

Pwyllgor Craffu Iechyd a Gofal

Man Cyfarfod

Dyddiad y Cyfarfod
Dydd Gwener, 15 Mai 2020

Amser y Cyfarfod
11.00 am

I gael rhagor o wybodaeth cysylltwch â
Lisa Richards

lisa.richards@powys.gov.uk



Neuadd Y Sir
Llandrindod
Powys
LD1 5LG

Dyddiad Cyhoeddi

Mae croeso i'r rhai sy'n cymryd rhan ddefnyddio'r Gymraeg. Os hoffech chi siarad Cymraeg yn y cyfarfod, gofynnwn i chi roi gwybod i ni erbyn hanner dydd ddau ddiwrnod cyn y cyfarfod

AGENDA

| | |
|-----------|-----------------------|
| 1. | YMDDIHEURIADAU |
|-----------|-----------------------|

Derbyn ymddiheuriadau am absenoldeb.

| | |
|-----------|---------------------------------|
| 2. | DATGANIADAU O DDIDDORDEB |
|-----------|---------------------------------|

Derbyn datganiadau o ddiddordeb gan Aelodau.

| | |
|-----------|-----------------------------------|
| 3. | DATGANIAD O CHWIPIAU PLAID |
|-----------|-----------------------------------|

Derbyn datganiadau ynglyn â gwaharddiad chwip plaid a gyflwynwyd i Aelod mewn perthynas â'r cyfarfod yn unol ag Adran 78 (3) Mesur Llywodraeth Leol 2001.

(D.S: atgoffir yr Aelodau, dan Adran 78, na all Aelodau sydd wedi derbyn gwaharddiad chwip plaid bleidleisio ar fater gerbron y Pwyllgor.

| | |
|-----------|---|
| 4. | CRAFFU GWEITHGAREDDAU SY'N HANFODOL I FUSNES |
|-----------|---|

Derbyn er gwybodaeth, manylion gweithgareddau sy'n hanfodol i fusnes sy'n destun craffu.

(Tudalennau 1 - 2)

| | |
|-----------|---|
| 5. | CRAFFU GWEITHGAREDDAU SY’N HANFODOL I FUSNES – PWYLLGOR IECHYD A GOFAL |
|-----------|---|

5.1. Y goeden gwneud penderfyniadau ar PPE ac asesu risg.

I ystyried y goeden gwneud penderfyniadau ac asesu risg.
(Tudalennau 3 - 6)

5.2. Gwasanaethau Plant

I nodi'r wybodaeth briffio a ddosbarthwyd.
(Tudalennau 7 - 52)

| | |
|-----------|---|
| 6. | GWAITH SY’N HANFODOL I FUSNES – PAPURAU BRIFFIO. |
|-----------|---|

Derbyn er gwybodaeth, papurau briffio eraill a ddosbarthwyd dros yr wythnosau diwethaf.

(Tudalennau 53 - 76)

| | |
|-----------|----------------------|
| 7. | RHAGLEN WAITH |
|-----------|----------------------|

Cynhelir y cyfarfod nesaf ddydd Iau 28 Mai 2020 rhwng 11am a chanol dydd i drafod yr eitem ganlynol:

- Y Bwrdd Iechyd a Chyngor Sir Powys, monitro, sicrwydd ac uwchgyfeirio integredig ar gartrefi nyrsio a gofal preswyl dros y pandemig COVID19

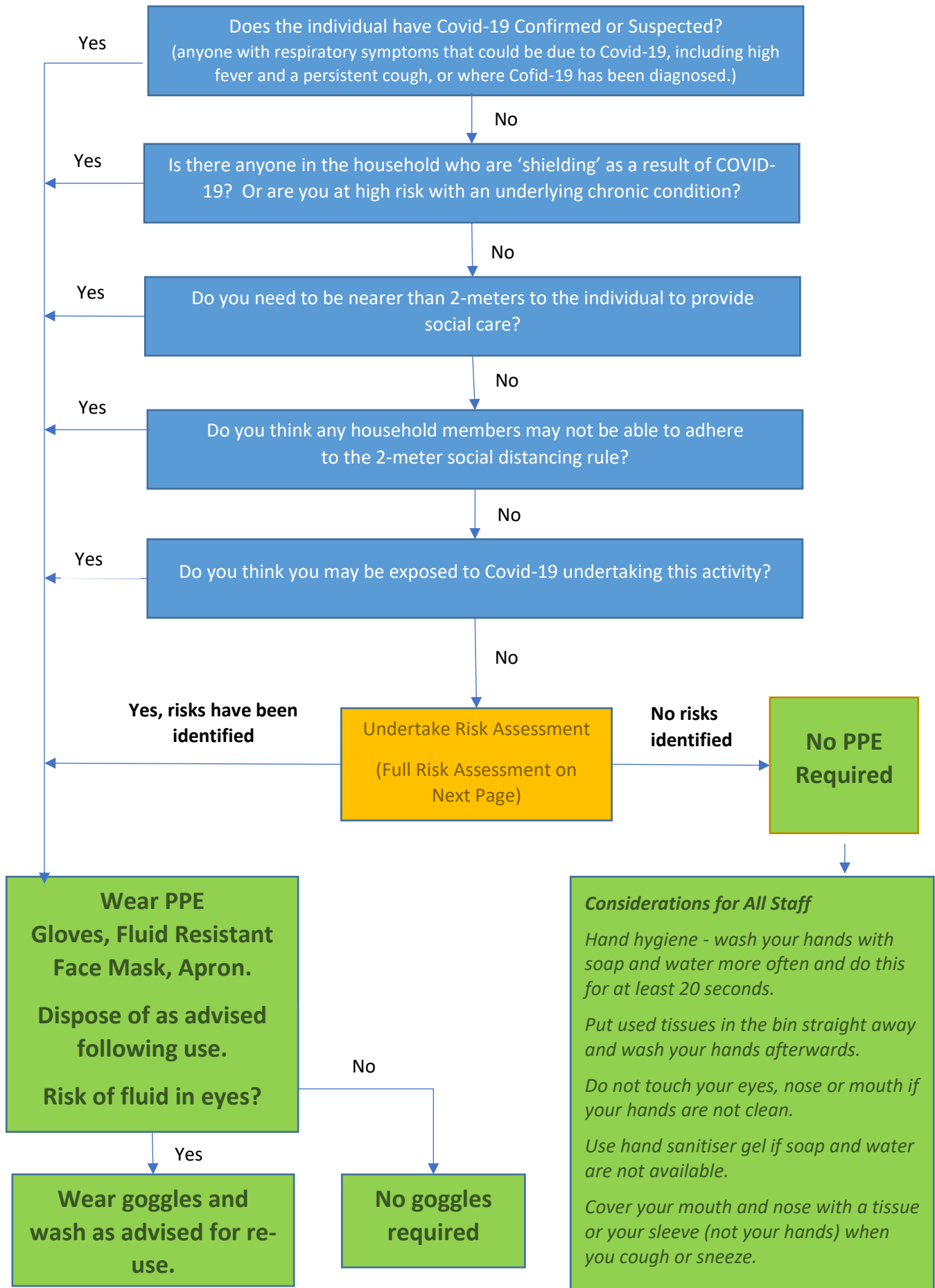
Scrutiny of Business Critical Activities.

| Activity | Scrutiny Committee |
|--|---------------------------|
| 1. Adult Services – services as outlined in the Social Services Business Continuity Plan | HC |
| 2. Homelessness Service | ERCG |
| 3. Public Protection (enforcement, public health, Temporary Body Storage Facility) | ERCG |
| 4. Childcare Hubs and Early Years provision Key Workers and Vulnerable Children | HC |
| 5. Continuity of Learning Plans | LS |
| 6. Supporting Extremely Vulnerable residents | HC |
| 7. Support for Businesses | ERCG |
| 8. Refuse Collection | ERCG |
| 9. Emergency Housing repairs and maintenance | ERCG |
| 10. Highways – essential repair and emergency response | ERCG |
| 11. Children’s Services – all services, including Safeguarding | HC |
| 12. Financial Management and Reporting | Audit / FP |
| 13. Corporate Support Services (including Customer Services, Communications, Workforce and ICT, including support for WCCIS) | ERCG |
| 14. Recovery <ul style="list-style-type: none"> • Preparing for Recovery phase • Retention of Good Practice and new ways of working | Joint Committee ?? |

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol

5a

Covid-19 – Powys Social Services Visit Risk Assessment Record to be put on client’s WCCIS record for open SSD cases.
Approved : Jan Coles/Michael Gray. Date 6th April 2020. Version 1.2



| Question | Chose response |
|---|--|
| 1. Has anyone in the household been diagnosed with COVID 19? | Yes / No |
| 2. Is anyone in the household self-isolating? Please note the date they started self-isolation and follow the 7 / 14-day guidance. | Yes / No Date self-isolation began: |
| 3. Is anyone in the household 'shielding'? | Yes / No |
| <p>If Yes for either – Discuss with your Manger whether this visit is <u>essential</u> at this time and what alternative action you can take to meet the family’s needs and to carry out your duties. You may consider a visit without entering the family home or contacting by phone or other means.</p> <p>Discuss with the family are they following guidance from Public Health Wales</p> <p>Essential means there are safeguarding concerns about a child or adult at risk, care and support needs, risk of family/placement breakdown or there are statutory requirements e.g. MHA assessment, CLA/CP visit. Workers must discuss visits with a team manager and follow the ‘guidance for workers visits’.</p> | |
| 4. Is any member of the household over the age of 70? | Yes / No |
| 5. Do any of the household have a chronic/long-term illness? | Yes / No |
| 6. Is anyone in the household pregnant? | Yes / No |
| 7. Does anyone in the household have a low immunity? | Yes / No |
| <p>If Yes for any of these questions– Discuss with your Manager whether this visit is <u>essential</u> at this time and what alternative action you can take to meet the family’s needs and carry out your duties. You may consider a visit without entering the family home or contacting by phone or other means.</p> <p>Discuss with the family are they following guidance from Public Health Wales</p> <p>Essential means there are safeguarding concerns about a child or adult at risk, care and support needs, risk of family/placement breakdown or there are statutory requirements e.g. MHA assessment, CLA/CP visit. Workers must discuss visits with a team manager and follow the ‘guidance for workers visits’.</p> | |

| | |
|--|----------|
| 8. Is anyone in the household unwell? | Yes / No |
| 9. Does that member of the household have a high temperature? | Yes / No |
| 10. Does that member of the household have a continuous cough? | Yes / No |
| <p>If Yes for either – Discuss with your Manger whether this visit is <u>essential</u> at this time and what alternative action you can take to meet the family’s needs and to carry out your duties. You may consider a visit without entering the family home or contacting by phone or other means.</p> <p>Discuss with the family are they following guidance from Public Health Wales</p> <p>Essential means there are safeguarding concerns about a child or adult at risk, care and support needs, risk of family/placement breakdown or there are statutory requirements e.g. MHA assessment, CLA/CP visit. Workers must discuss visits with a team manager and follow the ‘guidance for workers visits’.</p> | |
| 11. Do you have concerns that the person will be unable to comply with guidance on social distancing (i.e. can stay more than 2m away from you, let you know if they are symptomatic, etc.) due to their own support needs such as substance misuse/mental illness, or because of the work you are undertaking such as family conflict, etc.? | Yes / No |
| <ul style="list-style-type: none"> • If NO is the answer to all these questions you may enter the house and carry on with your visit following the current guidance on hygiene and social distancing from PHW. • PPE is for social care staff who are: entering people’s homes; providing direct care to people; undertaking non-contact activities such as giving advice to individuals, conducting verbal consultations and undertaking assessments; and transporting individuals where you are nearer than 2m from a service user and where a risk assessment has been undertaken. <p style="text-align: center;">Please read Guidance for workers visits policy (link below).</p> | |
| 12. If COVID 19 symptoms are known or suspected or household members are high risk - and your visit is essential, you must have the agreement of your Team Manager to visit who will discuss | |

| | |
|---|----------|
| use of PPE and the guidance for workers visits. Team Manager agreement gained: | Yes / No |
| 13. Do you have all the necessary PPE items required to make the visit? | Yes / No |
| 14. Has the parent/adult/young person given their consent for you to visit? | Yes/ No |
| If you are refused consent to visit and you have concerns about the safety of an adult or child at risk your Manager will need to consider a phone call to the police to request assistance. | |
| <i>There will be occasions when you are required to make a visit and prior contact to gather information from the person or family is not possible.</i> | |
| <i>If that is the case, you should treat the situation as a Covid-19 high risk situation and use PPE as necessary.</i> | |
| Conclusion of Risk Assessment: (Please note, if there is any uncertainty then PPE should be used). | |
| Staff member: | |
| Team Manager: | |
| Date: | |

Please note that any workers experiencing COVID-19 symptoms must contact their manager immediately and follow NHS guidelines. Workers must not visit and care for individuals until safe to do so.

