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| **Hull’s Children’s Services (Safeguarding) Operating Guidance (Covid-19)** | | | | |
| **1.** | **Introduction** | | | |
|  | Hull’s Children’s Services (Safeguarding) Operating Guidance (Covid-19) has been developed following the [guidance](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) released by Department for Education (DfE) on 3rd April 2020.  Everyone involved in promoting the welfare, protection and care of children and young people is working extremely hard in the face of unprecedented challenges to support the most vulnerable during this period. It is a time of new pressures across society, which we know will present heightened levels of risk for some children and young people. As such, it is especially important that the City’s children and young people continue to receive the services and support they need and we will continue to carefully balance identified needs and risks alongside wider public health and government guidance.  At the same time, we recognise that this challenging context means we have to think differently (with our partners) about how we fulfil our statutory duties to safeguard the most vulnerable children and young people.  Difficult and complex decisions should be made in the spirit of the following principles outlined in the [guidance](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). More than ever, we need to be:   * child-centred - promoting children’s best interests * risk-based - prioritising support and resources for children at greatest risk * family-focussed - 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   During this challenging period, managers and senior leaders will keep you updated regarding the changing face of social work i.e. the way all processes and key decision making will be managed.  This document outlines current expectations and arrangements and will continue to be reviewed on a regular basis. We want to ensure that all staff across our services are clear about what is expected of them and the support and decision making processes they can expect of their managers and those around them. | | | |
| **2.** | **All Panels** | | | |
|  | All Panels, in terms of face to face meetings, have been suspended until further notice. Please complete and process requests in the usual way. The relevant Heads of Service will continue to review your information and plans for children. Decisions will be recorded on LCS (Liquid Logic) and a copy of the decision record will be emailed to individual social workers and team managers. Prior to cases being presented at Panels, Group Manager comments will be sought in the usual way. | | | |
|  | **Legal Gateway Panel** | Chair of Panel/Head of Service Decision – These are held virtually via WebEx with all panel members (Legal Services, Adoption Group Manager, Fostering Group Manager & IRO Manager). All social workers and managers presenting cases are invited to the meeting at an allocated time. | | |
|  | **Permanency Panel** | The chair and vice chair will review cases on the agenda and telephone all social workers for clarification, where needed. Decisions will be recorded directly on Liquid Logic. The criteria for selecting the children discussed at panel has not changed. | | |
|  | **Edge of Care Panel** | Decisions will be made on a case by case basis, involving different services. The Head of Service will make a decision regarding services required. Higher Priority children (rated red or high risk) will be prioritised. | | |
|  | **Complex Needs Panel** | Chair of panel will meet with panel members through conference calling. Panel will re-commence from May 2020 | | |
|  | **Fostering Panel** | Chair of panel will meet with panel members and prospective Foster Carers through conference calling or WebEx | | |
|  | **Supported Lodgings Panel** | Chair of panel will meet with panel members and Supported Lodgings applicants through conference calling or WebEx | | |
|  | **Adoption Panel** | Chair of panel will meet with panel members through conference calling or WebEx. | | |
|  | **Complaints Adjudication** | Relevant Head of Service via letter sent to families. | | |
| **3.** | **Covid-19 Risk Assessment for Children**  **All** children need a risk assessment completed and a RAG rating recorded.  All Risk Assessments must be completed on the Liquid Logic form.  Guidance to complete the risk assessments and an example of a completed risk assessment have been added to Tri.x and this can be accessed through this link - [Covid-19 - Hull Specific Guidance](https://proceduresonline.com/trixcms1/hullcs/doc-library/#collapse0)  Where the level of risk has been assessed as high, a minimum of weekly visits should be completed, supported by agreed telephone welfare checks.  All children on child protection plans should be visited every 10 working days. A minimum of weekly telephone welfare checks should be completed during the week that children are not visited.  Where the level of risk has been deemed Medium or Low or where families are self-isolating, weekly telephone *welfare check* should be completed and the conversation recorded.  ‘In touch’ and welfare check contacts should be recorded on the new ‘drop box’ available on Liquid Logic. | | | |
