

Coronavirus (COVID-19) advice for social care

COVID-19 guide for social workers and occupational therapists supporting adults with learning disabilities and autistic adults

Updated: 7 January 2021

This is a guide to help social workers and occupational therapists supporting adults with learning disabilities and autistic adults through the COVID-19 crisis. People with learning disabilities and autistic people have the same rights as the rest of the population to live fulfilled lives as active members of families and communities. Practice in social work and occupational therapy is underpinned by human rights and the [Mental Capacity Act](#) [link 1](#) (MCA), the legal framework which asserts and supports people's rights to make their own decisions.

During the COVID-19 pandemic, however, everyone's lives are being limited, and everyone's human rights are being affected. This guidance aims to help occupational therapists and social workers keep people with learning disabilities and autistic adults safe, and to help them play their part in getting through this national emergency, while at the same time protecting and promoting people's rights wherever possible.

This public health crisis is having an acute impact on those with care and support needs, carers and staff. The care and help available may be limited compared with usual provision, because more people are needing assistance, and staff may be ill or self-isolating. Social workers and occupational therapists, just like other staff, and the people they support, will be anxious about their own health and family. Occupational therapists, social workers and care staff may also be under increased work pressure due to other staff being off sick or self-isolating. For those with support needs and their carers, routines will have been interrupted, and this may cause heightened anxiety.

Because of your role, you are judged by the government to be an essential worker. That may mean, for example, that you can use priority shopping times in some supermarkets. You will need to take some form of ID with you. If you are a frontline worker delivering social care you are eligible for [coronavirus testing](#) [link 2](#).

Support from BASW and SCIE

The British Association of Social Workers (BASW), has in the last few months produced a number of relevant resources for supporting people with learning disabilities and autistic people during the coronavirus pandemic.

BASW in 2019 launched capabilities statements for [social workers supporting people with learning disabilities](#) [link 3](#), and for [social workers supporting autistic adults](#) [link 4](#).

While the two statements are distinct, there are common themes to the knowledge, skills, behaviours and attitudes they set out for social workers. Among these are a focus on rights-based practice; on person-centred, strengths-based working; on knowing the law; and on the fundamental importance of strong relationships being at the heart of good social work.

All of these skills and qualities are important right now, with the laws with which social workers operate in flux, and autistic people and people with learning disabilities in additional need of strong, trusting relationships with people who understand them and their situation.

As many social work tasks now need to be done remotely, some work that BASW and SCIE did together in 2020 on [digital capabilities for social workers](#) [link 5](#) will be useful. It sets out the skills, knowledge and ethical frameworks that social workers need to understand when working with digital technologies. Working remotely brings some challenges, and you will have to consider the needs of people who are not digitally connected: are there neighbours who may be able to help, for example? Two further resources that may be helpful are [Building rapport and establishing meaningful relationships using technology](#) [link 6](#) and [Technology checklist for video calling an adult or carer](#) [link 7](#).

While the above resources are targeted specifically at social workers, it is likely that occupational therapists will find much of the material useful. In addition, the Royal College of Occupational Therapists has useful [COVID-19 guidance](#) [link 8](#).

Helping the person to understand the changes

Social workers and occupational therapists are important providers of guidance to people with learning disabilities, autistic people, and their families. People may turn to you for advice on how to keep safe, and on how to cope with the challenges of the current crisis more generally.

[GOV.UK](#) [link 9](#) is the main website for advice on COVID-19 from Public Health England, and includes accessible materials. It is important that you are familiar with the main instructions from the Government on infection control and social distancing, both so that you can carry out your work safely, and give clear messages to those you support about what they need to do.

Reassurance is also important, so you may want to explain or reiterate why there are so many changes to ordinary life and that everyone has their part to play. This may include why people are not visiting, why support staff might be wearing masks, gloves and aprons, and why people may not be able to go out to the usual places. People may be able to develop their usual coping strategies with the help of those who support them.

