



Local Safeguarding  
Children Partnership

Hammersmith & Fulham | Kensington and Chelsea | Westminster

# COVID-19 Multi-Agency Safeguarding Practice Guidance

Local Safeguarding Children  
Partnership  
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# Document Control

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# 1. Introduction

This guidance should be read alongside the London Child Protection Procedures and the local Threshold document.

This guidance will assist agencies working together to safeguard children during the coronavirus (COVID-19) pandemic.

This guidance has been updated in accordance with the changing situation as Covid19 restrictions start to be lifted, and the recent publication of safeguarding guidance for children's social care by the Department of Education:

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care>

All updated versions of this local multi-agency safeguarding guidance will be number referenced and dated.

This guidance may be updated in line with the changing situation.

Effective safeguarding practice will continue to be underpinned by two key principles:

- Safeguarding children is everyone's responsibility; for services to be effective each individual and organisation should play their full part; and
- A child-centered approach; for services to be effective they should be based on a clear understanding of the needs and views of children.

Professionals in all agencies, whatever the nature of the agency (whether public services or commissioned provider services) who come into contact with children, who work with adult parents/carers or who gain knowledge about children through working with adults, should continue to:

- Be alert to potential indicators of abuse or neglect;
- Be alert to the risks which individual abusers or potential abusers, may pose to children;
- Be alert to the impact on the child of any concerns of abuse or maltreatment;
- Be able to gather and analyse the information as part of an assessment of the child's

## 2. Referrals to Social Care

Children's social care will continue to receive referrals in accordance with existing procedures.

In urgent situations, out of office hours, the referral should be made to the Emergency Duty Team.

Staff in settings having contact with children and families, including adult services, continue to have a responsibility to identify children who may need extra help or who are suffering, or are likely to suffer, significant harm.

For agencies in contact with children and members of their families, a referral must be made to Social Care if there are signs that a child or an unborn baby:

- Has suffered significant harm through abuse or neglect;
- Or is likely to suffer significant harm in the future.
- Has a disability; developmental and welfare needs which are likely to be met through provision of social work led family support services (with the agreement of the child's parent(s)) under the Children Act 1989.
- Is a child whose development is likely to be impaired without the provision of services.

The timings of such referrals should reflect the level of the perceived risk of harm, not longer than **within one working day** of the identification or disclosure of harm or risk of harm.

Within **one working day** of a referral being received, a qualified social worker and their line manager must make a decision about the course of action to be taken. The social worker will need to make a professional judgment as to what type and level of help and support are needed, record these and feedback in writing to the referrer and the child and their family.

Parental Consent should be sought in accordance with existing information-sharing practices.

The outcome of the referral will continue to fall into four response pathways:

- No further action, which may include information to signpost to other agencies
- The provision of early help services
- An assessment to determine the provision of support under S17 Children Act 1989
- A child protection enquiry undertaken under S47 Children Act 1989

# 3. Assessments to determine support under Section 17 Children Act 1989

Where a social worker decides, based on the referral information, that an assessment should be completed to provide support under the S17 Children Act 1989, contact will be made with the family within 5 working days.

Parental permission should be sought before discussing a referral about them with other agencies unless seeking this permission may itself place a child at risk of significant harm.

A decision to discuss the referral with other agencies without parental knowledge or permission should be authorised by a social work manager, and the reasons recorded.

Social workers should make it clear to families (where appropriate) and other agencies that the information provided for this assessment may be shared with other agencies.

Information gathering across agencies will proceed in accordance with existing procedures and assessments will be completed within the usual 45 working day time period.

Interviews with family members and, where appropriate, with the child will be undertaken in their preferred language and where appropriate for some people by using non-verbal communication methods. The assessment will be completed in partnership with the family and the level and type of contact will reflect the level of the perceived risk of harm.

Home visits to families during the coronavirus COVID-19 pandemic will be completed where it is necessary to do so and following a careful risk assessment process detailed below.

# 4. Child Protection Enquiries

Where a child is suspected to be suffering, or likely to suffer, significant harm, the local authority is required by s47 of the Children Act 1989 to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child.

