Coronavirus
COVID-19

TÚSLA

An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

signs
OF
safety®

Creating Effective Safety • Child Protection and Welfare Strategy

Additional Practice Guidance
Child Protection & Welfare

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Compiled by:	CPWS Implementation & Learning Team
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Contents

1. Introduction

As the situation with regard to the Coronavirus (COVID-19) continues to evolve in Ireland, we have prepared guidance for working with children and families in cases currently open to local area Social Work teams, and for new referrals (see Appendix 2).

This guidance is issued based on current public health advice available at this point in time (18th March, 2020). It is important to highlight that this is an evolving situation, and the current guidance may be subject to change.

This guidance should also be reviewed in conjunction with Tusla's current guidance in relation to home visiting and access provision.

The COVID-19 pandemic has created an environment of uncertainty for staff, children, families and their safety networks. Uncertainty can create anxiety, doubt, and influence our decision making.   This guidance is intended to support staff and their managers to apply their best thinking and use their practice knowledge with the Signs of Safety analysis categories to prioritise support for vulnerable children and their families.   It will help to focus support for families and networks, to maintain safety for children and to help staff identify children at increased risk of harm because the context around them has changed significantly.

The CPWS Implementation, Learning and Development Team are available for support, and to answer queries.

Purpose

The purpose of this document is to outline CPW practice guidance for workers during the COVID-19 pandemic. It is also to support ensuring that Tusla's statutory duties to promote the protection and safety of children is continued. Tusla's national approach to practice, Signs of Safety (SofS), states that the involvement of a naturally connected network is central to increasing child safety. During the current and evolving situation, there are challenges to current practice methods, for example meeting family networks.

Scope

This document applies to all Tusla workers who work with children and families open to a CPW business process (IR, IA, FSP, CPC, CPP, FWC) during the COVID-19 pandemic.

2. Prioritisation

A. Using Scaling to Prioritise

Scaling questions take a concern and place it on a continuum, from 10 where there are no worries about a child being unsafe or coming to harm, and 0 where there are significant worries about the child's safety that require immediate action.

Scaling should identify for workers and managers the cases we are most worried about, where there is significant harm and little existing safety, and these will be our high priorities. Workers find it useful to scale on the context scale and the immediate safety scale before identifying a priority.

(For new referrals, not previously known, please see Appendix 2, for context and scaling, taking into account the current COVID-19 context).

During the COVID-19 pandemic workers should use scaling to help them with decisions about children's current safety, and to help decide what actions are needed to increase safety.

Workers can use standard safety scaling such as the immediate safety scaling question:

> *"Taking into account the vulnerability factors for the child, on a scale of 0 to 10, where '10' is even though there is, or has been behaviour that could be, or was harmful to the child, I am confident the child is currently safe, and '0' is when I consider the vulnerability factors and harm causing behaviour, I believe the child is currently being harmed or will be in the next few days; where do you rate this situation today?"*
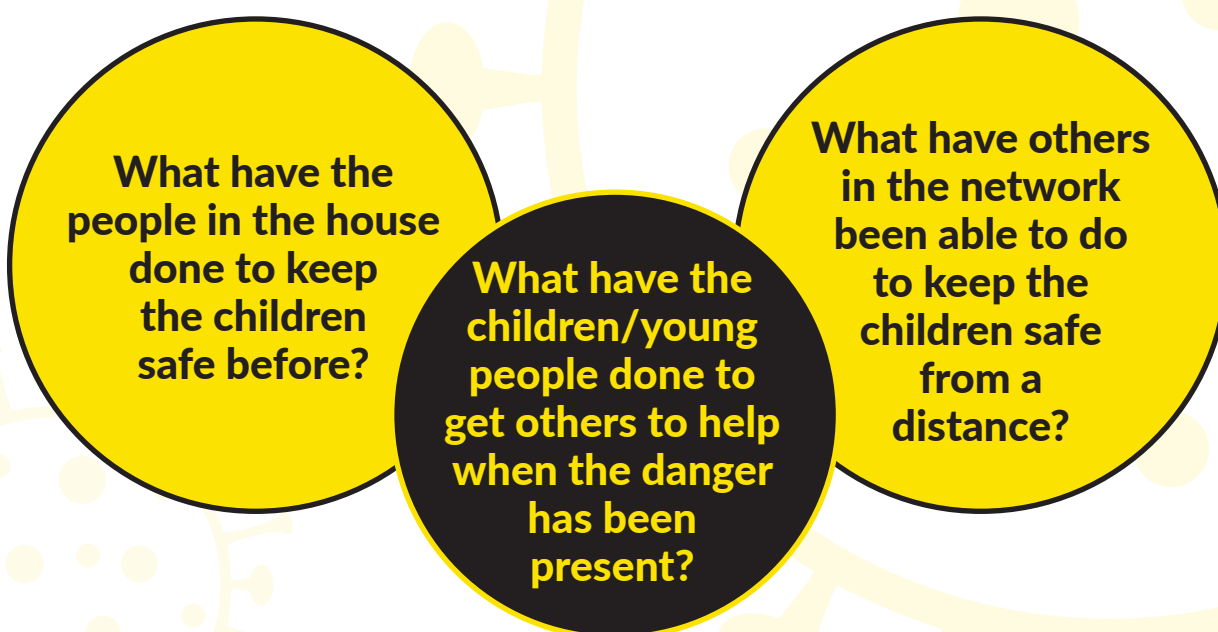
Or workers may choose to devise their own case specific questions when considering safety with their colleagues or manager, for example:

