WANDSWORTH Children's Services

Coronavirus Emergency Operational Procedures and Guidance

Date	Version	Authors	Authorised by
January 2021	**V7**	**Ruth Lacey, Head of Safeguarding Standards Service** **Denise Green, Quality Assurance Manager** **Louise Jones, Head of Social Care Academy and PSW**	**Ana Popovici** **Director of Children's Service**

Changes in V7: Due to a rapid rise in Covid cases and identification of a new variant of the virus London moved into new tier level 4 on the 19th December. On the 1st January 2021 the government implemented an education contingency framework to further manage transmission rates. Wandsworth Children's Services responded by activating Section 8 of these procedures on the 21st December moving to risk assessment of children and young people to determine whether they need to be seen face to face in person or whether they can safely be seen virtually. This prepared for the Alert Level 5 full national lockdown announced on the 4th January 2021.

From January 2021 the contingency planning detailed in Section 8 of this document has been activated.

Contents

1. INTRODUCTION

We are continually reviewing our emergency procedures in line with government guidance to be as clear as possible about practice requirements and how we do our necessary work to keep children and staff safe during the Coronavirus pandemic.

We aim to respond quickly to changes in government guidance and levels of restriction to support staff in keeping children and young people safe against a rapidly changing backdrop. These procedures are written to withstand all levels of government restrictions, including lockdown, and should be read overall. Section 8 of the procedures, Contingency Planning for Reduced Staffing Capacity and/or Tighter Restrictions, details our response should the pandemic compromise our capacity to see children and young people face to face and keep all children's services open.

Section 8 was activated on the 21st December 2020 as a result of London moving into additional tier 4 restrictions on the 19th December 2020. This required all children and young people to have their risk assessment reviewed and proved to be good preparation for the Alert Level 5 full national lockdown announced on the 4th January 2021 when visiting children and young people face to face had to be prioritised for those at risk of significant harm to support government efforts to reduce virus transmission rates.

The national lockdown restrictions can be found here:

National lockdown: Stay at Home - GOV.UK (www.gov.uk)

In addition, Section 8 has been updated to include our commitment to ensuring vulnerable children and young people attend school as detailed in the government's Education Contingency Framework which came into effect from 1st January 2021. The details of the framework can be found here

Schools and childcare settings: return in January 2021 - GOV.UK (www.gov.uk)

Whilst activating Section 8 of the procedures in response to national lockdown and the Education Contingency Framework we will continue to ensure our practice is child centred and risk based.

Department for Education guidance for children's social care services asks local authorities and local safeguarding partners to plan for the best working environments for staff whilst prioritising face-to-face contact with children where possible.

Whilst in national lockdown

- We will risk assess children and young people as high, medium or low risk to determine who needs to be seen face to face to keep them safe.
- Children and young people at high risk of significant harm if they are not seen by a practitioner will be visited and seen face to face in person.
- Children and young people at medium or low risk will be visited virtually.
- Risk assessments will be reviewed at least every 4 weeks in case work supervision to ensure children who need to be seen in person are being visited face to face.
- Where possible within government guideline services will remain open. Some services, like parent support groups, where possible, will move online.
- The Safe Visit Check screening tool and Visits guidance remains relevant for carrying out face to face visits safely.
- Multi-agency working to ensure the protection of children at risk of harm, and multi-agency child protection conferences will continue using video conferencing or conference calling solutions where appropriate.
- We will support foster carers and other placement providers to maintain stability for children looked after and continue to hold statutory reviews virtually.
- Social care services for children and young people who are disabled will, where possible, remain open subject to continuous risk assessment.

- We are following government guidance on supporting staff that are within the definition of clinically extremely vulnerable groups, and they will be working remotely and not expected to undertake face to face visits
- We have good stocks of PPE which is available to all staff and settings

Our practice principals remain

- 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 well being

2. ONE DEPARTMENT. ONE VISION

These procedures are for all practitioners in Children's Services who, as part of their role, visit children and young people in their homes, including foster homes.

3. COMMUNICATING WITH STAFF

- The Council will alert staff to any change in the local level of Covid restrictions via the Council website known as The Loop. If Children's Service staff in Early Help, Children's Social Care and the Youth Offending Team are notified of a change in alert level, they should go to the CSC communications SharePoint site for any updated instructions.
- First line managers should brief staff in their weekly virtual team meetings and ensure all staff who are working attend and have a mechanism in place to keep those who cannot attend informed.
- First line managers should take staff through any new key messages, practice guidance and procedures in team meetings and ensure they are applied to practice immediately.
- To support effective communication and staff safety all staff are required to keep their Outlook calendars up to date with their working status and arrangements at all times.

4. SAFE WORKING ENVIRONMENT

In line with government advice, local authorities, providers and local safeguarding partners should consider how to create the best working environments for their teams whilst prioritising face-to-face contact with children where possible. It is important for employers to consider how to create and maintain a safe working environment for all staff and those they support, in particular those who are at increased risk.

All staff continue to be advised to work from home where possible. Most staff work from home as a base. This has enabled some staff who work more directly with children and young people or have found it necessary to use the office to carry out their duties more effectively, to work safely in Council offices with appropriate social distance. Covid testing facilities are available in the Town Hall for all staff whose duties require them to use Council offices and/or work in the community.

Visiting children, young people and families in their own homes, including foster homes, and seeing them in person carries the highest level of potential risk for staff and the procedures below focus in detail on how that can be done safely.

The link below will take you to the Council guidance for staff risk assessment

Coronavirus guidance for the SSA (richmondandwandsworth.gov.uk)

4.1 Overcoming the challenges of social distancing

It must be recognised that maintaining social distance is not easy when working with children. A research briefing from the University of Birmingham published in June 20 and summarised in Research in Practice has validated this. The link below will take you to the emerging findings:

Research in Practice Child Protection and challenge of social distancing

Practitioners in Wandsworth shared their creativity and approaches in a webinar led by the Social Care Academy on direct work during lockdown 1. Practitioners also told us that it became difficult to keep distance or communicate with distressed families, or families who didn't have English as their first language whilst wearing PPE on home visits. The research found "some children are used to having tactile contact as part of the therapeutic help they are receiving and seek it out by sitting on the practitioner's knee, or climbing all over them, giving them full hugs, holding their hands and so on. Most practitioners respond by humanely providing the connection and nurture children need. Even some older children and teenagers who do understand the need for distancing on occasion don't practice it because they too want to be close to the worker. Social distancing is also compromised when visiting families living in temporary accommodation and cramped flats and houses where there is no room to keep two-meters apart".

It is important to remember that regardless of the level of restriction practitioners are working during a pandemic. These procedures are written in recognition of the complexity of their work and aim to promote safe practice.

5. VISITS

Visits to children, young people, families and foster carers must be prioritised to take place in person, face to face, wherever possible. The procedures below apply to safe practice at any level of government restriction including lockdown. During lockdown restrictions the child risk assessment determines whether a child or young person is at risk of significant harm and needs to be seen by a practitioner face to face. When lower tier levels apply all children should be seen face to face unless on balance of safety considerations a service manager authorises a limited period of virtual visiting.

5.1 Safe Visit Check

Before going out on a face to face visit a safe visit check by telephone should be undertaken by asking the following questions.

- Do you or any member of your household/ family have a confirmed diagnosis of COVID-19?
- Are you or any member of your household/family waiting for a COVID-19 test result?
- Have you travelled internationally in the last 14 days? If yes, confirm where and if this is a country that has been agreed as safe for travel by the government. If this is not on the list, then 14 days quarantine will apply.
- Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 14 days?
- Do you have any of the following symptoms? • high temperature or fever • new, continuous cough • a loss or alteration to taste or smell
- Is anyone in your household medically recognised as clinically extremely vulnerable (CEV)?
- Does anyone living in your household have a clinical illness that adds to their vulnerability?

5.2 Definition of clinical extremely vulnerable

This link takes you to government guidance for the clinically extremely vulnerable

Protecting clinically extremely vulnerable people

Adults with the following conditions are automatically deemed clinically extremely vulnerable:

- solid organ transplant recipients
- those with specific cancers:
    - people with cancer who are undergoing active chemotherapy
    - people with lung cancer who are undergoing radical radiotherapy
    - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
    - people having immunotherapy or other continuing antibody treatments for cancer
    - people having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
    - people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs
- those with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
- those with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease)
- those on immunosuppression therapies sufficient to significantly increase risk of infection
- adults with Down's syndrome
- adults on dialysis or with chronic kidney disease (stage 5)
- pregnant women with significant heart disease, congenital or acquired
- other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions

Clinical illness that may add to a person's vulnerability to coronavirus

- are 70 or older
- have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40 or above)
- are pregnant – see advice about pregnancy and coronavirus

5.3 If the safe visit check DOES NOT raise a concern

- If no one is showing any symptoms of COVID-19, then normal good hygiene practices apply. Follow the NHS advice about safe handwashing, use hand alcohol-based hand gel where handwashing isn't available or suitable. You should wash your hands or use sanitiser before and after the visit and avoid touching your face during the visit. You should avoid touching objects and surfaces in the home and ask a household member to open and close doors.
- As people can have the virus but be asymptomatic use PPE. Explain to the family before you visit that you will be observing the 2-metre social distancing rule and what PPE you will be using as a precautionary measure for everyone's safety.
- If the home has multiple occupants, you can ask that other household members stay in a different room if possible, during the visit and you will ask them to join you if you need to speak to them.
- At the start of your visit you should talk to the children in an age appropriate way about any PPE you are using and why you are using it.

5.4 Travelling to a visit

During all levels of restrictions, including lockdown, travel to essential work is permitted including work in people's homes subject to safe working practices. During a lockdown or very high-level area restrictions the aim is to reduce journeys and this should be a contributing factor when considering on balance the risk involved in carrying out a face to face visit in person. Clinically extremely vulnerable people will receive a letter with guidance about any additional precautions they should take during lockdown restrictions in relation to work related travel.

Planning is essential for all travel to work during the pandemic, including home visits. Avoid busy times and routes. Walk, cycle or drive to a visit if you can. If you have to use public transport you must wear a mask, avoid touching your face, maintain a safe distance and use hand sanitiser.

If you do not live locally and need to return to the office between visits you should make arrangements for a workspace when you require it.

If you carry out a series of visits you must use new PPE for each new visit and carry a bin liner to dispose of the PPE when you have a finished a visit. During tier level restrictions Early Help buildings are available for practitioners working in the community to sanitise. See 6.8 and 6.9 below for details.

Taxis can only be used to move a child. This could be a child looked after into a placement or a child subject of S47 enquiries to a medical for example. Requests must be made to a Service Manager before taking a taxi and their agreement recorded on the child's file with the reason why. If you get agreement to use a taxi You must observe social contact rules relevant to the local COVID alert level when using taxis and private hire vehicles in England. You must wear a face covering when using taxis or private hire vehicles. You will be breaking the law if you fail to do so and could be fined. A taxi driver or private hire vehicle operator will be entitled to refuse to accept you if you do not wear a face covering. The risk of transmission is small at 2 metres and 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. Follow the advice of the operator and driver. For example, you may be asked to sit in the back left-hand seat if travelling alone. You may want to check with your taxi or private hire operator before travelling if they have put any additional measures in place. You should use contactless payment if possible or find out if you can pay online in advance. Be aware of the surfaces you touch. Be careful not to touch your face. Cover your mouth and nose with a tissue or the inside of your elbow when coughing or sneezing. When finishing your journey wash your hands for at least 20 seconds or sanitise your hands as soon as possible.

5.5 If the safe visit check DOES raise a concern

In cases where households are being required to self-isolate due to a case, or suspected case, of coronavirus (COVID-19), or have had recent contact with someone who has tested positive for coronavirus (COVID-19), has someone living in the household who is defined as clinically extremely vulnerable or has a clinical illness that adds to their vulnerability, practitioners considering the need for a home visit should follow the children's social care services guidance and make a judgement about visiting which balances the considerations below. During a lockdown the risk to children and young people will be subject to the systematic risk assessment process detailed in Section 8 below.

- risks to children and young people
- risks to families
- risks to the workforce
- national guidance on social distancing, hygiene and clinically extremely vulnerable (CEV)
- statutory responsibilities, including safeguarding

5.7 What to do if on balance of consideration a face to face visit SHOULD NOT take place

When Section 8 procedures have been activated during a lockdown the risk assessment process pre- determines whether a child should or should not be seen face to face. Outside of a lockdown when all children should be seen face to face unless a safe visit check indicates it is not safe to do so the practitioner must act quickly to discuss the reasons why a face to face visit should not take place with their team manager and record the outcome of the risk assessment in a case note covering:

- reasons why, on balance of the above considerations, they should not carry out a face to face visit
- a proposal addressing how they can see the child and ensure their health and wellbeing isn't compromised by the circumstances leading to the decision not to visit in person and what the impact of not seeing the child in person might be. Will progress with their plan be delayed?
- The frequency of any additional virtual contact between virtual visits to support the family, particularly during any self-isolating or lock down phase.
- What the child, young person, parents, carers and multi-agency partners view is of not visiting in person and the impact this might have.
- The time limit for virtual visiting. It isn't an option to have blanket dispensation for a child or young person not to be visited and seen in person. The decision should either be as a one off or a time limit to be reviewed four weekly in supervision.

If a manager agrees that on balance of consideration a face to face visit should not be undertaken, they must seek Service Manager sign off to proceed with a virtual visit in place of a face to face visit as a one off or for a limited period of time.

5.8 Service Manager sign off required for a virtual visit to replace a face to face statutory social work visit

If Section 8 procedures have been activated the service manager sign off for a virtual visit is through endorsement of the risk assessment. If a social care service manager signs off a virtual visit in place of a face to face statutory social work visit at any other time service manager sign off is through a management oversight case note. The team manager must make it clear to the social worker that the virtual visit must be recorded as a visit work step following the Mosaic procedure with accuracy. A virtual visit must be carried out to a high standard including the purpose of the visit, direct work undertaken, child's views, wishes and feelings, analysis. A link to the PSW guide to good practice for virtual contact and virtual visits is included below.

Any virtual contact by text or WhatsApp for example between virtual visits can be recorded as a telephone contact case note.

Early Help practitioners and managers should follow Early Help recording procedures.

