

**Why is this important?**

Children, young people and families with HCNs face a range of challenges that compound in severity throughout their lifespan. COVID 19 has exacerbated some of these challenges. Understanding the impact of COVID 19 on HCNs will allow for a holistic approach towards recovery and responsiveness. Earlier intervention can help mitigate the risk of children and young people observing complex needs, whilst catering to heightened demand from the challenges from the pandemic.

**Key Insights in Action**



**Greater focus and support are needed as the challenges of children, young people and families with HCNs are further exacerbated by the pandemic.** Care and protection responses may need to consider the magnitude of effect and longitudinal impacts of the pandemic across the lifespan.



**Integrated data systems and predictive analytics can:**

- Facilitate early intervention
- Enable system-wide preparedness, increasing chances of service continuity in times of adversity
- Facilitate monitoring, evaluation and comparison of responses across jurisdictions and demographics for continuous improvement.



**A system-wide approach towards recovery that addresses key challenges through an integrated strategy, early intervention and strengthening social workforce capabilities is fundamental to the long-term impact of recovery measures.**



**Piloting programs to test and evaluate strategies to respond to the increased needs of children and young people with HCNs can help to address the ongoing and significant challenges for this cohort.**

**Research tells us...**

There is limited evidence of consistent or defined criteria to identify children and young people with HCNs across jurisdictions. However, it is generally acknowledged that children and young people with HCNs face multiple health and social care challenges that accumulate and evolve through their lifespan. Research emphasises the importance of early intervention to help mitigate and reduce the challenges faced by children born into families with multiple and complex problems that are known to the system. (2)

**Combination of Health & Social Care Needs**



**COVID-19 has further complicated the challenges for children and young people with HCNs.** COVID-19 had an impact on a range of factors and conditions commonly experienced by children and young people with HCNs in New Zealand and globally:

	<b>Change to routines</b> influencing behaviours and well-being needs. (8)	<b>Reduced</b> community interaction and access to care. (8)	<b>Higher prevalence of comorbidities</b> associated with poorer COVID-19 outcomes globally. (8)
	Global school closures and <b>increased risk</b> of violence and abuse. (8)	An increase in heavy drinking linked to <b>50%</b> of physical violence cases (Australia). (10)	<b>3x</b> increase in the number of Childline counselling sessions about child sexual abuse (UK). (7)
	<b>30%</b> increase in emergency room visits for suicidal attempts in the US. (5)	<b>Mental health difficulties significantly increased for children who experienced a second lockdown</b> (20–46% in the high range; 2–13% in the very high range) compared with a normative sample (Australia). (1)	
	Individuals with intellectual disabilities residing in group homes in the US were <b>8x</b> more likely to die from COVID-19 than the general population. (6)	<b>~61%</b> of students with a disability had not received adequate educational support during the pandemic (Australia). (11)	

**Examples in Practice\***

**Australian National Framework for Protecting Children 2021–2031** (9)

This framework sets out a 10-year strategy to improve the lives of children and young people experiencing or exposed to severe disadvantage. It has been developed by the Commonwealth, state and territory governments in collaboration with Aboriginal and Torres Strait Islander representatives and the non-government sector. Children and families with multiple and complex needs are one of four priority groups. There are also four focus areas for improvement, being:

- 1) A national approach to early intervention
- 2) Addressing the over-representation of indigenous children in child protection
- 3) Information sharing and data analysis
- 4) Strengthening social workforce capability

**Children's Commissioner for England: local area maps** (4)

These maps present projected proportions of children living in households where an adult has any of the 'toxic trio' factors present (alcohol substance misuse, domestic abuse, mental health problems) or where multiple factors exist in the same household. The model makes several assumptions, such as where the relationship amongst factors is consistent across local areas, which provides a useful first step in estimating local events and adopting necessary measures of prevention and support.

**US Center for Health Care Strategies: Advancing Integrated Models (AIM)** (12)

AIM is a national multi-site demonstration assisting health systems and community providers in integrating approaches for individuals with complex health and social needs. Over the 24-month pilot period, eight organisations participated in the pilot test whilst learning collaboratively to:

- **Integrate key strategies** such as complex care management, trauma-informed care into existing care models
- **Partner with state Medicaid agencies or local managed care organisations** to identify innovative approaches to supporting integrated models of care
- **Engage with patients and community members** to design integrated care models that meet the unique needs of the individuals served.

Lessons learned will be shared nationally for organisations seeking integrated models of care for individuals with HCNs.

