

COVID-19 and safeguarding Adults: Frequently Asked Questions

LGA/ADASS Adult Social Care Hub

This FAQ is grouped under 3 headings: overarching issues; issues for Safeguarding Adults Boards; safeguarding issues regarding specific areas of abuse or neglect. It is aimed at a wide range of people involved in safeguarding adults including local government officers and Members as well as partners of Safeguarding Adult Boards.

A. Overarching Issues

1. Question: Does Covid-19 and responses to it affect duties and responsibilities to safeguarding adults?

Answer: Safeguarding adults has not changed - safeguarding adults remains a statutory duty and safeguarding adults' duties have not been 'eased'. Consequently, safeguarding adults continues to be the responsibility of local authorities and partner agencies - to keep everybody safe from abuse or neglect, with a clear role in avoiding any breach of human rights. The provisions of the Coronavirus Act 2020 emergency legislation (25 March 2020) allows for 'easement' or suspension of a number of duties in the Care Act 2014. The guidance on easements explains how this can be done, and the Ethical Framework for Adult Social Care provides support to decision making in this context. However, sections 42-45 of the Care Act 2014 that relate to safeguarding adults have not changed or been 'eased'.

[Gov.Uk - Coronavirus: Covid-19, changes to the Care Act 2014](#)

<https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care>

2. Question: What could change because of Covid-19?

Answer: The Care Act Easements guidance 2020 points out that it is vital that local authorities continue to offer the same oversight and application of Care Act 2014 Section 42 duties as before, but that responses are proportionate, and are mindful of pressures on social care providers. Principal Social Workers (PSW) and Safeguarding Leads should advise on any changes to safeguarding practices locally during this period.

The PSW Network has provided information on the role of PSWs and adult safeguarding in the context of Covid-19. Please see the [Principal Social Worker Guidance for Safeguarding Adults during the Covid-19 Pandemic, published May 2020](#)

Local guidance has been provided to help front line staff deliver their duties and responsibilities. [The London Borough of Islington has produced a guide on how to do this.](#)

<https://www.scie.org.uk/care-providers/coronavirus-covid-19/safeguarding-adults>

[Gov.Uk - Coronavirus: Covid-19, changes to the care act 2014](#)

<https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care>

3. How can partners understand and respond to changes in safeguarding activity due to the impact of the Covid-19 crisis and recovery?

Answer: An initial reduction in concerns/referrals were reported in some places, whilst an increase was reported in others. There is some expectation that there will be a surge in safeguarding activity

when the lockdown is eased. The Coronavirus Act 2020 makes it clear that there is a duty to continue to undertake safeguarding work, e.g. s42 enquiries, and this is emphasised in the Care Act Easements guidance 2020. Organisations with safeguarding duties can closely monitor their safeguarding activity and use this intelligence to support flexible partnership responses to meet local needs. SABs can review data to understand safeguarding trends locally and re-prioritise their strategic plans accordingly in order to support services to respond to any changes in the nature and pattern of local safeguarding activity.

[Gov.Uk - Coronavirus: Covid-19, changes to the care act 2014](#)

4. Question: How can new carers, staff and volunteers recruited during the Covid-19 crisis be supported in understanding their safeguarding roles?

Answer: Responsibility rests with the employing/managing organisations to ensure that appropriate training programmes are put in place for social workers, carers and volunteers. Newly appointed social care workers are provided with appropriate training and support to meet their safeguarding role through briefings, webinars etc (see Social Work England). Volunteers can be provided with training to know how to recognise safeguarding risks and report them.

See video for volunteers <https://www.youtube.com/watch?v=HHQG8CJROhU>

[One Minute Guide: Safeguarding Adults for Coronavirus Volunteers, Association of Directors of Adult Social Services, April 2020](#)

[GOV.UK – how to help safely](#)

<https://www.local.gov.uk/protecting-vulnerable-people-during-covid-19-outbreak>

The Disclosure and Barring Service (DBS) has produced advice on safer recruitment and set up a 24 hour fast track DBS service <https://www.gov.uk/government/publications/covid-19-free-of-charge-dbs-applications-and-fast-track-barred-list-check-service>

A joint statement provides a reminder regarding whistleblowing and raising concerns about regulated care services, which can be promoted to staff and volunteers.

