possible to complete face to face assessment sessions with parents or other relevant people. Assessment sessions with parents in the interim will be completed by phone calls or video calls.

There may be occasions, with an appropriate risk assessment, safeguards and social distancing that direct sessions can be arranged. This is a matter for professional judgement and with consultation with your team manager.

It is important that you evidence your decision making regarding the format for your assessment sessions within the assessment.

Information Gathering:

Within your assessment gather as much information from parents and other relevant people in the child's life as usual, through your chosen safe medium. If this is completed by telephone or video call it is important to remember that aspects of your assessment in respect of a parent's presentation, demeanour, non verbal nuances etc. may be missed. This needs to be factored in to your analysis.

Gather as much information from other professionals as possible e.g. education, foster carers, drug/alcohol services, probation, health, ISW reports, psychological assessments etc. It is recognised that you may not have all the information you need to inform your assessment due to staff not being available, expert assessments being incomplete etc.

In respect of gathering a child's wishes and feeling and completing direct work you can use phone calls and texts but this is an opportunity to be creative. For example, you can use email to send a child direct work sheets which can be completed via video or you could support the child to write a letter to the judge - these can be photographed and returned to you. Be as creative as you can.

In the conclusion of your assessment if you are unable to form a firm recommendation to achieve a clear permanence plan then be clear about:

- what **you** have done to gather as much information as possible
- are there gaps in your information?
- what other information is crucial to your assessment and why?
- what attempts you have made to obtain the information?
- give clear reasons why you have not been able to obtain information and if possible, when you think the outstanding information will be available

This is a Court ordered assessment for a child that will inform their future so it is important they know that you as their social worker have done what you can to progress their case at this unprecedented time.

It is important that you keep the LA solicitor updated about the progress and challenges you experience as well as the independent reviewing officer and the child's guardian.

Planning going forward

You will need to continue to think about the child's permanence plan and ensure that care planning meetings focus on what is required to progress the assessment so that we can achieve permanence for the child as quickly as possible.

Completing court-ordered S7 reports

We will continue to work to court agreed timescales but the assessment approach will mirror that for parenting assessments (see above). We will highlight to the court any gaps in information arising from this process.

Children's meetings

Meetings for individual children will not be cancelled but instead will be held virtually by phone, email etc.

This includes (but is not limited to):

- PLO meetings
- Core Groups
- CIN Reviews
- LAC reviews
- CP conferences
- Legal Gateway Panel
- Case supervision

Other meetings such as team meetings should also be held virtually or cancelled.

Responding to referrals

- Referrals will be responded to in the usual way by the Integrated Front Door.
- Each locality will need to maintain sufficient staffing to respond to new referrals and it is permissible for "duty teams" to be office based until such a time as a direction is given that offices must be closed. However social distancing should apply in offices.
- New assessments will be prioritised in relation to the level of concern or risk.
- Where a visit is needed to the family the guidance in respect of CIN and CP visits should be followed

Working from home

- Within the four localities it is expected that the majority of staff excluding those who are on duty will now be working from home.
- However, staff may still come to the office if this is *essential* and observing social distancing rules and infection control measures. It is likely that as more people either become unwell or start to self-isolate, we will need to call on staff who are working from home or from other services in order to ensure that the most vulnerable children are seen.
- Head of Service, Service Managers and Team Managers will set up communication systems to enable them to be in frequent contact with their teams via phone or email to ensure that staff safety is maintained and that work is managed and prioritised.