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| **Sefton Children’s Services****Covid-19 Procedures/Guidance**  | **Version 1.0** **31/03/2020** |

**Covid-19 Response: Interim Arrangements**

Please note, this guidance will be updated regularly in light of advice from central government and is subject to change. Please ensure you are referring to the most up to date version.

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**Introduction**

As a result of the government guidance on COVID-19, particularly in relation to social distancing and self-isolation, there are a number of significant implications for front line children’s services.

Due to the pandemic, it is highly likely that there will be a significant reduction in staff capacity over the coming days, weeks and even months. It is therefore important that practice guidance is updated to support children’s social care staff to fulfil their statutory functions during these difficult and challenging times. The purpose of this document is to provide guidance to front line workers; however practitioners should use this as a guide and make proportionate decisions based on the needs of children.

As you are already aware, the partner agencies we work with in order to safeguard and support children and families will also be experiencing similar reductions in service delivery and in some cases, services that we would normally rely upon, will not be in operation. In most areas, children in vulnerable groups can still attend nursery and school provision and they should be encouraged to do so; however, this is a matter of parental choice and parents/carers may choose to keep their child(ren) at home. As a result, this could have implications for Sefton’s most vulnerable children as oversight from our multi-agency partners can no longer be relied upon as a safety net to provide an oversight of their physical, emotional and mental health and well-being. Similarly, support services for parents are likely to be operating much reduced timetables (if at all) therefore the information social workers rely on to inform decision making in order to keep children and families safe is likely to be limited during this period.

At present, our colleagues from Police and Health have confirmed that they are still available to support and continue with Level 2, 3 and 4 cases as required and can be contacted in the usual way, however, they will not be attending any face-to-face meetings for the foreseeable future. A list of telephone numbers for 0-19 health professionals accompanies this guidance.

**Covid-19 Response: Interim Arrangements**

**Home Working**

As a key worker your contribution is greatly valued, and your physical and mental health is of key consideration during this time. Whilst all employers have a duty to attempt to mitigate the spread of Covid-19, it would be impossible to protect vulnerable children and young people if all frontline staff worked from home. These guidelines may be subject to change however in the interim please adhere to the following guidance:

* Working from home should only be agreed by your manager. Please do not make a decision to work from home without checking first (this may be arranged on a duty basis).
* There needs to be enough staff within the office to facilitate any members of staff working from home and will be managed at the Team Manager’s discretion
* If you are working from home and are well, you can be called into work/asked to undertake visits at any time. (This does not include those who are isolating due to a member of their household having symptoms as per government guidance).
* There is an expectation that you tell your manager the work you will be completing whilst working from home. This is so work can be centrally prioritised with management oversight during periods of reduced staffing.
* This is an opportunity to have casefiles up to date including (although not an exhaustive list) involvements, case summaries, chronologies, genograms, plans, visits, meetings and supervision.
* You may be asked to complete tasks on cases that are not allocated to you
* The duty number may be to be redirected to those at home.

**Recording Data - Families who are in Self Isolation**

A new form has been developed in ICS to track the progress of children and families who are reporting symptoms of Covid-19 and whose households are currently in isolation. It is important that you ensure this form is completed as soon as you are notified. It can be located on ICS within the drop-down menu in the ‘Forms’ tab. You will be asked to distinguish between isolation periods of 7 days, 14 days and 12 weeks. The Local Authority may soon need to report this data to central government. It will also enable practitioners to track when it may be safe to undertake a visit to the family home.

**Visits to ALL Children**

Currently, there have been no changes or permission to vary our statutory duties. However, on the 25th March 2020, the decision was made by Interim Head of Service, Laura Knights that **all children who are open to Children’s Social Care, who have not been seen by a professional in the last 7 working days, should be visited by a professional.**

In order to facilitate this, Social workers and Team Managers from across Children’s Services may be called upon including MASH, Locality Teams, Corporate Parenting, Fostering, CAS, Service managers and Head of Service, IROs/Safeguarding, Early Help, Leaving Care , LSCB Staff and Innovate.

