Appendix 1

Children, Young People and Learning (CYPL)

COVID-19 Position Statement

OFSTED October 2020

Introduction

This position statement seeks to inform OFSTED of the work that West Sussex Children, Young People and Learning department have undertaken as a direct consequence of Covid-19. It should be read in conjunction with the department's Self-Assessment.

Each service area has produced its own report on its Covid-19 response, this statement seeks to bring key themes together in one place, it does not cover absolutely everything. Individual service reports are available if required.

The position statement is set out as follows;

1. Ensuring effective leadership and oversight during Covid-19 – managing and leading through a time of unprecedented challenge. This section sets out the leadership structure adopted for the pandemic.

2. Children's Operational[1] response to Covid-19 – knowing the children most at risk, ensuring effective provision and oversight, meeting children's needs during the pandemic. This section reports on our response using the following key themes;
   - Effective management decision-making and oversight
   - Providing effective practice guidance
   - Knowing and responding to those most at risk
   - Meeting the physical, emotional well-being and mental health needs of children and young people

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[1] Across early help, social care, corporate parenting, quality assurance and education – i.e. all operational services in the department.
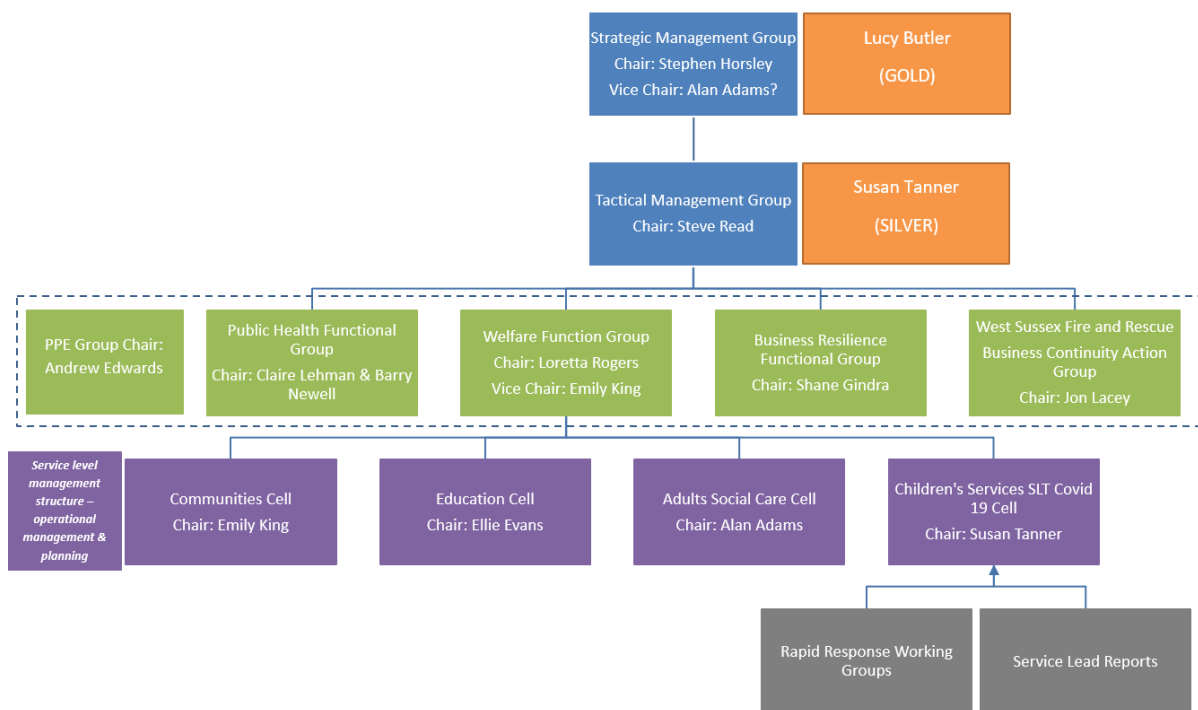
- Maintaining effective contact with children and young people
- Supporting parents and carers
- Working effectively with partners
- Supporting staff

3. <u>Commissioning response to Covid-19</u> – supporting our providers and meeting the needs of our children and young people

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1. Ensuring effective leadership and oversight during Covid-19 – managing and leading through a time of unprecedented challenge

1a.   Clear command and control structure established, both across the corporate structure and within Children, Young People and Learning;

