

BMBC Summary Guidance – Visiting Children

Guidance for all BMBC Children's Social Care staff to be read and considered by Managers with Social Work Practitioners when considering home visiting and when working in the community.

Currently local authorities are expected to continue to work in line with the statutory guidance, Working Together to Safeguard Children 2018, underpinning legislation, regulations and procedures.

BMBC visiting requirements to all Children in Need, Children on Child Protection Plans and Children in Care are that children are visited and seen by a Social Worker as a minimum of once every 4 weeks.

However, these visiting requirements are dependent on children being seen by other professionals on a weekly basis. Therefore Managers with Social Workers need to encourage children who are not in self-isolating households to attend school and assess the risk of children not being seen by other professionals, using the Covid19 RAG Case Prioritisation Tool and Tracker, which will need to be reviewed weekly by Managers with Social Workers. Additionally, weekly calls and communication to families is required, particularly where children are not attending school and to other involved and key professionals.

Local authorities will continue to prioritise support to the most vulnerable, including undertaking necessary visits whilst taking appropriate infection control measures.

1. Introduction

This Summary Guidance has been put together to support safe and effective home visiting practices within the current operating context in response to Coronavirus (COVID-19).

It is acknowledged that over time during the Coronavirus pandemic, that our guidance to staff about statutory visiting requirements to children may change as potentially, will our capacity to do this. At its height, it is very likely that those children for whom we have urgent/high level concerns for will be those prioritised to be seen face-to-face, working in collaboration with other agencies. This guidance is therefore subject to change and will be updated as required.

Workers should continue to be mindful that children/young people and parents/carers are likely to experience heightened uncertainty and anxiety throughout this period. Therefore, maintaining regular weekly communication and contact will remain a priority, in between statutory and required visiting arrangements.

Regular and weekly keeping in touch contact and communication via telephone or other means is encouraged to children and families and can be done through means other than home visiting.

Regular and weekly communication with key agencies working with the child and family is required to ensure that information is shared.

Visiting and contact should be undertaken in accordance with statutory requirements and, the needs of the child which should be set out in the CP/CIN/CIC Plan and the assessment of risk during the pandemic, recorded on the child's file and the Covid19 RAG Case Prioritisation Tool and Tracker.

Managers with Social Workers need to review and update the Covid19 RAG Case Prioritisation Tool and Tracker on a weekly basis.

All visits, contacts, meetings and decisions that take place and are made must be recorded on the child file – TED.

All visits, contacts, meetings and decisions that take place outside of procedural requirements must be recorded on the child's file headed – 'Pandemic visit/meeting/contact/management decision'.

2. Home visits including visits to Children in care, foster carer households, residential children's homes and other residential education provision

Before completing a home visit, workers should ensure that they have read the latest information available on the case file - TED and should access the Covid19 RAG Case Prioritisation Tool and Tracker.

Before completing a home visit managers and staff should access daily, the BMBC website and council communications in respect of Public Health infection control measures and guidance.

Workers should consider any requirements specific to delivery of their area of responsibility including statutory guidance, legislation/regulations and adopt a safe and creative approach to ensuring needs are met.

In considering whether to undertake a home visit, workers should adopt a dynamic risk assessment approach, taking into consideration the following key factors:

- a) What is the purpose of the visit?
- b) Is the home visit being undertaken to fulfil a statutory function?
- c) Is a home visit necessary?
- d) Is there a specific requirement or identified risk that requires a home visit?
- e) Which other professionals are seeing the child, i.e. are they attending school and what professionals need to be consulted?

In addition to assessing the care and wellbeing of the child, consider how the Coronavirus national restrictions are being managed and what impact are they having, on the child and their carers.

Enquire and discuss the child's daily routine and what impact this is having, including access to education, their daily routine, contact with family and daily exercise with social distancing in place.

Throughout this period, social care staff will continue to complete visits and monitor children's cases using and updating the Covid19 RAG Prioritisation Tool and Tracker in respect of risk

The specific purpose of any home visit should be clear and linked to a statutory requirement or risk/potential risk utilising the Covid19 RAG Case Prioritisation Tool and Tracker. Direct contact i.e. face to face will not necessarily be required in between statutory visiting requirements.

The Covid19 RAG Case Prioritisation Tool and Tracker will be applied to children's cases daily and workers should continue to work within statutory requirements, local safeguarding and CSC procedures and practice standards with respect to frequency of visits.

Workers should use their professional knowledge and judgement to identify, assess, analyse and respond to any emerging concerns or different areas of concern relating to a child's safety or welfare.

Where immediate concerns are identified for a child's safety and a child needs to be seen face to face then this should be through a strategy discussion held with partners, where possible. Where personal protective equipment is believed to be needed, this should be discussed with a manager and the level of PPE should be proportionate and in line with PH guidance. The decision to use PPE should be recorded in a discussion with your line manager and with partner agencies in such cases.

3. Safe completion of home visits to CIN and CP Cases

In addition to assessing the quality of care and parenting, the safety and wellbeing of the child, consider how the Coronavirus national restrictions are being managed and what impact are they having, on the child and their family/carers.

Have they enough provisions, i.e. food, prescribed medication

Also enquire about the child's daily routine, including arrangements for them to access education, school and daily exercise with social distancing in place.

