



**Covid19 Phase 2
Road to Recovery
Service Delivery Protocol**

**Social Care and Safeguarding
Services**

Introduction

This Second “Phase 2” protocol has been developed to enable our services to;

- Resume key safeguarding service activities regarding the assessment, planning and decision making for children subject to plans and ensure we have timely and effective assessment and interventions for those identified as in need of support or protection.
- Adapt and respond to the “Recovery and Re-set” agenda of the Government in the context of minimising the spread of infection and protecting our workforce
- Respond to the views and wishes of Staff and Managers in how we can effectively deliver our services in the medium term and prepare for long term delivery learning from the Covid19 initial periods.

In our initial Covid19 protocol set out what we **stopped doing**, either because we did not have the ability to do the quality of work required or have the staff to make it a priority and we set out what we **continued to do** because the risk to a child was identified to be “High and Imminent” or “Priority”

The way in which we resume our services needs to take account of the Government and Public Health management of the Corona Virus pandemic but the driver for “phase 2” is to fulfil our duty and responsibility as a “critical workers” to protect children and young people from harm.

Some of what we stopped doing was always going to be time limited. As a child protection service, we cannot stop, planning and making decisions on the right pathway for intervention indefinitely and our planning and decisions are informed only by good quality assessment and direct work with children, young people and their parents and carers.

For easy read this “Phase 2 Road to Recovery Protocol” includes all elements of the first emergency protocol, where it remains relevant, new additions are set out text boxes

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1. Assessing risk and monitoring welfare

1a) Direct Work

Good quality assessment, planning and decision making relies on relationship-based practice. Whilst some relationships can be maintained without direct contact for a period of time, we know how essential “direct work” face to face with children, young people and parents is to provide opportunity for those we are working with to tell us their thoughts, wishes and feelings, to hold challenging and reflective conversations with young people and their parents and to ultimately make well informed professional judgments about support and protection planning.

We will resume our “direct work” services focusing first on the children and young people whose “Plan” is at a critical decision point that requires direct work to inform the next steps:

- Children subject to PLO where a decision to initiate proceedings or not is required. (those who have been in PLO for over 12 weeks)
- Children subject to proceedings where final hearing is planned within the next 16 weeks
- Children placed under “placement with Parent” regulation with a discharge application before the court
- Cases open to proceedings where plan is separation from parent or siblings
- Children who have an agreed care plan for rehabilitation to parental care
- Young People facing transition between care placement and a move to supported/semi-independent living
- Children subject to a child protection plan where the Threshold for significant harm is believed to no longer exist
- Welfare Return Interviews face to face where young people are missing 3/90 and or have a high risk Get Safe flag
- Children in need held at FFD where a piece of direct work will enable the plan to be ended/stepped down preventing the need for transfer to new team worker
- CYP made subject of SWA direct work is expected to enable closure and prevent need for a social worker plan
- CYP subject of child protection plans where the risk of harm is increased to a level where consideration of legal proceedings is necessary.

Resuming Direct Work Safely – see section 11a Health & Safety in the Working Environment

1b) Risk Assessment for KIT/Visits

We will continue to assess risk and monitor the welfare of other children and young people through Keep in Touch (KIT) calls and Visits where assessment identifies the child/young person to be at “High and Immediate” risk or a “Priority” as assessed by the criteria below.

Those designated as “**High and Immediate Risk**” will receive a visit within 24hrs. Those designated as “**Priority**” will receive an initial planned visit within a community home visits programme of visits undertaken by a field work team over a two-week period.

Those not meeting either category will be our “**Vulnerable**” criteria and as such receive keeping in touch calls and direct contact from other professionals such as Residential Care staff, Foster Cares and Schools (where they are attending)

Once a home visit is undertaken, follow-up contacts via KIT/Visits will be identified on a case by case basis. Some families will be held within the priority group and receive fortnightly visits, and others may move between the criteria.

Team Manager will be responsible for assessing individual cases against the criteria. Group Managers will quality assure and oversee the community visiting programme.