5.9 Team Manager review of decision to replace a face to face visit with a virtual visit

The team manager must review the decision to replace a face to face visit with a virtual visit at least every 4 weeks as part of case work supervision with the aim of returning to face to face visiting as soon as it is safe to do so. The review should be recorded in the Record of Case Work Supervision. The review should include oversight of any virtual contact between virtual visits. The service manager must record a management oversight case note authorising any arrangements in place before they start.

5.10 Principal Social Worker Network (PSW) Virtual Contact Guidance

Any virtual contact as an alternative to a face to face visit in person must be undertaken in line with the PSW network guidance.

PSW Best Practice Guide for virtual contact and virtual home visit

5.11Keeping other colleagues informed if a family are self-isolating

If a family is self-isolating or they have confirmed COVID-19 this should be recorded in the management case note and created as an alert on the Person Summary screen with a start and end date. This will enable everyone involved to track the date of infection and isolation period. It is vital that the practitioner alert other involved professionals if a family tell you they are self-isolating, have symptoms or have COVID-19.

5.12 Reassuring families, including foster carers, when arranging a face to face visit

Children and families may feel anxious about infection risks. Where this is the case and families are reluctant to engage with practitioners, they should explain why it is essential that they have access to the home, or that they see and speak to the children, to ensure they are safe and well. Visits should be face-to-face where possible and should be sufficient to meet the intended purpose of the visit whether that is safeguarding or promotion of the child's welfare. If Section 8 is activated the requirement for face to face visits is determined through the risk assessment of the child or young person. If a family member or foster carer is clinically extremely vulnerable this has to be brought into the balance of consideration about safe visiting. See section 5.18 visiting children who are clinically extremely vulnerable or lives with someone who is CEV. A service manager should have oversight of decision making.

5.13 Non-verbal children

Practitioners should consider the different needs of babies and young children, as well as disabled children, who may not have verbal communication abilities.

5.14 Duties under S17 and S47 are unchanged

It is 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 in need in their area remain unchanged. This is also the case for duties under section 47 of the same Act as regards investigating cases where the local authority has cause to suspect that a child is suffering or is likely to suffer significant harm.

5.15 Domestic Abuse

Self-isolation for families could increase the risk of domestic violence and therefore be a very unsafe time. It is important to remember our usual practices when making contact with families where there are worries about domestic abuse.

If making a telephone call to a suspected victim, always assume that the perpetrator could be listening in.

If you suspect that the victim is not able to talk because of being overheard, give them a readily thought out line to end the call, e.g. 'if it is not safe to speak please repeat after me "I'm sorry you must have got the wrong number."

If it is safe to talk when you call, arrange a codeword or phrase that the victim can use if interrupted, e.g. if you need to end the call at any point please say, "I'm not interested in the survey".

In the national lockdown announced on the 4th January fleeing domestic abuse is named as an exceptional reason for travel.

5.16 Re-assessing risk if a face to face visit is refused

There may, of course, be other reasons why families refuse access. Where they do, and there is a risk to the life of the child or a likelihood of immediate serious harm, local authorities should follow the immediate child protection procedures set out in Working Together to Safeguard Children and the London Child Protection Procedures.

https://www.londoncp.co.uk/

Staff and their managers are best placed to make professional judgements of risk in each case and decide what form of contact they need.

5.17 Personal Protective Equipment PPE

The link below will take you to detailed government guidance

Safe working in education, childcare and children's social care including use of PPE

In summary

If no one is showing any symptoms of COVID-19, then normal good hygiene practices apply.

Follow the NHS advice about safe handwashing, use hand alcohol-based hand gel where handwashing isn't available or suitable. You should wash your hands or use sanitiser before and after the visit and avoid touching your face during the visit. You should avoid touching objects and surfaces in the home and ask a household member to open and close doors. Maintain social distance where possible.

As people can have the virus but be asymptomatic use PPE. Explain to the family before you visit that you will be observing the 2-metre social distancing rule and what PPE you will be using as a precautionary measure for everyone's safety.

If the home has multiple occupants, you can ask that other household members stay in a different room if possible, during the visit and you will ask them to join you if you need to speak to them.

At the start of your visit you should talk to the children in an age appropriate way about any PPE you are using and why you are using it.

If households are reporting coronavirus (COVID-19) symptoms, PPE must be worn and a distance of 2 metres maintained. Anyone displaying symptoms should be encouraged to book a coronavirus (COVID-19) test.

If it is not possible to find out whether any member of the household is suffering from symptoms of coronavirus (COVID-19) before face to face contact, steps should be taken where practical to mitigate risk. These steps include but are not restricted to:

- knocking on the front door or ringing the doorbell and then stepping back to a distance of 2 metres in adherence to social distancing guidelines
- using PPE
- asking the people in the household to open windows to allow good air circulation
- avoid touching any surfaces such as door handles by asking people in the household to open and close doors.

5.18 Visiting children who are clinically extremely vulnerable (CEV) or who live with someone who is CEV

Extra care should be taken when visiting a child or young person who is extremely clinically vulnerable or who live with someone who is CEV. For more information, read the guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19

5.19 Recording statutory face to face visits and virtual visits

The Visit Work Step in Mosaic for recording statutory visits has been adapted so that social workers and personal advisors can record their face to face visits and virtual visits with children and young people in one place. Detailed guidance is available in the Mosaic procedure at Appendix 16. Anyone who cannot follow the technical steps in the procedure should contact the Mosaic Team who will provide training. Any practice dilemmas should be raised with a team manager in the first instance.

5.20 The importance of recording statutory virtual visits in the visit work step

If a team manager has authorised a virtual visit in place of a face to face statutory visit it must be recorded in the visit work step so that there is a clear line of sight for senior managers through reporting to those children who are not being seen in person face to face due to Coronavirus.

5.21 Keeping in contact with children, young people and families during lockdown

Contact with families between visits is encouraged to promote relational practice and to stay connected with the issues vulnerable children and families may be experiencing. This could be a message (text, WhatsApp), email, telephone or video call to a child, young person, parent/carer and should be based on the child and family's preferred form of contact. This should be recorded as a case note.

5.22 Recording virtual contact

Any virtual contact that has been agreed to supplement support to a child, young person or family during periods of self-isolation or lockdown **in addition to** statutory face to face or virtual visiting should be recorded as a case note.

6. SERVICE DELIVERY

6.1 Child status takes precedence

The guidance below is presented under the lead service for the child status and related statutory duties. However, children move between services at all stages of statutory intervention and the guidance for a particular child status takes precedence. If a social worker in the Referral and Assessment Service for example is working with a child who is in court proceedings the guidance for child in court proceedings should be followed. The Children with Disabilities Service work with children at all stages of statutory intervention for example and must meet their statutory duties for children receiving services under S17, S47 and children in care.

6.2 Children transferring between services

It is always important that the transition point for children, young people and families is supportive and avoids delay so that progress in achieving their plan is not hindered. It is even more important when managing service delivery during the Coronavirus pandemic, particularly if service capacity is compromised by demand or social worker availability.

6.3 Management oversight of children transferring between services

Service managers must maintain systems to keep tight control of case transfers and ensure children and young people do not experience delay that increases any assessed risk to their safety and wellbeing. Communication with parents, carers, children and young people must be exemplary to keep them informed what is happening during their transfer to another service. If the impact of managing services during the pandemic has an impact on their allocation to a practitioner to work with a child, young person or family a Coronavirus Risk Assessment must be undertaken with a contingency plan pending allocation and work starting.

6.4 Management Oversight of Case Recording

Up to date case recording is important at all times but whilst staff are still predominantly working from home and there is a heightened risk that a worker may need to take sickness absence it is an even greater priority.

Managers should ensure that all cases allocated to their team have up to date case recording with particular attention to key documents - chronology, case summary, visits, virtual contact records.

If a family is self-isolating or they have confirmed COVID-19, then this should also be recorded in a management oversight case note and noted as an alert on the Person Summary screen. This will enable tracking of the date of infection and isolation period. It is vital that the responsible practitioner alert other allocated professionals if a family tell you they are self-isolating, have symptoms or COVID-19.

6.5 Vulnerable Adolescents

The impact of restrictions on vulnerable adolescents need to be factored into risk assessment tools used to determine their level of vulnerability. Activity contributing to their vulnerability does not go away during restrictions but gets pushed underground.

6.6 Early Help

Early Help services to children, young people and families are delivered with their consent. Early Help will become increasingly important as more families face difficulties due to the ongoing impact of the pandemic. Their role in reducing escalation into statutory services will be invaluable as families feel the pressure of living with government restrictions to control spread of the virus. Services and direct work with families will take place face to face unless on balancing consideration of risk to children, young people, families or workforce it is not safe to do so. If Section 8 of the procedures are activated Early Help will operate services in line with national government guidance.

6.7 Clusters

The cluster model of working aligns services for Early Help and Children in Need of Help or Protection and enables closer working together to improve outcomes for children. During the pandemic effective information sharing will be even more important in keeping children and young people safe. Early Help, Children's Social Care and multi-agency partners must share information when they have concerns and support each other in accurate risk assessment. Cluster leads across Early Help and Children's Social Care must work in partnership to ensure children and young people are seen in person, information is shared quickly and effectively and the impact of the pandemic on their lived experience is assessed and risk mitigated.

6.8 Visits

Early Help home visits will take place face to face providing it is safe to do so in line with national government guidance and families consent. Early Help practitioners will use the safe visit check and balance of considerations described in section 5 above to make decisions about safe visiting practice. If on balance of consideration of risk to the child, young person, family or member of staff it is proposed that a face to face visit is replaced by a virtual visit an Early Help Service manager must give their time limited agreement with a view to returning to face to face visiting as soon as it is safe to do so. Families that are anxious at the prospect of home visits can be offered the choice of meeting Early Help or Social Care practitioners in Children's Services Buildings within the community e.g. Children's Centres, Youth Clubs and the three Cluster Hubs Siward Road, Yvonne Carr and West Hill in the park. If Section 8 of the procedures is activated Early Help will see children face to face as determined by the Early Help risk assessment procedure.

6.9 Children's Centres and Hubs

Services will continue to be provided face to face and remotely in line with risk assessment and national government guidance. The three hubs can also be used as touchdown points or to sanitise between visits as necessary and will host contact visits as required. A reception service will be provided for both Siward and Yvonne Carr as they are busy centres. 166, West Hill in the Park, Faylands, Yvonne Carr and York Gardens children centres are open. Special needs services are open as well as George Shearing but will be subject to national government guidance during lockdown. Bubbles from the schools have been arranged to facilitate attendance at George Shearing.

6.10 Under 5s (See also 6.32 below children under 5 with child protection plans)

All children under five will be prioritised for support, this will include access to Children's Centre Services which will be delivered in line with prevailing national guidance

All eligible vulnerable children will be prioritised for 2-year-old nursery places

All eligible vulnerable children will be encouraged to take up a 3 or 4-year-old nursey place

For vulnerable children below the age of three an early learning programme will operate at a Children's Centre in each cluster.

6.11 Under 5s with Special Needs and Disabilities

Support is available in sourcing childcare for very young children where a school may not be suitable, extended hours childcare, etc. Matt Hutt for the EECP Team - EECP@richmondandwandsworth.gov.uk

A well-stocked toy library provides equipment specifically aimed at children with disabilities and that can be used at home. This is based at Siward Road Hub.

A portage service will continue to be delivered face to face or virtually as required

Phone support for parents with children who have complex needs is available through the Early Support Team, this includes access to a trained counsellor for one to one support for parents struggling to cope.

6.12 Early Years Special Needs Services

Finding Childcare

- For very young children, younger siblings where a school may not be suitable, extended hours childcare, etc. Matt Hutt for the EECP Team - EECP@richmondandwandsworth.gov.uk

Early Years Toys and Equipment to use at home

- SEND related toys for individual children, contact Jackie Clements Jackie.Clements@richmondandwandsworth.gov.uk
- EY Toy Library, contact Sue Price - Susan.Price@richmondandwandsworth.gov.uk

Additional Staff with EY and SEND experience to work

- Children Centre staff, contact Susan Reid - Susan.Reid@richmondandwandsworth.gov.uk
- SEND staff for children with complex health and disabilities from West Hill Enhance, Portage and Parent Child Development, contact Susan Reid - Susan.Reid@richmondandwandsworth.gov.uk

  Afterschool and Breakfast club staff, as well as SEND support for older children, contact Catherine Keevil Catherine.Keevil@richmondandwandsworth.gov.uk,

Parent Support

- Phone support for parents with complex children through Early Support Team, contact Vanja Zvonic - Vanja.Zvonic@richmondandwandsworth.gov.uk
- Trained counsellor who can provide phone 1:1 for parents struggling to cope, Sue Price - Susan.Price@richmondandwandsworth.gov.uk

6.13 Children, Young People and Families Team

Early Help practitioners will visit the most vulnerable children, young people and their families face to face to deliver planned intervention and reduce escalation into safeguarding services in line with risk assessment and national guidance. All children and young people allocated to EH will have an initial face to face visit from their worker following safe visiting guidelines. Going forward monthly contact will be made with the families and where risk assessment and consent permit this will be face to face. Safeguarding issues where visits are made more frequently.

6.14 Youth Centres

Wandsworth's youth centres will offer a blend of the following services:

- Digital / Online sessions
- 1-2-1 sessions with High Need / Vulnerable young people.
- Small group sessions with 'high need'/ Vulnerable young people, in bubbles of a maximum of 15 people including staff members

- Attendance will be invitation only, there will be no drop-in sessions.
- Vulnerability to be defined using the same criteria used for the Summer Unlocked referrals
- We will be using the same measures of vulnerability as was used to target groups for the summer unlocked scheme:
- And outreach and detached sessions, coordinated with schools, community safety and the schools police team.

For further details and guidance from The National Youth Agency:
https://nya.org.uk/wp-content/uploads/2020/11/Red-Readiness-Fact-Sheet.pdf

6.15 Families in receipt of Early Help who have a household member who is clinically vulnerable

Government are taking the view that the supermarkets are providing more delivery slots etc. No hub or food parcels are planned in lockdown for this reason. Councils role will be to contact the families to encourage families to book delivery slots.

6.16 Additional Staff with EY and SEND experience available to work with families

Children Centre staff, SEND staff for children with complex health and disabilities, Portage and Parent and Child Development staff can be made available to support families as required and if available.

For Afterschool and Breakfast club staff, as well as SEND support for older children, contact Catherine Keevil Catherine.Keevil@richmondandwandsworth.gov.uk, Bubbles from the schools have been arranged to enable them to attend George Shearing.

