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A STAGED APPROACH TO IN-PERSON WORK FOR CHILD INTERVENTION PRACTITIONERS AND CSD AGENCY PARTNERS

Albertans have done a tremendous job adhering to the guidance that has been provided by the Chief Medical Officer of Health to manage the COVID-19 Pandemic. Child Intervention Practitioners and Catholic Social Services staff have been significant in helping manage spread and keeping children and families safe.

Alberta is now at a place where gradual resumption of activities and reopening of businesses and services is underway. This doesn't mean that the threat of COVID-19 has disappeared; rather that the spread of this virus has been slowed down, which will allow time for a vaccine to be developed. Until that time and for the foreseeable future, Albertans will need to continue to operate in a 'new normal' way and:

- Demonstrate Vigilance to slow the spread
- Follow public health measures
- Practice physical distancing
- Practice good hygiene
- Use personal protective equipment in certain situations

Casework Relaunch

The health and safety of Child Intervention Practitioner's (CIPs) and Catholic Social Services staff has been vital and will continue to be so as Children's Services and Catholic Social Services staff move forward through the COVID-19 pandemic. By utilizing a staged approach towards the 'new normal' in providing services to children, youth and families, we are continuously improving.

Throughout the phased approach process, CIPs and Catholic Social Services staff will continue to ask initial screening questions and follow AHS and Practice Guidelines. And to support CIPs/Catholic Social Services staff, Personal Protective Equipment (PPE) will be required for the safety of families and workers while phasing back into working directly with families in the community.

Catholic Social Services has a NEW Safety Hazard Assessment that all staff will review and acknowledge.

By June 7th, all CIPs are expected to be conducting home visits and face-to-face visits with children, parents and guardians. As things continue to evolve with the COVID-19 response, CIPs will be asked to be creative with the incorporation of technology while ensuring that they are also completing face to face as necessary.

Things to consider in preparing to resume in person contact:

- Face to Face/in person contact is not necessary for all casework all of the time—the use of virtual connection has been extremely successful and so should be utilized to supplement face to face.
- Approach face to face and in person contact with children, families and caregivers in a way that demonstrates appreciation for the anxiety and concern families may have. This could include offering to wear a mask to make the child or family feel more comfortable and using/creating environments where physical distancing is easily managed.
- In person and face to face does not necessarily always mean in the home. These decisions should be made in collaboration with the child, youth family and/or caregiver and based on the need to physically enter premises.

Phase 1

During Phase 1, CIPs (CASEWORKERS/ASSESSORS) in collaboration with Catholic Social Services staff will consider which files they will be responding to as a priority.

CIPs/Catholic Social Services staff will begin to conduct home visits and face-to-face visits for non-urgent matters. In consultation with a Supervisor, Catholic Social Services staff will determine which specific children and families will be seen in person. Catholic Social Services staff will conduct their own screening in line with OHS guidelines. If a person in the home is known to be COVID-19 positive or they have had close contact with someone who is, the CIP or Catholic Social Services staff that becomes aware of this will report this to others who may visit the home. If a person in the home is known to be COVID-19 positive, do NOT enter the home and consult a Supervisor for further guidance.

Phase 1 includes the following priority categories of files:

- Children 6 Years Old and Under
- Medically Fragile, Severe Neglect and Unexplained Injuries
- Non-responding Families with Open Files under CYFEA
- High Risk Youth
- Those with Expiring/Renewing Agreements (Families/Youth and SFAAs)
- Families with Supervision Orders
- Family Time

Family Time is essential to the children and youth in our care and for those children who are in the midst of reuniting with their families. Where possible, collaboration with their supervisor, case team and family network, the CIP/Catholic Social Services staff will need to make arrangements for in-person visits with children and their families while following the AHS and CS Practice Guidelines. CIPs/Catholic Social Services staff will prioritize visits with children and families who, prior to COVID-19, were in the process of reunifying and where technology has not been able to support ongoing contact (infants and toddlers). The focus will be on connecting children with families as much as possible being as creative as possible, visits outside, support networks involvement, in ways that maintain physical distancing. Alternating in person visits with Skype/FaceTime etc. is also acceptable.

Phase 2

Throughout phase 2 you will gradually return to standard practices. In consultation with your supervisor, you will jointly determine which files you are attending to on an in-person basis.

