

Mini briefing – COVID-19 risk assessment and plan to restart / reshape services – last updated 11 February 2021

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Thank you to the AdviceUK members who have generously shared their risk assessment and planning documents, it is much appreciated. The following guide may also be helpful (aimed at organisations working with refugees and asylum seekers, but relevant to any face-to-face support service):

<https://www.ragp.org.uk/guidance/safe-service-delivery/home>

Think purpose, keep it simple, think people, think journeys

Check everything you do against the purpose of your service. Think things through, but remember that simple systems usually work better. As far as you can, understand things from the perspectives of others, both the people you advise and the people working together to make your advice service happen. We find that thinking through the journeys that people need to take to get advice, end-to-end, works well as an approach for designing – or redesigning – a service.

'Filing cabinet' or 'internet' approach?

Where is the latest version of our confidentiality policy? Why don't my colleagues ever read the policies we produce? The COVID-19 crisis and ongoing push for remote working give opportunities to improve how you share this information!

'Internet' approach	'Filing cabinet' approach
I will be able to quickly find the stuff I need! 😊	The information I need is buried somewhere – no time to look it up! ☹️
Everything links together, I can quickly surf from page to page 😊	Documents and files are standalone, I need to open multiple documents ☹️
Platforms like Google Docs, Sharepoint, MediaWiki and Slack typically have inbuilt search and linking functionality 😊	Traditional shared drive and folder system – only one correct path to get to a given document or file ☹️
Pages and other resources can be tagged / indexed / categorised to make them easily findable by different people searching in different ways 😊	Poor search functionality in File Explorer. Filing tree systems assume everyone categorises things in the same way (and there are different ways!) ☹️
Record how a page or file has changed, use discussion pages / comments to capture learning about what works and what doesn't 😊	Difficult for me to keep track of master versions of documents, not easy for multiple people to use master versions to capture learning 'as you go' ☹️

COVID-19 risk assessment and plan to restart / reshape services

Key steps to take: you may be doing many of these already...

1. **Check applicable government guidance** at <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19> and <https://www.hse.gov.uk/coronavirus/working-safely/risk-assessment.htm> and relate it to your advice services. Looking at AdviceUK membership as a whole, we think that the current sections on: office and contact centres; other people's homes; shops and branches; and vehicles are likely to be the most relevant to our members. Monitor this guidance regularly, which will be updated and refined as is known about the virus and its transmission.
2. **Identify and list out: a) services / projects / organisational functions**, for example your drop-in debt advice service, Help through Crisis project or admin team; **b) locations where services / projects / organisational functions are delivered** – these are your workplaces, for example, your main office, a court building, a home visit or community hall; and **c) areas within these workplaces**, for example physical access routes, reception and waiting areas, advice giving spaces, meeting and interview rooms, areas shared with other organisations or individuals, and communal areas such as kitchens, toilets and staff rooms. Pay attention to workplace locations where special rules might apply, such as prisons and immigration detention centres. Carefully consider the risks associated with home visits, where clients are likely to be more vulnerable, where risks will vary with each home visited and where there will be less control over the home visit environment.
3. **Gather information from your workforce** (both paid and voluntary, as appropriate, see <https://www.hse.gov.uk/voluntary/index.htm>). Using government guidance at <https://www.gov.uk/coronavirus> and – on a strictly confidential, need-to-know basis – gather information about: health status (clinically extremely vulnerable, clinically vulnerable, pregnancy, COVID-19 symptoms or recent exposure, other health needs); vaccination status; other risk factors (people from BAME backgrounds, members of household who are shielding, disabilities or other risk factor); and other factors (such as childcare arrangements or caring responsibilities). Factor this information into your assessments of risk associated with given individuals in your workforce undertaking advice-related work. You should consider monitoring exposure to COVID-19 by keeping confidential records of those who are self-isolating / symptomatic / tested positive for COVID-19. See <https://ico.org.uk/global/data-protection-and-coronavirus-information-hub/coronavirus-recovery-data-protection-advice-for-organisations/> for data protection considerations.
4. **Consider how different members of your workforce travel** to / from / between workplaces, and consider how different members of your workforce move about within a workplace (from one workplace area to another), including those who may have mobility issues or other disabilities.

