



## **Edinburgh Child Protection Committee – Interim Guidance for Professionals during COVID-19 restrictions**

It is recognised that there is considerable concern for all children and young people at this time due to the risks to wellbeing which arise from the restrictions to liberty, including freedom of movement and dramatic reductions in face to face human contact. The situation raises the level of vulnerability for all. Keeping children and young people safe, secure and protecting their wellbeing is a priority for all agencies.

This multi-agency guidance aims to ensure all practitioners are working together to support the children and families we are working with, to manage risk whilst ensuring the health and safety of families and our staff, in response to the restrictions and challenges posed by COVID-19/Coronavirus.

Despite the changes to everyday life, the protection of children remains of the highest priority. We must continue to work in collaboration to ensure the safety and wellbeing of children.

**The rights of children do not alter during this pandemic, and nor do professional responsibilities in relation to child protection. The protection of children must continue to be prioritised during this period. Key child protection processes are still in operation.**

If you have concerns that a child is at risk of significant harm, this should still be managed via the [Edinburgh and Lothian Inter-agency Child Protection Procedures \(2015\)](#). The guidance below provides some context around how this is being implemented at the present time. In addition, this local guidance is congruent with the [Coronavirus \(COVID-19\) Supplementary National Child Protection Guidance \(Scottish Government, 2020\)](#).

### **If you are concerned for the safety or wellbeing of a child**

Where you have concern that a child is at risk, this should be discussed in the first instance with your line manager and/or your agency's designated member of staff for child protection. Concerns should still be recorded as normal and, where safe to do so, discussed with the family.

Referrals can be made to Social Care Direct on 0131 200 2324 and will be screened as always.

If a child is at immediate risk, contact the Police on 999.

### **Inter-Agency Referral Discussions (IRD)**

IRDs are still being carried out using the eIRD system, and will be reviewed as per normal timescales by the IRD Review Group. The core agencies will continue to initiate IRDs as normal.

Interim Safety Plans are a high priority and will continue to be implemented and progressed where they are needed.

#### Child Protection Investigations (including Joint Investigative Interviews, Medical Assessments etc)

Inter-agency child protection investigations are still being progressed, and as part of this direct contact with children and families may be necessary. The risks to all will be taken into account within the current restrictions as appropriate.

Where you are required to undertake an assessment or visit as part of a child protection investigation, the arrangements for this will be managed via the IRD process in accordance with the most up to date advice.

#### Child Protection Case Conferences

Case Conferences are being held virtually and remain a key forum for the joint sharing of information and multi-agency risk assessment. Attendees are still expected to provide reports and participate in the conference.

This process is coordinated by the Children and Young People's Review Team. All staff who are required to attend a Case Conference will be provided with up-to-date information regarding the arrangements with their invite.

Where there is a need for a referral to the Children's Reporter directly from a CPCC, the referrer will ensure that the referral is marked as 'urgent' in light of SCRA's decision to suspend all but essential children's hearings.

**See Appendix 2 – "Interim Guidance for Child Protection Case Conferences" for further details.**

#### Child Protection Register/Child Protection Plans

Where a child is deemed to be at risk of significant harm and a multi-agency child protection plan is required, their name will continue to be added to the child protection register.

If you have a responsibility to carry out a specific action within a child protection plan, consideration should be given to how this can be progressed under current restrictions recognising that face to face contact may be necessary. Your own agency's guidance on working practices should be followed, and any issues discussed with your manager and/or the Lead Professional.

Core group meetings will only be held virtually and must not take place in person.

#### Home visits/contact with children and families

Professionals require to take a balanced approach to assessing the need for direct contact with children and families who are involved with our services to ensure they are not disadvantaged in

terms of social distancing than other members of the community. Police, health professionals and social work, as frontline staff, have a key responsibility to protect children and young people despite current public health restrictions.

As per Government guidance, contact with anyone outside your own household should be limited as far as possible. However as key professionals, it is important throughout this period that contact with children and their families continues where factors placing children at risk of abuse or harm have been identified. Consideration must be given to the need for a home visit at the point of any child welfare concern/referral, IRD, Child Protection Case Conference or at any time where there are trigger points to suggest a child may be at risk of significant harm. It is not necessary to wait for a case to reach the threshold for a child protection referral before direct contact is considered. For instance, if there is a risk of imminent family breakdown unless help is given, that help should be offered. While some aspects of support can be done virtually, face to face contact will sometimes need to happen.

When there is a need for face to face contact, this should be agreed either via a multi-agency discussion (e.g. IRD, CPCC, core group) or, if the issue is single agency, with the practitioner's line manager. Risk assessment should be undertaken before any face to face contact, and a plan made for how social distancing will be maintained during the contact.

