

COVID-19: GUIDANCE FOR 16-21+ JOINTLY COMMISSIONED SUPPORTED ACCOMMODATION SETTINGS

Version 1.0

Version Control

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COVID-19: GUIDANCE FOR PROVIDERS OF 16-21+ SUPPORTED ACCOMMODATION PROJECTS

COVID-19: Key messages for providers of 16-21+ supported accommodation projects Northern Ireland

- **Co-ordination** between providers, NI Housing Executive, the Health and Social Care Board and Trusts, and the Public Health Agency is critical to the success of the strategy for delaying and treating COVID-19.
- **Workforce:** providers must work in partnership with others to make the best use of all available assets to ensure continuous and effective support for young people living in supported accommodation projects, with up-to-date training or guidance provided as appropriate.
- **You are advised** to check the PHA and DOH websites regularly for new and/or updated guidance on COVID-19.

1. This guidance sets out key messages to support planning and preparation for widespread transmission of COVID-19. The information and advice it provides has been developed in consultation with a number of representative bodies, and the guidance may be updated to reflect the changing situation.
2. It is aimed at providers of jointly commissioned/funded supported accommodation projects for young people aged 16-21+ in Northern Ireland. These projects offer an essential alternative to mainstream care placements to young people aged 16 and 17, as well as to vulnerable young adults aged 18-21+ where it is assessed that their needs can best be met in a living environment that affords age and developmentally appropriate experiences in preparation for independent adult life.
3. As far as possible every effort should be made to ensure that services continue to be provided during the COVID-19 pandemic. It is essential that a collective leadership approach is adopted with effective multi-agency collaborative working.

4. This guidance is in parallel to the Northern Ireland Housing Executive (NIHE) contingency planning, Health and Social Care (HSC) contingency planning and individual provider contingency plans.
5. If they have not already done so, providers should urgently implement their contingency plans, which should include arrangements for managing a young person who is required to self-isolate. These plans should be shared with the HSC Board and NIHE for agreement, including any resource implications associated with the plans.
6. Summary of what you need to know
 - Supported accommodation projects for young people aged 16-21+ do not need to close.
 - Supported accommodation projects are usually considered as households for the purposes of social distancing and self-isolation where necessary. This means that residents in the supported accommodation should not leave the home, except for the following reasons:
 - shopping for necessities
 - one form of exercise a day, alone or with other members of the household
 - for medical or care needs
 - travelling to or from work, if this is essential
 - Everyone working and living in supported accommodation projects should practise social distancing to reduce the transmission of the virus. Advice on social distancing is available on the [PHA website](#).
 - UK government [guidance on isolation for residential educational settings](#) advises that the entire setting should self-isolate if any resident shows symptoms. It is recognised that this will be particularly difficult to manage in supported accommodation projects. Therefore, this guidance seeks to provide some flexibility to managers and staff in supported accommodation, to keep all staff and residents as safe as possible and to prevent the spread of infection, while taking into account the specific circumstances and environment of each supported accommodation setting.

- **All providers should work with the responsible HSC Trust to identify those young people in 16-21+ supported accommodation settings who have an underlying condition which may put them at greater risk, and advise the HSC Board of specific measures that will be taken to keep these young people safe.**
- Any staff or young people who have an underlying health condition which means they qualify for the seasonal flu vaccine every year, or are over 70, or are pregnant are asked to be particularly stringent in following social distancing measures. As well as following advice on the PHA website, anyone in this category should follow the advice of their own healthcare professional. Further information on social distancing for vulnerable people is available [here](#).
- **Providers should also urgently review service users' provisions, to ensure that all service users have access to sufficient personal care supplies, including soap and towels. Where there are any concerns that a young person does not have sufficient supplies, providers should contact the responsible Trust.**
- **Guidance on the use of personal protective equipment (PPE) for health and social care workers is available [here](#). In the event that providers of 16-21+ supported accommodation projects are unable to source appropriate items of PPE, HSC Trusts should ensure that appropriate PPE is available to supported accommodation projects.**
- Compliance with the range of standards which apply to 16-21+ supported accommodation settings should continue as far as possible. However, it is recognised that during the COVID-19 response period, services require to be flexible and responsive - see paragraphs 50-53 and Annex A for more information on arrangements for relaxation of the minimum care standards which apply to supported accommodation projects. Where providers have any queries or require any additional advice, they should contact the 16+ team in the relevant HSC Trust.

