

COVID-19 Children & Families Collective Leadership Group: Coronavirus (COVID-19): framework for decision making - Scotland's route map through and out of the crisis

Introduction

The COVID-19 Children & Families Collective Leadership Group has considered the Scottish Government route map through and out of the crisis in relation to services for children. The Group endorses the intent of the route map, that we should take the opportunity, as we emerge from this period, to chart a better way forward to support Scotland's children and families, as part of our continued commitment to 'Getting it right for every child'.

This will require joined up working across all professional disciplines, and across local and national government, the NHS, 3rd sector and community partners, as part of a whole system approach. We need to build on the strengths of partnership working, and take care not to shift responsibility on to different parts of the system as we address challenges moving forward.

The routemap does not involve all of those services that were either paused or continued during this period, such as universal health provision for pregnant women, children and families. Ensuring the contribution of these services, alongside other partners will be vital to developing a response that is proportionate, timely and can adapt to offer person-centred care within a population level approach.

The Leadership Group considered the following measures, to be discussed further with stakeholders, as we progress cautiously and incrementally through phases 1 – 4, to achieve a 'new normal' hybrid model of services and support, that will continue to involve remote working alongside direct contact.

Service changes need to be planned, taking account of the possibility that we may move backwards as well as forwards at times during the way through and out of the crisis, and the impact this will have on the relationship between services and children and families. They need to take cognisance of the clinical and scientific evidence of the 'what works' and 'how to implement change well'.

Gradual resumption of key support services at the community level with physical distancing & hygiene measures

Principles for providing support:

1. Each organisation must ensure that physical distancing and hygiene measures are being followed, which includes all necessary practice in relation to infection control and the use and availability of PPE, where appropriate. The Scottish Government guidance on 'Coronavirus (COVID-19): Social Work - safe and ethical practice during the pandemic' sets out advice regarding risk assessment in relation to direct contact, as well planning for the visit and infection control. Each organisation that will provide support by visiting the family in the home should adhere to this guidance, or provide its own tailored

written guidance that incorporates these elements and adheres to the most up to date Health Protection Scotland advice

2. Each organisation must be assured that staff are competent in and capable of following this guidance and have the necessary experience, training and supervision. Where volunteers are being used, they will require a high level of support and supervision to ensure that the guidance is adhered to.
3. As well as taking account of the circumstances of the family, the nature of the contact should take account of how they prefer to engage, and the approach that works best for them, including telephone and online contact as well as face to face.
4. Where possible, families should be contacted by people that they already know.
5. Direct contact within a child's home in phase 1 should only be undertaken if there is an agreed child plan in place with a lead professional.

This plan will confirm which worker or volunteer will be routinely involved in direct contact in the home. The plan must state the requirements of the activity (which may be as part of compulsory measures) and it must be overseen by a lead professional who has responsibility for determining whether contact can be stepped up or down in relation to the needs and circumstances of that child and family.

Direct contact can take place outwith the home as part of more general support, and without the need for a plan, following a request for help from a family. This must adhere to physical distancing and hygiene measures, and be overseen by the support provider.

Phases 2-4:

There should be incremental progress, until the full range of social care services are provided at phase 4, maintaining necessary public health measures, and including sustained greater use of technology.

The detail can be subject to ongoing discussion with stakeholders, but could involve:

- general support within the household at phase 2
- groupwork activity outdoors with physical distancing at phase 2
- group work activity indoors with physical distancing at phase 3

Wherever this activity continues as part of a multi-agency intervention, it should be as part of a plan, co-ordinated by the lead professional. All of the activity should continue to be overseen by the support provider.

