



The professional association for
social work and social workers

British Association of Social Workers (BASW)

Professional practice guidance for Social Work in Multi-Disciplinary and Multi-Agency Contexts during Covid-19 Pandemic

Using the guidance

This guidance provides a professional risk framework to prepare for safe face to face social work practice within multi-disciplinary or multi-agency contexts during Covid-19.

We use the term multi-disciplinary to describe social work in within integrated teams with a single manager/line of accountability (even if there are multiple employers) e.g. many community mental health teams. We use multi-agency working to describe social work where social workers are working closely with other professions on other agencies, for example, in co-located but not integrated adults or mental health teams; in children's safeguarding services (e.g. with police and schools, multi-agency safeguarding hubs) with children who are looked after (e.g. with schools, health and carers) and work with young people and mental health (e.g. children and adolescent mental health services). These are examples, and do not cover the full range of settings where social workers are working with other professionals.

This is not a comprehensive guide to working in this way. Its aim is limited to planning for and managing risk during Covid-19 – working with people and families where someone is positive for Covid-19, negative or infection status unknown. The guidance is transferable across multi-disciplinary and/or multi-agency contexts.

BASW, your professional body, recommends the approaches set out in this guidance based on best available evidence, latest public health guidance, practice experience and expertise.

Key ethical principles underpinning this guidance are:

- Social workers should be able to exercise professional judgment in undertaking social work in multi-disciplinary or multi-agency teams throughout the Covid-19 pandemic. Social workers can refer to the BASW Code of Ethics for further guidance.
- Social workers should not be required to undertake face to face social work if there is a suitable remote option and/or if infection risk mitigation - including suitable personal protective equipment (PPE) and guidance in its use - is not available.
- Health and other partners should facilitate social work visits/activities across different settings when the social worker judges them necessary. Social workers should have the same access to PPE as healthcare colleagues and other workers.

- Social workers must not be stopped from carrying out a home visit/activity if there is a clear legal or practice reason to do so (e.g. a safeguarding risk or care planning requirement)

Please use the guidance to:

- Guide and inform your practice
- Request appropriate support and guidance from employers and other partners
- Raise professional concerns and questions about local practice or guidance with your employer, health and safety representative, trade union and BASW. BASW and the Social Workers Union provide an Advice and Representation Service to members for work and regulatory matters. See the BASW website for more information

This guidance does not:

- Replace public health national (official) guidance or regulatory or employer guidance
- Cover use and decision making related to wider Children, Adults, Mental Capacity or Mental Health legislation
- Cover social care or health workers who are providing hands-on personal care
- Cover risks associated with use of public transport – please follow public health guidance
- Advise on the detail of statutory duties – this is for statutory bodies to advise based on law, policy, and good practice.

Understanding of health and safety throughout this pandemic is developing. Practitioners should continue to check and follow public health guidance at <https://www.gov.uk/coronavirus>. Practitioners should also be aware of the latest information from the regulator and their employer.

Standard statement on Personal Protective Equipment (PPE)

There is no specific public health guidance for the use of PPE by social workers in multi-disciplinary or interagency teams. This standard guidance will be updated, as necessary.

However, there is public health guidance of relevance to social workers. For social workers working in healthcare settings please see the public health/ government table of recommended use of PPE for ‘healthcare workers by secondary clinical context’.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879107/T1_poster_Recommended_PPE_for_healthcare_workers_by_secondary_care_clinical_context.pdf

Social workers undertaking multi-disciplinary or interagency work should review this table to match to their situation and review other tables in the series for other settings (e.g. PPE for primary, outpatient and community care settings. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/atta>

[chment data/file/877599/T2 Recommended PPE for primary outpatient and community care by setting poster.pdf](#)

UPDATE: There is also relevant guidance for children's social care and education settings <https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>

Always check for updates on guidance for health and care workers from Public Health - available here <https://www.gov.uk/government/organisations/public-health-england>

Appropriate use of PPE protects both staff and people using services.

The ongoing lack/insufficiency of PPE for social workers at time of writing is being raised with Westminster and devolved governments by BASW.

Guidance on undertaking home visits

BASW has developed guidance to help social workers and their employers manage the risks in a variety of contexts including home visits during the Covid-19 risk – available here <https://www.basw.co.uk/professional-practice-guidance-home-visits-during-covid-19-pandemic> . Also work with adults within hospitals available here <https://www.basw.co.uk/professional-practice-guidance-hospital-social-work-adults-during-covid-19>

Identify if the purpose of the face to face encounter is essential at this time.

- Check local (e.g. employer) guidance and prioritisation of work
- Check if there is a legal /statutory requirement.
- Check (e.g. by telephone) if the person or their family needs/wants to see you face to face and explain the possible risks of meeting
- Clarify aim, likely outcomes, and subsequent actions.

