

Guidance for staff in ASC on direct work with persons in need of care and support and their families remotely

This guidance is adapted from the *'Direct Work Handbook - Virtual Visits and with children and young people during the Covid-19 crisis'* developed by Islington Children's Services

1. Introduction

During the Covid-19 Lockdown period, almost all face to face visits to persons in need of care and support and their families have been replaced by Skype, or other virtual contacts. This guidance briefly summarises best practice with regards to virtual working. It focuses on building and sustaining trusting relationships with persons in need of care and support and carers, and on using good authority to gather a clear picture of the person's experiences and the level of risk to them.

Balancing relationship building skills (acceptance and empathy) with good authority (clarity of concerns and person-centred focus) is key. Manage your expectations, have a baseline, don't be hard on yourself, be positive and have a go at connecting.

Remember that you already have all the skills you need to do direct work with people and their families and you have successfully built trusting relationships already with many adults and their families through difficult circumstances. You are now re-negotiating these relationships using different communication methods, and you can use the same skills of empathy and curiosity, and your own style as a skilled professional to be successful.

It's also very important to show acceptance with people and their families that this is a difficult time. Familiar things have changed, isolation, employment, finance, relationships and support networks are all affected and people are more stressed and worried. Everyone is doing the best they can. Remember, people are much more likely to be open with us if we start with empathy and kindness.

2. Preparing for a virtual visit

The Covid-19 epidemic is a unique situation; we and the people we are working with are having to adapt to new and different ways of working together and the uncertainty, fear and anxiety that can come with that. Not being able to see and experience the person's world first hand can feel quite disorienting and leave us wondering how do I do this? What do I look for and how do I know if this person is safe?

These are all valid and understandable feelings to be having and questions to be asking. We are all having to learn how we can use our knowledge, experience and skills to undertake social work practice under the current conditions, it will take time but we will get there, together. Below are some ideas that we have put together to support with this task, with a particular focus on undertaking virtual assessments.

Planning, preparation and recording meetings

Our attention spans are getting shorter with some recent research suggesting it may be as short as 10 minutes. Often habit dictates that meetings are usually scheduled in hour-long segments, sometimes even longer. It is important that our meetings, especially virtual ones, are not outstripping our attention spans. Having more regular shorter visits is one way to manage this.

Planning and preparation is an integral part of ensuring the time we have with people and their families is **purposeful and focused**. The current need to change the way we work is an opportunity for those of us that have fallen into the habit of running from one meeting to the next, and encourage us to slow down and take time to plan, think and reflect. This can help us feel confident about raising and addressing challenging topics.

Preparing ourselves for meetings is also important in terms of:

- emotionally being **present, calm and relaxed**
- being **clear about the key concerns/areas of focus** and linked to this having an agenda to help focus the session whilst also being flexible to ensure it is collaborative
- thinking about the environment where virtual sessions are held, particularly video calls, to ensure we **protect our personal space** and only allow the person and their family and other professionals into spaces that we feel comfortable sharing with them
- Some people are likely to express concern about us and our family, so preparing some reassuring statements in advance to affirm and validate their concerns while gently shifting focus back to them and their experience may prove helpful

It can be more difficult to read the emotional subtext during virtual meetings than when we meet in person, this can make it more difficult to remember what we hear so it may be helpful to make notes during or immediately after the session. This is both to ensure accuracy in our recording, give us the opportunity to process and reflect on the content/interaction and make proportionate, meaningful recordings.

3. Relationship building

Relationship building is about using empathy, collaboration, and autonomy. Many of the direct work skills you already have translate easily into virtual visits. You can connect with the person and their family, show them that you've held them in mind and that you enjoy spending time with them, in the same way over telephone or Skype as you might do in person. You can use OARS (open questions, affirmations, reflections, and summaries) as part of your conversational style, and you can convey acceptance and warmth through your tone of voice.

It is important to remember as practitioners that you already have expertise in building relationships. You probably don't need to learn any new skills, but you may need to slow down and prepare for the restrictions of virtual visits and the likelihood that it will be more difficult for the person and their family too.

4. Use of good authority

When we visit people in their homes, we have access to a huge variety of information about them just by being present in their living spaces. Having to assess risk remotely can seem

much more difficult, and not having that sense of the person's living environment can be quite anxiety provoking.

It's important to think about focus, purposefulness, and clarity of concerns as the elements of good authority. When talking with the person and/or their family, you may have to hold your purposefulness in asking them to change the way they interact with you, and to facilitate your interactions with them.

5. Assessing risk

Our risk assessment approach is built on understanding the person's lived experience, being clear with them and families / carers about our concerns, and gathering a sense of how willing they are to change their behaviour to improve their welfare. Covid-19 creates particular challenges to both the amount and the quality of information we are able to gather in making our assessment. This section offers support and advice around three key challenges:

- Getting enough information to make decisions.
- Asking the right questions to gather understanding of the person's lived experience when we can't visit them.
- Maintaining a professional network around the person when they are not able to access the community and professionals are not visiting the home.

