



Regional Section 47 and Statutory Visits Interim Process During COVID-19

**THE MID AND WEST WALES SAFEGUARDING
BOARD**

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Child Protection practices during COVID-19

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This briefing is designed to support child protection practices, particularly defensible decision making, in the context of COVID-19. It covers s47 planning, child protection visits, core group and care and support protection plans.

Balancing risk and wellbeing:

During the COVID-19 pandemic there is a need to consider the potential for increased risk to children and young people. This involves either drastically reduced or no contact with professionals, family members and peers and a change to support networks. Children and families are now spending most of their time indoors together, which may lead to increased pressures on the family unit. However, child protection practices which involve direct contact with the child and family, increase the risk of COVID-19 spreading. We need to assess the risks of all direct contact with the risks of potentially leaving children in an unsafe environment. Therefore, the following key principles must always be considered:

- 1) Social services have a duty to safeguard and promote the safety and wellbeing of children. Any assessment of risk should now include the impact of self-isolation and shielding on a child's wellbeing and safety, which may increase risk and the likelihood of harm.
- 2) Social Services have a responsibility to reduce day to day contact between people to help manage the spread of COVID-19 and to promote health and wellbeing by ensuring proportionate responses in the current context. This responsibility includes children and families as well as the workforce and must be considered through Local Authorities COVID-19 risk assessments.

All child protection practice and decision making must consider these key principles and clearly record decision making which incorporates this. Any deviation from standard procedures must be agreed with a manager and explained on the child's record.

Child protection in the context of COVID-19:

Whilst there is no current evidence base on increased likelihood of child abuse during COVID-19, organisations and specialists are discussing the heightening of risks due to self-isolation. Child protection practitioners and managers should consider the likely effects of self-isolation, which could include the following:

- Education plays a significant role in child protection with teachers normally having 5 day a week contact with the child. School closures and the restrictions on movement will dramatically change the child's routine and reduce opportunities to identify abuse.

- Additional stressors will be placed on parents who may experience additional caring responsibilities for vulnerable or sick family members and a loss of contact with wider family networks, friendships and support services. Families may also experience additional distress through bereavement.
- Children and adults who live with domestic abuse will be isolated in the household with the perpetrator for a prolonged period. They will have difficulties in speaking out about worries or incidents and feel unable to speak with staff if the perpetrator is in the household when visits occur.
- Children and young people who are experiencing sexual, physical or emotional abuse within the household e.g. from a parent, stepparent or sibling will have no respite from the perpetrator.
- Children and young people who experience neglect may not be having their basic needs met and their wellbeing may not be being monitored by education and health staff who would normally have contact with the child and family.
- Heightened levels of anxiety and depression amongst family members may occur. Families may feel increased tension at the lack of space and ability to take a break from each other.

The strategy discussion / meeting:

When a referral is received which gives reasonable cause to suspect a child is at risk of significant harm, a strategy discussion / virtual meeting should be initiated to determine whether s47 enquiries should be initiated and how this should occur in the context of COVID-19.

The planning of **s47 enquiries** and attendance at critical situations will need to consider these additional factors:

- Does the risk require direct contact, or can a discussion occur remotely?
 - Example: The risk may relate to extra familial harm and the suspected perpetrator may not live in the family home.
- How can the child be spoken to alone?
 - Points to consider: Are there private areas in the family home? Can the child be spoken to privately in the family's garden? Is there a nearby green space which is safe to access and can afford privacy?
- If required, is it possible for the social worker to speak to a suspected child victim without the knowledge of a parent or caregiver?
 - E.g. Is the child attending a childcare hub? And if so, can they be seen there? Is the child supported through a care and support protection plan and therefore already has regular contact with a social worker alone?

- If this has been compromised, the social worker may need to inform the parents that a referral has been received which requires the child to be spoken to alone. This could be done by making an unannounced visit to the family home and requesting to speak to the child alone. The social worker must consider any consequences the child may experience when returning home and ensure that parents are spoken to about appropriate responses towards the child. In these circumstances, the impact of this on the child's safety must be considered by a manager and recorded.
- What is the child and family's health status?
 - If the child is reported to be sick by the parent, the manager will need to consider the referral content and the urgency of seeing the child.
 - If it is felt that s47 should be delayed, to allow the child time to recover, please seek manager approval and record this decision. Considerations of immediate safety must be considered.
 - If it is felt that the child may require immediate protection, police, health and social services must hold a further strategy meeting immediately to identify how the child can be protected. Senior managers will need to be notified. Children may need to be removed from their family home whilst unwell and placed in an emergency placement.
 - Any intentional coughing towards staff should be reported through Health and safety procedures and to the police.
- **All social care practitioners having contact with children and families must undertake a Risk Assessment and save this to the child's record. PPE guidance issued by Local Authorities must be followed.**

Child protection visits:

The Wales Safeguarding Procedures (2019) state that the child **must be seen by the social worker every 10 working days**. This timescale will remain in place during the pandemic; however the methods of contact may need to adapt and there may be circumstances when a Children's Services practitioner is unable to see the child at home.

Having direct contact with a child may impact on their health due to the increased risk of infection. In turn, this will compromise the wellbeing of all other household members and increase the strain on family functioning potentially leading to the child being at greater risk. If any household members are in high risk categories, the social worker must speak with their manager and agree / record how to proceed. This discussion should consider the wishes and feelings of the family.

In certain circumstances, CP visits could include:

- Having a telephone call / video chat with the child (if age appropriate) and family and seeing / speaking with the children and parents through the household window (whilst on the phone if that is easier) or in the doorway.
- Spending time with the child alone in a private part of the family home, garden or whilst walking through a local green space whilst ensuring that social distancing techniques are adopted.

Ultimately, all decision making must continue to be defensible, agreed with a manager and clearly recorded on the child's record.

Core groups:

The initial core group will continue to be held 10 working days after the ICPC and must occur every 6 weeks or more frequently if required. These can occur remotely and could occur over a series of calls. Core groups members should remain in regular contact and seek creative ways to support and safeguard the child.

The care and support protection plan:

These should continue to be reviewed and updated by core group members. It is important to update the plan to reflect any changes to support and the impact of this as well as any changes to risks due to COVID-19. There is potential for children to feel increased stress during this period which should be taken into consideration when assessing a child's welfare. Children may become more hyper vigilant and feel worried about the wellbeing of their family members. They may be exposed to the news or others speaking about the pandemic and experience anxiety and stress. Parents can be supported with how to communicate with their child about COVID-19 if required. Additional consideration should be given to children aged 0-3 years who are reliant on their parents for care. All professionals working with the child and family will need to make efforts to maintain relationships. Local arrangements in place for health and education should be considered in the plan. Families can be supported to access childcare hubs if required, which can be included in the plan.