Guidance of Good Practice Relating To Social Distanced And Hybrid Family Group Conferences



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1. **DEFINITIONS**:

- A. A Family Group Conference (FGC): A family led decision making process whereby a family, their friends, neighbours, and community support network come together to make a Plan to reduce risks, resolve problems, identify support, and plan for the future. They are supported by the referrer and other identified professionals.
- B. A Social Distanced FGC (SDFGC): An FGC meeting that is held while adhering to all necessary social distancing protocols and procedures in order to lower risks of contracting or spreading Novel Coronavirus (Covid-19) among participants.
- C. A Hybrid FGC (HFGC): An FGC that includes some participants who are participating virtually via technological means (e.g. video conferencing, or telephone participation), and some attending in person. The meeting will also adhere to all necessary social distancing protocols and procedures in order to lower risks of contracting or spreading Covid-19 among participants.

2. INTRODUCTION AND DISCLAIMER:

The authors of this document are managers of the following boroughs; Harrow (TK Vincent), Somerset (Jo Collard) and Croydon (Hina Patel).

Warning:

- Covid-19 / the coronavirus) is an infectious disease that can result in serious long-term health complications, and is a potentially fatal illness.
- There is a risk of transmission of Covid–19 in any environment where people come together.
- This risk increases in enclosed spaces and with increased numbers of people.
- The World Health Organisation has advised that the elderly and those with underlying medical conditions are more vulnerable.

This guidance only pertains to the considerations of holding an actual SDFGC or HFGC meeting and does not cover guidance in respect to home visits during the Covid-19 pandemic.

The following document is designed to provide guidance of good practice to FGC Managers and Coordinators in risk assessing whether to conduct either a SDFGC or a HFGC within England. Some information is provided in respect to the rest of the UK, but the Government information pertains mostly to England. This guidance will not provide definite answers as every Service and Local Authority will have their own circumstances to consider including local infection rate, local guidance and organisational restrictions. However, it is hoped that it should cover the necessary issues that need to be considered during risk assessing any SDFGC or HFGC which were known at the time of writing (29th June – 17th August 2020). The situation is ever evolving, and therefore this guidance should be considered as a starting point - a service's response to Covid-19 will likely in time also evolve beyond what has been considered thus far.

Where it is appropriate to do so, services may continue, or revert back to providing virtual services if local outbreaks occur, or a second wave of Covid-19 is reported.

The full disclaimer will appear at the end of this guidance.

3. CONSIDER WHETHER YOUR MEETING CAN COMPLY WITH NHS GUIDANCE:

3.1 Consult the current NHS Guidance at the time of consideration of the referral, throughout preparation of the FGC and on the date of the meeting itself. The current NHS Guidance can be found at this link:

NHS (2020) *Social distancing: what you need to do* [online]. Available at: https://www.nhs.uk/conditions/coronavirus-covid-19/social-distancing/what-you-need-to-do/ (Accessed: 17/08/2020).

Pertinent information for FGCs from the link as of 15th August 2020 for consideration:

- a: To stop the spread of coronavirus (Covid-19), you should avoid close contact with anyone you do not live with. This is called social distancing.
- b: If you live alone or you're a single parent who lives alone with your children, you can meet with 1 other household without social distancing. This is called a support bubble.

c: Do:

- Try to stay at least 1 metre away from anyone you do not live with (or anyone not in your support bubble). Where possible, the preference for social distancing is 2 metres distance.
- Wash your hands with soap and water often for at least 20 seconds.
- Use hand sanitiser gel if soap and water are not available.
- Wash your hands as soon as you get home.
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze.
- Put used tissues in the bin immediately and wash your hands afterwards.
- If you're at high risk (clinically extremely vulnerable) from Covid-19, there are extra steps you're advised to take to protect yourself called Shielding.

d: Don't:

- Do not touch your eyes, nose or mouth if your hands are not clean.
- Do not leave your home if you have any symptoms of Covid-19, self isolate following the up to date guidance from Public Health England.

e: Face coverings:

- Wear something that covers your nose and mouth:
 - o n public transport.
 - o when you go to hospital appointments or visit someone in hospital.
 - If you can, also wear a face covering in other places when it's hard to stay away from people, such as in shops.
 - Face coverings should not be worn by children under 3 and people who would find wearing them difficult (such as individuals with breathing difficulties, certain disabilities, or medical conditions that may be exempt).

f. How to shield:

- Stay at home, including working from home, as much as possible.
- Try to stay at least 1 metre away from anyone you do not live with when outside your home. Where possible, the preference for social distancing is 2 metres.
- Only meet other people outdoors, in groups of up to 6 try to stay 2 metres away from each other at all times
- Wash your hands as soon as you get home
- Wash your hands with soap and water often do this for at least 20 seconds
- Use hand sanitiser gel if soap and water are not available
- Get food and medicine delivered and left outside your door ask friends and family to help or register to get Covid-19 support on GOV.UK if you need it
- Prepare a hospital bag, including a list of the medicines you're taking, in case you need to go into hospital
- Do not have visitors inside your home, including friends and family, unless they're providing essential care
- Do not go into other people's homes except to use the toilet or get to their garden
- Do not share or pass things to people you do not live with, including food and drinks
- Do not go into any other indoor places, such as shops.

4. CONSIDER GOVERNMENT GUIDANCE:

- 4.1 Consult the current Government and the NHS Guidance at the time of consideration of the referral, throughout preparation of the FGC and on the date of the meeting itself. The Covid-19 situation is fast changing and spikes in infection rates (and thus population lockdown) can be localised. It is important you are working with the latest information for your circumstance.
- 4.2 The current Government Guidance can be found at this link:

Gov.uk (2020a) Staying alert and safe (social distancing): Updated 13 August 2020 [online]. Available at: https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing-after-4-july (Accessed: 18/08/2020).