<https://www.cqc.org.uk/news/stories/safety-speaking-during-covid-19-emergency>

5. How can safeguarding risks associated with Deprivation of Liberty Safeguards (DoLS) be mitigated during this time?

Answer: Specific advice has been issued to support the continuation of responsibilities to undertake appropriate assessments for people under a DoLS or requiring a DoLS assessment in the context of challenges due to Covid-19

<https://www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity?>

B. issues for Safeguarding Adults Boards (SABs)

1. Question: How can SABs function during the COVID-crisis and recovery phases?

Answer: SABs may not be able to function in the same way as before Covid-19. Individual SABs can identify how to manage their statutory duties proportionately and appropriately e.g. hold virtual

meetings, suspend work streams, produce scaled down annual reports. They can seek support and agreement from partners regarding any changes. Safeguarding remains a statutory duty under The Coronavirus Act 2020 and Care Act Easement guidance 2020 encourages partners to continue to work to prevent and reduce the risk of abuse or neglect to people with care and support needs.

[Gov.Uk - Coronavirus: Covid-19, changes to the care act 2014](#)

[DASS Summary No2 Guidance on Care Act Easements 30042020](#)

2. Question: How can SABs assist partners during the Covid-19 crisis and recovery and support their local communities?

Answer: SABs can ask their community and voluntary sector representatives to identify local community support needs and communicate these to partners. SAB Chairs can maintain good communication with local leaders (through an executive group or one to one conversations). If there are no local fora for discussing Covid-19 issues and safeguarding, the SAB can set up a forum for partners to focus on their local Covid-19 safeguarding issues and responses. The SAB can facilitate multi-agency working between partners, effective communication and information sharing with the public through existing communication networks, websites, bulletins etc., to support effective communication, as well as communicating core safeguarding messages regarding prevention and protection.

e.g. <https://www.norfolksafeguardingadultsboard.info/professionals/coronavirus-covid-19/>

3. Question: How can SABs seek assurance from partners regarding meeting their safeguarding responsibilities during the Covid-19 crisis and recovery phases? (including if Care Act easements are applied)

Answer: The National SAB Chairs Network has provided key questions for SAB Chairs to ask partners to respond to provide the SAB with assurance about how they are meeting their statutory responsibilities during this period.

National Safeguarding Adult Board Chairs: three possible questions (March 2020)

1. *Under Civil Contingency Act business continuity planning processes what safeguarding impact assessments have been made locally as part of the process, both within single organisations, but also the impact on the multi-agency statutory requirements.*
2. *What assurance is it possible to gain about the local response to safeguarding concerns? For example what is the extent of s42.1 activity around emerging, societal and safeguarding issues from Covid 19 – for example the role of volunteers and keeping adults safe who have care and support needs / or who have vulnerabilities are in self isolating groups ?*
3. *What is emerging in your area around Care Act assessments in light of the Emergency Powers Bill?*

The SAB can ask the Local Authority how safeguarding might be affected by any application of the Care Act 2014 easements; it can ask the PSW or Director of Adult Social Services, who are critical in decision making regarding the use of easements, to communicate with the SAB as part of their consultation processes. Additionally, they could be asked to consider undertaking a safeguarding impact assessment.

[Gov.Uk - Coronavirus: Covid-19, changes to the care act 2014](#)

4. Question: How can SABs ensure they meet their responsibilities to undertake Safeguarding Adults Reviews (SARs) and support learning from SARs during the Covid-19 crisis and recovery?

Answer: Each SAB can make decisions about a proportionate response regarding individual SARs, reprofile work, or look at alternative methodologies for undertaking a SAR. Similarly, each SAB will have planned how to support learning from local SARs in their annual plans and be able to consider more flexible approaches to learning as alternatives to face to face learning. The SAB can seek support and agreement from partners to proposals for flexible ways to undertake this statutory responsibility.

