

## **Briefing Number 2 for Staff working Directly with Children and Young People.**

### **New Government Guidelines for Children's Social Care 01/10/2020 - responding to COVID 19.**

To all staff working directly with children and families please familiarise yourself with this briefing, including all social workers, Family Time Workers, Family Support Workers, Outreach Workers, FGC workers and SW apprentices. New Government Guidance Published last week changes the focus back from being able to use virtual visits to having to do face to face visits in the majority of situations.

If you have any concerns, issues with any family, children's home or other, then please be proactive and discuss with your Team Manager.

I know many of you have been doing visits to children for some time, thank you for doing what is needed to keep our children safe. I appreciate that we are in a difficult period, for us all to manage our own well being and that of our families as well. This is National Guidance but as you will read we need to adhere to local Public Health Guidance as well. I attend meetings each week with Council colleagues, including Public Health. If our local advice was to change and impact on doing visits, then please be assured I will make sure this is communicated to you as soon as possible.

Sonya Miller. Assistant Director. 5/10/2020

All previous temporary regulation changes have expired and from the 25<sup>th</sup> September 2020, reflecting the challenges of COVID-19, the following secondary legislation changes have been made. These should be taken into consideration along with the Children Act and Working Together 2018.

These changes and our agreed response was detailed in Briefing 1.

This new guidance will remain in place until 31<sup>st</sup> March 2021.

### **CIN and CP Visits**

**Change: Moving forward visits should be Face to Face unless there is a clear and agreed reason not to.**

Children and families may feel anxious about infection risks. Where this is the case and families are reluctant to engage with social workers, social workers should explain why it is essential that they have access to the home, or that they see and speak to the children, to ensure they are safe and well. Visits should be face-to-face where possible and should be sufficient to meet the intended purpose of the visit whether that is safeguarding or promotion of the child's welfare.

In cases where the family have symptoms of COVID-19, the family are shielding or public health/lockdown rules prevent visiting the home, then visits can be done virtually or by telephone. However, when this happens:

- The manager must record a management decision on the case file.
- Senior Managers including Assistant Director, must be informed.
- The COVID-19 regulation flex spreadsheet must be updated.
- The IRO or CP Chair must be informed (for CP and CLA cases).

### **Looked After Children Visits**

The temporary regulations allow visits to a looked-after child, as required by the Care Planning, Placement and Case Review (England) Regulations 2010, to be carried out over the telephone, a

video link or other electronic communication methods. The use of virtual statutory visits should be the exception and can be used as a result of public health advice or when it is not reasonably practicable to have a face-to-face visit otherwise for a reason relating to the incidence or transmission of coronavirus (COVID-19). This could include in the event of local restrictions, self-isolation or social distancing advice due to coronavirus (COVID-19).

As good practice, children and young people should be told why a face-to-face visit is not possible and be advised of their right to advocacy or support. This does not provide blanket cover for all such visits to be held virtually. Wherever possible, statutory visits should be held face-to-face. This can include considering whether it is possible to move the time or location of the meeting within the statutory timescales.

Additional 'virtual' visits between the statutory visiting timescales may take place and are recommended to supplement statutory visits especially when the child or young person is living at a distance or there are additional vulnerabilities.

The temporary regulations require any virtual statutory visits to be held in accordance with the below recommendations from the Assistant Director (nominated officer).

The Assistant Director recommends that social workers and Team Managers will consider:

- the wishes of the children and young people affected
- the ability of the child or young person to engage in a virtual visit due to reasons such as their age, disability, learning difficulty or use of English, for example with unaccompanied asylum-seeking children
- whether there is an established bond between the social worker and the child or young person
- How many recent visits have also been virtual / when the child was last seen face to face.
- Any particular stress issues or concerns about the place where the child is living, ensuring that the child has an opportunity to speak to a person with a trusted relationship alone.