5. **Consult with your workforce**, using the information gathered in steps 1-4 and other information available to you. Have conversations, both in groups and one-to-one where possible, with your workforce (both paid and voluntary) on workplace safety measures and working practices. Consult unions and other workplace representatives as appropriate. Consider what may need to change, recognising both evidenced and perceived risk factors that affect members of your workforce. Pay particular attention to the needs of the clinically extremely vulnerable, clinically vulnerable, people from BAME backgrounds and other evidenced risks, and those with other needs, for example needs related to a disability. Make sure that people have a route to give you information confidentially, know what it is, and are encouraged to use it.
6. **Consult with the communities you serve, your clients and partners** – seek to understand their perspectives on your advice service provision. Have informal conversations with existing clients to get their perspectives, find out how they are doing and respond to what matters to them. A simple shared Google Doc or similar will make it easier to collate key points and emerging issues, for example around how people can book an appointment or how home visits might be able to happen safely. Think about the role of partner organisations in the client journey end-to-end, including partners that control workplace locations. Have conversations with partners, premises managers and landlords etc, sharing and comparing risk assessments wherever possible, for example for outreach locations or where services are co-located. Plan ahead with clients about home visits. Think about the health status of the clients you will be advising and what measures you can take to reduce risk to them, particularly those whose health or circumstances make them more vulnerable.
7. **Use this information to make evidenced decisions** about how to deliver services/projects/operational functions and deploy your workforce. You may need to consider whether it is at present possible to deliver a given service or operate in a particular workplace location. For example, you may not be satisfied that a given outreach location has appropriate procedures and safeguards in place, or that someone's home is safe to visit. Open-access services where people turn up on the day without an appointment are likely to be more difficult to manage, as are services where you may have more limited control of the workplace environment, such as outreach locations and people's homes. Make changes to workplaces and working practices in ways that meet your health and safety obligations and duty of care to volunteers and members of the public. Don't forget the purpose of what you are there to do, and try and keep things as simple as possible.
8. **Develop an outline written plan** with realistic timescales to set out what risk mitigation activities you will take, how, when, where and who is responsible for doing them, referencing any key dates or triggers that are likely to affect your operations (for example, dates when breathing space measures end, or dates provided by the government about the likely modification of social distancing measures, timescales for vaccination

programmes etc). Build in flexibility. Think through what might work, but remember that learning is likely to emerge as you go along. Piloting things on a small scale is a lot easier than moving straight to a fully-formed new service delivery model! Whatever you do, make sure you have a feedback / improvement loop in place. We think a written plan is easiest to record things – if you have more than 5 employees, you will anyway need to have a written health and safety policy, see

<https://www.hse.gov.uk/toolbox/managing/writing.htm>

9. **Communicate the changes** you are going to make, thinking particularly about how you to going to tell the clients and communities you serve, your workforce (both paid and voluntary), your partners and other third parties. When you talk with people, find out how the communication is (or isn't!) working from their perspective. Regular, informal communication, built into key points in the client journey is going to be best, such as the point at which people approach your service for the first time, or the point at which they book an appointment or make a referral. AdviceUK members using AdvicePro may want to consider the use of text messages using the SMS functionality. Be aware of data protection and confidentiality pitfalls – don't simply text all the clients for whom you have a mobile number! Similarly, think about embedding communication with staff and volunteers within the flow of the day-to-day work / volunteering activities. A simple 10 minute, open-agenda catch up at the end of a session or working day can be very effective.
10. **Make sure you have a feedback loop in place for monitoring and regularly reviewing your plan** and any changes in government guidance. Share the results of your risk assessment with your workforce, and make sure your written plan is linked to regular, ongoing, informal conversations with people – both your workforce (paid and voluntary) and the people who you advise. Factor in the possibility that social distancing and other measures may be reintroduced / scaled back as the situation changes....
11. **Plan for people to work remotely where possible, but consider how advice can be provided where physical, face-to-face advice and support is required**, for example for clients who cannot access services remotely. Provide guidance and support for staff who are working from home, including an assessment of homeworking arrangements and Health and Safety risk assessment. Similarly, consider issues associated with working peripatetically in outreach locations and in other people's homes. See <https://www.acas.org.uk/working-from-home> for useful guidance. Consider needs for additional equipment and configuration of that equipment, for example printers and scanners, configuration of remote access to shared drives, lightweight portable equipment, support to improve broadband access and so on.
12. **Consider your organisation's approach to sick leave and sick pay and annual leave**, see <https://www.cipd.co.uk/news-views/coronavirus/faqs>.
13. **Consider how you will bring back employees who are furloughed**, and if you will not bring back all employees, the basis on which you will select employees, see <https://www.cipd.co.uk/news-views/coronavirus/faqs>.