\*For further information about these examples, please refer to the respective referenced source.

## Why is this important?

Support for children, young people and families with HCNs can be strengthened by leveraging the digital advancements achieved during the pandemic. Adaptations to care and protection practices through flexibility, collaboration and information sharing have also been shown to provide additional benefits to children and young people with HCNs.

## Key Insights in Action



**Effectively assessing risks and establishing clear guidelines, boundaries and appropriate methods of working (digital, hybrid or face-to-face) to assess the particular needs of children and families with HCNs** can increase the chances of addressing each particular case adequately.



**Adopting a systemic approach towards responding to the needs of children and families with HCNs is fundamental, including:**

- Adequate policies and laws
- Financial support
- Integrated sector approach towards implementation, monitoring and evaluation
- Integrated sector information sharing



**Embedding adaptability in policymaking and procedures** can facilitate responses that meet the complex needs of children, young people and families in times of adversity.

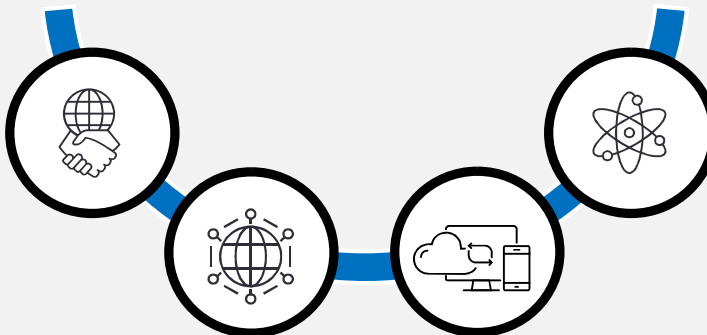
## Research tells us...

Children and young people with HCNs experienced adverse health outcomes due to the direct and indirect effects of the COVID-19 pandemic. Responses to care and protection were modified to effectively continue and maintain service delivery while balancing other challenges of the pandemic.

Research suggests that the following are key aspects to consider for effective responses to care and protection for children and young people with HCNs:

### Hybrid Working

Although digital social work has proven effective, in some cases virtual care for children and young people with HCNs was typically less suitable due to the nature of their needs, impacting the ability of practitioners to engage as closely. Hybrid models combining remote and face-to-face support balance the benefits and challenges of virtual delivery, allowing practitioners to conduct face-to-face interventions when the complexity of the case demands it. <sup>(4, 5)</sup>



### Systemic Approach

The pandemic exposed gaps in the supply chain of key medical equipment and the delivery of timely care for HCN cohorts, exacerbating existing needs. A systemic, person-centred care response, bringing together key services and care options for specific needs of vulnerable children and young people with HCNs can enable timely responses. <sup>(3, 4)</sup>

### Information Intelligence

The pandemic challenged timely access to care and services, increasing the vulnerability of children and young people with HCNs. Intelligence and data relating to care for children with HCNs need to be strategically shared between agencies and organisations to enable a proactive and targeted response to the most pertinent needs. <sup>(1, 4)</sup>

### Adaptable Responses

Practitioners responded to children and young people with HCNs in a flexible and holistic way to provide support, resources and information. The traditional remit of services was often adapted to offer services that were of greater need to the child or family. Policies and procedures should reflect the ability to enable and embed adaptable practices. <sup>(4, 6)</sup>

## Examples in Practice\*



**Autism Spectrum Australia:** Aspect Teletherapy Service <sup>(2)</sup>

The Aspect Teletherapy Service is a therapy service delivered via video-conferencing to individuals on the autism spectrum. The service provides timely access to autism-specific support in locations where these services may be limited or inaccessible to the network. The Teletherapy services emphasise collaboration with and within the individual's local support team members including local educators, allied health and community support staff.



**Government of Scotland:** supporting children and young people with needs <sup>(5)</sup>

The Government of Scotland developed guidelines to highlight specific issues and measures to ensure a safe environment for the continued education of children with complex needs. Key highlights include:

- Only children and young people who have been identified as vulnerable should attend school;
- Individual and organisational risk assessments are to be conducted and regularly monitored, reviewed and updated;
- Those providing essential services are key to the delivery of children's care or educational plans which cannot be provided remotely should be able to continue to visit schools.



