

# **Wakefield** **Safeguarding Children** **Partnership**

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	<b>Safeguarding Children and Young People during the Coronavirus Pandemic</b>

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## Safeguarding Children and Young People during the Coronavirus Pandemic

*The vision of WSCP is that children and young people in the Wakefield District will be safe and will feel safe within their homes, schools and communities.*

### 1.0 Context

Local safeguarding partners have specific duties under legislation and statutory guidance concerning support for families and the welfare and protection of children.

As a result of the Coronavirus Pandemic there is severe pressure faced across our communities and across all services. There has been huge change to the daily lives of children and families which will present heightened levels of risk for some children and young people. It is important that the Safeguarding Partnership work closely together across Wakefield and District to ensure that children and young people continue to receive the services and support they need. However, with the potential of shrinking workforces across partner agencies, it is possible that services will begin to face challenges in providing the full range of services relating to child protection and safeguarding.

As a result of schools, colleges, early years provision and other venues and services where children and young people are seen regularly closing to all children other than those currently recognised as vulnerable, (and children of key workers) and as work forces become increasingly depleted with services having to prioritise the way in which they work with families and children, the potential for harm to children and young people to be recognised will diminish. Reporting to Children's Social Care (CSC) or the Police may decrease as children are not in view of teachers and wider professionals who are well placed to identify abuse / neglect and its related warning signs. During the first full week of lockdown, week commencing 30<sup>th</sup> March, there was a reduction in Contacts to Children's Social Care of 9% and a reduction in referrals of 19% when compared to the previous week. There has not been an increase in domestic abuse referrals, although this is anticipated.

In addition, families are being asked to stay at home, there is increasing financial pressure on many families and understandable anxiety. Families are becoming increasingly isolated and, despite an offer of a school place, many children identified as vulnerable are not taking up these places.

It is possible that we will see:-

- Potential for an increase in interfamilial child abuse including neglect, physical abuse, sexual abuse and emotional abuse as vulnerable children will be isolated at home with parents under increasing stress.
- Increases in cases of Domestic Abuse and Parental Conflict
- Potential for increased online grooming with children spending more time unsupervised online, leading to greater vulnerability to exploitation from perpetrators.
- An increase in both adults and children experiencing emotional and mental health difficulties.
- An increase in substance and alcohol misuse.

A Safeguarding Children Partnership wide approach is required to ensure that children and young people are safeguarded, that we protect the most vulnerable and that emerging vulnerability and safeguarding issues are identified.

This document seeks to set out the way in which partner agencies across the Wakefield Safeguarding Children Partnership will work with families and protect vulnerable children in this context.

## 2.0 Principles of Working Together during COVID-19 Response

- **Maximise Opportunities to Obtain Assurance** – colleagues from a range of agencies may be in contact with children during this time. It is important that we **make every contact count**, always important, but now more than ever
- **Maintain professional curiosity** - When speaking to children or families remotely, think about the questions you ask. Think about who else might be listening. Is the child able to communicate freely over the phone with you or are they being influenced what to say? If you think, a child is unable to speak freely, ask questions that can be answered yes or no. For example, are you alright? Do you feel Safe? Are you hungry? Think about who else might be listening. Is the child able to communicate freely over the phone with you or are they being influenced what to say?
- **Communicate, communicate, communicate!** Keep in contact with colleagues from other agencies who are also working with the child or family, tell them what you have seen, done and heard.
- **Record your contact** with the child and family, in whatever format your organisation uses.
- **Risk assess and review regularly the circumstances of every family** you are working with and ensure that those facing the highest risk are visited most frequently.
- For children who are subject to plans **make sure all the professionals** who are part of the plan **understand the role they are taking, who is visiting and when to avoid duplication.**
- **If you are concerned about a child or young person seek advice**, via Designated Safeguarding Leads, Named Child Protection Officers, through MASH, through the identified leads in each Locality or via the Wakefield Safeguarding Partnership. If the concern relates to the way a person working with children has acted seek advice from the LADO.
- **Take an asset based approach**, recognise the strengths in families and communities.
- **Ensure decisions are proportionate and justified**
- **Collaborative working** - work in partnership with parents and other professionals
- **Continue to share information** for the purposes of safeguarding, child protection enquiries, strategy meetings, child protection conference, children in care reviews and risk assessment meetings (RAM).
- **Ensure that the principles of social distancing are observed in Safeguarding work where possible.** Avoid multiple professionals visiting the same households by collaborative working and agreeing arrangements to see or keep in touch with children and their families.
- **Be respectful to other Partners.** It is recognised that during this period there will be challenges for all services. Let's work together on the basis that everyone is doing their best, if there are challenges seek to understand partner's position and reasons for actions and maintain the dialogue.

## 3.0 Developing a Partnership-Wide Overview of Vulnerable Children – Locality Working

Public Health England's (PHE) Covid-19: guidance on vulnerable children and young people (updated 27 March 2020) has defined 'vulnerable children' as those who have a social worker and those children and young people up to the age of 25 with education, health and care (EHC) plans. In Wakefield, services have also considered children with emerging needs, safeguarding concerns and vulnerabilities in recognition that responses to Covid-19 will increase risks for some children not currently in receipt of services at Targeted and Specialist levels.

Services within Wakefield Council have assessed children open to consider the risks to them during this period. This includes Early Help, Children's Social Care, Youth Offending Team (YOT) and the Complex Care Team.

Schools have been asked to complete a School Safeguarding Tracker in relation to school places offered, accepted/declined, visits and contact with children and to RAG rate the level of concern based on the contact schools have with a child and their family. This intelligence will inform the lead service's work with the family. Where a child is unknown to services, it assists with identifying when cross referenced with other partners information, who has a line of sight on this group of children and how they are being supported and monitored by the school. The appendix of this document provides specific guidance for schools and has been produced in liaison with representatives from schools and all partner agencies.

The 0 to 19 service Bradford District Care Trust has considered all families and children on Universal Plus and Universal Partnership Plus pathways and stratified them according need.

Wakefield College and New College have identified their vulnerable young people.

CAMHS have identified vulnerable patients and are continuing to provide services to them remotely where appropriate.

**The partnership will work together to share these approaches and trackers so that a joint understanding can be developed about which children are most at risk or require additional support to keep them safe, who is seeing these children, how and when.**

**Locality cluster meetings are taking place weekly to develop this on a cluster basis and as part of our Wakefield Families Together Model.**


### 3.1 Summary of Approach:

- Develop a shared knowledge of vulnerable children across the partnership.
- Promote the wellbeing and safety of all children and young people, not just those currently classed as vulnerable.
- Ensure that critical work continues with support across the Partnership due to shrinking workforces.
- Set expectations about the way in which partners will work together to ensure that, for our most vulnerable children, there is a clear understanding on who is taking a lead on cases to prevent a child or young person slipping through gaps in the system.
- Ensure that there is a clear understanding across the partnership about who is maintaining regular contact with other children and young people identified as vulnerable.
- Ensure vulnerable children, young people and their families have additional contact and support with any concerns reported and recorded.

### 4.0 Summary of current offer aligned to Level of Need

Further detail about each service is provided in the appendices.

Level of Need	Description	Arrangements and Expectations
Universal	All children and young people not identified as having needs at universal Plus, Targeted, or in	Antenatal contact will continue to be offered in accordance with National guidance to all children and families by a health visitor as part of the Healthy Child Programme. (This will be via a telephone contact unless compelling need is identified for a face to face visit with PPE if guidance allows).

