



**Covid-19 Emergency:  
Targeted Early Help and  
Children's Social Care  
Critical Operating Model**

**Staff Guidance**

Version 2

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## 1. Introduction

### 1.1 Department of Education Covid-19 Guidance and Principles

This protocol sets out the arrangements for delivering ‘core’ children’s social care services to children and families during the current coronavirus public health emergency where there are statutory corporate parenting and safeguarding responsibilities for promoting the safety and welfare of children in Merton.

This protocol replaces the previous version of Merton’s Critical Operating Model: Staff Guidance (23 March 2020) to incorporate the Department for Education’s Coronavirus (COVID-19): guidance for local authorities on children’s social care <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services> issued on 3 April 2020.

The above DfE guidance recognises that the coronavirus public health emergency is a time of severe pressure across society, presents heightened levels of risk for some children and young people and that it is important that these children and young people continue to receive the services and support they need.

At the same time, it acknowledges that the challenging coronavirus context means that local authorities and partners will struggle to meet the full range of statutory duties relating to child protection, safeguarding and care. The guidance supports local authorities in determining how best to support families and protect vulnerable children. It is underpinned by a set of principles which should be used to inform local decision-making and day to day practice with children and families.

Merton Children’s Social Care & Youth Inclusion has adopted these principles in shaping the Critical Operating Model as follows:

- child-centred - promoting children’s best interests
- risk-based - prioritising support and resources for children at greatest risk
- family focussed - harnessing the strengths in families and their communities
- evidence informed - ensuring decisions are proportionate and justified
- collaborative - working in partnership with parents and other professionals
- transparent - providing clarity and maintaining professional curiosity about a child’s wellbeing

### 1.2 Our 4 ‘Critical’ Priorities

In line with the above principles, Merton Targeted Early Help, Children’s Social Care and Youth Inclusion have identified 4 critical areas of intervention and support for children, young people and families around which will shape our emergency response and deployment of available resources:

- 1. Identification and protection of children from significant harm**
- 2. Support to children at imminent risk of their family living arrangements breaking down**
- 3. Support to children looked after at imminent risk of placement breakdown**
- 4. Support to care leavers who are or are at imminent risk of becoming destitute and homeless**

## 2. Critical Service Delivery Arrangements

### 2.1 Oversight of Risk and Review Of Guidance

This Critical Operating Model guidance is for Merton Council staff operating in the Children, Schools and Families Directorate during the coronavirus public health emergency period. It will be regularly reviewed by CSMT, DMT and the Children, Schools and Families Bronze Group to reflect the changing central government, DfE and Public Health England advice and guidance regarding Covid-19 and the role of Children's Social Care services.

The Children's Social Care and Youth Inclusion senior leadership team (CSMT) are responsible for preparation, regular review and implementation of the Critical Operating Model guidance.

The Critical Operating Model Guidance is authorised by the Directorate Management Team (DMT) and that authorisation is recorded in the Children, Schools and Families Bronze meeting minutes.

The authorised Critical Operating Model guidance is shared with local partners through the Executive members of the MSCP and the MSCP website. Weekly partnership meetings of the Executive members and, separately, the operational leaders of Merton, Wandsworth, Richmond and Kingston's SCPs (the Metropolitan Police's South West Borough Command footprint) are held to review the effectiveness of and changes to the Covid-19 emergency partnership arrangements.

Risk assessments for all children open to Children's Social Care are completed within each Service area to inform visiting/contact frequency and an updated Case Summary. This information is available centrally to inform risk-based decision-making and tasking by the Central Duty Team. Risk assessments are regularly reviewed and updated.

Staffing levels, functional capacity and monitoring of the risks to effective and safe delivery of safeguarding and corporate parenting responsibilities are reviewed each working day in the CSF Covid-19 Bronze meeting. A daily risk-rated Situation Report (SitRep) is submitted to Merton's Borough Emergency Control Centre (BECC) and shared with the Council's Silver and Gold Groups; London Resilience Group (LRG) and London Local Authority Gold (LLAG) to inform pan-London resilience and mutual aid planning.

### 2.2 Staffing Descriptors

All staff working in Targeted Early Help, Children's Social care & Youth Inclusion are critical workers because they undertake tasks essential to protecting, supporting and caring for children and families in Merton. To reflect the range of staff availability as a result of Covid-19 and Public Health England guidance the following terms are used to describe staff roles in this protocol:

**Fully Operational:** A member of staff who is well; is not required to self-isolate; is not in a vulnerable or shielded group (as defined by the PHE guidance).

These staff will focus on undertaking 'critical' direct contact tasks with children and families subject to social distancing precautions, adherence to

protective personal hygiene measures and, where there are Covid-19 symptoms or diagnosis, provision of personal protective equipment (PPE).

To support social distancing and the Governments 'Stay at Home, Protect the NHS, Save Lives' measures, these staff are encouraged to work away from Council buildings where it is possible for them to safely travel to their direct contact tasks with children and families. The Civic Centre remains open for staff to use and the reduced numbers of staff working from the building provides ample options for working whilst complying with the 2m social distancing rule.

These staff will be supported with any indirect tasks by their **well and working away** colleagues.

**Well and Working Away:**

A member of staff who is well; working remotely and away from the Council buildings as a result of:

- the requirement for self or household isolation due to Covid-19 symptoms of persistent cough or fever
- having a medical condition, as defined by the PHE guidance, which places them in the vulnerable or shielded groups (this applies only to the member of staff not household members)

These staff will focus on undertaking 'critical' and 'business as usual' tasks which support **fully operational** colleagues and the effective delivery of critical services.

These staff are available by phone, email and other Council systems to undertake 'business as usual' and 'critical' indirect tasks as directed by a manager. These staff may be required to undertake indirect tasks related to their current role; be redeployed into another indirect role or a combination of indirect tasks.

**Absent:**

A member of staff who is not available for any kind of work due to illness; annual leave or the lack of suitable remote working provision to enable them to be considered **well and working away** where they would otherwise meet this criteria.

