

Version Control			
Version number	Author	Date	Changes
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

## Guidance for managing reduced services to children and families during COVID-19 (Coronavirus) outbreak

Issued 29 April 2020

### 1. Who is this guidance for?

This guidance is for CSC managers, social workers and CFWS practitioners who hold case work responsibility for children. The guidance will be kept under reviews based on Government guidance and as service priorities are updated over coming days. The guidance will assist in how work is prioritised in response to the COVID-19 virus and the risk of transmission.

The guidance should be read together with [COVID-19 \(Coronavirus\) Guidance for visiting](#) social care practitioners which provides more detail about how contact with children and families will be maintained including arrangements for carrying out direct contact with children.

### 2. What does the guidance cover?

- How to prioritise safeguarding activity based on a COVID-19 risk assessment
- The details of the COVID-19 risk assessment
- HOW the COVID-19 risk assessment should be recorded on the child's file
- How we will use non-social work qualified staff to undertake the most urgent visits
- Safety planning where child/sibling group's safety is reliant on an elderly extended family member
- Managing parental resistance to social work visits where risk to child/sibling group are high

1.	A COVID-19 Risk assessment – <b>Risk mitigation plan</b> must be undertaken for each child where a case is open during the Coronavirus outbreak. This will inform a risk management plan during the period when services to children and families may be reduced. This will not be based on case work type but based on what we know about the child's vulnerability.
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2.	<p>Social workers must undertake the risk assessment in consultation with their manager and this will be completed in a MOSAIC template within a new MOSAIC step on the child's mosaic record. The workflow will require sign off by a manager in line with other MOSAIC processes.</p>
3.	<p>When completing the MOSAIC step on the child's record the manager will consider the COVID-19 risk assessment taking into account current guidance and the current intervention to support the child. They will need to be reassured that the RAG rating and frequency and type of contact reflects the child's needs and circumstances and.</p> <p>The manager will maintain oversight of the COVID-19 risk assessment during supervision and as case work and intervention continues. The RAG rating should be considered routinely as part of: -</p> <ul style="list-style-type: none"> <li>• Child in Need meetings</li> <li>• Core Group meetings</li> <li>• Case conference meetings</li> <li>• LAC reviews</li> <li>• CDM and meetings within PLO</li> <li>• Gathering feedback from the child and family</li> <li>• Gathering feedback from other professionals</li> </ul>
4.	<p>Assessing risk relating to COVID-19 – factors to assist your decision.</p> <p>Whilst children who are subject to child protection planning, pre-proceedings and care proceedings and placed at home are likely to be at greatest risk, there is risk variance within these cohorts, and as such risk assessments need to consider the following –</p> <ul style="list-style-type: none"> <li>• Is the child's safety and well-being reliant on intensive and frequent intervention/sightings of the child which are likely to be less frequent during COVID-19 restrictions?</li> <li>• What would the likely impact of less frequent visiting/intervention be?</li> <li>• Is parental domestic abuse a primary and ongoing concern in the family? Domestic abuse is likely to increase when families spend extended durations together within the family home due to self-isolation under stressful circumstances, and children will be more likely to witness this if not at School or Nursery.</li> <li>• Is a parent/caregiver reliant on prescribed medication to manage their mental health and/or substance addiction? If so, how will they access these if self-isolating and what will the impact on their health/mood/presentation/parenting capability be if unable to access these?</li> <li>• Is a child's safety and wellbeing reliant on the support of an elderly extended family member/family member with health condition who is likely to become unavailable, and what will the impact of this be?</li> </ul>

	<ul style="list-style-type: none"> <li>• Is there a family-based safety plan with identified safety which remains in place or has been reduced due to the COVID-19 outbreak?</li> <li>• Is the child taking up the opportunity to continue to attend school and what impact does this have for the child's welfare? What are the reasons why parents or carers do not wish to take up a school place? Are these reasonable or does none school attendance create more risk for the child.</li> <li>• What is the impact of the lockdown or anxiety about COVID-19 on the child and family. Are the family socially isolated or under increased pressure due to being off work or struggling financially?</li> <li>• If the child is in care is the placement stable and able to meet their needs safely.</li> <li>• Are there identified professionals with relationships with the child which will continue during the period of the COVID-19 outbreak and bring additional safety for the child?</li> <li>• How will you maintain regular contact with the family and professionals who are part of your planning process?</li> <li>• What role can school play in supporting the child and young person?</li> </ul>
5.	<p>Recording the COVID-19 risk assessment</p> <p>A MOSAIC step has been created to record the risk assessment – <b>COVID-19 RISK MITIGATION PLAN</b>. All children must have this updated version of the risk assessment completed on their file completed after the form is launched on 29 April. This updated version will act as a review of the previous assessment and must take into account the child's current situation.</p> <p>Guidance on how to navigate through the step has been made available on the learning hub using the link below</p> <p><a href="#">Risk Mitigation Plan for Child – COVID-19 workflow</a></p> <p>COVID-19 risk assessment includes the manager signing off the workflow.</p>
6.	<p>The form follows the previous format of the COVID-19 Risk Assessment Guidance to complete the form and workflow is available and has been shared alongside this guidance.</p> <p><u>The form includes recording safety people that have been identified and specific vulnerabilities and how these will be managed</u></p> <p><u>An overall risk rating (low (GREEN), medium (AMBER), high (RED) and rationale will be recorded on the form.</u></p>

