

Summary of COVID-19 Arrangements

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This report sets out Children Services response to Covid-19 and key issues the service is attempting to address with partners, families and children.

1. Safeguarding Children

A new operating model has been put into place to both secure the welfare of children and also ensuring that staff and families are protected from potential spreading of Covid-19. Where appropriate virtual contact arrangements are in place with families and physical visits taking place following risk assessments.

Of significant sound concern is the almost 50% decline in referrals to Children's Social Care. This is across all age groups and all levels of need which means that some children at risk of significant harm are not being referred for multi-agency child protection support and others aren't getting the early help they need. This is a pattern being seen across the country and is not unique to Somerset.

Members will be aware that the vast majority of referrals to Children Social Care come from Schools, District Councils, SCC Public Health services, the Police and the NHS. Critical to the protection of children are schools.

There has been an increase in referrals since the end of the Easter period with referrals now at 17% below where it was last year at the same time. There is also a noticeable increase in domestic abuse related referrals, which has not been seen prior to this point in COvid19.

2. Schools (see Appendix 1 local guidance)

There was initial confusion following government announcements about the closure of schools which was shortly followed by advice that schools should continue to provide provision for children of critical workers and vulnerable children.

Both locally and nationally there has been concern about the low numbers of vulnerable children attending school. Unfortunately, the government guidance in relation to vulnerable children introduced new concepts such as 'safely' which understandably schools and frontline staff initially interpreted as the immediate health and safety of children excluding 'safeguarding' guidance. In addition, the messaging to parents about keeping children at home and closing schools has not assisted with maintaining pupil numbers. It is also clear that some families and young people are concerned about stigma about attending school as being seen as different from others.

A school's' hub model is in place across Somerset to ensure that schools are supported to continue to provide schools places. There are many examples of excellent practice in schools with a number of schools being open over the Easter holidays including on Good Friday and Easter Monday, and others with extended hours to support vulnerable and critical workers children.

In relation to vulnerable children, schools and social care staff are working hard to increase the number of vulnerable children attending school, and there has been significant progress since Easter. We have been recently advised by the office of the Regional Schools Commissioner that our attendance rates for vulnerable children are now amongst the best in the region.

3. Special Educational Needs

Children with Education Health and Care plans are classed as vulnerable by the government guidance and subject to parental wishes are able to attend school. However, there has been a low take up of places partly for the reasons identified above but also concerns about children's health and well-being as a number of children have significant health issues. The shielding guidance has not addressed significantly ongoing anxieties from parents about the risks to their children.

4. Early Years Sector

Following the introduction of the furlough scheme some providers closed as they tend to cross subsidise costs from fee-paying parents. Providers are continuing to receive their early years funding irrespective of whether they are open or closed. This is an important measure to ensure the future viability of the early years sector in Somerset and to avoid the risk of insufficiency of places following the pandemic.

To address the cost differential Somerset uniquely introduced a payment scheme to support early years providers to provide places for critical workers children and children of vulnerable families. This has been successful in maintaining approximately 50% of early years providers operating where many other areas have less than a third of the early years' places available. An early years hub model is in

place across Somerset to ensure that settings are supported to continue to provide places. A LA link worker is assigned to each area and is responsible for supporting settings and ensuring that parents can access childcare where their normal provision is closed.

The LA link worker is also responsible for ensuring that every setting is meeting their responsibilities in terms of supporting vulnerable children. Effective liaison with the area SENCO team, Health Visiting Team and Children's Social Care is also in place.

5. Personal Protection Equipment (PPE)

Demand for PPE supplies has been high across Somerset with competing demands from a wide range of services across the health and social care system. Guidance from Public Health England and the DfE has set out minimum requirements for schools and social care staff, this indicates that PPE is not required for most situations, unless a covid-19 case is suspected or confirmed within the establishment or household. Guidance has been issued to staff. Stock levels in the last 2 weeks have enabled services with the most pressing needs to receive supplies in accordance with guidelines. Joint work with the Clinical Commissioning Group (CCG) is ongoing to try to secure a more strategic approach to supply and management. Supply chains are fragile, and demand is likely to grow in the coming months, this is an area that will remain under close review as restrictions are relaxed.

