

Scaling Safety during COVID-19

Different Scales to use to assess exposure to COVID-19 against the risk of harm to the child to determine if face-to-face contact by the worker is needed for safety.

Thinking about the situation today how would you rate the need for an agency visit to the home?

Scale #1

0 – If this child is not seen by me today the potential of them being harmed (or abandoned) is extremely high....there is no one else who can connect with the family, or has recently seen the family...there is no safety plan and ne cannot be developed with the family over the phone.....the risk of harm to the child is higher than the risk of the child/family/worker exposure to COVID-19

10 – If the child is not seen by me today they would remain safe in the care of their parents....there would still be worry but the risk of harm is low. There are others who can connect with the family (if needed) and there is a safety plan that can be reviewed, refined, or developed over the phone.....the risk of exposure is higher than the risk of harm to the child.

Scale #2

0= the situation today is so concerning that it requires a child protection worker to see the child/young person and family to lead a safety planning process. There may be a good chance that the virus could spread as a result of this work so every precaution and strategy to reduce the chance of spreading has to be used.

10= a visit from a child protection worker would be useful in normal circumstances but really the situation as it is now can be easily managed by a collaborative effort by the family, network, community member and the child protection worker either through a visit outside the home with social distancing, texting, calling, video, photos or other technology This approach will certainly give everyone confidence in the safety of the children/young people and reduce the spread of the virus.

SCALE #3

0 – The risk to the child has been determine to be higher than the risk of exposure to the virus.... there is no one we can collaborate with to help build safety for the child.....the only way to assess the safety of the child is for ME to see the family today...

10 – The risk of exposure to the virus has been determined to be higher than the risk of harm to the child..... I can think of at least 2 people (family or network) to collaborate withThere is



another way to assess the safety of the child that does not include me going out today.

WORKING THE SCALE

Where are you?

What brings you there?

What is holding you back from a higher number?

QUESTIONS TO GATHER MORE DETAIL AND PLAN

What about you going out today would bring you up the scale? (work this question by amplifying to explore if it is risk to the child that is driving the reasoning to see the family or “peace of mind” for the worker)

Who last saw the child? Where would they scale?

Can you connect with them to learn of what they saw/observed.

Who is the most appropriate (least risky person) who can respond during the pandemic?

Can they check in with the family?

What is the safety plan?

Who is connected to it? How are they checking in with the family?

Are there parts of the safety plan that can be worked over the phone to fill in a gap?

What information is missing that holds you back from being higher on the scale?

Is there another way to find out this information/complete this assessment?

Thinking of the scale where would the family rate today?

What would the family say they are doing to keep their kids safe during this time? Who is helping them?

What would the family say they are most worried about?

Where would the family rate their worry of exposure?

What would the family say they need to stay together during this time?

BIAS/JUDGEMENT ANALYSIS QUESTIONS

What are the assumptions that we may have about the family that may be clouding our ability to make thoughtful decision about the need to see the family today?

What thoughts about the worry are based on our values and ideas of harm? Have we learnt the families perspective and experience or are making decisions based on our own?

What ideas of safety are we discounting from our own lenses as we have different values or ideas of what “safe” is?

Are these biases/assumptions heightened during of COVID-19?

What are some things we need to think through....or may need a second opinion about to make sure our emotions are not driving us to “rescue the child/family” and are impacting our trust of the child’s ability to keep their child safe?

Who are we not seeing/honoring because of our own belief or value about what a “safe person” does/does not do or who they are?

What through on who can help with safety and who cannot are based on our own perspective of the world and not the perspectives of others...especially that of the family and child?

Are we paying greater attention to issues of poverty, social location, privilege, and oppression, at this time of crisis then we have in “regular working” times?

- how are we doing this?
- how would the family say we are doing this?
- what assumptions/biases may we hold about communities, and specific identities that are heightened due to COVID-19? How do we guard against these assumptions/biases guiding our questions and decision making?

If we were to go out today, are we unintentionally sending the message we do not trust the family and their network? What are other ways we could assess what is needed without going out to maintain our collaboration with the family/network.

Whose worries are these? Are they ours? A collateral? What assumptions could be driving their worry?

Looking at the strengths...safety....network.....what decisions might be driven by our emotions as opposed to potential harm of the child?