



West Glamorgan Safeguarding Board

Safeguarding Guidance during COVID 19 as of the 8th April 2020

Ensuring the protection of vulnerable children and adults within our community remains our priority.

What follows are the arrangements as at 8th April 2020 for overseeing and responding to Child and Adult Safeguarding concerns and processes. It should be stressed that these will be subject to inevitable change to keep pace with this dynamic, unprecedented and rapidly evolving situation. Until such a time that guidance is issued by the Welsh Assembly Government, all decision-making should give due regard to the following Ethical Frameworks and Practice guidance developed for practice at this time:

- <https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care/responding-to-covid-19-the-ethical-framework-for-adult-social-care>
- <https://www.basw.co.uk/covid-19-pandemic-%E2%80%93-ethical-guidance-social-workers>



PSW-Best-Practice-Guide-for-Risk-Assessing

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Where national guidance is referenced within this document the reader is reminded to ensure this remains current (for example, the guidance on the use of PPE has changed and may continue to change as the spread of Covid 19 is better understood). Should staff or partner agencies become aware of any changes operationally, or have any suggestions that will impact upon or strengthen the proposed arrangements set out below, please contact Rebecca Shepherd (West Glamorgan Safeguarding Board WGSB Manager) r.shepherd@npt.gov.uk with the Subject title 'WGSB Covid 19 Safeguarding Arrangements'.

Child Protection (CP) and Adult at Risk (AAR) cases

Strategy Discussions (SD): No change to current practice as these are done via the phone but can also be done virtually. Again nothing new, but it does mean ensuring that the views of partner agencies are also ascertained and recorded as required, such as: Paediatrician (if a CP medical); the referring person etc. Discussions to take place as outlined in Wales Safeguarding Procedures. Please refer to Wales Safeguarding Procedures app or the desk-top version (www.safeguarding.wales or www.diogelu.cymru) for further information.

Strategy Meetings: To proceed when required in line with the existing procedures. These will be held as virtual meetings using Skype/ Microsoft teams/ conference calls. Virtual meetings give opportunity to strength multiagency working as multiple people will be able to join the discussion, e.g. school, health as well as police can be involved in the initial discussions when appropriate. (See Local Guidance for expectations, IT etc.)

CA S47 enquiries (Children) and SSWBA S126 enquiries (Adults): : No change. There should be an emphasis on ensuring that the information received from partners is robust and

detailed in order to inform further decision making by the Local Authority. Enquiries are to be undertaken in line with existing guidance and practitioners should adhere to government guidance on safe contact <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>. When planning for face-to-face contact practitioners should consider the BASW Professional Risk Assessment Framework <https://www.basw.co.uk/professional-practice-guidance-home-visits-during-covid-19-pandemic>.

Joint visits with Police: Each incident will be dynamically risk assessed on a case by case basis. At the point of strategy discussion, police and SW will agree how to manage any joint visits in light of current social distancing/shielding guidance. If police are needed to attend then while both professionals can attend the address only one professional at a time should enter. The use of video calls should be considered so when families are spoken to both professionals are able to take part in the meeting while avoiding as much as possible the need to be in the same rooms and spaces. The above attached guidance provides further points to consider when planning visits.

Voice of Adult/Child at Risk (Advocacy): All enquiries should continue to be person-centred, meaning that you continue to engage with the Adult/Child at Risk at each stage of the process. It continues to be essential that the Adult/Child at Risk is offered Advocacy, and this remains a legal duty. As above, all visits undertaken in line with current Government guidance on safe contact. It may be that telephone contact is more appropriate if this is judged to be the safer option on balance of risk.

CP Medicals: All routine clinics are cancelled and the ways we will be seeing children with injuries is also going to be different for the foreseeable future. This will have knock on effects on children's social care.