Family support, advice and guidance in relation to EY and SEND children through Children Centres and West Hill Enhance Children Centre, contact Susan Reid - Susan.Reid@richmondandwandsworth.gov.uk

6.17 Youth Offending Team

The Youth Offending Team has submitted a Covid risk and contingency plan to the YJB that has been signed off by the Community Safety and YOT Partnership Board on the 4th November 2020. In line with best practice across youth justice in London, direct work to meet statutory order requirements will be prioritised and maintained during all Covid level tiers. Additional direct and virtual contacts may be utilised to provide additional support and contact for children. Contact with children in custody will be maintained in line with up to date youth custody service arrangements. Direct work with children in youth courts and police custody will be supported in line with up to date guidance and risk mitigation plans.

Staff are maximising work from home in line with current corporate instructions and can therefore be contacted via mobile phone and existing virtual channels. Some direct work with vulnerable children will necessitate service sites being utilised. These locations will adhere to social distancing and personal protection guidance. Individual risk assessments will be utilised in these planned arrangements.

6.18 Evolve

Direct contact and support for vulnerable and exploited children will be prioritised. Virtual channels are effective outside of Covid contingency measures and will continue to be utilised, however, are not intended to replace direct contact. Evolve workers will continue to work closely with social workers (and other key partners) to identify, assess and contribute to the child's plan to mitigate risk. Staff levels will be monitored daily with priority given to maintaining contact with the most vulnerable/high risk children.

Staff are maximising work from home in line with current corporate instructions and can therefore be contacted via mobile phone and existing virtual channels. Some direct work with vulnerable children will necessitate service sites

being utilised. These locations will adhere to social distancing and personal protection guidance. Individual risk assessments will be utilised in these planned arrangements.

6.19 Referral and Assessment Service

6.20 Out of Hours

The OOH service will continue to operate as it currently does, responding to urgent Children and Young People referrals, Mental Health Act Assessments, and Adult Safeguarding issues that arise between 5pm – 9am and at weekends/bank holidays. The OOH team will work closely with the MASH, social work teams to ensure there is good handover of information between daytime, weekday services and evenings/weekends. There has been increased capacity by including additional sessional staff to enable the OOH service to remain operational. This is closely monitored and should there be further depletion of staff then there will be further conversations with Richmond, Merton and Sutton OOH to provide support to our OOH.

Mental Health Act Assessments are carried out in various hospitals in the borough, mainly St Georges and Springfield Hospitals. Also, the Wandsworth Police Custody Super suite. PPE is provided to all staff undertaking these assessments and visits. Presently we have don't have issues with access to S12 doctors and there is availability of floating AMHPs. If any patient requiring MHA assessment is showing signs of Covid -19 or is in isolation as a result of Covid – 19, these patients are risk assessed and visit for an MHA assessment still can be undertaken with precaution. This is jointly undertaken with S12 doctors and police colleagues (where this applicable). The risk assessment for these patients will be led by the nursing staff at the A&E dept, place of safety etc.

6.21 MASH

Multi-agency partners based within the Multi-Agency Safeguarding Hub (MASH) will continue to contribute to decision making by effective and timely information sharing, particularly on those cases where it is unclear if the threshold for significant harm has been reached. Video technology will be utilised to ensure maximum attendance where necessary.

6.22 Daily Briefing

The daily briefing on what has happened the night before is now a virtual meeting and occurs daily at 10am, calendar invites are sent to all partners which include Police and Youth Offending Team. This meeting is chaired by the Team Manager and the Police Public Protection Desk (PPD) send the list of young people that will be discussed ahead of the meeting. TMs will record a case note on all cases discussed, and an alert will be triggered for the allocated SW.

If a case is discussed that is not open to CSC, PPD will send a merlin to the CJSM box, this will be created as a contact for the manager to review.

6.23 Assessment Teams

6.24 Visits

Children subject of a S17 child in need assessment will be seen within 5 working days of a referral.

Children subject of S47 enquiry will be seen within 24 hours of a strategy meeting decision that the child or young person is or may be at risk of significant harm.

The team manager and social worker will carry out the **safe visit check** and using the **balance of considerations** decide and record how visits will take place in future. The aim is to visit and see all children and young people in person unless the safe visit check and the balance of considerations support a judgement that a visit in person should not take place and a virtual visit will meet the needs of the child or young person during the period of the assessment. The procedure above "What to do if on balance of considerations a face to face visit SHOULD NOT take place" must be followed.

If Section 8 contingency procedures are activated all children subject of a referral will be treated as a high risk and an initial visit will take place face to face. Thereafter visits will be determined by the Section 8 risk assessment procedure.

6.25 Children in Need Service

6.26 Visiting children subject of a Child in Need Plan, including those subject of a Supervision Order

All children subject of a child in need plan will be visited by a social worker and seen face to face in person at least every 20 days unless a Service Manager signs off that following a safe visit check and balance of consideration in relation to risk it is necessary to carry out a virtual visit for a limited period. If Section 8 contingency procedures are activated the child or young person's risk assessment will determine whether they need to be seen face to face or virtually.

6.27 CIN Review Meetings

The social worker should identify the network of family and professionals who are continuing to have contact with the child or young person, work with that network should continue virtually, explicitly taking account of the restrictions on the capacity of agencies to provide services and the particular challenges raised by the impact of Covid -19.

6.28 Visiting children subject of a Child Protection Plan

All children subject of a child protection plan will be visited by a social worker and seen face to face in person at least every 10 days unless a Service Manager signs off that following a safe visit check and balance of consideration in relation to risk it is necessary to carry out a virtual visit for a limited period. If Section 8 contingency procedures are activated the child or young person's risk assessment will determine whether they need to be seen face to face or virtually.

6.29 Informing the Child Protection Coordinator

If the risk to a child on a child protection plan changes, either the safe visiting risk assessment or the balance of consideration of risk to the child or family the social worker must discuss the changes with the Child Protection Coordinator immediately. The Child Protection Coordinator must take a view on the impact of changes to the progress of the child protection plan and record their oversight on the child's record. If Section 8 contingency procedures are activated the CPC will review the child or young person's risk assessment and discuss any professional difference with the social worker and manager.

6.30 Child Protection Conferences (CPCs)

Child Protection Conferences will continue to be undertaken virtually at all alert levels 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 Child Protection Coordinator.

Whilst every effort needs to be made to include parents/family members, through using appropriate remote working methods, the conference should go ahead even if this is not possible.

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

CP plans made will explicitly take account of the alert level and any restrictions in place on the capacity of agencies to provide services and challenges raised by the impact of Covid-19. CP decision letters will be shared with parents and professionals via email. All conference related email communication including reports and plans will be marked as "Official Sensitive" to ensure confidentiality. Where this is not possible the CP Chair or SW will convey the outcomes and plans to parents over the phone.

6.31 Child Protection Midway Reviews

Midway reviews are always important to keep oversight of progress for the child or young person but taken on greater significance in monitoring progress in the light of any restrictions in place due to Coronavirus. The midway should consider the impact of restrictions on the child and family.

6.32 Children under 5 with child protection plans

In view of the additional vulnerabilities of children under five years the Service Manager for CP Shabana Warne will review in supervision with CPCs all 0-12 months and 1-4 years who are subject to CPP. Where concerns about the progress of the plan are identified the midway review should be brought forward and a discussion held between respective service managers in QA and operational as to resolve.

6.33 Transfer in Conferences

The Transfer in process for children on child protection plans was suspended during the first national Coronavirus lockdown in March 2020 but subsequently resumed and will continue unless the department is notified otherwise. Moving between Local Authorities is a vulnerable time for children subject of child protection plans and care must be taken to ensure there is no delay as a result of current Coronavirus restrictions.

6.34 Core Groups

Core Groups 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. They will continue to implement and evaluate the Child Protection Plan, 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 Groups must be recorded by the social worker in a timely manner.

6.35 Legal planning meetings

All LPM's will be held virtually via phone call/video-call. Initial LPM's will continue to be chaired by a Service Manager and attended virtually by the legal officer, TM and SW. The Designated BSO or in their absence the TM will complete the minutes and legal will provide a legal note of the meeting on the standard recording forms. The impact of the virus may lead to circumstances where legal meetings are required for children whose parents cannot look after them due to illness, or in the event of their death, due to coronavirus.

6.36 Public Law Outline & Pre-proceedings meetings

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

6.37 Court Hearings

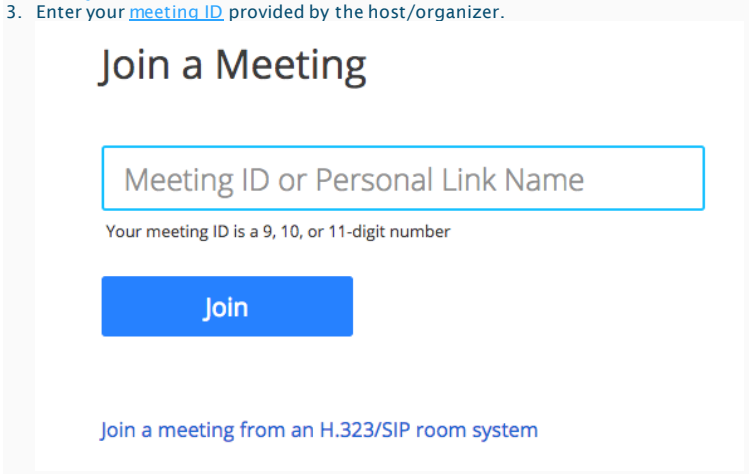
Virtual hearings are taking place where possible but if not deemed appropriate in-person or hybrid hearings are taking place. Court capacity is limited due to the need for social distancing which has impacted on timescales. The Family Drug and Alcohol Court (FDAC) paused referrals for a period but are now accepting them again operating at two assessments a week currently and holding a waiting list.

6.38 Technical issues joining court hearings virtually

Wandsworth use Microsoft MS Teams whilst Courts are using Zoom. In order to participate in an online Court Hearing staff can access this by using the web version of Zoom which uses a web browser such as Google Chrome by following the instructions below.

Google Chrome

1. Open Chrome.
2. Go to join.zoom.us.
3. Enter your meeting ID provided by the host/organizer.



4. Click **Join**.
5. Click **Open Zoom Meetings** (PC) or **Open zoom.us** (Mac). You need to click this option every time you try to launch Zoom from a web browser.

6.39 Children with Disabilities

6.40 Visiting children with disabilities who are subject to a statutory assessment or intervention as a child in need of help or protection or a child looked after

All children with disabilities who are also subject to statutory intervention under S17 assessment, S47 assessment, child in need plan, child protection plan or a child looked after will be visited by a social worker and seen in person in line with the guidance detailed under lead services.

Visiting children in need due to their disability will be face to face unless there is a clear reason not to do so such as complex health needs & reduced immunity to infection. If families are uncertain about social workers visiting them at home an alternative venue will be offered for the visit where possible. Service Managers will be informed of any children where it is not possible to complete face to face visits and where virtual visits are temporarily taking place. Visiting arrangements will be reviewed every four weeks in supervision.

If Section 8 contingency procedures are activated the child or young person's risk assessment will determine whether they need to be seen face to face or virtually.

For parents and carers with disabilities who could struggle to participate fully in child protection conferences or Child in Need reviews, the social worker will discuss participation in the meeting with them and plan how this can be achieved before the meeting takes place. This may involve making arrangements for the social worker to be with the parent/carer during the meeting or arrange an alternative venue.

6.41 Children whose disability makes them clinically vulnerable

Where children or young people are in the clinically extremely vulnerable group or have a clinical illness the guidelines for safe visiting must be followed. The aim is to visit and see all children and young people in person unless the safe visit risk assessment and the balance of considerations support a judgement that a visit in person should not take place and virtual visit will meet the needs of the child or young person during the period of the assessment. The procedure above "What to do if on balance of considerations a face to face visit SHOULD NOT take place" must be followed. The challenges of virtual visiting with children or young people who cannot communicate verbally must be factored into the decision.

6.42 Multi Agency Review for children with disabilities

All children with disabilities will have a multi-agency review including health and education. The review will cover home learning and ensure the child has access to appropriate remote learning and digital equipment.

6.43 Children Looked After Service

6.44 Permanence Planning

The challenges of delivering positive outcomes for children within their own timescales is even greater when the impact of the pandemic can serve to slow progress down. Permanence planning continues to be a priority and needs to be considered as part of every care and placement plan, even before a child or young person comes into care. Risk to achieving timely permanence as a result of the pandemic must be assessed and mitigated against wherever possible. All new children looked after must have a Permanency Planning Meeting within the first two weeks. This will be conducted virtually. The case will then need to either be presented to the Legal Tracking or Permanency Tracking Panel within the first four weeks, depending on legal status of the case. The social worker is expected to attend the permanence tracking panel virtually to discuss the long-term care and permanence plans for their allocated child looked after.

6.45 Becoming a Child/Young Person Looked After

The Care and Resources Panel will continue to operate virtually. Heads of Service CLA or CiN will be responsible for making decisions about whether a Child/YP should become looked after. The process thereafter does not change from standard procedures. The ability to find placements throughout this period will be significantly affected, therefore every effort to find an alternative safe family or community option must be fully explored.

6.46 Placement Requests

Placement Officers are working from home and searching for placements as normal. The Placement Referral Form (PRF) sent to the placements team must clearly state if the child is self-isolating or has Coronavirus symptoms.

6.47 Placing a Child

The SSA Health Protection Team have produced guidance on moving a child into or between placements where the child is moving form a household that is self-isolating or symptomatic. See guidance on safe working practice when visiting in appendix 6.

The Designated Senior Nurse for Children Looked After, NHS SW London CCG, has provided a flow chart for placing a child with a foster carer in an emergency which can be found at Appendix 18

6.48 Unaccompanied Asylum-Seeking Children (UASC)

If UASC arrive in the country and have symptoms of the C-19 virus then the Home Office will arrange for them to self-isolate. However, if they come in through the police station the Local Authority will arrange for them to self-isolate and the Placements Team will identify the provision for this. Unaccompanied asylum seekers are first and foremost children looked after and subject to Care Planning Regulations. They will have additional needs depending on their journey to seek asylum, their length of time in the country and the strength of their wider support networks.

