



**NHS**

*Health Education England*

# **Safeguarding Adults Level 3**

## **Virtual Classroom, Half day workshop**

**Sophia Swatton, Head of Safeguarding**

Tuesday, 10<sup>th</sup> August 2021 1 – 5pm (zoom)

Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)





# Introductions

Welcome

- Name?
- What you do in your current role?
- What your level of responsibility for safeguarding is?
- Where you are based?
- What you want to get out of the course?
- Case Studies & reflection document handy
- Use of Zoom: Mute; Conversation (Chat) Box; Raised Hand





# Learning

**NHS**  
Health Education England

Any Questions...  
Just Ask!



Please  
Turn off Your  
Mobile Phones





## **Adult Safeguarding: Roles and Competencies for Health Care Staff – Intercollegiate Document (Aug 2018)**

- Level 3: Registered health care staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role)
- Learning Outcomes covered by E-lfh L3 and this session.
- Training can be recorded on the Safeguarding Education & Training Activity log as evidence of learning and can be found on the safeguarding page of both Vocare and Greenbrook intranets.

| Date | Learning Activity e.g. online learning, course attendance, group case discussion/supervision, independent learning etc., | Topic (a brief description) and Key Points of Learning Activity | Number of Hours | Participatory Hours |
|------|--|---|-----------------|---------------------|
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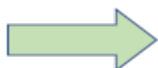
# Safeguarding Training Requirements



## Level 3 Safeguarding Training Requirements

### Adults:

If you have:  
Not completed initial level 3 training



You are required to complete the equivalent of 8 hours training & development to include all of the following:

- Level 3 E-learning (3 hours)
- Level 3 face to face training (4 hours)
- Reflection and further subject learning e.g. Prevent, MCA, FGM etc., (equivalent of 1 hour or more)



If you have:  
Completed initial level 3 training (8hours)



You are required to maintain/develop level 3 competencies by:

- Completing 8 hours over 3 years (2-3 hours/year)

### Children:

If you have:  
Never completed initial level 3 training  
Or  
You have not completed level 3 updates during the last 3 years (Equivalent to 12 -16 hours)



You are required to complete the equivalent of 16 hours training & development to include all of the following:

- Level 3 E-learning (3 hours)
- Level 3 face to face training (4 hours)
- Reflection and further subject learning e.g. Prevent, MCA, FGM, CSE, etc., (Equivalent 9 hours or more)



If you have:  
Completed initial level 3 training (16hrs)  
Or  
Completed level 3 updates during the last 3 years (Equivalent to 12 -16 hours)



You are required to maintain/develop level 3 competencies by:

- completing 12-16 hours over 3 years (4-5 hours/year)





# Course structure *Health Education England*

1. Identifying abuse and making a judgement
  2. Communication and multi-disciplinary working
  3. Supervision
  4. Forensic procedure/ examinations
  5. Final case study and next steps
  6. We anticipate taking two 15 min breaks around 2.15 and 3.35pm
- Use of fictional case studies



## Session 1:

# Identifying abuse and making a judgement







# Safeguarding Principles: Empowerment & Prevention

Learning outcomes:

- To be able to identify all signs of abuse using a person-centred approach
- Able to undertake, where appropriate, a risk and/or harm assessment
- To know how to contribute to, and make considered judgements about how to act to safeguard an adult at risk
- To be able to demonstrate an understanding of the issues surrounding suspicion of adult abuse, harm and neglect and to know how to effectively manage uncertainty and risk
- To know how to obtain support and help in situations where there are problems requiring further expertise and experience



## Thompson family case study

Re-read the case study and then identify the following:

- What categories of abuse can you identify?
- Whether a ***person-centred approach*** is being used
  - If it is, give examples that show it is ‘person-centred’
  - If not, give examples of what would show a ‘person-centred’ approach
  - Which of the adult’s have safeguarding needs and how would you address them?
  - Who would you choose to safeguard and why?