C. safeguarding issues regarding specific areas of abuse or neglect

1. Care Homes/Institutional Care

Question: How can concerns be addressed about safeguarding people in Care Homes and other institutions (in the context of specific risks of 'hidden abuse', exposed by Winterbourne View, Whorlton Hall, as well as the high mortality rates reported from Covid-19)?

Answer: Advice and guidance has been issued during the pandemic both nationally and regionally regarding how to work safely in Care Homes. Care Home providers have been prioritised for support with PPE and testing. Plans have been initiated to enhance health care in Care Homes, so that residents are provided with effective and adequate care. A range of guidance has been developed, including supporting people at the end of life

<https://www.bgs.org.uk/resources/covid-19-end-of-life-care-in-older-people>)

[Gov.uk - Covid -19 How to work safely in care homes](#)

[Coronavirus \(COVID-19\): admission and care of people in care homes](#)

The Care Quality Commission has adapted its work in response to the Covid-19 crisis to manage and mitigate risks and ensure quality care is provided in all settings, with a focus on those which may require improvement. CQC collect the national data from Care Homes and can undertake visits if they believe there is a risk of harm. They work with local authority and health commissioners to share intelligence and support improvement in regulated health and care provider services.

<https://www.cqc.org.uk/guidance-providers/all-services/coronavirus-covid-19-pandemic-information-providers>

SABs can seek assurance from health and social care partners that they are working to relevant guidance and evidence of appropriate practice e.g. regarding 'blanket' use of DNARs. Ethics committees in health trusts are able to consider complex decision making in patient care. Learning Disability England undertook a survey and have reported on practice regarding DNAR.

<https://www.learningdisabilityengland.org.uk/news/dnar-decisions-what-the-members-survey-told-as/>

There have been a range of initiatives developed in response to the disproportionately high mortality rate in Care Homes. SABs can seek assurance from providers and commissioners regarding:

- monitoring the quality of care during the Covid-19 pandemic;
- progress with plans for Enhanced Health in Care Homes (see <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/COVID-19-response-primary-care-and-community-health-support-care-home-residents.pdf>); and
- Care Home resilience planning work initiated in mid-May 2020.

Messages have been promoted through a joint statement to support staff to speak out and raise safety and safeguarding concerns (whistleblowing) in health and social care:

<https://www.cqc.org.uk/news/stories/safety-speaking-during-covid-19-emergency>

Any issues, such as relatives (with Lasting Power of Attorney) removing people from Care Homes should be dealt with on an individual case by case basis.

2. Question: Specific types of safeguarding risks seem to have been heightened as a result of the Covid-19 crisis. What can be done regarding these? (domestic abuse; scamming and fraud)

- **Domestic Abuse**

Answer: There has been increased reporting of domestic abuse. It is important for partners to understand the impact of this on residents locally, particularly for those with care and support needs, for example inter-generational abuse of older people by adult children, as a result of pressures within the family home resulting from the lockdown. SABs and Partners can consider how to raise awareness of reporting and responding to changing safeguarding needs and re-prioritising or developing information, advice and support services appropriately. They can work with local Domestic Abuse agencies and make links to plans regarding Violence Against Women and Girls.

[LGA Tackling Domestic Abuse during Covid-19 pandemic](#)

<https://www.gov.uk/guidance/domestic-abuse-how-to-get-help>

<https://www.scie.org.uk/care-providers/coronavirus-covid-19/safeguarding/domestic-violence-abuse>

- **Scamming and fraud**

Answer: There are concerns regarding the emergence of new scams to defraud people, particularly older, isolated and vulnerable people whose social contact is further reduced due to the Covid-19 lockdown. All agencies, partners, especially community and voluntary organisations can promote reporting of scams nationally or locally to Trading Standards teams and police services. They have been instrumental in raising awareness of financial scams and can release information on current scams. Information on scams has been highlighted in the media and banks have also provided information via bank apps for potential victims to be able to protect themselves. See

[Friends Against Scams website](#)

[National Trading standards – advice](#) and resources

3. Question: Safeguarding risks seem to have been heightened as a result of the Covid-19 crisis for some specific groups of people. What can be done regarding these?
(people who are homeless/rough sleeping; people with learning disabilities; people who lack mental capacity; people with mental health problems or self-neglect; carers; ex-offenders)

- **Risks to people who are homeless and rough sleeping**

A range of initiatives were rapidly developed in response to the government's guidance regarding people who experienced rough sleeping. Most people were placed in temporary accommodation for the lockdown period. Work continues regarding supporting people to move on from their temporary accommodation, and how any safeguarding risks can be mitigated. SAB partners can work together

locally to support these initiatives. Government guidance has been released for hostels and day centres for rough sleepers as well as homelessness services.

