Briefing on protecting vulnerable people during the COVID-19 outbreak

30 March 2020

Contents and objective

This note includes the following sections:

- contents and objective
- overview of the system for supporting vulnerable people
- vulnerable groups and how they can be identified
- types of support
- key considerations for councils in coordinating local support
- supporting resources.

Many councils will already have made significant progress in developing systems to support and protect people who are vulnerable as a result of the COVID-19 emergency, and this note is therefore intended to assist them by providing a point of cross-reference. It will also assist the NHS, community and voluntary sector and other partner agencies to understand the role and contribution of local government in supporting vulnerable people.

Vulnerability may present itself in many different ways during the weeks and months of the national emergency response. The Government has produced guidance[1] on the approach agreed to supporting those who are clinically extremely vulnerable to COVID-19, and we have included that work within the scope of this document. However, we have also provided a full overview of the other work that is and will be taking place, led largely by councils and the voluntary and community sector (VCS) with support from other partners, to protect other vulnerable groups.

The Local Government Association (LGA) is engaging daily with a wide range of councils and partners as these support mechanisms develop, and is continuing to highlight to Government the needs and priorities of councils in regard to supporting vulnerable people. In particular, we have emphasised that there is a clear need for councils and the local VCS to be adequately resourced to provide this additional support that will be required in the coming weeks.

We will continue to work closely with you all over the coming weeks to support our communities. **As with other guidance issued in this unprecedented situation, this document is current as at the date set out above and will be updated as and when necessary.** We will also aim to supplement this with examples and case studies from councils. Updates and further information will continue to be placed on our website at: www.local.gov.uk/our-support/coronavirus-information-councils

---

[1] https://www.local.gov.uk/sites/default/files/documents/200324%20Guidance%20for%20LAs%20and%20LRFs%20supporting%20vulnerable%20high%20risk%20people%20MASTER.pdf

Overview of the system for supporting vulnerable people

Over the past two weeks, significant work has been undertaken to establish mechanisms for supporting vulnerable people during the COVID-19 crisis. This work cuts across a number of key stakeholders from local government to the NHS, Local Resilience Forums (LRFs), food distributors, food charities and the wider VCS. Councils will have a critical role in making sense of this at the local level and pulling it all together: to assist with this, we have set out below a quick summary of the current picture in terms of providing support for the vulnerable and the respective roles of different stakeholders.

Local support system, hubs and the clinically vulnerable cohort
The Government asked all parts of the country, via their LRFs, to put in place arrangements for local support systems (LSS) responsible for receiving and responding to requests for help from the most clinically vulnerable people. The NHS has written to a cohort of circa 1.5 million people identified as being at highest clinical risk to COVID-19[2] due to pre-existing health conditions, to ask if they require support with accessing food and medicine during the 12-week period in which they are expected to be 'shielded' at home. While it is expected that a significant majority of this group will be able to be supported by family and friends, arrangements are being put in place via the LSS so that those who need to can access support in the form of directly delivered food parcels (distributed by the food industry) and medicines (distributed by NHS community pharmacists), with councils and the VCS asked to arrange care/social contact for those who might be feeling very isolated. Individuals will be asked to register via the website[3] or hotline where they can indicate their need for support.

One hundred and thirty two local authority led hubs have now been identified across the country (covering agreed local footprints) to implement the LSS. At the current time, the focus of the hubs will be to arrange help and support for the most vulnerable people in the event of any issues with the centralised arrangements put in place for this group. They are not intended as a general 'one stop shop' for all enquiries related to COVID-19 or to support the much wider group of people who have other vulnerabilities or may be made vulnerable as a result of the emergency (see next section).

Councils' role in the LSS will be through LRFs, which as the established framework for responding to emergencies have been asked to oversee the hubs. Through the hubs, the local work required to support this group should broadly be limited to dealing with any issues arising where food parcels are missed or are inappropriate because of dietary needs or religious observance (although over time, it is intended that food parcels may become more tailored) and focusing on social contact support. However, while the system is in development, local hubs are being asked to support the emergency provision of food to those who are urgently in need. This will be through the delivery of bulk consignments of food to the 132 local authority hubs for distribution locally.

Unless councils have decided otherwise, the hubs will be separate to individual councils' usual call centre arrangements, which we anticipate will also receive a high level of more

---

[2] Referred to as 'people defined on medical grounds as extremely vulnerable from COVID-19).
[3] https://www.gov.uk/coronavirus-extremely-vulnerable

general enquiries about COVID-19. However, as set out in the key considerations section later, councils will want to link up their arrangements for supporting all the different vulnerable groups as closely as possible.

