

“Safeguarding is everyone’s responsibility”

Safeguarding Adults Partnership

Making Safeguarding Personal (MSP)

“No decision about me without me.”



Welcome and House Keeping

- Welcome to the Event
- Using Zoom:
 - Microphones on silent unless speaking
 - Change your name if your name is not showing
 - Use the chat box to ask questions OR
 - Use the raise hand facility
- Background to the Safeguarding Adults Partnership Event

What is Making Safeguarding Personal?

MSP supports implementation of the Care Act (2014). For safeguarding, this would include safeguarding activities in the widest community sense and is not confined to safeguarding enquiries under Section 42 of the Care Act 2014

MSP is:

- person-centred led
- outcome-focused
- engages the person and enhances involvement, choice and control
- improves quality of life, wellbeing and safety (paragraph 14.15)

PRESENTATION



Citywide Adults Safeguarding Team - MSP Danielle Parker

Adult Social Care

Citywide Adults Safeguarding Team – Making
Safeguarding Personal

Making Safeguarding Personal- the Care Act 2014

- National initiative to promote best practice in safeguarding adults “No Decision About Me Without Me” (Chapter 14 Care Act 2014)
- It is an approach to working with people that puts them at the centre of the enquiry into their safety and well-being, so they are empowered to be included and have control over the process to the greatest extent possible in their circumstances from the start.
- Safeguarding is everyone’s business and so is MSP.

Adult's desired outcomes

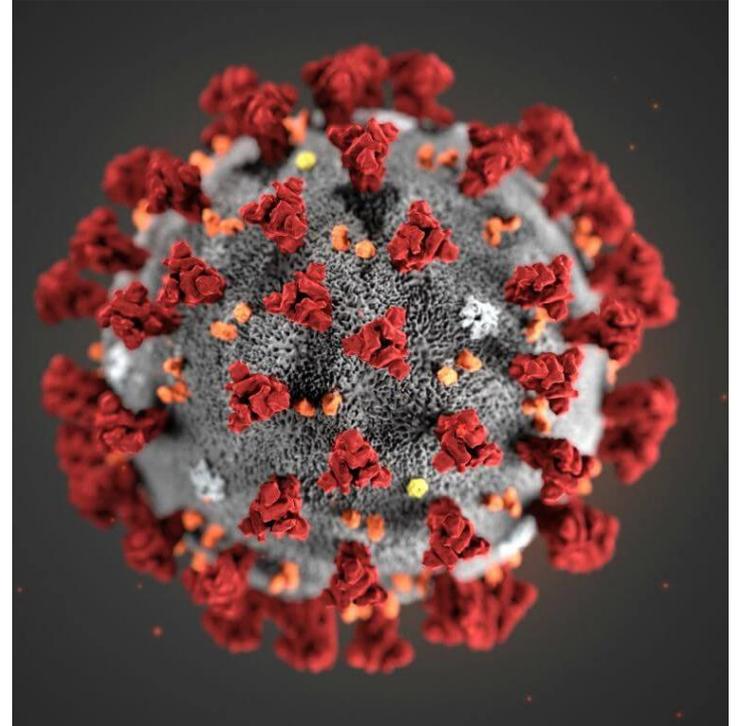
- We know there is the potential for harm to arise usually from the reduced ability of an individual to speak for themselves. MSP requires us to:
- Speak to the adult from the outset to find out what their concerns are and what outcomes they want to be achieved, and how they want to be included in achieving their outcomes.
- Review outcomes throughout the enquiry and at the end, find out the extent that the adult feels their outcomes were achieved

Promoting the adult's voice

- *I get the help and support to report abuse*
- *I am asked my opinion if there are concerns*
- *I feel listened to and what I say is taken seriously*
- *I am given information I need, in a way that I need it*
- *I am asked my views and this directly informs what happens next*
- *If I have substantial difficulty in participating in the enquiry I should have support*

Impact of Covid

- No easements on s42 Enquiries
- Risk assessments before social workers visit
- Safe contact
- Getting creative
- Use of technology
- Multi-agency working





For more information please contact:
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PRESENTATION



Sense Approach to MSP

Steve Kiekopf

Making Safeguarding Personal

Sense Approach

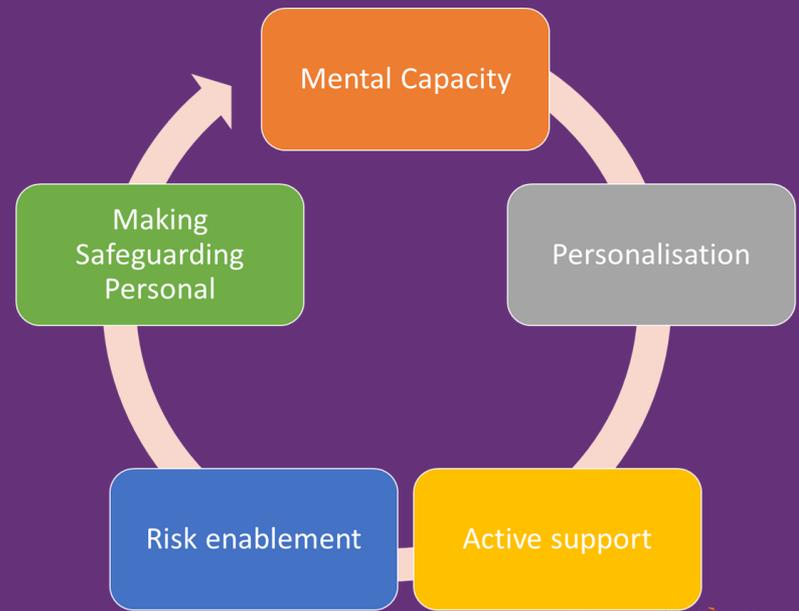
Steve Kiekopf – Head of Safeguarding

30th November - BSAB Partnership Meeting

www.sense.org.uk



“How we can support individuals and involve them when abuse has been reported.”



When things go wrong

Sometimes things do go wrong.

It is important to explore what the individual would like to happen – enabling them to participate in the process and not be a passive recipient of the final outcome.

I get help to understand what Keeping Safe means

I am asked my opinion if there are concerns that I am at risk

I get help and support to report abuse or neglect

I feel listened to and what I say is taken seriously

Making safeguarding Personal

I know that decisions are made in my best interest when I lack capacity to make them, and that this is explained to me

I am kept informed about what is happening.

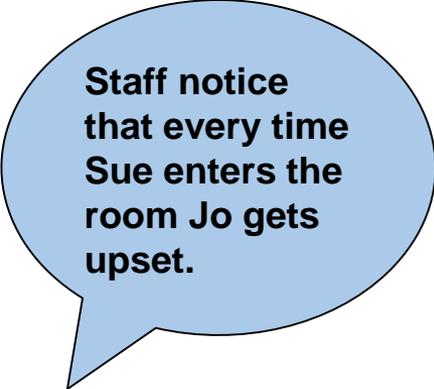
I am given the information I need, in the way that I need it

Having a voice

Some individuals will be able to ‘voice’ what they want; With other people it may be through the observations of staff.



**Tom has said
Bob has
stolen my
money**



**Staff notice
that every time
Sue enters the
room Jo gets
upset.**

What is important to the individual

- I had the information I needed, in the way that I needed it.
- When things started to go wrong, people around me noticed and acted early.
- I feel safe and in control.