COVID 19 Command and Control Structure for WSCC

Strategic Management Group Chair: Stephen Horsley Vice Chair: Alan Adams?	Lucy Butler (GOLD)
Tactical Management Group Chair: Steve Read	Susan Tanner (SILVER)

- PPE Group Chair: Andrew Edwards
- Public Health Functional Group Chair: Claire Lehman & Barry Newell
- Welfare Function Group Chair: Loretta Rogers Vice Chair: Emily King
- Business Resilience Functional Group Chair: Shane Gindra
- West Sussex Fire and Rescue Business Continuity Action Group Chair: Jon Lacey

Service level management structure – operational management & planning

- Communities Cell Chair: Emily King
- Education Cell Chair: Ellie Evans
- Adults Social Care Cell Chair: Alan Adams
- Children's Services SLT Covid 19 Cell Chair: Susan Tanner

- Rapid Response Working Groups
- Service Lead Reports

1b.   Common Operating Picture (COP) reports produced regularly by each of the departments in WSCC for review and executive oversight at Strategic Management Group,

ensuring Chief Executive and all senior directors fully appraised.   Regular Cabinet Reports produced, ensuring political leadership oversight [evidence: COP and Cabinet Reports].

1c.   Cross departmental issues, and departmental updates, covered at Tactical Management Group ensuring good lines of communication across all departments [evidence: TMG meeting notes].

1d.   During the emergence and height of the pandemic Children, Young People and Learning Covid-19 Senior Leadership Team (SLT) departmental meetings[2] were held twice daily (now weekly), this ensures;

- Clear and highly visible leadership across the department

- Capacity to respond to issues, as they arise, at pace

- Consistency of response and clear communications. [evidence: Notes of Daily Meetings]

1e.   These departmental Covid-19 meetings focus on;

- Responding to newly published government guidance – all relevant guidance logged, and implementation tracked [evidence: Guidance Tracker]

- Monitoring staffing levels across the department – ensuring that staff levels maintained in critical areas. Staff levels monitored at team level, and have remined good throughout [evidence: Daily Staffing Level reports]
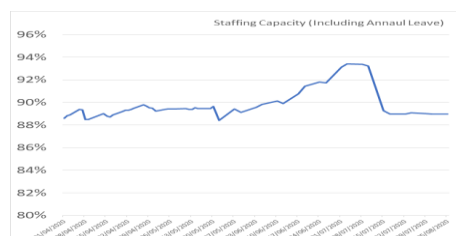
- Responding to Covid-19 related service issues and risks. At the onset of the crisis we established a system of daily (now reduced to weekly) service lead reports – this

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[2] Whilst there was a separate Education Cell (of necessity, to focus on the complexity of the impact of Covid-19 on education) this reported into the CYPL SLT Covid19 Cell, ensuring that the DCS had full oversight across the department.

facilitates clear, well documented lines of communication between services and the senior leadership team. [evidence: Service Lead Reports, Action Tracker, Risk Log].

1f.   We also established a system of Rapid Response Working Groups (RRWG) to respond at pace (within 5 working days) to emerging critical issues and risks. To date there have been seven RRWGs; see Annex A for specific examples.

- o Unaccompanied asylum-seeking children
- o Complex SEND children and young people
- o Placement issues and risk
- o Domestic Abuse provision
- o Court proceedings and PLO issues
- o Responding to Family Emergencies
- o Establishing a departmental duty rota to provide additional support to the Emergency Duty Team (EDT)

These RRWG have enabled the senior leadership team to make clear informed decisions about how to respond to emerging issues and risks, and to make timely decisions about the allocation of additional financial resource, where required. [evidence: RRWG Reports]. This ensured senior leaders are fully sighted on issues and can act proactively in response to issues as they arise and before they became a problem (e.g. additional out of hours staffing etc). See specific e.g. in Annex A.

2. Children's Operational[3] response to Covid-19 – knowing the children most at risk, ensuring effective provision and oversight, meeting children's needs during the pandemic.

2.1 Effective decision-making and management oversight

2.1.a   Early Help Service Leaders developed internal COVID action plan, and held daily Covid-19 management meeting. These meetings oversaw;

- RAG rating children and dip sampled of 90 RAG rated to ensure quality of thresholding
- Ensuring that supervision was prioritised

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[3] Across early help, social care, corporate parenting, quality assurance and education – i.e. all operational services in the department.