Social Prescribing Link Workers within primary care networks (PCNs) will be a key contact to co-ordinate support for people who are vulnerable and self-isolating, working closely with their established relationships with GPs, health and care professionals and voluntary sector partners.

NHS Volunteer Responders / Good Sam app

The NHS is undertaking its own work to put in place measures to provide support to the clinically vulnerable shielded group through volunteer capacity coordinated through the Good Sam App and creation of NHS Volunteer Responders. Local Authorities can also refer people needing assistance into NHS Volunteer Responders. This scheme already has over 700,000 volunteers and has been established to provide volunteer support to the 1.5 million most at risk from coronavirus who are being advised to be 'shielded;' those that GPs consider to be extremely vulnerable, and for patient transport to support hospital discharge. Volunteers will be helping with tasks such as delivering medicines from pharmacies; picking up additional shopping goods not covered by the existing scheme; driving patients to appointments; bringing them home from hospital and regular phone calls to check they are ok and offer much needed telephone companionship.

The programme is being delivered by the Royal Voluntary Service (RVS) using the Good Sam app which is already used by NHS111 and ambulance trusts. It will not replace any local voluntary sector referral mechanisms already established but will complement these and provide support for services that can't access local organisations. Referrals for support can be made from any health professional and from local authorities and should be made via the NHS Volunteer Responders referrers' portal https://goodsamapp.org/NHSreferral (to start being matched from 30th March) and telephone referrals will also be possible from 30th (phone number to follow).

Wider VCS

Councils will already be plugged into their local VCS networks, potentially through local community and voluntary services such as the relevant Community Foundation and the British Red Cross as local coordinating and funding bodies for the sector.[4] Many national and local VCS organisations have launched individual initiatives relating to COVID-19, some of which are specific to individual conditions. There is not a definitive national list but NCVO,[5] the British Red Cross,[6] NAVCA[7] and Volunteering Matters[8] and the Voluntary and Community Sector Emergencies Partnership[9] are endeavouring to broker information about needs and offers of support. At a local level, the VCS will need to work closely with their

---

[4] https://www.ukcommunityfoundations.org/
[5] https://www.ncvo.org.uk/practical-support/information/coronavirus
[6] https://www.redcross.org.uk/about-us/what-we-do/uk-emergency-response/coronavirus
[7] https://navca.org.uk/
[8] https://volunteeringmatters.org.uk/
[9] https://www.redcross.org.uk/about-us/what-we-do/uk-emergency-response/voluntary-and-community-sector-emergencies-partnership

council in order to coordinate intelligence about where help may be needed, the voluntary resources available and to deploy help and support to where it is most needed.

Financial hardship and poverty
The LGA and councils have been working at pace with a wide range of partners including national government, the VCS, the NHS and food suppliers to develop support for those who may face immediate or imminent financial hardship as a result of COVID-19.

The focus of this work has been to put additional support in place for groups beyond the clinically vulnerable group being shielded who may be at risk of food poverty and/or hardship. This is likely to include, in particular, families with children who are already in or at risk of financial hardship. There will also be a need for close integration with councils' support for other key vulnerable groups including people experiencing homelessness (and those at risk of homelessness) and people with no recourse to public funds.

In many cases councils may be looking to further develop existing local welfare support and referral pathways, in others they may need to quickly establish new partnerships and ways of working.

The LGA is working with councils and MHCLG to develop the administrative processes to apply the £150 reduction for working-age Local Council Tax Support claimants through the £500 million Hardship Fund,[10] and with councils and partners to explore how they can make the most effective use of the discretionary component of that support.

Local neighbourhood and mutual aid groups
COVID Mutual Aid UK is a group of volunteers supporting local community groups organising mutual aid across the UK. Their focus is on providing resources and connecting people to their nearest local groups, volunteers and those in need. In many areas, they have mapped the streets and neighbourhoods where self-organising local neighbourhood groups – often covering a single street or estate - have been set up. This will provide a helpful resource for local councils and the wider VCS in identifying areas without local neighbourhood areas so that they can offer additional support.