	<p><b>any of the other categories.</b></p>	<p>Holistic assessment of health including risk assessment and early identification of additional needs.</p> <p>Mid Yorkshire Trust - Antenatal Appointments continue to take place either at GP surgeries or at home, observing NHS and Royal College guidance on self-isolation. Pregnant women are being asked to self-isolation.</p> <p>One person only can attend the birth and there are no visitors allowed to the ward after the birth or to attend antenatal appointments.</p> <p>New Birth Visits will continue to be offered in accordance with National guidance to all children and families by a health visitor as part of the Healthy Child Programme (this will be via a telephone contact unless compelling need is identified for a face to face visit with PPE if guidance allows).</p> <p>Contact will be virtual unless a need for a home visit is identified. In these cases NHS PPE guidelines will be followed.</p> <p>School Aged children – Children who were considered to be at the universal level of need will not be offered a school place unless they are the children of key workers.</p> <p>Schools are maintaining some form of contact with every child weekly, using the normal methods of communication for their school. Advice is sought from Designated Safeguarding Leads if there is any reason for concern.</p> <p>GP's remain responsible for provision of their Primary Medical Service responsibilities to all children registered with them (permanent or temporary). GPs retain their safeguarding role being mindful of safeguarding issues/risks when a child or their family/carer has contact with them (remotely or otherwise) and responding to any identified risks/concerns.</p> <p>This includes continuing to liaise with fellow professionals through regular communication, including monthly safeguarding practice meetings with health visitors and midwives.</p> <p>Wakefield CCG has provided every practice in Wakefield with the attached Royal College of GP's advice on how to assess safeguarding issues when working remotely.</p> <p> RCGP.pdf</p> <p>Kooth continues to be available to support the wellbeing and resilience of young people aged 11-25.</p> <p>Kooth is a web-based confidential support service. It provides a safe and secure means of accessing mental health and</p>
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		<p>wellbeing support designed specifically for young people. It offers young people the opportunity to have a “drop-in” text-based conversation with a qualified counsellor.</p> <p>A fortnightly newsletter aimed at all families is being produced, giving simple advice about activities, helplines, recipes and other important information for families. It will be shared via online and social media channels and via food parcels for more vulnerable families.</p>
<b>Universal Plus</b>	<p><b>Children and young people providers/partners consider vulnerable (low risk), but not subject to any Early Help plan. May include SEN Support, FSM etc.</b></p> <p><b>Children on the Early Help Register or not known to services</b></p> <p><b>Emotional Wellbeing</b></p> <p><b>Domestic Abuse</b></p> <p><b>Youth Work</b></p>	<p>Pre-School Aged Children – See above</p> <p>School Aged Children – Children recognised as vulnerable within settings, but below the threshold for referral into services have been offered school places. Schools are actively encouraging families to take up these places. Where a child who was expected in school does not attend, schools follow their usual first day absence procedure and make contact with the family. Where children do not attend school, leaders will make contact with the child and family at least once a week, but more often for some children where concerns are higher.</p> <p>Basic wellbeing questions are asked of the child and the family via Telephone/FaceTime/Skype.</p> <p>Where children do not attend school, schools make contact at a minimum frequency of weekly however in line with their risk assessment, this may be daily, twice weekly or weekly. If the school has a concern a ‘doorstep’ visit is undertaken where the school is able to do so. These will observe social distancing and PHE guidance.</p> <p>Kooth continues to be available to support the wellbeing and resilience of young people aged 11-25, as previously described in Universal.</p> <p>The Domestic Abuse Management Board continue to take a lead in the coordinated response to concerns about domestic abuse. WADDAS continue to operate offering support to victims of domestic abuse.</p> <p>West Yorkshire Police continue with notifications of domestic abuse. MARAC and MAPPA arrangements continue.</p> <p>Operation Encompass continues to operate and ensures information is shared with schools. Where low level notifications are received by schools they will make contact with the child.</p> <p>Young People who were previously supported by a range of group work provision delivered by WF Youths are being supported via weekly contacts and group work remotely.</p>

		<p>Youth Work Team's WFYouth website and social media platforms:-</p> <ul style="list-style-type: none"> <li>• Providing a universal Live Chat function via <a href="http://www.wfyouth.co.uk">www.wfyouth.co.uk</a> – operating daily.</li> <li>• Created a new page on <a href="http://www.wfyouth.co.uk">www.wfyouth.co.uk</a> regarding home education.</li> <li>• Regular posting on all social platforms e.g. information, advice and work we are doing.</li> <li>• Live streaming from social platforms</li> </ul> <p>The team are delivering a detached project in partnership with the Police mapping, preventing and disrupting groups forming in parks and open spaces. The team are looking to persuade and influence any children and young people who are not staying at home to return home, stay safe, with a view to keeping people safe, reducing antisocial behaviour, crime and young people being criminalised. Contact can be made with the Youth work team by emailing <a href="mailto:youthwork@wakefield.gov.uk">youthwork@wakefield.gov.uk</a> or calling 01924 302665</p> <p>The detached team will shortly also be providing positive activity youth engagement programmes to young people in some of the Council's Children Homes, to support them staying home and keeping safe.</p>
<p><b>Targeted</b></p>	<p><b>Children and young people with Early Help plans held by the Children's First Hubs.</b></p> <p><b>Schools</b></p> <p><b>Young Carers</b></p> <p><b>Children subject to EHCP</b></p> <p><b>Disabled Children with Short Breaks</b></p>	<p>The Children First Hubs continue to provide support to those families who have an allocated Children First practitioner, as well as to those who have been referred and are awaiting allocation.</p> <p>The majority of this support will be delivered over the phone, although home visits will take place where the risk assessment indicates this and where it is safe and appropriate to do so. Partner agencies can still contact their link worker or local Children First Hub if they would like any advice or guidance during this time.</p> <p>Where children do not attend school, schools make contact at a minimum frequency of weekly however in line with their risk assessment, this may be daily, twice weekly or weekly. These will observe social distancing and PHE guidance. Young Carers are being supported via Youth Services with weekly contact using remote technologies</p> <p>Contact is made to all schools to complete information in relation to individual students with EHC plans that links to a risk assessment and informs appropriate actions/support/ planning. This is being led by the Council's Education and Inclusion Services.</p> <p>Social and Leisure Short Breaks have ceased due to social distancing measures. Children and their families have been contacted and individualised new support packages have been put</p>