- Ensured that step across panel moved to a virtual meeting
- Implemented an Early Years and Childcare strategy group

2.1.b   Clear focus within children's social care on responding to children's needs regardless of COVID-19, resulting in;
- Management oversight and COVID health risk assessment completed on all cases
- Twice daily RAG rating report to ensure all children were RAG rated and visits to children prioritised, based on need and level of risk to the child
- Reporting of children RAG rated red and proportion of face to face visits completed
- Changes made to Mosaic to capture where children seen by other professionals to ensure oversight of our most vulnerable children

2.1.c   Officers from the Pupil Entitlement team worked alongside colleagues in Early Help and Social Care to identify vulnerable children and to work with schools to engage with, and support families in encouraging school attendance.
- Weekly discussions focused on individual children and encouraged schools to communicate and join-up their work with families to increase attendance.
- This led to a significant increase in the attendance of our most vulnerable with CLA attendance increasing from 13% at the start of Covid-19 to 67% by July.
- For children with social workers, school attendance increased but, due to the provision of 900 computers to our children, learning engagement was increased through virtual activity.

2.2   Providing effective practice guidance to staff during the pandemic

2.2.a   The Adoption and Children (Coronavirus Amendment) Regulation 2020 was discussed at a Covid-19 SLT meeting where it was agreed that we would not fully adopt the permissions (they were used only in a very limited way). This decision was made to retain focus on practice standards and ensure that the highest standard of care and protection remains consistently in place. However, we have used the permissions to respond to the delays in medical reports for the assessment of foster carers and to the use of virtual visiting to children during the pandemic.

2.2.b   Practice guidance is kept under regular review, updated and circulated to practitioners as required.

2.2.c   Weekly REACT meetings were held with the DFE to clarify guidance for education settings.

2.3   Knowing and responding to those most at risk during the pandemic

Assessing risk

2.3.a   Before lockdown the decision was made to RAG rate all children's cases – in both social care and early help. These RAG ratings were updated in line with changing circumstances for both children and Government). The Independent Reviewing Officers (IRO) and Child Protection Advisors (CPAs) provided additional scrutiny on the RAG rating decisions for cases held in social care. CPA and IRO team managers reviewed all escalated Red RAG cases on a weekly basis to ensure that sufficient safety planning was in place [evidence: children's case files and guidance on Tri-Ex]. This enabled;

- Effective and timely oversight of risk
- Management oversight
- Efficient workload prioritisation – initially contacts virtual, increasingly these have moved to face-to-face as the department has embedded its recovery plan, and guidance has allowed – see table;
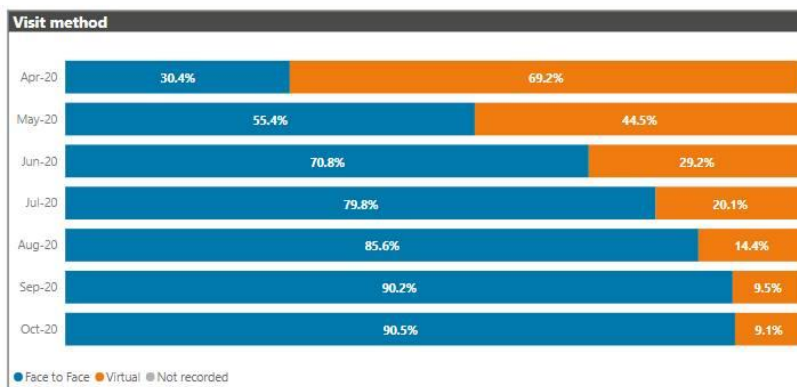
Where virtual visits are considered proportionate, management oversight is placed on file to formally record reasons for this decision.

All social care visits are now face-to-face, unless there are clear risks that prevent this from happening. Practitioners undertake pre-visit risk assessments with households. Cases are no longer RAG rated in social care as the presumption is face-to-face visits.

In Early Help children RAG rated as Red and Amber received a mix of face-to-face and virtual visits, parents of children requiring a level 2 response receive virtual contact. Early Help completed weekly RAG rating during lockdown and monthly since.

Supporting access to education and learning

2.3.b   The Portage service have continued to maintain close contact with families, even when face-to-face visiting has not been possible, using creative and innovate means. These have included sending pre-recorded videos highlighting activities parents can do with their young child. The service also supported families in finding other early years settings when theirs was not open as usual and provided on-going emotional and practical support throughout. 136 children and families received a service over the summer period.

