



October 2020

# Children's Social Care

## Staff Guidance



HANDS



FACE



SPACE

Version 3

# Covid-19 Secure Practice

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## 1. Introduction

This Covid-19 Secure Practice Guidance sets out the arrangements for delivering children's social care services to children, young people and families in Merton during the ongoing coronavirus pandemic.

The Guidance replaces Merton's Critical Operating Model: Staff Guidance (23 March and 14 April 2020) which the Children's Social Care & Youth Inclusion Division have gradually been stepping down from since June 2020 as our teams and the country have adapted to alternative Covid-19 Secure ways of working.

The Covid-19 Secure Practice Guidance sets out how we will resume visits, interventions and meetings with children, young people, families and carers in line with the local policies, procedures and statutory guidance that were in place prior to the Covid-19 public health emergency and reflects the Governments' coronavirus guidance for local authorities and children's social care which can be located here:

<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>

The above DfE coronavirus guidance, recognises that the coronavirus public health emergency is a time of severe pressure across society, presents heightened levels of risk for some children and young people and that it is important that these children and young people continue to receive the services and support they need.

At the same time, it acknowledges that the challenging coronavirus context means that local authorities and partners will struggle to meet the full range of statutory duties relating to child protection, safeguarding and care.

Whilst the extreme lockdown measures introduced in March 2020 eased over the summer months, September 2020 has seen an increase in infections; local lockdowns and enhanced national restrictions such as the 'Rule of Six'. Autumn and Winter 2020 are likely to increase Covid-19 infections with a knock-on impact on services for children and families and our workforce.

### 1.1 Principles Informing this Practice Guidance

The DfE's coronavirus guidance supports local authorities in determining how best to support families and protect vulnerable children. It is underpinned by a set of principles which should be used to inform local decision-making and day to day practice with children and families.

Merton Children's Social Care & Youth Inclusion has adopted these principles in shaping this Covid-19 Secure Practice Guidance as follows:

- 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 about a child's wellbeing

## 1.2 Covid-19 Secure Working Principles

To support the safe resumption of activity, individual risk assessments of each Children's Social Care & Youth Inclusion staff member have been undertaken by line managers to enable vulnerabilities to be identified and mitigating actions implemented.

A corporate risk assessment of the Civic Centre and other Council buildings has been completed and corporate measures have been implemented to meet the Covid-19 Secure workplace requirements set out by the Government.

Social workers, practitioners and managers are reminded that they should not attend Council offices, undertake visits, participate in physical meetings or transport children, young people or families for work purposes if they:

- Have any of the Covid-19 symptoms (a new continuous cough, a high temperature, a loss of, or change in, your normal sense of taste or smell (anosmia))
- Have received a Covid-19 positive test result and are within the required isolation period
- Are waiting for a Covid-19 test or the result of a test
- Are isolating because they have been in contact with an individual who has tested positive for Covid-19 or have been instructed to do so by NHS Test and Trace.

You can find more information and guidance about when you are required to stay at home here:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

## 2. Visits

### 2.1 Face-to-Face Visits

Face-to-face visits to children, young people and their families are the backbone of the work we undertake. Regular face-to-face contact with families builds relationships and the platform for us to keep children safe and support families on their change journey.

Applying pre-visit risk assessments and government guidance about wearing face coverings; good hygiene; social distancing and use of PPE we will resume face-to-face visiting for all children and young people.

We will make visits to children, young people and families living at considerable distance from Merton. Where travel to these visits involves lengthy use of public transport, an individual risk assessment, authorised by your line manager must be completed. The outcome of the risk assessment must be recorded on the child's Mosaic record. Line managers should take account of:

- the necessity of the visit to the child or young person, based on our statutory duties and risk to the child or young person
- the proposed mode of travel and safer alternatives
- any Covid-19 local risks or restrictions
- alternative arrangements that could be used to meet our statutory duties and address risk to the child or young person

Face-to-face visits to care experienced young adults will be undertaken where these visits are essential for the safety of young adults. Non-essential face-to-face visits are permitted where both the young adult and member of staff are able to meet in a Covid-19 Secure location and without the need for lengthy exposure to public transport.

