

SPECIALIST EDUCATION SERVICES

COVID 19 ACTION PLAN

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*SES Avocet Ltd (4926028), SES Turnstone Ltd (7972485) and SES Kite Ltd (12634002)
are subsidiary companies of Specialist Education Services Holdings Ltd (7970185)*

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SPECIALIST EDUCATION SERVICES: COVID 19 ACTION PLAN
(Including Risk Reducing Measures and Key Health and Safety Decisions)

PART 1

1 GENERAL

Given its rapid spread, the World Health Organization (WHO) has declared novel coronavirus (2019-nCoV) to be a public health emergency of international concern. In planning our response in relation to the ongoing operation of Avocet House, Turnstone House and SES Kite, there is clearly a direct relationship with the scale and unfolding picture at international, national, regional and local levels.

Core Responsibilities:

- 1. All individuals have a responsibility to their fellow citizens both within and beyond the work place.**
- 2. SES as an employer has a responsibility to ensure as far as is humanly possible its employees are supported in fulfilling (1) above.**
- 3. We have a responsibility for ongoing care and education of the young people for whom placing authorities and families have entrusted in our care.**

This action plan outlines what measures and procedures we can take in order to meet the three core responsibilities outlined above. The strategy of measures and procedures might change as infection levels throughout the SES team and /or the young people progress. **The totality of the principles, procedures and actions identified within this plan outline our SES risk assessment of how best to meet and balance our core responsibilities.** It is a response to an unprecedented and dynamically changing situation and this document reflects this through regular and frequent review as necessary.

Individual staff members need to support SES in establishing whether they themselves are in the high-risk category should they contract the virus. As it is a new virus not everything can be certain, but the advice from medical observation and research so far means older people and people with underlying conditions which means contracting the virus puts them in a position of comorbidity. In medicine, **comorbidity** is the presence of one or more additional conditions co-occurring. Conditions highlighted are diabetes, asthma, lung disease, heart conditions, lifelong heavy smokers may also be vulnerable. This list is not exhaustive. An SES audit took place on the 8 and 9 of March 2020, completed by 12 March 2020. New staff are added as they join SES.

Due to the nature of both Avocet House, Turnstone House and Tower Hill being homes for children and vulnerable young adults, applying social distancing measures between staff and young people has not been feasible to continue delivering appropriate levels of quality care and learning during the pandemic, supported by national guidance from the DfE.

The current scientific advice indicates that our staff do not require personal protective equipment, as this is needed by medical and care professionals providing specific close contact care, or procedures that create airborne risk, such as suctioning and physiotherapy, for anyone who has coronavirus (COVID-19), and is displaying symptoms (*see guidance “The use of personal protective equipment (PPE) in education, childcare and children’s social care settings, including for aerosol generating procedures (AGPs) – July 2021*).

The safety of all in the employment and care of SES is being managed through sensible and reasonable containment and protection measures that are outlined in this document in order to meet our core responsibilities.

Current scientific advice and guidance indicates that children are less vulnerable and unlikely to get seriously ill if they contract the virus. At this stage the greater risk to the children is the indirect threat of not having appropriate levels of adult care and attention should the deployment of the SES team be so seriously compromised in meeting the core responsibilities 1 and 2. All team members will have loved ones and potentially people they might come into contact with in their lives outside work, therefore if the infection actually gets into one of the establishments then decisions about staff deployment and whether staff should come into work becomes a lot more challenging and complex. The definition of “infection getting into an establishment” is not black and white, but as the only full-time residents are the children the purest form of this threshold being met is the infection of one or more of the children. Therefore, the absolute priority in the first instance must be to keep the infection out as long as is humanly possible.

2 PHASES AND STRATEGY

2.1 PHASE 1 – DEFEND AND AVOID

The following are the collective strategies we must all employ in order to achieve the stated primary objective of keeping the infection out of the establishments.

Both establishments as of 9 March 2020 moved to Amber alert as described in point 21.1 under the “Enhanced Infection Control Procedures” outlined in the Health and Safety Policy document. This will be bolstered both within the house and Learning Centre environments by the Heads of Education and the Registered Managers facilitating and leading the teams in agreeing robust, regular and systematic cleaning and wipe down procedures for the respective buildings. This will be reflected on monitoring sign off sheets. Such procedures will be documented and available within each establishment.

Clear enhanced hygiene routines have been communicated and established (see Part 2 of this document for further detail).

The Heads of Education and Registered Managers will continue to deliver an agreed structured educational package to all the children, covering the

information children need to know about Covid 19, their own responsibilities in respect of infection control, general infection control and be informed of aspects of this plan such as potential changes in routines, together with changes in staff deployment.

The administrative team maintain a visual spreadsheet to record the health status of each individual staff team member which will be the primary tool and source of information from which managers can plan the deployment of the team. The spreadsheet will be reviewed and where necessary updated on a daily basis, shared with all senior managers once per week. This will be coordinated by the Registered Manager, or in their absence, Head of Care. The spreadsheet will have a rag status as follows:

Green

- Not infected, no symptoms and no immediate known recent contact with an infected person (e.g. beyond self- isolation / 10 day period)

Amber

- Have symptoms of any kind in relation to Covid 19.
- Have been in contact with anybody family member or otherwise who has recently been diagnosed with the pandemic strain.
- Has a known indirect link, i.e. son or daughter's friend whose house they have recently been playing at has contracted the pandemic strain. The degree and nature of this can only be judged on a case by case basis. Staff members need to contact senior colleagues and give the full context in order to assist the process of whether the occurrence meets an amber threshold.
- Through Track and Trace receive notice that you have been in close contact with somebody who has been infected (if this is through the T+T app subsequent discussion may allow a staff member to remain at green).

Red

- Has been tested and confirmed as infected and therefore infectious.

Yellow

- Have been infected and is now clear of illness and symptoms for period of at least 10 days

All employees who test positive for covid will be paid in full in line with the SES Staff Attendance policy. Absence will be tracked and counted as part of the standard sick pay allowances. The SES Principal, in consultation with the Directors, will have discretion for exceptional circumstances on a case by case basis.

From 16 August 2021, vaccinated employees will no longer be required to self isolate if they are deemed a close contact and will be expected to work directly within their setting; this will be supported by an initial PCR test and subsequent Lateral Flow Device daily testing (see section 2.1.1.). Self isolation will not be eligible for the company sick allowances, with Statutory Sick Pay available only for these circumstances.

