Coronavirus (COVID-19): Additional National Adult Support and Protection Guidance for Chief Officers and Adult Protection Committees

Purpose

1. This document provides additional guidance to the Adult Support and Protection Code of Practice in relation to the current Covid-19 outbreak. It is provided for Chief Officers (including Chief Executives from NHS, Council and Police), professional leads and Adult Protection Committees, who should ensure it is taken account of within local partnerships.

2. This supplementary guidance should be read alongside associated information that has been published in response to the outbreak. It may be updated as the pandemic develops.

3. The Adult Support and Protection (Scotland) Act 2007 (the Act) places statutory duties on a number of statutory organisations and in turn, this places expectations and contractual obligations on many service providers.

4. Adult Support and Protection remains a statutory duty of councils, health boards, police and others to support and protect adults at risk of harm. The Coronavirus Act 2020 does not affect these duties, especially the identification and referral of adults at risk of harm, subsequent inquiries, investigations, Protection Planning or Protection Orders and multi-agency cooperation to support these activities. However, it may affect the local arrangements for facilitating this as referenced in paragraphs 5, 9 and 16 below.

5. It is vital that Councils and those named in the Act continue to offer the same level of oversight regarding these duties and their application, noting local processes may require amendment in order to meet statutory responsibilities.

6. The Scottish Government recognises that adult support and protection concerns may increase during the Covid-19 outbreak, with support needs changing, possibly placing more people at risk of harm. It is therefore important that all agencies and care providers remain alert to potential concerns about harm or harm that is likely, due to the conduct of another or the adult themselves.

7. Councils, health boards, police, care providers and the voluntary and third sectors, alongside our communities must continue to support and protect adults at risk of harm as defined in the Act, including those affected by Covid-19. This includes recognising how contraction of the virus may create a physical infirmity or isolation to protect from infection may create new situations of risk for adults, which impact upon their ability to safeguard their wellbeing, property, rights or other interests.

Adult Protection during the Covid-19 outbreak

8. Adult Support and Protection is part of a continuum of collaborative responsibilities upon agencies working with adults at risk of harm. It requires good professional judgement, based on assessment and evidence, informed by the perspectives of the multi-agency team, including the adult and their carers or significant others.

9. It is clear that there are additional pressures across health and social care services as a consequence of the Covid-19 outbreak. It is therefore necessary to consider how we streamline service delivery and management processes, without compromising our actions to support and protect adults.

10. It is also likely that the vulnerability of some adults will increase because of the additional pressures placed on families and communities by the Covid-19 outbreak. This may mean that some adults could be at risk of harm and neglect, where that would not otherwise have been the case. With people staying at home, we might expect increased incidence across the spectrum of harm types. This may also include exposure to online harm including grooming and fraud/scams as well as doorstep crime/scams.

11. Services and staff should be alert to signs that individuals or groups are using the current crisis as an opportunity to harm people including but not limited to unlawfully and adversely affecting the adults property, rights or interests and sexual, physical and psychological harm.

12. Local partnerships and Adult Protection Committees are already taking action to ensure that adults at risk of harm are protected. This should involve all of the key agencies, and include consideration of any necessary enhancements to local processes, and the communication of these changes to the workforce and wider community, as has already been undertaken in a number of partnerships. Useful guidance documents are available on professional association and government websites (some of which are referenced below) and it will be important for local areas to monitor this to remain up to date.

13. Chief Officers should also ensure that contingency plans are in place, should any key personnel be absent from work or otherwise unable to fulfil their responsibilities, including key APC members. .

14. Critically, Chief Officers should evidence collective leadership in the current situation, making collaborative decisions when there may be an impact on partner services, and operating to agreed processes, thresholds and assessments of risk. It may be helpful for example to share concerns and management of risks and consider the impact on partner services.

15. All Chief Officers should ensure that services operating within the adult support and protection context continue to be adequately resourced. Albeit agencies will face many increasing demands in coming months, the support and protection of adults at risk of harm should remain a priority. This includes ensuring that Adult Protection Committees are enabled to carry out their statutory functions.