Further reading

- [Easy read information about the rules to stay at home](#) [link 10](#) (Public Health England)
- [Easy read advice on how to stay at home](#) [link 11](#) (Public Health England)
- [National Autistic Society](#) [link 12](#)
- [Explaining Coronavirus for People with Learning Disabilities and other videos](#) [link 13](#) (Surrey and Borders Partnership Trust)

Social distancing

As the coronavirus is still in general circulation, we need to continue to minimise the chances of catching and spreading COVID-19. The Government has introduced new powers to enforce this, and if someone is not following the restrictions the police can order them to go home, and fine them if they refuse. Those providing support should use the usual methods of communication that are effective with the individual to help them understand the restrictions.



As infection rates currently remain high, greater limitations can be imposed on where we can go and with whom, but these vary depending on what tier your part of the country is currently in. Detailed guidance explaining the different tiers is available. have again risen rapidly across the country, a national lockdown has been re-introduced and everyone must stay at home. Detailed [guidance explaining the current restrictions link 14](#) is available.

If you go out, you should always:

- Stay 2 metres (6ft) away from people who are not from your household.
- Wash your hands as soon as you get home.

On 24 July the law changed to make wearing a face mask compulsory in England on public transport and a wide range of indoor settings.

However, there are some [exceptions link 15](#), including for people who need to lip read, and if wearing a mask might cause someone severe distress. The Government have produced some [cards and badges link 16](#) which you can carry to explain why you cannot wear a face mask.

[Jane Green and SEDS link 17](#) have also produced some exception cards, too.

In England, single adult households - in other words adults who live alone or with dependent children only - can still form a 'support bubble' with one other household. All those in a support bubble will be able to spend time together inside each other's homes, including overnight, without needing to stay 2 metres apart. A household can only form a support bubble with one other household.

Because members of the same household are allowed out together, more than one person with a learning disability and/or autistic person can go out at the same time in a small group, if they live in the same household.

People in [Wales link 18](#), [Scotland link 19](#) and [Northern Ireland link 20](#) should follow the guidance specific to their country.

Those in the clinically extremely vulnerable group, and people caring for them, should continue to follow the [updated shielding guidance link 21](#) for the foreseeable future.

Those providing support to autistic people or people with learning disability may be struggling if the individual has difficulty understanding or accepting the changes. It is important that people are supported to do as much as they can, and you can advise on how to continue to exercise outside without additional risk. Are there any quiet open spaces? Could they go out at a quieter time? If this is not possible what are the other options? Do they have a garden or could they exercise indoors, perhaps following a YouTube exercise video?

Further reading

- [Guidance on social distancing for everyone in the UK link 22](#) (Public Health England)
- [Stay at home: guidance for households with possible coronavirus \(COVID-19\) infection link 23](#) (Public Health England)
- [Easy read advice on staying at home link 24](#) (Public Health England)

Maintaining relationships

It is important that people are supported to maintain their relationships with family, friends and partners.

Where people with learning disabilities and autistic people were living with their partner prior to the current restrictions being introduced, that can obviously continue (with support where necessary).

If people were not living together but did have regular face to face contact with their partner, this will clearly be a difficult time for them. Depending on their living circumstances, and the circumstances of their partner, they may be able to form a support bubble, and so see each other without the social distancing restrictions. If that does not apply they may need additional support with their emotional life. People can continue contact via telephone and video calls, and where appropriate be given the privacy to use technology to continue to have an intimate relationship with their partner. The current national lockdown in England means people can only mix with their own household, with those in their support bubbles and – whilst remaining 2 metres apart – with one person from another household for exercise.

Friendships and relationships with family members are equally important, but are currently restricted in the same way.

Autistic people and people with learning disabilities are making use, like the rest of the population, of various video call facilities and other ways to keep in touch with friends, colleagues and loved ones, and this should be supported wherever it is what the person wants. Learning Disability England have a range of [resources for staying in touch and socialising online link 25](#), including an [easy read guide to using WhatsApp link 26](#). Find the system which works best for each person you support.