Local Authority social workers have a statutory duty to lead enquiries under section 47 of the Children Act 1989. The police, health professionals, teachers and other professionals should support the Local Authority (LA) in undertaking its enquiries,

Each agency has a duty to assist and provide information in support of child protection enquiries. When requested to do so by LA children's social care, professionals from other parts of the Local Authority such as housing and those in health organisations have a duty to cooperate under section 27 of the Children Act 1989 by assisting the local authority in carrying out its children's social care functions. All schools and educational establishments have the same duty in line with the statutory guidance 'Keeping Children Safe in Education'.

The social worker must contact the other agencies involved with the child to inform them that a child protection enquiry has been initiated and to seek their views.

A S47 enquiry will be undertaken immediately when:

- There is reasonable cause to suspect that a child is suffering or likely to suffer significant harm in the form of physical, sexual, emotional abuse or neglect.
- Following an Emergency Protection Order or police powers of protection being initiated.

The threshold criteria for a S47 enquiry may be identified during an assessment or the multi-agency check, as more information becomes known, rather than at the point of referral.

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, there should be a strategy meeting/discussion.

A strategy meeting/discussion should be used to:

- Share available information;
- Agree on the conduct and timing of any criminal investigation;
- Decide whether an assessment under s47 of the Children Act 1989 (s47 enquiries) should be initiated, or continued if it has already begun;
- Consider the assessment and the action points, if already in place;
- Plan how the s47 enquiry should be undertaken (if one is to be initiated), including the need for medical treatment, who will carry out what actions, by when and for what purpose and whether a social media search should be conducted;
- Agree what action is required immediately to safeguard and promote the welfare of the child, and/or provide interim services and support. If the child is in hospital, decisions should also be made about how to secure the safe discharge of the child;
- Determine what information from the strategy meeting/discussion will be shared with the family, unless such information sharing may place a child at increased risk of significant harm or jeopardise police investigations into any alleged offence/s;
- Determine if legal action is required.

Strategy discussions by telephone will usually be adequate to plan an enquiry. The strategy meeting/discussion should be co-ordinated and chaired by the LA children's social care first line manager.

Strategy meetings/discussions should be convened within three working days of child protection concerns being identified, except in the following circumstances:

- For allegations/concerns indicating a serious risk of harm to the child (e.g. serious physical injury or serious neglect) the strategy meeting/discussion should be held on the same day as the receipt of the referral;
- For allegations of penetrative sexual abuse, the strategy meeting/discussion should be held on the same day as the receipt of the referral if this is required to ensure forensic evidence;
- Where immediate action was required by either agency, the strategy meeting/discussion must be held within one working day;
- Where the concerns are particularly complex (e.g. organised abuse/allegations against staff) the strategy meeting/discussion must be held within a maximum of five working days, but sooner if there is a need to provide immediate protection to a child.

The plan made at the strategy meeting/discussion should reflect the requirement to convene an initial child protection conference within 15 working days of the strategy meeting/discussion at which it was decided to initiate the enquiry (if there were more than one strategy meeting).

If the strategy discussion concludes that there is no cause to pursue the s47 enquiry, then consideration should be given to continuing the multi-agency assessment to establish the needs of the child for any early help or family support services as a child in need.

Section 47 enquiries should always be carried out in such a way as to minimise distress to the child, and to ensure that families are treated sensitively and with respect. LA children's social care should explain the purpose and outcome of s47 enquiries to the parents and child/ren (having regard to age and understanding) and be prepared to answer questions openly, unless to do so would affect the safety and welfare of the child.

The social worker has the prime responsibility to engage with family members. Parents and those with parental responsibility should be informed at the earliest opportunity of concerns, unless to do so would place the child at risk of significant harm or undermine a criminal investigation.

The children, who are the focus of concern, must be seen alone, subject to their age and willingness, preferably with parental permission. **If access to a child is refused or obstructed, the social worker, in consultation with their manager, should co-ordinate a strategy discussion/meeting including legal representation, to develop a plan to locate or access the child/ren and progress the Section 47 Enquiry.**

Where the child appears in urgent need of medical attention (e.g. suspected fractures, bleeding, loss of consciousness), they should be taken to the nearest accident and emergency department.