The following actions should happen if a statutory visit to a looked after child or young person is to be virtual:

- The manager must record a management decision on the case file including why a virtual visit was necessary.
- The COVID 'visit' assessment must be updated and logged on the child's LCS record.
- Senior Managers and Assistant Director should be informed of any statutory visit to be held virtually.
- The COVID-19 regulation flex spreadsheet must be updated.
- The IRO must be informed.

## **PPE**

Guidance for infection prevention and control in children's social care settings, including the specific circumstances where PPE should be used, can be found in the guidance on safe working in education, childcare and children's social care settings.

## **Wider Family Support and Family Meetings/FGC**

It has been advised that broader family support networks should be considered alongside public health guidance, including the rule of 6. This means that virtual FGCs or family meetings can still take place and that face to face FGC's must have no more than 6 people attending.

### **Multi-agency Support**

Multi-agency support should continue, with appropriate flexibility in how this is delivered, for example, via telephone or online support rather than face-to-face meetings, where necessary.

**Where face-to-face contact can be provided safely, this is expected by the DfE and should be part of children's multi-agency plans.**

### **Adoption and Foster Care**

In cases where the family have symptoms of COVID-19, the family are shielding, or public health/lockdown rules prevent health assessments in the initial stages of fostering or adoption assessments, then these can progress as long as assessments are obtained and considered for the final stage and prior to approval.

This does not remove the need for medical reports as they still must be obtained and considered before the adoption agency makes a final decision. If medical reports are available at stage 1, they should be obtained and considered then.

As good practice, agencies should let prospective adopters know that if their application is progressed to the next stage, their medical information, when received, could affect the outcome. Equally, if agencies are aware of medical history that could affect the outcome of the application, they may decide not to progress the application until the relevant information has been received from the GP or other health professional.

However when this happens:

- The manager must record a management decision on the case file.
- The COVID-19 regulation flex spreadsheet must be updated.
- The IRO or CP Chair must be informed (for CP and CLA cases).

Introductory meetings are challenging in the current circumstances and there needs to be a case-by-case, risk based decision about what is right in the circumstances. Communication technology should be considered to continue the adoption process and face-to-face introductory meetings can begin if all parties are comfortable with the arrangements, such as adopters visiting the foster carer's home and spending time with the child (ren) and vice versa.

For some children introductory meetings may have to be postponed for example, where someone in the foster family is in the vulnerable category and that other ways may need to be found to prioritise permanent placements in line with their best interests.

### **Foster Placements**

It is the expectation that most children will continue living with their foster carers observing government guidance on self-isolation and social distancing. If foster carers develop symptoms of coronavirus (COVID-19), the foster home should follow the [households with possible coronavirus \(COVID-19\) infection guidance](#) to avoid the spread of infection, and the fostering service should follow the guidance on [safe working in education, childcare and children's social care settings](#), including the use of personal protective equipment (PPE).

In circumstances where this is not possible, fostering services should identify alternative temporary placements with other carers, or respite carers for the duration of the foster carer's illness. We would then expect the child to return to their usual home.

Local authorities should continue to explore whether foster carers can accommodate additional children utilising existing legislation.

The temporary regulations allow fostering agencies to proceed to obtaining the information required under regulation 26(2)(a) of the Fostering Services (England) Regulations 2011 without having received medical reports.

The temporary regulations do not remove the need for medical reports, as they still must be obtained before the fostering agency can consider the suitability assessment of the prospective foster carer and their household. A final decision cannot be made without a medical report being obtained and considered as part of the suitability assessment. If medical reports are available at the initial stage, they should still be obtained and considered then. If utilising this flexibility of the regulations, then the following must take place:

- A management decision must be recorded on the case file.
- This must be recorded on the flexibility spreadsheet.

