

Guidance for Practitioners working with children and families

Guidance to support our collective response to COVID -19
V1 8.04.20



Purpose of this guidance

This guidance has been developed to clarify how practitioners from across the partnership should work together to safeguard and protect vulnerable children & young people whilst complying with government advice. This guidance, which is grounded in a context of integrated working, seeks to clarify the collective contribution of all agencies in order to minimise the risks associated with the Covid-19 pandemic.

This guidance has 5 sections:

Section 1 – The current content

Section 2 – Identifying vulnerability

Section 3 – Roles and Responsibilities

Section 4 – Safeguarding and Child Protection

Section 5 – Review mechanisms

This guidance will be routinely updated to ensure that our evidence of what helps to mitigate risk informs our collective response.

Section 1 - The Current Context

We currently operate in an environment of uncertainty as partners respond to the Covid-19 pandemic. As a result, there have been significant changes to service delivery which need to be taken into account by all staff working to support and protect children.

Education Authorities and Children's Social Work are required to collaborate to ensure appropriate arrangements are in place and with particular consideration given to those who may be more vulnerable in the current circumstances.

In order to respond positively to the Covid-19 pandemic Aberdeen City Council has established:

- 3 Hubs for those in need of care and protection aged 4-13 (see Appendix C)
- Individual arrangements for those in need of care and protection aged 14 to 18
- 2 specialist provisions for children with complex needs
- 6 key worker Emergency Childcare provisions (with the potential to expand)
- A Humanitarian Hub

The only children who should physically attend school are those for whom the risk of being at home is thought by professionals to outweigh the risk of being in school and the children of keyworkers without alternative childcare arrangements.

Section 2 – Identifying Vulnerability

Those with established relationships with children and young people are best placed to identify and prioritise vulnerability. In preparation for school closures, all schools identified an initial list of those considered most vulnerable in collaboration with school nurses and Lead Professionals. Schools have made more frequent contact and checking in arrangements for around 3000 children as a result. Schools have reviewed their internal mechanisms to ensure that changing vulnerability can be quickly escalated and addressed either at school or Local Authority level.

It is recognised that the demand for children's social services has never been greater at a time when our most valued asset, our staff, are at their most stretched. CSW staff have RAG rated every child known to the service. While greatest attention will be given to those children assessed as "red" this does not diminish the need for careful consideration to be given to children assessed as "amber" or "green". The needs of these children, particularly considering the absence of a regular school day and other community supports, will inevitably in some cases escalate their vulnerability. The ongoing assessment of risk for all children will be reviewed weekly and will continue to be informed by feedback from Head Teachers and other agencies represented in the team around the family.

These two processes have now been brought together to ensure that Children and Family Services have a collective understanding of risk. As the 'lock down' progresses, it is likely that those identified as vulnerable will change as families feel isolated and poverty is exacerbated.

In keeping with our GIRFEC Operational Guidance, multi-agency partners have established a means of escalating vulnerability so that those in need of universal, targeted or more intensive support can be supported at pace. This will help ensure that the universal services help reduce the anticipated rise in the number of child protection referrals and keep local systems working well. Children and young people are likely to move up and down the levels in terms of vulnerability and mechanisms are in place to track escalation and de-escalation at school, CSW team and Local Authority level.

Markers of vulnerability

Within the current context, the following list should be used as potential markers of vulnerability:

- Pupils with a disability or complex health need that require support which cannot be provided at home
- Looked After Child at home or away from home in foster or residential care
- Children and young people previously looked after
- Children on the edge of care
- Child Protection Register
- Current, ongoing Child Protection investigation
- Welfare concerns: e.g. parental substance misuse/ mental health condition; domestic abuse
- In receipt of free school meals
- Families whose needs are likely to escalate significantly as a result of COVID-19 situation: e.g. lone parents of children with significant and complex needs; families that are no longer accessing respite, foster carers, kinship carers, young carers
- Pupils who have significant health and/ or care needs identified within a Child's Plan or Coordinated Support Plan
- Who attend a grant-aided special school or independent special school and who should be considered as having complex additional support needs.

Vulnerability should be assessed alongside known protective factors in a child's life. In accordance with the GIRFEC resilience matrix, consideration should be given to:

- stable family relationships
- parental understanding of child's needs
- whether the needs can be met and sustained at home during the period of school closure
- family resilience
- support networks, partnerships
- is school provision a protective factor which cannot be provided elsewhere?

There will be many children who are vulnerable but will be well supported at home during school closures, the challenge is identifying where this is not the case and ensuring that we use our collective resource to reduce the level of risk.

Considerations for children with medical conditions

Where a child has an underlying medical condition, current national COVID-19 guidance regarding social distancing and shielding must be followed. These children should only physically attend a provision **by exception**, following consultation with a relevant medical professional, and if known to Social Work, the Team Manager.

There is a “super clean” area at the Royal Aberdeen Children’s Hospital where medically vulnerable children can be reviewed by their medical team. The Community Children’s Nurses / Paediatric Oncology Outreach nurses are seeing selected medically vulnerable children at “super clean” Outreach clinics in Fraserburgh, Inverurie, Albyn Hospital and Stonehaven. Referrals are through the child’s existing medical team or via email gram-uhb.greenzone@nhs.net.

Considerations for children with complex needs

Children and young people with complex additional support needs may have a broad range of needs, which require different support to be provided. These include children and young people who:

- require a range of interventions and support to meet their needs
- have complex health needs that require medical support which cannot be provided at home
- have a disability where support required cannot be provided at home
- attend a grant-aided special school or independent special school and who should be considered as having complex additional support needs

Special School provisions will consider the resilience and vulnerability matrix in Appendix B to identify young people who would be at risk whilst schools are closed. Wherever possible, children and young people with complex additional support needs should learn at home. A total of 45 places will be made available across Orchard Brae and Bucksburn Wing in order to provide direct contact and respite for vulnerable families. Allocations of places will be routinely reviewed as levels of vulnerability change.