All visits, including visits during Child and Family Assessments, must be recorded in Mosaic on the appropriate Visit Record form.

As our visits to children, young people and families are:

- Work
- Fulfilling a legal obligation
- Providing support to a vulnerable person

they are exempt from the 'Rule of Six' coronavirus restrictions for the duration of the visit. You are permitted to undertake a home visit even if there are six or more household members. You can find more information about exemptions and social distancing here:

<https://www.gov.uk/government/publications/coronavirus-covid-19-meeting-with-others-safely-social-distancing/coronavirus-covid-19-meeting-with-others-safely-social-distancing>

## 2.2 Visit Frequency

The frequency set out below is the minimum. All visiting frequencies must be based on an assessment of risk to the child or young person and can exceed the minimum frequency where this is necessary to keep the child or young person safe:

Type of social care intervention	Minimum Face-to-face visiting frequency	Virtual Visit
Children in assessment	Every 10 working days (2 weeks)	Additional as needed
Children with a child in need plan	Every 20 working days (4 weeks)	Once between each 4 week face-to-face visit
Children with a child protection plan	Every 10 working days (2 weeks)	Once between each 2 week face-to-face visit
Children in Care – permanent, stable placement	Every 30 working days (6 weeks)	Additional as needed
Children in Care – awaiting permanent placement, stability concerns	Every 20 working days (4 weeks)	Once between each 4 week face-to-face visit
Young People in Care (16/17 years) - Semi-independent accommodation	Every 20 working days (4 weeks)	Once between each 4 week face-to-face visit
Young Adults who have left our care aged 18 to 20 years*	Every 40 working days (8 weeks)*	Once between each 8 week face-to-face visit Additional as needed
Young Adults who have left our care aged 21 years+*	Every 60 working days (12 weeks)*	Once between each 12 week face-to-face visit Additional as needed

\* Face-to-face visits to care experienced young adults will be undertaken where these visits are essential for the safety of young adults. Non-essential face-to-face visits are permitted where both the young adult and member of staff are able to meet in a Covid-19 Secure location and without the need for lengthy exposure to public transport.

## 2.3 Use of Virtual Visits

Virtual visits are video contacts with a child, young person, parents or carers which are undertaken using a social media or conference calling platform so the individual being contacted can be 'seen'. During these virtual contacts social workers, personal advisors and practitioners should be visible using the platform's camera functions.

Virtual visits can continue to be used to complement face-to-face visits and to maintain contact with care experienced young adults residing at long distances from Merton. A risk assessment, recorded in the young adult's Mosaic record titled 'Risk Assessment – Covid-19 Virtual Visiting Arrangements', authorised by the Team Manager and reviewed every 12 weeks is required. On each occasion, the risk assessment must set out the frequency of the virtual visiting arrangements.

All virtual visits, including virtual visits during Child and Family Assessments, must be recorded in Mosaic on the appropriate Visit Record form.

**Appendix 3** provides additional guidance for staff about safe use of social media and streaming apps for communication with children, young people and their families.

**Phone calls (without video) are no longer accepted as a virtual visit.**

## 2.4 Visit Refusal

Parents and families are very worried about the coronavirus pandemic and what might happen to their children and themselves. Announcements by the government and media coverage is focussing on helping families understand the 'Rule of Six' and that they must reduce contact with people outside of their household. Many parents and families will not know about the Public Health England guidance we are using to prevent and control coronavirus transmission when we visit families.

If a family is refusing, because of Covid-19 related concerns, to allow a social worker to visit or to visit without wearing PPE (where this request differs from the Public Health England guidance) the social worker and their manager should contact the family to listen to their concerns and try to negotiate a way for the social worker to see the children.

Where a family maintain their refusal, the social worker's manager should, on the same day, provide a plan to their Head of Service to agree actions to ensure the child is safe. These actions may include a call to the family by the Head of Service; involvement of other professionals in the network in visiting or seeing the child; a strategy discussion to consider if s47 enquiries are required; a request for assistance from the Police or consideration of legal action to safeguard the child.

