#### **COVID-19 Contingency Planning**

# Adapted Models of Support (Non-Residential) – Updated Guidance for all Service Providers

**Note:** as with all service provision during Covid-19, all proposed supports below must be provided with strict adherence to National Public Health Guidance (<a href="www.hpsc.ie">www.hpsc.ie</a>), including

- maintaining social distancing
- hand hygiene
- cough etiquette
- Personal Protection Equipment (PPE)

#### 1.0 Overall Contingency Planning

In the context of the current COVID-19 pandemic, all Community Healthcare Organisations (CHOs) continue to proactively engage with disability service providers to ensure that appropriate contingency arrangements are safely meeting the necessary support needs of persons with disabilities and their families. As the circumstances, risks and availability of staff will vary during the pandemic, all contingency plans must be subject to on-going review and updating.

#### 2.0 Developing Alternative Support Models

During Covid, many service users and families have stopped their home supports in order to reduce the risk of bringing Covid into their homes. In addition, under the temporary home support prioritisation programme, essential to manage Covid driven demands, home support for a further cohort of service users is temporarily reduced or ceased based on individual current assessed need and available family supports. This, in addition to loss of respite and day services and lock down restrictions, is placing increasing stress on services users and their families and is not sustainable without access to alternative models of supports.

CHOs and their service providers are encouraged to use alternative innovative models of support for adults and children with disabilities and their families in a "stepped pathway of supports" approach based on individual assessed needs.

Each CHO, including all HSE and HSE funded services should have in place

- a process using a key point of contact approach to assess and prioritise service user and family support needs and co-ordinate responses.. Regular contact and review by the key point of contact with their assigned service users and families is critical as their needs change with on-going loss of access to regular essential supports
- An alternative model of supports pathway
- A plan implemented that takes into account service user and families <u>changing</u> needs as Covid restrictions continue and appropriate use of available locations and staff.

#### 3.0 Determining Priority Needs

A short questionnaire conducted by staff with service users or carers over the telephone will identify the support needs of service users and families and the most appropriate approach to provide it and assist services to prioritise the provision of these supports with reduced staffing levels due to redeployment and Covid related leave.

Factors to consider in prioritizing support interventions include:

- Behaviours that challenge
- Safeguarding concerns, including those identified by the CHO's Safeguarding Team, and Trust in Care concerns where known
- Additional family vulnerabilities e.g.
  - Single parents as primary carers
  - o Carers who are elderly or otherwise vulnerable
  - o Carer with ID who may not be able to follow Public Health Covid-19 guidance
  - One carer hospitalised and two carers required to provide support safely
  - Young carers providing care for a single parent
  - o Households with 2 parents with disabilities
- More than one person with additional needs in the household
- Service users living alone
- Complex medical needs and other comorbidities
- Limited external supports

Note: Service providers should contact their Safeguarding Team for advice if they are concerned that a home living arrangement is becoming high risk for the potential of abuse and/or neglect.

#### 4.0 Key Point of Contact

Service users, including those on waiting lists and their families, who are prioritised as needing <u>critical</u> support should have a key point of contact who maintains contact (pending service prioritisation demands and staff resources available) during Covid-19, and co-ordinates the required supports for their assigned service users and families. Back up arrangements should be in place in the event that a key point of contact is unavailable.

The key point of contact should keep under review with their assigned service users/main carer, their prioritised support needs during Covid-19 (See Appendix 1 Sample St Gabriel's Telephone Support Record). This will enable the service to continue to prioritise provision of critical services throughout this public health emergency when staffing resources may also be reduced. Following the contact call, the key point of contact can coordinate the specific critical supports in collaboration with the relevant services. It is acknowledged that many excellent examples of adapted models of supports have been implemented around the country but equally, there are areas where only contact calls have been implemented with no alternative supports in lieu of regular day, respite or therapy services for families with high needs. The following is a <u>sample</u> of adapted, stepped supports which have been implemented in consultation with service users and families, in full compliance

with current public health guidance. We encourage all services who have not already implemented similar structured process of needs assessment, prioritisation and provision of alternative support models to do so.

