Statutory Safeguarding Practice Guidance for Adults practitioners during Covid 19

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This document is to give additional guidance for safeguarding adults at risk during COVID 19 crisis. It does not replace existing policy and procedure, and aims to outline how we continue to deliver our statutory safeguarding responsibilities during the current government directives relating to COVID19. It also references some provision for broader safeguarding adults at risk during the COVID 19 crisis.

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Ann Brooking Principal Social Worker
1. How will the current COVID situation affect safeguarding adults in Salford?

During the Covid 19 crisis there will be increasing pressures on all aspects of our ASC and health system to meet the needs of the most vulnerable members of public. People are living differently in the community with more limited access to public areas, social distancing and social isolation.

Regardless of the wide spread outbreak of this virus, living a life that is free from harm and abuse is a fundamental human right and an essential requirement of health and wellbeing. The government has issued an ethical framework for working during the COVID 19 crisis and this framework will support our safeguarding practice during this time, alongside the safeguarding principles laid out in the Care Act 2014 (please see below)

Certain types of abuse could be more prevalent, and how we identify and address safeguarding issues will be different because of changes to our practice with limited face to face contact.

Community and individual pressures impacting on adults at risks:

- increased anxiety and pressures affecting mental health of adults at risk and their carers/family
- lack of contact with family and friends
- changed financial situations
- carer illness /breakdown
- loss of independence
- family and community will be less likely to see and report abuse – we have more limited eyes and ears to help protect adults at risk during this time

Certain types of abuse may be more prevalent such as;

- financial abuse through debit or credit card fraud or scams
- domestic violence, due to living arrangements in the home
- neglect as individual circumstances change unexpectedly and the adults needs can no longer be met as planned e.g. if family carers fall ill or care homes lose staff due to sickness.
- abuse to mental health of carer or adult becoming affected (self-neglect, neglect, and all other types of abuse)

Domestic Abuse

This is the link to the national guidance on domestic abuse during COVID 19.


The national number links to our local provision.

Reduction in Safeguarding alerts

Currently we are seeing a reduction in safeguarding adults alerts in Salford (this is reflected nationally). There is a need to keep raising the profile of safeguarding adults at risk during this period. The SSAB website will have information on particular risks during this period.
2. Our professional response to safeguarding adults at risk

Our safeguarding responsibilities are not changed by the COVID 19 Act. We need to continue to apply the guiding principles of the Care act 2014 in relation to safeguarding adults and need to ensure that we continue to carry out our statutory duties safely and in line with Government advice.

This is confirmed in the Care Act Easements Guidance appendix D


It is important to recognise that our safeguarding practice will change and the impact that the current situation will have on how we identify and address safeguarding issues.

3. Professionals recognising abuse

Professionals will have much less face to face contact with adults at risk and assessments/other contact will be conducted by phone, email, and video conferencing as far as possible.

Where risk of abuse is high and a decision is made to conduct face to face assessment/enquiry We should all adopt the understanding that we might be carriers of this disease and need to ensure a 2 metre distance at all times from everybody we are working with, including the adults at risk, any other members of the household, or other professionals present such as police or health colleagues.

Any decision to meet face to face must be risk assessed and agreed by a Team Manager.

In any phone contact you are having with an adult at risk, please be mindful of the following potential abuse that may be more prevalent and consider possible conversations that would enable you to identify this abuse through a phone conversation or remote assessment (given that you are less likely to identify abuse through observation during this time).

<table>
<thead>
<tr>
<th>Possible abuse</th>
<th>Means of identifying</th>
<th>indicators</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Financial abuse – whilst carrying out shopping through for example | In any phone assessment or other conversation, check out:  
- how they are getting their shopping done  
- how they are paying  
- how they are obtaining cash  
- Alert the person to any risks |  
- Refer to a helper taking their bank card  
- Refer to not having money for food | During this period adults at risk are more likely to have neighbours or other people less well known to them doing shopping |
| Financial abuse though | In any phone assessment or other conversation, highlight |  
- Lack of money for food shopping or | At this time door to door scams/internet scams |
<table>
<thead>
<tr>
<th>Scams</th>
<th>The risk and emphasise to people to not let strangers in the house.</th>
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<tbody>
<tr>
<td></td>
<td>Other essential requirements</td>
</tr>
<tr>
<td></td>
<td>May increase.</td>
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</table>

