Guidance Summary of Statutory Partner and Critical Services Response and Position to the COVID-19 Pandemic

THE MID AND WEST WALES SAFEGUARDING BOARD

8th April 2020

All information accurate at the time of writing

Guidance from the Royal College of Paediatricians and Child Health on Paediatric Support for Vulnerable and Looked After Children

Paediatricians and other colleagues involved in safeguarding children, looked after children (LAC), adoption, child death and children with special education needs (SEN) work may already be part of, or be drafted back into, providing acute lifesaving medical services or support of those services. Throughout this period they must continue to base their judgments on the best interests of the child or children that they are caring for. This fundamental of good paediatric practice is the constant that must not alter however much the circumstances change around us. The result of this will be a reduction in paediatricians and other colleagues' ability to contribute fully to the multi-agency processes and these problems will be mirrored by workforce and safety issues within partner agencies. At present it is not clear when certain statutory processes may be suspended and how long this may last.

Paediatricians and other colleagues should ensure safeguarding arrangements are considered in the context of an influx of young adults into children's hospitals and wards. Every reasonable effort should be made to separate different age groups.

Key vulnerable children professionals should contribute to the discussions for contingency planning with regard to what will happen when parents, foster carers, connected carers and residential home workers become unwell and can't look after children in their care.

Key vulnerable children professionals should contribute to discussions for contingency planning with regards to how food and medicines will be supplied to vulnerable children and families in households in self-isolation.

Good practice for paediatricians

- Designated and named professionals, or their equivalents, should meet with colleagues in social care and the police to discuss what the different levels of support may be, which are likely to vary in a step wise manner as local health resources change.
- Only clinically essential face-to-face meetings should occur.
- Telephone or video conferencing facilities should be used wherever possible in place of face-to-face meetings whether they be strategic or for individual case management purposes.
- Telephone or video conferencing may also be utilised when available to carry out consultations with patients and their families when clinically necessary.

During the peak of the pandemic paediatricians and other colleagues may only be able to:

- Treat injured children where there is no option but to admit to hospital. This group of children are likely to have already presented to emergency departments with fractures, burns and head injuries etc.

Attend to the essential health needs of sexually assaulted children, e.g. supply Post-Exposure Prophylaxis following Sexual Exposure (PEPSE), Hepatitis B vaccine, pregnancy testing and sexually transmitted infections (STI) screening. Where possible this should be via liaison with primary care or other non-hospital services, by developing local risk assessment and care pathways with social care and the police.

Advice for Health Professionals regarding their work in Adoption & Fostering and with Looked after Children from Public Health Wales

Advice has been provided to nurses by PHW in response to queries from NHS staff regarding their roles with Looked after Children and Young People (LAC/YP) and in Fostering and Adoption. As with Paediatricians, LAC nurses may be redeployed into other areas of work which are being prioritised, and in some Health Board areas such arrangements are already in progress. The result of this will be a reduction in LAC nurses' ability to contribute as usual to well-established multi-agency working/processes and this is also likely to be impacted by workforce and safety issues within partner agencies.

Advice to Health Professionals is as follows.

Wherever possible, health professionals as individuals should keep contact and travel to a minimum. This is to comply with current UK recommendations on social distancing and to keep LAC/YP, their families and carers, alongside NHS staff as safe as possible and reduce the risk of virus transmission within communities in Wales and the UK.

All professionals who look after children and young people should continue to base their judgments and practice decisions on the best interests of the child or children that they are caring for.

Health professionals must always be aware of the particular vulnerabilities of LAC/YP and consider the possibility of safeguarding concerns, particularly when not meeting face to face.

Statutory Health Assessments – Adoption medicals, Initial and Review Health assessments

The current advice is that virtual appointments/clinics should be used wherever possible as in other areas of Community Paediatrics. Using video conferencing or telephone should be considered for all LAC health assessments and Adoption medicals.

Health professionals should continue to liaise with local authorities and communicate how the Health board and LAC Health Team are responding to the current situation. Advice is still awaited from Welsh Government regarding statutory duty.

Phone and video conferencing should be used to respond to requests for advice from carers and young people. Health professionals can help with liaison around health concerns, hospital appointments, etc.

Children moving into Foster and adoptive placements

It is likely that some children have been and will be moved to new placements, without fully considering the additional risk of Covid-19 transmission. As with all placements, a planned placement is preferable and should consider all the risks, and a robust risk assessment by the local authority or adoption collaborative should be carried out for foster care or adoptive placement moves. Health professionals may be asked for an opinion. Please use the latest information on the PHW site.

The risk assessment should consider concerns about increased number of contacts and travel, and impact on others of the possible spread of infection vs impact of delay for the child or young person.

Meetings with adopters/Adoption and Foster Panels

The current advice is health professionals should promote the use of video conferencing, Skype or telephone for Adoption and Fostering Panels and for discussions with prospective adopters. As always it is good practice to follow any consultation with written advice. Clear recording of meetings/consultations is expected from health professionals, to reflect current practice.

Collating reports and information

There may be difficulties with accessing information remotely and access to Child Health systems and electronic records if NHS staff are required to work from home. This may be a particular challenge for some NHS staff.