**WHO & UNICEF:** Strategies to promote and protect adolescent mental health and reduce self-harm and other risk behaviours. <sup>(9)</sup>

Inspired by challenges faced by the pandemic, a Helping Adolescents Thrive (HAT) comprehensive toolkit has been developed to improve adolescents' mental health. It focuses on four interlinked strategies and two key implementation approaches:

#### Strategies

1. Policy and Law
2. Environments to promote and protect adolescent mental health
3. Caregiver Support
4. Adolescent psychosocial

#### Approaches

1. Multisectoral Collaboration
2. Monitoring and evaluation

\*For further information about these examples, please refer to the respective referenced source.

**Why is this important?**

Learning from the challenges of COVID-19 can help to maintain workforce and service continuity into the future as additional challenges arise. To ensure continuity of service, it is recommended that workforce support be assessed and established at the individual, team, organisation and system level.

**Key Insights in Action**



**The pandemic exacerbated stress on an already stretched social workforce.** A special focus on boosting efforts to secure a strong pipeline of social care workforces, with the right set of capabilities to care for children, young people and families with HCNs, is crucial for recovery and the practice's long-term sustainability.



**Addressing workforce capability development from a systemic approach** enables solid and demand-coherent responses, and a robust environment capable of dealing with often unprecedented highly complex cases.



**Effective systems that support intra and cross-sector peer support and access to relevant data readily are crucial when dealing with complex-needs cases.** It is crucial to develop appropriate policies, procedures and capabilities to enable such collaboration.

**Research tells us...**

**In addition to operational challenges, ethical dilemmas were intensified in care for children and young people with HCNs including<sup>(3)</sup>:**



Creating and maintaining trusting, honest and empathic relationships virtually including privacy and confidentiality.



Prioritising service user needs and demands, while balancing stretched or unavailable resources including access to assessments.



Balancing service user rights and needs against personal risk to caregivers and others.

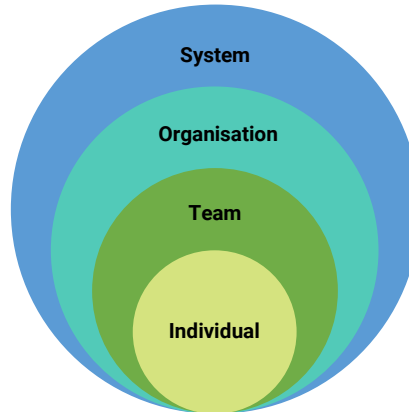


Deciding whether to follow national and organisational policies, procedures or guidance (existing or new) or to exercise professional discretion.



Acknowledging and handling emotions, fatigue and the need for self-care, when working in unsafe and stressful circumstances.

**A systemic approach to supporting HCNs social care workforce<sup>(4)</sup>**



**System:** Developing a field-level coordination structure can facilitate collective action and change. Embedding communication standards can enable providers and agencies to support one another and share resources.

**Organisation:** Strengthening the organisational culture to prioritise skills of care for children and young people with HCNs can promote resilience and develop a unique scope of work.

**Team:** Building team integration and connection through huddles and frequent check-ins can establish strong foundations for healthy boundaries, support networks and burnout prevention.

**Individual:** Supporting and identifying the unique care abilities that individuals possess is critical to enable clarity on where they can enhance the service provided and continue to deliver quality services to children and young people.

**Examples in Practice\***



**US: The National Centre for Complex Health and Social Needs**  
Integrating community health workers and peer support specialists into complex care teams<sup>(4)</sup>

In California, Community Health Workers (CHWs) play an essential role in the Whole Person Care program, a state-wide program that brings together public health care systems, behavioural health providers, Medi-Cal managed care health plans and social service organisations to coordinate care and improve outcomes for people with complex health and social needs. From 25 regional pilots across California, CHWs and support specialists have been identified as foundational to the success of the program and the following four key focus areas have been developed to integrate CHWs and support peers into the complex care teams:

**Hiring and workforce development**

Development of creative recruitment and hiring practices to identify candidates with the right skillset unique to the role and not typically found on a CV, such as empathy. This included unique job descriptions and interview protocols, such as case studies and roleplaying.

**Training and capacity building**

Onboarding and regular training are critical to equip CHWs and peers with the interpersonal and technical skills to succeed and effectively support each other. Healthy boundaries, team-based care, burnout prevention, relationship building, emotional intelligence and empathy were key aspects of the training program.

**Developing an integrated care team**

As CHWs and peers were hired through Whole Person Care, clinical staff were often unfamiliar with the new role and needed additional guidance to work as effective integrated teams. Educating staff about CHWs' and peers' scope of work and their role as cultural brokers was vital. Furthermore, strategies to avoid "medicalising" the CHW and peer workforce became critical to success.