Emergency Volunteer Scheme
More formally, the Emergency Coronavirus Act sets up the Emergency Volunteer Scheme, which entitles employees to take unpaid leave of blocks of up to four weeks in a 16-week period to volunteer in skilled healthcare and adult social care positions in health and social care settings. Volunteers will need to be certified by councils and national health bodies that they will fill a post for a specific period of time and that they have the appropriate skills and clearances to fulfil the role, as well as that the correct indemnities are in place for the volunteer to cover the volunteer in a particular placement. Certifying bodies will issue a certificate to confirm that a placement has been found, the duration and the official start date of the placement. Volunteers can be reimbursed for their placement by Government. The LGA is working with the Government to develop a 'light-touch certification process and to ensure that any additional burdens on councils are adequately resourced.

---

[10]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874867/COVID-19_Council_Tax_Hardship_Fund_Guidance.pdf

Clarity on different types of volunteers

Local councils will need to work with their partners in the NHS, social care providers and the VCS to have a clear understanding of the tasks that are required to be undertaken by a trained healthcare or adult social care profession – either in a paid or voluntary capacity – and the tasks that can be undertaken by an unskilled volunteer. The LGA is currently working with DHSC, NHSEI, ADASS and representatives of national VCS and care providers to develop clear guidance on this.

Role of different stakeholders in providing support for vulnerable people

Stakeholder	Role
Local resilience forums	- Established mechanism for strategic coordination of multi-agency emergency responses - Overseeing the local hubs
Local support service / hubs	- Coordinate any local care and support requirements for 'shielded group' that do not have support networks, ie food/medicine if necessary, social contact. - Liaise with the VCS, NHS and other local agencies to ensure that the right support reaches the right people
Councils	- Delivering essential normal services to those with existing needs, eg social care (which may change in line with the Emergency Coronavirus Act), homelessness - Targeted communications with vulnerable residents about support available, including alternatives to digital, and wider resident awareness raising of public health advice - Overseeing support for wider groups of vulnerable people beyond the shielded group, including those who become vulnerable due to COVID-19, eg food, medicine, shelter and social contact - Working with VCS to coordinate support and advice (including matching volunteers to appropriate opportunities) and facilitate community support - Administering hardship funds introduced to support individuals and businesses experiencing financial hardship - Certification of emergency volunteers - Working with partners around roles and responsibilities for safeguarding adults and children **Councils in two-tier areas will need to agree how these tasks should be coordinated locally**
NHS	- Support the most vulnerable, co-ordinated by social prescribing link workers, through community pharmacy deliveries and enhanced GP support/remote consultations for routine appointments - Social Prescribing link workers to coordinate and signpost volunteer support to local need through NHS Volunteer

	Responder Scheme. Guidance is due to be published on this approach in Primary Care Networks.
National voluntary and community sector	• Signposting, guidance, resources and support for local VCSs, including stressing keeping people safe • Clear advice to local VCS organisations about their potential role supporting local responses and how to ensure a coordinated response led by councils
Local voluntary and community organisations	• Work closely with the council in order to coordinate intelligence about where help may be needed, the voluntary resources available and to deploy help and support to where it is most needed • Via councils, engage with the hubs about specific support for shielded people eg social contact • Share resources with councils that may aid the local response, such as mapping of neighbourhood activity to help identify gaps in support

Vulnerable groups and how they can be identified

The following broad groups will have a continuing or new need for support as a result of the COVID-19 emergency response.

Groups of people with existing or new care and support needs as a result of COVID-19 emergency	Lead support role if no friends/family
People with an existing care package or care need including receiving care at home and in Care Homes (both funded by the council and self-funded) and including personal budget and personal health budget holders	Councils
People reliant upon informal/unpaid carers when the carer becomes ill or is required to self-isolate	Councils/VCS
People whose existing services are impacted by the COVID-19 response. This group includes a wide range of services, including health support, substance misuse services and many others.	NHS/Councils
People within medically high risk "shielded" groups who do not have support from family or friends[11]	Hubs - LRFs/Councils
People within the broader groups of people required to self-isolate who do not have support from family or friends	Councils/VCS
People with financial/food vulnerability as a result of COVID-19	Councils/VCS

---

[11]https://www.local.gov.uk/sites/default/files/documents/200324%20Guidance%20for%20LAs%20and%20LRFs%20supporting%20vulnerable%20high%20risk%20people%20MASTER.pdf

People who are homeless – in particular people sleeping rough, in shelters or hostels, and people who are being discharged from hospital or released from prison who may otherwise be homeless	Councils/VCS/Registered Providers, NHS, National Probation Service, CRC

Alongside the clinical vulnerable cohort being supported by the hubs, there are a number of other groups who may also need support in the coming weeks and months as a result of the self-isolation and stay at home policies, for example because they have a pre-existing vulnerability that means they are already within the remit of the care and support system / other statutory services. Councils will also be needing to identify and offer support to older people who may not have existing health or social care needs, but who are temporarily vulnerable because of current disruption to services such as supermarket home deliveries and the advice to people over 70 to be particularly careful about exposing themselves to infection.

