

Professional advice to support best practice: WORKING WITH VULNERABLE FAMILIES

SUMMARY:	This professional advice aims to describe the new process for delivery of safeguarding vulnerable families by health visitor teams during the COVID-19 pandemic. Priority is given to protecting the health and wellbeing of both the family and professionals.
TARGET AUDIENCE:	This professional advice applies to all staff who work within the 0-19 health visiting and school nursing services in England.
PROFESSIONAL RESPONSIBILITY:	All staff are reminded of their professional duty to adhere to their NMC guidance, legal obligations and organisational/local policies and procedures.
SERVICE RESPONSIBILITY:	<ul style="list-style-type: none"> • Provide information on how to contact the service, hours of operation and response times. • Consider offering families a 9-5 health visitor telephone advice service, if not already available, as many families are suffering heightened anxiety and are unsure how they can get the essential information they need, when they need it. • Alert all families, including fathers and partners, to the change of service and that there may be a delay in responding to routine enquiries due to the increase of demand. • Alert all families, including fathers and partners, that NHS and PHE guidance are being followed and therefore face to face contact with families, will be reduced to comply with social distancing and social isolation guidance.
CONTEXT:	All advice at this time needs to follow current COVID-19 guidance which is continually updated. NHS England: https://bit.ly/33lcpPI and the Government website: https://bit.ly/33OXtiU
USEFUL LINKS:	iHV parenting resources: https://bit.ly/39gR7tH iHV COVID-19 professional resources: https://bit.ly/2WQShcR
PUBLICATION DATE:	27 th March 2020 NOTE: Due to the rapidly changing national COVID-19 response – the advice in this resource may change. Please keep checking the latest government and NHS advice.
AUTHOR:	This resource was developed by the Institute of Health Visiting in collaboration with Public Health England.

For all contact with families it is important to consider the following key principles.







KEY PRINCIPLES TO SUPPORT PRACTICE	PROFESSIONAL ADVICE AND RESOURCES TO SUPPORT PRACTICE
Identification of emerging issues and information sharing to support early assessment and intervention	<p>All staff should actively safeguard and promote the welfare of children and vulnerable people. Vulnerable families may be known or newly-identified Universal Plus or Partnership Plus service recipients.</p> <p>The presumption should be that contacts will be virtual – using video-enabled technology or, failing that, telephone contacts. There will need to be an individual assessment of compelling need for face to face contacts and NHS guidance should be followed for PPE: https://bit.ly/2UkOhzs</p> <p>This should be agreed and documented in discussion with the local safeguarding supervisor. It is important to safeguard the whole family and intervene as required if a risk is identified, as per local guidance.</p>

KEY PRINCIPLES TO SUPPORT PRACTICE	PROFESSIONAL ADVICE AND RESOURCES TO SUPPORT PRACTICE
	<p>Use an asset-based approach starting with the families' needs, which will need to be balanced with any overriding safeguarding priorities where these apply. What are their priorities? What would they like from the contact - their goals and concerns? The aim is to gain a clear understanding of the individual family situation, assets and capabilities as well as their problems and difficulties within the wider personal, family and social context to support identification of need.</p>
Safeguarding children	<p>Safeguarding children is everyone's responsibility; for services to be effective each professional and organisation should play their full part - see Working Together to Safeguard Children, 2018: https://bit.ly/2UGX5Pj</p> <p>Practitioners must continue to follow local protocols and procedures during this period and seek advice as necessary. Health visitors will continue to need access to high quality supervision throughout this period to share concerns, highlight risks and agree actions in line with the COVID-19 guidance: https://bit.ly/33RGSeg</p>
Safeguarding the family - Recognising additional considerations during the current pandemic	<p>All staff have a professional duty to safeguard those they work with. Remember that isolation may compound issues within the household and escalate domestic violence and abuse and safeguarding.</p> <p>Ensure you have arrangements in place to enable parents to ask for help and access support if needed, for example by providing links to domestic abuse helplines and information on your health visiting service and sources of support on your website. The Institute of Health Visiting has a dedicated COVID-19 webpage for parents: iHV Parenting resources - https://bit.ly/39gR7tH</p> <p>When working with vulnerable families/households receiving Universal Plus/ Partnership Plus service the enquiries made may be highly sensitive. When having telephone/ video-enabled conversations with families, remember:</p> <ul style="list-style-type: none"> • Check preferred contact number or email address if sending a weblink • Identify telephone number as backup in case there are connectivity issues • They might be on speaker phone • Other people and children over 3yrs old may be in the house • Staff to introduce anyone off camera and ask the family to do the same. <p>Please refer to the separate iHV COVID-19 professional advice: Virtual Contacts by Health Visitors.</p> <p>It is worth establishing these points at the start of the call and adjusting your practice accordingly.</p> <p>In some circumstances, routine enquiries might not be appropriate, think of other ways to ask questions to explore safety:</p> <ul style="list-style-type: none"> • How are they coping? • How is their relationship? How is their partner coping? • Is there anything they are worried about? • How are their extended family? Are they worried about them? • How are their other children coping? • Explore what support networks they have in place, do they have access to food, etc? • Provide a means for them to contact you after the contact/visit if they think of things that they need to discuss with you (this is particularly important to support disclosure of domestic violence and abuse). <p>Remember to follow your local safeguarding policies and the Government advice below: https://bit.ly/33RGSeg</p>