		<p>They have volunteers, a range of support to help vulnerable people and are working with the Council to support communities during this crisis.</p> <p>Hubs can be contacted directly or support can be coordinated through the Council's contact center on 0345 8 506 506 and selecting option 3.</p> <p>Community Hubs</p> <p><b>Altofts - The Brig</b>  0345 8 506 506  CommunitySupportVolunteer@wakefield.gov.uk</p> <p><b>Castleford - Castleford Heritage Trust</b>  01977 556741  07810 290687  john.heywood@castlefordheritagetrust.org.uk  lornamalkin@googlemail.com</p> <p><b>Eastmoor - Eastmoor Community Project</b>  St Swithun's Centre  01924 361212  info@eastmoorcommunity.co.uk  cbann@eastmoorcommunity.co.uk  orowley@wakefield.gov.co.uk</p> <p><b>Horbury - Senior Citizens Support Group</b>  01924 565859  enquiries@scsg.co.uk</p> <p><b>Knottingley - Kellingley Club</b>  0345 8 506 506  CommunitySupportVolunteer@wakefield.gov.uk</p> <p><b>Lupset - George's Centre</b>  01924 369631  sheena.ibbotson@stgeorgeslupst.co.uk  berni.obrien@stgeorgeslupset.org.uk  wayne.kelly@stgeorgeslupset.org.uk</p> <p><b>Normanton and Featherstone - The Well</b>  01977 610931  rlucas@kinsley-fitzwilliam.org.uk  tcarrington@kinsley-fitzwilliam.org.uk</p> <p><b>Featherstone Community Hub</b>  0345 8 506 506  CommunitySupportVolunteer@wakefield.gov.uk</p> <p><b>Ossett Community Hub</b>  0345 8 506 506  CommunitySupportVolunteer@wakefield.gov.uk</p>
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	<p><b>Youth Work</b></p>	<p><b>Pontefract - St Marys Centre</b> 01977 705341 denisepallett@stmaryscommunity.co.uk</p> <p><b>South East Wakefield - Kinsley and Fitzwilliam Centre</b> 01977 610931 rlucas@kinsley-fitzwilliam.org.uk carrington@kinsley-fitzwilliam.org.uk</p> <p><b>Hemsworth Town Council</b> 0345 8 506 506 communitysupportvolunteer@wakefield.gov.uk</p> <p><b>Westfield Centre/ South Elmsall</b> 01977 642335 info@southelmsallcouncil.co.uk</p> <p><b>Ackworth Parish Council</b> <b>Ackworth Churches</b> <b>Ackworth School (Ackworth Covid-19 Response)</b> 01977 233600 info@ackworthparishcouncil.gov.uk</p> <p><b>Wakefield Centre</b> Lightwaves Centre (from Mon 30 March) 01924 360158 info@lightwaves.org.uk ayub@nextgeneration.org.uk helen@nextgeneration.org.uk</p> <p><b>St Catherine's Church Centre</b> 01924 211130 lisa@stcatherines-wakefield.org.uk</p> <p>All existing young people have been contacted, checked in with and offered ongoing support either through individual or regular virtual group contact.</p> <p>The team's WFYouth website and social media platforms is providing a universal Live Chat function via <a href="http://www.wfyouth.co.uk">www.wfyouth.co.uk</a> – operating daily.</p> <p>The Team are supporting Emily Castle (Young Lives) and Denise Wheatman (Health Improvement Specialist) in developing the WF-I-Can website. The website is for children and young people 7-19 (25 with SEND). The site is going live mid-April and will have chat facilities which voluntary community sector, the youth Work Team and other partners will be assisting in manning.</p> <p>Wi-Fi dongles have been secured for vulnerable care leavers, during the period of social distancing. This will enable them to remain in contact with peers and support staff, and access, information training and employment opportunities during this time.</p>
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	<p><b>Youth Offending Team</b></p>	<p>All children who are scheduled to attend court (apart from remand cases) are being adjourned for an initial 8 week period; the children and their families are not required to enter court for this to be confirmed. A member of Wakefield YOT is part of a West Yorkshire staffing rota based at Leeds Youth Court</p> <p>Youth Offending Case management:</p> <p>Managers have worked with practitioners to review every open case to agree levels and type of contact for each child, depending on the assessed level of risk and protective factors. This is then discussed with the child and their parents/carers. Reviewed Weekly as a minimum.</p> <p>Contact is made over the phone, by Skype or by home visit – the latter is for a smaller group of children and staff operate in accordance with NHS guidance on safe practice.</p> <p>The service is continuing to explore creative ways of engagement e.g. sourcing online material to deliver sessions.</p> <p>Practitioners link with agencies that are involved and agree what level of contact each service is having to ensure a coordinated approach to case management and to support with additional contact where necessary.</p> <p>Regular contact is taking place with parents and carers to offer advice and guidance on supporting the child/their children, sharing resources, discussing any concerns and making safety plans where appropriate. Specialist family workers are providing more intensive support to parents and carers who are struggling with the challenges faced in the current circumstances; particularly those families where adolescent to parent/carer abuse has previously taken place.</p>
	<p><b>Children in Care</b></p>	<p>Contact arrangements for children in care with their parents are currently taking place virtually only. This is being regularly reviewed.</p>

## 5.0 Wakefield Safeguarding Partnership Arrangements

The Safeguarding Partnership Team are continuing to support the wider Safeguarding Partnership across Wakefield as it faces these unprecedented challenges in ensuring the safety and wellbeing of children and young people in our communities.

The Partnership Team are supporting partners across the wider partnership to work together to identify vulnerable children and agree the way in which we will seek to monitor these children during this period of heightened risk where children are not being seen regularly and the usual routes for identification are limited.

The Partnership office will update wider partners fortnightly about changes to any safeguarding arrangements.

As many children and young people will not be seen by professionals able to recognise concerns about wellbeing and safety, we have produced a short training pack aimed at volunteers, delivery drivers, post women and men and others who may be knocking on the doors of family homes during this period of 'lockdown'. It can be accessed here:

**5.1** Our intention is to continue partnership meetings with papers and agendas sent out and meeting taking place via telephone conferencing facilities. We will keep this under review taking into account availability of key partners to attend these meetings.



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## **5.2 Safeguarding Partnership Executive**

The Safeguarding Partnership Executive have a crucial role during this period in ensuring that partners work together across Wakefield identifying vulnerabilities and responding to risks and concerns. The Partnership Exec will meet every two weeks during this period, the purpose of this meeting will be to:-

- Update on steps taken to date and any known impact on vulnerable children specifically (but not exclusively).
- To identify any further opportunities for collaborative working;
- To avoid as far as possible the adverse unintended consequences of single agency actions
- Agree partnership wide updates.

## **5.3 Independent Scrutineer**

The Independent Scrutineer will continue in his role working across the partnership, considering the work we do and helping us be assured that we are doing the right things for children and families, or suggesting changes where required. The Independent Scrutineer will continue to attend meetings held virtually, receive regular reports and papers from each group reporting to the Executive and will continue to provide regular reports to the Executive.

## **5.4 Sub Groups**

The Safeguarding Effectiveness Group will continue to meet virtually. Agenda and papers will be circulated to members and meetings will take place virtually. Specific focus will be on understanding the impact of the coronavirus on performance and data, completion as far as we are able of the multi-agency audit, to agree how and when the Section 175 and Section 11 audits will take place in readiness for when more normal practices are resumed.

The Child Safeguarding Practice Review Group will continue to meet virtually, agenda and papers will be circulated to members and meetings will take place virtually. The National Panel and the Department of Health and Social Care have issued updated guidance around case reviews. The requirement to notify significant events within 5 working days remains in force and Rapid Reviews must be done, albeit with a bit more flexibility over timescales. We will conduct this business remotely where possible. There is recognition that for ongoing Child Safeguarding Practice Reviews there will be inevitable delay however the two ongoing CSPR Panels will continue to progress and individual members will be contacted about this directly.

The Vulnerable and Exploited sub group has now been reviewed and is renamed the Multi Agency Child Exploitation Group, MACE, this will continue to meet virtually, agenda and papers will be circulated to members and meetings will take place virtually.

The March and April Child Death Overview Panel (CDOP) will be postponed in recognition that medical colleagues who are key members of this group will not be able to prioritise attendance. However the National Child Mortality Database has issued revised guidance about the notification of deaths of children during this period and the CDOP coordinator will continue to progress this work.