Pertinent information for FGCs from the above link as of 15th August 2020 for consideration:

a: A support bubble: Forming this support bubble means you effectively become one household – you can act as if you all lived together. This means you can do things such as go round to their house, stay the night and travel together in private vehicles. You don't need to socially distance from others in your support bubble. But once you've formed your support bubble, you can't change who's in it. From 4 July, you are also able to spend time inside with one other household. This is different from a support bubble as you'll need to socially distance from people in the other household, and you shouldn't spend time together in places where you can't keep your distance, such as in cars.

b: From 4th July 2020:

- People are able to meet in groups of up to two households anywhere.
- Or in groups of six including people from different households, outdoors.
- c: In terms of seeing friends and family you can:
 - Meet in groups of up to two households (anyone in your support bubble counts as one household) in any location - public or private, indoors or outdoors. You do not always have to meet with the same household - you can meet with different households at different times.
 - However, even inside someone's home you should avoid close contact and remain socially distance from anyone not in your household or bubble. This change also does not affect the support you receive from your carers. Those who have been able to form a support bubble (i.e. those in single adult households) can continue to have close contact as if they live with the other people in the bubble, but you should not change who you have formed a support bubble with.
 - When you are outside you can continue to meet in groups of up to six people from different households, following social distancing guidelines.
 - Stay overnight away from your home with your own household or support bubble, or with members of one other household (while maintaining social distancing).

- Limit interactions with anyone outside the group you are attending these places with even if you see other people you know
- Limit the number of people you see socially, especially over short periods of time, to keep you and them safe, and save lives – the more people you have interactions with, the more chances we give the virus to spread
- Not hold or attend celebrations (such as parties) where it is difficult to maintain social distancing and avoid close social interaction – even if they are organised by businesses and venues that are taking steps to follow COVID-19 Secure guidelines
- It is against the law for gatherings of more than 30 people to take place in private homes (including gardens and other outdoor spaces), or in a public outdoors space, unless planned by an organisation in compliance with Covid-19 Secure guidance.
- It is essential that everyone in the country goes about their lives in a manner which reduces the risk of transmission, whether they are at work, leisure, or using public services. When you leave your home, you should follow the guidelines on staying safe outside your home. You should continue to avoid close contact and remain socially distant from anyone you do not live with or who is not in your support bubble even inside other people's homes.
- You should wash your hands regularly. This will help to protect you and anyone you come into contact with and is critical to keeping everyone safe.
- d. From 1st August, subject to rates of transmission closer to the time:
 - "...employers will have more discretion, in consultation with their employees, on how to ensure people can work safely working from home is one way to do this, but workplaces can also be made safe by following Covid-19 secure guidance."
 - "...the clinically extremely vulnerable will no longer need to follow advice on shielding, though should still take particular care to follow the social distancing guidelines when meeting people..."
 - "...conference and exhibition centres will be able to reopen in order to enable pilots for business events to take place they should not yet be open fully to host events more widely..."
 - "...Social distancing will be 1 metre minimum (the preference is still 2 metres where possible)..."

e. From 8th August:

- the public are "...required to wear face coverings in a greater number of public indoor settings such as museums, galleries, cinemas and public libraries..."
- "...Premises where face coverings are required should take reasonable steps to promote compliance with the law..."

f. From 15th August:

• "... the following businesses can reopen and activities can resume provided they follow the Covid-19 Secure guidelines: indoor play areas, including soft play area, indoor performances, remaining close contact services, wedding receptions will be allowed for up to 30 guests, in the form of a sit-down meal..."

• "...You should continue to avoid close contact and remain socially distant from anyone you do not live with or who is not in your support bubble – even inside other people's homes..."

	England	Scotland	Wales	Northern Ireland
How many people outdoors?	6 from different households. No limit if from two households	Up to 15 from up to 5 households, 2 metres apart	Any number from two households	Up to 30 people outdoors
At what distance?	1 metre "plus"	2 metres apart (less in some premises)	2 metres apart (less in some premises)	1 metre apart
Indoors?	Two households	Eight people from three households	Two households can form one "extended household"	Up to 6 people

What does this mean for SDFGCs and HFGCs?

- 4.3 Currently as of 15th August 2020, it is NOT compliant with current Government guidance to hold either SDFGCs or HFGCs that involve more than 2 households and their support bubble indoors within the community. An indoor HFGC whereby the FGC Coordinator is physically present could be possible if it involved only:
 - The FGC Coordinator forming one household
 - A parent, their household or support bubble (if a single parent), would form the second household to physically attend the FGC.
 - Everyone else then participates via technological means. The pros and cons of the value of this restricted HFGC over a completely virtual FGC would need to be carefully weighed up.
- 4.4 If the SDFGC or HFGC is held within Local Authority venues, it could be argued it is a business or work meeting. Therefore, not constrained by the two households rule if social distancing measures are still being followed.
- 4.5 A SDFGC or HFGC is also permissible if:
 - Held outside.

- Involved the physical attendance of only up to six people from different households.
- All followed social distancing guidelines.

5. CONSIDER WHAT IS HAPPENING IN YOUR LOCAL AUTHORITY:

- 5.1 Consider what your individual Local Authority's policy is in respect to working practices and how services are conducting their essential meetings (for example: Child Protection Meetings, Public Law Outline Meetings, Children who are Looked After Meetings). You may wish to consider consulting the Local Authority's Corporate Risk Assessment, and liaising with the senior safety officer. This may influence whether you will consider completing a SDFGC or HFGC.
- 5.2 FGCs are considered important but not an essential child protection service and therefore, home visits and FGCs have been conducted remotely at this time wherever possible.
- 5.3 Consider the local infection rate, restrictions and any local Public Health England Guidance ahead of the SDFGC or HFGC.