## 2.3 Task Descriptors

**Indirect social Work tasks:**

These are tasks which can only be undertaken by a social worker and do not require face-to-face contact with others. E.g. Multi-agency meetings via Skype; phone discussion with professional network to contribute to assessment; phone discussion with family about Safety Plan; phone /email correspondence with agencies to secure services; case supervision by Skype

**Direct social Work tasks:**

These are 'critical' tasks which can only be undertaken through face-to-face contact with children, families and other professionals. E.g. Section 47 child protection investigation visits / medicals; collection and placement of children entering care; home visits to prevent family or care placement breakdown.

**Indirect tasks:** These are support tasks which can be undertaken by practitioners and support workers and do not require face-to-face contact with others. E.g. phone discussion with professional networks; phone discussions with families and children; phone /email correspondence with agencies to secure services; Skype calls with family networks; case supervision by Skype

**Direct tasks:** These are 'critical' tasks which can only be undertaken through face-to-face contact with children, families and other professionals. E.g. transportation and placement of children entering care; home visits to prevent family or care placement breakdown; in home support for children with complex and enduring disabilities; provision of emergency food, supplies and medicines for isolated families

### 3 Organisation of Targeted Early Help and Critical Social Care Service Delivery

**Fully operational and well and working away** Heads of Service and social work Team Managers will remain available to support staff and the casework in their Service areas. Case and practice decision-making will remain with Service-based Heads of Service and Team Managers as long as management staffing levels in Service areas allows.

It is acknowledged that ongoing provision of some **Targeted Early Help** services is critical to ensuring that the needs of vulnerable families don't escalate and that Children's Social Care is able to focus available social worker resources on critical interventions to safeguard children.

In response to the reduction in a **fully operational** workforce 'critical' targeted early help and children's social work services will be start to be delivered through MASH and **four** Duty groups from Monday 23 March 2020. These Duty groups will be supported by both **fully operational** and **well and working away** social workers, practitioners and support staff.

Over time, if the available workforce reduces further, the MASH and the Duty groups will combine functions in phases based on minimum levels of staffing. The functions of the MASH and Duty groups and the phased combination of their functions are set out in the next section.

#### 3.1 MASH and Duty Group Functions

**MASH:** MASH will continue to receive and triage incoming referrals from professionals and families. All staff in the service will operate remotely. Staff with suitable skills will be redeployed from other areas of CSF in the event of MASH staff shortages. CSF staff limited to home working due to self-isolation or vulnerable group social distancing will be prioritised for such deployment.

**First Response Duty:** First Response will continue, whilst staffing numbers allow, to operate a weekly Duty Team arrangement from the First Response Service's own staffing establishment. This is to

ensure that all children who MASH determine are in need of an assessment have an allocated social worker.

The Duty Team social workers will be **fully operational** and work away from a Council building where they can safely travel to a direct social work task within 45 minutes. The Council's Civic Centre base will remain a working space for colleagues who are not able to travel to a direct social work task within 45 minutes. As less staff are attending the Centre there are increased opportunities to practice social distancing in the office. They will undertake child protection investigations and 'critical' visits to children and families under Section 47 Children Act 1989 for children not previously known or closed to Merton Children's Social Care.

The First Response Duty Team Manager will identify those children requiring 'critical' visits and ensure they are allocated to a **fully operational** social worker. Children who require a statutory assessment but not a 'critical' visit will be allocated to **well and working away** social workers for phone-based assessment and agency checks. Where staffing levels permit, these **well and working away** social workers will be from the First Response Service's own staff.

**Family Wellbeing Duty:** The **FWS Duty** team will operate through requests made via the **Central Duty Team**.

The **FWS Duty** Team will have either a consistent **fully operational** Manager or a consistent **well and working away** Manager and a rotating 'back-up' support Manager (as required). A blend of **fully operational** and **well and working away** case practitioners will participate in a daily rota.

The FWS Duty team will provide coaching, advice and support to families over the phone around the following the themes;

- Early Help guidance and support
- Parenting / behaviour (for families open to both targeted early help and social care)

**Central Duty:** The Central Duty team will start operating on Monday 23 March 2020. For children whose allocated social worker is **absent** or is not **fully operational**, this team will co-ordinate all 'critical' tasks, based on regular reviews of risk and tasking of social workers deployed on the Team's rota.

The Central Duty Team will have a consistent **fully operational** Team Manager; a consistent **well and working away** Team Manager and a rotating 'back-up' Team Manager. A blend of **fully operational** and **well and working away** social workers and support staff will participate in a daily rota to service the team's functions.

During Phase 1, it is expected that all **fully operational** and **well and working away** social workers will participate in the Central Duty team daily rota to undertake the functions of the team. Staff will be required to provide a clear diary for their Central Duty rota day.

**Fully operational** social workers will retain responsibility for 'critical' direct social work tasks and indirect social work tasks for the children they have allocated to them. **Well and working away** social workers will retain responsibility for indirect social work tasks and alerting their manager and the Central Duty Team Manager to the need for 'critical' direct tasks for children they have allocated to them.

If workforce levels reduce and the Central Duty team moves into Phases 2 and beyond, **fully operational** social workers will prioritise 'critical' direct social work tasks across the service as directed by the Central Duty Team managers. **Well and working away** social workers will be tasked with 'critical' indirect social work tasks across the service which may include those for children whose **fully operational** social worker is otherwise deployed on 'critical' direct work by the Central Duty Team.

**Care Leavers Duty:** This team will provide 'critical' indirect and direct support to care leavers aged 18-25 years. All **fully operational** and **well and working away** personal advisors and other CSC support staff will work together to collectively support this group of young adults under the direction of a Team Manager.

### 3.2 Phasing of MASH and Duty Groups in Responses to Workforce Availability

**Phase 1** (from Monday 23 March):

1. MASH
2. First Response Duty
3. Family Wellbeing Duty
4. Central Duty
5. Care Leavers Duty

During Phase 1 all **well and working away** staff will continue to complete indirect tasks with children allocated to them such as phone/Skype check-ins; agency checks; multi-agency skype / conference call meetings; completion of assessments and safety plans.