> *"On a scale of 0-10 where 10 is even though there COVID-19 is a worldwide pandemic which is affecting these children's lives, it means they have less support and there is more stress in the house, I am currently confident that these children are safe and will be whilst all of this is going on and 0 is I am really worried that this pandemic will mean that these children don't have the adults around them that they need to keep them safe, that the adults caring for them will be too stressed and that the children will hurt or harmed in the next few days and should be removed now to keep them safe, where would you scale things today?"*

Workers and Managers should record where they have scaled, and why. In the current situation there may be new factors to consider, that will either increase or decrease safety; for example, network members may now have limited contact or access with the child. They should also look at what actions are needed to move up a number & towards 10.

B. Review Existing Safety for Children under COVID-19 Restrictions

Existing safety is one of the analysis categories in the SofS assessment framework. This section looks at all the actions that have been taken, when the danger has been present, that has helped to keep the children safe. Consider what has kept the children safe to date when the harm has been present. Workers may need to review assessments (mappings), and examine what analysis has been done to date in relation to safety. For other children and families there may be safety plans on file - immediate or interim. All information in relation to existing safety should be considered in terms of whether the proposed safety is sustainable in the current situation. For example, if Granny has provided all the safety to date for the children, and can no longer visit, what else is present as safety for the children?

What have the people in the house done to keep the children safe before?

What have the children/young people done to get others to help when the danger has been present?

What have others in the network been able to do to keep the children safe from a distance?

C. Review Current Network Involvement

Current safety planning in Tusla relies on the involvement of families naturally connected networks. The current public health advice will have affected network contact in the majority of families we work with. Extended family and friends may not be able to visit due to the advice regarding social distancing. Also due to the closures of schools, clubs and other social outlets, adults involved in a professional or volunteer capacity, for example sports coaches, teachers, support workers, may find that they are unable to visit or meet children as they usually would.

Workers will need to review what network remains involved. For some families there may be extended family/friends living within the home. Other families may be using technology such as skype or video calling to maintain contact. There may be neighbours or local volunteer groups (for example local GAA clubs) who can provide practical support such as delivering shopping or medicine.

Consider the use of the network finding matrix with parents or carers to examine in detail the involvement of network around child safety (see sample matrix, appendix 1).

Workers can use their own phones to join up to 4 callers like conference calls; workers could set up network meetings using this feature, and it as it is available on work/personal phones for network members.

D. Review Bottom Lines

Bottom lines are those statements that indicate a minimum requirement to avoid child/ren being removed from their home. They comprise of actions that must be taken by the parents and/or the safety network, or aspects of how actions must be implemented, to satisfy Tusla that the child is safe and being cared for properly.

Consideration must be given to the current public health advice and whether this has impacted on the bottom line requirements. For example, if a bottom line is that Uncle John, who has a conviction for sexually abusing a child must not live in the home and he has now returned, are actions needed to remove the children from the home? Other bottom lines could relate to network involvement. There must be review of whether the current network involvement is sufficient to create enough safety, even if the nature of network involvement has changed.

E. Amend Current Safety Planning

Based on the review & analysis of the dimensions of safety planning discussed above it is likely that current immediate or interim safety plans will require adaptation.

Questions should be created to explore red flags, triggers and stressors:

Mum now that you're home with the kids all the time what are the things Dad could see or hear that would tell him you're getting really stressed and could hit or hurt them?

Grandad what will you say Mum will find hardest about you being unable to call? What do you worry about because of this?

What would the kids say is their biggest worry about Dad being home all the time? How will they know he's getting annoyed, what will they see?

Uncle Paul what do you think Dad is going to find hardest about being at home? What will he say Mum is doing to push his buttons?

There should be a review of the current arrangements to monitor the safety planning process.
- How will workers assess whether the safety planning is working during this pandemic?
- Who will talk to the children and ensure their views are taken?
- If a safety object is in use- does there need to be a change in who will check on it?
- How will others in the network record in the safety journal if there are no face to face meetings?

Finally, Workers should use the COVID-19 Safety Planning form in the development of an amended/ interim safety plan with parents, the children and their network. A short form Words & Pictures (4-6 frames) explanation may be a useful tool to think through this.

(The CPWS Implementation, Learning and Development Team are available for support, and to answer queries.