Reports on prospective adopters and foster-carers

It is unlikely that GPs will be providing health assessments on prospective adopters and foster-carers and therefore the requirement to provide advice is likely to diminish for Medical Advisers, although advice to the Fostering Team and Regional Adoption Collaborative about individual cases or policy may be provided.

SARC Guidance from the Faculty of Forensic and Legal Medicine

This guidance covers requests for forensic medical examinations.

These new processes affect other stakeholders such as police and for some SARCs other hospital departments, therefore local discussion and effective teamwork is essential.

A COVID-19 Telephone Screening and Triage tool should be used for any request for a Forensic Medical Examination (FME).

Use Flowcharts 1 and 2 below (included within the Dyfed Powys Police SARC document) to assist with decision making around the management of cases.

In cases where the client is being seen in SARC, where possible, whilst maintaining safe and caring practice, limit face-to-face contact, as some may be infectious whilst symptomless.

a. Consider taking histories over the phone where possible;

b. Limit those accompanying a client attending SARC to minimum;

c. Ask all those attending SARC to wash their hands with soap and water on arrival;

d. Minimise movement of attendees and limit them to rooms that can be deep cleaned;

e. Keep as far as possible from others, including other SARC staff, professionals, clients and their family or friends.

Dyfed Powys Police Guidance for SARC Referrals during COVID 19

This document has been produced to provide guidance for SARC attendance during the COVID- 19 pandemic. This document should be read in conjunction with the information contained within the FFLM (link below). The guidance is being regularly updated so please ensure you refer to the most up to date guidance. (Version 3 is current as of 20th March 2020).

https://fflm.ac.uk/publications/template-for-step-by-step-guidance-for-sarc-fmes-via-telephone-or-videoconferencing-during-covid-19-pandemic/

Why is there a new process?

The guidance introduces a new process in which medical staff (Force Medical Examiners) assess the health of the victim. This will allow the FME's to triage the case and make a decision whether it's appropriate for the victim to undergo a forensic examination or whether other methods of evidence recovery should be followed.

By adhering to this guidance, we will reduce the exposure of DPP and partner agency staff to COVID 19, whilst ensuring the victim is medically assessed, supported and where possible forensic samples obtained. The needs of the victim's and the opportunity for the recovery of evidence will be assessed against the availability of resources and facilities.

It is vital Police work together with the FME's, SARC staff and the Health Authority to provide a service to our victims.

When does the guidance apply?

The guidance should be followed where there is a report of a Rape or Sexual offence and the report is made within the forensic window.

Early Considerations

Police investigators should consider prioritising lines of enquiry, which may negate the need for a forensic examination. For example, an early suspect interview may lead to a defence of consensual sex. This could reduce the demand on the service and the risk of spreading coronavirus.

The guidance advises that where attendance at the SARC for an examination is not deemed suitable, the victim may obtain swabs themselves.

It is imperative to note that some of the measures suggested in this guidance may impact on the integrity of the forensic evidence. **Therefore this should be considered as part of the multi-agency discussion, and documented by the senior investigating officer as a policy decision.**

SARC Resilience

New Pathways have resilience, however in the event no crisis workers are available, police will be provided instructions so they can access the building through their 'on call' facility.

New Pathways are reviewing their equipment to ensure they have the swabs, early evidence kits, medication and paperwork available in line with the protocol.

DPP will also make efforts to ensure additional swabs are available at key stations.

New Pathways are in the process of receiving PPE equipment which will enable them to assist victims diagnosed/ suspected of having COVID-19.

New Pathways only supply the morning after pill to victims, with all other medication provided by local arrangements. We are liaising with Health, CRG and New Pathways to provide an interim solution. In the Dyfed Powys Police area local health authorities will continue to run sexual health clinics across the counties albeit in a reduced capacity.

SARC suites currently uses cleaning products which will destroy COVID-19.

SARC units have implemented their own procedures to assess and identify any risk to staff from visitors to the suite.

Initial Response

The initial investigative response will be conducted as per the force guidance, with the exception of our initial contact with the victim.

A SOTO must be allocated where available, and they should implement the process outlined in this guidance. The response will be coordinated in conjunction with the Senior CID supervisory Officer (DS/DI).

The Sexual Offences Trained Officer should then proceed with the following instructions- ensuring the senior CID supervisor is briefed at each stage of the process, in order for them to make informed decisions.

If a SOTO is not available then the most appropriate resource to support the victim and gather evidence should be identified.

Process

1. A COVID-19 Telephone Screening and Triage tool should be used for any request for an FME (see appendix).

2. Use Flowcharts 1 and 2 (below) to assist with the management of cases.

Please note: Unless the Victim attended the station to make the report, please do not bring the victim to the station to utilise the video conferencing facilities. If video conferencing is not available at the victim's location the assessment can be conducted by telephone. Victims may use facetime, skype or whats app if these are available to both the FME and the Victim.

3. In cases where the client has reported straight to SARC, (whilst maintaining safe and caring practice), limit face to face contact, as some may be infectious whilst symptomless, initiate contact over the phone to obtain their history.

4. It is essential that your written records reflect the process you have undertaken.

Outcome of the Health Assessment

The FME assessment will provide information to the investigative team. The information (contained in the flowcharts) will assist you to respond appropriately in each situation.