It should be noted that the change in routines and circumstances resulting from the COVID-19 situation may increase the vulnerability of siblings residing with children and young people with complex ASN. Practitioners should be mindful of this when supporting families and act accordingly if they have concerns.

Considerations for children with support from Children’s Social Work

All looked after children and young people are at the intensive level of provision. What this support looks like and who provides it will be identified through the resilience matrix and through discussion with Lead Professionals with guidance available from the Virtual School Head Teacher (VSHT) where appropriate. Assessments of need will usually take place in a virtual core group meeting where appropriate interventions will be agreed. Planned interventions should be recorded in the child’s plan.

Hub provision will be made available to those deemed most at risk and this can be accessed through the Emergency Resource Forum following submission of a [Microsoft Form](#). Those attending Hub provision is likely to change over time as levels of vulnerability change.

Aberdeen City Council retain the discretion to use SAC LAC funding flexibly to support care experienced children and young people in ways which will have the most benefit. Designated Managers should ensure that the VSHT is alerted to any concerns for those who are Looked After so that swift action can be taken.

What if parents decline a place?

Parents may decide not to take a place in a provision offered for their child. If this is the case, the school and social work staff, where appropriate, work with parents and appropriate support agencies to agree an alternative support that will ensure the school can be confident in the child and family's health and wellbeing.

If the child is known to Social Work, then this information should be passed on to the Lead Professional and the school Quality Improvement Manager.

Considerations for those impacted by poverty

Aberdeen City Council will continue to provide lunch for children and young people who are eligible and receive free school meals, not including the universal provision in P1-3, through the provision of food vouchers for children eligible for free school meals. Where aware of an issue central officers will seek support from business, third sector or through the Humanitarian Hub.

Considerations for children and young people who are at risk online

All schools will include learning which focuses on digital literacy which incorporates cyber resilience and internet safety. This includes learning about relationships, age appropriate content, reporting concerns, responding to unwanted contact and/ or cyberbullying. Schools may wish to use the [Guidance on Developing Policies to Promote the Safe and Responsible use of Mobile Technology in Schools](#) or the [360 Degree Safe e-safety self-review tool](#).

Key messages and advice will continue to be shared with parents via school websites and social media. Information is shared with all via the [digital learning hub](#).

Consideration for young people who are living with kin.

Given that many kinship carers are older they are more likely to have their own health vulnerabilities and/or be over 70. As such their social isolation/self-isolation may adversely impact on their ability to care and support the child/young person living with them. This in turn may increase the child's vulnerability. If you have growing concerns, please highlight these to the child's social worker.

Considerations for young people who are pregnant

If you have a concern about a child or young person, raise this with your Child Protection Coordinator without delay. The safety and welfare of the young person should always be considered, and Child Protection policy followed where appropriate and consistently followed where the young person is under the age of thirteen.

Section 3 – Roles and Responsibilities

The universal services

Based on the risk and resilience factors, education professionals will identify the appropriate level of support to be offered to individual children and young people. A [flow of the staged intervention framework](#) is available to support staff. Schools should ensure that internal systems to support movement from universal to targeted are effective in the current circumstances.

Universal Support

- Frequent contact with class teachers via Gmail (recommend once or twice a week as minimum)
- G Suite access to digital learning and use of Google Classroom so that the presentation of children can be seen on a daily basis (or in line with the secondary timetable)
- Access to ACC Digital Hub
- Free School Meal/ voucher provision
- Learning activities shared with classes by teachers
- Access to school staff to answer questions and provide reassurance with clear contact details made available on websites
- Access to the Virtual School phonenumber 01224 523322

Targeted Support (in addition to the universal supports already in place)

- Increased virtual meeting time/check ins with a familiar adult from school
- Increased Information sharing across all partners to ensure a network of support
- Access to specialist advice from those already working with school and the wider community and at times already known to the child:
 - Support for Learning staff based in school
 - Educational Psychology
 - Autism Outreach
 - Education Social Worker
 - Youth Work
 - Family Learning Team
- Access to specialist advice/resource through submission of the [Microsoft Form](#) to the Emergency Support Forum for those with new vulnerability
- Support from Third Sector organisations contracted through PEF and SAC funding
- Support from Third Sector organisations operational in the city
- Links made to Humanitarian Hub
- School nurse service provision through any of the established Hubs/Emergency Childcare

Specialist Support (in addition to the universal and targeted supports already in place)

Access to specialist advice by submission of the [Microsoft Form](#) to the Emergency Support Forum

- Regular contact with support services such as Educational Psychology or other support services as appropriate to need
- Access to childcare if not known to Children's Social Work
- Access to one of the three partnership Hubs determined by the resilience matrix
- Access to support from one of our commissioned services

This list will be developed as we get a sense of the interventions having the greatest impact by tracking vulnerability centrally.

Emergency Support Forum (ESF)

It will be valuable to identify interventions which mitigate risks most effectively and an ESF process has been established to support both the provision of resource and the identifications of trends.

When schools have exhausted all resources, they will be able to ask the ESF to consider making provision. Schools will complete a simple [Microsoft Form](#) to enable requests to be considered. The [range of potential interventions available](#) will continue to be updated in light of emerging trends.

Roles and responsibilities across education

The overriding priority will be that protective and supportive services are provided as quickly as possible to the children who are at most need of protection. Where you have a concern, please follow current child protection procedures and inform your QIM.

Your responsibilities during school closures are exactly the same in relation to child protection and looked after/ accommodated/ vulnerable children as they always were, in the first instance refer to local child protection guidance. You may not always be invited to planning meetings as normal, or these meetings may be virtual, particularly if urgent matters are being considered. You will be contacted afterwards or during these meetings for your input as a key partner for providing protection and support for children.

Currently **Teachers** are the eyes and ears of the system and should continue to monitor school 'attendance/engagement'. They should monitor presentation carefully through G Suite tools and quickly communicate any concerns through agreed school arrangements which may include the sending of a text message to check on the welfare of children who have not consistently engaged with learning. The usual Children Missing from Education policy will be used when the school have no evidence of engagement.