16. Senior managers and Chief Social Work Officers within Councils must work with their adult support and protection leads and Adult Protection Committees to review any local policies or procedures that may be unduly time consuming or place an undue burden on care providers during this time. For example, Councils may make changes to local processes and timescales that are not mandated by legislation in conjunction with their Adult Protection Committee where relevant. Any such changes should be time limited, reviewed regularly and communicated to all Committee members and service providers.

17. It may be that APCs should consider and adopt streamlined governance mechanisms to support continuing effective decision making during the pandemic. Councils should endeavour to facilitate the virtual functioning of Adult Protection Committees (APCs) to support their statutory functions.

18. Senior managers and Chief Social Work Officers should reassure themselves that adult support and protection decision making is proportionate and that their staff are actively communicating with partners.

19. The principles outlined in the Act still apply and the Covid 19 Ethical framework for social care should also be considered *especially* where someone is assessed as not being an adult

at risk of harm. These principles are located here and the full link is noted below. This provides support to ongoing response planning and decision-making to ensure that ample consideration is given to a core set of ethical values and principles when organising and delivering social care for adults.

20. All providers of adult social care or health care have a key role in safeguarding adults in their care, and all agencies have a duty to ensure adults at risk of harm as defined by the Act are not placed at risk of harm by delays in care, support or protection planning. All those providing support and particularly those named in the Act must ensure that staff, including volunteers, are adult protection aware in order that they can recognise harm, abuse or neglect, and respond appropriately. Streamlined measures when engaging volunteers or those new to social care front line provision may be useful e.g. deployment of the SSSC Adult Support and Protection mobile application noted below.

Self-care, support and supervision of staff

21. The support and supervision of practitioners is always important, but it is particularly so in these challenging times. Methods and models of supervision should also include consideration of how new, redeployed or retired staff will be made aware of adult support and protection, through adequate supervision and support. The SSSC mobile application may provide some support in this regard. The Android and Apple application locations are listed in the references of this document.

22. At this time staff support systems should be promoted to support the mental health of the workforce and mitigate any impact of working through the current pandemic given the possible isolation of staff from their usual support networks.

23. All practitioners involved in adult support and protection should ensure that whatever the urgency of each situation, they follow guidance on protecting their own health and that of service users. Local guidance should provide the detail around the information staff will need to make decisions in this regard.

24. It is recognised that management support and direction may need to include new and innovative approaches, but partnerships should ensure that:

- Agencies continue to take measures to ensure accountability for staff practice.
- Practice in individual casework, continues to be monitored and reflected on.
- The wellbeing of staff is a constant feature of local management processes.
- Staff are supported to access relevant training, including online learning, particularly when they are newly introduced to working with adults who may be at risk of harm. As noted in the references the SSSC mobile application may offer an additional resource to support this.

Enhancements to processes

25. As stated above, local Adult Protection Committees should consider and communicate necessary enhancements to local practice and procedures. This guidance provides advice regarding the enhancements that may be necessary.

<u>The impact of Covid-19 diagnosis or presentation upon triage and interpretation of Section 3 of the Act</u>

26. Triage and assessment in terms of Section 3 will be on a case-by-case basis.

27. The Act does not specify the longevity or permanence of an illness in terms of satisfying Section 3. Indeed, people may suddenly be at risk of harm because they are in community isolation with a harmer or, indeed, are sought out by harmers due to their isolated position.

28. To assist in triaging the impact of Covid -19 in an adult protection context staff. In order to be an adult at risk the person must meet all three of the following criteria

- Is the service user/patient unable to safeguard their own well-being, property, rights or other interests
- Is the service user/patient at risk of harm and
- Because they are affected by disability, mental disorder, illness or physical or mental infirmity, is the service user/patient more vulnerable to being harmed than adults who are not so affected

Whenever a decision is being made as to whether an adult is at risk of harm, the assessor would normally take account of the individual's circumstances including their health. At this time this may include consideration of any potential impact the contraction of or shielding from Covid-19 or any other/related condition may have e.g. has the contraction of Covid19 creating an infirmity or exacerbating an existing one. However, this should not become the sole focus of any assessment or intervention.