# Thompson family case study

- Think Family
- Professional Curiosity
- Keeping the door open
- MSP
- Partnership working



## **Refresh the Six Key Principles of The Care Act 2014**

On your online level 3 learning you will have reviewed the 6 principles of Safeguarding within the Care Act:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability



## Six Key Principles of The Care Act 2014

- **Empowerment** – *People being supported and encouraged to make their won decisions and 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. Communities have a part to play in preventing, detecting and reporting neglect and abuse*
- **Accountability** – *Accountability and transparency in safeguarding practice*

# Thinking about the Care Act, how would you define an adult at risk?





## How is an 'Adult at Risk' defined?

### **The three point check:**

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or is at risk of, abuse or neglect
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it (Care Act 2014, Regulation 14)

# What do we mean by care and support needs?



# Care & Support Needs

The adult's need for care and support arise from or are related to a physical or mental impairment or illness and are not caused by other circumstantial factors

A mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent e.g.

- Old people
- People with disability or long-term illness
- People with mental health problems

Applies to Carers as well

# What do we mean by abuse or neglect?



# 10 Types of Abuse & Neglect

- Physical
- Domestic
- Sexual
- Psychological or Emotional
- Financial or Material
- Modern Slavery
- Discriminatory
- Organisational
- Neglect or Acts of Omission
- Self-Neglect

# Making Safeguarding Personal

- Aims to make safeguarding person-centred and outcomes focussed, and moves away from process-driven approaches to safeguarding



## Thompson family case study

How does the application of the three-point check from the Care Act change how you would manage and support the Thompson Family?



# What would you want to include in a safeguarding discussion/alert/referral?

- The facts - current and up to date, not hearsay (incl. background :previous encounters, social history etc.)
- Professional curiosity (gut feelings)
- Observations
- MSP – client's wishes/feelings

Locating Safeguarding Referral Forms

# How did the Care Act 3 point check inform your assessment?



# What are the issues surrounding suspicion of abuse, harm and neglect?



# What are the issues surrounding suspicion of abuse, harm and neglect?

- If you are suspicious there may be abuse, harm or neglect but not certain it is a safeguarding issue you should always check out whether it is OR discuss it with your clinical lead, clinical on call, safeguarding team, LA safeguarding team

# Uncertainty and risk

**Risk** is an uncertain event where chance of occurrence can be predicted

**Uncertainty** is an occurrence that cannot be predicted

*Ref: [pmstudycircle.com](http://pmstudycircle.com)*



# Identifying risks and uncertainties through a dynamic risk assessment

Dynamic risk assessment is the practice of mentally observing, assessing and analysing an environment while we work, to identify (and remove) risk

Such as:

- Domestic Abuse
- Coercion & Control
- Neglect
- Multiple contacts over a short period of time
- Inconsistencies in injuries and explanations

# How can you effectively manage uncertainty?



# How can you effectively manage uncertainty?

- Gain clarity if possible (provide opportunities for certainty to emerge)
- Establish facts (known and unknown)
- Evidence and opinion
- Listening
- Assessment
- Record, share when appropriate
- Accept that it cannot always be avoided

# How can you effectively manage risk?



# How can you effectively manage risk?

- Dynamic risk assessment
- Clients understanding of risk/danger and their wishes around mitigation
- Consider all options
- Make Safeguarding Personal

No one person will manage uncertainty and risk on their own (jigsaw piece)



**How do you get support and help  
where you need further expertise  
and experience?**





# How do you get support and help where you need further expertise and experience?

- Colleagues
- Supervisor/clinical lead
- Clinical on Call
- Safeguarding Team
- LA Safeguarding Team

# Session 1: Reflection

With regard to identifying abuse and making a judgement, thinking about when you get back to work, write down...

- What will you keep doing?
- What will you stop doing?
- What will you do differently?

**15 min Break & read Mrs Brown/Julies Mum**



# Session 2:

## Communication and multi-disciplinary working



# Principles of Safeguarding: Empowerment and Protection

## Learning Outcomes:

- To be able to identify adults experiencing abuse, harm or neglect who have caring responsibilities, for other adults or children and make appropriate referrals
- To know how to contribute to/formulate and communicate effective care plans for adults who have been/or may be subjected to abuse, harm or neglect
- To know how to participate in and chair multidisciplinary meetings as required
- Demonstrate the skills required to participate in a safeguarding enquiry

# Mrs Brown or Julie's Mum Scenario

From the scenario answer the following questions...