Where a teacher has a child protection or wellbeing concern, they should contact their Child Protection Officer immediately. If teachers are not able to pass information to their Child Protection Coordinator, they should follow child protection arrangements immediately.

- Police Scotland 101
- JCPT 01224 306879/7
- Children's Reception Team 0800 7315520
- Emergency Out of Hours social work 0800 7315520

Child Protection Coordinators in schools continue to undertake all duties. If serious concerns are raised that the existing partners to the plan cannot address, then contact social work for advice and guidance. If you have an immediate child protection concern, contact police or social work without delay.

Head Teachers are responsible for monitoring the wellbeing of their pupils during school closures. The needs of children and their families are likely change over time and Head Teachers should consider the systems they need to ensure they have oversight.

Establishment Contacts are the key points of contact and first response for vulnerable children. Head teachers, guidance teachers and pupil support teachers for example will still have the same role they always had.

The role of **Lead Professional** continues to be in place, acting as coordinator of planning for highly vulnerable children. Meetings may have to take place virtually and any change in Lead Professional still has to be agreed following a multi-agency meeting.

Corporate Parenting responsibilities remain in place and school representatives may be contacted by Lead Professionals for information or foster parents/ carers for advice. Looked after children at home will be a particularly vulnerable group, and will be prioritised during this situation, particularly if they are part of a family who are self-isolating due to COVID -19.

Children's Social Work Services

The safety and wellbeing of our children and young people remains a priority during this time.

We are likely to see a rise in child protection concerns and child protection caseloads due to the impact of the pandemic on families and wider society. New stresses arising from Early Learning and Childcare, school and business closures, family confinement and isolation alongside physical and psychological health impacts, could be a trigger for abuse and neglect. High stress home environments will increase the likelihood of domestic abuse. We must also be alert to signs that individuals or groups are using the pandemic as an opportunity for criminal or sexual exploitation of children. This is occurring at a time when children will be less visible to a range of professionals who are normally engaged with them and when services and practitioners working with children are under acute pressure.

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.

In response to the COVID-19 pandemic and the need relevant staff to self-isolate the capacity of the Children's Social Work is diminished. As a consequence, the operating model of Children's Social Work is having to adapt and shrink to this environment. The process of referring has not changed and the role of the Lead Professional in coordinating the child's multi-agency plan remains the same.

The **lead professional** will ensure contact with all children/families on a weekly basis through a range of mediums including where necessary to ensure the safety and wellbeing of children and young people undertaking home visits. Targeted and Intensive services that provide wrap around support are utilising Council buildings and outdoor space to provide flexible and creative 1-1 support while adhering to social distancing expectations. Due to diminished staffing and the need to focus on the children and young people with the most pressing of need teams are coming together, often stepping out of their traditional roles to provide support based on the immediate needs of the child.

One of the implications of COVID-19 is that many providers of care (foster and residential) are not accepting new placements. Additionally, the implications of removing a child from their parents and then not being able to see them for the duration of the "lock-down" needs to be considered when

responding to families in crisis. Consequently, social work supports are having to adapt to this very different operating context.

Section 4 - Safeguarding and child protection

Locally there is no change to how children should be referred to Children's Social Work. Where there is an immediate child protection concern please continue to call **Police Scotland on 101 or the Aberdeen Joint Child Protection Team on 01224 306877 (0800 731 5520 for emergencies out of office hours)**.

Where your concern is not of an acute or immediate nature but nonetheless you have professional concern for the wellbeing of a child, referrals to children's social work should continue to be directed to the **Children's Reception Team on 0800 731 5520**.

Child Protection guidance reflects that child protection is part of a continuum of collaborative responsibilities upon agencies working with children. This critical area continues to require good professional judgement, based on assessment and evidence, informed by the perspectives of the team around the child, including the child and family. However the COVID-19 pandemic has required minor adjustments to be made as to how we undertake key child protection processes.

A) Interagency Referral Discussions

Inter-Agency Referral Discussions (IRD) will continue as usual subject to the following adjustments and considerations:

- Single Points of Contact in NHS remains the same; contact the admin team via 01224 559276 (normal number) and they will identify a representative from Health Visiting Service. For Education, notwithstanding alternative schooling arrangements, contact will be made with the child's usual Head teacher by e mail.
- The risk assessment part of the IRD record must include reference to how the risk assessment has been carried out in light of any COVID-19 related restrictions (such as social distancing, self-isolation of child and/or family, restrictions on gatherings, working from home, indirect contact). In all cases, the safeguarding of the child is paramount.
- Some adjustments to the IRD documentation and process have been made to ensure effective delivery through this crisis and are detailed in Appendix D.

B) Joint Investigative Interviews (JII)

The above safeguards should also be taken into consideration when looking to arrange JII's. This will include considering how to safely facilitate transport to the JII and how to exercise social distancing when conducting interviews. There should again be a clear discussion with the adults within the family regarding any presenting COVID-19 symptoms and appropriate safeguards should be applied.

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 both Police Scotland and by Children's Social Work.

C) Child Protection Case Conference and the Child Protection Register (CPR)

At the time of concluding the investigations and progressing to an Initial Child Protection Case Conference, the following interim measures should be in place and considered as follows:

- a) As agencies are unable to directly attend conferences, the Chair will give consideration to the use of telephone / video conferencing to aid participation. This should include a core group of professionals where possible and appropriate; social work, health, police, education and any third sector partners involved. Emphasis will also be on gleaning the views of the parents and child, via telephone or other digital means.
- b) 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 be provided to the Chair. In such cases, the Chair will take a record of the verbal report.
- c) 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 information presented regarding risk of significant harm. The decision should be communicated sensitively to children, young people, parents and / or carers.
- d) Other than to de-register a child, Review Child Protection Case Conferences will not be held at this time, unless the child's plan is not sufficiently mitigating risk of significant harm, and it is felt it requires to be adjusted. For de-registration Review Case Conferences, the Chair shall determine whether telephone/ video conferencing is required or whether the reports received enable a determination to be made by the Chair.