6.49 Visits to children looked after

Children who become looked after will be visited by a social worker and seen face to face in person 7 calendar days after they are placed. Thereafter children looked after will be visited by a social worker and seen at least every 30 calendar days. Children looked after who have been formally recognised through IRO recommendation and endorsement at the Fostering Panel as living in a permanent and stable foster home will be visited by a social worker and seen in person at least every 70 calendar days unless a Service Manager signs off that following a safe visit check and balance of consideration in relation to risk it is necessary to carry out a virtual visit for a limited period. If Section 8 contingency procedures are activated the child or young person's risk assessment will determine whether they need to be seen face to face or virtually.

6.50 Informing the IRO

If a face to face visit to a child looked after is replaced by a virtual visit the child's IRO must be informed prior to the virtual visit with sufficient time for discussion and agreement if the IRO has any concerns. The IRO must take a view on the impact of virtual visits on the progress of the child's care plan and record their oversight. If Section 8 contingency procedures are activated the IRO will review the child or young person's risk assessment and discuss any professional difference with the social worker and manager.

6.51 Temporary amendment to care planning regulations

The aim is to visit and see all children and young people in person unless the safe visit check and the balance of considerations support a judgement that a visit in person should not take place and virtual contact will meet the needs of the child or young person. The procedure above "What to do if on balance of considerations a face to face visit SHOULD NOT take place" must be followed. If it is agreed virtual contact will replace a face to face visit for the reasons outlined above the following should be considered:

- wishes of children and young people affected
- ability of child or young person to engage in a virtual visit due to reasons such as their age, disability, learning difficulty or use of English, for example UASC.
- Whether there is an established bond between the social worker and the child or young person
- Any other factors relevant to an individual child or young person's circumstances

As good practice, children should be told why a face to face visit is not possible and advised of their right to advocacy or support. This good practice also applies if Section 8 contingency procedures are activated the child or young person's risk assessment will determine whether they need to be seen face to face or virtually.

6.52 Role of the IRO and CLA Review Meetings

The role of the IRO, to quality assure the care planning and review process for each child and to ensure that his/her current wishes and feelings are given full consideration, is particularly important during the pandemic. At the beginning of a lockdown all IROs will be in contact with their children by their most preferred method (telephone , virtual, email, text, letter, card) this is to acknowledge children's anxiety about lockdown and to provide re-assurance of the IROs accessibility and willingness to be available to children. IRO will be able to use their judgement and knowledge of the children for maintaining follow up contact. Where needed this should include face to face.

All review meetings will continue and be undertaken virtually, as a multi-way phone call/video-call or if technology does not allow, it will be held as a series of phone calls/video-calls, led by the IRO. CLA Reviews will be recorded using the standard forms. The SW will continue to provide a report prior to the review.

Reviews and the updating of Child /Young Person's Care Plan 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 Child/Young Person, their carers, their families, and on professionals

6.53 CLA Midway Reviews

Midway reviews to monitor progress in achieving good outcomes for children looked after are always important but take on greater significance in monitoring progress in the light of any restrictions in place due to Coronavirus. The midway should consider the impact of restrictions on the child, particularly with regard to their emotional wellbeing and contact with their family.

6.54 Supervised Contact

All children looked after who have contact with their birth family must have their contact arrangements clearly documented on their record. The contact arrangements must be recorded using the agreed template in a case note with a Mosaic case note type "Coronavirus Contact Arrangements. Social workers must make sure children looked after, carers and their family members are consulted.

If Section 8 contingency procedures are activated the child or young person's contact arrangements must be reviewed to make sure safe contact can be maintained.

The Family Rights Group have developed advice for parents and families with a child in the care system – ways you can support your child during the Coronavirus outbreak.

https://www.frg.org.uk/need-help-or-advice/parents/information-for-parents

6.55 Contact Centre

Since Lockdown 1 work has been undertaken to make the Contact Centre safe for children to have contact with their families during the pandemic.

- The use of masks
- Safe distancing
- Where appropriate other items of clothing such as aprons, gloves
- Children can bring their own toys to contact and use
- Parents have been asked to request the use of toys in advance to contact so that this can be prepared, and the toys sanitised
- All Contact rooms are sanitised after each contact and left to air for a period of time before use again
- There are hand sanitisers throughout the building
- Reduced numbers of people using the building

If Section 8 is activated the following will apply:

- The Contact Centre will remain open to manage face to face contact of families that are in legal proceedings
    - It will be expected that a risk assessment is completed
    - The length of contact may change depending on individual cases & staff capacity
    - These contacts to be supervised by permanent members of staff where possible
- There will be no other face to face contact taking place at the centre or in the community due to the mixing of households
- It will be expected that all other contacts are undertaken virtually
- Casual staff will supervise virtual contact if necessary/required – This will need to go through the Contact Service
- Contact arrangements will be monitored on a weekly basis by the Team Manager and other staff where appropriate
- Should there be a need for contact to take place due to other reasons, a risk assessment to be undertaken along with senior management oversight

6.56 Decision Making Panels

Care and Resources Panel, Permanency Tracking Panel and the Fostering Panel are established as virtual events and will continue during all alert levels to take important decisions about children and young people's lives.

6.57 Corporate Parenting

Priority will be given to children not yet matched and settled in their placements. Placement Planning Meetings will continue to be undertaken face to face unless otherwise agreed through a risk assessment and sign off from Team Manager and Service Manager. The standard forms will still be used. If Section 8 procedures are activated a Team Manager and Service Manager will authorise virtual meetings based on the child's risk assessment.

Initial and Review Health Assessments will be undertaken remotely during lockdown periods. Initial and Review Health Assessments are currently being prioritised by health services, please see guidance from health colleagues at Appendix 12 and 13.

Personal Education Planning Meetings are taking place as normal 3 times a year. Where schools are happy, meetings take place face-to-face, otherwise they take place on MS Teams. The Virtual School continues to meet their statutory responsibilities in ensuring that every pupil has a robust education plan and support in place to enable them to make accelerated learning.

6.58 Connected Carers and Special Guardianship

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 HOS and Assistant Director of CSC.

Current Connected and Special Guardianship Assessments will continue to be assessed virtually and this includes medical checks as recently advised by our medical advisor. Practitioners/ TMs must alert the courts and parties where there are difficulties in meeting the assessment deadline or conducting specific parts of the assessment, such as review of the home setting.

The Family Rights Group have developed a Top Tips guide for kinship carers to help children maintain relationships during the Coronavirus outbreak.

https://www.frg.org.uk/images/200324_Kinship-corona.pdf

6.59 Care Leavers

6.60 Visits to Care Leavers

DfE guidance recognises care leavers are a particularly vulnerable group of young people. COVID-19 heightens this, because care leavers may be financially vulnerable and at risk of increased levels of anxiety and isolation.

LA's must continue to meet their statutory responsibilities towards care leavers, such as providing PAs, preparing and reviewing pathway plans. PA's should proactively reach out to care leavers during the pandemic, including care leavers aged over 21 who are eligible for support up to age 25, but who were not accessing support before the pandemic.

An assessment of a care leavers support needs should be undertaken with them, include their wishes and feelings and their preferences for how they would like to receive contact from PAs.

All eligible care leavers between 16 and 25 years will be identified as requiring low, medium and high support using the risk-rating system below:

Risk level	definition	Frequency of contact/visits
Low support	Stable accommodation, health, mental health, access to a trusted adult(s), feels supported.	*6-8 weekly face to face visits with an expectation of at least 2 telephone calls/video calls in between*
Medium support	Increased isolation due to pandemic, access to trusted adults, some concerns around coping, stable accommodation	*4-6 weekly face to face visits with an expectation of at least 2 telephone calls/video calls in between*
High support	YP who have just left care, moving accommodation settings, isolated, poor mental health, poor financial management, risk of homelessness,	*2-4 weekly face to face visits with an expectation of at least 2 telephone calls/video calls in between*

	not adhering to social distancing and lockdown requirements.	

If Section 8 procedures are activated the Lavender Hill site will operate an appointment system to keep young people and staff safe.

7. WORKING WITH SCHOOLS

Working with partner agencies to keep children safe and promote their wellbeing is of particular importance when all agencies are facing challenges in delivering services during a pandemic. It is well documented that good information sharing between agencies is critical at all times.

7.1 Working with Education Colleagues to keep in touch with vulnerable pupils

Schools have set up their own robust monitoring systems to keep track of children if they aren't in school. The Head of Safeguarding Standards Service and the Safeguarding in Education Officer have produced departmental guidance and a proforma to assist schools in asking the right questions when speaking to parents of vulnerable children who aren't attending school. The full guidance and proforma in Appendix 14 and 15.

7.2 Social Work support to vulnerable children to attend school if it is open to them during a lockdown

If schools are open for vulnerable children during a period of lockdown social workers must encourage and support parents and carers to send vulnerable children to school and maintain contact with their allocated children's schools to keep themselves informed of attendance and the child's wellbeing. This will inform their Coronavirus risk assessment.

7.3 Keeping in touch with schools

When a child is not attending school the social worker and the school representative should agree who will contact the parent when and how they will share information to avoid duplication of effort at a time of reduced capacity and to avoid parents having to repeat the same information to different professionals.

Team managers must talk about school attendance in supervision and use their analysis to update risk assessments where necessary.

7.4 Virtual School

The Virtual School will provide information to social workers about attendance of children looked after via the welfare call contract

7.5 Support Offer to Schools when Section 8 procedures activated

A comprehensive offer of support for schools is detailed in the document "Support Offer to Schools during Lockdown 3 5th January 2021"

8. CONTINGENCY PLANNING FOR REDUCED STAFFING CAPACITY OR TIGHTER RESTRICTIONS

8.1 Staff spreadsheet

Team managers should maintain an up to date spreadsheet of staffing capacity. If their staffing capacity starts to compromise children and young people being visited face to face or any other aspect of service delivery, they must alert their service manager in time for contingencies to be put in place.

8.2 Senior management oversight

Heads of Service and Service managers must maintain oversight of staffing spreadsheets so they can aggregate staffing capacity across their services. Heads of Service must aggregate service spreadsheets and alert the Senior Management Team if their staffing capacity starts to compromise children and young people who need to be seen by a practitioner being visited face to face, or any other aspect of service delivery. The centralised staffing spreadsheet held in MST must be updated every Monday. This will provide strategic overview of how many staff are in each service area; how many are available to work; reason for staff unavailability.

8.3 Senior management issues log

During periods of reduced staffing capacity and/or tighter restrictions the senior management team will maintain an issues log to capture any emerging matters and ensure they are responded to effectively.

8.4 Covid19 Risk Assessment

Practitioners must complete a Coronavirus Risk Assessment for **all** children and young people who they are the allocated worker for. See Appendix 1 for the template and procedure.

The Covid 19 risk assessment is about risk of significant harm to a child or young person if the risk to their safety or vulnerability increases if they aren't seen in person face to face. The CV19 risk assessment should indicate the level of risk; the reason for the level of risk and the multi-agency plan in place to address the risk. Section 8.11 addresses risk assessment of practitioners.

The risk should be assessed using the following descriptors:

8.5 Definition of risk levels for a child or young person during a lock down

High risk where there is imminent risk of harm to a child if they are not visited and monitored in person, where there is a significant risk of family or placement breakdown, or where protective factors that were making the child safer have been suddenly removed due to the current situation and we are significantly concerned about the impact of this. All children and young people subject of a referral will be considered high risk on receipt of the referral pending an initial face to face visit and subsequent risk assessment. A child or young person assessed as high risk must be visited and seen face to face following safe visiting guidelines.

Medium risk where children can be largely seen and spoken with virtually, but where stressors within the family mean that this may need to be very regular. These may be cases where parents have been engaging with a plan on the whole, but the absence of school, mental health services and other support could have an impact on the care offered to the child or their experience at home, and we need to monitor this carefully; or where children are at risk of exploitation outside of the home or their placement

Low risk where we are satisfied that being seen and spoken to virtually is sufficient to ensure the child's safety and wellbeing at this time, and where sufficient support is in place for the family despite the current situation, or where a child looked after's placement is stable.

8.6 Tool to support consistent risk assessment

The tool at Appendix 17 should be used to support consistent risk assessment.

8.7 Covid-19 Risk Assessment Case Note Title

The risk assessment must be recorded using the agreed template in a case note in Mosaic. See Appendix 2 for case note type procedure.

8.8 Monitoring school attendance of vulnerable children

Throughout the pandemic it has been a priority to ensure vulnerable children and young people attend school. The risk assessment must be clear how school attendance will be encouraged, supported and monitored. Case supervision must keep school attendance under closer review during periods of increased government restrictions and update the child or young person's risk assessment if they aren't attending school. The link below from the

government guidance for children's social care services has a section for practitioners on having conversations about school attendance. The Virtual School will support social workers for children looked after by sharing attendance information from the welfare call contract.

COVID-19 updates for social work (skillsforcare.org.uk)

8.9 Management oversight of accuracy of assessed risk

Team Managers must ensure that the risk assessment has been accurately assessed for all allocated children and young people in their team. A management oversight case note should confirm this with clear direction about how visits in person should take place or if virtual contact will replace a visit in person how frequently it will take place and that it must be recorded in the visit work step.

The responsibility to record management oversight / decision in relation to the type and frequency of visits and/or virtual contact the child will receive lies with the practitioner and team manager. It is critical that the rationale for the management decision is well explained and highlights risks and protective factors. If practitioners have any questions about how to record on the system, they should contact the Mosaic team. The procedures for visits at the start of this guidance apply.

A performance report will be run on all cases, providing managers with oversight of all the cases within their team and their current risk assessment level.

8.9 Review of risk assessments

The risk assessment must be reviewed in 4 weekly case work supervision and updated if concerns increase or decrease.

If information is received that increases risk from low or medium to high the practitioner must escalate this immediately to their team manager, or in their absence their service manager.

If the child or young person is subject of a child protection plan the Child Protection Coordinator must be informed of any change to the risk assessment.

If the child is looked after the IRO must be informed of any change to the risk assessment.

8.10 Child Protection Coordinators and Independent Reviewing Officers oversight of risk assessment

Child Protection Coordinators and Independent Reviewing Officers must review the risk assessment on the child's file and if in agreement with its conclusion/rating complete a CPC/IRO oversight case note to confirm this. If there is a different view or clarification is needed about the risk assessment, then CPC/IRO should have a discussion with Social Worker/Team Manager and then a subsequent CPC/IRO oversight case note is recorded. Children with conferences /Children Looked After reviews coming up will be prioritised by CPC/IROs. When the risk assessment is changed or updated the SW must notify the CPC or IRO via Mosaic and the CPC/IRO must again review the risk assessment and record oversight as stated above.