But despite everyone's best efforts, the people you support may experience loneliness as a result of the reduction in face-to-face opportunities to socialise, connect with family, neighbours and friends, and take part in physical activity and everyday cultural and faith experiences. They may also experience anxiety about the virus outbreak. Some useful resources to support them are:

- [How we can all help link 27](#) (Autism.org)
- [Looking after your feelings and your body link 28](#) (Public Health England)
- [Coronavirus anxiety tips link 29](#) (NHS)
- [Coronavirus: Information from other organisations link 30](#) (Mencap)
- [Explaining Coronavirus and exercises to help with anxiety for People with Learning Disabilities link 31](#) (Surrey and Borders Partnership Trust)

Staying well

Infection control and client contact

In line with Government guidance it is important to take infection control and social distancing seriously in the course of your work. Actual physical or personal contact should be avoided to prevent the spread of the virus, and this must be the approach taken unless there are exceptional circumstances. In many cases you could use the telephone or digital messaging to communicate with people. In situations where you might previously have had a face-to-face meeting or visit, it may be better to use video-conferencing facilities if the technology is available and acceptable. People may be feeling anxious or frightened, and being able to see you may provide added reassurance.

If you have carefully considered all options and contact is essential, then you must consider the safety of yourself and those with whom you come into contact. There is good [advice link 32](#) from BASW. You should maintain the recommended 2 metre distance at all times, and should touch as few things as possible when visiting. Be aware that even if you are supporting a person who is not seen as high risk, they may have a carer or other



family member that is in a high-risk group. An actual visit to someone at this time would require a very strong justification, and you should seek the agreement of your manager before visiting. Of course, you will also need the consent of the person you are going to see, and will need to be assured that they understand the risks of you coming. When making these decisions it must be noted that anyone involved - service user, professional or carer may be 'asymptomatic' - so the risk of spreading the virus cannot be eliminated.

If you are meeting or visiting a service user or carer your employer must carry out a full risk assessment and provide you with training and any personal protective equipment (PPE) (gowns/aprons, masks, gloves, etc) that you may require. [Current government guidance](#) [link 33](#) is that, if someone you support has COVID-19 symptoms, then plastic aprons, fluid-resistant surgical masks (FRSMs) and gloves should be used. Eye coverings will be subject to a risk assessment, depending on the individual case.

If you experience problems in accessing PPE there is now a dedicated line for you:

Tel: 0800 915 9964 / 0191 283 6543

Email: supplydisruptionservice@nhsbsa.nhs.uk [link 34](#)

If you have symptoms (a new continuous cough or fever or loss/change in your sense of smell or taste) you should go home and self-isolate.

If someone for whom you are the social worker or occupational therapist has symptoms, then you should not visit except in exceptional circumstances following a risk assessment by your employer.

Testing

As essential workers, social workers and occupational therapists are eligible for coronavirus testing. The route to getting tested differs between the four countries, but for many social care staff will be arranged via their employer, though self-referral may also be possible. Further information is available for [England](#) [link 35](#) , [Wales](#) [link 36](#) , [Scotland](#) [link 37](#) and [Northern Ireland](#) [link 38](#) .

Further reading	
Healthcare settings	<ul style="list-style-type: none">• COVID-19: infection prevention and control (IPC) link 39 (Public Health England)
Residential care	<ul style="list-style-type: none">• Infection prevention and control link 40 (Skills for Care)• Helping to prevent infection link 41 (NICE/SCIE)• Testing for care homes link 42
Guidance on home care provision	<ul style="list-style-type: none">• COVID-19: guidance on home care provision link 43 (Public Health England)
Guidance on PPE	<ul style="list-style-type: none">• COVID-19 personal protective equipment link 44 (Public Health England)• Recommended PPE for primary, outpatient, community and social care by setting, NHS and independent sector link 45 (Public Health England)

Contingency planning

Many people caring for someone, either as a family carer, paid care worker or personal assistant, will already have plans in place in case someone is unable to continue in their caring role. Usually this will rely on other known support such as family members or an agency who can provide cover, and it is the responsibility of the care agency, in the first instance, to provide contingency support.

Only if they are unable to should statutory services become involved in emergency contingency planning, but at that point you may be asked to support someone who has not previously made a plan.

- ✓ Make sure the person being supported is part of the discussion - they need to be involved as much as possible so they know what to expect.
- ✓ Think about what will need to be in place if the person providing support becomes ill.
- ✓ Write down any key contacts (family, neighbours, friends or professionals) who can be called upon for assistance.
- ✓ Make sure that information about the support the person needs is available, particularly if they would not be able to communicate this for themselves.
- ✓ Make a note of where the person usually gets any specialist supplies (e.g. incontinence supplies).