Symptoms

7. The most common symptoms of COVID-19 are a high temperature and/or a new and continuous cough. For most people, COVID-19 will be a mild infection,

however in some people it can lead to severe pneumonia, shortness of breath and breathing difficulties. Those who may be at higher risk of severe disease include:

- Over 70s
 - Those with underlying health chronic health conditions, including those who are entitled to receive the seasonal flu vaccine from their GP
 - Pregnant women
8. For general information and advice on COVID-19 please visit the [PHA website](#) in the first instance. If you still need to speak to someone, you can ring 111 for advice on coronavirus or check the website <https://www.nhs.uk/conditions/coronavirus-covid-19/>.
 9. It is essential for providers of 16-21+ supported accommodation projects to work in partnership with the NIHE, the HSC Board, the relevant local HSC Trust and the PHA to ensure an effective and coordinated response to COVID-19.
 10. The definition of an outbreak is two or more cases in a 24 hour period with similar signs and symptoms. If this situation arises the supported accommodation project can contact the PHA via the duty room contact number at 0300 555 0119. The PHA can provide advice on infection prevention and control to the provider of the supported accommodation project.
 11. The PHA has provided a point of contact for supported accommodation providers: Deirdre Webb, Assistant Director of Public Health Nursing (deirdre.webb@hscni.net, phone: 079 20186497). This should be used to request detailed advice on medical issues and infection control in supported accommodation projects.

What to do if someone develops symptoms of COVID-19 in a supported accommodation project

12. If a member of staff becomes unwell with a new, continuous cough and/or a high temperature, they should be sent home and follow guidance on the PHA website at <https://www.publichealth.hscni.net/news/covid-19-coronavirus#what-should-i-do-if-i-think-i-have-coronavirus>.

13. If they are advised to self-isolate at home they should follow the PHA guidance on this available at <https://www.publichealth.hscni.net/news/covid-19-coronavirus#what-should-i-do-if-i-think-i-have-coronavirus>.
14. If a young person living in the supported accommodation project becomes unwell with a new, continuous cough and/or a high temperature they need to be isolated. If isolation is needed, a young person's own room can be used. Ideally the room should be a single bedroom with ensuite facilities.
15. The young person should be supported to self-isolate by the provider if necessary. The young person SHOULD NOT visit the GP, pharmacy, minor injuries unit or a hospital. If they need medical advice, they should phone their GP or GP out of hours. In an emergency, call 999 if they are seriously ill or injured or their life is at risk and ensure the emergency services are made aware the person has symptoms of COVID-19.
16. If a young person has symptoms, their named HSC Trust support worker should also be notified and their support plan should be updated as appropriate, as soon as it practicable to do so.
17. If a member of staff has helped someone who was taken unwell with a new, continuous cough and/or a high temperature, they do not need to go home unless they develop symptoms themselves. They should wash their hands for 20 seconds thoroughly after any contact with someone who is unwell and ensure the immediate environment has been thoroughly cleaned.
18. It is not necessary to close the supported accommodation project or send any staff home, unless government policy changes. Keep monitoring the PHA website for the latest details.
19. It is recognised that this is a very uncertain and anxious time for everyone, and that young people living in supported accommodation may feel particularly worried and anxious. Where necessary, HSC Trusts should ensure that support from Looked After Children Therapeutic Services or mental health services is available as appropriate for young people in supported accommodation projects at this time.