These will be complex decisions which the practitioner will need to consider based upon knowledge of the person's situation, as the illness may not have any impact with regard to safeguarding. However, if it creates a situation where the service user/patient will be isolated with a harmer or other circumstances which heighten their risks and the other elements of Section 3 are evident, then they may be viewed as an adult at risk of harm.

Carers and Communities

29. The most effective protection of adults at risk of harm continues to involve early support before urgent action is needed. The ongoing support of carers will be more important than ever. Carers and the community should be clear about how they can get advice or raise concerns in relation to an adult at risk of harm. The COVID19 guidance for unpaid carers may be useful and is listed in the references.

Information Sharing

30. The local protocols for sharing information and raising adult protection concerns should not change. Where any person becomes aware of the risk of harm to an adult, then Police (if the danger is imminent) or Health and Social Care Partnership/Social Work should be alerted immediately. These responsibilities should be particularly highlighted to redeployed, retired or volunteer staff.

Duty to Inquire and Initial/Inter-agency referral discussion (IRD)

31. The duty to inquire should continue to be the formal starting point for the process of information sharing, assessment, analysis and decision making following a reported concern

about an adult at risk of harm. Where the local area uses an IRD model this should continue where possible but the key is to ensure that an effective inquiry is undertaken.

32. The inquiry or IRD does not need to involve face-to-face meetings, and e-IRD, secure email, telephone discussion and tele-conferencing are all appropriate. In line with the duties to inquire and cooperate, key practitioners in Police, Social Work and Health should be involved. Information should also be sought from other agencies and services, including the third and voluntary sector. If face-to-face contact would ordinarily be made at this point locally and it is decided not to do so, the rationale should be clearly recorded.

33. Where there is the likelihood of immediate risk or significant harm, intervention should not be delayed pending receipt of information. Agencies should take necessary immediate action and ensure this is communicated to the multi-agency team.

Investigation and assessment

34. When, following inquiries, an investigation is required, the adult at risk of harm's immediate experience and needs must be ascertained. Direct contact with the adult and an understanding of their situation and environment remains essential. As above, where face-to-face contact or full environmental assessment cannot be undertaken the reasons for this should be recorded alongside the other information utilised to assist in decision-making.

35. Professional judgement is required about what forms of listening and engagement must be direct and in-person, and what can be done indirectly. There will be ways to minimise direct contact with all involved. When a decision is taken not to have direct contact the rationale should be clearly recorded. When direct contact is essential, public health advice on social distancing, shielding or personal protective equipment must be followed (see also section on contact with those who are self-isolating).

36. Where the inquiry leads to a decision to undertake a medical examination, local partnership processes should be in place to ensure that this is carried out.

Medical Examination and Assessing Capacity

37. Requests for medical examinations and capacity assessments should continue as normal noting the arrangements for carrying them out during the pandemic may require reference to local guidance. Local guidance should reflect any changes to the way in which requests should be made for assessments to support decision making e.g. capacity assessment, MHO assessment etc.

38. Where a broader range of staff is carrying out such assessments some useful guidance is noted in the references.

Joint investigations

39. Some areas have informal arrangements for carrying out Joint Investigative Interviews. Local arrangements in this regard should continue where possible but consideration must be given to social distancing and the emotional impact this may have upon the service user.

Case Conferences, Protection Planning and Reviews

40. In the current circumstances, it will not often be possible for case conferences or reviews to take place with all of the relevant parties meeting in the same venue at the same time. Instead, Adult Protection Committees should consider other ways for such meetings to be held, using tele-conferences or other technology.

41. Where conferences or reviews, members of the team supporting and protecting the adult should continue to be included in decision making processes, for example through telephone contact or secure email, and a record of this should be maintained. The adult and any carer should have a choice about how or whether they participate, which could include by teleconference, email or a recorded message.