<table>
<thead>
<tr>
<th>Domestic abuse</th>
<th>In any phone assessment or other conversation ask general questions about who they are living with and how they are finding living together</th>
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<tbody>
<tr>
<td></td>
<td>Bear in mind that the person may not be able to speak openly if the abuser is present</td>
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<tr>
<td></td>
<td>Disclosure of tension with carer or other family members</td>
</tr>
<tr>
<td></td>
<td>References to arguments or disagreements</td>
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<tr>
<td></td>
<td>Carer being unwilling to allow the SW to speak directly to the service user</td>
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<tr>
<td></td>
<td>Indications of coercion or control</td>
</tr>
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<td></td>
<td>During a period of sustained containment, there is a risk of increased domestic abuse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neglect</th>
<th>In any phone assessment or other conversation check how they are managing generally with personal care, cooking, shopping, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Essential support and care needs not being met</td>
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<tr>
<td></td>
<td>During this period more informal carers are going to be meeting unregulated activity e.g. shopping. This will reduce risk of exposure by reducing number of people going into a home. Arrangements may be set up for this but then not be sustained due to illness or other reasons.</td>
</tr>
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### 4. What can I do differently during this time?

Be mindful of potential abuse

Ask questions differently when having non face to face contact with service users to tease out what you may have picked up through face to face or home visits

Speak more with other professionals/agencies if you have concerns — remember they will not be having so much face to face contact either
Identify anyone who is having face to face contact (possibly a provider agency) who you can have a more detailed information or may be able to gather this at their next visit to recue risk of infection.

5. How do I apply our policy and procedures during the COVID 19 period?

5.1 Initial response to a safeguarding concern

Ensure that the adult is safe, for example medical attention has been sought if required or they are moved to a place of protection.

Clarify the allegation of abuse has taken place within Salford City boundary and if in residential /nursing care or hospital if Salford are the placing authority or acting as the host authority for the safeguarding concern. Ensure and if the individual meets the criteria for a Sec 42 enquiry

- Has needs for care and support
- Is experiencing or at risk of experiencing harm
- As a result of these needs in unable to protect themselves from harm or the risk of harm

Please use the Harms level Guidance to consider in consultation with your manager if the safeguarding concern meets the criteria for a section 42 enquiry. If so there is a requirement under the Care Act to make enquiries and safeguard the individual. The Corona virus Act does not change this duty.

5.2 Gathering initial Information

Salford will be apply the same criteria and approach to safeguarding during this time and ensure practice is underpinned by Making safeguarding Personal and based upon the 6 principles of safeguarding outlined in the Care Act. However the following points will also need to be taken into account at this time when determining the best approach to conduct a safeguarding adults enquiry:

- the approach taken to make enquires needs to be balanced against the risk of having direct contact with the adult at risk applying current government guidance relating to social isolation and reducing the spread of the COVID 19 virus. You can use the ‘Harms levels guidance’ to support this decision
- You will need to explore all other ways of gaining the information about the safeguarding alert and the views and wishes of the individual and or family members/advocate.
- Skype and phone contact or conference calls will be the preferred method during the government measures of social isolation and self isolation.
- The Protection Plan detailed in The Adult Safeguarding Document can be distributed to all relevant parties via a Carefirst activity assigned to The adult Safeguarding Unit

A proportionate response to a safeguarding concern will need to consider the additional factors of risk posed by spreading or contracting the virus. Where the safeguarding risk is high this will need to be balanced against the risk of infection. Any decision for face to face contact would need to be made at a Team Manager level.
Guidance would need to be followed to ascertain if the person was symptomatic and if so the appropriate PPE would need to be used (see 5.4 below)

5.3 Virtual Strategy meetings

We have a process in place to complete a virtual strategy meeting via The Adult Safeguarding Document on Carefirst. Given the current government guidelines on social distancing, the virtual strategy meeting process should be followed as the routine procedure. Please ensure participants are aware that the discussion is a virtual strategy meeting and any actions are agreed, recorded and distributed. The minutes of a virtual strategy meeting can be distributed by assigning a carefirst activity to The Adult Safeguarding Unit.

