

# Making Safeguarding Personal and working with risk

## Workshops

### 25<sup>th</sup> April and 10<sup>th</sup> May 2018

# Housekeeping



Fire Procedure



Breaks



Toilets



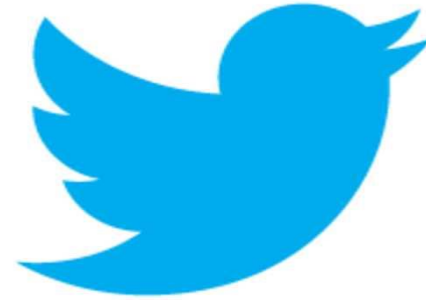
Mobile Phones / Devices



Smoking



Timekeeping and finishing time



**#makingsafeguardingpersonal**

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# GUIDANCE AND PRACTICE IN WORKING WITH RISK

Jane Lawson,  
Adviser Local Government Association / ADASS.

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# Making Safeguarding Personal

- MSP resources; ‘What does ‘good’ look like...?’

<https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal/resources>

- Audio visual resources

<https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal-audio-visual-resources>

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# Issues

- Making Safeguarding Personal is not simply about engaging with people and acting in accordance with their wishes
  - It is about connecting with and building a picture of individuals and their circumstances, understanding what motivates them, through multiagency cooperation. Then using this to negotiate finding a possible way forward
  - It is also about prevention ...empowering people with information so that they can understand risk and protect themselves from future abuse
  - It is about leadership and culture in organisations allowing and supporting flexible responses. The 'right thing' in individual circumstances
  - It is about understanding the range of options for intervening, including legal options; employing a range of skills
  - Putting into practice principles (MCA and safeguarding adults).
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# A core message from the MSP resources

Developing Making Safeguarding Personal is not simply a question of changing individual practice, but the context in which that practice takes place and can flourish.

It involves cultural and organisational change.

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## **The MSP resources: some essential steps within leadership and workforce development**

- ‘There are agreed partnership principles for working with risk, embracing positive risk taking and person-centred approaches. This gives permission to staff to work in risk enabling ways.’
  - ‘Front line staff have a clear framework within which to achieve a balance between wellbeing and safety. [SABs should] promote high level organisational support for person-centred outcomes focused working, linking training to strategic planning objectives.’
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# Serious case review Mrs ZZ

Mrs ZZ, Camden: ZZ neglected to attend to her basic needs nor at times to accept support with those needs (nutrition; hydration; personal hygiene; health needs amongst these). She was at risk on a number of levels. She was reluctant to engage with services and support offered. She lived alone, recently bereaved. Her nephew visited twice each week. Two themes of self-neglect and working with risk were centre stage in analysing practice. ZZ lived and slept on her sofa. She received care 3 times each day for an hour each time.

On admission to hospital her condition was described... “emaciated, ...covered in her own faeces which was stuck to her skin. I would describe it like snake skin it was stuck all over the lower part of her body, legs and feet it must have been there for months. Her body was badly contracted she looked like she had been in that same position for a very long time...We tried to move her arms and legs to expose the sores but her joints were locked...” ZZ had 14 pressure ulcers; 9 of them grade 4.

(From a SCR, Camden, 2015).

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# Key issues, SCR in respect of Mrs ZZ

- the lack of attempts to engage with ZZ
  - the failure to engage relevant specialists to address the risks presented for ZZ
  - the lack of respectful challenge and persistence in supporting ZZ's understanding of the risks;
  - the care management model that closed this case except for annual review when what was required was persistence and continuity
  - the need for adequate support and supervision of staff working in and managing such challenging situations
  - Need to develop legal literacy and especially understanding the requirements of the Mental Capacity Act and the balance between choice and safety.
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# Essential steps for Making Safeguarding Personal

- **Leading Making Safeguarding Personal**
    - Step 1: Evidence strong leadership of Making Safeguarding Personal
    - Step 2: Promote and model the culture shift required for Making Safeguarding Personal
    - Step 3: Define core principles for strategy and practice.
  - **Supporting and developing the workforce**
    - Step 4: Promote and support workplace and workforce development
    - Step 5: Seek assurance of and support development of competent practice in applying the Mental Capacity Act.
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# Essential steps for Making Safeguarding Personal

- **Early intervention, prevention and engaging with people**
    - Step 6: Ensure there is a clear focus on prevention and early intervention
    - Step 7: Engaging with and including people who use services.
  - **Engaging across organisations in Making Safeguarding Personal and measuring outcomes**
    - Step 8: Facilitate engagement of all organisations across the partnership in developing Making Safeguarding Personal
    - Step 9: Measure the difference Making Safeguarding Personal makes for people.
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Jane Lawson

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# Making Safeguarding Personal and working with risk



***Making Safeguarding Personal & Working with Risk***

**What are you doing locally? Do you have ideas/ guidance or tools that you would like to share with others?**

Fill in the below and help us to share with others the good things that you are doing.

<b>Council area / Safeguarding Adults Board</b>
<b>Contact (where we can get further information/clarification)</b> (name; email address; phone number)
<b>What's happening to support effective multiagency working with risk in our Safeguarding Adults Board? (brief outline)</b>
<b>Do you have any audio visual resources that you would like to share via the LGA website? Yes/No</b>

***Making Safeguarding Personal and Working with Risk Workshop 25<sup>th</sup> April 2018***

How helpful were the following in supporting you to develop working with risk in your Safeguarding Adults Board?

**Initial presentations**

**Input from the range of sectors and Safeguarding Adults Board representatives (please specify those you wish to highlight)**

**Group discussion**

**Did you find attending the workshop was useful? How was it useful?**

*Please continue overleaf if you need more space...*



# A Poem



To laugh is to risk appearing the fool  
To weep is to appear sentimental  
To reach out for another is to risk involvement  
To expose feelings is to risk exposing yourself  
To place your ideas, your dreams before the crowds  
is to risk their loss

To love is to risk not being loved in return  
To hope is to risk despair  
To try is to risk failure  
But the greater hazard in life is to risk nothing  
They may avoid suffering and sorrow,  
But they simply cannot  
learn, feel, change, grow or love  
chained by certitudes, they are slaves  
who have forfeited freedom

Only a person who risks is Free.

## **Risk Taking is Free**

### **Christina Henry**

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1. What is one connection you can make with this poem?
2. How many times is the word 'risk' mentioned in the poem?  
What is the impact that this has had on the mood of the poem?
3. How is the message from the first to second stanza different?  
Why?
4. What is the overall theme of the poem? Which lines justifies this message?

## Straw poll.....Care Act three years on

Quick questions:

- ❖ Has the culture change in safeguarding happened?
- ❖ Have we embedded new ways of working in relation to risk and safeguarding?
- ❖ Are we still defaulting to previous practice?
- ❖ Are adults more able to lead their own safeguarding arrangements?
- ❖ Do you as leaders feel equipped through the risk frameworks provided?