14. **Consider your approach to information security, confidentiality and data protection:** they are different, but interlinked. All may be affected by the impacts of COVID-19 and new ways of working. Pay particular attention to the increased risk of information security breaches and personal data breaches. Give guidance to staff who may be working in new environments, for example working with client files at home. The National Cyber Security Centre has a range of useful resources, such as <https://www.ncsc.gov.uk/guidance/home-working> and <https://ico.org.uk/global/data-protection-and-coronavirus-information-hub/>
15. **Think about options in relation to coronavirus testing, test and trace and vaccination:** we have noted in particular the question of access to testing for people who do not have symptoms (<https://www.gov.uk/getting-tested-for-coronavirus>) and questions about whether you will require staff to be vaccinated or ask volunteers to be vaccinated for certain roles (see <https://www.pinsentmasons.com/out-law/guides/coronavirus-can-uk-employers-require-staff-vaccinated>). You should be aware of workplace guidance issued by the government to help employers and businesses support NHS Test and Trace <https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance> Some AdviceUK members may also be affected by the requirements to maintain records of staff, customers and visitors in certain settings such as activities in community centres and village halls: <https://www.gov.uk/guidance/maintaining-records-of-staff-customers-and-visitors-to-support-nhs-test-and-trace>

Key COVID-19 risk factors that may be relevant to consider

We have identified the following risk factors that we think may be particularly relevant to AdviceUK member organisations giving social welfare advice. What might they mean for your advice service practically?

- More likely to be serving BAME communities, with associated higher risk to clients and members of your workforce, paid and voluntary.
- More likely to be serving communities impacted by poor health, long-term health conditions, and wider health inequalities, with associated higher risk to clients and workforce.
- More likely to be giving face-to-face advice and support to vulnerable and low-income households, where people are living in overcrowded accommodation and experiencing circumstances that make it more difficult to observe social distancing and other health protection measures.
- More likely to be giving more intensive and in-depth face-to-face advice and support, where more time needs to be spent with clients in order for advice to be effective.
- More likely to be working with clients who are digitally excluded and who for a variety of reasons cannot access advice using remote channels.
- More likely to be working with clients who may struggle to access mainstream services or who are less able to understand and/or comply with social distancing measures and other guidance, for example because of

disability, communication needs and barriers, limited mental capacity or health condition (whether physical or mental).

- More likely to be giving advice in situations where physical space is limited, and social distancing may be difficult.

Risk assessment template

We have included a possible template for a risk assessment at the end of this briefing, including some guidance on completion. Note comments above, at the beginning of this briefing, about how best to make information available to people in your workforce, especially when people are working remotely! Risk assessments are only useful – other than for ticking boxes – if they help people to do the right thing...

Don't forget the other risks that your workforce and people you advise might face, and how these risks and work to mitigate them might change in the context of COVID-19. For example, if you have a check-in system for lone workers making home visits, how will that work if you can't manage that system from a central office location?