Tom has asked “I want the policeman to tell Bob off, but not get him trouble”



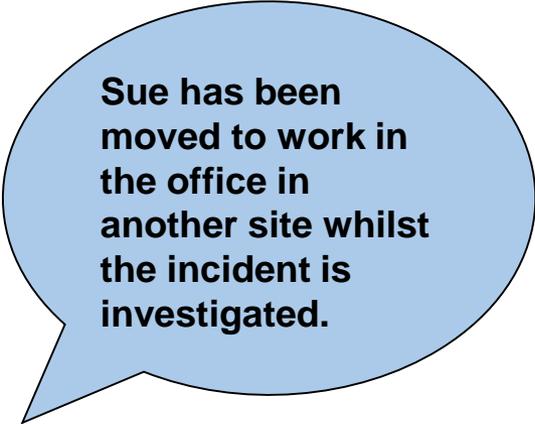
One staff member reports that he saw Sue hit Jo.

What best support looks like

- People asked what I wanted to happen and worked together with me to get it.
- The people I wanted were involved.



We have asked the police to investigate what Bob did and involve Tom in the investigation.



Sue has been moved to work in the office in another site whilst the incident is investigated.

What's working

- The help I received made my situation better.
- I understood the reasons why decisions were made, including those that I didn't agree with.

The police have arrested Bob.

We need to make Jo feel safe in her own home

Bob no longer works at Toms house and was dismissed. It was explained to Tom why Bob was arrested and thanked for telling his story.

Jo is given a personal symbol so she knows she is being supported by someone she trusts

Supporting during Covid 19

- **Supporting with communication challenges to ensure their voiced is heard.**
- **Use of clear masks.**
- **Minister for Care Helen Whately said: Everyone using our remarkable health and care system deserves the best care possible and communication is a vital part of that.**
- **The introduction of clear face masks will help overcome some of the difficulties carers wearing PPE are facing communicating with people who rely on lip-reading.**
05/09/20
- **Benefits of a consistent staff team.**
- **Predictability of days.**

- **Provision of a inclusive Arts and Wellbeing programme –**
- **We know that anxiety levels have increased due to the uncertain times we are all facing, and that being creative and active supports the wellbeing of the people we support.**
- **To create a new sense of community, helping new people connect with each other and share stories of hope, achievement and resilience.**
- **We had to rethink and refocus to adapt to the current situation.**
- **We developed a digital offer**
- **Live sessions which bring people together to take part in activities.**

[Sense Activities](#)

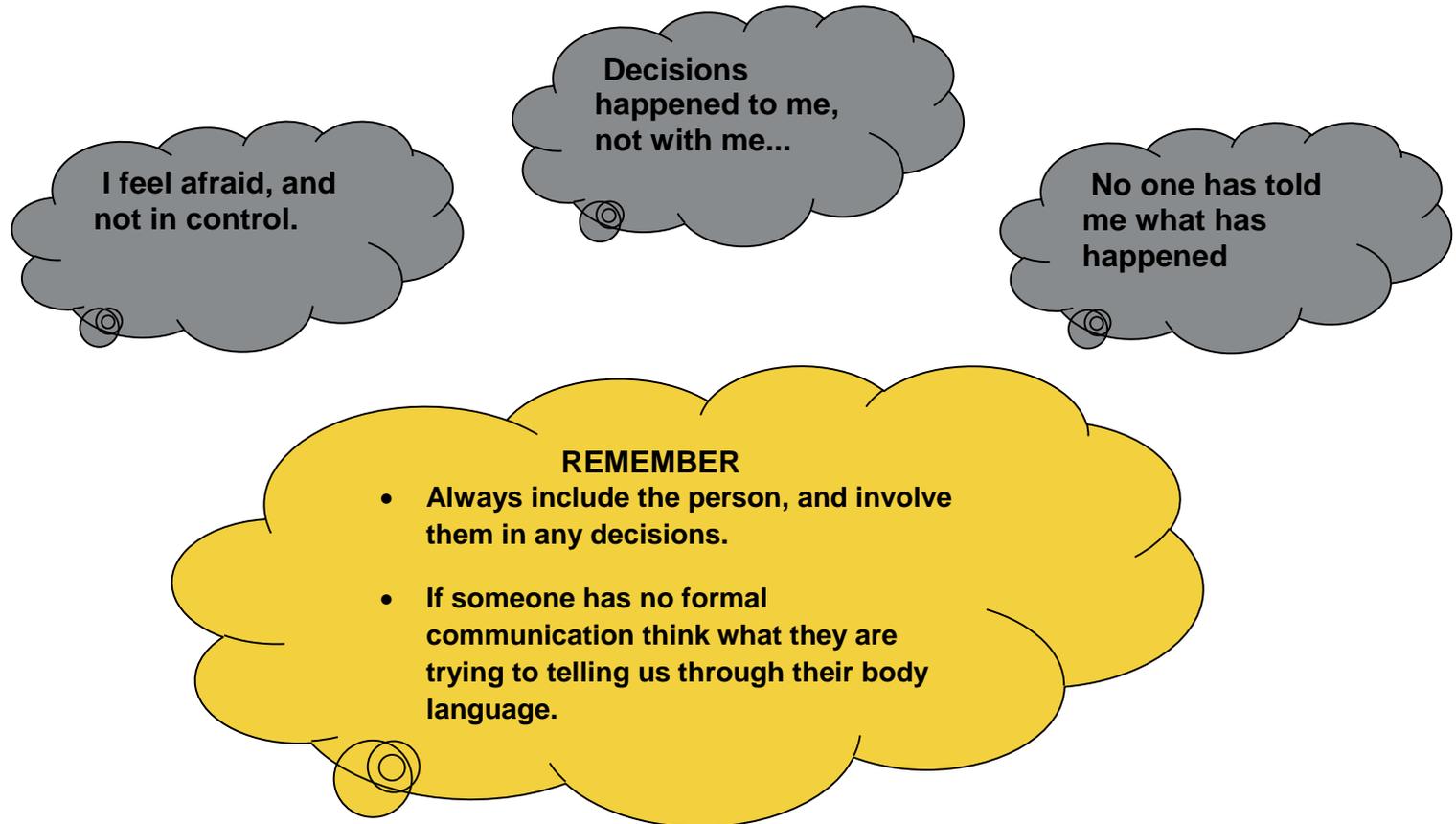
Individual outcomes

- I had the information I needed, in the way that I needed it.
- When things started to go wrong, people around me noticed and acted early.
- I feel safe and in control.
- People asked what I wanted to happen and worked together with me to get it.
- The people I wanted were involved
- The help I received made my situation better.
- I understood the reasons why decisions were made, including those that I didn't agree with.
- I was not involved in the outcome



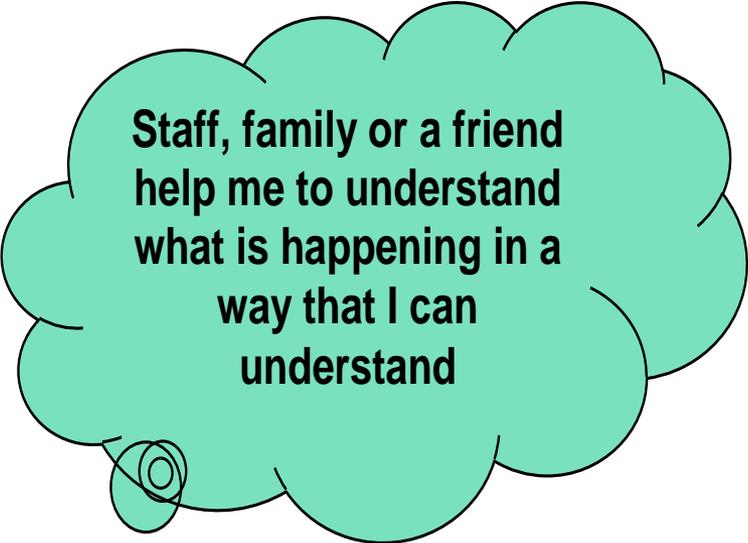
When it doesn't work

If the person is not involved this may make them feel anxious and isolated.

