Your Voice Counts
Covid-19 General Guidance

This guidance was last updated on 24th March 2020

In line with the Government's Coronavirus action plan and because we believe it is crucial to do our part to help reduce the spread of coronavirus (COVID-19), we must explore alternative methods of communication if we are to face the challenge of providing support in new and different ways. We are fortunate that our teams are well placed to understand the communication needs of our clients and experienced in remote and mobile working. To that end, managers have set in motion the transition to homebased working.

This is an unprecedented, continually changing situation and it is likely the effects of COVID-19 will disrupt the work of charities and voluntary organisations across the UK. YVC has set procedures to deal with an increase in work or a decrease in our staff being available, we are planning now for the possibility that we will have more staff than work. For example, if there is steep reduction in the support we can provide because we cannot visit many clients, due to delay and cancellation of assessments and care planning, or because we receive few referrals as professionals are busy or off sick. We are also prepared to contribute to a national or locally coordinated effort to safeguard the most vulnerable, should the need arise. Our priority in the short term is to focus on the needs of our existing beneficiaries and to adapt.

We need to consider how to ensure the health, safety and wellbeing of our beneficiaries, service users, staff and volunteers, and how to make YVC as resilient as possible. Managers are working to identify additional skill sets to support potential deployment of staff members to protect those in at-risk groups and keep essential services running.

The advice for anyone in any setting is to follow these main guidelines:

- If you are ill, notify your manager as usual.
- The most common symptoms of coronavirus (COVID-19) are recent onset of a new continuous cough and/or high temperature. If you have these symptoms, however mild, stay at home and do not leave your house for 7 days from when your symptoms started.
- You do not need to call NHS 111 to go into self-isolation. If you symptoms worsen during home isolation or are no better after 7 days, contact NHS 111 online. If you

have no internet access, you should call NHS 111. For a medical emergency dial 999.
- Please follow NHS and Public Health England advice relating to staying at home and social distancing.

What is social distancing?

We should now all exercise social distancing. This means:

- Work from home, where possible.
- Avoid contact with anyone who is displaying symptoms of coronavirus (COVID-19). These symptoms include high temperature and/or new and continuous cough.
- Avoid non-essential use of public transport, varying your travel times to avoid rush hour.
- Avoid large gatherings, and gatherings in smaller public spaces such as pubs, cinemas, restaurants, theatres, bars and clubs.
- Avoid gatherings with friends and family. keep in touch using remote technology such as phone, internet, and social media.
- Use telephone or online services to contact your GP or other essential services.

If you are at increased risk from coronavirus

- Get in touch your manager if you have not already done so if you are in a category which places you at increased risk if you were to contract coronavirus, your manager will work with you to understand how we can best support you.

Staying well

- Continue to follow NHS guidance to wash your hands regularly for at least 20 seconds in hot water, or with hand sanitiser as an alternative. Avoid touching your face.
- Managers will keep in regular contact with members of staff who are home-based working, including making sure you do not feel isolated and offering support.
- Managers will continue to explore opportunities for group communication and will be in touch over the next few days with a schedule for regular team meetings using Microsoft Teams.
- Managers will contact staff at the start of the working week to check in with you and to plan for the week ahead. Managers will also contact you at the end of the week to see how things have gone.

Staying updated

- We will continue to update our guidance to reflect new information, however as guidance is constantly changing please keep yourself up to date with the information produced by reliable sources such as Public Health England: https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response

Our priorities

- Managers will prioritise YVC's services to focus our resources on those with the greatest need. Where capacity is reduced due to staff sickness, managers will ask part-time staff if they would consider working overtime or ask people to consider rescheduling leave.

Caseloads

- Managers will aim to allocate all appropriate statutory advocacy referrals to a named advocate / RPR within 2 working days of referral receipt, including referrals waiting on allocation at this point. This will inevitably cause caseloads to increase but should be considered alongside the cessation of visits and attendance at meetings which will inevitably open up capacity for new work.
- This is a temporary arrangements to deal with extraordinary circumstance. We take this action because even where it is not possible to visit a client it may still be possible to provide basic support around rights. For example:
    - you are allocated a newly detained patient. You cannot make a face to face visit; however, you are able to speak to your client over the telephone and with agreement provide information on rights and responsibilities.
    - You are allocated an IMCA case, you cannot visit the care setting where the person is, but you are able to consult with the referrer and review records provided electronically and from this information you feel able to support an interim decision or request that a decision is delayed.
    - You cannot attend a meeting, however you have instruction from your client and agree to attend the meeting using Microsoft Teams.