Guidance for workers visits policy



Guidance for worker visits COVID-19 3rd A

5b

| | |
|-------------|--|
| Circulation | Cllr Rachel Powell Caroline Turner Ali Bulman |
| From | Jan Coles Head of Children's Services |
| Title | Children's Services and COVID-19 |
| Purpose | Synopsis of response from Children's Services during COVID-19 pandemic |
| Status | Information |
| Date | 3 rd April 2020 |

1. Early Help, Front Door, Assessment and EDT

1.1 Early Help

- Over 700 children were previously open to Early Help and this has been significantly reduced. All cases allocated to an Early Help support worker have been risk assessed and this is attached to WCCIS. Families have been individually contacted to discuss the options and if we are able to close safely then this has been done. Cases which have been closed all have case closure forms with a clear rationale to inform decision making.
- We have identified families with ongoing risk and the level of contact/ support each family requires at present. This summary is available to all members of the team so that if someone is absent it is clear what support is required.
- Early Help staff have developed a family support pack and a young person pack to send out to families, this has also been disseminated out to partner agencies.
- We have developed a plan to reduce the service provision in Early Help but ensure that we are still available to support families during this challenging time, by providing both one off and longer term skype parenting sessions, offering advice / support and strategies to enable them to feel confident in their parenting and provide children with as stable an environment as possible. We are continuing with some Incredible Years home coaching, sending out the resources and then talking parents through these. The Family Information Service also remains instrumental in getting messages out to parents and young people through Facebook.

- Early Help staff have been trained to support the Front Door team, so that if there is an increase in contacts, as anticipated, or a reduction in staff, the Early Help Co-ordinators are able to cover this. We have deployed staff based on their experience and skills into service critical areas, which have involved care and Support teams and our residential care.
- We have liaised with partner agencies (Youth Intervention Service) and Detached Youth Team to ensure that we have provided and joined up and consistent approach.

1.2 Front Door

- The Front Door Team is now the single point of contact for all enquiries and communications for the whole service (unless there is an allocated social worker who is contactable). To date, the team remains fully staffed and we have ensured that staff from the closely linked Early Help Team are fully trained and set up to respond to any increase in demand for the service. This will more than double our capacity, if required, to answer calls /e- mails and provide information, advice and assistance.
- During the week beginning the 16th March, we had 119 approaches to service and 9 of those were assigned to the Assessment Team for further intervention. Following the government restrictions on social distancing the number dropped to 98 approaches to service with only 2 assigned to the Assessment Team. We anticipate the number of approaches to the Front Door Team (and referrals) will increase as time goes on, as the virus peaks and restrictions in place have a greater negative impact families' ability to cope. We are confident that we have the resources and links with other professionals to respond to risk appropriately.
- We continue to respond to approaches to service as previously, by completing agency checks and consulting parents and professionals. We have access to contact details of all the head teachers / safeguarding leads for all schools in Powys as well as full access to Teacher Centre to enable us to carry out checks with Education. Health have also provided a central point of contact. This has enabled us to continue to make proportionate decisions and to manage risk appropriately

1.3 Assessment

- All active cases currently under assessment have been risk assessed and graded accordingly. Cases that can be safely closed have been closed in a timely way to ensure capacity to respond to an increase in referrals and the potential depletion in workforce capacity over the coming weeks.
- Separate duty systems in North and South assessment teams are enabling us to manage the requirement of any immediate visits and child protection investigations.
- We have contact with Social Workers to ensure any risk management issues are shared and solutions agreed. Urgent visits are prioritised and will be risk assessed to ensure both the key worker and the family are protected - all staff have access to PPE.
- Strategy meetings / discussions are happening as normal with the exception that they are being undertaken solely via Skype. Arrangements are in place for child protection medical examinations.
- Support and assistance will remain available to 16/17year olds who are in need of accommodation or present as homeless.
- For those children where it is deemed unsafe to remain at home in the care of their parents, then they will be safeguarded as a critical priority and services mobilised to meet the assessed need.
- Staff are being freed up to offer critical support to other service areas
- There are currently 122 active cases within the service however in line with the risk assessment process a high number of the cases will be closed or referred to Early Help Services for low level support once normal services are resumed. Information packs have been prepared which can be shared with families and which provides relevant contact telephone numbers etc.
- Urgent cases are being transferred quickly to the receiving teams post ICPCC / Initial Hearing care proceedings so that plans can be managed within the arrangements set out for Care and Support Teams.

1.4 EDT

- The majority of the work of EDT can be undertaken by telephone from base with staff only needing to go out into the community to undertake critical Mental Health and Child Protection assessments and direct work with the public infrequently, although demand is likely to increase in the coming weeks.
- 4 out of the 5 available 'dual registered' (Approved Mental Health Practitioners and Child Protection) Social Workers in EDT are currently needing to self-isolate in line with Covid-19 Government advice and guidelines. Currently these staff are fit and well and continue with all EDT duties apart from going out directly to respond to calls including Child Protection enquiries and urgent Mental Health Act assessments.
- Agency dual registered Social Workers are being employed to cover shortfalls in capacity to meet current legislative requirements. Relaxation of the legislative requirements of the MHA 2005 have been implemented, allowing us to roll forward of MH Assessments from EDT to daytime services, for persons who have an identified place of safety has relieved some of the pressure on EDT. This has been agreed with Dyfed Powys Police as a necessary action.
- AMHP capacity/cover remains our biggest risk and we are continuing to try and recruit agency staff in this area to increase resilience.
- The EDT TM is also absent due to Covid-19 symptoms/related illness. Interim arrangements have been put in place to cover the TM role by re-deploying a staff member from elsewhere in Children's Services.
- The EDT rota has been reconfigured to ensure that the existing 4 staff who are self-isolating will provide EDT cover by telephone cover over all out of hours shifts.
- Activity logs are being completed daily by EDT staff to monitor activity which will help ensure that Adults and Children's services can actively identify the trajectory of need to better focus resources and identify areas where additional resources are needed. Business Intelligence is prioritising building a report on EDT activity which will enhance our ability in this respect.
- A new rota has been developed to ensure that there is sufficient AMHP and CP qualified workers available to meet the current and projected demands. This will be continually reviewed and amended as necessary. Moving forwards additional

Children's Services cover will be made available during 'out of hours' times by changing the operating times of the Children's assessment team which will operate Mon-Sun from 8.30 am to 12 midnight and will sit alongside the EDT provision. Skeleton EDT staff will cover the hours between midnight and 8.30 am. This will replace the 'on call' provision currently in place.

- There has been additional work, for example parents refusing to let teenage children back into their homes if they have gone out to socialise against their parents' wishes and an increase in mental health work and vulnerable adults/older people. It is anticipated that this work will increase over the coming weeks. Additional resources have been made available to the service to help ensure that any increase in calls can be managed. Adult Services have re-deployed staff to manage an increase in calls in respect of community adult care needs. There is also a bank of support staff from CS who have agreed to provide support out of hours on an ad hoc basis who are able to respond to acute situations such as family breakdown freeing up qualified staff to respond to statutory referrals.

2. Care and Support, including Integrated Disability, Services

2.1 Children at risk of harm

During this period, it has been important to identify and plan for the potential increased risk to children and young people. This involves drastically reduced contact with professionals, family members and peers and a change to support networks. Children and families are now spending most of their time indoors together, which may lead to increased pressures on the family unit. These potential risks are compounded by the need to balance the health and wellbeing of children and families by limiting physical contact and adhering to social distancing techniques to reduce the spread of COVID-19.

2.2 Children and families supported through care and support plans

2.2.1 Managing risk

Children's Services engaged in a risk rating exercise in the early stages of business continuity planning. This has ensured that the cases of all children open to Children's

Services now have a rating which has provided the service with a clear view of which care and support cases are towards the higher end of the care and support threshold. This includes households where there is domestic abuse, substance misuse and / or a risk of family breakdown. The number of care and support cases which will receive additional monitoring and support is 20.

These children and their families will continue to receive services throughout this period. The care and support plan will be reviewed to reflect the changes to methods of support and any additional risks which could emerge during self-isolation. All professionals working with the child and family will make efforts to maintain relationships through regular telephone contact or video chat calls. Children and families will be able to access a school-based child-care hub and this service offer has been communicated to them.

2.2.2 IDS

Within the Integrated Disability Service (IDS) we are continuing to visit, support and advise families. We have increased the use of direct payments wherever possible. Short breaks are also taking place if there is a risk of family breakdown or in the event of a family needing an urgent break.

2.2.3 Visits

The frequency of visits is identified in the child's plan and will be followed. Children and families are being spoken to about changes to service provision. Decisions to enter the household will be made in partnership with the family and based on an assessment of risk. The health of all family members will be considered, and all staff will use PPE when entering households where there are symptoms. Staff will explore opportunities for direct contact and spending time alone with children in garden spaces or whilst walking in green spaces. Social workers have resources to share with families on activities and online resources they can use as support. Social workers can offer advice on routines and joint activities for families in self isolation.

2.3 Children and families supported through care and support protection plans

2.3.1 Child Protection Register

Currently in Powys there are 91 children on the child protection register (CPR). The categories of registration which have the largest number of children are emotional abuse followed by neglect. To ensure our resources are targeted towards the correct families, 9 children have been identified for an earlier review child protection conference. These are children where the social worker will be recommending to conference that the child's name be removed from the CPR.

The Wales Safeguarding Procedures (2019) state that the child whose name is placed on the CPR must be seen by the social worker every 10 working days. This timescale will remain in place during the pandemic however the methods of contact will need to adapt and there may be circumstances when a social worker is unable to see the child within the family home.

Having direct contact with a child may impact on their health due to the increased risk of infection. In turn, this will compromise the wellbeing of all other household members and increase the strain on family functioning potentially leading to the child being at greater risk. Any visits to households will be considered in this context and justified. If any household members are in high risk categories, the social worker will speak with their manager and agree / record how to proceed. This discussion will also consider the wishes and feelings of the family. Children and families are increasingly fearful of direct contact with staff in case they become infected with COVID-19.

Social workers are also having contact with family members at the door of their property or in the garden / local green spaces if they are unable to enter. All efforts are being made to speak with the child alone.

2.3.2 Child Protection Conferences

In respect of child protection conferences, Powys has developed and ratified a policy document which clarifies how these will be undertaken. Child protection conferences

are now being undertaken virtually. This is being closely monitored and is working well in these early stages. The policy gives clear guidance on how virtual conferences will work and expected practice. Timescales in respect of a case reaching conference and the periods for review will continue to adhere to Wales Safeguarding Procedures (2019). However, the policy pre-empts issues around family participation and quoracy. The safeguarding unit will ensure that children and families are able to participate and will consider a reasonable delay if family members are unwell. However, the conference must be reconvened within a reasonable timescale. The safeguarding unit will assess all cases on their individual merit and may, in specific circumstances engage in a desk-based review and place the child on the CPR if the concern warrants this. A review conference could occur as soon as the family is able to engage.

Engaging families in the child protection process in a meaningful way is key to the success of our work with families. The current circumstances are bringing new challenges and barriers to this important aspect of our work. Many resources for families have ceased or changed the way they work, such as IFST and drug and alcohol support, making it a challenge for families to work on aspects of their plan.

Ultimately, all decision making will continue to be defensible, agreed with a manager and clearly recorded on the child's file and the Children's Services action log if outside of standard procedures.

2.3.3 Core Group Meetings

All core group meetings are being managed virtually, and within timescales. All child protection work, including core groups is multi-agency work and it is a challenge to get core groups fully represented in the current circumstances. This is being raised with partners.

2.3.4 Pre-birth assessments

There are a high number of pre-birth assessments currently underway. The pre-birth risk assessments are being tracked by a principal social worker who has the lead responsibility for ensuring that social workers are working on plans which can include a birth plan, home plan, foster placement plan and/or court plan. Weekly meetings are being held and this work is being overseen by the senior manager, Sharon Powell.

