**Kirklees Multi-Agency Coronavirus:**

**Assurance Guidance for Practitioners**

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**Child protection system**

How does the Coronavirus Act 2020 affect local authorities’ responsibilities?

**Across the UK**, children’s welfare remains paramount. The **Coronavirus Act 2020** allows for an easing of some local authority duties so that resources can be focused on protecting the most vulnerable. The changes to duties under the Act should only be exercised where it is necessary to provide the highest level of services.

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| Local safeguarding partners have specific duties under legislation and statutory guidance concerning support for families and the welfare and protection of children.  As a result of the Coronavirus Pandemic there is severe pressure faced across our communities and across all services. There has been huge change to the daily lives of children and families which will present heightened levels of risk for some children and young people. It is important that the Safeguarding Partnership work closely together across Kirklees to ensure that children and young people continue to receive the services and support they need. However, with the potential of shrinking workforces across partner agencies, it is possible that services will begin to face challenges in providing the full range of services relating to child protection and safeguarding.  Families are being asked to stay at home, there is increasing financial pressure on many families and understandable anxiety.  Families are becoming increasingly isolated and, despite an offer of a school place, some children identified as vulnerable are not taking up these places.  It is possible that we will see: -  Potential for an increase in interfamilial child abuse including neglect, physical abuse, sexual abuse and emotional abuse as vulnerable children will be isolated at home with parents under increasing stress.  Increases in cases of Domestic Abuse and Parental Conflict.  Potential for increased online grooming with children spending more time unsupervised online, leading to greater vulnerability to exploitation from perpetrators.  An increase in children experiencing emotional and mental health difficulties.  An increase in substance and alcohol misuse.  A Kirklees Safeguarding Children Partnership wide approach is required to ensure that children and young people are safeguarded, that we protect the most vulnerable and that emerging vulnerability and safeguarding issues are identified.  This document seeks to set out the way in which partner agencies across the Kirklees Safeguarding Children Partnership will work with families and protect vulnerable children in this context.  The Safeguarding Partnership remains active with fortnightly Assurance meetings. The KSCP has created a Covid -19 webpage and put training briefings and Practice Guidance presentations and briefings online. E learning opportunities continue. |

1. How will the system for advice and referrals to Children’s Services for children work during the pandemic?

Front Door and Emergency Duty Team

The Front Door and the Emergency Duty Service are currently operating within their normal operating procedures albeit social workers are working from home. All the telephone systems are set to enable Social Workers to pick up calls and manage as appropriate.

The Service Manager and Team Managers are reviewing the timeliness of Contacts to ensure they are dealt with appropriately and timely.

The Team Managers continue to work closely with the police to ensure incidents of domestic abuse continue to be assessed and managed appropriately. In addition, we continue to make school notifications to inform schools of incidents of domestic abuse (Operation Encompass) where children were present, so they can provide support where necessary.

Assessment and Intervention and CWD

Social Workers continue to respond to immediate child protection investigations. Children and their families are seen, risk is identified, and plans put in place to ensure the child is safeguarded. Where required, legal proceedings are continuing.

Key meetings at senior level continue to be held with multi-agency partners including Legal Gateway Panel, Permanency Panel and Children Access to Services Panel. This ensures timely decision making and care planning continues.

Ratification and endorsement of Education, Health and Social Care Plans are also continuing to ensure that packages of support for some of our most vulnerable children can be progressed.

Social Workers continue to undertake Statutory visits to children who are identified as ‘at risk’ (Children on a Child Protection Plan) or those who are ‘in need’ (Children in Need) and Children who are in the care of the Local Authority.  Each Team Manager, overseen by the Service Manager for the area, have RAG rated and risk assessed each case to ensure those at most risk or vulnerability are given priority.

Care Planning meetings are continuing regarding children where risk is increasing.

A sense of services is developing is highlighted by the need to review risk assessments in a COVID-19 context. Individual Risk Assessments on all vulnerable children in relation to them being in education have been undertaken in the past month.

Where children are not in education, we are establishing that there is a clear multi-agency plan of support in place including visits. Social Workers are also undertaking visits to families both announced and, in some circumstances, unannounced.