At present it has been directed that these visits can be undertaken from the doorstep, however discretion may be required if concerns arise upon seeing the child/family. **All visits must be recorded on ICS and it should be clearly stated if there was access to the house and if children were seen/spoken to alone.**

At present, where a child or children have been seen by a professional (who is not a social worker), this should also be recorded as a statutory visit – clearly outlining who has seen the child and the analysis of that visit. Should any concerns have arisen from those visits, a discussion between the social worker and team manager is required **on the same day** to consider the urgency of a follow up visit/escalate safeguarding procedures if required.

**RAG Ratings**

**ALL** open cases will be reviewed weekly and will be given a rating of Red, Amber or Green (RAG Rating) in accordance with level of risk/priority. A RAG Rating Pro Forma should be completed and updated in consultation with your Team Manager on a weekly basis. Upon completion, these can be sent to central admin to be uploaded on to the child’s file. Admin will then update the child’s case summary to reflect the current RAG Rating, the date decision was made and date it will be reviewed.

An Aide Memoir to support decision making is attached to the RAG Rating Pro Forma and is included as an appendix to this document. The categories are listed as follows:

**RED CASES**

These are our highest priority risk cases and include s47s, strategy discussions and potentially new C&F assessments (where there is unassessed risk). This would also include our must vulnerable LAC children, particularly those placed with parents or under Regulation 24, those with current CE/CSE concerns and those who are regularly missing from care.

A blanket rule regarding visits cannot be applied and the frequency/type of visits to these children should be agreed with your manager on a case by case basis, however **Children who are rated as RED will need to be visited at least once weekly.** The nature of this visit (full home visit, doorstep, virtual, telephone etc.) will be determined by your manager and informed by the use of the Covid-19 Home Risk Assessment tool. A ‘visit’ can be undertaken by any professional including the Police, Health, Schools and Early Intervention.

**Children already subject to a Child Protection Plan**

CP plans should be reviewed in light of the Covid-19 restrictions (with partners if possible) and with your manager to consider the core elements of the plan that will continue (such as visits) and the elements that cannot (such as face to face engagement with services). An updated interim CP plan should be recorded on the case file and shared with all relevant agencies and the family. A risk analysis must be completed to analyse the impact on the safety and welfare of the child in light of these changes and, if necessary, legal advice must be sought if the revised plan cannot safeguard the child as a result.

**AMBER CASES**

These are our medium priority risk cases which are likely to be open on a **CIN plan** or on a **CP plan** and some **LAC cases.** These should be closely monitored as there is the potential for these to escalate quite quickly without the normal level of monitoring, support and services available.

A blanket rule regarding visits cannot be applied and the frequency/type of visits to these children should be agreed with your manager on a case by case basis, however **Children who are rated as AMBER will need to be visited at least once every two weeks**. The nature of this visit (full home visit, doorstep, virtual, telephone etc.) will be determined by your manager and informed by the use of the Covid-19 Home Risk Assessment tool and the RAG Rating Pro Forma. A ‘visit’ can be undertaken by any professional including the Police, Health, Schools and Early Intervention.

As above, CIN and CP plans should be reviewed in light of the Covid-19 restrictions (with partners if possible) and with your manager to consider the core elements of the plan that will continue (such as visits) and the elements that cannot (such as face to face engagement with services). An updated interim CP/CIN plan should be recorded on the case record and shared with all relevant agencies and the family. A risk analysis must be completed as to the impact on the safety and welfare of the child in light of these changes and, if necessary, legal advice must be sought if the revised plan cannot safeguard the child as a result.

CIN review meetings should take place at a frequency as agreed with your Team Manager as they could take place more or less frequently than usual depending on levels of risk.

These could take place via Skype or telephone conference call and multi-agency information should be sought wherever possible. You will need to review with your manager on a case by case basis if a meeting is to take place and if not, when it will be rescheduled. If a meeting is unable to take place, enquiries should be made with partner agencies wherever possible (e.g school if the child is still in attendance). All decision making should be recorded on the child’s record. Telephone contact should also be made with both the parents and child wherever possible. LAC Reviews and Care Planning meetings should continue remotely.