## **5.5 Learning and Development**

With regard to Learning and Development activity, all face to face training has been cancelled until further notice. However, to support changing workforces, a range of e learning packages have been produced and are available across the Partnership. Specific packages have been produced for volunteer and school staff who may have to step into roles on a temporary basis. The range of e learning courses available are being extended to support the Safeguarding Partnership during this period. The Learning and Development Group will not meet and any activity required will take place remotely.

The planned Safeguarding Partnership Conference will be cancelled and combined with Safeguarding Week in June which will be provided remotely with a range of podcasts and webinar's which are currently being developed.

We have put a dedicated page together with our partners in the hope that it provides a single point of access for anybody who is needing to seek information and resources in relation to safeguarding children and young people whilst the outbreak is ongoing and the measures remain in place from the UK Government, in addition we will be sending out regular updates for partners.

We will review the position regularly and keep in touch about any other changes or any input needed as necessary; including changes to activities not mentioned above and any need to input on rapid reviews.

## **6.0 Engagement and Consultation**

As a Partnership document, this briefing and guidance has been developed in collaboration with members from across the partnership including:

- Wakefield CCG
- West Yorkshire Police
- Wakefield Council
- South West Yorkshire Foundation Trust
- Mid York's Hospital Trust
- Bradford District Care Trust
- West Yorkshire CRC
- National Probation Service
- NOVA
- Young Lives Consortium
- Schools and Colleges



Schools, in particular, have played a vital role in the development of the guidance for schools. Initial guidance was drafted in collaboration with colleagues from education, social care and early help. The guidance was shared with all 144 schools and feedback sought. Representatives of 52 schools provided direct feedback which has been incorporated into the updated guidance attached in the appendices.

## **7.0 Review Arrangements**

The Wakefield Safeguarding Children Partnership recognise that national guidance will change, services may need to change their offer and some services are not yet represented in the document. As such, the document will be updated as and when necessary.

The Wakefield Safeguarding Children Partnership will provide a regular update bulletin which will be sent out across the partnership members.

The most up to date document will always be on the Wakefield Safeguarding Children Partnership website via a floating banner on the home page <https://www.wakefieldscp.org.uk/>

## **8.0 Appendices - Individual Partner Arrangements**

### **8.1 Bradford District Care Trust**

The 0-19 service will undertake antenatal contacts, new birth contacts and stratify the Universal Plus (UP) and Universal Partnership Plus (UPP) caseloads to determine required provision under the vulnerable and safeguarding requirements as set out in the National Guidance considering ongoing statutory interventions, emerging concerns, social and emotional issues and health vulnerabilities; and thus determine a level of required service intervention.

The service recognises that during COVID-19 all children will be subject to an increased level of vulnerability and therefore, to support those children, a stratification process has been developed to enable the UP and UPP caseloads to be 'RAG rated'- red, amber, green.

It is expected that some children and young people following assessment and intervention may interchange between categories. The children and young people categorised in each domain will remain dynamic with regular review undertaken.

#### **Rag rating RED**

Those children currently on a statutory plan (legal gateway, child protection (CP) ), child in need (CIN) plan or a child in care (CIC), along with those children and young people identified as presenting with emerging safeguarding concerns pre COVID-19 will be categorised as red.

The service will continue as a partner agency to fully engage in all statutory processes with Children's Social Care (CSC). Those identified with emerging safeguarding concerns will be prioritised and an assessment of the family health needs will be undertaken. This may result in escalation as per usual Safeguarding Policy and Procedure to CSC or de-escalation to amber under the children's vulnerable list, under the care of Wakefield 0-19 Services.

For children identified in this category, there will be an expectation that there will be service contact within 10 working days and ongoing contact at least every two weeks during COVID-19.

Rag rating Amber

Those children who have been identified by the service as amber due to one or more of the following variables, and have been added to a list known as the vulnerable children's list:

- Young parents living independently
- Notification of medium/high risk domestic abuse within 12 months where no other agency are involved
- Recent step down from a statutory plan/recent discussion at MASH
- Parent or child emotional or mental health need not receiving specialist services
- Parent or child using drugs or alcohol
- Family living in poverty
- Increased requirement for infant feeding support
- Regular or incomplete intervention at Healthy Young Person (HYP) clinic
- Young person known/potential risk of engaging in risk taking behaviours

For children identified in this category, there will be an expectation that there will be service contact within 21 working days and ongoing contact at least every four weeks during COVID-19.

### **Bradford District Care Trust – Safeguarding Team**

The Safeguarding hub practitioner within the Safeguarding team, continues to support the strategic function of sharing health information of 0-19 services involvement at strategy meetings/discussions. Involvement in the Daily Risk Assessment Meetings (DRAM) continues, working both in the Police HQ Havertop and remotely.

## **8.2 Probation Services**

### **8.2.1 WYCRC Probation**

- CRC Group Community Payback and Interventions [Accredited Programmes and group Rehabilitation Activity Requirements (RARs)] are suspended.
- Service users will be managed by remote methods (telephone/video/Skype) with the exception of:-
- Prison releases reporting for their initial appointment who hit identified risk criteria (domestic abuse, child safeguarding, sex offending) and where there are current concerns;
- Medium risk of harm cases who have identified risk criteria (as above) and where there are current concerns.
- The Wakefield office at Merchant Gate will be opening 12 - 5pm Wednesdays for prearranged appointments only.

### **8.2.2 National Probation Service**

Maintaining our responsibility to protect the public from high risk offenders in the community.

- We are operating a predominantly remote service, using telephone/Skype contact and have doubled the frequency of these contacts.
- Some face to face contacts (some office-based and others by doorstep home visits) for those who present the greatest risk. This includes convicted TACT offenders, Mappa 3 and cases presenting very high risk, including safeguarding and domestic abuse concerns.
- Face to face contacts will also be used for initial appointments for prison releases.

- Offender Managers have access to remote consultation with psychologists for offenders assessed as high risk and with a Personality Disorder.
- Sex Offender Programmes are being delivered by phone on a 1:1 basis by our specialist group programme staff
- Maintaining Mappa meetings remotely,
- Maintaining Visor information exchange and receive intelligence from CTU and SOC in respect of individual cases.
- Approved Premises all remain open.
- Working closely with HMCTS to provide a remote service to Courts, including Bail Services to prevent unnecessary remands in custody.
- A newly established Divisional Homelessness Prevention Team is working closely with partners to enable us to secure accommodation for offenders, and we have obtained mobile phones to try and enable regular contact with offenders who do not have one.
- All meetings are to be conducted remotely, and we have suspended attendance at all meetings that are not directly necessary to maintaining operations. Where partnership meetings are being conducted remotely, we are happy to receive minutes and to respond to queries by email so that we can resume Business as Usual in as smooth a manner possible when we are all able to do so.
- Dewsbury Office is temporarily closed, and the Huddersfield and Wakefield office open on one day a week only.
- Telephone contacts in addition to email addresses remain the same, so partners should not experience problems in contacting Probation staff or offices should they need to.

## 8.3 Wakefield Council

### 8.3.1 Youth Service

Maintaining contact with existing young people/groups known to Youth Work Team:

All existing young people have been contacted, checked in with and offered ongoing support either through individual or regular virtual group contact.