6. RULES FOR CONSIDERATION FOR A SDFGC OR A HFGC:

- 6.1 Prior to the meeting being held, any participant attending a SDFGC should be sent the agreed specific guidance for the service, so they are fully aware of what to expect and the rules to follow.
- 6.2 Any individuals who wish to physically attend their FGC must be willing to sign a Health Declaration on the day of the meeting.
- 6.3 Any potential attendees need to indicate if they are within a vulnerable group, and therefore would need to shield and instead participate via statement or technological means.
- 6.4 It is the joint responsibility of everyone attending to keep themselves safe and not the sole responsibility of the FGC Coordinator.
- 6.5 If a participant is unwell or has any symptoms of Covid-19, that individual will not attend the meeting.
- 6.6 If an individual becomes unwell during the meeting, they would immediately leave via the planned method outlined in the risk assessment.
- 6.7 Masks, face coverings and visors:
- a. This guidance would recommend following the NHS and Government guidance all who physically attend the SDFGC or HFGC should wear a mask/face covering/visor during travelling to and from the meeting, and if held inside, during the meeting.
- b. If a participant turns up without a mask/face covering/visor, the FGC Coordinator will only allow them entry to an FGC held inside if they agree to wear the provided mask.
- c. From 24th July, mask wearing is mandatory within shops, and in places that have poor ventilation.
- d. If any participant refuses to wear a mask face covering/visor during an FGC when held inside, they should be able to give a valid medical reason why they are not willing to wear one. This should be made clear to the FGC Coordinator prior to the SDFGC. If they cannot do this, they should participate virtually or via statement.
- e. If The FGC Services has independent contractors, it could be argued that the responsibility of deciding whether to consider whether mask wearing is mandatory during the FGC would remain with the the commissioning body, individual FGC Coordinator, and the site's rules where the FGC is being held,.
- f. Mask wearing must be discussed as part of the preparation for their meeting.



I wear a mask to protect you.

Please wear one to protect me.

6.8 Use of Gloves:

- a. The FGC Coordinator and participants need to weigh up the pros and cons of wearing gloves.
 - Evidence currently suggests that gloves provide little protection against Covid-19.
 - Glove users would still need to wash hands and use sanitisers, so it begs the question as to why would these be needed instead of washing hands and sanitising?
 - Glove users are still able to touch their face, or touch infected surfaces. Therefore, whatever the gloves subsequently touch, could result in cross contamination.
- b. It is this Guidance's advice to not wear gloves, but to create and maintain a rigorous hand washing and cleaning protocol.

A guide to gloves:

- Wearing gloves will not protect you from germs
- Covid-19 doesn't transmit through skin
- A glove could transfer germs to any and all surfaces touched, creating an even greater viral spread
- Do not wear gloves unless you are changing them after every item you touch
- Replace gloves with better hand hygiene
- Only use gloves if you are a healthcare professional



NHS guidelines 2020

6.9 Those who are physically participating need to create and agree to adhere to the ground rules of the meeting with the support of the FGC Coordinator.

7. GENERAL VENUE CONSIDERATIONS:

- 7.1 Prior to Covid-19, the family often identified venues for their FGC. To lower unknown risks, the FGC management should identify, risk assess and vet selected suitable venues for SDFGCs and HFGCs. The family would need to choose a venue from this pre-vetted list. These may include:
- a. Local Authority owned buildings or rooms that are well ventilated, and large enough to allow for social distancing.
- b. Spaces that contain gardens that can provide exclusivity during the FGC (e.g. pubs, restaurants, cafes).
- 7.2 FGC managers and Coordinators would need to be aware of the venue's individual risk assessment as well as their health and safety procedures.
- 7.3 The venue will have their own safety protocols that the FGC Coordinator will need to review that may include:
- a. Capacity restrictions. The maximum numbers of people in the building that still enables social distancing.
- b. One way travelling system throughout the venue with one way in and out.
- 7.4 Those who are physically attending will need to stagger their arrival and departure to allow for the additional checks and ensure social distancing.
- 7.5 Have access to running hot water or the FGC Coordinator will need to provide hand sanitiser with the correct percentage of alcohol (with greater than 60% ethanol or 70% isopropanol).
- 7.6 Access to bathroom facilities with consideration of how many each bathroom would be shared with, and where possible an option for different households to use different toilets within the venue.
- 7.7 There must be particular consideration of privacy and confidentiality issues:
- a. Is the venue open to the public during the FGC and how does that impact on the safety of participants and social distancing?
- b. In considering the space chosen (e.g. residential, business or council venue) as everyone will be talking loudly during the meeting, therefore the contents of the meeting may be overheard. Managing the sound levels will be difficult.
- c. Consideration of how Private Family Time will be implemented in the space and the consideration of how a place for professionals will be created that is away from the family network in order to maintain family private time.
- 7.8 Technological issues (see **Section 12**).

- 7.9 The arrangement of tables and chairs to mark out the required social distances between participants of different households. Other methods may also include using:
 - Chalk, or picnic blankets, if outside.
 - Masking tape to mark social distances, if indoors.

