

Version Control			
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V1.0	Kay Fletcher	24 <sup>th</sup> March 2020	Approved and circulated to staff
V2.0	Kay Fletcher	29 <sup>th</sup> April 2020	Update re Mosaic steps

## **COVID-19 (Coronavirus) Guidance for visiting: - Social care and Children and Family wellbeing service Practitioners**

**Please note that this guidance is subject to regular review in line with Government advice**

**Issued 29 April 2020**

### **1. Who is this guidance for?**

This guidance is for CSC social workers and CFWS practitioners who need to carry out visits to children and families in their own homes. The guidance will be kept under review based on Government guidance and as service priorities are updated over coming days. The guidance will assist in prioritising when visits need to be undertaken and how to conduct visits safely in response to the COVID-19 virus and the risk of transmission. This guidance should be read together with [COVID-19 Practice Guidance for managing reduced services to children and families](#)

### **2. Prioritisation of visits**

It is essential that we take steps to ensure that we can prioritise our service delivery to respond to COVID-19. At some point in the COVID -19 outbreak our capacity to visit children may be reduced but it is essential to maintain a level of contact with children that responds to their vulnerability.

It is important to take steps to keep staff as healthy and safe as possible, whilst safeguarding the welfare of our most vulnerable children.

The following framework details of the steps required by all staff to ensure that sensible and safe practice for home visits and contact with children is in place in line with relevant national guidance.

### 3. Planning and prioritisation

<b>Home visiting guidance</b>	
1.	<p><b>Prioritisation of contact with children</b></p> <p>Each child will have a short risk assessment undertaken (RISK MITIGATION PLAN) that will determine the risk management plan during the period when services to children and families will be affected by the CV-19 outbreak. This will be completed in a MOSIAC form and will support all activity to maintain contact with the child during the period of the COVID-19 outbreak.</p>
2.	<p><b>The COVID 19 risk assessment - RISK MITIGATION PLAN</b></p> <p>The risk assessment will include specific details about how contact with the child and family will be maintained during the outbreak. This will include an overarching assessment of the child's vulnerability with each child having a judgment recorded as RED – high risk, AMBER, Medium risk and GREEN, lower risk. The assessment will be a dynamic document which will be reviewed and updated according to new information or as the impact of the CV-19 outbreak extends or changes. Importance must be given to the availability of safety people who may be in touch with the child, both in their family network and professionals or carers who are working with their overarching plan. School attendance is an important part of safety for the child and this must be evaluated and recorded.</p> <p>The COVID-19 risk assessment must be recorded using the MOSAIC step. Details of which can be found in the <a href="#">Covid-19 Practice Guidance</a> (section 5.) or via the guidance on how to navigate through the step on the learning hub (link below)</p> <p><a href="#">Risk Mitigation Plan for Child – COVID-19 workflow</a></p>
3.	<p><b>Using the COVID-19 Risk assessment</b></p> <p>Contact including visits to the child will be conducted in line with the child's risk assessment. This may include some new arrangements such as telephone calls and video calls in place of some face to face visits for some children.</p>
4.	<p><b>Linking with safety people</b></p> <p>It is expected that the SW will maintain regular contact with those safety people included in the CV-19 risk assessment. This will include regular monitoring of school attendance using daily attendance feedback from schools. Careful records must be kept of this contact and any actions required. Changes in safety people include a change in school attendance is likely to require a review of the CV-19 risk assessment</p>
5.	<p><b>Keeping in touch</b></p> <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 families and children. This contact will be in line with the COVID 19 risk assessment including timescales and types of contact that is in place due to restrictions agreed and may include a level of keeping in touch contact just to check how the family are.</p>