1. How are the Community Hubs linking in with schools to establish the needs of the children within their locality?

The LA has allocated 18 managers as Community Hubs Planning Coordinators to support hubs of schools and the Hub Coordinators. We are working with each school to offer support and problem solving on a range of issues.

Schools are being supported to:

* Keep up to date with government guidance.
* Encourage attendance by vulnerable children alongside the children of key workers,
* Enable families to access free school meal vouchers,
* Keep the school open by addressing staffing and resources issues
* Assess and respond to staffing challenges (for teaching and non-teaching staff, including operating staff rotas, managing sickness and isolation etc),
* Identify how vulnerable children (including those with a social worker and / or and EHCP) are being supported in the community – e.g. through virtual contact, liaison with social workers and Early Support workers; using systems to make new referrals to Early support or Safeguarding
* Daily online meetings of Hub Planning Coordinators to share good practice, trouble shoot, share information etc.
* We are now working to support schools to enable families who need it to access IT.



1. What is the offer from the Community Response Hubs for children and families who are experiencing concerns? How are community hubs linking in with other services e.g Thriving Kirklees, midwifery services, to see if there has been any contact?

Community Hubs

The Community Hub Coordinators have been deployed into the Community Response Hubs and are supporting those in the community who are most vulnerable and in need, and who cannot currently get this help directly from friends, relatives or neighbours which includes access to food and essential goods, advice and guidance regarding services and connecting people to local volunteers and groups who can provide support in their communities

In response to Covid-19 we have implemented a Community Hub Planning Coordinator role (CHPC).  There is a CHPC and buddy for each of the 16 Community Hub areas and are a single point of contact for all the Schools and Early Years Settings with exception to Specialist Provision where there are dedicated leads.

The CHPCs have an overview and understanding of the support required from the schools and setting across the Community Hub area and can coordinate the correct people /specialists to respond to enable a speedy response to reach solutions through communication and collaboration.

Community Response Hubs

Early Support staff are embedded within the Community Response hubs to provide support to families where possible or offer advice to workers from other parts of the council who are working with families.

Local Intelligence, resources and Information regarding local support networks held by the Community Response Hubs is shared with the Early Support Staff which benefits those families on Early Support caseloads

1. How will the referral pathway for Early Support for children and Families work during the pandemic?

**Family Support**

Referrals into Early Support continue to be made, actioned and allocated through the normal routes including Early Support Multi Agency Panels (ESMAP). The ESMAP meetings are being held every two weeks in both North and South Kirklees by SKYPE.

The Early Support Service continue to support families through a variety of different routes including home visits, phone, Skype and other digital platforms.

All open cases and new requests for support are RAG rated according to need. Existing open cases are RAG rated with the allocated Family Support Worker and Team Leader. New requests are RAG rated at ESMAP.

All open cases and new requests are risk assessed prior to home visits using a slightly adapted version of Children’s Social Care proforma. Risk Assessments and RAG ratings are reviewed regularly following supervisions with staff, new information, changes in circumstances and/or following contact with the family.

Cases where we co work with Social Work are discussed and visits planned to ensure there is no duplication and children and families are supported and seen.

Early Support are working with schools to identify vulnerable children. Where possible TAF’s are being held and the plans reviewed and updated within timescales. Work that is being undertaken remotely is work that is identified through the TAF and the plan. Meetings are being held remotely.

**The Parenting Team**

All parents on the waiting list are receiving a weekly welfare phone call check and are offered interim parenting support 1-1 via various means; telephone calls WhatsApp video calls, resources sent out and online training i.e. family links being shared. Some parents are taking up the offer and others state they are wanting to wait until groups restart.

‘Step Up’ families (child to adult violence) are all being contacted, and resources being sent out to help keep everyone safe in the family home until we can start the group.

All parents whose groups came to a sudden end due to the lockdown and who we had concerns about regarding parental mental health etc. have all have been offered 1:1 support to complete the courses.

