

Coronavirus briefing: guidance for social workers

This briefing summarises the latest guidance for social workers and social work practitioners during the coronavirus (COVID-19) pandemic.

15 January 2021

Introduction

Social work practitioners have an important role to play in keeping children safe, particularly during the coronavirus (COVID-19) pandemic. We have pulled together key guidance from all four UK nations to answer some frequently asked questions.

At the time of writing there was not published guidance for social work in every UK nation. Professionals working in areas where there is no published guidance may wish to follow the guidance from other nations as examples of best practice.

This briefing will be kept up-to-date with any new guidance that is published.

Social work workforce

Should practitioners be working during the pandemic?

Social work practitioners are critical to the UK's coronavirus (COVID-19) response and should continue working throughout the pandemic.

How is the government making sure there are enough social workers to support children and families during the pandemic?

Across the UK, the **Coronavirus Act 2020** has given emergency powers to social work regulators to allow them to temporarily register certain people to return to or enter social work practice.

In **England**, social workers who have left the Social Work England register since 18 March 2018 and those who voluntarily leave during the pandemic can re-register to return to practice for the length of the emergency if they wish (Social Work England, 2020). Social workers who are returning to practice for coronavirus purposes are eligible for free, fast-tracked Disclosure and Barring Service (DBS) checks (DBS, 2020; Department for Education (DfE), 2020a).

Flexibility is an important part of service delivery during the pandemic and practitioners may be asked to work outside of their usual remit or specialism. However, practitioners should always operate within their competence and raise any concerns with their manager. Practitioners should exercise their best efforts to provide the safest care and support that they can in the best interest of service users (Principal Children and Families Social Worker (PCFSW) Network and Social Work England, 2020b).

In **Northern Ireland**, social workers who have retired and social work students are invited to express their interest in helping in the pandemic (Department of Health, 2020d). Employers can request free emergency barred list checks for individuals entering the health and social care workforce (Department of Health, 2020c; NI Direct, 2020a).

In **Scotland**, social workers who left the Scottish Social Services Council (SSSC) register in the last five years can apply for registration and re-enter the workforce. Final year social work students who have completed 75% of their practice placements and reached the required academic standard can also apply for registration (Scottish Social Services Council, 2020).

Disclosure Scotland is prioritising checks for social workers and fees for urgent disclosures have been suspended (Disclosure Scotland, 2020).

In **Wales**, those who have left the Social Care Wales register in the last three years can be temporarily registered and return to practise as social workers (Social Care Wales, 2020). They are eligible for free, fast tracked Disclosure and Barring Service (DBS) checks (DBS, 2020).

Should social work supervision take place during the pandemic?

The British Association of Social Workers (BASW) has published ethical guidance for social workers during the COVID-19 pandemic. This states that social workers should ensure they receive appropriate supervision, advocate for their professional needs and establish peer supervision and support (BASW, 2020)

In **England**, supervisors and managers should consider the impact of lone working and social isolation and offer emotional as well as professional support to practitioners (PCFSW Network and Social Work England, 2020a).

In **Northern Ireland**, access to professional supervision is essential for all social workers during the COVID-19 emergency. The Department of Health has published a draft social work supervision policy, which social work employers can use to inform alternative arrangements for supervision (Department of Health, 2020e).

In **Scotland**, the support and supervision of social work practitioners is considered to be particularly important during the coronavirus pandemic. Whilst management support and direction may need to include new and innovative approaches, agencies should continue to take measures to ensure:

- there is accountability for staff practice
- practice in individual casework continues to be monitored and reflected on
- the wellbeing of staff is a constant feature of local management processes

(Scottish Government, 2020d).

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 in order to provide the highest level of services.

In **England**, there are four easements under the Coronavirus Act.

- Local authorities will not have to carry out detailed assessments of people's care and support needs in compliance with pre-amendment Care Act requirements. This includes undertaking assessments of children transitioning to adult social care.
- Local authorities will not have to carry out financial assessments in compliance with pre-amendment Care Act requirements.
- Local authorities will not have to prepare or review care and support plans in line with pre-amendment Care Act requirements.
- The duties on local authorities to meet eligible care and support needs under the Care Act are replaced with a power to meet needs.

(Department of Health and Social Care (DHSC), 2020).