It is unlikely that there will be any circumstances in which a strategy meeting face to face would be appropriate with the current Government guidelines. **A decision to conduct a face to face strategy meeting would need to be made by the Team Manager.**

If you have cases currently in the system awaiting a strategy meeting, please consider the process outlined above to move forward.

You may need to have more phone discussions with your line manager/ safeguarding chair to sound out your thinking and inform decision making given that there will not be the opportunity for the less formal discussion with colleagues that we are used to.

Remember that you need to act proportionately to the level of the risk, and you will need to make more effort to gather information and share information across partners to determine an appropriate response depending on the level of the risk to the individual.

**Please ensure that the views and wishes** of the adult at risk are gathered by whatever means possible and contribute to the strategy meeting. Ensure the enquiry continues to be person led and outcome focussed, this may be more of a challenge without face to face contact, but where views of the individual are ‘second hand’ and you have not managed to confirm them because of lack of access to the adult at risk, they should still be fed into the meeting as their perceived views and wishes at this time.

5.4 Face to face section 42 enquiries – PPE and practitioner safety

Prior to undertaking any face to face assessment, you must ascertain the following information:

- Is the adult at risk showing symptoms of Covid-19? Coughing, fever etc.
- Have they within the past 14 days shown any symptoms of Covid-19?
- Has anyone the adult at risk lives / had contact with with shown signs of the above or been unwell in the past 14 days?

**If the answer is yes then PPE equipment must be used. Please see most up to date information on the SRFT intranet site in relation to PPE to be used by community staff and how to assess what is required.**

**If the answer is no - with no signs of symptoms.**
We need to ensure 2 metres between all people if meeting face to face. There are a number of ways that this could be done in different settings.

Check to ascertain again if anyone has shown symptoms of Covid-19

Check how physically the assessment can be undertaken (is there a garden that can be used to assess?). If this isn’t possible ensure remain 2 metres away from everyone.

**Practitioner personal safety**

- Wash hands more often, when going in and out of buildings
- Take hand gel with you
- Take cleansing wipes with you
- Remain 2 meters away from anybody (social distancing rules)
- Wear one outfit for each day
- Take clothes off on your return to your home and put in the washing machine
- Consider taking outdoor shoes off before going into your own home on return from work

### 5.5 Virtual Case Conference meetings

Due to current restrictions on face to face meetings you will need to consider a virtual case conference process similar to the Virtual strategy meeting process already in use.

To progress with a virtual case conference process it is proposed that the Sec 42 enquiry officer will contact each participants to agree a date for the virtual case conference and receipt of the required information. The confidentiality statement will need to be completed by each participant, dated and signed using an electronic signature by email. Each participant should present their information including their view of an outcome to the enquiry officer by email within an agreed timeframe. The Provider enquiry report may be used for this purpose.

When all participants have contributed by the required date the enquiry officer will share the information with the Safeguarding chair. Any clarification and or action points will be sought by telephone or email by the Safeguarding chair within the agreed time frame. The contribution of all participants will be recorded on the minute taking case conference template by the chair including the agreed outcome and action points. In this process most virtual case conferences will only require a part one but if a part two is required please be mindful of the sharing of information.

If a case conference review is required the same process can be followed.

If this process proves difficult due to complexities of the situation or there are seriously conflicting views, then a virtual case conference using Microsoft teams, zoom etc may be helpful and in this circumstance a minute taker will also be required.

The final copy with all views will be recorded in the case conference minutes signed by the chair including those of the individual or their representative and should be sent to the
minutetaker.meetingrequest@srft.nhs.uk and uploaded into the Adult Protection folder in Documentum.

The views and wishes of the adults at risk may be difficult to ascertain or confirm because of current restrictions on face to face visits and participation in meetings. However, their view remains paramount and should be recorded along with all efforts made to gather their views and wishes and any ‘second hand’ information provided re their views or wishes that you have been unable to confirm.