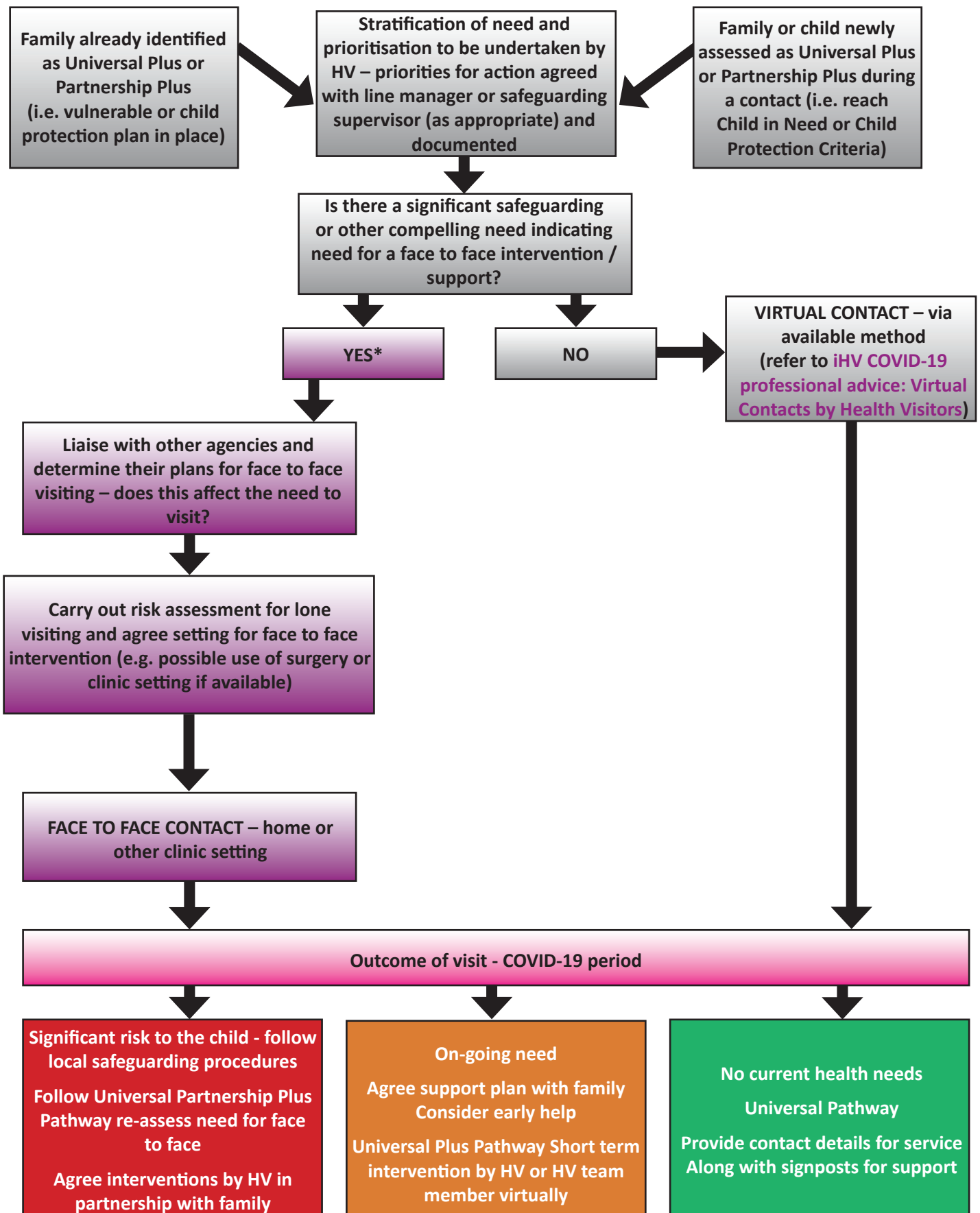
KEY PRINCIPLES TO SUPPORT PRACTICE	PROFESSIONAL ADVICE AND RESOURCES TO SUPPORT PRACTICE
Redeployment	<p>Along with other secondary care nurses, some health visitors may be asked to be redeployed during the prolonged major incident caused by the coronavirus pandemic (COVID-19) to support other prioritised sectors of the healthcare system. The NHS has produced guidance to prioritise services: https://bit.ly/2UIRz5z</p> <p>Redeployment should be locally determined. Health visiting service leads will be required to develop a plan to ensure that the essential parts of the health visiting service are delivered.</p> <p>Health visitors are to stop contacts, except:</p> <ul style="list-style-type: none"> • Stratified visits and support for vulnerable families • Safeguarding work (MASH; statutory child protection meetings and home visits) • All New Birth visits • Follow up of high-risk mothers, babies and families • Antenatal visits and support • Phone and text advice - digital signposting • Blood spot screening <p>NOTE: Face to face contacts should only be undertaken when there is a compelling reason – see our separate iHV COVID-19 professional advice: Virtual Contacts by Health Visitors.</p> <p>Local discretion is needed when deciding which measures are needed and the timing of their implementation. There is local variation in staff skill-mix, staff availability, services available, patient population, impact of coronavirus and many areas are already functioning with historically high levels of staff vacancies and large caseloads.</p> <p>Careful workforce modelling will be required to ensure that the service has sufficient health visiting staff to deliver this plan and meet the needs of families.</p>
Prioritisation of contacts	<p>Carry out a risk stratification to identify families that have a compelling reason for a home visit due to significant risk and those that also require prioritisation for video-enabled appointments in accordance with the latest guidance “COVID-19 prioritisation within community health services”: https://bit.ly/2UIRz5z</p> <p>Prioritisation will require clinical input, including consultation with other agencies working with the family, your manager/supervisor and the COVID-19 lead in your area.</p>
Choice of virtual support platform	<p>See our separate iHV COVID-19 professional advice: Virtual Contacts by Health Visitors.</p> <p>Some organisations have access to more than one virtual platform e.g video-enabled conferencing, text messaging, ChatHealth. Health visitors are expected to select the most appropriate method of virtual communication to meet the outcome required for the contact. For example:</p> <p>Video conferencing may enable the health visitor to see a child, which would be important for Child Protection contacts and for vulnerable infants and children, particularly infants under one-year old who are at greatest risk.</p>