**GREEN CASES**

These are CIN cases where there are no immediate safeguarding concerns, cases, that are due for closure/step down and very settled LAC Cases. The CIN plan/LAC Care Plan should be reviewed virtually (with partners if possible) and your manager to determine what elements of the plan (if any) can continue to be undertaken during this period. A risk analysis with your manager should inform any revised interim CIN plan and also **should include a clear rationale behind any decision to close if elements of the plan remain uncompleted**.

All Green rated cases will be visited **remotely** (virtual/telephone etc) **within statutory timescales** unless directed otherwise by your manager. Should any concerns arise from the remote visit, children may need to be seen in the home environment. This will be informed by use of the Covid-19 Home Risk Assessment Tool. Green cases should continue to be reviewed weekly using the RAG Rating Pro Forma.

Please be aware, cases will not be able to be stepped down at the point of closure to early intervention teams. However, if there is an identified need for a point of contact for advice and support the Early Intervention teams can offer this service.

**Home Visits**

Protective equipment will soon be made available and this will be distributed to all frontline staff as soon as possible. Team Managers and social workers should discuss the frequency, purpose and method of visiting and contact on a case by case basis for our most vulnerable children and families and should be prioritised in accordance with a Red/Amber/Green Rating (RAG Rating) as referenced below. The RAG rating on each case should be reviewed on a weekly basis.

A Covid-9 Home Visit Risk Assessment template is attached to this document and should be completed (and uploaded to LCS) when considering if it is appropriate to undertake a home visit to a child(ren).

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| Assessment Visits (**including C&F assessments**).  | If any risk is identified within the Covid-19 Home visit risk assessment, the visit is to be completed remotely. However, **the initial visit should (where possible) be face to face.**  |
| Visits to Red RAG Rated Cases | **Minimum of one visit a week**. Frequency/type of visit (i.e virtual, doorstep, home visit) to be determined on a case by case basis. Visits should be face to face where possible if family are not displaying any symptoms and feel well in line with the Covid-19 Home Visit Risk assessment. Visits can be undertaken by any professional (police, health education, early intervention) and recorded as statutory visits |
| Visit to Amber RAG Rated Cases  | **Minimum of one visit fortnightly**. Frequency/type of visit (i.e virtual, doorstep, home visit) to be determined on a case by case basis in line with the Covid-19 Home Visit Risk Assessment. Visits can be undertaken by any professional (police, health education, early intervention)  |
| Visits to Green RAG Rated Cases | All visits to take place **remotely** and within statutory timescales unless otherwise directed. Green cases should continue to be reviewed weekly to ensure that this visiting frequency remains appropriate.  |
| **Please be aware that the RAG status should be reviewed weekly.** Multi agency Core Groups, LAC Reviews, Care Planning Meetings and CIN Review Meetings should continue to take place virtually and should inform decision making. For further information in relation to RAG rating, please refer to information below. |

**If a home visit is agreed please follow this guidance:**

* Prior to visit, contact family to check if anything has changed e.g. symptoms.
* Upon arrival at the home do not enter until you have made observations of presentation e.g. any visible signs of symptoms.
* If agreement has been made that a visit will be completed where the family are self-isolating due to symptoms please make use of the PPE; apron, shoe covers, gloves.
* Prior to the visit check if the family have enough food etc? If they don’t, speak to your manager about available support and resources (please refer to appendix docs for further information).
* For each visit, wash/ sanitise hands prior to entering the property. Avoid direct contact and as much as possible keep safe distanced (at least 2 metres)
* Wash/ sanitise hands after upon leaving the property.
* Shower and change clothing as soon as you get home.
* If a family are refusing you entry and you have reason to believe that there are significant safeguarding concerns, you will need to call the Police for assistance.

**Seeing Children by Other Means – Virtual Visits**

There will be circumstances where it is not advisable to undertake a visit to see a child and family in their home. In these circumstances the use of technology, such as Skype, WhatsApp and Facetime, will be explored and agreed with your manager.

