

## East Ayrshire HSCP Emergency COVID-19 Child Protection and Looked After Children Contingency Guidance

### 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 planning only and East Ayrshire staff visiting any household should refer to, [NHS COVID-19](#) and [UK Government COVID-19](#) webpages for the most up to date information.**

### 2. Interagency Referral Discussions

The [Ayrshire and Arran Working Model for Interagency Referral Discussions for Practitioners and Managers \(2020\)](#) remains the key document relating to all roles and responsibilities where there are child protection concerns in East Ayrshire. 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 professional 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 as soon as possible to provide further reflective analysis to the single agency decision making and to gather relevant information as part of the assessment of risk.

It is important that all IRD decisions continue to be recorded via the Ayrshire Record of Interagency Referral Discussion template and shared with Public Protection Unit, Police Scotland and Child Protection Advisor, NHS Ayrshire & Arran for electronic sign off.

If a decision is made by Service Manager to proceed to Child Protection Investigation this must be recorded immediately on Liquidlogic.

### **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. If COVID-19 is confirmed within the household then an appropriate risk management plan will be developed to ensure child and staff safety.

### **4. Joint Investigative Interviews (JII)**

The above safeguards should also 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.

Should a child and parent require to be transported for a JII then consideration should be given to utilising the EAC Fleet people carrier that has been identified for North and South Localities.

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 Service 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) It is crucial that the child / parent / carer is consulted prior to the CPCC and wherever possible, they participate fully in any virtual/ conference call discussion. Consideration requires to be given to supporting children and parents with the practical and technical means to achieve this during this period of uncertainty.
- b) 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 Scotland and Education.
- c) 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.
- d) 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.
- e) It is crucial that the child / parent / carer is consulted prior to the CPCC and wherever possible, they participate fully in any virtual/ conference call discussion. Consideration

requires to be given to supporting children and parents with the practical and technical means to achieve this during this period of uncertainty.

- f) If a multi-agency telephone / video conference with the Team Around The Child is not feasible for an Initial Child Protection Case Conference, either due to (i) participants not being available, or (ii) there has been a significant escalation of risk since the IRD, the Service Manager will convene an emergency IRD with Detective Sergeant, Public Protection Unit, Police Scotland, Child Protection Advisor (NHS Ayrshire & Arran) and Team Manager, East Ayrshire Social Work. The IRD will:
- Decide whether or not to place a child's name on the Child Protection Register;
  - Consider the immediate safety of the child and whether a place of safety is required;
  - Develop and agree the Child Protection Plan;
  - Identify a Lead Professional (these may be an interim arrangement given COVID-19 uncertainty);
  - Consider whether or not there is a need for Compulsory Measures of Supervision and an emergency referral will be made to the Children's Reporter;
  - Recording the date the Child Protection Plan was agreed and circulate a briefing note to the child, family and Team Around The Child;
  - Agreed 3 month CPCC review date;
  - Agree and record the Date of first Core Group. This is likely to be by phone or video conference.

The child and parent / carer should be immediately consulted and advised of the outcome of the IRD. The parent of the child should be advised that they would still have the right to appeal the decision.

- g) Even though the risk of Domestic Violence may not have been noted as an area of concern during the initial risk assessment of the child, all Lead Professionals and Team Managers need to consider the social impact of COVID-19 on current Child Protection Plans and a potential escalation of risk for the child and victim.
- h) It is recognised that practitioners will already be responding to the particular challenges of the Covid-19 outbreak, taking account of the child and family circumstances. Others might include: how parents with a drug dependency and/or mental health difficulties are accessing medication and support to maintain stability; being clear about how parents with a learning disability are receiving advice and consistent support to protect their children in these circumstances; and help for families experiencing poverty to access fresh food for their children.
- i) As part of any Child Protection plan there has to be a sufficient level of direct contact with the child and family. The rationale for the level / frequency of contact for children on the Child Protection Register must be documented by the Lead Professional and reviewed by Team Manager.
- j) Given that there will be more diverse approaches to communications and decision making processes at this time with the likelihood of further changes as COVID-19 progresses, it is essential that the Lead Professional maintains an accurate and up to date Child Protection Plan within the child's plan, and a clear chronology of all processes and key decisions.
- k) The East Ayrshire Care and Risk Management procedures will follow the same risk management format as Child Protection contingency guidance.

Where there is a need for Compulsory Measures of Supervision, a referral to the Children's Reporter should be made as per usual practice. The RAS 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. The Service Manager will make contact with either Jenny West / Alan Mulrooney (Ayrshire Locality Reporter Managers) for immediate escalation.

## 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 for the family.

It is crucial that Team Around The Child reviews for Looked After Children continue to take place and that they are facilitated via telephone or video conference. 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 to support children and their families

**It is important that throughout this period, contact with vulnerable children and their families continues.** Where possible, this should be undertaken via home visits with consideration given to Personal Protection Equipment being utilised should the family present with COVID-19 symptoms. Where this is not possible due to the family being symptomatic of COVID-19 and unwell, this should be discussed with a Team Manager and contact via alternative methods agreed, i.e. via telephone or video call. If there are identified protection concerns for the child then a home visit will still be required.

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 on Liquidlogic 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 professionals 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. As such the recording of information will also be essential for workers providing cover and who may not be familiar to the family.

Should it become the case that staffing resources come under significant strain, the recording of essential and risk related detail must be prioritised.

## **9. Review of Guidance**

This guidance will be reviewed on a weekly basis. Taking into consideration the acceleration of change within critical services for children and families.

A handwritten signature in black ink, appearing to read 'CRocks', written in a cursive style.

**Charles Rocks**  
**Senior Manager - Localities**  
**Children & Families**