There are 22 pre-birth or newborn babies currently under review. Court applications have been made where necessary and hospitals are working closely with Children's Services.

2.3.5 Court work

Weekly tracker meetings for all court cases are continuing and are chaired by a senior manager and include our legal advisors. These meetings also consider children subject to the Public Law Outline and cases in care and support which are causing concern. A court specialist is now in place which is a county wide role operating at principal social worker level. This specialist will oversee all court matters and ensure that any actions are undertaken in a timely manner. Any issues arising are immediately raised with the senior manager.

2.4 CP Medicals

Work is underway regionally and nationally regarding confirmation of process if a child protection medical is required when a child has COVID-19 symptoms.

3 Corporate Parenting

3.1 Children Looked After

3.1.1 Managing risk

- Children and young people currently being looked after by the local authority in Powys continue to receive statutory visits and reviews in line with the timescales set out in their care and support plans.
- Each child or young person's case has been reviewed by a manager and rated according to the identified risks. The majority of our children are in stable high-quality placements supported by skilled and committed foster carer colleagues.
- A small number of cases are receiving additional visits and input to support their needs and those of their foster carers. In particular, children placed at home subject to a Placement with Parents Agreement have been identified as requiring supplementary support and resources. We recognise that the families are currently placed under severe pressure during the 'lockdown' period.
- Children placed with independent fostering agencies and in residential settings outside the county continue to receive an equitable and supportive service.

- The allocated social workers are delivering a flexible and supportive service and are actively devising creative solutions to overcome the stress and anxiety that some children and their families are experiencing in the current situation.
- Risk is being appropriately assessed, managed and overseen by managers and children's needs are actively being addressed. The teams are working hard and are utilising a 'can do' mentality.
- This is a period of high case activity and the crisis planning work is taking place alongside the needs of a very busy service.

3.1.2 Education

- Children looked after in Powys are remaining at home in the current climate to reduce the risk of infection being transmitted between home and school and to safeguard the whole family including their foster carers. This decision was made at senior level in collaboration with colleagues in Education and is viewed as a measure that keeps children looked after safe from infection. This stance prioritises childcare places for the children of keyworkers and the most vulnerable children in the care of their families.
- For some fostering families this has presented challenges that have necessitated extra practical and financial support to be allocated to foster carers caring for children with complex needs and behaviour.
- Education packs for home school work are in place to support learning during lockdown.

3.1.3 Family Time Contact

- Unfortunately, face to face family contact has ceased for the moment. However, children and their families are being encouraged to see each other via social media, telephone, text, email, letters, Skype and Zoom. This is very difficult for some children to comprehend. Foster carers understand the importance of making the children and young people feel safe and secure with reassurance and good emotional support. As soon as it is safe to do so, the normal schedule of family contact will resume.

3.2 Care Leavers

- For care leavers with limited support networks and resources, this is a worrying an anxious time and a time when many will be at increased risk of a deterioration in their physical and mental health an emotional wellbeing.
- The care leavers in Powys have all been contacted to assess and support their well-being and physical needs. A register of current locations has been set up to easily identify where support may be needed.
- The young people have been candid about the anxieties they feel about self-isolation and the risk of infection in the lockdown period and have accepted support and guidance to address their needs. Contact is being maintained with care leavers by face to face visits, telephone and email contact and via a variety of social media platforms according to the preference of the young person.
- Every young person has been contacted to ascertain their current needs. The social worker and personal assistant workforce has been strengthened with additional support worker capacity by re-deployed staff to ensure that there is a flexible and responsive service in place.
- There are emergency packs containing a basic food supply, toiletries, sanitary protection and cleaning products prepared and ready for immediate delivery or collection if required. Arrangements are in place to offer care leavers financial support either in cash or into bank accounts, allocation of food vouchers and e-vouchers and Smart meter cards to pay for utilities are available.

3.3 Powys Fostering Service

- The Fostering Service is fully operational and compliant with all staff engaged in this critical area of business. Foster carers are receiving enhanced support from their supervising social workers and have full contact details of all staff members should their allocated worker become ill or unavailable.
- The informal support networks that foster carers have, have been revisited and engaged as a means of offering further support if necessary.
- A foster carer survey has been undertaken to ascertain their views and wishes and to tailor the service to local needs.
- The pool of foster carers is being maximised by contacting retired or those who have finished fostering to invite them to re-join the Powys cohort of foster

carers. Within the local authority a recruitment campaign has identified 17 employees willing to be assessed as emergency foster carers. This planning is essential to create sufficient capacity to care for children whose foster carers become ill and unable to care for them while they recover.

- We recognise that foster carers and their families are under immense pressure with children at home for this prolonged period of time. For those foster carers who need additional help we are utilising the Edge of Care service for practical support and guidance and where needed financial support is being allocated to help our foster carers cope.
- The foster carers are delivering an impressive high quality of care and retain their resilience and commitment to children.
- Powys Fostering Panel continues to conduct business remotely to ensure the approval and review of foster carers.

3.4 Powys Adoption Service

- Powys adoption services are part of the Mid and West Wales Adoption collaborative arrangement. The regional service is hosted by Carmarthenshire Children's Services.
- The face to face activity of assessing adopters and placing and matching children has ceased until it is safe to resume.
- The more administrative elements of the service continue in readiness to resume safely at the right time.
- The needs of local children for adoptive placements are predicted to increase in the coming months so the service is preparing for the increased demand.
- Adoption Panel business of approving, reviewing adopters and matching with children continues to be conducted remotely. However, introductions and placing children with their adopters will resume when deemed safe to do so.

3.5 Powys County Council's Children's homes – Golwg y Bannau and Golwg y Gamlas

- The children's residential homes continue to offer full time care to young people with complex and enduring needs.

- The staffing position has been precarious and recognised as such for a considerable period of time. However, this area of the service has had the highest rate of staff self-isolating and demonstrating COVID-19 symptoms resulting in further staffing pressures.
- One young person has been in isolation after developing symptoms. Extreme care has been exercised to reduce the risk of further infection to staff and the other residents.
- Short break provision has ceased temporarily and statutory visits have been suspended whilst there is a risk of infection. Allocated social workers are calling in by telephone and Skype to monitor the well-being of the young people. There is also full access to daily records via the WCCIS electronic data management system.
- A staff survey conducted in first days of BCP identified staff with skills and experience suitable for redeployment.
- Staff have been re-deployed to the service to supplement the substantive staff cohort. Whilst shifts are being covered, it is a daily challenge to identify appropriately experienced and trained staff to support the service.
- An abridged suite of training has been developed and delivered to ensure that re-deployed staff meet mandatory training requirements.
- Both homes have been closed to visitors
- Statutory visits are being conducted via video call.
- Every effort is being made to ensure that the young people and staff are supported to maintain health, safety and well-being in a very difficult environment.

4. Intervention and Prevention, including Youth Justice, Services

- Edge of Care, Family Support, Placement Support and IFST are deemed non-critical in the business continuity plan and all staff have been redeployed.

4.1 YJS

- A skeleton staff remains in the service to provide support to 16 high risk cases and to ensure bureaux continue, where possible virtually, and to provide cover for Appropriate Adults and court appearances.

- Dyfed Powys Youth Offending Services have worked closely with police and courts to ensure there is robust cover for children involved in the criminal justice service.
- Powys YJS are working closely with YJB Wales to ensure relevant information linked to reporting and National Standards are completed, when it is possible to do so.
- A number of staff have been redeployed to other service areas. Whilst this can be an anxious time for staff, the feedback from staff has been positive.

4.2 IFST

- Staff have been redeployed to other teams within Children's Services. They are being allocated to priority cases and are supporting the business-critical work.

4.3 Edge of Care and Family Support

- The team leaders have been deployed to different service areas and are responsible for directly managing all the support staff who have been redeployed. They are ensuring support staff are clear on the work that is expected of them, and that they feel supported and valued in their temporary roles.

5. Safeguarding

5.1 Partnership working

- Collaboration with key partners is occurring on both a local, regional and national level. This currently includes:
- Weekly meetings with Powys health, police and education partners. This meeting allows professionals to discuss specific issues and scenarios to enhance local responses and to ensure that partner agencies remain updated on each other's challenges / responses.
- Weekly meetings with regional board partners to discuss practices and to disseminate information between agencies.

- Weekly regional children's safeguarding leads meeting. This group is endeavouring to gain regional agreement on matters such as child protection conferences and section 47 enquiries. This provides a helpful space to ratify practices and processes which are outside of standard practice when necessary.
- Powys Children's Services Leadership Team (CLT) continue to meet daily to assess and respond to the unfolding situation.
- The Head of Children's Services is in close communication with All Wales Heads of Children's Services.
- The Head of Children's Services is a member of Silver Command and attends meetings which are held at least daily.

5.2 Participation Work During COVID-19 Pandemic

- During this time, it is more important than ever to be engaging and communicating with young people. We have developed a range of platforms and methods to ensure that engagement and participation continues.
- For children looked after aged 8-13 years, an age appropriate blog has been developed. The blog includes child friendly information on COVID-19 as well as educational links and support lines. For parents/carers there is a link to different resources for those young people aged 0-7 years who cannot independently use the site, this includes ALN resources.
- An Instagram page has been developed specifically for care experienced young people. This page contains important information on COVID-19. Additionally, the participation officer will be posting competitions such as photography competitions for our young people to have a focus during their time at home.
- We are also looking to set up some Webinars for young people including virtual singing and mindfulness, as well as smaller group video chats to promote contact and to enable social contact.

6. Placements for children and young people

- Extensive planning around placement sufficiency took place in the early days of BCP.

- Risk assessment and prioritisation of all children's placements in relation to placement stability.
- Staff resource directed according to need, re-deployed from within the service.
- Regular email and telephone communications with all providers.
- Activity to secure additional placement capacity.
- Survey of foster carers to understand their risks in relation to COVID-19.
- Work to identify which carers and placement providers will be willing to accept children who are symptomatic/ diagnosed with COVID-19.
- Support for foster carers continues remotely.
- Foster carers provided with PCC email addresses and software packages to enable secure transfer of information without delay and facilitate remote meetings.

7. Keeping staff safe – access to PPE

- Children's Services secured a small supply of PPE.
- Further small supply provided by WG.
- Supply held at three locations (colleagues' homes) around the County to enable workers to have access 24/7
- Guidance issued to staff on use of PPE
- New guidance issued by Government late 2 April 2020 prompted review of guidance which was issued to staff 3rd April 2020. This is interim guidance whilst work takes place with colleagues in other local authorities to achieve consistency across Wales.
- Current guidance enables use of PPE by Children's Services workforce undertaking face to face work with individuals, in specific circumstances. Revised guidance has been issued.
- There are concerns there is not a sufficient supply of PPE.

8. Covid-19 Testing for Social Care Staff

- Social Care testing is being undertaken for frontline staff who meet priority testing eligibility criteria.

- Referrals received from managers of front-line staff which are triaged and submitted for testing on a daily basis.
- Staff members contacted directly to agree time and location of testing arrangements and results communicated back directly to staff members.

9. Childcare (children aged 0-4) for Key Workers

- A number of childcare settings have taken the decision to close.
- We are working with childcare providers both maintained and non-maintained to ensure they have the relevant staffing and support to continue to provide childcare to key workers.
- We are working closely with WG and CIW to secure ongoing funding and any changes to regulation required.
- All childcare places requested by keyworkers have been allocated.
- We are strengthening plans to continue to provide childcare 7 days a week across the County.

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol

16 April 2020 – Childcare Briefing, Childcare Assistance Scheme

Situation

During the COVID-19 pandemic the Welsh Government (WG) has required that childcare is made available to the children of all essential workers (key workers) and for vulnerable children. This requirement, as interpreted in Powys, is for childcare to be available from 8am to 6pm for seven days every week, inclusive of bank holidays. This is to meet demand as required by essential workers and childcare places for vulnerable children.

There are challenges with this provision, this briefing considers these challenges and provides recommendations on how to ensure continuity of service.

Background

The Childcare Offer for Wales provides 30 hours of government funded early education and childcare to the working parents of 3 and 4 year olds for 48 weeks per year. Under the eligibility criteria for the Offer all working parents are entitled to up to 20 hours of funded childcare under the Offer for 39 weeks of the year (term time), with the precise amount varying according to the level of early education available in their area (minimum 10 hours per week) and 30 hours government funded childcare for nine weeks per year (school holidays). This leaves four weeks per year with no funded provision.