Chance of Transmission	Asymptomatic Carrier of Covid-19	Uninfected Person	
Very high			
High			
Medium			
Low			
Very low	PHYSICAL DISTANCING		
Virtually none			

IF HELD OUTDOORS - AL FRESCO:

- 7.10 Access issues including those with mobility issues (see **Section 11**).
- 7.11 Consideration for the uncertainty of British weather:
- a. Consideration whether a gazebo or open air but covered area is needed.
- b. Whether there is contingency planning in place to continue to complete the FGC if it starts to rain during the meeting?
- c. Or whether the meeting should stop if the weather changes?
- d. The availability of shaded areas.
- e. The family would need to bring their own sunscreen, hat, and umbrella to ensure their safety in respect to the unpredictability of British weather.
- 7.12 The availability of running hot water for washing hands and sanitation. Hand sanitiser should also be available.
- 7.13 The availability and risk assessment of toilet facilities.
- 7.14 Consideration of how social distancing measures; including the seating plan will be displayed. This may include supplying disposable floor coverings or washable picnic blankets.
- 7.15 Consideration of how the FGC Coordinator will provide the appropriate number of chairs and tables. This may include folding chairs which will need to be sanitised before and after use for Al Fresco FGCs.
- 7.16 If held in a family's garden:
- a. A home visit may be necessary to determine the privacy and confidentiality issues of that venue.
- b. Consideration whether neighbours can overhear a meeting.

IF HELD INDOORS:

- 7.17 The venue room will need to be suitably ventilated, including the consideration of whether the venue has HEPA fitted filtration.
- 7.18 Open windows/doors at venues to improve ventilation, but also being mindful of whether this could create additional confidentiality and privacy issues due to being overheard.

TRAVEL:

- 7.19 If there are reduced venues, will the need for travel to attend increase risk to families?
- 7.20 FGC Coordinators would need to know what the family deem to be safe in terms of travelling, and how practical those modes of transport would be (e.g. public transport, personal car, taxi, cycling, and walking).
- 7.21 Participants should only travel together to the venue in a car with those within their own household or support bubble.
- 7.22 Public transport should be avoided where possible. If it is the only means of getting to the Conference, masks should be worn during the journey.

8. CLEANLINESS STANDARDS:

- 8.1 As part of the hire agreement, the venue has a responsibility to ensure it is clean before and after use, including any visual and audio equipment.
- 8.2 Attendees and Coordinators should also clean any hard surfaces that they will be touching (e.g. seats, tables and handles) before the start of the meeting, and at the end of meetings.
- 8.3 Each household will have their own rubbish sack and it is their responsibility to clean up their area. Participants will need to place their household rubbish bag in the designated waste bins on leaving the meeting room.
- 8.4 Participants and the FGC Coordinator to use hand sanitiser every time they enter the meeting room.
- 8.5 At the end of the meeting, participants need to wipe down handles and surfaces.
- 8.6 Toilets:
- a. These will be cleaned by the venue ahead of the rental period.
- b. FGC Coordinator to check there is hand sanitiser, toilet paper, soap, paper towels or a hand dryer prior to the start of the meeting in the bathrooms.
- c. Participants to wash hands thoroughly after use (Appendix A), and dispose of paper towels safely.
- d. Each person who uses the toilet should also clean the toilet with the provided alcoholic cleansing wipes before and after use. Plus, wipe down any surfaces touched (e.g. handle of taps and doors).

9. ADDITIONAL FGC KIT TO ENABLE SDFGCs OR HFGCs:

FGC Coordinators will have to add items to their standard FGC kit for SDFGC's and HFGC's. The list below is not exhaustive.

- 9.1 The Coordinator should have disposable masks available for participants who will physically attend the meeting.
- 9.2 Soap and access to running hot water. If soap and access to running water is not possible, hand sanitiser.
- 9.3 The hand sanitiser must have the correct percentage of alcohol (i.e. greater than 60% ethanol or 70% isopropanol).
- 9.4 Cleaning Wipes or antibacterial spray.
- 9.5 Tape measure.
- 9.6 Marking equipment (e.g. laminated signs, chalk, masking tape, non-adhesive black and yellow striped warning tape).
 - a. To mark the designated distance between seating areas of individuals' (and bubbles) or household groups.
 - b. To minimise transmission risk mark the direction of flow of participants in the meeting room.
- 9.7 Tissues and paper towels.
- 9.8 Additional rubbish bags (one per household).
- 9.9 Consideration of what technology may be needed (see later heading)
- 9.10 Hand-held forehead temperature scanners, if desired to confirm temperatures (the NHS state a fever is deemed to be 37.8C or greater) prior to the start of the meeting as outlined in the Health Declaration Form. The local area may wish to issue specific guidance on the use of these scanners and what would constitute a temperature too high to attend.
- 9.11 Insect repellent may be relevant if an FGC held outside.

10. DETERMINING WHO WILL PHYSICALLY ATTEND A HFGC?

- 10.1 Who and how many people attend the FGC physically or virtually should be considered as part of the preparation of the FGC. This decision should be in line with current guidance and the families wishes. The FGC Coordinator, the social worker/referrer and the family should collectively identify:
- a. Who can be near each other, (i.e. households and support bubbles)
- b. Who may identify as being in a high risk vulnerable group and clinically extremely vulnerable, or in a moderate risk group and clinically vulnerable to Covid-19 within the family and professional network.
- 10.2 Numbers of physical attendance should be kept to a minimum to only those who are considered essential, and who need to discuss something face to face should attend.

10.3 Prioritisation:

- a. Priority to be given to parents or carers of the child to physically attend.
- b. The next priority should be given to those family and friends who cannot attend virtually, (e.g. do not have the technology, or have additional needs that cannot be met virtually).
- c. The FGC principle is for the meeting to be 'family led' and 'professional attendance low' to ensure the informal network remains in control as far as possible while managing risks, therefore:
 - i. The FGC Coordinator should attend physically
 - ii. The social worker/referral could attend virtually
 - iii. Other professional contributions could be written contributions or attend virtually if necessary
 - iv. The interpreters' (including British Sign Language signers, and Deaf signers) attendance to be virtually where possible/appropriate.
 - v. If the client requested the interpreter (of any kind) to attend the FGC virtually but from their home this would need to be risk assessed separately as usually the interpreter would only be in a client's home in the presence of another professional. They may not be police checked (Enhanced Disclosure and Barring check) to have unsupervised contact with vulnerable children and adults.
 - vi. The advocate's attendance will be dependent on:
 - The current guidelines regarding numbers of households and their support bubbles able to congregate at one location together
 - How the advocate feels about attending the FGC, or at their client's home if they are attending virtually.
 - The child or adult that they are supporting's wishes in respect to their attendance.
 - Whether the advocate would prefer to attend entirely virtually if and where able to, or appropriate to do so

10.4 If the FGC Coordinator participates via virtual means, they would not be able to manage any issues that arose within the presence of those meeting face to face. The risk assessment of the possibility of conflict would have to be very low to enable this combination of physical and virtual attendees.