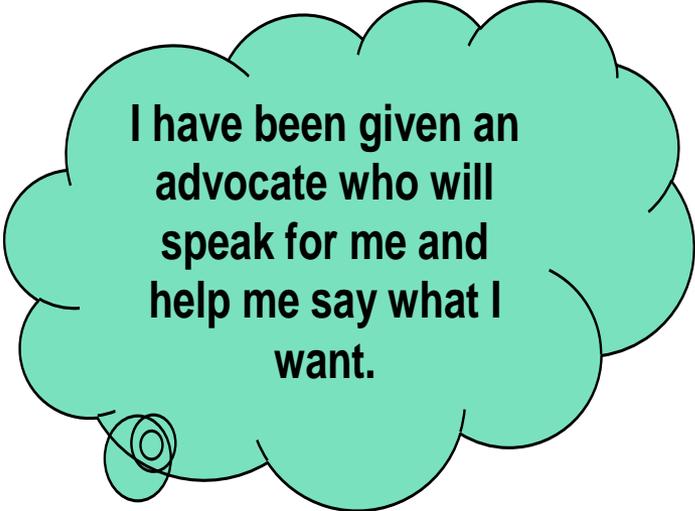


Being listened to:

- I got help from people best placed to provide it



**Staff, family or a friend
help me to understand
what is happening in a
way that I can
understand**



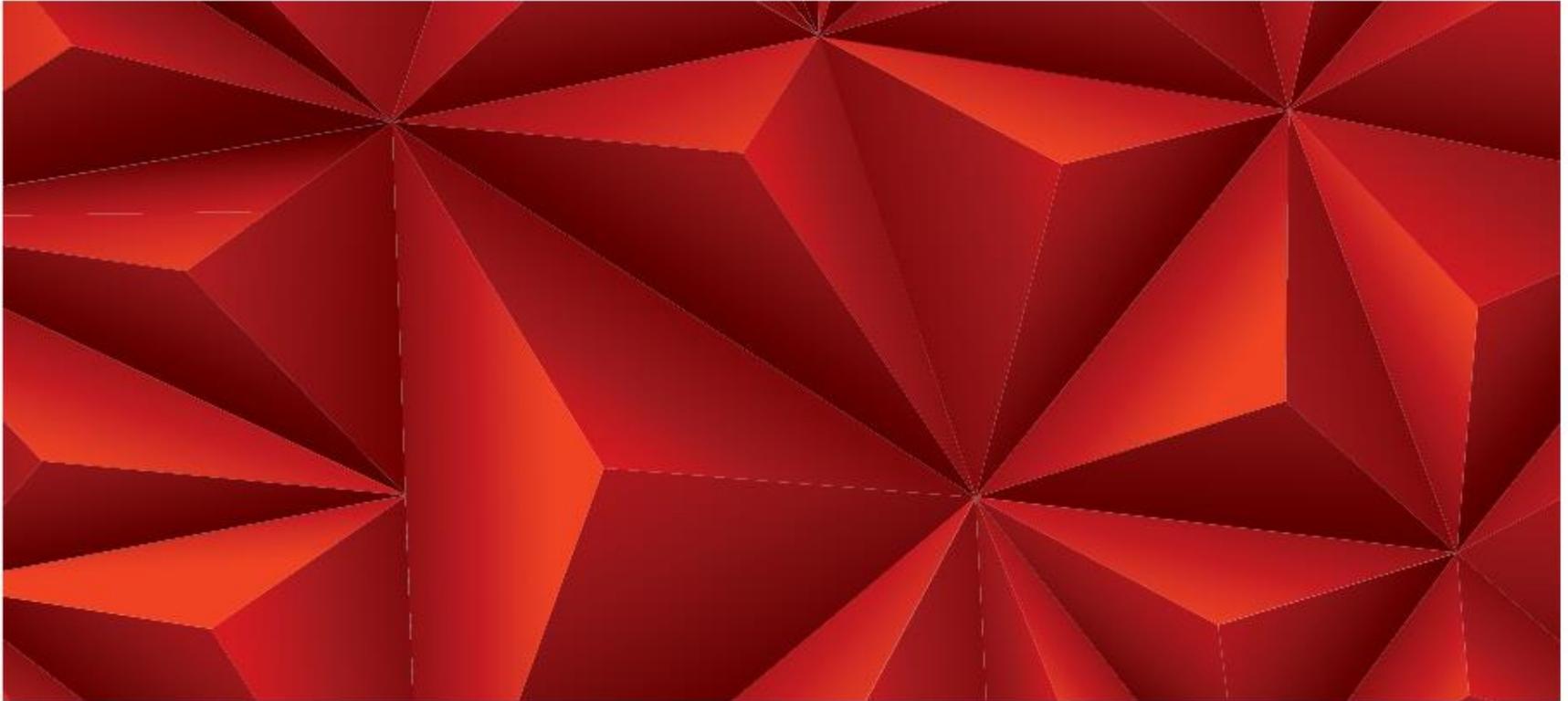
**I have been given an
advocate who will
speak for me and
help me say what I
want.**

PRESENTATION



MSP - Embedding in Practice

Adam Payne and Alex Hicken



Making Safeguarding Personal- Embedding in Practice

Adam Payne- Service Enhancement Manager
Alex Hicken-Director of Quality and Compliance

Brief background to Accord:

- Accord is one of the largest housing and social care organisations in the Midlands, providing services to 80,000 people and employing nearly 4,000.
- Accord has considerable experience of delivering integrated models of housing and providing specialist care and support services across the Midlands.
- Part of our business is Direct Health, a domiciliary care operation. Although Direct Health does not operate in Birmingham, it has a national presence with services across the North East, North West and East Midlands.
- In Accord Safeguarding is Everybody's Business and safeguarding training is mandatory across all areas of the business including central functions and within our teams who build homes at our LoCAL factory

Our services in Birmingham

- Floating support for adults with a Learning Disability
- Residential care for adults with a Learning Disability
- Ex- Offender services
- Care leaver services
- Domestic violence services
- Extra Care for Older People
- Lead partner in Happy Healthy Holidays and Hall Green Families
- General Needs Housing and Community Engagement projects

Making Safeguarding Personal

Making Safeguarding Personal (MSP) aims to develop an outcomes focus to safeguarding work

MSP seeks to achieve:

- A personalised approach that enables safeguarding to be done with, not to, people
- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'
- An approach that avoids just 'putting people through a process' and accepts risk

'What good is it making someone safer if it merely makes them miserable? We must tolerate acceptable risks as the price appropriately to be paid in order to achieve some other good – in particular to achieve the vital good of the elderly or vulnerable person's happiness.'

