

# WANDSWORTH

## Children's Social Care:

### Covid 19 Emergency Operational Procedures and Guidance



Date	Version	Change
06/4/2020	V1	
15/4/2020	V1.1	P7 risk definitions added inc CLA addition P10 responsibility to notify CPC/IRO if risk level changes for CP/CLA P13 and P37 Appendix 7 visit procedure: escalation process if parent refuses visit, in person or virtual.

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## Introduction

This guidance sets out the arrangements for delivering ‘core’ children’s social care services to children and families where we have a statutory legal duty under the Children Acts and associated legislation.

The Covid 19 emergency and lockdown requires citizens to only leave their home for exceptional reasons below.

- Shopping for basic necessities, as infrequently as possible
- One form of exercise a day – for example a run, walk, or cycle – alone or with members of your household;
- Any medical need, or to provide care or to help a vulnerable person; and
- Travelling to and from work, but only where this is absolutely necessary and cannot be done from home

The vital work conducted by social workers, youth offending officers, personal advisors, early help practitioners and business support staff, constitutes as the provision of care and help to a vulnerable person, forming part of the exceptions above.

As much of statutory children’s social work intervention requires multi-agency meetings, home visits and direct contact with children, families and professionals we will not, during this lockdown period, be able to meet the existing raft of DfE statutory guidance which underpins statutory children’s social work.

**Emergency operational procedures put in place are based on Government guidance for local authorities on children’s social care published on the Friday 3<sup>rd</sup> April 2020**

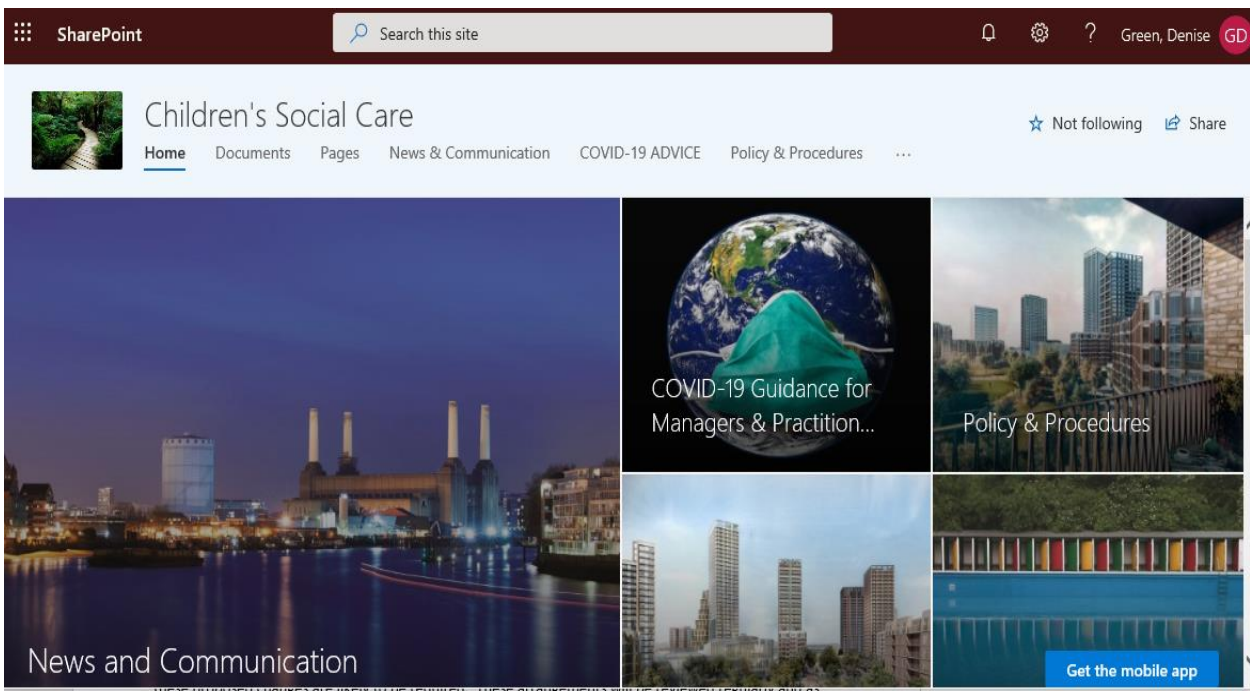
<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services>

This document sets out how children’s social care will operate during this lockdown period focusing on how we will prioritise the needs of children and young people at highest risk and how we will use technology to maintain contact with our wider cohort of vulnerable children and families. In line with government guidance these difficult and complex decisions will be made in the spirit of the following principles:

- 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

## Communication

- CSC has its own communications SharePoint site that is updated daily. This is used to communicate all information in relation to Covid 19 and all staff must check the site daily for updates and latest information.
- Some key procedures are listed in the appendices of this document, but all staff are required to go to the Children’s Social Care team site every morning to pick up key messages and to access supplementary and emerging practice guidance.
- The most up to date information is on the Children’s Social care site.
- Team managers are required to hold weekly virtual team meetings and ensure all staff who are working attend and a mechanism in place to keep those who cannot attend informed.
- Team managers are required to go through any new key messages, practice guidance and procedures with social workers 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.



## Contacts and referrals

It is anticipated that the situation will evolve quickly and that amendments to, and further clarification of, these proposed changes are likely to be required. These arrangements will be reviewed regularly and as often as needed by senior managers to ensure that risk and resources are effectively managed.

## Capacity Issues

As a result of the impact of the global Covid-19 pandemic, Children's Services and its statutory partners are now operating with significantly reduced capacity and this is likely to reduce further over the coming weeks. This guidance outlines how Wandsworth's core statutory safeguarding responsibilities will be discharged in relation to the highest priority areas, with particular focus on the importance of maintaining contact with children who are most vulnerable. Capacity will be closely monitored by senior managers and any changes to procedures and practice guidance in response to changing capacity will be available through the CSC SharePoint site.

### Out of Hours Team (OOH)

The OOH service will continue to operate as it currently does, responding to urgent Children and Young People referrals 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.

### New Referrals / Section 47 Visits

All decisions and prioritising about allocation of social work services for those in need of statutory social work intervention will continue to be made by qualified social workers. Available resources will be focussed on identifying and investigating those Contacts where children are potentially most at risk from harm.

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. All partners are currently remotely located and continue to work at optimum.

Early Help social workers and practitioners are being deployed to support efficient processing of Contacts and Referrals.

### Response to Contacts assessed as having needs at Tiers 1 and 2

Contacts from professionals in **health, education, and other statutory, voluntary and community agencies**, and that have been assessed by a social worker in MASH as having needs at Tiers 1 and 2 (as outlined in the current Threshold Document), will receive a phone call and possibly an administrative response. This could be a letter outlining how the referrer can support the family and/or signpost to other agencies and advising them to re-refer to MASH if the situation deteriorates significantly and there are concerns that this child is at or will be at risk of significant harm. It is recognised that there is currently limited staffing capacity in schools and other agencies, and this will be taken into account when making recommendations. It is also recognised that children may also not be attending their home school over this period.

**Contacts from the police** that have been rated as either Blue or Green by the police on their BRAG scale, will receive an administrative response. This means that they will be logged, and the families will be sent a letter signposting them to the Early Help Advice line if they feel that they require further support.

All contacts from members of the public will be screened by a social worker and will receive a telephone call before a decision is made about the level of support is required.

Only those cases that have been screened and assessed at Tier 3 or 4 will receive a service from Children's Social Care.

