


Report for: Corporate Parenting Advisory Committee: 20 October 2020

Title: Children's Social Care, Covid Response

Report authorised by : 
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Lead Officer: Beverley Hendricks, Assistant Director Safeguarding & Social care

Ward(s) affected: N/A

1. Describe the issue under consideration

Children's Social Care response to supporting vulnerable children and young people during the Coronavirus Pandemic Lockdown.

2. Recommendations

Members to note the contents of this report.

3. Reasons for decision

N/A

4. Background information

- 4.1 As part of the response to limiting the spread of the COVID-19 virus, the Government determined to partially close all schools in the UK from 20 March 2020 until September 2020. Ensuring that vulnerable children remain protected during this period was a key priority for Haringey Children's Safeguarding Partnership and Children and Young People's Services. Vulnerable children in relation to the COVID-19 disruption were defined as those who have a social worker, those children and young people up to the age of 25 with Education, Health and Care (EHC) plans and those whose emerging needs may be a cause for concern.
- 4.2 The DfE set an expectation that children with a social worker should continue to attend education provision, unless in consultation with the child's social worker and family it was determined, that this was not in the best interests of the child.
- 4.3 DfE Guidance stated that Local Authorities (LAs) held the key day-to-day responsibility for delivery of Children's Social Care. Social workers and Virtual School Head teachers continued to work with vulnerable children and to

support these children to access educational provision, where it was appropriate to do so.

- 4.4 Senior leaders, including Designated Safeguarding Leads (and deputies) in schools and nurseries knew who their most vulnerable children were, and the guidance also allowed flexibility to offer a place to those on the edges of receiving children's social care support.
- 4.5 For children with an EHCP, decisions about whether a child is safer in education or at home was taken in consultation with parents, school and LA based on the best interests of the child and in consideration of the following:
- the potential health risks to the individual from COVID-19, bearing in mind any underlying health conditions. This was considered on an individual basis with advice from an appropriate health professional where required; and
 - the risk to the individual if some or all elements of their EHC plan could not be delivered at all, and the risk if they could not be delivered in the normal manner or in the usual setting (bearing in mind the relaxations introduced under the Coronavirus Act 2020)

4.6 What was the issue for Haringey?

4.6.1 Supporting and Monitoring Children and Young People with assigned workers

4.6.1.1 Practitioners considered how to safely maintain appropriate contact with children, young people and families, how we would provide support at this difficult time as well as maintain assurances that safeguarding services could be delivered. The Children and Young people's services agreed to work with the schools to ensure a weekly minimum contact with school age children and their families by:

- Speaking to families regarding any difficulties they may be experiencing due to spending more time together than usual, and signposting to where they can receive additional support. In some cases, the Social workers utilised PPE and delivered direct work with families.
- Practitioners provided prolonged virtual coaching to help parents and adolescents to regulate their stress responses and recognise the emotional impact of COVID 19.
- Practitioners received training on how to remain vigilant for the signs and indicators of abuse, including neglect and domestic violence, and raise safeguarding concerns with Haringey's Multi Agency Safeguarding Hub - MASH and their managers to activate support from other agencies. This resulted in significant success for ensuring families accessed the food alliance.
- Haringey's principles of working as set out in the Threshold Guide – adopted the whole family approach ensuring identified needs for adults were also escalated to relevant services and safe adults in the family's network.