Under the current delivery model for the Childcare Offer there are two categories of local authority:

Delivery Authorities - are responsible for processing applications from parents, determining eligibility and informing them of the outcome. They also process and make payments to childcare providers for the delivery of the Offer and carry out the tasks of an engagement authority within their own area, for example in ensuring that their Family Information Service team has the training/resources to deal with enquiries regarding the Offer.

Engagement Authorities - are responsible for promoting the Offer to parents and childcare providers within their areas, training their Family Information Services (FIS) to deal with enquiries on the Offer and providing their delivery authority with any information they require to process applications and administer the Offer on their behalf.

Powys are an Engagement Authority and Ceredigion are the Delivery Authority who processes applications and payments on behalf of Powys County Council and Powys families. Powys receives £31,500 directly from the Childcare Offer grant to fund some staffing and engagement element of the model. There will be no change to this funding. Ceredigion pay non maintained settings directly in accordance with the relevant registration, eligibility and approval. Ceredigion pay PCC the funds for maintained setting which we then distribute accordingly.

The childcare offer for Wales has been temporarily replaced by the coronavirus childcare assistance scheme. The WG expects to re-instate the Childcare Offer once the COVID-19 pandemic has subsided.

Childcare Assistance Scheme

WG are redirecting the funding available through the Childcare Offer for Wales to ensure it supports those families most in need at this time. WG will fund the childcare costs for pre-school children of critical workers during the COVID-19 outbreak. The WG will also continue to fund childcare provision for vulnerable pre-school children.

Under the new scheme, critical workers will have full access to funded childcare provision for their pre-school aged children. This scheme needs to be up and running as quickly as possible, so WG have given Local Authorities flexibility to manage the provision and demand locally.

Childcare Offer payments to childcare settings will continue for three months for children already in the system as of 18 March, even where those children are no longer accessing that childcare provision as a result of staying home. The payments would be the equivalent to the term-time hours the parent had previously booked. This arrangement ceases on the 18th June 20. This will have a financial impact on all settings which are not currently providing childcare provision including those local authority settings based within schools which have closed. The childcare offer funding will cease for these settings between the 18th June 2020 and until the childcare offer scheme is reinstated.

There is no upper, or lower, threshold on the number of hours of childcare that critical workers can access. They should be able to access the number of hours of childcare that they require to cover their working hours.

The delivery of childcare during the COVID-19 pandemic may require other funding arrangements. Below are some examples. This list is not exhaustive and the local authority is welcome to devise new and innovative funding mechanisms. Local authorities may also use more than one funding mechanism in the delivery of the Coronavirus - Childcare Assistance Scheme within their local authority. However you should always bear in mind that the funding mechanism should achieve value for money for public finances and be as transparent as possible.

- Block booking sessions with childcare providers;
- Providing a set weekly (or monthly) payment to a setting;
- Providing weekly (or monthly) payments to a childminder (or a group of childminders) to work at a named venue;
- Must NOT fund any retainer fees charged by a setting

If we believe that any of our vulnerable children's wellbeing would be best served by providing them with formal childcare then arrangements for that child to receive childcare can be made and the cost may be re-claimed from the WG scheme.

It is anticipated that the demand for childcare will increase following the announcement of the WG childcare scheme.

Local authorities, as the accountable body for delivering the Coronavirus Childcare Assistance Scheme through the Childcare Grant, are expected to put in place internal systems and procedures and take appropriate action to safeguard the funding provided through the Childcare Grant, which satisfy themselves and the WG in respect of due diligence.

The Early Years Childcare workforce is small in Powys. Many of the settings are privately owned and run and the local authority is unable to force them to remain open. Private settings are eligible to furloughing their staff and close so that staff still receive 80% of their wages.

The situation as of the date of this report is that:

- Many Early Years Childcare Settings are closing and not able/willing to provide the service required.
- Families register their childcare requirements online with Powys and the Childcare Team allocate places accordingly.
- All children requiring childcare have been allocated a place in one of the open settings.
- There are 27 settings (including childminders) currently providing Early Years Childcare and would be eligible for funding through the new scheme. The make-up of the settings vary and these consist of the following;
 - Maintained settings based within schools and share premises with the Childcare Hubs.
 - Private settings based within schools and share premises with the Childcare Hubs.
 - Non maintained privately run settings
 - Childminders
 - Third sector providers
- The settings that remain open have different levels of existing funding from various funding streams.
- Once block bookings are made and the funding applied most settings will receive additional funding from the Childcare Assistance Scheme. A small number of settings will receive no additional funding due to the numbers of children attending and existing levels of funding already being provided.

Assessment

There are 27 settings in Powys currently providing early years childcare to children of critical workers and vulnerable children. The demand for childcare is expected to increase following the announcement of the WG scheme.

Each of these providers will be in receipt of existing childcare offer funding up to the 18th June 20 which needs to be considered and deducted from any additional payments from the new scheme. See Appendix A.

In addition those settings in receipt of Flying Start or Early Years Education funding should have elements of this funding for staffing deducted from any payments from the new scheme to avoid double funding and to achieve value for money for public finances. See Appendix A.

Due to the rurality of Powys it is important that we retain provision for families to access local childcare and it is for that reason Powys have opted to adopt the block booking model as detailed above. This will allow for local provision whilst ensuring the sustainability of the childcare providers. Any available places will be allocated appropriately following the receipt of the online bookings from families. The funding model applied will be tailored to each specific set of circumstances for each provider.

Finance, Early Years Education and the Childrens Childcare team have met to agree the funding model and have prepared communications to be sent to all open providers to inform them of the level of funding available.

The funding status of early years landscape is unclear and the local authority is not certain of the settings which have made a decision to close have taken steps to furlough their staff or are reliant on local authority and Child Care offer funding. Work is ongoing to establish the local authority maintained settings who are not currently providing a service staff details and status so that we are able to deploy staff to settings which remain open.

Some early years staff have been deployed from local authority maintained settings which have closed to support the delivery of childcare in one of the remaining settings. Currently these staffing costs have been met by the closed settings. Travel costs are being incurred and a decision as where these costs are funded needs to be made. Considerations need to be given to the level of funding deployed to settings which have closed so that these staff costs can be met.

Decisions required:

1. Funding model to be agreed and level of funding to be communicated to all open settings.
2. Agree communication to all settings which have closed to establish their status so that agreement can be reached on any future local authority funding to be paid.
3. Information on Local authority early years workforce to be gathered and any available staff to be deployed to settings which remain open.
4. Agreement for point 3 which budget local authority staff should be paid from including any travel costs.

Recommendations

Having considered the arrangements for the new scheme these are the recommendations;

1. Decisions above to be secured.
2. Communication will all childcare providers to be issued to confirm arrangements.
3. Information on Local authority early years workforce to be gathered and any available staff to be deployed to settings which remain open.
4. Review funding levels for open settings post 18th June when the scheme changes.
5. Continue to work with WG including Flying Start and Early Years education so that any future amendments can be incorporated into this funding model.
6. Consider impact on LA maintained settings who have closed and will not receive the Childcare offer funding post 18th June.

| | |
|---------------|---|
| Title: | 16 April 2020 Childcare Briefing |
| Authors: | Joanna Harris |
| Date: | 16 April 2020 |
| Version: | 2.0 |
| Distribution: | Head of Finance, Head of Schools, Head of Commissioning and Head of Children Services |
| Status: | For consideration and decision |

Appendix 1 – Funding Model agreed for open settings providing childcare

Tudalen 29

| Provider Name | Children cared for | CCO payment average (30.03.2020 - 19.06.2020) | EY funding staffing per week (1xleader + 1xassistant) | FS for staff per week (1xleader + 1xassistant) | 5 days funding calculator WG | 7days funding calculator WG | Total funding setting already in receipt of per week | C-CAS FUNDING 5DAYS | C-CAS FUNDING 7 DAYS |
|--------------------------------|--------------------|---|---|--|------------------------------|-----------------------------|--|---------------------|----------------------|
| Little Sunflowers (Alice Mayo) | 4 | £311.25 | £0.00 | £0.00 | £1,020.00 | £1,428.00 | £311.25 | £708.75 | £1,116.75 |
| Jigsaws | 7 | £1,257.75 | £370.98 | £438.35 | £3,060.00 | £4,284.00 | £2,067.08 | £992.92 | £2,216.92 |
| Dechrau Disglair | 6 | £1,956.63 | £538.63 | £0.00 | £1,530.00 | £2,142.00 | £2,495.26 | £-965.26 | £-353.26 |
| Allsorts | 2 | £1,215.00 | £370.98 | £0.00 | £1,530.00 | £2,142.00 | £1,585.98 | £-55.98 | £556.02 |
| Priory Preschool | 3 | £486.00 | £370.98 | £0.00 | £1,530.00 | £2,142.00 | £856.98 | £673.02 | £1,285.02 |
| Llyswen Ladybirds | 3 | £743.50 | £450.67 | £0.00 | £1,530.00 | £2,142.00 | £1,194.17 | £335.83 | £947.83 |
| First Steps | 6 | £830.50 | £370.98 | £0.00 | £1,530.00 | £2,142.00 | £1,201.48 | £328.52 | £940.52 |
| Knighton (Presteigne) | 4 | £516.00 | £450.67 | £0.00 | £1,530.00 | £2,142.00 | £966.67 | £563.33 | £1,175.33 |
| Puffins | 9 | £653.25 | £0.00 | £0.00 | £3,060.00 | £4,284.00 | £653.25 | £2,406.75 | £3,630.75 |
| Footsteps | 10 | £520.13 | £370.98 | £0.00 | £3,060.00 | £4,284.00 | £891.11 | £2,168.89 | £3,392.89 |
| Carreghofa | 3 | £175.50 | £450.67 | £0.00 | £1,530.00 | £2,142.00 | £626.17 | £903.83 | £1515.83 |
| Cylch Aberhonddu | 2 | £1,202.35 | £443.39 | £546.25 | £1,530.00 | £2,142.00 | £2,191.99 | £-661.99 | £-49.99 |
| Maldwyn | 10 | £1,189.69 | £370.98 | £546.25 | £3,060.00 | £4,284.00 | £2,106.92 | £953.08 | £2,177.08 |
| Rebecca Watts | 5 | £245.25 | £0.00 | £0.00 | £2,550.00 | £3,570.00 | £245.25 | £2,304.75 | £3,324.75 |

Tudalen 30

| | | | | | | | | | |
|-----------------------------|---|---------|---------|---------|-----------|-----------|-----------|-----------|-----------|
| Tracey Frost | 8 | £437.44 | £0.00 | £0.00 | £2,550.00 | £3,570.00 | £437.44 | £2,112.56 | £3,132.56 |
| Diane Williams | 1 | £157.50 | £0.00 | £0.00 | £1,020.00 | £1,428.00 | £157.50 | £862.50 | £1,270.50 |
| Sammi Orme | 3 | £166.88 | £0.00 | £0.00 | £1,020.00 | £1,428.00 | £166.88 | £853.12 | £1,261.12 |
| Anne Owen | 3 | £228.19 | £0.00 | £0.00 | £1,020.00 | £1,428.00 | £228.19 | £791.81 | £1,199.81 |
| Elaine Pinder | 3 | £93.75 | £0.00 | £0.00 | £1,020.00 | £1,428.00 | £93.75 | £926.25 | £1,334.25 |
| Jackie Williams | 2 | £0.00 | £0.00 | £0.00 | £1,020.00 | £1,428.00 | £0.00 | £1,020.00 | £1,428.00 |
| Esther Koppenjan | 2 | £252.25 | £0.00 | £0.00 | £1,020.00 | £1,428.00 | £252.25 | £767.75 | £1,175.75 |
| Christine Jarman | 4 | £0.00 | £0.00 | £0.00 | £1,020.00 | £1,428.00 | £0.00 | £1,020.00 | £1,428.00 |
| Maesyrrhandir Little Stars | | £167.06 | £450.67 | £0.00 | £1,530.00 | £2,142.00 | £617.73 | £912.27 | £1524.27 |
| Lauren Ryland | 3 | £90.00 | £0.00 | £0.00 | £1,020.00 | £1,428.00 | £90.00 | £930.00 | £1,338.00 |
| Hannah Colton | 2 | £0.00 | £0.00 | £0.00 | £1,020.00 | £1,428.00 | £0.00 | £1,020.00 | £1,428.00 |
| Sarah Thomas | 2 | £23.63 | £0.00 | £0.00 | £1,020.00 | £1,428.00 | £23.63 | £996.37 | £1,404.37 |
| Kelly Richards | 0 | £112.88 | £0.00 | £0.00 | £1,020.00 | £1,428.00 | £112.88 | £907.12 | £1,315.12 |
| Teeny Tots | 5 | £555.00 | £0.00 | £0.00 | £1,530.00 | £2,142.00 | £555.00 | £975.00 | £1,587.00 |
| Llanfaes - Camau Bach | | £594.75 | £450.67 | £0.00 | £1,530.00 | £2,142.00 | £1,045.42 | £484.58 | £1,096.58 |
| Meithrinfa Dechrau Disglair | 6 | £0.00 | £0.00 | £546.25 | £1,530.00 | £2,142.00 | £546.25 | £983.75 | £1,595.75 |

| | |
|-------------|--|
| Circulation | Cllr Rachel Powell, Portfolio Member for Young People & Culture Ali Bulman, Corporate Director of Social Services |
| From | Jan Coles Head of Children's Services |
| Title | Children's Services and COVID-19 |
| Purpose | Update from Children's Services during COVID-19 pandemic |
| Status | Information |
| Date | 22 nd April 2020 |

1. Workforce

Children's Services Leadership Team are holding a daily workforce sit rep meeting to review staffing capacity to ensure that each team has enough staffing resource to be able to undertake business critical services. Internal redeployment has taken place within Children's Services to ensure that our critical business services continue.