On a daily rota basis, **fully operational** social workers and support staff will staff the Central Duty team. Both **fully operational** and **well and working away** social workers and support staff currently in non-case holding roles will be redeployed to cover the direct and indirect tasks of absent colleagues and contribute to the Central Duty team rota.

As the available workforce reduces MASH and the **four** Duty groups will undergo a phased consolidation of their functions into Central Duty:

**Phase 2** (minimum 4 social work team managers; 9 **fully operational** social workers; 2 **fully operational support workers**; 6 **well and working away** social workers; 4 **well and working away** support workers; 3 business support workers):

1. MASH
2. Family Wellbeing Duty
3. Central Duty (First Response Duty functions now included)
4. Care Leavers Duty

**Phase 3** (minimum 3 social work managers; 5 **fully operational** social workers; 2 **fully operational** support workers; all available **well and working away** social workers; support workers and business support workers) :

1. MASH
2. Central Duty (Family Wellbeing, First Response and Care Leavers Duty functions now included)

**Phase 4** (Less available staff than detailed for Phase 3 arrangements):

1. Central Duty – all functions

### 3.3 Local Authority Designated Officer functions

- A senior social worker / IRO or social work manager will receive information (within 48 hours of the incident) from a range of sources via email/phone.
- If the threshold is met for formal LADO oversight a senior social worker / IRO or social work manager will convene a virtual ASV within 20 working days of the incident.
- Virtual review ASV meetings will be held by a senior social worker / IRO or social work manager where actions by involved agencies are able to progress alongside Covid-19 emergency arrangements.
- Where Covid-19 emergency measures are the priority for other agencies i.e. Police and Health and there is no immediate risk to children the incident will remain logged on the LADO tracker and will be reviewed by the IRO Manager at the end of the Covid-19 emergency arrangements.
- A senior social worker / IRO or social work manager will take appropriate action on the basis of investigation finding e.g. referral to regulatory body etc.

## 4. Visits, Safety and Use of Personal Protective Equipment (PPE)

### 4.1 Visits

- During the Covid-19 public health emergency period visits and direct contact with children and families are made on the basis of an assessment of risk to the child. Visits and direct contact should only be undertaken where they are essential to ensure the safety and welfare of children suffering or at risk of suffering significant harm, to prevent family breakdown or where Merton has corporate parenting responsibilities.
- Children and families assessed as requiring visits and direct contact should also have regular virtual contact with a preference for technologies which allow you to 'see' the child, family and their home. A risk assessment should be completed by the social worker and their manager to determine the frequency and types of visits and contact with children and families. A risk assessment tool is available at Appendix 2 to assist with this.
- The social work manager should record their risk assessment in the child's Mosaic record titled 'Covid-19: Management Review – Visiting and Contact Arrangements'.
- The social worker should include the Covid-19 visiting and contact arrangements in the child's Case Summary. The Case Summary should be recorded in the child's Mosaic case notes.
- Parents and families are very worried about the coronavirus pandemic and what might happen to their children and themselves. Announcements by the government and media coverage is focussing on helping families understand they must stay at home and avoid contact with people

outside of their household. Many parents and families will not know about PHE guidance we are using to prevent and control coronavirus transmission when we visit families. A letter from Merton Children's Social Care and Youth Inclusion has been sent to all families to let them know social workers will still visit and the actions social workers will take to keep visits safe.

- If a family is refusing, because of Covid-19 related concerns, to allow a social worker to visit or to visit without wearing PPE (where this request differs from the Public Health England guidance) the social worker and their manager should contact the family to listen to their concerns and try to negotiate a way for the social worker to see the children.
- Where a family maintain their refusal, the social work manager should, on the same day, discuss this with a Head of Service to agree actions to ensure the child is safe. These actions may include a call to the family by the Head of Service; involvement of other professionals in the network in visiting or seeing the child; a request for assistance from the Police; consideration of legal action to safeguard the child or in exceptional circumstances provision of PPE to enable the visit to take place.
- Staff and social workers should maintain virtual contact, with a preference for technologies that allow you to 'see' the child, with children and families risk-assessed as not requiring essential visits during the Covid-19 period. Social workers and their managers should remain alert to changes in the child and family's circumstances which may determine that a visit becomes essential. Appendix 4 provides additional guidance for staff about safe use of social media and streaming apps for communication with children, young people and their families.

## 4.2 Safety and Use of Personal Protective Equipment (PPE)

- Merton Children, Schools and Families use advice and guidance published by Public Health England complemented by advice from our Merton Public Health colleagues. The Public Health England guidance sets out the personal actions you can take to reduce the likelihood of spreading the virus; the circumstances in which PPE is needed and instructions on how to use and dispose of PPE. The advice can be found here: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
- Some of the advice only applies to medical and personal care staff who are undertaking high risk procedures or providing personal care to patients and care home residents. Home visits are low risk where hand washing is performed on arrival and on leaving and 2m distance is maintained. (Source: LBM PPE Prioritisation Schedule Version 2, 8 April 2020)
- Staff and their managers should complete a risk assessment **before each visit** to determine how to reduce the risk of coronavirus transmission and whether PPE is required (See Appendix 3). Where a manager identifies the Public Health England guidelines for use of PPE are met they must discuss this with a Head of Service. Heads of Service will authorise release of PPE where the PHE guidance is met.