If you have cases currently in the system awaiting a case conference meeting, please consider the process outlined above to move forward.

The Safeguarding and Review Team are trialling this virtual approach and can give more advice on this if required.

5.6 Issues of poor practice/ care quality issues in provider services

It is recognised that care quality concerns are less likely to be picked up during the current situation with less direct contact and visits from informal carers and professionals. Any issues relating to care quality and poor practice should be addressed directly with the provider and procurement notified rather than following the section 42 process. The harms level Guidance can be used to aid decision making in this circumstance.

6 Safeguarding adults at risk in Nursing and Care homes

Nursing and Residential care homes and some other providers have been asked to restrict contact to essential only visitors. Please note - Social workers are classified as “essential staff” in order to undertake statutory duties which includes statutory safeguarding as this is considered an on-going priority during this period of time.

The level of risk from the abuse will need to be balanced with the risk posed by entering a care home, but if there is a significant risk to an individual and the safeguarding enquiry cannot progress appropriately without entering the home then this must be recognised as still an option.

Whilst care homes are restricting visitors, even though social workers are essential visitors, it is safer for both practitioners and vulnerable adults for “visits” to be carried out via Skype and information gathered by email or telephone and use of The Provider Enquiry Report wherever possible.

In Salford the Adult Safeguarding and Review and Extra Care team will be in regular phone contact with all Standard Residential and Nursing homes in Salford to discuss and assess any safeguarding situation and ensure that professional judgement is applied to balance risk from the
abuse with risk from entering the care home. This will include any organisational issues that may contribute to an increased risk to the safe care of residents. Regardless of the wide spread outbreak of this virus, living a life that is free from harm and abuse is a fundamental human right and an essential requirement of health and wellbeing.

Emerging issue

At the time of writing this guidance, there is an emerging issue in care homes, managing residents who lack capacity and who are not willing to comply with self-isolating when they are symptomatic of COVID 19. Separate guidance is being prepared for care homes outlining how to document additital restrictions being applied to manage this and the legal framework that applies here as far as it is known at the current time.

7 COVID 19 Restrictions and Deprivation of Liberty Safeguards

During the COVID-19 crisis there still needs to be a legally compliant basis for any restrictions, such as least restrictive options etc.

The Council of Europe’s Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) has published today a statement of principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (COVID-19) pandemic. The principles aim is to prevent degrading, inhumane treatment and torture during this time of unprecedented crisis in order to safeguard vulnerable adults who are already deprived


Any steps to protect a person’s Article 5 right to liberty will also need to respect their Article 2 right to life. In many cases it may be necessary to complete DOLS assessments and authorisations using information on file and conversations with care staff and family/friends.

The following forms of words can be used in the DOLS documentation:

For the BIA report:

“This assessment occurred at a time when public health measures had been put in place by HM Government to contain the spread of the COVID-19 virus. Professionals were being advised only to carry out essential visits to care homes.

When completing this assessment I had to balance the need to protect X’s Article 5 rights against the need to protect him/her from transmission of the virus. COVID-19 infection would have posed a grave risk to X in view of his/her underlying health conditions.

In view of these concerns, I therefore decided to base my assessment on existing documents and on the views of X’s carers and family/friends rather than visiting him/her in person.”

For the authorisation document:
“I note that the BIA decided not to assess X face to face in view of the risk of COVID-19 transmission. I agree that this is the best way of promoting X’s Article 5 rights whilst protecting him from serious illness. This authorisation will be reviewed when public health restrictions are lifted.”

Additional government guidance is due out on Dols the week beginning 30 March. The guidance is intended to be short, (2 - 4 sides long), The guidance will reiterate that there have not been “easements” included in the Coronavirus Act for MCA and DoLS. The Government does, however, want to support Supervisory bodies and managing authorities to respond proportionately during this crisis.

As this guidance is circulated we are anticipating additional guidance on Dols from the government shortly.

8 Application of MCA

Application of MCA

The Mental Capacity Act remains in force during the COVID-19 emergency measures. The Government guidance refers specifically to the need for all measures to be compliant with the Act.