10.5 Child participation:

- a. Children should be encouraged to attend if the family and the child wish to attend, and it is felt appropriate to do so.
- b. Consideration needs to be made in respect to where the responsibility lies in respect to maintaining social distancing with child participants.
- c. Consideration needs to be made to how children will be supported in understanding social distancing during SDFGCs or HFGCs. Maintaining boundaries against physical contact and hugs outside of their household or support bubble will be very difficult, especially with younger children.
- d. Consideration may be made to only offer physical participation to children who are able to understand and comply with social distancing, unless additional risks are identified and therefore not encouraged to attend.
- e. Whether advocacy support can be safely provided.
- 10.6 Consideration will be needed to determine whether creche workers and child care arrangements will be different to a usual face to face FGC.
- 10.7 Do hybrid FGC require two FGC coordinators one to support the participants who are physically attending and one for those who are attending virtually. Noting this would increase the costs for these FGCs.
- 10.9 Those who should not be encouraged to attend physically:
 - Those who are self-isolating in respect to Covid-19
 - Those who are symptomatic or shielding
 - Those who identify as within a vulnerable risk category
 - Those awaiting the outcome of Covid-19 testing
 - Those where there is a risk of conflict that could result in not being able to adhere to social distancing guidance
 - Those who have returned to the UK in the last 14 days from countries that have a high infection rate (see Government Guidance).

Links:

Gov.uk (2020b) Guidance: Coronavirus (COVID-19): countries and territories exempt from advice against 'all but essential' international travel [online]. Available at: https://www.gov.uk/guidance/coronavirus-covid-19-countries-and-territories-exempt-from-advice-against-all-but-essential-international-travel (Accessed: 18/08/2020).

- Centres for Disease Control and Prevention (2020) Coronavirus Disease 2019 (COVID-19): COVID-19 Travel Recommendations by Destination [online]. Available at: https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html (Accessed: 18/08/2020).
- 10.10 In certain situations, an individual who identifies as falling within one or more vulnerable risk categories, may choose how they wish to participate.
- a. It must be accepted that they have that right to attend.
- b. There should be a discussion about the risks involved in attending the FGC with any potential physical attendees. While the FGC Service and the FGC Coordinator will do their best to mitigate and safeguard the physical participants; neither the FGC Coordinator nor the FGC Service will bear any responsibility for the consequences of attending the meeting in respect to Covid-19.
- c. They can confirm their agreement to this by signing a health declaration and disclaimer on the day of the meeting.
- d. If a person is not able or willing to sign, then the FGC Coordinator will have to make the decision whether they should ask them to leave, or shut down the meeting, as other attendees agreed to abide by the agreements as discussed in the preparation stages.
- e. Services may wish to insist that any identified highly vulnerable individuals who wishes to physically attend can only participate virtually or via technological means; or to choose to only offer a virtual conference to ensure the safety of all attendees.
- 10.11 Those unable to physically or virtually attend can also choose to submit a written statement via email, or by the FGC Coordinator noting verbal conversation or responses to the FGC questions to share on their behalf to the FGC.

11. DIVERSITY, INCLUSION & OTHER PARTICIPATION ISSUES:

- 11.1 The FGC Coordinator will require even more set up time than pre-Covid-19 times where participants have additional needs, and this should be factored in during venue hire.
- 11.2 The FGC Coordinator needs to consider what the additional support needs might be required for disabled adults and children, including Covid-19 high risk groups and shielded groups when organising SDFGC and HFGC (refer to Appendix C).
- 11.3 Consideration may need to be given to physical participants' accessibility needs. This includes those with mobility issues, such as wheelchair users who may be prevented from physically attending if the meeting is held outside (e.g. grass, sand, or non-paved locations) or inside (e.g. lacking space to manoeuvre a wheelchair).
- 11.4 The FGC Coordinator to mark out a direct passage to washroom facilities and confirm which person will assist them to and from the washrooms, if required, and how all the areas they use will be disinfected and sanitised.
- 11.5 Consideration on where participants sit in relation to their interpreter, signer or advocate.
- 11.6 If a physical participant is hard of hearing or deaf:
- a. Lip reading under a mask, and deaf sign language with verbalising words will be extremely difficult with normal face masks; even those with clear panels at the front. Consider using visors as an alternative to masks. It may allow participants to lip read, to be understood better and to read facial expressions.
- a. The FGC Coordinator and guests would need to project their voice under their mask. Even so, this may make it harder to be heard.
- b. Consider whether a portable loop system is available, or an App that can be used to assist such as "Chatable" on Apple or Android mobile equipment, or "Ava: Best Live Captions".
- c. Consider whether deaf signers and British Sign Language interpreters will physically attend a meeting. Many of these interpreters require regular breaks and multiple signers – this may impact whether even outside SDFGCs can be held as each interpreter will constitute a single household
- d. It may be more advisable to either consider holding a virtual FGC to enable their full participation, or to facilitate their contribution via a pre-gathered statement during information sharing.
- 11.7 Sensory facilities may be required. Consider setting up this area if not already available on site, sanitizing it before and after use by the dedicated carer.