For absence related to enforced circumstances due to child care because schools or nurseries close, we would naturally expect SES workers would be exploring all ways to share the load with partners and extended family wherever possible. Senior leaders have the discretion to decide on how SES would support staff in this situation.

Where a member of staff wishes to go abroad on holiday this must be authorised by SES in advance. The staff member must understand the potential risk that if the countries travel status changes whilst they are away, resulting in a period of imposed quarantine on their return, they would not be paid as normal for these two weeks. The additional time would be either unpaid absence or additional annual leave.

2.1.1 Testing, Isolation and Staff Absence

If a staff member (or a member of their household) develop any of the key common symptoms for coronavirus they must alert the Duty Deputy Care Manager (or Head of Education for Learning Centre) **immediately**. The DCM (or Head of Education) must then liaise directly with either the Registered Manager, SES Principal, SES Deputy Principal or Operational Director to decide on appropriate action.

The current symptoms are:

- **A high temperature (37.8 degrees and above)**
- **A new, continuous cough**
- **Loss or change to your sense of smell or taste**

Whilst awaiting their PCR test result the adult must stay at home; a child must remain in their bedroom within the establishment.

On receipt of their test result they must immediately alert the senior colleague of the outcome.

- If the test is positive then that will form the sicknote that entitles them to be paid in full in line with the SES Staff Attendance policy. Internal SES attendance panels will keep longer term absence under review for employees who are affected beyond 10 days. The staff member will follow the guidance of the health professionals who are caring for them, who will also be the key people to sign them off as being well and clear of the virus.

- The minimum period of absence will either be ten days from the onset of symptoms, or seven days for employees who return negative lateral flow tests on days 6 and 7 of their isolation. If employees remain positive after day 7, they must complete two consecutive daily negative lateral flow tests before returning, with the maximum period remaining as ten days.
- If they are tested and it is negative, staff should liaise with senior colleagues who will assess the circumstances, taking all contextual information into account regarding the timing of a return to work.

Staff with a positive test followed by a period of recovery, will be re-categorised to yellow.

The NHS Track and Trace Service was launched on Thursday 28 May 2020. There is also the NHS Track and Trace app and SES expect all staff to download this app in order to:

- a) To improve and secure the data available to prevent cross infection and / or infection with SES establishments
- b) To support the national effort.

The Track and Trace Service has two routes for contacting adults. If a staff member receives direct communication from the Track and Trace Service identifying they have been a close contact, this will result in a legal requirement to self isolate for the days specified unless they are fully vaccinated.

Fully vaccinated staff will not need to self isolate and will be expected to continue working onsite, taking an initial PCR test (there is no need to isolate whilst awaiting the test result) followed by daily lateral flow testing to confirm they are fit, healthy and free of infection. If they subsequently display symptoms or receive a positive LFD test, they will be required to take a PCR test to ascertain if they are infectious and need to self isolate for ten days (taking LFD tests on days 6 and 7 onwards as above to end isolation early).

If the adult receives a notification through the Track and Trace App, this is advisory only. In all circumstances where this occurs, the adult must discuss their circumstances with a senior colleague (Principal, Deputy Principal, RM or HoEd) who may decide to overrule the notification and instead implement daily lateral flow testing. This applies to both vaccinated and unvaccinated staff.

Any older children who get an alert through the Track and Trace App (16 – 18 years only) will need to immediately speak with an adult who can liaise with a senior colleague as above to clarify next steps.

2.1.2 Lateral Flow Testing

SES implemented lateral flow testing for asymptomatic cases for both the workforce and children from the 11 January 2021, testing every member of the team once per week, as well as those children who feel confident to participate. Full staff training was provided to meet the requirements for mass testing set by the DfE. Each site was monitored weekly by the Operational Director or SES Principal as part of an overall quality assurance management plan.

From 8 March 2021, SES introduced home lateral flow testing for all staff, with children participating from 15 March 2021.

Due to the emergence of the omicron variant, all SES staff must currently test before coming on site and upload the result onto the Government website. Each individual member of staff must maintain a copy of their test results for a minimum four week rolling period; the results email will not need to be sent to the main office. Staff who are sleeping in must complete a lateral flow test on a consecutive day they are in an SES establishment. Senior managers reserve the right to request an opportunity to view the member of staffs LFD test results. Previously infected staff must continue to test daily, if they receive a positive result this must be discussed with a senior manager.

If the staff member tests positive using the LFD test, they must notify the Duty DCM (or Head of Education for Learning Centre), **prior** to uploading their result to NHS test and trace. The DCM (or HoEd) will alert a senior colleague as in section 2.1.1. The staff member will need to self-isolate and arrange a PCR test immediately. Once they receive the result of this test they will need to liaise with their identified senior colleague to discuss next steps.

In the event of two void LFD tests they must also arrange a PCR test and contact the Duty DCM or Head of Education for Learning Centre), who will alert a senior colleague as in 2.1.1. Training and guidance were issued to staff teams in the week commencing 1 March 2021. Details of the home testing plan and LFD onsite testing are available separately.

Increased Lateral Flow Testing for asymptomatic cases provides a further layer of protection against the transmission of coronavirus within SES.

Learning Centre staff must complete two lateral flow tests before returning to work following any holiday period.

Any vaccinated staff who are contacted by track and trace, or who knowingly have been in contact with a positive case, will be expected to test daily for the full ten day duration from the confirmed close contact in order to continue working in line with the expectations of SES.

2.1.3 Pre-emptive Measures

There are some pre-emptive measures that can be taken in respect of structural operation and deployment that can be implemented at any point of choosing. For example, limiting the number of people coming to and from the establishments and vetting those that do. The timing of this will be very much influenced by the levels of risk being indicated by the unfolding international, national, regional and local situation, or in response to an outbreak in the setting.