If a visit needs to be completed virtually follow these steps:

* If possible complete checks with agencies who have contact with the child.  E.g. if the child is in the school provision for vulnerable children.
* Speak to parents/ carer via phone, or other appropriate application
* If the child is able to, speak to them by phone, or other appropriate application.
* On each virtual visit check with family regarding new symptoms, check they are understanding the current government guidance.
* Where a family have symptoms congruent with Covid-19 you should ascertain how long symptoms have been present and what medical consultation / advice has occurred. This should be followed up with contact with key medical professionals to ascertain when it is likely to be safe for the family to be visited .
* **Don’t lose sight of why we are involved, virtual visits should still have a purpose**.
* Record clearly on ICS record that visit was virtual due to COVID 19.  Ensure rationale for this is included in  Covid19 Risk Assessment.

**New Referrals and C&F Assessment Work**

MASH and EDT will continue to be the single point of contact for all new contacts and referrals for children and families. The Levels of Need framework will still be applied but the detail of screening that is usually undertaken may not always be possible for the reasons outlined at the beginning of this guidance.

The MASH/EDT may therefore have to make judgements based on limited information available therefore, more referrals may be forwarded for assessment as a result. Where appropriate, agencies/professionals already involved with the family may be requested to provide support on an interim basis. In such instances, management oversight will clearly provide a rationale for this decision on the child’s record.

As always, any decisions made will ensure that the child’s safety is paramount. For cases where a child is not considered to be at risk of significant harm, decisions will be made with consideration for the capacity of staff available across the workforce at that time. If a decision is made not to undertake a visit or complete an assessment, a clear defensible rationale will be recorded on the casefile.

The allocation of work from the MASH teams to the Locality Teams will continue as normal for the time being, however, this will be reviewed regularly, and decisions will be made regarding the allocation of work based on staff capacity. **Social workers from other teams may be called upon to provide support where required.**

If an immediate safeguarding referral is received, the manager will allocate to a social worker who has capacity to respond within 24 hours. The social worker will undertake a home visit and complete a short assessment to inform any decision to progress to a strategy discussion/s47 enquiries where appropriate. Wherever possible, this social worker will retain the case while the investigation is underway and, in conjunction with their manager, will inform any decision to request an Initial Child Protection conference or seek legal advice.

**All other referrals will be allocated for a visit within 5 working days to a social worker who will complete a C+F assessment.**

**C&F Assessments**

During this period, C&F assessments will need to focus clearly on levels of risk and harm. All attempts should be made to collate multi-agency information to inform the assessment as normal however it is anticipated that this may prove more difficult over the coming weeks and months. Due to the current situation, we must try to obtain information from other agencies (**and record our efforts**) However, we know that agencies such as schools cannot be relied upon to inform wishes and feelings work to incorporate into the assessment. Assessments should provide a clear focus on the following:

* The child being seen alone, and their views, wishes and feelings sought by the social worker.
* Involvement and engagement with parents and family members.
* Information from other agencies where available.
* A robust social work analysis of all the information gathered, informed by your own observations and professional judgement.
* This analysis is to include your assessment of what life is like for that child on a day to day basis and how your professional judgement has informed that analysis.
* A risk assessment and recommendation.

Assessments will no longer take up to 45 days. The assessment should now be attempted to be completed following the first visit or with one subsequent visit if required. The aim should be to complete the assessment within **15 working days**. The completed C&F should be posted to the family/sent by secure email in conjunction with a telephone call as opposed to a visit to go through the assessment document face to face.

All social workers should prepare for a C&F assessment visit in the following way.

* Discuss and agree the approach with their managers. This will help to focus the purpose of any planned visit, what to ask and what to observe.
* What do we need to know and why?
* Who are the people in the family I need to talk to?
* What do I need to know from previous history and involvement with social care that I need to be aware of before I visit?
* Does this change how I need to approach the visit and what we need to know and why?
* What is the key information I need to find out about on the visit and what is the best way to do this?
* How do I talk to the child?
* What are the things I need to observe e.g. home conditions, physical state of the child, level and nature of interaction between the child, parents, other children, other adults (hidden males)?
* Adults presentation and response – any concerns about drugs/alcohol/mental health/learning disability/ aggression/ disguised compliance
* What does the parent think life is like for their child and is there anything they think they would change and why?