6. Restoring Services during COVID-19

As highlighted above research indicates that we could expect a significant increase in demand for services as the 'lockdown' is eased.

In relation to the long-term Appendix 2 sets out some of the likely impact on children of the COVID-19 period. Nationally there are increasing concerns that the impact of Covid-19 measures on children (with the exception of those medically at risk) are more detrimental than the disease itself. Considerations are being given to how to assess the impact on children in Somerset.

In relation to the wider community the importance of connectivity via the internet is clearly important and enhancing the digital strategy to ensure that vulnerable children are able to undertake schoolwork has to be a key priority. Discussions are taking place with Schools and other Council Departments about this pressing priority.

Work is being undertaken with schools to understand the issues they will face and the support they will need to start taking in more pupils in the coming months. It is recognised that this will be a challenging period with just under a third of the schools' workforce being over 50 which presents a number of challenges for school leaders.

Along with other Somerset County Council services, Children Services is considering action to be taken to enable effective delivery of services which include the uses of PPE, changes to physical office arrangements, importance of maintaining IT infrastructure for staff, and changes in team arrangements.

The Important Role of Schools in relation to Vulnerable Children

Dear Colleagues

Thank you to you and your staff for all that you are doing to ensure that children of critical workers and vulnerable children have access to education provision at your school and for your continuing feedback on how we can improve arrangements in Somerset. These are challenging times for all of us, both professionally and personally, and I appreciate how difficult the last few weeks have been.

As you may be aware, national guidance in relation to vulnerable children has been strengthened and re-iterated over the last few days ([Coronavirus \(COVID-19\): guidance on vulnerable children and young people](#)) making it clear that the expectation is that vulnerable children should be in school to meet their education, health and care needs unless they have an underlying health problem which means it would not be safe for them to do so.

As the 'lockdown' continues the pressures on families will increase and already vulnerable children will find themselves at greater risk of poorer education, health and care outcomes. In common with other areas of the country, we currently have low numbers of vulnerable children attending school, so this is a challenge for all of us. I am therefore writing to set out how it is proposed to implement more effectively the revised guidance in Somerset in relation to vulnerable children and their attendance at school.

You will be aware that it is important to distinguish between a child's vulnerability because of **Safeguarding** concerns relating to their care and those children who are vulnerable from a health perspective i.e. needs to be **Shielded** (due to risk of serious illness as a result of Covid-19 infection).

It is important to emphasise that the government's reference to 'safely' in its guidance includes safeguarding. Safeguarding includes the promotion of a child's welfare and should not be seen as just protecting children from maltreatment. It is critical that an assessment of a child's safeguarding vulnerability considers how best to ensure that their development is prioritised and that they are supported to achieve their potential. This approach is set out in government guidance.

In the government guidance children are defined as vulnerable during Covid-19 and should be offered a school place if:

- They have a social worker
- They have an EHCP

- Children and young people who are otherwise vulnerable (new term). This might include children on the edge of care, in alternative provision or young carers, or others, at the education provider and/or local authority's discretion.

Managing Vulnerable Children in School

For children who have a social worker

Children who have a social worker and those who a school assesses as vulnerable (see below) are, in the main, children who are vulnerable due to safeguarding concerns i.e. that they would be safer at school than at home. Schools should:

- Meet the expectation that children who have a social worker will attend their school, so long as they do not have underlying health conditions that put them at significant risk
- Continue to share information in relation to child protection issues about individual children with Children's Social Care the same day they identify it
- Follow up unexpected non-school attendance the same day with the child's parent / carer and report it to the social worker
- Attend, all Child Protection Conferences, Core Groups, Children looked After Reviews, PEP meetings and planning meetings the school is invited to (These are operating virtually where possible).

Social workers will contact schools directly to discuss the provision of school place for individual children and how this can best be facilitated. This could include a joint package of provision and support for individual children delivered jointly by social care and the school and also with support from specialist education support services.

For Children who have an EHCP

Children with an EHCP have complex education, health and care needs, some of which may be difficult for families to manage without support from education provision. For a few children with EHCPs, there are also safeguarding concerns, which need to be factored in as part of the decision about whether they should be in school or not.