The following are possible strategies, some of which have been previously implemented:

- Vetting question leaflet for visitors (week of 9 March 2020)
- SES not authorising any holiday leave to any identified travel 'hotspots' as defined by the government and available on the government website (As of 20 May 2021)
- Purchase of infra-red forehead temperature readers (and additional tongue / ear thermometers to take second reading if any doubt exists)
- Greater discerning examination of visits and trips out in relation staff and young people activities, considering local covid alert level (for extended distance visits to be approved at Head of Education and Reg Manager level).
- Collapsing of the Learning Centre timetable and pooling of the teams.
- Children for whom it is possible to spend a period of time at home to go home (possible: Turnstone; ET, MCH; Avocet BB, HJC and MO)
- Consolidation of remaining children in one place (Turnstone House, with ensuite facilities). Pooling of the teams and provision of Avocet House building for infected or potentially infected staff to stay, keeping families and loved ones of staff members protected.
- The right to cancel any annual leave

All of the above may be used as pre-emptive and responsive strategies, but they are almost certain to be responsive strategies employed during phase 2. The full suite of risk reducing measures are contained in part two of this action plan.

2.1.4 Vaccinations

All SES staff have been offered Covid 19 vaccinations through the Norfolk and Waveney NHS. Uptake has been high and over 95% of staff have received both doses of the vaccine. Any newly recruited staff will be asked about their vaccination status and provided with an NHS contact to facilitate a vaccine at the earliest opportunity, preferably before commencing employment.

Once eligible, all SES staff should ensure they receive the booster vaccine, and alert the office once this has been completed. As of 16 August 2021, all staff will only receive company sick pay for direct and confirmed cases of covid 19 illness affecting the staff member. Periods of self- isolation due to being in contact with confirmed cases, however this arises, will not be supported through SES sickness allowances, with only Statutory Sick Pay available. Unlike vaccinated staff who will be expected to continue working, unvaccinated staff will legally be required to self isolate and SES cannot allow them to enter the premises.

2.2 PHASE 2 – ESTABLISHMENT ISOLATION AND CONTAINMENT

If there is a case of infection of one of the young people then the establishment is, as described in the health and safety policy, on red alert and red alert procedures. In the first instance, as far as is possible, the isolation procedures as described in part 2 of this document should be implemented for that young person and maintained for as long as possible because it is in the height of the illness that the patient will be most infectious.

However, as the suggested isolation period for an individual and household is 10 days, which is a significant period as compared with some virus' then we have to contemplate that given the needs and presentation of most of our young people that isolation for the full ten days may not be a realistic option. We would only know that at the time. Equally, we also have to contemplate that once one young person is infected within the household then it is possible that others are already infected and it may be unrealistic to contain the spread within the household even with the strictest adherence to hygiene and prevention measures.

If this proves to be the case then our priorities might need to change and our duty is to contain within the establishment. To best achieve this the deployment criteria may actually change according to circumstance.

With the changes in self isolation rules from 16 August 2021 our staff teams will almost certainly be able to enter and leave the premises in a situation where a child becomes infected. This is a significant change to the red alert guidance issued in previous SES Covid Action plans. The emergence of the omicron variant has created a level of uncertainty. Therefore the 48 hour initial window for senior staff remains an important factor in planning how to deploy staff in extreme and challenging circumstances. The window is for managers to plan and liaise with colleagues, Norfolk LOMC and PHE about next steps. Although not currently relevant, 'deployment considerations under red alert' remains a key part of this action plan, especially if rules on isolation change in the autumn and winter periods (see Part 2 for the additional guidance).

If two children and staff test positive within a 10 day period, the SES Principal (or delegate), will contact the Local Norfolk Outbreak Management Centre

(01603 223219 / phnnorfolkcomc@norfolk.gov.uk), DfE Helpline (0800 046 8687) and Public Health England (0300 3038537 / eoecrc@phe.gov.uk) for discussion and guidance. The first point of contact will be the Norfolk LOMC. If a child or member of staff are admitted to hospital, the SES Principal (or delegate) must contact the DfE on 08000468687 (option1). In both of these circumstances, SES would review their risk reducing measures immediately within the 48 hour window, with enhanced cleaning, daily staff testing and allowing visitors to any site being paramount considerations.

Adults in the clinically extremely vulnerable (CEV) are no longer advised to shield (as of 1 April 2021) and will need to discuss their personal circumstances with the Head of Education, Registered Manager, SES Principal or SES Deputy Principal to ensure an individual risk assessment is agreed to enable them to fulfil their role. Additionally, staff in the clinically vulnerable category are able to work. However, should we enter a situation where we are in phase 2, direct deployment of these adults with young people would be immediately reviewed.

Preparation of young people for Phase 2 scenario

Both Registered Managers have led on a consultation with each individual young person, to establish what would help them adhere to a ten day isolation should they develop symptoms. The outcome of those consultations can be found as a separate file "Covid 19 Self Isolation plan" on the network alongside the existing daily care.

Personal Protective Equipment (PPE)

Each establishment has a supply of PPE in the form of aprons, gloves, head shields and masks. PPE would only be used in the course of the direct care of an infected, or suspected infected young person, in line with the guidance *"The use of personal protective equipment (PPE) in education, childcare and children's social care settings, including for aerosol generating procedures (AGPs) – July 2021"*.

All staff have been sent clear communication outlining how SES will respond to young people who are infected (see copy in part 2 of this action plan), 'Suspected or possible Internal Infection Procedures'. This included a weblink to an NHS training video in respect of the use, donning and disposal of PPE. A supply of disposable masks will be made available for all staff to use where required as a mandatory rule, when accompanying children or performing duties on behalf of SES.

2.4 LAST RESORT: SKELETON STAFFING

We have already referred to quite radical strategies of suspending Learning Centre operation and consolidating the teaching and care teams as well as consolidating onto one site and with that the consolidation of both the Avocet and Turnstone teams.

We do also have to consider that irrespective of all the measures employed above that there could be a situation in one establishment, both or even when consolidated that we cannot deploy staff to the usual day to day levels that we enjoy. Clearly with all our own resources exhausted we would inevitably be in the hands of others (Most likely, placing authorities) for support. It's highly unlikely that they will have any solutions and it maybe that continuing to run with much reduced staffing may be the least of all evils. Clearly in such circumstances we would do our level best to ensure that children are kept safe and cared for but the truth and reality is that safety and care would be potentially significantly compromised compared with our normal service provision. Draft letter(s) are prepared that would be sent to each placing authority alerting them to this fact. As such they would have to make their own assessment of on balance of risk how that sits for them as compared with any alternatives they wish to explore.