Think about the person's situation before Covid-19. How might the changes to their situation and circumstances likely to increase or decrease risks? How might you ask questions to learn more about the person's experiences during this time?

6. Assessing risk with limited information

When we can't visit people and their families, see their living spaces and speak to them face to face, we naturally worry more about them. We want to gather more information because the little information we do have makes us feel our assessment is incomplete. This can be helpful if done consciously, but often we don't notice that we are gathering more information to give us a feeling of certainty and to make us feel safe on behalf of the person.

This need for 'safe certainty' can also lead us to escalate due to lack of information rather than due to specific risk information. Instead, we should try to take a position of 'safe uncertainty' – analyse what we do know and be curious and open to multiple explanations of the situation.

7. Asking the right questions

Exploring basic needs:

- How are you and your family?
- How are you managing with getting basic supplies and food?
- Money and benefits, is there any advice you need?

Understanding of risk/needs (autonomy & clarity of concern):

- What is going well for you at present?
- What are you struggling with most at present?

- What steps are you taking / do you think need to be taken to keep yourself safe?
- What support would you like to see in place?
- What is different now that you are (self-isolating / social distancing / shielding) and what impact is this having on your (physical health / mental health / relationships)?
- On a scale of 1 to 10, 1 being not worried at all and 10 being very worried, how worried are you about your safety?

Mentalising capacity:

- What would you say is going well at present in the way you are caring for yourself?
- What would you say is the biggest struggle for you at present?
- How are you coping with changes to your situation?
- How would you describe the impact that the virus has had on the way you are taking care of yourself?
- What impact is physical distancing having on relationships with your partner / children / friends and the way you talk to one another?

Exploring the impact of COVID-19 (clarity of concern):

- How do you feel about COVID-19?
- What is your understanding of COVID-19?
- In what ways has life changed for you since this started?
- What impact is COVID-19 having on you, your family, other relationships?
- If you woke up in the morning and COVID-19 was gone, how would you feel? What would be the first 3 things you would do?
- Tell me how you are spending your time at present – what does a typical day look like?

8. The team around the person

There is lots that we and other professionals involved with people and their families may already know that can inform our assessment so it is important to “work smart not hard”. Working remotely does not mean working in isolation. It is important to discuss and agree how each service involved will be operating and contribute to the on-going assessment and intervention during this crisis and to agree the best way to keep everyone informed and updated.

Talk about talking

As a professional network it's important to acknowledge with each other and with people and their families the challenge and discomfort of working this way. Acknowledge the challenge/discomfort/inconvenience, explore and agree how you can do it in a way that works for everyone, etc.

9. A Day in the Life – a direct work tool

This is an excellent activity for an early ‘virtual visit’ when you are both getting used to speaking on the phone rather than in person, whilst also gathering as much information as possible. It is important to **treat this as a gentle, friendly conversation**. If you are constantly writing things down this may be off-putting for the person – so either keep it brief or make a written record immediately afterward.

Introduction:

You could prompt them by using examples from your own life, for example:

"In the morning, my alarm goes off at 7am, and the first thing I do is get up and make myself a cup of tea to drink in bed, as that is a nice way to start the day. Usually I would leave home about 8am to travel to work, but now I have a bit more time in the morning so I do some exercise with You Tube and then start work at 8.30am. What do you usually start the day with, and how has your morning routine changed?"

More Example Questions:

- Do you sleep any later now that you don't have to go out? How do you wake up?
- What do you have for breakfast? Have you had to give up any foods you like because of the lockdown?
- What kind of routine have you got now? Are there plenty of things to do in your home?
- Which friends have you been able to keep in touch with? How have you done this? Have you found new ways (online) to spend time together? Have you discovered any new apps or games?
- Have you been doing any exercise or spending time outside if possible?
- Who is in your house during the day? Is it strange? Who in your family is enjoying being at home and who is hating it?
- What are you most looking forward to doing after the lockdown is lifted?

10.Planning virtual direct work

Some adults you work with will talk easily online while others won't want to talk at all. Think about using texts to connect but don't worry if they don't answer (although do keep texting regularly as although they are not responding might appreciate that you are holding them in mind). If you have a relationship with the person it is important for them to feel **held in mind** during this time. Regular check-ins via text or WhatsApp may be very helpful. You might offer more frequent short contacts. Schedule longer conversations too, be collaborative and arrange a good time with the person to talk.

Acknowledge and empathise about the situation and how difficult it is for everyone when you can't see people, all your usual routines disappear.

- Ask about their experiences, emotions and anxieties including the challenges - let them share their experiences.
- Accept that they may not be compliant with guidance, this will help them to share their reality with you.
- Check out their understanding of the guidance, the virus.
- Are they worried about their family members, themselves, friends? They may not be able to share personal concerns so you can talk about it generally.
- Be curious about how they are spending their time, their daily routines, how it is being at home on their own / with the family? How are they getting on with people?

Conversation endings are important

- When will you talk again? How, text, WhatsApp, phone?
- Do they want links to resources, information?
- What would be most helpful?
- Clarify safety plan and numbers to call