

# FSCF COVID Emergency Management Plan and Alert System

## 30 July 2020 - Final


This is the Family Support and Complex Families Service plan for managing our response to the COVID emergency.

It sets out the 5 phases we will move through as a service.

Having this phased approach enables us to move up and down each phase according to the national level of COVID risk and social distancing restrictions, and to be prepared for events such as a second, multiple or local outbreaks over time.

Each phase is mapped as far as possible against the Governments national risk alert system introduced in May 2020. We estimate that our emergency management plan will map roughly onto the Governments risks alert levels like this:

Government risk level 1		FSCF phase 1
Government risk level 2		FSCF phase 2
Government risk level 3		FSCF phase 2/3
Government risk level 4		FSCF phase 3
Government risk level 5		FSCF phase 4
		FSCF phase 5



The specific detail of the Governments risk levels, and measures the Government expect to have in place for each risk level, are not yet published. We will therefore move up or down our phases based on the available Government and Public Health guidance at the time. This mapping can therefore be only a guide.

Each phase of our emergency management plan includes how we will approach our work including:

- Face-to-face visits
- TAFs, supervision and team meetings
- Home working and use of office accommodation, including community sites
- Management oversight
- Incoming requests for work
- PPE

## FSCF COVID EMERGENCY MANAGEMENT PLAN

Please note whilst our phases are mapped as far as possible against the Governments risk alert system, we do not have the full details of the Governments plans for each risk level, or what determines when or how they will raise or lower their risk alert level.

Therefore we will move up or down our phases according to the most current Government and Public Health guidelines.

National Government guidance and Camden and Islington Public Health Guidance will be followed at all times.

### FSCF Phase 1

#### How we will work (steps may be gradually re-introduced)

- Home visits, TAFs, supervisions and team meetings are held face to face
- Workers use their normal office bases, observing any buildings protocols put in place.
- Community sites are open, where buildings protocols can be observed.
- Workers can travel freely.
- Social distancing measures applied in accordance with government guidance.
- Normal management oversight procedures are used
- Incoming work is accepted using usual channels, and a priority system is not required.
- Normal Council home working policies and procedures apply
- PPE is not required

### FSCF Phase 2

#### How we will work (steps may be gradually introduced)

##### Face-to-Face visits

- Face to face visits can take place in the home, if national social distancing guidance can be adequately observed. If not, then either:
  - a virtual visit takes place or
  - an alternative venue for a meeting with a family is found (e.g. library, community centre, place of worship, school, park etc) where social distancing guidance can be observed
  - In these instances, workers will identify any risks of not seeing the home environment (for example in neglect cases) and discuss these with their line manager. Rationale, decision making and management oversight is casenoted.
- Families are offered a choice of face-to-face visit or virtual visit. If a family opts for virtual visits only, workers follow COVID procedures for making calls, casenoting calls and escalation. In these instances, workers will identify any risks of not seeing the children or family face to face and discuss these with their line manager. Rationale, decision making and management oversight is casenoted. Face to face visits guidance is here <https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/fscf-procedures-during-covid/face-to-face-visits-guidance-and-procedures/#main> and virtual visits guidance is here <https://ascpractice.camden.gov.uk/early-help->

[guide/family-early-help-covid-guidebook/fscf-procedures-during-covid/virtual-visits-making-calls-procedure/#main](https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/fscf-procedures-during-covid/virtual-visits-making-calls-procedure/#main)

- Where needed due to national Government guidance, the service is split into bubbles (each bubble contains staff from each of our 5 teams) to help us manage infection spread.
- Where needed due to national Government guidance, the bubbles will work on rotation, with one week doing face-to-face visits in Camden and one week doing virtual visits remotely in rotation. Please see more information on this here <https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/fscf-procedures-during-covid/returning-to-offices-and-face-to-face-work/#main>
- Workers cluster their home visits to specific days wherever possible to reduce their use of public transport. This is a 60:40 arrangement (3 days at home and 2 days in Camden) as far as possible, and subject to pre-visit checklists and risk assessments (e.g. risk of infection spread if moving from home to home).
- Workers may stagger their start and finish times on those days to avoid rush hour.
- Bubbles will use 5PS as a basecamp during their Camden weeks with assigned seating, until such time as 5PS becomes available for more staff and social distancing measures are relaxed sufficiently. More information on use of office accommodation here <https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/fscf-procedures-during-covid/returning-to-offices-and-face-to-face-work/#main>
- A COVID family home risk assessment is done before every visit. This is part of a pre-visit checklist completed before every visit and casenoted, with regular management oversight. The pre-visit checklist and associated guidance is here <https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/fscf-procedures-during-covid/face-to-face-visits-guidance-and-procedures/#main>
- All staff have an individual risk assessment to make sure we plan for, and mitigate, risks in accordance with their unique circumstances. Individual risk assessments are reviewed every 10 days to ensure they are live and up to date.
- The outcome of those two risk assessments determines if the face-to-face visit will take place, whether in the home or an alternative venue, or whether the visit will be virtual. The outcome is casenoted.
- If workers are clinically extremely vulnerable, or living with someone who is clinically extremely vulnerable, they will do virtual visits only for as long as national shielding guidance are in place. This is dependent on whatever Government guidance is in place at the time for shielding.
- A buddy or 'pairing' system is in place for all staff, which is tailored to the unique circumstances of each team. Service managers devise an appropriate buddying or pairing system for their teams.