Identify whether the purpose of the meeting could be achieved without a face to face social worker encounter.

The Coronavirus Act allows for a number of country-specific 'easements' in care and mental health legislation. Other changes have been introduced in some UK children's legislation. Check which are in force in your area of practice and whether they provide different options to meet needs and contact people.

Evaluate the level of the known infection risk for the person you are to work with and their location.

- Check on the person's and their family's health/Covid-19 status.
- Check whether social distancing (keeping at least 2 metres apart) will be possible
- If there are known risks of infection or higher risks to health that indicate the person should not have visitors, seek advice from your line manager and re-evaluate
- Build steps to minimise the risk of infection into your risk plan

Ensure you have sufficient training and information in infection risk planning and management relevant to the Covid-19 pandemic before undertaking home visits during the pandemic, including use of PPE

Practice Guidance for Social work in multi-disciplinary and multi-agency teams during Covid-19

The Covid-19 pandemic has had and will continue to have an extreme and long-lasting impact on many people and local communities.

The social impact and 'fall out' of the Covid-19 pandemic will be with us for years to come. Because of social, demographic, and economic factors, the most vulnerable individuals and communities, the people that social workers most often work with are potentially at particular risk.

For example, some people will be less able to follow government guidance to protect themselves or prevent the spread of the virus, whilst others may be under greater stress because they have less access to protective factors such as healthcare, adequate nutrition, good housing, education, a safe home and social networks. Stresses are likely to increase for many as a result of job losses, 'stay at home' requirements and school closures.

At this time, it is imperative that the unique and distinctive social work role is both preserved and protected so that social workers are able to realise the full contributions that they are skilled to deliver and bring their ethics and human rights focus to services.

It is also essential that multidisciplinary and interagency support continues and adapts to meet needs. Social workers need to pay attention to how communications and collaboration with colleagues from other disciplines can adapt and be sustained throughout the pandemic crisis, to ensure people continue to benefit from coordinated and holistic, personalised support as much as possible.

Social work is a registered profession and a protected title in law. Registered social workers working in multidisciplinary teams in different settings typically hold a caseload of individuals for whom they are the team's lead professional in common with other professionals, such as nurses and occupational therapists.

Social workers are sometimes required to perform interdisciplinary tasks such as carrying out assessments and developing care plans according to organisational protocols as well as using their profession-specific capabilities. Multi-disciplinary teams support many forms of healthcare delivery and social workers have a significant and valued professional profile across a range of settings.

In other areas of social work such as children's social care multi-agency approaches have been established to support better information sharing and high quality and timely adult or child protection/safeguarding responses. Working together across agencies is key to early and effective identification of risk, improved information sharing, joint decision making and co-ordinated action. Teams may or may not be co-located and staff may have multiple managers

from the 'home' organisation rather than one (team) manager across disciplines e.g. multiagency safeguarding hubs.

Fundamentals of effective multi-disciplinary or interagency team working

Multidisciplinary and interagency teams are promoted as a means to enable practitioners and other professionals from different organisations to collaborate successfully. Research suggests that such teams can be effective in meeting the needs of some populations. Sufficient diversity of professions and disciplines, suitable leadership and team dynamics, and supportive organisations are important enablers.

Integrated care requires professionals and practitioners from across different sectors to work together around the needs of people, their families, and their communities. Not working together can result in a poor experience of care, a waste of resources and in some cases, people suffering harm.

Teams which bring together the relevant organisations and professionals are seen as an effective means to encourage better coordination of their work.

Social workers bring a distinctive ethical approach and values of respect to teams. Ensuring that these and appropriate communication and rapport are upheld in multi-professional or interagency teamwork is fundamental.

Enablers to effective multi-disciplinary team working during the Covid-19 pandemic

1. Communication

- A clearly defined role for the team during the time of Covid-19 including redefined priorities of how the service will be delivered and risks managed. This will help create a shared identity and purpose during a time of uncertainty.
- Developing standardised protocols of care may assist with prioritisation and communication with the people who rely on services, should provide clarity about what they can expect. Teams should continue to work in a person-centred way and avoid becoming too inwardly focused on getting through the pandemic. People and their families should feel included in discussions and decisions about their care.
- Professional roles may change as will the interactions across professional and disciplinary boundaries leading to potential areas of conflict. Staff should understand and be able to clearly communicate changes to roles and responsibilities. Managing different professional opinions and approaches to resolving these need to be considered.
- Teams will be working under high levels of stress with potential workforce shortages. Staff need to be cared for and time set aside for the team to reflect, debrief, and undertake different supportive and selfcare activities.