In **Scotland**, the Coronavirus Act allows for a temporary relaxation of local authorities' duties in relation to:

- needs assessment for any relevant person under section 12A of the Social Work (Scotland) Act 1968
- assessments for children under sections 23 and 29 of the Children (Scotland) Act 1995
- service user involvement under section 1 of the Social Care (Self-directed Support) (Scotland) Act 2013
- preparation of adult carer support plans/young carer statements under the Carers (Scotland) Act 2016.

(Scottish Government, 2020a).

In **Wales**, local authorities do not have to comply with the following duties under the Social Services and Well-being Act 2014:

- the duty to assess the needs of an adult for care and support
- the duty to assess the needs of an adult carer for support
- the duty to carry out a financial assessment
- the duty to meet the care and support needs of an adult, unless it is necessary to protect the adult from abuse or neglect

(Welsh Government, 2020e).

How will the child protection system work during the pandemic?

In **England**, guidance from the Department for Education (DfE) states that 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 are able to make decisions in the best interests of the child (DfE, 2020a).

Practitioners' actions and decisions should be:

- ethical
- reasonable
- evidence-based
- proportionate
- coproduced
- transparent
- contextual
- documented
- flexible

(PCFSW Network and Social Work England, 2020b).

Cases should be recorded accurately and a journal should be kept of all agreed changes and expectations (PCFSW) Network and Social Work England, 2020a).

The DfE has published guidance on children's social care flexibilities from 25 September 2020. This covers virtual visits, health assessments in the adoption and fostering processes and the minimum frequency of inspections in children's homes, residential family centres, voluntary adoption agencies, adoption support agencies, fostering agencies and holiday schemes for disabled children (DfE, 2020c).

In **Northern Ireland**, Health and Social Care Trusts have been given flexibility to continue to safeguard children whilst operating within the circumstances of the pandemic. However the key principles of child protection should remain the same. Practitioners should continue to carry out comprehensive assessments of risk and need, taking children and young people's views into account, and put plans in place to manage and monitor levels of risk (Department of Health, 2020g).

In **Scotland**, local protocols for information sharing should not change because of the pandemic. Inter-agency referral discussions (IRDs) should continue to be the formal starting point following a reported child protection concern. Child protection planning meetings should still go ahead. Technology should be used to minimise face-to-face contact and children, parents and carers should have a choice about how or whether they participate. Decision-making about child protection should continue to be informed by relevant stakeholders, including the child and family (Scottish Government, 2020d).

Only those Children's Hearings which are required for the urgent and immediate protection of a child will take place, and these will be conducted remotely (Scottish Government, 2020d).

In **Wales**, local authorities should make every effort to fully comply with the statutory safeguarding legislation and guidance during the pandemic and continue to fully take into account the needs and wishes of children in their care. However, the government recognises that it will be difficult for local authorities to comply with all requirements within the statutory timescales (Welsh Government, 2020c).

Local authorities must continue to develop care and support plans/pathway plans, involving other agencies and children and families as far as is reasonably practicable (Welsh Government, 2020c).

Child protection conferences, core group meetings and review meetings should be maintained using methods such as remote meeting technology (Welsh Government, 2020c).

Safeguarding decisions will need to be led by children's social services working on the latest information available to them. Although the capacity to review and update care, support and protection plans in the usual way may be impeded during the outbreak, children's social services should maintain a clear record of the decisions taken, any changes in level of risk and the response (Welsh Government, 2020c).

The Welsh Government has published non-statutory guidance for practitioners, including those in social care, health and education, to assist them in identifying abuse, supporting disclosure and reporting concerns (Welsh Government, 2020d).

Do case reviews still need to be carried out?

In **England**, local authorities must notify the Child Safeguarding Practice Review Panel within five working days if there is a serious incident involving children and young people (Department for Education (DfE), 2020a).

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. In-depth reviews are still expected to be completed within six months wherever possible.

Safeguarding partners and local authorities should notify the DfE of any decisions about initiating and/or publishing a child safeguarding practice review (DfE, 2020a).

How should support be prioritised?

Across the UK, promoting the welfare of children is still of paramount importance.

In **England**, local authorities should make sensible, child-centred, risk-based judgments about where to focus their efforts, in line with normal practice. Local authorities, providers and local safeguarding partners should consider how to create the best working environments for their teams whilst prioritising face-to-face contact with children where possible (Department for Education (DfE), 2020a).

Social Work England has published best practice guidance on prioritising children and families' needs during the pandemic. This includes using assessment frameworks and identifying safeguarding needs and any protective factors (PCFSW Network and Social Work England, 2020a).

In **Northern Ireland**, professionals need to decide what to prioritise based on the expert advice available. Social workers must balance individuals' rights and best interests with the duty to protect them from harming themselves or others. Urgent operational decisions should not be delayed because senior staff are unavailable, particularly where there is an immediate threat to people's health and safety. (Department of Health, 2020d).

In **Wales**, there is an expectation that children's services will risk assess new and existing cases and review this on a regular basis. Local authorities should work in partnership across agencies to share information, avoid duplication and secure a shared understanding of each child's need. They should make decisions together on how to utilise available resources to best effect. Local authorities are responsible for recording why and how decisions have been reached (Welsh Government, 2020c).

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

In **England**, the Department for Education (DfE) has made additional funding available for local authorities to help secure additional placements for children in care. Fostering services are encouraged to bring in more emergency foster carers to help build capacity in their service. Applications must still be properly scrutinised and decisions made in the best interests of the child. 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, 2020a).

The DfE has published guidance on children's social care flexibilities in relation to fostering and adoption from 25 September 2020. The flexibilities cover virtual visits, health assessments and inspections (DfE, 2020c).

In **Northern Ireland**, fostering or home placements should be considered and eliminated before placement to a children's home (Department of Health, 2020b).

In **Wales**, local authorities need to ensure children are provided with accommodation that best meets their needs given the current context, and do all they can to promote the wellbeing of children in care. Placements in independent and semi-independent provision should continue as they can be the right choice for some young people. If a service is providing care, it must be registered with Care Inspectorate Wales (Welsh Government, 2020c).

Should residential children's care stay open?

In **England**, residential children's homes should stay open. Guidance from the Department for Education (DfE) states that 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, 2020a).

In **Northern Ireland**, residential children's care and supported accommodation for young people should stay open. Bank or agency staff can be used as temporary cover to ensure staff ratios are kept at a safe level (Department of Health, 2020a; Department of Health, 2020b).

In **Scotland**, residential child care settings play a critical role during the crisis, ensuring that children and young people are properly cared for and protected. Settings should assess staffing levels on a daily basis and liaise with local authorities, the Care Inspectorate and commissioners if there is a risk of staffing shortages (Scottish Government, 2020b).

In **Wales**, residential children's homes should remain open. They should work closely with the local authority to plan for potential staff shortages (Welsh Government, 2020b). Children's residential homes should notify Care Inspectorate Wales if they are going to close (Welsh Government, 2020c).

Can respite and short break provision continue?

In **England**, the Department for Education (DfE) has stated that local authorities and respite providers should work together to risk assess and adapt short break services that may have been suspended or reduced so that they can resume provision for children in care, disabled children and young people and families. Local authorities should prioritise this support for disabled children and young people and consider flexible and pragmatic ways to deliver that support, such as enabling families to purchase respite care and equipment to use at home (DfE, 2020a).

In **Northern Ireland**, consideration will be given to reducing the level of short break provision offered to children. Assessment for the continuation of short break care for children during the pandemic will be the responsibility of the Heads of Service for Children with a Disability in consultation with the Assistant Director for Corporate Parenting. Symptomatic children should not be placed for short breaks (Department of Health, 2020b).

In **Scotland**, individual respite and short break services should identify and set out their capacity using a risk assessment. If capacity in the setting is limited, services may have to consider prioritising those who are most in need of support. If a child is unable to attend, or their family choose not to use the service, consideration should be given to what other support may be available (Scottish Government, 2020b).

In **Wales**, local authorities should provide clear information about the availability of respite provision. Some maintained special schools and settings have increased and extended their respite provision (Welsh Government, 2020f).

How should residential settings implement social distancing measures?

In **England**, the Department for Education (DfE) has published guidance on social distancing and isolating for residential settings (DfE and PHE, 2020). Settings and providers must ensure they understand the NHS test and trace process so that they know how to respond if anyone within the setting has symptoms of or tests positive for coronavirus (DfE, 2020b).

In **Northern Ireland**, the Department of Health has published guidance on social distancing and infection prevention in residential children's homes (Department of Health, 2020b).

In **Scotland**, the government has published guidance for residential child care, including implementing social distancing and self-isolation measures (Scottish Government, 2020b).

In **Wales**, Public Health Wales (PHW) has published guidance for residential care settings on how to prevent and manage COVID-19 outbreaks (PHW, 2020).

The Welsh Government has also published guidance setting out testing and infection prevention control measures for residential children's care settings (Welsh Government, 2020g).

Are family courts still operating?

In **England** and **Wales**, family courts are still operating, opening courtrooms where it is safe to do so and holding hearings remotely (HM Courts and Tribunals Service, 2020).

Direct work with children and families

Can practitioners still visit children?

In **England**, social workers should make face-to-face visits wherever possible. Where households are being required to self-isolate, social workers should make a judgement which balances considerations of:

- risks to children and families
- risks to the workforce
- guidance on social distancing and hygiene
- statutory responsibilities, including safeguarding.

When making visits, a distance of 2 metres should be maintained where possible. If this is not possible, a risk assessment should be undertaken. If visits are taking place to a household reporting coronavirus symptoms, personal protective equipment (PPE) should be worn if a distance of 2 metres cannot be maintained. Extra care should be taken if a social care visit is required to a child or young person who is extremely clinically vulnerable. Providers of children's social care must ensure they understand the NHS test and trace process so they know how to respond if anyone has symptoms of or tests positive for coronavirus (Department for Education (DfE), 2020b).

The DfE has published guidance on children's social care flexibilities from 25 September 2020. This states that wherever possible, visits should be held face to face but if this is not possible because of coronavirus, visits can take place by phone or video link (DfE, 2020c).

In **Northern Ireland**, the Department of Health has published guidance for social workers visiting children in care. This states that a full risk assessment should be carried out to determine whether a visit in person needs to take place. This should take the child's wishes into account (Department of Health, 2020g).

Unless the level of risk to a child or young person is such that a visit in person is necessary, contact may be maintained remotely using remote audio-visual communication technology. If a visit in person is necessary, social distancing guidelines must be followed. Contact should be maintained with the same regularity as set out for visits in a child's care plan (Department of Health, 2020g).

Social workers should consider what technology and social media platforms children and their families have access to when arranging to make remote contact. In cases where children need access to technology in order to engage with social workers and others during the emergency period, Health and Social Care Trusts need to ensure that secure equipment is provided (Department of Health, 2020g).

Where it is not possible to communicate remotely with a child using audio-visual means, social workers should consider whether a further risk assessment is needed to determine whether a visit in person is required (Department of Health, 2020g).

In **Scotland**, risk assessments should take place prior to any direct contact, taking account of:

- the purpose of the visit
- how challenging this could be for the people involved
- what impact it might have on the safety of others
- what information can be ascertained in advance
- what is known about the health status of everyone in the household or location where the visit will take place
- what is known about available space in the household or location
- whether anyone likely to be present has symptoms or a diagnosis of COVID-19
- whether anyone in the household meets the criteria for shielding
- who will ensure the understanding of those involved about infection control, social distancing and the purpose of the visit
- how the people being visited want the visit to be managed.

(Scottish Government, 2020e).

In **Wales**, local authorities should continue to risk assess in-person and face-to-face contact on a case by case basis. Assessments should be based on both risk and necessity (Welsh Government, 2020c).

What if families don't want to let practitioners in their homes?

In **England**, practitioners should make contact with 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, 2020a; DfE, 2018).

In **Scotland**, if someone refuses to allow a home visit to take place safely, practitioners should discuss appropriate options with their supervisory managers (Scottish Government, 2020e).

How should practitioners identify and help children and families in need of support?

In **England**, there is guidance for commissioners and providers of services for people who use drugs or alcohol, which practitioners in other sectors and nations may wish to refer to as an example of best practice (Department of Health and Social Care and Public Health England (PHE), 2020).

The Institute of Health Visiting has also published guidance for health visitors working with vulnerable families during COVID-19 (Institute of Health Visiting, 2020).

In **Northern Ireland**, the guidance for social workers visiting children in care suggests that audio-visual technology should be used to make remote contact with children where possible, as this allows social workers to better assess a child's body language and their physical and emotional wellbeing (Department of Health, 2020g).

In **Scotland**, agencies and practitioners should maintain and develop their awareness of coercive control and be aware of additional risks and barriers children and families experiencing domestic abuse may be facing during the pandemic, including the perception that support services aren't operating. Abusive behaviours may be perpetrated through the exploitation of contact arrangements. Agencies and practitioners should continue to prioritise non-offending parents and their children and take appropriate measures to protect them (Scottish Government, 2020d).

In **Wales**, children's social services should work closely with other agencies to prepare for the needs of vulnerable children as schools increase their operations in the autumn term. They should regularly review risk assessments when making decisions about

cases involving children who have need for care, support and protection as a result of the additional pressures of COVID-19 (Welsh Government, 2020c).

What should social workers do if parents and carers don't want to send their children to school?