2. Family Front Door

2a) Early Help

Where new incoming contacts are received at FFD these will be accepted at the threshold of Level 4 for new assessments and we will continue to provide advice and sign posting to those that do not meet this level of need.

The Targeted Family Support service portal is open for parents and we will offer a telephone “help line”, signposting to one-line support and guidance and we will maintain links to Here2Help to ensure families get practical and emotional advice and guidance.

No new Early Help Assessment or direct intervention will be completed in phase 2.

The Targeted Family Support portal for professionals will remain closed.

EIFS and TFS staff will remain “pooled” at FFD to manage demand from the community and families.

EIFS workers will continue to offer direct support to schools in key areas in maintaining contact with families not attending school for whom they have concerns but who don’t meet the threshold for referral to FFD.

A review, through contact with parents, will be undertaken of those families previously worked with or awaiting allocation to update the need for an early help intervention as we prepare for reopening early help and targeted family support services in phase 3.

Learning from our Covid 19 approach and the effectiveness of telephone intervention and signposting will be maintained.

2b) New Referral, Social Work Assessments S17 and S47

The FFD portal remains open to professionals for referrals meeting level 4.

Management of incoming referrals remains in place and continues with partnership contributions to; Strategy calls, S47 enquiries, MASH, DA triage and Get Safe activity.

Multi-Agency information sharing and decision making at the FFD is an essential component to ensuring children and families get the “Right service at the Right time”

Sound professional relationships have healthy “support and challenge” in place and this kind of working together is enhanced by co-location and face to face discussions.

Therefore, those contributing to the FFD management of contacts and referrals will resume in a co-located office-based setting at County Hall.

S47 Child Protection Enquiries

Where a referral is received about child/ren who have suffered or are at risk of suffering significant harm level 4, normal procedure will be followed. This includes a strategy discussion and visit to the child at home undertaken by a qualified social worker.

Where the Section 47 results in the need for an ICPC, the ICPC will continue to hold these online, with parents supported to contribute by the Social Worker and the CP chair. These cases will transfer to locality safeguarding at the ICPC, in line with usual business protocol.

S17 Social Work Assessments

Where a referral determines a Section 17 Social work assessment is required this will be undertaken. This will include a KIT calls to the parent and young person initially, checks on historical information and partner agency checks. These collective activities will inform the need for a home visit. (See section 1 for criteria)

2c) Outcomes of S17 Assessments will be closure or open to a Child in Need plan

New Children in Need plans have been held at the Family Front Door during the emergency period. To date this equates to approx. 100 new cases. During this period there has been regular KIT calls and home visits, as per the risk criteria.

In some of these cases we can now evidence that a short piece of direct work would enable us to further determine level of risk and need and potentially complete intervention at FFD to closure, preventing unnecessary transfer into the social care system.

2d) FFD Support Staff

A staff pool available for undertaking community home visits to children and families in the above groups will consist of Missing Children's Officers, EIFS workers, Targeted Family Support Workers and FFD Family Support Workers. This is a pool of Social Care Workers with relevant experience and skills to support families and determine appropriate need.

3. Children in Need of Support and Protection: Locality Safeguarding

This group of children are already assessed to be a "vulnerable group" who have been assessed as in need of our safeguarding services. This is both:

S17: voluntarily agreed support and intervention with parents to Children in Need who without support are unlikely to achieve in their health/development and are at risk of harm escalating to a CP/Care need

S47: statutory involvement to Children subject to Protection plans

3a) Case Management of Child Protection

Initial Child Protection Conferences and **1st Review Conferences** will continue to take place in statutory timescales and partners and parents will be supported to contribute online or via written / advocates or social work presentations of their views.

Review Child Protection Conferences.

Families have the right to have services stepped down where they have been able to evidence an appropriate level of care and protection for their children. Workflow is also an important part of service recovery.

The combination of these factors means it is not appropriate for us to hold children the subject of Child Protection plans where it is not necessary and as such review child protection conferences will resume (virtually) where assessment is the threshold for significant harm is no longer met.