D) Looked After Children

It is recognised that our Looked After Children are likely to be particularly vulnerable at this time, particularly those at home.

Reviews for Looked After Children should be considered on a case by case bases and only going ahead, via telephone or video conference, where absolutely essential. 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.

The COVID-19 pandemic is also having an impact on how Children's Hearings are conducted. There is still a need for reports to be submitted to SCRA within the established timescales to support decision making. However Children's Hearings are being prioritised according to need and are being held virtually. Emergency Hearings will be conducted as an administrative hearing without full participation at the moment.

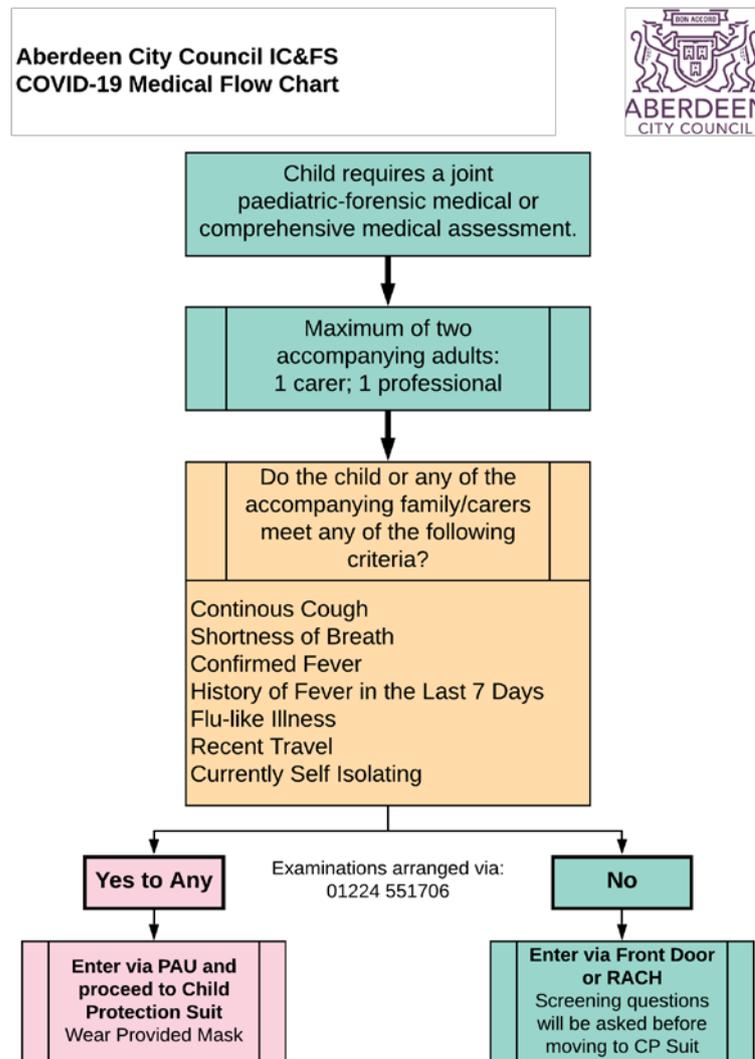
E) Recording

Recording of key information 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 staff 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 and as such the recording of information will be essential for workers taking over who are not familiar with the family.

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

Medical flow chart



Section 5 – Review mechanism

In these are unprecedented times, we aim to adhere to our established multi agency practices with minimum adjustment. Good professional judgement and good practice will help keep Scotland’s children safe and we must rely on what the data tells us in order to plan effective provision.

As an integrated service, we generate and gather a vast array of data. It is important we consider this data through the lens of self-evaluation for improvement. We are working in uncharted territory and, therefore, we are adapting our systems to meet the needs of our children and families in these challenging circumstances. Regardless, these systems must improve outcomes for children and families.

The Emergency Support Forum (ESF) will use a variety of data generated from the request forms in order to promote consistency across the system by sharing the good practice identified. The vulnerability markers can be used to syphon data with the view of tracking and monitoring children/young people in 'at risk groups'. This same data can be used as a vehicle to strengthen our universal and targeted offer as trends emerge with the hope that fewer children and families reach the stage of requiring specialist input i.e. proactive measures and early intervention.

Similarly, data relating to the referrals of children and young people to children's social work will be analysed weekly and will help inform the changing need of our children, young people and their families and inevitably will require further adjustment in how we respond and support. We know from research into the impact of COVID-19 that levels of anxiety and mental distress have seen steep increases. While the newly developed Psychological Resilience Hub is aimed at combating this we can still expect to see such in our children and young people.

Routine monitoring of data sets held by the Child Protection Committee will continue. These existing data sets, in addition to the new data sets which have been established to support our Covid-19 response, will be analysed on a weekly basis to inform a review of our local systems.

Care for people

The Council has established a "Care for People" workstream to coordinate support to the citizens of Aberdeen City. As part of this a "crisis helpline" has been established and data from this will assist in our understanding of the impact of the pandemic on children and families. The workstream will similarly draw upon data from across Integrated Children and Family Services. The data outputs will enable us to think and plan how we shape and develop our services as we begin to come out of this public health crisis.