**No**



**Yes**



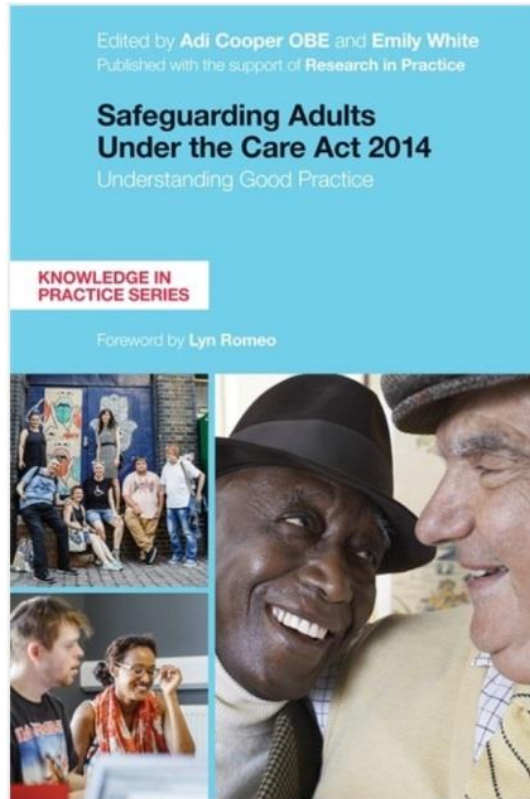
**Partially**

# GUIDANCE AND PRACTICE IN WORKING WITH RISK

Presented on 25<sup>th</sup> April 2018 by Emily White.

Presented on 10<sup>th</sup> May 2018 by Jane Lawson.

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# A framework for understanding and responding to risk

Adapted by Emily White and Jane Lawson

Based on Chapter 6:  
“Assessing and Responding to Risk”  
Cooper, A and White, E (eds)  
“Safeguarding Adults Under the Care Act 2014”  
Jessica Kingsley publishing, 2017

# Key principles

- Organisations need to take into account the impact that any restrictive, safety-led responses might have on the emotional well-being of the person they support.
- Facilitator and advocate rather than 'expert'; as promoter of shared decision making and promoter of shared responsibility.
- Questions: What might lead the person to be able to cope within this situation? How can their strengths be maximised (perhaps with support of others)?
- Where to start?
  - Belief in the person's capacity for change
  - Focus on the role of ethics, morals, values
  - Focus on the underlying principles of the Mental Capacity Act 2005.

# Steps within the framework

This is a framework, rather than a tool for assessing risk in safeguarding. It is derived in part from risk guidance for people with dementia, produced on behalf of the Department of Health in 2010 .

The framework reflects the principle that risk assessment is not a discrete process but is integral to the ongoing response to and minimisation of risk (Barry, 2007)

1. Understanding the person's wishes and feelings in relation to the risk
2. Understanding the impact of risks on the person
3. Enabling and responding to risk
4. Planning and contingency.



# Points to note

- **Risk assessment tools**
- Tools must be seen as a support to or a means of engaging with people about what is important to them and about risks. Tools support revealing 'truth' towards risk assessment
- **Organisational culture**
- Developing a culture that will enable sensitive risk management - leadership has a vital role in changing the language of risk.
- **Perspectives on risk and defensible decision making**
- The concept of defensible decision making focusses on the quality of approach rather than on the eventual outcomes. This is a helpful starting point for developing a shared understanding of risk and agreeing accepted strategies and practices.

**Accountability**

**Empowerment**

**Prevention**

**Partnership**

**Proportionality**

**Protection**



**What do you think Mr Davies would say is important to him?  
Record on the orange post it notes against each of the 6 principles.**

**How would you put each principle into practice when supporting Mr Davies?  
Record on the green post it notes against each of the 6 principles.**

### 6. Accountability

*I am clear about the roles and responsibilities of all those involved in the solution to the problem.*

### 5. Partnership

*I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.*

### 4. Protection

*I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.*



### 1. Empowerment

*I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.*

### 2. Prevention

*I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.*

### 3. Proportionality

*I am confident that the responses to risk will take into account my preferred outcomes or best interests.*

# Refreshments



# GUIDANCE AND PRACTICE IN WORKING WITH RISK

Ingrid Cruickshank, Detective Chief Inspector,  
Safeguarding and Partnership Central East BCU (Hackney  
& Tower Hamlets).

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# Defining Abuse

- Violation of Rights
- Single or Repeated Acts
- Physical
- Verbal
- Psychological
- Neglect or Omission to Act.



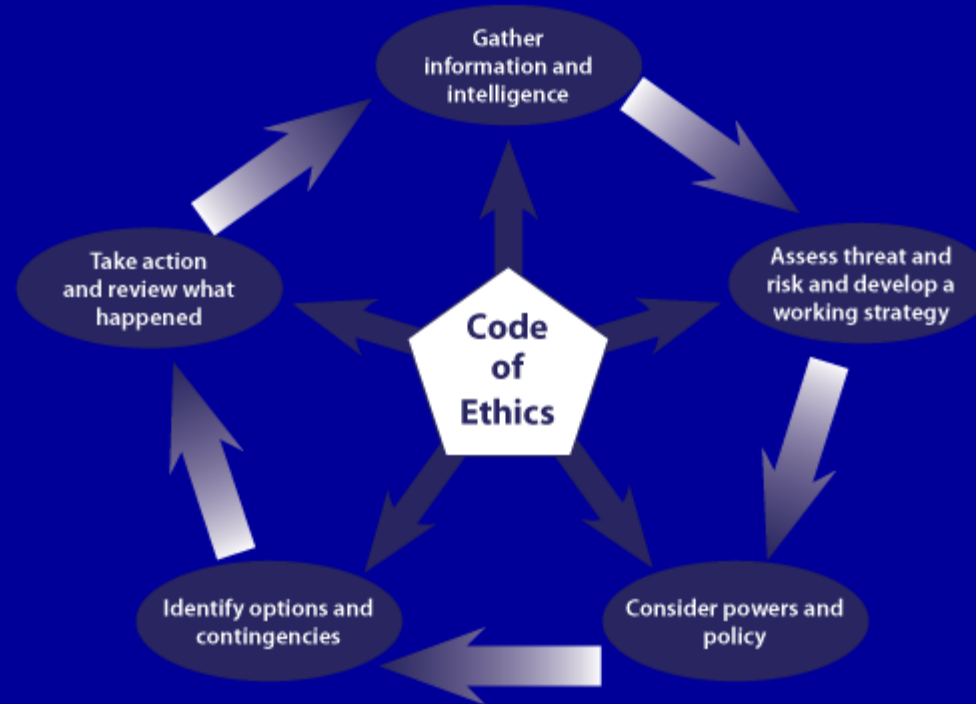
# Types of Abuse

- Neglect
- Scams and fraud
- Theft
- Cuckooing
- Modern Slavery
- Domestic abuse
- Sexual Abuse.



# Risk Assessment Models

- VAF
- DASH
- RARA
- ARMS.





# Risk and Making Safeguarding Personal

- Victim Wishes vs Risk
- Example 1 – Domestic Abuse
- Example 2 – Registered Sex Offender.



