



Policy for visiting children and their families – COVID19

(1 April 2020)

Introduction

It is essential that our most vulnerable children are visited by professionals where we deem them to require a visit. At all times it is vital that key professionals consider the best interest decision for the child when reviewing whether a child needs a direct visit from a professional.

The purpose of this policy is to define in a time when we need to strike a balance of visiting children to keep them safe from harm and likelihood of significant harm against keeping them safe from contracting coronavirus as well as balancing this for our key working staff from the risks of Coronavirus.

It is also imperative that in line with Government instruction that we maintain a physical distance / social distance and comply with all Government measures <https://www.gov.uk/coronavirus> set requirements and any further changing requirements as they arise to preserve life and maintain the health and wellbeing of our staff and the most vulnerable families in our City.

This policy therefore sets out the priorities for visiting children.

1. Section 47 Child Protection investigations – for new and existing cases that are open and allocated to a social worker.
2. Child subject of a Child Protection plan and the matter is in Pre proceedings following legal planning meeting
3. Child subject of a Child Protection Plan
4. New referral where the child requires an assessment of need for services under Section 17
5. Child in Need plans
6. Children in Care

For all cases there needs to be evidence of a Risk Assessment completed by the Social Worker and approved by the manager. The manager must upload the risk assessment document onto Eclipse under case notes and attach the document. See appendix 1 for the Risk Assessment tool.

This policy covers all services provided by Birmingham Children's Trust frontline operational teams including EDT.

1. Section 47 Child Protection Investigations:

Following a strategy meeting where information has been shared about the incident/concern, the circumstances for the child and a decision made that the child must be seen that day, this will either be completed jointly with the police or single agency by social work staff.



These visits are a priority as they ascertain whether the child needs to be safeguarded immediately and or what level of support and intervention is needed to address the concern of imminent harm. A risk assessment must be completed prior to the visit being undertaken and saved on Eclipse by the Team Manager leading the strategy discussion. All protective measures must be undertaken to ensure the safety of staff undertaking the visit.

2. Child Protection Plans – Pre proceedings:

Pre-proceedings are where a child is subject of intervention where the threshold has been met in terms of harm, assessment and intervention plans are in place to enable the family to address the risks in a short period of time (12 weeks max). **In such cases, children need to be seen.** It may be risk assessed that some children and families require virtual contact only or in some circumstances, where there is concern that the plan is not effective and being adhered to and the child remains at risk of harm, the child and family will need to be seen by the allocated social worker. A risk assessment needs to be completed on all cases that are in pre proceedings where the decision and rationale is recorded by the Team Manager.

There may be other professionals that are visiting as part of the plan in which case, there must be a discussion between involved professionals to ensure we are working together to reduce the foot flow into the household. If it is agreed for a partner agency to undertake the visit, this must be recorded on the risk assessment tool and the Social Worker needs to ensure that there is a clear understanding of the issues to be discussed during that and any subsequent visit undertaken by that professional. The professional visiting will need to communicate the outcome of the visit to the allocated Social Worker or Team Manager the same working day and send to allocated Social Worker and Team Manager

3. Child Protection Plans:

Where a Child Protection plan is at the point of de-listing and core group members have agreed this, then the visit to the child can be completed virtually or agreed that a visit is not required. The risk assessment will need to record the rationale clearly and what support is available to the family along with virtual contact to be maintained.

Where the Child Protection plan is progressing, and risks are reducing with the interventions/support in place and there is evidence of the family complying to the plan – such visits and contact with the family can be maintained virtually including direct work with children where this is feasible. All virtual contacts must be recorded as part of the visit/contact on Eclipse with the family and the child.



Where the Child Protection plan is not being adhered to, support services and interventions are not being accessed by parent(s) and the risk of harm continues to the point that this is becoming risk of imminent harm or significant harm, this will require a strategy discussion – a visit by the Social Worker single agency or jointly with the police will need to take place. The Social Worker in such circumstances must try to speak directly to the child if age appropriate during the visit and attempt to do this in an open space directly outside of the home. In such circumstance a risk assessment must be completed and uploaded onto Eclipse.

4. Assessments under Section 17:

Where a new referral is received and an assessment is needed to ascertain support services to the family, in the first instance the allocated Social Worker will make telephone contact with the family to complete a risk assessment using the attached tool. The Social Worker will need to ascertain if the assessment can be completed through virtual contact via skype, WhatsApp video calling.

The Social Worker will commence the assessment by gathering information from involved professional agencies. This will also form part of the risk assessment and consideration as to whether the family need a home visit.

Home visits must be in line with the guidance in the risk assessment tool and should keep to a minimum time period with physical distance guidance maintained during the visit.

5. Child in Need plans:

For open CIN plans, a risk assessment must be completed for all cases and rationale recorded for contact to be maintained through virtual means.

Where there are new concerns arising that escalates the risks being managed, a decision needs to be made as part of the strategy discussion as to whether a visit to the child and family is required. It may be that a decision is made for a partner agency to undertake a visit and in which case feedback from that partner agency will be needed on the same working day of the visit. This must be agreed between the Team Manager, Social Worker and the partner professional and recorded on the risk assessment tool.

6. Children in Care:

For all children in care virtual contact is to be maintained and recorded on Eclipse along with the risk assessment document. There may be some instances where children in care will require a visit and in which case a best interest decision needs to be made, this may include situations of children on a care order placed at home.



For care leavers, it is essential that contact is maintained and in the first instance needs to be virtual contact. Additional support for care leavers must be provided as it is identified, and their personal advisor will need to assess along with their Team Manager if direct contact is required. This must be recorded on the risk assessment tool and uploaded onto Eclipse.

To note where *virtual contact is suggested this will include telephone, skype, WhatsApp calls/video calls.

During all type of contact; virtual or direct, it is imperative that we continue to maintain relationship-based practice. At a time of such uncertainty all professionals involved and working with children and families need to check what additional support families may require and mobilise this support with pace in order to reduce their concerns and vulnerabilities. Sharing information in a timely manner is key to supporting children and families and communicating with each other so that we can collectively offer services when they arise.

This policy will be reviewed in 3 weeks' time to consider any additions and changes as Government instructions and guidance evolve.

ENDS