3 STATUS OF PLAN AND ESSENTIAL LINKS

This action plan is current from **11 January 2022**. It was first created on 13 March 2020, with regular updates issues to the staff teams. The situation is fast moving and this plan will be changed accordingly as necessary. The following are useful web links to sites with advice:

<https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response%20>

<https://www.nhs.uk/conditions/coronavirus-covid-19/>

PART 2

SUITE OF RISK REDUCING MEASURES AND KEY HEALTH AND SAFETY DECISIONS

The following decisions, procedures and processes are reviewed on a regular basis by the Director, Operational Director, SES Principal and SES Deputy Principal. All senior leaders input to review, updates and required changes through planned SMT meetings. These have taken place on 6 and 20 April 2020, 11 and 26 May 2020, 1, 9 and 22 June 2020, 06 and 20 July 2020, 03 and 17 August 2020, 1, 14 and 28 September 2020, 19 October 2020, 3 November 2020, 1 December 2020, 5, 12 January 2021, 4, 26 February 2021 and 2, 16, 23 March 2021, 4 May 2021, 22 June 2021, 14 July 2021, 30 November 2021, 29 December 2021 (Directors and SES Principal only) and 11 January 2022.

SES have fully considered and implemented the 'System of Controls: protective measures' in line with current national guidance – "COVID-19: guidance for children's social care services January 2022", "The use of personal protective equipment (PPE) in education, childcare and children's social care settings, including for aerosol generating procedures (AGPs) – July 2021" and SEND and Specialist Settings: Additional Covid 19 Operational Guidance January 2022).

Public Health England (PHE) advise that the way to control the virus is the same, even with the current new variants.

3 MINIMISING CONTACT WITH INDIVIDUALS WHO ARE UNWELL

3.1 SES STAFF TEAM

As outlined in part one of this action plan, all staff have a responsibility to **immediately** alert the Duty Deputy Care Manager (or Head of Education for Learning Centre staff) if they develop any of the key common symptoms for coronavirus, arrange a test and follow the guidance within phase 1 – defend and avoid.

Every staff adult must have their temperature checked on arrival to either site, and sanitise their hands. All members of staff must ensure they complete a lateral flow device test before arriving on site. Staff must also follow national coronavirus guidelines when in not in the workplace, remembering their professional responsibility to the three core responsibilities in part one of the action plan.

Whilst working they must adhere to the following daily hygiene checklist:

3.3.1 Daily hygiene checklist

- Everyone must wash hands on arrival to the home.
- We must wash hands for at least 20 seconds, with soap and water:
 - before eating
 - after coughing and sneezing

- after using toilets
- whenever we return to our homes
- on arrival into the building after a trip out (e.g. walk, cycle or car journey)
- All children are expected to wash their hands in the same way – this must be reinforced by all adults.
- Have all adults had their temperature taken?
- All children need to have their temperature taken when they first leave their rooms at the start of the day
- Contact points need to be thoroughly cleaned at the twice per day at agreed timings using our diluted bleach sprays – this includes door handles, door plates, surfaces in regular use (e.g. tables) and must be signed for on the daily recording sheet (enhanced cleaning). In the case of an outbreak this would be reviewed and increased as required.
- Shared hand and tea towels must be changed and washed regularly
- Remember to promote the “Catch It, Bin It, Kill It’ and provide tissues for children and adults.

We all have a responsibility to maintain the hygiene above for our personal safety.

Please raise any hygiene concerns with the DCM or person leading the home on the day.

3.2 VISITORS TO THE HOME

Limiting contact with external professional, contractors and families has been a key strategy in maintaining a safe environment throughout the pandemic. Any visitor to the sites will continue to be temperature checked and vetted for any symptoms on arrival. SES expects all professional visitors to have completed a lateral flow test on the day of their visit, this can be completed on arrival in the office area, with a mask worn whilst awaiting the result if necessary.

All contractors who need to carry out essential work will be required to provide evidence of or complete a negative lateral flow test on arrival, or alternatively wear a face mask when indoors.

All social work visits that are necessary to SES sites are to be planned in advance. Placing authorities can meet with young people safely and face to face:

- in an outdoor environment such as the grounds;
- in a suitable indoor space or office, preferably with appropriate ventilation, in line with guidance issued by the visiting professional’s local authority.

If the social worker wishes to enter the home, for example to visit the young person's bedroom, SES expects all external professional to have completed a lateral flow test on the day of their visit, this can be completed on arrival in the office area, with a mask worn whilst awaiting the result if necessary. Due to the omicron variant, wearing a face mask will be required until further notice.

Other professionals, such as diploma assessors, can begin onsite visits to support adults from 17 May 2021, with the same evidence of lateral flow testing as for social workers above, and the wearing of masks.

Regulation 44 visits are to be conducted on site (from June 2020). The Reg 44 visitor will complete premises checks (indoors and outdoors) and meet with staff and children indoors on the basis that they are vaccinated and has tested negative using a LFD test.

If there is a confirmed case of covid within an SES setting, previous guidelines on visitors would apply, e.g. limiting visitors to either establishment, cancelling all non essential visits and compulsory wearing of face masks.

3.3 FAMILIES

Any visits between young people and their family are to be considered at a personalised level and in full consultation with the Registered Manager (Or Head of Care in their absence) and/or SES Principal. They must be planned in advance with communication to the staff team to enable the visit to go ahead as safely as possible. The benefit of the visit would be considered in terms of young people's well-being and mental health, against potential coronavirus risk.

Covid19 national guidance has always provided an exception for allowing contact between birth parents and children in care. All family visits must be appropriately risk assessed before going ahead.

If there are concerns that the during the visit, the young person and/or their family have breached agreed measures defined as part of the risk assessment process, the supporting adult (or the first adult made aware of the situation) must immediately alert the Duty DCM before returning to the home, who will then discuss implications with a senior colleague (or first port of call).

Following the easing of restrictions, families may wish to visit the SES sites; appropriate measures will be discussed as part of the planning for the visit, with all visitors expected to participate in lateral flow testing or choose to wear a mask for indoor visits. Outdoor visits would not necessitate wearing of a mask.

3.4 ACTIVITIES IN THE COMMUNITY

The gradual easing of restrictions must be managed carefully by SES to prevent potential transmission of coronavirus within the community.

The summary of the road map out of lockdown can be found at:

<https://www.gov.uk/government/publications/covid-19-response-spring-2021/covid-19-response-spring-2021-summary>

Children are able to participate in activities that are in line with current national guidelines and standard SES policy.