42. It remains critical, that:

- Decision-making about protection planning is informed by relevant stakeholders, including the adult, their family or significant others.
- The Council Officer or relevant lead professional continues to co-ordinate the assessment and plan, and ensures actions are followed through, and communicated effectively with all members of the team around the adult.

43. Chief Officers and Adult Protection Committees should ensure that means are in place for any member of the team around the adult to escalate concerns regarding Covid-19 related practice issues e.g. where they believe that actions are not being progressed in accordance with the adult's best interests, and they have not been fully considered in the protection planning process.

Timescales

44. Local guidance includes timescales for adult support and protection processes but account should be taken of the unprecedented challenges at this time, and the need for flexibility based on risk and circumstances, taking account of the need for prompt action to support and protect an adult.

45. Many timescales are determined by the period between meetings or other elements of process. Ongoing, high quality liaison between practitioners that is documented and where the key aspects are included in an updated protection plan, will lessen the need to keep to timescales for meetings.

Information sharing for Case Conference and Sheriff Court applications

46. Where possible processes should be streamlined to ensure key information provision is provided quickly to inform decision making to support and protect the adult.

Protection Orders

47. The current situation should not affect decision making around the need to pursue Protection Orders where necessary. Where access to courts becomes an issue this will be reviewed. Where it is considered urgent, application can be made to a Justice of the Peace instead of a Sheriff for either a removal order or a warrant for entry. However this can only

be done if it is not practicable to apply to the Sheriff and an adult at risk is likely to be harmed if there is a delay in granting the order or warrant.

48. Noting the above Chief Officers, professional leaders and APCs must ensure staff can access an up to date list of Justices of the Peace and their availability.

Keeping adults at risk of harm safe

49. It is recognised that practitioners will already be responding to the particular challenges of the Covid-19 outbreak, taking account of the adult's circumstances. For example, this might include:

- how adults at risk of harm or their carers with a drug dependency and/or mental illness are accessing medication and support to maintain stability;
- ensuring updated plans are in place for those at risk of harm;
- being clear about how those with a learning disability or dementia (see section on capacity assessment) are receiving advice and consistent support to protect themselves in these circumstances;
- help for those experiencing the effects of poverty and destitution to access food.

50. The Council Officer and any others integral to the protection plan must always have sufficiently regular direct contact with the adult at risk of harm. This should be informed by risk assessment and professional judgement, and the rationale for the level of contact should be documented.

51. Given the current circumstances, explicit consideration should be given to who needs to have contact with the adult, when and how often. This should take into account any local policies regarding staff contact with service users at this time including reference to the use of personal protective equipment (see paragraphs 57 - 59).

Engagement with those who are self-isolating

52. If an adult at risk of harm is in self-isolation or participating in shielding measures, practitioners should ascertain if the individual has symptoms prior to direct contact. It may become necessary to defer some home visits and alternative arrangements can be put in place, such as telephone and email contact or the use of appropriate applications on mobile devices. However, this will need to be informed by assessment as to whether these will provide the necessary level of support and/or protection at that time.

53. However, it will be necessary for social workers and/or other practitioners to see adults at risk of harm on a sufficiently regular basis, and it will continue to be important to have direct contact when there are sufficient concerns about significant and/or immediate harm. It may also be necessary to have face-to-face contact with others, such as members of the family. The document 'Covid-19: Information and Guidance for Social or Community Care & Residential Settings' provides guidance on infection control and the use of Personal Protective Equipment (PPE)

Protection Plans and other records

54. Given that there will be more diverse approaches to communications and decision-making processes at this time with the likelihood of further changes as Covid-19 progresses, it is essential that the Council Officer/lead professional maintain an accurate and up to date protection plan and a clear chronology of all processes and key decisions.

55. The current plan should always be available to the multi-disciplinary team and the adult.

56. All other practitioners should also ensure effective record keeping, including their own engagement in these processes, and with adults at risk of harm and their carers.

Conclusion

57. These are unprecedented times, but good professional judgement and good practice will help to support and protect adults at risk of harm in Scotland.