1. The routine community child protection medicals which take place in the Sapphire Suite in Singleton, Monday to Friday, will continue. All persons attending will need to use the top entrance (near the designated car park) to enter the building. Only one parent/responsible adult to attend with the child. Unless there is very specific reason this should be the social worker.
2. Where referrals are received by Social Services out of hours these children will no longer be seen in PAU. Instead, measures need to be taken by the social worker to ensure the child/children's safety and a referral to the Sapphire Suite made on the next working day for the child to be seen. If the concerning injury happens at the start of a weekend (particularly relevant for Easter weekend) it will be very helpful if injuries can be photographed (perhaps by the police photographer) in case they have faded by the time the child is seen.
3. The Minor Injuries in babies pathway is going to change for the duration of this emergency. All babies referred by Health Visitors and GPs with a possible minor injury will be seen and triaged by one of the community paediatric consultants in Singleton Hospital children's outpatients department. Any baby who requires medical

treatment (e.g. for a bony injury) will then be admitted to Morriston for treatment and investigations. Baby's with birth marks, skin conditions, etc will be discharged back to the community. All babies with concerning injuries who do not need medical treatment will have their investigations performed on an outpatients basis. They will thus not be in a place of safety on the paediatric ward and social services will need to ensure their safety during this time until all the investigations are completed.

4. Children who attend the ED with an injury where there are safeguarding concerns will not be seen on the acute paediatric ward (as happens currently). They will instead be referred to the local social services department before they are discharged so that they can be kept safe until a child protection medical can be performed in the Sapphire suite.

This will mean that children will need to be in family placements, supervised contact or even LA care when there is no definite diagnosis of an inflicted injury. Unfortunately, there is no way around this in the current situation and there may well be changes to these plans in the weeks to come.

Initial Child Protection Conferences (ICPC) and Adult Protection Conferences: These will proceed as virtual meeting via Skype/Microsoft Teams/Phone etc. (see local guidance in respect of expectations).

Core Group Meetings: These will be held within 10 days of the initial conference and then at least every 6 weeks depending on the risks and circumstances. These are to be undertaken as a virtual core group and involve the social workers speaking to core group members and family via the use of technology, including phones and any appropriate video apps.

Review Child Protection Conferences (RCPC): These will be virtual meetings. These will be reviewed by the CP Chair via Skype/Microsoft Teams/Phone (*Same for LAC Reviews – further guidance to follow*). Dual registrations need to be prioritised.

If there are clear reasons for deregistration then children should be removed from the CPR. It is important to stress that only those that need to remain on the CP register i.e. where there is 'continuing risk' [Emphasis added] should remain so. There is nothing new in this criteria and children should not remain on the CP register when they are not deemed at risk of significant harm. Those removed from the register should have a robust Care and Support Plan.

CP/AAR Visits – All visits should have due regard to the guidance noted above, to include local arrangements. It may be necessary on some cases, more specifically across Adult Services, to hold a case consultation between the Social Worker, Team Manager and Principal Officer prior to visit, or not. All visits must be undertaken in line with current government guidance on safe contact.

Deprivation of Liberty Safeguards (DoLS)

Following restrictions on visiting care homes because of Covid 19 DoLS will be approached (Requests and Reviews) as follows:

1. We will gather together information from all other sources as per the Code of Practice, including records of previous assessments. This will involve the home staff providing information and records.
2. We will consider as a matter of professional judgment whether this information permits us to reach a conclusion.
3. If so, then we will authorise further restrictions to the minimum extent considered necessary to protect, and for a short period, sufficient only to cover until we expect to be able to see the resident and re-assess.
4. If not, we will explain to the home our position and renew our attempts to arrange to see the resident. It will be explained to the home that unless a way ahead can be found, we will be unable to renew the standard authorisation, leaving the home in the difficult position of having to keep the resident safe, but unable to lawfully apply restrictions.
5. If all else fails, we will consider an application to the CoP, which will be very unlikely to produce anything in a period of less than several months, but is a protective measure should our actions be challenged.