Contact with vulnerable young people not known to the Youth Work Team:

- *The team's WFYouth website and social media platforms is providing a **universal Live Chat function** via [www.wfyouth.co.uk](http://www.wfyouth.co.uk) – operating daily.*
- The Team are supporting Young Lives and Health Improvement in developing the WF-I-Can website. The website is for children and young people 7-19 (25 with SEND). The site is going live mid-April and will have chat facilities which voluntary community sector, the youth Work Team and other partners will be assisting in manning.
- Richard Stanley (Participation Worker) has completed a funding bid from 'Safer Communities Grant' to provide WIFI dongles for vulnerable care leavers, during the period of social distancing. This will enable them to remain in contact with peers and support staff, and access, information training and employment opportunities during this time.

Youth Work Team's WFYouth website and social media platforms

- Providing a universal Live Chat function via [www.wfyouth.co.uk](http://www.wfyouth.co.uk) – operating daily.
- Created a new page on [www.wfyouth.co.uk](http://www.wfyouth.co.uk) regarding home education.
- Regular posting on all social platforms e.g. information, advice and work we are doing.
- Live stream from social platforms

Youth Work Detached Offer

- The team are delivering a detached project in partnership with the Police mapping, preventing and disrupting groups forming in parks and open spaces. The team are looking to persuade and influence any children and young people who are not staying at home to return home, stay safe, with a view to keeping people safe, reducing antisocial behaviour, crime and young people being criminalised.
- The detached team are to provide positive activity youth engagement programmes to young people in some of the Council's Children Homes, to support them staying home and keeping safe.

### **8.3.2 Youth Offending Services**

#### **Case management:**

- Managers have worked with practitioners to review every open case to agree levels and type of contact for each child, depending on the assessed level of risk and protective factors. This is then discussed with the child and their parents/carers.
- Reviewed Weekly as a minimum.
- Contact is made over the phone, by Skype or by home visit – the latter is for a smaller group of children and staff operate in accordance with NHS guidance on safe practice.
- Continuing to explore creative ways of engagement e.g. sourcing online material to deliver sessions.
- Practitioners link with agencies that are involved and agree what level of contact each service is having to ensure a coordinated approach to case management and to support with additional contact where necessary.
- Regular contact with parents and carers to offer advice and guidance on supporting the child/their children, sharing resources, discussing any concerns and making safety plans where appropriate.
- Working closely with the Families Achieving Change Team to undertake home visits/telephone contacts with vulnerable families.
- The list of the most vulnerable children is circulated to the senior leadership team weekly
- Daily contact is encouraged between supervisor and supervisee via phone or Skype

#### **Court:**

- There is only one youth court open in West Yorkshire – Leeds YC – and the courts are currently prioritising those children who are on remand or at risk of remand.
- All children who are scheduled to attend court (apart from remand cases) are being adjourned for an initial 8 week basis; the children and their families are not required to enter court for this to be confirmed.

#### **Secure estate:**

- In addition to above, stringent measures are in place to support children and staff from contracting the coronavirus and to ensure the safety and wellbeing of children in custody.

#### **Partnership work:**

- Regular liaison with West Yorkshire Police colleagues to support the safety and wellbeing of children and to continue to deliver our work as effectively as possible.
- Youth Panel meeting (for children referred by the police for consideration of an out of court disposal) is continuing via Skype.
- YOT police are supporting our work by contacting children who are not adhering to the current restrictions on movement and offering friendly advice to them and their families/carers.
- The Youth Work Team are working with neighbourhood policing teams and YOT to respond to information suggesting groups of children are congregating and are deploying staff to engage them and encourage them to stay safe.

- Supporting the residential children's homes by providing two staff members to undertake shifts and the Youth Work Team are commencing a programme of activities for the children in a safe and supportive way.

### 8.3.3 Children's First Hubs

- The Children First Hubs will continue to provide support to those families who have an allocated Children First practitioner, as well as to those who have been referred and are awaiting allocation.
- The majority of this support will be delivered over the phone, although home visits will take place where the risk assessment indicates this and it is safe and appropriate to do so.
- Partner agencies can still contact their link worker or local Children First Hub if they would like any advice or guidance during this time.

### 8.3.4 Children's Social Care

- Statutory visits to children will be maintained. The children with whom we have contact are the most vulnerable in our communities.
- It is also important that our responsibilities to safeguard, protect and promote the wellbeing of children are balanced with our responsibilities to maintain the health of ourselves and others. Where families / children display symptoms of the virus, and or are self-isolating based on medical advice, though direct contact is inadvisable, we will maintain contact with children / carers by alternative means (for example telephone / skype).
- Where, by reason of ill health or medically advised self-isolation, staff teams are depleted, we will understand which children require more frequent visits / contact, and which children need proportionately less. This will be done by discussion and agreement between Social Workers and Team Managers and recording on the case file of the relevant children.
- Where necessary, the organisational standard around visiting frequency will be reduced to the statutory minimum – as set out below:
  - Children in Need – minimum 6 weekly;
  - Children in care matched to permanent carers – minimum 3 monthly;
  - Children in care, not matched to permanent carers – minimum 6 weekly.
  - Children on child protection plans – maintained at a minimum of once fortnightly;
  - Children subject to placement with parents arrangements – maintained at a minimum of once monthly;
  - Children in care who have suffered placement disruption, are likely to suffer placement disruption or who are at high risk of exploitation / repeatedly missing – maintained at a minimum or once monthly.
- Where resources and capacity are scarce, some children will be in much greater need / circumstances of greater risk than others and may require more frequent contact / visits. Where this is the case, it will be permissible (provided agreement is reached and recorded on a child's file) for those children for whom less than the statutory minimum will not be detrimental, to forgo a visit in favour or a child who is more in need of it.
- In our current context, for some children, direct contact may not be possible. In these circumstances, the expectation is that social workers see children by other means where that can be achieved. Technology may help with this, any means of visibly seeing a child during a conversation is the preferred alternative (including skype / face time etc.). If this is not possible, frequent telephone contact will be maintained, this will be time limited and if continued indefinitely, may give rise to heightened concern for a child.
- In line with government guidance, those children who are most vulnerable, should continue to have access to education, and so where social care staff are unable to see children in their homes (because families are reluctant to allow access or are isolating themselves) then opportunities to see

children in other settings that they attend should be maximised (with the relevant notifications to parents).

- Where children cannot be seen at all and concern for their wellbeing is heightened, then Police and / or legal colleagues will be contacted to enable further discussion of the available options.

#### **8.4 West Yorkshire Police**

- West Yorkshire Police are continuing to work with business as usual. Safeguarding is a force priority and we remain committed to protecting the most vulnerable.

#### **8.5 Children and Adolescent mental health services**

##### **8.5.1 Response and A&E diversion**

- Wakefield CAMHS has recently increased and expanded the offer of crisis support to children, young people and families.
- The team now operate seven days a week delivering services between 9am - 8pm every day.
- The extended service now focuses on providing responsive support for children and adolescents in the place where it is needed; including home-based and community treatments and therapies.