# Any Questions?



**METROPOLITAN  
POLICE**

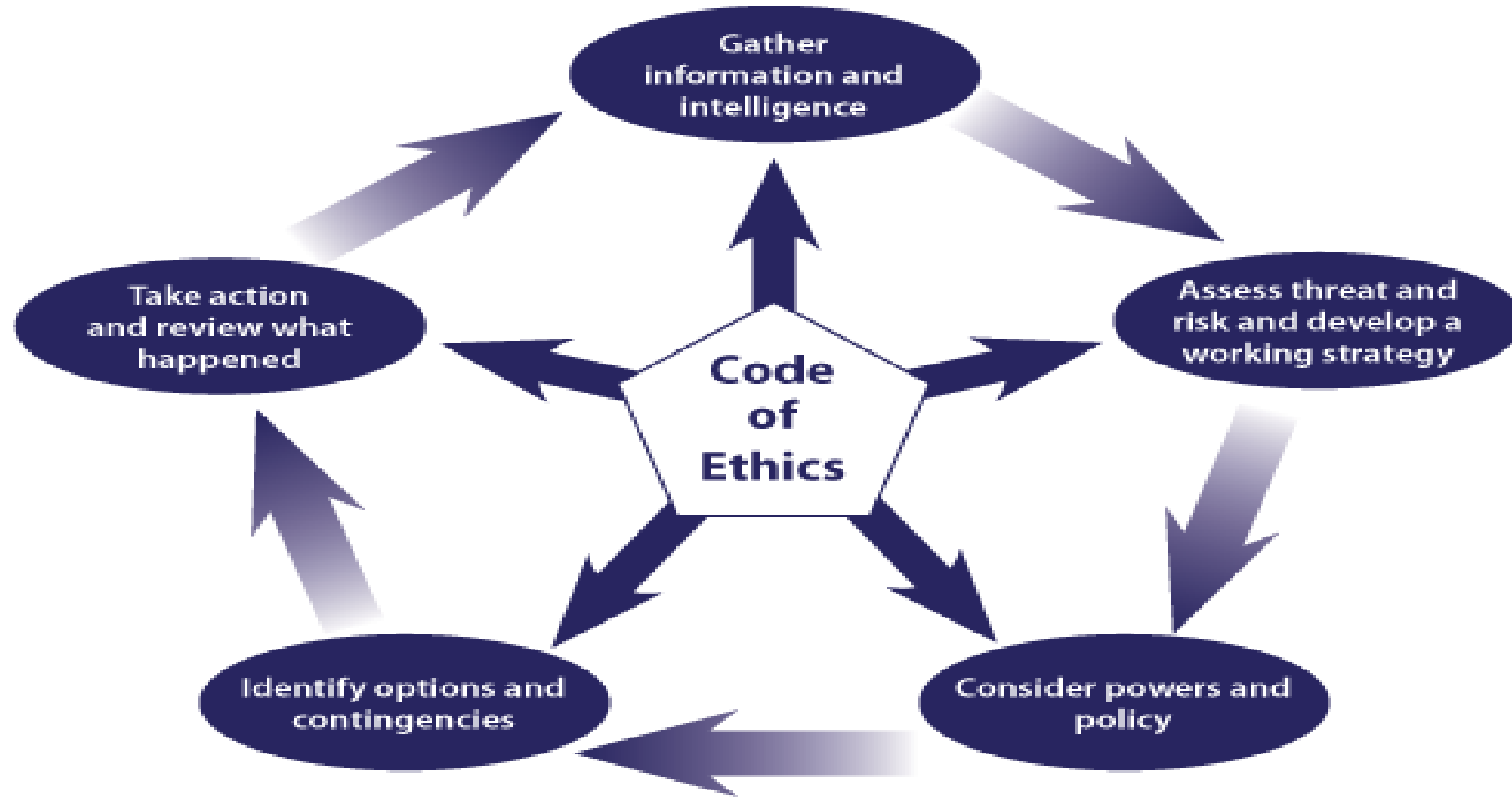
TOTAL POLICING

# GUIDANCE AND PRACTICE IN WORKING WITH RISK

Richard Beardsall,  
Ex Police Detective and Safeguarding Consultant.

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# Police National Decision Making Model



# Golden Hour Principles

<b>Victims</b>	identify, support and sensitively preserve evidence
<b>Scenes</b>	identify, preserve, assess and commence log
<b>Suspects</b>	identify, arrest and preserve
<b>Witnesses</b>	identify, support and sensitively preserve evidence
<b>Log</b>	decisions and rationale, circumstances, resources and conditions
<b>Family/community</b>	identify, inform, primary support (needs, concerns, expectations, sensitivity)
<b>Physical evidence</b>	preservation (CCTV, public transport, escape routes, ambulances, hospitals)
<b>Intelligence</b>	identify, prioritise, maximise, exploit, consider, community and open source
<b>Prevent contamination</b>	victims, scenes, witnesses, suspects
<b>Lines of responsibility</b>	identify, inform, brief, coordinate and review

# Risk Matrix

		CONSEQUENCES				
		Marginal	Minor	Moderate	Major	Severe
LIKELIHOOD	Almost Certain	MEDIUM	HIGH	HIGH	CRITICAL	CRITICAL
	Likely	MEDIUM	MEDIUM	HIGH	HIGH	CRITICAL
	Possible	LOW	MEDIUM	MEDIUM	HIGH	CRITICAL
	Unlikely	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
	Rare	LOW	LOW	MEDIUM	MEDIUM	HIGH

**S.E.R.A.F.**

STRAT<sup>pro</sup>  
**D.A.S.H.**

# The Witness Charter 2013 and Code of Practice for Victims of Crime

**21** Standards laying out care package for victims/witness of crime.

**Standard 4:** *Initial needs assessment by the police If you are providing a statement to the police, they will carry out an initial assessment of your needs as a witness. This will cover when and how you can be contacted and what language and communication needs you may have.....*

**What does this wording remind you of?**

# GUIDANCE AND PRACTICE IN WORKING WITH RISK

Emily White, Head of Registration, Care Quality Commission.

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# Our purpose and role



- We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve



- Register
- Monitor and inspect
- Use legal powers
- Speak independently
- Encourage improvement

- People have a right to expect safe, good care from their health and social care services

# CQC's role and responsibilities in safeguarding

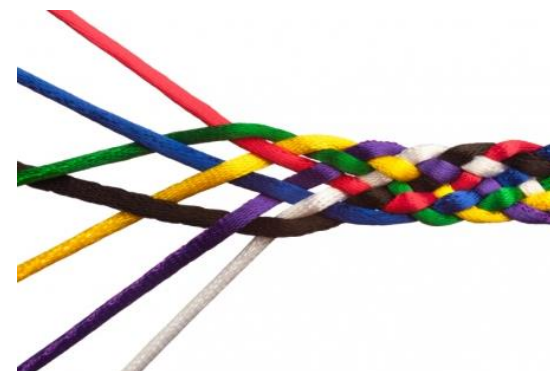


- Ensure providers have effective systems and processes
- Use intelligent monitoring to assess risk
- Use information we receive through statutory notifications from providers
- Use information we receive from people who use services, their families and the public
- Make sure the right people act at the right time to keep people safe
- Raise safeguarding issues we discover during inspections; alerting local authorities and the police if necessary
- Hold providers to account and to take regulatory action where necessary
- Work with local partners to share information



# Working with others

## Action on identifying abuse



Working with others

- Attending safeguarding meetings and liaising with local safeguarding boards
- Safeguarding Adults & Children's reviews



Information sharing

## Regulation 13

### *Safeguarding service users from abuse and improper treatment*

- What is it?
- Our expectation
- Regulatory action

### Other relevant regulations

- 12 Safe care and treatment
  - 9 Person-centred care
-

## Risk based regulation – what are we doing?



CQC Insight - an intelligence tool which identifies potential changes in quality of care and supports us in deciding on the right regulatory response

Statutory Notifications (1) - ensure that the information we collect is fit for purpose, digitally collected, is stored appropriately and securely, can be accessed efficiently as required and shared appropriately.