2.3.c   Early Help staff maintained termly consultations with schools and working with colleagues in Education and Skills provided an enhanced offer to 20 schools in areas of high need offering additional access to link workers to discuss and respond to any emerging concerns. They also made regular calls to schools to monitor vulnerable children and supported schools to make effective contacts with families (including supporting schoolwork and attending joint home visits). 94% of schools received a termly conversation in the summer term, with 154 additional consultations undertaken.

2.3.d   As a result of work undertaken by the Early Years team, with colleagues across the department, almost 1,800 young children accessed early years provision through the partial closure period. This included 237 who met the vulnerable child criteria. There was specific tracking for our vulnerable children and if they were unable to attend their own Early Years placement alternative provision was sourced to ensure regular sight of the children.

- If an identified vulnerable child's usual setting was closed, and it was agreed that it is in the child's best interest to be attending childcare provision, brokerage support was given to find that child a place. A new online form was developed for professionals working with vulnerable children to request specialist brokerage support and an enhanced level of brokerage was offered to children of Critical workers. To date we have had 130 COVID brokerage cases; 103 for critical workers; and 23 for vulnerable children.

2.3.e   The Education and Skills service, together with colleagues across the department, undertook some exceptional work to ensure that our facilities remained open and attendance of vulnerable pupils and those of critical workers was amongst the highest in the country during lockdown. There was a specific piece of work carried out reviewing all vulnerable children using the RAG system to ensure they were appropriately attending school and where they were not this was followed up by Social Workers and teachers. As we know, being in education is a significant protective factor for children.

- Attendance dipped to circa 1.7 – 2% of the county's total number of pupils on roll at the onset of lockdown, by mid-April this had risen to between 2.5 – 3% of total school population, and to over 4% in May. The proportion of vulnerable children attending school continued to grow through this period. By the beginning of July 21% of pupils were in school. Attendance has been consistently above the national average

- All West Sussex maintained schools remained open throughout the summer term, except for two which had to temporarily close for deep cleaning following positive cases. Most schools remained open during the Easter and Spring Bank Holiday breaks to support critical workers. All maintained and academy schools opened for phased return throughout the second half of the Summer term. Local Academy Trusts agreed to work with us to provide spaces for children registered at other schools during school holiday period – again, ensuring regular sight of most vulnerable children.

- Since schools have fully re-opened in September attendance has risen confidently and is at 93.9% (compared to a national average of 89.6%) – data as at 09/10/20. For those with an EHCP, this is currently at 87.2% (84.8% nationally). For pupils with a social worker, attendance is at 85.6% (84.5% nationally)

2.3.f   Attendance of CLA was monitored through a new in- house system. At the beginning of lockdown 13% Children looked after attended school. This figure steadily rose over the summer term and by July 2020, 67% of our children were accessing school on a regular basis.

- The PEP documentation was changed to reflect the pandemic and to provide the opportunity for all to reflect on the provision that was being offered/ received.

- Virtual School team members attended as many PEPs as possible and ensured that children not attending schools were regularly monitored. During the summer term, 91.3% of children looked after had a PEP completed.

- The Virtual School maintained regular contact with foster carers and social workers to ensure that all guidance regarding school attendance was clear and acted upon.

- Access to, and use of, pupil premium funding was streamlined to ensure that resource was made available to all children as and when it was required

2.3.g   Through the SEND and Inclusion Support teams, schools were provided with specific, specialist support in meeting the needs of children and young people with SEND. This included;

- Specialist resources to support attendance and learning
- Additional equipment
- Information about guidance and support available to pupils and their families
- Professional support to educators

2.3.h   The Children with Disabilities team (CWD) maintained close contact with the special schools in relation to some of our most vulnerable children, ensuring that their educational needs continue to be met in school wherever possible.

2.3.i   Likewise the Ethnic Minority and Travellers Advisory Service (EMTAS) service provided additional support schools to meet the needs of pupils with English as an Additional Language (EAL) and Gypsy Roma Traveller (GRT).

2.3.j   Through the IT support scheme, run by the local authority, 2,160 laptops and devises were distributed to schools and the Alternative Provision College for use by children who are disadvantaged and unable to access learning at home, or those who are care leavers or children with social workers. This scheme was able to be extended beyond the target core group (Year 10 and 11 pupils) and into primary and KS3 phases.