In other circumstances, the strategy meeting/discussion will determine, in consultation with the paediatrician, the need and timing for a paediatric assessment. Where a child is also to be interviewed by police and/or LA children's social care, this interview should take place before

a medical examination unless there are exceptional circumstances agreed with the police and social work service.

LA children's social care is responsible for deciding how to proceed with the enquiries based on the strategy meeting/discussion and considering the views of the child, their parents and other relevant parties (e.g. a foster carer).

During the enquiry, the scope and focus of the assessment will be that of a risk assessment which:

- Identifies the cause for concern;
- Evaluates the strengths of the family;
- Evaluates the risks to the child/ren;
- Considers the child's needs for protection;
- Evaluates information from all sources and previous case records;
- Considers the ability of parents and wider family and social networks to safeguard and promote the child's welfare;
- Considers how these risks can be managed.

It is important to ensure that both immediate risk assessment and long-term risk assessment are considered. The outcome of the s47 enquiries may reflect that the original concerns are:

- Not substantiated; although consideration should be given to whether the child may need services as a child in need;
- Substantiated and the child is judged to be suffering, or likely to suffer, significant harm and an initial child protection conference should be called.

Where concerns are substantiated and the child is assessed to be at risk of significant harm, there must be a child protection conference within 15 working days of the strategy discussion, or the strategy discussion at which section 47 enquiries were initiated, if more than one has been held. The Department of Education 'Freedoms and Flexibilities' allowance can be used to extend the timescales for the convening of a child protection conference in exceptional circumstances. To apply this exception a discussion should take place between the child protection chair and the social work manager, to determine the level of need and the outcomes to be achieved. All decisions must be documented on the child(ren)'s records and the network must be informed.

Suitable multi-agency arrangements must be put in place to safeguard the child until the Initial Child Protection Conference has taken place. The LA children's social worker and their line manager will coordinate and review such arrangements.



# 5. Child Protection Conferences

An **initial child protection conference** must be convened when the outcome of the s47 enquiry confirms that the child is suffering, or is likely to suffer, significant harm. The LA children's social care manager is responsible for deciding on the completion of the s47 enquiry.

A child protection conference brings together family members (and the child/ren where appropriate), supporters/advocates and those professionals most involved with the child and family to make decisions about the child's future safety, health, and development. If concerns relate to an unborn child, consideration should be given as to whether to hold an initial child protection conference before the child's birth.

At this time, the majority of these meetings will be facilitated using digital platforms, however, the tasks for the conference remain to:

- Bring together and analyse, in an inter-agency setting the information which has been obtained about the child's developmental needs, and the parents' capacity to respond to these needs to ensure the child's safety and promote the child's health and development within the context of their wider family and environment;
- Consider the evidence presented to the conference and taking into account the child's present situation and information about his or her family history and present and past family functioning, to decide whether the child has suffered, or is likely to suffer, significant harm;
- Recommend what future action is required to safeguard and promote the welfare of the child, including the child becoming the subject of a child protection plan, what the planned developmental outcomes are for the child and how best to intervene to achieve these;
- Appoint a lead social worker from LA children's social care for each child who requires a child protection plan. The social worker is responsible for ensuring that the child protection plan is developed, co-ordinated and fully implemented to timescale;
- Identify a core group of professionals and family members to develop, implement and review the progress of the child protection plan.
- Put in place a contingency plan if the agreed actions are not completed and/or circumstances change impacting on the child's safety and welfare.

As restrictions continue to be eased, discussions to take **place** with the family and the professional network as to whether a conference should take place face to face with only key professionals attending, e.g. parents, allocated social worker and the conference chair, and other professionals using digital platforms to call in. Planning discussions will take place prior to the holding of the conference.

If there is disagreement about the decision to hold the conference between agencies, the conflict resolution procedures should be applied. See Local Safeguarding Children Partnerships Procedure, Quality Assurance Procedure and Professional Conflict Resolution.

The first child protection review conference should be held within three months of the date of the initial child protection conference. Further reviews should be held at intervals of not more than six months for as long as the child remains the subject of a child protection plan.

**A review conference** is intended:

- To review whether the child is continuing to suffer, or is likely to suffer, significant harm, and review developmental progress against the child protection plan outcomes;
- To consider whether the child protection plan should continue or should be changed.