Statutory Notifications (2) - develop an online reporting mechanism which will reduce burden on providers, have checks in place to help providers decide what to report, and categorise incidents by a priority level

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# More information



- Our roles and responsibilities for safeguarding adults and children
- Information about joint inspections
- The fundamental standards
- [www.cqc.org.uk/content/safeguarding-people](http://www.cqc.org.uk/content/safeguarding-people)
- In depth information about regulation 13
- <http://www.cqc.org.uk/content/regulation-13-safeguarding-service-users-abuse-and-improper-treatment#full-regulation>



[www.cqc.org.uk](http://www.cqc.org.uk)  
[enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)  
[@CareQualityComm](https://twitter.com/CareQualityComm)

Emily White  
Head of Registration

# GUIDANCE AND PRACTICE IN WORKING WITH RISK

Maggie Bennett,  
Managing Director of Island Healthcare Ltd.

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# **‘Guidance and Practice in Working with Risk’**



*Island Healthcare*

*bringing care to life*



# Considering risk in our organisation

- In-house adult safeguarding policy and procedures reflect **SHIP multi-agency policy, guidance and toolkit**, available on-line as a reference tool and printed for staff in all care office settings
- In-house RAG rated '**Safety Monitoring Tool**' referencing:
  - The CQC's Inspection KLOE's for 'Safe' - Regulation 12 &15 of the Health and Social Care Act 2008 and the code of practice on the prevention and control of infections
  - Health and Safety Legislation
- Comprehensive Quality Assurance monitoring tools structured around CQC 5 key questions (S.C.R.E.W)
- Care plans with risks identified in all domains and carried forward to the Safe Journey of Care.

# A safe journey of care and support

- All care plans take an outcome based approach defined using a logic model.
- There is an 'Person Profile' about each individual at the front
- The following is an example of the outcomes for a **behaviour care plan** domain for an individual with advanced dementia.

Resources	Activities	Outcomes
<ul style="list-style-type: none"><li>• Staff will have a comprehensive care plan for Mr B that is regularly updated</li><li>• Staff will be trained and skilful in their approach to understanding Mr B's cognitive difficulties and the reason why his behaviour is affected by dementia.</li></ul>	<ul style="list-style-type: none"><li>• Mr B will be supported 24/7 with all aspects of personal care – with activities undertaken in his best interest being as least restrictive as possible</li><li>• Mr B will be supported with activities that he enjoys such as music and conversation with family in a safe and enabling environment.</li></ul>	<ul style="list-style-type: none"><li>• Mr B will always feel safe in his environment</li><li>• Mr B's wellbeing will be a priority when best interest decisions are made on his behalf.</li></ul>

## My plan to stay safe

“nothing ventured  
nothing gained”

*What does a good day look like  
for me?*

- Indoors and in public areas
- In my bedroom
- Outside
- Bathing and showering
- Using the toilet
- Mealtimes
- Social activity & relationships
- Evacuation plan in the case of a fire (PEEP)

*Also considers restrictive  
practices such as:*

- locked doors
- supervision by staff
- medication
- manual handling

## *Island Healthcare's* **SAFE JOURNEY**



# What else helps?

- Regular and consistent staff training to support understanding of **Making Safeguarding Personal**
  - Human Rights Act (1998)
  - MCA (2005)
  - Care Act (2014) and its safeguarding principles
  - Safeguarding adults
- Good communication (with individuals and staff)
  - Duty of candour
  - Staff handovers and bulletins
- Family and supporter forums
- In-house, live, reporting tool enabling us to look for trends and develop learning from mistakes.

# Evidence from our QA

## From our QA data

- Each month any areas for concern are highlighted, any trends identified and appropriate action plans put in place, for example:
  - There is evidence of a reduction in incidents for individuals when working with an appropriate staging model in dementia care which supports **Making Safeguarding Personal** which we continue to carefully monitor.

## What next?

- Adding more information to our training regarding Children's safeguarding to reflect our relationships with children who visit our locations and our work in the Hubs
- Working on ensuring we meet Accessible Information standards for everyone associated with our organisation.

# GUIDANCE AND PRACTICE IN WORKING WITH RISK

Alex Hadayah and Hilary Evans, Integrated Occupational Therapy Lead and Lead Occupational Therapist. East London NHS Foundation Trust.

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# Why manage risk?

- Costly - finance
- Risk adverse - litigation
- Poor outcomes – put at risk
- Creating consequences – over careful



# OT's in practice

- Holistic assessment
- Clinical reasoning
- A vs B
- Positive risk management
- RCOT risk enablement
- Duty of care
- Documentation





# Service User - Outcomes

## Person centred

Informed choice

Positive outcomes

Inclusive

Occupation

Value

Engaged

Empowered

Listened to

Accessible

Overcome barriers

Challenging

Enabled

Dignity

# Embracing Risk; enabling choice

Royal College of  
Occupational Therapy - RCOT

**“Occupational Therapy  
should enable  
Individuals to achieve  
full potential”**

Embracing Risk

Enabling Choice, 2018, 3<sup>rd</sup> Edition



# Case Study

## Background:

- 50 year old woman with Down Syndrome and Alzheimer's disease
- Living with sister and brother-in-law in their house
- Attends a day centre
- Loss of skills: OT and SW input

# The Issue

The family told the OT that Sarah could/would not go down stairs anymore

They had a solution to the problem – her brother-in-law was carrying her

# Identified Risks

## High risk of injury

- Risk of dropping Sarah or Sarah banging her head
- Risk of injury to carer
- Risk that both could fall together
- Sarah no longer had capacity to consent to being carried