Ensuring access to the School Meal Service

2.3.k   During the lockdown period, despite a number of significant challenges, arrangements were in place to ensure that meals were available for all children attending school and that food parcels were delivered to all children eligible for free school meals, and this was sustained through the period of difficulty with the national voucher scheme.

Responding to increased risk of domestic abuse

2.3.l   The Domestic Abuse emergency duty response was extended to include 7-day support, the team work closely with police and EDT to ensure a rapid response. The service undertook additional promotion activity (social media, advertising on refuse lorries, pharmacy bags and in supermarkets) to ensure that victims and children aware of the support available.

2.3.m   The Domestic Abuse service decided early in the pandemic to secure emergency accommodation for families fleeing abuse, in the event that other services were not available due to either demand or closure as a result of Covid-19.

2.3.n   Family Support and Protection (FSP) staff agreed a coded word with at risk families that could be used in virtual meetings to alert staff to domestic abuse.

Securing permanency

2.3.o   Covid-19 transition risk assessment developed to ensure that that adoptions progressed safely, but at pace.

2.4   Meeting the physical, emotional well-being and mental health needs of children and young people during the pandemic

2.4.a   All young people known to the Youth Emotional Support (YES) team, in Early Help (approximately 1,200) were contacted at the start of the pandemic and an appropriate plan of support was put in place.

- 01/04– 29/05/20 - 653 telephone 1:1 sessions and 187 video 1:1 sessions were held.
- Some young people elected to wait until face-to-face support could be provided, which enabled the service to prioritise those ready to access support
- An on-line self-assessment referral was launched to support quick and easy access
- Duty line runs daily (9.30 – 4.30pm) to allow young people and parents direct access to a worker to discuss any emotional well-being or mental health concerns
- A wide and creative range of resources has been developed and is available to everyone. This includes podcasts and mindfulness sessions, resource packs for parents and young people to work through, virtual support groups, etc

2.4.b   The Children Looked After service has many examples of innovative and creative ways in which they have worked to support children's emotional well-being and enable social workers to carry out virtual direct work. These include;

- Adapting communication styles and using digital contact methods to ensure engagement and oversight (using on-line activities, games etc). In some cases, this has meant far more engagement than was seen pre-Covid-19. Advanced practitioners led training sessions for social workers focussed on engaging creatively virtually
- Child friendly resources were secured and shared with children to help them make sense of the changes. Post lockdown, children were sent a certificate to congratulate them on getting through it. Children identified as struggling were sent cards and care packages, and some received vouchers to help them get out and about
- Leaflets and information about Covid-19 translated and shared with our asylum-seeking children and young people. Use of interpreters via video link to ensure effective engagement

2.4.c   Intervention team in Adolescent Family Resource Service (AFRS) undertook direct, trauma informed pieces of work with young people throughout the lockdown period and have focussed specifically on impact of Covid-19 on emotional health and well-being.

2.4.d   The Educational Psychology service introduced a community call back service for parents, school settings and other professionals to provide support about learning, behaviour and emotional well-being. 213 contacts were made, and 202 consultation calls undertaken. Feedback on this has been overwhelmingly positive.

2.4.e   This service also continued to support schools to meet the needs of staff and pupils following sad events, and to prepare in advance for such events.

2.4.f   School Effectiveness team have produced and communicated a number of support documents to schools – including Return to School – promoting everyone's emotional well-being.

2.4.g   The Mental Health Support Teams in Schools (MHSTs) adapted their work so that it could be continued virtually, and all 1:1 work with children was offered online using the Attend Anywhere digital platform. Referral routes were expanded to include parent/ carers,

School Nursing, Youth Emotional Support (YES), and Community Mental Health Liaison (CMHL).

2.4.h   CAMHS and physical health support was maintained, and adaptations made to better meet need during the pandemic;

- CAMHS for children looked after (known as CHAMPS) maintained therapeutic relationships by doing virtual sessions throughout lockdown
- CHAMPS and the Education Psychologist offered weekly consultations to foster carers and social workers to identify strategies to meet the needs of children struggling
- Specialist CAHMS worker is supporting the Child Asylum Team to meet the emotional needs of unaccompanied asylum-seeking children (UASC) during Covid-19 as some of these young people find the situation particularly challenging
- CAMHS support provided for children in residential provision and contact with the Looked After Children (LAC) Nurse
- LAC medicals continued, albeit virtually, to ensure medical needs identified and addressed
- Since restrictions have eased, staff in the residential homes are now ensuring that important, but not critical, missed appointments (physio, dentists, opticians etc) are caught up

2.5   Maintaining effective contacts with children and young people during the pandemic

2.5.a   The intervention team in Adolescent Family Resource Service (AFRS), and other services, undertook 'walk and talks' with children and young people to enable critical face-to-face contact. Equally all teams have embraced the use of digital technology to ensure that contact, even when not possible face-to-face, is continued, and in many cases enhanced.