Contact with children and families should be maintained via telephone or virtual methods where this is supported by your agency or a direct contact if required

Where you have concerns that a child is at risk of significant harm, and are unable to contact them via these channels, this should be discussed with your manager and/or your agency's designated member of staff for child protection and referred to Social Care Direct where required for further risk assessment. **Further detailed guidance can be found in Appendix 1 of this document: Interim Guidance on Direct Contact with Families.**

If you are working with a family who requires welfare, housing or household support, they should contact 0131 200 2000 where staff will be available 10am-4pm at the Local Critical Resilience Centres to deal with their query. Customers are asked only to attend in person if it is critical. Further information is available at <https://www.edinburgh.gov.uk/coronavirus>

### Case Recording

Recording of key information is essential throughout this period. **The usual expectations around case recording, as stipulated by your agency, still apply.** 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 or provide additional support such as food and fuel.

It is crucial that the rationale for decisions is clearly recorded. Any decisions to, for example, carry out a home visit or vary statutory requirements should be recorded on the child's file with reference to the discussion with a manager and legal colleagues where appropriate.

Furthermore, many professionals are likely to require periods of isolation and as such the recording of information will be essential for workers taking over, who are not familiar to the family.

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

**For child protection referrals, contact Social Care Direct on 0131 200 2324**

Appendix 1: Interim guidance on direct contact with families during COVID-19 restrictions

Appendix 2: Interim guidance on Child Protection Case Conferences during COVID-19 restrictions

Date	Version	Notes
2/4/2020	1	Signed off by Edinburgh Child Protection Committee and Chief Officers Group
15/04/20	2	Various refinements and amendments. Inclusion of appendices 1 & 2.

## **Edinburgh Child Protection Committee - Interim guidance on direct contact with families during COVID-19 restrictions**

It is recognised there is considerable concern for all children and young people at this time due to the risks to wellbeing which arise from the restrictions to liberty, including freedom of movement and dramatic reductions in face to face human contact. The current situation raises the level of vulnerability for all children. Keeping children and young people safe, secure and protecting their wellbeing is a priority for all agencies. The restrictions which have been put in place by the Government to prevent the spread of coronavirus have altered the nature of how services work with families.

The current government guidance is that everyone should stay at home, avoid non-essential travel and not meet anyone outside of their own household. This must be adhered to as far as possible however police, health professionals and social workers as frontline staff have key responsibility to protect children and young people. This means there will be instances when it will be necessary to see a child or their family directly.

The guidance is intended for all professionals who carry out direct work with children and their families. It should be read in conjunction with the [Edinburgh and Lothians Inter-Agency Child Protection Procedures \(2015\)](#), Edinburgh Child Protection Committee – Interim Guidance for Professionals (2020), and the [Coronavirus \(COVID-19\) Supplementary National Child Protection Guidance \(Scottish Government, 2020\)](#).

Within this document, we use the phrase direct contact to mean face-to-face, in person contact. This includes specialist tasks such as medical assessments and joint investigative interviews as well as more generic tasks such as entering a family home to carry out a home visit. There will be instances where professionals attend at a family home to provide support at a distance – for example to deliver food parcels. This type of visit does not need to be progressed via this guidance but should at all times adhere to social distancing principles and your own agency's protocol.

### **General principles**

**The rights of children do not alter during this pandemic, and nor do professional responsibilities in relation to child protection. The protection of children must continue to be prioritised during this period.**

Professionals are required to take a balanced approach to assessing the need for direct contact with the need to ensure children and families who are involved with our services are not disadvantaged in terms of social distancing than other members of the community.

As per Government guidance, contact with anyone outside your own household should be limited as far as possible. However as key professionals, it is important throughout this period that contact with children and their families continues where factors placing children at risk of abuse or harm have been identified. Consideration must be given to the need for a home visit at the point of any child welfare concern/referral, IRD, Child Protection Case Conference or at any time where there are trigger points to suggest a child may be at risk of significant harm. It is not necessary to wait for a case to reach the threshold for a child protection referral before direct contact is considered. For

## Appendix 1

instance, if there is a risk of imminent family breakdown unless help is given, that help should be offered. While some aspects of support can be done virtually, face to face contact will sometimes need to happen.

As a general rule, contact with vulnerable children and their families could take place virtually– over the phone, or using an app to communicate over a video link. Check with your line manager whether your organisation has a preferred method for communicating with families.

Contact with a family should be purposeful. Whilst maintaining a relationship with a family during this period may mean that supportive indirect contact is maintained on a regular basis, any consideration of direct contact needs to serve a clear purpose. If you become aware that a child is unwell (either with COVID-19 symptoms or any other medical issue), the parent/carer must be encouraged to seek medical attention in the normal way.