20. Providers should work closely with their local HSC Trust, the HSC Board and the NIHE to consider what additional support may be available to assist young people at this time, especially during any period of self-isolation.

What to do if someone refuses to self-isolate

21. Where a young person living in a supported accommodation project refuses to self-isolate, staff should try to encourage them by explaining the importance of doing so. Additional support will be made available where necessary to educate young people about the importance of self-isolation for their own and others' safety. Where necessary and appropriate, HSC Trusts should arrange additional support from the Looked After Children Therapeutic Services and will explore any additional support that may be required to help young people at this difficult time.
22. Other potential options may include the transfer of a young person to a single accommodation unit with outreach support. Any such steps and measures will be considered in the context of the assessed needs of the young person. Specific legal powers are now in place which may be exercised in relation to the protection of public health and potentially infectious persons. However, utilising these powers in relation to young people will be a measure of last resort, and will only be taken where all other possible options have been tried and the young person continues to refuse to self-isolate.

Use of shared spaces when young people who live with others in supported accommodation projects are required to stay in their room

23. If someone is in isolation with suspected COVID-19, they must not visit shared spaces such as kitchens, bathrooms and sitting areas /common rooms.
24. Shared spaces should be regularly cleaned and well ventilated if possible. All other occupants of the supported accommodation project should be advised to keep a distance of 2 metres from other people. Where possible seating should be spaced in a way to make this easier to comply with.
25. In any accommodation where toilet or bathroom facilities are shared, the young person who is self-isolating should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using your regular cleaning products before being used by anyone else. If a separate bathroom is not

available, consideration should be given to drawing up a rota for washing or bathing, with the person who is unwell using the facilities last, before thoroughly cleaning the bathroom themselves (if they are able or it is appropriate, otherwise the provider will need to arrange appropriate cleaning). For young people with self-contained facilities staff should ensure that young people have a supply of cleaning products.

26. A person who is unwell should use separate body and hand towels from other people. Providers should urgently review service users' provisions, to ensure that all service users have access to sufficient personal care supplies, including soap and towels. Where there are any concerns that a young person does not have sufficient supplies, providers should contact the responsible HSC Trust.
27. Where possible, staff should bring meals to the doors of people who are unwell. People who are displaying symptoms or who are unwell should avoid using shared kitchens, if this is not possible they should avoid using kitchens whilst others are present. They should take their meals back to their room to eat and use a dishwasher (if available) to clean and dry crockery and cutlery. Where communal facilities remain in use strict hand hygiene and cleaning arrangements must be in place.

Dispensing of medication and supply of essential medical supplies and provision of alcohol

28. Some young people living in supported accommodation projects may have problems with substance misuse, and this may increase their vulnerability to COVID-19.
29. Providers need to consider:
 - reduced or interrupted supply of medicines, or access to them
 - reduced access to or interrupted supply of drugs or alcohol
 - greater vulnerability to the effects of viral infection because of reduced immunity from poor health, drug and alcohol use, or medication for other conditions
 - possible increased risk of overdose as breathing impaired by respiratory disease, such as COVID-19 infection, is further compromised by respiratory suppressant drugs, such as opiates.

Hygiene and infection control

30. Staff working in supported accommodation projects, the young people living there, and all visitors should practice good personal hygiene to minimise the risk of infection or to prevent further spread. All staff, young people and any essential visitors should wash their hands thoroughly with soap and water before and after entering supported accommodation premises/rooms or use hand gel. If you cough or sneeze, use a tissue to cover your mouth and nose, throw it away carefully after use, and wash your hands. Washing your hands regularly, for at least 20 seconds, can help to prevent infection spreading.
31. If they have not already done so, it is strongly recommended that providers display guidance on hand washing techniques in areas where there are wash basins, and "[Catch it, Bin it, Kill it](#)" advice in the accommodation. Further information is available on the [PHA website](#).