Chief Social Work Adviser's letter -18 March 2020

<https://socialworkscotland.org/wp-content/uploads/2020/03/OCSWA-letter-to-Chief-Social-Work-Officers-18-March-2020.pdf>

Child Protection Guidance 2014

<https://www.gov.scot/publications/national-guidance-child-protection-scotland/>

Appendix A

Wellbeing Exemplar to guide universal and targeted discussions

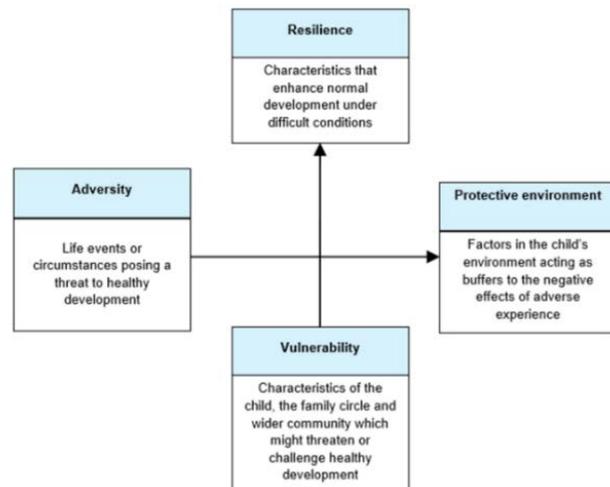
Safe	<p>Do you know how to contact your teacher? Does someone at home know how to contact them? Do you feel you have any worries? Who could help with this? Do you feel safe if you are alone at home? Do you have contact details if you need to call anyone in an emergency? Do you know how to keep yourself safe – socially? Online? Are you keeping yourself safe online and making good choices? Are you making good choices in your relationships? Have you any worries? Who can you ask for help if you are worried or scared?</p>
Healthy	<p>Are you making good choices with meals and snacks? Do you know how to have positive mental health? Physical health? Who could help with this? Do you have a timetable or routine? Does this include active learning and physical activities? What sort of activities are you doing? What makes you happy? Are you able to do this? What could you do instead?</p>
Achieving	<p>Are you able to access learning – online? At home? What has been your biggest success today/ this week? Have there been any challenges to your learning? How do you know when you are successful? Have you asked your teachers for help through online learning? Do you need to? Apart from learning set by school, are you trying to learn or improve a new skill or a new hobby? Is there anything else you could do? What would you need to do to make this happen?</p>
Nurtured	<p>Is someone checking in on how you are feeling? Are you able to speak honestly about this? Are you keeping in touch with family or friends who you can't go and see as you normally would? Are you speaking to your friends about how you are feeling? Is there anything else you could do? Anyone who could help?</p>
Active	<p>What are you doing to keep physically active? What are you doing to keep mentally active? Is this part of your timetable or routine? What else could you be doing? Are you able to do this safely?</p>
Respected	<p>Do feel respected? Are you respecting others? social distancing? Handwashing? When you are online? Are you doing your best to respect those you live with? Is there anything else you could be doing?</p>
Responsible	<p>Do you have any responsibilities at home like looking after siblings, cooking for yourself? Are these new? How are you managing with them? Given the changes that are taking place, can you tell me what social distancing means? Are you responsible and doing this? Are you why do we need to wash our hands regularly? Are you doing this? You are now more responsible you for your own learning, is there anything you could do better? Who or what could help with this?</p>
Included	<p>Do you have friends or family that you can keep in touch with? Is this planned? How often? Is this working for you? What else could help? Is there anything you could do to help others feel more included?</p> <p>Is there anything school, teachers, myself could help with?</p>

Appendix B

Triangulation and risk assessment re pupil vulnerability – Covid-19 guidance

Please complete on an as and when basis or x1 monthly
- information may lead to increased or decreased level of support.

Please Not Y (Yes) or N (no)



Pupil:	DOB:					
Key considerations	Date:					
Complex addition support needs						
Child protection register						
CP concerns or vulnerability						
With SW team						
Referral made/pending for SW support						
Multi agency child's plan						
CSP						
Free school meal						
Significant deprivation level (SIMD 1-2)						
Single parent /single child						
Single parent/more than one child						
Parent/carer designated 'key worker'						
One parent/carer at home with multiple children						
More than one child with ASN						
Parent/carer in vulnerable category						
Concern for health (mental/physical) of parent/carer						
LAC away from home						
LAC at home						
Pupils on 'edge of care'						
Designated care package continues reduced service						
Designated care package suspended by service						
Designated care package suspended by parents						
Would change of routine in school cause distress?						
Can learning needs be met at home (with school support)?						
Can care needs be met at home?						
Can change of routine be accommodated at home?						
Can medical needs be met at home?						
Can behaviour needs be managed at home?						
Can the family sustain home life under current restrictions?						
Is school provision a protective factor which cannot be provided elsewhere?						
Parental decision to keep child at home						

Social work level of vulnerability						
School Doctor level of vulnerability						
3rd sector level of vulnerability						
School level of vulnerability						
OVERALL LEVEL OF VULNERABILITY (Red/Amber /Green)						
Plan: Offer of a placement – 3 days plus at least weekly teacher & SW contact –SLT contact when required Offer of a placement – 2 days plus at least weekly teacher & SW contact –SLT contact when required High contact level - at least weekly teacher contact/SLT if appropriate & SW at least fortnightly General contact level – weekly teacher contact /SLT if appropriate/SW contact at least monthly						
NOTE:						

SOCIAL WORK COLOUR KEY: **RED** CONTACT LEVEL - AT LEAST WEEKLY **AMBER** CONTACT LEVEL - AT LEAST FORTNIGHTLY **GREEN** CONTACT LEVEL - AT LEAST MONTHLY

Appendix C

Aberdeen City Council

Vulnerable Hubs in response to Covid-19

Advice and Guidance for Managers and Head Teachers

V2 8.04.20



1. INTRODUCTION

The purpose of this document is to provide guidance and address the information needs of members of staff working in vulnerable hubs. The advice contained within this handbook is primarily for managers and to support managers address any questions or concerns staff members may raise but should be made available to all volunteers.

Please note due to the fluid nature of the Covid-19 pandemic, this advice is subject to change as the situation evolves.

VULNERABLE HUBS

It is recognised that members of staff in schools, nurseries and other centres have already played a key role since the coronavirus (COVID-19) outbreak began and that they will have a vital role to play in the coming weeks and months.

Education Authorities and Children's Social Work are required to collaborate to ensure appropriate arrangements are in place and with particular consideration given to those children who may be more vulnerable in the current circumstances.

In order to respond positively to the Covid-19 pandemic we have established 3 Hubs for those in need of care and protection aged 5-13

WHO IS ELIGIBLE FOR A PLACEMENT AND HOW WILL THIS BE MANAGED?

