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**Principal Social Worker Guidance for Safeguarding Adults during the Covid19  
Pandemic May 2020**

**Purpose**

To devise a brief paper outlining Principal Social Worker advice and guidance for frontline staff and managers when carrying out safeguarding duties in order to support and ensure good practice.

This will reference the need to carry out safeguarding remotely, within the context of lone working and needing to promote the safety of staff and people with care and support needs.

Consideration will also be given to when it is appropriate to carry out work remotely (e.g by telephone) and when it is essential for a face-to-face meeting/assessment to take place.

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**Context**

Professionals should still be raising safeguarding concerns as usual. The only difference should be that safeguarding responses should be **proportionate** to the circumstances and pressures which organisations/ providers are under due to the Coronavirus pandemic.

It is expected that some types of safeguarding concerns will increase at this time because of enforced isolation, economic disruption and staff shortages. Local Authorities must continue to carry out Care Act safeguarding duties and responsibilities for adults:

- Who have care and support needs
- Who are experiencing, or are at risk of abuse or neglect and
- Who are unable to protect themselves because of their care and support needs

The Covid 19 pandemic, has made carrying out these duties more challenging. Frontline practitioners will need to work flexibly and explore all options available to them to help support the individual, manage risk, and maintain people's human rights.

## **Advice and Guidance**

The following points will support frontline practitioners and their managers in fulfilling safeguarding duties safely and effectively in the current challenging times;

1. Make use of external partners and providers in order to obtain further information, carry out visits or joint visits where appropriate.
2. The use of various online platforms such as Skype, Zoom, Google Meets etc. in agreement with your LA ICT policies, are useful tools to engage citizens where face to face work is deemed high risk due to the Covid 19.
3. When using digital technology and remote means of communicating, be mindful of your environment, think about data protection and who may be able to see or hear confidential information.
4. It is also important to plan their meeting carefully to maximise the effectiveness of the 'meeting'.
5. Ensure staff have access to PPE, mobile phones and lone working devices if face to face work does need to be carried out due to the safeguarding concern.
6. Consider a RAG rating tool to aid decision making process around safeguarding, the level of possible risk and possible pathways.
7. Recording should evidence the rationale for how they have arrived at their decision regarding the safeguarding concern as well as the method of carrying out the enquiry (e.g phone/skype/face to face)
8. Interpreters and advocates are important persons to have in place and to be made available where it is deemed not suitable for family members to take on the role.
9. The use of telephone as a tool is to be weighed up against the individual's care and support needs. For example if hard of hearing or learning disabilities, it may be more beneficial for the individual to see the worker's face in order to have a frank and honest discussion.
10. Cost should not be a factor in ensuring someone is kept free from harm and consideration should be given to all available possible actions to give assurance that the individual is safe in the short term with a long-term protection plan to be developed.
11. It is essential that all discussions (who, when, decisions) and any actions taken should be recorded clearly to show how the worker has minimised the risk and sharing information.
12. Where someone needs to be safeguarded and is assessed as lacking capacity, a best interest's decision-making process must be followed to ensure that their human rights are upheld.

13. If, as a practitioner, you are struggling to meet safeguarding adults timescales, please flag this with your line manager.

### Outcomes, MSP and ensuring good practice

- 1) The current processes for auditing and ensuring good practice in safeguarding should continue.
- 2) Senior managers in safeguarding and ASC should have oversight as to how decisions are being made and what they are based on.
- 3) Safeguarding should be discussed with wider networks and more than ever they should be in contact with their wider partners to collect intelligence so that they can 'see' the bigger picture.
- 4) The government has published an Ethical Framework alongside the guidance on Care Act easements and this applies to adult safeguarding as much as ordinary care planning.

The core values and principles to apply to safeguarding are:

- Respect
- Reasonableness
- Minimising harm
- Inclusiveness
- Accountability
- Flexibility
- Proportionality
- Community

The above values are broadly similar to the safeguarding principles already enshrined in the Care Act, except that **proportionality** is given greater weight under this ethical framework and flexibility is a new ethical value to take into consideration.

- 5) Involving the adult (or their advocate) in decisions remains as important as before
- 6) The Care Act easements do allow the Council's Director of Adult Social Services to make temporary changes to timescales and local processes or prioritising of cases if needed. If that happens, the Safeguarding Adults Team/Lead for your organisation should let practitioners and all key partners know about any changes to the way safeguarding issues will be addressed.

## **Conclusion**

Safeguarding remains everyone's business, and despite the potential for taking a more flexible and proportionate approach, the immediate safety of the adult at risk and their carers must always be prioritised.