Referrals and active cases will be allocated by managers to available staff using the following priority list.

1. Safeguarding adults
2. Serious Medical Treatment (IMCA)

Detention

3. 39A (IMCA)
4. Section 2 (IMHA)
5. Support for Tribunal (for people on all Sections) (IMHA)
6. RPR where the person is or might be objecting

Critical decisions

7. Decisions which may result in a change of accommodation
8. Care Act Assessment (when this is the first assessment or a case in urgent need or access to/ change in service only)
9. Other statutory duties (only where possible to work at a distance and only if capacity allows)
10. Any other statutory advocacy case which can be progressed without in person meetings with the client. This includes
    - RPR where meaningful contact with the client is possible remotely or where there are significant concerns and short durations
    - Care Act processes not mentioned above
    - IMCA 39c and IMCA 39d

11. Any other advocacy case which cannot be carried forward without meetings with the client will not be prioritised. This may include:

    - Care Act processes not mentioned above,
    - Non-statutory advocacy cases that require in-person advocacy.

This is not a blanket statement; managers will continue to assess referrals for priority on a case by case basis.

Visits and in person meetings

- In response to government measures to halt the spread of coronavirus (COVID-19) we have taken the decision to suspend all face to face contacts until further notice, this includes visiting with our clients and attending in person meetings.

Working practice

- Managers are working with office-based staff to support a transition to home-based working where possible.

- If you are self-isolating for any reason, your manager will support you to undertake any tasks that can be provided by telephone, video call or email, along with any administrative tasks required by unaffected staff.

- If any of your cases need to be re-allocated, this will be done by a manager. In an effort to provide at a minimum telephone contact, managers will allocate cases as referred including any cases currently waiting for allocation at this point.

Providing advocacy by other means that face to face contact.

- Where possible, deliver advocacy by phone, email or video.
- If you are involved in providing non-advocacy services, your manager will work with you to make decisions about what should continue at this time.
- We are currently exploring ways of supporting groups to meet virtually through online service providers.

Instructed advocacy

Consider alternatives ways to consult with your client, including:

- Telephone appointments
- Video call using Skype or Zoom or WhatsApp
- Email or other text-based communication

Whichever method is used, the client should be able to speak with their advocate independently of staff if they wish to.

Although it will present a further challenge, we ask that you continue to secure your client's consent before communicating with others on their behalf, wherever possible and appropriate. However, please take a common-sense approach, and where you cannot gain consent please record this clearly to the client file in Charitylog with the reason clearly stated. Possible alternatives to securing consent other than in person include:

- Setting out any agreements in an email to your client, with instructions for your client to reply to the email to confirm that they agree to the actions you will take.
- Taking a similar approach but using text message.
- Verbal consent, record clearly on the client's file in Charitylog that written consent is not possible at this point, state why (eg not appropriate to visit the setting due to the presence of coronavirus) and state clearly what actions you have agreed to take and to what end.

IMHA specific

The Mental Health Act Code of Practice requires that 'patients should have access to a telephone on which they can contact the IMHA service and talk to them in private'.

Should hospitals be unwilling or unable to facilitate these approaches to providing access to advocacy under the Mental Health Act, this puts clients' rights at risk. If advocates have any concerns about access to detained patients, they must raise this with their manager.

Non-instructed advocacy

Where advocates are unable to visit, some non-instructed advocacy work can continue. In some situations, we will be able to speak with the person by phone or video, but frequently we will not be able to. We might still be able to help their rights and well-being to be considered using for example:

- Watching Brief - asking questions of decision makers using 8 key domains
- Rights based approach – considering how the options will ensure the client's rights are upheld
- Using knowledge of the person's previously expressed views and preferences
- Using discussions with family and professionals who know the client well to support the above approaches

However, if we have not been able to gain their views directly, the work will be severely limited, and this must be stated in our reports and comments. This is a serious limitation given that the focus of all our work is the client's own views, wishes and voice.

Delay In all situations, we must remember that asking to delay a decision, or make a temporary decision, until we can consult fully with our client, is nearly always an option.

What about DoLS?

- Managers are working with RPRs to collate the people we support who are subject to authorisations by residential service and anticipated date of next visit. RPRs will maintain knowledge of the person through contact with the residential service manager and other appropriate persons such as key staff, family and friends.
- Where a challenge is proceeding through the Court of Protection, RPRs will continue with established contact with the legal representative.

If you have a query or concern

- if you have any specific concerns about yourself, your colleagues, or our clients' health and safety, please speak with a manager.

All services will be regularly reviewed to take into account the latest position and advice from Public Health England.