Family Enhancement Agreements where contact with the family has been maintained during COVID-19 using virtual means

Technology such as Skype and FaceTime has been extremely useful during the COVID-19 Pandemic. We need to be meeting with these families in-person, to continually assess the parent's willingness and ability to ensure their children's safety. During this stage, Family/Support Network meetings can resume while following the AHS Guidelines.

Support and Financial Assistance Agreements

Young people may not have been able to access support and the resources required for them to successfully transition to adulthood during the COVID-19 pandemic. Young

people who are aging out and are transitioning to adult services may require guidance and support to aid them in their transition. In person contact must be made with SFAA recipients where possible.

Family Time Continues

Family time is essential to the children and youth in our care. Where possible, CIPs/Catholic Social Services staff in consultation with their supervisor, case team (including caregivers in foster home) and family network will need to make arrangements for in person visits with children and their families while following the AHS guidelines.

In Person Contact with Children in Care

Mandatory CIPs face to face with children in care in their placements will resume. This means that delegated workers will begin to approach placements to conduct the required face to face contact with children, both alone and with caregivers as appropriate. Measures to maintain safety will be discussed with the placement in advance.

CIPs need to initially connect with the Foster and Kinship support workers who can assist in the coordination of in person visits with caregiver's both within and outside of the caregiver's home, to minimize the number of people coming and going at one time.

CIPs/Catholic Social Services staff should be aware there may be additional precautions or expectations when visiting caregivers' homes and/or group care settings, like wearing a mask or having your temperature taken with a non-invasive infrared or similar device.

Family/Support Network Meetings, Band Consults

Continuing to support families and maintaining connections with family is a critical piece of life long connections. This will need to be done in accordance with the AHS guidelines. Some of these meetings may continue to proceed using technology, however efforts should be made to consider some in person meetings where social distancing can be practiced.

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FAMILY VISITS FOR CHILDREN IN CARE

As the province moves into a phased relaunch, Children's Services will need to gradually resume normal legislative activities in a way that is safe and ensures the best interests of children in care remains a priority.

Family time is recognized as a key strategy for children to foster healthy connections, bonds and attachments with their parents/guardians/siblings. To date CI Practitioners, Catholic Social Services staff and caregivers have played a significant role in keeping children safe and helping manage the spread of COVID-19. Continued collaboration will be instrumental in the process of reinstating in-person family visits, and as we continue to navigate this 'new normal' way of meeting children's needs.

Planning for an in-person visit between a child in care and their parent is made in collaboration with the CI Practitioner, their supervisor, the child's parents, caregivers and Catholic Social Services staff. In-person visits may be supervised or unsupervised in accordance with the case plan. Regardless of circumstances, they must be in accordance with AHS guidelines. For children in care, the reference to **parent** throughout the document may be replaced with **a sibling or another significant person**.

During this time of transition, CI Practitioners, Catholic Social Services staff and caregivers will need to utilize information gathered through collaboration to make the most reasonable case planning decisions possible. While there are multiple considerations to balance, the outcome measure remains safe, healthy, and connected children and families.

Considerations for an In-Person Visit

When an in-person visit is being considered, the following measures will be addressed to decrease the risk to the child, the parent and any child placement resource:

Screening

The parent, child, and child placement resource will use the Screening Tool provided by AHS.

This screening is required for each face-to-face visit and for everyone in attendance.

If a child or a parent have been ordered to self-isolate, an in-person visit will NOT be considered for the period of self-isolation.

Capacity of the Parent and Child to Adhere to AHS Guidelines and Supports Required

Prior to an in-person visit, the CI Practitioner and case team including Catholic Social Services staff and the child's network will assess the capacity of the parent and of the child to adhere to the guidelines set out by AHS. The following questions will be considered:

- What is the ability and commitment of the parent and of the child to maintain safety during the visit?
- If the parent or child's capacity is limited, what supports can be provided to assist the family in adhering to the guidelines?
- Do the parent and child comply with AHS guidelines outside the visit?
- As long as safety can be maintained, the benefit of in-person connection and contact for the child should be prioritized, meaning that networks should consider alternate environments, various types of visits and creative strategies prior to denying an in-person visit.

Supports for the Caregiver

The health and safety of the child, placement resource, as well as that of other members of the home, must be considered. Caregivers should be involved in the discussions and have the opportunity to express their needs, as well as provide feedback and observations.

Select a Location

The location and activities should allow for physical distancing of 2 meters (6 feet), for example, an outdoors location or a government or agency office. If a government or other office is used, hard surfaces will be cleaned appropriately (sanitized) both before and after the visit. This will include toys, phones and electronics, if present.