SENCOs in Mainstream Schools, Special Schools, Independent Non-Maintained Special Schools, Autism Resource Bases and Pupil Referral Units should work with families to understand and agree with the categorisation as set out below and share their assessment with the LA:

- **Category A** – Children and young people who would be at significant risk if their education, health and care provision and placement did not continue, namely those who could not safely be supported at home
- **Category B** – Children and young people whose needs can be met at home
- Engage in LA led Multi-Disciplinary Team meetings to assess whether children in **Category A:**

- Need to continue to be offered a school or college place in order to meet their needs, or whether they can safely have their needs met at home.
- Reporting of the categorisation relating to children with EHC plans is already underway with guidance available for settings. We know that the needs of children and families may change and therefore must be reviewed monthly as a minimum.

Children and young people who are otherwise vulnerable

These are children and young people who have been assessed as otherwise vulnerable by education providers or local authorities (including children's social care services), and who are therefore in need of continued education provision. This includes children at Tier 2, as defined in the multi-agency Effective Support for Children and Families in Somerset document [Effective Support Document](#).

This category includes children who are supported by:

- Youth Offending Team
- Early Help Services – e.g. SCC's Family Intervention Service
- School Based Staff
 - A PFSA
 - A Team Around the Child (TAC) early help arrangement of which the school is part
 - A Team Around the School (TAS) process

Schools were sent a list of children on 23rd or 24th March – known as the "vulnerable list".

This list has been updated and is being provided to individual schools alongside this letter.

There may be other children who are assessed by the school as vulnerable and are receiving tier 2 school support, who should be added to the vulnerable list.

The expectation is that schools:

- Identify, led by the DSL, who their potentially vulnerable children are, using school information and the vulnerable children list.
- Once identified, provide these children with a school place so long as they do not have an underlying health problem
- Risk assess each child to identify individual requirements, including type and frequency of support needed, during the Covid-19 pandemic
- Review this regularly to ensure this remains appropriate to meet the child and family's needs
- Add your school's tier 2 vulnerable children to the vulnerable children list and return to the SSE inbox – SSE@somerset.gov.uk – by Friday of the week

that a revised vulnerable children's list is sent to you. Also use this inbox to notify us that a child is no longer vulnerable. It is planned that this list will be sent out on a monthly basis.

- Escalate using statutory processes as set out in the [Effective Support Document](#) where you assess this is required.

Social care guidance and support for DSLs can be accessed through the early help consultation line - 01823 355803 - to provide an opportunity for school DSLs or their representative, to reflect on how best to support tier 2 vulnerable children in schools.

Shielding

Shielded children - Shielded children (as defined by the NHS – families will have received a letter) will have significant underlying health issues which mean it is not safe for them to be in school, whether or not their parents are critical workers, they have a social worker, an EHCP or are assessed as otherwise vulnerable at Tier 2. However, these children, due to shielding, are likely to be very isolated for a lengthy period and would benefit from regular keeping in touch virtual contact from the school as well as work being set.

Vulnerable children living in a household with a shielded adult - children who have a social worker or are assessed as vulnerable at tier 2 and are living with a shielded adult, should be in school in order to promote their safety and wellbeing. For children with an EHCP please refer to the guidance above. Government guidance is clear that anyone living with a shielded adult does not require shielding themselves although they should exercise social distancing guidelines and other practices when visiting. <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Guidance for Early Years Settings

Supporting Vulnerable Children

The most important principle is **every child who can be safely cared for at home should remain at home**. The government has asked parents to ***keep their children at home, wherever possible, and asked settings to remain open only for those children who absolutely need to attend.***

Where parents can care for their vulnerable children safely at home the following good practice should be adopted:

- All children and families have telephone contact from the setting at least once a week.

- There is clear guidance about learning from home available to parents and young people, e.g. website links, digital packages and apps.
- Staff still have oversight of progress of children
- Oversight of those vulnerable children with whom they work.