Assessing capacity will be harder without face to face contact with the person. In some cases speaking to the person over the phone or via Skype etc. may be just as effective as a personal visit. But in other cases it will not be possible or will only provide limited information. The worker will also has to balance the need to promote the person’s decision-making ability against the need to protect the person and others from COVID-19 infection.

Quick tips on virtual capacity assessments

. In summary:

- Familiarise yourself with the tech and practise if you need to
- Plan the assessment in advance (should happen anyway, but needs to be done in more depth for an online assessment)
- Be aware of who’s at the other end, any comings or goings etc
- Give the person time to respond, don’t be afraid of silence
- Give yourself time afterwards to reflect as well as write up
- Be aware that it won’t work for everyone

In all cases where the person’s capacity is in question, the allocated worker has to demonstrate a ‘reasonable belief’ that the person lacks capacity, and that the proposed course of action is in the person’s best interests. The worker should draw on all the available evidence regarding the person’s decision-making ability and their wishes and preferences. The worker should clearly state the evidence which is being used and how it informs the capacity assessment or best interests decision.
The worker should also consider issues such as: how significant will be the impact on the person? Can the decision be reviewed, or will it make a permanent difference to the person’s life? Is the person objecting to the decision? Are others claiming to be acting in the person’s best interests but the person themselves is stating that they have capacity?

Depending on the evidence for these possibilities, the worker should consider how long the protection plan should be put in place before it is reviewed. In some exceptional cases the worker may decide that a personal visit is needed. This should be discussed with the worker’s manager and all necessary protective measures taken.

In some cases the worker may consider that provision of additional services under the Care Act should be part of the protection plan. If the emergency measures in the Coronavirus Act have come into force then the local authority will only be under a duty to provide these services if the person’s human rights would be breached by not doing so.

The different processes – needs assessment, MCA assessment, protection planning – will all inform each other. But for the purposes of robust and defensible decision-making the evidence should be presented in the following way:

- Is abuse or neglect occurring/likely? (Care Act section 42 duty to make enquiries)
- What action needs to be taken to prevent/stop the abuse/neglect? (Care Act section 42 duty to consider protective measures)
- Will the person’s human rights be breached if this action is not taken? (Coronavirus Bill Schedule 12 provisions re social care)
- If there is a duty to take action, does the person have the mental capacity to decide whether to agree to it?
- If the person lacks capacity to make this decision, what is in his/her best interests?
- When should this decision be reviewed?

**Examples of wording for assessments:**

- “This assessment occurred at a time when public health measures had been put in place by HM Government to contain the spread of the COVID-19 virus. Professionals were being advised only to carry out essential visits to care homes. When completing this assessment I had to balance the need to respect X’s rights under the Mental Capacity Act against the need to protect him/her from transmission of the virus. COVID-19 infection would have posed a grave risk to X in view of his/her underlying health conditions. In view of these concerns I therefore decided to base my assessment on existing documents and on the views of X’s carers and family/friends rather than visiting him/her in person.”

- “To have the capacity to make this decision X needs to understand/retain/use and weigh (briefly summarise the information relevant to the decision). From my previous knowledge/the assessment completed by Y on date Z/information from family/friends/care staff/etc. (include as appropriate) it appears that X would not be able to understand/retain/use and weigh the information (include as appropriate). It is therefore my view that on balance of probabilities X lacks the capacity to make this decision.”
• “The options available are A/B/C. Based on my previous knowledge/the assessment completed by Y on Z date/information from family/friends/care staff/etc it is my view that X’s wish would be … The views of others are … Taking all the information into account, it is my view on balance of probabilities that option … is in X’s best interests at this time and is the least restrictive option”

9. COVID-19 Ethical Framework

The Government has issued an ethical framework for adult social care that acknowledges Safeguarding and Deprivation of Liberty of vulnerable people remain a priority. This framework aims to This framework outlines ethical values and principles that should be followed when organising and delivering social care for adults. They are also intended for use in a range of applications relating to the current COVID-19 situation.

Responding to COVID-19, the ethical framework for adult social care - GOV.UK.html

The framework can be used as a checklist to ensure ethical considerations are taken into account in all decision making.