We are looking at how we can deliver and offer support for the reducing parental conflict programme and if there are ways, we can run virtual groups, but some additional IT expert support is needed with this.

Some of the parenting team are also now supporting by taking on family support referrals.

**Family Group Conference**

Family Group Conference (FGC) continue to offer a service and are prioritising allocating cases from Legal Gateway and cases that are edge of care from the Children’s Access to Services Panel (CASP).

The team are holding Conferences and reviews remotely.

Feedback from families has been that they are happy that they are still able to progress with the FGC and it is giving them some ownership/control to make progress during the response to Covid-19.

**Detached Youth Work and Play Offer**

Detached Youth Work sessions have moved to an engagement model to reinforce the Public Health messages of keeping safe and staying at home and social distancing rather than development. The location of the sessions is being informed by intelligence from Communities and the Police.

The delivery of the play work pilot at Crow Nest Park Adventure Playground was due to conclude in June 2020 and has been delayed in response to Covid-19.

**Mental Health in Families Team**

The Mental Health in Families Team (MHFT) are currently providing virtual support to professionals.

MHFT exists to help professionals with assessment and planning for the children and families caseloads and ensure risk is understood and minimised, resilience is maximised and work carried out is in the interests of the child in consideration of the impact of the parent’s mental health difficulties.

In response to Covid-19 MHFT would like to support case-holding workers in RAG rating cases where parental mental health is a concern, to ensure that the families who really need the support via direct contact are the ones who receive it and re also available to discuss how best to have conversations with parents who are reporting heightened anxiety and emotion.

**Early Years Outcomes Team**

Quality Improvement activities and visits have ceased by the team and Ofsted inspections to Early Years providers are currently suspended in response to Covid-19.

The team continue to provide support to settings and are conducting provider phone calls to all settings initially prioritising open settings who are currently providing care for vulnerable children and those of key workers prior to contacting the closed providers.

**How are Step 2 helping to support families and young people**

Step 2 are still here to help and support you and your young people.

Our counselling service has been ongoing throughout the current crisis. We were able to adapt quickly to offer the service online and by telephone, extending our services to staff and parents, as well as continuing our offer to young people aged 11 and over. Our youth workers have also continued to offer support to young people by phone and online. As we start to move to the next stage we want to ensure we continue to support young people as much as possible.

We know that the next few months are going to be challenging for many, and so we have a range of support available, which can all be offered online.

•**Mindfulness**–we had been delivering to year 6 classes in 2 schools before they closed. We believe this will be an excellent tool to help young people readjust to life after Lockdown.

•**Transition support** –there will be young people who will not have had the support they need to help them cope with transition to secondary school, and their anxiety is likely to be greater due to the current events.

•**Puberty and relationships education** –year 6 pupils may have missed the opportunity for these lessons, which we could deliver in June or July.

•**Online training for staff/parents** –we have workshops helping staff/parent to work with young people who are struggling with their emotions, who need extra support with transition, or have experienced domestic abuse or bereavement. We also have workshops on online safety and pornography, which are adapted to deliver online, and may help you to support young people with challenges they may have faced during lockdown.

<https://www.eventbrite.co.uk/e/the-impact-of-pornography-on-young-people-tickets-106345973670>

1. How will the child protection ICPC system work during the pandemic?

In **England**, multi-agency conferences should go ahead as far as possible, making use of technology where appropriate. Timely information sharing is particularly important in the current circumstances and professionals should continue to share information to keep children safe from harm. Local authorities are encouraged to work creatively to ensure they can make decisions in the best interests of the child (DfE, 2020).

Safeguarding processes have been adapted to the new environment to ensure that reviews and ICPC take place in timescale and with partners participating.



1. Do Serious Practice Reviews still need to be carried out?

In **England**, the Child Safeguarding Practice Review Panel must be notified when there is a serious incident involving children and young people (DfE, 2020).

Rapid child safeguarding reviews should still be carried out, but local safeguarding partnerships should make decisions about how quickly they can be completed.

Reviews where coronavirus is a strongly related factor should be expedited. More in- depth child safeguarding practice reviews may not be possible in the current circumstances. Safeguarding partners and local authorities should notify the Department for Education of any decisions about initiating and/or publishing a child safeguarding practice review (DfE, 2020).