Local authorities and the NHS have recruited thousands of volunteers to offer help to those at home, for example with prescription or shopping deliveries. See [COVID-19 Mutual Aid UK](#) [link 46](#) for another possible avenue of support.

[Together Matters](#) [link 47](#) has written information to help family carers plan with others, including professional care staff, to get the support they need during the current crisis.

Further reading
Person-centred future planning link 48 - Person-centred future planning A quick guide for practitioners supporting people growing older with learning disabilities

Healthcare

Identifying health concerns

It is important to monitor people with learning disabilities for any signs of coronavirus - a new cough, sweating/ temperature, facial expression, and signs of pain or discomfort. It is likely that care staff or family members will be the first to spot these. It is also important that people monitor the general health and underlying conditions that people with learning disabilities may have; other health risks have not gone away. If you think an underlying health condition is worsening and you cannot contact the person's usual GP or medical professional, you can call NHS 111 or contact [111 online](#) [link 49](#) for advice.

The criteria for identifying possible coronavirus cases are a new continuous cough or fever (equal to or above 37.8°C) or loss/change in your sense of smell or taste. If you think that the person that you support may have significant coronavirus symptoms then they (or someone on their behalf)



should contact NHS 111, online in the first instance, or by phone, for clinical advice. Also contact 111 if symptoms persist for more than seven days. It should be explained that the person has a learning disability, and so may be more at risk. But if an autistic person or a person with learning disabilities has only mild, short-lived, symptoms, then there is no need to contact 111.

Autistic people and people with a learning disability have equal rights to access healthcare, but we know that they sometimes experience barriers to getting the healthcare they need. During the coronavirus pandemic it is still the responsibility of the NHS to make reasonable adjustments where needed to allow equal access. Find out more about [reasonable adjustments](#) ^{link 50}.

All GPs and other health services have received a letter explaining the importance of equal access to healthcare. In particular it clarifies use of the Clinical Frailty Scale (CFS) and the use of do not attempt cardiopulmonary resuscitation (DNACPR) with younger patients with a stable long-term physical need, learning disability or autism. A person should not have a DNACPR put in place without consultation or just on the basis of having a learning disability or significant levels of social care support. The [NHS provides some further information about available advocacy support](#). ^{link 51}

NHS England have produced two documents for people with learning disabilities and autistic people about [accessing NHS services during coronavirus](#) ^{link 52} – one in easy read, and one in plain English.

Shielding

Shielding has been re-introduced as part of the current national lockdown. People who are considered to be clinically extremely vulnerable are advised to continue to follow current [government guidance](#) ^{link 53}.

Some individuals are at an increased risk of severe illness from coronavirus:

- anyone aged 70 years or older (regardless of medical conditions)
- anyone aged under 70 years with an underlying health condition – for most this will align with eligibility for [a free flu jab on medical grounds](#) ^{link 54}.

Although age and underlying health conditions are the greatest risk factors, the evidence suggests that other groups are also more likely to become seriously ill. This includes men, people from Black, Asian and minority ethnic (BAME) backgrounds, those living in more deprived areas, those born outside the UK or Ireland, and those living in a care home.

If the person that you support meets any of these criteria, you should support them to be stringent in following [social distancing guidance](#) ^{link 55}.

Individuals can call the government's helpline on **0800 028 8327** or visit [Get coronavirus support as a clinically extremely vulnerable person](#) ^{link 56} to register for support.

[Easy read guidance on protecting people most likely to get very poorly from coronavirus \(shielding\)](#) ^{link 57} (Public Health England)

Going into hospital

In case the person with learning disabilities does need to go into hospital it is worth making sure that their [hospital passport](#) ^{link 58} is up to date. If they do not already have a hospital passport there is an [emergency COVID-19 passport](#) ^{link 59}, and a presentation about [how to fill it in](#) ^{link 60}. Georgia Frith has produced an [easy read guide to help support people who may need to go into hospital](#) ^{link 61}, hosted by Learning Disability England who also have [further advice and resources](#) ^{link 62}.

