

## **Children's social care update**

**Thursday 26 March 2020**

It is intended that this update with support managers and front-line practitioners in their day to day work

### **Working at Home**

- Your Head of Service is reviewing current office based working arrangements. As much home-based working as possible will be facilitated during the next three weeks following the Government announcement this week.
- **Arrangements for Early Help and CSC 24.03.2020 – 14.04.2020**

### **Welfare**

- Everyone to be allocated a welfare buddy. Maintain daily contact with each other. Team managers and Team Leaders to ensure this is in place.
- Supervision continues, use remote applications to facilitate. Must be recorded.
- Team Leaders to call everyone in their team every other day.
- Team leaders to facilitate regular team Skype meetings- at least once per week.
- Head of Service morning Skype meeting to be held with their management teams. Ensure that managers are reading and sharing all relevant communications.
- AD every other day skype meeting with Heads of Service.
- Team Leaders to maintain weekly contact with people who are off for 12 weeks due to health vulnerabilities.
- Encourage going outside for daily exercise as per Government guidance- maintaining social distancing recommendations.

### **New Referrals**

- **New Early Help Referrals**

- No new Early Help Referrals will be taken for at least the next 3 weeks. Referring agencies will be asked to re-refer once the current level of Government restrictions are loosened and practitioners are back in work. This decision will be kept under review. FR will risk assess every request to ensure it does not meet the threshold for an urgent social work response.
  - Any Early Help referrals that appear to meet a social work threshold will be sent to the Duty SSU Hub for screening. These should be an exception.
- **New Child in Need (CiN) Referrals**
    - These will be processed by First Response in the usual way.
    - In SSU;**
    - New CiN referrals will be screened and full agency checks made as far as that is possible in light of partner agency availability.
    - Duty to speak to the referrer to gain full contextual information from them.
    - Duty to speak to parents/carer unless there is an indication this would present a risk to the child/ren.
    - Duty to speak to older children as relevant, dependent upon the concerns. This will be a professional judgement.
    - Referral must then be reviewed with the team manager and consideration given as to whether an Initial Visit is required. Where it is deemed safe to manage the new referral via remote means, this should be done rather than a face to face IV. The managers Risk Assessment and decision should be recorded on the referral form and this decision must be reviewed in three weeks from the date of referral.
    - Referring agencies/families must be advised of the outcome of their referral. This must extend to further contact with agencies and parents/carers so that future actions can be planned for should current confinement measures be extended.
    - For any home visits, the family must be contacted to ask if they have COVID-19 symptoms or are self-isolating. Each visit must be risk assessed and this assessment recorded as a Key Decision. Visits must utilise PPE as per the guidance previously distributed.

- **CP Referrals**

- These will be processed by First Response in the usual way.
- Part 1 Strategy Discussions will be held in the MASH.

**In SSU;**

- Strategy discussion Part 2 should be undertaken in line with procedures.
- Any decision not to make a face to face home visit must be approved by the Head of Service and be on the advice of the members of the strategy discussion.
- For any home visits, the family must be contacted to ask if they have COVID-19 symptoms or are self-isolating. Each visit must be risk assessed and this assessment recorded as a Key Decision. Visits must utilise PPE as per the guidance previously distributed.

**Open Early Help Cases**

- No physical visits unless assessed by the Team Coordinator as absolutely essential.
- Weekly telephone or other remotely enabled contact to be maintained. Speak to parents, carers and where possible and appropriate also to the children. Maintain contact with schools where children are accessing their current care provision. Offer advice (be clear about Government issued advice so you can share this); provide advice about home schooling and exercise; provide advice and guidance about useful websites and resources; check the family have food; escalate any hardship issues to Team Coordinator for consideration of s17 payment via linked SSU budget. There must be clear evidence this is required. This must be written up on CAPITA.