 

1. Missing Children and Children at risk of Exploitation

The Risk and Vulnerabilities Team are holding Daily Risk, Exploitation and Missing meetings every morning via Skype – They discuss all children reported missing or absent since the previous meeting, and the daily reports from West Yorkshire Police for sexual exploitation and criminal exploitation. The meeting is attended by West Yorkshire Police and The Risk and Vulnerabilities Team. Return Interviews are allocated in this meeting;

Most Return Interviews are being completed via the phone or electronically (WhatsApp, video calls). Where a child needs to be seen in person they are making this decision on an individual basis considering the child’s needs and any safeguarding concerns. If children are being seen in person then a risk assessment is completed prior to the visit and social distancing is being observed;

High risk children are being seen in person by the R and V team workers at least 3 times a week (following ongoing risk assessment and observing social distancing)

MACE notifications and Exploitation Risk Assessments are still being received into the team; and they hold weekly Exploitation Screening Panels via Skype with all partners still attending (West Yorkshire Police, YOT, Children’s Social Care, Sexual Health, The Base, PACE, Early Support, Detached Youth Workers, Youth Intervention Team); All MACE notifications and Exploitation Risk Assessment are discussed in this meeting, and allocations agreed to the Risk and Vulnerabilities Team and the Youth Intervention Team where appropriate; alternatively signposting to other agencies. Discussions are held for children at risk of harm from going missing; children placed in Kirklees by other local authorities, people and places of interest;

The Risk and Vulnerabilities Team are still working with children allocated to their team most of this is being completed via the phone or electronically (WhatsApp, video calls), where they identify a child who needs to be seen in person this will be decided on an individual basis (as described above)

From the data kept by The Risk and Vulnerabilities Team they are identifying the children for whom there has been an assessment outcome of medium or high from harm from exploitation in the last 6 months – all these children and risk levels are reviewed so that they have an overall picture of children at risk in Kirklees and are able to identify the children about whom they are most worried with a view to maintaining a service to those children.

1. How should support be prioritized for children and young people subject to CIN plans, Child Protection plans and Children in care?

Safeguarding and promoting the welfare of children is still of paramount importance

(DfE, 2020).

In **England**, Local authorities are expected to prioritise the most vulnerable children, including undertaking necessary visits whilst taking appropriate infection control measures (DfE and PHE, 2020b).

Social Workers continue to undertake Statutory visits to children who are identified as ‘at risk’ (Children on a Child Protection Plan) or those who are ‘in need’ (Children in Need) and Children who are in the care of the Local Authority.  Each Team Manager, overseen by the Service Manager for the area, have RAG rated and risk assessed each case to ensure those at most risk or vulnerability are given priority. Care Planning meetings are continuing regarding children where risk is increasing. Risk Assessments are built into the Liquid Logic system and if needed families are flagged to practitioners.

The 0-19 services continue to prioritise safeguarding work as per the CIN/child protection plan with the default position being a virtual contact as directed by NHS England and Public Health. However, if a face to face contact is assessed as being essential a risk assessment will be completed prior to the visit with appropriate Personal Protective Equipment and social distancing.

Initial Health Assessments (IHA’s) and Adoption Medicals will not take via the use of telephone and video conferencing (where possible). Where assessed that a child must be seen face to face, a consultation will take place at the Rainbow Centre in Calderdale. National guidelines will be followed regarding Personal Protective Equipment. Decisions will be made to identify children who would benefit from seeing the pediatrician when the restrictions are lifted. The wider Looked After Children Health Team (LOCALA, CHFT, LA) will continue to work together remotely, to assess, identify, record and action what is needed to meet the health needs of this population of children and young people.

1. How should residential settings implement social distancing measures?

In **England,** the Department for Education has published guidance on social distancing and isolating for residential settings (DfE and PHE, 2020).

1. Emotional Wellbeing of children and young people.

Thriving Kirklees 0-19 services and CHEWS will continue to meet the emotional support needs of children and young people through virtual contacts duty teams are working remotely to receive and triage referrals.