58. This supplementary guidance will remain under review, and through consultation with stakeholders, updated guidance will be provided if necessary as the current situation develops.

Resources and References

Adults with incapacity: guide to assessing capacity
https://www.gov.scot/publications/adults-incapacity-scotland-act-2000-communication-assessing-capacity-guide-social-work-health-care-staff/

The Scottish Government is providing updated guidance for all agencies and services at:
https://www.gov.scot/collections/coronavirus-covid-19-guidance/

Business Continuity and Service Prioritisation, Chief Social Work Adviser 18.03.20
https://socialworkscotland.org/wp-content/uploads/2020/03/OCSWA-letter-to-Chief-Social-Work-Officers18-March-2020.pdf

Clinical guidance for managing COVID-19 Information for RCN members
https://www.rcn.org.uk/clinical-topics/infection-prevention-and-control/novel-coronavirus

Coronavirus in Scotland, Scottish Government https://www.gov.scot/coronavirus-covid-19/

Coronavirus (COVID-19): CMO/CNO/CSWA letter on social care settings
https://www.gov.scot/publications/coronavirus-covid-19-cmo-cno-cswa-letter-on-social-care-settings/

Coronavirus (COVID-19): advice for unpaid carers
https://www.gov.scot/publications/coronavirus-covid-19-advice-for-unpaid-carers-march-2020/

COVID-19 social care supplies. NHS National Services Scotland (NSS) has set up a helpline. This helpline must only be used in cases where there is an urgent supply shortage and a suspected or confirmed case of COVID-19.

Covid-19 Care Inspectorate guidance for services is available here and includes updated information about notifications, registrations, variations and staffing. If you have an outbreak of

coronavirus in your service please notify the Care Inspectorate, as you would normally do for any outbreak of an infectious disease. More information about notifications here**.**

Covid-19 Scottish Government Social Care Policy Latest webpage. This page will signpost you to current social care guidance and will be updated as required.

COVID-19 - guidance for non-healthcare settings Health Protection Scotland

COSLA, the SJC and SNCT Unions jointly published set of Frequently Asked Questions (FAQs) to accompany the Health Protection Scotland COVID-19 Information and Guidance for General (Non-Healthcare) Settings

Covid-19 Health Protection Scotland has produced **information and guidance** which should be useful and this is updated at regular intervals. Information is also available on the NHS Inform website.

Guidance **Responding to COVID-19: the ethical framework for adult social care Published 19 March 2020** https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care/responding-to-covid-19-the-ethical-framework-for-adult-social-care

Information, resources and FAQs from the Royal College of Occupational Therapists https://www.rcot.co.uk/coronavirus-covid-19-0
National Clinical Guidance for Nurses, Midwives and AHPs, Community Health Staff 31.03.20

NHS Inform Latest guidance about COVID-19 from NHS Scotland and the Scottish Government, including social distancing and stay at home advice. https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19

Public Health Information and Guidance for Social or Community Care & Residential Settings https://www.hps.scot.nhs.uk/web-resources-container/covid-19-information-and-guidance-for-social-orcommunity-care-and-residential-settings/

Revised PPE guidance (last updated 2 April 2020)
https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe

To access **PPE**, criteria and contact details
https://www.careinspectorate.com/index.php/news/5620-nhs-nss-triage-centre-for-social-care

SSSC guidance and resources

1. *Adult Support and Protection mobile application*

Android: https://play.google.com/store/apps/details?id=com.sssc.adultsupport&gl=GB

Apple: https://apps.apple.com/gb/app/adult-support-and-protection/id1022325437

2. Guidance for employers on core training for redeployed workers, temporary workers and volunteers

https://www.sssc.uk.com/knowledgebase/article/KA-02885/en-us

3. Workforce support and wellbeing during the COVID-19 outbreak

https://learn.sssc.uk.com/wellbeing/

Think Capacity Think Consent Supporting application of the Adults with Incapacity (Scotland) Act (2000) in Acute General Hospitals

https://www.nes.scot.nhs.uk/media/1557644/capacity_and_consent-interactive.pdf