Taking the time to think and prepare thoroughly for your visit will save you time in completing the C&F assessment as you are clearly focused on what you need to achieve.

**Allocation and Management of Work**

All staff need to be prepared to work on cases that are not allocated to them and understand that work on their caseload may be managed and distributed in line with the level of risk. This includes staff at all levels of the service and will mean that IRO’s will temporarily lose their independence if called upon in such circumstances. The Team Manager will allocate work each day in this order of RAG priority:

* New referrals with immediate safeguarding concerns
* Red cases
* New C&F assessments
* Amber cases
* Green cases

Managers will keep a daily record of allocations and will regularly review the levels of case work (weekly). Upon having a new case allocated, a face to face visit should be attempted (where possible) for the initial visit, and virtually thereafter.

**Recording**

All records must have Covid19 in the title e.g. Covid19 Statutory visit, Covid19 Manager Decision and accurate and **timely** recording of work is critical as staff may be absent at short notice and will also be expected to work on cases they are unfamiliar with. Case summaries and up to date recording is essential to managing work safely and to inform defensible decision making. **Therefore, all visits must be recorded within 24 hours.**

Managers will review allocation of work each day **at 9.30am, and 3.30pm** to check the progress of assigned work with social workers and to identify important information (i.e no access on visits) as these cases may need to be escalated or added to the following days’ work allocation. **Managers must record their decision about allocation and direction of work on the case record.**

Staff who are working at home are included in the allocation of work and they may be asked to do visits from their home rather than the office. All staff to be reminded about using the lone working policy before and after they have completed their visit. **No member of staff is to undertake a visit either from the office or from home without the prior agreement of a manager.**

**A Covid-19 risk assessment form must be completed prior to completing any home visits and should be uploaded on to the child/young persons record (see attached).**

Staff must be informed verbally/in writing of work they have been allocated and the manager will agree with them the focus and purpose of the work in advance.

**Case Conferences (ICPCs and CPRs)**

Initial and Review Child Protection conferences, core groups and court proceedings work **must** continue but technology can and should be used wherever possible in order to minimise the risk of exposure/spread of the virus.

Please find below the current processes from the Safeguarding Unit in respect to the management of child protection conferences in Sefton and the expectation of social workers and the Safeguarding Unit during Covid-19 restrictions

* Social workers need to send an accurate and up to date CAF 2 at least ten working (ideally following the strategy meeting) before any ICPC/CPR. Accurate telephone numbers should be provided and the option of tele kits for both professionals and parents will be given. At this time, some face to face conferences are taking place. Parents can choose to attend in person, or engage in a virtual conference. Where conferences are taking place, care should be taken to implement safe social distancing measures. Your safety and the safety of professionals and the public are paramount and where this is not possible, an alternative should be considered (eg. virtual conference). This must be agreed with the IRO Team Manager in advance.
* Further advice on social distancing can be found by clicking on the link below

[COVID-19: guidance on social distancing and for vulnerable people](https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people?utm_source=c2519d2e-b685-423d-a96c-6ec2cb69faed&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

* Social workers need to complete the C & F assessment and ensure this is shared with parents. This should be sent by post or secure email (wherever possible). The updating telephone number of parents on the CAF form is needed for the IRO to contact parents to ascertain their views.
* Social workers are required to share the voice of the child with the conference chair (please remember to use the leaflets the link is: <https://seftonlscb.org.uk/lscb/professionals/materials-for-child-protection>
* The safeguarding unit will contact professionals to request multi agency reports for conference and to arrange the tele kit for the ICPC/CPR these will need to be sent securely to safeguardingunitadmin@gcsx.gov.uk
* The safeguarding unit will ask for reports from agencies three days before if they are not attending the ICPC/CPR. It is envisaged that the majority of the ICPC/CPRs will be done virtually however, these still need to be minuted. Where possible, as much multi-agency input should be collated as would be the case if professionals were in attendance
* **Timescales for ICPC and RPC will continue as normal unless directed otherwise.**

The process of sending invites to partners will continue as per usual processes via the secure single points of contact/ safeguarding service for each organisation.