In the event of a full or partial setting closure, providers should be taking steps to ensure that vulnerable children and young people are still receiving support as detailed above. Vulnerable learner categories include:

- Children in Need
- Children Looked After
- Children on Child Protection Plans
- Children with Education Health and Care Plans
- Those open to the Family Intervention Service
- Children with Disabilities
- Children from households experiencing domestic abuse
- Children from households who have been worked with by the drug and alcohol partnership

Supporting children that have a safeguarding of child protection concern or are known to be vulnerable

When children are not attending a setting, providers will be expected to contact children about whom they have safeguarding, or child protection concerns or are known to be vulnerable in some other category. This should include telephone calls and doorstep visits where appropriate.

For children and families who have a social care input, it is vital that multi-agency arrangements continue to ensure a co-ordinated joined up approach. Settings play a vital role in that. We recommend:

- Settings continue to share information about individual children with social care colleagues.
- If children are expected to be in setting, non-attendance should be followed up.
- Settings are expected to feedback to a point of contact in the LA to share information about vulnerable children when asked
- Child Protection conferences, Children looked After reviews, PEP meetings and planning meetings are still taking place (virtually). Settings will continue to be invited as a key partner agency in the child's plan.

Families experiencing financial hardship should be made aware of:

- signposting to food banks
- contact details at the setting for telephone contact if needed

If you think that a family is in financial hardship and unable to access food from a food bank, then please contact your health visitor or LA link worker for further information.

Supporting children and young people with Education Health and Care Plans.

The government recommendation is that **every child with an EHCP who would be safer at home should remain at home.**

In line with government guidance, Early Years settings and local authorities will need to consider the needs of all children with an EHC plan, alongside the views of their parents, and make a risk assessment for each child or young person. They will need to consider a number of different risks to each individual, including:

- the potential health risks to the child from COVID-19, bearing in mind any underlying health conditions. This must be on an individual basis with advice from an appropriate health professional where required
- the risk to the child if some or all elements of their EHC plan cannot be delivered at all, and the risk if they cannot be delivered in the normal manner or in the usual setting
- the ability of the child's parents or home to ensure their health and care needs can be met safely
- the potential impact to the child's wellbeing if changes to routine or the way in which provision is delivered

Where the risk assessment determines a child or young person with an EHC plan will be as safe or safer at an educational setting, it may be more appropriate for them to attend the educational setting.

The Statutory SEND team has guidance for supporting this process and your Area SENCo can also advise on making appropriate provision for EY children with EHCPs and other vulnerable children.

Department for Education guidance [Supporting vulnerable children and young people during COVID-19 outbreak](#)

Appendix 2

How Children and Families are losing out through the COVID-19 measures.	
Negative impacts – to be safeguarded / protected against	Potential positive outcomes – to be promoted and sustained
1. Closure of education settings, including early years and childcare	
<ul style="list-style-type: none"> • Decline in educational outcomes (associated with poor outcomes in other areas) • Lack of access to early years provision – impact on development and school readiness • Cancellation of formal assessments • Decline in mental health and wellbeing • Disruption to safeguarding • Additional negative impacts for children with EHCPs, CWD etc • Developmental delay • Undermining of previous school attendance initiatives • Longer term growth in home education without the positive outcomes • Disadvantaged families with limited resources struggling more thus widening the social mobility gap 	<ul style="list-style-type: none"> • Greater appreciation / understanding from parents about how to create an effective home learning environment • Reduced stress of young people as a result of not needing to undertake exams • Expedition of the development of online learning platforms, encouragement of movement of companies into the 'ed tech' market • Some children may benefit from home education • New ways of parents to engage with communities through online provision
2. Social distancing and requirements to stay at home	
<ul style="list-style-type: none"> • Detrimental impact on social, emotional and physical wellbeing (increased mental health problems, self-harm, substance abuse etc) • Increases in family tensions, parental conflict, domestic violence, child to parent violence • Increases in missing / runaway young people • Increases in online bullying 	<ul style="list-style-type: none"> • Opportunities for families to spend time together • Reduction in stress / routine • Opportunities for children to pursue / develop new interests • Potential longer-term rebalancing of home / work life