There will be some additional considerations that need to be adhered to:

- If the activity is more than an approx. 60 minute drive from the home or is to a high risk covid case area, it must be referred to the Registered Manager or Head of Care.
- All adults and children are expected to wear masks in confined indoor spaces and on public transport.
- Activities must comply with any additional measures that are requested by the provider or location.
- For all retail visits and use of public transport, masks must be worn, e.g. shopping malls, buses, supermarkets.
- Children, young adults and staff must follow the covid safe guidance provided by any venue visited and comply with their expectations.
- The young people must understand the concept of social distancing guidelines, as well as personal hygiene whilst out (e.g. not touching their face).
- On return to the home from any external planned activity, both the adult and the young person must wash their hands with soap and water before they do any other task.
- If a car is used for the journey it must have all contact points cleaned before and after the trip (e.g. handles, steering wheel, interior handles, handbrake etc)
- Children may have planned independent time if it is appropriate for them and risk assessed.

If any member of the team is unsure of what activities are permitted they must seek discussion with their DCM, or alternatively the Head of Care of Registered Manager, Head of Education or Deputy Head of Education.

In the case of an outbreak in the community setting, the Principal or Deputy Principal must be consulted to make an informed decision on which activities will be permitted. Further guidelines would be issued to the whole staff team in this instance.

4 SUSPECTED OR POSSIBLE INTERNAL INFECTION PROCEDURES

These procedures are to be used when an SES establishment enters phase two as outlined in part one of the action plan - **establishment isolation and containment**.

4.1 PROVISION AND APPROPRIATE USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

The following web link is a training and information video for NHS staff covering the use of PPE equipment in respect of donning, doffing and disposing of PPE. This is an NHS frontline health and social care standard for staff providing very intimate levels of care; therefore, in most circumstances for the care of a compliant * young person within the context of a residential home is absolutely appropriate and beyond adequate.

https://www.youtube.com/watch?v=-GncQ_ed-9w

*Equipment of this nature in isolation would not address the dangers posed by a level of active non - compliance of a patient in any setting.

Specifics in relation to SES are as follows:

- The PPE equipment is located in the house office (contained in a marked large box) at Avocet House and in the COSHH Cupboard at Turnstone House.
- Dedicated Disposal Bins (Black Round) have been purchased and will be located in the pavilion at Avocet House and in the garage at Turnstone House (if needed).
- Each bin will store waste for 72 hours, therefore please follow the labels on the bin to ensure waste is disposed of correctly. For example, if a child showed symptoms on 16 April, all waste related to their care would be disposed of in the first bin from 16 -18 April, with the next bin from 19-21 April and the last 22-24 April. This allows the first bin to be emptied safely into the main wheelie bin, at least 72 hours from last waste disposal.
- All waste connected to the infected child's care must be double bin bagged for disposal.

A supply of disposable masks will be made available for all staff to use where this is a mandatory requirement, when accompanying children or performing duties on behalf of SES. These masks are not the ones allocated for use in caring for a sick young person.

4.2 ROOM ISOLATION PROCEDURE

The team will discuss, agree and deploy a designated person from the team to look directly after the young person's needs whilst they are in room isolation. They will need to adhere to the following procedures:

- Don and dispose of PPE equipment as per the video on each occasion they have entered and attended to the young person. **It is essential** that PPE is donned and doffed in the correct sequence to prevent potential infection.

- Wash hands thoroughly before and after each of these occasions.
- Attend to wiping down frequent touch surfaces in the young person's room. This is not a question of deep cleaning a room within which an infectious person is residing because that may well raise risk for the adult but special attention should be given to entry and exit points such as the door handles, light switches, bedside tables, window handles etc.
- Any utensils used for meals will be removed expediently and washed immediately.
- Laundry will be taken directly to the laundry and washed immediately.
- At Avocet where an ensuite is not available then a procedure for bathroom use should be agreed appropriate to the individual and an immediate cleaning routine of the bathroom deployed immediately after use. PPE should be used for this task.

4.3 PERSONAL APPROACH TO ENSURE AS MUCH SUCCESS AND COMPLIANCE AS POSSIBLE.

If we were in a situation of having to move to phase 2 we have no way of knowing which child is the first to be infected therefore, planning for that event is a challenge. However, we can improve our chances of implementation and compliance by planning for and involving all the children in advance:

- Registered Managers will lead on how we communicate and rehearse with the children what the situation would be like should a young person, or they personally as an individual get infected. This will involve:
 - Talking to them as a community, possibly within a house meeting.
 - Reassuring them that statistically there is very little danger to them but they can play their part in keeping others safe
 - Letting them know there will be follow up conversations and planning with them imagining what the best isolation plan might look like for them
 - Involving them in seeing what PPE equipment is and its purpose so it is not a shock should we ever be in a position that we need to use it.

If there is a suspected of possible case of coronavirus within SES, the provision of movement between the Avocet House and Turnstone House sites would be immediately terminated and regarded as separate households with the infected establishment having a duty to self isolate.

4.4 DEPLOYMENT CONSIDERATIONS UNDER RED ALERT

As fully vaccinated adults are no longer are required to self isolate following contact with a confirmed case, deployment considerations are likely to be less of an immediate concern. However, the following considerations remain important and available to the senior staff team.

We have no way of knowing when or at what point a tipping point comes that one of the young people is infected. What is predictable is that there will be a

team of people who are at work and caring for that young person and others at the very point that the infection has been confirmed. We have a duty to protect the general public and our own family members and at that point we should take the responsible view that those particular staff in situ are potentially infectious.

Therefore, a 48-hour initial window for senior staff to plan deployment and relief deployment will be initiated in these circumstances. Isolation of the infected (or potentially infected) young person(s) would be essential, in line with the personalised plan agreed. The 'suspected or possible internal infection procedures' above would be immediately implemented by that team who will remain in the building until a relief and infection containment plan is drawn up. Immediate consideration should be given to any vulnerable adults, firstly in terms of distancing from a 'source(s)' of infection and exit from the establishment. Senior colleagues would immediately be liaising with the Norfolk Local Outbreak Management Centre and Public Health England.

The 48 hour window is for managers to plan and liaise with colleagues, Norfolk LOMC and PHE about next steps. It also allows team members time to communicate with their own families and allows families to plan their own isolation and protection procedures prior to any arrival home of the SES worker. Some team members might genuinely not want to go home in such circumstances. The 48 hour window as a marker is the LATEST at which a tangible relief and containment plan will be ready to be implemented.