- 11.8 Sharing refreshments is part of some cultural practices, and consideration will be needed on how to accommodate this in SDFGC's and HFGCs. There needs to be discussion during preparation for the meeting on whether refreshments can be provided safely, who will bring it, how the food will be set up to prevent sharing of food between households, allocating time to enjoy it without masks, maintaining social distancing, and managing the desire to eat with others, and greet family members from another bubble/household.
- 11.9 The FGC Coordinator will need to agree with the family what breaks and time out will look like, including consideration of how to manage the professional and participants' individual needs for comfort breaks, refreshments, rest, and attention span.
- 11.10 The FGC Coordinator should consider linking participants within the family network via technological means (e.g. Zoom, MS Teams, Skype, Google Hangouts, WhatsApp, or similar platforms) if their needs cannot be safely accommodated at the SDFGC and hold HFGC. If this is also not suitable, an offer to facilitate contribution via a pre-gathered statement during the information share should be made.

12. TECHNOLOGY CONSIDERATIONS IF COMPLETING A HFGC:

- 12.1 Identify whether the participants, the commissioning organisation, or the FGC Coordinator are providing the equipment to enable those who are participating physically to see those who are participating virtually? This may include:
 - A fully charged laptop, tablet or smart mobile
 - A fully charged projector to enable multiple participants to see those participating in a HFGC
 - o Is there a power source or spare battery pack for items?
 - o Is there a space to project onto it?
 - o Can others see any projected information that is confidential?
- 12.2 Consider who's responsibility it will be to check these items in and out, and to clean them before and after use.
- 12.3 Consider the availability and security of WIFI at the venue.
- 12.4 Consider the availability of mobile network coverage, and the cost of creating hotspots at the venue where necessary in terms of data.
- 12.5 Booking only venues that have video conferencing facilities. This may, however, incur an extra cost.
- 12.6 The consideration of the availability of enough data plans on smartphones or tablets if WIFI is not available. The consideration of costs of gifting extending data plans.
- 12.7 Consider confidentiality issues of enabling the use personal equipment or work equipment to others.
- 12.8 The sanitation of all equipment, particularly smartphones, tablets and laptops.
- 12.9 Not exchanging equipment across households/support bubbles during the meeting due to cross-contamination risk during the FGC. Any loaned equipment would also need to be cleansed before returning to the owner.

13. ADDITIONAL GROUND RULES DURING THE SDFC OR HFGC MEETING:

- 12.10 During initial discussions with the family network, the FGC Coordinator should explain the restrictions and risk assessment of the FGC. They may wish to share the contents of this guidance to help everyone make a decision about what type of FGC will be convened.
- 12.11 It is including the responsibility of everyone attending to do so voluntarily and comply with the agreed restrictions and guidance of risk assessment protocols.
- 12.12 If a participant is unwell or has any symptoms of Covid-19, that individual will not attend the meeting.
- 12.13 If an individual becomes unwell during the meeting, they would immediately leave via the planned method outlined in the risk assessment.
- 12.14 Consider whether it is necessary for all participants to agree to have their temperature checked on arrival. If their temperature is 37.8C or above (or the agreed limit for the service), that person should leave.
- 12.15 Those physically attending will be required to complete a Health Declaration Form on arrival and if necessary, this information can be shared for purposes of tracking and tracing.
- 12.16 The FGC Coordinator may wish to check in with everyone physically attending the day before to ensure they are not symptomatic, either by telephone call or text message.
- 12.17 Participants agree to maintain social distancing by respecting each other's space, and not touch each other.
- 12.18 All participants agree to listen to each other carefully without interrupting particularly if some participants are taking part remotely.
- 12.19 The agreed ground rules will be distributed to all attendees ahead of the FGC.
- 12.20 A laminated version (easier to clean) of universal rules are put up on the wall in the meeting.
- 12.21 To keep to the agreed socially distanced space 1 metre plus apart from anyone outside of your household or social bubble (as of 15th July 2020) during the meeting. Some services may wish to further define the rules involving those that are not wearing masks or where there is a lack of space or ventilation where the social distance rule should be 2 metres apart.

- 12.22 To follow all venue safety protocols (e.g. one way walking systems through spaces).
- 12.23 Use of an agreed seating plan and to stick to it.
- 12.24 To remain seated as much as possible.
- 12.25 Keep to sanitising agreements.
- 12.26 Provide scheduled breaks.

14. MANAGING CONFLICT WITHIN THE CONTEXT OF A SDFGC OR A HFGC:

- 14.1 If it looks like the meeting may likely involve conflict that could lead to not being able to keep to social distanced rules, or require security personnel, then the FGC Coordinator may consider if it should be held as a virtual FGC.
- 14.2 If an individual is anxious, or unsure whether they could manage their emotions during an FGC, the FGC Coordinator should consider whether that person should:
- Attend virtually
- Be represented by an advocate (physically or virtually)
- 14.3 Mark out two separate break out areas for places for at least two individuals to go to give them the space to control their emotions.

15. PAPERWORK WITHIN THE CONTEXT OF A SDFGC OR A HFGC:

- 14.1 To ensure low risk of transmission consider minimising paperwork (i.e. the information shared within the FGC). Only provide and exchange electronic versions of paperwork where appropriate. Paper copies should be sent as a last resort. Encourage participants to bring their own e-copy or paper copy of documents shared by the FGC Coordinator during the preparation stage. Remind participants to take any paper copies with them at the end of the meeting.
- 14.2 Project electronic versions of documents where appropriate and give verbal reports.
- 14.3 Minimise transmission of Family Plan notes:
 - a. where possible the family should email the information to the FGC Coordinator.
 - b. If not possible, the pens used should be cleaned with cleaning wipes between use, or purchase new pens for each FGC.
 - c. Only one person should scribe, to minimise transition via the paper or flipchart paper at the FGC.
 - d. Coordinator to take a photo of the physical notes using their mobile phone. The physical notes can either be taken home by the scribe or destroyed.
 - e. Coordinator can capture the family plan in participants' own words during "Agreeing the Family Plan stage" (3rd Stage).