Cases where self-swabbing is advised by the FME

Where the FME advises that the victim should self-swab there are two scenarios. Either the Victims will have attended SARC to self-swab or the police will collect the relevant medication, swabs and paperwork from the SARC and take them to the victim.

The Sexual Offences Trained Officer /Officers will be expected to lead on the collection of evidence from early evidence kits, clothing and when appropriate self-swabbing.

There are leaflets to explain the self-swabbing process to victims and these should be provided on every occasion. You can find these in the appendix below.

Consent

As per the current force policy a victim's consent is required for the forensic examination to take place, this should be documented. In addition please ensure the assessment process is explained, please make it clear the FME will be asking health related questions.

Confidentiality

Where feasible the victim should be left alone when discussing the health assessment with the doctor. If disclosures are made in the presence of officers these must be treated confidentially.

Protection for officers/CSI's responding to complaints of Rape and Sexual Offences.

Officers must defer to the most recent force guidance on the use of PPE in circumstances where the victim discloses they have symptoms of, or where they have been diagnosed with Covid-19.

Where Victims have been diagnosed or have symptoms of Covid-19, officers should encourage victims to utilise their own equipment to facilitate contact with the Dr. Please bear in mind that some electronic devices may contain evidence, and if the phone is used to facilitate a call, the SOTO should record details of this.

Where officers utilise their force allocated laptops or hand held devices to facilitate communication then care should be taken to clean the devices after use to prevent the spread of Covid-19.

Transporting the victim to SARC suites

Where possible ask the victim to convey himself or herself to the SARC suite, if this is not feasible the officer assisting the Victim should ensure that the police vehicle, which has been utilised to transport the victim of Covid-19 is flagged up as per the force procedure in order that the appropriate measures can be undertaken to clean the car.

During the car journey, the victim should be asked to wear a facemask and to continue to wear this upon entry to SARC where they have symptoms of or have been diagnosed with Covid-19. The FME can provide guidance on this following the health assessment.

Victims should be asked to attend alone or with only one supporter.

Attendance at the SARC suite

Officers, Victims and any supporters attending the SARC will be asked screening questions as per their current protocol. Anyone entering SARC will be asked to wash their hands, and practice social distancing. SARC staff will direct you to limit your movement within the building to specific areas and we ask you respect their request.

Support for the victim

Attendance at the SARC guarantees a referral is made to the ISVA service provided by New Pathways. It is vital at a time when victims are less likely to attend, that referrals are made in every case where the victims consent. At a time of imposed isolation and ill health, the ISVA support is more important. New Pathways will aim to contact all new clients within 72 hours.

Regional response

A regional response may be required if there are significant resource, facility and equipment challenges. If a SARC or partner involved in the process have concerns about capacity, they should request a meeting between police, health, New Pathways, CRG in order that it can be escalated.

Appendix

COVID 19 screening tool

The screening tool to be utilised is below. The Sexual Offences trained Officer /officer should complete the first page of the COVID-19 screening tool prior to meeting the victim in person. This must be shared with SARC staff and health professionals.