Workforce absences due to COVID-19 have maintained at a manageable level (with redeployment of Children's Services staff) that so far hasn't affected service provision.

As at 20th April:

- 21 staff throughout the whole of the service were self-isolating due to being in a shielding or vulnerable group but are working from home undertaking partial duties. Of these 21 members of staff, 11 are in business critical teams and are therefore unable to undertake face to face work including statutory visits.
- 5 staff were off work due to COVID-19 and not able or not well enough to undertake their role from home.

The testing process is set up and Managers are acting quickly to submit a referral when Children's Services staff are absent from work and fit the criteria for testing.

Staff morale is very good and staff across teams are working together to overcome the challenges we face in this difficult time.

Weekly staff wellbeing sessions have been put in place to support staff who are continuing to undertake work that can take its toll on individuals, but who now do not have the support of direct contact with colleagues and the support of their team around them.

During March the service had 4 new staff starters and no leavers. The number of staff leaving has reduced over the last 12 months; this is the first month that there have

been no leavers and is evidence of workforce stability. Alongside this the average days sickness is reported at 1 per FTE for March. This figure has been consistently below 1.5 days since May 2019.

In March there were 3 compliments and 5 complaints received – 2 were resolved and 3 turned aside.

2. Review of Business-Critical Services

Following the invoking of the Children's Services business continuity plan, Children's Services responded quickly to the COVID-19 pandemic to keep staff safe and redeploy staff into business-critical areas. Offices were closed and staff were provided with everything they needed to be able to work from home to reduce the spread of infection.

As part of the business continuity plan initial action was taken to consider how services could be delivered with a significantly reduced workforce. This led to emergency changes to service provision which reduced early help and preventative support so high-risk cases could be closely monitored and actively 'worked'.

Early re-deployment efforts were required to ensure EDT and our children's residential homes maintained the required support level; redeployment plans were developed. After monitoring this situation for 3 weeks, it has been agreed that as sickness levels amongst the workforce have been stable the business-critical services were reviewed and amended to include:

- Early help
- IFST
- Usual threshold for assessment applied at front door
- Undertaking of all care and wellbeing assessments in line with usual thresholds
- More frequent face to face visits to be reinstated

This is in response to evidence of domestic abuse increases across countries and concerns about a drop in police and CS referrals. This is particularly pertinent as the childcare hubs have not been utilised by many children who are identified as vulnerable.

When the business continuity plan was put in place, there was no access to PPE. There are arrangements now in place for staff to access PPE.

3. Early Help, Front Door, Assessment and EDT

An action from the review of business-critical services was to re-introduce Early Help services for cases of concern – particularly families where domestic abuse is known. This will now involve staff spending time alone with children wherever possible.

We are ensuring that the front door threshold is maintained and all children reaching the eligibility criteria for an assessment of their care and support needs are able to access a service. The Front Door team remains the single point of contact for all enquiries and the team continue to be fully staffed with no reduction in the workforce. They continue to link in closely with the Early Help Team.

Contacts to Children's Services have decreased since the COVID-19 measures were introduced by the Government.

| | |
|--|---|
| February: | 505 contacts received with 54 referred to Assessments |
| March: | 493 contacts received with 44 referred to Assessments |
| From 1 st April – 20 th April: | 195 contacts received with 16 referred to Assessments |
| 23 rd March – 20 th April: | 336 contacts received with 16 referred to Assessments (since social distancing was introduced) |

There is a noticeable reduction in contact rates since 23rd March. In this time period a total of 2 referrals have been received from education compared to 13 received in February. Powys children's services have been working with other parts of the Authority to raise awareness of reporting mechanism to the community through newspaper adverts and leaflets for volunteers are being developed. Arrangements are being made for training for council staff and C-SERT volunteers around the identification of child abuse and domestic abuse.

The Assessment Teams are committed to ensuring that wellbeing assessments continue for all children meeting the eligibility criteria. When a referral is received which gives reasonable cause to suspect a child is at risk of significant harm, a strategy discussion / virtual meeting is being undertaken to determine whether s47 enquiries should be initiated and how this should occur in the context of COVID-19. Powys CC has developed a specific policy to support staff in planning for s47 enquiries during COVID-19. This policy has supported efforts to develop a regional policy.

In March the percentage of Section 47 Assessments completed in timescale was recorded at 89% in comparison to 87% in Feb. The total number undertaken in March increased to 46 in comparison to 31 in February and 27 in January.

The Emergency Duty team is trialling a new way of working from today which involves merging with the Assessment Teams to ensure there is always cover for the EDT out of hours rota. Assessment Team staff will now work their usual hours on a day or evening shift during which they will also be part of EDT. This will not only benefit the previously stretched EDT service rota but also will mean that assessment visits to families can take place in the evenings which may be more suitable for some families.

2. Care and Support, including Integrated Disability, Services

Children's Services Business Critical Services review identified the following actions which are being implemented:

- Daily visits for cases identified as concerning – regardless of the CP registration status
- Altering the way in which children who are eligible for free school meals are accessing food vouchers if they do not attend the hubs. We are currently investigating whether Children's Services can deliver vouchers instead to encourage and enable direct contact with children and family members.
- Increased encouragement for children of open cases to attend childcare hubs through writing to all families to inform them of the benefits of attending and support they will receive to attend. Social workers will contact all families by telephone and/or visits to ensure there are no barriers to registering or attending.
- Additional ideas are being progressed to work with community organisations such as outward-bound centres to support staff spending time with children outside of the family home.

Only 2 'vulnerable' children accessed the 13 childcare hubs across Powys initially. Over the last 3 weeks we have identified 11 children who are either registered or attended the hubs at some point during this period. This is a positive increase, but we continue to work at increasing the attendance at hubs of vulnerable children.

During March our performance data for statutory child protection visits undertaken in timescale remained consistent at 90%, this figure included 3 frontline teams that achieved 100% in timescale during this exceptionally challenging month.

In March there were 33 strategy meetings held which is an increase from 22 in Feb and the highest number since September. This is further evidence that the multi-agency working arrangements continue to work well.

3 Corporate Parenting

The Through Care Teams and Fostering teams continue to be fully operational. March saw a small increase in the number of children becoming looked after, from 238 in February to 244 in March. The number of children becoming looked after in this month was 8 and the number of children ceasing to be looked after was 2. However in a year on year comparison, the number of children becoming looked after in the financial year 2019/20 was 57, the number in 2018/19 was 82.

Children's Services recognise that there will always be children who need to come into care and we are continuing the work in planning to bring children back home safely, during this time.

An analysis of all our Children Looked After data is currently being undertaken so that we can recognise any trends and fully understand the demographics to ensure we provide the best possible service to Powys children.

The percentage of Children Looked After statutory visits undertaken in timescale was reported in March as 86%, this is a slight decrease in performance from 93% in February. The Covid-19 pandemic has increased the challenges of travelling to undertake statutory visits to our Children Looked After who are placed out of County and out of Wales and this is reflected in performance data. In addition to face to face visits by the allocated social worker, Children's Services are in regular contact with children who are looked after including via telephone, text and video chat. We are continuing to look at alternative solutions to this challenge and all others that we face directly as an impact of Covid-19. Only a face to face visit by a qualified, registered social worker, which meets a specific criteria can be logged as a statutory visit.

Placement stability continues to be a priority for the service and is even more important for children's wellbeing during the current uncertainty and stressful time of the Covid-19 pandemic. The percentage of children looked after who have had three or more placements during the year was recorded in March as 4%. This is the lowest for the last 12 months and this performance indicator is now consistently well below the national average in Wales.

Our Closer to Home project work is also continuing as a priority and there were 2 placement step downs in March – a foster care placement to 'When I'm Ready' and a residential placement to foster care.

We recognise that with schools closed there are additional pressures on some of our Foster Carers. In partnership with our colleagues in Schools Services a package of support is being developed for our Powys Foster Carers. The details are being finalised; plans are to include advice and support from teaching professionals over skype/teams/telephone around home schooling, positive behaviour and ALN support from the Educational Psychology teams. Our Fostering Teams are in regular contact with carers and we welcome the opportunity to work in partnership to be able to provide further support to our fostering families who provide excellent care to our children.

Golwy y Bannau and Golwg y Gamlas, our children's residential homes, continue to offer full time care to young people with complex and enduring needs. This area of the service, in terms of staffing, has continued to be challenging and has the highest rate of staff self-isolating and presenting with COVID-19 symptoms.

4. Intervention and Prevention, including Youth Justice, Services

The review of our business-critical services has included the re-introduction of prevention services for children at risk of harm, in particular families where domestic abuse is known.

The IFST staff who were previously re-deployed to other areas of the service have been reinstated and are providing intensive support to our families. Placement support is also continuing through the Edge of Care service.

5. Safeguarding and Quality Assurance

Safeguarding work continues as business as usual. Weekly local meetings are taking place with Children's Services, police, health and education to attempt to identify cases of concern or general issues relating to service delivery and to promote partnership working.

Similarly weekly regional meetings with multi agency partners continue.

The Regional Safeguarding Board will meet later this month as will the Local Operating Group. Urgent matters relating to the COVID-19 response will be discussed.

| | |
|-------------|--|
| Circulation | Cllr Rachel Powell, Portfolio Member for Young People & Culture Ali Bulman, Corporate Director of Social Services |
| From | Jan Coles Head of Children's Services |
| Title | Children's Services and COVID-19 |
| Purpose | Update from Children's Services during COVID-19 pandemic |
| Status | Information |
| Date | 30 th April 2020 |

1. Workforce

Children's Services Workforce absences due to COVID-19 have reduced.

As at 30th April:

- 22 staff throughout the whole of the service were self-isolating due to being in a shielding or vulnerable group but are working from home undertaking partial duties. Of these 22 members of staff, 11 are in business-critical teams and are therefore unable to undertake face to face work including statutory visits.
- 1 member of staff was off work due to COVID-19 and not able or not well enough to undertake their role from home.

The testing process has had a positive impact on COVID-19 related staff absences in Children's Services. When staff have had mild symptoms but feel well or have had to self-isolate due to a family member having symptoms the testing service has meant that they are able to go back to work much sooner if they were confirmed negative for COVID-19.

Despite the very challenging and unique situation we are in due to COVID-19, we are extremely pleased to report that we have been able to recruit 3 permanent qualified social workers into our frontline teams. Once safer recruitment checks are undertaken start dates will be agreed. We continue to strive to reduce our reliance on agency workers and stabilise our workforce further through the appointment of permanent staff.

2. Early Help, Front Door, Assessment and EDT

The Front Door Service have seen an increase in the number of contacts and referrals being made in the last 2 weeks following an initial concerning quieter period when the schools closed. The Front Door service report that they are continuing to get progressively busier with an increase in Police and anonymous referrals. The Service

has a contingency plan to cope with a further increase in demand and staff from Early Help have been trained and systems set up so they can assist the Front Door Team with contacts being made.

This increase in referrals coincides with a recent communications campaign that Children's Services have undertaken across the County. The campaign encouraged residents to report any concerns they had about children, young people and adults in their communities as well as highlight domestic abuse services. Flyers have been distributed to households by Powys Association of Voluntary Organisations alongside a social media campaign.