Risk assessment template

This risk assessment covers provision of [insert service / project / organisational function] at [insert workplace location / client's home]

Reference any sources of government/external guidance with weblinks [insert details]

Risk assessment carried out by [insert name of person]

Last updated: [insert date] and date of next formal review: [insert date]

Details of people consulted / risk assessments undertaken by third parties at outreach venues / contributions from other parties / stakeholders / checklist completed by person whose home is being visited: [insert details]

Links to other relevant internal documentation: [insert details]

How will we continue to share and update this risk assessment in between formal reviews? [insert details]

Risk	Measures to mitigate risk, including named responsibilities for implementation and action	Mitigation complete?
<p>Virus is passed between members of the workforce</p>	<p>See https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public and https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters for details about what does – and doesn't – make a difference in terms of managing risk.</p> <p>The items in bold below represent key principles that can be applied however you give advice!</p> <p>Working from home: encourage people to work from home where possible: working with others in enclosed indoor spaces increases the risk of transmission, particularly in poorly-ventilated spaces.</p> <p>Control of who is present at a workplace location at given times and how many people are present: where working from home is not possible, reduce the numbers of people working or otherwise using any given workplace location and workplace area. You may wish to use rotas to minimise attendance at office and creation of workforce bubbles to minimise risk of large parts of workforce needing to self-isolate at same time. Log presence in workplace location(s) / home visits with time in/out and place restrictions on total numbers of people that can be present during a home visit or in a given workplace location (or workplace area within a workplace location, such as a kitchen or meeting room).</p> <p>Physical distancing and separation: put physical distancing measures in place (to reduce the risk of direct transmission by droplets). Work side-to-side or back-to-back to reduce situations where droplets might be directed from one person to another. Use screens and/or office furniture to separate people physically.</p> <p>Hand-washing: put hand-washing measures in place (to reduce the risk of indirect transmission through contaminated surfaces). Increased use of</p>	

hand-washing and provision of regularly-cleaned hand-washing facilities, where this is not possible, provision and use of hand sanitisers (minimum 60% alcohol-based).

Cleaning of contaminated surfaces and shared touch points: avoid or reduce shared use of touch points (phones, computer equipment – particularly keyboards, touchscreens and mice, switches, door handles, hot-desking and shared use of workstations, entry access systems, paperwork, photocopiers, shared items such as kettles, microwaves, fridges, toilets, locks etc.). If touch points need to be shared, make sure they are cleaned regularly.

Catch it and bin it: appropriate provision and use of disposable tissues. Encourage the use of disposable tissues or sneezing into the crook of the elbow where tissues are not available.

Face coverings and use of PPE: follow government guidance in force on face coverings: see <https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own/face-coverings-when-to-wear-one-and-how-to-make-your-own> You may wish to ask clients to remove face coverings for identification purposes, and they are permitted to do so – be aware also of exemptions and how you can support clients who are exempt from face covering requirements to evidence this, see <https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own> Note that these rules generally apply to enclosed spaces where members of the public mix: you may wish to distinguish between workplace areas only used by your workforce, and those areas used by clients and other members of the public.

We would recommend that where possible, face coverings are worn in workplace areas used by clients and other members of the public. Your own risk assessments may conclude that wearing face coverings in other workplace areas not accessible to the public, or during specific workplace activities, may also help to mitigate risk.

Use of face coverings can play an important role in reassuring clients and workers that they can get and give advice in a way that is as safe as possible. They can also infuriate people. Be aware of the strong emotions that may be at play, and help people understand that COVID-19 transmission needs to be managed through a range of measures, not simply face coverings. Any normal policies relating to occupational workwear and use of PPE should continue to apply.

For environmental reasons, we suggest that workforce members should bring their own face coverings where possible, taking them home and washing them. It may however be helpful to be able to provide face coverings to people who may have forgotten them or not be able to purchase or make their own.

In some limited situations and/or specialised services (for example, when people are likely to get upset / angry / agitated), you may wish to consider the availability of clinically-recommended PPE such as face masks or visors for exceptional use. Such use might, for example, be considered when: working intensively to give advice and other holistic support to clients who may not be able to comply with social distancing or other measures; in situations where you think you might encounter challenging behaviour from clients; or in situations where workplace circumstances or the behaviour of other people in a workplace location is difficult to control.

See

<https://www.gov.uk/government/collections/coronavirus-covid-19-personal-protective-equipment-ppe> for the kinds of situations that might be relevant, for example this [guidance given to staff working in immigration detention centres](#), custody suites, hospitals and so on.