- Maintaining 2m distance, regular handwashing, not touching your face and coughing or sneezing into tissues or the crook of your elbow (Catch it, Kill it, Bin it) remain the best way to protect yourselves and others from transmission of coronavirus. Approaches to visits and direct contact with children and families could include:
  - ✓ asking the child or family to stay 2m away from you inside their home. For example, if the family has a staircase the child or family could sit on the top step and you could sit on the bottom step
  - ✓ asking to wash your hands when you arrive for your visit and as you are leaving
  - ✓ a visit the child or family in their garden or walk with them in a public space as part of their daily exercise allowance so you can stay 2m apart. South West London Police colleagues have said their Officers will support this if you show your Merton ID card and a letter from your manager.
  - ✓ seeing and talking with the child or family on their doorstep or through a window so you can stay 2m apart
  - ✓ seeing and speaking with the child at school or their day-care setting and staying 2m apart



### **Stay 2m apart. Don't touch your face. Wash your hands before and after the visit.**

- Children's Social Care and Youth Inclusion has Personal Protective Equipment (PPE) available for staff to use for essential visits where the child or family is symptomatic or infected and in some instances where a member of the household you are visiting requires shielding (as per the Public Health England definition).
- Everyone has a responsibility to ensure that PPE is used in line with the Public Health England guidance so that their risk of transmission is reduced and there is enough PPE available for those essential visits that require it.

## **5. Critical Tasks for Children Living at Home**

### **5.1 S.47 Enquiry**

- Immediate risk of significant harm identified from available information to reach s.47 threshold by a social worker and manager.
- Virtual discussion to be held with Manager, police, health representative and the child's school or day-care setting and if possible the referrer or most involved professionals within **24 hours**. A series of discussions can be held and this will form the **Strategy Discussion**. Lack of professional availability due to absence or redeployment of resources should not delay safeguarding action for the child.
- There will be **15 working days** to complete a s.47 enquiry, which includes the child being seen by a **fully operational** social worker within **5 days** and information being gathered from the available network and support system. Analysis of this information will be recorded as a brief Child and Family Assessment.
- During the Covid-19 emergency period we will need to make more use of resources within the child's family and community network to increase safety for children. Where practicable, a social

worker should arrange a virtual Family Network meeting with extended family members within **10 working days**. Extended family members can be sent email links or given dial-in / PIN numbers for video conferencing held through the Council's conferencing facilities or other applications which support good data protection practices.

- Where domestic abuse; coercive control; childcare responsibilities; learning and language interpretation are issues likely to impact on a parent's participation in virtual meetings, the social worker and team manager should consider arrangements that will support and safeguard parents' participation. Where necessary, arrangements should be made for a physical meeting for the parent with the support they require. By prior arrangement, a meeting room in the 2<sup>nd</sup> Floor Annexe can be made available. The 2m social distancing rules should be applied. Other participants in such meetings should continue to use virtual methods of joining the meeting.
- Within **5 working days** a social work Manager will review the available information to make a decision about the level of risk to the child and next steps e.g. case closure, safety planning under s.17, progression to an Initial Child Protection Conference or legal action.
- Children identified as 'in need' under s.17 will be offered a s.17 Safety Plan where there is an imminent risk of family breakdown or the intervention required is deliverable in the context of service availability during the Covid-19 emergency period.
- A social worker should complete a case summary outlining a child's s.17 needs where a social work manager has agreed to close involvement of Children's Social Care because the relevant intervention cannot be delivered during the Covid-19 emergency period.
- Where the s.47 enquiry identifies a risk of immediate significant harm an Initial Child Protection Conference will be requested from the Reviewing Team by the social worker. Where practicable, an Initial Child Protection Conference will be held **within 15 working days** of the Strategy Discussion.

## 5.2 Initial Child Protection Conferences

- The Reviewing Service will make arrangements for the Initial Child Protection Conference to be held **within 15 working days of the Strategy Discussion**. Where practicable video call conferencing methods will be used. Where possible the IRO will conduct the conference as one video call meeting so that the family and professional network can share information and participate together in the discussion and planning.
- Lack of professional availability due to absence or redeployment of resources should not delay the conference or safeguarding action for the child. It is for the IRO to determine if there is sufficient information and participation for the conference to go ahead. The IRO must balance this decision with the impact of any delay on the safeguarding needs of the child. Where necessary the Initial Child Protection Conference may be held through a series of phone or video call meetings.
- The Reviewing Service will ensure that parents, family members and involved professionals are provided with email links or dial-in / PIN numbers for video call conferences held through the Council's conferencing facilities or other video call applications that support good data protection practice. The IRO should make contact with the family as soon as a request for an Initial Child Protection Conference is made to discuss their participation and support needs.

- Where domestic abuse; coercive control; childcare responsibilities; learning and language interpretation are issues likely to impact on a parent's participation in video call conferences, the IRO should consider arrangements that will support and safeguard parents' participation.
- Where necessary the IRO should make arrangements for a physical meeting for the parent with the support they require. By prior arrangement, a meeting room in the 2<sup>nd</sup> Floor Annexe can be made available. The 2m social distancing rules should be applied. To reduce the size of any gathering, other participants in such conferences should continue to use video call methods of joining the meeting.
- Social workers should ensure that their conference reports are shared with the family in advance of the Initial Child Protection Conference using the most appropriate means to help the family understand the concerns; maintain social distancing rules and keep personal and sensitive data protected. Other professionals will be expected to share their reports with families in line with their own organisations' Covid-19 and social distancing policies.
- Where the Initial Child Protection Conference results in a Child Protection Plan the IRO will ensure that the safety goals and actions focus on immediate and realistic measures that can be implemented during the Covid-19 emergency period to increase safety for the child.
- Subject to central government, DfE and Public Health England guidance regarding management of Covid-19 transmission and infection in individual cases, safety measures could include involvement of the child's relatives, requesting an adult posing a risk moves out of the family home or requiring the child to attend a day-care or school setting (symptomatic, infected and some children with specific health conditions should not attend day-care settings or school).
- All children with a new Child Protection Plan will have professional contact **every 10 working days** until the first Review Conference. This contact will be a mixture of home visits and video calls. Contact can be by a social worker or other professional identified in the Child Protection Plan e.g. nurse, health visitor, teacher, police officer.
- Written Agreements with parents should not be used.
- Specifically, the IRO will ensure the plan addresses:
  - 1) the frequency of professional visits to see the child at their home
  - 2) the frequency of virtual professional contact with the child with a preference for technologies which allow the professional to 'see' the child
  - 3) the arrangements for the professional network to co-ordinate their visits and contact with the child and family during the Covid-19 emergency period to ensure the child is seen by a professional at the required frequency
  - 4) the arrangements for the professional network to quickly share information obtained from their contact with the child or family
  - 5) The child's attendance at school or day-care provision as expected of all children with a social worker (subject to PHE and DfE guidance regarding containment of Covid-19 and the health needs of specific high risk individuals).
  - 6) The bottom line and contingency arrangements should risk to the child increase either from an escalation of the safeguarding concerns or a reduction in the support available from the network because of Covid-19 control measures or illness.

