Regional Family and Childcare Services

COVID- 19 Action Card

Updated 18th May 2020

It is important that we continue to support families and young people through the lockdown phase in response to CSOVID-19 using the many creative approaches that have evolved over the last number of weeks. As the period of lockdown continues it will be increasingly important that we continue to deliver safe and effective services in line with the "Coronavirus NI Executive Approach To decision-Making", referred to as the 5 Step Plan. Managers will need to be alert to families under particular stress and where necessary schedule review case conferences and or LAC reviews to monitor and progress plans to enhance the safeguarding needs of young people and avoid significant backlogs in outstanding reviews in the post pandemic phase.

Trust's will continue to apply the Signs of Safety framework including mapping, the harm matrix and scaling questions where appropriate. Relevant managers will retain responsibility for oversight of all cases to ensure proportionate risk assessments for both child protection and LAC and that the risks associated with COVID- 19 are being carried out and are being reviewed in light of the changing circumstances. Each Trust will have an escalation process in place should trends emerge which indicate that the system is beginning to experience significant pressures and the HSCB advised accordingly. These will then be addressed within the AD forum meetings and escalated to the Directors through Children Services Improvement Board as appropriate. Emerging issues from practice experience, data analysis and trends will assist in the development of the action card in line with the NI Executive plan 5 Step Plan .

Acting Lawfully and Ethically under the Coronavirus Act 2020 remains as a critical component in decision making during the pandemic. The fundamental principles of the Act require that all decision making is Lawful, Fair, Reasonable, Necessary, Proportionate and Justified. Decision making will require staff to consider and analyse the facts, assess risk consider the available existing powers, procedures, identify options and make the decision and any departure from usual practice should be carefully considered and recorded. Throughout the pandemic all staff have a responsibility to protect staff and clients from harm and promote Human Rights. Safeguarding remains central to core business and the Coronavirus Act 2020 does not suspend the duties to safeguard children during the pandemic.

Please refer to;

"The Children's Social Care (Coronavirus) (Temporary Modification of Children's Social care) Regulations (Northern Ireland) 2020", and the accompanying guidance issued on the 6/5/20.

The COVID-19 Guidance on Foster Care and Supported Lodging Settings N.I. (issued 7.5.2020, Version 2) Covid19;

Guidance for Residential Children's Homes in Northern Ireland Version 1.0 issued 27/3/20 amended 1/4/20 and 6/4/20.

"Covid 19: Guidance for Residential Children's Homes" ;

"Covid 19: Guidance on the Regulations for 16-21+ Jointly Commissioned Supported Lodgings Settings."

Where HSCT's Trusts need to deviate from standard practice and statutory requirements in line with the DOH modified regulations, social workers should keep clear records to document the rationale and risk assessment for judgements and balance considerations of risks to children and families young people and members of the workforce .

Art 18 of The Children (Northern Ireland) Order 1995 outlines a general duty to safeguard and promote the welfare of children in need in every authority

by providing a range of personal social services appropriate to those children's needs which may include services in kind or, in exceptional circumstances, in cash. During the ongoing pandemic it is anticipated that families may require additional supports to help them manage the additional pressures which will need to be considered in assessing families needs and the level and type of support required. Trust's will need to ensure that Art 18 supports continue and the HSCB will retain oversight of the level of support and seek additional funding in anticipation of increased financial requests from families.

Whilst staff have been creative in the use of alternative face to face contact arrangements with young people and their families during the pandemic it may be necessary to still see and speak to the child alone in line with extant SBNI policy and procedures and the Protocol for Joint Investigation.

It is also recognised that children with a disability and their families face particular stresses during this period. Support services to this group of children remains essential in preventing a family breakdown and additional arrangements should be considered to provide more face to face contact support based on a risk assessment. The ability to introduce and maintain social distancing principles will be challenging in some cases and will therefore require advice from PHA and other colleagues about how best to maintain contact. Specific arrangements will need to be put in place for this vulnerable group consistent with safe practice for staff and service users.

Key Principles

1. The protection, safety and wellbeing of children and young people remain a priority. Any decision made about children and young people in the course of the COVID-19 should be in their best interests.
2. Co-ordination and regular communication between social workers, their managers, children, young people and their parents / carers and families and partner agencies remains essential.
3. Working in partnership with others will be critical in making the best use of all available resources to ensure continuous and safe support for children and young people consistent with PHA advice and guidance.