	<u>RED</u>	<u>AMBER</u>	<u>GREEN</u>
	<p><u>The form also requires you to record whether the child is attending school</u></p>		
7.	<p><b>Using the COVID-19 risk assessment to manage contact with children during the outbreak</b></p> <p>The COVID 19 risk assessment will consider the child and young person’s risk both in respect of the current intervention but also in the context of the COVID-19 outbreak. This means considering additional factors including isolation/COVID-19 status/access to school/worklessness and other routines which may increase the child’s vulnerability during this period.</p> <p><b>GREEN</b> - Where a case is assessed Green, this will mean that a named safety person has been identified – someone in the family, a carer or other named professional; their role and level of contact with the child is clearly recorded and this helps to manage risk to the child.</p> <p><b>A telephone or video call will be used a minimum of monthly to maintain contact with the child by the social worker. There will be regular contact with the identified safety person – a minimum of fortnightly, to confirm their role with the child and to consider any emerging vulnerabilities.</b></p> <p><b>AMBER</b> - Where a child is assessed Amber – this will mean that a named safety person has been identified but their level of contact with the child is not enough to manage risk robustly. Levels of concern may be increased due to complexity of need and vulnerability. For these children more contact with the social worker will be necessary.</p> <p><b>A telephone or video call will be used a minimum of fortnightly to maintain contact with the child by the social worker. There will be regular contact with the identified safety person – a minimum of fortnightly to confirm their role with the child and to consider any emerging vulnerabilities.</b></p> <p><b>A monthly direct visit will be planned to see the child considering their COVID-19 status and may require the use of PPE.</b></p> <p><b>RED</b> - Where a case is assessed RED this will mean that a named safety person has not been identified Or that the level of concern about the risk or vulnerability to the child is high. This will mean that it is considered essential to have direct contact with the child and their family via a HOME VISIT.</p>		

	<p>This will include those cases where Section 47 investigations are being completed, where a placement or family breakdown is imminent, or concerns mean that the home environment is considered to present a high risk to the child's welfare and this is likely to increase during the period of the COVID-19 outbreak. This may include cases of neglect, physical harm or domestic abuse or where a young person is a care leaver and isolated or a family is dealing with increased pressure of caring for a disabled child.</p> <p><b>A video call will be used weekly and a visit undertaken to see the child on a minimum fortnightly basis OR as required in response to a Child Protection issue. Dependent on the risk identified this visit will need to be in the child's home, or in school or other agreed venue.</b></p> <p>When undertaking any face to face visit with a child there should be consideration of use of PPE and the department's guidance for accessing PPE applied.</p> <p>This risk rating will inform the frequency and type of visiting that will be put in place during the COVID virus emergency period but must be kept under review in supervision monthly or sooner if new information comes to light which requires a review of the child's circumstances.</p> <p>When undertaking any visit which requires direct contact face to face contact with a child an family you must consider the COVID-19 visiting guidance –</p>
8.	<p><b>What to do when families cannot be visited because they are either self-isolating or in an identified vulnerable group:</b></p> <ul style="list-style-type: none"> <li>• Talk to families about the current circumstances of their self-isolation and confirm and record when the period (currently 14 days) is due to finish and book in a visit as soon as possible after this date if this delay can be accepted in line with the COVID-19 risk assessment.</li> <li>• Where families are reducing social contact because there are members of the household who are in a vulnerable group, workers will need to provide reassurance that they are following stringent guidance regarding their own health and hygiene practices before entering the family home for essential visits.</li> <li>• Existing safeguarding processes should be used where workers are concerned about families using the restrictions in place due to Covid 19 to distance themselves from statutory interventions leaving a child at risk of significant harm, this could include consultation with the police or consideration of the need for legal processes to protect the child.</li> </ul>
9.	<p><b>Review</b></p>

	<p>Family circumstances will change over the next few weeks and as such risk assessments will need to be reviewed routinely in supervision or sooner based on emerging information.</p> <p>The social worker and manager will maintain oversight of the COVID-19 risk assessment during supervision and as case work and intervention continues. The RAG rating should be considered routinely as part of: -</p> <ul style="list-style-type: none"> <li>• Child in Need meetings</li> <li>• Core Group meetings</li> <li>• Case conference meetings</li> <li>• LAC reviews</li> <li>• CDM and meetings within PLO</li> <li>• Gathering feedback from the child and family</li> <li>• Gathering feedback from other professionals</li> </ul> <p>The Senior Management team will be considering the impact of the COVID 19 outbreak generally and how it impacts on service delivery. This may require updated guidance to be circulated which will amend the response to RAG ratings. The most recent update is being made on 29 April and all staff should re-read the guidance circulated</p> <p>These service wide decisions will need to be clearly recorded on the children's file</p>
10.	<p><b>Use of non-social work staff to undertake statutory visits</b></p> <p>As the impact of the COVID-19 outbreak deepens it is likely that staff capacity to respond to the needs of children and families will reduce. This may mean that social work qualified staff from none critical services and none qualified staff will be required to undertake visits to some children identified as at greatest risk to ensure that they are safe.</p> <p>Workers who may be required to visit children subject the COVID-19 Risk assessment are –</p> <ul style="list-style-type: none"> <li>- Family Intervention workers</li> <li>- Support and Assessment workers</li> <li>- Children and Family wellbeing Practitioners</li> <li>- Children's Rights officers</li> <li>- Participation officers</li> <li>- IROs</li> <li>- Managers</li> <li>- Any Social worker in not frontline role</li> </ul> <p>All visits by staff who are not currently frontline practitioners or are none qualified will be planned with the support of the manager responsible for</p>

<p>the child's case including expectations of the visit, how it will be recorded and safety measures in line with the COVID-19 home visit guidance.</p> <p>The manager responsible for the child's case will sign off the plan for the visit and provide oversight and support to the worker.</p> <p>Where a non-social work qualified practitioner undertakes a statutory visit, the visit case note should reflect this, setting out clearly the circumstances underpinning this, and the rationale on why this was deemed necessary.</p>
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29 April 2020