At the tipping point of red alert there will be the immediate considerations as described above. There will also be the ongoing considerations of meeting our core responsibilities. We have no way of knowing in advance for the purpose of this document what proportion of our team will be in the respective categories of green, amber, red and yellow at the tipping point of red alert, although we will do at the time. Nor do we know enough about the virus and medical advice to determine precisely what is on balance of risk the best policy and approach. Even though we are a team, each team member might have different views, tolerances and attitudes in respect of the potential impact on them.

In preparation senior colleagues have drafted in advance potential rota responses and interventions in relation to some red alert infection scenarios. (After the 16 August, when vaccinated adults will no longer be required to self-isolate, the responses will potentially no longer be relevant):

- In the event a team needs to self-isolate following the government guidelines that team will be sent home.
- The next team due will be called in early and required to work 2 days.
- The 2 teams will each work 2 day rotations until the 10 day isolation period is complete.
- Following this normal rota patterns will resume.
- All annual leave will be cancelled during this period.
- Any extra hours worked will be paid above rota pattern.

If the above strategy is implemented, changes may need to be made at short notice to ensure the safe running of the homes. Obviously short notice changes will have an effect on personal circumstances which is never ideal and not what we would usually ask for, challenges with the above strategy will need to be assessed on an individual basis.

Additionally, Norfolk LOMC and PHE may require SES to implement stringent guidelines to ensure staff can continue to come into work. These might include:

- Staff being required to isolate within the SES setting whilst working and also within their own home when off duty.
- Staff not car sharing when coming to work
- Staff taking extra precautions with hygiene, increased cleaning of touch surfaces, wearing PPE and socially distancing whilst at work as much as is feasibly possible.

Any deployment plan will need to consider any individuals who are putting themselves or finding themselves in excessive and extended working. Judging once again what is excessive on balance of risk in exceptional and unusual circumstances is not an easy or exact science

5 SAFEGUARDING CHILDREN AND YOUNG PEOPLE

We will still have regard to the statutory safeguarding guidance, Keeping Children Safe in Education. We continue to follow these important safeguarding principles:

- The best interests of children must come first
- If anyone has a safeguarding concern about any child, they should continue to act on it immediately
- A trained DPCP will be present within the home at all times, with full access to the LDPCP or the Deputy LDPCP at all times
- It's essential that unsuitable people don't enter the school workforce or gain access to children
- Children continue to be protected when they are online

The Lead Designated Person for Child Protection (LDPCP) is the Registered Manager. In the absence of the Registered Manager, the Head of Care acts as the Deputy LDPCP.

In addition, all Deputy Care Managers, Team Leaders, the Deputy Head of Education, the Head of Education, Principal and Operational Director are trained as Designated Persons for Child Protection (DPCP).

Following temporary changes to the staffing rota pattern, the home will continue to have a DPCP available on site (either a Deputy Care Manager or Team Leader).

If staffing shortages result in this not being possible, the LDPCP or Deputy LDPCP will be available to all staff via the SES first port of call system.

All staff will be aware of who the DPCP will be on a daily basis through the morning handover.

DPCP training has resumed although most will be completed online and only as courses become available due to high demand for places. For the period COVID-19 measures are in place, a LDPCP (or deputy) or DPCP who has been trained will continue to be classed as a trained LDPCP (or deputy) or DPCP even if they miss their refresher training.

On occasions where the LDPDP or the Deputy LDPCP is unavailable, the SES Principal, Deputy Principal or Operational Director will take responsibility for co-ordinating safeguarding, both of whom are trained to the same level as the LDPCP.

6 STAFFING ROTAS AND DEPLOYMENT

These were first changed on 18 March 2020 (TH) and 20 March 2020 (AH) to ensure the homes could be fully staffed, maintaining the core principal of safeguarding the children. The Care and Learning Centre teams were combined into a single staff group, with three teams identified. Each worked four consecutive days with an eight day period following where there was no immediate requirement to be in the establishment.

On 10 June 2020 both establishments moved to a pattern of the three teams working three consecutive days with a six day period following where there was no immediate requirement to be in the establishment. This pattern minimised movement and daily staff changes within each home, thus reducing immediate risk levels. It has also ensured that the staff team is consistent forming a household bubble for the children during each three day period.

The staffing pattern is under constant review, balancing staff wellbeing and the safety of the young people.

Following consultation with the young people and staff, SES reverted to a four team rota pattern from 2 November 2020. To ensure the principle of unnecessary movement and staff changes is maintained, guidance for meetings, training and casework has been reviewed (please see sections 9 and 13).

A primary consideration for the staff team is to maintain working within their team as far as possible on a daily basis. Within each establishment 'household', there are several sub teams – for example, the shift teams (blue, yellow, red, green), the Learning Centre and administration. Whilst it is absolutely essential in a residential environment to interact with colleagues across all teams at key points of the day, reducing unnecessary prolonged

contact should remain a core aim. This will support and reduce the impact for staff teams where a colleague tests positive for covid 19.

Any decision to meet in person with colleagues onsite must be considered in terms of whether it is deemed essential due to the impact on children. Reducing the volume of staff who are interacting with each other within confined spaces should always be a core consideration. This will continue to be monitored in light of the omicron (and future) variants.

7 FORMAL EDUCATION

As a dual registered Residential Special School and Children's Home, Specialist Education Services have an obligation to ensure the ongoing care and education of our young people. To ensure the safeguarding and wellbeing of young people was maintained to our outstanding level, the Learning Centre (registered school) was temporarily suspended from its normal structured operational routine on 18 March and 20 March at Turnstone House and Avocet House respectively. Our approach to young people's education changed focus at this time, with expectation on provision of learning activities incorporating reading, PHSE and physical health, enhanced by teachers as well as care staff being present 24/7.

From 27 April 2020 (TH) and 29 April 2020 (AH), there has been a re-introduction of planned structured Learning Centre opportunities to be delivered for each young person, with oversight by Learning Centre adults and the Head of Education. This has been updated on LCEPs, indicating the key learning to be focused upon for each young person. A record of engagement has been maintained by the Head of Education.

This approach to learning has allowed all staff to work in partnership, delivering a range of learning opportunities alongside high quality care and therapeutic relationships. This approach to education and care at Specialist Education Services continued with a gradual transition to more formal learning sessions alongside broader learning (e.g. 24 hour learning, PESD, life skills) during the first autumn half term 2020. Learning has been overseen by the Head of Education. The planned transition ensured that the young people were able to re-engage successfully with their education following a prolonged period of disruption. The radical approach to learning initiated by SES ensured that our vulnerable children were able to continue accessing learning throughout the whole period of national schools' closure.