Cleaning and laundry

32. If staff undertake cleaning duties, they should use usual household products, for example detergents and bleach, as these will be very effective at getting rid of the virus on surfaces.
33. Clean frequently touched surfaces often, such as door handles and hand rails. Personal waste (for example used tissues) and disposable cleaning cloths can be stored securely within disposable rubbish bags.
34. If cleaning an area where an individual with suspected COVID-19 has been, personal waste and disposable cleaning cloths etc. should be placed into a rubbish bag, and then placed inside another bag (i.e. double bagged), tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being put in the usual household waste bin which can be disposed of as normal.
35. Dirty laundry should not be shaken. This will minimise the possibility of dispersing virus through the air. Items should be washed as appropriate in accordance with the manufacturer's instructions. Dirty laundry that has been in contact with an ill person can be washed with other people's items. Items heavily soiled with body fluids, such as vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

36. Wash items as appropriate, in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. If providers do not provide support with laundry, they should provide laundry advice to young people, in line with this guidance.
37. Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.

Personal Protective Equipment (PPE)

38. In addition to practising good personal hygiene, including frequent and thorough handwashing, and adhering to social distancing guidelines, additional precautions such as PPE may be required to ensure the safety of staff and young people living and working in supported accommodation projects.
39. Guidance on the use of PPE for health and social care workers is available [here](#). Independent providers of jointly commissioned supported accommodation projects are generally responsible for sourcing their own PPE. However, in the event that providers are unable to do so, HSC Trusts should ensure that appropriate PPE is available to supported accommodation projects to manage the risk of COVID-19. All Trusts have identified a point of contact responsible for ordering and distribution of PPE within their relevant areas, including acting as they key point of contact for the distribution of PPE for independent sector providers in their geographical area.
40. A decision on whether PPE is required should be based on advice from the PHA contact for supported accommodation providers (deirdre.webb@hscni.net; tel: 07920 186497).

Maintaining other supplies

41. Accommodation providers should already have contingency plans in place, having worked with their usual suppliers, to secure, in so far as it is possible to do so, long-term supplies of food, bed linen and other essential supplies.

Staffing

42. Providers should explore all options available to them to ensure that they have enough staff to continue to safely meet the needs of young people living in supported accommodation projects. This might include the use of bank and

agency staff, or redeploying staff to frontline services where possible. Providers should work in partnership with each other and their local HSC Trust, and should maintain good communication with the HSC Board and NIHE about their staffing situation.

43. Staff ratios must be maintained at a safe level to protect young people. Professional judgment and an ongoing assessment of risk will be essential to determine safe staffing levels within each supported accommodation project.

Staff Training

44. It is strongly recommended that all staff receive training and/or guidance on infection prevention and control. The Northern Ireland Social Care Council has published a [free resource](#) on its learning zone on infection control and hand hygiene.
45. Supported accommodation providers should ensure that all domestic and catering staff adhere to guidance outlined on the [Food Standards Agency website](#) in the context of food preparation and service and cleaning.

Visits

46. All regular face-to-face contact between family members living in different households should cease in order to prevent the spread of infection. Nevertheless, it will be important to find ways of ensuring that young people can maintain contact with their families and friends, as appropriate, for example through regular phone calls, video chats, the use of social media platforms or other means.
47. Relevant HSC professionals must continue to have access to young people where they need to in order to carry out any necessary assessments or deliver care. However, non-urgent professional visits, or those which are not related to statutory requirements, should cease for the foreseeable future. The DOH has produced guidance relating to the relaxation of minimum standards and this is provided in Annex A.

Physical exercise

48. Staff should encourage young people to maintain as much physical activity as possible, within UK Government guidelines about self-isolation and social distancing.

Contacting the PSNI

49. Given the increasing pressure on police in light of the COVID-19 emergency, should situations arise which require a policing response, such as criminal damage and assaults occurring within a supported accommodation project, police should only be contacted in exceptional circumstances and where the incident is serious, cannot be de-escalated and where there is a risk of significant harm to young people or staff.