Some things that should be considered during all contact with families are:

- Does the family have enough food/medication (if applicable)?
- Is the family aware of the support available from the Council and universal services?
- How are the parents/carers coping emotionally and how do they feel? Is there anything they are finding particularly stressful?
- If anyone in the household has a mental health problem do they feel this is getting worse or do they feel in control?
- Who is in in the household? Is that causing any particular difficulties?
- Speak to the child/ren. How are they coping mentally? Is there anything they are finding particularly stressful?
- Do the parents/carers have someone they can call to have a chat/sound off to (other than professionals)?
- Does the child/ren have anyone they can call to chat with/socialise with (other than professionals)?
- Does the parent/carer have any particular fears/worries?
- Does the child have any particular fears/worries?
- If there is a substance misuse issue, is the parent using more; has the parent resorted to street drugs to top up any prescribed medication?
- If domestic abuse is an issue try to speak to the victim alone to find out how things are
- Do the parents have enough resources to keep children entertained? Do they need some advice on things to do with their children?
- Is everyone getting some time on their own? How could this be managed?
- Does the parent/young person know who to contact in an emergency and out of office hours?

**Direct contact must be considered when there is assessed to be a significant risk to a child, that cannot be reduced or assessed further via virtual methods.**

Any direct contact with a child or family should be subject to risk assessment, carried out either on a single or multi-agency basis. This should take account of the risk to the child from abuse or neglect, as well as the risk to staff and the family of potential exposure to coronavirus through contact with

individuals from outwith their own household.

### **Single Agency Decision Making**

Direct contact will continue to be part of the role of key health professionals. A risk assessment balancing the need for direct contact against the health risk to the family and staff should be undertaken prior to every home visit as a family's health may change very quickly.

Please refer to current guidance issued by your own agency which will support decision making and planning. [National clinical guidance](#) for health staff has been produced which will support planning. Any child protection issues identified through routine direct contact should be escalated in the usual way, in accordance with the [Edinburgh and Lothians Inter-agency Child Protection Procedures \(2015\)](#).

There are occasions where direct contact will be appropriate on a single agency basis without the need for a child protection referral. This may be relevant at any point in the continuum of risk. For example – if direct contact is required to prevent a situation from escalating, or where a situation of immediate risk necessitates an urgent response.

If you have identified that there may be a need to have direct contact with a child or family, you should discuss this with your line manager as the first step. A clear record of this discussion should be made in the child/client records. Refer to the section "Planning Direct Contact" below for further guidance.

### **Multi-agency Decision Making**

Working together to share and jointly assess information is a key principle of the child protection procedures and will involve consideration of direct contact. Responding effectively to child protection issues whilst limiting the risks attached to Coronavirus requires good communication and planning.

This may take place in the context of an Inter-agency Referral Discussion (IRD) between senior staff in Police, Health and Social Work. This process ensures that consideration is given to all the information held by each agency and provides a joint forum for planning the direct contact.

A decision to carry out direct contact may also be made at a Child Protection Case Conference, core group meeting or as part of the ongoing work carried out as part of a child protection plan. All three core agencies (Police, Health and Social Work) should be part of the discussion where possible. The subsequent planning for direct contact should involve a manager from at least one of the core agencies.

The following questions should be asked when considering direct contact, and will help inform planning for the visit:

- Why do we think the child is at risk?
- Have all reasonable steps been taken to make contact virtually?
- How urgent is the need to make direct contact?
- Do we know who is likely to be in the home? Are there any known or suspected risks to staff?

- Are any members of the household known to be experiencing COVID 19 symptoms or self-isolating due to additional vulnerability?

**These considerations should not delay contact unduly if risk to a child is immediate. Likewise, the potential risk to a child does not require to have reached the threshold for IRD before direct contact should be considered.**

### **Planning direct contact**

Once a decision is made that direct contact is necessary, this must be planned in a coordinated way. This includes several considerations in the lead-up to the contact, but also subsequent opportunities to share and jointly assess the information gained during the contact.

The following issues should be considered during planning. These are not exhaustive, and there may be further areas which require to be discussed according to the specifics of each case alongside the usual considerations:

- **Who is best placed to carry out the direct contact?** Ideally this should be a professional already known to the child/family.
- **Is it necessary to visit the family home or can the contact safely take place in another venue?** This allows for a level of control over the environment and may allow other members of the household who are shielding, for example, to remain at home.
- **What hygiene and infection control measures are required?** Hand washing before and after direct contact is always recommended. All direct contact should take place according to social distancing principles unless close proximity is required to assess or manage risk.
- **Is the use of Personal Protective Equipment (PPE) required?** Reference should be made to current guidance in relation to the use of PPE, which includes specific information on the various types of PPE in a series of tables. Whilst this is written from a health perspective, table 4 in particular will be of relevance to a range of staff carrying out direct contact. <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
- **How will risk to members of the household who are self-isolating due to additional vulnerability be managed?** Measures to protect those who are shielding due to additional vulnerability must be followed. Liaison with health staff is crucial where this is a consideration, in order to ensure the most up-to-date guidance is followed and any specific health issues are taken into account.