14.4 Gathering feedback:

- a. Consider emailing feedback forms.
- b. Consider using "Survey Monkey" website or other web based options to collate feedback.
- c. The participants should agree how and when these will be returned to the FGC Coordinator.
- d. For participants with additional needs, they may wish to offer verbal feedback following the SDFGC. Another member of the family could capture this and read it back to confirm it accurately reflects the participant's views, or if consent has been gathered, another member of staff could contact this person after the FGC has ended.
- e. Children may also wish to share their experience verbally.

14.5 Sharing the Family Plan:

- a. The FGC Coordinator can consider emailing the PDF and password protected version of the Family Plan to all the participants, while ensuring compliance to the specific local authority/agency data security policy which will vary (e.g. via Egress, or secure Outlook).
- b. The FGC Coordinator may still be required to post a copy to participants due to their circumstances, and cleanliness needs to be considered during this process.

16. REFRESHMENTS WITHIN THE CONTEXT OF A SDFGC OR A HFGC:

- 16.1 There are four options to avoid cross contamination via refreshments:
- a. Pre-packaged single use refreshments per person. Each household or support bubble has their own table of refreshments. Everyone will serve themselves from their table.
 - Sealed individual cartons of juice or bottled water
 - Individual sachets of tea, coffee, sugar, and milk
 - Pre-packaged individual biscuits or cakes
 - Pre-packaged individual sandwiches
 - Paper plates
 - Sealed packets of tissues
 - Named paper cups
 - No sharing of cutlery or other kitchen items
- b. The commissioning organisation funds the family £3-£5 per head to bring their own refreshments from home.
- c. Purchase individual takeaways.
- d. Not providing refreshments.
- 16.2 The FGC Coordinator serves the hot water for beverages.
- 16.3 Minimise the need and use of the venue kitchen as it could be another place where cross-contamination could occur.

17. EXPENSES, PAYMENTS AND RECEIPTS:

17.1 The cost of Personal Protection Equipment (PPE) including masks should be an expense that can be claimed back from the commissioning Local Authority as part of the FGC, or this may be directly provided by the commissioning body.

Government Guidance states:

"If your employees are working in a situation where the risk of coronavirus transmission is very high, and your risk assessment shows that PPE is required, then you must provide this PPE to your employees free of charge. Any PPE you provide must fit properly. The provision of PPE to your employees is non-taxable.

If your employee requires PPE to carry out their role and you are unable to provide this, you must reimburse the actual expenses of employees who purchase PPE themselves. This is non-taxable and employees cannot claim tax relief on these expenses from HMRC." (as of 20th July 2020)

Link:

Gov.uk (2020c) Guidance: How to treat certain expenses and benefits provided to employees during coronavirus (COVID-19) [online]. Available at: https://www.gov.uk/guidance/how-to-treat-certain-expenses-and-benefits-provided-to-employees-during-coronavirus-covid-19#personal-protective-equipment-ppe (Accessed: 18/08/2020).

- 17.2 There would be additional time requirements for setting up for a SDFGC or HFGC with additional households and support bubbles, and maintaining social distancing. The FGC Service should cover this additional cost.
- 17.3 If the FGC Coordinator needs proof of purchase, then a photo of receipts should be taken as the necessary evidence.
- 17.4 In terms of assisting travel, the FGC Coordinator can post out travel warrants to the participant needing it prior to the meeting. Other payments could be provided via the Local Authority's client's cash card, Local Authority P Card system, vouchers, or an FGC Service PayPal Account.
- 17.5 Petty cash systems with cash should not be used in order to minimise risk of transmission.
- 17.6 Any payments for venue hire can be made electronically, or if necessary, by cheque.
- 17.7 Any additional video conferencing fees should also be met by the Local Authority.

18. OTHER RISK ASSESSMENT ISSUES:

- 18.1 Should creche work support be necessary, this would reduce the number of households able to physically attend.
- 18.2 Health Questionnaires: As FGC coordinators are not medically trained professionals:
- a. It is a collective decision to determine whether one can attend a SDFGC or HFGC, and not just the decision of the FGC Coordinator. However, the participant needs to agree to complete and abide by the FGC Service's Health Declaration.
- b. Nor should FGC coordinators be establishing the person's vulnerability to the contraction of Covid-19.
- 18.3 If vaccines are anticipated by April 2021, the FGC Service may wish to consider delay holding SDFGCs or HFGCs until these are readily available and herd immunity has been achieved. The guidance regarding risk assessment could be considered the new normal until a vaccine can be found. We can modify the restrictions based on:
 - Localised death rates / infection rates.
 - Effectiveness of track and trace
 - Effectiveness of testing.

19. FULL DISCLAIMER:

Should any individual or organisation use this guidance and proceed with hosting a SDFGC or HFGC, there needs to be an acknowledgement of the contagious nature of Covid-19. There needs to be an acknowledgement that those physically attending their meeting are increasing the risk of exposure to Covid-19; despite participants abiding by all set procedures to reduce the spread while attending the meeting. The guidance hopes to assist individuals and organisations to put in place added preventative measures to existing safety principles and reduce the spread of Covid-19, and meet the duties under the 1974 Health and Safety at Work Act. However, the authors of this guidance cannot guarantee that participants will not become infected with Covid-19.

All participants will need to release and agree to hold the authors of this guidance harmless from and waive on behalf of, the authors of this guidance, their heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to the participant, and/or property that may be caused by any act, or failure to act of the host service, or host, that may otherwise arise in any way in connection with any services received. This release discharges the authors of this guidance from any liability or claim that a participant, their heirs, or any personal representatives may have against the authors of this guidance with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received. This liability waiver and release extends to the authors of the guidance.