### **TAFs, Supervision and Team Meetings**

- TAFs may take place in person if 1 metre social distancing can be maintained in the TAF venue, if face coverings are worn by all participants and where the TAF is no more than 6 people (subject to whatever Government guidance is in place at the time regarding meeting indoors with others from different households). If no, then the TAF is held remotely. This is dependent on current Government guidance.

- Supervisions may take place in person if 1 metre social distancing can be maintained at the venue, and both parties wear face coverings (2 metre distancing if no face covering). If no, then supervisions are held remotely.
- Group supervision may be in person if 1 metre social distancing can be applied, if face coverings are worn by all participants and the group is no more than 6 people (subject to whatever Government guidance is in place at the time regarding meeting indoors with others from different households). If no, then group supervision is remote. This is dependent on current Government guidance.
- Team meetings may take place in person if 1 metre social distancing can be applied, if face coverings are worn by all participants, and where the group is no more than 6 people (subject to whatever Government guidance is in place at the time regarding meeting indoors with others from different households). If no, then the team meeting is remote. This is dependent on current Government guidance.

### **Home Working and Use of Office Accommodation**

- All tasks other than home visits or work-related face-to-face visits or meetings can be undertaken at home, and all staff are permitted to work at home at all other times, until such time as office accommodation is readily available. Home working rules regarding availability during office hours apply.
- Workers may use 5PS if travelling into or around Camden for face-to-face visits or other work-related meetings during their Camden rotation week, observing any protocols applied to 5PS and in their bubbles where the bubble system is in force.
- Community sites are open if 1 metre safe distancing with additional mitigation can be maintained and where government guidance on community settings can be achieved. If not, community site remains closed.
- 5PS oncall manager rota is in place each day for the issue of foodbank vouchers and paper supermarket vouchers held in the FSCF safe.

### **Management Oversight**

- Managers follow management oversight and case recording procedures for blended visits except if:
  - A worker is only doing virtual visits because of individual risk assessment or shielding
  - A family opts for virtual visits only

In those two situations, managers follow COVID management oversight procedures

- Managers have additional oversight responsibilities regarding individual risk assessments and completion of pre-visit checklists. Management oversight procedures are here <https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/fscf-procedures-during-covid/management-oversight-procedure/#main>
- Service managers maintain a daily staff availability check
- Service managers keep a weekly record of any children not seen/spoken to each week for cases held by workers doing exclusively virtual visits or for families having exclusively virtual visits

- Managers ensure a remote option is made available for any workers who are self-isolating or clinically extremely vulnerable group to join face-to-face team meetings and supervisions

### **Incoming Requests for Work**

- Incoming referrals and step downs are accepted as normal subject to available capacity
- New bespoke work from social care can be accepted where specialist parenting support is required
- Priority family system is in place for existing and incoming casework, in case of staff shortages due to COVID, based on gravity, severity and frequency of risk to the children:
  - Priority A – face to face visits essential
  - Priority B – face to face visits recommended
  - Priority C – could manage remote contact only
- New allocations will be matched sensitively to take into account both family and worker circumstances.

### **PPE**

- PPE is available for any circumstances recommended by Public Health guidance and informed by individual risk assessments.

### **Workers in the Self Isolating or Clinically Extremely Vulnerable Groups**

- Workers who are self isolating, are in the clinically extremely vulnerable group, or who live with someone in the clinically extremely vulnerable group will:
  - Work remotely
  - Continue to follow COVID procedures for recording calls, casenoting calls and escalation.
  - Have all supervision and TAFs remotely
  - Take part in any team meetings remotely
  - Be buddied or paired with a worker in their team who is not self isolating or clinically extremely vulnerable to support their work.
  - Individual teams may adapt this process to suit their working practice (e.g. pods, clusters etc). Each service manager ensures their workers in this group have a buddy or 'pair' to support their face-to-face work with a family.

## **FSCF Phase 3**

### **How we will work (steps may be gradually introduced)**

#### **Face-to-Face Visits**

- All face-to-face visits are suspended except in exceptional circumstances set out in the COVID escalation procedure here <https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/fscf-procedures-during-covid/escalation-procedure/#main>
- Doorstep visits at a family home may also be undertaken based on the gravity, severity and frequency of risk to the children (likely to be Priority A families or escalating Priority B families – see management oversight section below). Service manager authorisation required.