	<p>For some children who are particularly vulnerable due to social isolation they may need more contact than before the COVID-19 period – for example care leavers, families caring for a child with a disability, families where Domestic abuse is a feature of concern.</p> <p>When we are planning face to face contact we should be clear if any Personal Protection Equipment will be used and offer reassurance following Public health, government and council guidance.</p>
6.	<p><b>Keeping accurate records</b> Practitioners will record visits as usual using on mosaic. However, the visit record will need to reflect the way that contact has been maintained and make a link to the COVID-19 risk assessment. If the child has been seen via a video chat or Skype call, this should be recorded as a 'child seen visit'.</p>
7.	<p><b>Alternatives to direct contact</b> For some children we will maintain some of our contact via alternative phone or video methods.</p> <p>This will be based on the COVID-19 risk assessment. There are several ways in which voice and video calls can be made to make our contact with children and families and maximise this experience</p> <ul style="list-style-type: none"> <li>• SKYPE – Via your laptop – We all have Skype for Business installed and this is an efficient way to use video and voice communication: -             <ul style="list-style-type: none"> <li>○ If using skype to video call mobiles/tablets some preparation will be required to ensure the recipient can access the functionality.</li> <li>○ A quick way of dealing with this is to ask the recipient to download the free Skype app and create an account.</li> <li>○ Voice and Video communication should then be relatively straightforward, and families will find it easier to join prearranged meetings etc.</li> </ul> </li> <li>• Facetime – For recipients that have iPhones, facetime can be used as a quick and easy way to make contact.</li> <li>• WhatsApp – This is likely to be the most preferred and quickest ways to communicate by video/authorised group and voice call without some of the restrictions of Facetime.</li> <li>• Phone Call – In the absence of Mobile Data and WIFI – a standard telephone call can be used.</li> </ul> <p>It is expected that most households will be able to facilitate communication with the above methods.</p> <p>Video calling will be a good additional way to maintain contact as it provides us with a window into family homes and allows an increased level of rapport and relationship building with parents and children, when a face to face visit is not possible as frequently as usual.</p>

	<p>Careful thought should be given to when and how these sorts of calls are used with children and young people – think about when and where, if the child can be seen alone, how they may be influenced by adults around them at the time of the call.</p>
<p>8.</p>	<p><b>Planning direct contact with children</b></p> <p>When a direct face to face visit is required to any child this will usually be part of the COVID-19 risk assessment. Some situations may develop which require the assessment to be amended – for example when threshold for Section 47 enquires are met, or when a placement is at risk of breakdown. For any child where face to face contact is required careful planning must take place to agree how this will be safely carried out. This will include the safety of the worker carrying out the visit. If the visit is part of a Section 47 enquiry the visit to the child should be included in the action planning of the strategy discussion with consideration of the worker’s safety and use of any PPE. Establishing the child and family CV-19 status will be an important part of information gathering.</p> <p>Items for consideration when planning a direct visit to a child during the COVID 19 emergency period</p> <ul style="list-style-type: none"> <li>• Is the child or anyone in the family presenting with COVID 19 symptoms/ self-isolating?</li> <li>• Does anyone in the family have any underlying health problems in line with national guidance? For example, are they shielding?</li> <li>• What precautions are necessary to ensure that the risk of COVID-19 virus is minimised?</li> <li>• Should the use of protective items be considered for the safety of the worker/reduce risk of transmission of the virus?</li> </ul> <p><b>For all home visits the workers must consider current guidance: -</b></p> <ul style="list-style-type: none"> <li>• If possible check with the family to plan the visit unless this would put the child at risk of significant harm. Clarify if anyone in the household has symptoms of COVID-19 and consider the implications of this for the visit.</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 <b>You should remain socially distanced from the person.</b></li> <li>• It’s likely that the risk of transmission increases the longer someone has close contact with an infected person. <b>So wherever possible, the visit should be restricted to no more than 15 minutes</b></li> <li>• It’s also possible that 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</li> </ul>

then touching own face) **so avoiding touching surfaces such as door handles, light switches.**

- Avoiding 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.
- Where hand washing is not available clean your hands using alcohol-based hand gel.
- 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, where appropriate, agree to opening a window to improve ventilation in the room. or to conduct some or all of the visit outside of the property.
- If no one is showing any symptoms of COVID-19 in the household, then normal good hygiene practices apply, and no personal protective equipment is required. Notably, you should follow the NHS advice about safe handwashing
- Consider the use of personal protective equipment such as gloves, and masks if in close contact with a child/family member who is presenting with active COVID 19 symptoms and take advice from a manager.

The Department are sourcing personal protective clothing and have circulated guidance on using and obtaining packs of PPE using appropriate forms and processes when dealing with contact where COVID-19 symptoms are present.

Also consider use of the departments pool cars when transporting young people who have presenting symptoms of COVID-19 or in high risk unknown circumstances.

A manager should always oversee the arrangement for any home visit involving direct contact with a child or family based on the overriding principal is that the safety and wellbeing of staff and children and families will be prioritised