**Organisational support practices**

To better support CHWs and peers in dealing with acute trauma and related challenges, a trauma-informed care program was implemented with the following core values:

- 1) Buy-in from Leadership
- 2) Clinic Champions
- 3) Interdisciplinary Team-based Care
- 4) Community partnerships
- 5) Staff Training and Support

\*For further information about this example, please refer to the respective referenced source.

**Why is this important?**

As COVID 19 placed additional strains on the care and protection system and its ability to respond to and prioritise children with high and complex care needs, it became more important for services to collaborate and support one another. We can draw on lessons learned through the pandemic to provide guidance on enhancing collaboration as we transition to the so called 'new normal'.

**Key Insights in Action**



**Children and young people with complex challenges can largely benefit from sector collaboration as it:**

- Supports information sharing to provide client-specific information
- Provides integrated service delivery to enable a holistic service tailored to the child's specific needs



**It may be difficult to apply a standardised and streamlined approach to children and young people with HCNs. Collaboration can help to:**

- Increase diversity of thought and experiences
- Deliver comprehensive care responses to support unique needs



**Collaboration can help to reduce the burden on specific services, through a shared approach to care including:**

- Resource sharing
- Information sharing in a timely and accurate manner
- Specialist experience targeted to client needs
- Integrated assessment

**Research tells us...**

Children, young people and families with HCNs require coordinated care and collaboration between the different sectors across the biopsychosocial model. COVID-19 revealed the additional benefits of a coordinated model of care.

**Value of Collaboration for children with HCNs (2, 7)**



Faster access to care and services and better service coordination



Shared knowledge amongst providers



Enhanced creativity and problem-solving



Improved health and social outcomes for children, young people and families

**Challenges and barriers to Collaboration (2, 7)**



Lack of awareness of services and potential collaborators available



A lack of knowledge about the role of practitioners in the other agencies



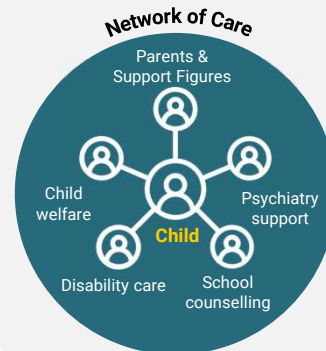
Variation in confidentiality policies and practices across agencies



Absence of effective communication structures and guidelines

**Model of Collaboration: Client Network Consultation (CNC) (2, 7)**

The CNC model offers an example of how collaboration can be used to care for children and young people with HCNs. CNC brings together practitioners from various sectors involved in the child and family's care and creates a clear vision of the current strengths of the child and care needs.



**Key features include:**

Follows a distinct planning process to create an initial plan of care and unites a care team to implement this plan into practice and progress monitoring.

Takes place in a neutral environment. An independent and trained chairperson moderates the consultation and guards the ground rules.

The specialist practitioners have a supportive and guiding role resulting from their field of expertise. The family's perspectives get priority and the team keeps an open mind to develop creative strategies.

**Examples in Practice\***



**Victorian Child Protection:** High-risk youth schedules and panels (1)

During the pandemic, the Victorian government implemented high-risk youth schedules and panels to support case planning and monitoring of practice with child protection clients. The high-risk schedule provides a framework and mechanism to support the early identification of a cohort of the highest risk and most highly vulnerable young people with representation of services from justice, health, and human services sectors. The youth panel's main role is to support rigorous multi-disciplinary case review, planning and decision-making, service integration and collaborative problem-solving for clients on the high-risk schedule.



**UK NSPCC Learning:** Together for Childhood, working together in new ways to prevent abuse (4)

Together for Childhood develops and tests effective approaches for preventing child abuse, drawing on examples of best practices from around the world. Their partnerships include social care institutions, schools, health, voluntary and community groups, alongside the police, NSPCC and communities. Their main goal is to prevent child abuse and neglect.



**UK United for Global Mental Health:** mental health webinar series (6)

In April 2020, several renowned mental health organisations launched a webinar series designed to provide policymakers and the wider health community with the latest evidence on the impact of COVID-19 on mental health and how to address it. The impact of the webinar was astonishing and they are still being hosted covering topics beyond the effects of COVID-19, generating increasing awareness of topics usually stigmatised, especially amongst the younger population.

\*For further information about these examples, please refer to the respective referenced source.

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