The authors have taken reasonable steps to ensure that the guidance and all information provided within it, is accurate at the time of writing (29th June – 17th August 2020) and considered all current Covid-19 guidance, including risk assessments to ensure the venue and the planned service provision is as Covid-19 safe and secure as it can be. However, the authors assumes no responsibility for information contained on within this guidance and disclaims all liability in respect of such information. We shall not be held liable for any losses you suffer, including any indirect or consequential loss, including but not limited to loss of business or profits or any other financial loss arising out of or in any way connected with the use of this guidance, including becoming infected by Covid-19, or associated medical complications.

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NHS (2019) *How to wash your hands: healthy body* [online]. Available at: https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/ (Accessed: 17/08/2020).

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APPENDIX A: HAND WASHING HYGIENE AND PROTOCOL:

- 1. Wash hands before entry to the meeting room at the beginning of the meeting.
- 2. On each entry to the meeting room, use the provided hand sanitiser.
- 3. Wash hands:
 - a. After using the toilet or changing a nappy.
 - b. After blowing your nose, sneezing or coughing.
 - c. Before eating or handling food.
 - d. Before and after handling raw foods like meat and vegetables.
 - e. Before or after treating a cut or wound
 - f. After touching animals, including pets, their food, and cleaning their cages.
- 4. Introduce a barrier to door handles and any other surface between the meeting room and the bathroom. This may be a tissue, or cleansing wipe. Ensuring this is also disposed of correctly in a closed lid rubbish bin.

How to wash your hands:

NHS (2019) *How to wash your hands: healthy body* [online]. Available at: https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/ (Accessed: 17/08/2020).

- 1. Washing your hands should take at least 20 seconds.
- 2. Wet your hands with water.
- 3. Apply enough soap to cover your hands.
- 4. Rub your hands together.
- 5. Use 1 hand to rub the back of the other hand and clean in between the fingers. Do the same with the other hand.
- 6. Rub your hands together and clean in between your fingers.
- 7. Rub the back of your fingers against your palms.
- 8. Rub your thumb using your other hand. Do the same with the other thumb.
- 9. Rub the tips of your fingers on the palm of your other hand. Do the same with other hand.
- 10. Rinse your hands with water.
- 11. Dry your hands completely with a disposable towel.
- 12. Use the disposable towel to turn off the tap.

APPENDIX B: Wash your hands sign in multiple languages:



Wash your hands

Golwchwch eich dwylo 请洗手

دستهایتان را بشویید Renta't les mans

Lave as suas mãos Lávate las manos कृपया अपने हाथ धो लें

Мийте си ръцете

Hände waschen

Nawa mikono

Moss kezet!

اپنے ہاتھوں کو دھو لو'

Umy si ruky!

Ellerini yıka

Umyjte si ruce!

Geza Isandla Sakho

Помойте Ваши Руки

Πλένετε τα χέρια σας 手を洗ってください

Lani duart





DA Languages | info@dalanguages.co.uk

APPENDIX C: Example Health Declaration and Disclaimer:

Date of meeting:	
Venue Address:	
Subject Child(ren)'s last name:	
FGC Coordinator Name:	
The above should be pre	e-populated by the FGC Coordinator.

Full Name of participant:	
Contact Number:	
Home Address:	
Names of individuals in your household or support bubble:	

Have you had any of these Covid-19 symptoms today or in the last two weeks? 1)

Common Symptom:	Yes	No
1. A new continuous cough is where you:		
a. have a new cough that's lasted for an hour		
b. have had 3 or more episodes of coughing in 24		
hours		
c. are coughing more than usual		
2. A fever/high temperature (37.8C or greater)		
3. A loss of, or change in, sense of smell or taste		
(anosmia)		
4. A skin rash		
a) Hive-type rash (urticaria) : The sudden		
appearance of raised bumps on the skin,		
which come and go quite quickly over hours,		
and are usually very itchy. It can involve any		
part of the body, and often starts with intense		
itching of the palms or soles, and can cause		
swelling of the lips and eyelids. These rashes		
can present quite early on in the infection, but		
can also last a long time afterwards.		
b) 'Prickly heat' or chickenpox-type rash:		
Areas of small, itchy red bumps that can		

	the elbows and knees as well as the the hands and feet. The rash can perdays or weeks. c) Covid fingers and toes (chil Reddish and purplish bumps on the fit toes, which may be sore but not usual This type of rash is most specific to C is more common in younger people disease, and tends to present later on	blains): ngers or lly itchy. ovid-19, with the
2)	Have you been in contact with a has been diagnosed with Covid-1	nyone with the above symptoms or who 9?
	Yes	No
3)	Have you tested positive for Covi	,
	Yes	No
4)	My temperature on arrival is:	
5)	I identify as within this high ris	k vulnerable group (clinically extremely

occur anywhere on the body, but particularly

5) I identify as within this high risk vulnerable group (clinically extremely vulnerable):

- have had an organ transplant
- are having chemotherapy or antibody treatment for cancer, including immunotherapy
- are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
- are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- have a serious heart condition and are pregnant

Yes	No

Information:

If you're at high risk from coronavirus, you should have received a letter from the NHS. Speak to your GP or hospital care team if you have not been contacted and think you should have been.

6) I identify as within this moderate risk group (clinically vulnerable):

- aged 70 or older
- have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40 or above)
- are pregnant see advice about pregnancy and coronavirus

Yes	No

I understand by signing this Health Declaration, I am stating: "I am fit and well. I it is my decision to voluntarily attend this FGC meeting today. I understand and accept the risks of attending the FGC in person."

Signature:	Date: