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Chief Social Work Officers – by email

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Dear colleague

## COVID-19 – BUSINESS CONTINUITY AND SERVICE PRIORITISATION

As you will know, we are experiencing a continued growth in covid-19 cases. We are now in the 'delay' phase of the response to the pandemic and I am sure that your preparations for coming weeks and months are well under way. I would like to thank you and those under your direction for all your work and commitment in helping in our response to this situation and to offer support where possible. In this letter I wanted to highlight some key priorities and also outline some of the work that we are taking forward in the Scottish Government.

While I recognise that you are may not have direct operational responsibility for all social work services, you do hold a critical governance and leadership role. As such, I ask that you liaise with colleagues with operational responsibility across the spectrum of social work and social care services to assure yourself that contingency arrangements are in place and take all necessary steps to ensure that local resilience partnerships are focused on ensuring that statutory functions, and those discharging them, are safely maintained and resourced during this challenging period.

I know that reviews of business continuity plans and service prioritisation arrangements will be ongoing locally as they are nationally, and that you will be actively considering how you will move available workforce skills, capacity and resources accordingly.

In doing this it might be helpful to think of the following points:

- Ensure that **Child Protection Register** details are kept up to date. It may also be advisable to hold details identifying vulnerable individuals and/or families including those Looked After at Home, or supported by Throughcare Services. I am sure you will also be bearing in mind that children may be more at risk of abuse or neglect due to the impacts of an outbreak. The welfare of children of lone parents who are either self-isolating or have become too ill to take care of their child/children should be protected and supported through appropriate arrangements.
- Ensure the **Vulnerable Adults list** for your area is updated. Other vulnerable people should be added if their **unpaid carer** or **personal assistant** can no longer care for them.

- Consider specific vulnerabilities in the context of possible coronavirus infection. In case of assistance, I have attached a note on the latest available clinical guidance on those considered to be most vulnerable and in need of shielding in the context of coronavirus infection. In addition, the following groups have been highlighted as being vulnerable due to a high risk of poor outcomes from infection: homeless people and rough sleepers, those using alcohol and drugs, those in and leaving prison. Those with limited capacity to understand or follow guidance may also be vulnerable.
- Check and update **MAPPA contingency plans**, with a particular focus on those assessed as high/very high risk. Regarding timescales set out in the MAPPA guidance, during the pandemic, it is not expected that these timescales will be able to be adhered to in all cases and a pragmatic approach should be taken. As you already do, prioritisation of workload and meetings should be informed by risk and consideration given to holding meetings remotely where they are deemed necessary and where this is possible.
- Similarly, in relation to **community orders dealt with by justice social work**, it is expected that timescales set out in practice guidance will not be met in all cases. We encourage all areas to take a pragmatic, risk-based approach, prioritising those cases which present a high risk of harm, public protection issues, or a particular known vulnerability. The latter may also be recorded on the vulnerable adults list. Further advice relating specifically to criminal justice matters will be issued in due course.
- Areas which currently operate the **Caledonian System** will be communicated with separately.
- Confirm that contact details for all **Care Homes and Residential Care Units** are up to date and contact has been established with the people in charge. As you will know, the Local Authority retains a Duty of Care for all residents should services be compromised. You will wish to seek assurance that appropriate contingency plans are in place, including for external providers.
- Ensure that **Care at Home services** are well prepared and prioritised as the main service to support vulnerable people at home and in communities.
- Staffing in **Care at Home services and in Residential Services** for both children and adults may also pose particular challenges as the pandemic progresses. We are working with the Care Inspectorate and the Scottish Social Services Council on how the regulatory framework can support the national response to coronavirus. I attach a short note to highlight where there is already flexibility in relation to workforce regulation and where changes are being implemented immediately to assist in redeployment and recruitment. We have sought to consider how potential legislative changes could further assist in workforce availability, should an emergency situation be declared by the government and will provide further information on this once available.
- Be assured that provisions are in place for **children and young people in secure and residential units** (including secure accommodation and any related accommodation in support of mobility or step-down arrangements) and communications lines are established with Kinship and Foster Carers
- Keep contact details up to date with SCRA Locality Reporter Managers and CHS Area Support and Improvement Partners. This against the potential for special measures – including active caseload management and/or a move to emergency and time-critical business only need to be applied to children’s hearings (and connected court proceedings).
- Consider requirements for petty cash in relation to a potential requests for support under s12 or s22 and take steps to ensure this is sufficient.

## Guidance

Health Protection Scotland (HPS) has published specific [guidance](#) for infection prevention and control in social or community care and residential settings for COVID-19 to support those working in the social care sector. This guidance is based on the [National Infection Prevention & Control Manual](#) and includes advice on how to prevent spread of all respiratory infections including COVID-19 with setting-specific information and advice. A [letter](#) was issued by the Cabinet Secretary for Health and Sport on Friday, 13 March pointing to the HPS guidance and including an additional [annex](#) with specific clinical advice from the Chief Medical Officer about visitors and admissions to care homes.

Further advice will be circulated as the situation develops. This will include guidance around prospective legislative changes in the event that an emergency situation is declared by the government.

We have received enquiries about access to appropriate equipment to ensure staff can safely and effectively deliver support to people in their homes and in residential care settings. A particular priority that has been raised is Personal Protective Equipment (PPE). Emails from Elinor Mitchell have now been issued to Chief Officers of Integration Authorities and Chief Executives of Local Authorities, and copied to all CSWOs, on the arrangements in progress with NHS NSS. I will ensure you are kept updated on developments.