Lord Justice Munby

Making Safeguarding Personal

- No Decision About Me, Without Me
- Personalised Safeguarding Practice- the Person at the Centre
- No assumptions- listen to the person, understand what matters most to them
- A change in thinking- safeguarding is not just a process
- Requires culture change- what is most effective for the person, not just the safest option
- Approach to risk may need to be different
- Need to work within the framework of the Mental Capacity Act
- Work within the 6 principles for adult safeguarding

Government Principles - Adult Safeguarding

Principle	Outcome
Empowerment	Person-led decisions and informed consent
Protection	Support and representation for those in greatest need
Prevention	It is better to take action before harm occurs
Proportionality	Proportionate and least intrusive response appropriate to the risk presented
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 delivering safeguarding

Case Study 1

- A customer with a mild learning disability fell in to rent arrears. Her housing officer identified that, in part, this was due to her not completing her timesheets correctly for her role as a cleaner
- Her housing officer supported her to understand how to correctly complete her timesheets. However, when this did not resolve the issue, the Housing Officer became suspicious that she may be subject to financial abuse
- As a relationship of trust had built up with the Housing Officer, the customer subsequently disclosed that her daughter had access to her bank details and was accessing her money
- The abuse was reported but the customer did not want any legal action taken against her daughter and this wish was respected
- The Police Vulnerable Persons Officer did, however speak to the daughter and advise her of the possible consequences if the abuse continued. The daughter disclosed that she had a gambling addiction and was sign-posted to relevant support services. The customer was referred to Accord's floating support service.
- Her daughter overcame her addiction and lives in Dubai- she paid her mum back in full.

Case Study 2

- An older adult lived within an extra care housing scheme
- It was identified that, despite previously having a high level of income, he now was now in rent arrears
- The customer disclosed that he had formed a relationship with a prostitute and was buying her high value gifts that were having a substantial impact on his savings
- Staff at the service feared he was being groomed for financial exploitation and a safeguarding referral was raised
- Subsequent discussion and input determined that the customer had capacity to make this specific decision; he understood that his failure to pay his rent could put his home at risk but he valued the relationship he'd forged more highly than the stability of his home
- It was deemed that, as he had capacity, he had the right to make an unwise decision, and the matter was not progressed as a safeguarding matter
- He continued to have regular access to staff support in order that he could revisit this at any time and receive help on budgeting and financial management

Embedding Making Safeguarding Personal in Accord

- MSP requires a whole systems approach and needs to be part of wider cultural change and organisational thinking
- Person Centred thinking and Positive Risk taking is a key theme thorough:
 - All Training
 - All core systems and processes
 - Policies and Procedures
- MSP is inherent within safeguarding systems and processes
 - Obtaining Customer views at alert stage
 - Obtaining Customer views during investigation/ strategy meetings
 - Obtaining Customer views at outcome stage
- Internal Governance arrangements need to monitor and validate that there is a person-centred outcome focus that is in line with MSP

Overcoming Challenges

- A large proportion of our referrals pertain to customers who are assessed to lack capacity to make clear their safeguarding preferences- for example customers with a complex learning disability or dementia
- In these cases, we need to look at other ways of hearing their voice and putting them at the centre of the process- for example:
 - What do we know about their life history and experiences that can inform our understanding of their likely preferences?
 - What do we know from reviews of their behaviour- methodology can be used from our What's the Message training- for example, does functional analysis suggest a customer is using behaviour to 'escape' a situation and what might this indicate?
 - How can we use objects of reference , pictures or other tools to help assess their preferences ?

Case Study 3

- A customer within one of Accord's learning disability residential care homes was removed from the home by her family and moved back in to the family home
- The customer lacked capacity to verbalise her preferences in relation to her living situation
- We had concerns that this was not in her best interests and that she had made important progress in increasing her independence and forming new community networks; a safeguarding referral was raised
- The placement remained open and we maintained in contact with the family; we began to pick up signs that there was having a detrimental impact e.g. she appeared isolated and was prescribed sleeping tablets when previously this was not necessary
- There was an incident where the customer assaulted her mother and the Police were called
- Following multi-agency involvement, her mother agreed it would be in her best interests for her to return to the home
- However we reviewed arrangements to make sure her mother felt fully involved in her care and any concerns were alleviated promptly through direct access with the Manager

Safeguarding and Governance - Key Requirement in embedding MSP

- Accord has a Safeguarding Scrutiny Panel that meets twice a year
- It has an Independent Chair and is attended by key Accord personnel including the Accord Board Safeguarding Champion
- The Safeguarding Scrutiny Panel produces an annual report to Accord Board
- There is responsibility for safeguarding at Board Level and Board members are aware of their responsibilities in relation to safeguarding with appropriate oversight and escalation
- Senior Management/ Board Safeguarding training has a focus on MSP
- Accord's Safeguarding Strategic Lead and other Lead Officers meet with the Independent Chair quarterly to review cases and prioritise safeguarding activity, monitoring that there is a person-centred outcome focus
- There is an organisation-wide safeguarding audit on a two yearly cycle that includes checks that MSP is embedded in practice

The impact of COVID-19

- In Quarter 1, we saw a reduction in safeguarding referrals across our services. This is likely to reflect a number of factors:
 - In our care homes for adults with a learning disability or complex needs, social distancing measures, and in some cases, customer isolation, led to a reduction in customer on customer assaults
 - It is likely that there was also less reporting particularly from external sources- with visitor restrictions, there was less external visibility from families and external professionals
 - In the peak of the first wave, there was a focus on managing the pandemic
- In Quarter 2, we saw a rise in:
 - Cases of self neglect- without access to support networks some housing based customers did not maintain their basic needs
 - Self-harm and suicide attempts- unclear if COVID-19 has impacted on this
 - Although we have not experienced it, there is an increased risk of financial exploitation and scamming of vulnerable individuals living in the community

Increased Risks related to COVID-19

- There are number of increased risks related to COVID-19
 - As care homes have been closed to families and external visitors, this might increase the risk of closed cultures developing
 - Risks may be increased by co-horting of staff for IPC purposes- the same staff working together repeatedly
 - Increased risk of institutional or restrictive practices emerging as teams work with significantly stretched resources
 - Staff and Management resilience- with managers and front-line staff at risk of burn out, there may be a greater risk of errors arising or those who are struggling acting out of character.
 - Customers may be at greater risk of behaviours that challenge due to changes in routine, lack of family contact or changes in staff teams due to absence

Mitigations

- There are number of possible mitigations:
 - Use technology to maximise contact and ongoing engagement with families
 - Maximise visitor opportunities in line with prevailing government guidance
 - Continue to create an open and transparent culture- ensure ongoing access to internal whistle-blowing routes
 - Ensure there is management awareness/ knowledge of closed cultures and the increased risks/ warning signs
 - Ensure robust review of KPIs; interrogating any red flag data
 - Staff Turnover
 - Manager Gaps
 - Complaints
 - Poor stakeholder engagement

COVID 19 Challenges to MSP

- Public health/ national guidance restricts choice for everyone
- Restrictions on family contact can restrict abilities to support customers or be involved in face to face best interest's meetings
- Some impact on multi-disciplinary meetings- although better as we've improved remote meetings
- Virtual meetings may not best customer needs
- Impacts on staff training- reliance on e-learning/ workbooks- methods that may have impact
- Absence of face to face staff meetings- less opportunities for reflective practices

PRESENTATION



Observations from Safeguarding, COVID and Remote Working

Michael Loftus & Paul Hallam

Observations from Safeguarding, COVID and remote working



BCHC

Bham City Council



Birmingham
Community Healthcare

NHS Foundation Trust

- Abuse and Abusers don't go away during a pandemic. Services remain responsible for implementation of the Care Act (2014). Some areas of Abuse become more prevalent i.e. DA, Self neglect, neglect.