Support also remains available via ChatHealth and Kooth.

1. CAMHS offer

CAMHS staff are offering telephone /video interventions where the family have agreed to this, but also seeing people face to face when there is a clinical need. Staff being very creative with how they work doing some interventions on line but also sending out resources and self-help information to families.

The Crisis Team and Eating disorder team are still offering substantive face to face appointments, either in clinic or at home. The single point of contact is still up and running at Northorpe Hall and they are sending out resources etc and being creative with their offer.

Offer for Forensic CAMHS

 

1. Child Protection Medical examinations

The Sexual Assault Referral Centre (SARC)are continuing to undertake Child sexual assault medicals as usual.

Child protection medicals for Kirklees are carried out by Paediatricians from Calderdale and Huddersfield NHS Trust (Calderdale and South Kirklees) and Mid-Yorks (North Kirklees and Wakefield).

CHFT report:

They are completing face to face medicals in standard PPE not enhanced PPE. They offer all attending to wear face masks in clinic and it is mandatory to wear face masks on the ward.

Social care referrals will be seen in the clinic or ward depending on who and what is available.

They will also discuss whether a face to face medical is necessary I.e has someone already seen the child, is there a mark, in an older child where police are already involved will they add anything to the investigation.

Mid Yorks Hospitals Trust report:

Are continuing to run their CP sessions as usual. These are 3 hour sessions every day, Monday to Friday. Out of hours medicals are also carried out where required.

They use face masks (normal surgical) and social distancing during history with addition of visors and gloves during examination.

 

1. Children subject to EHCP.

Following recent guidance from the DfE regarding undertaking risk assessments for all children and young people with an EHCP, a risk assessment share point system has been established, this will incorporate the assessments which have already been undertaken from Social Care for children and young people with an EHCP who have a Social Worker, so this work will not be duplicated but integrated into an overall system for every child and young person with an EHCP.

A risk assessment template has been developed to enable the Local Authority in partnership with schools, settings, Social Care and health to monitor risk for all 3300 + pupils with an EHCP. All schools are being asked to complete the risk assessments and then discuss with the LA any barriers that the school or setting has in meeting the needs of the most vulnerable through a full opening or partial opening of school.

The Local Authority SENDACT Team in partnership with families, schools, settings, health and care is working exceptionally hard to discharge our statutory duties.

<https://www.gov.uk/government/publications/changes-to-the-law-on-education-health-and-care-needs-assessments-and-plans-due-to-coronavirus>

1. Youth Offending Team

Team Managers have conducted a review of all open cases to YOT including Out of Court Disposals. A RAG rating has been applied to each young person. Risk Assessments have been reviewed to ensure they are current and provide a very live perspective of the Young Persons position.

All Intensive Surveillance and Supervision (ISS) cases have continued as per the programme with eyes on visits in accordance with Court / panel direction.

LOCALA YOT health advisor available to offer health advice and support remotely to young people known to the YOT service.

Somerset Building and Young Batley Centre are closed therefore Staff are working predominantly at home with the use of open Council office (Batley, Civic Centre 1, Empire House and Slaithwaite).

Individual YOT cases are being assessed on their own merits and considering level of intervention and assessed risks.

Order of Priority

1. Court work – Court Ordered Interventions including Intensive Supervision and Surveillance Orders.

2.  Youth Cautions.

3. Community Resolutions.

For each case an up to date and dynamic Risk assessment has been undertaken and consideration given to:

• Identify the Risks posed.

• Any impact on a reduction of visits ordinarily taking place.

• Monitor how effective any change in approach would be.

• Identify other professionals involved in case, utilising wider opportunities.

The starting point on service delivery is as per the Court Order and how we would usually do business in terms of levels of contact. Contact has been maintained with young People and families via Phone calls and video messaging services (if available). Regular Visits have continued to take place following Social distancing measures to ensure continuity and an ‘eyes on’ approach for those most vulnerable or posing the highest level of risk.