|  | **Children Looked after** | Weekly using telephone / video call | | |
|  | **Subject to Child Protection Plans** | Every 10 working days – garden/door step or house if safe to do so  Weekly using telephone / video call | | |
|  | **All high risk cases (rated red)** | A minimum of weekly visits – garden/door step or house if safe to do so  Weekly telephone / video call | | |
|  | **Children subject to CIN plans, including privately fostered children** | Weekly using telephone / video calling | | |
|  | **Children self-Isolating due to Coronavirus Symptoms** | Weekly using telephone / video calling | | |
|  | **No symptoms/ self-isolating CP visits** | A minimum of fortnightly | | |
|  | **No symptoms CIN visits** | A minimum of 6 weekly | | |
|  | **No symptoms CLA** | As per agreed statutory timescales | | |
|  | **Care Leavers** | Weekly using telephone / video calling | | |
|  | **Early Help** | Weekly using telephone, may increase to daily contact depending on level of need | | |
| **4.** | **Families / carers that are self-isolating due to showing Covid-19 symptoms** | | | |
|  | Please follow the Visit to Children and Carers Guidance on Tri.x [Covid-19 - Hull Specific Guidance](https://proceduresonline.com/trixcms1/hullcs/doc-library/#collapse0)  Allocated workers should complete a short checklist and no visits should be undertaken without ascertaining the following;   1. Is the family/household where the child lives self-isolating? (for symptoms, exposure or underlying conditions) 2. Is the child self-isolating? (for symptoms, exposure or underlying conditions) 3. Does anyone in the family have C19 symptoms? 4. Is the child still attending school and is being seen there? 5. Do other professionals have contact with the child?   If the first three answers are **‘YES’,** please consider the following question;  How can you ensure the child and families’ safety and wellbeing whilst maintaining social distancing (telephone, facetime, distance, through a window etc.)?  In addition, safe visiting needs to be discussed, agreed and recorded with your line manager prior to the visit. The checklist must be saved in the documents section on Liquid Logic.  If the answer to the first three questions is **NO,** please consider the following question:  How can you maintain social distancing whilst seeing the child? Discuss and record the detail with your line manager. | | | |
| **5.** | **Management Oversight** | | **Weekly for High Risk Children** | |
|  | Weekly Management oversight must be recorded and reviewed for all children where risk has been assessed as high (red).  Where families are self-isolating and a welfare check is completed via telephone/video calls, oversight of this activity should also be recorded clearly.    For children assessed as medium (amber) or low (green) risk, management oversight should be recorded on, at least, a monthly basis.  Where there are case specific concerns and risk in relation to Covid-19, *Need to Know* forms must be completed and submitted to the relevant Head of Service. Heads of Service will escalate to the Assistant Director and Director of Children’s Services accordingly.    Home working does bring with it some opportunities and all staff should be discussing and agreeing their work plan with their manger in advance. Working from home can support the prioritisation of written work, including; updating assessments, plans and chronologies.    Management oversight should importantly continue to focus on the effective flow of work through the social care and early help systems. Case closures and transfers remain important to ensure that work is well distributed across our teams and that children experience the right level and type of involvement.  The prioritisation of work and agreed timescales for action remain important in supporting our ongoing improvement journey. This period, whilst challenging for everyone, does lend itself to focusing on good practice recording and effective planning for children. | | | |
| **6.** | **New ways of working** | | | |
|  | Given the current challenges, wherever possible and in consultation with managers, please use telephone/video calling to maintain contact with children, families and partners. The coordination of social work and other involvement with children and families is more important than ever – please stay in touch with partner agencies and communicate well your concerns, risk assessments and support plans.  When you undertake a welfare check, please record your observations and analysis using the **welfare check** case record if the risk assessment has been rated Green/Low.  **Meetings**  When conducting meetings such as Strategy meetings, Child Protection Conferences, CLA Reviews, PLO Meetings, CIN Review meetings, Fostering Reviews, Adoption Placement Planning meetings, wherever possible, please make use of telephone/ conference calling.  To enable you to hold meetings whilst staff and partners are working from home, IT have organised for WebEx Conference functionality to be available for use.  