If the person that you support needs to go into hospital because of coronavirus, Mencap have produced some [easy read guides](#) ^{link 63} to going into hospital which may help explain what will happen.

In order to ensure the NHS can maximise capacity for COVID-19 patients there have been [changes to practice in hospital discharge](#) ^{link 64}. This may mean people are discharged from hospital with fewer and less robust preparations. It is important that community support services work closely with NHS partners to minimise risk relating to hospital discharge. Everyone being discharged from hospital into a care home should be offered a coronavirus test.

Further reading

- [Alert cards for autistic adults and adults with health needs](#) ^{link 65} (Jane Green, InfiniteAutism)
- [Guidance on social distancing for everyone in the UK](#) ^{link 66} (Public Health England)
- [Someone to speak up for you \(advocate\)](#) ^{link 67} (NHS)
- [Hospital passports](#) ^{link 68} (Mencap)
- [Resources that can help](#) ^{link 69} (Learning Disability England)
- [Easy read guides](#) ^{link 70} (Mencap)
- [Coronavirus \(COVID-19\); Looking after your feelings and your body](#) ^{link 71} (Public Health England)
- [Coronavirus \(COVID-19\): Guidance on protecting people most likely to get very poorly from coronavirus \(shielding\)](#) ^{link 72} (Public Health England)
- [Guidance on shielding and protecting people](#) ^{link 73} (Public Health England)

Advance decisions to refuse treatment and advance planning

Advance planning and decision making is an important tool to make sure people remain in control of their health choices and rights. An advance decision to refuse medical intervention or treatment can be made, under the Mental Capacity Act, by anyone with the mental capacity to make their wishes clear, and the person's wishes must be respected. Advance decisions can include, but are not limited to, refusing resuscitation – this is known as 'do not resuscitate' (DNR) or 'do not attempt resuscitation' (DNAR). If someone is making an advanced decision in light of COVID-19, they may want to include refusal of mechanical ventilation.

It is good practice to have a conversation about advance decisions with anyone who has a health condition that may shorten their life or is in the high-risk groups that have been identified in relation to COVID-19. This will aim to ensure that the person understands their options, remains in control and their wishes are respected.

Further reading



- The charity [Compassion in Dying](#) ^{link 74} offers advice and a range of resources to help people through the process of making an advance decision to refuse treatment
- [Understanding treatments and outcomes in hospital and critical care](#) ^{link 75} The Royal College of Physicians
- [A quick guide for registered managers of care homes and home care services](#) ^{link 76} (NICE)
- [Implementation support: Decision-making and mental capacity](#) ^{link 77} (NICE)

Easements of the Care Act 2014, the Mental Health Act 1983, and a framework for decision making

The current crisis has meant that there have been some [easements to the Care Act 2014](#) ^{link 78}. These changes temporarily amend some of the duties and powers that local authorities have in relation to providing care.

The intention is that these changes will allow local authorities to prioritise meeting the most urgent and acute needs in a time of great pressure on social care services. Local authorities will still be expected to take all reasonable steps to continue to meet care and support needs of people eligible for support, and the support needs of carers.

A local authority should only take a decision to begin exercising the Care Act easements when the workforce is significantly depleted, or demand on social care increased, to an extent that it is no longer reasonably practicable for it to comply with its Care Act duties. The decision to operate the easements should be taken locally. It should be agreed by the Director of Adult Social Services in conjunction with or on the recommendation of the Principal Social Worker. The Department of Health and Social Care must be informed if easements are used.

Even if the easements are triggered, decisions around care should still be made in conjunction with individuals. Person-centred approaches should be maintained. Any decisions taken in the context of the crisis should be reviewed regularly and any changes – be they a reduction in support, or unusually restrictive measures – should cease once the period of risk to people has reduced or ended.

These changes do not affect the Human Rights Act. Local Authorities will remain under a duty to meet needs where failure to do so would breach an individual's human rights under the European Convention on Human Rights. Duties in the Mental Capacity Act 2005 relating to Deprivation of Liberty Safeguards (DoLS) remain in place, as do duties imposed under the Equality Act 2010. Safeguarding duties are not affected by the easements.