### **Vulnerable Children Attending Educational Settings.**

From the Autumn term, the usual rules apply to education including:

- parents' duty to secure that their child attends regularly at school where the child is a registered pupil, and they are of compulsory school age
- schools' responsibilities to record attendance and follow up absence
- the availability to issue sanctions, including fixed penalty notices in line with local authorities' codes of conduct

Social workers and family support workers should convey high expectations for attendance, make sure school attendance is prioritised within multi-agency plans and support children and families to overcome barriers to attendance where needed. The dfe have published a [toolkit of resources and guidance to help social workers in conversations with children and families about school attendance](#)

Social workers should be in communication with schools and, where possible, engaged in conversations with the school and parents to put in place strategies to reduce the risk of exclusion. The dfe have communicated to schools that they should, as far as possible, avoid permanently excluding any pupil with an Education, Health and Care Plan or a Looked-After Child.

Where a looked after child is at risk of exclusion, the Virtual School Head, working with others, should consider what additional assessment and support needs to be put in place to help the school address the causes of the child's behaviour and prevent the need for exclusion, and make any additional arrangements to support the child's ongoing education in the event of an exclusion.

### **Child Protection Conferences**

All multi-agency case conferences will continue to take place in a timely way. The majority of case conferences will take place utilising video conferencing, however conferences will be assessed on a case-by-case basis and in some cases these will take place in hybrid model with the Chair and parents meeting and other professionals joining by video conferencing. This will include the following cases:

- Where the parent(s) has learning difficulties.
- Cases of domestic abuse.
- Initial Child Protection Conferences.

## **Residential Services**

In considering how to keep residential settings safe from coronavirus (COVID-19) providers should recognise:

- that children may be feeling anxious as their normal routines are disrupted and they may have less or limited contact with their family, friends and people who are important to them
- that staff are working under challenging conditions and support them to continue to deliver the most appropriate care that they can. This could, for example, include, if possible, reducing the number of hours staff work in one shift, or providing more time away from the home
- the need to follow any social distancing guidelines where feasible and possible. Where possible, staff should ensure that food and other essential items are delivered. Within the home, frequently touched surfaces, including bathrooms, toilets and kitchens should be cleaned more often, and everyone should carry out more frequent handwashing. Towels used for hand-drying should be regularly changed

Where a provider has an immediate or impending staffing shortage, which may lead to the closure of a home, they should discuss that as a matter of urgency with the relevant placing local authorities. Ofsted should also be notified, and they may share this information with DfE.

Effective quality assurance checks and visits should continue to be carried out, to ensure that the care provided is safe and staff feel supported. Independent person visits under regulation 44 of the Children's Homes (England) Regulations 2015 and face-to-face contact with families should still be prioritised. The use of virtual visits should be the exception and can be used as a result of public health advice or when it is not reasonably practical to have a face-to-face visit. Any activity carried out remotely should be recorded.

As far as possible, arrangements for restrictions should be put in place with the consent of the young person and all professionals involved in the care of the young person are encouraged to explain how and why the temporary restrictions are being applied. The restrictions should last for no longer than is necessary and must be kept under careful and constant review.

If the young person refuses to follow sensible public health guidance, as a last resort, advice can be sought from Public Health England (PHE) on the possibility of imposing restrictions on an individual who is potentially infectious under the Coronavirus Act 2020. This gives Public Health Officers power to impose proportionate requirements (including screening and isolation) on any person suspected or confirmed to be infected with coronavirus (COVID-19). Children and young people have the power to appeal the decision and should be given information about accessing advocacy support.

If decision makers agree that there is no alternative and the proposed restrictions are necessary and proportionate, then contact should be made with local health protection teams.

Providers should also support those who are caring for the child to find alternative ways and/or incentives to encourage children to comply with the overall restrictions in place at the time. Restraint should not be used to ensure children and young people comply with social distancing measures.

## **Leaving Care**

Given the financial vulnerability of many care leavers during this period, local authorities should make arrangements for discretionary payments to be authorised and paid to care leavers at short notice if necessary and with minimal administrative burdens. Other forms of financial support for care leavers including setting up home allowances should continue to be available during the coronavirus (COVID-19) pandemic.

Personal advisers to keep in touch with young people in the most effective way for the individual young person, including through technology such as phone or video. Face-to-face visits will be necessary to provide the right help to some young people, and these should continue, taking account of Public Health England (PHE) advice on staying alert and safe social distancing and minimising the spread of infection to protect staff and the care leavers they are visiting.