All children of from 5 – 13 who are on the child protection register, looked after at home, in care placements which are fragile or who are on the edge of care will be eligible for consideration for a placement. Placements will be made when a multi-agency assessment of risk determines that additional support, over and above that being provided to the family by children's social work and education services, is necessary to support wellbeing. (see Appendix 1 **Markers of Vulnerability**)

Each child accessing a Hub provision will require to have an up to date child's profile submitted clearly setting out their needs. This must also include emergency contact details and clearly identify known risks. This information will form the baseline for tracking and monitoring wellbeing.

Decisions on placements in the Hubs will be taken by the ICFS Emergency Resource Group. Where children are deemed to need this level of support but are unwilling or unable to take up their offered place within the Hub, due to self-isolating or displaying symptoms of Covid-19, Children's Social Work will risk assess and plan accordingly. Such children may benefit from enhanced communication via G Suite and this discussion will take place, as is currently the case, between the Lead Professional and Establishment Contact.

Children will be offered either 2 or 3 mornings. Arrangements will be kept under weekly review by both the hub teams and the Emergency Resource Group.

WHERE ARE THE SETTINGS AND HOW THEY HAVE BEEN IDENTIFIED?

List of Vulnerable Hubs
Manor Park Primary School
Tillydrone Community Campus
Tullos Primary School

The schools identified to be Vulnerable hubs are geographically well placed across the city. The physical design and layout of the selected buildings also enable staff to implement social distancing measures with greater ease.

WHAT DAYS/TIMES ARE THE SETTINGS OPEN?

Monday-Friday

8.30 – 12.30pm

With children attending from 9 – 12

WILL SETTINGS BE OPEN OVER THE EASTER BREAK?

Yes. They will be staffed on a strictly volunteer basis and any holiday time worked will be paid back.

WHAT AGE RANGE DO SETTINGS CATER FOR?

The settings provide childcare for 5-13 year olds.

Ashgrove Children's Centre can provide care for children aged from 2 years old and the majority of places have been offered to the youngest children.

WHO IS ELIGIBLE TO APPLY?

Head teachers or CSW can make application by completing the ERF Microsoft Form.

HOW LONG WILL THE SETTINGS BE RUNNING FOR?

Due to the unprecedented nature of the Covid-19 pandemic we are unable to say how long these arrangements will be in place. We will be closely monitoring the situation and responding to developments

WHAT IS THE STAFFING FOR THE HUB?

Hubs Manager – Member of the central team. The coordinator will provide day to day operational support in order to develop consistency across the hubs. The coordinator will set up initial rotas for the hubs and support with staffing issues as the hub develops. Each hub will be primarily staffed by volunteers from across integrated children's services although others with expertise will be asked to contribute to ensure variety of experience.

- Service and hub co-ordination lead will be from Children's Social Work.
- Lead for the programming of activities will sit with education
- Staff will be drawn from across Integrated Children and Family Services with representation from children's social work and education staff in each of the three locations in order to provide learning and care.
- Staffing ratios will be high (2:1) to ensure that adequate support is in place for children.

WHAT ARE THE RESPONSIBILITIES ASSOCIATED WITH EACH ROLE WITHIN THE HUB?

Service Lead

A social worker will coordinate provision and act as the link with the Lead Professional, be the registered child protection coordinator and health and safety lead. As such they will ensure that adequate arrangements are in place (based on those used in Emergency Childcare provisions) to support effective health and safety arrangements in accordance with current national COVID-19 guidance during this period. Changes in COVID-19 risk assessments will be communicated with the Service Lead who is responsible for immediate implementation of any change in process.

Contact for details for Service Leads are listed below:

Setting	Coordinators	Email Address
Manor Park	Natalie Grieg	Ngreig@aberdeencity.gov.uk
Tillydrone	Shona Duff	Shduff@aberdeencity.gov.uk
Tullos	Emily Barclay	Embarclay@aberdeencity.gov.uk

Programme Lead –

This will be a HT or DHT who will

- review child’s plans and
- be supported by other educationalists to design a timetable of activities
- engage with young people to help design the programme to meet needs and interests
- Where possible share the programme at least one day in advance
- Adopt an approach on nurturing principles.
- Provide a balance of experiences ad activities
- maximise the use of outdoors
- ensure all activities adhere to social distancing recommendations an in accordance with risk assessments.

It will be important that:

- Children are understood developmentally
- The Hub offers a safe base
- Self-esteem is prioritised
- Language is understood as a vital means of communication
- Behaviour is recognised as communication
- Assessment information is recorded and shared to inform ongoing assessments of wellbeing

Contact for details for Programme Leads are listed below:

Setting	Manager	Email Address
Manor Park	Gill Graham Lynsey Cradock	Gigraham@aberdeencity.gov.uk lcradock@aberdeencity.gov.uk
Tillydrone	Emma McDonald Susan Blair/ Jen Kirk	Emmcdonald@aberdeencity.gov.uk Sblair@aberdeencity.gov.uk jenkirk@aberdeencity.gov.uk
Tullos	Beth Leitch Emily Story	Eleitch@aberdeencity.gov.uk estory@aberdeencity.gov.uk

Hub Coordinator

- Coordinating staff rotas
the coordinator will operate 2 shifts of volunteer staff as well as a reserve list who are happy to be called upon at short notice.
- Support staff induction
- Ensure all staff are familiar with procedures

Both the programme Lead and service Lead should be in addition to the 2:1 ratio for adults working with children in the hub.

KEY WORKERS

These will sit across children's social work and education. These key individuals will be responsible for no more than 2 children and will complete chronologies and maintain accurate assessment records to inform planning. They will ensure that the Service Lead has updated information on progress to enable effective communication with the Lead Professional. The Service Lead will ensure that the Lead Professional is updated on a weekly basis to ensure that the planning for the child/family continues to take account of all available information.

WHAT ARE STAFF RATIOS?

We are working based on a minimum 2:1 ratio.