##### **8.5.2 The REACH team**

- The REACH TEAM offer:
  - Triage and signposting
  - Flexible support including home-based and community treatments
  - Consultation, care planning and risk assessment
  - Multi-disciplinary team working and formulation
  - Responsive assessment – which is needs-led
  - Treatment and therapeutic interventions
  - Support to access inpatient CAMHS treatment or transition back to the community.
- The REACH team prioritise seeing young people in the community to prevent them needing to attend A&E (unless there is a medical requirement to do so) and work creatively to safely deliver an assessment in the community.
- Where a young person is in A&E, the team will respond as soon as possible to undertake the assessment.
- For some young people aged 16/17 it can be more difficult to arrange an appropriate adult to attend the hospital, because of living independently etc. In these circumstances the assessing clinician will determine whether it is safe to assess the young person in the absence of an appropriate adult in the room to prevent delay to discharge from hospital. They can either include an appropriate adult over the telephone (such as a social worker) or arrange for the follow up appointment to be undertaken on the same day in the community. There are circumstances where this would not be safe to do and in these cases a young person would be required to remain on the ward until an appropriate adult can attend.
- The REACH team continue to support young people who need urgent support in the community and undertake as much clinical work as possible over the telephone, however where required, young people can be seen at Airedale Health Centre or if required at home (including in situations where the house is symptomatic). The appropriate PPE equipment will be available to the team.
- The REACH team will continue to operate between the hours of 9am and 8pm, seven days a week.

- An offer of urgent mental health assessment between p.m. and 9 am at A&E is also available. Please note: this option should be a last resort and where possible a young person should be given support to manage in the community until they can be seen by the crisis team.
- The team can be contacted through Single Point of Access (SPA) Wakefield on 01977 735865.

### **8.5.3 Core CAMHS**

- People currently receiving care from CAMHS clinicians will continue to be managed by their practitioner. Contact will take place over the telephone where it is safe to do so. Where this it is not safe to do, there is a duty worker who is able to see the young person face to face at Airedale Health Centre and in exceptional/crisis cases, at home.
- Staff will continue to monitor their case load and offer treatment where practical to do so; cases will continue to be processed through the pathways.
- People on the waiting list will be contacted to see if they are happy with telephone treatment and if so will be allocated to staff for treatment when this is possible. Where they would prefer to wait, they will remain on the waiting list with access to SPA should they change their mind or should things deteriorate for them.
- Assessments will also be undertaken by telephone. If these can be concluded, then children and young people will progress to a treatment pathway/waiting list. Where these cannot be concluded without face to face appointments, the risk will be determined and if risk is high, a face to face appointment will be undertaken at Airedale Health Centre.
- Otherwise, they will be placed on waiting list for an assessment review meeting and followed up when services resume normal practice.

### **8.5.4 Specialist work**

- Much of the specialist work (e.g. - art therapy, play therapy etc.) cannot be undertaken without being in room together, and therefore social distancing cannot be practiced. Therefore cases open to specialist practitioners will be monitored and consultation offered by telephone, where risk is high or increases due to pausing therapy, then face to face appointments can be undertaken at Airedale Health Centre.
- No new cases will be allocated to specialist workers; instead they will support other critical functions and teams in the CAMHS service.

### **8.5.5 Enhanced Outreach team**

- The enhanced outreach team will continue to support children in care. All young people who are part of caseloads or support systems will be informed that as much support as possible will be provided by telephone, and resources will be sent to help them manage at this time.
- Practitioners will continue to monitor young people's wellbeing, and consultation will be offered by telephone to carers and professionals etc. Where risk is high or increases due to pausing therapy/interventions, then face to face appointments can be undertaken at Airedale Health Centre or in the community, if essential.
- The team will continue accepting referrals and will have a duty worker on shift each day to offer support to SPA/triage referrals and undertake any essential face to face contacts.

### **8.5.6 Eating disorders**

- The eating disorders team will continue to support young people with eating disorders. The team will continue accepting referrals and will have a duty worker on shift each day to offer support to SPA/triage referrals and undertake any essential face to face contacts.

- Practitioners will continue to monitor young people's wellbeing, and consultation will be offered by telephone to families and professionals. Where risk is high or increases due to pausing therapy/interventions, then face to face appointments can be undertaken at Airedale Health Centre or in the community, if essential.
- Physical health checks are an essential component of the work of the team and therefore a physical health clinic will remain in place weekly to allow safe monitoring of patients. This will be undertaken with clear guidance on room preparation and social distancing.
- Any young person who needs additional support can continue to access this through the crisis (REACH team) and intensive home based treatment service. Specialist therapy will be paused as per core pathways.

### **8.5.7 Single Point of Access (SPA)**

- SPA functions will continue as normal between the hours of 9 am and p.m., Monday to Friday. SPA will remain a critical function for CAMHS. They will continue to offer support/advice and they will triage referrals and signpost as required.

### **8.5.8 Primary intervention team**

- All schools' work is paused at this time.
- MDT consultations which were booked prior to schools closing are being offered as a telephone primary practice consultation if the school requires. Schools are able to contact school workers for any ad-hoc consultations too.
- Families that have pre-booked parental consultations are being contacted and offered this via telephone.
- Some children who have an Education, Health and Care Plan (EHCP) are still attending school so the practitioners remain in close communication, sending resources and offering advice and support over the phone. This is also in place for the pupil referral units (PRUs).
- Local colleges are identifying those young people who may be more vulnerable and need support and maintaining telephone contact. Colleges can discuss any issues/concerns with a primary practitioner over the phone, and there are links with remote workers from Turning Point who will pick up any referrals needed.

### **8.5.9. 2+1 - A brief assessment and treatment model**

- Clinical intervention in the form of 2+1 will be offered to children and young people to prevent any delay to early help. Any resources required will be sent to families prior to sessions by post or email and treatment can be delivered by phone.
- If the young person's risk indicates face to face is required, then a decision will be made whether this remains in early help at this time or is passed to a duty colleague in the core CAMHS team.
- Following 2+1 treatment by telephone, the usual pathways will be available for children and young people.

### **8.5.10 Group work**

- All group work has been cancelled and young people are being offered telephone treatment/interventions in line with the group offer.
- This will be an enhanced offer from the usual group work, as young people will be given individual support.
- Following the intervention usual pathways will follow or they and may be discharged.

### **8.5.11 Autism spectrum disorder (ASD) assessments**



- ASD assessments will be paused as per agreement with partner agencies and NHS Wakefield Clinical Commissioning Group.
- CAMHS are looking at a clinical offer of consultation to families where there may be a mental health support requirement to ensure no risks are left unmanaged.
- The use of video appointments is being trialled within the service and will be rolled out as soon as possible.

#### **8.5.12 Turning Point talking therapies (IAPT)**

- Turning Point deliver talking therapy services in Wakefield and are available for children and young people aged 16 and above who are registered with a GP surgery in the Wakefield District.
- Turning Point are committed to continuing to be available for those requiring support; adapting service delivery in line with the government advice to protect both people that use their services alongside staff.
- All groups and workshops have been suspended for the foreseeable future and current face to face support, where possible, will be replaced by telephone therapy.
- Turning Point is contacting all clients directly who are affected by this change.
- New referrals to the service will continue to be accepted. However where possible, these referrals need to be made online via the Turning Point website, as their phone lines are currently very busy.
- Visit the [Turning Point talking therapies website](#) and find out more.