2.5.b   Flyers prepared to give to children and young people to help them understand what face-to-face visits will look like, and how they will be safely managed.

2.5.c   The independent reviewing officers and the corporate parenting service have supported children's well-being by use of Mind of my Own (MoMo) app for regular contact, sending out letters to children introducing themselves and their roles to increase confidence and contact.

2.5.d   In our residential homes we;

- Provide activities and resources to support children, including social stories
- Hold regular meetings with children in the non-disability home to talk about Covid-19, and its impact and how to manage this well
- Support children to have access to friends and families via skype, facetime, emails and letters

2.5.e   Children and young people with SEND have continued to be engaged in the Young Voices Forum, which moved from fortnightly meetings to weekly virtual meetings, backed up by emails, texts and phone calls. Child focussed animation videos were produced helping children make sense of the pandemic and getting them ready to think about returning to school.

2.5.f   The Leaving Care Service, and others, continued to provide face to face visits throughout the period of lockdown to provide emotional and practical support to young people identified as particularly vulnerable, or high risk. They also;

- Increased contact using virtual visits and maintained regular lines of communication by text
- 108 young people have been supported practically and financially through the provision of food parcels and/ or vouchers
- Act as a source of advice and support on physical and well-being health issues, and where required support access to the relevant health professionals

2.5.g   We have noticed that virtual visiting and digital contacts have been beneficial for some children – there has been increased contact with some groups of young people who may not previously have engaged as well with staff, and others have found it easier to give their views independent of their parents' (particularly our children with disabilities), some simply just prefer digital contact (for example when talking about their mental health).

2.6   Supporting parents and carers (including foster carers) during the pandemic

2.6.a   Child Protection chairs have continued to ensure that pre-meets happen before conferences, so that there is opportunity to receive support, and share views and experiences. Child protection plans have been revised to ensure that children's emotional needs are at the centre of practise, outcomes are clearly defined and tracked.

2.6.b   Parents have been supported to participate in meetings and hearings in council run buildings (if required) and with appropriate technology and hardware.

2.6.c   Families of children and young people with disabilities are regularly contacted by Children with Disabilities (CWD) social workers and child and family workers. These conversations are recorded on Mosaic. The team have also worked to ensure that families are able to access more flexible personal budgets to support their children's needs during this time.

2.6.d   Colleagues across commissioning and operational services worked to co-ordinate RAG ratings for all children and young people with SEND across agencies, identifying a lead contact for each family. [evidence: Power BI database]

2.6.e   The West Sussex Parent Forum have worked hard to ensure parent carers are well informed and supported. Through Reaching Families we were able (within two weeks of lockdown) to develop a FAQ and information resource for families. Families were also able to access befriending services, counselling support and training workshops through this route.

2.6.f   The Short Break offer was refocussed to meet constraints of lockdown, so all families continued to receive holistic support and creative on-line breaks (Zoom karaoke, cookery, on-line experiments and social calls). Over 5,000 hours of virtual short breaks delivered in the first part of the year to approximately 2,000 children and young people. Additional sensory items were procured and delivered to families at home (e.g. indoor trampolines and arts and crafts supplies for children shielding). Short Breaks Wiki developed (Rix Foundation have listed this as an example of good practise) as a way of collating and sharing information with families.

2.6.g   The Fostering and Adoption teams ensured that foster carers were supported and able to best meet the needs of our children, including through;

- Virtual support groups
- Regular communications and newsletters [evidence: communication files]
- Respite needs addressed (and properly risk assessed) [evidence: case files]
- Additional resources provided such as a food hamper, £100 additional funding for foster carers and activity packs for children distributed via the foster care association

2.6.h   In our residential homes, we made regular check-ins with families who would otherwise have been using the short break facilities in the disability homes, either by phone, email or video call.