Where possible, we will over staff settings, but this will depend on numbers of volunteers available. Staff rotas will be a mixture of Primary, Secondary, CSW, ESW support staff and staff from specialist services.

WHAT IF A MEMBER OF STAFF CALLS IN SICK?

Staff should contact the setting if they fall ill or are self-isolating, the coordinator will organise replacement staff from the original staff volunteer pool.

WHAT HAPPENS OVER THE EASTER BREAK?

The hub will remain open over the Easter Break. Staff will be asked to volunteer to work over the Easter break. Any staff member who volunteers over this period will get their time back within the two weeks following Easter break.

OPERATING GUIDELINES INCLUDING HYGIENE AND SOCIAL DISTANCING

HOW DO I KNOW HOW MANY CHILDREN ARE IN MY SETTING AND WHO THEY ARE?

Each week numbers and names of children will be updated. Hubs will be informed of any new children following the meeting of the Emergency Resource Forum.

WHAT FORMS NEED TO BE FILLED IN AT ENROLEMENT?

A standard enrolment form has been created which will be common across all settings. This should be filled in at point of first entry to the setting and kept securely. A copy of this is provided in **Appendix 2.**

GOOD HYGIENE AND SOCIAL DISTANCING

Managers and coordinators should ensure staff are fully briefed on expectations for them and for the children. Good working practices are to discuss health and safety and protection issues in daily morning team meetings and reference should be made to the Emergency Childcare risk assessments which should also be on display.

The risk assessment document should be read/enforced by all staff is in **Appendix 3.**

WHAT CAN WE DO TO HELP STOP SPREAD THE COVID-19 VIRUS?

Everyone should take extra precautions, including, good hand and respiratory hygiene, staying at home if they or a household member has symptoms, and taking steps to practise social distancing within the settings. Parents and carers should not enter the building.

HOW DO WE PRACTICE GOOD HAND HYGIENE?

Children, young people and staff should wash their hands with soap and water for at least 20 seconds, or use an alcohol hand sanitiser, when entering the Hub, before eating or handling food, when you blow your nose, sneeze or cough, and after going to the toilet. Avoid touching your eyes, nose or mouth, especially with unwashed hands.

Everyone within the setting should follow this guidance robustly and at times in addition to the circumstances above.

HOW DO WE PRACTISE GOOD RESPIRATORY HYGIENE?

Cover your nose and mouth when coughing or sneezing with disposable tissues and dispose of them in the nearest waste bin after use and wash your hands. Use the crook of your elbow if no tissue available.

WHAT SHOULD WE DO IF A STAFF MEMBER OR CHILD/YOUNG PERSON DEVELOPS SYMPTOMS?

If a staff member or child/young person develops a new continuous cough and/or high temperature, they should stay at home and not attend the setting. Staff or children/young people with these symptoms should stay at home for seven days from the start of their symptoms, even if these symptoms are mild. If a staff member or child/young person lives with someone who has symptoms of cough and/or high temperature, they should stay at home for 14 days.

This should be reported to the manager immediately.

WHAT SHOULD WE DO IF A STAFF MEMBER OF A CHILD/YOUNG PERSON ATTENDS WITH SYMPTOMS?

If they attend the setting with symptoms of cough and/or high temperature, they should go home immediately. If a child/young person is waiting to be collected by their parent or carer, they should be isolated in a private room/area and avoid touching surfaces.

Contact your coordinator, who is on site, and they will escalate to the manager, if this happens to arrange for appropriate cleaning to take place. Please keep up to date with current guidelines: <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-non-healthcare-settings/>

WILL PPE BE AVAILABLE WITHIN THE SETTINGS FOR CHANGING CHILDREN OR WHEN DEALING WITH ACCIDENTS?

In mainstream settings/hubs there is no need for PPE (masks, gloves and aprons). Wearing aprons and gloves is not advised, practising good hand hygiene is the recommended way to protect against infection. It is also advisable that long hair is tied up.

Thorough and effective hand washing and hand hygiene will reduce the spread of Covid-19.

There are specific techniques to put on and take off protective gloves, if staff are not trained in using gloves, they can spread any contamination to their clothes and wrists.

Wearing gloves keeps the wearers' hands clean, but does not prevent the spread of infection, as they will not be washing their hands or gloves as frequently.

PPE is only required if a child or someone close to you develops symptoms and a staff member is supporting that child/person until they can be collected.

All settings currently have gloves and aprons, which are available if this situation arises and they are required.

As per normal procedure, nappy changes should be recorded.

WHAT IS THE ADVICE ON "SOCIAL DISTANCING"?

Allow for appropriate distancing between staff members and children/young people when working/moving around. Encourage staff and children/young people to keep a distance of two metres between them where possible. Consider staggered break times and activities to support this. Arrangements should also be made to ensure that parents and carers can maintain their distance when dropping off and picking up children/young people and do not enter the main building.

SHOULD WE OPEN WINDOWS AND DOORS?

Ensure good ventilation by keeping windows open where possible and not closing doors of small rooms.

WHAT ABOUT SPENDING TIME OUTSIDE?

Children, young people and staff should spend more time outdoors, with weather appropriate clothing, keeping at least two metres from other

ARE WE ABLE TO ACCESS ALL AREAS OF THE SCHOOL?

No, but this will be shared with staff during induction. By using only designated areas, the cleaning can be focussed on these parts of the school.

WHAT PROCEDURES ARE IN PLACE FOR EMERGENCY EVACUATION?

Settings should follow usual guidelines in this regard and drills will be carried out as normal. Consider appropriate spacing when gathered at firepoints.

FURTHER ADVICE AND INFORMATION

Please also refer to NHS inform, which provides the latest guidance about Covid-19 from NHS Scotland and the Scottish Government:

<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19>

Health Protection Scotland also provides guidance for no-healthcare settings:

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2973/documents/1_covid-19-guidance-for-non-healthcare-settings.pdf

The latest EIS guidance regarding good practice within settings and Hubs can be found in **Appendix 4**. It is broadly in line with Aberdeen City Council's guidance.