- **Within 24 hours of the conference**, the child's case summary on Mosaic will be updated by a social worker to reflect the new understanding of the family, risk, the key actions of the Child Protection Plan
- The IRO will arrange a Review Child Protection Conference within 12 weeks.

### 5.3 Transfer-In Child Protection Conferences

- These will not be held during the Covid-19 emergency period
- Requests to be reviewed in 12 weeks and originating LA contacted re: proposed transfer-in dates (depending upon national climate)
- The Central Duty team will agree to undertake 'critical' direct social work tasks with a child and family where a valid transfer-in request has been made

### 5.4 Current Child Protection Plans

- An IRO will virtually review and update the plan in discussion with the family, a social worker and involved professionals on or before the date a RCPC had been set. Virtual reviews will then be held every 12 weeks.
- Where domestic abuse; coercive control; childcare responsibilities; learning and language interpretation are issues likely to impact on a parent's participation in virtual reviews, the IRO should consider arrangements that will support and safeguard parents' participation. Where necessary the IRO should make arrangements for a physical meeting with the parent and the support they require. By prior arrangement, a meeting room in the 2<sup>nd</sup> Floor Annexe can be made available. The 2m social distancing rules should be applied.
- Where safety goals and actions on the current plan are not achievable in the context of multi-agency service availability and 'critical' operating models across during the Covid-19 emergency period the child protection plan should be refreshed to focus on the achievable and immediate actions to reduce the risk of significant harm to a child. The refreshed child protection plan should specifically address:
  - 1) the frequency of professional visits to see the child at their home
  - 2) the frequency of virtual professional contact with the child with a preference for technologies which allow the professional to 'see' the child
  - 3) the arrangements for the professional network to co-ordinate their visits and contact with the child and family during the Covid-19 emergency period to ensure the child is seen by a professional at the required frequency
  - 4) the arrangements for the professional network to quickly share information obtained from their contact with the child or family
  - 5) The child's attendance at school or day-care provision as expected of all children with a social worker (subject to PHE and DfE guidance regarding containment of Covid-19 and the health needs of specific high risk individuals).

- 6) The bottom line and contingency arrangements should risk to the child increase either from an escalation of the safeguarding concerns or a reduction in the support available from the network because of Covid-19 control measures or illness.
- During the Covid-19 emergency period we will need to make more use of resources within the child's family and community network to increase safety for children. The IRO should arrange a virtual Family Network meeting with extended family members where the safety goals and actions on the current plan are not achievable. Extended family members can be sent email links or given dial-in / PIN numbers for Skype conferences held through the Council's Skype conferencing facilities.
  - An IRO will update the child protection plan and share with it with the family and professional network
  - Children will not have their child protection plans ended during the Covid-19 emergency period unless a) they become a child looked after; b) any risk posed to them by adults ends through permanent alternative living arrangements; c) the permanent absence of adults posing the risk to a child
  - Full RCPCs will resume once the Covid-19 emergency has ended. The IRO service will decide, based on an evaluation of risk, the timescale and priority for scheduling of RCPCs.

## 5.5 Visits and Oversight of Children with Child Protection Plans

- **Every 4 weeks**, using information from visits and contact with the family and involved professionals, the child's case summary is updated by a social worker. The Child Protection Plan and level of risk to the child is reviewed by a social work manager and a social worker to determine:
  - 1) The child's attendance at school or day-care provision as expected of all children with a social worker (subject to PHE and DfE guidance regarding containment of Covid-19 and the health needs of specific high risk individuals).
  - 2) The frequency and type of social work and other professional visits and contacts with the child and family
  - 3) Whether the interventions and deliverable actions of the child's protection plan are providing sufficient safety for the child
  - 4) Any alternative actions required to further increase safety for the child
- Appendix 2 provides a Visiting and Contact Frequency Risk Assessment tool which can be used to assist a review of risk to the child and the required visiting frequency. The social work manager will record this review in the child's case note section of Mosaic titled 'Covid-19: Management Review – Safety & Actions'.
- During the Covid-19 public health emergency period, the expectation is that children who have a child protection plan will be **seen by an involved professional a minimum of every 10 working days** and visited by a social worker **a minimum of every 28 working days**. During visits by a social worker, where possible and appropriate to the child's age, children should be seen both with their parent and alone. Their home and their bedroom should also be seen.