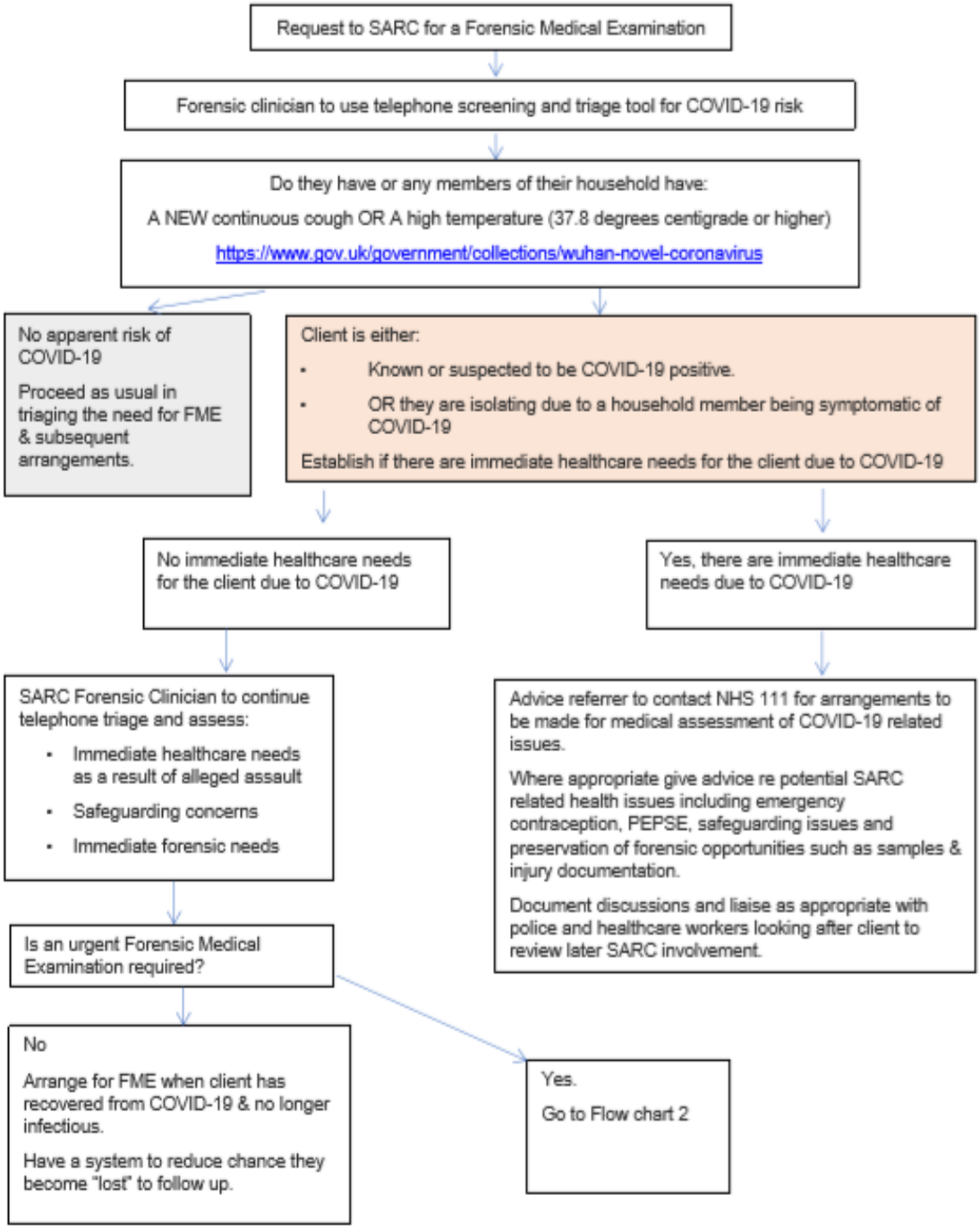
SARC SPM CO

Self-Swabbing Guidance

Patient leaflet v

Patient leafle

Flow Chart 1: Initial SARC Request



Flow Chart 2 Requirement for urgent FME for actual or suspected COVID positive

Is it considered essential that this client has a Face to Face FME?

N.B. All SARCs should try to identify an isolated room for "unexpected drop-ins" that arrive and may be infectious.

Yes

For example the nature of suspected acute injuries, young children, people who would be unable to self-swab.

If in doubt discuss with senior colleague.

See in either an area of the SARC designated and with the correct processes in place to see COVID clients OR

Liaise with Local ED/COVID designated area

Phone number:.....

Arrange suitable FME appointment time & venue taking into consideration:

- Needs of client.
- Minimal risk to others entering facility
- Ensure room is forensically clean prior to use
- Police bringing client should wear appropriate PPE
- If possible arrange for client to wear mask en-route & prior to entry of facility
- Ideally only the client comes with police (clearly may be others e.g. parent)
- Ideally client to not travel in police vehicle
- Use of interpreter by 'phone/language line
- SARC staff to attend arranged venue
- Staff involved to don PPE prior to client's arrival and in line with PHE guidelines
- Forensic samples placed in sealed tamper evident bags making clear COVID-19 risk
- Arrangements in place for immediate deep clean of facility post FME warning cleaners of COVID-19 risk.
- Staff remove & dispose of PPE post exam in line with PHE guidelines
- FME waste bagged and disposed of in line with PHE & local facility guidance
- Minimise contamination risk during FME by restricting movement to forensic exam room and bathroom.
- Be mindful of client's COVID-19 health needs & refer for assessment as required.

Public Health England & PPE

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

No.

Make arrangements to undertake a remote tele/videoconference FME

Is this a police referral?

Yes

No

Forensic clinician & Crisis worker to assess over the phone the health & safeguarding needs of the client.

Explain limitations, such as inability to take samples, due to current pandemic situation Arrangements to be made with third party to collect EC & HIV PEPSE if required.

Consider advising client to take photographs of injuries & storing clothes/bedding if appropriate

Document discussions & processes.

Safeguarding & ISVA referrals to be made by SARC staff in the usual manner

Forensic clinician & crisis worker to take history from police & client over the phone in as much detail as possible as if client was in SARC, including consent process. Use secure video facilities if possible.

Assess need for:

- Safeguarding including DASH assessments
- Emergency contraception & HIV PEPSE & Hep B
- Establish forensic sample strategy & discuss with OIC (see Box 1)
- See Telephone FME Consultation (Box 2) for details
- Police to arrange for collection from SARC of
  - EC & HIV PEPSE as required
  - Relevant swab modules & paperwork labelled with SARC reference number
  - Samples & paperwork to clearly state what was self-taken by client
  - Information leaflets
- Police, wearing appropriate PPE, to take EEK & skin swabs as necessary e.g. neck swabs
- Client to self-swab as appropriate
- Forensic samples to be stored in bags indicating COVID risk & taken, maintaining chain of custody, to police facility
- Wipe down Forensic bags to reduce COVID-19 risk
- SOCO, wearing appropriate PPE, to photodocument injuries where required.
- Safeguarding & ISVA referrals to be made by SARC in usual manner
- SARC Documentation to make clear the processes undertaken.
- Add to the FME notes a copy of the FFLM COVID-19 Pandemic Impact on FME Case Management covering letter.