8.11 Staff Risk Assessment

Please refer to Section 4 Safe Working Environment and Section 5 Visits in the content above. This guidance still applies if a child or young person's risk assessment is high indicating that they need to be seen in person face to face. If visiting a child or young person assessed as high risk increases risk to the allocated practitioner, the staff risk assessment guidance and risk assessment tool should be referred to and can be accessed here.

Coronavirus guidance for the SSA (richmondandwandsworth.gov.uk)

The safe visit check and related procedures in section 5 remain useful when preparing to visit a child or young person assessed as high risk. The significant difference is that a virtual visit cannot be sanctioned if a child or young person has been assessed as high risk.

Visiting families, children and young people face to face during a time of high Covid transmission is very stressful. See 9.1 Supervision below. Managers will need to monitor the impact on staff closely. The stress risk assessment tool should be used where appropriate.

Stress risk assessment (richmondandwandsworth.gov.uk)

8.11 Foster Carers

The Fostering Service will maintain oversight of foster carer capacity and alert the senior management team if foster carer capacity compromises children's stability.

All carers have been consulted on any medical conditions they have. Those who are clinically extremely vulnerable and need to shield have been identified and a Covid Risk assessment has been placed on their carer's file.

The Supervising Social Worker or the carer will agree a risk management plan in relation to any child in their care, particularly where this affects the usual contact arrangements or where virtual visits may be required, as a result of shielding.

The Fostering Service will maintain staffing spreadsheets to monitor the capacity of Supervising Social Workers to visit foster carers in their homes.

8.12 Children Looked After Contact Arrangements

Section 6.54 above requires all children looked after to have their agreed time with their family clearly recorded using the template in the procedure at Appendix 3 below. This will need to be reviewed to determine any additional risk posed by reduced staffing capacity or tighter government restrictions. Contingency arrangements to keep the Contact Centre open during lockdown are detailed in section 6.5 above.

9. ORGANISATIONAL ARRANGEMENTS

9.1 Supervision

Supervision should continue as normal at all alert levels including lock down via audio or video-call. Weekly contact needs to be made with all staff by their line managers. Team managers should have arrangements for teams to connect virtually on a minimum of a weekly basis.

Research in Practice "Home Visits and the challenges of social distancing" a recent study by Harry Ferguson et al tells us that:

> The message needs to be that the complexity and risks of the work are fully appreciated and that keeping children and families safe, including from COVID-19, requires that the emotional as well as physical wellbeing of frontline workers and managers and leaders receive thoughtful attention in supervision and other forms of organisational support.

9.2 Monitoring and managing performance

Performance reporting will continue at all alert levels including lock down.

9.3 Meetings

Virtual meetings are well established and will continue as planned at all alert levels. Frequency of meetings will be reviewed if additional restrictions are introduced by a lockdown. If required, an emergency control management meeting will be established.

9.4 LADO

Allegations against professionals and volunteers should continue to be made to the LADO within 24 hours of the concern arising using the same pathway and contact telephone numbers 07920 254786 and email address Lado@richmondandwandsworth.gov.uk. Where Allegations Staff and Volunteers meetings (ASV) are needed these will be carried out virtually. The LADO will continue to be supported on schools' issues by the Education in Safeguarding Officer.

10. Business Support & Finance

10.1 Roles and responsibilities

Whilst working remotely from home BSOs will need to be logged onto the network by 9am, unless there is a prearranged variation agreed with the manager. Email communications relating to support tasks must be closely monitored and responded to quickly throughout the day. Any changes to health, availability for work or other personal circumstances must be reported at the earliest opportunity.

10.2 Communication

The operational priorities are likely to be reviewed on an ongoing basis and staff at all levels will need to work flexibly to meet with the needs of the service.

10.3 Management Oversight

BSO will report into their usual line manager.

10.4 Access to cash and vouchers

Arrangements have been put in place through Business Support Officers to purchase food vouchers and if required access cash. See the procedure at Appendix 8.

11. ESCALATION OF CONCERNS

Where there are professional disagreements relating to children's needs which cannot be resolved at team manager level, these should be escalated and resolved through a discussion with the relevant safeguarding lead and service manager.

12. USEFUL CONTACTS

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13. APPENDICES

Appendix 1 – CYP Risk Assessment due to Coronavirus Restrictions

<table>
<tr><th colspan="3">Emergency Procedures in response to Covid 19</th></tr>
<tr><td>Subject</td><td colspan="2">CYP Risk Assessment due to Coronavirus Restrictions</td></tr>
<tr><td>Updated</td><td colspan="2">5/11/20</td></tr>
<tr><td>Version</td><td colspan="2">Emergency operational Procedures 6.0</td></tr>
<tr><td>Author</td><td colspan="2">Denise Green</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td>1</td><td colspan="2">Team Managers will maintain a spreadsheet of staffing capacity. Heads of service and Service Managers will maintain oversight of service capacity to visit children face to face.</td></tr>
<tr><td>2</td><td colspan="2">Whilst staffing capacity is sufficient to maintain full service delivery practitioners will carry out a safe visit check and make a judgement on balance of consideration whether a face to face visit should go ahead.</td></tr>
<tr><td>3</td><td>Safe visit check
Do you or any member of your household/ family have a confirmed diagnosis of COVID-19?
Are you or any member of your household/family waiting for a COVID-19 test result?
Have you travelled internationally in the last 14 days? If yes, confirm where and if this is a country that has been agreed as safe for travel by the government. If this is not on the list then 14 days quarantine will apply.
Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 14 days?
Do you have any of the following symptoms? • high temperature or fever • new, continuous cough • a loss or alteration to taste or smell
Is anyone in your household medically recognised as clinically extremely vulnerable (CEV)?
Does anyone living in your household have a clinical illness that adds to their vulnerability?</td><td>Balance of considerations
Risks to children and young people
Risks to families
Risks to the workforce
National guidance on social distancing and hygiene
Statutory responsibilities, including safeguarding</td></tr>
<tr><td>4</td><td colspan="2">If the safe visit check and the balance of considerations suggest a face to face visit should not take place the Team Manager will seek sign off from a Service Manager for one off virtual contact to replace a face to face visit or virtual contact to replace face to face visits for a period of time. The aim is to get back to face to face visiting as soon as it is safe for the child, young person, family and social worker to do so.</td></tr>
<tr><td>5</td><td colspan="2">The Service Manager will need to see the following recorded comprehensively in a case note before signing off replacement of a face to face visit by virtual contact</td></tr>
</table>

<table>
<tr><td></td><td>

reasons why, on balance of consideration, they should not carry out a face to face visit
a proposal addressing how they can see the child and ensure their health and wellbeing isn't compromised by the circumstances leading to the decision not to visit in person and what the impact of not seeing the child in person might be. Will progress with their plan be delayed?
What the child, young person, parents, carers and multi-agency partners view is of the social worker not visiting in person and the impact this might have.
The time limit for virtual contact. It isn't an option to have blanket dispensation for a child or young person to be visited and seen in person. The decision should either be as a one off or a time limit to be reviewed four weekly in supervision.

</td></tr>
<tr><td>6</td><td>In the event of staffing capacity falling below a level where full service delivery and specifically face to face visits can be maintained or government guidance places increased restriction on service delivery and specifically face to face visits Heads of Service will seek Senior Management Team approval to activate Section 8 of the procedures - service delivery based on assessed risk to the child, young person or family not being seen face to face by a practitioner.</td></tr>
<tr><td>7</td><td>Template:

Mosaic No:
Name of Child:
Name of SW:

Case Status:

<u>Core group/professional/family network</u>
<table>
<tr><th>Name</th><th>Role/Relationship</th><th>Contact Telephone Number</th><th>Are they likely to be able to visit and offer support during the coronavirus lockdown? If so, specify what they will do.</th></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
</table>

<u>Risk assessment</u>
<table>
<tr><th>What are we worried about?</th><th>Risk mitigation</th></tr>
<tr><td></td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td></td><td></td></tr>
</table>
</td></tr>
</table>

Overall risk rating (low, medium, high) and rationale

How often will the child be seen?

How will the child be seen?

Are the family in the agreement with the plan?

Are the multi-agency network in agreement with the plan?

Team Manager oversight

Appendix 2 – Coronavirus Risk Assessment and Contact Arrangements Case Note Types

Emergency Procedures in response to Covid 19	
Subject	New case note titles to be used during emergency period
Issued	20/3/20
Reviewed	5/11/20
Version	Emergency operational Procedures 6.0
Author	Denise Green
1.	Case note types have been made available in Mosaic for use during a Covid emergency
2.	In the event of staffing capacity falling below a level where full service delivery and specifically face to face visits can be maintained Heads of Service will seek Senior Management Team approval to activate service delivery based on assessed risk to the child, young person or family not being seen face to face by a practitioner.
3.	If the Senior Management Team agree activation of service delivery based on assessed risk to the child, young person or family practitioners must complete the Coronavirus risk assessment template and copy it into case notes.
4.	The social worker must write the case note title as follows “Assessed risk during period of emergency service arrangements **high**” OR “Assessed risk during period of emergency service arrangements **medium**” OR “Assessed risk during period of emergency service arrangements **low**”

5.	The case note type selected must be **Coronavirus risk assessment HIGH, MEDIUM or LOW**. This will enable reporting to ensure all vulnerable children have a Coronavirus risk assessment.
6.	Every child looked after who has a contact arrangement in place must have the contact arrangement reviewed.
7.	Social workers must complete the contact arrangement review template and copy it into case notes.
8.	The case note title should read "Review of contact arrangements during emergency service arrangements"
9.	The case note type selected must be **Coronavirus contact arrangements.**

Appendix 3 – Contact Arrangements

Emergency Procedures in response to Covid 19	
Subject	Contact arrangements for children during Coronavirus outbreak
Date	30/03/2020
Reviewed	27/10/20
Version	Emergency operational Procedures 6.0
Author	Denise Green
1.	All children that have contact arrangements with their families supported by the local authority must have these arrangements reviewed during the Coronavirus outbreak. This will determine the contact arrangements plan during the period when contact arrangements may have to vary due to restrictions imposed by the pandemic.
2.	For children subject of legal orders the President of the Family Division has issued guidance saying, "the **key message** should be that, where Coronavirus restrictions cause the **letter** of a court order to be varied, the **spirit** of the order should nevertheless be delivered by making safe alternative arrangements for the child." The Health Protection (Coronavirus Restrictions) (England) Regulations 2020 includes contact as a permissible activity: • For children whose parent do not live in the same household they are able to move between the two parents' households • 'Parent' is defined as having parental responsibility for a child so is applicable to SG carers and corporate parents
3.	This requires complex judgments about how to provide contact services whilst also being equally concerned about not taking steps to cause unnecessary disruption to the relationships that children have and seek to maintain with people they care about but no longer live with. The following principles offer a practical approach to applying professional values and ensuring decisions and actions meet professional standards: • Beneficence: aim to do good for service users

<table>
<tr><td></td><td>

Non-maleficence: do no harm or avoid doing harm, for example maintaining important relationships for children as far as possible
Respect and autonomy: treat service users with respect, care and compassion and as much as possible respect their views and autonomy
Proportionate: balance the aims and benefits of any changes, consider all alternative options for each child
Transparency: as much as possible ensure open and transparent information sharing with service users and informed decision making which is recorded.

</td></tr>
<tr><td>4.</td><td>Parents and children looked after should be formally written to explaining any temporary changes to their contact arrangements as a result of Covid restrictions and the reason for them.</td></tr>
<tr><td>5.</td><td>Children may be upset if they cannot see their family and frightened about the coronavirus. Their parents may be upset and anxious and will need reassurance that we are taking all steps to promote their relationship with their child.

Social workers to familiarise themselves with the Guidance from Childline, which provides a range of information to support children and young people including a useful guide and tips on managing feelings of anxiety and stress.

The Family Rights Group have developed the following resources which parents can be directed to

a) New: advice for parents and families with a child in the care system – ways you can support your child during the Coronavirus outbreak

b) Top tips guide for kinship carers to help children maintain relationships during the Coronavirus outbreak</td></tr>
<tr><td>6.</td><td>Managers to ensure a review of contact arrangements is undertaken using the word template below</td></tr>
<tr><td>7.</td><td>Managers to record this management oversight by copying the template (cut and paste) into a new Case Note Type: Coronavirus Contact Arrangements

This will enable a report to be run from Mosaic indicating whether a child has had a review of their contact arrangements.</td></tr>
<tr><td>8.</td><td><u>Risk assessment: face-to-face contact</u>
It is essential that we keep contact arrangements for our Child Looked After under review. This risk assessment tool will help you to assess whether it is safe for face-to-face contact to take place and identify the protective measures that need to be in place.

<table>
<tr><th>Mosaic Number</th><th>Name of Child</th><th>Legal status</th><th>Placement address</th></tr>
<tr><td></td><td></td><td></td><td></td></tr>
</table>
</td></tr>
</table>

Risk factors

Area of risk	Description of the specific risk in this case (if applicable)	Risk management proposals. How can we make contact safe for all?
Is the child or anyone in their close network in a clinically vulnerable category?		
Has the parent, child or anyone in their close network not followed social distancing guidelines? Or do we suspect this to be the case?		
Is maintaining social distancing going to be realistic in this contact? Taking into account the child's age, understanding, and emotional needs.		
Have any of the adults previously failed to cooperate with conditions agreed for supervised contact?		
Does anyone involved in the contact have convictions against children?		
Have any of the adults been violent to practitioners or made direct threats of violence?		
Are there concerns about substance misuse or mental health that could impact on the child during contact?		
Is there a likely risk of abduction or absconding during contact (including the journey to and from contact)?		
Is there any other information that you think a contact supervisor or		

contact venue would need to know about this child and adult in order to make sure that the contact is safe for this child and any other families attending the same venue?		

Analysis: can the risks identified be managed to enable face-to-face contact to take place?

Proposed face-to-face contact arrangements

With whom (name and relationship)	Frequency and duration	Location	Supervision and transport arrangements

What are the child's views on the proposed contact arrangements?