Cases in the both Youth and Crown Courts are still being heard but these are at minimal levels, most cases are being adjourned without young people or families being present.  YOT staff are continuing to input into the court process both physically where safe to do so and virtually where appropriate.

Although all current visits to custodial facilities are suspended young people in these custodial establishments are having regular contact via phone with their case holders. Review meetings are taking place via phone and other virtual methods (where available).

1. Courts

<https://www.judiciary.uk/wp-content/uploads/2020/04/The-Remote-Access-Family-Court-Version-4-Final-16.04.20.pdf>

There is only one youth court open in West Yorkshire – Leeds YC – and the courts are currently prioritising those children who are on remand or at risk of remand.

All children who are scheduled to attend court (apart from remand cases) are being adjourned for an initial 8 week basis; the children and their families are not required to enter court for this to be confirmed.

<https://www.judiciary.uk/wp-content/uploads/2020/04/The-Remote-Access-Family-Court-Version-4-Final-16.04.20.pdf>

In **England**, family courts are still operating and are moving towards remote hearings (Courts and Tribunals Judiciary, 2020).

Locally, family courts are still operating virtually, with most hearings taking place over video call or conference call. However, some complex hearings have been postponed with a view that where cases require oral evidence it is at the Judge’s discretion as to how and if the hearing can proceed virtually or will need to be postponed.

1. How can local authorities ensure suitable placements for children who need to go into care?

In **England**, additional funding is available for local authorities to help secure additional placements for children in care. Local authorities should prioritise developing the local fostering capacity to help meet demand. Local authorities need to ensure that children are given accommodation that meets their needs as much as is possible. Independent and semi-independent provision can be the right choice for some older children if placements in foster homes or children’s homes cannot be found (DfE, 2020).

Regular weekly meetings have been established with the network to ensure that issues arising from the COVID-19 situation are addressed in a prompt and timely fashion. Work has also been accelerated in relation to a wider foster carer offer to help with stability, retention and recruitment. We are exploring with foster carers if capacity can be increased.

1. Children Looked After

Social Workers continue to undertake statutory visits to children who are in the care of the Local Authority.  As within the Assessment and Intervention part of the Service each Team Manager, overseen by the Service Manager for the area, have RAG rated and risk assessed to ensure those at most risk or vulnerability are given priority.

The Placement Support Team are working on a daily rota which includes a Social Worker and a clinician to provide extra support to prevent any potential placement breakdowns. Other staff within the team are available to offer virtual support. The team are working with Children in Care in relation to their RAG rating to ensure that the children most at risk are given priority. The team continues to provide a virtual Emotional Well-Being clinic. The team is also planning to work in conjunction with the fostering team to provide a virtual support clinic for foster carers.

The Connected Carers Team are offering Connected Carers support by telephone, email, WhatsApp and newsletters. They are also working with carers to encourage them to continue with their support groups virtually.

Clear communications have been developed around the expectations for vulnerable children during this period for staff, foster carers and parents.

Contact with Children Looked After, Social Workers, partner agencies and Child Looked After Reviews continue to be undertaken by Independent Reviewing Officers, (IRO’s) albeit virtually. IRO’s maintain good oversight of cases and care planning.

All Looked After Children have been contacted by the Children’s Right’s team and a number continue to be actively supported by the team. Independent Visitor’s remain in contact with children and young people via a number of social media platforms, to maintain relationships and provide independent emotional and practical support to young people.

1. Should residential children’s care stay open?

In **England**, residential children’s homes should stay open. If staffing shortages put a residential setting at risk of closure this should be discussed as a matter of urgency with the relevant local authorities and Ofsted should be notified (DfE, 2020).

Covid-19 is challenging in relation to residential establishments. The NHS guidance has been followed and continuing to support both young people and staff. We have risk assessed all establishments and in a number of situations involved Infection Control to offer their support. Staffing levels are being reviewed and we are actively engaging with other services were staff have been stood down to build a bank of staff to be deployed to fill gaps. Additional placements have been identified and are being developed to maintain capacity.

