

Professional advice to support best practice: WORKING WITH VULNERABLE FAMILIES

KEY PRINCIPLES TO SUPPORT PRACTICE	PROFESSIONAL ADVICE AND RESOURCES TO SUPPORT PRACTICE
<p>Scope and purpose</p>	<p>This advice supports the continued delivery of the healthy child programme led by school nurses and is specifically for school-aged children. Ensuring children, young people and families continue to receive the support they need during these challenging times is vital.</p> <p>It is important for school nurses to continue to have contact with children and young people, focussing on key public health issues such as mental health and supporting vulnerable groups including young carers.</p> <p>Contacts will be virtual unless there is a compelling clinical or safeguarding need and are invaluable in ensuring children are safe and protected (See separate COVID-19 professional advice: Virtual Contacts by School nurses).</p>
<p>Target Audience</p>	<p>This professional advice applies to all staff who work within school nursing services in England.</p>
<p>Context</p>	<p>All advice at this time needs to follow current COVID19 guidance which is continually updated.</p> <p>NHS England: https://www.england.nhs.uk/coronavirus Government website: https://www.gov.uk/coronavirus</p>
<p>Redeployment</p>	<p>Along with other secondary care nurses, some school nurses 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. School nursing service leads will be required to develop a plan to ensure that the essential parts of the school nursing service are delivered.</p> <p>School nurses are to pause contacts, except:</p> <ul style="list-style-type: none"> ○ Stratified visits and support for vulnerable families ○ Safeguarding work Multi-Agency Safeguarding Hub (MASH; statutory child protection meetings and home visits) ○ Follow up of vulnerable children and young people for example young carers, children with long term conditions, Unaccompanied Asylum-Seeking Children (UASC), ○ Phone, video and text advice - digital signposting

	<p>NOTE: Face to face contacts should only be undertaken when there is a compelling reason (see our separate COVID-19 professional advice: Virtual Contacts by School nurses.)</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 enough school nursing staff to deliver this plan and meet the needs of families.</p>
<p>Prioritisation of contacts</p>	<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>
<p>Choice of virtual support platform</p>	<p>See separate COVID-19 professional advice: Virtual Contacts by School nurses.</p> <p>Some organisations have access to more than one virtual platform e.g. video-enabled conferencing, text messaging, ChatHealth. School nurses are expected to select the most appropriate method of virtual communication to meet the outcome required for the contact.</p> <p>For example: Video conferencing may enable the school nurse to see a child, which would be important for Child Protection contacts and for vulnerable children and young people who are at greatest risk.</p>
<p>Hierarchy of measures for safer working practice</p>	<p>Preventing the spread of coronavirus involves dealing with direct transmission (for instance, when in close contact with those sneezing and coughing) and indirect transmission (for instance, touching contaminated surfaces). A range of approaches and actions should be employed to do this. These can be seen as a hierarchy of controls that, when implemented, will create an inherently safer system in which the risk of transmission of infection is reduced. These include:</p> <ul style="list-style-type: none"> • Minimising contact with individuals who are unwell • Cleaning hands often • Respiratory hygiene (catch it, bin it, kill it) • Cleaning surfaces that are touched frequently including equipment for example tablets • Minimising contact and mixing • Personal protective equipment (PPE)
<p>Children and Young People: Covid19 and vulnerability</p>	<p>The action taken across groups of vulnerable children will be different during incident management, planning and recovery. Across all categories there is a need to consider the mental health and wellbeing of all children, young people and their families. These categories of</p>

	<p>vulnerability will inform planning at different stages of the pandemic and will inform future work to ensure that action taken is appropriate.</p> <ul style="list-style-type: none"> • Children and young people who may be at higher risk due to clinical reasons • Higher risk with formal / legal processes in place • Higher risk due to wider determinants of health and other factors leading to poor outcomes.
<p>Mental health and wellbeing enhanced risk for vulnerable families</p>	<p>COVID-19 is creating rising levels of isolation, stress, worry and anxiety in both children, young people, parents/carers. As such, there is the likelihood of increased mental health problems, such as anxiety conditions, depression and mental illness. Assessing mental health and wellbeing should be considered at every contact as directed by National Institute of Clinical Excellence (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 • https://youngminds.org.uk/talking-to-your-child-about-coronavirus/
<p>Practitioner health and wellbeing</p>	<p>Specialist Community Public Health Nurses are all so focused on the care, health and wellbeing of the families that they are working with and may forget self-care. 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.</p> <p>School nurses should agree locally how to complete any agreed home visits safely, so that their whereabouts and safe return is known</p>
<p>Record keeping</p>	<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 Virtual Private Network (VPN) to safely access online records. All decisions regarding contact during this period must be recorded accurately, including those who are involved in decision making. Also ensure you have "read and write" access to records.</p>
<p>Governance and online safety for contacting families virtually</p>	<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 assessed and staff require induction/training 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, Information Governance, 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 COVID-19 professional advice: Virtual Contacts by School nurses).</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>
Publication date and author	<p>May 2020: This resource was developed by CPHVA, RCN, SAPHNA, in collaboration with Public Health England.</p> <p>NOTE: Due to the rapidly changing national COVID19 response – the advice in this resource may change. Please keep checking the latest government and NHS advice.</p> <p>NOTE: no conflict of interest declared during the development of this advice. Feedback welcomed.</p>
Review date	Post May 2021

Contacts with vulnerable families



The following service provision remains part of the COVID-19 prioritisation plan for community services from NHS and Public Health England (<https://bit.ly/2UIRz5z>).

