**School Health and Wellbeing Service**

**Case Study**

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| **Name:** | **Virtual Collaboration with Social Care to support vulnerable children and young people** | **Walsall Area** |  |

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| **Please could you describe the issue the service user was experiencing and seeking advice for?** |
| The CV19 pandemic has introduced challenges to explore different ways of working so that support to our most vulnerable children and young people is maintained. A key element of this is how we maintain collaborative working with social care. There is a need to manage capacity across services to ensure this vital work continues and to ensure that children continue to have access to advice and support from the most appropriate professional. |
| **Please describe the care you provided:** |
| School Nursing teams have very quickly needed to review prioritises for service delivery. This has included understanding the risks of individual children and young people on their caseloads. It has been essential to continue to have dialogue with social workers to ensure that the risk assessments take into account all of the needs of the child from a multi agency perspective.  The School Nursing Team has established virtual collaborative conversations via Microsoft teams with each of the social work managers across each locality in the borough in order to review the needs of children and young people, consider how interventions of child protection and child in need plans can be delivered and which professional is best to meet these needs.  This is in addition to the processes in place to conduct virtual case conferences, core groups and child in need meetings. |
| **Please describe the outcomes of the care provided to the service user:** |
| Clearly, by the very nature of the CV19 pandemic being very new there has been insufficient time to produce robust evaluation data which evidence impact and outcomes for children and young people. This will emerge as the pandemic and associated restrictions continue.  Anecdotally, the conversations have been productive. One example has been that a social worker discussed a child who has a CPP and a major concern is his weight. He is under the care of specialist provision and because his health needs was being met by this provision he had been discharged. However, CV19 has resulted in a reduction in services from that specialist provider and the support for this child and his family has stopped. Parents are trying to implement advice about weight management but facing escalating behavioural problems exhibited by the child. The access to the specialist provision has been reduced and the social worker is struggling to effectively support and contain the issues at home and gain information from the specialist provider. Following the case discussion, the School nursing service has reopened the child for active support and will provide parents via virtual technology with advice, support and also engage with the child. |
| **Could you describe the impact of your intervention:** |
| Again, this approach is in its infancy and over time impact will emerge. I envisage that relationships and collaborative working practices may well improve as a result of the need to find new ways to communicate and work. The technology that we have had to embrace very quickly has opened new channels of communication and facilitated, arguably more in depth discussions and focus on the needs of children than previously. Building professionals relationships and trust is key to delivery effective and safe care. Early indications is that access to the virtual technology has added a further dimension to building relationships |