A review of Short Breaks provision has been undertaken and the service has been suspended with a revised offer being developed, initially for the most vulnerable service users. The Young Persons Activity Team who normally deliver a service within a building for children with a disability have suspended their group work and are now moving towards delivering individual support in a variety of other ways.

We are temporarily changing the Statement of Purpose for our short breaks home, whilst it is suspended to create additional mainstream capacity. We are also looking at other options for a temporary residential home to broaden our sufficiency capacity.

Additional staffing capacity has been identified through corporate workforce planning as services such as Kirklees Active Leisure have suspended their services. Twenty one KAL colleagues now form a social care bank of staff for residential homes, they have been assigned to specific homes all are enhanced DBS checked and have undertaken on line induction training, in preparation for the role.

1. Care Leavers

Personal Advisors continue to undertake visits to Care Leavers. Each Team Manager/Leader, overseen by the Service Manager for the area, have RAG rated and risk assessed each individual young person to ensure those at most risk or vulnerability are given priority. We have delivered food parcels including toiletries to our Care Leavers. We have also made a number of extra financial payments to include young people who are waiting for their first universal credit payment, hardship payments to those who’ve had additional costs due to the extra food/ travel to shop/ keeping in touch costs. This has helped to provide support to young people who have lost their jobs and been laid off or put on furlough but have still not received any monies.

To ensure the young person’s safety during this time, Personal Advisors who have symptoms are socially isolating and their case work visits, or meetings are completed by duty Personal Advisors.

Some young people have chosen to self-isolate and have expressed their wish not to have a direct visit in these situations we have been using social media to ensure that we have regular contact.

**Direct work with children and families**

1. Can social workers/practitioners still visit children?



In England, local authorities and social work practitioners should make judgements about visits to balance the risks to children, families and the workforce. Where appropriate, practitioners can keep in contact with children and families without face-to-face contact (DfE, 2020a). The government will provide laptops and tablets for children who have a social worker, to help them stay in touch with the services they need (DfE and Rt Hon Gavin Williamson, 2020).

If a visit in person is necessary, practitioners should follow social distancing and public health guidelines (DfE, 2020a).

It’s best practice for practitioners to verify whether anyone in a household has symptoms of COVID-19 or is self-isolating, before carrying out a home visit. Practitioners should record this information. If someone is showing symptoms or self-isolating, technology can be used to undertake virtual home visits (PCFSW Network and Social Work England, 2020c).

If safeguarding risks mean that a visit can’t be postponed, appropriate health precautions should be taken (PCFSW Network and Social Work England, 2020c).

Social Work England has published best practice guidance on conducting video calls and virtual home visits. This includes a checklist to help practitioners prepare for video calls (PCFSW and Social Work England, 2020b).

Guidance for health visitors states there needs to be an individual assessment of compelling need for face-to-face contact as part of a multi-agency approach. Any face-to-face contact should be agreed by health visitors in discussion with the local safeguarding supervisor and documented (Institute of Health Visiting, 2020).

1. What if families don’t want to let social workers in their homes?

In **England**, social workers should contact families who are anxious about infection risks and explain why it is essential that they have access to the home or see and speak to children. If families refuse access for any reason and there is a risk to the life of the child or likelihood of serious harm, professionals should follow procedures set out in statutory guidance, Working Together to safeguard children (DfE, 2020; DfE, 2018).

Social Workers continue to undertake statutory visits to children who are in the care of the Local Authority.  As within the Assessment and Intervention part of the Service each Team Manager, overseen by the Service Manager for the area, have RAG rated and risk assessed to ensure those at most risk or vulnerability are given priority. Liaison with individual team managers to assess risk and a direction of action is made.

1. Unaccompanied Asylum-Seeking Children

We are maintaining our approach to this group and supporting them in their placements. Visits are being continued and risk assessments updated. Careful consideration is given in relation their age and legal developments. We are adhering to the government’s guidance in relation to the extension in timescales for completing an age assessment

1. What should social workers do if parents of vulnerable children don’t want to send them to school?

In **England**, social workers and schools should work with parents of vulnerable children who don’t want their children to go to school. Social workers and schools should explore the reasons for this and encourage parents to allow their children to attend (DfE, 2020a).