Realities facing services

- Fighting a pandemic, this has been a new experience for all of us.
- Redeployment, new roles, re focus.
- Managing staff and staff support to protect the workforce to reduce impact because of the virus.
- Reduced staff numbers for periods.
- Recognising that services changed, face to face contacts reduced, cases prioritised.
- Home working has become the norm for many none Patient facing staff.
- Family stresses and tensions from being furloughed or loss of job.
- MCA- principle 2 v risk of infection
- Increased waiting times for many patients
- Prioritising care



*Best Care
Healthy Communities*

All have stepped into the unknown event the prime minister as noted in the picture below. Importantly we must consider:



**Birmingham
Community Healthcare**
NHS Foundation Trust

Confidentiality. Ensure your organisation has a policy to support your use of technology.

Access. What about those patients who may be left behind in the drive for technologically supported contacts.

Training. Are you being supported to understand how to use the technology.

Face to Face only. There will be occasions where a face to face is essential. What does your organisation consider essential?

Abusers. Does the reality of reduced face to face contact increase the risk of harm/abuse?



BCHC Attend Anywhere Face to Face reduced

Consultation and Policy

- To provide standards and guidance to staff on good practice to be reflected in remote interactions with patients using telephone / video technology. The policy contains information on best practice to help services continue to deliver high quality treatment while protecting their staff and patients. The policy recognises: Safeguarding
- The policy includes safeguarding in that if immediate risks, then the remote consultation should be ended as quickly and safely as possible with the aim of seeing the patient ASAP. The policy links to the Trust Safeguarding policy.



There is often a significant amount of information about individuals available in the records which could help to identify those with safeguarding issues. Reviewing the records of other members of the household is often helpful in gaining a holistic view of the family and circumstances. For example:

- Substance misuse
- Domestic abuse
- Issues of Was Not Brought/Did Not Attend
- Families where there are carers or young carers
- Emotional or mental health problems
- Families where there are family members with Learning Disabilities
- Family members with dementia or other issues which could impact on mental capacity;
- Situations where there are other safeguarding concerns such as exploitation or modern day slavery.
- Homelessness.
- Those isolated or who are recently bereaved.
- Individuals and families who may be facing food and internet poverty.
- Those in Temporary accommodation.

Using a Phone

Picking up possible indicators of safeguarding concerns can be challenging over a phone call. However, there are a few things that could be useful.

- *Try as much as possible to speak to the person themselves.*
- *Ask if it is ok to talk now*
- *Take the opportunity to check how they are coping at present, is there anything they need help with*
- *Does the person sound guarded or can you hear that their conversation is being directed by another person;*
- *Can you hear sounds of possible altercations or vehement disagreements;*
- *Background sounds of persistent crying and a carer expression of anxiety about how to cope with this;*
- *What emotions are you hearing and what message is this giving?*
- *Use your professional curiosity to explore and understand what is happening in the patient's life and in their home*
- *Consultations where a family member is providing the 'translation' for a non-English speaking patient – use an interpreter*
- *When talking to staff in care or residential homes, check in with them as well – COVID-19 has been particularly traumatic for many staff in these settings – what support can you offer them?*

Using Video

Video consultations can be really effective and are a real opportunity to pick up possible indicators that things are not well.

- *Do you know who else is present in the room? Are they someone you recognise from the family? Check if the patient is happy to proceed with the consultation if other people are around.*
- *How does the room look? Is there any obvious evidence of alcohol or drug use? Are there any obvious environmental risks, particularly if there are young children in the home?*
- *How does the individual present? Is this very different to usual? Do they appear guarded or watchful? Are they upset or on edge?*
- *If the consultation is about a person who lacks mental capacity is the carer unwilling for them to be seen? If seen how do they look? Are they clothed appropriately for the season? How are the interactions with their carer?*
- *Are there signs of neglect in the home?*



Trust your instincts

If something doesn't feel right...it probably isn't right!

You could:

- *Check it out with any other professional involved .*
 - *Go back to the person -follow up your instincts and check in again with a call or text.*
 - *Check what support the person would like. Can you facilitate this or signpost, refer,*
 - *Are there other ways the patient can contact you if they feel unable to call e.g. by email?*
 - *Offer a face-to- face consultation – have a low threshold for seeing a patient face-to-face if you have safeguarding concerns*
 - *Check it out with the safeguarding lead within your organisation .*
 - *Continue to make safeguarding referrals as you would normally.*
-
- *Remember your colleagues as well – some may be suffering abuse themselves, some may be struggling with their mental health, some may be finding everything just overwhelming. Look after each other. We need to safeguard ourselves and each other in order to safeguard our patients.*

Observations Tips

Share your thoughts, you may have great ideas to help

- **Empowerment.** People are supported and encouraged to make their own decisions. Provide a means to interact, do citizens have access to a mobile phone (is it theirs and safe to use), computer, tablet or laptop, video conferencing. Do they have access to a private space/room/area.
- **Prevention.** It is better to take action before harm occurs. Assess, plan, implement and evaluate are as important now as at anytime. Ensure care pathways are followed, risk assessments /factors reviewed and up to date.
- **Proportionality.** The least intrusive response appropriate to the risk presented. This needs to balance remote consultations with the need for Face to Face where proportionate and covid safe. When should we insist on a face to face contact? When we are in doubt.

- **Protection.** Multiagency work, if one agency has input they will need a Holistic mind-set. Do we agree a code word should there be distress with a Patient i.e. instead of HELP NOW we use an alternative word. Remember the Best Interest principle for those lacking capacity. Note non verbal cues as a sign of distress as some may not be able to verbalise distress. Ask who else we have in the room, their relationship to the person. If the person is not alone ask if they would like to be.
- **Partnership.** BCC, Health, Police, WMFS, Voluntary sector, etc.
- **Accountability.** It is all of our responsibility. How do we share information with partners or other teams? On a needs to know basis in line with Data Protection law. Are the appointments recorded and if so how can they be accessed if needed.



Covid 19: Ethical Framework for Adult Social Care - Principles

- Respect
- Reasonableness
- Minimising Harm
- Inclusiveness
- Accountability
- Flexibility
- Proportionality
- Community

Essential face to face contact

- Covid legislation – no easements for S.42 Care Act
- Robust process for determining what is essential
- Risk assessment – to protect citizen and employee
- Staff guidance on social distancing
- Access to PPE & guidance on how to use it



BIRMINGHAM SAFEGUARDING ADULTS BOARD

"Safeguarding is everybody's business"

7-MINUTE BRIEFING

Safeguarding during a pandemic:
Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that an adult's wellbeing is promoted including (where appropriate) having regard to their views, wishes, feelings, and beliefs in deciding on any action.
Care Act 2014 Statutory Guidance 14.7

Covid increases risk:
This brief recognises the importance of safeguarding, and the increased risks of abuse during COVID-19 and living with COVID-19 in our shadow. As a practitioner, you are facing unprecedented challenges to support and safeguard those at risk of harm/abuse. It is important you consider how you can continue to safeguard when face-to-face consultation has reduced.

Before a consultation:
Consider checking the records. Are there safeguarding flags or alerts recorded? There is often a significant amount of information about individuals available in the records which could help to identify those with safeguarding issues. This may pick up: Substance misuse, Domestic abuse, Issues of 'was not brought/did not attend'.
The attached leaflet provides comprehensive information in this area.