Every review should consider explicitly whether the child is suffering, or is likely to suffer, significant harm and hence continues to require safeguarding from harm through adherence to a formal child protection plan. If the child is considered to be suffering significant harm, the local authority should consider whether to initiate family court proceedings

Thorough regular review is critical to achieving the best possible outcomes for the child and includes:

- Sharing and analysing up-to-date information about the child's health, development and functioning and the parent's capacity to ensure and promote the child's welfare;
- Maintaining contact with Health professionals such as GPs, Health Visitors, CAMHS and adult mental health service professionals about the child;
- Considering the impact on the child of the capacity and functioning of the parent/carer;
- Ensuring that the measures already in place to safeguard the child from harm are effective and in line with local arrangements;
- Regularly reviewing the progress of all aspects of the Child Protection Plan;
- Making changes to the child protection plan (e.g. where a family is not co-operating, or a service is no longer available);
- Deciding what action is required to safeguard the child if there are changes to the child's circumstances;
- Setting or re-setting desired outcomes and timescales;
- Seeking and taking into account the child's (possibly changed) wishes and feelings;
- Making judgments about the likelihood of the child suffering significant harm in the future;
- Deciding whether there is a need for a new assessment.

Reviews should be brought forward where / when:

- Child protection concerns relating to a new incident or allegation of abuse have been sustained;
- There are significant difficulties in carrying out the child protection plan;
- A child is to be born into the household of a child or children already subject of child protection plans;
- An adult or child who poses a risk to children is to join, or commences regular contact with, the household;
- There is a significant change in the circumstances of the child or family not anticipated at the previous conference and with implications for the safety of the child;
- A child subject of a child protection plan is also looked after by the local authority and consideration is being given to returning them to the circumstances where the care of the child previously aroused concerns (unless this step is anticipated in the existing child protection plan);
- The core group believes that an early cancellation of the need for a child protection plan should be considered.

As a minimum quorum, at every conference, there should be attendance by local authority children's social care and at least two other professional groups or agencies, which have had contact with each child who is the subject of the conference

In some circumstances, the Chair may decide to proceed with the conference despite lack of agency representation. This would be relevant where:

- A child has not had direct contact with three agencies;
- Sufficient information is available; and
- A delay will be detrimental to the child.

## 6. Involving children and family members

It is important that the principles of partnership with children and parents are maintained during the coronavirus (Covid19) pandemic. Where the meetings will be convened remotely, using digital devices it is important that parents are:

- invited and encouraged to participate in all child protection meetings unless it is likely to prejudice the welfare of the child.
- supported to enable them to participate by timely preparation and information, such as leaflets, being provided about the process and their role.
- Those parents for whom English is not the first language must be offered and provided with an interpreter if required.

The Chair will make contact with the parent(s) prior to the conference to talk them through the process and agree on how to achieve their participation.

The chair will make contact with the parent immediately after the conference to ensure they have understood the decisions made and the plan to protect the child.

It will not be expected for children to join the digitally convened conference meeting. The social worker should agree with the family how the child's views will be shared with the conference attendees. The social worker can this by:

- Enabling the child or parent to write or tape or use drawings to represent their views;
- Agreeing that the social worker, or any other professional, expresses their views.
- Explore the use of the child protection advocate, to support and represent the child's view

Facilitating child protection conferences using digital platforms will be challenging, and video conferencing should always be prioritised where possible to enable the parent(s) to see who is present and what they are saying. To assist this process, it will be important that written reports are kept simple and shared with the family and the conference chair at least 48 hours before the meeting.

## 7. The Plan

If a decision is taken that the child has suffered, or is likely to suffer, significant harm a child protection plan should be developed. The need for a protection plan should be considered separately in respect of each child in the family or household.

Where a child is to be the subject of a child protection plan, the conference is responsible for recommendations on how agencies, professionals and the family should work together to ensure that the child will be safeguarded from harm in the future. This should enable both professionals and the family to understand exactly what is expected of them and what they can expect of others.