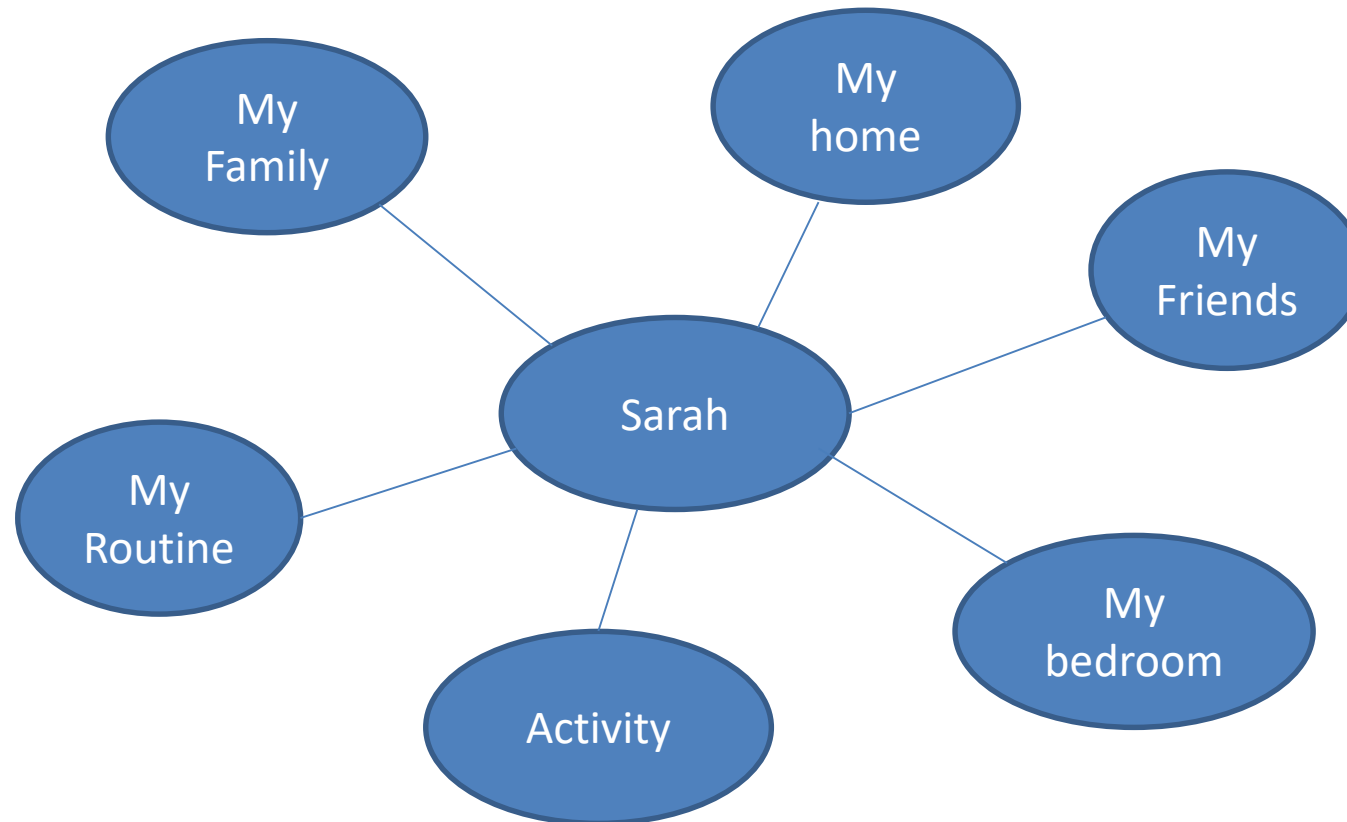
# Safeguarding Process

Solutions explored:

- Stair lift
- Through-floor lift
- Living downstairs
- Living upstairs
- Stair climber, Evac chair
- Moving to residential care
- Continuing to carry her

Context: legal framework and mental capacity

# Putting the person at the centre



# The Solution

- Joint working with social work
- Involved the manual handling and legal advisors for the Trust
- Putting all options to the family and discussing pros and cons
- Acting in the best interests of Sarah
- Considering the future – timeframes and relationships
- Good outcome achieved – stability, relationships maintained, remained at home until her death



## Questions

**RCOT – Professional Advice Line Embracing Risk**

**[www.rcot.co.uk](http://www.rcot.co.uk)**

**Tel: 020 7357 6480**

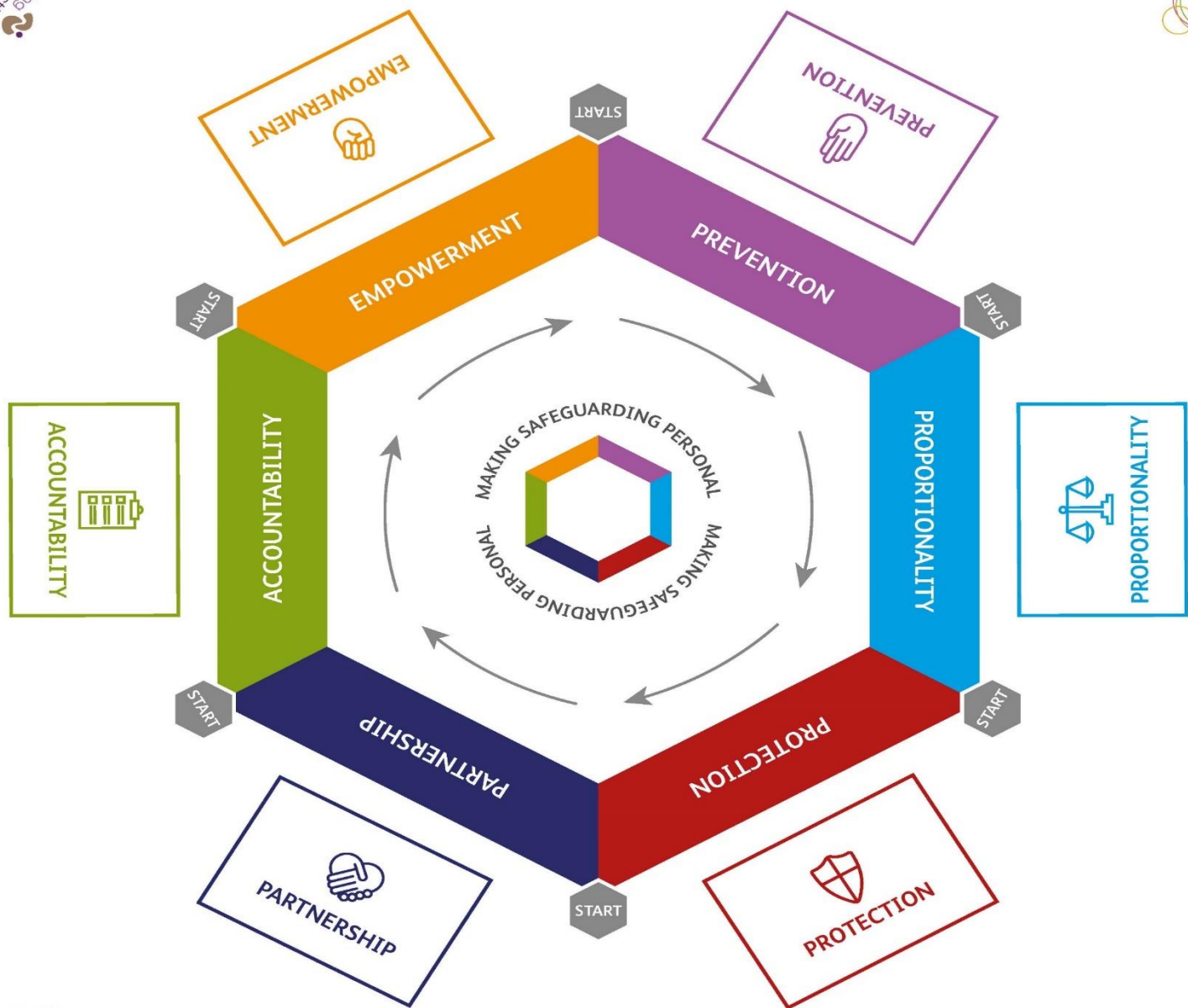
**Anyone who is interested in the Embracing Risk Document is asked to phone Anne who is the professional practice advisor and is happy to assist.**