Due to the number of licences currently available it has not yet been possible for every member of staff who organises a meeting to have the software uploaded on to the laptop/pc. Additional licences will be made available, but in the meantime, to ensure everyone has the ability to organise a meeting it has been agreed this will be done on your behalf; as you do not need a licence to take part in a conference telephone or video meeting.  If you would like a ‘virtual’ meeting to be arranged please email: - [CYP&FS.WebExConferencing@hullcc.gov.uk](mailto:CYP&FS.WebExConferencing@hullcc.gov.uk)    In your email request please ensure you include the following information:   * Date * Start Time * End Time * Meeting/Conference Title * Attendee names (internal), email address (external) * Whether you would require a Conference Call or a Video Conference Call * If this is a recurrence – frequency and details of the recurrence   From your request you will receive a meeting request which you should accept; following the instructions within the meeting request ‘how to dial in’ ‘or access video conference’.  Please allow at least 2 hours’ notice before the conference call is required for it to be set up for you.  Here is a link to the [guidance document](http://alfresco.hullcc.gov.uk/alfresco/d/d/workspace/SpacesStore/1e6d506f-b927-44c4-ad1d-f4e80254c5f5/2.1.%20WebEx%20User%20Guide.pdf)  **Children / carers with Underlying Health conditions as per NHS Guidance and Children/carers self-isolating due to coronavirus symptoms**  Where children/ carers have underlying health conditions identified or are self-isolating due to coronavirus symptoms, please send the details to Children’sSocialCareAudits@hullcc.gov.uk to enable Liquid Logic to be updated. This information is recorded and can be viewed in the health section of the child/carer’s record.  **Children Looked After (CLA)**  Where a CLA child cannot be visited because they are self-isolating and have been rated low risk from a safeguarding perspective, please liaise with your Team Manager. Use other methods such as telephone calls and WhatsApp video calls. Record the visit using case note ‘**Other CLA contact with child’**  **Covid-19 Risk Assessments**  All Covid-19 Risk Assessments must be recorded in EHM Live/LCS using the form ‘Covid-19 Individual child/carer Risk Assessment’ within 5 working days of identifying the risk. Guidance to complete the form and example of a completed form is on Tri.x - [Covid-19 - Hull Specific Guidance](https://proceduresonline.com/trixcms1/hullcs/doc-library/#collapse0) | | | |
|  | **Contact with family where there no health concerns** | | | Visits – maintain social distancing |
|  | **Keeping in touch with children/carers** | | | Record using Welfare Check case note |
|  | **Meetings** | | | Using technology where possible (WebEx & Microsoft Teams) |
|  | **Children/carers with Underlying health conditions** | | | Recorded in Health Section – Significant Health event |
|  | **Where a CLA child cannot be visited via face to face visits** | | | Record Visit using ‘Other CLA Contact with child’ Case note |
| **7.** | **Monthly Case File Audits** | | | |
|  | Monthly case file audits are as important as supervision, visits and other areas of practice. Audits tell us how well we are doing for children and they provide invaluable learning opportunities for us all. As we adjust to new ways of working, we need to retain our focus on improvement work and measuring the impact of the support we are providing to children and their families through regular audits.    We also recognise that at times, individuals may need some additional time / flexibility with their allocated audits and this should be discussed and agreed with your manager. This will be monitored by Heads of Service. | | | |
| **8.** | **Working with Partner Agencies** | | | |
|  | More than ever and at all levels, it is important that we continue to work closely with partner agencies. The expectation is that social workers, practitioners and managers use available technology, wherever possible.  All staff working from home must ensure that they share work telephone and email contact details with relevant partner agencies to engender good partnership working. All staff working at home should be easily contacted by partnership colleagues, managers and team members.  Conversations with partner agencies should identify risks and strengths, promoting practice which routinely shares professional judgement and analysis in order to safeguard children.  All Personal Advisors should ensure that those supporting young people and care leavers have holistic discussions, including young people, to ensure that full information informs risk assessments and plans for young people. | | | |
| **9.** | **EHASH & EDT** | | | |
