

The PCFSW COVID-19 Ethical Response and Best Practice Guide For Children and Families Services

27 March 2020

Last updated: 30 March 2020

Context and Introduction

As part of the PSW's practice leadership role and drawing on the work of the PCFSW research and practice development project, this guidance has been developed by the Principal Children and Families Social Worker (PCFSW) Network to stimulate ethical thinking and reflection about the ethical response to current Covid-19 pandemic and to support practitioners in applying social work values and principles and Social Work England's practice standards in their everyday practice, decisions and actions.

We are awaiting national guidance from the Department for Education (DfE) and therefore, this is a best practice guidance as such is neither prescriptive nor meant to present a single way of doing things. Instead, it is meant to complement and inform practice and to support ethical thinking and the implementation and application of relevant legislation, national guidance and practice standards provided by the DfE and Social Work England.

This guidance has been developed as a matter of urgency and will be updated as need be and in response to the changing circumstances. Therefore, please use the online document to ensure you have the most recent and up-to-date version.

What do I do if I am experiencing symptoms and think I might have Covid-19?

If you think you have Covid-19 you should follow the appropriate Public Health England (PHE) advice. If you are expected to self-isolate you should inform your employer and should follow government advice. Your employer may have provided specific advice and procedures for such situations; you need to be aware of and follow your employer's advice and procedures. However, as a general rule, in such cases you should not go into your office or workplace or make any in-person visits or contacts with service users, your colleagues or other people or professionals.

Prioritising needs, risks, interventions and support: some points to consider

Anti-discriminatory and anti-oppressive principles are central to good practice and greater equity and equality are essential and an important part of social work ethics. However, social work and social care practitioners are well skilled in assessing risks and prioritising children and families and interventions based on needs and safeguarding risks. Therefore, until there is further national guidance and where the existing workforce and/or resources do not allow full scale service delivery and meeting the needs of all children and families who access services, organisations and practitioners can draw on their risk assessment and crisis intervention skills to prioritise the needs and safeguarding of those who are at greatest risk and are most

vulnerable during this time. However, it is important that such actions and decisions have a clear and explicit rationale and are:

- Ethical: in-line with professional values and practice standards;
- Reasonable: based on sound judgement, principles and considerations;
- Evidence-based: based on the best available evidence and professional experience and view;
- Proportional: based on a balance of risks, resilience and alternative courses of action and outcomes;
- Coproduced: as much as possible agreed and consistent between different professionals and reflecting the voices of those who are affected by such actions or action, while recognising that they may need to change rapidly;
- Transparent: communicated with clarity and openness and open to scrutiny and as much as possible reflecting the voices and concerns of those who are most affected by them;
- Contextual: focused on the best interest of the person or persons within the current context this means being child-centred and person-centred while keeping the individual and wider context in mind and balancing risks and safeguarding duties in order to prioritise the needs, safety and well-being of those who are most vulnerable while maximising one's impact and effectiveness;
- Documented and flexible: documented and yet subject to modification and review as the situation develops.

Ethical considerations in making a child-centred or person-centred decision in current context?

Practice standards as well as national guidance and legislation provide a flexible ethical framework for practitioners' actions and decisions. In applying the professional values and practice standards, the following principles offer a practical approach to applying professional values and practice standards and ensuring decisions and actions meet professional standards:

1. Beneficence: do good for service users;
2. Non-maleficence: do no harm or avoid doing harm or exploiting service users, this includes considering the risks and implications of no-decision and/or no-action; for example, cancelling or postponing a home visit;
3. Respect and autonomy: treat service users with respect, care and compassion and as much as possible respect their views and autonomy;
4. Competence: become and remain competent;
5. Confidentiality: within bounds of practice respect individual privacy and confidentiality;
6. Transparency: as much as possible ensure open and transparent information sharing with service users and informed-decision making by service users.

When in doubt seek guidance from your manager and employer.

With the impact of the Coronavirus, there is just not enough time and physical resources to do everything I need to do for all the children and families that I work with; what should I do?

Where due to increasing demand or workforce limitations or limitation on resources it is not possible to ensure service delivery for all children and families, it is important to prioritise decisions, actions and interventions based on risk and needs to ensure protection for those who are most vulnerable or at risk of harm. Therefore, until further national guidance is published or specifies otherwise, practitioners should consult their managers and follow their organisation's guidance and protocols, including procedures for making complex ethical decisions.