## Response to Contacts assessed as having needs at Tier 3 and 4

### Response to Tier 3 Cases

Cases screened and assessed at Tier 3 (currently requiring a Child and Family Assessment or an intervention by the Early Help Locality Teams) will be risk assessed using the Covid 19 risk assessment tool and classed as Low, Medium or High. **See Appendix 1 Coronavirus Risk Assessments**

**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.

**Low risk:** Families identified as low risk will be contacted by telephone on a weekly basis in line with the table detailing minimum amount of contact for children not assessed as HIGH risk in the paragraph below (including online via Skype, Facetime and other media where possible) and a discussion will take place. The worker will, where possible, offer support and signpost to other services that may help. This will also include partnership checks including with schools, health visitors and other colleagues involved with the family. If appropriate, the worker will arrange follow up calls to ensure that the risk has not escalated.

If subsequent to the above intervention it is felt that no further statutory role is identified, the referrer who could be from education, health, or a statutory, voluntary or community agency, will be sent a letter advising them that they should re-refer if the risk escalates and notify the host school if the child is not at their home school

Cases that would normally have received a Child and Family Assessment will be monitored on a weekly basis and allocated for assessment and intervention if risks escalate or as resources become available if this is still required.

**Medium Risk:** Children in need assessed as 'low' or 'medium' need' will have weekly contact from a social worker through phone / Skype / social media. A social worker will undertake 4 weekly agency checks and update the child's case summary on Mosaic. Where any social worker becomes aware of increasing need or risk to the child, they will alert a manager and record the outcome of that discussion / email response. Every 12 weeks a social work manager and a social worker will review the s.17 plan of

children identified as low or medium need. These children will remain open to children's social care as children in need during the Covid-19 emergency period to enable them to access the emergency school and childcare provisions for vulnerable children and remain 'in sight' of professionals. In the event that reduced multi-agency intervention and service delivery increases the risk to a child 'in need' a social worker and manager should consider if the threshold for immediate risk of significant harm is met and whether a s.47 enquiry is required.

**High Risk:** All children at imminent risk of family breakdown or those children for whom current 'need' would rapidly escalate into a 'need for protection' should be assessed as 'high need' and visited in person and the child seen. It is acknowledged that, in Wandsworth, where we can work in partnership with families and they are active in increasing their children's safety we do not over-intervene under child protection processes. Social workers and managers should be particularly alert to ensuring these children are risk identified as 'high need'. Children in need assessed as HIGH risk must be recorded in the Mosaic work step in line with normal operational procedures. See the full procedure at Appendix 5.

A social worker will undertake 3 weekly agency checks and update the child's case summary on Mosaic. Where any social worker becomes aware of increasing need or risk to the child, they will alert a manager and record the outcome of that discussion / email response.

Where a social work manager agrees to cease social work involvement, the impact on the child or their parent's capacity arising from the Covid-19 social and educational restrictions must have been taken into account in reaching that decision. The social work manager will record a 'Covid-19 Case Management Decision' in the child's case notes. A social worker will update the child's case summary on Mosaic. A Case Closure letter will be sent to the family and network to advise of the decision and their Mosaic record will be closed.

## Response to Tier 4 (Section 47) Cases

The response to cases where a child is at risk of significant harm will continue in line with the guidance in the London Child Protection Procedures. Close contact will be maintained with other key agencies in determining the strategy for any investigation that may be required.

Immediate risk of significant harm identified from available information to reach s.47 threshold will be made by a social worker and manager. Virtual discussion to be held with Manager, police (where criminal element) and if possible, the referrer or most involved professionals within 24 hours. A series of discussions can be held, and this will form the Strategy Discussion. Lack of professional availability due to absence or redeployment of resources should not delay safeguarding action for the child.

There will be 15 working days to complete a s.47 enquiry, which includes the child being seen by a fully operational social worker within 5 days and information being gathered from the available network and support system. Analysis of this information will be recorded within the S47 episode on Mosaic.

During the Covid-19 emergency period we will need to make more use of resources within the child's family and community network to increase safety for children. A social worker should arrange a virtual Family Network meeting with extended family members within 10 working days. Extended family members can be sent email links or given dial-in / PIN numbers for Skype conferences held through the Council's Skype conferencing facilities.

Within 15 working days a social work Manager will review the available information to make a decision about the level of risk to the child and next steps e.g. case closure, safety planning under s.17 or s.47 or legal action. Children identified as 'in need' under s.17 will only be offered a s.17 Safety Plan where there is an imminent risk of family breakdown or the intervention required is deliverable in the context



of service availability during the Covid-19 emergency period. A social worker should complete a case summary outlining a child's s.17 needs where a social work manager has agreed to close involvement of Children's Social Care because no services can be delivered during the Covid-19 emergency period.

Where the s.47 enquiry identifies a risk of immediate significant harm a request for an ICPC will be made.

We will need to undertake s.47 Safety Plans that are devised virtually between the family, Child Protection Coordinator where this is prior to the Initial Child Protection Conference, Social Worker and available professionals. The safety plan will focus on immediate and realistic measures that can be implemented during the Covid19 emergency period to increase safety for the child. Subject to central government and Public Health England guidance regarding management of Covid-19 transmission and infection in individual cases, safety measures could include involvement of the child's relatives, requesting an adult posing a risk moves out of the family home or requiring the child to attend a school setting (symptomatic, infected and some children with specific health conditions should not attend school). Written Agreements with parents should not be used. The child's case summary on Mosaic will be updated by a social worker to reflect the new understanding of the family, risk and the child's safety plan. For children with new s.47 Safety Plans they will have professional contact 2 weekly. This will be a mixture of direct contact and phone/Skype calls. Contact can be through a social worker or other professional identified by a Manager e.g. nurse, health visitor, teacher, police officer

### Child & Family Assessments

The Referral and Assessment Teams will work quickly to complete assessments they are currently undertaking. Upon completion of the assessment, all cases that do not require a child to be subject to a child protection plan are unlikely to be prioritised and alternative avenues for support will need to be identified. If, however, it is determined that they require continued contact from social workers then it will be considered for transfer to the Children in Need Service. Service Managers will exercise oversight of cases requiring transfer from Referral and Assessment to other services and teams.

Families will be offered advice and support and advised to contact the Early Help Advice Line If they need further support.

## Cases open to Children's Social Care

### Allocated cases

For all existing open cases in all services the allocated Social Worker/ Personal Advisor will remain the same and they will conduct risk assessments to determine the level of risk to the child posed by the emergency measures in place due to Coronavirus. If a child or young person is assessed to be at **HIGH** risk, they will be visited and seen in person until risk is minimised and reassessed. If a child or young person is assessed to be at **MEDIUM** or **LOW** risk virtual visits with the family, will take place. The risk assessment will be subject to review and updating. If risk increases and moves to **HIGH**, because the child/ young person has become at imminent or immediate risk of harm, a discussion will need to take place with a Team Manager and agreement made about a home visit taking place.

### Covid19 Risk Assessment

This Coronavirus Risk Assessment needs to be completed for **all** children and young people that are allocated to you. See Appendix 1 for the procedure.

The purpose of the risk assessment is to help Wandsworth prioritise face to face visits and necessary interventions so that children at highest risk are safeguarded during the COVID-19 lockdown. Following

the completion, the rating will be either be HIGH, MEDIUM, LOW. All children rated **HIGH** will be visited by a Social Worker during the Covid-19 emergency. Visits to children assessed as HIGH risk must be recorded in the Mosaic work step in line with normal operational procedures. See the full procedure at Appendix 5.

