



# Meeting the challenge of COVID-19

## Learning and practice



### **How local authorities have moved care planning online and increased participation from carers and young people**

#### **What was the challenge faced by CELCIS and local authorities?**

The government lockdown restrictions in response to the COVID-19 public health emergency meant that the regular physical face-to-face meetings which are part of care planning, permanence planning, and decision-making for infants, children and young people, could no longer take place. There was an important recognition that stopping meetings altogether would risk longer periods of waiting and uncertainty for children in care and so that would not be acceptable. Many of the local authorities and agency partners involved in the Permanence and Care Excellence (PACE) programme with CELCIS – a quality improvement programme aimed at ensuring children have a settled, safe and permanent place to live as quickly as possible – recognised that changes in the usual practice would need to be made quickly to adapt to these new circumstances.

#### **What change in practice took place?**

In place of physical, face-to-face meetings, telephone and digital technology has been used to ensure the continued participation and engagement of children, families, carers and agencies. Some local authorities have been able to implement this new way of working quickly and effectively, meaning no formal reviews of children's care plans or approval panels have been cancelled. In another local authority area, there were concerns that, for example, adoption panels using telephone conferencing for the approval of prospective adopters could be unnecessarily daunting for the prospective adopters themselves. By testing different techniques and approaches, and collecting feedback from all participants at pre-meetings and debrief meetings, a new process was identified to help prospective adopters feel more at ease with communicating with the panel virtually. Now, this area sends prospective adopters an introductory video, a biography and a photograph of each panel member in advance of the online video conference to ensure they feel informed and supported.

## **Who was involved in making the change?**

The PACE delivery team within CELCIS supported some local authority teams that are already part of the PACE Programme to apply quality improvement methodology to new, innovative ways of working. Areas worked to use evidence and data they could readily collect to further develop changes in practice, with the aim of ensuring key feedback from children, families, carers and practitioners was captured.

## **What difference did this change make?**

One local authority noted that the use of video conferencing for one decision making panel had resulting in a 100% attendance rate from carers, as opposed to an average of a 33% attendance rate when meetings took place face-to-face. Full participation in physical meetings has been challenging in the past for a number of reasons, including geographical constraints (long travel times and public transport limitations), which have also impacted on family-friendly working practices. The gathering of this data, further evidenced by positive feedback from participants, has led this local authority to determine that meetings are more effective and inclusive in this format and so this approach will now continue post-COVID-19. One young person noted that they felt able to attend the review meeting of their plan for the first time as they felt more comfortable doing this by telephone, and with the support of a trusted professional, rather than attending face to face. This was another new development: although children and young people have always had the option to give their views before a review of their care plan, they now have the option to share their views and participate during the review via telephone, rather than attending in person, which can often feel daunting. This local authority is now strongly considering how they could continue to offer participation via telephone and video conferencing to enable children and young people to participate fully in these crucial meetings about their care plans.

Date: July 2020

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