**[professional.enquiries@rcot.co.uk](mailto:professional.enquiries@rcot.co.uk) or 020 7450 2330**



# Mind Map



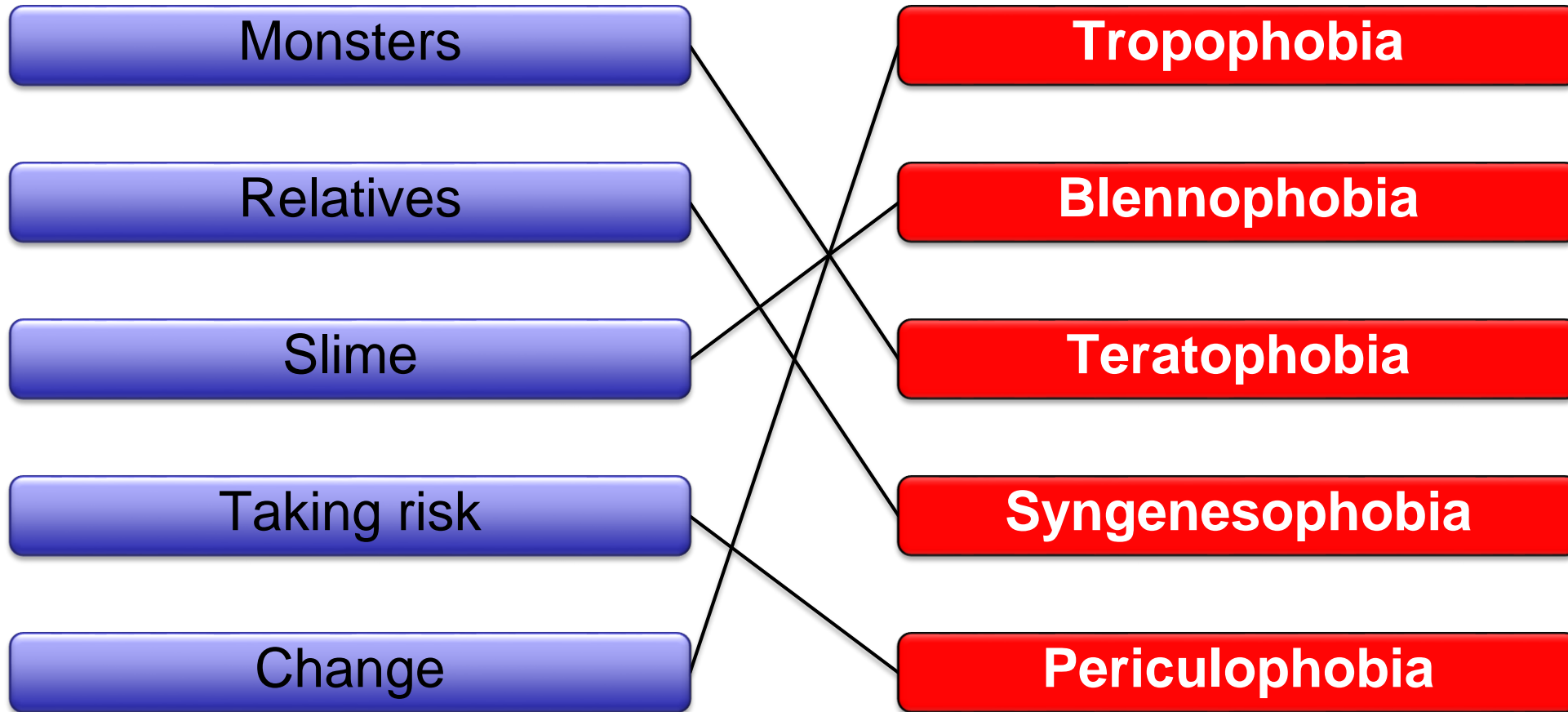


- 1) Appoint a recorder from your table, you can change recorders throughout the day, to give your arms a rest!
- 2) Each person chooses a player
- 3) Throw the dice
- 4) Move around the Board in a clockwise direction
- 5) When you land on a principle, choose the top card, read it out to your table and discuss
- 6) Put the used card to one side
- 7) The recorder should capture the salient points from the table discussion on the recording template.



OUT TO LUNCH

# Match The Fears:



# GUIDANCE AND PRACTICE IN WORKING WITH RISK

Presented on 25<sup>th</sup> April 2018 by David Gray,  
Head of Adult Safeguarding, Adult Social Care and Health Directorate,  
Birmingham City Council.

Presented on 10<sup>th</sup> May 2018 by Seanna Lassetter,  
Principle Social Worker, Adult Social Care, Metropolitan Borough of Walsall.

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# ***Whose risk is it anyway?***



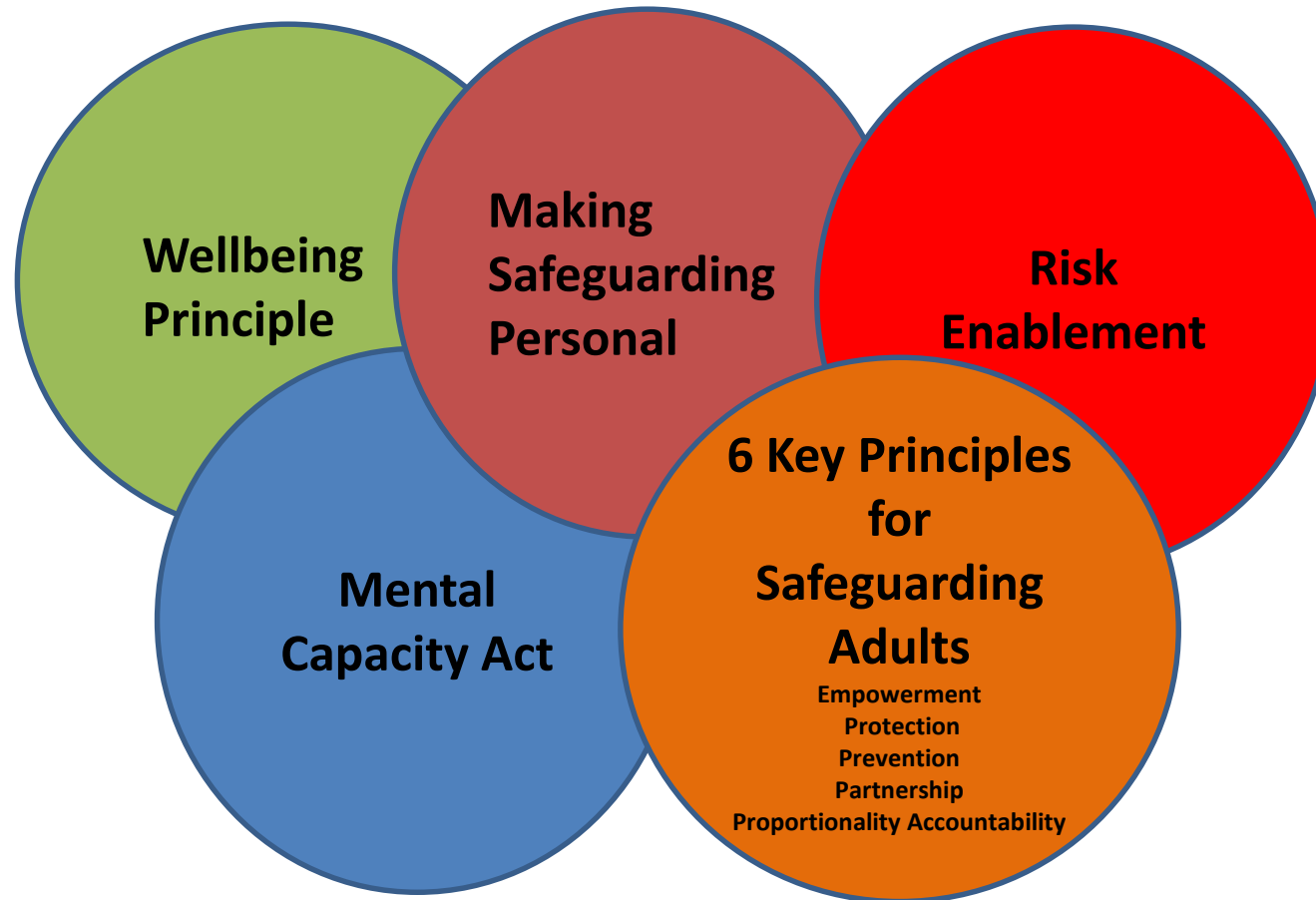
# Developing guidance to support good practice