In addition to those who are vulnerable to the health impacts of COVID-19, there is a second group who are vulnerable due to the likely impact on their financial and domestic circumstances arising from the emergency, for example because they lose jobs or income, experience a change in their housing arrangements or lose access to normal services (eg free school meals).

People vulnerable to health risk of COVID-19	• People with underlying health conditions • Over 70s • Pregnant women
People already with some links into care and support/public health systems	• Care/personal (health) budget recipients, including people with a learning disability and/or autism • Unpaid / informal carers • People accessing community mental health services • People accessing drug and alcohol services • People accessing homelessness related services
People with financial or housing vulnerability	• Local council tax support • Overcrowded, temporary, emergency or supported accommodation • Free school meals • Discretionary housing payments • Working age benefits including Universal Credit, Housing Benefits, Tax Credits, Employment and Support Allowance • Pension credit • Asylum seekers including UASC, and non-UK nationals with NRPF
People who may suffer from reduction of usual services	• FSM/vulnerable children • Children with support from a social worker • Carers, including young carers • Kinship carers and the children they care for • Victims of modern slavery • Young people supported by youth services • People receiving low or medium-level social care support • People currently sleeping rough • Gypsy, Traveller and Liveaboard Boater, park home communities • People at risk of abuse or neglect, including domestic abuse

Whilst councils and other statutory partners and commissioned providers already know many of the other vulnerable people are in their communities, there will also be people in vulnerable circumstances who either are not on the radar of statutory organisations or are newly pushed into vulnerabilities because of COVID-19. This could include the following (this list is not exhaustive and there may be other groups who are vulnerable in your local area):

March 30, 2020

Other potentially vulnerable/potentially hidden groups

- People newly claiming universal credit due to loss of employment
- People who may experience financial hardship and/or food poverty but do not receive state support, for example the self-employed and others not entitled to Statutory Sick Pay
- People at risk of experiencing homelessness or already homeless
- People experiencing or at risk of experiencing domestic abuse, which is likely to increase due to the pressures created by the emergency response
- Families living in cramped or crowded accommodation
- People living in non-commissioned supported housing
- People living in more rural/isolated settings
- Social care self-funders, who are not always known to councils
- People without care plans who have been self-managing, such as those with learning diability and/or autism, or with mental health issues
- People who are confused or lack the mental capacity to understand the current situation
- People who develop loneliness as a result of self-isolation and social distancing, especially over 70s, which can impact upon health
- People in prison or living in any other HM Prison and Probation Service offender accommodation
- Kinship carers not receiving local authority support who are required to self-isolate due to health and age factors, and the children they care for
- Children and young people who have not had a formal diagnosis of a mental health condition along with their family or carers
- Those with NRPF conditions not supported or accomodated by councils, or with irregular immigration status, newly granted refugees and asylum seekers
- People with language barriers

Types of support

Support needs are likely to encompass housing and accommodation, food, medicine and mental wellbeing, with examples highlighted below. The British Red Cross's recent Ready for Anything report[12] considered how to develop person centred responses to emergencies and set out how an individual's needs can be influenced by their culture, religion or belief, gender and socioeconomic background. Needs might also be affected by a person's vulnerability, such as pre-existing health conditions, disability or age, and their level of resilience, which can depend on their economic status, support network and prior experience of trauma.

For the most clinically vulnerable groups, the required support will be the direct provision of food and medicine; for others, it may be social contact to overcome isolation, or financial assistance. Many people in vulnerable circumstances or their households might have more than one vulnerability and need more than one form of support, and the nature and level of that support need might change over time, so support needs to be joined-up, coordinated and responsive to people's changing needs. As local systems are going to experience a huge increase in demand for support from vulnerable people, requests will need to be triaged, so that urgent needs for the most vulnerable are addressed first.