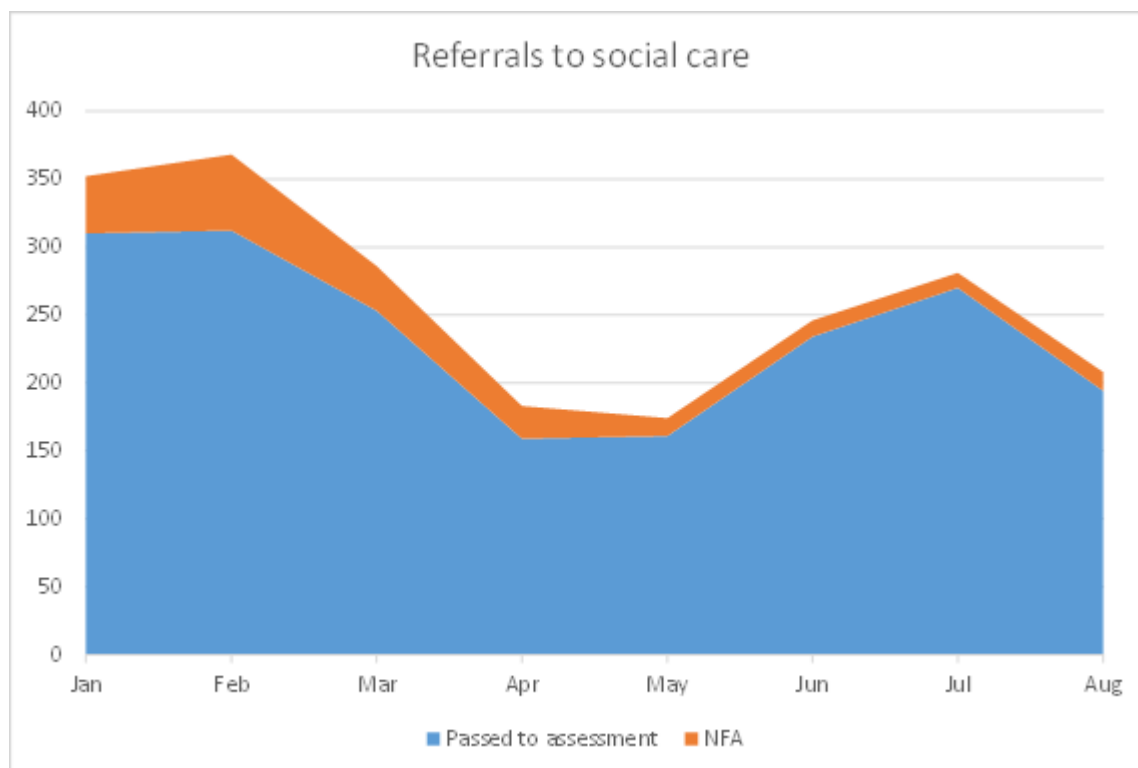
- Children and Young People's worker established a routine of contacting their families twice every week, unless the risk assessment identified that this would not be appropriate for example, children looked after in settled placements.
- Increasing the number of face to face visits, by utilising open spaces in Haringey

4.6.2 Responding to a reduction in referrals

4.6.2.1 There remained a concern that emerging risks for children not known to Children's Social Care would not be identified as children were not being seen daily in settings by a range of professionals, but in particular teachers. The risks for these children on the edge of social care and early help are often held by teachers in schools and other professionals who offer pastoral support to families. Our daily monitoring of data showed that there was a significant reduction in referrals from key partners, see table 1 below.

Table 1





4.6.2.2 Through the Haringey Children's Safeguarding Partnership Board, Children's Services further extended the vulnerability cohorts beyond the government's COVID-19 guidance. Haringey's definition was broader and aimed to support children and families where there was a lack of a network of support, and where there may be anxieties in relation to COVID-19, to include children and young people:

- who do not have a social worker or a family support worker.
- in the transforming care cohort who are Tier 4 (in hospital beds with acute mental health support needs) and being stepped down.
- that the health visitors might be seeing and supporting (single mothers, those living in poverty, babies at risk of neglect).
- who were sexual and violent offenders and whose risks were assessed and managed in MAPPA, (Adults subject to Multi Agency Public Protection Arrangements).
- where there was rising risk of mental health; and
- living in families where there was rising risk of domestic abuse, substance misuse and mental health.

4.6.2.3 Given the lack of daily contact between teachers and other professionals in universal settings and children and young people, professionals received guidance regarding the need for a 'different lens', for assessing risk in the Covid 19 climate.

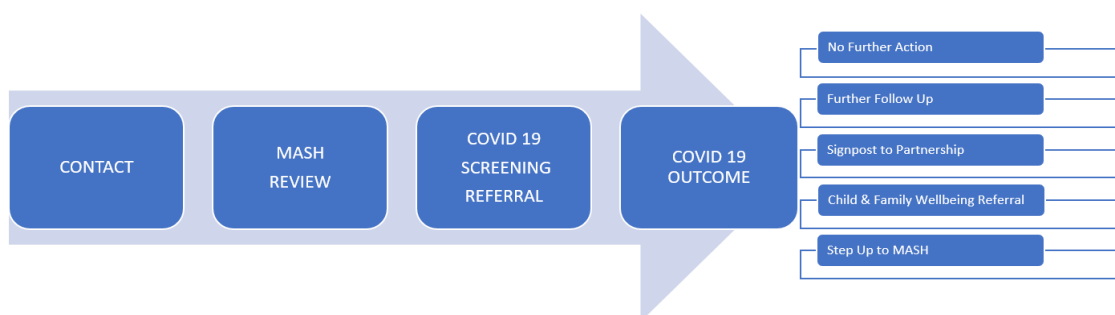
4.6.3 Methodology for identifying children and young people at risk