#### 5.0 Stepped Supports Pathways for Alternative Models of Support during Covid-19

Pathways should provide for a stepped approach based on each person's circumstances including family and other available supports in their home/community, their location and their support needs. The range of supports available may include:

#### 5.1 Online supports

- Provision of parent/carer support groups, parenting programmes, carer support programmes or similar interventions through platforms such as "Zoom" or "Facetime"
- General advice and suggestions, such as activities, use of social stories
- Online classes in place of classes normally accessed in Day Services e.g. St Michael's House
  (SMH) runs classes for service users which may include new skills development, DIY. In
  response to the loneliness expressed by service users whilst not meeting up with staff and
  other service users during Covid, SMH has set up regular coffee mornings online for them to
  'meet and greet' and share their experiences. Cumas New Ross is supporting people daily via
  video chat with activities based on goals in their person centred plan e.g. increased contact
  with friends was facilitated by group tutorial on homemade face masks
- Signposting of appropriate online resources for adults and children with disabilities and for carers, bibliotherapy etc. For example, see
  - Enable Ireland's Creative Use on Technology during Covid 19 Pandemic at www.atandme.com.
  - o Family Carers Ireland's resources for carers at <a href="https://www.familycarers.ie">www.familycarers.ie</a>
  - Inclusion Ireland resources for people with intellectual disability and autism at www.inclusionireland.ie
  - o Local Authority Community Response Forum at www.housing.gov.ie
  - An Post deliveries

# 5.2 Direct one on one contact by phone/video link e.g. What's App, Facetime, Viber

The key point of contact will coordinate the required discipline/service specific initial phone calls for one on one support identified in the 'Contact Call', thereafter arranged by individual services directly with the service user or carer as appropriate. These may include:

- Regular, scheduled telephone sessions with service users and / or families to provide advice, training, demonstration or support, monitoring and risk management e.g. the Irish Wheelchair Association (IWA)'s has assigned key point of contacts who provide daily phone or text contact to each of their 400 weekly service users.
- Depending on the level of need for an individual and/or their family, this call may be as often
  as daily for high priority needs where the service understands and acts on rising stressors
  within the family and plans where necessary on moving to the next level of intervention i.e.
  face to face supports

- Provision of 1:1 targeted interventions to include:
  - o General advice, support and problem solving
  - Home Programmes
  - o Therapy intervention (where deliverable via phone)
  - o Contingency planning support and advice in line with Public Health guidance
- Under the SNA Temporary Redeployment initiative beginning in May, SNAs as part of children's disability services will provide telephone and video support to children and families with identified need to help alleviate stress

#### 5.3 Face to face interventions for critical service user and family support

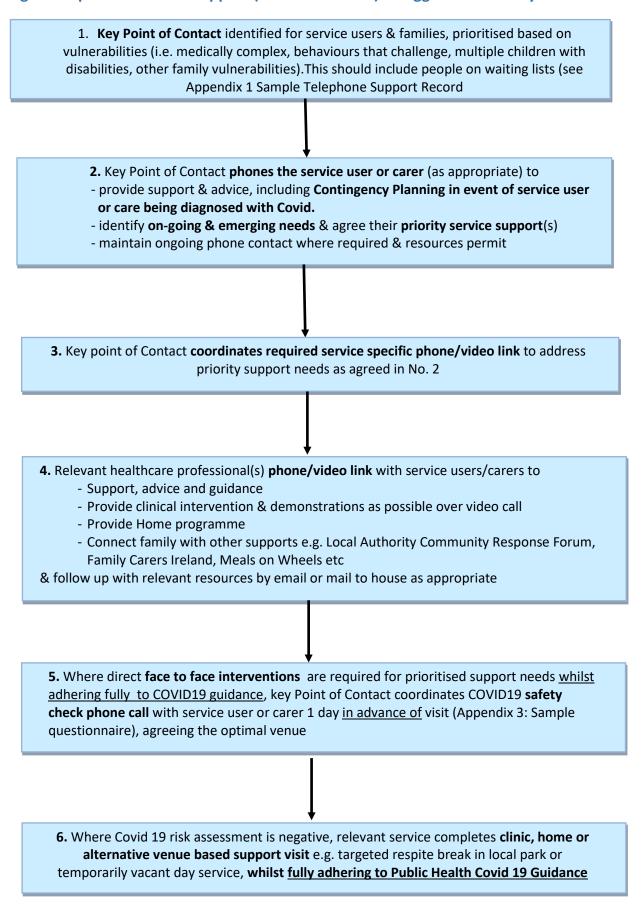
Subject to individual prioritised needs and risk assessment, a face to face intervention can be provided where a service user (and if a child, their carer,) are willing and able to attend a clinic or for the clinician to provide a home visit whilst strictly adhering to Public Health guidance on Covid-19 at all times (see <a href="https://www.hpsc.ie">www.hpsc.ie</a>).