- Set up work group: (HA, SWs, MH, LD Nurse, Vol Orgs)
- Reviewed existing guidance (focus on risk management) and current literature (RIPFA, Cooper and White, etc.)
- Core issues Identified:
  - **Well-being principle**
  - **Need to connect risk to the other the interlocking building blocks of adult safeguarding : well being, MSP, MCA, 6 Key Principles**
  - **Key tension: balancing risk and enablement**
- Planned consultation -to raise awareness and seek views
- 60 SAB partners attended- staff from a range of settings



# 5 Building blocks of Adult Safeguarding



Supporting staff to make judgements that achieves the balance the adult wants, even when they lack capacity to decide on their own

**RISK:**

Duty of care: to identify risk and take steps to ensure safety

**ENABLEMENT:**

Duty to support, enable an adult to have independence, choice and control



# Workshop outcome

- Highlighted key staff concern: organisational risk adversity
- Guidance linked to core principles of balancing wellbeing and risk and a position statement Board partners sign up to as part of their memorandum of agreement:

*“ Organisations that work with adults with care and support needs in Birmingham and their leaders should support their front line staff in working to all these principles as part of meeting their adult safeguarding duties. They should ensure the values and culture of their organisation explicitly supports front line staff in risk enablement”*

## Risk Enablement Balancing Wellbeing and Risk

What Safeguarding Adults is all about



## Risk Enablement: Balancing Wellbeing and Risk; What Safeguarding Adults is all about

Board position statement and guidance in one:

- Statement of key principles
  - Brief guidance in 11 short statements
1. Involving the adult
  2. Involve the network around the adult
  3. Multiagency best practice
  4. Assess Risk
  5. Risk Management
  6. Risk to others
  7. Mental Capacity
  8. Advocacy
  9. Complex Situations
  10. Information sharing
  11. Defensible decision making

# GUIDANCE AND PRACTICE IN WORKING WITH RISK

Susan Walton, SSAB Business Manager, Solihull Metropolitan Borough Council.

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# Solihull Safeguarding Adults Risk Assessment Tool



Safety	Happiness				
	A "I am happy with the situation" OR "I don't have any concerns about my wellbeing" OR "I do not wish to take further action"	B "I am mostly happy with the situation but have some concerns" OR "I have some minor concerns about my wellbeing" OR "I would like one or more minor issues addressed"	C "I am unhappy about aspects of the situation" OR "I have concerns about my wellbeing" OR "I would like some one or more significant issues addressed"	D "I am unhappy with the situation" OR "I have significant concerns about my wellbeing" OR "I would like one or more serious issues addressed"	E "I am very unhappy with the situation" OR "I feel that my wellbeing is severely compromised" OR "I would like one or more very serious issues addressed"
<b>1</b> <b>"I am currently safe"</b> There is <b>MINIMAL</b> harm to the person or others and there is no indication that the harm will re-occur.	No further action required under safeguarding.	No further action required under safeguarding. Consider what other actions may address the person's concerns*.	No further action required under safeguarding. Consider what other actions may address the person's concerns*.	No further action required under safeguarding. Consider what other actions may address the person's concerns*.	No further action required under safeguarding. Ensure that action is taken to address the person's concerns*.
<b>2</b> <b>"I am currently quite safe"</b> There is <b>LOW</b> harm to the person or others. There is some indication that low-level harm may re-occur.	No further action required under safeguarding. Consider whether risk of re-occurrence can be lowered by straightforward actions*.	No further action required under safeguarding. Consider what other actions may address the person's concerns*.	No further action required under safeguarding. Consider what other actions may address the person's concerns*.	No further action required under safeguarding but other action should be taken*.	No further action required under safeguarding but other action should be taken*.
<b>3</b> <b>"It is not currently certain whether I am safe"</b> There is <b>MODERATE</b> harm to the person or others, either one-off or with some indication that harm may re-occur in future.	Consider the impact on others. Safeguarding action may be necessary if there are capacity issues or other people at risk. Other actions may also be needed*.	Consider the impact on others. Safeguarding action may be necessary if there are capacity issues or other people at risk. Other actions may also be needed*.	Safeguarding action should be considered if immediate actions are unable to minimise likelihood of repeat harm. If safeguarding not undertaken, consider other actions*.	Safeguarding action should normally be taken. If not, other actions should be taken to address concerns*.	Safeguarding action is likely to be necessary in the first instance. If this is not appropriate, other action must be taken and a clear rationale given*.
<b>4</b> <b>"I am currently not very safe"</b> There is <b>MODERATE</b> harm to the person or others. There are indications that harm is currently ongoing.	Consider the impact on others. Safeguarding action is likely to be necessary if there are capacity issues or other people at risk. Other actions may also be needed*.	Consider the impact on others. Safeguarding action is likely to be necessary unless harm can be minimised by means of other immediate actions. Other actions may also be needed*.	Safeguarding action is likely to be necessary unless harm can be minimised by means of other immediate actions*.	Safeguarding action is likely to be necessary in the first instance. If this is not appropriate, other action must be taken and a clear rationale given*.	Take action under safeguarding and consider whether there is a need for an interim safeguarding plan*.
<b>5</b> <b>"I am currently not safe at all"</b> There is <b>SEVERE</b> , ongoing harm to the person or others (resulting from one-off or re-occurring severe incidents).	Safeguarding action will be necessary in the first instance. Work with the person to help them accept support and understand the risk. Consider the need for an interim safeguarding plan.	Safeguarding action will be necessary in the first instance. Work with the person to help them accept support and understand the risk. Consider the need for an interim safeguarding plan.	Take action under safeguarding and consider whether there is a need for an interim safeguarding plan.	Take action under safeguarding and consider whether there is a need for an interim safeguarding plan.	Take action under safeguarding and consider whether there is a need for an interim safeguarding plan.

