**Children's Social Care Visits during the Coronavirus Pandemic – Risk Assessment Guidance**

**Introduction**

This guidance is intended to create a framework for considering the risk and vulnerability factors for children subject of Child Protection and Child In Need Plans and Children Looked After, and implementing keeping in touch / social care visiting arrangements. These arrangements will be applied at individual case level based on need and risk and regularly reviewed to take account of the circumstances of the child / family and the capacity in the social care workforce.

**Children subject of Child Protection Plans**

Social work teams are already completing RAG rating of cases. These should be developed on an individual case basis to include the following – (intended to be used to underpin a case management decision on LCS) See Appendix 1

* Why is this child on a CP Plan and what are the presenting risks / vulnerabilities?
* How do these risks change due to the current pandemic (isolation, financial pressures, protective factors, reduced support etc?)
* Which other services / agencies are in contact with this family and how often / by what means?
* To what extent will remote social care contact (phone / Facetime etc) address the presenting risks?
* What is the current visiting frequency and how should this change during the current restrictions? This should specify the proposed frequency and method of social care visits?

**Risk Assessment and Visiting Plan Process**

1. Children's Social Worker completes a risk assessment and visiting plan, which their Practice Manager signs off then sends to the allocated IRO.
2. The IRO receives the risk assessment and visiting plan to scrutinise the plan and risks.
3. The IRO agrees to the risk assessment and visiting plan. The Social Worker saves these to a case note on the child's LCS record and the IRO records their agreement on a separate case note on the child's record.
4. If the IRO disagrees with the risk assessment and visiting plan as they feel the risks are too high they will arrange to speak to the SW / PM in an attempt to resolve the concerns. If resolved follow point 3.
5. If it can still not be resolved a Skype meeting with PM/ IRO/TM & QRM to review the risk assessment and visiting plan if resolved follow point 3.
6. If it can still not be resolved this should be escalated to Senior manager and safeguarding manager, if resolved then follow point 3.
7. If all the above cannot be agree then formal resolution to be recorded on LCS and sent to HoS SIA and the District.

**Children subject of Child In Need Plans**

Social work teams to complete a RAG rating on each case. These should be developed on an individual case basis to include the following – (intended to be used to underpin a case management decision on LCS) See Appendix 5

* Why is this child on a Child in Need Plan and what are the presenting needs including any risk factors?
* How do these needs and risks change due to the current pandemic (isolation, financial pressures, protective factors, reduced support etc?)
* Which other services / agencies are in contact with this family and how often / by what means?
* To what extent will remote social care contact (phone / Facetime etc) support the needs and manage any risks?
* What is the current visiting frequency and how should this change during the current restrictions? This should specify the proposed frequency and method of social care visits?

**Risk Assessment and Visiting Plan Process**

1. Children's Social Worker completes a risk assessment and visiting plan, which their Practice Manager signs off then sends to the allocated IRO.
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7. If all the above cannot be agree then formal resolution to be recorded on LCS and sent to HoS SIA and the District.

During these unprecedented times managing the impact of Covid 19 has resulted in changes in practice especially when following the Government instruction to promote and adhere to social distancing to help and prevent the spreading of the virus. To support this there will be the need to manage visits differently as face to face contact does not support social distancing (this will be determined by the need of the child and risk RAG rating), however visits with a child / family need to be recorded on LCS case note as a 'statutory visit' CP or CLA and those professionals working with the family (support workers, external agencies, IRO etc.) Need to be aware of the interim social care visiting arrangements and understand how their contact fits into wider safeguarding measures.

Some families may be self-isolating, either on the basis that a family member has suspected or confirmed Coronavirus symptoms or a family member is within an identified 'shielding' group (underlying health conditions). Where this is due to potential symptoms this is likely to last 7-14 days and therefore a case management decision should be made as to whether a visit is required in order to safeguard the child(ren) during that period. Isolation due to shielding is likely to be for up to 12 weeks and therefore social care visits / contact will be required.

Specific guidance is available for social carer staff on the use of personal protective equipment (PPE) and testing for Covid 19 via the LCC Intranet: intranet.ad.lancscc.net/site/coronavirus/ Visits should be proportionate to the presenting needs and risks and may include contact outside of the home, such as in a garden, where appropriate. Families who decline social care visits undertaken in line with these procedures should be considered within the same process as we would use outside of a pandemic period.

When recording the case note as a statutory visit when undertaking the visit outside the normal home visit/face to face contact the case note should start.

***This statutory visit has been undertaken as a (Skype call, phone contact etc) as approved by the risk assessment and agreement of the IRO during the COVID 19 pandemic.***

Where a family refuses a visit and the risk assessment indicates that the risk is too high not to see the child, a multi-agency strategy discussion should be undertaken to agree actions needed to ensure the child/children are safe.

All decisions need to be clearly recorded on the child's LCS record.