Version 3 18/03/2020

UK Government DBS Service Guidance – Interim Arrangements-COVID 19

In response to COVID-19, **as of Monday 30 March 2020**, the Home Office and the Disclosure and Barring Service (DBS) will be putting temporary arrangements in place, to provide DBS checks and fast-track emergency checks of the Adults' and Children's Barred Lists free-of-charge. This will apply to healthcare and social care workers being recruited in connection with the provision of care and treatment of coronavirus (COVID-19) in England and Wales.

Guidance on the process to follow and a full list of eligible roles within NHS health services, social care services or social services functions in connection with the provision of care and treatment of coronavirus can be found in the links below.

Please note, the roles eligible for fast-track emergency checks are different to those defined as 'key workers' for the purposes of childcare etc.

These arrangements will provide employers with the option to appoint new recruits into regulated activity with adults and/or children, as long as the individuals are not barred and appropriate measures are put in place to manage the individual until the full DBS check is received.

Misuse of this emergency fast-track COVID-19 provision will delay the urgent deployment of health and social care personnel, and therefore undermine the national effort to fight coronavirus.

Fast-track service – eligible roles

DBS Checks Flowchart

Welsh Government Guidance Coronavirus (COVID-19): guidance for services for perpetrators of violence against women, domestic abuse and sexual violence

Effects of COVID-19 on perpetrator behaviour

Services should be aware that COVID-19 and the changes it has necessitated may increase the risk of VAWDASV.

Opportunities for the perpetration of VAWDASV have increased as individuals have been required to stay in their homes far more than previously. Additionally, VAWDASV may be even more 'hidden' than before, as victims and survivors will potentially not be able to see their family, friends and co-workers for extended periods of time.

Increased stress as a result of COVID-19 may also increase the risk of perpetrators of VAWDASV committing further abuse and offending.

Abuse and offending that takes place while COVID-19 restrictions are in place is more likely occur in the presence of children who are not currently able to attend school.

Restrictions on leaving the home and the closure of many public spaces may also impact on service users with substance misuse difficulties, as they may be unable to access their substances or may be more likely to misuse substances within the home. This may potentially increase their risk level.

Guidance on continuing to run services for perpetrators of VAWDASV

Safeguarding referrals should still be made where necessary, for example, to Multi-Agency Risk Assessment Conferences (MARACs) or to children's services.

The **Welsh Government's Violence Against Women, Domestic Abuse and Sexual Violence Perpetrator Service Standards**, provide guidance on the range of factors services should consider when adapting their delivery, helping them to remain evidence-based, safe and effective.

Risk assessments and the appropriate follow-up referrals and actions should be completed for all service users, even if the decision is taken to only continue programmes and interventions for those at the highest risk level.

Services should make use of valid and reliable risk assessment tools. Risk assessments will need to be updated frequently in light of the changing situation.

Services should be aware that information sharing may be impacted by staff shortages. This includes both information sharing between perpetrator and victim services and information in multi-agency groups, such as MARACs and Multi Agency Safeguarding Hubs.

Stopping or adapting a treatment may be distressing and difficult for service users and those affected by the perpetrator's behaviour, and services should seek to reflect an understanding of this in their approach, while not compromising the need to assess risk and take appropriate action

Stopping a programme or intervention

If it is not possible to continue a service, programme or intervention without direct contact, or if the risk of doing so would be too high, it may be necessary to stop or pause.

Non-completion of an intervention or programme can be associated with a risk increase. If a group or one-to-one intervention is stopped then steps should be taken to ensure the risk level of participating service users is monitored and communicated to relevant agencies.

Victims and survivors should still be offered services or signposted to agencies that are still offering support.

Services should decide how a programme or intervention will recommence following a pause and, if appropriate, communicate this to service users.

Services should have a clear process for dealing with new referrals during this time. If a programme or intervention is stopped, the likely impact on motivation and risk of putting new referrals on 'hold' should be considered.

Services should be mindful of the impact that stopping programmes and interventions may have on other related services, such as the police or National Probation Service, and should seek to communicate the decision to stop a programme or intervention with these partners as soon as possible.

Adapting a service, programme or intervention

Where possible, options for continuing to work with service users without direct contact, such as through video call or phone calls, should be explored. Where resources are limited, the highest-risk service users should be prioritised.

Work with perpetrators through video calls or phone call should focus on behaviour management, rather than behaviour change. This is because the evidence-base for delivering behaviour change interventions indirectly remains unclear.

Where possible, service users should be helped to find a space in their homes where they will have privacy to engage with the intervention or programme and will not be distracted. If this is not possible staff should consider alternative solutions and the location of the service user and others present in the house should be documented.

Where it is established a service user is unable to access a programme or intervention without direct contact, for reasons such as a lack of internet, computer, smartphone or privacy, this should be communicated to relevant agencies.

Services should be aware that the lack of direct contact may impact on the quality of engagement and effectiveness of behaviour management and/or change efforts.

Services should inform multi-agency groups in which they participate of their decision to adapt a programme or intervention and the likely impact of this on their effectiveness.

VAWDASV Regional Pathway to Support for Victims of Domestic Abuse

Mid and West Wales VAWDASV Regional Pathway to Support

This Regional Pathway to Support has been designed in partnership with the VAWDASV Specialist Providers across the region, to assist in assuring consistency and continuation of service availability and accessibility for citizens of the Mid and West Wales region.

