

Safeguarding: best practice during COVID-19

Dr Adi Cooper OBE, is the Independent Chair of the City & Hackney Safeguarding Adults Board. She also works for the Care and Health Improvement Programme (CHIP) at the Local Government Association (LGA) as the lead on safeguarding adults and is the Care and Health Improvement Advisor for London. Adi addressed a meeting of over 160 health and social care professionals about the implications of the coronavirus restrictions for safeguarding.

Many questions were raised during the discussion. Adi addressed a number of these at the end of her talk, but not all of them could be answered in the time available. This document is intended to be a quick reference guide for the benefit of attendees and also for people who were unable to attend. It draws on the [frequently asked questions](#) developed for the Adult Social Care Hub, a joint initiative between LGA and ADASS. The slides from the talk [can be found here](#).

Thanks to everyone who participated in this important discussion and to those involved in creating this document. Particular thanks to Dr Adi Cooper, The Advocacy Project, and The National Development Team for Inclusion (NDTi).

Q: Have duties and responsibilities for safeguarding changed? Does section 42 of the Care Act 2014 (which covers safeguarding) still apply?

A: No. Nothing has changed. Responsibilities in relation to safeguarding adults continue, despite any ‘easements’. Although the environment in which we work is without doubt more challenging, we must all find ways to safeguard vulnerable people.

Q: What action should advocates / health & social care professionals take if they’re told there’s been an easement in relation to safeguarding?

A: Refer to the [myth buster](#). Follow the escalation protocols and engagement protocols that are in place – these protocols will set out how you can escalate concerns in your own organisation and between organisations. Speak to the person managing safeguarding services in the local authority. You could also speak to the officer responsible for coordinating your local Safeguarding Adults Board and they can help you raise and resolve issues.

Q: Has the nature of abuse changed? Are we seeing different types of abuse now?

A: The types of abuse set out in the Care Act 2014 have not changed. However, the nature of abuse does change over time and that’s why we need to keep it under review. Fear and anxiety about coronavirus and the restrictions, like lockdown and social distancing, mean some types of abuse have spiked. Domestic abuse is one example. The increase in attempts to scam people (financial abuse) is another.

There is potential risk for neglect. Many health and social care provider services have been stretched. There have been fewer visits from family members, advocates and other professionals who would visit someone receiving care or living in a care environment. This can mean there is an increase in poor practice, or that some people’s needs won’t be met – particularly, where those people may not be able to ask for help and raise concerns about this.

Q: What is national data showing about the incidence of safeguarding and types of safeguarding concern?

A: As of May 2020, the national safeguarding data is not yet showing any significant changes. This is because there is a lag between concerns being raised and reported, and data being published nationally. However, anecdotal information indicates there has been an increase in domestic abuse issues.

Q: Given the emerging data on demographics of people affected by COVID-19, is there national data showing the impact on people with learning disabilities who may not understand information or how to keep safe?

A: As mentioned above, there is currently limited national data. At a local level, some charities have carried out surveys and consultations on this, and the emerging findings are that not understanding the information about how to keep safe can cause people to make potentially unwise choices. Discuss your concerns with the relevant teams in your local authority.

Q: Local authorities are taking a long time to respond to concerns, and sometimes it is difficult getting hold of social workers and other professionals, and messages are not returned. Mindful of the pressures that everyone is under, what should we do?

A: While we all empathise with the challenges social work and safeguarding teams face, and the increase in the volume of work, it's vital we do keep advocating for people and follow up responses so that together we can keep people safe. We must continue to be professional and understand that people are trying to do their best. Do escalate – follow the escalation protocols and engagement protocols that are in place – these protocols will set out how to escalate concerns in your own organisation and between organisations. You can also speak to the person leading or managing safeguarding services in the local authority.

Q: Given the lockdown restrictions, it's difficult to access certain sections of the population to check their safety and wellbeing. This includes people with learning disabilities, autism, those who are deemed not to have mental capacity, and those who don't use words to communicate. It also includes unpaid carers. The lack of face-to-face contact means issues may not be picked up early enough (or at all). It also means it's more difficult than ever to make safeguarding personal. Digital connectivity is important during the restrictions. But what about people who don't have smart phones or computers?

A: Different approaches will work with different people – it's about trying to make safeguarding personal as best as we can, given the constraints we're under. People have adopted all kinds of approaches during the lockdown – ranging from have a conversation through a closed door or window to make sure the virus cannot be transmitted, putting technology into care homes (eg iPad and a large screen), or wearing full PPE. One thing this crisis has taught us is that many people can adapt and change their preferences. There are numerous examples of older people or those with learning disabilities communicating via technology. But we must try our best to find safe ways to communicate or engage with those who can't, and then share best practice with others.

Q: How can social media be better used to help people and communities understand what they need to do in order to keep safe?

A: Yes, absolutely there's a role for social media in helping people understand how to keep safe, and promote an understanding of the various types of abuse and safeguarding. We can also raise awareness in community meetings via Zoom. One of the things we're piloting in Hackney is a cohort of peer champions who are deeply rooted in Hackney's diverse communities and are able to communicate prevention messages. All these things make a difference.

Q: Are the Deprivation of Liberty Safeguards (DoLS) relevant to people being restricted under the lockdown?

A: DoLS might be relevant to people being restricted during the lockdown. Where DoLS apply it's important that any restrictions are proportionate and people are being cared for in the least restrictive manner possible, in order to be in a person's best interests. However, the Coronavirus Act 2020 gave some powers to restrict people's movement and freedom for public health reasons. This can be used to prevent the spread of COVID-19 further.

Here's the [guidance on DoLS](#) during the coronavirus outbreak, and the public health provisions of the Coronavirus Act.

Q: We're finding there is a delay in assessments being carried out under DoLS. This is impacting on our work as Paid Relevant Person's Representatives (RPR).

A: The guidance on DoLS under the pandemic says assessments that were conducted within the last 12 months can be used as part of any review of DoLS. New assessments can be conducted remotely. This means there should not be a delay carrying out reviews of DoLS and making sure an authorisation was in place. Concerns should be raised with DoLS team managers in the local authority then escalated within the local authority if needed.

Q: Is lack of personal protective equipment (PPE) a safeguarding issue?

A: In terms of the formal process under section 42 of the Care Act 2014, then it depends on the circumstances (safeguarding duties are defined in terms of applying to people with care and support needs, who are experiencing or at risk of abuse or neglect, and cannot protect themselves because of those needs). In terms of the broader agenda to keep people safe, yes of course this is an issue. It is also a potential issue in relation to health and safety law.

There have been concerns about carers not wearing PPE and going to different care settings, including people's houses, and there has been discussion about whether this constitutes abuse. The advice to advocates, and health & social care professionals, is to carry out risk assessments and escalate cases where you believe there's evidence of unsafe practice.

Q: What resources are there to help advocates and health & social care professionals with safeguarding under COVID-19?

A: Here are some resources:

- [slides from Adi's talk](#)
- [frequently asked questions](#) developed for the Adult Social Care Hub, a joint initiative between LGA and ADASS
- [myth buster](#)
- [guidance on DoLS](#) during the coronavirus outbreak, and the public health provisions of the Coronavirus Act.