It is essential that each one on one intervention is risk assessed <u>in advance</u>, e.g. a preliminary phone questionnaire is completed. (see Appendix 2: St Gabriel's phone questionnaire in advance of direct contact sample) and again, on meeting the service user or carer, to ensure the optimal safety of staff, service users and their families.

Examples of innovative adaptations for direct one on one supports implemented include:

- Where equipment has failed, SMH brings a service user into a vacant premises to assess and repair the equipment, or refer onwards for repair, and transports the person and equipment back home. This is particularly important where carers are elderly and vulnerable thereby reducing risk of introduction infection into the home
- Where areas of concern are identified in IWAs 'Contact Call' e.g. FEDs, medications, safeguarding or behavioural escalation, the individual is supported with a direct 1:1 intervention in an available facility
- IWA has implemented its 'Contingency Service' in each of the CHOs which includes in addition to the daily contact, home visits to deliver foods, activity packs, information on Covid-19, transporting individuals where required to hospital and other priority appointments and delivery of medication from pharmacies to individual members
- SMH provides targeted one on one interventions face to face for individuals
- PA overnight additional support /respite as a practical option to out of home /respite centre
- St John Of God services provides walks one on one with service users to reduce impact of isolation on wellbeing and mental health
- Provision of one on one behavioural management support in setting familiar to the individual or alternatively, a place of their choice as appropriate
- Integration with other community and voluntary services such as Meals on Wheels, Local Community Response Fora etc
- Out of home respite break to local park as alternative to in-home or in respite centre

# Fig 1: Adapted Models of Support (Non-Residential) – Suggested Pathway



#### 7.0 Outdoor Respite Breaks

Under current Covid restrictions (May 8th), people can leave their home to provide care for vulnerable people. The DOH has confirmed that families may take additional outdoor breaks for health reasons, including going for a drive. In this case, service providers can provide a letter to carers confirming that their family member is a service user with special needs and benefits in managing stress from such supervised outdoor activities with full adherence to PH guidance.

#### 8.0 Alternative facilities for one on one intervention

Use of facilities currently closed such as day service venues, special schools or primary care outpatient clinics should also be considered. All such facilities have been mapped by all CHOs as part of their contingency planning and accessibility where required for these face to face interventions should be explored with the relevant Disability Manager.

#### 9.0 Planning & Service Pathway - Disability Services.

The following flow chart sets out below the typical support options that a Service Provider may put in place and/or supplement based on their assessment of prioritised support needs of adults & children in receipt of disability living in home/domestic settings during the Covid-19 crisis period. As advised in Section 4.0, it is critical that the assigned point of contact maintains regular contact with the service user/main carer/family in order to facilitate timely intervention where an adapted or enhanced support be may required arising from changing service users' needs and/or altered or crisis family/domestic situations.