Day pupils – some additional considerations need to be in place for day pupils (currently one at Turnstone House). It would be an expectation that any day pupil maintains twice weekly lateral flow testing and follows the specific taxi safety guidelines for travelling to and from the school. In the case of a confirmed case within the SES community, day pupils would not be allowed on site and would be offered remote education until it is safe to return.

7.1 REMOTE LEARNING

As described above, the whole SES model is based on a holistic and personalised 24hr approach to learning of which the whole team has a role, therefore SES has been well placed to ensure a good degree of continuity of learning throughout the pandemic. Through the peak of the pandemic the merging of care and teaching teams (to limit movement in and out of the building and reduce infection risk) brought the following planned and unforeseen benefits:

- Availability of teaching staff throughout and beyond the normal Learning Centre day.
- Closer working relationships across care and teaching teams, resulting in greater appreciation of respective roles and subsequent benefits to children in relation to communication, containment.
- The direct interface provided teachers the opportunity to directly sit alongside and tutor care team colleagues, resulting in an enhancement of care teams understanding.
- Some retained continuity of learning for a proportion of the children's regular Learning Centre timetable as the learning centre is on the site of the home.

As explained earlier, there has been a phasing across the first half of the autumn term 2020 of increasing formal Learning Centre time, bolstered by extended 24hr learning, with a return to full Learning Centre timetable as from 2 November 2020.

It is highly possible that individual children or groups of children may require a different approach to learning if they are required to self isolate, or where staffing ratios are significantly reduced due to covid 19 absence. The following guidelines will ensure consistency in the SES approach to learning if the usual running of the Learning Centre is disrupted due to these circumstances:

- SES will ensure the Learning Centre remains fully open, if possible, and offer a therapeutic and academically rigorous curriculum, with a continued bespoke offer for each individual child.
- Where national guidance and circumstances create the need for a change in SES working practices, with a change in the working conditions of Learning Centre staff; staff will continue to feed into 24hr planning ensuring the educational offer is aligned to our current curriculum offer.
- If a child is self-isolating but not directly exhibiting covid symptoms, SES will offer a combination of paper based, care team supported and/or online learning.
- If the SES Covid -19 "Doomsday" scenario comes into effect, staff would continue to provide an offer that is aligned to the current curriculum.

The responsibility for ensuring a consistent and appropriate education remains with the Head of Education, supported by the SES Principal and SES Deputy Principal. Curriculum leads retain their responsibility to plan and resource for progress in their subject areas. The role of the key teams in planning 24Hr

learning would continue and the responsibility for ensuring these take place remains with the case coordinators. This is overseen by the Head of Education. PEP meetings will still take place, likely via video calls. It is the role of the Learning Mentors and Personal Tutors to collate information to inform the review process.

When providing remote learning, teaching staff must be available during agreed working hours, overseen by the Head of Education and SES Principal. When providing remote learning, teachers are responsible for:

- Setting and providing appropriate work aligned with the current targets and curriculum path for each individual child. Teachers should ensure that their offer reflects any individual EHCP outcomes.
- Where a teacher is not delivering the work themselves (either remotely or in person) they should ensure that detailed discussions take place with members of the care team or those with a duty of care.
- Teacher staff are required to provide feedback in the usual format and upload evidence to the Classroom Monitor system.
- Staff are expected to maintain contact with families and children to continue the educational offer. This will take place through the usual agreed methods (telephone/ video calling).
- Teaching staff must be available to attend virtual meetings with staff, parents and children. During virtual contact staff will continue to adhere to the SES code of conduct and any safeguarding concerns should be reported without delay in the usual way.

All Young Persons will be provided with access to an internet enabled laptop if they are isolating or return to another residence unless there are individual restrictions surrounding this. The SES IT support will be contacted via the usual reporting process to deal with any technical issues. E- Safety guidance will be provided to anyone working with the young people.

All use of technology must be completed in line with the SES Acceptable Use of Technology Policy and Practice document. All staff must take appropriate steps to ensure their data and devices remain secure.

Staff can expect children learning remotely to:

- Be contactable during the Learning Centre day – although consider they may not always be in front of a device the entire time
- Attempt to complete work to the deadline set by teaching staff
- Seek help if they need it, from teachers or teaching assistants
- Alert teachers if they're not able to complete work
- Seek discussion with the Head of Education if they are experiencing anxiety or concerns relating to their learning.

Learning Centre staff can expect parents with children learning remotely to:

- Make the Learning Centre aware if their child is sick or otherwise can't complete work.

- Seek help from the Learning Centre if they need it – if you know of any resources staff should point parents towards if they're struggling, include those here.
- Be respectful when making any complaints or concerns known to staff

8 EHCP AND LAC REVIEWS

These have continued via video or phone conferencing, although some delays were experienced in the first few months of the pandemic.

SES now expect all EHCP and LAC reviews to go ahead on the planned dates to meet statutory timescales, although this may require some professionals to participate using technology such as video conferencing. It is anticipated that some meetings will be revert to face to face.

9 CASEWORK

Immediate and regular updates are still required to a young person's risk assessment and daily care to ensure their safeguarding remains the priority. Registered Managers are to oversee quality.

The Development and Learning review process for young people was suspended until September 2020. Many of the outcomes have been on hold due to the restrictions on movement, therefore progress has been limited for some young people. Development and Learning meetings were held on 9 September with the process fully operational from 1 October 2020.

In order to complete casework it is highly likely that staff will require access to children's files, both paper and electronic versions. In order to facilitate this staff may need to be located at either Avocet House or Turnstone House when not directly working with their team. Until the 16 August, where this situation occurs the staff member should collect the information that is needed and complete their casework in a location that is not in direct contact with the team working, e.g. in a spare room within the Learning Centre or home. It is important that staff do not form small working groups inadvertently, thus increasing the number of people in close contact. From the 16 August staff will be able to work in line with standard SES practice, although ventilation should always be a key consideration.

10 REFERRALS AND ADMISSIONS

It has been agreed to continue seeking the right referrals for SES as the process is completed remotely via paperwork and telephone discussions before an admissions panel is held. If a placement offer is made and accepted, any visits to see a young person, or for them to SES, would only go ahead if both respective settings, staff and family are free of coronavirus

symptoms. The standard timescales for admission may well need to be longer to allow for a safe transition.