**Regardless of the risk assessment your allocated children remain your responsibility.**

The risk assessment will need to be regularly updated. Following a virtual visit with children or young people assessed as MEDIUM or LOW risk, should the social worker or Personal Advisor consider that the risk has increased, or the reassessment indicates that risk has increased, they must discuss their concerns immediately with their Team Manager, who will decide whether a home visit is required. If the child 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.

Reports will be run by the Performance Team on a weekly basis to ensure that the following tasks have been completed in Mosaic on all cases assessed as **HIGH** risk:

- A face to face visit at a minimum interval of every 3 weeks (in some cases this may be more frequent following a decision by the service manager and Head of Service)
- Management oversight and supervision is recorded by the Team Manager at a minimum interval of every 4 weeks
- All assessments including Section 47 investigations
- Up to date records of all multi-agency meetings (CIN, Core Group, CLA Reviews, CP Reviews, Strategy Discussions, Professionals Meetings)

In addition, HIGH risk children must have:

- an up to date case summary and chronology
- an amended child protection plan that responds to the emerging issues around COVID-19.
- All interventions and actions taken to safeguard the child up to date and recorded

### Covid-19 Risk Assessment Case Note Recording

The risk assessment is captured in a case note in Mosaic to support practitioners to identify children at the highest risk during the COVID-19 crisis. See Appendix 2 for case note type procedure. The following template should be used for the case note content:

Template:  
 Mosaic No:  
 Name of Child:  
 Name of SW:  
 Case Status:  
Core group/professional/family network

Name	Role/Relationship	Contact Telephone Number	Are they likely to be able to visit and offer support during the coronavirus outbreak? If so, specify what they are prepared to offer.

Risk assessment

What are we worried about	Risk management plan

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

[Child Protection Coordinators and Independent Reviewing Officers oversight of risk assessment](#)

Child Protection Coordinators/Independent Reviewing Officers must review the risk assessment on the child’s file and if in agreement with its conclusion/rating completes 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 notifies the CPC or IRO via Mosaic and the CPC/IRO must again review the risk assessment and record oversight as stated above.

[Reviewing and updating the RAG ratings on the Covid-19 risk assessments](#)

The Risk Assessment needs to be frequently updated, in response to virtual and face to face contact with families and any known significant changes to the family situation. If a practitioner is working with a family who are risk assessed as LOW/MEDIUM and information comes to light to indicate that the risk has increased, the Social Worker/Personal Advisor should immediately discuss this with their team manager and review and update the assessment. **If the risk has been reassessed as HIGH, the SW/PA**

**should immediately inform their line manager for an urgent case discussion.** If their line manager is unavailable, they should contact the duty TM within the service. If CP or CLA the CPC/IRO must be informed.

## Working with Education Colleagues to keep in touch with vulnerable pupils during school closures

Children's Social Care will link in with Education during the emergency period to maintain oversight and support of vulnerable pupils. Whilst schools have set up their own robust monitoring systems 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 taking up the offer to attend school. The full guidance and proforma in Appendix 14 and 15.

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. 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.

## Management oversight of the Covid 19 Risk Assessment

Team Managers will need to ensure that the risk assessment has been completed for all their team's cases and there is clear management oversight, following the completion of the risk assessment which has been recorded in Mosaic as Management Oversight. The responsibility that a management decision is recorded in relation to the type and frequency of visits a child will receive, lies with the practitioner and line manager. It is critical that the rationale for the management decision is well explained and highlights risks and protective factors. If Managers have any questions about how to complete the risk assessment or the Visit record on the system, they should contact the Mosaic team. A daily 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.

Cases that are RAG rated Medium/Low where a child is on a CP plan will be externally reviewed monthly by a virtual team consisting of a CP chair and CIN Service Managers They will be looking at virtual contact records and the management oversight on these cases.

## Children and Families with Covid-19 health concerns

If a family is self-isolating or they have confirmed COVID-19, then this should also be recorded in the management case note and flagged on Mosaic/ created as an alert on the Person Summary screen. This will enable us to track the date of infection and isolation period. It is vital that the allocated social worker alert

other allocated professionals (including CST) if a family tell you they are self-isolating, have symptoms or COVID-19. All cases not open to Children's Social Care will be flagged by EH.

If a child/ young person is still considered at risk of immediate or imminent risk of harm, then a home visit should still be conducted using Personal Protective Equipment. See guidance on safe working practice and use of PPE in different situation in appendix 6

## Visits and contact with families NOT on the COVID-19 High risk list

All Assessments, Return Home Interviews, Children in Need, Child Protection, Children looked After and Care Leaver visits will now be conducted virtually, **with the exception of cases identified as High Risk using the COVID-19 risk assessment.** The Mosaic visit work step has been amended to provide drop down options that will indicate that the child was not seen in a face to face visit due to the Coronavirus risk assessment process. See the recording procedure at appendix 7.

In any circumstances where a parent refuses a visit, in person or virtually, the social worker must escalate immediately to their Team Manager to review the risk assessment. If the matter cannot be resolved with the parent so the social worker can visit in person or virtually the Team Manager must escalate immediately to their Service Manager. If a child is subject to a child protection plan or is a child looked after any change in the risk assessment as a result of a parent refusing access to a child or to engage in a virtual visit by videolink or telephone must be notified to the Child protection Coordinator or IRO.

Children and young people assessed as MEDIUM or LOW risk will have a virtual visit by a video call or a telephone call. This 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"
- 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"

Screenshot 1 – virtual visit and child seen by video call

**Sections**

- 1. Details of Child/Young Person
- 2. Visit**
- 3. Signature
- 4. Guidance for Visit Frequency and Exceptions

indicates completed section

**2. Visit**

Visit details

Was the Child/Young Person Seen\*  
 Yes  No  Unborn baby

Was the Child/Young Person seen without Parent/Carer? \*  
 Yes  No  Unborn Baby

Was Child/Young Person's Bedroom Seen\*  
 Yes  No  Unborn Baby

If child/yp was not seen at home - what was the reason?  
Coronavirus

If child/yp was not seen alone, what was the reason?  
Coronavirus

Type of visit: Child in Need Visit

Record of Visit

Visit to the child/yp was carried out using video call due to the Coronavirus...

Screenshot 2 – virtual visit by telephone

**Sections**

- 1. Details of Child/Young Person
- 2. Visit**
- 3. Signature
- 4. Guidance for Visit Frequency and Exceptions

indicates completed section

**2. Visit**

Visit details

Was the Child/Young Person Seen\*  
 Yes  No  Unborn baby

Was the Child/Young Person seen without Parent/Carer? \*  
 Yes  No  Unborn Baby

Was Child/Young Person's Bedroom Seen\*  
 Yes  No  Unborn Baby

If child/yp was not seen at home - what was the reason?  
Coronavirus

If child/yp was not seen alone, what was the reason?  
Coronavirus

Type of visit: Child in Need Visit

Record of Visit

Visit to the child/yp was carried out using telephone call due to the Coronavirus...