A sense of services is developing is highlighted by the need to review risk assessments in a COVID-19 context. Individual Risk Assessments on all vulnerable children in relation to them being in education have been undertaken in the past month. There are challenges to this in terms of the balance between vulnerability and parental choice where we do not have a Legal Order. This is a significant undertaking and sits alongside the other activity which is being maintained. Where children are not in education, we are establishing there is a clear multi agency plan of support in place including visits. Social Workers are also undertaking visits to families both announced and, in some circumstances, unannounced.

1. Can children whose parents are separated still have contact with both parents?

**Across the UK**, people must comply with social distancing guidelines. However, the guidelines state that where parents do not live in the same household, children under 18 can move between their parents’ homes (Cabinet Office, 2020).

E**ngland**, Cafcass has published guidance on co-parenting and contact arrangements. This states that children should maintain their usual routine of spending time with each of their parents unless doing so would put the child, parents or others at risk (Cafcass, 2020).

In **England**, guidance from the Courts and Tribunals Judiciary states that separated parents should communicate with each other and decide what would be a good, practical solution to maintaining the conditions of child arrangement orders during the pandemic. If one parent is sufficiently concerned that complying with child arrangement orders would be against current public health advice, they may change the arrangement to one they feel is safe. If a child does not get to spend time with one of their parents as set out in the child arrangement order, alternative arrangements should be made to maintain regular contact. This could be through video call or telephone (Courts and Tribunals Judiciary, 2020).

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| 1. Antenatal /Postnatal visits by Health Visitor Teams  |  | | --- | | The advice aims to describe the new process for delivery of antenatal and Postnatal visits by  health visitor teams during the COVID-19 pandemic. Priority is given to protecting the health  and wellbeing of both the family and professionals. The professional advice applies to all staff  who work within the 0-19 health visiting and school nursing services in England. The default position is for virtual contacts as directed by NHS England.  <https://ihv.org.uk/wp-content/uploads/2020/03/Antenatal-Visit-FINAL-VERSION-27.3.20.pdf>   1. NHS England advice for clinicians covering Primary and Secondary care and Community Health, Mental Health Trusts and the Ambulance Service.   <https://www.england.nhs.uk/coronavirus/>  Initial and Review Health assessments  Initial Health Assessments (IHA’s) are now taking place via the use of telephone and video conferencing (where possible) Where assessment is that a child must be seen face to face a consultation will take place at the Rainbow centre in Calderdale. LAC children records will be reviewed to assess whether a Review Health Assessment can safely be deferred or whether needs to progress via virtual means.   1. Guidance in respect of Referring cases to Adoption and Fostering Panels/Timescales and Emergency placements with Foster carers.     Advice has been provided to Foster Carers individually and through the Kirklees Foster Carers Network. The importance of the foster carers role and their professional judgement has been recognised with specifically tailored advice for the carers and other professionals. We are exploring with foster carers if capacity can be increased. Managing the needs of children with complex needs during the restrictions can be more challenging and the fostering team and the wider support network are reviewing and broadening all the support they can provide to carers, during this period.  We are working with the Regional Adoption agency in line with government advice to maintain services as much as practical in the current situation.  28. The Brunswick Centre – Children and Families    Due to COVID-19 they have unfortunately had to suspend their children and family group activities; however, they didn’t want any children, young people and/or their families to lose out and so have decided to take activities to them! They have been busy packing and distributing activity packs for the families to enjoy.  The packs consist of a wide range of activities including crafts, games, seeds, recipes and informational websites where families can find more interactive re-sources which will hopefully encourage quality time together as a family. The support team have so far delivered a total of 38 packs and will continue to stay connected with our families to offer emotional & practical support for the duration of the pandemic.  As the world looks very different currently so does their youth offer to LGBT young people in Kirklees. Many young people told them that they would like to stay in touch albeit in a new way of working.  So, they are using the online networking platform Zoom a lot and now have regular sessions that they deliver to young people, having delivered over 50 sessions to 45 individual young people and 18 parents. | |  | |