In **England**, Skills for Care have published a toolkit for social workers to help them have conversations about attendance with parents and carers (Skills for Care, 2020).

Can children who don't live with one or both parents still have contact with them?

Across the UK, people must comply with guidelines on staying safe and preventing the transmission of coronavirus. Where there are no extra local restrictions in place, people from different households can meet up, following social distancing guidelines (Cabinet Office, 2020; NI direct, 2020b; Scottish Government, 2020c; Welsh Government, 2020a).

In **England**, the Department for Education (DfE) expects that contact between children in care and their birth relatives will continue. Contact arrangements should be assessed on a case by case basis, taking into account social distancing guidelines and the needs of the child. Where it is not possible or appropriate for usual face-to-face contact to happen, keeping in touch will need to take place virtually (DfE, 2020a).

In **Scotland**, child contact centres in level 4 areas, except those provided by local authorities, must close. However, they can still open for handovers between parents and carers. The Scottish Government has published guidance for contact centres on how to facilitate contact, risk assessment, and infection prevention and control (Scottish Government, 2021).

Essential contact between looked after children and young people and their family should be risk assessed and planned in advance, taking account of local guidance and public health guidance. The Scottish Government has published guidance for managers, social workers and social care providers on family contact for looked after children and young people (Scottish Government, 2020f).

In **Wales**, social workers should maintain the spirit of contact orders made for children in care and determine how best to support family interactions based on the circumstances of each case (Welsh Government, 2020c).

All options for maintaining contact should be considered, including a mix of meeting outdoors and virtual arrangements (Welsh Government, 2020c).

When assessing the viability of face-to-face family visits, social workers should consider current social distancing rules (Welsh Government, 2020c).

What support is available for care leavers?

In **England**, guidance from the Department for Education (DfE) states that local authorities must continue to meet statutory duties such as providing personal advisers to care leavers and preparing or reviewing pathway plans. If they need to adapt the support they are able to offer during this period they should assess needs and prioritise the most vulnerable (DfE, 2020a).

Local authorities should act in the best interests of care leavers and use their discretion to assess whether care leavers should continue to transition into suitable accommodation and/or independence or remain in their placement during this period (DfE, 2020a).

Local authorities are encouraged to utilise additional government funding to provide discretionary payments to care leavers to cover items such as food, utilities and rent during this period if required. Care leavers who do not already have a laptop or tablet will be provided with one to help them stay in touch with social workers and access the services they need (DfE, 2020a).

In **Northern Ireland**, available resources for care leavers will be targeted at those young people with high support needs (Department of Health, 2020f).

Care leavers may need assistance with leisure activities whilst following the guidance for social distancing and social isolation. Other services for care leavers might include accommodation, food, supervision of family contact and support with education, training or employment (Department of Health, 2020g).

Timescales for reviews of care leavers' pathway plans have been temporarily extended. However, all care leavers' cases should be subject to ongoing assessment, including consideration of any COVID-19 circumstances. While a young person's plan may be adjusted on the basis of an assessment, services should not be withdrawn without an alternative arrangement being put in place (Department of Health, 2020g).

In **Scotland**, the Care experienced children and young people fund is providing funding to help improve the attainment of children and young people who have been or are in care. The funding must be used to enable local authorities, working in partnership with other agencies, to deliver additional activities, interventions or resources that will specifically benefit care experienced children and young people or enhance current provisions (Scottish Government, 2020g).

In **Wales**, local authorities should continue to meet statutory duties, including offering personal advisers to care leavers and preparing or reviewing pathway plans using innovative ways. If local authorities need to alter the support they are able to offer care leavers during this period, they should assess needs and prioritise the most vulnerable (Welsh Government, 2020c).

Personal advisers should use their judgement to determine the nature of their contact with young people during this period. The Welsh Government has provided further detail on what should be considered as part of a two-stage risk assessment (Welsh Government, 2020c).

A bespoke package of support for care leavers has been circulated to local authorities. The St David's Day Fund can be given to care leavers who are experiencing financial hardship due to income loss, difficulty with tenancy agreements, food and other basic living necessities during the coronavirus outbreak (Welsh Government, 2020b).

The government assumes that care leavers will be supported to remain in their current accommodation during the pandemic, where the placement is meeting their needs. However, as measures are relaxed local authorities and their care leavers can continue with plans to transition into suitable accommodation and/or independence if the local authority is confident they can provide the appropriate levels of support and guidance (Welsh Government, 2020c).

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