Sample Frame:

Everyone in the network wanted Amy to know that she could call Granny Frances when she had a worry about Mammy feeling sad and down. Granny Frances said that she would help and could talk to Mammy on the phone even though she isn't able to call anymore. Granny Frances said she will help Mammy talk about her problems and how she is feeling so Amy doesn't have to worry as much.

The following link to the SofS Knowledge Bank contains many useful examples, relating to a variety of practice areas.

https://knowledgebank.signsofsafety.net/resources/training-resources/other-workshops/creating-words-and-pictures-workshop

3. Appendices

Appendix 1: Network Finding Matrix

The purpose of this document is to outline CPW practice guidance for workers during the COVID-19 pandemic. It is also to support ensuring that Tusla's statutory duties to promote the protection and safety of children is continued. Tusla's national approach to practice, Signs of Safety (SofS), states that the involvement of a naturally connected network is central to increasing child safety. During the current and evolving situation, there are challenges to current practice methods, for example meeting family networks.

Scope

This document applies to all Tusla workers who work with children and families open to a CPW business process (IR, IA, FSP, CPC, CPP, FWC) during the COVID-19 pandemic.

Network Finding Matrix	
Negative	**Positive**
Past: • Who has been unable to help before because they have been sick or have a serious illness? • Who has been unable to help before because they have had lots of worries about themselves or another family member and just aren't able?	**Past:** • Who has helped when the schools/shops/clubs have been closed before? For example, when the snow was heavy or when there were floods? • Who has really helped a problem before, from just a phone call, what was it they did that helped?
Present: • Who do you think has more worries than you do now and because of this, they shouldn't be part of a plan? • Who are the people that Granny/Grandad would say shouldn't step in even though they can't at the moment?	**Present:** • Who are the people the children are keeping in touch with and talking to, even though they can't see them? What's good about this? How is this making things better? • When you've felt like I need to get out or I'm not going to manage all this time at home, who have you talked to? What have they said or done that's helped?
Future: • Who would the kids say they don't want to step in, even if that means they're not in contact with anyone else? • Who do you think that even if you could video call them, they wouldn't be able to help and could even make things worse?	**Future:** • If you had to go to hospital or for testing, who could step in to look after the children? • If things got really bad, who could you rely on to make sure the kids were ok, even if they couldn't call to the house, what are all the things they could do to help?

Appendix 2: New Referrals

1. **Ask questions to establish the context for their concern using the mapping questions. Ask questions that amplify the worries given the current restrictions on social contact**

   - When you think about the complications arising out of the restrictions with COVID-19 and the need for children to remain at home, what are your biggest worries for the child(ren)?
   - What are your worst fears for the child right now given that there is limited opportunity for the child to be visible in school, other community support services etc.
   - What are the ways that you think we could be reassured about the child given the restrictions on people visiting and spending time together?
   - What are your ideas about how we could make the child more visible right now with the restrictions that are in place?

2. **Context:** On scale from 0-10 thinking of all your worries about harm to this child and knowing that the child is at home all the time now with the harm causing adult(s) with no or limited physical contact from extended family, friends and school; 10 is there are some worries but nothing that stands out as urgent, and 0 is I am really worried that this child is not safe and is being abused right now, where would you rate the situation today?

3. **Prioritisation of case:**
   Context Scale: On scale from 0-10 thinking of all the worries about harm to this child and knowing that the child is at home all the time now with the harm causing adult(s) with no or limited physical contact from extended family, friends and school; 10 is there are some worries but nothing that stands out as urgent, and 0 is I am really worried that this child is not safe and is being abused right now, where would you rate the situation today?

4. **Safety Scale:** Taking into account the vulnerability factors for the child, on a scale of 0 to 10, where 10 is even though there is or have been behaviours that could be or were harmful to the child, I am confident the child is currently safe and 0 is when I consider the vulnerability factors and harm causing behaviour, I believe the child is currently being harmed or will be in the next few days, where do you rate this situation today?

(Workers and Managers should record where they have scaled, and why)

Appendix 3: Document Drafted by

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Appendix 4: Glossary of Terms

1. **SofS** - Signs of Safety
2. **CPW** - Child Protection & Welfare
3. **IR** - Intake Record
4. **IA** - Initial Assessment
5. **FSP** - Family Support Plan
6. **CPC** - Child Protection Conference
7. **CPP** - Child Protection Plan
8. **FWC** - Family Welfare Conference

Data protection law does not stand in the way of the provision of healthcare and working with children and families; nevertheless there are important considerations which should be taken into account when handling personal data in these contexts, particularly health and other sensitive data.

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Data Minimisation
As with any data processing, only the minimum necessary amount of data should be processed to achieve its purpose. Only use and keep what you need when working with children and families during the COVID-19 crisis.

Contact the Data Protection Unit on datacontroller@tusla.ie if you have any data protection concerns.