As a rule of thumb, during the pandemic and where there is not enough resources to meet the needs of every child and family, it is important to carefully consider and prioritise decisions, actions and intervention by finding an appropriate balance between risks versus benefits of an action or intervention and the impact of non-intervention and lack of service and its possible outcomes. For example, what are the risks versus benefits of carrying out vis-à-vis cancelling or postponing a home visit?

I face an ethical dilemma in prioritising interventions, care and support based on risks and needs vis-à-vis benefits and outcomes; is there a risk of breaching equality legislation?

Although prioritising interventions and support based on the balance of risks and needs vis-a-vis impact and outcomes may be construed as indirect discrimination, given the current context under chapter 2 of Equality Act (2010) it can be shown that such actions and decisions were 'a proportionate means of achieving a legitimate aim' under equality law. However, categorical policies such as not supporting young people over a given age or not supporting older adults below a given age may not be lawful. In particular and as suggested by the Equality Commission, the following are additional points to consider in relation to the justification for 'proportionate means of achieving a legitimate aim':

- the aim should be an objective consideration and not discriminatory in itself (for example, ensuring the safety and wellbeing of others would be a legitimate aim)
- simple cost or budget reduction would not be a legitimate aim;
- proportionality is a balancing exercise and a question of whether the aim and its benefits outweigh any discriminatory effects of the decision or action;
- there should be no available course of action that would meet the aim without excessive difficulty while avoiding a similar discriminatory effect: if proportionate and appropriate alternatives are available then in all likelihood the justification for discriminatory treatment is inadmissible.

I do not have personal protective equipment (PPE), what can I do?

Different professions entail different types and levels of professional risk and by signing up to that profession its practitioners accept the professional risk inherent in its practice. However, there are limits to acceptable levels of risk and no practitioner should be expected to operate unsafely or put their own health and well-being or that of others in jeopardy in order to fulfil their duty and meet their professional and practice standard.

It should be emphasised that the use of PPE such as masks, gloves, disinfectant gels and sanitisers is for the protection of practitioners and the people they support. Therefore, practitioners should be provided with appropriate PPE and enabled to use them safely. However, in the absence of specialist masks and other PPE, practitioners and their managers should think about adequate alternative measures and should discuss and evaluate the effectiveness of such alternatives and balance the risks and benefits of a given visit or intervention vis-à-vis the consequences of differing it.

Is it ethical to carry out duties and tasks outside my area of speciality and job description during Covid-19 contingency?

Being clear about our remit and the goal of the intervention – what we are trying to achieve – are essential for good practice and this is even more important in times of crisis and when the risks are high. However, as a contingency measure and to ensure continuity of service practitioners may be asked to carry out tasks outside their area of speciality or usual remit. Regardless of the area of speciality or area of practice, practitioners should exercise respect and transparency with people they work with.

During the past weeks, social workers have shown flexibility in face of current challenges. Although such flexibility is welcomed and necessary, practitioners should ensure that they operate within their competence and should raise any concerns about their ability to practice safely and competently with their manager. Where there are such concerns alternative arrangements should be put in place either for someone else to carry out the given duty/task or to ensure there are appropriate safeguards to support the practitioner to meet their organisational, professional and practice standards. However, where no alternatives are available, practitioners should exercise their best effort to provide safest care and support that they can provide under the circumstances with the goal of achieving the best interest of service users.

I need to carry out a home visit in-person, is there anything I need to consider before my home visit?

For specific guide about carrying out home visits please see PSW “Best Practice Guide for Home Visits”.

Different organisations have adopted different approaches to home visits and contact based on local context and available workforce and resources. However, given the Government guidance in relation to [Covid-19 and social distancing for everyone in the UK and protecting older people and vulnerable adults](#), before home visit, practitioners

should call or otherwise contact the parents, foster carers or service users to verify if there are any persons within the household who are showing symptoms of Covid-19 or are self-isolating. It is advisable to record this information on the system with date and time of the call or other communication. As a rule of thumb, in-person visits should be postponed.

In case one or more members of the household are experiencing any of the symptoms of Covid-19 then all the members of the household should self-isolate for 14 days. In such circumstances, as much as possible practitioners should avoid in-person visits although in such cases home visits may be carried out virtually and through the use of digital technology. However, when safeguarding risks are such that in-person intervention or visit is necessary and cannot be deferred, practitioners should discuss the situation with their managers who should put appropriate safeguards in place to ensure practitioners' and others' safety and well-being. Such discussion should include consideration of the risk to the practitioner, the child and their family or carer and any decisions should be in line with existing government guidance.

It should be noted that people can be asymptomatic patients and carry the virus without knowing it or showing any symptoms. Therefore, appropriate precautions and safeguards are necessary in all in-person visits or interventions.