Stratified support should be considered for vulnerable families. Safeguarding children remains a priority for the school nursing service



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 school nurses with their line managers and documented.



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 school nurses in discussion with local safeguarding supervisor and documented.



Safety of the family and the practitioner are paramount. The presumption should be that **most contacts** will be virtual – using video-enabled technology or other methods of direct contact. 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 considered and used for contacts. Waiting areas may need adjustments to maintain the social distancing 2 metre rule. See algorithm for decision making on page 5.

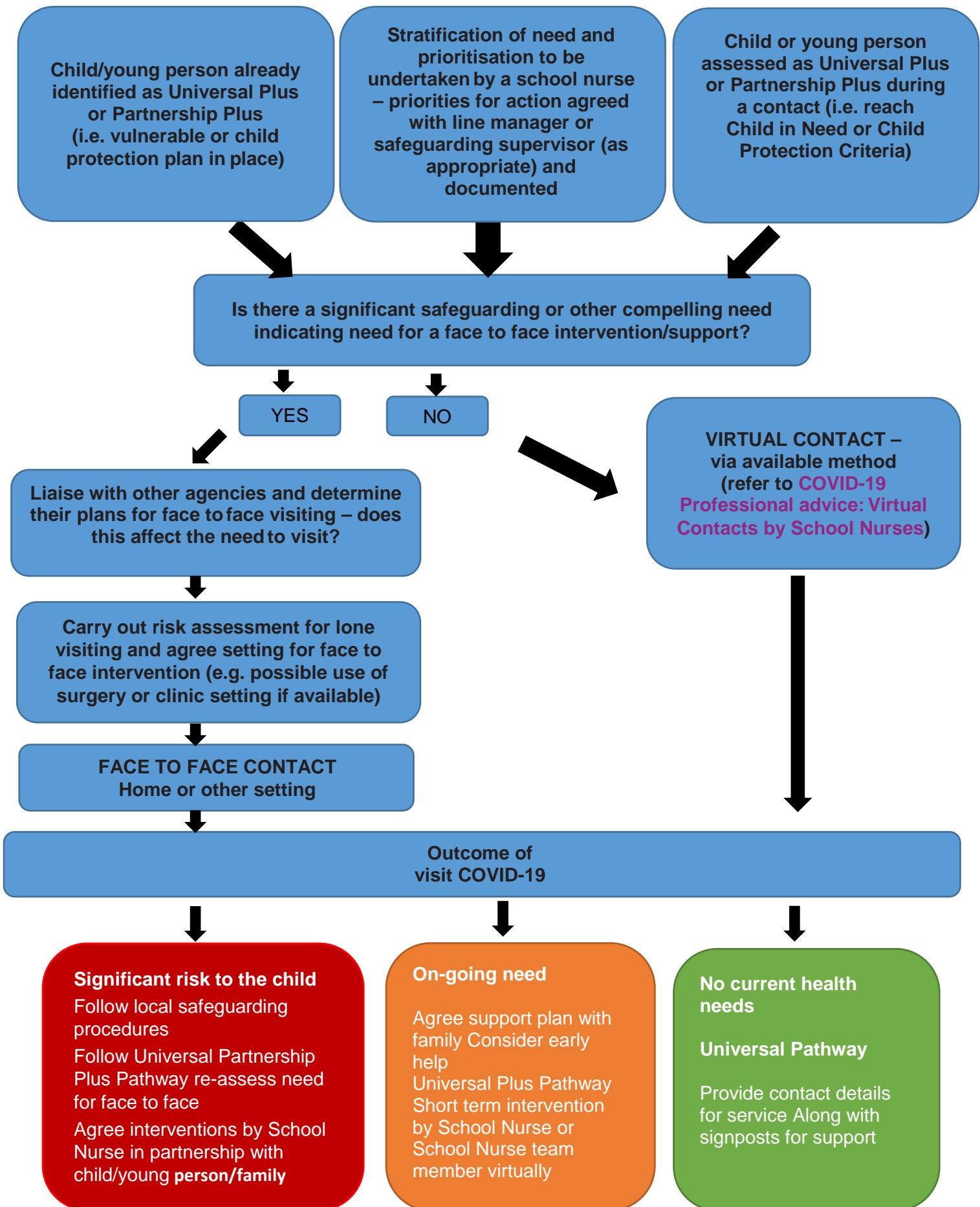


Ensure that all families are aware of how to contact the school nursing service during this period through the range of mediums that you have in place – these will vary due to local provision, but are likely to include telephone advice, text messaging services and options for video-enabled contacts for ongoing support for new and ongoing health needs



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>

COVID19 Algorithm prioritisation for vulnerable children and young people



* 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.