**To all staff and volunteers in Operations**

**Coronavirus (COVID-19) Home visits**

The outbreak of Covid 19 provides us with a very unique set of circumstances, to which we need to respond in a responsible way in order to protect the health of our staff, volunteers and beneficiaries and society more broadly. The situation will be changing on a daily basis, as will advice from Government. We must make sure that our ways of working follow Governmental advice. A Covid 19 RBL Serious Incident Group has been established to ensure that we are embedding this guidance, as well as ensuring that we put preventative procedures in place. This Group provides updates on this situation on Gustav and we recommend that this is regularly reviewed by staff.

**Staff:**

The current situation provides us with new challenges which require us to be more flexible in our approach to case working, whilst ensuring that we maintain our service to those we support. To that end, from now until advised otherwise, please try to avoid making any home visits to beneficiaries and instead explore all options of providing support remotely such as by phone, Skype etc..

**Volunteers:**

From the 17th March OMG no home visits are to be made by case worker volunteers to the homes of the people we support. These case workers volunteers can of course be redeployed to our Pop-ins, which based on current advice, will remain open.

**Home visits:**

Where a home visit appears to be required, you must undertake a risk assessment based on the following questions to ensure that the visit by a member of staff is appropriate:

A home visit should not be offered in the following circumstances:-

* The beneficiary has a high temperature or a persistent cough or respiratory difficulties which is new. These beneficiaries should be advised to contact NHS 111 either via their online service or the telephone.
* The beneficiary has visited an affected country in the last 14 days as detailed on Coronovirus pages on Gustav.
* The beneficiary lives with someone who has been diagnosed with Covid 19.

Clearly these beneficiaries may have very immediate needs which need to be addressed and as such telephone or skype should be used. If an urgent need is identified where it is not possible to obtain supporting paperwork then the exception authorisation process should be used.

Where the responses to these questions indicate that there may be a risk of infection, however small, a home visit should not be undertaken. Indeed, in such circumstances, the individual should be undertaking a period of self-isolation and so should in any event, not be available for either a home or community-based visit.

If a beneficiary is self-isolating or has been recommended to self-isolate then the following questions should also be asked:-

* What practical support do you have at the moment formal i.e. Domiciliary care or family/ neighbours – How often is this?
* Do you have a supply of your regular medication – if not how could this be obtained
* Do you have enough food in the home – are you able to prepare meals do formal carers assist with this are they still attending, are you able to do the shopping
* Are you able to access NHS 111 /  GP

As the nature of the situation changes rapidly it would also be preferable if we really challenge ourselves as to whether a home visit is necessary even if a beneficiary does not meet the criteria above. It is anticipated for example that in the next couple of weeks it will be recommended that the over 70s will need to self-isolate.

At this time we should really consider whether a home visit is necessary to any beneficiary and it is recommended that home visits are undertaken as an exception and support is provided via telephone or Skype.

It is also really important that our staff and volunteers stay well, and of course we have a responsibility to ensure that beneficiaries who are not self-isolating are visited by a member of staff who is not carrying Covid 19. Please ensure that staff and volunteers are aware of the current guidance on Covid 19 as detailed on Gustav. Please also ensure that staff who have a long-term condition are discussing their situation with their line manager.

**Documentation:**

There is currently a mixed picture with regards to the availability of food banks. Some are functioning as normal whilst others are experiencing significant challenges. We do know that it is likely that food banks may see more disruption over the weeks and months, and it is important that the individuals and families who are accessing these services are supported to obtain life’s essentials when they have got no-where else to go. To this end the decision has been taken that until further notice beneficiaries coming to the Legion for support will no longer be referred to food banks, but will be given food vouchers instead. Please can this be communicated to your teams.

We have been in dialogue with our partners and have agreed that whenever it is not possible to provide certain documentation, such as ‘wet signature’ forms or scans of bank statements, that a flexible approach will be taken for crisis and urgent cases. For example, cases in which our own ‘crisis’ grants might be deployed or if the nature of support must be delivered as soon as possible. If a case needs to be submitted without the usually required information, the covering note needs to explain why it is missing.

SSAFA caseworkers are operating under similar guidance, and the Cobseo Casework Steering Group is in regular discussions on the issue. Feedback from Areas on how this approach is working and whether additional leeway is needed should be sent to Daniel Elser.

We are in unchartered times at the moment so please contact your ADO if you need to obtain guidance on any particular challenges you are experiencing at the moment

Ends.

Date written 16/3/20