The case will have an updated assessment report to conference informed by a direct work session and a case chronology with the conference making the multi-agency decision regarding continued threshold.

Review conferences during this period for all other children subject of child protection will continue to be replaced with eight weekly core group meetings, chaired by Team Managers, and focused on sharing information, progressing any appropriate element of the plans and assessing any Covid19 increased risk impact.

3b) Case Management of Children in Need Cases (CIN)

Whilst we have been unable to undertake direct work with children & young people, do observations and discussion with parents and contacts with partners have been more limited CIN cases have been held open in locality services in line with the emergency protocol and continued contact managed via school and KIT calls.

For several CIN cases positive and sustained progress made by families pre Covid19 community lock down has been seen. During Covid a continuation of positive parental care and protection of their children has been maintained and regular KIT calls are reinforcing stability and no risk being identified and families are seeking the right to private family life.

As "Children in Need" these families are recognised as those voluntarily agreeing to our intervention and it is right that if we have no evidence of concern, we do close the case.

Workflow is also an important part of our service "road to recovery" as we prepare for new incoming cases.

Therefore, where existing CIN cases in Locality Safeguarding and Strengthening Families First have been identified by Team Managers for closure there will be an updated case summary, chronology and Senior Manager sign off to closure.

All other CIN cases will remain held in locality safeguarding or Strengthening Families First with KIT calls and visits according to assessed need.

3c) Visits and Keeping in Touch Calls

Team Managers have, and will continue, to identify all children and young people considered to be at High and Immediate risk and Priority and in need of a visit, they will ensure KIT calls are made regularly (every 2 weeks minimum) to each family and make arrangements for more planned visits to be undertaken as necessary.

Data reports will be available to front line and senior managers to monitor this work as a Covid19 KPI

3d) The Locality Safeguarding support staff

This pool of social care workers includes Specialist Family support and Supervised Family Time workers. These staff will be used to undertake WFH activities and predominantly KIT calls and Visits in line with their skills and experience.

4. Children with Disabilities and Additional Needs

All aspects of this protocol apply to the Disabled Children Team.

Community and Overnight Short Breaks

The decision was been made to temporarily suspend all community short breaks for children with disabilities and additional needs as of 22.3.20. Several services have been put in place as alternative service delivery models, with providers adjusting the levels of service that could be provided although some have been fully suspended in agreement Worcestershire Children First. These measures were implemented to protect and safeguard our most vulnerable children and families during the outbreak.

Overnight short breaks have remained open and available to support families.

We took the initiative to develop a Crisis Home Support offer for those children and young people identified as at risk of becoming in need of child protection and or local authority care as a result of increased pressure in the family. Take up of these support services has shown a need but many families still trying to manage at home due to their protection of these additionally vulnerable children.

In response to the latest government guidance, we are now in a position where we need to work with service providers of community short breaks to start planning for recovery and mapping what future delivery might look like and this work is underway.

In the meantime, KIT calls, visits as per the risk assessment criteria and Crisis Home support will be in place to offer support and assess levels of risk in line with this protocol.

5. Looked After Children and Young People

a) New Accommodations

Children and Young People will continue to be accommodated where we are unable to safely secure and support them to remain in parental care.

Supporting Families First Team remain active and will work alongside the FFD and Locality Safeguarding to provide the additional input and specialist roles within that service preventing care where it is safe to do so. This is in line with current thresholds and service approach.

Where a child's parent/carer becomes unable to offer care due to Covid19 hospitalisation we will undertake to identify alternative family or friends to offer care preventing the need for LA Care and supporting any such carer through S17 financial assistance as a family care / private fostering arrangement where possible.

If this is not possible in an individual case the child/ren will be accommodated under S20 for the duration of the parental incapacitation period

Additional temporary residential accommodation in Oak House is on hold pending application of registration on demand.

Young People 16-18years presenting as homeless will be assessed in line existing legislation and practice standards. That assessment will consider the young person's wishes to be received into care and we will continue to work with Housing providers to secure emergency accommodation where appropriate.

b) Looked After Reviews

Looked After Reviews for children in care will continue to take place in statutory timescales.