Personal advisers should carefully assess what is the right level and frequency of contact with each care leaver, taking into account each young person's particular circumstances and levels of vulnerability. They should always consider the individual wishes and feelings of care leavers.

Young people who have left care, or are just about to, are especially vulnerable right now. All decisions about their future should be carefully considered in the light of the pandemic and with an overriding objective of supporting them during this period and minimising any additional stress for them. In particular, we expect local authorities to take account of coronavirus (COVID-19) when making decisions about leaving care, and to ensure that no one has to leave care during this period. As set out in regulation [39 of the Care Planning, Placement and Case Review \(England\) Regulations 2010](#), when considering ceasing to look after a young person, local authorities should carry out an assessment, including ascertaining and giving consideration to the young person's wishes and feelings. The same principle should apply to young people who are in staying put arrangements and in relation to decisions about care leavers who were due to make a planned move into new accommodation.

During the summer term, devices were provided to local authorities and academy trusts to support families, children and young people most in need who did not have access to them through another source, such as their school. Laptops, tablets and 4G wireless routers were provided for care leavers, children and young people with social workers and disadvantaged year 10 pupils. [The Department for Education is providing more laptops and tablets](#) for disadvantaged children in certain year groups who are affected by disruption to face-to-face education at their school or have been advised to shield because they are clinically extremely vulnerable.

### **Contact between children, young people and family (Family Time)**

It is expected that contact between children in care and their birth relatives will continue. It is essential for children and families to remain in touch at this difficult time, and for many children, the consequences of not seeing relatives would be traumatic. It is the expectation that 'the spirit' of any court-ordered contact in relation to children in care to be maintained. However, there may be local or individual circumstances where face-to-face contact may not be possible, including where members of households are isolating or continuing to take precautions due to clinical vulnerability.

Contact arrangements should, therefore, be assessed on a case by case basis taking into account a range of factors, including the government's current social distancing guidance and guidance on meeting people outside your household and the needs of the child.

Under the current provisions for social distancing, there are exemptions from the 6-person limit for the purposes of arrangements for access to, and contact between, parents and children where the children do not live in the same household as their parents or one of their parents. However, the 6-person limit will apply to meetings with other relatives. Therefore, it may be necessary for children and other friends and family to make alternative arrangements.

Where it is not possible for the usual face-to-face contact to happen, keeping in touch will need to continue to take place virtually. Social workers and other professionals should reassure children that this position is temporary. It is expected that foster parents and other carers are consulted on how best to meet the needs of the children in their care and to be supported to facilitate that contact.

It is recognised that some young children may not be able to benefit from virtual contact with their family, because of their age or other communication challenges. In these circumstances, local authorities should work with families to ensure that they can have safe face-to-face interactions, whilst still adhering to social distancing guidance or restrictions.

When considering the most appropriate ways for children to stay in touch with their families, social workers and carers should seek the views of children who may welcome different forms of contact, including less formal and more flexible virtual contact with their birth families. These views should be clearly recorded on the case file.

Please refer to the Family Time COVID Guidance, Risk Assessment and Safety Plan in The Children's Services Procedures Manual.

#### **In Summary :**

All visits to children should be face to face, where that is not possible agreement needs to be given and the above recommendations followed.

Any local Public Health Guidance in relation to local restrictions should be followed.

All visits should be risk assessed and use of PPE in line with guidance.

Team Managers need to have oversight of where visits are not face to face and alert the relevant CP Chair / IRO and Service Manager.

#### **Communication & Dissemination Plan:**

Service Manager's discuss and share with Team Managers at catch up. Week ending 9/10/2020

Team Managers to share with Teams at next Catch up.

Team Managers to discuss in Supervision how it applies to each worker and ensure they are aware of the requirements and need to alert TM/SM if face to face visits are not possible.

Directors Agreement :

Karen Bradshaw

Director Childrens Services

Shropshire Council