We are aware that there is likely to be a significant impact on demand within the social work and social care system over the coming months and that you will have to manage these within the context of direct impacts on your own staffing and resource. I am committed to working with you to ensure you receive appropriate support and guidance at national level. Please contact me directly or via the [DCAFCovid19Hub@gov.scot](mailto:DCAFCovid19Hub@gov.scot) if you are seeking further advice. We will also continue to work in coordination with Social Work Scotland to obtain your input on the further work that needs to be prioritised and are setting up a weekly teleconference to ensure regular contact through that route.

Discussions are taking place at a national level to identify ways to further support frontline activity. This includes plans by national organisations such as the Care Inspectorate and Scottish Social Services Council to release suitably qualified staff to help frontline support, and how the contribution of volunteers can be facilitated. I will continue to advise you of any developments impacting the availability of advice and/or resources to support social work and social care services across Scotland.

Yours sincerely,



Iona Colvin  
Chief Social Work Adviser

## **Scottish Social Services Council – Statement on Regulation – 17 March 2020**

### **Current flexibility regarding registration and redeployment between services**

People working in social service roles in nurseries, care homes, care at home and housing support services, residential childcare services and school care accommodation service can currently work for six months without being registered. We understand that for people working in these services applying for registration will not be a priority. We will update this information if there is any change to this time period.

Workers registered to work in one kind of service can be immediately redeployed to work in another kind of service without any need to change their registration status with the SSSC. They would currently have six months in which to register to work in a different service.

- For example, a Care Home worker could be immediately deployed to work in a Care at Home service, provided the provider is satisfied they have the appropriate skills and experience for the work.
- Similarly a healthcare worker can be redeployed immediately into a registered care service and would currently have six months before there was a requirement to register with the SSSC.

### **Changes in regulatory practice that the SSSC are implementing immediately**

#### **Prioritising registration of social workers**

Social workers have to be registered with the SSSC before they can practise. We will prioritise processing social work applications.

#### **Keeping as many people on the Register as possible**

People on our Register have to pay an annual fee and have to submit a renewal application at the end of their registration period. If they don't, we normally remove them from the Register. We will continue accepting fees and renewals, but if people don't pay, or don't send in their renewal they will stay on the Register. We will contact people in due course when appropriate to do so.

#### **Focusing on high risk fitness to practise matters**

The safety and wellbeing of people who use services remains our priority. We will be changing our referral guidance for the sector, and only requiring them to refer the highest risk situations, such as abusive behaviour. We will delay investigating lower risk cases so the workforce can concentrate on responding to the pandemic.

We will only hold fitness to practise hearings for temporary suspension orders, when we feel somebody should be temporarily suspended from the Register to protect people who use services. We will hold these hearings remotely using video conferencing and support the worker to take part.

## **Registration qualifications**

We understand that some of our workforce may be worried about completing their qualification. We can extend the amount of time people need to complete their qualification and will not remove people from the register at the end of their period of registration during the pandemic. They can carry on working as normal. We will be in touch at a later time and will discuss with them what time period they need to complete their qualification.

## **Social work students**

We are working with universities to decide if students should continue to go on practice placements and will have a statement on this later today (Tuesday 17 March).

## **People who have been removed from the Register for not completing their qualification**

Anyone who has been removed from the register for not completing their qualification can apply and we can look at putting them back on the register

If someone previously left work (and the register) because they were approaching the end of the period required to gain qualifications, you can reemploy these workers. They will have the normal period in which to apply for registration, which is currently six months.

## **People who have left the workforce**

We are planning to contact people who have recently left the register to make sure they are aware that they can still work in the sector (other than as a social worker) even if they are no longer on the register.

We will be issuing more detailed guidance shortly.

## **Clinical guidance on those identified as vulnerable groups due to age, underlying health conditions or pregnancy – 17 March 2020**

### **1 Those with general vulnerability due to age, underlying health conditions or pregnancy.**

This group includes those who are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (ie anyone instructed to get a flu jab as an adult each year on medical grounds):
  - chronic (long-term) respiratory diseases, such as [asthma](#), [chronic obstructive pulmonary disease \(COPD\)](#), emphysema or [bronchitis](#)
  - chronic heart disease, such as [heart failure](#)
  - [chronic kidney disease](#)
  - chronic liver disease, such as [hepatitis](#)
  - chronic neurological conditions, such as [Parkinson's disease](#), [motor neurone disease](#), [multiple sclerosis \(MS\)](#), a learning disability or cerebral palsy
  - [diabetes](#)
  - problems with your spleen – for example, [sickle cell](#) disease or if you have had your spleen removed
  - a weakened immune system as the result of conditions such as [HIV and AIDS](#), or medicines such as [steroid tablets](#) or [chemotherapy](#)
  - being seriously overweight (a BMI of 40 or above)
- those who are pregnant

### **2 There are some clinical conditions which put people at even higher risk of severe illness from COVID-19.**

This group includes:

- People who have received an organ transplant and remain on ongoing immunosuppression medication
- People with cancer who are undergoing active chemotherapy or radiotherapy
- People with cancers of the blood or bone marrow such as leukaemia who are at any stage of treatment
- People with severe chest conditions such as cystic fibrosis or severe asthma (requiring hospital admissions or courses of steroid tablets)
- People with severe diseases of body systems, such as severe kidney disease (dialysis)