Are parents in agreement with the proposed contact?
Y/N (if no please specify the areas of disagreement)

Are these arrangements supported and endorsed by the multi-agency partners known to the child?
Y/N (if no please specify the areas of disagreement)

Is the plan agreed by the IRO?
Y/N (if no please specify the areas of disagreement)

If Case in care proceedings, have CAFCASS & Legal been consulted?
Y/N (if no, this must take place; please record the outcome of the consultation here)

Date of next review of arrangements:

	Social Worker: **Team Manager:** **Date:**

Appendix 4 – Contact Arrangements - Information for Children Looked After in the event of a lockdown

CORONAVIRUS: INFORMATION FOR CHLDREN ABOUT CONTACT ARRANGEMENTS

You may have heard on the news or from adults that there is a virus that is making some people in the world sick. This virus is called Corona virus it has travelled around the world and it is now in Britain.

The virus is caused by germs which are too small to see. These germs are spread by coughs and dirty hands.

Most people who catch the Corona Virus germ will feel sick with a high temperature and cough. Lots of people will not get sick at all. Most children won't get sick.

Some clever scientists are working on a medicine but for now we must make sure we keep our hands clean.

To help people stop catching the virus the Prime Minister has asked that people stay in their houses. He has asked that people stop going to parks, restaurants and playgrounds to stop the germs being spread.

This means we all have to change what we do every day. We will stay in touch with our friends and family in different ways. This might include on the internet, by telephone and video calls.

Because everyone has to stay at home, we are coming up with ideas of how you can still stay in touch with your family. That might mean that you speak to your family and friends over the phone or by using video calls like FaceTime, WhatsApp or Skype. This will just be for a short time.

Your social worker, your parents and your carers are making a plan of how you can stay in touch. They will ask what your ideas are.

You might have worries about this and that's okay. Please talk to your important adults about how you feel as they are there to help you. Your social worker will keep in touch and let you know when your family time can go back to normal.

Please ask any questions you need; your social worker will try and answer them the best they can.

This won't be forever. As soon as the Prime Minister tells us it safe, we can start seeing our family and friends again.

Appendix 5 - Contact Arrangements Information for parents in the event of a lockdown closing the Contact Centre

CORONAVIRUS: INFORMATION FOR PARENTS ABOUT CONTACT ARRANGEMENTS

As parents who have family time (contact) with your children facilitated and supervised by Children's Services we are writing to you to seek your support and assistance in managing these arrangements in the best way possible for your children whilst following government guidance.

As you will be aware, the current government guidance outlines the requirement for social distancing and emphasises the importance for as many people as possible to stay in their homes. Please be assured all the children will be supported through this difficult time and we will talk this through with them in a way that will help them to understand best.

Children's needs of identity and belonging continue to be our priority, the health and wellbeing of everyone concerned, including your children, yourselves and our foster families, must take precedence in the current situation.

We have been working hard to make the Contact Centre a safe environment for you to spend time with your children so it can remain open during any government restrictions.

Social workers will keep contact arrangements for children under review as government guidelines change. If any changes to arrangements are needed plans your views will be sought and taken into consideration along with the views of your child's Independent Reviewing Officer, foster carers and any other professionals who support your child. Where there is a solicitor and CAFCASS involved in these arrangements we will work with them to ensure the necessary consent orders will be in place.

Your child's social worker will get in touch with you, if they haven't already, to discuss these arrangements. Social workers will not be based in the office so will contact you with their mobile numbers, email addresses and an alternative contact in the service in case they become unwell and are not able to work.

We continue to think of you all during these difficult times and of those affected by Covid-19.

Appendix 6 – Guidance on safe working practices when visiting children and families

Emergency Procedures in response to Covid 19	
Subject	Guidance on safe working practices when visiting children, young people & families in person
Date	27/03/20
Version	Emergency operational Procedures 6.0
Author	Denise Green Signed off by Louise Jones
1.	This guidance is for CSC social workers and social care practitioners (including PAs and Family Workers) who visit people in their own homes. It has been updated to reflect Government guidance as at 15th October 2020 and can be read in detail at the link below 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 We all need to take steps to keep ourselves as healthy and safe as possible. This guidance offers a framework for sensible and safe practice for home visits.
2.	During the recovery phase of the pandemic it is possible the Local Authority will move between the 3 different tiers of government restrictions. The details of the restrictions that apply in each of the tiers can be read in detail by following this link:

	https://www.gov.uk/guidance/local-covid-alert-levels-what-you-need-to-know As each tier allows travel to a place of work visits to children and young people can be undertaken in person where it is safe for the visiting practitioner and those in the household where the child or young person is being visited. This procedure details safe practice for visits; steps that must be followed to come to a judgement that it is not safe to visit for reasons relating to Coronavirus; adjustments to visiting practice if a Service Manager authorises an alternative to visiting a child or young person in person. Other related procedures: **Covid 19 procedure visits to children** **Covid 19 procedure child risk assessment**
3.	**What to do if you think you may have COVID-19?** • If you think you have COVID-19, you should follow the NHS advice. • If you are advised to self-isolate at home, you should follow government advice and refer to our staff guidance on the Loop. • You should not come into the office or make any home visits until safe to do so. • If you have had recent professional face to face contact with families or other professionals, you should alert your manager so the individuals concerned can be advised to self-isolate.
4.	**Before you visit a child or young person in their home contact them by telephone and ask the following questions to confirm it is safe for you and the person(s) you are visiting:** • Do you or any member of your household/ family have a confirmed diagnosis of COVID-19? • Are you or any member of your household/family waiting for a COVID-19 test result? • Have you travelled internationally in the last 14 days? If yes, confirm where and if this is a country that has been agreed as safe for travel by the government. If this is not on the list, then 14 days quarantine will apply. • Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 14 days? • Do you have any of the following symptoms? • high temperature or fever • new, continuous cough • a loss or alteration to taste or smell • Does anyone living in your household have a confirmed clinically extremely vulnerable (CEV) condition or a clinical illness that adds to their vulnerability? https://www.gov.uk/government/news/clinically-extremely-vulnerable-receive-updated-guidance-in-line-with-new-national-restrictions
5.	**If answers to the telephone risk assessment prior to your visit DO NOT raise a concern** • If no one is showing any symptoms of COVID-19, then normal good hygiene practices apply. Follow the NHS advice about safe handwashing, use hand alcohol-based hand gel where handwashing isn't available or suitable. You should wash your hands or use sanitiser before and after the visit and avoid touching your face during the visit. You should avoid touching objects and surfaces in the home and ask a household member to open and close doors.

	• Because people with the virus can be asymptomatic use PPE, you should explain to the family before you visit that you will be observing the 2-metre social distancing rule and what PPE you will be using as a precautionary measure for everyone's safety. • If the home has multiple occupants, you can ask that other household members stay in a different room if possible, during the visit and you will ask them to join you if you need to speak to them. • At the start of your visit you should talk to the children in an age appropriate way about any PPE you are using and why you are using it.
6.	**If answers to the telephone call prior to your visit DO raise a concern** • The **Social Worker** must act quickly to discuss concerns with their **Team Manager** and make a judgement about visiting which **balances considerations** of: - risks to children and young people - risks to families - risks to the workforce - national guidance on social distancing and hygiene - statutory responsibilities, including safeguarding
7.	**If THERE IS A CONCERN and on balance of the considerations in point 6 a visit in person SHOULD GO AHEAD** • The **Team Manager** must record the rationale for the visit in person going ahead as a manager's decision case note. • Whilst the family may not be symptomatic it does not mean that they are not infectious. • Equally they may be concerned that the visiting professional may be infectious. • If the person you are visiting or any other people in the house have symptoms of COVID-19 and you are visiting, then you should note the following guidance and **use of PPE**: • From what we know, transmission of COVID-19 is most likely to happen when there is close contact (within two metres) of an infected person so you should remain socially distanced from the person. • It is likely that the risk of transmission increases the longer someone has close contact with an infected person. So wherever possible, the visit should be restricted to no more than 15 minutes. • Latex gloves should be worn. In the event that gloves are unavailable avoid touching your face until you have washed your hands and wash your hands when you enter the premises and at the end of your visit (if the condition and location of the hand washing facilities are appropriate). Where hand washing is not available clean your hands using alcohol-based hand gel. • Someone might become infected by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching a door knob or shaking hands then touching own face) so avoid touching surfaces such as door handles, light switches. • The person you are visiting may be able to help you to protect yourself by following the two-metre social distancing rule and coughing and sneezing into a tissue or wearing a face mask to protect you from their respiratory secretions. They may also agree to opening a window to improve ventilation in the room. You should wear a face mask if you have this available to you. • Wear a disposable apron if available. Dispose of the PPE you have used into a bin liner as soon as you leave the home and seal it. Don't re-use PPE or take it home in your bag. See below. Wash your clothes when you return home.

8.	**If the person or someone in the household has symptoms when you arrive** • As long as you are not leaving the person at risk, end the visit or decline to enter the building and report back to your manager. Observe the hygiene protocols. If in any doubt about safety speak to your manager. • If you are concerned that a child is at imminent risk of harm do not enter the property and contact your manager to agree immediate next steps.
9.	**All staff should be guided and informed in the proper use of all PPE that they may be required to wear.** This includes use of disposable aprons, disposable gloves, eye protection/face visor and mask. All PPE equipment is for single-use only and should be disposed of safely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste. This should be put aside for at least 72 hours before being put in external household waste bin. Please see attached guide to putting on PPE and removing PPE below. Please ensure you have read this so you are prepared for the safe use of PPE.  Putting_on_PPE_for _non-aerosol_gener  Taking_off_PPE_for _non-aerosol_gener
10	**If THERE IS A CONCERN and on balance of considerations at point 6 above the Team Manager concludes a visit in person SHOULD NOT go ahead** Following discussion with their **Team Manager** the **Social Worker** must record the outcome of the risk assessment in a case note covering the following points: • reasons why, on balance of the considerations in point 6, they can't carry out a face to face visit • a proposal addressing how they can see the child and ensure their health and wellbeing isn't compromised by the circumstances leading to the decision not to visit in person and what the impact of not seeing the child in person might be. Will progress with their plan be delayed? • What the child, young person, parents, carers and multi-agency partners view is of the social worker not visiting in person and the impact this might have. The **Team Manager** must agree the outcome and seek **Service Manager** authorisation to proceed with any alternative to face to face visits. The **Service Manager** must record a **Management Oversight** case note authorising any arrangements in place before they start and the date their authorisation ends. The **Social Worker** must record the date of the Service Manager's case note authorising a virtual visit when recording the virtual visit in the Mosaic work step. The date of the virtual visit must be within no more than 4 weeks of the Service Manager authorisation. The **Team Manager** must review children or young people where the **Service Manager** has authorised an alternative to visiting in person at least every 4 weeks as part of case work supervision and record the outcome in the **Record of Case Work Supervision**. The **Social Worker** must aim to return to face to face visiting as soon as it is safe to do so, and the **Team Manager** must retain oversight of this.

	The **Mosaic work step procedure is detailed in Appendix 16**
	Travelling to visits Travel is permitted in all 3 tiers of local level restrictions for work. Tier 3 very high-level area restrictions ask you to aim to reduce your journeys which is a contributing factor when considering on balance the factors in point 6 in order to make a judgement about visiting in person. If you live in an area subject to very high restrictions, or the Local Authority moves into the very high tier 3 restrictions or the person you are visiting lives in a very high tier 3 level area you should avoid traveling other than for work. Visits should be planned where possible to avoid any unnecessary travel. For all travel to work, including visits as a work destination, you should plan ahead, avoid busy times and routes. If you can walk, cycle or drive to a visit you should do so. If you have to use public transport you must wear a mask, avoid touching your face, maintain a safe distance and use hand sanitiser. If you do not live locally and need to return to the office between visits you should make arrangements for a workspace when you require it. If you carry out a series of visits you must use new PPE, if required, for each new visit and carry a bin liner to dispose of the PPE when you have a finished a visit.
	Contingency Planning for Reduced Staffing In the event of the pandemic leading to reduced practitioner capacity Team Managers must maintain an up to date spreadsheet of caseloads with a HIGH, MEDIUM, LOW risk level against each child in relation to their safety and wellbeing should visiting in person no longer be possible. Service Managers must aggregate the team spreadsheets. Heads of Service must aggregate service spreadsheets. The risk should be assessed using the following descriptors:
	High risk cases are where there is imminent risk of harm to a child if they are not visited and monitored in person, where there is a significant risk of family or placement breakdown, or where protective factors that were making the child safer have been suddenly removed due to the current situation and we are significantly concerned about the impact of this.
	Medium risk cases are those where children can be largely seen and spoken with virtually, but where stressors within the family mean that this may need to be very regular. These may be cases where parents have been engaging with a plan on the whole, but the absence of school, mental health services and other support could have an impact on the care offered to the child or their experience at home, and we need to monitor this carefully; or where children are at risk of exploitation outside of the home or their placement
	Low risk cases are those where we are satisfied that virtual visits are sufficient to ensure the child's safety and wellbeing at this time, and where sufficient support is in place for the family despite the current situation, or where a child looked after's placement is stable.

Appendix 7 – Contingency planning procedure for visiting children in event of reduced staffing capacity

Emergency Procedures in response to Covid 19	
Subject	Visiting children if there is reduced workforce capacity
Issued	18/3/20 01/04/20 15/4/20
Updated	27/10/20
Version	Emergency operational Procedures 6.0
Author	Denise Green
1.	It is our priority to see children, young people and families face to face where it is safe to do so but when the infection rate is high our capacity to visit children could be reduced or the safe visit check may present reasons why a face to face visit should not be undertaken. This will require us to identify those children where we have urgent concerns for their immediate safety and need to see them face to face.
2.	If staffing capacity drops to a level where all children, young people and families cannot be visited in person face to face the Senior Management Team will activate the contingency plan to risk assess children as high, medium or low to prioritise visiting to the most vulnerable. Each child will have a risk assessment undertaken that will determine the risk management plan if services are reduced. This risk management plan will include specific details on seeing the child and checking in on children's welfare and safety over this period.
3.	Children and young people assessed as HIGH risk will be visited in person and seen in the home by the social worker. The visit will be recorded following the usual procedure. If a parent refuses a visit the social worker must immediately alert their Team Manager.
3.	If children and young people assessed as MEDIUM or LOW risk cannot be seen in person, they will have a virtual visit by a video call or a telephone call. The decision for virtual visits replacing face to face visits must be reviewed at least 4 weekly in supervision. Virtual visits must be carefully recorded in the Mosaic work step following the instructions below to support accurate reporting of children who are not being seen in physical person. • In response to "Was the child/young person seen?" Select 'YES' if the child was seen by video. Select 'NO' if it was a telephone call only • If the visit was conducted using a video call, in response to the question "If child/young person was **not seen at home** what was the reason?" - select drop down option of '**Coronavirus**' to indicate that you did not physically visit and see the child in the home • If the visit was conducted using a video call and the child/young person was not seen alone because their parent/carer/sibling was present, in response to the question "If the child **was not seen alone**, what was the reason? – select drop down option of '**Coronavirus**' to indicate that you did not physically visit and see the child or young person on their own but saw them in a video call with their parents/carers/siblings.