The outline plan should:

- Describe specific, achievable, child-focused outcomes intended to safeguard each child;
- Describe the types of services required by each child (including family support) to promote their welfare; **specific consideration will be given to the child attending nursery, school or college in accordance with the DfE Guidance for schools and colleges**  
<https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools>
- Set a timescale for the completion of the assessment, if appropriate;
- Clearly identify roles and responsibilities of professionals and family members, including the nature and frequency of contact by professionals with children and family members;
- Identify the resource implications for each agency as far as possible and determine the agency representation, who can commit agency resources, to the first core group meeting;
- Develop a robust contingency plan to respond if the family is unable to make the required changes and the child continues to be at risk of significant harm (e.g. recommend the consideration of legal action and the circumstances which would trigger this);
- Where a child is admitted to hospital and it was not a planned admission the Core Group should consider reconvening prior to the child being discharged to review the Child Protection plan. In some cases, a strategy discussion/ meeting could be considered instead.

If the conference decides that a child has not suffered, or is not likely to suffer, significant harm then the conference may not make the child the subject of a child protection plan. The child may nevertheless require services to promote his or her health or development. In these circumstances, the conference should consider the child's needs and make recommendations for further help to assist the family in responding to them, including providing assistance under the S17 Children Act 1989.

The conference should use the same decision-making process to reach a judgement for when a child protection plan is no longer needed. This includes situations where other multi-agency planning for services might need to replace a child protection plan.

If an agency does not agree with a decision or recommendation made at a child protection conference, their professional dissent will be recorded in the record of the conference. In these circumstances, the individual or their agency should follow the conflict resolution procedures (see Local Safeguarding Children Partnerships Procedure, Quality Assurance Procedure and Professional Conflict Resolution)

# 8. The Role of Children's Social Care

In response to the coronavirus (Covid19) pandemic children's social care will continue to review all existing plans for children subject to protection plans and convene core group meetings to revise plans in accordance with Covid19 safe care guidance. Virtual arrangements for meetings will remain in place as restrictions are eased.

Children's Social Care will remain the lead agency for child protection concerns and will continue to coordinate support to children subject to a protection plan. Social workers will encourage and support children subject to protection plans to attend school, where it is safe to do so, and in accordance with current public health advice and the DfE Guidance for schools and colleges to support them keeping children safe, including online, during the coronavirus (COVID-19) pandemic.

Social workers will maintain contact with children subject to protection plans and their carers at least once every week. A combination of telephone contact and contact using digital platforms will be maintained.

Where children are attending school social workers should aim to see all children face to face every 10 days, whether at home, in school or in a park. Social workers should aim to see the child in their home at least every month.

Home visits will be considered weekly for children subject to protection plans who are not attending at school.

All home visits will continue to be carefully risk assessed by the allocated social worker, using the Covid19 home visit risk assessment tool at Appendix A of this document.

The core group of professionals will continue to meet, using digital platforms, at least every 6 weeks to review the effectiveness of the protection plan. If there are concerns that the protection plan is not adequately managing identified risks a child protection conference should be scheduled at the earliest opportunity.

Child Protection Conferences will continue to be facilitated using digital platforms in the majority of cases. A face to face conference may be considered in some cases, with the family and professional network. Those physically attending will be kept to a minimum, with all risks assessed and safety precautions taken. All agencies will be expected to participate as usual.

All protection plans should carefully consider:

- Whether the child is attending school
- The age of the child and their ability to meet/speak with you on their own
- The level of assessed risk and if overall assessed visiting frequency is enough to safeguard the child
- The number of agencies still working with the child who will see them or have contact during this period
- Our assessment of the resilience, risk, stability of the home and our level of satisfaction or concern

The allocated Social Worker, Social Care Manager and Child Protection Chair must ensure that all rationale for decisions is recorded on the child/family record. Where a Social Worker assesses that a home visit cannot be completed safely, alternative contact arrangements will be agreed with their manager, shared with the core group of professionals and the child protection conference chair. A home visit will be scheduled as soon as it is safe to do so.

If parents do not consent to a home visit and professionals have significant concerns a strategy discussion should be scheduled to determine whether alternative action should be taken using police powers or recourse to the Children Act 1989 (for example seeking a Child Assessment Order or an Emergency Protection Order).

In exceptional circumstance where a social worker is required to complete a home visit and the family have COVID-19 symptoms the relevant NHS England guidance on Personal Protective Equipment must be followed – see Appendix 2 for further guidance.

