

Clara Swinson  
Director General for Global and Public Health  
Department of Health and Social Care  
39 Victoria St,  
Westminster,  
London  
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3<sup>rd</sup> April 2020

Dear Ms Swinson

## **Gaps in infection prevention and PPE advice and requirements for social workers**

The British Association of Social Workers (BASW) is the professional association for social work and we represent more than 21,000 members. We have received over 1600 responses from our members about the most pressing issues and challenges they are facing in the current crisis, the most pressing being lack of consistent, national guidance and resources for their safety and that of the public they serve.

Social workers are on the front line of efforts to minimise the impact of Covid-19 – both the direct health risks and collateral risks associated with (e.g.) the necessary ‘stay at home’ policy of confinement and isolation; loss of household income; school and college closures. Social workers provide statutory and wider help to children, adults and families at risk of harm including domestic abuse; disabled people; frail older people and people with mental health needs.

Further to our recent letter to the Prime Minister, we write to raise what we see as continuing gaps in Public Health guidance for social workers during the Covid-19 crisis in relation to Personal Protective Equipment (PPE).

We welcome the improved Public Health England (PHE) guidance on PPE for health and social care published on 03/04/2020 (updated 06/04/2020 - in particular the guidance for primary care, outpatient and community care settings which has some transferable relevance to social workers’ contexts. We also welcome the guidance for children’s social care and social workers published by the Department for Education (DfE) on 03 04 2020

However, the recent PHE guidance is not specific to social workers and does not take account of many of their usual ‘community care’ settings. Social work often entails challenges in establishing communications and rapport between professionals and the people they seek to help. It often entails the use of statutory powers, making managing risks within professional encounters (particularly in community settings) distinctively challenging.

With regard to infection prevention, the latest PHE guidance notes *Further study is required to determine the frequency, importance and impact of asymptomatic and pre-symptomatic infection, in terms of transmission risks.* The DfE guidance states *‘PPE is not required unless the people being visited are symptomatic of coronavirus (COVID-19) or have a confirmed diagnosis of coronavirus (COVID-19).’*

Both publications assume two key things that we challenge:

a) that social workers can straightforwardly establish with people being visited that they or someone on their behalf can and will reliably communicate whether or not they are symptomatic or have a diagnosis. We believe this is unrealistic for some social work activities and this should be recognised explicitly by PHE.

b) that asymptomatic risk – while now recognised in PHE guidance as a possible concern – should be discounted by social workers and other professionals and the families they are visiting. PHE guidance does not advise ‘in case’ use of PPE to deal with asymptomatic risk. Given emerging evidence of viral shedding in the absence of symptoms (and given the reported vagueness of symptoms in ‘mild’ cases, for instance) we believe this is an inadequate interpretation for inclusion in national guidance designed to protect public professionals in the workplace and to protect (and importantly, to reassure) the public.

We are very well aware of the national difficulties in procuring and distributing PPE. We are also aware of and fully support the acute need for PPE in intensive clinical care settings and in direct provision social care services. We have been supporting the overall call for the situation to be resolved and we do not think social workers are alone in the risk dilemmas they face in providing services and staying safe, able to work and protect their families. We will do all we can to support the national effort to reduce risk and improve guidance on all and any fronts.

However, public health advice for professionals and employers must be based on

- best clinical/public health evidence and
- a realistic appreciation of job roles and responsibilities.

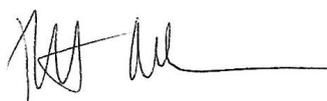
It should not be compromised by procurement and distribution difficulties.

Having lobbied for improvements for social workers over the last two weeks – and acknowledging some improvements made - we ask that **Public Health bodies across the UK further review guidance and explicitly include social workers within it, gearing that guidance to the roles and tasks social workers distinctively carry out and the distinctive risks they inevitably face and pose to the people they see during this pandemic.**

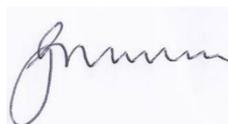
We ask that the policy advice of minimising asymptomatic risk is changed and proper advice be given in all Public Health guidance. As a subset of that we ask that challenging situations where symptoms and/or diagnosis status cannot be established in dialogue with a person or their carers/family, guidance should be treated as if the risk of infection is high.

We look forward to your response to this letter, would be happy to work with you on guidance and share the guidance we are providing to social workers as the UK professional body.

Yours sincerely,



**Ruth Allen**  
CEO BASW



**Geraldine Nosowska**  
BASW Chair