#### **8.5.13 Kooth online**

- This service continues to be available to support the wellbeing and resilience of young people aged 11-25.
- Kooth is a web-based confidential support service. It provides a safe and secure means of accessing mental health and wellbeing support designed specifically for young people.
- It offers young people the opportunity to have a “drop-in” text-based conversation with a qualified counsellor. Counsellors are available from 12pm to 10pm on weekdays and 6pm to 10pm at weekends, every day of the year.
- Young people can access regular booked online counselling sessions as needed also. Outside counselling hours, young people can message the team and get support by the next day.
- Support can be gained not only through counselling but from articles, forums and discussion boards. All content is age appropriate, clinically approved and fully moderated.
- You can also view a short video about the service at: [www.vimeo.com](http://www.vimeo.com)
- Kooth presentations are able to be delivered for professionals online also. For further information please contact [rchisem@xenzone.com](mailto:rchisem@xenzone.com)
- Visit [www.Kooth.com](http://www.Kooth.com) where young people can register and others can find out more about the service.

#### **8.5.14 Kooth face to face**

- Counsellors who currently offer face to face counselling sessions in Wakefield have been working on a suitable alternative for young people.
- Kooth will offer young people requiring face to face counselling a booked chat session appointment on Kooth.com with their named face to face counsellors.
- Kooth will continue to accept referrals for face to face clients through the normal referral process.
- Internal processes will be in place to identify Wakefield face to face clients online through ID numbers.

- Effectively they will move their face to face counsellors onto the online system to use as a safe and secure channel to deliver intervention and sessions to children and young people living within Wakefield.

## 8.6 Young People's Drug and Alcohol Service

- Wakefield Young People's Drug and Alcohol Service provides a free and confidential service for young people between the ages of 10 and 17 in Wakefield.
- The service is still continuing to provide advice, guidance and support around issues relating to drug and/or alcohol use.
- The service will still be accepting referrals and staff will continue to support young people, their families and professionals.
- Face to face appointments will not be provided at present, in line with government guidance around social distancing. However, support will be extended to telephone and text contact, WhatsApp, social media and other online chat/video messaging services.
- To speak to a worker or to make a referral, contact on: 0808 169 8711 or email: [wakefieldservicereferral@cgl.org.uk](mailto:wakefieldservicereferral@cgl.org.uk).
- The service is open 9am to 5pm, Monday to Friday.
- Please also keep updated via social media pages for more updates (details below) and for more information, please visit: [www.changegrowlive.org/](http://www.changegrowlive.org/).
  - Facebook: [Change, grow, live – Wakefield](#)
  - Twitter: [@CGLWakefield](#)
  - Instagram: [@cglwakefield](#)

## 8.7 Voluntary and community response

- With the guidance on coronavirus changing daily, the impact on the communities of Wakefield district continues to increase.
- Across communities and neighbourhoods, local voluntary and community groups alongside faith groups, schools and local businesses are identifying how they can work together to ensure that people are supported during these difficult times.
- Building on local initiatives, Nova Wakefield District and its members, Wakefield Council and local NHS have together created a joint response to the challenges which our communities face.
- Young Lives Consortium and the community navigators are an integral part of the community response.

### 8.7.1 Community navigators

- Community navigators, alongside Young Lives Consortium, Public Health, local NHS, and voluntary, community and social enterprise (VCSE) organisations and the wider Wakefield Council are developing an [responsive website](#) for children and young people, and those supporting young people, to help share resources and ideas.
- The community navigators continue to deliver support to children, young people and families via their host organisations and in connection with some of the community hubs; supporting distribution of food and supporting activities in communities online and via telephone.
- If you would like to be kept informed or help in any way please get in contact with Emily Castle, Young Lives Consortium, on: [emcastleylc@gmail.com](mailto:emcastleylc@gmail.com) or by telephone/text on 07835817480 (9.30am – 4.30pm Monday – Friday).

## 8.7.2 Community hubs

- The voluntary and community sector alongside Nova and Young Lives Consortium have established 14 community hubs across the district which will be contactable by telephone.
- Wakefield Council will host a Covid-19 response helpline for people who need additional support.
- From **Wednesday 25 March**, anyone worried about themselves or someone else who does not have an existing support network of friends, family or neighbours can call Wakefield Council's dedicated phone line on **0345 8 506 506 between 9am - 5pm, Monday to Friday**. Choose option 3 to make a request for support and help will be arranged.

## 8.8 Schools

- The government has updated its guidance on vulnerable children attending school: [www.gov.uk/government/coronavirus/vulnerablechildren](http://www.gov.uk/government/coronavirus/vulnerablechildren)
- For many vulnerable children, school represents a safe haven from risk and an important structure in the overall plan to keep them as safe. Wherever possible parents and carers of vulnerable children will be encouraged to send them to school unless, on the balance of assessed risk, it is demonstrably safer for them to be at home. This must be done on a case by case basis. The longer the crisis continues, the more critical we should expect it to become that more of our vulnerable children are in school.
- Guidance around maintaining appropriate social distancing in schools and other settings is found here: [www.gov.uk/government/coronavirus/socialdistancingineducation](http://www.gov.uk/government/coronavirus/socialdistancingineducation) and here: [www.gov.uk/government/coronavirus/socialdistancing/vulnerablepeople](http://www.gov.uk/government/coronavirus/socialdistancing/vulnerablepeople)
- Schools in Wakefield have offered places to all vulnerable children, this includes those known to children's social care in line government guidance and children identified as vulnerable but below the threshold for referral. Schools are key safeguarding partners during this situation. Detailed arrangements in relation to the role of school in working with families and partners to safeguard children is outlined in the School Safeguarding Guidance, this includes:-
  - First day response to non-attendance for those who have been expected to attend.
  - Regular contact with all vulnerable children not attending school.
  - Weekly contact with all children
  - Consider whether a 'doorstep visit' is required
  - Record visits and contacts.
  - Encourage all vulnerable children to attend their offered place in line with DfE guidance as attendance will help to safeguard our most vulnerable children.

### 8.8.1 Wakefield College

- 185 EHCP learners across the college campuses including Wakefield, Castleford and the Flex cohort.
- Tutors are working remotely to provide distance learning across all curriculum areas.
- Learners have access to the college's Moodle system where work is uploaded for them to access from home.
- Many learners have been loaned laptops from our AAT team to enable them to access work.
- Learners can also access this work via their mobile phones and have been given instructions/shown how to do this.
- Tutors are in regular contact via Moodle and email
- SENDCos and Support staff are also in regular contact to ensure that learners are able to access the work supplied and to provide support for anything they are unsure about.
- Any learners who appear not to be engaging with distance learning are being contacted by tutors or support to identify any problems or prompt if not engaging fully.

- College have a ProMonitor programme that alerts staff to identified learners who are having problems or are not engaging and this prompt SENDCos or support to make contact.
- SENDCos are also contacting any learners who may have ongoing issues or would naturally find the current situation distressing. All SENDCos are available to email by staff or students

### **8.8.2 New College**

- Discussion with social workers / young person regarding attending college took place before closure – young people preference to stay at home (given the potential risks of travelling to the college) – social workers agreed.
- Regular contact is in place, as discussed for schools, with some pupils contacted daily. Student support number has been provided to all vulnerable pupils.