Children and Young people will be encouraged and supported to contribute live online to the meeting or by their preferred means, supported by their carer and social workers. Partners and parents will be supported to contribute online.

Decisions in care planning for children and young people will continue in some cases – see Section 1 Direct Work and 9 Managing case in legal proceedings

6. Supervised Family Time

Further guidance regarding community lock down and social distancing was issued by Government on Sunday 10th May 2020, in response to this guidance our temporary suspension of face to face family time has been reviewed.

Worcestershire Children First as follows;

Shielding - Child/Young Person is Shielding, they are residing with someone whom is shielding, or their family members are shielding.

In this case there will not be any changes to their family time at present, this will continue to be undertaken virtually until it is deemed safe for all parties for face to face to face family time to commence.

Supervised Family Time – Those Children and young people who ordinarily have supervised Family Time.

The Government 'road mapping' suggests the relaxation of some measures and the return of some children to school as of 2nd June 2020. Considering this and the new recommendations, we are planning the commencement of supervised face to face family time.

Initially we will be providing for each family who has missed face to face Family time to have a visit within June. Then between June and the end of July we will re-commence our services with the intention of resuming arrangements, in line with the normal frequency and length, subject to the continued government guidance and restrictions. In order to support this, we are currently undertaking the required risk assessments and Covid19 safety planning to ensure measures are in place within the buildings we intend to re-open, so they are safe for use according to the new government guidelines.

Unsupervised Family time – Those children and young people who ordinarily have unsupervised Family Time.

The latest guidelines are that you can now meet someone outside of your household, but only if the following measure are applied; you are outdoors, you remain 2 metres apart and you meet no more than one person at a time (there are some circumstances which allow for more than 2 people with legal obligations being one of these which would cover family time).

In light of these new guidelines, we have also reviewed the circumstances for children and young people who have unsupervised contact with their families. We believe in most cases this can be done safely and within government measures,

although this may mean a change of venue to enable this to be undertaken outdoors but can take place at the same frequency and duration as prior to Covid 19 restrictions being put in place.

Therefore, in general we are supporting the commencement of face to face family time with immediate effect. We expect your carer's therefore to work with the child's social worker and or family members to progress those arrangements.

Resuming Supervised Family Time safely - See section 11a Health & Safety in the workplace

7. Care Leavers

Our cohort of care leavers living in semi and independent placements are a vulnerable group, especially those who are living in semi-independent and solo accommodation where their sense of isolation is profoundly compounded.

As corporate parents we need to ensure we continue to stay engaged and help safeguard care leavers at a time when they have less contact, interaction and support than would ordinarily be in place.

KIT calls and Visits to ALL Care Leavers will be assessed against the criteria set out in section 1 and specific data monitoring has been developed to monitor the success of keeping in touch through calls and visits.

8. Managing Cases in legal proceedings

Our principles of good social work practice are to deliver a high-quality safeguarding service to child in need of protection and the principle of our court work is to ensure children have permanency in a safe care arrangement without unnecessary delay.

To achieve this, we need to do less and what we do has to maintain the same level of quality, so we are making the right decisions for children.

Taking those principles in mind we need to be clear and honest about what we have to **stop doing**, either because we will not have the ability to do the quality work required or we will not have the staff to make it a priority and what we **must continue to do** because we have done the quality work already and we should not delay unnecessarily final and permanency planning for children where it can be avoided or because the risk to a child is high and imminent.

Direct work will resume with children and young people where the level of concern is increasing to the consideration of legal proceedings including pre proceedings

9. Partnership Working

a) School Places for Vulnerable Children

For all vulnerable children (i.e. those subject to a child in need plan, child protection plan or looked after) attendance at school plays a significant part in their plan to promote their welfare, achieve good educational outcomes and minimise and manage risk of harm. This has been recognised by Government office and the DfE. During community lockdown and the semi closure of schools the maintenance of the school place for vulnerable children has always been a priority with parents “encouraged” to use the school placements available.