- How will you safeguard that person in your service area?
- Who will you involve from your multi-disciplinary team, if necessary?
- What key information do you think will be required?
- How will you obtain your information?
- Where will be the best place to undertake your multi-disciplinary assessment?
- When / how will you begin to gather your information, if needed?
- Would you consider discussing this case in Supervision?

- Keeping the door open
- Court of Protection
- LPA/OPG (Inappropriate actions/not working in the client's best interests)
- MCA
- IMCA
- PIPOT (? Staff abusing client)

# Court of Protection

The Court of Protection (CoP) is a specialist court, set up as part of the Mental Capacity Act (MCA), to deal with decision-making for persons (those aged 16 or over) who may lack capacity to make specific decisions.

Generally, the court has a range of powers, including decisions about:

- Whether a person had capacity to make a particular decision
- Whether an action is in the persons best interests
- Whether a person is being deprived of their liberty
- The validity of lasting and enduring powers of attorney
- The appointment of deputies

Consideration of an application to Court when there are still a conflict or an unresolved welfare issue at the conclusion of the best interest's decision-making process.

*The MCA Code of Practice gives further advice about the CoP in Chapter 8.*

# 5 Guiding Principles of the Mental Capacity Act

Principle 1: A presumption of capacity

Principle 2: Individual being supported to make their own decisions

Principle 3: Unwise decisions

Principle 4: Best interests

Principle 5: Less restrictive option



# Lasting Power of Attorney

- A lasting power of attorney (LPA) is a legal document which allows individuals to give people they trust the authority to manage their affairs if they lack capacity to make certain decisions for themselves in the future
- To set up an LPA a person must be 18 or over, and have the mental capacity to decide to do so
- The person the LPA is set up for is known as the *donor*
- The person chosen to make decisions on behalf of the *donor* is known as the *attorney*
- The *attorney* must be over 18 and have capacity to act as an *attorney*

# Lasting Power of Attorney

2 Types of LPA:

## **Health & Welfare**

- The attorney has the power to make decisions about the donor's health and care
- It can only be used when the donor has lost the mental capacity to make the relevant decision for themselves

## **Property & Financial**

- The attorney has the authority to make decisions about the donor's property and money
- A donor can choose for it to be used either when they lack mental capacity to make relevant financial decision for themselves, or as soon as the LPA is registered.

# Lasting Power of Attorney

- Both types give the donor flexibility as to what decisions they want the attorney to have the power to make – so it is important for social care and health staff working with an LPA to know exactly what is and is not contained in it

## **What makes a LPA valid?**

- To be legally valid, the LPA must be registered with the Office of the Public Guardian (OPG) before use
- When shown an LPA, you should check whether the LPA is registered (search OPGs Register)

Enduring Powers of Attorney (prior to MCA 2005) gave similar rights as a property and finance LPA but did not cover health and welfare rights

# Lasting Power of Attorney

- Both LPA's and EPA's can be cancelled by the donor at any point, as long as they have the mental capacity to make the decision
- LPA's/EPA's are cancelled through OPG
- Attorneys can also disclaim from their duties at any point
- A court order can also cancel an LPA/EPA -  
Inappropriate actions/not working in the client's best interest

For more information about go to the **GOV.UK website** and **SCIE website**

# Independent Mental Capacity Advocate (IMCA)

The MCA 2005 introduce the role of the IMCA

- Legal safeguard for people who lack the capacity to make specific important decisions including, where they live and about serious medical treatment options
- Mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person

# Persons in a Position of Trust (PiPoT)

- The statutory guidance to the Care Act 2014 requires Safeguarding Adults Boards to establish and agree a framework and process to respond to allegations against anyone who works (either paid or unpaid) with adults with care and support needs
- There are occasions when concerns/incidents/allegations are reported that do not involve an adult at risk (or with care and support needs) but indicate that a risk may be posed to such an adult

# Persons in a Position of Trust (PiPoT)

Examples of incidents which may indicate that a risk may be posed by a person in a position of trust (not exhaustive list):

- An individual has been accused of abusing their mother and is also employed as a domiciliary care worker with adults who have care and support needs
- An individual has children subject to child protection procedures as a result of emotional abuse and neglect and is employed in a day centre for adults with dementia

# Persons in a Position of Trust (PiPoT)

Or the person has:

- Behaved in a way that has harmed, or may have harmed an adult with care and support needs;
- Possibly committed a criminal offence against, or related to an adult with care and support needs;
- Behaved in a way which has harmed children or may have harmed children which means their ability to provide a service to adults with care and support needs must be reviewed
- May be subject to abuse themselves and as a consequence means their ability to provide a safe service to adults with care and support needs must be reviewed
- **Allegations may relate to the individual's behaviour at work, home or in another setting.**



## Session 2: Reflection

With regard to communication and multi-disciplinary working, thinking about when you are back at work, write down...

