

1. THINGS WE'VE HAD TO CONSIDER

- Your worries about public transport; finding a way for you to do face-to-face visits and also enable you to limit your use of public transport as much as possible.
- Your clearly expressed desire to see your friends and colleagues again, the risk of infection spread, and honouring both as much as we can.
- Your clearly expressed desire to start seeing children and families again, but also your worries about social distancing in family homes.
- This is from the survey showing what you were most looking forward to:

2. What, if anything, are you most looking forward to about returning to the office and re-starting face-to-face visits or meetings? (you can select as many as you like)

[More Details](#)

● Seeing my colleagues and frie...	29
● Seeing children and families a...	22
● Getting back into a daily routine	13
● Helping to get more balance ...	17
● Something else	2

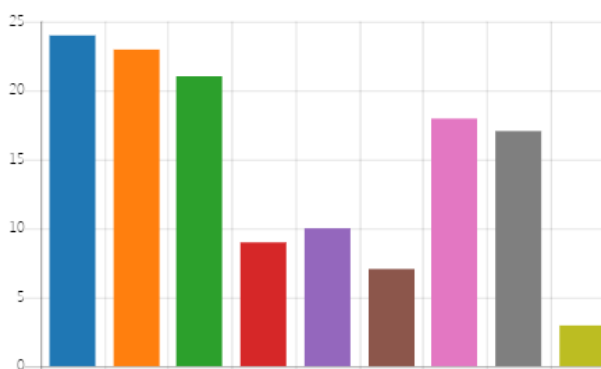


- This is from the survey showing what you're feeling most anxious about

4. What, if anything, is making you feel most anxious about returning to an office and re-starting face-to-face visits or meetings? (you can choose as many as you like)

[More Details](#)

● The travel/commute	24
● Social distancing in the office	23
● Social distancing in family ho...	21
● Not being on my usual office f...	9
● My childcare arrangements (fo...	10
● My caring responsibilities (for ...	7
● The impact on my physical he...	18
● The impact on my emotional ...	17
● Something else	3



- Very tight restrictions on the number of desk spaces we have been given at 5PS – we have 27 desks in 5PS to share between 75 FSCF staff.

- Doing multiple scenario modelling to work out a way to mitigate risk as far as we can, but accepting nothing we do will keep you 100% safe (because none of us are 100% safe from COVID from the moment we step outside our homes).
- Looking at other examples from other sectors who have put infection control measures in place to learn from them, combined with Camden and Islington Public Health advice.
- Looking ahead to what further social distancing measures may be relaxed and when, including relaxation measures announced by the Government on 23 June 2020, and thinking ahead to the autumn/winter.
- Trying to make this as clear and hassle-free for you all as possible and not introducing complicated booking systems.

2. GENERAL PRINCIPLES

- **5PS as base camp, not as an office where I work**

Even when we have access to 5PS, you will not be required to be in 5PS. We need to think of 5PS not as a regular office, but as a basecamp.

You can use basecamp as a place to touch down in between visits or meetings for example to wash your hands, use the toilet, heat up lunch, have a sit down and a rest and have a socially distanced connection with colleagues.

But you do not have to use 5PS. You can do your visits and go straight home again if that's easiest for you. 5PS will be there for you if you need it as a basecamp only.

- **5PS with 75% less people in it**

Try and visualise 5PS. Imagine a normal day with packed lifts. Arrive on the 9th floor and scan the floor full of people looking for a desk. Now try and reimagine those things with 75% less people in them. This is how 5PS will be. Normally 2200 people are in 5PS. Now it will be around 645 maximum.

- **Visits Outside the Home As An Alternative To Visits Inside the Home**

Home visits help us to observe the child and family in their own environment. Home visits are often essential, for example neglect cases where we need to observe home conditions.

But we can do a lot of our work face-to-face with families without it needing to take place inside a family home

We can reflect on our sessions with a family, consider the purpose of a session, and think about whether it HAS to be done in the home or could be done face-to-face somewhere else. Families may also not want us in their homes for a while and we will need to respect that, whilst also staying constantly mindful of risk to the safety and welfare of children.