<ul style="list-style-type: none"> • Confusion and association of physical touch • Impact on family networks broader than the household lived in • Impact on contact regimes between separated parents 	
3. Emotional health and wellbeing	
<ul style="list-style-type: none"> • Worsening impact on existing conditions • Loss of routines, access to support and coping strategies • Concern about future • Disproportionate impact on those without access to technology 	<ul style="list-style-type: none"> • Development of new ways to access support
4. Poverty	
<ul style="list-style-type: none"> • Growth in levels of poverty – situation of those already in poverty becomes worse, families who are just about managing tip into poverty • Access to support decreases • Families forced onto Universal Credit (with its existing issues) • Rise in unemployment, decline in availability of workplace training 	<ul style="list-style-type: none"> • Impetus to resolve long standing issues with Universal Credit system • Potential positive impact on employment prospects for both adults and young people (opening up of opportunities)
5. Physical health	
<ul style="list-style-type: none"> • Delays in seeking medical help / lack of access to front line services such as GPs resulting in illness or death (non-COVID related) • Lack of access to food causing malnutrition / increase in eating disorders • Decline in opportunities for physical activity, • Decline in access to fresh air and sunlight • NB: young people can contract and be ill / die from coronavirus • The lack of outdoor play for children who live in accommodation without gardens 	Protecting families who are especially at risk from COVID-19
6. The children's system	

<ul style="list-style-type: none"> • Disruption to current provision, staffing and services retreating • Increased costs associated with provision • Increased and pent up demand – short and long term • Savings targets unachieved • Communication and information sharing difficulties • Failure / withdrawal / closure of charities, providers etc • Rush to introduce new methods of delivery – not sufficiently planned or supported • Staff shortages • Closure of preventative services • That furlough option incentive to pursue closure rather than remaining partially open • That some parts of the system have completely paused / frozen e.g. housing provision from housing providers therefore making it very hard for families to move to escape violence and abuse etc • Retreat of the NHS from Children • The actions taken to promote early discharge from prison may mean that families reunite inappropriately / unexpectedly with offenders 	<ul style="list-style-type: none"> • Uncovering of hidden vulnerability, re-targeting of system to meet greatest need • Increase in capacity across system through introduction of new methods of delivery • Decrease in pressure on statutory services through strengthening of civic society, volunteering etc • Development of new partnerships; greater impetus for longer term strategic planning / coordination • Impetus for growth and change, to unblock blockages, remove barriers • Bringing back staff into system, encouraging people into professions
<p>7. Safeguarding</p>	
<ul style="list-style-type: none"> • Less day-to-day oversight of children and young people • Increased opportunity to exploit children living outside of families • Increase opportunity for online grooming • Less sight of who is in households and household composition • Domestic abuse impact • Harder for adults to take action within family setting to exit abuse and violence 	<ul style="list-style-type: none"> • Heightened awareness of online safety • Potential greater visibility of criminal activity
<p>8. Criminal exploitation</p>	

<ul style="list-style-type: none"> • Increase due to loss of safeguarding mechanisms / opportunities • Increased incentives to become involved due to worsening economic conditions • Increased opportunities for grooming via increased use of internet 	<ul style="list-style-type: none"> • Potential greater visibility of criminal activity in communities
9. Vulnerable groups	
<ul style="list-style-type: none"> • Impact likely to be greater on groups with initial low resilience – no recourse to public funds, asylum seeking young people, children in care, children with disabilities, etc • Coronavirus Act enables LAs to disapply certain aspects of legislation which, if applied, may result in negative impacts for children and young people 	<ul style="list-style-type: none"> • May result in increased identification and targeted provision • Specific requirements placed on LAs with homeless people – may bring improvements for homeless young people
10. Other considerations	
<ul style="list-style-type: none"> • Pregnant women – impact unknown, high risk, lack of access to antenatal and postnatal care, increased social isolation • Young carers – could encourage identification but suspension of some duties in Care Act to provide support • Parenting – potential for both positive and negative impact on individuals’ perceptions of their own parenting abilities • Separated / blended families – potential for increased tensions, disruptions to child contact arrangements • Civic society – potential for both strengthening of civic society and young people’s engagement in this but also for a growth in dissatisfaction and disengagement - renewed emphasis on generational differences/interests 	