In our initial emergency response, we recognised the challenges for schools in managing capacity given the expected impact on staffing capacity and the anxiety in parents in protecting their children from catching the virus. Initially we “encouraged” parents of children subject to CIN and CP plans to attend we discouraged professional carers of looked after children where there were no concerns with regards to potential placement breakdown.

We are now eight weeks into understanding and managing the Corona Virus. Whilst of course learning will continue and there is always exception to any rule, what we do know is Covid19 is here to stay for a long time yet so plans now need to look at more medium-term ways of living with it.

This is the driver for the Government programme to start the road to reopening our society. The re-opening of schools is also part of the Government recovery programme. Schools have been issued with guidance on how to open safely and this includes a comprehensive health and safety risk management of the premises and a staged opening for groups of children and young people.

This combination covers planning on how to accommodate children and young people in school and education them whilst managing the risk of them contracting the Corona virus.

For our “vulnerable” children the guidance has reinforced more strongly the need for vulnerable children to be attending school and the wording has gone from “strongly encourage” to “expectation”.

In the interests of the child

- As a safeguarding service we know longer term non-school attendance will be an increasingly concerning factor in managing risk.
- For Looked after children we know they are at risk of poorer educational outcomes than their non looked after peers.
- Children are telling us in calls and visits they want to go to school, they are bored, and they are missing their friends.

Longer term absence from school cannot therefore be in their best interests.

So, whilst we have been supportive of school capacity and we have understood the anxieties of parents, we now need to reinforce the government message, and our own, that school attendance is part of a vulnerable child's support and protection and to reinforce the assurance that schools are taking comprehensive planning to ensure they are safe places to be.

So, unless the child or young person is a shielded child or they are living with a shielded family member, they are "expected" to take up their school place.

b) Multi Agency Meetings

Where Initial and Review Child Protection Conferences / Looked after Child Reviews / Strategy Meetings / MASH and Core Groups activities continue to take place partners will be invited to contribute online via Skype or conference calls.

Each partner agency is required to make their own arrangement with staff working from home/offices to receive and respond to invites.

The LADO referral process remains in place via the secure inbox with associated meetings undertaken online.

The Worcestershire Safeguarding Children Partnership Executive board are meeting regularly to undertake a multi-agency impact risk assessment of Covid19 and will agree any necessary measures to mitigate risk supporting each individual agency to undertake their roles and responsibilities as well as their own Covid19 emergency service responses. Regular updates will be provided through the WSCP website and newsletters.

WCC have ensured Wildwood Offices have remained open to house critical key work staff in Health and Police Services

10. Complaints

With the exception of complaints received in relation to a safeguarding concern or complaint received directly from a child or young person, WCC/WCF made a decision to cease activity on New complaints received during the first emergency period.

We have continued to investigate and conclude those already open and good progress has been made on our existing complaints which are now largely completed.

The LGO has resumed its own services and we have seen a low number of new complaints being reported to services (only 9 have been rejected during this emergency period)

We value complaints as a method of understanding how our services are being experienced and what we can learn from them.

Therefore, with effect of 1.6.20 new complaints will resume.

It continues to be important for staff and managers to resolve issues informally.

11. Review and Phase 3 planning

This phase 2 approach will be reviewed in six weeks (mid-July) with a focus on increasing direct work, managing work flow through the system and transferring cases from FFD to Locality Safeguarding and Locality to Through Care, preparing FFD for new work and the anticipated re-opening of schools and re-establishing our Early Help and Targeted Family Support offer.

Phase 3 will continue to take learning from our Covid 19 approach on what has been most effective in providing a service to families in a timely way, enabling social care to keep in touch with children, young people and families on a regularly basis outside of the direct work visiting partners, enabling partner agencies to contribute to multi agency decision making and enabling social workers and the workforce to manage their workloads effectively.

The phase 3 review and plans will take full account of the Government and Public Health guidance regarding recovery at that time.

Tina Russell

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