Once vulnerable people's immediate and essential needs have been met, the prolonged nature of social distancing and social-isolation means that there will be a need to support a wide range of needs over a long period of time. We can expect more people to experience loneliness, anxiety and depression. Effective responses to the mental health impact of COVID-19 will be essential to sustain the measures necessary to contain the virus and aid recovery.

Support with self-isolation
- For people who are homeless, including street homeless – a safe place to stay that enables people to follow Government guidance on self-isolation and shielding
- Support for parents and families with children home from school
- Support to counter loneliness and the negative impact of continued isolation on mental health or behaviours that challenge.

Financial support
- Timely access to emergency financial support to enable people in financial hardship to pay rent/mortgage and/or buy food
- Remote welfare rights and benefits advice to ensure people are claiming and receiving the support they are entitled to

Access to food
- Food parcels and other 'benefits in-kind' for those for whom financial support may not be feasible/effective
- Practical help for those self-isolating to use food delivery or click and collect services or get help with shopping

---

[12] https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/ready-for-anything

Access to medicine
- A sustainable supply of essential medicines, including continued access to substance misuse treatment

Meeting urgent needs
- Ensuring that urgent care and support needs are met, including through personal budgets and personal health budgets
- Support for people whose safety is in imminent danger (with other agencies), such as people who experience a mental health crisis or domestic abuse, and including issues that could put a child's placement with a carer at risk

Practical help
- Assisting people in caring for their pets, eg dog walking
- Helping new users to access and use, eg internet food shopping, relevant apps to contact and communicate with family and friends etc
- Accurate, accessible (including translation) and timely information

Key considerations for councils in coordinating local support

The role of councils

As place leaders, councils are best placed to take the lead on coordinating local activity by statutory and non-statutory services to protect different vulnerable groups during the COVID-19 emergency. Councils may be required to support a large number of people during this crisis, and therefore need local mechanisms for receiving local and non-digital referrals for support, as well as for taking proactive steps to identify vulnerable people living locally. The LGA is emphasising the need for national arrangements to complement rather than cut across what already exists locally.

This is a developing picture both locally and nationally but councils should be considering developing clear processes that will ensure:

- local arrangements for providing support to vulnerable groups falling outside the scope of the Local Support System/hubs but with clear links into it
- an understanding of local VCS capability and the map of new neighbourhood networks available to provide support, with this being regularly reassessed through ongoing engagement with the sector in order to identify and address gaps in community support
- that councils, the NHS and the VCS have a shared understanding of the types of support different groups can provide, with a tiered approach depending on skills and expertise, with proper regard to safety and quality of support
- local arrangements are clearly communicated to residents
- assessments of individual needs can be made and triaged accordingly
- referrals of specific cases can be made to local support groups or other VCS organisations and where necessary, cases can be referred from voluntary support providers into statutory services
- non-digital arrangements are available for people with no access to digital applications or who do not feel confident in using them
- out of area placements are identified and supported
- roles and responsibilities around safeguarding are fully understand and maintained.

A joined up support system that is linked to the hubs

Localised support arrangements should be closely linked into the hubs established to support the most clinically vulnerable people: it is likely that people will contact the new hubs who are vulnerable but do not fall within the scope of support provided by them, so there will need to be ways to triage and pass people to other local support.

Local arrangements will need to be agreed across LRFs, which have strategic oversight of the hub arrangements, both tiers of councils (if applicable) and other relevant partners including the VCS and NHS. Arrangements could include a public facing hotline, specific or single council point of contact for coordinating COVID-19 support requests, or a specific service lead if the nature of the request is clear.

Identifying capacity and supporting the voluntary and community sector (VCS)
Councils should seek to assess local VCS capacity in their areas, building on their existing local networks, contacts, and ward councillor intelligence about the new local networks that have developed in response to COVID-19. Included within this capacity could be any local town and parish councils where they exist, as they are likely to provide an additional layer of capacity to support the response.

Councils can also consider how their commissioning practices can support the VCS at this time, in terms of payments, contracts, tendering and KPIs. The LGA guidance to commissioners[13] about social care resilience encourages commissioners to be as flexible as possible and to pay quickly. It is already clear that in these exceptional circumstances, authorities may need to procure goods, services and works with extreme urgency, or roll existing contracts over. Authorities are permitted to do this using regulation 32(2)(c) under the Public Contract Regulations 2015. The Government have published Procurement Policy Notes on regulations and payments to ensure service continuity.[14]

Roles and responsibilities
In responding to COVID-19 there may need to be some reprofiling of roles, in that some functions normally undertaken by a formal carer (eg, shopping etc) could be undertaken as part of the volunteering capacity that is being developed, freeing up carer capacity at a time when it may become stretched.