- What will you keep doing?
- What will you stop doing?
- What will you do differently?



# Session 3: Supervision



# Safeguarding Principles: Accountability

## Learning Outcomes:

- To know how to deliver and receive supervision within effective models of supervision and/or peer review and be able to recognise the potential personal impact of adult safeguarding on professionals
- To know how to apply the lessons learnt from audit and case reviews to improve practice

# Safeguarding Supervision

- In the online course you will have learned about what supervision is and is not, that there are 3 key elements of supervision
  - Planned,
  - Responsive and
  - Reflective

Safeguarding Supervision Policy

# Supervision best practice activity

Thinking about your own experiences of being a supervisor and / or being a supervisee, what best practice advice would you give regarding supervision?

Type into the conversation (chat) box one positive and one negative memory in the comments box for discussion with the group

# Supervision role play

You are going to observe two short videos

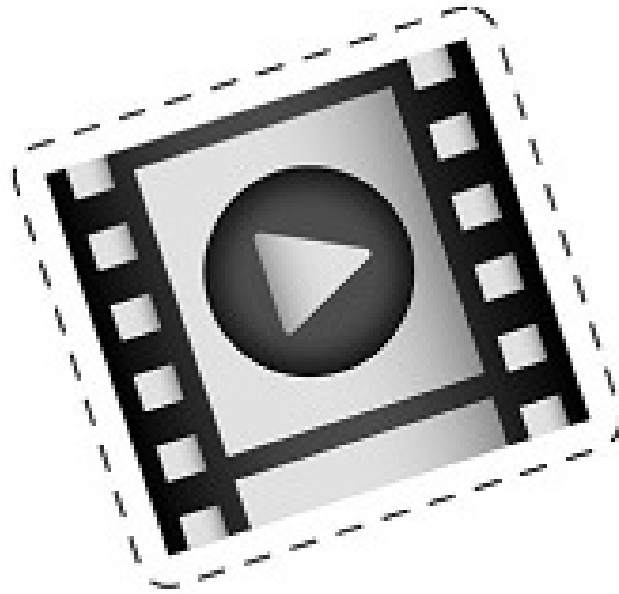
One person is supervisor, the other is the supervisee, the actors' roles reverse during the exercise

Whilst you are watching make notes in the chat box on your observations for discussion with the group

At the end, think about...

What you have learned about safeguarding supervision

# Supervision - Poor Example



Make notes in the chat box on your observations

# Supervision Exercise Feedback



# Supervision role play

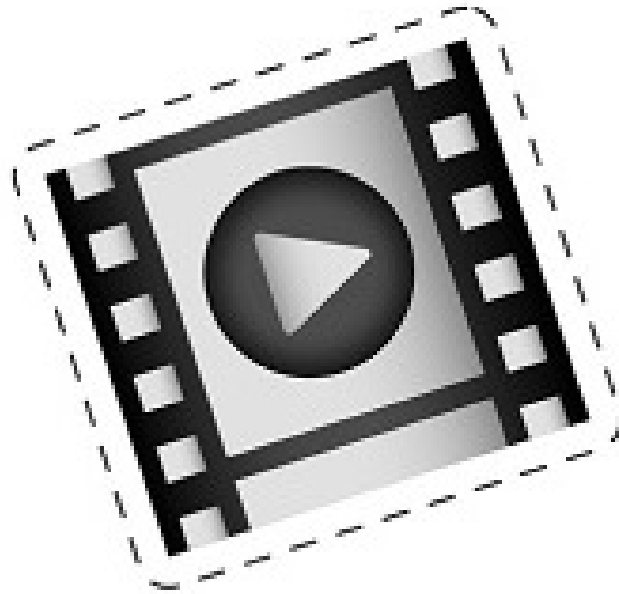
Remember, the actors are reversed.