- **Prioritising Face-to-Face Visits with Families We Feel Most Worried About**

We would want to make sure we prioritise those families for a face-to-face visit that we have been most worried about. We have had a priority family list throughout COVID so we know which families those are.

3. WHAT WE PROPOSE TO DO

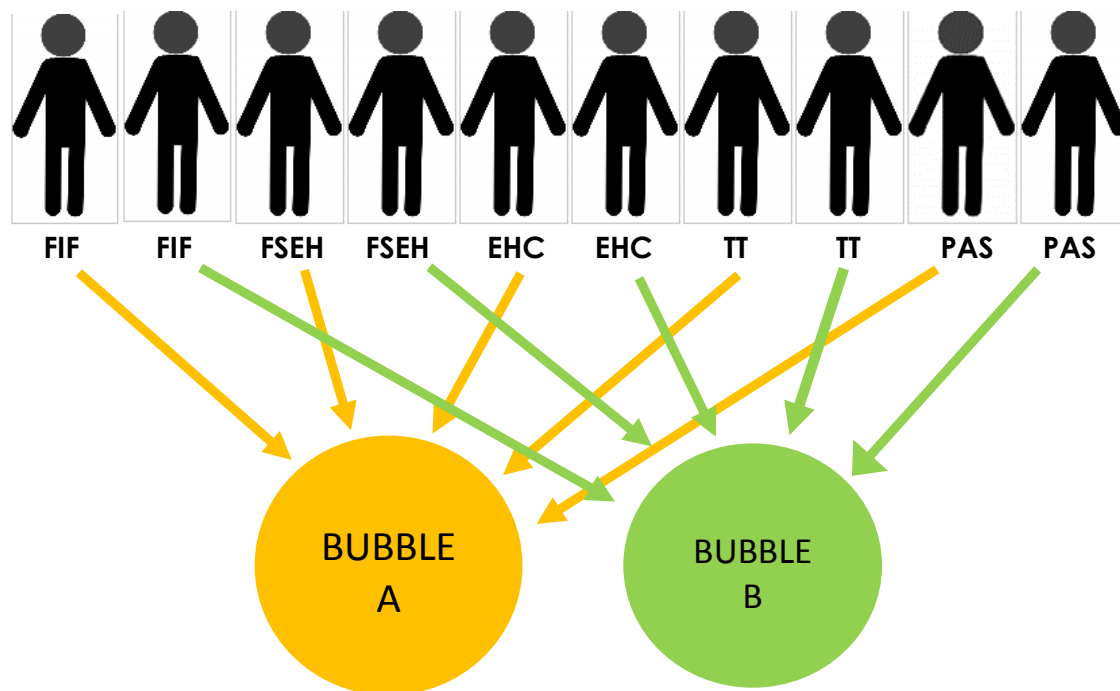
This section sets out the approach we will take to using office accommodation and face-to-face work, drawing on all of the things we've had to consider. It means coming down from phase 3 of our emergency management plan to phase 2.

3.1 Splitting the Whole FSCF Service into Bubbles

What does this mean?

The whole service will be split into Bubble A and Bubble B. Each bubble will have a mixture of FIF, EHC, FSEH, TT and PAS staff in it.

You're not changing your regular team. You're just being given a group to belong to. Think school bubbles for example. This is a simple visual of the bubbles:



Why have we done this?

This is to help prevent the spread of infection. We cannot run the risk of whole staff groups becoming ill. If for example we had all of TT in one bubble and one TT worker became ill with COVID, we could run the risk of all of TT falling ill.

It also means we can tell exactly who might have been together in 5PS, which helps with test and trace.

We will try and do three things with the bubbles as much as we can:

- Managers to be in a bubble with their staff – this means you could do a face-to-face supervision via a walk-and-talk, or a side-by-side visit if you choose and if your individual risk assessment allows.

- Honouring the pods/groupings that exist in teams already so you can see some of your friends and colleagues – but accepting we cannot risk infection spread across teams.
- There will continue to be a 5PS oncall manager rota to make sure we have access to the safe for vouchers and preparing laptop loans for delivery.

3.2 Bubbles Working in Rotation

What does this mean?

Both bubbles will use a blended approach of face-to-face visits and remote visits on a staggered rotation.