Gloves **do not necessarily prevent transmission of COVID-19** (the virus can transmit on gloves, and disposable gloves should not be used in advice giving settings unless you would otherwise need to wear them, or unless handwashing measures would be problematic). See

	<p>https://www.gov.uk/government/collections/coronavirus-covid-19-personal-protective-equipment-ppe for further guidance.</p> <p>Communication with workforce: keep workforce updated on public health guidance, including guidance on self-isolation and measures to take in relation to track-and-trace measures. Clear mechanism(s) created and communicated to workforce on how to notify advice service manager and nominated other contact if they are unwell or have any COVID-19 symptoms (likely to be easiest to use existing mechanisms for notifying absence / sickness).</p> <p>What happens if exposure or suspected exposure to COVID-19 occurs: contingency plan for measures to take if a member of the workforce has been exposed to a confirmed case of the virus, or is confirmed as having the virus, including application of NHS Test and Trace guidance, informing other members of the workforce, clients or other third parties they have come into contact with during the course of their work, and any additional cleaning measures as recommended by government guidelines. This is when it is useful to know who has been where, and for how long!</p>	
<p>Virus is transmitted between clients and workforce</p>	<p>Appropriate measures as listed above, with additional measures including:</p> <p>Is it needed? Only book physical face-to-face appointments with clients where necessary. Wherever possible, make it easy for your most experienced people to assess client needs and decide what your service can provide, pulling in less experienced workforce members, delegating tasks or seeking specialist external assistance as appropriate. This will reduce wasted journeys and time spent waiting 'to see if we can help you'.</p> <p>Consider options to enable work to be carried out without the client needing to be present, whether that's by carrying out an initial assessment on the phone after an in-person visit, agreeing follow up actions, or by building in gaps between appointments</p>	

to allow you to follow up actions with clients who have already been in contact with the service.

Apps such as Adobe Scan can help clients use their smartphone or tablet to provide electronic versions of documents. Apps and applications such as ONRecord <https://www.myonrecord.com/> give options for clients to gather and share information.

Timing of work activities and time taken to undertake tasks: you may want to consider staggering appointments so people don't arrive and depart at the same time. It is very likely that you will need to allow extra time to complete tasks and undertake follow-up actions and casework.

Manage waiting arrangements: if providing open-access services, consider measures to reduce numbers of people waiting to be seen at any one time, for example by allocating appointments or places in a queue that can only be booked during that day/advice session. Ask clients accessing such services to return at an agreed time if they cannot be seen immediately. Consider arranging to notify clients by phone/text/message when the client ahead of them in the queue has gone in to be seen by an adviser. Restrict, reduce or suspend shared use of enclosed indoor waiting areas, particularly where social distancing is difficult.

Communicating with clients: consider other ways of communicating with clients, especially in relation to ongoing casework and follow up appointments. Communicate and check with clients before seeing members of the workforce face-to-face (consider use of posters / advance information / checks when booking appointments and at other key points on typical client journey). Make sure the client understands the need for good timekeeping to keep them and others safe. Offer to contact clients when you are ready to see them, to avoid unnecessary crossover of clients arriving/departing at the same time.

Home visit preparation: if planning home visits, you should conduct a risk assessment for each visit, contacting clients or those caring for them in advance

	<p>to discuss whether the visit can happen safely, and if so, what measures will need to be taken.</p> <p>Strictly observe social distancing and other government guidance on working in people’s homes https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/homes and seek wherever possible to minimise the time spent interacting face to face with clients. Advice giving in enclosed or indoor spaces carries similar risks to any sustained social interaction in such spaces, and we would recommend considering the use of face coverings by all parties using the same space, in line with government guidance.</p> <p>Check client health status: ensure that the client does not attend workplace locations or receive home visits if they are self-isolating or have any symptoms of COVID-19 for the period specified by government guidance. Some AdviceUK members may need to consider gathering information about a client’s vaccination status or other health information.</p> <p>Record keeping: keep accurate records of when clients attend your workplaces and when you make home visits, and how long such interactions lasted for. This will support test-and-trace measures.</p> <p>Who is in the space together and for how long?</p> <p>Reduce or limit the amount of time during which clients and members of the workforce share enclosed indoor space. Ensure that social distancing can be maintained if third parties need to be present. Consider options to meet outside, but don’t forget to think about how this might impact on confidentiality and other health and safety risks.</p> <p>Reduce unnecessary attendance by friends / other family members / children / pets who may otherwise accompany clients or be present in their homes during home visits and make appropriate arrangements for clients who do need carers/interpreters/family members to be present.</p> <p>Ventilation: increase ventilation of indoor spaces and exchange of air using natural ventilation and</p>	
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ventilation units, avoiding air flows that may direct droplets into people's faces or onto hard surfaces that are then handled or come into close contact with people's hands or faces.