Also consider:

- a) Are there welfare and safeguarding considerations where the children or family would benefit from a face-to-face interaction in **between statutory visiting requirements**?
- b) What is the risk to the child and/or family of a home visit not taking place?
- c) Can we do things differently:
 - Could the visit take place at a different venue?
 - Could the visit be conducted in a different way – for example using technology solutions such as Skype, audio call or via WhatsApp
- d) What are the specific COVID-19 risks in relation to the child and family and should a home visit take place?
- e) Has a member of the household indicated that they are “isolating” but there are no symptoms present in the household? Consider if this is due to avoidance of professionals, or any underlying health conditions or pregnancy
- f) Is the child or member of the household symptomatic of coronavirus infection? (self-isolation)
- g) Is the child or member of the household at increased risk of severe illness from COVID-19 (social distancing) or defined on medical grounds as extremely vulnerable (shielding)?
- h) Consult with other key and involved agencies on a weekly basis
- i) Contact the child and family on a weekly basis in between statutory visiting, i.e. by telephone, face time

. The Covid19 RAG Case Prioritisation Tool and Tracker should be completed and/or reviewed every week by managers and before and after any home visit. Workers should discuss home visits with their line manager.

During the COVID-19 outbreak, workers working with children and their families should not be left feeling that they are putting themselves or others at risk and it is imperative that staff feel safe and are supported at all times.

Where screening and/or other intelligence indicates that someone in the household has a coronavirus infection it is strongly suggested that contact is made via technology wherever possible, balanced with the safety of the child which is paramount.

Where a worker is at increased risk, they should be exercising social distancing and managers need to consider colleagues completing any home visits considered essential, on their behalf.

Do not complete a home visit if:

- a) You are feeling unwell
- b) You have been to an affected area (seek advice from your manager)
- c) A member of your household is symptomatic of COVID-10 (you should be self-isolating and working from home if well)
- c) You are at increased risk of COVID-19 (as set out and defined in PH guidance) where you will be working from home, able to make none direct contact with families and conducting other none face to face tasks.

When planning a home visit, it is important that you take every measure to do so safely utilising appropriate prevention and infection control. When undertaking a home visit:

- a) Consider the physical layout of the home and opportunities to maintain a safe distance - workers should maintain 2 metres from other people in the household. Where appropriate consider if you need to enter the home or whether the child or family can be seen in the garden of the household property or if the child can be seen in school or at a different venue
- b) Where safe and appropriate, consider opening windows to ensure the property is properly ventilated
- c) Consider the needs of the entire household and extended family

Ensure careful infection control measures - follow guidance on the best ways to prevent/reduce risks of contracting infection for example:

- use hand sanitiser gel
- wash your hands between visits, when you get home or into work
- safely cover your mouth and nose when you cough or sneeze
- Avoid touching your eyes, nose and mouth with unwashed hands

- dispose of any tissues or disposable cleaning cloths after your visit safely (store securely within disposable rubbish bags)

Apply enhanced hygiene practices during visits - minimise the possibility of dispersing virus through the air for example do not shake dirty laundry at a visit

Where possible, aim to allow time between visits to exercise any additional infection control measures such as cleaning / disinfecting any frequently touched objects and its such as personal equipment (laptops /telephones), notebooks, consider changing your outer clothing where you may have visited an affected area.

Take extra precautions if visiting another household where vulnerable people may be present particularly where a family member at increased risk associated with COVID-19

Consider changing your clothes when you return home and wash any personal clothing items after visits in accordance with manufactures instructions – whilst guidance indicates that dirty laundry that has been in contact with an ill person can be washed with other people’s items, you may consider washing work clothing separately from other household linen as an additional protective measure

Discuss use of personal protective equipment in cases with your line manager, and in accordance with PH guidance where a child/member of the household is symptomatic of Coronavirus and a home visit is deemed necessary (i.e. this is agreed following the RAG Case Prioritisation Tool)

4. Use of alternative technologies

If a family are isolating and no immediate concerns are identified, determine their preferred method of communication during this time and agree how statutory visits can take place.

There are a few options including Skype, Audio calling on Jabra Speaker and audio telephone calls.

WhatsApp is a good method of communication and can be achieved using work smartphones. It is the simplest method to audio call or video call service users.

In WhatsApp you can update your profile which will display when you are available. For example: “I am available between 9am-5pm”, “I am not currently available please contact (duty number)”. This is done in WhatsApp settings → tap on profile → About → insert chosen text. what’s sent. WhatsApp uses encryption. The easiest way to verify that a chat is end-to-end encrypted is to

- Open the chat
- Tap on the name of the contact to open the contact info screen
- Tap ‘Encryption’ to view the QR code and 60-digit number
- A message will display on the chat that says “Messages to this chat and calls are now secured with end-to-end encryption”
- It is important that any contact with service users via message, audio or video calling is secure and ensures only you and the person you’re communicating with can read.

5. Responsibilities of allocated Social Workers who are well but self-isolating and/or shielding.

Staff who are well, i.e. not experiencing any symptoms or suffering any other sickness absence from work; who are unable to conduct home visits but are working from home, should still oversee their cases and make weekly calls to children and families allocated to them, as well as weekly calls to key and involved agencies. Virtual meetings can still take place.

They should maintain contact with their managers and maintain up to date Ted case file records, as well as the Covid19 RAG Case Prioritisation Tool and Tracker on a weekly basis.

They should advise their manager in advance of when a statutory visit is due or, where a home visit is required.

6. Other resources and guidance

<https://home1.barnsley.gov.uk/HealthandSafety/Pages/default.aspx>

[https://home1.barnsley.gov.uk/HealthandSafety/Pages/Coronavirus%20\(COVID019\)%20-%20advice%20and%20guidance.aspx](https://home1.barnsley.gov.uk/HealthandSafety/Pages/Coronavirus%20(COVID019)%20-%20advice%20and%20guidance.aspx)