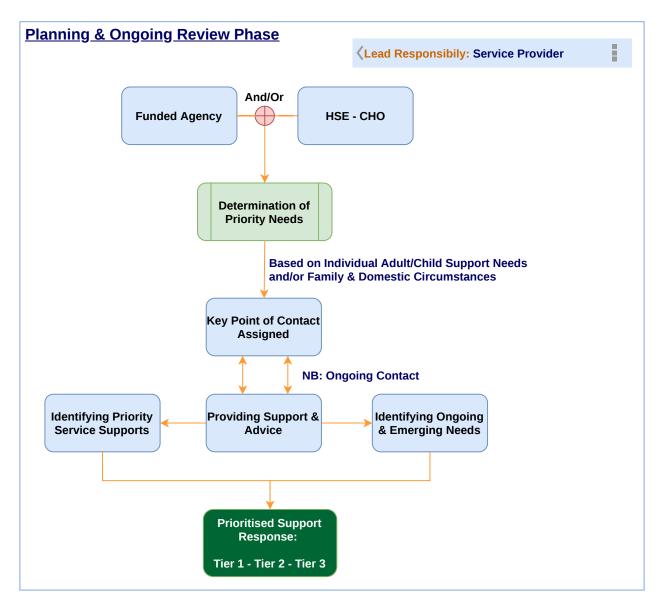
Subject to regular engagement with the service user/main carer/family by the Key Point of Contact as part of the Planning & Review Phase, suggested service responses are summarised in a three-tier pathway, ranging from "virtual" and tele-support options to one-to-one interventions, subject to physical distancing, in the domestic setting and within existing disability service facilities. (Tier 1 to Tier 2). It is also acknowledged that in exceptional, high-risk situations, an interim, emergency residential placement may need to be established, subject to the approval of the HSE Chief Officer (Tier 3).

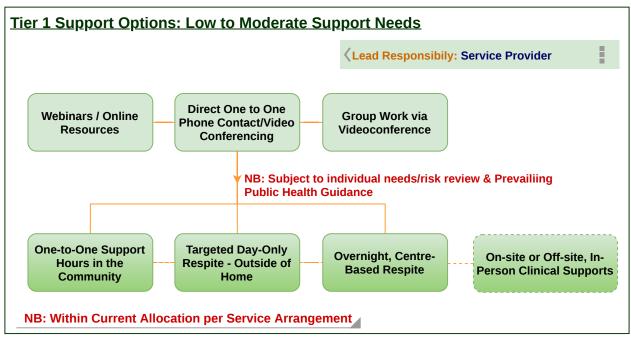
It is expected that Tier 1 Supports can be provided on a cost-neutral basis by Service Providers within the agreed 2020 Funding base per Service Arrangement. Additional resource requirements that may result from enhanced Tier 2 Support Options & Tier 3 placements must be agreed by Service Provider/CHO and signed off as appropriate by relevant Chief Officer.

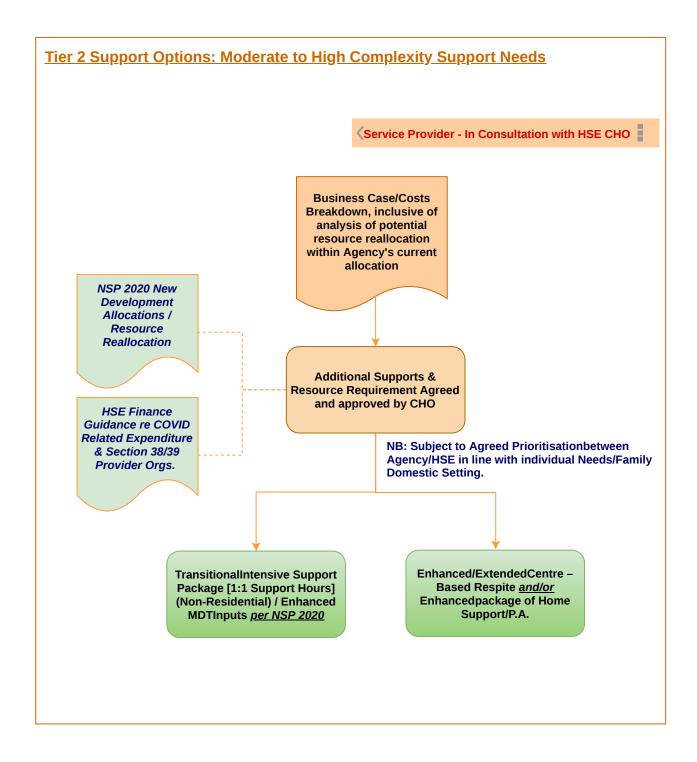
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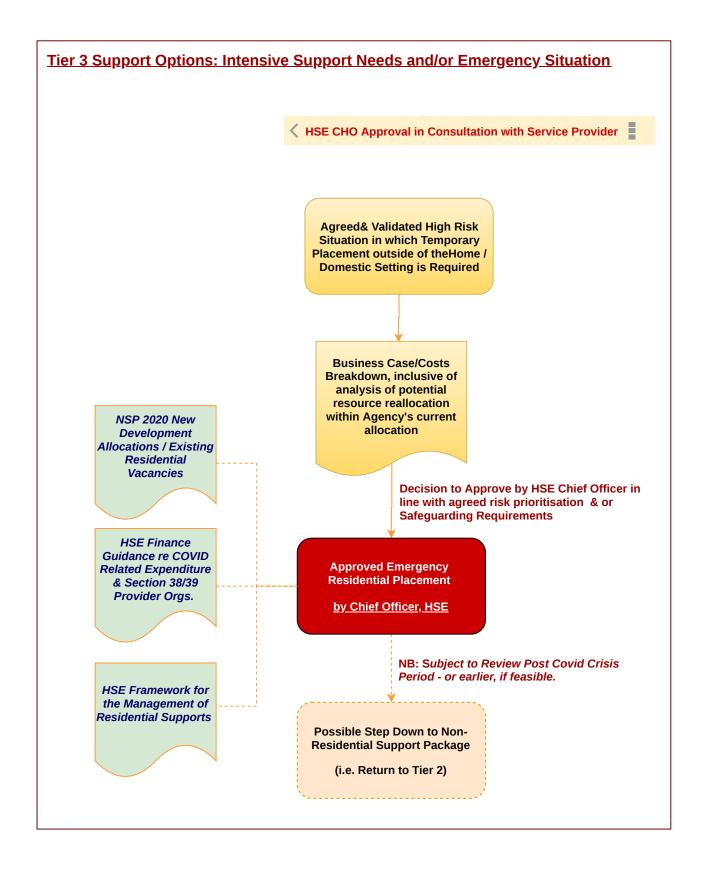
# **Suggested Planning & Service Pathway - Disability Services:**