Again, whilst you are watching make notes in the chat box on your observations for discussion with the group

At the end, think about...

What you have learned about safeguarding supervision

# Supervision - Good Example *Health Education England*



Make notes in the chat box on your observations

# Supervision Exercise Feedback

# Safeguarding Supervision

**All** staff are responsible for accessing safeguarding supervision when required – this may not necessarily be your line manager, so you need to know who has the safeguarding expertise in your team

- You must make sure you would know who to talk to
- Safeguarding supervision can also be very useful after a safeguarding case or particular safeguarding situation
- Reflecting on a situation is not about looking at what went wrong – in many cases, it will be about what went right and a chance to discuss your thoughts and what you learned. If there are areas that could have been improved, it is an opportunity for you to learn, discuss alternative approaches and identify key skills gaps

# How can you apply lessons learned from audit and case review to improve practice?



# How can you apply lessons learned from audit and case review to improve practice?

- Group supervisions
- Team meetings
- Peer group reviews
- Training events
- Sharing ideas and case studies then discussing them with colleagues
- 1:1's

# Session 3: Reflection

With regard to supervision,  
thinking about when you are back  
at work, write down...

- What will you keep doing?
- What will you stop doing?
- What will you do differently?

**15 min Break & read Mr Short**



# Session 4:

## Forensic procedures/ examinations





# **Safeguarding Principles : Protection and Accountability and Partnership Working**

## Learning Outcomes:

- To be able to demonstrate a clear understanding, as appropriate to role, of forensic procedures in adult safeguarding and knowing how to related these to practice in order to meet clinical and legal requirements as required
- When undertaking forensic examinations as part of their role, to be able to demonstrate an ability to undertake forensic procedures and demonstrate how to present the findings and evidence to legal requirements

# Forensic Procedures

What are Forensic Procedures?

What are the expectations of me in my role?

Evidence - Record Keeping

# What are Forensic Procedures?

- The term forensic refers to clinical tests or techniques used in relation to recording or collecting/preserving material that may be used in court as evidence to establish if a crime has taken place.
- The intercollegiate document recognises that this is only relevant to certain professional groups – we acknowledge that most UCD staff would not be expected to undertake forensic procedures, but still need to be aware

## Some examples of forensic evidence include:

- The need to preserve evidence by not touching, cleaning or removing anything that might contribute to an investigation of a potential crime scene
- Detailing injuries and recording what is said by an individual

**Think of examples of forensic evidence that might need to be preserved and how you could do it?**



## **Examples of forensic evidence that might need to be preserved and how you could do it**

- Disturbing a 'scene' as little as possible, sealing off areas if possible
- Not removing the clothing of the adult subjected to the alleged abuse
- Discouraging washing/bathing
- Not handling items, which may hold DNA evidence
- Putting any bedding or clothing which has been removed, or any significant items given to you (weapons etc.) in a safe place
- Securing phones/laptops that may contain evidence of communication between the adult and the alleged source of harm

## **Examples of forensic evidence that might need to be preserved and how you could do it**

- Accurate recording of any disclosure using the persons words
- Not interviewing the adult subjected to the alleged abuse without agreement from the police
- Not interviewing any potential witnesses
- Not alerting the person associated with the alleged source of harm
- Making a note of your observations in relation to any environmental factors and or context of the situation and the attitude of the people involved and any actions you have taken
- If the adults subjected to the alleged abuse is already receiving services via care/case management or Care Programme Approach routes, this should not preclude a Safeguarding Adults Concern where a concern is raised, or abuse is disclosed

# Record Keeping

One of the most important factors around forensics and evidence – Record Keeping, which needs to be:

- ✓ Timely
- ✓ Contemporaneous
  - ✓ Accurate
  - ✓ Chronological
  - ✓ Verbatim
  - ✓ Factual

NMC Professional registration requirements



# Record Keeping

- Records can be called for use as evidence for SAR's, LeDeR, Section 42 enquiries, DHR as well as judicial purposes

# How would you present the findings and evidence to legal requirements?

- Organisation's Policy & Information Governance
- Preparation and support by the safeguarding team and assurance (particularly in preparation for a court appearances and court statements)
- If the Police request records, speak to the safeguarding team or regional governance team, there is a process to follow

## Session 4: Reflection

With regard to forensic procedures/ examinations, thinking about when you are back at work, write down...