|  | EHASH continues to operate a targeted service, focusing on progressing Child Protection and high level Children In Need contacts to referrals. EHASH staff will only accept referrals where parental consent has been gained by the referrer for the referral to be made unless there is an identified immediate safeguarding concern. The exceptions to this will be:   * Referrals from members of the public * NSPCC referrals * Anonymous referrals   The police are working very closely with EHASH staff to ensure that only those referrals that meet threshold will be referred into the department by the police. A new system has been set up involving the police sergeant, based in EHASH, who has responsibility for triaging all referrals from the previous night and any subsequent high risk referrals received during that working day, jointly reviewing all police referrals with a designated EHASH manager to screen out cases where threshold is not met. This information will be recorded on the police data base to ensure that a referral is progressed in the event of three low level incidents occurring in a six month period.  Initial social care assessments continue to be progressed and completed, based on level of risk and need identified. EHASH continues to operate in the usual way alongside key partners. The expectation is that all professional contacts/referrals are made in the usual way using the Multi Agency Referral Form (MARF).  The Emergency Duty Team will continue to operate as it currently does, responding to urgent safeguarding issues that arise between 5pm and 9am and during weekends/bank holidays. Additional capacity has been identified to ensure timely and proportionate responses to referrals made into EDT. The EDT will continue to work closely with EHASH to ensure that there is good handover of information between daytime and evenings/weekends/bank holidays. | | | |
| **10.** | **Early Help Assessments** | | | |
|  | During this period, Consent will be obtained from parents, verbally. All Early Help Assessments will be completed through telephone contact as well as supporting parents completing online parenting courses.  At this stage, Early Help contact with families are being managed via welfare checks on the telephone and recorded using **Welfare Check** case note.  Covid-19 risk assessment should be completed or updated to determine whether a visit is needed. Managers must be consulted at this stage. It is important that Early Help family support workers and managers keep a close eye on whether families are engaging by telephone or not, and if any lack of visibility is leading to increased risk.  If telephone welfare checks indicate concerns or that a child is at increased risk, a risk assessment should be completed to determine whether a visit should take place and whether it is necessary to follow the ‘Step Up’ procedure. Welfare checks should be recorded as such and visits only recorded if you actually visit the property, even if you don’t enter but see the child at the door or through the window.  Children’s Centres will continue to offer guidance and advice with a range of issues such as;   * benefits advice, * breastfeeding support and * introducing solid foods.   As usual, support will continue to be provided around;   * parenting; * play activities * routines * boundaries and behaviour   Midwifery clinics will continue to run from the Children’s Centres but for any queries around midwifery care for any unborn children, please contact the community office at Hull Women and Children’s Hospital [www.hey.nhs.uk/community-midwives](http://www.hey.nhs.uk/community-midwives)  Advice from Health visitors is provided through their duty team telephone number 01482344301. | | | |
| **11.** | **Children’s Social Care Assessments** | | | |
|  | Social Workers will continue to visit children to undertake assessments for those children and young people considered at risk of significant harm or potential high risk children in need. Wherever possible, **proportionate assessments will aim to be completed within 10 working days** covering the key safeguarding issues presented. Assessments will continue to be recorded on the standard C&F Assessment Form on Liquid Logic.  As part of the Assessment process the **COVID-19 Risk Assessment will also be completed.**  Further assessment visits will only be conducted where needed to establish whether there is likelihood or actual ongoing risk or specific concern as identified in the “Covid-19 Individual child/ carer Risk Assessment”. Management oversight and decision making will need to be evidenced regarding proportionate assessments.  Updated Assessments for children should continue to be completed using a combination of visits, using technology for contact with professionals and welfare checks. High Risk children must be prioritised. | | | |
| **12.** | **Strategy Discussions/Meetings & Section 47 Enquiries** | | | |