## 5.6 Children identified as 'in need' under s.17

- Social workers and managers will risk assess all children currently identified as 'in need' under s.17 as low, medium or high need. All children at imminent risk of family breakdown or those children for whom current 'need' would rapidly escalate into a 'need for protection' should be assessed as 'high need'.
- It is acknowledged that, in Merton, where we can work in partnership with families and they are active in increasing their children's safety we do not over-intervene under child protection processes. Social workers and managers should be particularly alert to ensuring these children are risk identified as 'high need'.
- Children in need assessed as 'high need' will have **4 weekly** contact from a social worker through phone / Skype / social media. A social worker will undertake **4 weekly** agency checks and update the child's case summary on Mosaic. Where any social worker becomes aware of increasing need or risk to the child they will alert a manager and record the outcome of that discussion / email response. Where agreed by a social work manager, a direct visit to these children may be made by a social worker.
- Every **12 weeks** a social work manager or IRO will virtually review the s.17 plan of children identified as 'high need' with the family, a social worker and the involved network. This may take place as a series of phone/Skype calls. There will be no face-to-face meetings.
- During the Covid-19 emergency period we will need to make more use of resources within the child's family and community network to increase safety for children. A social worker should arrange a virtual Family Network meeting with extended family members where actions and goals in the current plan are not achievable. Extended family members can be sent email links or given dial-in / PIN numbers for Skype conferences held through the Council's Skype conferencing facilities.
- In the event that reduced multi-agency intervention and service delivery increases the risk to a child 'in need' a social worker and manager should consider if the threshold for immediate risk of significant harm is met and whether a s.47 enquiry is required.
- In the context of service availability and the 'critical' operating model for children's social care during the Covid-19 emergency period, children currently supported under s.17, except those children with additional needs and an EHCP, who are assessed as low or medium need are not considered eligible for 'critical' social work interventions.
- These children will remain open to children's social care as children in need during the Covid-19 emergency period to enable them to access the emergency school and childcare provisions for vulnerable children and remain 'in sight' of professionals.
- Children in need assessed as 'low' or 'medium' need' will have **6 weekly** contact from a social worker through phone / Skype / social media. A social worker will undertake **6 weekly** agency checks and update the child's case summary on Mosaic. Where any social worker becomes aware of increasing need or risk to the child they will alert a manager and record the outcome of that discussion / email response.
- Every **18 weeks** a social work manager and a social worker will review the s.17 plan of children identified as low or medium need. There will be no Child in Need meetings.

- Where a social work manager agrees to cease social work involvement, the impact on the child or their parent's capacity arising from the Covid-19 social and educational restrictions **must** have been taken into account in reaching that decision. The social work manager will record a 'Covid-19 Case Management Decision' in the child's case notes. A social worker will update the child's case summary on Mosaic. A **Case Closure** letter will be sent to the family and network to advise of the decision and their Mosaic record will be closed.

## 5.7 Targeted Early Help functions (for open families)

- Case practitioners and managers will risk assess all children as low, medium or high need. All children at possible risk of family breakdown or those children for whom current need could rapidly escalate into a 'need of help / protection' should be assessed as 'high need'. It is anticipated that this should apply to very few families within the Family Wellbeing Service
- Children assessed as 'high need' will have **4 weekly** contact from a case practitioner through phone / Skype / social media. Case practitioners will undertake **4 weekly** agency checks and update the child's case summary on Mosaic. Where any worker becomes aware of increasing need or risk to the child they will alert a manager and make referral into central social care duty team.
- Children in need assessed as 'low' or 'medium' need' will have **6 weekly** contact from a case practitioner through phone / Skype / social media. A Case practitioner will undertake **6 weekly** agency checks and update the child's case summary on Mosaic. Where any worker becomes aware of increasing need or risk to the child they will alert a manager and make referral into central social care duty team.

## 6. Critical Tasks for Children in Care

### 6.1 Children in Care

- Where consistent with the child's and carer's health needs and the government's current Public Health England Covid-19 advice, all children in care can continue to attend their educational setting if this will promote their welfare and maintain the stability of their home. Foster carers wishing to practice social distancing can choose to care for the child in their home.
- Personal Education Plans will not be completed during the period of alternative Covid-19 educational arrangements for children.
- IROs, social workers and managers will need to work sensitively with children, their families and carers to promote arrangements for the child to stay in touch with their family whilst ensuring that everyone involved is practicing social distancing and doing all they can to prevent infection and transmission of the Covid-19 virus. Creative and flexible arrangements using virtual technologies such as Skype, FaceTime, WhatsApp etc. should be actively encouraged in preference to face-to-face contact.

## 6.2 Entry into Care

- An IRO will be allocated when a child becomes looked after during the Covid-19 emergency period.
- Within 5 days of coming into care a social worker will visit the child in their new home within to undertake a placement planning meeting and initial visit. This person can be the IRO, a social worker or a supervising social worker.
- An IRO will seek the views of the child in advance of their looked after review by virtual means such as WhatsApp/Skype/Phone. Where possible the IRO will use virtual contact that allows them to 'see' the child. A social work manager will decide if the child's circumstances and coronavirus risk levels are such that the child should have a visit from an IRO.
- An IRO will arrange for the initial looked after review to be held within 20 days through the most appropriate virtual means. This may occur as a series of phone/Skype/FaceTime/conference call meetings.
- Initial Health Assessments will be requested through the usual route and undertaken through a virtual consultation between a member of the Children Looked After health team, the child and their carer (where appropriate). Where possible the consultation will use virtual contact that allows the health team member to 'see' the child. **A child will NEVER be asked or expected to undress or show parts of their body usually covered by clothing during the virtual consultation.**

## 6.3 Children in Care living in stable homes

- Where children in care are living in long-term stable homes with foster carers the IRO will arrange to hold the child's looked after review virtually, at **6 monthly** intervals, with a preference for technologies where the child and others can 'see' each other. The review may take place as a series of virtual meetings.
- An IRO will undertake a 'desk-top' midway review at the 3 month interval between reviews to ensure the child's needs continue to be met. An IRO will make virtual contact with the child to seek their wishes and views at this point.
- The IRO will record in case notes on the child's Mosaic case record any alternative arrangements under these Covid-19 emergency measures for reviews, seeing the child and actions which are delayed due to the Covid-19 restrictions as 'Covid-19 Alternative IRO Arrangements'.
- A children's social worker will make a direct visit to the child every **12 weeks**. They will make contact with the child using phone or virtual means every **4 weeks**. Where possible the social worker will use virtual contact methods that allows them to 'see' the child.
- The supervising social worker will make a direct visit to the foster carer every **12 weeks**. They will make contact with the foster carer using phone or virtual means every **4 weeks**. Where possible the supervising social worker will use virtual contact methods that allows them to 'see' the carer.

## 6.4 Children in Care with Plans for Adoption or Special Guardianship

- Where children in care are living in short-term foster homes, the IRO will arrange to hold the child's looked after review virtually, at **3 monthly** intervals, with a preference for technologies where the child and others can 'see' each other. The review may take place as a series of virtual meetings.
- An IRO will undertake a 'desk-top' midway review at the **6 week** interval between reviews to ensure the child's permanence plan continues to be progress. An IRO will make virtual contact with the child to seek their wishes and views at this point.
- The IRO will record in case notes on the child's Mosaic case record any alternative arrangements under these Covid-19 emergency measures for reviews, seeing the child and actions which are delayed due to the Covid-19 restrictions as 'Covid-19 Alternative IRO Arrangements'.
- A social work manager will Chair a virtual Permanency Planning Meeting with the child's network every **6 weeks**. The meeting will take place virtually and may consist of a series of virtual meetings.
- A children's social worker will make a direct visit to the child every **6 weeks**. They will make contact with the child using phone or virtual means every **3 weeks**. Where possible the social worker will use virtual contact methods that allows them to 'see' the child.
- The supervising social worker will make a direct visit to the foster carer every **12 weeks**. They will make contact with the foster carer using phone or virtual means every **4 weeks**. Where possible the supervising social worker will use virtual contact methods that allows them to 'see' the carer.

## 6.5 Children in Care Living in unstable placements; residential children's homes or unregulated provision

Children living in unstable placements, residential children's homes and unregulated placements are more vulnerable to placement disruption and abuse. During the Covid-19 emergency period it is critical to maintain, where it is in the child's best interests, their placements because suitable alternatives are likely to be extremely challenging to identify.

A child's placement is considered to be unstable where there are significant behavioural or restraint incidents occurring; children are missing; at risk of CSE/CCE/Serious Youth Violence; there are, or have recently been, allegations against carers; children refuse to return to placement; children are not attending an educational setting; children have significant additional needs arising from trauma, health or disability.

- Where children in care are living in unstable placements, residential children's homes or unregulated placements, an IRO will arrange to hold the child's looked after review virtually, at **3 monthly** intervals, with a preference for technologies where the child and others can 'see' each other. The review may take place as a series of virtual meetings.
- An IRO will make a visit to the child at their placement before each 3 monthly review to ascertain their views and assess the suitability of their placement.

- An IRO will undertake a ‘desk-top’ midway review at the **6 week** interval between reviews to ensure the child’s permanence plan continues to be progress. An IRO will make virtual contact with the child to seek their wishes and views at this point.
- The IRO will record in case notes on the child’s Mosaic case record any alternative arrangements under these Covid-19 emergency measures for reviews, seeing the child and actions which are delayed due to the Covid-19 restrictions as ‘Covid-19 Alternative IRO Arrangements’.
- A social work manager will Chair a virtual Placement Stability Meeting with the child’s network every **4 weeks**. The meeting will take place virtually and may consist of a series of virtual meetings.
- A children’s social worker will make a direct visit to the child every **4 weeks**. A social worker will make separate contact with the child and their carers using phone or virtual means every **week**. Where possible the social worker will use virtual contact methods that allows them to ‘see’ the child.
- A supervising social worker will make a direct visit to the foster carer every **6 weeks**. They will make contact with the foster carer using phone or virtual means every **week**. Where possible the supervising social worker will use virtual contact methods that allows them to ‘see’ the carer.

## 6.6 Care Leavers

- A Personal Advisor will be allocated to every eligible care leaver between 18 and 25 years.
- During the Covid-19 emergency period, Personal Advisor support to care leavers will be provided by non-social work qualified Personal Advisors on a duty basis. Support will be provided where care leavers are at imminent risk of homelessness or destitution.
- All eligible care leavers between 18 and 25 years will be identified as requiring low, medium and high support.
- Contact between young adults and the duty Personal Advisors will be virtual and at the following minimum frequency:
  - Low support – **12 weekly**
  - Medium Support – **6 weekly**
  - High Support – **2 weekly**
- In the first instance, Duty Personal Advisors are to assist young adults to access community and central government resources made available as part of the Covid-19 emergency response. This should include duty Personal Advisors making phone and email contact with relevant agencies to submit and pursue applications on behalf of young adults.
- Personal Advisors and social workers with allocated responsibility for those young adults identified as requiring **High Support** should ensure that there is an updated case summary and a separate Safety Plan recorded in case notes on the young adult’s Mosaic record. The Safety Plan should include actions which can be implemented in the context of social distancing and reduced service availability during the Covid-19 emergency period.

- A social work manager will hold a virtual review of the young adult's **High Support** Safety Plans with a Personal Advisor and the young adult's network every **8 weeks**.

## 7. Guidance Version Control and Amendment History

Version	Date Published	Amendments	Rationale	
1	23 March 2020	N/A	Response to coronavirus public health emergency measures	
2	14 April 2020	Addition of DfE guidance web link and principles	1.1	New DfE guidance issued on 3 April 2020
		Ceased use of Covid-19 Safety Plan in place of ICPCs. Replaced with use of ICPCs, relaxation of some BAU requirements and involvement of partner agencies.	5.2	To reflect DfE guidance issued on 3 April 2020. Response to feedback from Independent Scrutineer
		Clarified the need for CSC & YI staff to consider children, young people and families access to virtual communication methods	5.2; 5.4; Appendix 4	Response to feedback from Independent Scrutineer
		Added guidance about visits to children with child protection plans	5.5	Response to staff feedback for increased clarity
		Added Oversight of Risk and Review of Guidance section	2.1	Response to feedback from Independent Scrutineer
		Addition of PHE Covid-19 infection prevention and control guidance web link and additional information about visiting safely and use of PPE	4.1;4.2	To reflect new PHE guidance issued on 3 April 2020
		Creation of new Sections and movement of some sub-sections	4;5;6;7 1.1;2.1;4.1;4.2 5.5;	Response to staff feedback for increased clarity
		Addition of Appendices	Appendix 1;2;3;4	Response to staff feedback for increased clarity