However, there are many functions which should only be undertaken by trained professionals; similarly, councils may if possible prefer to signpost local residents to well-established VCS organisations or to the NHS Volunteer Responders programme where local organisations do not have capacity, rather than some of the newer, more informal networks that have developed (which may be more appropriate operating between friends and neighbours who knew each other previously). As part of their work to coordinate statutory and VCS capacity, councils may wish to set out some proposals in this area, including the requirements for DBS checks for specific roles.

Clear communications
Councils will also want to ensure that the support available is being communicated to their communities and consider how best to work with local community and voluntary groups to ensure those messages are reaching the right people. This will need to ensure their own call centres continuing to have the most up to date information.

Identifying need
As well as responding to requests for assistance, councils can take a proactive approach to identifying those who may already be, or become vulnerable during the COVID-19, based on the lists set out in earlier sections of this guidance. This is particularly the case for groups who may become vulnerable for non-health reasons, such as food poverty or financial hardship, where data analytics may be able to support a proactive approach, and councils

---

[13] https://www.local.gov.uk/coronavirus-information-councils/social-care-provider-resilience-during-covid-19-guidance-commissioners
[14] https://www.gov.uk/government/publications/procurement-policy-note-0120-responding-to-covid-19
https://www.gov.uk/government/publications/procurement-policy-note-0220-supplier-relief-due-to-covid-19

should consider mechanisms to identify less visible needs such as language barriers or loneliness. There are a number of ways in which councils working with partners can identify people who may or may not already be known to statutory agencies, but who might be vulnerable or become vulnerable during COVID-19 and need support, for example through:

Councils' own data	Housing related data	VCS and established networks	Other
Revenue and benefits data	Landlords, including social landlords	VCS organisations, particularly those providing crisis support and food aid	Parish and town councils
Responses to council communications on COVID-19	Rough sleepers' night shelters and day centres	Advice providers including Citizens Advice and Debt Advice	New neighbourhood support groups
Ward councillor intelligence and awareness	Rough sleeping outreach services	Credit unions, community development finance initiatives, other social lenders and small grant providers (eg Fair for You, Buttle)	Informal support groups set up through Facebook, Whatsapp
Free school meals data		Faith community and networks	

Data and data sharing
Councils will be using this data in identifying local need and referring between services, which will be vital in ensuring no vulnerable person or family 'falls through the net'. Councils can also consider how they can use the data available to monitor that they are reaching those that need the support available and assess that their system is working.

Councils also may be sharing data about vulnerable groups and individuals. A number of councils have raised concerns about data sharing across a range of areas, and it is an issue the LGA has been pushing for clarity on in light of the GDPR. The Information Commissioner has assured the NHS that she cannot envisage a situation where she would act against a health and care professional using or sharing data to deliver care and support, which is the clear priority in this health emergency. Local authority data controllers are still required to comply with relevant and appropriate data protection standards and to ensure within reason that they operate within statutory and regulatory boundaries but may bear in mind the approach set out by the Commissioner, including in guidance published on the ICO website.[15] MHCLG is producing further guidance for the hubs on the sharing and management of health data and NHSX will also write to councils directly on the powers enabling councils to process patient data for the COVID-19 response.

Triaging and referrals between services
Local arrangements will need to provide for referrals/requests into the system; triaging, prioritisation and allocation of cases to appropriate services; and referrals between different agencies/services in the event that the support being provided is not what is required.

[15] https://ico.org.uk/for-organisations/data-protection-and-coronavirus/

Safeguarding

Councils and local partners will also want to work together to assure themselves that safeguarding roles and responsibilities across children and adults are being met, alongside how best to work with people who may lack capacity. This should include consideration of the increased risks of financial abuse and scams in the current climate. Any new volunteers will need to be made aware of their responsibilities and also how to report any concerns they may have. Any unsupervised work with children or adults at risk of harm will need to be in line with established checks and procedures. Safeguarding Adults Boards and Children's Safeguarding Partnerships clearly provide pre-exiting statutory arrangements for local decision making in these areas if required.