# Safeguarding Adults Planning for Safety Tool



What are the person's or their representative's concerns?	What outcomes does the person or their representative/s want? <i>What is important to you and/or how you would like things to be in the future in relation to this?</i>	What are our (person/organisation leading the enquiry) concerns?	What are the options? <i>How accepting is the person and/or their representative to the options?</i>	What are the benefits of this option? <i>How 'happy' will this option make the person?</i>	What might go wrong with this option? <i>How unsafe could this option leave the person or others?</i>	Is the plan acceptable/safe for the person? <i>refer to happiness and safety overleaf – prefer lower scoring options</i>
						Example: Amber 3xC or Amber 4xB, Red 5xD etc

# Safeguarding Adults Planning for Safety Tool

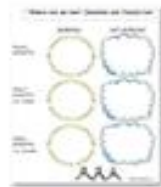
## Happiness/Safety Plan Matrix

Happiness/ Safety	Happiness				
	A	B	C	D	E
<b>Safety</b>	"I am very happy with this option"	"I am happy with this option but have some concerns"	"I am not sure about this option"	"I am unhappy with this option"	"I am very unhappy with this option"
<b>1</b> "This option makes me safe"	These strategies should be taken forward in the first instance	These strategies should be taken forward in the first instance	Attempt to explain the benefits of the option to increase acceptance Consider alternatives?	Find out what the individual is unhappy with and review and revise	Options that someone is very unhappy with should be reconsidered
<b>2</b> "This option makes me quite safe"	These strategies should be taken forward in the first instance	These strategies should be taken forward	Attempt to explain the benefits of the option to increase acceptance Consider alternatives?	Find out what the individual is unhappy with and review and revise	Options that someone is very unhappy with should be reconsidered
<b>3</b> "It is not certain whether this option will make me safe"	Identify safety strategies to increase confidence	Identify safety strategies to increase confidence	Find out what the individual is not happy with and why they feel it will not keep them safe and review and revise	Find out what the individual is unhappy with and review and revise	The person is unhappy and unlikely to be safe – reconsider plan.
<b>4</b> "This option does not make me very safe"	Identify safety strategies to increase confidence	Identify safety strategies to increase confidence	Find out what the individual is not happy with and why they feel it will not keep them safe and review and revise	The person is unhappy and unlikely to be safe – reconsider plan.	The person is unhappy and unlikely to be safe – reconsider plan.
<b>5</b> "This option does not make me safe at all"	If someone is not feeling safe at all the option should be reconsidered	If someone is not feeling safe at all the option should be reconsidered	The person is unhappy and unlikely to be safe – reconsider plan.	The person is unhappy and unlikely to be safe – reconsider plan.	The person is unhappy and unlikely to be safe – reconsider plan.





One Page Profile



Sunshine and Clouds



Identifying Outcomes



Reviewing Outcomes - Aide Memoire



Doughnut



Happy/Safe Grid



My Safeguarding Experience



My Safeguarding Experience - Large Print/Face/Anim



My Safeguarding Experience - Hand Gestures/Symbols



My Safeguarding Experience - Relatives/Carers/Advocates

# Making Safeguarding Personal – Tools

# GUIDANCE AND PRACTICE IN WORKING WITH RISK

Sue Lee,  
Strategic Partnerships Manager, Hampshire Safeguarding Adults Board.

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# Overview

- A collaborative 4LSAB development - response to learning from serious cases.
- A multi-agency, proactive approach – helps to identify/respond to risks before crisis point reached.
- Recognises the duty to protect from foreseeable harm even when the adult doesn't want to engage.
- Multi-agency process for managing high risk, complex cases sitting outside statutory s42 enquiry process.
- Complex cases involving people with long term and entrenched behaviours.
- A proactive, solution-focused approach with a focus on the individual and building trust and rapport.
- Provides a collaborative, coordinated and multi-agency response ensuring:
  - ❖ Timely information sharing around risk;
  - ❖ Holistic assessment of risk and development of shared risk plans - shared decision making and responsibility;
  - ❖ Adult's involvement and engagement in the process is paramount.
  - ❖ Improved outcomes for the adult.

**Used when circumstances present an unmanageable level of risk to the organisation (not related to abuse or neglect by a 3rd party) e.g.:**

- Vulnerability factors place the adult at a higher risk of abuse or neglect including mate crime, network abuse, etc.;
- Self neglect (self care and environment), fire safety;
- Complex or diverse needs which either fall between, or span a number of agencies' statutory responsibilities or eligibility criteria;
- On-going needs/behaviour leading to lifestyle choices placing them and/or others at risk;
- 'Toxic Trio' of care and support needs, mental capacity and refusal/disengagement,
- Complex needs and behaviours leading the adult to cause harm to others;
- Risks previously addressed via a section 42 enquiry but for which the need for on-going risk management and monitoring has been identified.
- Focus on risk/harm reduction.

# Process

- Any agency can initiate – it will take the lead coordinating role with responsibility for convening and chairing the initial meeting.
- Ensures timely information sharing between agencies – provides a holistic (multi-agency) overview of current risks and outcome is agreement of a shared risk management plan.
- Adult should, as far as possible, be included and involved in the assessment process and in developing the risk management plan
- Collaborative risk assessment may highlight circumstances or risks which would be more appropriately dealt with under another process and a referral should be made
- Process continues until the identified risks are either resolved or managed to an acceptable level.
- Any on-going support needed to maintain well-being and safety should be agreed before the case is referred back into the ‘business as usual’ process for any on-going work.

# Person Centred Approach (1)

## A focus on:

- Building a picture about the person – clues about why/how behaviours developed.
- The person's views, wishes, feelings and beliefs.
- Premise that the person is best placed to judge their wellbeing.
- Involving the adult as fully as they are able or wish and working WITH them in partnership.
- Building trust and rapport.
- A long term, relationship based approach to respond to long term, entrenched behaviour.
- Responses which are the least intrusive and balanced with personal rights, freedoms, etc.
- Respecting the adult's right to make apparently unwise lifestyle choices and to refuse support.

# Person Centred Approach (2)

- Consideration given to the adult's decisional and executive capacity to make a decision.
- Understanding of risks AND the ability to manage in practice any risks and safety implications of the choice or decision.
- Having mental capacity isn't an excuse to walk away – a duty to protect from foreseeable harm.
- A need to continue to try and engage with the adult If support is declined, the adult is provided with information and advice about how to minimise risks in the future.
- Information given about how they can access reassessment in the future should they change their minds.
- Decisions (either by the adult or the agency) are kept under constant review.

# GUIDANCE AND PRACTICE IN WORKING WITH RISK

Terry Corry and Maria Blazekova, Service Manager and Group Manager, Adult Safeguarding Team, Isle of Wight Council.

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# Isle of Wight Council MARM

***“From find and fix to predict and prevent”***



# From Paperwork to Practice

- Leaders driving change (professional as well as organisational leadership)
- The use of word MARM in everyday language
- *“Lifestyle choice has gone” !!*
- Cognitive Empathy to Affective Empathy
- Threshold and guidance documents (Accessible)
- Safeguarding team shift in focus to support – from *Reactive* to *Proactive*
- Central Focus– Making Safeguarding Personal (MSP) & (MARM)

# Competent, Confident, Critical

- Revaluation of training programme (learning from SARGs)
- All Stakeholder engagement training
- Challenge the Why!!
- SHIP Training Alliance (Safeguarding Adults Board)
- Introduction to CBT
- Personality Disorder and Pathology
- PTSD
- Understanding depression (SARG)
- Forensic risk & antecedence
- Chairing meetings is a critical success factor
- MCA & Capacity

# Risk Assessment

- A common vernacular
- Simplify process – makes sense to people
- Performance manage actions - prevent drift
- Don't always take static responses to risk
- Think in creative ways – don't fetter your discretion

# Critical Success Factors

- Timeliness
- Marketing the product
- Meaningfulness
- Ability to make decisions \ escalation
- Competency
- Senior Sign-up



# Celebrating risk taking

**S**afety is not over happiness

**M**ake risk enablement a culture not a process

**I**dentify with risk enablement principles

**L**ook for opportunity, listen to understand, have conversations to help people take risks and minimise significant harm

**E**mbrace concept that risk taking extends to us all

**S**tep into the risk taking footprint.



THANK  
YOU!