Consider a face-to-face appointment:
See the attached leaflet for comprehensive information on all points.
To discuss further that day wherever possible if you have concerns that the virtual meeting hasn't eased your worries, the person may feel able to discuss abuse if alone in a consultation in a safe setting, (as long as COVID secure). Refer to the appropriate service (Adult Safeguarding, CASS, MARAC, Police, Fire Service, Ambulance etc).

Use your observations:
Consider what you see as well as hear. Can you see any obvious injuries? Is the person looking to someone else before answering? Any concerning background noise, e.g. someone else talking as if giving answers? Remember cuckooing, hoarding, honour based violence or potential fire risk.

Consider consultations over the phone:
Check at the start of the consultation whether it is safe to talk. Picking up possible indicators of safeguarding concerns can be challenging over a phone call. You can't see what is going on, you don't know if an individual is being harmed; however, there are things to look for.
The attached leaflet provides comprehensive information in this area.

Consider Video
Consultations can be really effective and are a real opportunity to pick up possible indicators that things are not well. Check at the start of the consultation whether it is safe for them to talk. Do you know who else is present in the room? Are they someone you recognise? Check if the patient is happy to proceed with the consultation if other people are around. How does the room look? Is there any obvious evidence of alcohol or drug use? Are there any obvious environmental risks, particularly if there are young children in the home?
The attached leaflet provides comprehensive information in this area.

For further information: www.bsab.org
Contact us at: BSASupportTeam@birmingham.gov.uk

We are all learning together in this new world where video, telephone, WEBEX, Microsoft Teams, facetime, WhatsApp etc are all being used. We need to move forward safely, cautiously, respectfully and not lose the objective to Safeguard.



Paul Hallam:

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Michael Loftus:

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- Covid19 and safeguarding: <https://elearning.rcgp.org.uk/mod/page/view.php?id=10552>
- Routine domestic abuse enquiry in virtual settings:
<https://future.nhs.uk/connect.ti/safeguarding/view?objectId=71190725>
- RCGP/NHSE Principles of Safe Video consulting guidance:
<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0479-principles-of-safe-video-consulting-in-general-practice-updated-29-may.pdf>
- Key principles for intimate clinical assessments undertaken remotely in response to COVID-19
https://elearning.rcgp.org.uk/pluginfile.php/154305/mod_page/content/11/Key%20principles%20for%20intimate%20clinical%20assessments_July%202020.pdf
- NHSx. Using video conferencing tools to communicate with colleagues.5 October 2020.
<https://www.nhsx.nhs.uk/information-governance/guidance/using-video-conferencing-tools-communicate-colleagues/>
- BMA. Video consultations and home working. <https://www.bma.org.uk/advice-and-support/covid-19/adapting-to-covid/covid-19-video-consultations-and-homeworking>.



PRESENTATION

WEST MIDLANDS FIRE SERVICE

Making the West Midlands Safer, Stronger and Healthier

WM Fire Service Approach to MSP Gail Read

WEST MIDLANDS FIRE SERVICE

Making the West Midlands Safer, Stronger and Healthier



Gail Read
Partnerships & Vulnerability Team, Prevention
WMFS

Our services built around response

- Response remains at the heart of what we do.
- 5-minute attendance time for maximum survivability
- Prevention and Protection wrapped around it
- Our Policies and Strategies built around research & evidence
- During Covid-19 our business continuity plans have focussed on protecting delivery of response and our statutory responsibilities whilst supporting partners with additional activities related to Covid-19. E.g. food and medicine delivery. P-Mart body collection. Care Home risk assessments



“Safe and Well” Visits



AIM:

- Reduce risk of fire in the home
- Reduce the risk of death/injury from fire
- Reduce risk of death/injury on roads
- Identify health & care needs
- Empower & motivate to make positive changes to health, wellbeing & fire safety

BY:

- Fitting fire safety equipment such as smoke alarms
- Give fire & road safety advice
- Signposting to partner services & support
- Engage partners, carers, professionals who have shared responsibility for safety of vulnerable people

Specialist Equipment



Hearing Impaired
Smoke Alarm



Fire retardant mat



Cadent Locking
Cooker Valve



Smoking Apron



Temporary Suppression
(Sprinkler) System



Fire Retardant
Bedding



Heat detector



Telecare assistive technology package



Safe & Well during Covid-19

- Face to face SAW visits will continue where there is a 'specific' threat of arson
- We will not carry out a SAW visit if the person has COVID-19 symptoms or the household is in self-isolation – this is determined through pre-screening questions. We will carry out a 'Remote Safe & Well'
- We will not carry out a SAW visit if any member of the household is classified in the extremely vulnerable group – this is determined via the High Risk Screening Questions. We will carry out a 'Remote SAW'

Safe & Well during Covid-19

If the answers to the Covid screening questions and the High Risk screening questions is negative, we will prioritise those at highest risk of fire for a home visit against a set criteria:

Living alone plus two or more risk factors:

- Smoking
- Drug or alcohol dependant
- Use medical oxygen or airflow mattress
- Sensory impairment
- Poor mobility
- Had a previous fire
- Hate crime
- Hoarding
- Mental Health condition including dementia
- Assured health or social care referral for heightened fire risk (including hospital discharge, MH, substance use, hoarding, safeguarding etc)

Remote Safe & Well

- Stop gap to mitigate risk of fire until a F2F SAW visit can take place
- Conducted via telephone
- Follows format of a SAW visit giving as much advice as possible over phone – person centred
- If appropriate use of '999 eye' technology via occupiers smart phone via a link
- Delivery of prevention equipment to doorstep
- Email SAW information booklet if possible

Caveat

If any serious concerns are raised Firefighters will use dynamic risk assessment to decide if a visit is required or there are safeguarding concerns that need to be raised

Complex Needs Officers (CNO's)

- Our CNO's are continuing their work with partners.
- Visits are being carried out using risk criteria and dynamic risk assessment
- Work with the individual for improved outcomes for them
- On call internally via Fire Control
- Team of 26 – SAW usually required first



WMFS Serious Incident Review (SIR)

Incidents which will trigger SIR process

- Any fire fatality, resulting from an accidental fire in a dwelling (ADF)
- An injury likely to result in a fire fatality in a ADF.
- Incident involving a person over 70 with significant smoke inhalation in an ADF.
- Incident that involves children with burns or significant smoke inhalation.
- Any other incident which will have significant learning both internally and externally.

SIR process

- Triggered by Fire Duty Officer or Incident Commander
- Consider Initial Circumstances
- Scope Previous Engagement
- Partner Engagement & initial scoping
- Initial summary
- SIR Partner meeting
- Produce timeline
- Identify key learning
- SIR report
- Fire Investigation Officer Report to Coroner (for fatalities)
- Legislative Fire Safety Report (if relevant)
- Learning Recommendations action plan

From 71 incidents

(April 2016 - March 2019)

Living alone **69%**

Smokers **32%**

Smoke alarm didn't actuate **31%**

Mental Health **13%**

Limited mobility **31%**

Alcohol **19%**

Care package **40%**

Accommodation

Rented **42%**

Owner occupied **46%**

Injured **40**

Fatalities **35**

Serious Incident Reviews

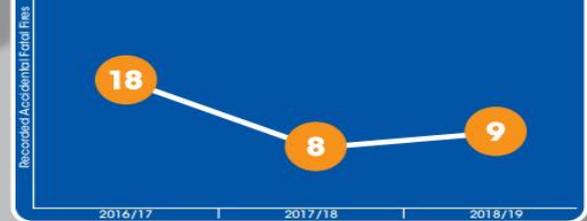
Previous Serious Incident Reviews have highlighted these characteristics of individuals whose incident has resulted in a fatality or serious injury.