This Pathway firstly acknowledges the disruption to service delivery relating to Covid-19, also known as the Coronavirus outbreak. It is intended that this document will set out the clear pathway to VAWDASV support and advice for citizens and professionals living and working within the region.

It is important to acknowledge that all Specialist Service Providers are continuing to operate, albeit with reduced and/or limited resources. The majority of services are being delivered via remote working; however, all agencies will respond to referrals via their normal referral routes.

Access to Support

In terms of access to support we maintain a consistent route to services via the **Live Fear Free Helpline on 0808 8010800 –** This helpline is open to women, men and young people experiencing any form of Domestic Abuse or Sexual violence (DA/SV).

The **Live Fear Free Helpline** will provide immediate advice and guidance before signposting to a local Specialist Support Provider.

Specialist Service Providers in Mid and West Wales

Local Authority	Provider(s)	Specialism	Contact number	Covered by Live Fear Free Helpline
Regional Service	IDVA Service- Hafan Cymru and Pobl	High Risk Domestic Abuse	Carmarthenshire and Powys- 01267 221194 Pembrokeshire and Cereidigion- 01646 698820.	Yes
Regional Service	New Pathways	Sexual Violence	Ceredigion: 01970 610124 Carmarthenshire: 01267 235464 Powys: 01267 226166 SARC Out of Hours (All areas) 07423 437020	Yes
National Service	BAWSO	VAWDASV BAME	0800 731 8147 (24 hr helpline)	
Powys	Montgomery Family Crisis Centre	Domestic Abuse	01686 629114	Yes
	Calan DVS	Domestic Abuse	01874 625146	Yes
Ceredigion	West Wales Domestic Abuse Service	Domestic Abuse	01970 625585 And/or 01239 615385	Yes
Carmarthenshire	Carmarthen DAS	Domestic Abuse	01267238410/234725	Yes
	Threshold DAS	Domestic Abuse	01554 752422	Yes
	Calan DVS	Domestic Abuse	01269 597474	Yes
	Dewis Choice	Domestic Abuse for people aged 60+	Referral via statutory agency e.g. safeguarding, police, health	No
Pembrokeshire	Pobl	Domestic Abuse	01646 698820	Yes
	Hafan Cymru	Domestic Abuse-	0808 80 10 800	Yes

		Refuge Only		

Refuge
Refuge provision and the availability of refuge accommodation will vary depending on the individual circumstances at each refuge at the time and the circumstances of the individual seeking refuge. As in normal circumstances, each request will be considered on a case by case basis, taking into consideration matters such as: current availability, facilities required, personal circumstances and safety of the person(s) seeking accommodation and the circumstances and safety of existing residents and/or their children.

Each Local Authority has specific measures and plans in place, regarding emergency accommodation stock to support the demand for refuge accommodation during this time.

MARAC and Daily Discussions
Where staff have been trained (including staff outside specialist services) they must use the DASH Risk Identification Checklist and MARAC referral form where appropriate as per the usual process.

Dyfed Powys Police (DPP) are revising the daily discussion process in response to decreasing staff capacity within all agencies- Further information on these arrangements will follow shortly.

Personal Safety Alarm Provision
Dyfed Powys Police have a supply of personal alarms and Skyguard alarms available to access. DPP and the Specialist Services have agreed a process for managing these alarms and promptly distributing to individuals who have been identified as requiring them.

Legal and Judiciary Guidance

SIR ANDREW MCFARLANE

PRESIDENT OF THE FAMILY DIVISION AND HEAD OF FAMILY JUSTICE

This Guidance, which is issued with the approval of the Lord Chief Justice and the Senior Presiding Judge, is intended to be followed with immediate effect by all levels of the Family Court and in the High Court Family Division.

2. The aim of the Guidance is to 'Keep Business Going Safely'. There is a strong public interest in the Family Justice System continuing to function as normally as possible despite the present pandemic. At the same time, in accordance with government guidance, there is a need for all reasonable and sensible precautions to be taken to prevent infection and, in particular, to avoid non-essential personal contact.

3. The default position should be that, for the time being, all Family Court hearings should be undertaken remotely either via email, telephone, video or Skype, etc ['remote hearing'], where the requirements of fairness and justice require a court-based hearing, and it is safe to conduct one, then a court-based hearing should take place.

The Rules
5. The Family Procedure Rules 2010 provide for the use of remote hearings in appropriate cases. FPR, r 1.4(e) provides that the court must further the Overriding Objective by making use of technology. FPR r 4.1(3)(e) provides that the court may hold a hearing and receive evidence by telephone or by using any other method of direct oral communication. In public

law cases, FPR PD12A para 24 requires that where facilities are available to the court and the parties, the court should consider making full use of technology, including electronic information exchange and video or telephone conferencing. FPR r 22.3 provides that the court may allow a witness to give evidence through a video link or by other means. Annex 3 to FPR PD22A provides detailed guidance as to how video conferencing should be dealt with in court. Lastly, by r 4.3 the court may make orders of its own initiative.

Remote Hearings

6. The facilities to enable remote hearings are discussed in more detail at paragraph 14.

7. In contrast to jury trials in the Crown Court, there is no category of case that may be listed in the Family Court which necessarily requires the physical attendance of key participants in the same courtroom. The determination of whether or not a remote hearing is to take place will not therefore turn on the estimated length of the hearing, but upon other case specific factors.