|  | **Strategy Discussions on New cases**  Unless there is a specific and recorded requirement for a face-to-face strategy meeting, they will all take place through conference calling and other technology. Once technology is in place, Microsoft Teams will be the preferred method.  The expectation is that key agencies will be invited to participate, where the technology does not support a three or four way telephone discussion. The Children’s Social Care Team Manager will have the initial discussion with the police and follow-up with key agencies. Strategy Discussions will continue to be recorded on standard forms.  **Strategy meetings & s47 enquiries on existing open cases**  Allocated Team Managers continue to be responsible for deciding if a strategy meeting is required on open cases, chairing and recording the meeting on the standard forms. The allocated social worker is responsible for completing the referral to the police as usual. If it is likely that a visit will be required, the allocated Team Manager will consider the following:   * If the allocated social worker is in a position to undertake the s47 visit, the team manager should contact their group manager to discuss arrangements for the visit * If the allocated social worker is not in a position to undertake a s47 visit, the visit will need to be undertaken by another social worker identified by the team manager   In these circumstances the **COVID-19 Risk Assessment** will (likely) need to be updated to reflect the current risk. | | | |
| **13.** | **CP Medicals, Health Assessments and Adoption Medicals** | | | |
|  | In relation to Child Protection Medicals, the Anlaby Suite (HUTHT) will continue to provide this service as usual i.e. if the child is referred by the Police or Social Care, including children assessed as a result of suspected or actual physical harm and/or neglect or sexual harm (Child Sexual Assault Assessment Service -CSAAS)  The Anlaby Suite has implemented additional screening /risk assessment questions which will be asked at the point of referral and at attendance at the Anlaby Suite. This screening will be used so that consideration can be given to the appropriate use of PPE during clinical examination.  In relation to Initial Health Assessments and Adoptions, staff need to contact Lisa Pearce Lisa.Pearce@hey.nhs.uk and Dr Sandhya Jose - [Sandhya.Jose@hey.nhs.uk](mailto:Sandhya.Jose@hey.nhs.uk) | | | |
| **14.** | **Child Protection Conferences (ICPC, RCPC) & Core Groups** | | | |
|  | All Initial and Review Child Protection Conferences will continue and be undertaken via telephone conference call, WebEx or via consultation facilitated by the child’s Independent Reviewing Officer. Child Protection Conferences will be recorded using the standard forms and business support officers will record the meeting and discussion.    Partner agencies will be asked to provide a written report in the usual way and additional information will be obtained via the video or telephone call.  **Initial Child Protection Conferences**:  Meetings will be chaired by the allocated Conference Chair. Whilst every effort must be made to include parents/family members, through using appropriate remote working methods, the Conference should go ahead even if this is not possible if this is necessary to safeguard the child.  **Review Child Protection Conferences**:  The RCPC will update the CP Plan and record the outcome of the meeting on Liquid Logic. The RCPC will schedule the next review conference in the usual way. Recommendations to end a CP Plan should be considered on a case by case basis.    Child Protection Plans starting or being reviewed 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 COVID-19.  **Core Groups Meeting**:  Core Group Meetings should continue and be undertaken using agreed technology such as conference call or WebEx. If technology does not allow, the meeting should be held as a series of telephone discussions and/or video-calls which include family members and key partners.  Core Group Meetings should continue to be used routinely to implement and evaluate the effectiveness of Child Protection Plans, explicitly taking account of the restrictions on the capacity of agencies to provide services and the particular challenges raised by the impact of COVID-19. Core Group meetings and discussions should be recorded using the standard forms. | | | |
| **15.** | **Missing Children/Exploitation & RHI** | | | |
|  | Please follow the Covid-19 Guidance on Tri.x  Face-to-face interviews with children and young people who have returned (home or to their placement) following a missing episode will be replaced by a telephone contact or WhatsApp video call, when appropriate to do so. A face to face RHI will only take place if significant risks have been identified during the missing episode.  The Vulnerable Exploited & Missing Team (VEMT) manager will identify high risk missing episodes and make the decision to undertake any face-to-face RHI. Where VEMT have concluded that a follow up face to face discussion is required, they will plan with the social worker or placement in the first instance.  The majority of RHI discussions are taking place by telephone at this stage. RHI’s will continue to be recorded on the standard RHI form on Liquid Logic. | | | |
| **16.** | **Legal Gateway panels, PLO & Court Work** | | | |