The person(s) attending to carry out the direct contact must be fully briefed in advance by a manager within one of the core agencies regarding the expectations and arrangements around the direct contact.

**Where a child is at immediate risk, call the Police on 999.**

**If a child is unwell (with or without COVID-19 symptoms), parents/carers should seek medical attention in the normal way.**

**Edinburgh Child Protection Committee – Interim Guidance for Child Protection Case Conferences During COVID-19 restrictions**

Due to the restrictions in play to limit the spread of Coronavirus, arrangements for Child Protection Case Conferences (CPCC) have changed.

CPCCs are still taking place according to agreed timescales, and all professionals remain responsible for providing a report and participating in the discussion.

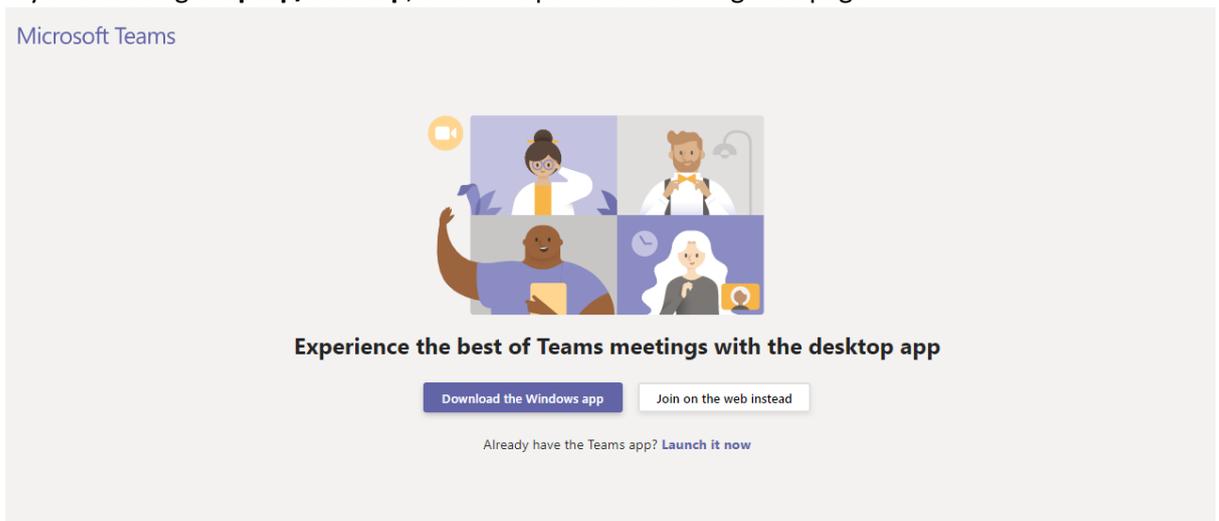
The following process is a guide to joining and participating in a CPCC using Microsoft Teams.

1. You will receive an email invite to attend the CPCC. This will include the time and date of the CPCC and the deadline for providing reports electronically.
2. You will receive a separate calendar invitation via email to join the meeting using Microsoft Teams (this is the online platform which is being used to coordinate CPCCs at the present time).
3. If you are able to participate in the meeting, accept the invite. The meeting will be added to your calendar and you will be able to join the meeting. Within the invite, you will see a link which reads “Join Microsoft Teams meeting”, which you will use to join the meeting at the agreed time.
4. If you are not able to attend, and another representative of your agency will attend in your place, please decline the invite and email the Reviewing Officer to advise them of the email address of the person who will attend.
5. The reports will be shared with all participants in advance of the CPCC.
6. At the time of the meeting, use your work device and ensure you are in a private space where your conversation cannot be overheard by others within your household.
7. Open the calendar invite and click the link “Join Microsoft Teams meeting”.

**Join Microsoft Teams Meeting**

[Learn more about Teams](#) | [Meeting options](#)

8. If you are using a **laptop/desktop**, this will open the following web page:



Click the button “Join on the web instead”. This should open the Microsoft Teams meeting in your web browser.

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9. If using a **tablet/smartphone**, you will be prompted to install the Microsoft Teams app. In the interests of starting the meeting promptly, please install this app in advance of the meeting where possible. This app is free to download and you do not need to register – you may join the meeting as a guest.
10. Ensure your webcam and microphone is enabled by clicking the icons at the bottom of the screen. Type in your name where indicated. You will now be able to participate in CPCS via Microsoft Teams.