This means each bubble will have one week in Camden, and one week working remotely. Here is an example of how that would work:

w/c 3 August	w/c 10 August	w/c 17 August	w/c 24 August
Bubble A Camden week	Bubble A Remote week	Bubble A Camden week	Bubble A Remote week
Bubble B Remote week	Bubble B Camden week	Bubble B Remote week	Bubble B Camden week

You can do a face-to-face visit with a family in your Camden week.

(Remember this doesn't need to be in the family home, it can be outdoors or in an alternative venue – use your professional judgement and discussion with your manager about whether the activity HAS to be done in the family home).

You can do a virtual visit with a family in your Remote week.

Families will still have a choice of a face-to-face visit or a virtual visit. But we hope that if we can offer families a face-to-face visit outside their home as often as possible that they will feel more confident to see us in person. The relaxing of the Government guidance on 23 June 2020 also means people can meet with one other household, one at a time, inside their own homes subject to the 1 metre+ social distancing (and also wearing a facemask).

Face-to-face visits and meetings can take place on any day of your Camden week.

You won't need to book a space at 5PS, you can arrive at 5PS as basecamp and use specific desks on the 7th floor. You can only use those desks (the 9th floor does not have enough space for us and social care because of social distancing requirements), and no one else but us will use those desk. You will be allocated a desk to sit at in advance. We have requested that the 7th floor is designated as confidential.

We recommend you try and cluster your visits to reduce your use of public transport as much as possible (e.g. take the 60:40 approach and doing your visits over 2 days), but of course being mindful of, and risk assessing, infection spread if moving from home to home (see risk assessment section below).

If a face-to-face visit can genuinely only take place during a Remote Week then you can still do it, but you won't be able to use 5PS.

The rotation weeks will be put in your calendars so you can see which week your bubble is on.

On your Camden weeks, you can stagger your start and finish time so you don't need to travel during peak hours. Again, you do not need to come into 5PS if you don't want to; it is there as a basecamp if you want to use it.

On your Camden weeks, you can arrange to see a friend or colleague from your bubble at 5PS and have a side-by-side, socially distanced chat if your individual risk assessment allows.

The rest of the time, you can work at home. Early help coordinators for example would not NEED to come into 5PS to do their work, but if you wanted to come in in your Camden week to have a side-by-side meet with a colleague from your bubble, or a supervision with your manager, then that option is available for you.

Supervisions can happen face-to-face where possible and where individual risk assessments allow, but where not possible they would continue to be remote.

TAFs, group supervisions and team meetings would still take place remotely until further notice.

Staff who are in the clinically extremely vulnerable group, or who are caring for someone in that group, would continue to do their work remotely until the shielding programme is paused from 1 August.

Why have we done this?

- It reduces the need for transport every week – you only need to travel during your Camden week which will be every fortnight, not every week.
- It maximises the number of days available in a week for you to see a family. One alternative we looked at was to have 5PS available to teams on set days every week (for example Bubble A every Monday and Wednesday). But that limited choice (e.g. Bubble A could only book to see a family on a Monday or Wednesday).

That option created too many obstacles for you to autonomously organise your work and wasn't family-centred. The Camden week/remote week system allows more freedom and flexibility to plan your visits.

- It sets a clear boundary and expectation on visits – face-to-face visit one week, virtual visit the next on rotation. You and the family can feel clear what to expect from each other.
- You can plan sessions ahead so you know what you want to achieve with the family during face-to-face visits and virtual visits.
- It builds in as much flexibility as possible for you to make decisions about what to do and when (e.g. when to see families, when to have supervision etc).
- If someone in your bubble does fall in with COVID during a Camden week, you'll already be at home the next week as it will be a Remote week. That will help with self-isolating.

4. When would this start?

We hope to start implementing this plan from Monday 3 August 2020. You can of course have a face-to-face visit with a family in an open space now, or a door step visit if social distancing can be observed.

The primary reason for waiting is that at time of writing, the Government had just announced two important relaxations on social distancing that came into force on 4 July 2020:

1. That the 2 metre rule is relaxed to 1 metre + (1 metre plus additional mitigations like face masks) where 2 metres can't be applied
2. That people can meet with 1 other household at a time, in their own home

Both these measures do help somewhat with meeting families in their homes. A 1 metre rule with mitigations (e.g facemasks) would be easier to observe in family homes than 2 metres. The ability to meet inside people's homes, one at a time, also means home visits would be in step with government guidance. The 1 metre rule was always part of our emergency management plan and one of the conditions we needed to see before coming down to phase 2 of the plan.