	• If the visit was carried out over the telephone in response to the question "if the child was not seen alone, what was the reason?" - select drop down option of "Coronavirus" • Section on Purpose of Visit If the visit is carried out using video call or telephone record the following : "saw Louise via video call due to restrictions imposed by Coronavirus" If a parent refuses to engage in a video call or a telephone call or doesn't have access to a phone the social worker must immediately alert their Team Manager.
4.	Children/young people and parents/carers are likely to experience heightened uncertainty and anxiety during this period. It will be important to maintain regular communication and contact in between statutory visits.
5.	All staff in direct contact with service users should use WhatsApp using their work smartphones. It is the simplest method to audio call or video call service users. In WhatsApp you can update your profile which will display when you are available. For example: "I am available between 9am-5pm", "I am not currently available please contact (duty number)". This is done in WhatsApp settings → tap on profile → About → insert chosen text. It is important that any contact with service users via message, audio or video calling is secure and ensures only you and the person you're communicating with can read what's sent. WhatsApp uses encryption. The easiest way to verify that a chat is end-to-end encrypted is to • Open the chat • Tap on the name of the contact to open the contact info screen • Tap 'Encryption' to view the QR code and 60-digit number • A message will display on the chat that says "Messages to this chat and calls are now secured with end-to-end encryption" See this helpful guide to using WhatsApp.

Appendix 8 – Finance Procedure

Emergency Procedures in response to Covid 19	
Subject	**Finance:** Emergency Payments and Travel Warrants
Date	27/03/2020
Version	Emergency operational Procedures 6.0
Author	Andy Mead
1.	**Emergency Payments:**

	Any requests for payment of cash and food vouchers need to be made through your BSO. Please email your requests and copy in Andy Mead and Tracy Shaw in case of workers being unavailable.
2.	**Wandsworth Foodbank**: Members of the public can also contact their local Citizens Advice Bureau for Food voucher where a telephone assessment will be undertaken. Battersea Library Clapham Junction 265 Lavender Hill SW11 1JB Picasso Building Mount Clare Minstead Gardens SW15 4EE Tooting Library 75 Mitcham Road SW17 9PD **Tel: 0300 330 1169**
3.	Whilst cash payments are available, the first option will be to give people food vouchers, can be purchased online and emailed to Service Users to by food and provisions with.
4.	**Travel Warrants** Travel Warrants need to be book with as much notice as possible through your BSO, copy in all request to Andy Mead and Tracy Shaw as well. If enough notice is provided these can be posted out, other than that they will need to be collected at Town Hall or other designated venue. Staff will be kept updated about these.

Appendix 9 – ICPCs

Emergency Procedures in response to Covid 19 - Initial CP Conferences	
Subject	Initial Child Protection Conferences
Date	19/03/20
Version	Emergency operational Procedures 6.0
Author	Ruth Lacey

1.	Initial and Pre-birth conferences will continue to be held for all children where threshold is met and the risk assessments indicates this is required. Due to risks associated with the Coronavirus outbreak these meetings will no longer be face to face and will be held virtually using Microsoft Teams or similar technology.
2.	The timescales for convening ICPCs remain in line with London CP Procedures: ICPCs are 15 working days from the first strategy discussion and pre-births at least 10 weeks before the estimated date of delivery.
3.	The child protection coordinators will set up the conference with all participants including multi agency partners. The communication method used will depend on availability.
4.	Social workers will provide Child and Family Assessment reports in the established Mosaic Format and share with parents within the required timescales. Social workers will send reports by email, marking them as official sensitive. If a parent does not have access to email the report can be sent securely via WhatsApp (ensuring end-to-end encryption is activated).
5.	The multi-agency professionals will participate by using video conference facility wherever possible and provide reports in advance of the conference. Multi-agency partners participating in conferences will receive an outlook invite to connect virtually to the meeting. Instructions on how to do this will be sent by the children's planning and review team.
6.	Social workers talk to parents and plan for them to participate by audio or video link. The children's planning and review team will provide social workers instructions of how parents can join the meeting. When parent/s are participating it needs to be a safe, confidential space whenever possible. If their participation via video conference is not possible, their views will be sought and included in social worker's reports.
7.	Child protection coordinators will hold virtual preconference meetings with the family wherever possible, at least 24 hours prior to the conference
8.	Child protection Plans will consider the services available and be realistic in the current context of reduced staff and services available given context of many support services not functioning to the full capacity.
9.	Child Protection Chairs will continue to hold virtual mid – way meetings with the social work team.
10.	QA Service Manager will record Management Oversight on the child's file explaining why a full ICPC has not been held.
11.	Decision letters will be sent by the children's planning and review team within 24 hours of the conference held. They will be sent by email marked as official sensitive.

	In the cases where parents do not have access or it is not safe to share via email, social workers will share decisions via audio/ video call.

Appendix 10 – RCPCs

Emergency Procedures in response to Covid 19 - Review CP Conferences	
Subject	Review Child Protection Conferences
Date	19/03/20
Version	Emergency operational Procedures 6.0
Author	Ruth Lacey
1.	All Review Child Protection Conferences will go ahead as planned. They will be held virtually using established technology such as Microsoft Teams, Skype and conference call.
2.	The child protection coordinators will set up the conference with all participants including multi agency partners. The communication method used will depend on availability.
3.	Social workers will provide Child and Family Assessment reports in the established Mosaic Format and share with parents within the required timescales.
4.	The multi-agency professionals will participate by using video conference facility wherever possible and provide reports in advance of the conference.
5.	Social workers talk to parents and plan for them to participate by audio or video link. When parent/s are participating it needs to be a safe, confidential space whenever possible. If their participation via video conference is not possible, their views will be sought and included in social worker's reports.
6.	Child protection coordinators will hold virtual preconference meetings with the family wherever possible, at least 24 hours prior to the conference
7.	Child protection Plans will consider the services available and be realistic in the current context of reduced staff and services available given context of many support services not functioning to the full capacity.
8.	In the event of social worker / other professionals not able to participate in the conferences, paper exercise decisions will be made with regards to continuing of CP plans. In these circumstances
9.	Child Protection Chairs will continue to hold virtual mid – way meetings with the social work team.
10.	QA Service Manager will record Management Oversight on the child's file explaining why a full RCPC has not been held.

Appendix 11 – CLA Reviews

Emergency Procedures in response to Covid 19 CLA Review Practice Guidance

Subject	CLA Review Practice Guidance
Date	18.3.20
Version	Emergency operational Procedures 6.0
Author	Chris Jennion
1.	Following the Coronavirus outbreak face to face meetings between young people, professionals, ,parents and carers should be avoided to reduce the risk of spreading the virus. Reviews for Children Looked After are still required and within the same statutory timeframes, guidance is as follows:-
2.	**Preparation** for the review should be the same as for meetings previously held i.e. a Social Work report (assessment) must be prepared and provided within the statutory timescale , the young person must be consulted on their views using the consultation document called 'What you sayin' and parents/carers views sought. School/health reports obtained as appropriate, Virtual school consulted. Consultation forms will be sent electronically by IROs.
3.	**Discussions** with participating members will be held remotely, using the most creative media available – Skype links, Conference calls, Microsoft Teams. It is likely that because of the limitations of electronic communication reviews will involve the child and key people only. If parent/s are unable to join electronically the IRO will speak to them separately.
4.	**Recording** of CLA reviews should mirror that completed when face to face review meetings were held, ensuring it is clear how discussions were held and how decisions were made.
5.	All monitoring and tracking requirements remain the same.
6.	**Subsequent review** dates should be set to reflect the fact that this current process is not as thorough as normal, so depending on the stability of arrangements, future reviews might be scheduled in four or two months' time.
7.	Any changes to review dates must still be agreed by Ruth Lacey, Head of Service QA, or Paul Angeli AD
8.	Reviews held in part 1 and 2 will be agreed with Chris Jennion IRO Service Manager
9.	IRO should be in contact with children before reviews and between reviews
10.	Mid ways meetings should be carried out as required but held remotely

Appendix 12 – CLA Initial Health Assessments

Interim guidance for NHS provider organisations Initial Health Assessments for Children in Care (CiC)

Introduction: in response to requests for guidance on the management of IHAs for CiC during the current Covid19 pandemic, the Designated Professionals for Children in Care have agreed the following interim guidance. This is in line with local guidance being developed in other areas and is subject to change in response to emerging directives.

The health and welfare of our Children in Care continues to be a key priority for us all. However, it is acknowledged that alternative solutions to the provision of Initial Health Assessments (IHAs) are now necessary. The risk to children, carers and staff must be carefully balanced against the health needs of this most vulnerable population.

Guidance:

1. IHAs should continue to be offered as per national requirements (DfE, 2015) and local contractual arrangements. There is a clear expectation that the local authorities will continue to notify us of children being accommodated, together with a request for the IHA and accompanying consent.

2. Following the usual collation of information, IHAs should be undertaken remotely in the first instance – it is preferable that this is done via a video link where possible.

3. Based on this initial remote consultation, a clinical decision will have to be made regarding whether the child or young person requires a more detailed examination. This will be in line with local Trust emergency arrangements to prevent the spread of Covid19.

4. It is suggested, therefore, that clinicians use clinical judgement on a case-by-case basis to determine risk and the most appropriate method and location for undertaking IHAs and delay a face to face assessment where appropriate. In the case of UASC a four way tele conf with an interpreter should be utilised in the first instance.

5. In cases where the child has had a recent child protection medical and/or forensic sexual assault assessment, or if the child has a known disability and has recently been seen by a paediatrician, information from these consultations could be used as the basis for the IHA without the necessity of seeing the child again face-to-face.

6. IHAs could be conducted using a variety of secure electronic systems – this should be in line with individual provider arrangements and information governance requirements, i.e. it is acceptable for these assessments not to be undertaken as face to face appointments.

7. Professional judgement will need to be used to determine if the assessment is conducted via the carer or directly with the child or young person, or both. However, wherever possible, the voice of the child and their wishes and feelings should be ascertained and reflected in the health care plan.

8. Regardless of the method used for the assessment, it is important that the standard IHA format is used and as far as possible, remains a high quality assessment which informs the child's health plan.

9. In acknowledgement of the service pressures on colleagues from partner agencies, it is suggested that Information from the child's Social Worker may need to be collected electronically or via a phone conversation as opposed to them attending an appointment.

10. Should the child require follow up for any reason, this will clearly need to be considered as part of the health plan and managed in line with current organisational operating processes.

11. It is recommended that it is clearly documented within the child's notes what form the IHA has taken and the rationale for adopting this approach. (e.g. 'This IHA was undertaken via a Skype call with the child and foster carer.

The reason for this approach is in response to central government and local guidance during the Covid19 pandemic'.) This will ensure a clear audit trail within the records of decision making.

12. It is suggested that a list of all IHAs undertaken via non face-to-face methods is maintained by provider organisations and stored in accordance with organisational record-keeping processes.

Thank you all for your continued support to Children in Care and their carers at this difficult time.

Lin Graham-Ray Designated Nurse Looked After Children

24/03/20

Merton and Wandsworth CCG

Appendix 13 – CLA Review Health Assessments

Interim guidance for NHS provider organisations re management of Review Health Assessments for Children in Care (CiC)

Introduction: in response to requests for guidance on the management of RHAs for CiC during the current Covid19 pandemic, the Designated Professionals for Children in Care have agreed the following interim guidance. This is in line with local guidance being developed in other areas and is subject to change in response to emerging directives.

The health and welfare of our Children in Care continues to be a key priority for us all. However, it is acknowledged that alternative solutions to the provision of Review Health Assessments (RHAs) are now necessary. The risk to children, carers and staff must be carefully balanced against the health needs of this most vulnerable population.

Guidance:

1. RHAs should continue to be offered as per national requirements (DfE, 2015) and local contractual arrangements.

2. RHAs could be conducted using a variety of secure electronic systems – this should be in line with individual provider arrangements and information governance requirements, i.e. it is acceptable for these assessments not to be undertaken as face to face appointments.

3. Professional judgement will need to be used to determine if the assessment is conducted via the carer or directly with the child or young person, or both. However, wherever possible, the voice of the child and their wishes and feelings should be ascertained and reflected in the health care plan.

4. Regardless of the method used for the assessment, it is important that the standard RHA format is used and as far as possible, remains a high quality assessment which reviews and updates the child's health plan.

5. Should the child require follow up for any reason, this will clearly need to be considered as part of the health plan and managed in line with current organisational operating processes.

6. It is recommended that it is clearly documented within the child's notes what form the RHA has taken and the rationale for adopting this approach. (e.g. 'This RHA was undertaken via a Skype call with the child and foster carer. The reason for this approach is in response to central government and local guidance during the Covid19 pandemic'.) This will ensure a clear audit trail within the records of decision making.

7. It is suggested that a list of all RHAs undertaken via non face-to-face methods is maintained by provider organisations and stored in accordance with organisational record-keeping processes.

Thank you all for your continued support to Children in Care and their carers at this difficult time.

Lin Graham-Ray

Designated Nurse Looked after Children Merton and Wandsworth CCGs 24/03/20

Appendix 14- School guidance for keeping in touch with vulnerable pupils

Keeping in touch with vulnerable pupils during school closures

We are aware that schools have already given this issue considerable thought and most have already set up robust systems to enable continual monitoring of those pupils identified as vulnerable.

This guidance is therefore intended as complementary to systems already in place across schools and supplementary to guidance previously circulated locally and nationally.

The definition of vulnerable children provided by DFE during the coronavirus emergency covers the following groups

- Those who have a social worker
- Those with EHCPs

Those children with a social worker fall into the following key groups

- Children subject to Child Protection (CP) plan
- Children with a Child in Need (CiN) plan
- Children Looked After (CLA)
- Children currently under assessment by children's social care due to safeguarding concerns

Many schools will also want to add other vulnerable pupils to the list of children who will need to be regularly monitored; examples would be

- Those who are known to self-harm
- Those who have expressed suicidal thoughts / made previous suicide attempts
- Those with other emotional / mental health concerns (eg low mood / high anxiety etc)
- Those with medical conditions making them additionally vulnerable
- Young Carers
- Particular stresses in the family situation (eg housing issues, sibling with disability or poor health etc)

Currently the key groups have been identified and offered the opportunity to attend school during the closures. However we know that many families (for a variety of reasons) have declined to accept this offer and the children are at home. Social Care staff are working and will be continuing to monitor those children known to them, but value schools' continued involvement in safety plans and monitoring to ensure children are safeguarded as effectively as possible.

