

Northamptonshire's Children's Services MASH/DAAT response to Covid -19 Pandemic

During the current COVID-19 outbreak, Children First Northamptonshire must consider their response to the needs of children who are in need of protection and children in need of support.

This document incorporates the approach to concerns raised about children at Level 4 and Level 3 in the Threshold document and is formulated based on current known risks, national and local guidance. Further developments or emerging evidence may require a review of these actions.

Children who are deemed to be suffering or likely to suffer significant harm will continue to receive the intervention of specialist and statutory services as currently provided.

Children referred into MASH who are children in need of support will be screened and a professional judgement applied regarding the level and type of intervention required.

This judgement will include two considerations specific to the period of the Covid-19 Critical Incident:

- The staffing capacity of the service and ability to respond
- The need to maximise social distancing and therefore maximise the extent to which judgements can be formed through information sharing and remote contact with families

Children at High Risk of Harm

Level 4

When there is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm. These children require specialist/ statutory support. Children at this Level would require social work assessment such as Child Protection (CP) investigations or legal interventions in order to make sure they are safe.

These children will be transferred from MASH to a qualified social worker in an operational team who will complete either a Child Protection investigation and/or a Single Assessment. These children may also need to be accommodated by the Local Authority either on a voluntary basis or by way of Court Order.

Significant harm could occur where there is a single event, such as a violent assault. More often, significant harm is identified when there have been a number of events which have compromised the child's physical and psychological wellbeing: for example, a child whose health and development suffers through neglect. The impact on the child and child's history must always be considered.

For all children at Level 4 safeguarding procedures will be promptly implemented to ensure children are safe.

Strategy discussions with the police and other professionals will be held virtually where possible and appropriate contact details will be provided to those attending.

Children will be seen in a timely way as per national and local guidance for visits to children. Assistance from the police may be sought in circumstances whereby parents are refusing access and there is cause to believe that the children are suffering or likely to suffer significant harm.

Safety plans will be identified to safeguard children from further harm, to consider extended family and connected persons. Social workers will need to be creative and consider the implication of limited resources and how the risks could be mitigated, including risks in relation to Covid-19 when safety planning.

These children will be flagged on the system as high risk under Children's Emergency planning and will be prioritised for visits, assessments and meetings.

For some children there will be factors in relation to Covid-19 that increase risk, notably that they may not be attending school and the heightened risk of domestic abuse due to self-isolation or social distancing.

Children in Need of Support

Level 3

Children with complex or multiple needs: These children require specific support, without which their health and development may be effected. Without support, the family are likely to become in need of a greater level of support and children may be unsafe. These may include children who have been assessed as 'high risk' in the recent past, or children who have been adopted and now require additional support.

Professionals wishing to refer children to children's services must gain consent to share information about a child. MASH will record any efforts made by the referrer to obtain consent as this will be part of the decision to either accept the referral or request that the referrer takes further action. If the need for consent is overruled, MASH will record this decision and the reasons why we believe safety of the child may be at risk, or why it was inappropriate to seek agreement.

Due to the Coronavirus COVID-19 pandemic direct work with families and access to professionals may be difficult to facilitate and resources will be in high demand. At the same time no vulnerable child must be left at actual or potential risk. Therefore children's social care will screen and based on the information available apply a judgement to Level 3 referrals and determine what action will be required.

These children will be flagged on the system as medium risk under Children's Emergency planning and the outcome of the screening could be: No further action required, case to be reviewed with telephone/ Skype assessment where appropriate, step down to Early help/ Targeted Support.

If managers determine a child is classed as medium risk, social workers will gather information by telephone from the parent/carer, young person/ the child and any professional as appropriate. Following this, there will be a determination if the involvement could end with no further action or the case needs to be kept under review. There could also be a possibility that the child may need to be considered at risk and the classification will need to be changed to reflect that and actions as described at level 4 above will need to be implemented.

Some children may need a home visit to assess the level of risk/concern and determine further actions. Likely to be one visit only and complete assessment with checks.

A clear management oversight will be recorded to ratify and rationale for the decision making.

Recording information

All involvement with children, young people and families should be recorded appropriately and in accordance with children's services procedures, in order to show that a conversation took place, what was discussed and what was agreed. Recording needs to be clear, concise, distinguish fact from opinion, be respectful to those involved and explain the rationale for the decision made.

MASH will endeavour to record accurate and up to date contact details and addresses for families. This will support the new process and will ensure that social workers are able to make contact with families as required.

The decisions made and outcomes of discussions should be clearly recorded, including the people responsible and timescales. Managers/ CSW's will be required to agree or amend the decisions made and record management oversight.

All information gathered during triage/ screening will be recorded on the Initial Contact by the Mash Officer/ Social Worker/ Decision Maker completing the work.

Contingency Planning

- If a family cannot be contacted via phone, email, text etc. then an unannounced visit will need to be undertaken if there are concerns about child being at risk.
- If parents are refusing access/self-isolating/or have symptoms – discussion to be held with team manager and then relayed to service manager for a decision to be made as to how the case/visit is progressed. Service Manager will escalate to Strategic Manager if required.
- The police may be asked to assist in safeguarding children when deemed necessary in accordance with Working together to safeguard children

- Further safeguarding visits need to be coordinated if there are continuing safeguarding concerns.
- The use of technology will be considered for future visits and meetings as appropriate and per national and local guidance
- Social workers will be creative and consider the impact of the current emergency situation limited resources whilst always putting the children first.