- Workers undertake telephone or video calls with families. Frequency of call contact is decided according to the level of concern for the family and agreed with the workers line manager but a minimum of 1 call every 5 working days is expected in all cases.
- Workers provide practical and emotional support to families via these calls, and continue to support progress towards family goals wherever possible (ensuring plans are reviewed and amended where necessary).
- COVID procedures for making calls, casenoting calls and escalation are in force. Video/telephone calls procedure and associated guidance is here <https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/fscf-procedures-during-covid/virtual-visits-making-calls-procedure/#main> and here <https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/fscf-procedures-during-covid/virtual-visits-case-recording-procedure/#main>
- COVID guidance for assessments and plans is in force.
- Deliveries to family homes (for example of food, vouchers, supplies, collected prescriptions, laptops or other equipment etc) are undertaken by FSCF staff. Deliveries are made to the doorstep, following social distancing measures as required.

#### **TAFs, Supervision and Team Meetings**

- TAFs are held remotely.
- Supervision, including 121, group, clinically guided and peer, is held remotely.
- Team meetings are held remotely.

#### **Home Working and Use of Office Accommodation**

- All staff work remotely and bubble rota is paused
- Community sites are closed
- 5PS oncall manager rota is in place Monday to Friday for the issue of foodbank vouchers and paper supermarket vouchers from the FSCF safe.

#### **Management Oversight**

- Team managers follow COVID management oversight procedures
- Team managers do a daily review re whether concerns about a family have now escalated. If we have lost contact, managers follow the COVID escalation procedure. If we have not lost contact but have concerns that threshold for statutory social work intervention has been met, managers use the DD procedure as normal.
- Service managers keep a daily staff availability check
- Service managers keep a weekly record of which children have been seen (via video), spoken to (by phone) or not seen or spoken to at all – this includes whether children have been seen or spoken to by another network member (for example school).
- Service managers maintain priority family system for existing and incoming casework, in case of staff shortages due to COVID and to inform whether doorstep visits are deemed necessary. The priority system is based on gravity, severity and frequency of risk to the children and is

informed by other contextual factors (for example whether education settings and childcare facilities are open and seeing children). Risk is regularly and consistently monitored through input from worker, team manager and the wider network around a family:

- Priority A – higher risk to children's welfare
  - Priority B – medium risk to children's welfare
  - Priority C – lower risk to children's welfare
- New allocations will be matched sensitively to take into account both family and worker circumstances.
  - Management oversight procedures are here <https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/fscf-procedures-during-covid/management-oversight-procedure/#main>

### **Incoming Requests for Work**

- Incoming referrals and step downs accepted, but on a telephone/video contact basis only and subject to available capacity
- New bespoke work from social care not accepted but continue with existing bespoke work
- Priority family system is in place for existing and incoming casework, in case of staff shortages (see management oversight section).

### **PPE**

- PPE is available for any circumstances recommended by Public Health and where informed by individual risk assessments.

### **Workers in the Self Isolating or Clinically Extremely Vulnerable Groups**

- Workers who are self isolating, are in the clinically extremely vulnerable group, or who live with someone in the clinically extremely vulnerable group, undertake all work remotely.

#### **FSCF Phase 4**

##### **How we will work (steps may be gradually introduced)**

Service unable to operate normally as staff shortages fall to unacceptable or unsafe levels. Unable to maintain service offer.

Move to skeletal service. Depending on available staff numbers, cease accepting any new referrals except:

- Priority A families for casework, with waiting list or redirection for priority B and C families (decided at panel or EHRD stage)
- Social work step-downs which will only be accepted for remote support

Consider temporary redeployment of staff to teams needing support with Priority A families.

All current bespoke work with social care stops

Community sites are closed.

All staff work remotely

All supervisions and TAFs are remote.

All visits are virtual.

#### **FSCF Phase 5**

##### **How we will work**

Service is no longer safe due to insufficient staffing capacity and/or inability to undertake purposeful or safe practical and emotional support for families.

All service is suspended.



# GOVERNMENT RISK ALERT SYSTEM

Drawn from

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/884352/slides\\_-\\_11\\_05\\_2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/884352/slides_-_11_05_2020.pdf)

## Government risk level 1

COVID-19 is not known to be present in the UK

## Government risk level 2

COVID-19 is present in the UK, but the number of cases and transmission is low

## Government risk level 3

A COVID-19 epidemic is in general circulation

## Government risk level 4

A COVID-19 epidemic is in general circulation; transmission is high or rising exponentially

## Government risk level 5

As level 4 and there is a material risk of healthcare services being overwhelmed