2.6.i   Crisis support (582 requests made for crisis support) mobilised delivering food parcels, vitamin packs and prescriptions to families in need. Staff undertaken this work were equipped with 'best questions to ask' to ensure that situations fully understood and appropriately responded to.

2.7   Working effectively with partners during the pandemic

2.7.a   At the start of the pandemic a system of regular (daily) newsletters for headteachers, governors and other education stakeholders was implemented, this moved to twice weekly in June. As at 06/10/20, 87 newsletters have been issued to 1,625 subscribers. This has ensured that key information (government guidance, contact details, how to report and respond to cases, support available from the local authority, letters for parents/ carers, HR advise etc) is well communicated, and that education partners have maintained confidence. [evidence: copy communications].

2.7.b   The School Effectiveness team have developed and distributed a wide range of materials and guidance to schools, including Learning during Covid-19, Framework for re-opening schools, Curriculum beyond lockdown, etc.

2.7.c   Education and Skills established a Welfare Group contact group at the beginning of the lockdown period, between March and August they managed over 3,100 direct contacts from schools, staff and parents relating to Covid-19 issues. Key issues raised include;

- Delivering the free school meals programme (particularly for those pupils not in school)

- HR issues
- Access to personal protective equipment (PPE)
- Safeguarding
- Data on school provision (ensuring close oversight on schools open, closed, partially open)

2.7.d   By March, the School Effectiveness team allocated every school a linked Covid-19 Advisor who undertook weekly calls with the headteacher (and sometimes the Chair of Governors). This ensured that there was consistent, informed contact and support provided to schools, and that the local authority had good information about issues of concern to schools.

2.7.e   Throughout the pandemic, the Education and Skills service have worked closely with Public Health and others (including the DfE, University etc) to ensure that there are effective and efficient lines of communication, that good practise is shared with settings, and to identify early any concerns.

2.7.f   Early Help teams worked with schools to implement virtual team around the families, ensuring that vital planning and monitoring continued. This enabled families in crisis to be identified early and supported appropriate returns to full time education and access to support (including free school meals).

2.7.g   Early Help reassigned a manager, and several staff, to the Communities Department Hub duty team. The team assisted with daily calls to vulnerable people in the community, developed a pathway to identify families contacting the Hub to ensure that all were triaged by Early Help to ensure wider concerns identified and addressed. Early Help staff worked with the Hub to review phone scripts, with an informed focus on safeguarding.

2.7.h   Likewise, the Early Help service worked closely with Districts and Borough community response teams, supporting the identification of risk and early help screening.

2.7.i   Pan Sussex working group (meeting fortnightly) established for domestic abuse services to ensure sharing of best practice, effective service demand mapping, and joined up partnership working.

2.7.j   The Safeguarding Partnership Board held two exceptional Covid-19 meetings (April and June) as a result of which it was agreed that lead partners and strategic leads met monthly between April and July to focus on relevant issues and concerns.

- Three Covid-19 briefings have been sent out to partners, updating them on partnership planning (April, May and June)
- 'See Something, Say Something' campaign developed – a media campaign developed to keep the needs of children visible in communities during lockdown. Information on the campaign was widely disseminated

2.8   Supporting staff during the pandemic

2.8.a   Personal protective equipment (PPE) was initially difficult to secure and supply (national supply chain issue), however working through the Command and Control PPE Cell arrangements were quickly put in place to secure and supply adequate supplies to social workers, other practitioners, education and child care settings. Service prioritisation plans developed in event that PPE supplies are disrupted. [evidence: PPE Prioritisation Plan]

2.8.b   Principal social worker has shared tools for workers to use supporting children and families to understand the pandemic and how best to keep safe.   Advanced practitioners have developed a standard narrative on pandemic restrictions to support staff in their communications with children and families. Child and Family Intervention Service (CFIS) hold a resource folder that staff can access for additional information and support on Covid-19 related matters.

2.8.c   Advanced practitioners ran life story consultations to support direct work in the context of lockdown to support our social workers.

2.8.d   A new webinar for practitioners has been developed on Youth Mental Health First Aid, supporting them to identify and meet need.

2.8.e   Staff safeguarding training moved on-line to ensure that all mandatory training continued.

2.8.f   Extended duty team developed to support the Emergency Duty Team (EDT) over weekends and bank holidays – this included domestic abuse, commissioning/placements, supervising social workers, staff from the Communities department, etc enabling the EDT to meet increased and complex demand.