While not in school, children will have reduced access to safe adults outside their family and those who have concerns and worries will have less opportunity to be able to disclose these. It is therefore crucial that each school puts systems in place to make regular contact with identified children and to also provide all children with ways to contact school staff if they have any worries of a safeguarding nature as well as reminding them of national helplines such as Childline. A dedicated telephone number and email address for contact is advised – regular monitoring of these can be shared by key staff members if necessary.

It is important that all contact with identified children (and any new contacts instigated by a child) are recorded in safeguarding systems in the usual way. With many staff working offsite each school will need to establish a system for information to be shared with DSLs and agreement about how records will be kept up to date.

It is also important to realise that in the current situation a parent could fall ill quite quickly and children need clear information about how they can access support if this were to be the case.

It is likely much contact with children and families will be by telephone (although some may be by email). Wherever possible school phones (including school mobiles) should be used but if personal phones have to be used staff should ensure personal numbers are withheld. Simply inputting the number 141 before dialing the number means that the number will be withheld. This works for both landlines and mobile phones. Wherever possible call on a landline (if one is available) or via the parent's mobile number. If talking directly to a child, ask if an adult is present.

Ask staff members to record each conversation – a proforma is attached with some guidance about possible questions as an aide memoire.

If a child has a safety plan (eg for those who self harm or have expressed suicidal ideation) remind them of how they keep themselves safe.

Many schools will have allocated a group of children / families to particular key individuals on the staff team to facilitate contact. All those involved need to ensure their recording is robust and the DSL is informed of any safeguarding concerns at the earliest opportunity so that decisions about any necessary actions can be taken in the usual way.

Referrals should be made to Children's Social Care via the MARF to MASH as usual. MASH@wandsworth.gov.uk 020 8871 6622. MASH and Referral and Assessment Team social workers are maintaining services to provide assessment and take action to protect children in cases of immediate risk and/ or significant harm being identified. MASH workers will also be able to provide advice if required.

The Out Of Hours service will remain contactable on 020 8871 6000.

If key staff undertaking these monitoring tasks are working off school site it is important that they have access to contact details for families and also for other professionals in the network in case there is a need to contact the relevant person quickly. This information needs to be kept securely.

It will also be helpful for key staff to have access to information about other agencies who may be able to provide support around specific issues that arise, in case this is required.

Some schools have already made plans to make direct contact with families by making home visits – if this is considered, risk assessments should be carried out prior to any visit. Generally social care or early help colleagues are better placed to carry out any visits that are required and schools may want to seek advice if visits are planned. If visits are carried out by school staff reasonable social distancing measures should be in place – for example doorstep visits rather than entering family homes and staying at the recommended distance from family members. Sensible hygiene precautions should be taken. It is important for children to be seen and where possible spoken to directly by the person carrying out the visit.

If school staff maintaining contact become concerned about a vulnerable child / family this should be reported as soon as possible to the child's allocated social worker. Most social workers are working from home, so e-mail alerts are the best option or calls to mobiles if available. If the allocated worker is not contactable (eg through illness) schools should contact the line manager if details are known or MASH if the concern is urgent. Stella Macaulay can also support with facilitating contact with workers if difficulties are being experienced by schools.

If schools are concerned about reasons for families not taking up the offer of a school place they should discuss these concerns with the child's allocated social worker so that they can support with talking to the family and encourage take up where this is considered safe and appropriate.

If schools cannot contact any vulnerable child or family while carrying out routine monitoring and robust attempts have been made (eg 3 calls; alternative numbers tried if available) the social worker (or MASH if worker not available) should be alerted to this immediately.

Thank you all for your continued support and patience while things have been so uncertain.

Appendix 15 - Proforma for record of school conversation with parent/carer

…… SCHOOL
RECORD OF TELEPHONE CONVERSATION
Name of pupil:
Date of call:
Name of member of staff:
Family members spoken to:
Reason for conversation:
Length of conversation:
Questions and brief notes from conversation: **Questions for Parent** 1. **How is your child getting on with their school work?** 2. **Are there any issues or worries you need advice or support with?** 3. **Are any other adults supporting you?** 4. **Would you like us to share any other numbers with you of professionals you can contact?** 5. **Has your child a safety plan? This will apply to those who self - harm or with suicidal ideation and some other situations where there are significant concerns** **Questions for Child (ask whether there is an adult with them / present at home)** 1. **How are you?** 2. **How are you getting on with the school work?** 3. **Are you worried about anything / want to talk about anything?** 4. **Are there any other adults supporting you?** 5. **Would you like us to share any other numbers with you of professionals you can contact? (more applicable for older children)** 6. **Is there anyone else you wanted to talk to? Have you been able to speak to your social worker / other key person? (as applicable – dependent on individual circumstances)**

7. **Have you a safety plan and know how to get help / support if needed? (if relevant - as above)**
Action: • • •
CC. Safeguarding
Signed:

Appendix 16 Mosaic Visit Recording

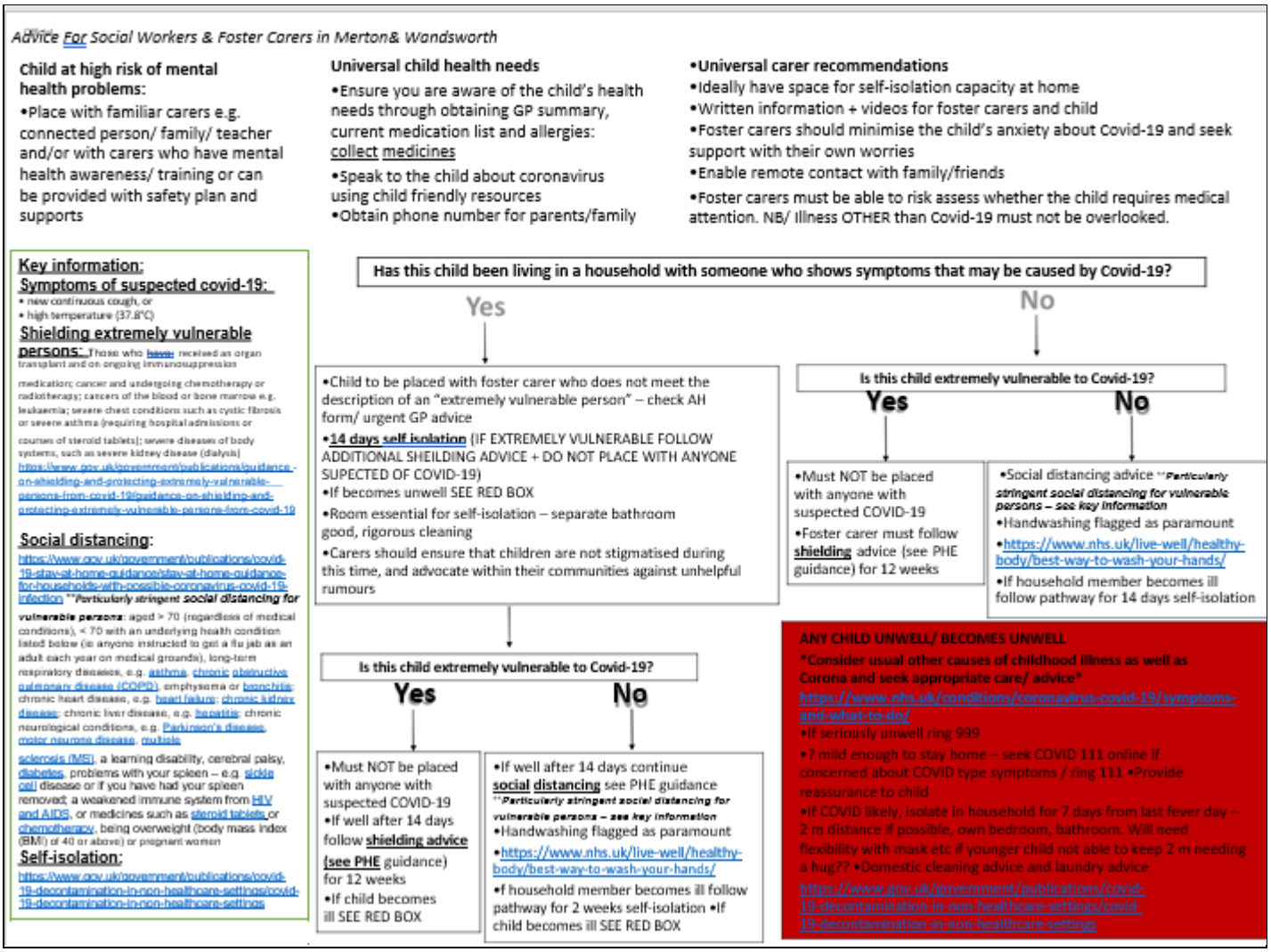
The visit work step has been adapted to allow social workers to record face to face and virtual visits. All visits should take place face to face unless on balance of a safe visit check; assessment of risk to child, young person, family, worker; latest government social distancing rules and statutory duties a Service Manager agrees a virtual visit should replace a face to face visit for a time limited period. It is important that you only check the radio button that a child or young person has been seen if you have seen them in the video call and have had some level of interaction.

Mosaic - Recording a Coronavirus Visit.pdf - All Documents (sharepoint.com)

Appendix 17 Coronavirus Prioritising Risk Tool

	COVID-19 Risk Assessment Prioritisation (RAP) Tool	Yes	No
1	Is the child subject to a child protection plan?		
2	Are there concerns that a child is at imminent risk of harm?		
3	Are there concerns that there is a significant risk of family or placement breakdown?		
4	Are there concerns that protective factors that were making the child safer have been suddenly removed due to the current situation and we are significantly concerned about the impact of this.		
5	Has the child or young person not been seen either face to face or virtually on a video call within the required statutory visiting timescales?		
6	Is the children verbal and able to tell you about life at home?		
7	Is the mother of an unborn child subject not engaged with antenatal, perinatal or other support services or there are concerns about the welfare of the new born should they be discharged home from the hospital?		
8	Are there concerns that the child/ren subject to a plan will be moving from place to place despite the lockdown?		
9	Is the young person at risk of exploitation and/or likely to go missing during lockdown?		
10	Does the family include children where issues of parental mental health, substance abuse and domestic abuse co-exist? (For these cases please ensure the CAADA DASH risk assessment is completed)		
11	Does the family have access to video conferencing technology to facilitate virtual contact such as Skype, Facetime or WhatsApp? (Where a child/family doesn't have access to a smart phone or device to enable virtual contact then this should discussed with the team manager to formulate a contingency plan)		
12	Has the child been returned home from care in the last 3 months?		
13	Has a high risk to public young person been released from custody in the last 4 weeks?		
14	Is this young person a care leaver with known substance abuse or mental health issues and struggling to cope?		
15	where the child of a care leaver is open have you cross referenced the risk assessment for the child with that of the care leaver?		
16	Is the care leaver at risk of imminent homelessness?		
	Total (total the number for each of the 'yes' and 'no' columns)		

Appendix 18 Designated Snr LAC Nurse & NHS SW London CCG flow chart for placing a child safely with a foster carer in an emergency



Appendix 19 - Lockdown 3 - Template letter to carers

Dear Foster Carer

RE: **COVID, Tier 4/5, Lockdown**

As you are aware, we are now in another 'lockdown' agreed by the Government as from 4th January 2021.

I have attached a letter, which confirms your role as key workers.

I am aware there will again be anxieties regarding your role as carers and the further impact this lockdown will have on yourselves, your families including the children/young people you care for on behalf of the local authority. This again is going to be testing times for all of us, so I hope the information contained in my letter will provide a framework and some certainty as to how we are going to manage this current period of lockdown.

I am acutely aware that this situation is likely to change on a regular basis, in terms of government guidance and the actions we will need to take to address the guidance. We will try our best to keep you all updated and informed as quickly as we can.

To this effect, I would like to draw your attention to some pertinent issues and answer as best I can some of the questions that have been raised:

Education/School

It is very clear from the Government that all should be done to encourage our children/young people to continue to attend their educational placement. As a local authority we will be monitoring the attendance of our children/young people through our service, Welfare Call, which monitors this via our Virtual School.

Contact

In respect to face to face contact for our children/young people, the Contact Service at Smallwood Road will be available only for those children that are in legal proceedings. The Contact Service is already equipped to manage contact during COVID, with social distancing, the use of masks and sanitisers installed within the Centre.

All other contacts will need to be undertaken virtually, and staff within the centre can if required assist with this if necessary.

Contact at the Centre will be monitored and reviewed on a weekly basis

Respite Care/Short breaks

Our residential setting, Oakdene, is currently on lock down due to the number of positive COVID cases and is therefore not available for any new or continued respite at this present time. This will be reviewed on a regular basis, with the next review taking place on the 11th January 2021.

Children where respite is required will be dealt with on an individual basis, which will include having a risk assessment involving all professionals. This will also take into account current Government guidance.

Key Worker Vaccinations

We have made enquiries regarding this matter with Public Health who have informed us that the CCG will be leading on this matter. There is going to be a programme of vaccinations which will detail priority groups. As a local authority we will be advocating that as key workers you should be part of the priority group. When more information becomes available we will inform you.

Testing of children/young people prior to them moving

Further exploration of this will need to take place before I can provide you with a definitive answer; as there are complex issues, I will need to be assured that we give you the right information.

I am sure you will have further questions as time goes on, which we will respond to through your Association.

It will be important for all of us to maintain good communication and for you to have opportunity to raise issues as they arise. In addition to the weekday support from the Fostering Social Workers I am aware that you have Carer's Support Groups that will continue to meet virtually as in the first lockdown, there is also telephone support from our Out of Hours phone line up to 11.00 pm, and for our new carers there is a buddy system. We will also explore with our colleagues from the Intensive Intervention Team, whether they have the capacity to also provide support to you, as a safe space.

I would like to take this opportunity in thanking you for your continued work and commitment to our children looked after

Yours sincerely

Ana Popovici, Director, Children's Services