Number of Alarms Actuated



Fire Deaths 2016/2019



69%

Living alone
2016 - 2019



Safeguarding & WMFS

- In late 2018 WMFS commissioned an independent scrutiny of its safeguarding policy, process and procedures. The author Alan Lotinga published his report with recommendations in 2019. The action plan is being implemented but some aspects have been delayed by Covid-19
- Ownership of the Safeguarding Policy has moved from Prevention to our People Directorate (HR)
- We are in process of recruiting to a new Safeguarding Manager post
- New Safeguarding Policy issued Dec 2019
- The Voice of the Child and Making Safeguarding Personal is included in the new policy and process including guidance for staff
- Duty Officer (CNO) on call for staff queries

PRESENTATION

Advocacy
Matters

MSP in the time of Coronavirus

Elssa Keegan



**Making
Safeguarding
Personal**

In the time of coronavirus.

Improving life

‘Unless people’s lives are improved, then all the safeguarding work, systems, procedures and partnerships are purposeless’. ADASS; LGA, (March 2013)

Advocacy
Matters

- A Care Act Advocate supports the person during the investigation, helping to identify what has happened, what is likely to happen next and support the person to tell their story and put forward their views and wishes on what they would like to happen and how their life can be improved.
- Advocacy Matters works with POhWER in Birmingham to deliver this service. All advocacy models have a role in supporting people to be safeguarded.

Working within the pandemic. The aim of safeguarding is to keep vulnerable people safe. This is no different during the coronavirus outbreak. However changes have been made to make sure that we are complying with the national guidance.

- Complete the work remotely wherever possible- Skype, teams, zoom, WhatsApp, access to records.
- Essential Visits- Only where the person's communication and cognition is such that this can only be done face to face. Currently no visits to individuals' private homes.
- Before any visit an enhanced risk assessment must be completed and sent to a manager. Is there a safe place for meetings? Has anyone had symptoms?
- PPE must be worn and donning and doffing protocols to be followed.

Advocacy
Matters

Peter- is a man with a severe hearing impairment, learning disabilities .He is from Poland and English is not his first language. Peter uses sign language but learned this late in life so requires extra support.

- Peter is married to a person who he reports has been physically abusive toward him and has reported domestic violence.
- There is a question mark about Peters ability to consent to marriage and if this may be considered a forced marriage.
- The home environment is risky, and Peter is receiving threats from his partners family.
- Peter needed to be interviewed by the police.
- We allocated an advocate who was able to use sign language who ensured that Peter had signed relay interpretation for the interview.
- Without the involvement of an advocate Peter would not have been at the center of the process and the need for signed relay interpretation may not have been identified. People with hearing impairment are some of the most oppressed disabled people.
- Peter is now in a place of safety with the support he needs.

Advocacy
Matters

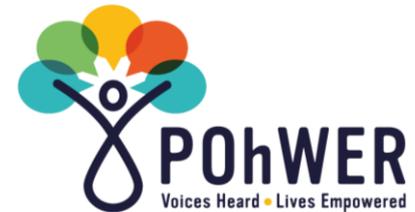
Contact us

Advocacy
Matters

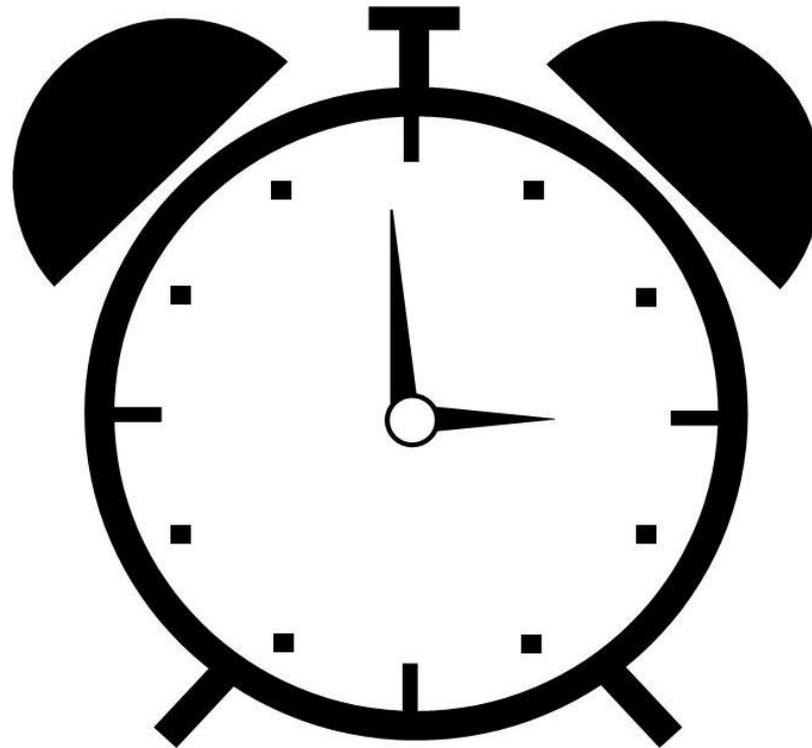
Advocacy Matters 0121 321 2377 www.advocacymatters.org

Or POhWER Help Hub is open every working day, providing telephone information, advice and support to access a wide range of services.

- www.pohwer.net
- Telephone: 0300 456 2370
- Minicom: 0300 456 2364
- Text: send the word 'pohwer' with your name and number to 81025
- Email: pohwer@pohwer.net
- Fax: 0300 456 2365
- Post: PO Box 14043, Birmingham, B6 9BL



Break



“Safeguarding is everyone’s responsibility”

PRESENTATION



MSP During COVID-19

Gemma Watson



Midland Mencap – Making Safeguarding Personal During COVID-19

Gemma Weston – Deputy Director of Operations

Overview

Midland Mencaps Three Core Offer:

- 1. Safe, Secure & Quality Housing*
- 2. The Right Support*
- 3. Meaningful Things To Do*



Before COVID 19

- Delivered 8,000 hrs of HCS
- Delivered 80+ Adult Opportunities/Activities per week
- Over 900 current citizens accessing day opportunities on a monthly basis



During COVID-19



- Made **47,039** Safe & Well Phone Calls
- Delivered **4,259 hours** of CYP Short Breaks
- Delivered **272,000** Hours of Care & Support
- Produced and broadcast **550** Hours of On-line Content
- Produced and posted **800+** Activity Packs bi-monthly

Online Engagement April-Aug '20

Reach - 663,337 individuals

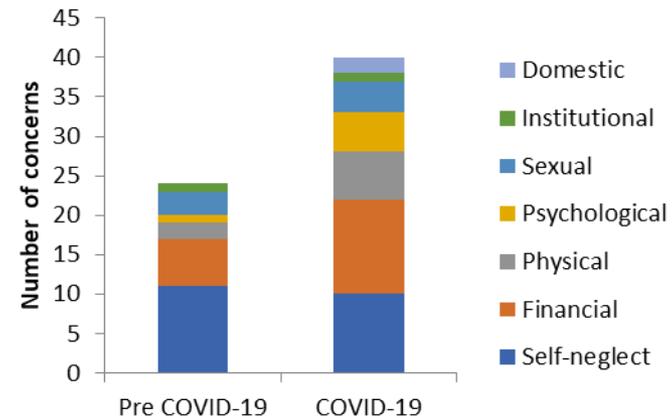
Number of Minutes viewed on Facebook –
162,900 Minutes (2715 Hours)