On the visit note, it is important that you only tick a Child /Young Person as ‘seen virtually’ if you have had sight of the Child over video and have had some level of interaction. If you have only had an audio call with a Child/Young Person, please tick the ‘no’ box and explain it was an audio call in the comment section. We would encourage practitioners to be creative and find different ways to continue direct work with families during the lockdown. There are some resources here to talk to children about COVID and emotional wellbeing during visits:

- Child level accessible explanation (labelled CV19)
- [Guided Q&A for children](#)
- Booklet for children – explains corona virus and workbook for children to complete
- Superheroes stories to help explain to children the importance of staying at home and for those still going to school why that is important

### Frequency of virtual visits if child or young person is not COVID 19 High Risk:

How often we are in contact with Children/Young People will be determined on a case to case basis. However, the minimum level of virtual visits are as follows:

Minimum frequency of virtual visits/ contact	
CIN	Video-call via skype, WhatsApp, FaceTime minimum once a week
CP	Video-call via skype, WhatsApp, FaceTime minimum once a week
CLA	Video-call skype, WhatsApp, FaceTime minimum once a fortnight
CL	Video-call skype, WhatsApp, FaceTime minimum once a fortnight

If a family does not have access to a smart phone or laptop, please let your line manager know.

## Management and Supervision

### Supervision

Supervision should continue as normal via audio or video-call. Weekly contact needs to be made with all staff by their line managers. Managers should ensure that all cases allocated to their team have up a to date case summary, COVID-19 risk assessment and chronologies. Team managers should have arrangements for teams to connect virtually on a minimum of a weekly basis.

### Practice and Performance Board Manager’s Meeting

Performance reporting will continue through this period, accepting that the reports will have a different focus. The focus of the Manager’s Meeting will be on ensuring that we are making regular virtual contact with families, reviewing risk assessments, updating plans and holding virtual review meetings and core groups.

## Panels and decision-making meetings

### Care and Resources Panel, Permanency Tracking Panel and Fostering Panel

These panels will continue but these will be conducted virtually. Practitioners will be invited to call in for their slot. Decisions about whether a Child/Young Person will become looked after and placement arrangements



will be made by the panel. Papers for Fostering Panel must be submitted two weeks prior to the Panel date. The Permanency Tracking Panel will also be held virtually. SW and TM will receive notification via email about the attendance times for SW and/or TM's to present their cases to the respective panels. A duty legal officer will be on call for legal advice, the rota and contact numbers for the legal duty team will be circulated to all SWs and TMs.

### 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.

### 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 will be 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, given there is unlikely to be any support provided or assessments completed, apart from SW visits. If the Child/ Young Person is not already on a Child Protection Plan, a conversation will need to take place with the duty Child Protection Coordinator. All open contact assessments for cases in pre-proceedings/care proceedings will be reviewed to clarify what work has been undertaken and whether they can be completed. Updates will need to be requested from all Independent SW assessments to determine the same. The courts should be contacted by the allocated social workers to notify them that the contact centre has been closed due to COVID-19 and that contact will be supported virtually.

### Court Hearings

The Central Family Court have advised that all hearings will take place virtually. Arrangements will be made so that parties do not need to attend in person. The hearings will be held by telephone, video or skype with the judge in court and the hearing recorded on the court recording equipment. The Courts are operating on a very limited basis for essential hearings only. They have had to stop non-lawyer hearings, which will now be replaced by telephone updates and reports. This means that parents cannot access what is a core aspect of the Family Drugs and Alcohol Court (FDAC) process. The substance misuse treatment services have largely closed down and are offering telephone support only. This means that parents cannot access appropriate treatment at this stage. The FDAC team are mainly operating via telephone and video call, aside from in those cases of highest need. This can work with established therapeutic relationships. However, engagement with FDAC, particularly at the start, can be challenging for parents and it is more difficult to establish new therapeutic relationships using these remote communication methods.

## Information-sharing partnership meetings, conferences and core groups

### 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 IRH Team Manager and the Police Public Protection Desk (PPD) send the list of young people that will be discussed ahead of the meeting. IRH 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.



## Multi-Agency Safeguarding Hub

The MASH will remain the primary decision maker for all new referrals, decisions will be based on the revised criteria explained at the beginning of this document. In the event of a difference of opinion regarding threshold, escalations will be dealt with by the SM. MASH meetings will now be held virtually and take place daily at 1pm, calendar invites will be sent to all partners which include Police, YOS, Health, Housing, CSE missing coordinator, colleagues at Channel Panel. This is chaired by a Team Manager and social workers present their case for discussion. Managers at point of allocation of a contact will determine if a MASH is required on the same day or following day. Social workers will be notified of this and an email sent to partners to request a MASH. The Team Manager will be responsible for taking minutes at the MASH meeting and ensure these are uploaded onto Mosaic.

## Child protection Conferences (CPCs)

See appendix 9 and 10 for full procedures. All CPC's will 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 CP Chair. CPC's will be recorded using the standard forms, BSO's will minute the CPC in the usual way. Partner agencies will be asked to provide a written report in the usual way wherever possible or information will be obtained by phone call/video-call.

Initial Child protection Conference (ICPC) will be held virtually. remotely. 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.

Review Children Protection Conferences will also be conducted virtually. The CP chair will update the CP Plan in Mosaic and schedule the next review conference in the usual way. Recommendations to end a CP Plan will be considered on a case by case basis. CP plans made during this period will explicitly take account of the restrictions 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.

## Transfer in Conferences

It is agreed by the London Safeguarding Children Partnership that no transfer conferences taking place across London. This is to ensure consistency and oversight of the plan during the lockdown period. Local Authorities where the cases are held at present will continue to work with the families to ensure consistent oversight

## Core Groups

Core Groups 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. They should 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 should be recorded by the social worker in the mosaic form.

## CIN Review Meetings

SW should identify the network of family and professionals who are continuing to have contact with the Child/YP, 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.

## Corporate Parenting

Visits to CLA and CL will be conducted virtually, unless a child/ young person has been identified as High Risk using the COVID 19 risk assessment tool. Priority will be given to children not yet matched and settled in their placements. Placement Planning Meetings will be undertaken virtually, as a multi-way phone call/video-call and recorded using the standard forms. 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 currently suspended until further notice. The Virtual School will continue to provide virtual educational support to CLA and will support social workers and carers to identify appropriate school provision for the young person whilst schools remain closed due to the COVID 19 outbreak.

### Becoming a Child/Young Person Looked After

The care and resources panel will continue to operate virtually, but HOS CLA or F&C will be responsible for making decisions about whether a Child/YP should become CLA. The process thereafter does not change from the current 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. Procedures for initial and review health assessments for CLA are at appendix 12 and 13.

### CLA Review Meetings

Full procedures are in appendix 11. 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 plans will need to take account of the restrictions on the capacity of agencies to provide services and the particular challenges raised by the impact of Covid 19 on Child/Young Person, their carers, their families, and on professionals.

## Placements & Fostering

### Placement Requests

The SW will complete the Placement request form, once the Placements Team have received this and written confirmation from HOS CLA, they will begin the search and make every effort to try and find an available resource. Once a placement has been identified the HOS will sign this off for payments to begin. In the absence of the HOS a SM will be able to sign this off. Placement Officers are all working from home virtually 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 symptomatic

## Placing a Child

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

## New UASC arrivals

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 then Wandsworth will have to arrange for them to self-isolate and placements will identify the provision that this will happen within. For all new USAC placements we are in the process of exploring if we can block book spaces within one of our semi-independent provisions. This exploration is being undertaken by a number of local authorities. In the meantime, the Placements Team will continue to spot purchase until informed otherwise

## Future First Care Leavers

Lavender Hill has been temporarily closed, with all staff working from home as agreed.