8. The following categories of hearing are suitable for remote hearing:

a. All directions and case management hearings;

b. Public Law Children:

i. Emergency Protection Orders

ii. Interim Care Orders

iii. Issue Resolution Hearings;

c. Private Law Children:

i. First Hearing Dispute Resolution Appointments

ii. Dispute Resolution Appointments

iii. Other interim hearings

iv. Simple short contested cases

It is possible that other cases may also be suitable to be dealt with remotely. As the current situation is changing so rapidly, and as the circumstances that will impact upon this decision are likely to differ from court to court and from day to day, the question of whether any particular case is heard remotely must be determined on a case-by-case basis.

11. Where a case cannot be listed for a remote hearing as matters stand then any existing listing should be adjourned and the case must be listed promptly for a directions hearing, which should be conducted remotely. The primary aim of the directions hearing should be to identify the optimal method of conducting the court process in order to achieve a fair and just hearing of the issues but, at the same time, minimising as much as possible the degree of inter-personal contact between each participant. In appropriate cases, this may involve the use of a remote hearing where it is possible to conduct the court process in a manner that achieves a fair and just consideration of the issues. Recent experience has demonstrated that it is possible to conduct a complicated extensive multi-party hearing using the Business for Skype system that is available on the judicial laptop. In other cases it may be necessary for the personal attendance at court, for some or all of the hearing, by some or all of the participants.

At any directions hearing to discuss the future hearing arrangements, judges and magistrates should also require the parties to focus on the realistic options that are currently available to meet the child's welfare needs during the present straightened circumstances.

Urgent Cases

13. Even where a case is urgent, it should be possible for arrangements to be made for it to be conducted remotely. The default position should be that the hearing is conducted remotely. Where a case is genuinely urgent, and it is not possible to conduct a remote hearing and there is a need for pressing issues to be determined, then the court should endeavour to conduct a face-to-face hearing in circumstances (in terms of the physical arrangement of the court room and in the waiting area) which minimise the opportunity for infection.

Coronavirus Act –Summary as It Affects Wales

Clause Number	Heading	Details/What Does it Mean
Social Services		
6	Temporary registration of social workers: England and Wales	The addition of emergency registrants to the register held by the Registrar of Social Work England (SWE) and Social Care Wales (SCW) will help to deal with any shortage of social workers in the children's and adult social care sectors as a result of increased staff absenteeism, or increased demand, for example, for care planning. Schedule 5 details
10	Temporary modification of mental health and mental capacity legislation	During a severe coronavirus outbreak, it is anticipated that there will be a surge in demand for healthcare services, including mental health services. There will also likely be higher staff absence rates than usual, particularly during the peak weeks. It is thought likely that organisations will find it very difficult to comply with a number of procedural requirements set out in the Mental Health Act 1983. The consequences of this would include meaning that patients needing mental health treatment in an inpatient setting would be less likely to receive it, particularly in those cases where a person is so unwell he or she is not able or willing to consent formally to treatment. It would also mean that people would have to wait for an extended period before receiving mental health assessments, and be unwell and untreated for longer. These waits would include those for assessments following detentions made by the police under the Act, which would be a burden on police time, and could result in an increase of the number of people being assessed within police stations. In order to support these services and give them the flexibility they will need to continue

		treating patients during a severe coronavirus outbreak, a number of temporary amendments to the Mental Health Act 1983 are proposed. These include: - allowing fewer health care professionals needed to undertake certain functions (one Doctor's opinion rather than the current 2); and - extension or removal of time limits relating to detention and transfer of patients. In practice, the amendments would mean that an approved mental health professional may decide to detain a person on the advice of one doctor approved under section 12 of the Act. The Act requires the advice of two doctors, the second having acquaintance with the patient. Patients who are being treated without their consent have the right, after three months, to have their treatment reviewed by a Second Opinion Appointed Doctor, a service provided by the Care Quality Commission. To reduce the impact on resources at the end of the emergency period and avoid a peak in demand on to fulfil this right, an amendment sets out that the three month period will commence from the end of the emergency period. For prisoners, an amendment would help to ensure that defendants and prisoners with a mental health condition can be admitted to hospital for treatment during a time of staff shortages and disruption to services. The flexibilities will change the number of doctors' opinions and time limits required for detention and movement between court, prison and hospital. Schedule 8 details
15	Local authority care and support	Amendments to the Social Services and Well-being (Wales) Act 2014 to assist LAs to be able to prioritise care in order to protect life and reach rapid decisions over the provision of care without undertaking full compliant assessments. These provisions, which would only be brought into operation for the shortest possible time at the peak of the coronavirus outbreak (when LAs were at imminent risk of failing to fulfil their duties) and only last the duration of the emergency, would allow LAs to do this by temporarily releasing them from some of their duties. LAs would still be expected to do as much as they can to comply with their duties to meet