Standards

50. Compliance with the range of standards which apply to 16-21+ supported accommodation settings (encompassing Leaving Care services) should continue as far as possible. However, it is recognised that during the COVID-19 response period services require to be flexible and responsive. To facilitate this, it will be necessary to temporarily suspend certain requirements and standards to ensure the continued provision of safe services. Details of how compliance with minimum care standards for 16-21+ supported accommodation projects may be relaxed are set out in the table in Annex A.
51. Any actions taken in relation to the relaxation of minimum care standards, as set out in Annex A, should be temporary and proportionate to the threat services face, and should only be used when necessary and remain in place only for as long as is required. All managerial decisions in relation to relaxation of compliance with standards must be informed by robust risk assessment and professional judgement.
52. The DOH has formally directed the RQIA to reduce the frequency of its statutory inspection activity and to cease all non-statutory inspection activity and review programme until further notice. However, the minimum care standards remain in place and should be adhered to in so far as is possible. Where providers have any queries or require any additional advice, they should contact the 16+ team in the relevant HSC Trust.

53. In addition to the arrangements for relaxation of minimum care standards which apply to 16-21+ supported accommodation projects detailed at Annex A, the DOH is drafting urgent legislation to amend relevant Children's Social Care Regulations. Further guidance will issue as these legislative amendments are introduced.

Arrangements for Relaxation of [Standards for young adults supported accommodation projects in Northern Ireland \(September 2012\)](#)

Note: Throughout this table, CYP refers to “children and young people”

STANDARD [SUPPORTED ACCOMMODATION]	EXTENT OF RELAXATION
Theme 1: Standards 1 and 5 Theme 2: Standard 2 Theme 4: Standard 5	No relaxation required
Theme 1: Standard 2 – service referral and assessment	<p>The requirement for each YP to have a designated support worker <u>prior to</u> project move will not be required as it may not be possible to designate a specific worker</p> <p>The requirement to have updated needs assessments available is relaxed to allow these to be recorded on file when practicable and in accordance with escalating surge plans</p> <p>Standard provides sufficient flexibility in other areas</p>
Theme 1: Standard 3 – support planning	<p>The agreement with YP of their placement plan <u>prior to admission</u> or within 48 hours for emergency admissions, may be relaxed to within 72 hours of admission</p> <p>The timescale for completion of an assessment may be relaxed from 10 days to 15 days</p> <p>Up to date records on file to assist with continuity of care – there can be some relaxation to ensure records are updated commensurate with staff availability and in accordance with escalating surge plans</p> <p>Standard provides sufficient flexibility in other areas</p>

STANDARD [SUPPORTED ACCOMMODATION]	EXTENT OF RELAXATION
Theme 1: Standard 4 – reviewing the support plan	It will not be possible to invite relevant parties to reviews. Communication and participation through alternative forms should be explored eg. through video conferencing, Skype, Zoom, etc
Theme 1: Standard 6 – lifestyle/personal and health care support	<p>Whilst we should always strive to be compliant with equality legislation and promote the rights of YP, there will be public health powers to require people to self-isolate should this be necessary</p> <p>The requirement for other agencies to contribute to sessions and activities will be limited, particularly where face to face events are proscribed. Likewise, whilst there is a requirement for the facility to have somewhere private for the YP to meet visitors, this too may be curtailed.</p> <p>The project’s facilitation of overnight stays or accommodation requests or overnight stays away from the project should be suspended in light of public health advice</p> <p>Standard provides sufficient flexibility in other areas</p>
Theme 1: Standard 7 – safeguarding and protection from abuse	<p>The requirement for project staff to attend <u>mandatory</u> safeguarding training should be provided through appropriate and/or validated online or on-job training as soon as possible.</p> <p>Standard provides sufficient flexibility in other areas</p>
Theme 1: Standard 8 – service user involvement and participation	Service User Forums should be stood down temporarily and other measures put in place to seek views. Dependent on prevailing conditions, there may also be relaxations required in respect of the YP’s participation in service development and their involvement in recruitment and selection process