KEY PRINCIPLES TO SUPPORT PRACTICE	PROFESSIONAL ADVICE AND RESOURCES TO SUPPORT PRACTICE
Mental health and wellbeing enhanced risk for vulnerable families	<p>COVID-19 is creating rising levels of stress, worry and anxiety. As such, there is the likelihood of increased mental health problems, such as anxiety conditions (general anxiety, OCD, phobias) and depression, eating disorders and severe mental illness. Supporting and promoting good maternal (and wider family) mental health and wellbeing should be prioritised because parent/carer mental health problems are associated with a wide range of outcomes both in the short (i.e. immediately following birth and early childhood) and longer term (i.e. through to adolescence and adulthood).</p> <p>Mental health should be considered at every contact as directed by NICE guidance. Consider the whole family and signpost to guidance on support:</p> <ul style="list-style-type: none"> • Mental Health Foundation: https://bit.ly/3akDtqB • Royal College of Psychiatrists: https://bit.ly/33JzAJr • ICON - Babies cry, you can cope advice: https://bit.ly/2ybNGaP
Practitioner health and wellbeing	<p>As Specialist Community Public Health Nurses, we are all focused on the care, health and wellbeing of the families that we are working with and may forget ourselves. The wellbeing of practitioners is essential to enable provision of safe and effective care.</p> <p>The following links provide useful resources to support you. Look after yourself and follow the Government's COVID-19 guidance on social distancing and self-isolation as needed and employ strategies which help you manage your own mental health and wellbeing during this time. https://bit.ly/2JeGMUI</p> <p>Lone working is a significant concern during this period (where teams may be depleted through redeployment) and remaining teams and managers are working remotely. Health visitors should agree locally how to complete any agreed home visits safely, so that their whereabouts and safe return is known.</p>
Record keeping	<p>NHS and local policies on record keeping should be followed. If you are working from home, ensure that you have been supplied with the correct equipment from your employer, including VPN to safely access online records. All decisions regarding contact during this period must be recorded accurately, including those involved in decision making. Also ensure you have "read and write" access to records.</p>
Governance and online safety for contacting families virtually	<p>There are many platforms that have been used safely for virtual contacts and clinics. The safety and security of web-based and virtual offers need to be properly assessed and staff need induction to be fully conversant in how to use them safely. See NHS guidance: https://bit.ly/2UySK0m</p> <p>Practitioners need to follow local guidance on telephone and web-based support to facilitate contacts. Supervision needs to be accessible to support staff in working in this new way.</p> <p>For those services which have ChatHealth, IG support is currently available and ChatHealth can offer further guidance if required.</p> <p>The Attend Anywhere model is a safe and secure option that is recommended by the NHS. See separate iHV COVID-19 professional advice: Virtual Contacts by Health Visitors.</p>
Personal Protective Equipment	<p>Where there is a compelling reason for a face-to-face contact, practitioners should follow NHS guidance on PPE for all face to face contacts: https://bit.ly/2UkOhzs</p>