11 PHYSICAL HANDLING

The Principal Team Teach instructor, Neil Dawson, has maintained frequent communication with Team Teach commencing 9 April 2020, seeking advice on running practical courses and subsequent impact on staff if overdue for refreshers. Team Teach are currently granting 60 working day extensions for individuals. This has been requested for staff as required.

The Team Teach sub committee have met on 22 April 2020, 10 June 2020, 8, 30 September 2020, 26 November 2020, 18 January 2021 and 15 March 2021. Training for existing and new staff is being assessed alongside the current circumstances within the establishments at the time of the course.

12 PROFESSIONAL DEVELOPMENT AND PERSONAL SUPPORT

Group and individual Professional Development were offered as part of a revised development and training structure sent to the teams by the Registered Managers in the week commencing 27 April 2020. This was being delivered remotely via video calls. All staff have been informed to seek discussions with the SES Principal or Operational Director if issues emerge, both of whom remained available to staff during the week, dedicating time and communicating physical presence to the team. All staff have been reminded of the employee helpline.

From 2 November 2020 PD and PS meetings reverted to the lead of line managers. These meetings can take place face to face, although obvious precautions such as appropriate distancing and ventilation should be considered.

13 TRAINING AND MEETINGS

From August 2021, all staff training and meetings returned to face to face where necessary, unless national guidance changes. **Currently all group meetings must be agreed by the SES Principal, Head of Education, Deputy Head of Education, Registered Manager or Head of Care before going ahead in person.** Priorities for training are discussed between senior leaders and scheduled in advance. Team meetings and core training are delivered by senior managers.

For all meetings, room ventilation must be a key consideration, with portable heaters used to maintain an acceptable temperature in colder conditions. All staff and volunteers will be made aware of any changes to our procedures and local arrangements.

Consideration to the use of virtual meetings should remain as it can sometimes facilitate greater opportunity for participation in certain situations. Remote training (Zoom or Teams) and conference calls facilities were put in place as of week commencing 27 April 2020. Although it continues to be professionally favourable to meet in whole teams and various sub teams, even socially distanced there is a slightly raised risk of cross infection as compared with remote Zoom and Microsoft Teams meetings.

External training courses (e.g. safeguarding, first aid, food hygiene) will be rebooked in order of priority and as each becomes available from the relevant provider.

New staff and volunteers will continue to receive the full SES induction week, which will include an extensive safeguarding induction, a copy of our SES Safeguarding and Child Protection Policy, Keeping Children Safe in Education part 1 and Working Together to Safeguard Children.

14 RECRUITMENT AND INDUCTION

Ensuring the homes remain fully staffed is critical to the ongoing care and education of young people. We continue to recognise the importance of robust safer recruitment procedures, so that adults and volunteers who work in our establishments are safe to work with children. We will continue to follow our safer recruitment procedures, and part 3 of Keeping Children Safe in Education.

In urgent cases, when validating proof of identity documents to apply for a DBS check, we will initially accept verification of scanned documents via online video link, rather than being in physical possession of the original documents. This approach is in line with revised guidance from the DBS.

New staff must still present the original documents when they first attend work at SES.

We will continue to do our usual checks on new volunteers, and do risk assessments to decide whether volunteers who aren't in regulated activity should have an enhanced DBS check, in accordance with Keeping Children Safe in Education 2021.

Interviews for new staff will continue with full consideration to appropriate social distancing (2 metres) procedures. Before the 16 August, this will mean reducing the number of candidates invited, and using larger rooms for interviews to create social distancing space. All interviews will be completed at Turnstone House up to 16 August. Beyond the 16 August, interviews will revert to standard SES procedures, with additional measures for visitors as outlined earlier in this plan expected.

We will assess the risks of staff 'on loan' working in our establishments, and seek assurance from the 'loaning' school, children's home or other educational provision that staff have had the appropriate checks. This will be

completed by the SES Principal or Executive Principal. They will also be added to the Single Central Record.

We will also use the DBS Update Service, where these staff have signed up to it, to check for any new information. Where SES receive staff from another school, children's home or other educational provision, we will judge, on a case-by-case basis, the level of safeguarding induction required. As a minimum, the visiting professional(s) will be provided with a copy of our safeguarding / child protection policy and the name and contact details of the LDPCP and deputy LDPCP.

15 OFFICE TEAMS

In line with the earlier guidance from the government for all non-essential staff to work from home if possible, SES decided to reduce the number of hours our office teams would be physically present at each establishment. Between Monday 30 March and 25 May 2020, each of our offices (Avocet House and Turnstone House) had one person available between 0900 and 1300 to respond to telephone calls and process admin related enquiries.

From Monday 25 May, following the government guidance being updated to 'stay alert' on 22 May 2020, a gradual and phased return to previous office hours was implemented. The Admin Assistants were available in the office Monday to Friday, between 0900 and 1500 each day. The Administrators identified three full days that they would be available in the office, with two days being retained for home working. Administrators continued to have access to their emails outside of these hours on weekdays, normally between 0830 and 1630.

From Monday 10 May 2021, the Admin Assistants will return to their standard working hours. The Administrators will retain the option of flexible home working and communicate their hours with the SES Principal in advance.

Urgent communication with professionals at either Avocet House or Turnstone House is to be completed through email channels.

16 STAFF DEPLOYMENT DECISIONS

In order to continue to provide the three core principles of our Covid 19 Action Plan we have made individual staffing decisions that continue to be reviewed by the Director, Operational Director, SES Principal, SES Deputy Principal, Registered Manager and Head of Education. Key decisions taken so far have been:

- Recalling a care worker outside of their two year timescale for completion of the L3 Diploma, with an individual explanation on their personnel file.
- Assistant Care Workers offered full time working pattern in short term

These decisions were taken in line with the Adoption and Children (Coronavirus)(Amendment) Regulations 2020 (expired on 25 September 2020).

17 FURLOUGHING STAFF

As previously outlined in part one of the action plan, clinically extremely vulnerable staff were shielded in line with the guidance issued by the government at the time. Decisions on furloughing individuals were taken by the Director, Operational Director and SES Principal. Any decision to furlough has been communicated in writing with the adult concerned.

SES no longer are furloughing any staff as all adults are expected to be fulfilling their roles.