**Early Help Plan Review Meetings**

- Every effort should be made to engage families and Early Help Review Plan group members remotely. It maybe you need to split the meeting into separate telephone conversations where one group 'chat' cannot be facilitated. Early Help Review Plan Meetings should not however be cancelled, and the nature of the meeting should be recorded on the usual form used to record the meeting.

**Open CiN Cases**

- Weekly telephone or other remotely enable contact to be maintained weekly. Speak to parents, carers and where possible and appropriate also to the children. Maintain contact with schools where children are accessing their

current care provision. Offer advice (be clear about Government issued advice so you can share this); provide advice about home schooling and exercise; provide advice and guidance about useful websites and resources; check the family have food; escalate any hardship issues to Team Coordinator for consideration of s17 payment. There must be clear evidence this is required. This must be written up on Care Director.

- Where CiN are self-isolating with their families and not attending the available school care, discuss with your Team Manager whether this increases our risk assessment and means a home visit is indicated as necessary. This decision must be recorded on Care Director as a Key Decision by the team manager.

### **CiN Review Meetings**

- Every effort should be made to engage families and CiN group members remotely. It maybe you need to split the CiN group into separate telephone conversations where one group 'chat' cannot be facilitated. CiN Review Meetings should not however be cancelled, and the nature of the meeting should be recorded on the usual form used to record CiN Review Meetings.

### **Open Child Protection Cases / children looked after at home under Placement with Parent Regulations**

- Retain visiting arrangements as per the CP Plan using PPE as directed by previously circulated guidance.
- Where a risk assessment indicates that contact can be safely maintained for the child virtually, this must be agreed with the Head of Service and recorded as a key decision by the team manager on Care Director. This must be reviewed for each scheduled visit for all children.
- For any home visits, the family must be contacted to ask if they have COVID-19 symptoms or are self-isolating. Each visit must be risk assessed and this assessment recorded as a Key Decision. Visits must utilise PPE as per the guidance previously distributed.

### **S17 Cash Assistance Payments**

We are currently reviewing the arrangements for dealing with this and will issue guidance as soon as possible.

### **Arrangements for PLO Meetings**

PLO meetings must be arranged on a case by case basis in consultation with the legal reps covering each PLO. Options are likely to be;

- If parents solicitors are willing to facilitate parents in their offices we can Skype (court are proposing this)
- We must provide a clear PLO agreement in advance as to what we are asking parents to do and that will be distributed to parents solicitors in advance of the PLO meeting (48 hrs prior to meeting). Then we will Skype with solicitors only after they have taken instructions from parents. They will be encouraged to have parents on the telephone.
- We don't have a meeting just send PLO working agreement to parents solicitors who will distribute to parents.

### **Core Groups**

- Every effort should be made to engage families and core group members remotely. It maybe you need to split the core group into separate telephone conversations where one group 'chat' cannot be facilitated. Core Groups should not however be cancelled, and the format of the meeting should be recorded on the usual form used to record core groups.

### **Parenting Assessments**

Each parenting assessment plan should continue as per the current plan unless the Head of Service has issued a key decision to agree to pause the assessment. Please review all current parenting assessments as a priority so key decisions about their current continuation can be placed on file. For families who have been heard at LGM or are subject to PLO this should also be discussed with legal services.

Where families are symptomatic/self-isolating the parenting assessment should be paused. This must be discussed with legal services where they are involved.

Any decision to pause parenting assessments should be reviewed in three weeks.

### **Looked After children**

Where Looked After children and young people are in a foster placement and the fostering supervising social workers has seen the child as part of the visit to the carers this should be recorded on the child's care director case record on a statutory visiting form.

### **Children and young people placed in Regulation 24 placements**

Visits are to continue in line with statutory visiting requirements, if families are self-isolating and indicate no visit will be accepted, then Skpe/facetime/Whats app calls

to be conducted and each case needs to be risk assessed by the manager- with Key decisions recorded on files.