Social workers will maintain regular telephone conversations with Designated Safeguarding Leads or nominated Teacher to discuss a child subject to a protection plan, irrespective of whether they are attending school. It will be expected that Designated Safeguarding Lead or nominated Teacher remain in contact with children subject to protection plans who are not attending school to promote their learning off-site.

Social workers will maintain regular contact with health visitors for all children aged under 5. It is expected that health visitors will maintain contact with families whose children are subject to protection plans.

## 9. The Role of Education

Until the end of July Schools are open for Years R, 1 and 6 as well as vulnerable children and children of key workers but attendance at this time is not mandatory. In accordance DfE guidance schools are expected to open for all children from September 2020, and from this time attendance will be mandatory.

During the easing of restrictions in working towards full reopening of schools in September 2020, schools will maintain a register of vulnerable children who attend at school and will inform the Local Authority. It is recognised that all direct face to face contact with children will be helpful in promoting their safety and wellbeing. This will inform the protection planning process, being a critical part of keeping children safe.

School staff will continue to participate in core group meetings and child protection conferences. They may be invited to a strategy meeting should there be increasing concerns about a child's wellbeing that require alternative action. Lack of engagement may trigger increasing concern that triggers a multi-agency strategy discussion.

For children in school, the Designated Safeguarding Lead (or nominated key teacher) will maintain regular contact with the allocated social worker for the child. The Designated Safeguarding Lead or nominated senior school leader should be available during the school terms for safeguarding discussion to take place as required.

For a vulnerable child who is not attending at school, the Designated Safeguarding Lead, or nominated teacher, will maintain at least weekly contact with the child/family, to check on the progress of schoolwork and the welfare of the child, and raise any concerns with the child's social worker immediately.

All communications and contacts with a child and their family should be recorded as in usual circumstances.

Any concerns should be reported to the child's allocated Social Worker immediately. If the allocated social worker is not available their line manager should be notified. If education staff are struggling to get hold of the child's social worker during COVID-19 please refer to the escalation policy in the usual Child Protection Procedures.

## 10. The Role of the Police

Whilst the primary responsibility of police officers is to undertake criminal investigations of a suspected or actual crime and to inform LA children's social care when they are undertaking such investigations, and where appropriate to notify the Designated Officer (formerly known as LADO), the police are a key safeguarding partner, having a number of responsibilities for protecting the vulnerable and community safety. Their key powers include:

- Section 46(1) Children Act 1989 to remove a child into police protection if they are at risk of significant harm. Police protection lasts up to 72 hours.
- Section 17 of the Police and Criminal Evidence Act 1984 provides police with powers to enter and search premises in certain circumstances, notably with regard to this



guidance, for the purposes of saving life and limb or to arrest a person who has committed an indictable offence of other listed offence under the section.

- Section 24 of the Police and Criminal Evidence Act 1984 provides the police the power of summary arrest for any offence subject to certain provisions notably, for the purposes of this guidance, under S.24(5)(d) to protect a child or other vulnerable person from the person in question.

The police must be alert to safeguarding concerns during the coronavirus (COVID-19) pandemic and report concerns about any child to children's social care immediately.

The police should also be alert to specific issues such as incidents of domestic abuse, substance misuse and children going missing from home. It is anticipated that there will be a rise in these concerns and the police will often provide the first response. The police should have arrangements in place to deal with these issues and to work in partnership with key agencies where necessary.

Police will attend at regular strategic partnership meetings to discuss emerging themes and agree multi-agency responses as necessary.

## 11. The Role of Health

The Clinical Commissioning Groups will ensure the coordination of the health providers' response to safeguarding enquiries and responses meet the needs of our most vulnerable children. Health professionals will continue to make themselves available for child protection discussions, meetings and conferences.

The pathways for child protection medicals will be kept under review and communicated clearly to Children's Social Care.

Health professionals will maintain regular contact with vulnerable children where there are concerns and will keep in regular contact with the allocated social worker to contribute to the ongoing plans to safeguard their wellbeing.