4.6.3.1 Given the reduction in referrals from schools and the police – our two main sources of referrals – and given the significant reduction in health visiting provision, the following methods were deployed to identify children that needed

support. As a result, Children and Young People's services asked:

- Haringey Safeguarding Children Board partners to send the MASH a list of children they are worried about – including the voluntary sector, probation/CRC, alcohol and substance misuse support services, CAMHS, Learning Disability and Adult Mental Health, Police.
- Homes for Haringey contractors to complete cause for concern cards and refer to MASH.
- VAWG partners to identify children they are concerned about in domestic abuse cases previously presented to MARAC, twice within a 6-month period and not known to CSC.
- Early Help Service to provide a list of children recently closed due to lack of engagement and therefore the preventative work was frustrated.
- Early Years Service to provide a list of children about whom they were worried.
- SEND service to provide lists of children about whom they were worried e.g. higher risk EHCPs such as children with Autism; and
- Reviewed child protection cases recently closed in the last six months.
- Reviewed contacts for cases referred to MASH in the last year with three or more contacts.
- Reviewed cases presented to the exploitation panel in the last six months.

4.6.3.2 The partnership developed the following new COVID 19 pathways, and this enabled Children and Young People's Service to track and monitor the outcome of the work.



4.6.4 How we plan to review and assess the risks and support needed

4.6.4.1 We have reviewed and assessed the risks in relation to these children and their support needs through:

- the redeployment of Social Work and Family Support workers to the MASH as part of a COVID 19 response. This released nine workers, supported by managers to review the children within the described cohorts to ensure unmet needs and hidden risks could be more easily

identified. The identification was managed through the new Early Help Panel.

- the provision of community outreach to parents through the Vulnerability, Violence and Exploitation Service working in partnership with the Octagon Alternative Provision Unit and other partners.

4.6.5 Delivering support during the COVID-19 Pandemic

4.6.5.1 The following approach was used to deliver support to these children and families:

- Health Visitors and Social Workers jointly assessed and monitored the development needs of babies and children under two years old and subject to a Child Protection Plan, utilising the Maya Angelou Family Assessment Centre. Health managers also worked with children's social care leaders to make two health clinics available to roll out this offer more widely to children and babies under two years old, across the borough. The learning from this collaboration ensured joint risk assessments and agreement that this new way of working will continue as part of future practice.
- Families received support through the Maya Angelou Family Assessment Centre – including food and essential parcels such as nappies and milk formula, befriending and advice to reduce social isolation for young parents.
- 624 laptops were distributed, together with the provision of wifi and dongles.
- Where contact with families exceeded nine months, a letter and a parenting booklet was developed which noted the current challenging times and set out the range of support available if needed and an invitation to contact the MASH if additional support was required.
- School designated safeguarding leads offered advice and contact to families and children virtually, and as necessary completed face to face visits with PPE if needed for families who are known to their schools.
- Police Safeguarding Officers supported Social Care with welfare visits for children and adolescents who are subject to Child Protection plans.
- Relationship with the Fire Service strengthened to ensure access to homes of concern.
- Homes for Haringey partnership with Children's Social Care facilitated cause for concern notifications for children and young people on Child Protection Plans.
- Social workers and family support workers provided virtual or face-to-face support as needed with twice weekly contact to higher risk families.
- Bruce Grove staff and Haringey Gold staff provided virtual support as needed as part of the COVID 19 MASH response service.
- Complex care panels were held weekly to review the needs of disabled children and those subject to an EHCP and arrange additional care packages.

- NRPF – families were offered food parcels, laptops, free nursery provision and access to the Easter and Summer scheme programmes.

4.6.6 Measuring Impact

4.6.6.1 There has been weekly feedback session between the Covid -19 team and the MASH. This has helped to develop clearer understanding of the themes as well as how our intervention was having an impact on the children and their families.

4.6.6.2 The emerging themes informed our recovering planning and noted the pressures for our children and families as:

- food insecurity
- parental adolescent challenges
- a greater need for Mental Health support services to be better aligned and known to communities
- substance misuse services tailored to adolescents
- the impact of domestic abuse and the need for a programme of parenting outreach for fathers and mothers.

5. Contribution to strategic outcomes

- Borough Plan 2019-2022
- People Priority: A Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential

6. Use of Appendices

N/A

7. Local Government (Access to Information) Act 1985

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care#adoption-and-children-coronavirus-amendment-regulations-2020>

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