

Guidance for professionals when a person is not following the guidelines on social distancing or self-isolating (Covid-19)

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1. Introduction

- 1.1. This guidance offers advice to professionals when people with care and support needs continue to go into the community and fail to respond to the government's guidance about <u>social distancing</u> and/or <u>shielding</u> during the Coronavirus (Covid-19) pandemic.
- 1.2. It should be read in conjunction with the requirements of the <u>Mental Capacity Act</u>, the <u>European Convention of Human Rights</u> and the <u>Emergency MCA DoLS Guidance in</u> <u>COVID19</u>, as well as any agency-specific guidance.
- 1.3. The safety of the community and of staff must always be a key priority in determining the action to be taken.

2. Person is suspected to lack capacity

- 2.1. The person may not be complying with the requirements because they may not understand what they should do, due to confusion, a mental health condition or learning difficulty. The <u>Mental Capacity Act guidance note COVID-19</u> produced by 33 Essex Chambers is a valuable resource. Note that duties and responsibilities under the Mental Capacity Act are unchanged by the <u>Coronavirus Act</u>.
- 2.2. Assess the persons *Mental Capacity* as best you can, while maintaining appropriate social distancing. This may be in person or undertaken remotely using video calls. The mental capacity assessment should establish if the person has the mental capacity to make a decision about whether to go out into the community. This includes whether the person understands the government's guidance on social distancing and self-isolating, and the consequences of not following these, i.e. potential police action, the risks to themselves and others.
- 2.3. If you determine that the person lacks capacity to make the decisions about social isolating, consider the following *risk* factors:
 - What are the risks to the person from their current behaviour? Including how frequently they are going out, where are they going, what is their purpose in going out?
 - What are the risks to other people from the person's behaviour? Including who they are likely to come into contact with? Are they tactile and sociable or do they avoid interactions with others? What are the risks associated with the outings beyond the coronavirus implications?
 - What strengths are there in the person's network or environment which could support them? Are there family who could help them to self-isolate or accompany them into the community, care provision that could support them to remain at home or accompany them into the community, any interests they could be encouraged to pursue at home?
 - What mitigating actions could be taken to reduce the risks using the strengths identified above or other options? Consider if additional support, assistive technology, voluntary or community support, respite care or a police visit might help to mitigate the risks
- 2.4. Make a **Best Interest decision** on the least restrictive option to keep the person safe. This should be recorded in your agencies' usual format. In arriving at the best interest decision consider convening a multi-agency meeting. The views of the person and their family should be taken into account and documented. Some key professionals include the person's GP, District Nurse, Social Worker, care provider, housing provider, police

and Public Health and they should be included in the multi-agency meeting where possible.

- 2.5. Any changes to a person's care plan MUST be made on the basis of the Best Interests assessment, and the reasons for the decision carefully explained.
- 2.6. Occasionally, the measures needed to protect the person or others could be extremely restrictive, for example the use of medication where none was used before, increased dosages in existing medication, actual restraint, locking someone in their room/house, moving the person temporarily to a residential care setting. In these circumstances an application for a **Deprivation of Liberty Safeguard** (DoLS) should be made if the person is in a care home or hospital. If the person is at home, an application would need to be made to the Court of Protection for a **Deprivation of Liberty Order**.

3. **Person has capacity**

- 3.1. If you have presumed Mental Capacity or your Mental Capacity Assessment concludes the person has capacity to make the decision about social distancing and self-isolating, or there is a presumption of mental capacity to make the decisions about social isolating, consider the risk factors:
 - What are the risks to the person from their current behaviour? Including how frequently they are going out, where are they going, what is their purpose in going out?
 - What are the risks to other people from the person's behaviour? Including who they are likely to come into contact with?
 - Do they have any symptoms? Are they in the shielded or vulnerable category?
 - What strengths are there in the person's network or environment which could support them? Are there family who could help, care provision that could support them to remain at home, any interests they could be encouraged to pursue at home?
 - What mitigating actions could be taken to reduce the risks using the strengths identified above or other options? Is there someone they trust who might be able to persuade them to change their behaviour?
- 3.2. Attempts should be made to persuade the person to change their behaviour by providing information about the risk and possible consequences of continuing to flout the requirements.
- 3.3. If the risks to the person or others are high (e.g. person has symptoms, the person is frightening others by coughing or spitting at them), consider convening a professionals meeting to share risks and ideas on how these can be mitigated. A visit from the police to have a discussion with the person may help change the behaviour.
- 3.4. If the risks are high and behaviour does not change advise the Public Health Officer and the police, for their consideration of invoking their powers under the Coronavirus Act 2020





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