**Looked After Children and Young People (including care leavers)**

The same principle as above should apply with regard to a case management decision that considers risk and support needs, within the current context and what wider support is in place. This should take account of the stability of the child's placement and the level of contact with wider care / support professionals to establish a visiting frequency and method(s), with management and IRO sign-off (see appendix 2). The starting point for visits to looked after children should be to undertake social care visits by telephone / facetime etc. during the current Public Health restrictions. Consideration of the need for face to face visits will be undertaken in respect of – children in home placements, unregulated / unassessed placements, new placements and those identified at risk of placement breakdown, and will be recorded as outlined above.

Given the restrictions on visits it is expected that where a planned placement move is proposed for a child this should be delayed wherever possible, in order to support the wider strategy to prevent avoidable social contact.

All decisions need to be clearly recorded on the child's LCS record.

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**Appendix 3. – Template for Risk Management of Home Visits (Foster carers and adopters including early permanence placements and support Reg 24 approved foster carer visits)**

**Appendix 4. – Template for Risk Management of families in the process of bridging children to adoption.**

**Appendix 5. – Template for Risk Management of Home Visits (Child in Need)**

**Appendix 1. – Template for Risk Management of Home Visits (Child Protection)**

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| **Factor** | **Assessment** | **Comments** |
| Name of Children / Legal Status |  |  |
| Background Visiting Arrangements |  |  |
| Why are we involved? What are the risks? |  |  |
| How have the risks changed due to CV19? |  |  |
| Who else is supporting this family (professionals and social networks) and how? |  |  |
| Who else is supporting this child / placement? Is the child attending school? If not does this increase the risks? |  |  |
| What alternatives to direct visits are available and how do these address risks? |  |  |
| Current CV19 impact on this family? Potential symptoms, self-isolating, high-risk group? |  |  |
| Proposed visiting arrangements – frequency / method / by whom? |  |  |
| When will the above need to be reviewed? |  |  |
| Manager sign-off |  |  |
| IRO sign-off |  |  |

**Appendix 2. – Template for Risk Management of Home Visits (Children Looked After)**

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| **Factor** | **Assessment Information** | **Comments** |
| Name of Child / Legal Status / Placement Status |  |  |
| Background Visiting Arrangements? |  |  |
| Placement stability and risk factors? |  |  |
| Impact of CV19 on placement stability? |  |  |
| Who else is supporting this child / placement? Is the child attending school? ? If not does this increase the risks? |  |  |
| What alternatives to direct visits are available and how do these meet the current needs? |  |  |
| CV19 status of the placement – symptoms, self-isolating, high risk group? |  |  |
| Proposed visiting arrangements – frequency / method / by whom? |  |  |
| When will the above need to be reviewed? |  |  |
| Manager sign-off |  |  |
| IRO sign-off |  |  |

**Appendix 3. – Template for Risk Management of Home Visits (Foster carers and adopters including early permanence placements and support Reg 24 approved foster carer visits)**

|  |  |  |
| --- | --- | --- |
| **Factor** | **Assessment Information** | **Comments** |
| Name of Foster carer/adopter |  |  |
| Background Visiting Arrangements? |  |  |
| Placement stability and risk factors? |  |  |
| Impact of CV19 on placement stability? |  |  |
| Who else is supporting this child / placement? Is the child attending school? |  |  |
| What alternatives to direct visits are available and how do these meet the current needs? |  |  |
| CV19 status of the placement – symptoms, self-isolating, high risk group? |  |  |
| Proposed visiting arrangements – frequency / method / by whom? |  |  |
| When will the above need to be reviewed? (at a maximum every 3 weeks or whenever there is a concern or change to the household) |  |  |
| Manager sign-off |  |  |
| IRO sign-off (for foster carers and adopters with CLA in placement) |  |  |

**Appendix 4. – Template for Risk Management of families in the process of bridging children to adoption.**

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| --- | --- | --- |
| **Factor** | **Assessment Information** | **Comments** |
| Name of Foster carer/adopter/child |  |  |
| Background Visiting Arrangements? |  |  |
| Placement stability and risk factors? |  |  |
| Impact of CV19 on bridging process? |  |  |
| Who else is supporting this child / placement? Is the child attending school? |  |  |
| What alternatives to direct visits are available and how do these meet the current needs? |  |  |
| CV19 status of the foster carer/adopter – symptoms, self-isolating, high risk group? |  |  |
| Proposed visiting arrangements – frequency / method / by whom? |  |  |
| Manager sign-off |  |  |
| IRO sign-off  |  |  |

**Appendix 5. – Template for Risk Management of Home Visits (Child in Need)**

|  |  |  |
| --- | --- | --- |
| **Factor** | **Assessment** | **Comments** |
| Name of Children  |  |  |
| Background Visiting Arrangements |  |  |
| Why are we involved? What are the risks, needs, strengths? |  |  |
| How have the needs/risks changed due to CV19? |  |  |
| Are there any other professionals supporting or visiting the family, and how? |  |  |
| Is the child attending school? If not does this increase the risks? |  |  |
| What alternatives to direct visits are available and how do these address risks? |  |  |
| Current CV19 impact on this family? Potential symptoms, self-isolating, high-risk group? |  |  |
| What are the proposed visiting arrangements – frequency / method / by whom? |  |  |
| When will the above need to be reviewed? |  |  |
| Manager sign-off |  |  |
| IRO sign-off |  |  |