Develop a Visitation Plan

The case team and network will develop a clear visitation plan that includes how the risks for COVID-19 exposure will be reduced. This visitation plan should include measures to decrease risk and promote infection protection, including limiting both the number of people in the visit and the length of the visit.

Documenting the Visitation Plan

The visitation plan is to be created with both the CI Practitioner and the Catholic Social Services staff and is to be documented on a contact log in CICIO indicating when and how it was shared with the parent and their agreement with the plan and entered in to CICIO under the visitation plan tab named COVID-19 visitation plan.

Prior to Each Face-to-Face Visit

Assess the Current Risk of COVID-19 for the Visit

If there is an increased risk (such as presence of symptoms, travel history or known exposure to a confirmed COVID-19 case), POSTPONE the visit.

Location

Follow the measures for cleaning and disinfecting the meeting spaces contained in the Practice Guidance.

Monitor General Precaution Adherence

Monitor adherence to Alberta Chief Medical Officer of Health guidance on general precautions (physical distance, hand hygiene, cough etiquette).

Be Prepared with Personal Protection Equipment (PPE)

Ensure PPE supplies (mask and alcohol-based hand sanitizer) are available during the visit in the event they become necessary (e.g., someone begins to display symptoms during the visit). If any health or safety concerns arise for any individual during the visit, the visit should be ENDED without unnecessary delay.

Child in Care or Parent Living Outside of Alberta

When a child in care or a parent live outside the province, maintaining contact through alternative measures such as video calls, phone calls and texts is recommended. Out of province travel is currently NOT permitted for children in care.

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TIPS FOR ENGAGING FAMILIES WHEN WEARING PPE

Wearing PPE can be scary for both kids and adults. If you can, warn people ahead of time that you will be wearing PPE.

<p>1. Have a proactive conversation with the family about COVID-19.</p> <p>Check out what caregivers know and have told children about the virus.</p> <p>Top Tip: Consider using this resource (it's available in lots of languages!) to help children understand what all this means: #COVIBOOK</p>	<p>2. Why are you wearing PPE?</p> <p>Let people know that you wear it to all your visits now to help keep families from getting sick and that it is changed after each visit.</p>
<p>3. Let people know you don't usually wear PPE and it feels awkward for you too. Acknowledge that it can make people look scary.</p> <p>Top Tip: Consider putting a smiley, prominent picture on the outside of your clothes to accompany your ID badge so people can 'see' who they are talking to. Even people that have met you before might not recognize you with PPE.</p>	<p>4. Assure people that you can still do your job.</p> <p>Top Tip: Remember to still smile! How you feel shows on other parts of your face even if your mouth is covered up. Be expressive: body language matters even more now.</p> <p>5. Find creative ways to summarize your visit.</p> <p>Top Tip: Draw pictures and leave a business card in case there are questions.</p> <p>Double check – ask families what they have heard and what they understand. Some people rely on lip reading to help with communication.</p>

The following resources can be watched or shared with families to explain the new way of visiting:

- [PPE \(for Kids\)](#)
- [Physical Distancing \(For Kids\)](#)

Tips for Working at a Distance

- Physical distancing is an important infection control strategy to keep people from getting sick. Whenever possible stay 2 meters (6 feet) from others.
- Limit the amount of people going into a space to those who are absolutely required. Consider connecting virtually to others during the visit.
- Use PPE when physical distancing cannot be assured (see PPE Infographic).
- Make a conscious effort to plan in advance if you are attending a home with others.
 - Discuss who will stand where and ask for reminders from your colleagues when you are engaged in the visit – it is possible you will forget!
- It can be challenging to employ physical distancing practices in small spaces.
 - Where possible and if privacy and weather permits, discuss with the family whether meeting outside could work.
- Explain the importance of physical distancing to the people you are visiting so they understand why you are keeping your distance.
 - This is public health direction to help stop the spread of COVID-19 and helps maintain the safety of everyone.
- Identify and discuss with the family where in the house you are going to place yourself to conduct interviews/make assessments.
 - Ask those that do not need to be in the room to go elsewhere in the space for the duration of the visit if possible.
- We are not used to being physically apart from people in our work. Feeling discomfort or awkwardness is normal.
- Be mindful – fear and mistrust of the medical system (and child welfare) expressed by racialized and marginalized individuals, including those experiencing mental health issues, may be amplified by a child welfare worker wearing equipment typically reserved for the health care field.