4. **Regular supervision remains essential to assure appropriate practice and management of cases and that staff feel supported to recognise, assess and respond appropriately to risk for both COVID-19 and child protection work.**
5. **Staff will be required to continue to keep records to evidence social work intervention and that practice meets the required standard.**
6. **All staff should familiarise themselves with PHA/ DOH websites for new and update advice and guidance on COVID-19 and take advice from Trust directions and guidance. Staff should also refer to the DOH Covid 19 Children's Social Care (Coronavirus) Temporary Modifications of Children's social Care Regulations (NI) 2020 and guidance issued on the 6/5/20.**
7. **There is a shared commitment and approach that will enable a consistent approach across all HSCT's . The action card must be considered alongside the HSCT's recovery plans and the NI Executives 5 step plan .**

Gateway
• All referrals are screened by Gateway Single Point of Entry (SPOE) to determine need for initial assessment to be completed by locality Gateway team. • Locality Gateway team to complete MD checks, consult with other disciplines/agencies involved regarding **all** cases received from SPOE (with consent). • Child protection investigations/emergency admissions to care will be completed. Social workers to check with the family in relation to Coronavirus. Actions to complete Joint Protocol/Article 66 investigations/admissions to care to include staff safety arrangements regarding face to face involvement with children/families who are self-isolating. The need to use PPE for home visits will be based on current PHA guidance. • Family support home visits must be in line with Government advice. The need for a home visit should be determined by outcome of a risk assessment to include consideration of referral details; information from MD checks/other agencies/disciplines; communication with family/significant others; and if anyone in the family has suspected/confirmed Corona Virus. The need to use PPE for home visits will be based on current PHA guidance. • Family support initial assessments that are progressed as far as possible and do not have a home visit completed will be stood down and placed on the unallocated cases list until the Pandemic COVID-19 contingency plan is stood down, reviewed and amended (there may be circumstances when a team manager recommends closure of a case without a home visit completed e.g. family consent withdrawn for ongoing social work involvement; initial assessment does not indicate need for statutory involvement and family referred to another agency. The referrer, where appropriate, and other

professionals/agencies involved must be informed that a home visit was not completed and the rationale for decision to close the case. The Service Manager or HOS must endorse these closures).

- Unallocated Family Support cases to be monitored and reviewed via telephone; repeat MD checks; follow-up with referrer and other professionals involved with family; parents/carers and significant others. If new information is shared that indicates child protection concerns the case should be allocated for assessment/investigation – please refer to bullet point 3 above.

Family Intervention Service Family Intervention Service

Family Support

- Family Intervention Service duty arrangements to be in place in each team – 9am to 5pm.
- All family support cases to be risk assessed to determine need for home visits taking account of the current family plan and up to date information including if anyone in the family has suspected/confirmed Coronavirus. Decisions about home visits will require a risk assessment that considers the context and is reasonable ,proportionate, fair and justified . The need for PPE will be based on current PHA guidance. Home visits that do not take place as outlined in the family plan to be signed off by the TM and Service Manager/HOS and recorded on SOSCARE/PARIS – Rec 9. The social worker will co-ordinate ongoing support to the family. Staff should maintain phone contact with other disciplines/agencies and families. Where possible WhatsApp/face time/Skype etc. can be used to engage with families. The aforementioned to be reviewed at monthly supervision between SW/TM.
- If there are children in need of support 'on the threshold' of Child Protection or coming into Care home visits to be risk assessed to include staff safety arrangements. The need for PPE will be based on current PHA guidance.
- Child protection concerns identified in existing family support cases need to be investigated/assessed. Social workers to check with the family in relation to Coronavirus. Arrangements for investigation need to include need for PPE based on current PHA guidance.
- Unallocated Family Support cases to be monitored and reviewed via telephone; repeat MD checks; follow-up with referrer and other professionals involved with family; parents/carers and significant others. If new information is shared that indicates child protection concerns the case should be allocated for assessment/investigation in line with extant policy and guidance – please refer to bullet point 3 above.

Child Protection

- All Initial Case Conferences should be assessed to determine in what form they should take either in person or to take place by tele conference/Skype etc. where possible. Any decision to convene a face to face meeting must be

in line with the 5 step plan and take into account the PHA advice on group meetings and that the safety of staff and service users is fully considered in the decision making to convene the meeting .

- If an initial case conference is not quorate the chair can determine if the conference can proceed. Registration can be made if the threshold/criteria are met.
- The registration must be put on to PARIS/SOSCARE immediately.
- Staff must also consider the possibility that in some circumstances those families/carers may use COVID-19 as a mechanism to disrupt or avoid the assessment /investigation process.
- Review Case Conferences can be postponed unless a risk assessment of the presenting situation determines otherwise– the current plan to remain in place and to be kept under review by the core group. The decision to postpone case conferences will require oversight by the manager to ensure that the postponement is for the least amount of time - the decision to be recorded in the case file. Virtual Case Conferences reviews to take place unless a risk assessment states otherwise.
- A child/young person's name should not be removed by a Review child Protection case conference unless a quorum is present and a majority of members of the case conference agree with this decision. The quorum may be breached if, under exceptional circumstances, an agency representative who has up to date information about the family but is unable to attend has submitted a written report with a recommendation on deregistration. The chair person must be satisfied that the relevant information is available to make the informed decision about deregistration.
- All core groups and multidisciplinary liaison to take place by phone/video link.
- All child protection home visits must be risked assessed. One home visit every 4 weeks should take place unless the outcome of the risk assessment indicates otherwise. The need for additional home visits will be based on the current child protection plan and up to date information about the child's circumstances. Where the risk assessment indicates that a home visit should not take place during COVID-19 contingency arrangements, this should be recorded on SOSCARE/PARIS - REC9 and signed off by the TM/HOS. Where any new information indicates a change in risk assessment the need for a home visit must be reviewed by the SW/TM/HOS. The aforementioned to be reviewed at monthly supervision between SW/TM.
- Social worker to maintain contact with parents/child (ren) by telephone or if available via skype/ WhatsApp/face time etc.) in line with the CP plan, for example, if home visits are weekly, then SW's need to contact the family at least weekly; if the visit is fortnightly, SW's need to contact the family at least fortnightly. This may need to be adjusted based on the ongoing risk assessment and needs of the family or young person.
- If a home visit is required the social worker must check with the family in relation to COVID-19. All visits will need to be in line with PHA guidance on the use of PPE.
- If a child is at risk of immediate significant harm and has suspected/confirmed COVID-19, arrangements for investigation need to include need for PPE based on current PHA guidance.

Looked After Children

- All LAC cases to be risk assessed to determine if LAC statutory visits need to take place as per care plan and the assessed needs of the young person (consideration needs to be given to the fragility of the placement and the measures that need to be taken to keep the placement secure). Where the risk assessment indicates that visits are paused during COVID-19 contingency arrangements, this should be recorded on PARIS -REC9 and signed off by the TM/HOS in line with Modified Regulations and Guidance. Where any new information indicates a change in risk assessment the need for a visit must be reviewed by the SW/TM/HOS. The aforementioned to be reviewed at monthly supervision between SW/TM.
- Social worker to maintain contact with child/foster carer/parent/RSW/link worker by audio/visual means such as telephone or if available via skype/ WhatsApp/face time etc., in line with the care plan, for example, if home visits are weekly, then SW's need to contact child/carer at least weekly; if the visit is fortnightly, SW's need to contact the child/carer at least fortnightly. This will also need to reflect changing circumstances. In foster homes with multiple placements close liaison between the field social worker and family placement worker to coordinate the level of contact with the foster carer to avoid over burdening the foster placement.
- Field social worker and link worker to keep under review support arrangements for foster carers (including kinship).
- Weekly visits to kinship placements to be undertaken by audio/visual means where risk assessment supports this.
- Any visits to a placement outside Northern Ireland are paused unless it is safe to do so and is consistent with the 5 Step Plan and together with advice from the PHA and guidance from the country to be visited such as the Republic of Ireland. Audio/visual means such as Phone/skype/ WhatsApp contact to be maintained.
- Initial LAC reviews to take place in person or by audio/visual forms(tele conference/Skype) etc. were possible and subject to the 5 Step Plan. The timescales have been temporarily extended under the modified regulations and guidance but where possible should continue to take place within normal timescales . Staff should refer to the temporary Modification of the Regulations and the accompanying Guidance .
- LAC Reviews should be assessed to determine in what form they should take either in person or if they should proceed using tele conference/skype or other electronic means and should not be postponed unless emerging issues and risk assessment indicate otherwise – current plan remains in place if no issues evident.

Children with Disability Services

All of the above measures, namely, LAC, Child Protection and Family Support restrictions and case prioritisation have been activated in respect of Children with Disability Services.

- Family support cases in the CWD service should focus on assessing the support needs for parents\carers given the particular pressures experienced

from the lockdown.