It is important for our staff to recognise the partnership working that lies behind this approach.

2. CATERING AND CLEANING

WHAT CATERING PROVISION WILL BE PUT IN PLACE FOR HUB SCHOOLS?

Breakfast and snacks will be provided.

WILL SOCIAL DISTANCING BE IN PLACE IN THE DINING ROOM?

Yes, dining room will be set up and with seats will be 2 metres apart. Supervision will be in place to ensure this is not breached.

WHAT CLEANING ARRANGEMENTS WILL BE PUT IN PLACE?

All hubs will receive a full daily clean and all touch areas will be sprayed with sanitising products daily.

Toilets and washrooms will be cleaned by cleaning staff, as regularly as is necessary to maintain high standards of cleanliness with cleaning products. This will involve additional cleaning beyond the normal regime, with checks during the working day.

All other areas to be cleaned by cleaning staff with cleaning products before the start of every day, paying special attention to door handles, table/counter tops, toys and other areas touched regularly by staff and children.

WILL THERE BE HAND SANITISER AVAILABLE?

Each hub will receive hand sanitiser or the ability to wash hands at the main entrance.

Anyone entering the school will be asked to wash their hands before entering the main part of school. Soap will be checked and replenished accordingly.

WILL THERE BE SOAP AND TOILET PAPER?

Yes, this will be organised by Facilities.

Paper towels, soaps and toilet rolls will be replenished as required.

JANITORIAL:

If you require janitorial services please contact:

Gavin Freeland, Janitorial Manager.

Telephone: (0122452) 2587

Email: GFreeland@aberdeencity.gov.uk

3. ACTIVITIES

HOW SHOULD THE DAY BE STRUCTURED?

Daily team meetings will take place at 8.30am. The meetings will be chaired by the Service and Programme Lead and should take account of any staffing changes. Agenda to include:

- Health & safety and protection issues including any updates to the COVID-19 risk assessment
- Details of the programme to be delivered
- Information sharing
- Evaluation of approaches to inform planning

An agreed programme will operate from 9am – 12 noon.

In advance of the Hubs being officially established staff require to be aware of the needs of the children. This includes a need to:

- Understand medical and/ or additional support needs of the children in the hub and any emergency arrangements
- Establish agreed behaviour protocols so that children are consistently supported if they become stressed or display distressed behaviours

We are not aiming to deliver CfE. We are delivering childcare under emergency circumstances. However, we know that creative learning will still be taking place. Each setting will be different and settings may change from week to week depending on the children and skill set of staff.

Colleagues may find it helpful to use an approach based on nurturing principles:

- Children's learning is understood developmentally
- The classroom/school offers a safe base
- Nurture is important for the development of self-esteem
- Language is understood as a vital means of communication
- All behaviour is communication
- Transitions are significant in the lives of children

4. CARE, WELFARE AND SAFEGUARDING

CARE AND WELFARE FOR STAFF, CHILDREN AND PARENTS WHO MAY BE STRUGGLING WITH ISSUES SURROUNDING COVID-19

This is a difficult time for us all. Many of us are juggling difficult personal circumstances as well as adapting to new ways of working. Normal life has changed very suddenly, and nobody is sure how long this will last. This is bound to cause emotional difficulties for many people. As your employers we acknowledge this and urge people to speak to their line manager if things are difficult for them. We will do whatever we can to support. We appreciate the sacrifices that people are making to keep families working and the country moving. Do not struggle alone.

There are several resources available that may be of use to you and help support colleagues.

○The '**Going Home Checklist**' is a simple but effective tool, which encourages reflection and mindfulness.

Please see [Appendix 5](#) for the Going Home Checklist.

○**COVID 19 Psychological First Aid**

NHS Education for Scotland has produced guidance to support those helping others in distress during and after the COVID-10 Pandemic.

Guidance and slides can be downloaded from this weblink:

<https://learn.nes.nhs.scot/28064/coronavirus-covid-19/psychosocial-support-and-wellbeing/psychological-first-aid>

The Council also provide a free, confidential, 24-hour counselling service, **Time for Talking**, 365 days a year.

Time for Talking can be contacted on 0800 970 3980 or via the website: www.timefortalking.co.uk

WHAT WILL I DO IF THERE IS REASON TO SUSPECT THAT A CHILD HAS BEEN ABUSED OR IS AT RISK OF HARM?

Should there be any concern that a child or young person may be at risk, or you consider there is any possibility of harm it is essential that you follow Child Protection procedures. Guidance and assessments can be found in the Operational Guidance pack that was distributed to each Emergency Childcare setting. The safety and welfare of the young children should always be considered, where you have a concern, please follow current child protection procedures. The Manager of the setting will assume the role of establishment Child Protection Officer.

Further information can be found here:

Child Protection Guidance 2014

<https://www.gov.scot/publications/national-guidance-child-protection-scotland/>

WHAT KEY DOCUMENTATION SHOULD I BE USING WITHIN THE DAILY SESSION?

Please see **Appendix 6** for key documentation that will need to be used within your daily session.

- A photo of all staff and children should be taken, printed and laminated to use when required.
- Information of the designated Child Protection Officer and First Aider should be on clear display for all staff i.e. laminate the template and add relevant name/photo each day.
- Medical/dietary/allergy slips should be completed for each individual child (if and when required) and laminated to be displayed when they are attending a session for all staff's information.
- Sign in and out sheets must be completed daily for staff, children and visitors. These need to be used during any evacuation procedure.
- At the end of each day, these sheets must be compiled and stored chronologically in a secure location.

HOW WILL I KNOW WHO ARE APPROPRIATE ADULTS TO PICK CHILDREN UP AT THE END OF THE DAY?

This information will have been completed by parents/carers on the "enrolment" form they complete.

SHOULD PARENTS/CARERS HAVE ACCESS TO THE SCHOOL BUILDING?

No; children should be released into the care of the appropriate adult who will remain outside the main door of the school.

Appendix D

Inter-agency Referral Discussion (IRD) Procedure During COVID-19