In exceptional circumstances where the family's concern is about social workers visiting without wearing PPE and there is no justification for PPE being used, a case discussion with the Head of Service should be held, on the same day. The Head of Service is responsible for deciding if the risk to the child is such that a visit using PPE is required.

## 2.4 Safety and Use of Personal Protective equipment (PPE)

Merton Children, Schools and Families use advice and guidance published by Public Health England complemented by advice from our Merton Public Health colleagues. The Public Health England guidance sets out the personal actions you can take to reduce the likelihood of spreading the virus; the circumstances in which PPE is needed and instructions on how to use and dispose of PPE. The advice can be found here:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Some of the advice only applies to medical and personal care staff who are undertaking high risk procedures or providing personal care to patients and care home residents. Home visits are low risk where a face covering is worn, hand washing is performed on arrival and on leaving and social distance is maintained. (Source: LBM PPE Prioritisation Schedule Version 2, 8 April 2020). Government guidance about social worker and practitioner visits to family homes can be found here:

<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe#what-care-should-staff-visiting-families-in-their-own-homes-take>

Team Managers must ensure that there is a Covid-19 Visiting Risk Assessment recorded in case notes on the child's Mosaic record for all new children accepted into the Service and for all children and young people currently receiving Children's Social Care Services. Team Managers must review, and update as needed, the Covid-19 Visiting Risk Assessment in each supervision.

**Before each visit** the social worker or practitioner must make reference to the actions detailed in this risk assessment and phone the family or young person to enquire about the health of household members. Where the pre-visit phone call identifies a risk of Covid-19 infection a full risk assessment should be completed by the social worker and their line manager to determine how to reduce the risk of coronavirus transmission and whether PPE is required (See Appendix 3).

Where a manager identifies the Public Health England guidelines for use of PPE are met they must discuss this with a Head of Service. Heads of Service will authorise release of PPE where the Public Health England guidance is met.



**Wash your hands before and after the visit. Wear a face covering and don't touch your face. Make space during your visit.**

Wearing a face covering, maintaining 2m distance, regular handwashing, not touching your face and coughing or sneezing into tissues or the crook of your elbow (Catch it, Kill it, Bin it) remain the best way to protect yourselves and others from transmission of coronavirus. Approaches to visits and direct contact with children and families could include:

- ✓ asking everyone you're visiting who is over 11 years and not in an exempt category to wear a face covering during your visit



- ✓ asking the child or family to stay 2m away from you inside their home. For example, if the family has a staircase the child or family could sit on the top step and you could sit on the bottom step
- ✓ asking to wash your hands when you arrive for your visit and as you are leaving
- ✓ sanitising your hands when you arrive for your visit and as you are leaving
- ✓ visit the child or family in their garden or walk with them in a public space
- ✓ seeing and talking with the child or family on their doorstep or through a window so you can stay 2m apart
- ✓ seeing and speaking with the child at school or their day-care setting and staying 2m apart

Children's Social Care and Youth Inclusion has Personal Protective Equipment (PPE) available for staff to use for essential visits where the child or family is symptomatic or infected and in some instances where a member of the household you are visiting is extremely clinically vulnerable. You can find more advice about working with extremely clinically vulnerable people here:

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#definition>

Everyone has responsibility to ensure that PPE is used in line with the Public Health England guidance so that their risk of transmission is reduced and there is enough PPE available for those essential visits that require it.

## 2.5 Transporting Children

You should avoid sharing a vehicle with children, young people and families. Where possible the parents and carers the child resides with should be asked to transport the child or young person.

It is acknowledged that there will be occasions where social workers and practitioners will be required to transport children, young people and their family members.