Ongoing liaison with local partners

This is clearly an extremely dynamic and fast moving situation, and councils are establishing mechanisms for regular contact with local partners to assess the current policy picture and needs. This will provide a conduit for feedback on specific issues and challenges (which can also be routed to the LGA for national escalation) and what different partners need to provide support most effectively. For example, early feedback from food poverty charities indicated pressures on supplies due to an increase in referrals and suggested that it would be more appropriate for some crisis support to be given as cash if possible, to alleviate pressure on 'in-kind' services such as food banks. As the situation develops, and different groups enter (and exit) the vulnerable category, there will be a need to regularly access and update this type of intelligence.

Specific considerations for working with food charities

The Trussell Trust, which supports a network of food banks across the UK, has suggested ways in which councils can support food banks and work with them on integrated approaches to supporting low income households. Councils can help by:

- having a clear approach to supporting people and understanding how food banks fit in. At this time food banks remain focused on supporting those who are in financial crisis
- ensuring your local welfare assistance/crisis grant scheme is working smoothly, by telling food banks about the support that you provide, and considering anyone in financial crisis for crisis grants first rather than referring people to a food bank by default
- communicating your implementation of the recently-announced Hardship Fund, so that food banks know what support you may be offering and how they can direct people to it
- considering how you can support your local food banks operationally, for example you might be able to help with the sourcing of food, with the transportation of food, or being able to provide volunteers
- if you are a referrer to the food bank, ensuring that people who need support are still able to reach you, and ensuring that you find a way for the food bank to still receive a copy of the referral voucher (such as by scanning it).

FareShare, a charity providing one million meals weekly to the most vulnerable in society through 11,000 frontline charity and community groups, is keen to partner wherever possible

and is encouraging all councils to connect with their local providers: see resources section for contact details.

Specific considerations for support on homelessness and rough sleeping

Councils' homelessness teams will have effective links with local homelessness services, including outreach, hospital discharge teams, night shelters and day centres, assessment hubs, and emergency accommodation, and will be working with these organisations to arrange a safe place to stay for people who are currently homeless and unable to self-isolate or shield.

This work will need to be closely integrated with local partners to ensure a public health approach to triaging, assessing, and accommodating people who are homeless and who may be currently displaying symptoms or are medically extremely vulnerable. MHCLG, PHE, DHSC and the NHS are working to develop guidance setting out how this work should be coordinated locally in order to minimise the spread of illness. We are working with government to identify how they can best support and resource local implementation.

In many places, this work will be taking place at a sub-regional or regional level in line with emergency response arrangements, as councils work together to jointly procure accommodation in hotels, student accommodation, army barracks, and boarding schools. In London, work is also taking place at a regional level through the Greater London Authority and the Healthy London Partnership. MHCLG has confirmed through clarified guidance that hotels and B&Bs are to remain open to local authority placements of homeless households, and the LGA is working with MHCLG to ensure that current issues with booking hotels are unblocked.

There will also need to be arrangements in place for providing essential services, including mental health and drug and alcohol treatment and support, to people who have been accommodated. Councils and local partners should mobilise local systems to coordinate this and ensure that services can be effectively delivered to accommodation sites. Stakeholders involved will need to include local housing authorities, directors of public health, adult social care, and NHS services including primary care, urgent care, hospital discharge, drug and alcohol treatment providers, and mental health.

Councils will be adapting to the operational issues which arise from managing these accommodation sites, and have a role in sharing emerging good practice and protocols with other local areas. They might also want to consider how they can best work with other councils to pool resources, ensuring that accommodation, support, and workforce are maintained.

There will also be a need to ensure that people who have been accommodated through these arrangements can be referred into local structures for supporting vulnerable people, including shielding hubs and NHS Volunteer Responders. Evidence suggests that many of the people who are experiencing chronic homelessness will be medically vulnerable and need to shield. However, they are less likely to have been identified as part of the NHS list of 1.5 million for a number of reasons, and may need support to be tailored to meet their needs.

Alongside efforts to accommodate people sleeping rough or in shelters or hostels, councils will also be seeing increased demand through the statutory homelessness framework, as more people enter financial vulnerability. Support for people in temporary accommodation should also link into wider support structures for vulnerable people. The LGA is also working with MHCLG to understand whether statutory requirements can be adapted to allow councils to ensure that cases are strategically prioritised.