|  | **Legal Gateway Panels**  All Legal Gateway Panels will continue and be held via phone call/video-call. Legal Gateway Panels will continue to be chaired by Head of Service. The legal representative will provide legal advice in panel. Social workers and team managers will be allocated a time for each case presented to the panel. The process of booking a case into legal gateway panel remains the same. The cut-off date is each Friday 4.30pm, to enable panel members to be able to read the paperwork before the panel meeting.  **PLO & Pre-proceedings mediation meetings:**  These will continue and take place via phone call/video-call, set up via the usual route. If it is not possible to have a virtual meeting, PLO will be done via email exchange through parents’ legal representatives.  **Court Hearings:**  The Central Family Court have advised that all hearings will take place via Business Skype. For every case, arrangements will be made so that parties do not need to attend in person. The Hearings will be held via business skype with the Judge in court and hearing evidence via the court recording equipment. This will be arranged through Legal Services.  A duty legal officer is on call and available to provide legal advice. This has to be authorised by the group manager before contacting Legal Services. The rota and contact numbers will be circulated to all social workers and team managers. All solicitors in Legal Services are working from home and they are all contactable by telephone and email. | | | |
| **17.** | **CIN Review Meetings** | | | |
|  | CIN review meetings should be held virtually at a maximum of 3 monthly intervals.  Management oversight should clearly determine expectations regarding CIN Review Meetings, based on ongoing risk assessment.  Social workers should identify the network of family and professionals who are continuing to have contact with and support children and young people. Work with that network should continue, explicitly taking account of the restrictions on the capacity of agencies to provide services and the particular challenges raised by the impact of Covid-19. This communication, planning and activity should be clearly recorded on Liquid Logic.  The CIN Review will coordinate a multi-agency response to support vulnerable children who have been rag rated RED to attend nurseries, schools and colleges. Should a professional identify an increase in risk, a visit will be undertaken by the social worker and an early CIN Review Meeting called. All professionals within the network of children subject to CIN plans have been asked to email the social worker, a summary of their contact and activities with the child and family to ensure that the social worker has the most updated information when reviewing risk. | | | |
| **18.** | **CHILDREN WITH COMPLEX NEEDS** | | | |
|  | All school-aged children with complex needs should in principle continue attending education. Where this is not possible, because the school has been closed, a discussion is to be held with the SEND lead. Risk Assessments are to be completed to determine support required. Complex Needs Panels will re-commence from May 2020 – these will be held via telephone conference calling. | | | |
| **19.** | **Corporate Parenting** | | | |
|  | **Visits to Children Looked After and Care Leavers**:  At this stage, children looked after and care leavers will not be visited in their placement unless safeguarding or placement breakdown risks are identified (the exception to this is unregulated placements or connected carers). All children will be contacted via telephone or WhatsApp at a frequency of 3 times a week for those children rated Red on the RAG list and once a week for all other children looked after or care leavers. Covid-19 Risk assessments must be completed using a Liquid Logic form when risk increases or reduces.  All professionals within the network of children looked after and care leavers have been asked to email the social worker/ personal advisor, a summary of their contact and activities with the child/young person and carer/ provider to ensure that the allocated worker has the most updated information when reviewing risk. If risk escalates, a risk assessment should be completed to determine whether a visit can be safely completed (following the visiting guidance). Team Managers should have oversight and record clearly on the child/young person’s record.  For details about visits refer to [Covid-19 - Hull Specific Guidance](https://proceduresonline.com/trixcms1/hullcs/doc-library/#collapse0)  **Decisions for Children to Become Looked After**  Heads of Service for each service area are responsible for making decisions about whether a child or young person should become a child looked after. This period will present unsettling, unprecedented and challenging times around placement matching and availability, therefore, every effort to identify and support an alternative safe family or community option must be fully explored.  **Placement Planning Meetings** will be undertaken using conference phone call/ video-call. All agreed actions and analysis should be recorded using the Placement Plan form in Liquid Logic. Consideration should be made to hold placement planning meetings on the day the social worker moves the child into placement. Vital information such as underlying health conditions should be shared with the carers and the child’s professional network. | | | |