With careful resource prioritisation across the Health Service, a targeted resource for vulnerable children will be maintained. Regarding the health visiting of babies and young children subject to child protection plans, individual plans will outline the frequency of visiting and oversight provided. These measures will be written into the revised and updated child protection plan

Specialist Health Visitors will contribute to multi-agency partnership risk assessment to ensure children are monitored as frequently as possible in a variety of ways.

Mental Health Services will continue to contribute to plans for vulnerable children and be specific with the allocated Social Worker as to the ongoing nature of support offered to the child, young people and family members, and how often contact takes place.

# 12. Providing Support to Children in Need

In response to the coronavirus (Covid19) pandemic, children's social care will continue to review all existing plans for children in need so that they can be revised in accordance with Covid19 safe care guidance and the easing of restrictions.

Children's Social Care will remain the lead agency for children in need (receiving support under S17 Children Act 1989) and will continue to coordinate packages of support. Social workers will encourage and support children in need to attend at school, where it is safe to do so, and in accordance with current public health advice and the DfE Guidance for schools and colleges to support them keeping children safe, including online, during the coronavirus (COVID-19) pandemic.

Social workers will maintain contact with children in need and their carers at least fortnightly. In all cases a combination of telephone contact and contact using digital platforms will be maintained.

Home visits will be considered at least fortnightly for children who are not attending at school.

Home visits will be considered every four weeks (28 days) for children who are attending at school. All home visits will be carefully risk assessed by the allocated social worker, using the Covid19 home visit risk assessment tool at Appendix A of this document.

Professionals involved with the family will continue to meet, using digital platforms, at least every 8 weeks to review the effectiveness of the child in need plan. If there are concerns that the plan is not adequately safeguarding the child, consideration should be given to a child protection enquiry.

Where the need for a home visit is required, and there are concerns about the family being symptomatic and therefore in quarantine or isolation, the allocated social worker to review the need to visit with their line manager and undertake a risk assessment (see appendix A) as to whether a visit MUST take place. The relevant NHS England guidance on Personal Protective Equipment must be followed. This NHSE guidance can be located on the relevant Council's website.

# 13. Looked After Children

Children's social care will continue to review all existing plans for looked after children so that they can be revised in accordance with Covid19 safe care guidance, and the easing of restrictions.

Children's Social Care will remain the lead agency for looked after children and will continue to coordinate their care plans. Social workers will encourage and support looked after children to attend at school, where it is safe to do so, and in accordance with current public health advice and the DfE Guidance for schools and colleges to support them keeping children safe, including online, during the coronavirus (COVID-19) pandemic.

During this period of the easing of restrictions social workers will maintain contact with looked after and their carers and undertake face to face visits in accordance with statutory guidance. In general, the expectation will be that all children and young people who are looked after will be seen at a minimum of at least six weekly. For those in long term approved placements, face to face contact to take place at a minimum of every three months. A combination of telephone contact and contact using digital platforms will also be maintained. When visits take place, a risk assessment will be completed and the relevant guidance in relation to PPE will be followed (please see sections in the role of social care above). All decisions will be recorded carefully on the child's file.

Looked After Children Reviews will continue to be convened at the required frequency. Digital platforms will continue to be used to review the child's care arrangements will also considered. The child, young person, their carers and, where appropriate their parents, will be contacted directly by the Independent Reviewing Officer before the review in accordance with existing good practices. Careful attention will be paid to the child or young person's emotional wellbeing and how they are remaining in touch with the people most important to them.

Independent Reviewing Officers will continue to maintain contact with all looked after children, their carers and their parents to outline how the services to looked after children will be delivered during the coronavirus (Covid 19) pandemic and in the easing of restrictions..

Advocacy and participation services will continue to be maintained and delivered remotely to children and young people in care.

Personal Education Planning Meetings will to continue to take place remotely with social worker, virtual school officer and designated teacher to develop a plan for the young person's education across this period of time. Face to face meetings will be considered on a case by case basis.

The timing of health assessments will be considered on an individual basis and in consultation with the designated nurse for looked after children.

## 14. Accommodating Children

Should a child need to be looked after by the local authority, the appropriate parental consents, police powers of protection or court order will be sought to safeguard the wellbeing of the child. The child's safety will be the paramount consideration.

A home visit will be undertaken by the social worker and the latest public health advice will be followed, including the use of personal protective equipment.