Decisions about care and support should be made in line with the [Ethical Framework for Adult Social Care](#) ^{link 79} which all local authorities are expected to observe. The ethical framework emphasises eight principles:

1. Respect
2. Reasonableness
3. Minimising harm
4. Inclusiveness
5. Accountability
6. Flexibility
7. Proportionality
8. Community

Alongside the ethical framework, local authorities should continue to respect the principles of personalisation and co-production which are set out in the [Making it Real](#) ^{link 80} framework for personalised care and support.

The Coronavirus Act 2020 provides for a number of temporary modifications to the Mental Health Act 1983 as well, in response to severe pressure on mental health service capacity and performance, due to the coronavirus outbreak. These are temporary measures, which allow for certain requirements of the Act to be relaxed on a case-by-case basis, if circumstances mean that they cannot be met. The intention is that these flexibilities help services to continue to offer care and treatment to those who need it, during the emergency period. It is important to note that the emergency powers are intended to only be used when there is a strong justification for doing so.

Assessments

The changes to the Care Act make assessments a power rather than a duty. Assessments should still take place where possible, but it may not be possible or necessary for them to be face to face. Taking into account any cognitive and communication needs, and mental capacity, other ways of carrying out assessments should be considered:

- use of a third party/allied professional
- self-assessments – many people, perhaps with help from family members, could complete their own assessment form
- telephone or, if possible, other technology such as video calls, if people are comfortable with this.

It is important to explain to people that assessments carried out during the COVID-19 crisis can be redone or reviewed when things return to normal if it is felt necessary and additional services may be provided.

Further reading

- [Care Act easements: guidance for local authorities](#) ^{link 81} (DHSC)
- [Responding to COVID-19: The ethical framework for adult social care](#) ^{link 82} (DHSC)
- [About Making it real](#) ^{link 83} (TLAP)

Safeguarding

Safeguarding duties are not affected by easements to the Care Act. It is important that we all remain vigilant about safeguarding the people we support during this difficult time, and occupational therapists – and more particularly social workers – have a central role to play.

Safeguarding duties and responsibilities apply to adults who:

- have care and support needs
- are experiencing, or at risk of abuse or neglect
- are unable to protect themselves because of their care and support needs.

Learning disabled and autistic adults have the right to be fully involved in decisions about their own lives. This includes all decisions relating to this pandemic and the restrictions which come with them. Decisions should never be made without an individual's involvement, or consideration of



their best interests. The six key principles of safeguarding serve as a helpful reminder of good practice at this time:

- **Empowerment:** people being supported and encouraged to make their own decisions and give informed consent.
- **Prevention:** it is better to take action before harm occurs.
- **Proportionality:** the least intrusive response appropriate to the risk presented
- **Protection:** support and representation for those in greatest need.
- **Partnership:** local solutions through services working with their communities.
- **Accountability and transparency** in safeguarding practice.

Additional safeguarding issues may arise, due to heightened anxiety in the home and any related behaviours. Family carers may be extremely stressed themselves, due to fear of the virus, uncertainty and reduced formal support, resulting in increased physical and emotional strain. If you notice signs that someone is not coping – don't ignore it. Talk to the people you support about your concerns, and discuss the issue with colleagues and managers as you normally would. Preventative support around safeguarding is as important now as it has ever been.

If abuse or harm is suspected, the section 42 enquiries are required as normal; the methods by which they are conducted, however, will likely be different. Meetings may have to be done remotely, and it may be harder to arrange GP appointments, or to involve the police, when so much attention is focused on coping with the pandemic.

Without personal contact it may be much more difficult to spot signs that might cause concern. For example, it might be hard to pick up deterioration in mental health and wellbeing as a result of the current situation, or to identify safeguarding concerns. There are indications of significant increases in domestic violence since the outbreak of the virus. Take time to ask how people are coping, and whether there are additional strains on family relationships. Another concern is the increase in fraud and scams, and you can also offer simple advice to people on this issue.

See SCIE's [Safeguarding adults during the COVID-19 crisis](#) [link 84](#).

