

# **Aberdeen City Council Integrated Children and Family Services**

## **COVID-19 Child Protection and Looked After Children Contingency Briefing**

**With effect from 27 03 20 until further notice**

**Revised 03 04 20**

**Revised 15 04 20**

**Revised 22 05 20**

### **1. High Risk Situations & Vulnerable Children**

The safety and wellbeing of our children and young people remains a priority during this time. This briefing serves to highlight amended arrangements regarding referrals relating to risk of significant harm, arrangements for children whose names feature on the child protection register as well as for our looked after children. It will also address children who are on the edge of care or for whom we otherwise have significant professional concern. It intends to offer advice to front line managers and practitioners about how 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 Reviews and contact arrangements.

Ongoing child protection guidance can be found as usual at <https://www.aberdeengettingitright.org.uk/child-protection/child-protection-guidance-and-materials/#CPguidance>

This guidance relates to the COVID-19 Child Protection and Looked After Children Contingency Process only and staff visiting any household should refer to, [NHS COVID-19](#) and [UK Government COVID-19](#) webpages for the most up to date information on keeping themselves safe. Succinct local guidance in relation to PPE derived from this national guidance can be accessed here:

[Personal Protective Equipment Guidance](#)

### **2. 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 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 the embedded document below.

[Inter-agency Referral Discussion Procedure flow chart](#)

[Inter-agency Referral Discussion Minute Template](#)

### **3. Child Protection Investigations**

During the process of investigation, normal child protection procedures should continue to be followed ensuring that the views of children/young people and their family are taken into account along with robust risk assessments.

Where there has been a confirmed case of COVID-19, or where a child/young person or anyone in their household advises they are presenting with symptoms of COVID-19, this must be discussed with a Children's Service Manager before any action is taken.

### **4. 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.

### **5. 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 gleaned 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.

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 referral should be 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.

## **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 families and staff members alike. 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 adhere to the current guidance issued by UK and Scottish Govt, and to utilise telephone and digital means of contact.

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.

## **7. Home Visits**

It is important that throughout this period, contact with vulnerable children and their families continues. The use of telephone or alternative digital means is encouraged although this may not negate the need for home visits. Where there is acute concern and no other method of assurance, home visits may be required; public health guidance must be strictly adhered to and, where the family is symptomatic of COVID-19, PPE requires to be worn.

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.

For guidance on PPE, see the links above.

## **8. 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.

Graeme Simpson  
Chief Officer and Chief Social Work Officer  
Integrated Children & Family Services  
Aberdeen City Council  
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Adjusted per Scottish Government Supplementary National Guidance for Child Protection  
03 04 20

Adjusted to update IRD procedures 15 04 20

Adjusted to update PPE and IRD guidance 22 05 20

## Appendix A