An analysis of contacts and referrals to Front Door is currently being undertaken so that we can review and identify any trends and adapt our support services and communications in response to findings during the COVID-19 pandemic.

The new Covid-19 rota system commenced last week within the Assessment Team in direct response to COVID-19. The Team now work a split rota of days and evenings, this means that they can visit families at times in the evenings when it may be more convenient but also provide cover to the Emergency Duty Team. This will ensure that we are providing services to children, young people and their families in Powys at all times during this period.

Since the Early Help Service was reintroduced following the review of business-critical services, the team have been extremely busy getting out into the communities and undertaking face to face contacts and visits to support families. Communications went out to our partners and referrals are now coming via the Front Door service. The Early Help team are also undertaking their services directly to families virtually so that families that are self-isolating, can still receive help and support. Due to the increased risk of domestic abuse in homes at this current time, the team have created and allocated staff to an Early Help domestic abuse project and staff are identifying and proactively linking in with families at an early stage where there is the possibility or evidence of domestic abuse.

2. Care and Support, including Integrated Disability, Services

The Care and Support Service continues to be fully operational and is extremely busy.

In response to a number of babies being born and a lack of Parent and Baby unit placements available, Children's Services has developed an exciting new project within Powys. We have set up a community assessment centre for parents and their newborn babies, whilst we undertake assessments of their care and support needs. Support workers are providing assistance, parenting guidance and practical support to the new parents and social workers are visiting regularly to undertake assessments. By providing the service in house we are able to fully assess and support our parents and babies and the level of support required can be stepped up or down as needed. The property is also in our own County so families are being kept near or in their

communities and not being moved out of county or out of Wales. This project was set up in response to COVID-19 however since our first parent and baby have moved in we can already see the many benefits and we will be monitoring and evaluating the project closely as we believe it can positively shape the future way that we place and support parents and new born babies in Powys.

The Children's Services Family Time Service had to cease many of our face to face contacts due to the risks to our Children, Foster Carers and Staff because of the COVID-19 pandemic. The Family Time team have been very creative and have looked into ways that children can still have contact with their families using Microsoft Teams and skype calls. The Courts and CAFCASS have continued to expect face to face contact to take place in the usual way. We understand the importance of children having regular, meaningful contact with their Families and this is a key part of practice. During these unprecedented times, face to face family time has been suspended in most cases. contacts are not possible to undertake safely. We are keeping this under continuous review.

Work is continuing to identify and support our high priority children and families. We are working closely with our colleagues in Education to increase participation in the Hubs and Social Workers are encouraging and supporting families to enable their children to attend. We are concerned that attendance of our priority children is very low and feedback from families is that they are fearful of sending their children due to COVID-19. We continue to work with families to address barriers to attendance at the hubs and have committed to paying for meals at the hub for all our priority children who are not entitled to Free School Meals.

The Care and Support team are constantly reviewing each individual child's situation and our staff are providing support and intervention work to keep them safe and to prevent situations escalating at this very difficult time for families. Our teams continue their work with children to achieve their goals and home visits are taking place on an increased basis.

3 Corporate Parenting

The Through Care teams and Fostering teams continue to be fully operational.

Placement stability continues to be a priority for the service especially during this difficult time of uncertainty for all children and young people. As part of our COVID-19 business continuity planning Children's Services were able to temporarily secure a house within the County that could be used as an emergency placement for Children and Young People. Our Children's Commissioning Service worked tirelessly and in a very short period of time ensured the house was ready and on standby if required. This is an example of another innovative project that Children's Services have set up due to COVID-19 and is providing placements within our community. The house is

being utilised. This has meant that we have been able to keep family members together safely in their communities with the support of our own Social Workers and Support Workers. This is another example of how, even in these times, we continue to 'work with' families rather than 'do to'.

Despite COVID-19, our work to deliver our Closer to Home strategy is continuing. The children's home in Ystradgynlais is progressing well and a recruitment drive for staff has taken place with interviews taking place shortly, virtually. Given the current situation we are in, the progress made has been excellent and highlights our commitment to our Closer to Home strategy.

The Fostering Panels have continued and are being held virtually. Foster Carer recruitment remains a priority to the Service. We recognise the added pressure on our Foster Carers with schools being closed and the Fostering Team are in regular contact and providing support.

In partnership with our colleagues in Education a new package of support has been offered to foster carers. The Educational Psychologist Team are contacting our foster carers and offering behavioural and emotional advice and support over skype/teams. They are also linking in with the staff from each child's own school to offer help and advice with home schooling if required.

A virtual youth club is being set up in partnership with the Youth Service for our Young People who are looked after. The youth club will be held weekly but split into North, Mid and South Powys and the first group is planned to take place the week commencing 11th May. The Children's Services Participation and Engagement Officer is promoting the clubs and the Youth Service workers will facilitate them. At present the club doesn't have a name as it was agreed that the Young People will decide this when they meet for the first time. COVID-19 is a very difficult time for all Young People but for Children Looked After this can be a very isolating time and the aim of the club is to bring our Young People together who are in the same situation to be able to create a new support network.

The Adoption Service is continuing to function and at present the service is business planning to increase recruitment of new adoptive parents when the assessment process can be resumed.

4. Intervention and Prevention, including Youth Justice, Services

The Youth Justice Service is continuing to work with Children and Young People. We are also engaging in regional work.

The Intervention and Prevention teams that have been redeployed to our Care and Support and Through Care teams continue to provide a high level of support and intervention work to families.

The new Clinical Psychologist, in a joint project with PTHB and Powys Children's Services, started in post in April. The Clinical Psychologist will provide advice and support to our Intervention and Prevention teams on a generic and individual case by case basis. He will support our Edge of Care, Court, Through Care and Adoption Support work.

5. Safeguarding and Quality Assurance

Safeguarding work continues as business as usual and there are no issues reported with the running of child protection conferences virtually. Partners are attending and reports being provided.

WCCIS continues to be a real concern. The slow running, down times and general poor functionality of the system continues to have an operational impact.

Work has taken place on the launch of the Mind of My Own app in May. The app will enable Young People to express their wishes and feelings which will support their engagement in their own care plans. This was postponed due to the COVID-19 response but we have worked with the company that runs the app to provide the training to staff virtually as we feel it is more important now than ever that Children and Young People have a voice and are provided with multiple ways of expressing their views.

The Regional Safeguarding Board and the Powys Local Operating Group met this week.

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol

| | |
|-------------|---|
| Circulation | Cllr Rachel Powell Ali Bulman |
| From | Jan Coles Head of Children's Services |
| Title | Child Protection and COVID-19 |
| Purpose | Synopsis of response from Children's Services to support children at risk of harm during pandemic |
| Status | Information |
| Date | 4 th April 2020 |

Purpose

This report has been prepared for Councillor Rachel Powell to provide a synopsis of children identified at risk as well as an overview of support services available during COVID-19 from Powys Children's Services. Communication from the director of social services has clarified which service elements will be business critical and which will be less critical, which has guided our current approach to practice.

During this period, it has been important to identify and plan for the potential increased risk to children and young people. This involves drastically reduced contact with professionals, family members and peers and a change to support networks. Children and families are now spending most of their time indoors together, which may lead to increased pressures on the family unit. These potential risks are compounded by the need to balance the health and wellbeing of children and families by limiting physical contact and adhering to social distancing techniques to reduce the spread of COVID-19. Business continuity planning has been developed to ensure a service can be delivered in the likelihood of a significantly depleted workforce. Whilst this is an unprecedented crisis, daily leadership planning is occurring to mitigate the impact of disrupted services.

Children and families supported through care and support plans

Managing risk

Children's Services engaged in a risk rating exercise in the early stages of business continuity planning. This has ensured that the cases of all children open to Children's Services now have a rating which has provided the service with a clear view of which care and support cases are towards the higher end of the care and support threshold. This includes households where there is domestic abuse, substance misuse and / or a risk of family breakdown. The number of care and support cases which will receive additional monitoring and support is 20.

These children and their families will continue to receive services throughout this period. The care and support plan will be reviewed to reflect the changes to methods of support and any additional risks which could emerge during self-isolation. All professionals working with the child and family will make efforts to maintain relationships through regular telephone contact or video chat calls. Children and families will be able to access a school-based child-care hub and this service offer has been communicated to them.

IDS

Within the Integrated Disability Service (IDS) we are continuing to visit, support and advise families. We have increased the use of direct payments wherever possible. Short breaks are also taking place if there is a risk of family breakdown or in the event of a family needing an urgent break.

Visits

The frequency of visits is identified in the child's plan and will be followed. Children and families are being spoken to about changes to service provision. Decisions to enter the household will be made in partnership with the family and based on an assessment of risk. The health of all family members will be considered, and all staff will use PPE when entering households where there are symptoms. Staff will explore opportunities for direct contact and spending time alone with children in garden spaces or whilst walking in green spaces. Social workers have resources to share with families on activities and online resources they can use as support. Social workers can offer advice on routines and joint activities for families in self isolation.

Children and families supported through care and support protection plans

Child Protection Register

Currently in Powys there are 91 children on the child protection register (CPR). The categories of registration which have the largest number of children are emotional abuse followed by neglect. To ensure our resources are targeted towards the correct families, 9 children have been identified for an earlier review child protection conference. These are children where the social worker will be recommending to conference that the child's name be removed from the CPR.

The Wales Safeguarding Procedures (2019) state that the child whose name is placed on the CPR must be seen by the social worker every 10 working days. This timescale will remain in place during the pandemic, however the methods of contact will need to adapt and there may be circumstances when a social worker is unable to see the child within the family home.

Having direct contact with a child may impact on their health due to the increased risk of infection. In turn, this will compromise the wellbeing of all other household members and increase the strain on family functioning potentially leading to the child being at greater risk. Any visits to households will be considered in this context and justified. If

any household members are in high risk categories, the social worker will speak with their manager and agree / record how to proceed. This discussion will also consider the wishes and feelings of the family. Children and families are increasingly fearful of direct contact with staff in case they become infected with COVID-19.

Social workers are also having contact with family members at the door of their property or in the garden / local green spaces if they are unable to enter. All efforts are being made to speak with the child alone.

Child Protection Conferences

In respect of child protection conferences, Powys has developed and ratified a policy document which clarifies how these will be undertaken. Child protection conferences are now being undertaken virtually. This is being closely monitored and is working well in these early stages. The policy gives clear guidance on how virtual conferences will work and expected practice. Timescales in respect of a case reaching conference and the periods for review will continue to adhere to Wales Safeguarding Procedures (2019). However, the policy pre-empts issues around family participation and quoracy. The safeguarding unit will ensure that children and families are able to participate and will consider a reasonable delay if family members are unwell. However, the conference must be reconvened within a reasonable timescale. The safeguarding unit will assess all cases on their individual merit and may, in specific circumstances engage in a desk-based review and place the child on the CPR if the concern warrants this. A review conference could occur as soon as the family is able to engage.

Engaging families in the child protection process in a meaningful way is key to the success of our work with families. The current circumstances are bringing new challenges and barriers to this important aspect of our work. Many resources for families have ceased or changed the way they work, such as IFST and drug and alcohol support, making it a challenge for families to work on aspects of their plan.

Ultimately, all decision making will continue to be defensible, agreed with a manager and clearly recorded on the child's file and the Children's Services action log if outside of standard procedures.

Core Group Meetings

All core group meetings are being managed virtually, and within timescales. All child protection work, including core groups is multi-agency work and it is a challenge to get core groups fully represented in the current circumstances. This is being raised with partners.

Pre-birth assessments

There are a high number of pre-birth assessments currently underway. The pre-birth risk assessments are being tracked by a principal social worker who has the lead responsibility for ensuring that social workers are working on plans which can include a birth plan, home plan, foster placement plan and/or court plan. Weekly meetings are being held and this work is being overseen by the senior manager, Sharon Powell. There are 22 pre-birth or new born babies currently under review. Court applications have been made where necessary and hospitals are working closely with Children's Services.

Court work

Weekly tracker meetings for all court cases are continuing and are chaired by a senior manager and include our legal advisors. These meetings also consider children subject to the Public Law Outline and cases in care and support which are causing concern. A court specialist is now in place which is a county wide role operating at principal social worker level. This specialist will oversee all court matters and ensure that any actions are undertaken in a timely manner. Any issues arising are immediately raised with the senior manager.