[Gov.uk - Covid 19 - Guidance on services for people experiencing rough sleeping](https://www.gov.uk/guidance/covid-19-guidance-on-services-for-people-experiencing-rough-sleeping)

<https://www.local.gov.uk/adult-safeguarding-and-homelessness-briefing-positive-practice>

<https://www.voicesofstoke.org.uk/2020/04/23/coronavirus-covid-19-and-changes-to-the-care-act-2014-a-briefing-for-homelessness-providers-and-practitioners/>

- **Risks for people with learning disabilities**

Concerns about safeguarding risks posed to people with learning disabilities where support services such as day centres have been suspended, can be addressed through various ways: ensuring that alternative support arrangements are effective; providing regular contact and monitoring as people become more socially isolated. This can mitigate potential risks of neglect/self-neglect/ mental health problems. If being cared for by family members, their carers may experience increased stress as respite is less available.

Emerging data about the impact of COVID 19 and whether people with learning disabilities may have been disproportionately affected is being looked at. Some NHSEI regions are undertaking rapid Learning Disabilities Mortality Reviews (LEDER reviews) to identify early learning. It has been reiterated that all deaths will also be notified and reviewed under the existing LEDER processes, which are continuing, with expectations that all notifications received by 30 June 2020 will be completed within six months. These reviews will help local partners identify what safeguarding issues can be addressed through safeguarding partnerships.

The NHS has produced guidance on managing capacity and demand within inpatient and community mental health, learning disability and autism services for all ages.

<https://www.england.nhs.uk/coronavirus/community-social-care-ambulance/mental-health/>

- **Risks for people who lack mental capacity**

Safeguarding risks have been identified regarding those people who may lack mental capacity to understand the Government restrictions or may not comply with restrictions introduced to respond to Covid-19. Measures should not breach an individual's human rights, yet other measures may need to be considered when someone fails to engage with restrictions and puts themselves or others at risk.

<https://www.norfolksafeguardingadultsboard.info/assets/COVID-19/COVID-19-NSAB-MATERIAL/COVID19-Proc-for-Profes-When-Person-Not-Following-Social-Dist-or-Self-Isol-Guidancev2.pdf>

[Coronavirus \(COVID-19\): looking after people who lack mental capacity](#)

- **Risks for people with mental health problems or people who self-neglect**

There are concerns about the effect of social isolation from the Covid-19 lockdown on people who self-neglect or have mental health problems, and potential increases in self-harm and suicide as a result. People may not have had access to services during the lockdown phase, or not seen anyone face to face. Mental health services have worked to mitigate these risks through phone and other social media contacts. Practitioners can seek alternative ways to assess and respond to these

safeguarding risks for those living in the community, including responding with a variety of interventions appropriate to current circumstances.

See mental health, mental capacity isolation and wellbeing folder in www.local.gov.uk/our-support/coronavirus-information-councils/covid-19-vulnerable-groups-and-volunteering

- **Carers**

There are concerns about the potential increased stress and risks posed for carers during lockdown, especially caring for relatives with Covid-19 (see 'Caring behind closed doors').

<https://www.carersuk.org/news-and-campaigns/campaigns/caring-behind-closed-doors>

National Carers organisations have provided Covid-19 related advice to help people at this time.

<https://www.carersuk.org/help-and-advice/coronavirus-covid-19/coronavirus-covid-19>

- **Ex-offenders**

Concerns about early release of prisoners and suitability of placements being offered to people who may be high risk to themselves or others can be addressed through confirmation from National Probation Service and Community Rehabilitation services that actions have been taken to support those on probation. Multi-Agency Public Protection Arrangements meetings also continue to run, and these will help mitigate safeguarding risks.