Drug and alcohol services

People who are dependent on drugs and alcohol face the same risks as those of the general population and therefore need to be aware of the appropriate advice to reduce their risk of infection. They can be exposed to additional risks, however, that require developing assessment and mitigation strategies. These are linked to some of the behaviours associated with drug and alcohol use and to the settings in which these activities take place, or where care is provided. Risks are increased by the high level of physical and psychological comorbidity found among some people with drug and alcohol problems and the fact that substance misuse problems are often more common in marginalised communities, and the stigmatisation that people who use drugs and alcohol often experience.

Supporting resources

Guidance available on the LGA website and LGA support

- General LGA coronavirus hub: https://www.local.gov.uk/our-support/coronavirus-information-councils
- Social care provider resilience guidance: https://www.local.gov.uk/coronavirus-information-councils/social-care-provider-resilience-during-covid-19-guidance-commissioners
- LGA principal advisers as a focal point for discussions about issues and support needs: www.local.gov.uk/our-support/lga-principal-advisers
- LGA Inform for contextual and financial data: https://lginform.local.gov.uk/
- A circular issued by the Joint National Council for Local Government Services updating on workforce issues https://www.local.gov.uk/sites/default/files/documents/National%20Joint%20Council%20for%20Local%20Government%20Services%20update%20on%20Covid-19%20-%2017%20March%202020.pdf

We will be sharing examples and good practice from councils and other guidance/support on our website in the coming weeks.

Government/related guidance documents

- Operation of the hub and local support system: https://www.local.gov.uk/sites/default/files/documents/200324%20Guidance%20for%20LAs%20and%20LRFs%20supporting%20vulnerable%20high%20risk%20people%20MASTER.pdf
- DCMS volunteering safety guidance: https://www.gov.uk/government/publications/coronavirus-how-to-help-safely--2/coronavirus-how-to-help-safely
- ICO guidance on data sharing: https://ico.org.uk/for-organisations/data-protection-and-coronavirus/
- Money advice service: https://www.moneyadviceservice.org.uk/en/articles/coronavirus-what-it-means-for-you

NHS volunteering

- NHS Volunteer Responders, using the Good Sam app: goodsamapp.org/NHSreferral
- Further information on the NHS Volunteer Responders programme: https://volunteering.royalvoluntaryservice.org.uk/nhs-volunteer-responders

VCS partners

- Community foundations: https://www.ukcommunityfoundations.org/
- NCVO: https://www.ncvo.org.uk/practical-support/information/coronavirus
- British Red Cross: https://www.redcross.org.uk/about-us/what-we-do/uk-emergency-response/coronavirus
  - British Red Cross's recent Ready for Anything report: https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/ready-for-anything

- o British Red Cross hospital discharge services:
    https://www.redcross.org.uk/about-us/what-we-do/health-and-social-care-information-for-commissioners
  - o British Red Cross Refugee and Asylum: https://www.redcross.org.uk/about-us/what-we-do/how-we-support-refugees
- Voluntary and Community Sector Emergencies Partnership:
  https://www.redcross.org.uk/about-us/what-we-do/uk-emergency-response/voluntary-and-community-sector-emergencies-partnership
- NAVCA: https://navca.org.uk/
- Volunteering matters: https://volunteeringmatters.org.uk/
- Royal Volunteering Service: https://www.royalvoluntaryservice.org.uk/our-services/advice-and-support/coronavirus-support/
  - o For general enquiries: 0330 555 0310
  - o For the NHS Volunteer Responder scheme: 0808 196 3382 (Rebecca Kennelly – Head of Volunteering)

Food charities
- Trussell Trust: https://www.trusselltrust.org/
- FareShare: https://fareshare.org.uk/

FareShare provides one million meals weekly to the most vulnerable in society through 11,000 frontline charity and community groups. They have 24 regional warehouses and more than 1,000 volunteers combined with an intimate knowledge of local communities. In COVID-19 they are focusing on vulnerable groups beyond those known to GPs and the NHS and on the Governments 1.5 million critically vulnerable list.

Their target vulnerabilities includes homelessness, substance abuse, mental health, social isolation, domestic violence and refugees. They are also working with more than 2,000 schools around food provision for those hard hit by school closures and job losses in the gig and temporary employment markets. **FareShare are keen to partner wherever possible and are encouraging all councils to connect with their local providers.**

Drug and alcohol services
- Collective Voice resources - https://www.collectivevoice.org.uk/blog/treatment-and-recovery-services-and-covid-19/