### **Children placed in settled residential and foster placements**

Social work contact to be remote via telephone / skype /face time unless there is any risk of placement breakdown- when appropriate support will be provided to prevent this.

### **Care leavers**

It is proposed that each PA should undertake a risk assessment, RAG rating each young person allocated to them linked to the young person's level of vulnerability i.e. exploitation, mental health and wellbeing, isolation etc and will make virtual contact with those who are most vulnerable.

Work with housing providers to support independence post 18 should continue as priority work. Any housing applications for 18-year olds that are delayed by Covid19, - additional costs should be recorded on specialist cost code.

### **Management of LAC Reviews**

Reviews for looked after children will continue to be facilitated through skype, facetime and phone contact depending on the individual child . At times it may be necessary to undertake this in several parts. The IRO will contact participants to establish the most appropriate means to hold the review and all decisions made regarding the method of undertaking the review will be recorded in the minutes.

### **Management of CP Conferences and CP Review Conferences**

Child Protection Conferences will now be facilitated digitally with options of how to join via phone, conference call or through an internet platform. Invitations to conference will include details of how to join the meeting and parents and carers may need to be supported with this. Reports should still be submitted in line with usual process and conferences will follow the same agenda. All parties should be mindful of confidentiality if joining meetings from home. Further guidance regarding the digital platform will follow. Any questions regarding looked after children reviews and child protection conferences should be directed to Trandeep Sethi and Anita Williams

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### **Family time/contact**

This needs to be carefully considered on an individual case by case basis and we should promote telephone calls, skype wherever this is possible over the next 3 weeks

We need to clearly communicate this to carers and children and families

Where family time/contact does take place via telephone calls or Skype carers should feedback the outcome to the allocated social worker /FSW.

Final adoption contacts may need to go ahead- subject to a risk assessment

Any direct contact that does take place needs to be subject of a risk assessment and underpinned by a key decision

All court ordered contact to be reviewed and any changes agreed by the Head of Service.

### **Rehabilitation plans**

Where there is an overall plan of rehabilitation and it is assessed that families are ready and happy to have their child/young person returned to their care and the risks are minimal, we should support reunification- if risk assessed and supported with a detailed support plan which might include daily phone calls

### **Adoption**

Adoption introductions- individual risk assessments and coordination between the adoption workers and the allocated child's worker will need to take place- it is proposed that the adoptive placement should proceed and where people are symptom free and happy to proceed- a delay of months in a foster placement rather than being placed with adopters can negatively impact on attachment, uncertainty for the child and carers and also reduced fostering capacity

### **DBS checks**

Given the current situation any none urgent request will be subject to delay

### **First Response Operating Model**

First Response will continue to provide a presence in the MASH with skeleton staffing

### **EDS Operating Model**

The Emergency Duty Team is operating very much in the same way. All staff have the facility to work from home and each shift will start with who is available and then staff will be given the option to work from home. There is a good supply of PPE but visits will only be made if it is a genuine emergency.

There are increasing pressures in terms of Mental Health and changes to the Mental Health Act may increase the demand over the county.

### **LADO**

There will be minimum of one LADO available in the MASH and two staff available and working from home in rotation.

## **MAPPA**

MAPPA is continuing with the inclusion of core reps within the MASH but all outside participants will be expected to dial in.

Paul Davies will be coordinating any participation of social workers as necessary.

## **MARAC**

- Has moved to a virtual model of operation.
- MARAC lists will be sent out as per the current schedule.
- Agencies are required to send report via e mail no later than 10am on the day of the MARAC.
- MARAC Summaries are updated.
- MARAC Coordinator reviews and approves and minutes.
- The MARAC team e mail the documents to the relevant agencies.

## **Fostering Service**

Support will continue to be provided virtually via skype and telephone calls

## **Fostering Annual reviews**

These will be undertaken virtually, and information gathered as part of the annual review process

## **Edge of care services**

Will continue to take referrals and offer support virtually