**The aim of this guidance:**

- Support the work schools are doing to promote the welfare and safeguarding of all vulnerable children and young people
- Ensure that critical work continues with support from school staff due to a shrinking workforce
- Assist with setting clear roles and responsibilities on who is taking a lead on cases to prevent a child slipping through gaps in the system
- Ensure vulnerable families have additional contact and support, with any concerns reported and recorded
- Ensure that Education providers have a process in place to maintain regular contact with vulnerable children to check on the welfare of any child in need who does not attend on any day

**How will we achieve this?**

To provide clarity and to avoid duplication we have set out the responsibilities on how we manage children identified as being vulnerable:

Category of Need	The Partnership have agreed
Children not known to services or considered to have vulnerabilities	Weekly contact via schools normal method of parent mail / contact
Vulnerable Children on the Early Help Register or not known to services	Where the child is not attending their offered place in school, contact should be maintained by having a telephone/FaceTime/Skype conversation with the <b>child</b> and family. It is advised that this should be at a minimum frequency of weekly however based on school's risk assessment this may be more frequently, e.g. Daily, twice weekly or weekly. If the school has a concern a 'doorstep' visit should be undertaken where the school is able to do so. If concerns escalate, the existing procedures should be followed after discussion with the DSL. This may include a consultation with MASH.
Children receiving support at Early Help level and open to Children First workers	Where the child is not attending their offered place in school contact should be maintained by having a telephone/FaceTime/Skype conversation with the <b>child</b> and family) It is advised that this should be at a minimum frequency of weekly however in line with the school's risk assessment this may be daily, twice weekly or weekly.  The Children First Team will undertake visits and contact and through discussion with the school keep the child's plan updated. This will be used to inform appropriate actions/support/ planning and to decide what contact will be required and who is best placed to do this.
Children with Child Protection (CP) and Child in Need (CiN) plans held by Social Workers	Children with Child Protection and Child in Need Plans should be attending school in recognition of their particular vulnerabilities. Where the child is not attending their offered place in school contact should be maintained by having a telephone /FaceTime/Skype conversation with the <b>child</b> and family). It is advised that this should be at a minimum frequency of weekly however in line with the school's risk assessment this may be daily, twice weekly or weekly.

	The Social Worker will undertake visits and contact as per statutory visit requirements and/or in line with their own plan. Not being in school increases the risk to vulnerable children and therefore for each child subject to a CP/CiN plan, there will be an agreed plan between the allocated social worker and school as to whether additional visits can be offered by CSC or school staff if this is deemed necessary.
Complex Care Team	The Complex Care Team, in addition to the above CiN Guidance, will undertake visits and contact on all existing cases to all children on a CiN plan on case by case basis. The Social Worker will liaise with schools to ensure the child's plan is updated based on an agreed risk assessment that informs appropriate actions/support/ planning.
Children on an EHCP but not any of the above categories	Where the child is not attending their offered place in school, contact should be maintained by having a telephone/FaceTime/Skype conversation with the <b>child</b> and family) It is advised that this should be at a minimum frequency of weekly however in line with the school's risk assessment may be daily, twice weekly or weekly.  The SEND Team will make contact by phone to all schools to complete information in relation to individual students with EHC plans that links to a risk assessment and informs appropriate actions/support/ planning.
Children in Care (CiC)	Children who are in the care of Wakefield Council should be attending school in recognition of their particular vulnerabilities. Where the child is not attending their offered place in school, contact should be maintained by having a telephone / FaceTime / Skype conversation with the <b>child</b> and with carer (foster carer, residential unit, parent or other carer). It is advised that this should be at a minimum frequency of weekly however in line with school's risk assessment may be daily, twice weekly or weekly.  The CiC social worker will undertake visits and contact as per statutory visit requirements or more frequently in line with the child's individual plan. Should additional visits be required by school staff, for example where children in care are placed with their parents, this will be agreed between the allocated social worker and school.

### Further recommendations to schools

- Normal First day response procedures should be followed to all non-attendance for those who have been expected to attend but did not attend.
- If contact is not achieved and a child is not in contact with other services, a 'doorstep visit' should be considered, where this is indicated by the school's risk assessment and the school has the structure in place to do this. If the child is known to other services, schools should notify their link social worker/children first hub/complex care worker.
- Regular contact with families where there is no evidence of educational activity taking place.
- If concerns escalate, where the child is not already known to services, existing procedures should be followed after discussion with the DSL. This may include a consultation with MASH on 03458 503503. Complete a MASH referral using the MARF when advised.
- Schools are requested to complete a simple Safeguarding Tracking document, sent out and monitored by the School & Inclusion Team, to capture all children in school from **nursery to post 16** whose current status is CP/CiN/EH/EHCP/ SEND/CiC or where other vulnerabilities have been identified by the school. This will enable tracking of the children who have been allocated a school place and are either attending or not attending so that the risk can be understood and managed.

- To actively encourage all parents of vulnerable children to attend their offered place in line with DfE guidance as attendance will help to safeguard our most vulnerable children. Schools should not normally be refusing a place to a child in these categories. If a school feels that they cannot offer a place, or they believe that the child can continue to be safe and well at home, this should be discussed with the School Improvement Adviser and/or the child's social worker, complex care worker or Children First worker.
- That the school continues to liaise with the child's link Social Worker, Complex Care SW or Children First worker where they have a concern. Schools follow normal safeguarding procedures where there are concerns about a child not already known to services.
- That schools provide the information requested by SENDSS or EPS staff in respect of those children with an EHC plan.
- All vulnerable children and families should be provided with a contact number / email for the school, schools should agree how communication from families will be monitored and actioned.
- That schools agree key questions with named members of staff to be asked during phone/video conversations - e.g.: How are you feeling? Are you struggling with anything? What did you do yesterday/today? What exercise have you done? What work have you completed? Do you need any additional work/activities? How can we help you so that things are better for you?
- In some cases where there are concerns closed questions will be more helpful as you will not be able to know who is listening to the call. Are you ok? Do you feel safe? Are you hungry? Are you frightened?
- That the school keeps a record of the date, time and type of contact that has taken place for each pupil
- Offer of food support through the school Free School Meal arrangements

### **'Doorstep' Visits**

- See above, it is important that schools prioritise support to the most vulnerable, which may mean undertaking 'doorstep' visits where schools have the staff in place to do so.
- If a visit is planned it is recommended that schools contact the family to check the Covid-19 status of members of the household ahead of any visit. Based on the information provided inform the family that a visit will take place and follow NHS advice about social distancing and infection control.
- Schools should seek to see the child by asking that they come to the door or window to see the staff member who will check on the child's wellbeing.

### **How often should schools provide an update?**

- Regular tracker updates will capture identification of any concerns and help assess risk based on the telephone/FaceTime/Skype contact with the child and their family which may be daily, twice weekly or weekly
- School should contact the allocated locality School Improvement Adviser if they wish to discuss this guidance document or tracker.
- The regular contact with the allocated School Improvement Adviser should be used to provide an update on any child where schools have an increased concern about the child's wellbeing or safety and if this has been discussed with the school's DSL, link professional or a referral made to the MASH.

### **What will happen to all of this information?**

All of the information provided will be collated with other partners tracking information. Services will use this information to cross reference with their Service's own lists of vulnerable children to seek to

ensure that children do not slip through the net and are seen/followed up based on the information schools share.

The allocated leads within Wakefield Council i.e. Senior Improvement Adviser, Service Manager or Team Manager will have oversight of trackers to ensure appropriate staff arrangements are in place to respond to the risks identified.

**What other information is available?**

- Please refer to the FAQ Fact Sheet which regularly updated and posted on 'Its Learning'.
- Please refer to the Wakefield Safeguarding Children Partnership website for updates and resources for schools. This includes the Wakefield home visit tips for best practice.  
<https://www.wakefieldscp.org.uk/education/>
- [www.gov.uk/government/coronavirus/guidanceforschoolsandothereducationalsettings](http://www.gov.uk/government/coronavirus/guidanceforschoolsandothereducationalsettings)