However, we know these measures take time for people to learn about and to start to implement and feel confident with.

We also appreciate that a number of you are still home-learning with your children, the summer holidays are coming up and play schemes will be very limited, and that a small number of you are still needing to shield until the shielding programme is paused from 1 August.

We also want to make sure we've all got time to reflect on this change and feel confident with it, and that takes time.

Social care have begun face-to-face visits again. FSCF do not need to move quite so quickly because our families do not have the same level of severity of risk as social care. We have also maintained rigour in seeing and speaking to children and families once a week, and doing doorstep visits when we have lost contact with families using our COVID escalation process.

However, we know that many of the children we're helping are facing a not insignificant level of risk and we have to hold that in mind. You have also expressed your understandable frustration that exclusively working remotely has its limitations, and impacts on our relationships with families. So it is right that we start to move gently back towards re-introducing face-to-face visits and meetings into our work.

5. Continual Individual Risk Assessments and Home Risk Assessments

To help us all to identify and mitigate risks as much as possible, we will do two risk assessments before all face-to-face visits.

Individual Risk Assessments

Arranging ourselves in an evenly split rota with equal access to 5PS as a basecamp helps make sure this is equal and fair - everyone is treated the same.

The individual risk assessments are what makes this equitable and just- we work to make sure everyone gets what they need.

The approach set out in this proposed plan provides the infrastructure for us all to operate in. The individual risk assessments enable you and your line manager to customise and tailor the approach to your unique circumstances.

Everyone, managers included, will have an individual risk assessment. This will help us work out things like whether you need PPE for visits.

All individual risk assessments will be kept under constant review to make sure they are up to date.

Family Home Risk Assessment

We will also do a risk assessment of a family home before every visit. This is just as we have been doing during COVID e.g. we ring up a family to check if there are any symptoms in the household or any family member self-isolating or shielding.

We will also ask the family to what extent we can safely practice 1 metre+ social distancing with them in the home, and remind families of the social distancing measures you and they need to take during the visit.

We will do this 24 hours before every planned visit.

The two risk assessments combined will help us to plan and mitigate as much risk as possible before every visit. We will write clear procedures for you to follow.

Once we start the blended approach and rota system, we will have that in place for at least 6-8 weeks whilst we monitor the national risk alert level, make sure our risk assessment process is embedded and working, and monitor any further relaxation, or increase, to social distancing measures. We will also get feedback from families about their experience of this approach, to make sure it is working for them too.

All frontline workers will also receive a washable lip-reading face mask (a mask with a plastic insert that shows the wearers mouth). We will send these to your homes. This is just to help ensure our work remains as child-friendly as possible, acknowledging that masks may feel frightening for children. It also makes sure you all have access to a washable facemask (note this is not medical grade PPE).

We will also stringently follow Camden and Islington Public Health guidance on Home Visits (this is already on the Guidebook).

6. What Happens Next?

In the next couple of weeks, there will be lots of time for discussion with your line managers and in your teams about this plan. I'll also be setting up drop-in Teams meetings where you can come along and ask anything you like about this plan (these will be open-house like the web-based Guidebook sessions were). My proposals are also going through a rigorous approvals process with Health and Safety, the Unions, and with the Supporting People DMT.

We will of course have to monitor any more changes the Government may make between now and 3 August to further relax social distancing measures.

We are also working hard to confirm a range of places where face-to-face visits could happen as an alternative to the family home. This includes libraries, places of worship, youth centres and community organisations. This will be shared with you as soon as it is available, and you can of course talk with your local contacts, including schools, about arranging a venue for a face-to-face visit.

Finally, we are reviewing our lone working procedures to ensure these are reflective of any COVID-related risks you may encounter, and preparing new procedures for you to follow, just as we did when lockdown began.

I know this is a lot to digest, so please do take it away, reflect on it, and then ask lots of questions if you need to. We've got time to get ready and we will make sure you have as many opportunity and spaces as you need to talk it all through.