Where you are transporting passengers who are well; have none of the Covid-19 symptoms and are not required to self-isolate the risk of transmission is small at 2 metres. Where possible, you should maintain 2 metres distance. If you cannot keep a 2 metre distance, reduce the risk to yourself and others by maintaining a 1 metre distance where possible, and taking suitable precautions which should include as many of the following:

- ensure you and your passenger wear a face covering
- sit your passenger in the back left-hand seat where you are transporting one person
- where seating arrangements allow, travel side by side or locate people behind you, rather than facing them

- face away from each other
- open windows for ventilation
- maximise distance between people in the vehicle
- clean your car between journeys using standard cleaning products - make sure you clean door handles and other areas that people may touch

In exceptional circumstances, if a symptomatic child, young person or family needs to be transported you should complete a risk assessment with your line manager and do one of the following:

- Where a family requires transportation, arrange for a private hire vehicle with a bulkhead or partition that separates the driver and the family to transport the family
- Where a young person is over 14 years, has capacity and the risk assessment identifies they are safe to travel alone, arrange for a private hire vehicle with a bulkhead or partition that separates the driver and young person to transport the young person
- Where a younger child, a child who lacks capacity or a young person who is not safe to travel alone requires transportation Children's Social Care staff driving should use full PPE, and the child or young person should wear a face mask if they are old enough and able to do so. The driver should consider the seating arrangements to maximise the distance between themselves and the child.

More advice about safely transporting children and young people can be located here:

<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe#what-protection-is-needed-when-settings-organise-transport-for-children>

### 3. Multi-Agency Meetings

#### 3.1 Statutory Children's Social Care Meetings

All multi-agency meetings i.e. strategy discussions, child in need planning meetings, child protection conferences, reviews should take place within the timescales required by Merton Children's Procedures Manual, the London Child Protection Procedures and the statutory guidance.

Physical meetings should be avoided where possible. Video call conferencing methods will be used so that the family and professional network can share information and participate together in the discussion and planning.

The practitioner convening the meeting or Chair will ensure that parents, family members and involved professionals are provided with email links or dial-in / PIN numbers for video call conferences held through the Council's conferencing facilities or other video call applications that support good data protection practice.

The practitioner or Chair should contact the family at the time the meeting is being arranged to discuss their participation and support needs.

Where domestic abuse; coercive control; childcare responsibilities; learning and language interpretation are issues likely to impact on a parent's participation in video call conferences, the Chair or practitioner should consider arrangements that will support and safeguard parents' participation.

Where needed the Chair or practitioner should plan for a hybrid meeting where they, the family and key supports attend physically (with the 2m social distance rule) to enable them to have the support they require whilst other members join the meeting by virtual video conferencing means.

There are meeting rooms available on the ground and first floor of the Civic Centre can accommodate hybrid meetings. The hands, face and space rules should be applied. To reduce the size of any gathering, other participants in such meetings or conferences should continue to use video call methods of joining the meeting.

You can find more information and guidance about safely holding a hybrid meeting here:

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres#offices-3-4>



**Wash your hands before and after the meeting. Wear a face covering and don't touch your face. Make space between attendees.**

### 3.2 Progressing Children's Plans

We will resume the usual timescales and practices for co-producing, reviewing and ending children's plans in line with Merton's procedures, the London Child Protection procedures and statutory guidance.

Social workers and practitioners should ensure that all safety goals and actions are specific and achievable in the context of the multi-agency service availability and Covid-19 national or local restrictions.

Where possible, initial planning and review meetings should be held virtually using video conferencing facilities. Social workers, practitioners, managers and chairs should consider hybrid meeting arrangements for families who require additional support and safeguarding to participate in a meeting.

### 3.3 Transfer-in and Transfer-Out Child Protection Conferences

We will accept and progress transfer-in child protection conferences in line with the usual London Child Protection Procedures and statutory guidance.

We will make arrangements with other local authorities to transfer-out children with child protection plans where they have permanently moved into another local authority area.

### 3.4 Current Child Protection Plans

Where domestic abuse; coercive control; childcare responsibilities; learning and language interpretation are issues likely to impact on a parent's participation in virtual reviews, the IRO should consider arrangements that will support and safeguard parents' participation.

Where needed the Chair or practitioner should plan for a hybrid meeting where they, the family and key supports attend physically (with the 2m social distance rule) to enable them to have the support they require whilst other members join the meeting by virtual video conferencing means.