2. Decision making and co-ordination of care

- ‘Team’ approaches may be particularly effective at this time allowing for risks to be shared and resources managed. Consideration should be given to redesigning working practices alongside casework approaches including the use of ‘key worker’ or ‘lead professional’ systems in situations of complexity or where there is a high level of risk if these do not already exist. Risk rating systems are also commonly used (such as RAG systems).
- Team approaches will assist effective decision making about which person or professional should take a lead or undertake a particular activity and will reduce any duplication.
- Multi-disciplinary and interagency teams often comprise of staff from different organisations and rely on effective partnership working. Each organisation has different priorities and differences may be particularly exposed at this time such as different perceptions of risk and access to PPE. Social workers need to be able to practice and organisational factors and differences should not be allowed to get in the way. Local leaders must manage system stressors and aim to engage in collaborative decision making.
- Team members should know which identified people in the team hold ultimate responsibility for decision making and the co-ordination of team activities. Standard ways of doing things may need to change with more regular meetings and daily briefings.
- Case management, supervision and professional development structures and processes should be consistent and tailored to the current situation and staff need responsive support.

3. Organisational support

- Team leaders need to be more facilitative and supportive during the pandemic and effectively bring together practice and management activities, manage team dynamics in times of challenge and provide support and direction when necessary.
- Team leaders should ensure that the distinctive needs of each professional group are met and should pay scrupulous attention to equitable access, support, guidance, and access to equipment for all groups of staff.
- Senior leaders should ensure that the team has the necessary resources (including staffing) and that integrated systems work effectively. They should publicly endorse the work of the team and the personal and professional commitment of staff at this time.
- In certain situations, staff may be required to work in an expanded team or even in a different work setting. They should be inducted into new ways of working and appraised of relevant operating policies and procedures.
- Many staff will be working remotely, and effective digital and home-based systems of working must be facilitated. Staff must be able to utilise electronic systems of case recording and have clear guidance on digital governance and data protection.
- Staff may not be used to home working and may feel isolated. Ways of keeping in touch regularly using digital technology needs to be established. Particular efforts need to be made to maintain the morale of staff and help them to manage stress at this time.

- Partnerships and relationships between organisations may become fractured at this time. Clear lines of escalation need to be established with speedy resolution of concerns and queries raised by staff. Regular updates across partnerships and agencies should be provided to staff.

4. Enabling social workers to utilise their particular profession specific capabilities:

- **Understanding the social determinants of health and the impact of Covid-19 on people and communities** and how the social factors in people's lives affect their health and wellbeing. *E.g. For example, poverty is often linked to poor health. There is also increasing evidence that certain groups are over-represented among Covid -19 victims e.g. people from the BAME community.*
- **Person-centred, holistic, interagency care and support**, that considers all aspects of a person's life – including health and wellbeing issues – and ensures a coordinated approach across professionals and agencies. Social workers ensure people can access rights and benefits as well as other supports and resources available from local authorities, the NHS and third sector.
- **Supporting people's choice, control, and human rights.** Social workers enable people to sustain or achieve optimal independence and self-determination whatever their needs or disabilities. The Covid-19 pandemic has heightened challenges to equality and human rights and groups of people face particular restrictions. Social workers should be able to undertake functions which are core to their role including:
 - **Rights-based practice**
 - **Advocacy** - social workers need to advocate for the people they work with particularly in situations where there are clear shortfalls in the provision of services.
 - **Ethical leadership** - practitioners should be enabled to be an 'ethical compass' within teams providing clear direction to the many ethical dilemmas and challenges the Covid-19 pandemic brings.
- **Expert application of relevant legislation and policy**
- **Safeguarding (child/adult protection in Scotland):** ensuring people of all ages who are at risk of harm or exploitation are afforded protection and support in line with legal rights and policy. Currently social workers should always include Covid-19 infection in their risk assessments. Social work always involves some element of risk and balancing potential risk to self and others against not engaging in a piece of work is a fundamental ethical issue for health and care workers.
- **Working with complexity and competing priorities: families in crisis**, such as individuals and families in crisis and situations involving multiple social or health needs, complex care, chaotic family situations or situations where a support arrangement is urgently needed.

Further Resources

General advice on integration and collaborative practice across the UK

<https://www.scie.org.uk/integrated-care/research-practice/activities/multidisciplinary-teams>

<https://www.iriss.org.uk/resources/esss-outlines/collaborative-practice>

<http://www.hscboard.hscni.net/icps/>

Ethics advice

<https://www.basw.co.uk/about-basw/code-ethics>

Practitioner Support

[See BASW events pages for practice support forums and other online activities](#)

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First Published 24 April 2020

Update 30 November 2020