Person in Receipt of Disability Services Living in Home/Domestic Setting during Covid-19 Crisis









# Appendix 1: SAMPLE - St Gabriel's Telephone Support Record Form

My name is
FAMILY MEMBER WHO TOOK THE PHONE CALL:    Fello, how are you today?
Hello, how are you today?  My name is
the Coronavirus Pandemic to see how you and your family are managing now that the schools have closed. St. Gabriel's wish to continue to facilitate your engagement with our services. Therefore I need to determine if you are all symptom free.  For Appointments  In relation to scheduled appointments at St. Gabriel's Centre, I would like to know if you still wish to attend your scheduled appointments.  Only the parent and/or young person should attend the scheduled appointment.  For Health & Safety reasons please DO NOT bring siblings or other family members to the appointment with you.  Health Related Questions  1. I have some questions to ask you Health wise? Is any member of your family showing any of the following symptoms:  Most common Other symptoms  A cough Fatigue Shortness of breath Headaches Fever Sore throat Breathing difficulties Aches Pains  Please remember that it can take up to 14 days for symptoms of coronavirus to appear.
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If Yes to any of the above do you know how to self-isolate your family?
Yes
No □
How to self-isolate HSE link
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Contact family GP by phone, do not present to GP practice   □
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Family concerns at present
Actions
Follow up
ronow up

I have noted your feedback and a member of the Clinical Team will contact you as soon as possible to see how best we can support you.

<u>Helpline:</u> In the meantime if you require additional advice/support please contact St. Gabriel's Helpline on **087-2886449** between 09.00-16.00hrs Monday to Friday. Please do not leave text messages or voice messages on this number

# Appendix 2: Sample St Gabriel's Phone Questionnaire in advance of direct contact

Questionnaire for families prior to appointment or home visit

#### Question 1:

Is anyone in your household experiencing any of the following presently or in the past month:

- High Temperature
- Cough
- Sore Throat
- Shortness of Breath
- Runny Nose

#### Question 2:

Has anyone in the household been in contact with COVID 19 or diagnosed with COVID 19?

#### Question 3:

Has anyone in the household travelled from any high risk country in the past month?

#### Question 4:

Is anyone in the household immune compromised?

If the answer to any of the above questions is yes, please contact your line manager as the appointment may be cancelled and/or home visit.