| **20.** | **Placements & Fostering** | | | |
|  | **Placement Requests**  The process of requesting a placement for a child has not changed. The placement request must always be focussed on the vulnerability of the child, the needs of the child/ young person and how best carers and providers can meet those needs. At all times, avoid using blaming language. Once the Commissioning Team have received the request for a placement and written confirmation from a Head of Service, they will begin the search and make every effort to identify an appropriate and available resource as per current procedure.  **New Unaccompanied Asylum Seeking Children (arrivals)**  If Unaccompanied Asylum Seeking Children (UASC) arrive in the country and have symptoms of the Covid-19 virus, we will endeavour to arrange for them to be self-isolated for the required period. A risk assessment should be completed to ensure that suitable planning and accommodation is in place.  **Fostering**  Contact with foster carers will be maintained by phone call/ video-call on a weekly basis. Visits in person, subject to the Covid-19 factors detailed above, will only take place in the event of safeguarding concerns/ allegations, planned placement moves and the need to prevent or respond to placement breakdowns. Any such visits are to be Covid-19 risk assessed and agreed by a Fostering Manager. The usual unannounced visits and bedroom checks are currently suspended unless there is an identified safeguarding concern.  **Fostering Reviews**  Review meetings will continue to 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 Independent Fostering Review Officer (IFRO).  The exceptions will be ad- hoc reviews following allegations or concerns about foster carers or where de-registration is recommended. These may require a meeting in person using social distancing, given the sensitivity/ potential representation to the IRM. In such cases the IFRO and Fostering Team Manager risk assess how best to conduct these meetings.  The Fostering SW and placing social workers will continue to provide reports prior to the review.  **Adoption**  Contact with all our adopters will be maintained by phone call/ video-call on a weekly basis when children are in placement. Visits in person, subject to the Covid-19 factors detailed above, will only take place in the event of safeguarding concerns/ allegations, planned placement moves and need to prevent or respond to placement breakdowns. These visits to be Covid-19 risk assessed and agreed by an adoption manager.  **Family Time between Children Looked After and their Birth Family**  During this time, we are supporting all children looked after to have family time with their birth family. The vast majority of family time will be supported and facilitated using technology and any planned faced-to-face contact should be risk assessed in advance.  Foster carers or Residential Staff will facilitate family time via video calls and carers will record the details.  Final adoption visits will continue to be face-to-face.  Useful guidance from Fostering Network can be accessed through this link – [Covid-19 Hull Specific Guidance](https://proceduresonline.com/trixcms1/hullcs/doc-library/#collapse0). | | | |
| **21.** | **Connected Carers & Special Guardians** | | | |
|  | It is anticipated that there will be higher numbers of Regulation 24 placements with Connected Carers. These continue to need to be approved by the ADM.  Current Connected and Special Guardianship Assessments are continuing during this period via telephone/ conference calls to collate as much information as possible, continued gathering of references (including interview by telephone) and statutory checks, with at least one household visit required to check house/ bedroom arrangements/ health & safety. Health checks of prospective carers are to be undertaken utilising the CoramBAAF Medical Self-Assessment and Covid-19 health self-assessment, to be submitted to the Kingston Medical Centre for Medical Advisor Approval registration if required.  Where fostering assessments are able to be completed to a standard to enable them to be presented to Foster Panel, the applicants will be involved in the panel via virtual means, which the Chair will arrange. | | | |
| **22.** | **Permanence Planning Panel** | | | |
|  | **Permanency Panel**  The main purpose of the Permanency panel is to ensure clear planning for children and young people and that services are identified to meet desired outcomes; to ensure that children where possible are maintained within their own family and, where this is not possible, that permanency arrangements are secured. During this time of uncertainty, the process of booking into permanence panel has not changed;   * One virtual Permanency Panel a week * A maximum of six cases per panel * Panel papers MUST be submitted – children’s cases cannot be listed without them * Papers to be circulated by Sally Taylor ([Sally.Taylor@hullcc.gov.uk](mailto:Sally.Taylor@hullcc.gov.uk)) the panel chair (Niki Heffernan and IRO manager Karen Robinson) to enable them to read the paperwork in advance of the panel * Panel chair and IRO manager will be responsible for contacting three social workers each and having a telephone discussion with the SW. To enable the process to work, social workers need to ensure that they provide their work mobile and landline number on the permanence panel form * The Panel Chair and IRO manager will meet (virtually) every Thursday at 3pm to enable decisions about permanence to be made. The role of the IRO manager is to provide independent scrutiny and challenge. * The Decisions and agreed actions will be recorded in Liquid Logic system and shared with the allocated worker, team manager and IRO | | | |
| **23.** | **CLA Review Meetings and IRO visits** | | | |
|  | All review meetings will continue and be undertaken using technology such as Web-Ex. Where technology does not allow, reviews will be held as a series of phone calls/ video-calls, led by the IRO. Review actions will be recorded using the standard forms and social workers will continue to provide a report prior to the review as per current procedure.  Reviews and the updating of 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 COVID-19 on children and young people, their carers, and on professionals. | | | |
| **24.** | **Supervision** | | | |
|  | During this challenging time, supervision remains a critical component in the process of delivering high quality social work services, managing risks, continuing our improvement journey and supporting workers.  The frequency of formal individual supervision needs to be maintained at a minimum level of once per month, covering both case supervision and personal support .This should take place by telephone or video call and be of practice standards duration i.e. for one and a half hours.  Case supervision should be tailored to the present context and review completed Covid-19 child/young person/carer risk assessments, in addition to the usual tasks. Supervision should explore the impact of staying at home/self-isolating for the child or young person and how this changes the dynamic of risks and resources associated with identified issues such as domestic abuse, substance use, mental health, missing episodes or criminal exploitation.  Plans and actions agreed in supervision to contain and reduce risks within the present context will need to be kept under review and be amended as needs and risks change. These changes to actions should be recorded on Liquid Logic as ‘Management Oversight’ by the Team Manager in-between formal supervision sessions.  In recognition of the additional pressures workers are facing in undertaking their work and adapting their home life during the pandemic, personal supervision should be increased to a minimum of monthly as a means of supporting worker wellbeing, maintaining staff morale and promoting emotional resilience. A wellbeing checklist and resource pack will be provided to managers to assist with this.  Informal supervision by frequent ‘check ins’, group calls and virtual team meetings are also important and should be scheduled by the Team Manager. Agreed professional development activity should also continue where possible and be adapted to the circumstances e.g. via e-learning and webinars. | | | |
| **25.** | **Youth Justice** | | | |
|  | Hull Youth Justice continues to undertake the statutory function of court, which is reserved to children held overnight for bail/remand purposes at and a duty offer is available at Kenworthy House Monday to Friday 9am-4.30pm for crisis intervention purposes.  Early intervention cases are still be accepted into the service where appropriate and the assessment and review of cases is ongoing from home, staff linked in with all relevant agencies. All cases within the team have been RAG rated and continue to be fluidly, and those rated red are receiving weekly doorstep home visits. All other young people are subject to telephone contact. Where possible staff are continuing to undertake intervention work via telephone, dropping off work packs for young people to complete and utilising the internet through for example, You Tube.  Appropriate Adult Services are available via AAUK (National Appropriate Adult Network UK). During this current crisis, police and secure estate continue working collaboratively, to ensure the wellbeing and risk management of young people due to be released into the community. | | | |
| **26.** | **Facilities** | | | |
|  | **Children’s centres**  All Children’s centres are open with reduced staffing levels.  Midwifery clinics will continue to run from the children’s centres on a face to face basis from 28 weeks gestation.  **Closed and Open offices**  East and West Locality are temporarily closed.  North Locality Office will remain open and this will be reviewed on a weekly basis. Any requests to use the office should be approved by the North Locality Group Manager.  **Kenworthy House and Brunswick are open.**  Key services such as EHASH and Duty response for vulnerable young people in crisis only will continue to be provided from Kenworthy House, although staffing levels in the building are reduced to comply with social distancing principles. | | | |