		needs during this period and these amendments would not remove the duty of care they have towards an individual's risk of serious neglect or harm. Schedule 12 – Part 2 details for Wales Assessing needs for care and support – local authority does not need to comply with the duty to assess needs of an adult for care and support / duty to assess the needs of a carer for support; Duty to carry out financial assessment - local authority does not need to comply with the duty to carry out a financial assessment Duties to meet needs for care and support – Charging for meeting needs during emergency period; Care and support plans etc. - local authority does not need to comply with the duty in relation to care and support plans and support plans; Portability of care and support Duties arising before commencement Guidance – Welsh Ministers may provide Guidance on the above, which must be taken into consideration
33	Disclosure Wales: Disapplication etc. by welsh Ministers of DBS provisions	Welsh Ministers may make provision for health or social care DBS to be disapplied / modified by reference to— (a) a specified person or description of persons; (b) a specified area; (c) any other matter.
53 54 55 56	Expansions of availability of live links in criminal proceedings Expansions of availability of live links in other criminal hearings Public participation in proceedings conducted by video or audio Live links in magistrates court appeals against requirement	Expand the availability of video and audio link in court proceedings. The clauses: • permit the expansion of the use of fully video and video-enabled hearings in various criminal proceedings; • make provision for public participation in court and tribunal proceedings conducted by audio and video hearings to ensure that the principle of open justice is protected; • provide for all parties to an appeal to the magistrates' court against a quarantine

	or restrictions imposed on potentially infectious person	order to participate by phone or video link unless the court directs otherwise. Schedules , 23, 24, 25, 26 details
Education		
37	Schools, childcare providers etc – temporary closure of educational institutions and childcare premises	This power gives the Secretary of State and the Welsh Ministers the ability to direct educational institutions or childcare providers to take steps to stop people attending for a temporary period of time specified in the direction. These powers would be needed to stop the spread of the disease and ensure welfare and safety of those working and studying in schools and other educational institutions, including childcare providers, by temporarily closing institutions as required. This would involve schools, including independent schools, Further and Higher Education institutions as well as registered childcare providers (including childminders) closing temporarily to prevent the spread of the virus. Schedule 16 - Part 1 details
38	Temporary continuity: education, training and childcare	These powers may be used to require relevant educational / childcare providers to stay open or reopen, enable individuals or groups to attend different premises, to change term/holiday dates. The powers may also be used to require relevant institutions to provide additional services, for example, provide extended hours childcare. This gives the Secretary of State and Welsh Ministers the power to temporarily disapply or modify existing legislative requirements in education and childcare legislation e.g. requirements to provide school meals, including free school meals, and local authority duties to ensure education / reducing teacher ratios / relaxing provisions for those with special educational needs. This will enable Local Authorities (LAs) and education and childcare providers to operate a service level different from usual practice, without being in breach of regulatory requirements. The intention is that this would, however, not extend to essential requirements such as safeguarding, health and safety or permanent exclusion. It will also enable the Secretary of State to suspend duties, such as those on parents in respect of child attendance at school.

		Schedule 17 - Part 1 details
Health		
2	Emergency registration of nurses / health and care professionals	The power provided in this clause will allow Registrars the ability to carry out emergency registration of healthcare professionals such as nurses, midwives or paramedics. This will allow for the registration of any professional regulated by the Nursing and Midwifery Council or the Health and Care Professions Council. It is hoped that this will help to ease the pressure on services to enable to delivery of essential healthcare services in this emergency period. Schedule 1 details
3	Emergency arrangements concerning medical practitioners: Wales	Schedule 2 details As with the others in terms of emergency arrangements, to ensure adequate staff on the ground.
11	Health service indemnification – England and Wales	In the response to the coronavirus outbreak staff may be asked to undertake NHS activities that are not part of their normal day-to-day work. It may also be necessary to require medical students to assist in the delivery of some NHS services. This indemnity clause allows the Secretary of State for Health and Social Care (in relation to the NHS for England) and the Welsh Ministers (in relation to the NHS for Wales) to provide indemnity for clinical negligence liabilities of healthcare professionals and others arising from NHS activities carried out as part of the response to a coronavirus outbreak. Alternatively, the clause allows the Secretary of State or the Welsh Ministers to arrange for such indemnity to be provided by a person authorised by the Secretary of State or the Welsh Ministers. This indemnity will not apply to those already covered by state-backed schemes (the Clinical Negligence Scheme for Trusts (CNST) or the Clinical Negligence Scheme for General Practice (CNSGP) in England and the Welsh Risk Pool (WRP) or the Scheme for General Medical Practice Indemnity (GMPI) in Wales). It will also not cover healthcare professionals who have indemnity cover for the clinical negligence in question through a private Medical Defence Organisation (MDO), a professional body or where they have commercial insurance.[There are similar provisions for Scotland and Northern Ireland.]

		The clause will provide indemnity for clinical negligence liabilities arising from NHS activities connected to the diagnosis, care and treatment of those who have been diagnosed as having coronavirus disease or who are suspected, or who are at risk, of having the disease. It will also cover healthcare professionals and others providing NHS business-as-usual activities (connected to the diagnosis, care or treatment of a patient) that a person is asked to carry out in consequence of the outbreak, including where such activities are outside the scope of their usual day-to-day practices.

The guidance in the above table is taken from documents provided by Pembrokeshire County Council Legal Services. The full documents can be found below.

554343 - Relevant to Council Services.c

554344 - Not Directly Relevant to