A health assessment will be scheduled for as soon as it is reasonably practicable and testing for COVID-19 will be completed as available and necessary.

The child will be placed in an authorised placement and an initial looked after child review will be convened, within 20 days of the child becoming looked after.

The social worker will remain in contact with the child weekly and will keep parents informed of their wellbeing and the emerging plans for the child's ongoing care. Face to face statutory visits will be undertaken by the allocated social worker. Recourse to legal advice and the family court will be followed as appropriate.

Legal advice continues to be available at this time, with the family proceedings courts resuming physical face to face hearings. Some legal and court hearing may still be heard virtually.

### Reference Note:

**Department of Education – Coronavirus (COVID-19): Guidance for Children's Social Care Services. Updated 1<sup>st</sup> July 2020**

At the outset of Covid19 restrictions the Department of Education published guidance to support the work of children's social care. Whilst our duties under primary legislation were unchanged, the Covid19 guidance and the secondary legislative changes made on 24 April 2020 sought to respond to the challenging context that coronavirus (COVID-19) posed to the normal operation of services.

Several amendments were made to regulations, which provided local authorities and partners to be flexible in the delivery of their responsibilities. These amendments related to residential care, local authorities, private fostering, care planning, and fostering and adoption.

Whilst Children's Services in Hammersmith & Fulham, Kensington and Chelsea and Westminster did not avail themselves of the flexibilities, it is of note that these amendments have been temporary. In the updated guidance published by the Department of Education on 1<sup>st</sup> July 2020, notice was given that the amendments will expire on 25 September 2020. "Where local authorities and providers have used the temporary flexibilities, we expect them to return to usual practice as soon as practicable."

A copy of the Department of Education updated guidance can be found at:

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care>

# 15. Appendix A: (COVID-19)

## Pre-visit Risk Assessment

This form is to be completed over the telephone to inform whether any physical contact/visit should take place. The purpose of the form is to both protect workers as well as the children/young people and families/carers you are working with.

Please ensure that families/carers are assured that we are looking at alternatives to our usual delivery of services.

Name of child/family:

KCiCS / Mosaic number:

Date:

Is anyone who will be at the visit either self-isolating or been advised to self-isolate by 111 or a health professional?	
Is anyone who will be present at the visit been tested for coronavirus and been given a positive diagnosis?	
Is anyone who will be at the visit presenting with symptoms of coronavirus: <ul style="list-style-type: none"> <li>- <u>new persistent cough and/or</u></li> <li>- <u>high temperature</u></li> </ul>	

(if you have answered YES to any of the above questions a visit should not be undertaken)

Visit to be undertaken: YES / NO

If a visit is not to be undertaken, is there a safeguarding issue that still requires resolution?  
YES/NO

If YES, please speak to your line manager for further advice.

<p>Management decision and rationale:</p>    <p>Clearly set out what mitigation activity will be undertaken in the event that a visit cannot be completed:</p>
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**\*PLEASE NOTE BASIC HYGIENE GUIDELINES ISSUED BY PUBLIC HEALTH**

# Appendix B: COVID-19 guidance relevant to Children’s services.

<u>Governmental Guidance</u>	<u>Where to find information from</u>
Coronavirus (COVID-19): changes to the Care Act 2014	<a href="https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014">https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014</a>
Coronavirus (COVID-19): guidance on vulnerable children and young people	<a href="https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people">https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people</a>
Coronavirus (COVID-19): guidance for schools and other educational settings	<a href="https://www.gov.uk/government/collections/coronavirus-covid-19-guidance-for-schools-and-other-educational-settings">https://www.gov.uk/government/collections/coronavirus-covid-19-guidance-for-schools-and-other-educational-settings</a>
Guidance for schools, childcare providers, colleges and local authorities in England on maintaining the educational provision	<a href="https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision">https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision</a>
Data sharing during this public health emergency	<a href="https://www.gov.uk/government/speeches/data-sharing-during-this-public-health-emergency?utm_source=a04bc790-fccb-4b25-9690-">https://www.gov.uk/government/speeches/data-sharing-during-this-public-health-emergency?utm_source=a04bc790-fccb-4b25-9690-</a>

# Appendix C: Child Protection Medical Referral Pathways Guidance