Contacts with vulnerable families

	<p>The following service provision remains part of the COVID-19 prioritisation plan for community services from NHS and Public Health England (22nd March 2020 - https://bit.ly/2UIRz5z).</p> <p>Stratified support should be considered for vulnerable families. Safeguarding children remains a priority for the health visiting service.</p>
	<p>Vulnerable families may be prone to increased safeguarding risks due to isolation. Those at the greatest risk due to high levels of vulnerability (i.e. Universal Plus or Partnership Plus service delivery) need individual identification and an action plan for continued support (virtually unless otherwise indicated) agreed by health visitors with their line managers and documented.</p>
	<p>Safeguarding activity (e.g. MASH, child protection meetings, home visits to children subject to a child protection plan) needs careful consideration and agreement locally as to how these are undertaken. There will need to be an individual assessment of compelling need for face to face contacts as part of a multi-agency approach. Practitioners should follow the NHS guidance on PPE for all face-to-face contacts. This should be agreed by health visitors in discussion with local safeguarding supervisor and documented.</p>
	<p>Safety of the family and the practitioner are paramount. The presumption should be that the majority of contacts will be virtual – using video-enabled technology or, failing that, telephone contacts. Lone working is an increased risk for safety of practitioners where redeployment has reduced staff numbers and increased isolated working. Consideration should be given to how to manage lone worker safety with safeguarding families and potentially clinic settings could be used for contacts. Waiting areas may need adjustments to maintain the social distancing 2 metre rule. See algorithm for decision making on page 6.</p>
	<p>Ensure that all families are aware of how to contact the HV service during this period through the range of mediums that you have in place – these will vary due to local provision, but are likely to include telephone advice, text messaging services and options for video-enabled contacts for ongoing support for new and ongoing health needs.</p>
	<p>If the need for a home visit has been identified, NHS PPE guidance must be followed for all face to face contacts: https://bit.ly/2UkOhzs</p>

COVID-19 Algorithm prioritisation for vulnerable families contact



* This is only a yes following a detailed assessment including consultation with other agencies working with the family, your manager/supervisor and the COVID-19 lead in your area.