A key element of working virtually will be the need to continue to ensure written reports are available and shared with the safeguarding unit (Safeguardingunitadmin@gcsx.gov.uk) **at least three days**

prior to the scheduled conference to ensure the Chair has adequate time to prepare prior to Conference.

In-between six monthly reviews the Child Protection Chair should complete an administrative review of the progress of the child’s plan and highlight any emerging or increasing risks if necessary.

**CIN Meetings**

Face to face CIN Review meetings have now ceased until further notice. CIN Reviews will continue to take place within timescales as multi agency virtual meetings. These should be done via Skype (where possible) and should carefully consider any emerging risks as a result of the impact of Covid-19.

CIN cases should be RAG rated weekly and frequency of visits will be determined on a case by case basis. If you are worried a child or young person is at risk of significant harm you and your manager should initiate child protection enquiries or seek legal advice if necessary.

**LAC Reviews**

Face to face LAC Reviews have now ceased until further notice. LAC Reviews will continue to take place within timescales as virtual meetings chaired by the IRO. These should be done via Skype (where possible) and should continue to place emphasis on the participation of the child/young person wherever possible.

All LAC Reviews must be attended (virtually) by the Social Worker, Foster Carer and IRO (as a minimum). Input from other professionals as always will be considered on a case by case basis in line with the child’s wishes and feelings. Social Workers should ensure pre-meeting reports are completed and Care Plans (and Pathway Plans if applicable) are regularly updated.

Face to face IRO visits should now cease with immediate effect. The IRO should, however, make all possible efforts to speak to the child alone prior to their review via telephone or using creative technology such as Facetime/Skype/WhatsApp Video etc and should be recorded as a (virtual) IRO Visit on the child’s record. IROs should contact the carers of younger children for an update prior to the review meeting. IRO’s may, however, be asked to conduct visits to other children (s.47, Child Protection Visits, LAC Visits) as directed by their manager to support the wider needs of the service.

**Visits to Looked after Children**

Visits to Looked after Children will be undertaken categorised within the RAG Rating System (above). A decision will be made for these looked after children on a case by case basis in conjunction with the Team Manager. Any changes that are made in respect of frequency of visits for Looked After Children should first be discussed with the child’s IRO.

**Legal Gateway/Pre Proceedings**

Legal Gateway/pre proceedings meetings will continue virtually. If there is felt to be a risk of immediate harm, legal advice should be sought.

**Fostering**

Support and Supervision

All face to face visits between Supervising Social Workers and Local Authority Foster Carers will stop with immediate effect until further notice. LA Foster Carers will receive weekly telephone calls from their Supervising Social Workers. Any scheduled supervision sessions with foster carers will take place via Skype or by telephone. A letter has been sent to all Local Authority Foster Carers advising them of the Duty Telephone number should they require advice and assistance. The Team Manager will ensure that that there are a minimum of two duty workers who are office based on a daily basis.  Foster carers have been informed in writing that all direct contact between looked after children and their birth families has been suspended until further notice.

All carers who have been approved over the last 18 months will be asked whether they have support from a  foster carer mentor; if not, consent will be gained from them to share their contact number with the mentor group to strengthen support.  The mentor group are alert to this and are keen to provide support.

Foster Carer Reviews

Foster Carer reviews will continue to take place virtually utilising available technology wherever possible until further notice.

Viability and Connected Persons/SGO Assessments

Fostering social workers will continue to work closely with the social worker of the child(ren) in order to complete assessments wherever possible. GPs are not undertaking medicals for carers/connected persons at this time therefore assessments will not be approved until further notice. Viability assessments will continue however home conditions are not currently being assessed. Fostering Social Workers must ensure this is reflected clearly in the assessment document.