Contact Arrangements in Public Law Cases

- If direct face to face contact cannot be safely facilitated at this time the decision must consider is it fair, proportionate, necessary and justified and the decision recorded in the case file. Based on current Government Direction and their 5 Step Plan around staying at home and social distancing, all regular face-to-face contact between family members living in different households should continue not to take place in order to prevent the spread of infection. Nevertheless, it will be important to find ways of ensuring that contact between children/ young people and their families can continue, for example through daily or regular phone calls, video chats, the use of social media platforms or other means. Good communication between social workers, the child or young person's family, foster carers and host families will be essential to ensure that contact is maintained as much as possible and that alternative arrangements are agreed by all parties. Please refer to The Children's Social Care (Coronavirus) (Temporary Modification of Children's Social care) Regulations (Northern Ireland) 2020 and COVID-19: Version 1 and Guidance on Foster Care and Supported Lodging Settings N.I. (issued 7.5.2020 version 2).
- Parents and children to be notified directly by their social worker and advised of any decision including, as appropriate legal representatives; GAL; link workers/foster carers; core group.
- Social workers and Link workers may agree a form of non-face to face contact in discussion with parents and carers. This will include an electronic solution (video conferencing/ Skype/ WhatsApp/ Zoom or other).
- Face to face contact may be facilitated in exceptional situations based on risk assessment and impact of harm on the child if face to face contact does not take place. DLS should be kept up to date with changes to court directed contact arrangements. Contact arrangements will be subject to regular review based on evolving Govt. guidance in relation to Covid19.

Public Law Orders

Specific guidance has been issued to all fieldwork teams in relation to public law matters and Court business in respect of same. Please continue to follow this guidance and continue to liaise with DLS in relation to your cases as directed.

Contact Arrangements in Private Law cases (to differentiate)

- All private facility contact services have been suspended for the remainder of the pandemic period to protect the safety of children, staff and parents.
- All parties known to the private facility contact services should contact their legal representative.
- Where parents do not live in the same household, children under 18 can be moved between their parents' homes.
- The decision whether a child is to move between parental homes is for the child's parents to make after a sensible assessment of the circumstances,

including the child's present health, the risk of infection and the presence of any recognised vulnerable individuals in one household or the other.

- Where Coronavirus restrictions cause the letter of a court order to be varied, the spirit of the order should nevertheless be delivered by making safe alternative arrangements for the child. If it is not possible to maintain the child's routine due to illness or self-isolation, or non-availability of, or risk to, people who ordinarily support contact, the courts will expect alternative arrangements to be made to establish and maintain regular contact between the child and the other parent, for example remotely – by Face-Time, WhatsApp Face-Time, Skype, Zoom or other video connection or, if that is not possible, by telephone.
- Temporary variations to contact orders without reference to the court can be made by agreement or taken by one parent on the basis of health and safety reasons
- If any court directed contact arrangements are missed or found to be unreasonable, the court may take this into consideration when making further orders, and separated parents may be able to 'make up' time with the child after the restrictions are lifted.

Court Children's Service

- Service to be stood down until further notice.
- Principal Practitioner for Court Work to be single point of contact for court regarding private law cases.
- Redeployment to be progressed as appropriate: Gateway/FIT/HSW.

Professional Supervision, Quality Assurance and Management Oversight and Support

- The coronavirus pandemic response period will result in reduced social work presence and team interactions and inter-professional interactions. It is essential that professional supervision continues to take place regularly and that social workers and social work managers are afforded time and space for reflection, learning and development. The approach to supervision may need to be flexible and responsive to the current situation. Staff should as far as possible adhere to the existing supervision policy and it may be helpful to consult the Draft Social Work Supervision Policy (April 2020) which has been issued to help inform supervision arrangements during this time.

- Managers should consider and maximise opportunities for informal supervision, peer and team supervision and aligning recently qualified social workers with a 'buddy' with more experience to assist them develop skills of practice and better support practitioners' and staff's mental health and wellbeing. Consideration should be given to the impact of lone working and social isolation in a challenging and highly stressful work context. Particular attention is needed to sensitively considering staff's feelings, coping strategies, emotional well-being and mental health to ensure they are supported both professionally and emotionally and supported to fulfil a difficult and challenging role.
- Managers and social work leaders should also ensure regular planned de-

briefs to inform and enhance oversight in line with existing guidance and supervision policy.and the duty of care to staff and service users