- What will you keep doing?
- What will you stop doing?
- What will you do differently?



# Session 5:

## Final case study and next steps



# Mr Short case study activity

Answer the questions which cover key areas from all of the sessions we have covered today

20 minutes to complete case study

# Questions

(cover key areas from the sessions

*Health Education England*

covered today)

- As the clinician, what are you going to do and why? (session 1)
- What legislation would lead to a safeguarding enquiry and why? (Session 1)
- As the clinician, how can you ensure that safeguarding is person centred? (Session 1)
- If you were in a position to communicate with Mr Short, how would you do this and what would you need to consider? (Session 1 & 2 & 3)
- What information should you gather & share to keep Mr Short safe?  
(different if f2f/ non f2f) (Session 2 & 4)
- What documentation should be completed and why? (Session 2 & 4)
- In the clinicians supervision they mention that they isn't sure whether they handled the situation correctly. What would you say to them? (Session 3)
- How would a health professional (Nicola) prepare for an appearance at a court hearing or multi-disciplinary meeting? (Session 4)

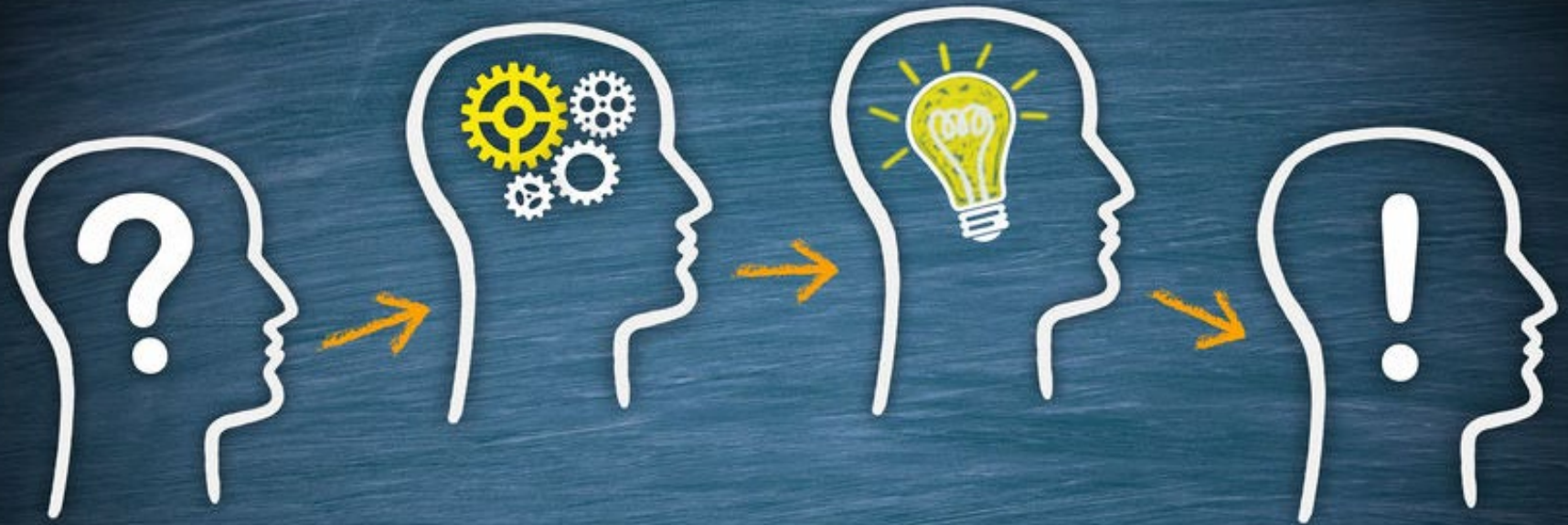
# Answers & Enquiry Findings

# Reflection Session 5

- What will you keep doing?
- What will you stop doing?
- What will you do differently?



# Reflections from the workshop



# Reflections activity

- Look at your reflection notes and pick out one for each (keep, stop, do differently) and write them in to the conversation (chat) box (2 minutes)
- Share them with the group
- You will be sent an evaluation to completed, on receipt of the completed evaluation we will send you a certificate and inform L&D so that your training record can be updated)





for your participation!