## COVID-19: VISIT CHECK LIST

### COVID-19: ESSENTIAL VISIT SUMMARY GUIDANCE

- s47 - child to be seen by a 'fully operational' social worker within **5 days**
- Child Protection Plans - professional contact **every 10 working days** (can be mix of direct / virtual and any professional).
- Child in Need (High) - **4 weekly** contact from a social worker via phone / Skype / social media.
- Children in Need (Low or Med) - **6 weekly** contact from a social worker via phone / Skype / social media.
- New to care – social worker visit within **5 days** of coming into care
- In care and stable - children's social worker will make a direct visit to the child every **12 weeks** and via virtual means every **4 weeks**
- In care with plans for Adoption / SGO - children's social worker will make a direct visit to the child every **6 weeks**. They will make contact with the child using phone or virtual means every **3 weeks**
- Children in care living in unstable placements, residential children's homes or unregulated placements – a children's social worker will make a direct visit to the child every **4 weeks** and will make separate contact with the child and their carers using phone or virtual means every **week**.
- Care Leavers – all virtual depending on risk. Low– **12 weekly**, Medium– **6 weekly**, High– **2 weekly**

**VISITING AND CONTACT FREQUENCY RISK ASSESSMENT**

**Issues to think about when considering frequency:**

1. Key issues and risk for the child – what increases safety for the child?
2. Changes in situation that do not meet threshold for s47 but increase concerns and risk level for the child
3. Are there child or parental issues that the Covid-19 measures might make worse i.e. domestic abuse; tension in family relationships?
4. Other agencies involved and their level of contact / oversight – including if child attending school or child care setting?
5. Engagement by child/young person and family in virtual communication?
6. Internet and Smart phone access in order for child / family to undertake meaningful virtual contact

**Brief Summary of Risk Assessment:**

**Agreed type and frequency of visits/contact:**

Other Professionals			Merton Practitioner / Social Worker		
Name:	Type:	Frequency:	Type:	Frequency:	
	Phone		Phone		
	Virtual				
	Visit				
	Phone		Virtual		
	Virtual				
	Visit				
	Phone		Visit		
	Virtual				
	Visit				

Manager Signature: \_\_\_\_\_

Date agreed: \_\_\_\_\_

### PRE-VISIT CHECK AND RISK ASSESSMENT

Maintaining 2m distance, regular handwashing, not touching your face and coughing or sneezing into tissues or the crook of your elbow (Catch it, Kill it, Bin it) remain the best way to protect yourselves and others from transmission of coronavirus.

#### Issues to think about before each visit:

- Is this an essential visit?
- Phone ahead and check if anyone in the household are showing symptoms (*persistent cough or high temperature*) / self-isolating / require shielding or unwell for another reason.
- Space within the home to meet so you can stay 2m apart? Is there a room, garden or staircase you could use to stay 2m apart?
- Child's age and ability to meet outside the home (e.g. in a park with 2m social distancing)
- Family's adherence to / views about and management of government guidance about social distancing
- Child's age and learning needs – are they able to stick to the 2m social distancing rules?
- Requirement for PPE? *This is for families that are symptomatic, infected or in some cases shielding*
- Access to handwashing or antibacterial hand sanitiser?
- Will the worker be driving or using public transport?

#### BRIEF SUMMARY OF RISK ASSESSMENT:

Issues:	No	Yes
Is it possible to ask the family about any Covid-19 symptoms before direct contact?		
Is the child or a household member symptomatic or unwell?		
Has the child been formally informed by their GP or Public Health England to shield?		
Is there space in the house or outside to meet the child / family and stay 2m apart?		
Is the family well and refusing a visit due to Covid-19 concerns? Are there immediate safeguarding concerns? <i>(If yes, discussion with Head of Service required)</i>		
Is the Public Health England guidance for use of PPE met? <i>(If yes, discussion with Head of Service required)</i>		

#### SUMMARY HEAD OF SERVICE DISCUSSION/DECISION:

#### ACTIONS AGREED TO REDUCE RISK TO WORKER AND FAMILY:



**Stay 2m apart. Don't touch your face. Wash your hands before and after the visit.**

- 1.
- 2.
- 3.

### Use of Social Media and Streaming Apps to Communicate with Children, Young People and Families

During the Covid-19 pandemic, practitioners need to be creative to maintain contact with our children, young people and their families. Whilst being pioneering, safeguarding concerns and data protection for practitioners and young people should remain paramount.

Below are some guidelines to consider when using social media / online streaming apps to keep in contact with children, young people and their families.



- All practitioners should adhere to professional standards when using online messaging platforms, video calls or live webcam sessions
- Practitioners should only use devices provided by Merton Council for work purposes. You should never use personal devices.
- For all video calls or live webcam sessions, practitioners must be suitably presented and dressed, as you would for a face-to-face visit.
- Video calls and live webcam sessions with children, young people and families should be undertaken in appropriate areas. Practitioners, children, young people and families should not make or receive video calls from their bedroom(s). Practitioners should ensure a neutral background and that there are no identifying features visible that might allow the practitioner's home address to be identified.
- Children, young people and other members of the child's family or household must wear suitable clothing for all video calls. Practitioners should politely and quickly terminate any video calls where children or family members are not appropriately dressed. Where this occurs the practitioner should inform their manager and record this on the child's Mosaic record.
- Practitioner's language must be professional and appropriate at all times. Children, young people and parents/carers, including any family members who may be in the background, should be informed about the use of appropriate language during the video call. Practitioners should make a judgement about politely terminating the video call where the child, young person or family's language is abusive or offensive.
- Live contact should occur during the usual working day and be kept to a reasonable length of time to ensure the video call doesn't prevent the child or family 'getting on' with their day
- All practitioners must continue to be aware of safeguarding obligations and to report safeguarding concerns if they arise during the video call.
- Practitioners need to reassure themselves that any software and/or platforms selected are suitable; raise no data protection or privacy issues and are within the provider's terms and conditions (for example, no business use of consumer products)