STANDARD [SUPPORTED ACCOMMODATION]	EXTENT OF RELAXATION
Theme 2: Standard 1 – quality of accommodation	The requirement for each YP to have a bedroom/self-contained flat/adequate floor space/shared space may need to be relaxed. For example, shared space may need to be converted to bedroom space or siblings may be requested to share bedroom accommodation
Theme 3: Standard 1 – staffing arrangements	<p>As availability of training will be limited, the requirement for an updated Learning Needs analysis for each staff member can be suspended. Annual appraisals can be postponed.</p> <p>Standard provides sufficient flexibility in other areas</p>
Theme 4: Standard 1 – quality assurance and monitoring	<p>Whilst there is still a requirement to maintain the standards within the Quality Monitoring Tool, all contract performance management arrangements, including quality monitoring visits and contract management meetings are suspended.</p> <p>Consultation with stakeholders and access to advocates should be managed using alternative formats of communication</p> <p>Standard provides sufficient flexibility in other areas</p>

Standards for Leaving Care services in Northern Ireland (September 2012)

STANDARD [LEAVING CARE SERVICES]	EXTENT OF RELAXATION
Standard 5	No relaxation required
Standard 1 – corporate parenting responsibilities	<p>The range of services to be provided will need to be reviewed in light of public health advice, as there may be constraints around the ability to take account of the YP’s wishes and preferences, the appointment of a named worker and having an appropriate complement of suitably trained and qualified staff – the minimum required to keep young people safe. The latter should take account of volunteers also</p> <p>Standard provides sufficient flexibility in other areas</p>
Standard 2 – preparation, planning and review	<p>It may not be possible for a YP in custody to have regular contact with a named worker. The reasons for this should be communicated to the YP</p> <p>Requirements around planning with YP and other stakeholders at meetings should be relaxed in light of public health advice. Face to face meetings should be minimised/suspended and alternative forms of communication adopted.</p> <p>Standard provides sufficient flexibility in other areas</p>
Standard 3 – being healthy	<p>It may be logistically difficult to facilitate young people who are parents, or prospective parents, accessing support from family and other support services. Contact with friends and family should be maintained through alternative communication methods such as Skype, Zoom, or Facetime</p> <p>The requirement for collaborative working with leisure centres and councils will not take place as this will not be possible due to closures of facilities in light of public health advice</p>

STANDARD [LEAVING CARE SERVICES]	EXTENT OF RELAXATION
	Standard provides sufficient flexibility in other areas
Standard 4 – enjoying learning and achieving	<p>It is recognised that partnership arrangements with education establishments will be affected due to closures and that remote or alternative learning opportunities should be explored with establishments. Remote or alternative learning opportunities should be encouraged</p> <p>The requirement for leisure activities, school activities and collaborative working with other parties to be part of YP’s pathway plans will be limited in light of public health advice. Face to face meetings should be minimised/suspended and alternative forms of communication adopted</p> <p>Standard provides sufficient flexibility in other areas</p>
Standard 6 – experiencing economic and environmental wellbeing	<p>The requirement to provide work experience opportunities will be relaxed in light of public health advice</p> <p>Standard provides sufficient flexibility in other areas</p>
Standard 7 – contributing positively to community and society	The requirement to encourage YP to participate in volunteering will be relaxed in light of public health advice. Where it is safe to do so, YP may wish to assist in supporting vulnerable people in their community
Standard 8 – living in a society which respects their rights	<p>The requirement for partnership working with other agencies will be limited in light of public health advice. Face to face meetings should be minimised/suspended and alternative forms of communication adopted</p> <p>The requirement to take account of the YP’s views is where practicable. Where this is not possible, the reasons should be communicated to them</p>

STANDARD [LEAVING CARE SERVICES]	EXTENT OF RELAXATION
	Standard provides sufficient flexibility in other areas