It is expected that risk assessments are completed on all cases and that contact with young people will be undertaken virtually, along with Pathway Plan Reviews and staff supervision.

Should young people require emergency support, including finance, this will be managed on an individual case by case basis, through the management of the Future First managers, who have a duty system arranged.

Placement moves of young people will be managed within Future First in liaison with the Housing Manager. Appropriate risk assessments will be completed.

## Fostering

Contact with all our foster carers will be maintained by phone call/video-call on a weekly basis and visits and supervisions where possible will be done virtually.

## Supervised Contact

Social workers must make sure children looked after and their family members who they normally have contact with have the information explaining to them why Coronavirus means they can't physically spend time together during the lock down period. The procedure and information sheets, one for children looked after and one for their parents are available at Appendix 3, 4 and 5.

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 introduction to this guidance provides guiding principles to make these complex decisions.

To enable us to support children to have contact with their families during the emergency period all children looked after should have a Mosaic case note type Coronavirus Contact Arrangements with the template content below.

Template

**Mosaic No:**

**Name of Child:**

**Name of SW:**

**Legal Status:**

**Currently in care proceedings?**

**Current contact arrangements**

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

**Are any legal orders required to suspend contact?**

**Contingency plans**

Scenario	Impact	Contingency contact plan – phone, Skype, Facetime, alternative supervisor/no supervisor.
Carer has to self-isolate	Child will need to self-isolate as part of the household. Direct contact suspended.	
Child has to self-isolate	Child will need to self-isolate. Direct contact suspended.	
Parent has to self-isolate	Parent will need to self-isolate. Direct contact suspended.	
We do not have enough staff for contact		

**Temporary contact arrangements during Covid 19**

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

**Are parents in agreement with temporary changes?**

**If no what are the areas of disagreement?**

**Are these arrangements supported and endorsed by the multi-agency partners known to the child?**

**Has this plan been agreed with the IRO?**

**If Case in care proceedings, have CAFCASS & Legal been consulted?**

**Date of next review of arrangements:**

We will ensure that all children in care have access to advice that will enable them to have virtual contact with their families. In some circumstances we will have to maintain contact. Risk assessments and rationale for all decisions about contact must be recorded on a child’s file.

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.

### 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.

### Permanence Planning

Permanence planning continues to be a priority and needs to be considered as part of every care and placement plan, even before a Child/Young Person comes into care. All new CLA will need to 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.

SW will be expected to attend the permanence tracking virtually to discuss the long term care and permanence plans for their allocated CLA.

### 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](mailto: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 Stella Macaulay.

## Business Support & Finance

### Roles and responsibilities

Whilst working remotely from home, you will need to be logged into your laptop for 9am and to monitor your Outlook mailbox for any email communications relating to support tasks or process changes which will be received throughout the day. Please make it clear to the manager on duty what time you will be taking a lunch break so that this is factored in.

All staff should communicate any changes to health, availability for work or other personal circumstances at the earliest opportunity.

### 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.

### Management Oversight

BSO will report into their usual line manager.

## 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.

## 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.

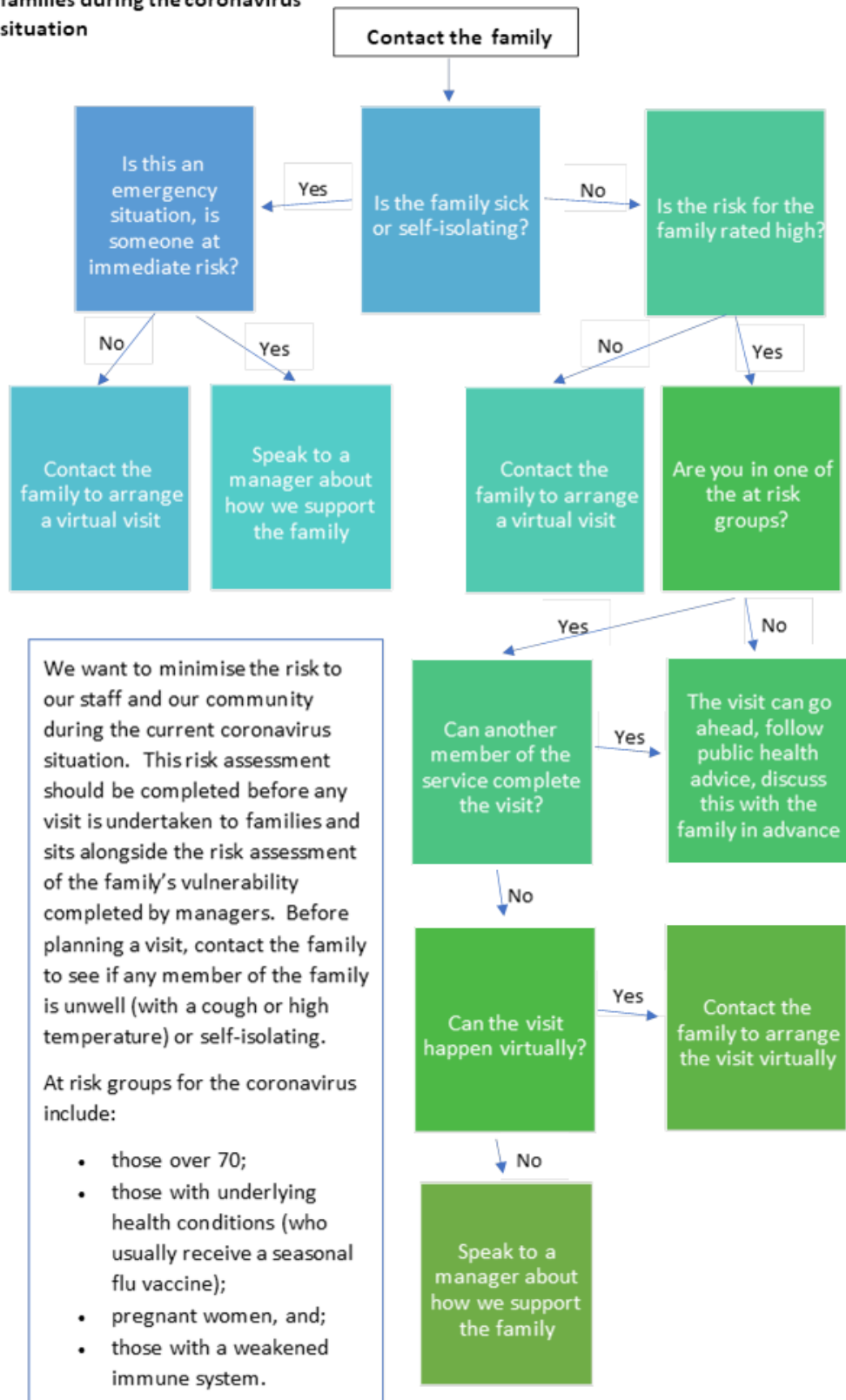
## Appendices

### Appendix 1 – Coronavirus Child Risk Assessments

<b>Emergency Procedures in response to Covid 19</b>	
Subject	Child Level Risk Assessment during the Coronavirus outbreak
Updates	18/03/2020; 24/3/2020; 27/3/2020; 31/3/2020; 15/4/20
Version	2.0
Author	Louise Jones Denise Green
1.	A risk assessment must be undertaken, and updated, for each child during the Coronavirus outbreak. This will determine the risk management plan during the period when services to children and families will be reduced.
2.	Managers to undertake the risk assessment using the word template below
3.	<p>Managers to record this management oversight by copying the template (cut and paste) into one of the three new Case Note Types: Coronavirus Risk Assessment <b>HIGH</b>; Coronavirus Risk Assessment <b>MED</b>; Coronavirus Risk Assessment <b>LOW</b>.</p> <p><b>High risk</b> 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.</p> <p><b>Medium risk</b> 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.</p> <p><b>Low risk</b> 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.</p>