Given the reduced workforce capacity due to impact of the Covid-19, it is likely that local authorities will need to apply increasingly stringent prioritisation to their work they can feasibly undertake. Ethical guidance for the decision-making process is attached at the end of this guidance.

Also please see the attached "Brief Guide for Home Visits".

I am under incredible pressure and time is so limited; is it ok to ignore case recording or limit my case recording to just a couple of sentences in order to focus on practice?

This is a very difficult and stressful time and many practitioners are facing increased workload. Although many practitioners may consider case recording as an administrative chore, in practice, case recordings are important and:

- Document the current context;
- Evidence the reasoning and motivation for current decisions and plans;
- Inform future decisions and actions;
- Articulate concerns and evidence progress or lack of progress;
- Support information sharing;
- Develop practitioners' thinking, hypothesising, analysis and planning;
- Provide an accountable record of the child's journey across services;
- Provide audit trail and oversight;
- Support reflection and learning and accountability; and more.

Also, in these stressful times with so many thoughts, demands and ideas running in our head it can be difficult to take time to reflect. Practitioners can use case recordings

as an opportunity to slow their thoughts and reflect on their practice. Furthermore, it is important to remember that case recordings do not need to be extensive, instead what is important is that they capture the salient points about the case and offer reflection, analysis and foresight.

Case recordings can be also in bullet points format; what is important is that the bullet points are meaningful and meet the above criteria and answer the what, why, who, how and when.

Most importantly, case recordings provide an accountable record for children of what was happening for them at this time and what others did to support them and safeguard their positive development and well-being.

However, different local authorities have adopted different approaches to case recordings and therefore, it is important to discuss and agree with your manager.

What can I do about parental contact during the pandemic?

Parental contacts are important for children and their parents and lack of contact can affect children's emotions, mental health and well-being as well as their behaviour. However, practitioners may agree with parents to think creatively about contact while minimising the risk of infection; for example, facilitated virtual contact using social media and digital technologies

Lord Justice Andrew McFarlane has indicated that contacts should continue however, different local authorities have adopted different approaches to contact and the upcoming DfE guidance will clarify this issue. In all circumstances, it is important to manage the situation with sensitivity and shared understanding and ensure that children and young people are supported so they understand the reason why there are changes if any.

Respite care has come to a halt; how can we mitigate this risk?

Given the Government guidance about social distancing, respite care has been stopped for the time being. Exceptions are when the lack of respite care poses serious risk to the stability and continuity of the placement. It is important to ensure that parents, foster carers and the young person understand and appreciate the reason for the lack of respite care. In the meantime, foster carers offering respite care may be able to provide emergency care when need be.

Given the possibility of an increase in demand and pressures on capacity, fostering practitioners and teams may want to consider contacting foster carers who have stopped fostering as a result of personal factors, work pressures or retirement as they may be willing to provide support during this time. If that is the case, they can be redeployed under the Department of Education guidance for temporary approval for such carer.

Peer support and keeping informed and abreast latest regulation and guidance.

The current situation is fast evolving and we are expecting guidance from the DfE. In the meantime, local authorities, Government departments, regulators and other organisations are working around the clock to respond to the changing situation and the needs of practitioners, children and young people and their parents and carers as well as adults who access services. During these times, it is important to continue to apply our professional and organisational values and ethics and adhere to principles of empowerment and anti-oppressive and anti-discriminatory practice.

These are very difficult and challenging times and tension and anxiety can run high in such circumstances. Therefore, it is important for practitioners to be mindful of their own emotional well-being and avoid social media sources of misinformation and disinformation and to work constructively and collaboratively in partnership with other professionals and people who access services. It is also important to keep in touch with your peers and professional network to ensure you are well-informed and supported and are able to support people who access services and those who are at greatest risk of harm during this time.

Thank you for all you do....

Your comments and feedback are valued and welcomed. Please send all feedback, comments, additions or suggestions to Dr. Peter Buzzi at:

PSWresearch@esafeguarding.org

For: The PCFSW Research and Practice Development Project; and
The Principal Children and Families Social Worker (PCFSW) Network

Author: Dr. Peter Buzzi (National Research Lead, PCFSW Project); and
Claudia Megele (National Chair PCFSW Network)

Published by: The Principal Children and Families Social Worker (PCFSW) Network

Published on: 27 March 2020

Last updated: 30 March 2020

This guidance has been developed as a matter of urgency and will be updated as need be and in response to the changing circumstances. Therefore, please use the online document to ensure you have the most recent and up-to-date version.