Greater direct contact for social workers with at-risk groups and families with physical distancing and hygiene measures

Stepping up (not sequenced) over the four phases as part of co-ordinated arrangements with local partners, building on relationships already in place with families across social work, schools, health and the 3rd sector:

- Contact with children and families where there may not have been immediate risk, but where children and young people have faced significant adversity during the pandemic, including: children looked after at home; children affected by disability; young people in transitions; children and families involved in permanence planning;
- Children and families needing social work support with limited online access or who have been affected by the inability to facilitate contact with workers;
- Potential social work lead professional role, for children who didn't previously have a social work led plan;
- Review arrangements for family and friends to visit care placements;
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- Increased implementation of plans that require support for contact, including 'supervised contact'. During Phase 1 in to Phase 2 any direct contact that takes place inside, including supervised contact, must be part of a child's plan overseen by a lead professional. Recognising that during lockdown, support for contact has largely taken account of the management of risk, as we move through Phase 2 and Phase 3, increasing direct contact, including supervised contact, should take account of other factors, for example:
 - children affected by disability
 - children and young people in transitions
 - children and families involved in permanence planning
 - children and families under stress during lockdown.

Access to respite/day care to support unpaid carers and for families with a disabled family member

- No single start date, but careful and gradual consideration with appropriate risk assessments
- Wide variety of approaches to short breaks and different level of risks to individuals and to others
- Collaboration with unpaid carers, those individuals supported, and organisations providing support
- Maximising flexibility, enabling the exploration of creative solutions

Increasing direct contact from Maternity, Health Visiting, Family Nurse Partnership, School Nursing & Allied Health Professionals

During the period of lockdown, essential maternity and early years health services were maintained. Planned universal contacts and formal clinical developmental reviews continued to be carried out for children from birth to age five years. To maintain the provision of essential care, adaptations to service provision were made at pace, with some contacts delivered through a telehealth platform, where appropriate, and the remainder continuing face to face. Decisions regarding the type of contact method used were, and will continue to be, based on professional judgement and individual risk assessment. Additional face to face visits and virtual contacts were carried out where professional opinion, informed by risk assessment deemed this necessary.

Universal health services continue to remobilise as the national and local context alters. Many universal health and AHP services are not clinic based, which increases the flexibility to continue delivery via telehealth should this be appropriate for the family. This is particularly important where key service staff are they themselves shielding, or taking additional precautions due to someone in their household being required to shield.

There is learning from the rapid introduction of a blended provision of face to face and telehealth that could be transferrable to other service contexts. In addition, there is learning for the future provision of universal health services that can inform the model of services during the next phases.

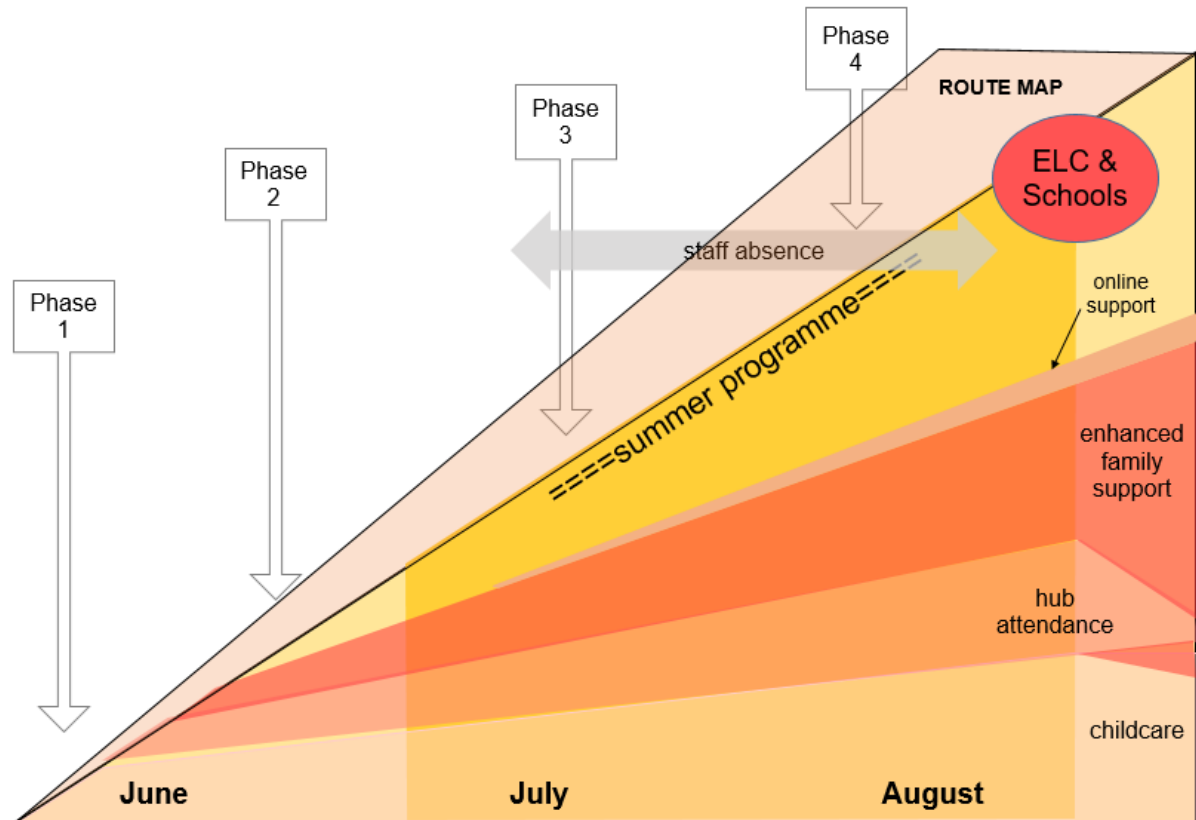
Phases 2-4:

- Increased direct contact (face-to-face) in the home should be determined both by guidance for routemap phase, the emerging needs of the child or pregnant women and challenges in family dynamic or circumstances.
- Assumptions that more families, pregnant women and children will require additional support due to pressures associated with the pandemic. These include but are not limited to: decreased mental health and emotional wellbeing, significantly reduced finances, lack of social contact with members outside own household, reduced attendance at ELC and schools, increased relationship breakdown, greater reliance on alcohol or other substances.
- Following up closely with families and pregnant women who have not been contacted through other means, due to social restrictions and guidance. This should include undertaking timely developmental reviews where they have been missed or were undertaken some time ago, particularly in relation to transition periods (to ELC and Primary).
- Continuing to deliver core content from each of the relevant pathways (maternity, health visiting, FNP) to secure the best outcomes for every pregnant women, child and family.

Actions

The Leadership Group has endorsed the following actions as part of a whole system approach:

- We should grasp the opportunity to build the whole system approach to supporting families, leading up to and beyond the opening of ELC and Schools (with a blended approach) in August:



- Every partnership should promote clear contact points for children and families to request help, building on the named person role, and with a clear route to increasing universal and targeted support through partnership within and across services including social work, community resources, universal and specialist health care.
- The implementation of the actions and principles to ensure that good family support is available to all families who need it, developed by the Leadership Group, should be adopted by Government and local partnerships.
- Partnerships should encourage increased hub attendance and flexible use of 1140 hours and attainment challenge funding, including local summer programmes.
- Consideration needs to be given to the importance of the relationships established between services and families during the lockdown period, and the impact on children and families as service changes are considered and introduced. This is relevant for children who have been attending the hubs on a regular basis during

lockdown, and there will be other services where children have had significant contact with practitioners over this period.

- Where children and families require ongoing support, this should be enabled through a plan co-ordinated by a lead professional.
- We are likely to continue to require to make use of the emergency provisions for social care assessments to ensure prompt support is provided to children and families.
- Enhanced family support should ensure fewer children will require more far-reaching interventions including admission to care, but it remains likely that there will be an increase in the number of children requiring care placements, and partnerships should take action to enable sustainable capacity in residential and foster care. This could include new hybrid care and family support models.
- As many services will continue to be delivered through online means, we should continue to promote digital inclusion with appropriate safeguards, increased access to devices and the internet, and seek to rationalise the use of digital platforms.
- Recognising the impact on service staffing levels over the summer period, alongside continuing measures to manage the pandemic, partnerships will require continuing contingency arrangements.
- All of our decision making must continue to be grounded in evidence for both reducing transmission of the virus and what works in supporting pregnant women, children and families.