2.8.g   Staff from some teams (eg Early Help) have been redeployed at times to support other areas of service where demand has exceeded capacity, including into the Leaving Care Service, Communities Hub (responsible for distribution of food packages, community contacts etc), and Appropriate Adult work.

2.8.h   Additional staffing hours agreed to support service areas experiencing additional and complex demand – including for example the Domestic Abuse team.

2.8.i   The Early Years team working closely with colleagues in Family Information Service (FIS), children's social care and SEN Assessment team, developed a support programme to ensure that vulnerable children and children of critical workers (including our local authority staff) were able to access childcare, even when their usual provider was unable to deliver.

2.8.j   Regular promotion of the Employee Assistance Programme (EAP) enabling staff to access 24/7 confidential advice and support on a range of wellbeing issues, including access to specialist advice on bereavement and counselling. Launch of a new mobile app (MY Healthy Advantage') providing a set of wellbeing tools at staff fingers tips. The EAP provision includes early referral for support for stress and mental health issues and advice for managers in these situations. All staff returning to work in an office or undertaking face-to-face visits supported by a risk assessment to assess and mitigate risks. Organisational Development Team providing on-line Team Time interventions to support emotional wellbeing of social work teams.

2.8.k   Operational teams have, in many cases, been running daily huddles to ensure that staff have regular peer contact and ensure appropriate management support in place. DPR (external consultancy supporting some of our operational teams' practise development) supported some teams to undertake group supervision to facilitate and foster increased sense of team and support.

3. Commissioning response to Covid-19 – supporting our providers and meeting the needs of our children and young people

3a.   Established a 9am – 9pm 7 day a week Commissioning Duty Line (March – June incl), dedicated email address and telephone number for Covid-19 related issues. Regular communications with links to OFSTED and government guidance circulated. [evidence: Commissioning files]

- Providers felt well supported, had clear contact routes for assistance and guidance
- Providers supported to access appropriate personal protective equipment (PPE) when nationally supplies limited
- Commissioners able to respond at pace and proactively to any threats to service stability

3b.   Commissioners called in all Business Continuity Plans (BCP) in March, updated provider BCPs requested October, including for all independent non-maintained special schools. [evidence: Commissioning files]

- Commissioning oversight of BCPs ensuring that the safety of children and young people in external placements is well managed and planned for

3c.   Developed and maintained a Covid-19 related spreadsheet capturing information about independent non-maintained special schools, including whether school open, closed, partially open, robustness of business continuity plans (BCPs) etc. [evidence: Daily spreadsheet, commissioning files]

- Commissioner oversight of pupil risk assessments, ensuring child needs met
- Ensured that alternative education/ support models appropriate and within guidance
- Specific oversight of provision for any child with a CLA or CiN status, ensuring that colleagues in social care, and elsewhere, aware of any changes to education provision in a timely way

3d.   Young person Covid-19 symptom tracker developed and maintained. [evidence: Tracker, Commissioning files]

- Ensuring effective record of young people with symptoms, dates of isolation and test outcomes
- Ensuring appropriate CLA Nurse and Public Health involvement

3e.   Programme of quality assurance of commissioned services revised to accommodate virtual monitoring. [evidence: Commissioning records]

- Full programme of quality assurance has continued to be delivered, ensuring children and young people are in safe and appropriate placements and that outcomes continue to be met
- Regulation 44 reports reviewed with additional Covid-19 checks to ensure any issues arising from Covid-19 picked up
- Additional information is now being sought from providers in areas where there are stringent local lockdowns (currently three children in such placements), ensuring that we have close oversight of provision in these areas and children's safety and outcomes are assured

3f.   Additional placement services commissioned to meet need arising from Covid-19. [evidence: Contract files]

- Commissioned Covid-19 Isolation staffed house (6 beds) in April, now extended to February 2021. Primarily for newly arrived UASC, developed to ensure temporary, safe accommodation before moving into existing long-term provision. Has protected our young people in existing provisions and prevented service closures
- Care Leaver accommodation (18+), fully staffed accommodation to ensure that care leavers did not become street homeless during lockdown and to prevent the need for them to make a homeless application to district and boroughs
- 2 fostering placements and 1 residential bed retained for the first 2 months of the pandemic for under 16 UASC or children newly CLA who may need self-isolation. The need for this provision is now kept under constant review

End.