Be aware also that thousands of new volunteers have been drafted in, either to the NHS, or much more informally, to help during the crisis, with people with additional needs being the intended recipients of much of this extra support. While this upturn in civic engagement is to be welcomed, it is helpful to remain vigilant about any new people providing support. Any concerns should be raised in line with your safeguarding policy.

Death and bereavement

The current crisis means there is a lot of discussion of death in the media, and there is an increased chance that everyone, including people with a learning disability and autistic people, will experience the death of a family member or friend.

If there is a bereavement, each autistic person or person with a learning disability will grieve in their own way, and it is important to take a person-centred approach to support them through this process. Having open and honest discussions about death is often the best approach. It is generally advisable to avoid euphemisms like 'gone to sleep' or 'gone to a better place', which can cause confusion especially with someone who may interpret such comments very literally.

Do not be afraid of showing your own emotions while supporting someone through a bereavement. People with learning disabilities and autistic people can feel supported by seeing that you are upset too.

It may be useful to have conversations about death before people have personal experience of it. Media discussions of deaths due to coronavirus could be a way to start these conversations.

The resources below provide more detailed advice and resources for talking about death and bereavement with autistic people and people with a learning disability.

Further reading

- [When someone dies from coronavirus: a guide for families and carers](#) [link 85](#) (Books Beyond Worlds)
- [Bereavement and learning disabilities](#) [link 86](#) (CWP)
- [Dealing with a bereavement](#) [link 87](#) (Mencap)
- [Loss, bereavement and death](#) [link 88](#) (BILD)
- [Grief after bereavement or loss](#) [link 89](#) (NHS)
- [Bereavement Advice Centre: Useful contacts](#) [link 90](#)
- [Breaking Bad News](#) [link 91](#)
- [Dimensions: Dying to matter](#) [link 92](#) (Dimensions)
- [Supporting adult carers](#) [link 93](#) (NICE)

For more information

- [Building rapport and establishing meaningful relationships using technology in social work](#) [link 94](#) (SCIE, 2020)
- [COVID-19 frequently asked questions](#) [link 95](#) (RCOT)
- [National Autistic Society](#) [link 96](#)
- [Coronavirus \(COVID-19\) response and guidance notes](#) [link 97](#) (ADASS)
- [Coronavirus \(COVID-19\) advice for social care](#) [link 98](#) (SCIE)
- [NHS guidance for people working in healthcare](#) [link 99](#) (NHS)
- [Protecting vulnerable people during the COVID-19 outbreak](#) [link 100](#) (LGA)
- [COVID-19: guidance for residential care, supported living and home care](#) [link 101](#) (Public Health England)
- [Social work and human rights: A practice guide](#) [link 102](#) (BASW)
- [Supporting autistic adults and adults with learning disabilities during coronavirus outbreak](#) [link 103](#) (BASW)
- [Enabling positive lives for autistic adults](#) [link 104](#) (NICE)

SCIE COVID-19 guides

SCIE has produced parallel guides for people providing support to people with learning disabilities and autistic adults:

- [A guide for carers/family supporting an adult with learning disabilities and autistic adults through the COVID-19 crisis](#) [link 105](#)
- [A guide for home care staff supporting an adult with learning disabilities and autistic adults through the COVID-19 crisis](#) [link 106](#)



link 1 | <https://www.scie.org.uk/mca/introduction>

link 2 | <https://www.scie.org.uk/care-providers/coronavirus-covid-19/learning-disabilities-autism/social-workers#testing>

link 3 | <https://www.basw.co.uk/resources/capabilities-statement-social-workers-working-adults-learning-disability>

link 4 | <https://www.basw.co.uk/the-capabilities-statement-social-work-autistic-adults>

link 5 | <https://www.scie.org.uk/social-work/digital-capabilities/capabilities-statement>

link 6 | <https://www.scie.org.uk/care-providers/coronavirus-covid-19/learning-disabilities-autism/social-workers#introduction>

link 7 | <https://www.scie.org.uk/care-providers/coronavirus-covid-19/learning-disabilities-autism/social-workers#introduction>

link 8 | <https://www.rcot.co.uk/coronavirus-covid-19-0>

link 9 | <https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014>

link 10 | https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/876699/COVID-19_Keeping_away_from_other_people_20200328.pdf

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