Recruitment

The Fostering Service will maintain the current recruitment campaign online. If Duty receive expressions of interest during this period the ‘initial visit’ can now take place indirectly by telephone. Prospective carers should then be advised the Local Authority will contact them in due course due to current restrictions across the service due to Covid-19.

**Contact between Looked after Children and their Families**

It is part of a Local Authorities duty to promote contact between cared for children and their birth family (Children Act 1989). The Family Courts oversee these arrangements, whether these are interim or longer term. Family time is an important part of a child’s life and has extra significance for parents who are going through public law proceedings. In light of the recent guidance from central Government, Sefton Children’s Services have to balance this right with our responsibilities for the welfare of children in our care, their families, carers and their social workers.

We are clear how important it is for parents to remain in contact with their children and vice versa. It is therefore with great regret that the decision has been made to suspend all face to face contact for a period of four weeks. This decision has been taken following the Prime Ministers statement of the 23rd March 2020.

The Head of Service will review the temporary suspension of contact in the third week and make a decision informed by the latest Government guidance.

Children and family members will be supported to remain in contact via social media and other forms of communication. The child’s Independent Reviewing Officer, their Foster Carer and where appropriate the Guardian will be informed.

Contact will be offered as creatively as possible. If parents need support to be able to utilise technology, including practical or financial support, attempts will be made to facilitate this based on their preference. We acknowledge this will be difficult for both children and their birth families, but it is necessary at this time.

It is important to note that the frequency and length of future contact may need to be varied in order to allow for the care needs of the child in their placement to be prioritised and in order to free up staffing resources to deal with more urgent matters.

All parents/family members affected will receive a letter from the Director outlining the new arrangements within the next 7 days.

**Appendix List**

1. Home Visit Risk Assessment for Children’s Social Care
2. Sefton RAG Rating Pro Forma including Aide Memoir and Visit Guidance
3. Telephone numbers of Health Professionals (0-19) for multi-agency meetings
4. Telephone Numbers of Schools for multi-agency meetings
5. Helpful Information/Resources Available for Families during Covid-19 Pandemic
6. Coronavirus booklet for children
7. Family Rights Group – Advice for Parents and Families with a Child within the Care System. How to Support Your Child During the Coronavirus
8. Treehouse Practice Ireland guidance for younger children
9. Treehouse Practice Ireland guidance for older children
10. Website list for educational online learning (for parents and carers)
11. PPE Guidance for Sefton

**Online Resources: Government Guidance**

1. Government Coronavirus Guidance on Vulnerable Children and Young People

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people>

1. Government Coronavirus Guidance on Isolation in a Residential Educational Setting

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings>

1. Government guidance Covid-19 Free School Meals

<https://www.gov.uk/government/publications/covid-19-free-school-meals-guidance>

1. Government Guidance Social Distancing for Everyone in the UK

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

1. Government Guidance Social Distancing in Education and Childcare Settings

<https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-social-distancing-in-education-and-childcare-settings>

1. Public Health England Guidance for Residential Care Provision

<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-residential-care-provision>

1. CoranaVirus Crisis: Guidance on Compliance with Family Court Child Arrangement Orders

<https://www.judiciary.uk/announcements/coronavirus-crisis-guidance-on-compliance-with-family-court-child-arrangement-orders/>

1. Government Guidance on Staying at Home and Away from Others (This guidance makes makes it clear children under 18 can move between the households of separated parents during [CoronaVirus](https://twitter.com/hashtag/coronavirus?src=hash) restrictions)

<https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others/full-guidance-on-staying-at-home-and-away-from-others>

1. Government agrees Measures with Energy Industry to Support Vulnerable People through Covid-19

<https://www.gov.uk/government/news/government-agrees-measures-with-energy-industry-to-support-vulnerable-people-through-covid-19>

**Online Resources for Children and Young People**

1. Kooth (Free, safe and anonymous online support for children and young people)

<https://www.kooth.com/>

*Please note, caseloads will be kept under review on a weekly basis. This guidance will be reviewed on a weekly basis and changes will be made in response to changes in legislation, government advice and guidance, staff capacity , levels of risk and complexity of work as appropriate.*

**Implementation date: 31st March 2020**