

Management Oversight Guidance from 3 August 2020

30 JULY 2020 Final

From 3 August 2020, family workers will begin face-to-face visits with families again. Families may choose to have:

- the blended visits approach (weekly face-to-face visit + weekly virtual visit on rotation), or
- weekly virtual visits only

Because we are offering families this choice, the management oversight on each family will also need to be tailored. We also need to ensure consistency across all teams.

Many of the points below are things you are already doing. There are some additional oversights needed for families opting for blended visits.

This procedure will be reviewed on the 1st of each month until at least 1 November 2020.

Management Oversight For Families Choosing Blended Visits

- Continue with weekly check-ins with your direct reports wherever they are helpful to you and the worker, given that staff are still working mainly remotely, casenoting as usual. Please now include checking that pre-visit checklists have been completed and casenoted using the correct procedure (casenote your management oversight and rationale for decision making).
- Continue to provide reflective monthly supervisions, case noting as usual
- Casenote management oversight when a face-to-face visit was deemed not to be safe and did not proceed, explaining rationale for decision making, detailing exploration of any risk this decision presented (for example in neglect cases where home conditions cannot be observed) and any escalation of concerns deemed necessary (e.g. to service manager).
- Keep a record of which families on your direct reports' caseloads select blended visits and which families select virtual visits only.
- Use DD escalation procedures as usual and as needed.
- Follow usual (pre-COVID) procedures for casenoting management oversight on general casework activity, direction and supervision, including rationales for your decision making as you would normally do.
- Continue to monitor where children have not been seen or spoken to on 3 consecutive occasions (face-to-face or virtual visits), including supporting the worker to identify if anyone else in the network has seen/spoken to the child/ren, and flagging cases of concern to service manager.

Other Things to Do/Check Regularly

- Check your direct reports are aware of the procedures for pre-visit checks (and casenoting procedure), the day of the visit guidance and post visit guidance, and casenote where this is discussed in supervision
- Review your direct reports individual risk assessments at least every 20 working days to ensure they are live and up to date (if a worker reports COVID-related symptoms to you, this should immediately trigger an update to their risk assessment).
- Review any personal evacuation plans for 5PS for your direct reports once a month
- Check your direct reports have the correct PPE in accordance with their individual risk assessment
- Ensure all direct reports are aware of the procedure for what to do if COVID symptoms are found during a visit that were previously unreported during the pre-visit checklist (see lone working procedure – Guidebook link to follow).
- Check all direct reports are aware of bubble allocations, 5PS seating plans and regulations for use of 5PS.
- Ensure assessments and plans remain whole-family-centred and goal-orientated (and reference the reason/s for initial referral), casenoting management oversight, case direction and rationale for decision making (including through supervision notes) as usual.

Management Oversight for Families Choosing Weekly Virtual Visits Only

This mirrors what you were doing during the COVID lock-down:

- Continue with weekly check-ins with your direct reports wherever they are helpful to you and the worker, given that staff are still working mainly remotely, casenoting as usual.
- Continue to provide reflective monthly supervisions, case noting as usual
- As per previous COVID procedures:
 - Ensure telephone/video calls are following COVID procedures, and casenote management oversight.
 - Ensure casenotes are following COVID recording procedures, and casenote management oversight.
 - Use DD and COVID escalation procedures where needed
 - Continue to monitor where children have not been seen or spoken to on 3 consecutive occasions including supporting the worker to identify if anyone else in the network has seen/spoken to the child/ren, and flagging cases of concern to service manager.
 - Ensure assessments and plans remain whole-family-centred and goal-orientated (and reference the reason/s for initial referral), casenoting management oversight, case direction and rationale for decision making (including through supervision notes) as usual.