Partnership working

Collaboration with key partners is occurring on both a local, regional and national level. This currently includes:

- Weekly meetings with Powys health, police and education partners. This meeting allows professionals to discuss specific issues and scenarios to enhance local responses and to ensure that partner agencies remain updated on each other's challenges / responses.
- Weekly meetings with regional board partners to discuss practices and to disseminate information between agencies.
- Weekly regional children's safeguarding leads meeting. This group is endeavouring to gain regional agreement on matters such as child protection conferences and section 47 enquiries. This provides a helpful space to ratify practices and processes which are outside of standard practice when necessary.
- Powys Children's Services Leadership Team (CLT) continue to meet daily to assess and respond to the unfolding situation.
- The Head of Children's Services is in close communication with All Wales Heads of Children's Services.
- The Head of Children's Services is a member of Silver Command and attends meetings which are held at least daily.

Issues relating to children where COVID-19 is suspected or confirmed

In addition to the matters addressed above regarding direct work and home visits, potential issues may arise if a child protection medical is required when a child has COVID-19 symptoms. Work is underway regionally and nationally regarding confirmation of process in these circumstances.

Similarly, when the need to place a child with symptoms in foster care arises. We are currently working with our foster carers to identify carers who are able to accept children into placement with COVID-19 symptoms.

Personal Protective Equipment

Guidance has been issued to the workforce in relation to use of PPE. Guidance to colleagues has been updated in light of revised Government guidance (issued 2 April 2020).

Welsh Government is providing PPE for use in these circumstances. There are concerns that there is not a sufficient supply of PPE.

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol

SBAR report to Silver and Gold Commands

Risks to children during the Covid-19 pandemic

Situation:

- Education plays a significant role in child protection with teachers normally having 5 day a week contact with the child. School closures and the restrictions on movement will dramatically change the child's routine and reduce opportunities to identify abuse.
- Additional stressors will be placed on parents who may experience additional caring responsibilities for vulnerable or sick family members and a loss of contact with wider family networks, friendships and support services.
- Children and adults who live with domestic abuse will be isolated in the household with the perpetrator for a prolonged period. They will have difficulties in speaking out about worries or incidents and feel unable to speak with staff if the perpetrator is in the household when visits occur.
- Children who are experiencing sexual abuse within the household e.g. parent, stepparent or sibling will have no respite from the perpetrator.
- Similarly, with physical abuse and emotional abuse.
- Children who experience neglect may not be having regular meals and their wellbeing will not be being monitored by education and health staff who would normally have contact with them and the family.
- Heightened levels of anxiety and depression amongst family members may occur. Normal support networks will have diminished and families may feel increased tension at the lack of space and ability to take a break from parenting.

Background:

As part of the business continuity plan initial action was taken to consider how services could be delivered with a significantly reduced workforce. This led to emergency changes to service provision which reduced early help and preventative support so high-risk cases could be closely monitored.

Children's services have quickly responded to COVID-19 by closing offices and ensuring staff work from home to reduce the spread of infection. Staff sickness levels are being monitored daily and redeployment plans were developed.

Early re-deployment efforts were required to ensure EDT and our children's residential home maintained required support levels.

After monitoring this situation for 3 weeks, it is now felt that as sickness levels amongst the workforce have been stable and the situation should be reviewed.

This is particularly pertinent as the childcare hubs have not been utilised by many children who are identified as vulnerable.

As part of the daily review of the COVID-19 pandemic and increased evidence of domestic abuse increases across countries and concerns about a drop in police and CS referrals, a range of actions have been identified by the Children's Services Leadership Team.

When the business continuity plan was put in place, there was no access to PPE. There are arrangements now in place for staff to access PPE.

ACTIONS:

- Weekly analysis of direct contact with children
- Re-introducing early help and prevention services for cases of concern – particularly families where domestic abuse is known. This will involve staff spending time alone with children wherever possible.
- Daily visits for cases identified as concerning – regardless of the CP registration status
- Ensuring the front door threshold is maintained and all cases reaching the eligibility criteria for an assessment of their care and support needs are able to access a service
- Ensuring that care and wellbeing assessments continue for cases of concern
- Altering the way in which children who are eligible for free school meals are accessing food vouchers if they do not attend the hubs, by changing this to being delivered food parcels by CS staff to encourage and enable direct contact with children and family members.
- Increased encouragement for children of open cases to attend childcare hubs through writing to all families to inform them of the benefits of attending and support they will receive to attend. Social workers will contact all families by telephone to ensure there are no barriers to registering or attending.
- Additional ideas are being progressed to work with community organisations such as outward-bound centres to support staff spending time with children outside of the family home.
- Communications plan to raise awareness of domestic abuse and child abuse identification and reporting to Powys residents.
- Training for council staff, C-SERT volunteers around the identification of child abuse and domestic abuse.
- Be clear about the requirement for PPE going forward.
- Senior Managers to ensure that these plans are immediately developed and implemented.
- All the actions will be reviewed daily to ensure they are progressing.

- The above actions will commence from the 14th April 2020

Recommendations:

1. For Children's Services business-critical services to be amended to include:
 - Early help
 - IFST
 - Usual threshold for assessment applied at front door
 - Undertaking of all care and wellbeing assessments in line with usual thresholds
 - More frequent face to face visits to be reinstated
2. For Silver Command to support the communication with council workforce, volunteers and the public around identifying and supporting child abuse and domestic abuse
3. For Silver and Gold Commands to approve the changes to Children's Services business critical activities identified in this report

Prepared by Jan Coles

14th April 2020

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol

Guidance for workers who are providing home care.

1. Considerations for the Worker

If a member of staff is concerned that they have COVID-19, please follow NHS guidelines:

Stay at home if you have either:

- **a high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **a new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)

- **Do not** go to a GP surgery, pharmacy or hospital.
- You do not need to call 111 if you are staying at home and testing for coronavirus is not needed.
- Self-isolate; workers should not visit and care for individuals until safe to do so.

If you have COVID-19 symptoms, however mild – stay at home for 7 days from when your symptoms started.

If you are the first person in your household to have symptoms, other members of the household must also stay at home and not leave the house for 14 days. (14 days starts from the day the first person in the house became ill.)

For anyone else who starts displaying symptoms, they need to stay at home for 7 days from when their symptoms first appeared.

People living together are more likely to infect each other, or already be infected, therefore staying at home for 14 days minimises infection to others in the community. If possible, move vulnerable individuals (elderly or those with underlying health conditions).

If you cannot move vulnerable individuals, stay away from them as much as possible.

Ask your friend, neighbour or employer to help you get the things you need to stay at home.

Hand hygiene - wash your hands with soap and water more often and do this for at least 20 seconds. You should follow this advice on [hand hygiene](#).

Put used tissues in the bin straight away and wash your hands afterwards.

Do not touch your eyes, nose or mouth if your hands are not clean.

If you cannot cope with your symptoms at home, or your condition worsens and you do not get better after 7 days then use NHS 111 online, or call NHS 111. For a medical emergency dial 999.

Government guidance is changing quickly, please see this [Public Health Wales Guidance](#) for the most up to date information.

2. Prior to any visit

Wherever possible, before a worker undertakes a home care visit, a phone call should be made to contact the individual in advance to ask if they, or anyone in the household has any of the COVID-19 symptoms (as above).

Social distancing of 2m should be used for non-contact activities such as giving advice or conducting verbal consultations.

Hand hygiene - wash your hands with soap and water more often and do this for at least 20 seconds. Workers should follow advice on [hand hygiene](#).

Use hand sanitiser gel if hand washing facilities are not available.

Always wash your hands when you get home or into work.

Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze.

Put used tissues in the bin straight away and wash your hands afterwards.

Do not touch your eyes, nose or mouth if your hands are not clean.

Please see this [UK Government Guidance](#) for further information:

3. Personal Protective Equipment (PPE)

Workers should use personal protective equipment (PPE) for activities that bring them into close personal contact with service users.

- Fluid Resistant Surgical Mask (FRSM),
 - Disposable gloves
 - Disposable plastic apron
 - Appropriate eye protection after risk assessment of need if splashing or spraying of body fluids likely
- The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required.
 - The order for putting on PPE is Apron, Surgical Mask, Goggles (if required) and Gloves.
 - The order for removing PPE is Gloves, Goggles, Apron and then Surgical Mask.
 - Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing, then eye protection will minimise risk.
 - New personal protective equipment must be used for each episode of care.

Effective Hand Hygiene is Essential Combined with use of PPE.

Any PPE equipment provided must only be used in conjunction with national guidance.

National Infection Prevention and Control Manual that Wales has adopted can be found [here](#).

All services are advised to keep up to date with the latest advice on COVID-19 via Public Health Wales (PHW) website [here](#).

PPE equipment will be distributed by Chris Evans and his team, he can be contacted using the following email address pccsscommissioning@powys.gov.uk

Currently if PPE stock cannot be accessed, arrangements are in place that care providers can approach Powys Teaching Health Board for urgent assistance.

Putting on Personal Protective Equipment (PPE)

Guide to donning and doffing standard PPE can be found here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster_.pdf

Perform hand hygiene before putting on PPE

Apron

Pull over head and fasten at back of waist.

Surgical mask

Secure ties or elastic bands at middle of head and neck.

Fit flexible band to nose bridge.

Fit snug to face and below chin.

Goggles

Place over face and eyes and adjust to fit.

Gloves

Select according to hand size.

Extend to cover wrist.

Removing Personal Protective Equipment (PPE)

Gloves

- Pinch and hold the outside of the glove near the wrist area.
- Peel downwards, away from the wrist, turning the glove inside out.
- Pull the glove away until it is removed from the hand and hold the inside-out glove with the gloved hand.
- With your un-gloved hand, slide your finger/s under the wrist of the remaining glove, taking care not to touch the outside of the glove.
- Again, peel downwards, away from the wrist, turning the glove inside out.
- Continue to pull the glove down and over the inside-out glove being held in your gloved hand.
- This will ensure that both gloves are inside out, one glove enveloped inside the other, with no contaminant on the bare hands.
- Discard disposable items into an appropriate lined waste bin
- Hand hygiene

Goggles

- Take off your goggles or face shield by grasping the portions nearest your ears and pulling up and away from your face.

Apron

- Apron front is contaminated.
- Unfasten or break ties.
- Pull apron away from neck and shoulders touching inside only.
- Fold and roll into a bundle.
- Discard into an appropriate lined waste bin.
- Hand hygiene

Surgical Mask

- Do Not touch the front of mask
- Unfasten the ties - first the bottom, then the top.
- Pull away from the face without touching front of mask.

- Discard disposable items into an appropriate lined waste bin
- Hand hygiene

Hand hygiene

- Staff to wash hands using their own liquid soap and towel prior to leaving the service user property. If this is not possible, use hand sanitiser and wash hands as soon as possible.
- Staff to place used towel into washable bag (pillowcase or equivalent) in their car prior to leaving for next call.

Disposal

- It is essential that personal protective equipment is stored securely within disposable rubbish bags when removed.
- These bags should be placed into another bag, tied securely and kept separate from any other waste within the room. This should, be put aside for at least 72 hours before being put in the usual household waste bin.

Extremely vulnerable group or Shielded people are:

1. Solid organ transplant recipients.
2. People with specific cancers:
 - a. people with cancer who are undergoing active chemotherapy
 - b. people with lung cancer who are undergoing radical radiotherapy
 - c. people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - d. people having immunotherapy or other continuing antibody treatments for cancer
 - e. people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - f. people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol

Guidance for workers who are entering homes or having direct contact with service users including transporting individuals and are within 2m of service user.

Considerations for the Worker

If a member of staff is concerned that they have COVID-19, please follow NHS guidelines:

Stay at home if you have either:

- **a high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **a new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- **Do not** go to a GP surgery, pharmacy or hospital.
- You do not need to call 111 if you are staying at home and testing for coronavirus is not needed.
- Self-isolate; workers should not visit and care for individuals until safe to do so.

If you have COVID-19 symptoms, however mild – stay at home for 7 days from when your symptoms started.

If you are the first person in your household to have symptoms, other members of the household must also stay at home and not leave the house for 14 days. (14 days starts from the day the first person in the house became ill.)

For anyone else who starts displaying symptoms, they need to stay at home for 7 days from when their symptoms first appeared.

People living together are more likely to infect each other, or already be infected, therefore staying at home for 14 days minimises infection to others in the community. If possible, move vulnerable individuals (elderly or those with underlying health conditions).