There are meeting rooms available on the ground and first floor of the Civic Centre that can accommodate hybrid meetings. The hands, face and space rules should be applied. To reduce the size of any gathering, other participants in such meetings or conferences should continue to use video call methods of joining the meeting. More guidance about safely holding a hybrid meeting can be found here:

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres#offices-3-4>



**Wash your hands before and after the meeting. Wear a face covering and don't touch your face. Make space between attendees.**

Where safety goals and actions on the current plan are not achievable in the context of multi-agency service availability and Covid-19 restrictions the child protection plan should be

refreshed to focus on the achievable and immediate actions to reduce the risk of significant harm to a child. The refreshed child protection plan should specifically address:

- a) the frequency of professional visits to see the child at their home
- b) the frequency of virtual professional contact with the child with a preference for technologies which allow the professional to 'see' the child
- c) the arrangements for the professional network to co-ordinate their visits and contact with the child and family to ensure the child is seen at the frequency necessary to address risk
- d) the arrangements for the professional network to quickly share information obtained from their contact with the child or family
- e) the child's attendance at school or day-care provision
- f) the bottom line and contingency arrangements should risk to the child increase either from an escalation of the safeguarding concerns or a reduction in the support available from the network because of Covid-19 restrictions or illness.

Where progress is achieved against children's child protection plans and the risk to children is reduced the Chair and multi-agency network should make the appropriate arrangements and plans to step children down from a child protection plan.

### 3.5 Child in Need Plans

Where domestic abuse; coercive control; childcare responsibilities; learning and language interpretation are issues likely to impact on a parent's participation in virtual child in need meetings, the social worker, practitioner and their manager should consider arrangements that will support and safeguard parents' participation.

Where needed the social worker or practitioner should plan for a hybrid meeting where they, the family and key supports attend physically (with the 2m social distance rule) to enable them to have the support they require whilst other members of the network join the meeting by virtual video conferencing means.

There are meeting rooms available on the ground and first floor of the Civic Centre that can accommodate hybrid meetings. The hands, face and space rules should be applied. To reduce the size of any gathering, other participants in such meetings should continue to use video call methods of joining the meeting. More guidance about safely holding a hybrid meeting can be found here:

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres#offices-3-4>

Where progress is achieved against children's plans and the risk to children is reduced the social worker and multi-agency network should make arrangements and plans to step

children down from a child in need plan. The following step down actions are required before the involvement of Children's Social Care can end:

- a) The social worker will arrange a Team Around the Family meeting with the family and professional network to co-produce the Family Plan. Unless there are barriers to effective participation by the family, the meeting should be held virtually.
- b) A Lead Professional, who agrees and is willing to undertake the role, will be identified at the Team Around the Family meeting
- c) The social worker will provide and circulate to the family and professional network a copy of the Family Plan
- d) The social worker will save a copy of the Family Plan in the Documents section of the child's Mosaic record
- e) The social worker will update the child's case summary, detailing the Family Plan and Lead Professional
- f) The Team Manager will ensure all the step down actions have been completed before authorising closure of Children's Social Care involvement.

## **4. Use of the Adoption and Children (Coronavirus) (Amendment) Regulations 2020**

The amended Regulations are only intended for use in exceptional circumstances where it is not possible to maintain usual service operations as a direct result of the Covid-19 pandemic and knock-on disruptions.

Authorisation by the Assistant Director, Children's Social Care & Youth Inclusion, for each separate instance, is required before any of the regulatory amendments can be used.

The Assistant Director, Children's Social Care & Youth Inclusion, will maintain a log of all instances where authorisation to the use of an amended regulation is given.

More guidance about the amended regulations and their use can be found here:

<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#adoption-and-children-coronavirus-amendment-regulations-2020>

## **5. Practicalities**

### **5.1 Use of the Civic Centre**

The Civic Centre is a Covid-19 Secure workplace. It achieves this through implementation of physical measures and a significant reduction in building users. Whilst Covid-19 Secure

workplaces are not required to implement the 'Rule of Six' it is clearly important to keep the number of staff meeting together and using the Civic Centre low.

Public health and government guidance is that you should work from home where you can. This is to reduce transmission of Covid-19. This is important for your health and also to ensure that our workforce remain able to deliver key services to Merton's children, young people and families.

Whilst there is no requirement to wear a face covering in the Civic Centre, you are reminded that you should still maintain a 2m social distance and wash your hands regularly.

Subject to prior risk assessment and agreement from their line manager, Children's Social Care & Youth Inclusion staff can use the Civic Centre for the following functions:

- Duty social workers to respond to unplanned walk-ins when the Civic Centre is open to the public
- Team Meetings – where individual risk assessments and available space supports the required social distancing
- Reflective Group supervision – where individual risk assessments and available space supports the required social distancing
- 1:1s at the request of staff and / or line manager
- Blended virtual / physical meetings or conferences where families require support to participate (interpreter, learning needs) - socially distanced
- Statutory meetings with young people where home, community or virtual arrangements are not safe or suitable
- Virtual Court attendance where confidentiality or emotional welfare of staff can't be achieved through home working arrangements
- Office base for staff in between visits in the borough who a) live over 30 minutes away from the office or b) would need to make additional journeys on public transport
- Support for staff who are unable to work from home due to internet connectivity; workstation assessment requirements; health needs or domestic arrangements.
- To conduct any other work activity that is not possible to achieve from home

To ensure safe numbers of staff in the building Children's Social Care & Youth Inclusion staff should not, with the exception of the functions listed above, attend the office to sit at a desk and undertake tasks they could perform from home.

To reduce the exposure of Reception staff and other visitors to the Civic Centre, young people and families should not be asked to travel to the Civic Centre for appointments or to deliver items if safe and suitable arrangements can be made for a home visit or other safe way for a collection of items.

## 5.2 Walk-in Duty Arrangements

Two duty social workers from across Children's Social Care will be available at the Civic Centre on each working day to provide a response to any children, young people or families who present at the Civic Centre reception in an unplanned way.

Where children, young people and families are not open to Merton Children's Social Care the duty social workers will report to the duty First Response Team Manager for support, guidance and decision-making.

Where children, young people and families have an allocated Merton social worker, the duty social worker will notify the allocated social worker and team manager to seek guidance about the intervention required.

Your Head of Service will provide specific details about the Walk-in duty and management cover arrangements.

The walk-in duty social workers are not available for planned appointments or to receive items from young people and their families on behalf of an allocated social worker.

## 5.3 Staff Travel for Work Purposes

Travel to and from work remains your personal responsibility.

Individual risk assessments completed with staff will be used to consider travel safety both to and from work and for the purpose of undertaking work duties.

Most roles across Children's Social Care & Youth Inclusion perform statutory duties for children which require travel both in and outside the Borough. The individual risk assessments will set out measures to increase travel safety when undertaking work duties. London Borough of Merton has agreed to provide two face coverings for each member of staff travelling for work purposes.

Current government guidance is for individuals to avoid the use of public transport where they can. Staff should follow the Government guidance about face coverings, hygiene and social distancing measures when using public transport. This guidance can be found here:

<https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers>

It may be useful for you to know that, from the Civic Centre, most locations in the Borough can be reached by bicycle within 20 minutes.

For essential visits to children and families which are a long distance from Merton, staff without their own vehicle who have a driving licence can request agreement from their Head of Service for hire car use to travel to and from the visit.

Where essential visits to children, young people and families require journeys involving lengthy use of public transport, these must be individually risk assessed and authorised by your line manager.



### VISITING AND CONTACT FREQUENCY RISK ASSESSMENT

The minimum visiting requirements set out on page 5 Covid-19 Secure Practice Guidance apply

#### Issues to think about when considering frequency:

1. Key issues and risk for the child/young person – what increases safety for the young person?
2. Changes in situation that do not meet the threshold for s47 but increase concerns and risk level for the child/young person
3. Are there child/young person or parental issues that the Covid-19 measures might make worse i.e. mental health issues; domestic abuse; tension in family relationships?
4. Other agencies involved and their level of contact / oversight – including the child attending school or child care setting?
5. Engagement by child/young person and family in virtual communication?
6. Internet and smart phone access in order for child / family to undertake meaningful virtual contact

#### Brief Summary of Risk Assessment:

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#### Agreed type and frequency of visits/contact:

Other Professionals			Merton Practitioner / Social Worker		
Name:	Type:	Frequency:	Type:	Frequency:	
	Phone		Phone		
	Virtual				
	Visit				
	Phone		Virtual		
	Virtual				
	Visit				
	Phone		Visit		
	Virtual				
	Visit				

Manager Signature: \_\_\_\_\_

Date agreed: \_\_\_\_\_

### PRE-VISIT CHECK AND RISK ASSESSMENT

**Wearing a face covering, maintaining the 2m social distance rule, regular handwashing, not touching your face and coughing or sneezing into tissues or the crook of your elbow (Catch it, Kill it, Bin it) remain the best way to protect yourselves and others from transmission of coronavirus.**

#### Issues to think about before each visit:

- Is this an essential/statutory visit?
- Phone ahead and check if anyone in the household are showing symptoms (*persistent cough, high temperature or loss of taste/smell*) / self-isolating / extremely clinically vulnerable or unwell for another reason.
- Space within the home to meet so you can stay 2m apart? Is there a room, garden or staircase you could use to stay 2m apart?
- Child's age and ability to meet outside the home (e.g. in a park with 2m social distancing)
- Family's adherence to / views about and management of government guidance about social distancing
- Child's age and learning needs – are they able to stick to the 2m social distancing rules?
- Requirement for PPE? *This is for families that are symptomatic, infected or in some cases shielding*
- Access to handwashing or antibacterial hand sanitiser?
- Will you/ the household need to wear face coverings?
- Will the worker be driving or using public transport?

#### BRIEF SUMMARY OF RISK ASSESSMENT:

Issues:	No	Yes
Is it possible to ask the family about any Covid-19 symptoms before direct contact?		
Is the child or a household member symptomatic or unwell?		
Has the child been formally informed by their GP or Public Health England that they are extremely clinically vulnerable?		
Is there space in the house or outside to meet the child / family and stay 2m apart?		
Is the family well and refusing a visit due to Covid-19 concerns? Are there immediate safeguarding concerns? (If yes, discussion with Head of Service required)		
Is the Public Health England guidance for use of PPE met? (If yes, discussion with Head of Service required)		

#### SUMMARY TEAM MANAGER / HEAD OF SERVICE DISCUSSION/DECISION:

**ACTIONS AGREED TO REDUCE RISK TO WORKER AND FAMILY:**



**Wear a face covering. Stay 2m apart. Don't touch your face. Wash your hands before and after the visit.**

1.

2.

3.

4.

## Use of Social Media and Streaming Apps to Communicate with Children, Young People and Families

During the Covid-19 pandemic, practitioners need to be creative to maintain contact with our children, young people and their families. Whilst being pioneering, safeguarding concerns and data protection for practitioners and young people should remain paramount.

Below are some guidelines to consider when using social media / online streaming apps to keep in contact with children, young people and their families.



- All practitioners should adhere to professional standards when using online messaging platforms, video calls or live webcam sessions
- Practitioners should only use devices provided by Merton Council for work purposes. You should never use personal devices.
- For all video calls or live webcam sessions, practitioners must be suitably presented and dressed, as you would for a face-to-face visit.
- Video calls and live webcam sessions with children, young people and families should be undertaken in appropriate areas. Practitioners, children, young people and families should not make or receive video calls from their bedroom(s). Practitioners should ensure a neutral background and that there are no identifying features visible that might allow the practitioner's home address to be identified.
- Children, young people and other members of the child's family or household must wear suitable clothing for all video calls. Practitioners should politely and quickly terminate any video calls where children or family members are not appropriately dressed. Where this occurs the practitioner should inform their manager and record this on the child's Mosaic record.
- Practitioner's language must be professional and appropriate at all times. Children, young people and parents/carers, including any family members who may be in the background, should be informed about the use of appropriate language during the video call. Practitioners should make a judgement about politely terminating the video call where the child, young person or family's language is abusive or offensive.
- Live contact should occur during the usual working day and be kept to a reasonable length of time to ensure the video call doesn't prevent the child or family 'getting on' with their day
- All practitioners must continue to be aware of safeguarding obligations and to report safeguarding concerns if they arise during the video call.
- Practitioners need to reassure themselves that any software and/or platforms selected are suitable; raise no data protection or privacy issues and are within the provider's terms and conditions (for example, no business use of consumer products)