

East Renfrewshire HSCP COVID-19 Child Protection and Looked After Children Contingency Briefing

**Please click on the hyperlinks for the most up to date information*

1. High Risk Situations & Vulnerable Children

This Child Protection and Looked After Children contingency briefing offers advice to front line managers and practitioners about how we ensure we effectively manage high risk situations including: Interagency Referral Discussions (IRD), Joint investigative Interviews (JII), Undertaking Home Visits and Child Protection Case Conferences, during this time. It also offers interim measures relating to Looked After Children's Meetings and contact arrangements. The safety and wellbeing of children and young people through our child protection and Looked After procedures must remain a priority.

This guidance relates to the COVID-19 Child Protection and Looked After Children Contingency Process only and staff visiting any household should refer to, [NHS COVID-19](#) and [UK Government COVID-19](#) webpages for the most up to date information on keeping themselves safe.

2. Interagency Referral Discussions

[Interagency Referral Discussion \(IRD\) – Multi-agency Guidance for Practitioners and Managers \(2019\)](#) remains the key document relating to all roles and responsibilities where there are child protection concerns. There is no change to existing practice or process relating to IRD. There are however additional considerations that should be considered when making safety plans;

- a) Is the child / family known to be isolating due to symptoms of COVID-19?
- b) Does this prevent the IRD from taking all necessary action to protect the child and / or prevent the child from being seen?

Where it is not possible to convene an IRD due to staffing pressures related to the COVID-19 response, as always, immediate action should be taken to safeguard the child.

In such cases, a service / senior manager can agree the need to proceed to a Child Protection Investigation. Contact with IRD decision makers will then be made to gather relevant information as part of the process.

3. Child Protection Investigations

During the process of investigation, normal child protection procedures should be followed ensuring that the views of children/young people and their family is taken into account along with robust risk assessments.

Where there has been a confirmed case of COVID-19 with a child/young person or anyone in their household, preventing the above, this must be discussed with a Service / Senior Manager before any action is taken.

4. Joint Investigative Interviews (JII)

The above safeguards should be taken into consideration when looking to arrange JII's for example facilitating transport to the JII and conducting interviews. There should be a clear discussion with the adults within the family regarding any presenting COVID-19 symptoms and appropriate safeguards should be applied.

Safety planning should be paramount when there is consideration being given to the timing of the JII. Where there are immediate risks these should be evaluated by the Team Managers and Senior Manager.

5. Child Protection Case Conference and the Child Protection Register (CPR)

At the time of concluding the investigations and moving to Child Protection Case Conference, the following interim measures should be in place and considered as follows:

- a) As agencies are unable to attend conferences, the Chair should give consideration to the use of telephone / video conferencing to aid participation. This should include a core group of professionals where possible; social work, health, police and education.
- b) If essential agencies are not able to participate, they must provide reports to aid the Chair in their decision making. It is recognised that the pressures of time may require verbal reports to the assessing social worker by police and health. In such cases, the assessing social worker will take a record of the verbal report.
- c) The Chair of the Child Protection Case Conference will decide whether to place the child's name on a Child Protection Register based on the risk of significant harm. The decision should be communicated sensitively to children, young people, parents and / or carers.

Where there is a need for Compulsory Measures of Supervision in which case a referral to the Children's Reporter should be made as per usual practice. The chair will ensure that the referral is marked as 'urgent' in such cases that require consideration of a hearing in light of SCRA's decision to suspend all but essential children's hearings.

6. Looked After Children

It is recognised that our Looked After Children are likely to be particularly vulnerable at this time, particularly those at home. It is also the case that children living away from home may have complex care plans which include contact arrangements with varying levels of supervision.

The COVID-19 response has left social work staff with the extremely difficult task of risk assessing the safety of child and family contacts going ahead, particularly if these are supervised arrangements. In such cases we should follow public health advice and be prioritising safety for staff and families. It is recommended that alternative methods of contact such as telephone or video calling are utilised during this period. Where kinship arrangements are in place, with unsupervised contact, the family should be encouraged to manage their own arrangements, allowing the child or young person normal visits, unless either household is symptomatic of COVID-19, requiring a self-isolation period of 14 days. In such cases, telephone and video contact is the safest way to continue contact.

Review Meetings for Looked After Children should be considered on a case by case bases and only going ahead, via telephone or video conference, where absolutely essential. In such cases, the

same arrangements relating to core participants and reports should replicate those described for Child Protection Case Conferences. Decisions should be communicated sensitively to children, young people, parents and/or carers via their allocated social worker.

7. Home Visits

It is important that throughout this period, contact with vulnerable children and their families continues. Where possible, this should be via home visits. Where not possible due to the family being symptomatic of COVID-19, this should be discussed with a Team Manager and contact via alternative methods agreed, i.e. via telephone or video call. It is recognised that at this time, families are likely to be under increased pressure, have additional caring responsibilities, less support and their financial resources may also be under significant strain. These additional factors should be considered when contacting the family on a weekly basis and support provided. The level of contact should have an increased frequency particularly due to the heightened anxieties for children and their families concerning the impact of COVID-19 on self-isolation and as always dependent on the risks identified and impact of past and or future harm.

8. Recording

Recording of key information is essential throughout this period. General recording should be extended to include details of any family who are self-isolating in order to ensure that staff have awareness and can take necessary precautions / provide additional support such as food and fuel.

It is also the case that our own staff members are likely to require periods of isolation and as such the recording of information will be essential for workers taking over, not familiar to the family.

It is anticipated that as staffing resource may become under significant strain, at such times, the recording of essential and risk related detail should be prioritised.