If you cannot move vulnerable individuals, stay away from them as much as possible.

Ask your friend, neighbour or employer to help you get the things you need to stay at home.

Hand hygiene - wash your hands with soap and water more often and do this for at least 20 seconds. You should follow this advice on [hand hygiene](#).

Put used tissues in the bin straight away and wash your hands afterwards.

Do not touch your eyes, nose or mouth if your hands are not clean.

If you cannot cope with your symptoms at home, or your condition worsens and you do not get better after 7 days then use NHS 111 online, or call NHS 111. For a medical emergency dial 999.

Government guidance is changing quickly, please see this [Public Health Wales Guidance](#) for the most up to date information.

Prior to any visit

It is extremely important that before workers undertake any visits, a triage phone call is made to decide whether a face to face meeting is essential or whether work can be done by telephone or delayed.

Where a visit is essential the Worker should contact the parent/ family member/ young person/ individual in advance to ask if anyone in the household has any of the Covid-19 symptoms (as above).

Social distancing of 2m should be used for non-contact activities such as giving advice or conducting verbal consultations.

Hand hygiene - wash your hands with soap and water more often and do this for at least 20 seconds. Workers should follow advice on [hand hygiene](#).

Use hand sanitiser gel if hand washing facilities are not available.

Always wash your hands when you get home or into work.

Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze.

Put used tissues in the bin straight away and wash your hands afterwards.

Do not touch your eyes, nose or mouth if your hands are not clean.

Care should continue to be taken to limit contact with any household member that has symptoms.

Guidance for workers who are entering homes or having direct contact with service users including transporting individuals and are within 2m of service user.

Personal Protective Equipment (PPE)

Please note PPE is for social care staff who are: entering people's homes; providing direct care to people; undertaking non-contact activities such as giving advice to individuals, conducting verbal consultations and undertaking assessments; and transporting individuals where you are nearer than 2m from a service user.

- Workers should use personal protective equipment (PPE) for activities that bring them into close personal contact with service users.
 - Fluid Resistant Surgical Mask (FRSM),
 - Disposable gloves
 - Disposable plastic apron
 - Appropriate eye protection after risk assessment of need if splashing or spraying of body fluids likely
- The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required.
- The order for putting on PPE is Apron, Surgical Mask, Goggles (if required) and Gloves.
- The order for removing PPE is Gloves, Goggles, Apron and then Surgical Mask.
- Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing, then eye protection will minimise risk.
- New personal protective equipment must be used for each episode of care.

Effective Hand Hygiene is Essential Combined with use of PPE.

Any PPE equipment provided must only be used in conjunction with national guidance.

National Infection Prevention and Control Manual that Wales has adopted can be found [here](#).

All services are advised to keep up to date with the latest advice on COVID-19 via Public Health Wales (PHW) website [here](#).

PPE equipment will be distributed by Chris Evans and his team, he can be contacted using the following email address pccsscommissioning@powys.gov.uk

Currently if PPE stock cannot be accessed, arrangements are in place that care providers can approach Powys Teaching Health Board for urgent assistance.

Putting on Personal Protective Equipment (PPE)

Guide to donning and doffing standard PPE can be found here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster_.pdf

Perform hand hygiene before putting on PPE

Apron

Pull over head and fasten at back of waist.

Surgical mask

Secure ties or elastic bands at middle of head and neck.

Fit flexible band to nose bridge.

Fit snug to face and below chin.

Goggles

Place over face and eyes and adjust to fit.

Gloves

Select according to hand size.

Extend to cover wrist.

Removing Personal Protective Equipment (PPE)

Gloves

- Pinch and hold the outside of the glove near the wrist area.
- Peel downwards, away from the wrist, turning the glove inside out.
- Pull the glove away until it is removed from the hand and hold the inside-out glove with the gloved hand.
- With your un-gloved hand, slide your finger/s under the wrist of the remaining glove, taking care not to touch the outside of the glove.
- Again, peel downwards, away from the wrist, turning the glove inside out.
- Continue to pull the glove down and over the inside-out glove being held in your gloved hand.

Guidance for Worker Visits

- This will ensure that both gloves are inside out, one glove enveloped inside the other, with no contaminant on the bare hands.
- Discard disposable items into an appropriate lined waste bin
- Hand hygiene

Goggles

- Take off your goggles or face shield by grasping the portions nearest your ears and pulling up and away from your face.

Apron

- Apron front is contaminated.
- Unfasten or break ties.
- Pull apron away from neck and shoulders touching inside only.
- Fold and roll into a bundle.
- Discard into an appropriate lined waste bin.
- Hand hygiene

Surgical Mask

- Do Not touch the front of mask
- Unfasten the ties - first the bottom, then the top.
- Pull away from the face without touching front of mask.
- Discard disposable items into an appropriate lined waste bin
- Hand hygiene

Hand hygiene

- Staff to wash hands using their own liquid soap and towel prior to leaving the service user property. If this is not possible, use hand sanitiser and wash hands as soon as possible.
- Staff to place used towel into washable bag (pillowcase or equivalent) in their car prior to leaving for next call.

Disposal

- It is essential that personal protective equipment is stored securely within disposable rubbish bags when removed.
- These bags should be placed into another bag, tied securely and kept separate from any other waste within the room. This should, be put aside for at least 72 hours before being put in the usual household waste bin.

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol

This Guidance is for workers who are providing sessional care to individuals in a residential home setting

1. Steps to Maintain Service

- Establish plans for mutual aid, e.g. sharing of workforce between providers
- Care providers to consider how to keep people safe across the local area including:
 - Reporting capacity for bed vacancies
 - Using appropriate tools for secure transfer of information
 - Increase use of skype and other tools for secure virtual conference calls.
 - Routine use of Personal Protective Equipment (PPE) such as gloves and aprons. Arrangement will be put in place to further increase access to PPE as required.
 - Protected area at reception
 - Review visiting policy (No one to visit who has suspected Covid-19, or who is generally unwell)
 - Promote good hand hygiene
 - Contractors to be kept to a minimum
 - Consider wellbeing of residents – the positive impact of seeing friends and family.

Government guidance is changing quickly, please see this [Public Health Wales Guidance](#) for the most up to date information.

2. Considerations for the Worker

If a member of staff is concerned that they have COVID-19, please follow NHS guidelines:

Stay at home if you have either:

- **a high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **a new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- **Do not** go to a GP surgery, pharmacy or hospital.
- You do not need to call 111 if you are staying at home and testing for coronavirus is not needed.

- Self-isolate; workers should not visit and care for individuals until safe to do so.

If you have COVID-19 symptoms, however mild – stay at home for 7 days from when your symptoms started.

If you are the first person in your household to have symptoms, other members of the household must also stay at home and not leave the house for 14 days. (14 days starts from the day the first person in the house became ill.)

For anyone else who starts displaying symptoms, they need to stay at home for 7 days from when their symptoms first appeared.

People living together are more likely to infect each other, or already be infected, therefore staying at home for 14 days minimises infection to others in the community. If possible, move vulnerable individuals (elderly or those with underlying health conditions).

If you cannot move vulnerable individuals, stay away from them as much as possible.

Ask your friend, neighbour or employer to help you get the things you need to stay at home.

Hand hygiene - wash your hands with soap and water more often and do this for at least 20 seconds. You should follow this advice on [hand hygiene](#).

Put used tissues in the bin straight away and wash your hands afterwards.

Do not touch your eyes, nose or mouth if your hands are not clean.

If you cannot cope with your symptoms at home, or your condition worsens and you do not get better after 7 days then use NHS 111 online, or call NHS 111. For a medical emergency dial 999.

Government guidance is changing quickly, please see this [Public Health Wales Guidance](#) for the most up to date information.

Care homes are not expected to have dedicated isolation facilities, but isolation should be implemented particularly when someone displays symptoms.

If isolation is required, residents own room can be used. All staff will be trained in and use hand hygiene

Safe working procedures to be used when close personal contact is required to minimise the risk of transmission.

Staff to use PPE for activities that bring them into close personal contact.

Aprons and gloves are subject to single use with disposal and hand hygiene after each Service user.

Surgical masks and eye protection are subject to single sessional use.

A single session refers to a period of time where social care worker is undertaking duties in a specific care setting or exposure environment. For example, a session might comprise of providing care to several services users. A session ends when the social care worker leaves the setting or exposure environment. The duration of a single session will vary depending on the activity being undertaken.

Frequently touched surfaces to be cleaned regularly.

Social distancing of 2m should be used for non-contact activities such as giving advice to relatives or service users or conducting verbal consultations.

Please see this [UK Government Guidance](#) for further information,

3. Personal Protective Equipment (PPE)

- Workers should use personal protective equipment (PPE) for activities that bring them into close personal contact with service users.
 - Fluid Resistant Surgical Mask (FRSM),
 - Disposable gloves
 - Disposable plastic apron
 - Appropriate eye protection after risk assessment of need if splashing or spraying of body fluids likely
- The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required.
- The order for putting on PPE is Apron, Surgical Mask, Goggles (if required) and Gloves.
- The order for removing PPE is Gloves, Goggles, Apron and then Surgical Mask.
- Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing, then eye protection will minimise risk.

Effective Hand Hygiene is Essential Combined with use of PPE.

Any PPE equipment provided must only be used in conjunction with national guidance.

National Infection Prevention and Control Manual that Wales has adopted can be found [here](#).

All services are advised to keep up to date with the latest advice on COVID-19 via Public Health Wales (PHW) website [here](#).

PPE equipment will be distributed by Chris Evans and his team, he can be contacted using the following email address pccsscommissioning@powys.gov.uk

Currently if PPE stock cannot be accessed, arrangements are in place that care providers can approach Powys Teaching Health Board for urgent assistance.

Putting on Personal Protective Equipment (PPE)

Guide to donning and doffing standard PPE can be found here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster_.pdf

Perform hand hygiene before putting on PPE

Apron

Pull over head and fasten at back of waist.

Surgical mask

Secure ties or elastic bands at middle of head and neck.

Fit flexible band to nose bridge.

Fit snug to face and below chin.

Gloves

Select according to hand size.

Extend to cover wrist.

Removing Personal Protective Equipment (PPE)

Gloves

- Pinch and hold the outside of the glove near the wrist area.
- Peel downwards, away from the wrist, turning the glove inside out.
- Pull the glove away until it is removed from the hand and hold the inside-out glove with the gloved hand.

Guidance for Workers in a Residential Setting

- With your un-gloved hand, slide your finger/s under the wrist of the remaining glove, taking care not to touch the outside of the glove.
- Again, peel downwards, away from the wrist, turning the glove inside out.
- Continue to pull the glove down and over the inside-out glove being held in your gloved hand.
- This will ensure that both gloves are inside out, one glove enveloped inside the other, with no contaminant on the bare hands.
- Discard disposable items into an appropriate lined waste bin
- Hand hygiene

Apron

- Apron front is contaminated.
- Unfasten or break ties.
- Pull apron away from neck and shoulders touching inside only.
- Fold and roll into a bundle.
- Discard into an appropriate lined waste bin.
- Hand hygiene

Surgical Mask

- Do Not touch the front of mask
- Unfasten the ties - first the bottom, then the top.
- Pull away from the face without touching front of mask.
- Discard disposable items into an appropriate lined waste bin
- Hand hygiene

Hand hygiene

- Staff to wash hands using their own liquid soap and towel prior to leaving the service user property. If this is not possible, use hand sanitiser and wash hands as soon as possible.
- Staff to place used towel into washable bag (pillowcase or equivalent) in their car prior to leaving for next call.

Disposal

- It is essential that personal protective equipment is stored securely within disposable rubbish bags when removed.
- These bags should be placed into another bag, tied securely and kept separate from any other waste within the room. This should, be put aside for at least 72 hours before being put in the usual household waste bin.

4. Service User use of PPE

In clinical areas, communal waiting areas and during transportation, it is recommended that possible or confirmed COVID-19 cases wear a fluid-resistant surgical face mask if this can be tolerated. The aim of this is to minimise the dispersal of respiratory secretions, reduce both direct transmission risk and environmental contamination. A fluid-resistant surgical face mask should **not** be worn by service users if there is potential for their clinical care to be compromised. A fluid-resistant surgical face mask can be worn until damp or uncomfortable.

Trwy rinwedd paragraff(au) 14 Rhan 1 Atodlen 12A
Deddf Llywodraeth Leol 1972.

Document is Restricted

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol