Children’s Social Care/Service Delivery COVID – 19

19th March 2020

**Overview**

The current crisis in relation to C-19 is having, and will continue to have a significant impact on the ability of the service to meet its statutory obligations. The combined impact of:

* Families currently receiving a service stating they are self-isolating
* Partner agencies reducing their involvement with children and young people
* Staff within the service self-isolating and/or being in a high risk group and unavailable for work.

In the working days from 16 March 2020 to the end of the working day on 18 March 2020 the number of families self-isolating has risen from less than 10 to 136 at the time of writing. At the same time the number of staff who are unavailable to work has gone from 2% to 18%.

Critically, seeing children and young people in person and at home as set out in statutory guidance is less and less possible. Professionals meetings such as looked after reviews, case conferences and strategy meetings will take place via virtual means, all of which compromise statutory expectations. In addition, given our duty of care to our staff, others in the community and our children and young people we must adhere to public health advice and national government instruction.

**Priorities**

The most important duties placed on the service to respond to new information in relation to a child’s circumstance, conduct s47 enquiries and take decisive action to keep children safe must continue. The service must also stay in contact with all of its looked after children, those that it supports under child in need plans and also those on child protection plans. However, it will be very difficult, if not impossible, to advance and action plans with children and their families, complete direct work with children or hold professionals meetings that agree new and further activity designed to improve the child or young person’s outcomes.

This, coupled with the latest information that all schools in England will close from Friday 20 March indicates that statutory children’s services must look at how it can ensure that the most vulnerable are protected. Visits to children on open cases, where there are no new high risks or existing high risks will be contacted and seen through virtual means. Face to face visits to families will only take place when the immediate safety of a child is thought to be compromised. In these incidents the risk to staff, the family and the child will be weighed up and considered. It is hoped protective equipment (gloves and masks) will be made available as will the latest public health advice in relation to social distancing and hygiene.

**Service Delivery**

From Monday 23 March 2020 the service will operate a ‘safe and well’ locality based service. The three main offices; Aylesbury, Wycombe and Amersham will each stay as service delivery points. The MASH will operate as usual. Each locality will focus upon the following:

1. New referrals and new information on open cases that indicate the likelihood of significant harm or actual significant harm will become the highest priority. Responses to these incidents will be the highest priority and may result in home visits being required. These will be risk assessed. It should be noted that vulnerable children should still attend school, which will provide opportunities to see them.
2. Open child protection cases will be managed in the first instance by virtual contact and conversations with young people and their parents and carers. Any indicators of increased risk will be discussed with team managers and decisions made about next steps. Potentially individual incidents will be considered in line with 1 above. Core groups and conferences will be conducted by virtual means. Information sharing and managing risks must continue to be appropriately shared.
3. Open child in need cases will be dealt with in the same way as set out in 2 above.
4. All looked after children will be seen via virtual methods in the first instance. Again, new risks or problems will need to be risked assessed in a similar way as described above. Reviews should continue, but virtually.
5. Care leavers will need frequent and regular contact. They are a high risk group given their isolation, limited funds and ability to stay healthy in the current circumstances. Unlike LAC children they will not have regular contact with a trusted adult. It should be possible to see care leavers in the right circumstances and do this safely and in line with public health advice.

Whilst continuity for families is important, it is probable and expected that the unavailability of allocated workers will mean that workers not known to children, young people and their families will be making contact with them in the ways described above. It will therefore be necessary to suspend for now the concept of teams in each locality (applies to Assessment, Help & Protection and LAC teams only) and staff will either come into work or be available by agreement from home. Available staff will work to the priorities of their particular locality and will receive tasks directly from the managers present. Each locality will have a named Head of Service and minimum of three on site managers to agree each day’s work and tasks based on the points 1 to 5 above.