Keep windows and doors open wherever possible (be mindful of other safety considerations, particularly in relation to fall hazards, fire safety and safeguarding of children/vulnerable adults).

Physical separation: screen members of the workforce from clients using transparent plastic screens. Where this is difficult or impracticable, position members of the workforce and clients in 'side-to-side' arrangements, for example when interviewing clients or taking details. Arrangement of furniture / equipment / barriers / floor marking / signage to direct flow of people in the workplace or home environment and maintain/enforce social distancing. Operate one-way systems where possible. Consider additional needs for active 'stewarding' of such arrangements by members of your workforce. Access rooms directly from outside where possible.

Handwashing: provide hand sanitisers / hand-washing facilities to clients and other visitors and ensure their use during the visit to the workplace location or home.

Managing paperwork: explore options of scanning documents, document drop-off or sending documents by post. It appears that the risk of transmission via shared paperwork is relatively low (this is the only evidence that we have been able to find!

<https://www.twosides.info/UK/covid-19-and-paper> and

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30678-2/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30678-2/fulltext) and

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7190947/>), but do discourage colleagues from licking fingers to thumb through paperwork, or licking envelopes when doing mailings or sending letters to clients!

Shared touchpoints and hygiene: as detailed above. Take measures to ensure that toilets are cleaned regularly and that signage encourages

	<p>appropriate hand-washing. Consider how workers can safely access toilet facilities when undertaking home visits. Avoid use of client toilets where possible. Provide bins for tissues and disposable hand towels and arrange for regular emptying of bins as required.</p>	
<p>Virus is transmitted between workforce / clients and others in workplace locations</p>	<p>Restrict, reduce or suspend visits of suppliers and other third parties wherever possible, or seek to arrange visits at less busy times or when the advice service is closed.</p>	
<p>Poor cleaning and other hygiene risks result in virus transmission or other health and safety risks</p>	<p>Ensure that health and safety checks on workplaces reopening after an extended period of time are carried out, for example in relation to use of water systems (https://www.hse.gov.uk/coronavirus/legionella-risks-during-coronavirus-outbreak.htm), or the need for a deep clean of premises, for example in relation to mould.</p> <p>Ensure that workplaces are cleaned in line with government guidance, paying particular attention to hard surfaces, touch points and areas used by multiple people.</p> <p>Provide cleaning materials and guidance for workforce to be able to safely wipe down shared touch points / workstation areas without damaging equipment.</p> <p>Provide paper towels rather than tea towels for washing up or encourage use of dishwasher, with handwashing before and after use of communal areas and equipment such as kettles / fridges / taps. Discourage shared use of cutlery / crockery.</p> <p>Consider providing those undertaking home visits with additional, lightweight equipment to reduce the need to use furniture and other items in client homes (for example, taking a lightweight chair, folding table and standalone plastic screen). Discourage use of shared facilities and provide staff with hand sanitiser, paper towels etc to reduce the need to share items or</p>	

	enable safe use of toilets while undertaking home visits.	
Virus is caught during journey to and from workplace locations	<p>Workforce members needing to travel to workplace locations should follow government guidance on using public transport and shared use of vehicles. Minimise travel between locations where possible.</p> <p>Encourage cycling and walking, but consider workforce members and clients who will need to drive to workplace locations (for example in relation to car parking spaces or expenses to cover parking costs). Think about helping clients plan their journeys and avoid unnecessary travel, for example by advance phone calls, via your website/social media channels, or through information provided to partner organisations.</p> <p>Help people follow government advice, for example by enabling people to start / finish work at different times or holding appointments at times that minimise the need for travel at rush hour.</p>	