	<p>This will enable a report to be run from Mosaic by child indicating the current level of risk for all children. It will enable everyone to quickly identify high risk children.</p> <p>It will be important to update the case note and the case note type if the level of risk changes.</p>
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**Risk assessment for visiting families during the coronavirus situation**





4.	<p>Template:</p> <p>Mosaic No:</p> <p>Name of Child:</p> <p>Name of SW:</p> <p>Case Status:</p> <p><u>Core group/professional/family network</u></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 25%;">Role/Relationship</th> <th style="width: 25%;">Contact Telephone Number</th> <th style="width: 25%;">Are they likely to be able to visit and offer support during the coronavirus outbreak? If so, specify what they are prepared to offer.</th> </tr> </thead> <tbody> <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> </tbody> </table> <p style="margin-top: 20px;"><u>Risk assessment</u></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 50%;">What are we worried about</th> <th style="width: 50%;">Risk management plan</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p style="margin-top: 10px;"><u>Overall risk rating (low, medium, high) and rationale</u></p>	Name	Role/Relationship	Contact Telephone Number	Are they likely to be able to visit and offer support during the coronavirus outbreak? If so, specify what they are prepared to offer.																	What are we worried about	Risk management plan										
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What are we worried about	Risk management plan																																

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

<b>Emergency Procedures in response to Covid 19</b>	
Subject	New case note titles to be used during emergency period
Date	20/3/20
Version	1.0

Author	Denise Green
1.	Two new case note titles have been made available in Mosaic for use during the Covid emergency
2.	Every child must have a risk assessment of their vulnerability during the period of visit restrictions due to the Coronavirus epidemic.
3.	Social workers must complete the Coronavirus risk assessment template and copy it into case notes.
4.	The case note title should read "Assessed risk during period of emergency service arrangements <b>high</b> " OR "Assessed risk during period of emergency service arrangements <b>medium</b> " OR "Assessed risk during period of emergency service arrangements <b>low</b> "
5.	The case note type selected must be <b>Coronavirus risk assessment</b> . 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 <b>Coronavirus contact arrangements</b> .

### Appendix 3 – Contact Arrangements

<b>Emergency Procedures in response to Covid 19</b>	
Subject	Contact arrangements for children during Coronavirus outbreak
Date	30/03/2020
Version	1.2
Author	Louise Jones
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 services to children and families will be reduced
2.	On 23/03/20 following government guidance for social distancing and the need to stay at home where possible the decision was made by the DCS to temporarily close Smallwood contact centre. Review of contact arrangements for all children are required to consider other options for contact including video calls and telephone calls.

	<p>For children subject of legal orders the President of the Family Division has issued guidance saying, “the <b>key message</b> should be that, where Coronavirus restrictions cause the <b>letter</b> of a court order to be varied, the <b>spirit</b> of the order should nevertheless be delivered by making safe alternative arrangements for the child.”</p> <p>The Health Protection (Coronavirus Restrictions) (England) Regulations 2020 includes contact as a permissible activity:</p> <ul style="list-style-type: none"> <li>• For children who’s parent do not live in the same household they are able to move between the two parents households</li> <li>• ‘Parent’ is defined as having parental responsibility for a child so is applicable to SG carers and corporate parents</li> </ul>
3.	<p>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.</p> <p>The following principles offer a practical approach to applying professional values and ensuring decisions and actions meet professional standards:</p> <ul style="list-style-type: none"> <li>• Beneficence: aim to do good for service users</li> <li>• Non-maleficence: do no harm or avoid doing harm, for example maintaining important relationships for children as far as possible</li> <li>• Respect and autonomy: treat service users with respect, care and compassion and as much as possible respect their views and autonomy</li> <li>• Proportionate: balance the aims and benefits of any changes, consider all alternative options for each child</li> <li>• Transparency: as much as possible ensure open and transparent information sharing with service users and informed-decision making by service users which is recorded.</li> </ul>
4.	<p>Please see <a href="#">letter for parents</a> and <a href="#">letter for children</a> explaining the temporary changes during the social distancing and stay at home requirements.</p>
5.	<p>Children may be upset about not seeing their family and frightened about the coronavirus. Their parents may be upset and anxious about social distancing and will need reassurance that we are taking all steps to promote their relationship with their child.</p> <p>Social workers to familiarise themselves with the Guidance from <a href="#">Childline</a>, 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.</p> <p>The Family Rights Group have developed the following resources which parents can be directed to</p> <p>a) <a href="#">New: advice for parents and families with a child in the care system – ways you can support your child during the Coronavirus outbreak</a></p>

	b) <a href="#">Top tips guide for kinship carers to help children maintain relationships during the Coronavirus outbreak</a>																															
6.	Managers to ensure a review of contact arrangements is undertaken using the word template below																															
7.	Managers to record this management oversight by copying the template (cut and paste) into a new Case Note Type: <b>Coronavirus Contact Arrangements</b>  This will enable a report to be run from Mosaic indicating whether a child has had a review of their contact arrangements.																															
8.	<p>Template</p> <p><b>Mosaic No:</b> <b>Name of Child:</b> <b>Name of SW:</b></p> <p><b>Legal Status:</b></p> <p><b>Currently in care proceedings?</b></p> <p><b>Current contact arrangements</b></p> <table border="1"> <thead> <tr> <th>With whom (name and relationship)</th> <th>Frequency and duration</th> <th>Location</th> <th>Supervision arrangements</th> </tr> </thead> <tbody> <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> </tbody> </table> <p><b>Are any legal orders required to suspend contact?</b></p> <p><b>Contingency plans</b></p> <table border="1"> <thead> <tr> <th>Scenario</th> <th>Impact</th> <th>Contingency contact plan – phone, Skype, Facetime, alternative supervisor/no supervisor.</th> </tr> </thead> <tbody> <tr> <td>Carer has to self-isolate</td> <td>Child will need to self-isolate as part of the household. Direct contact suspended.</td> <td></td> </tr> <tr> <td>Child has to self-isolate</td> <td>Child will need to self-isolate. Direct contact suspended.</td> <td></td> </tr> <tr> <td>Parent has to self-isolate</td> <td>Parent will need to self-isolate. Direct contact suspended.</td> <td></td> </tr> <tr> <td>We do not have enough staff for contact</td> <td></td> <td></td> </tr> </tbody> </table>	With whom (name and relationship)	Frequency and duration	Location	Supervision arrangements													Scenario	Impact	Contingency contact plan – phone, Skype, Facetime, alternative supervisor/no supervisor.	Carer has to self-isolate	Child will need to self-isolate as part of the household. Direct contact suspended.		Child has to self-isolate	Child will need to self-isolate. Direct contact suspended.		Parent has to self-isolate	Parent will need to self-isolate. Direct contact suspended.		We do not have enough staff for contact		
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With whom (name and relationship)	Frequency and duration	Location	Supervision arrangements

**Are parents in agreement with temporary changes?**

If no what are the areas of disagreement?

**Are these arrangements supported and endorsed by the multi-agency partners known to the child?**

**Has this plan been agreed with the IRO?**

**If Case in care proceedings, have CAFCASS & Legal been consulted?**

**Date of next review of arrangements:**

[Appendix 4 – Contact Arrangements - Information for Children Looked After](#)

**CORONAVIRUS: INFORMATION FOR CHILDREN 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](#)

### 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. These are restrictions that have never been seen before outside of war time. As a result we have made the difficult but necessary decision to temporarily close our contact centre and postpone face to face contact sessions.

I apologise for the short notice decision to close the contact centre. While our 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.

Please be assured all the children will be supported through this difficult time and we will talk through with them this decision in a way that will help them to understand best.

We will be asking all social workers to review the contact arrangements for children and consider other options for contact including video calls and telephone calls. Any changes to these plans will be done in conjunction with each child's social worker, Independent Reviewing Officer, foster carers and parents. 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.

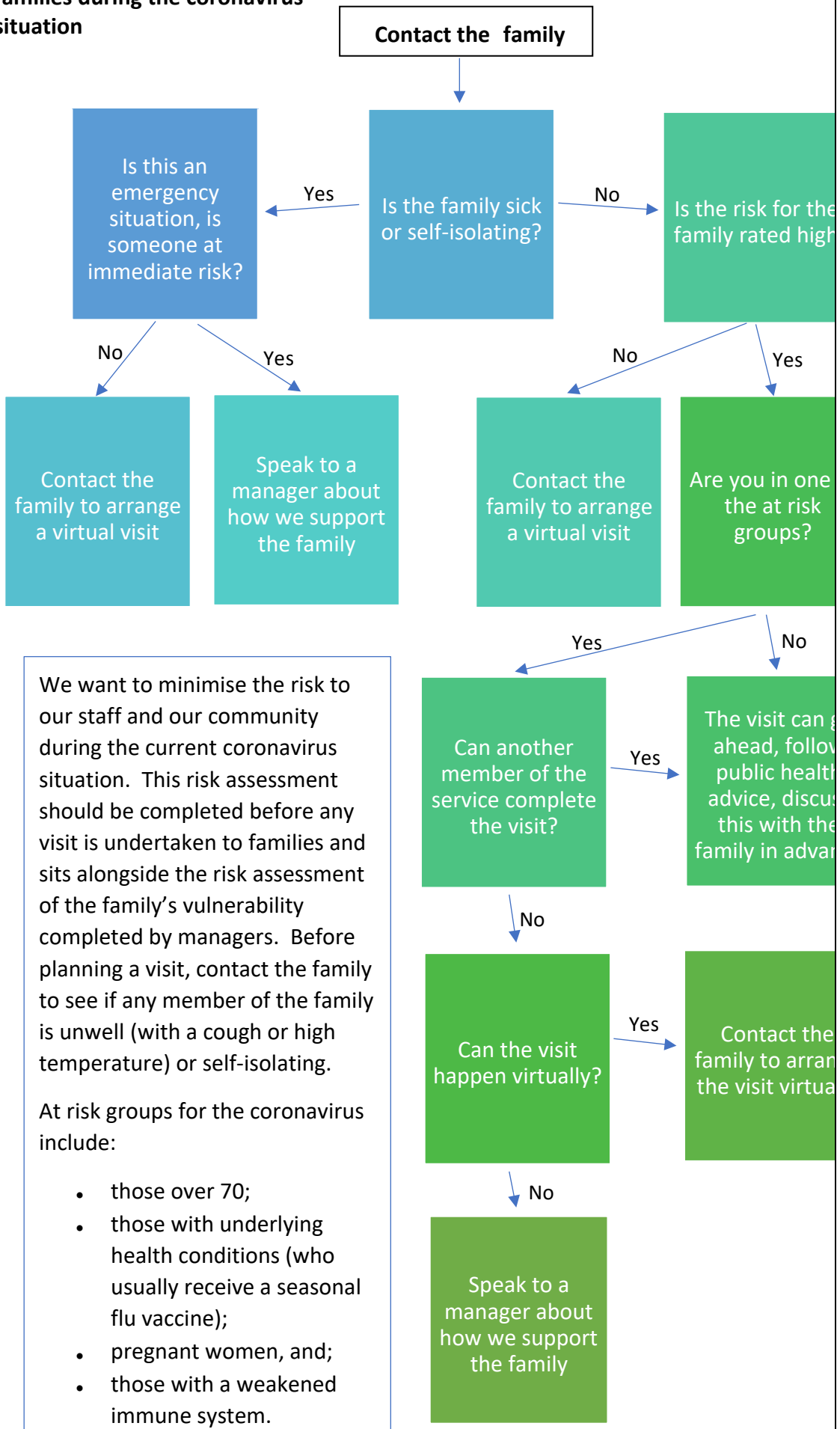
Your child's social worker will get in touch with you, if they haven't already, to discuss these arrangements. Social workers will not be based in the office so will contact you with their mobile numbers, email addresses and an alternative contact in the service in case they become unwell and are not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

We are thinking of you all during this difficult time and of those affected by Covid-19 and we look forward to the time that we can run our contact services as normal.

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

<b>Emergency Procedures in response to Covid 19</b>	
Subject	Guidance on safe working practices when visiting children & families
Date	27/03/20
Version	1.1
Author	Louise Jones
Update	06/04/20 section 8 added on what to do if you need to move a child
1.	<p>This guidance is for CSC social workers and social care practitioners (including PAs and Family Workers) who are likely to need to visit people in their own homes. This may be in an emergency regarding a child or family already known or within a child protection investigation.</p> <p>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 and links to relevant national guidance.</p> <p>When and if Government guidance changes or is updated then this guidance will be updated.</p>
2.	<p>All visits are subject to a risk assessment which the line manager will carry out in discussion with the Social Worker.</p> <p>This guidance should be read in conjunction with <b>Covid 19 procedure visits to children and Covid 19 procedure child risk assessment</b> which details the requirement of the risk assessment and risk management plan during the period when services to children and families will be reduced.</p> <p>A useful risk assessment flowchart can be found below</p>

**Risk assessment for visiting families during the coronavirus situation**



We want to minimise the risk to our staff and our community during the current coronavirus situation. This risk assessment should be completed before any visit is undertaken to families and sits alongside the risk assessment of the family’s vulnerability completed by managers. Before planning a visit, contact the family to see if any member of the family is unwell (with a cough or high temperature) or self-isolating.



At risk groups for the coronavirus include:

- those over 70;
- those with underlying health conditions (who usually receive a seasonal flu vaccine);
- pregnant women, and;
- those with a weakened immune system.



3.	<p><b>What to do if you think you may have COVID-19?</b></p> <ul style="list-style-type: none"> <li>• If you think you have COVID-19, you should follow the NHS advice.</li> <li>• If you are advised to self-isolate at home you should follow government advice and refer to our staff guidance on the Loop.</li> <li>• You should not come into the office or make any home visits until safe to do so.</li> <li>• 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.</li> </ul>
4.	<p><b>What to do if you need to visit a child and/or family who are self-isolating but are not symptomatic?</b></p> <ul style="list-style-type: none"> <li>• Whilst the family may not be symptomatic it does not mean that they are not infectious.</li> <li>• Equally they may be concerned that the visiting professional may be infectious.</li> <li>• Use of PPE when visiting the family (as below in section 5)</li> </ul>
5.	<p><b>What to do if someone we are due to visit has symptoms of COVID-19?</b></p> <ul style="list-style-type: none"> <li>• If the person you are visiting or any other people in the house have symptoms of COVID-19 and you are visiting because there is imminent risk of harm to the child then you should note the following guidance and use of PPE:</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>
6.	<p><b>If no one in the house has symptoms of COVID-19</b></p>

	<ul style="list-style-type: none"> <li>If no one is showing any symptoms of COVID-19, then normal good hygiene practices apply, and no PPE is required. 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.</li> </ul>
7.	<p><b>If the person or someone in the household has symptoms when you arrive</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>
8.	<p><b>If you need to move a child</b></p> <p>This section covers moving the child into placement and has been developed by the SSA Health Protection Team - this should also be read in conjunction with <b>Covid 19 procedure moving a child during coronavirus outbreak.</b></p> <ul style="list-style-type: none"> <li>Confirm whether anyone in the child's exiting household is symptomatic (new continuous cough and/or high temperature) or self-isolating due to contact with a symptomatic person. If yes to either these persons should be asked to stay in a separate room when the SW visits. Note the day on which the first household member became symptomatic as this will help ascertain the 14 day isolation period for the child.</li> <li>When moving the child social workers should use PPE – check handwashing facilities are available and take paper towels to dry hands and hand sanitiser to use on leaving the property, use disposable gloves, disposable apron and face mask. Guidance on use of PPE is included in Covid 19 <b>guidance on safe working practices when visiting.</b></li> <li>Once the child moves to the placement they will need to continue to self-isolate for the remainder of the original 14 days isolation period. If any members of the new household (foster family) are vulnerable they should distance themselves from the child by either using a different part of the house or maintaining 2m distance.</li> <li>Social workers only need to self-isolate if they live in a household with a suspected case. Social Worker should not need to self-isolate following contact with the asymptomatic child.</li> <li>Foster families do not need to self isolate but should practice social distancing when going out. They should be aware that the child might develop symptoms up until day 14 of isolation. If this happens it should be assumed this is Covid 19 and commence 14 day isolation period for their household and commence 7 day isolation period for suspected cases.</li> </ul>
9.	<p><b>All staff should be guided and informed in the proper use of all PPE that they may be required to wear.</b></p> <p>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</p>

	<p>kept separate from other waste. This should be put aside for at least 72 hours before being put in external household waste bin.</p> <p>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.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Putting_on_PPE_for _non-aerosol_gener</p> </div> <div style="text-align: center;">  <p>Taking_off_PPE_for _non-aerosol_gener</p> </div> </div>
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Appendix 7 – Visits

<b>Emergency Procedures in response to Covid 19</b>	
Subject	Visiting children during the Coronavirus outbreak
Updates	18/3/20 01/04/20 15/4/20
Version	1.2
Author	Louise Jones Update Denise Green
1.	During the Coronavirus outbreak our capacity to visit children will be reduced significantly. At its height it is very likely that only those children whom we have urgent concerns for their immediate safety will be seen face to face.
2.	Each child will have a risk assessment undertaken that will determine the risk management plan during the period when services to children and families will be 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. This will include new arrangements such as telephone calls and video calls in place of face to face visits.
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.	<p>Children and young people assessed as MEDIUM or LOW risk will have a virtual visit by a video call or a telephone call. This 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.</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• If the visit was conducted using a video call, in response to the question “If child/young person was <b>not seen at home</b> what was the reason?” - select drop down option of ‘<b>Coronavirus</b>’ to indicate that you did not physically visit and see the child in the home</li> </ul>

	<ul style="list-style-type: none"> <li>• 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 <b>was not seen alone</b>, what was the reason? – select drop down option of ‘<b>Coronavirus</b>’ 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.</li> <li>• 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”</li> <li>• 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”</li> </ul> <p>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.</p>
4.	<p>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. With immediate effect all families, young people and care leavers will receive a <u>minimum</u> of a weekly welfare call from their allocated worker.</p>
5.	<p>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.</p> <p>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.</p> <p>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</p> <ul style="list-style-type: none"> <li>• Open the chat</li> <li>• Tap on the name of the contact to open the contact info screen</li> <li>• Tap ‘Encryption’ to view the QR code and 60-digit number</li> <li>• A message will display on the chat that says “Messages to this chat and calls are now secured with end-to-end encryption”</li> </ul> <p>See this helpful <a href="#">guide</a> to using WhatsApp.</p>

Appendix 8 – Finance Procedure

<b>Emergency Procedures in response to Covid 19</b>	
Subject	<b>Finance:</b> Emergency Payments and Travel Warrants
Date	27/03/2020
Version	2.0
Author	Andy Mead
1.	<p><b>Emergency Payments:</b> 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.</p>
2.	<p><b>Wandsworth Foodbank:</b></p> <p>Members of the public can also contact their local Citizens Advice Bureau for Food voucher where a telephone assessment will be undertaken.</p> <p>Battersea Library Clapham Junction 265 Lavender Hill SW11 1JB</p> <p>Picasso Building Mount Clare Minstead Gardens SW15 4EE</p> <p>Tooting Library 75 Mitcham Road SW17 9PD</p> <p><b>Tel: 0300 330 1169</b></p>
3.	<p>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.</p>
4.	<p><b>Travel Warrants</b></p> <p>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.</p>

## Appendix 9 – ICPCs

<b>Emergency Procedures in response to Covid 19 - Initial CP Conferences</b>	
Subject	Initial Child Protection Conferences
Date	19/03/20
Version	1.0
Author	Ruth Lacey
1.	<p>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.</p> <p>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.</p>
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.	<p>Social workers will provide Child and Family Assessment reports in the established Mosaic Format and share with parents within the required timescales.</p> <p>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).</p>
5.	<p>The multi-agency professionals will participate by using video conference facility wherever possible and provide reports in advance of the conference.</p> <p>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.</p>
6.	<p>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.</p> <p>When parent/s are participating it needs to be a safe, confidential space whenever possible.</p> <p>If their participation via video conference is not possible, their views will be sought and included in social worker's reports.</p>
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

<b>Emergency Procedures in response to Covid 19 - Review CP Conferences</b>	
Subject	Review Child Protection Conferences
Date	19/03/20
Version	One
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

<b>Emergency Procedures in response to Covid 19</b> CLA Review Practice Guidance	
Subject	CLA Review Practice Guidance
Date	18.3.20
Version	1.0
Author	Chris Jennion
1.	<p>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.</p> <p>Reviews for Children Looked After are still required and within the same statutory timeframes, guidance is as follows:-</p>
2.	<p><b>Preparation</b> 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.</p> <p>School/health reports obtained as appropriate, Virtual school consulted.</p> <p>Consultation forms will be sent electronically by IROs.</p>
3.	<p><b>Discussions</b> with participating members will be held remotely, using the most creative media available – Skype links, Conference calls, Microsoft Teams.</p> <p>It is likely that because of the limitations of electronic communication reviews will involve the child and key people only.</p> <p>If parent/s are unable to join electronically the IRO will speak to them separately.</p>
4.	<p><b>Recording</b> 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.</p>



5.	All monitoring and tracking requirements remain the same.
6.	<b>Subsequent review</b> 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](mailto: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](#)

..... <b>SCHOOL</b>
<b>RECORD OF TELEPHONE CONVERSATION</b>
<b>Name of pupil:</b>
<b>Date of call:</b>
<b>Name of member of staff:</b>
<b>Family members spoken to:</b>
<b>Reason for conversation:</b>
<b>Length of conversation:</b>

**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:**

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**CC. Safeguarding**

**Signed:**