Number of Hours of content – 450 Hours

Safeguarding in COVID 19

Comparison of April 2020-July 2020 (COVID-19 period) with November 2019-February 2019 (pre-COVID-19 period)

Concern	Pre COVID-19		COVID-19	
	Count	%	Count	%
Self-neglect	11	45.8%	10	25.0%
Financial	6	25.0%	12	30.0%
Physical	2	8.3%	6	15.0%
Psychological	1	4.2%	5	12.5%
Sexual	3	12.5%	4	10.0%
Institutional	1	4.2%	1	2.5%
Domestic	0	0.0%	2	5.0%
Neglect	0	0.0%	0	0.0%



Trends

- Financial Abuse
- Self-Neglect
- Poor Mental Health
- Individuals with minimal or low-level support



Case Studies

Sarah - Poor mental health, domestic abuse, social isolation due to COVID



- Suicidal thoughts
- Severe depression
- Poor housing situation
- Refused support from mental health team

Case Studies

Claire – Online financial abuse, multi-agency approach to reduce risk

- Targeted via Facebook and twitter
- Romantic relationship – business opportunity
- Kept secret due to ‘boyfriend’s famous identity



Case Studies

John – Self-neglect, incorrect medication, trust issues



- Requires minimal support
- Medical condition's which requires regular medication
- John has capacity to understand

PRESENTATION



Adult Family Group Conference Annabelle Stock & Annette White

Adult Family Group Conference

A FAMILY GROUP CONFERENCE IS A BRIDGE



OUTCOMES...



What are Family Group Conferences?

Adult Family Group Conferences (FGCs) are family-led decision making meetings. They support the adult, along with their family and wider support network, to make decisions about their future and help them to develop a plan that addresses their concerns and focuses on their desire for change.

Important Note:

In FGCs, 'family and wider support network' means **anyone** i.e. relatives, close friends or neighbours that the adult considers to be important to them and the topic of the meeting.

Promoting the adult's voice



Central to FGCs is ensuring the citizens voice is the centre of the process, however this is in any scenario where the individual would benefit from widening their circle of support to develop a plan and reach a decision.

The citizens are also encouraged and enabled to participate fully in the whole process. Each meeting is the culmination of several weeks of careful and detailed preparatory work by the Family Group Conference Coordinator, along with the adult and members of their support network.

So how exactly do these meetings work?

FGC Meetings are arranged into 3 parts:

Part 1:
Information
Sharing

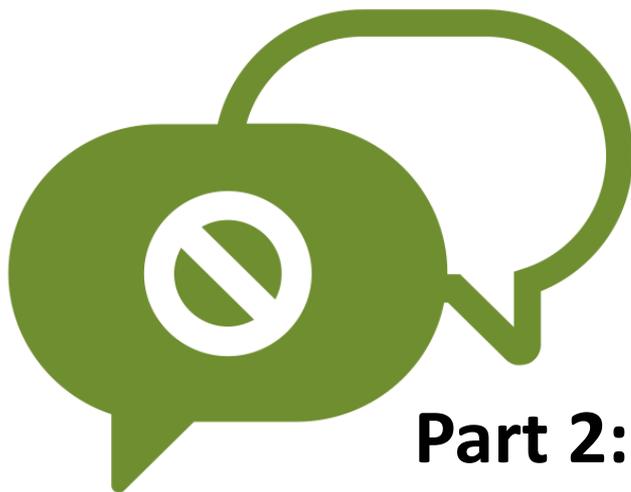
Part 2: Private
Family Time

Part 3: Family
/ Network
Action Plan



Part 1: Information Sharing

This involves the adult, their support network and any involved professionals. All parties involved will be able to share their concerns and ask questions.



Part 2: Private Family Time

All professionals then withdraw for the second part (**Private Family Time**). The family will devise an action plan addressing the raised concerns through the information learned and their collective strengths and assets.

Only when the adult and their support network are ready are professionals invited back for the third part.

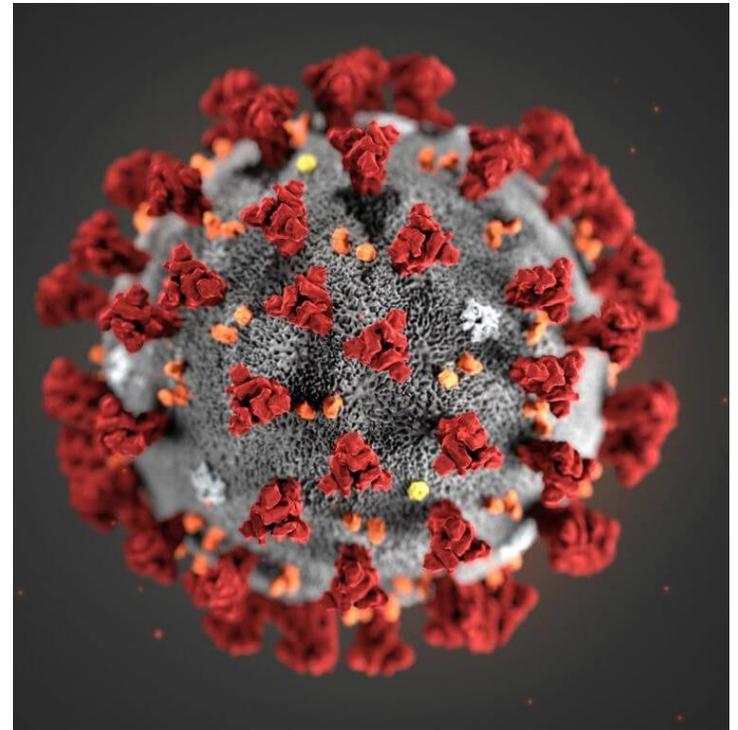


Part 3: Family Action Plan

The Family Action Plan is an opportunity to hear what decisions have been made. The Coordinator will assist the network in ensuring the plan is complete and that everyone agrees. A further meeting is held at an agreed later date where the adult can review their plan and how it has been working.

Impact of Covid

- Big impact as getting networks together for co-production is important for FGC
- Food
- How we're doing it now...
- Getting creative:
- Supporting people with technology
- Teams/Zoom/WhatsApp
- Difficulties – relationship building, advocacy, confidentiality



[This Photo](#) by Unknown Author is licensed under [CC BY](#)

FGC Principles

FGC are based on a set of basic principles and beliefs that include the following:

Power and control over choice should rest with the citizen to the greatest extent possible

Every family is unique and as professionals we see only a “snapshot” of the situation. There is no “one size fits all” solution to individual circumstances

Family / network members are the ‘experts’ on their own situation and if we work with and support their strengths we are more likely to achieve a good outcome.

FGC Principles

If family members and friends are sought out, included, and given good, accurate information, they are in the best position to create an effective solution to most family problems.

We are all more committed to carrying out plans for our own welfare and for that of our family / network if we make the decisions ourselves and are not merely expected to carry out the decisions of others.

Empowering families / network to work together to find solutions can have long-term benefits for individuals and reduce reliance on services.

What are the aims of FGCs?

Supporting citizens and their families / network to make their own plans and decisions

Developing strengths, leadership and empowerment within the family / network

Focusing on future action rather than blame for the past

Making care personal and building resilience

Focusing on the citizen's or family's view, experiences and needs

Building cooperation between key family / network members and professionals

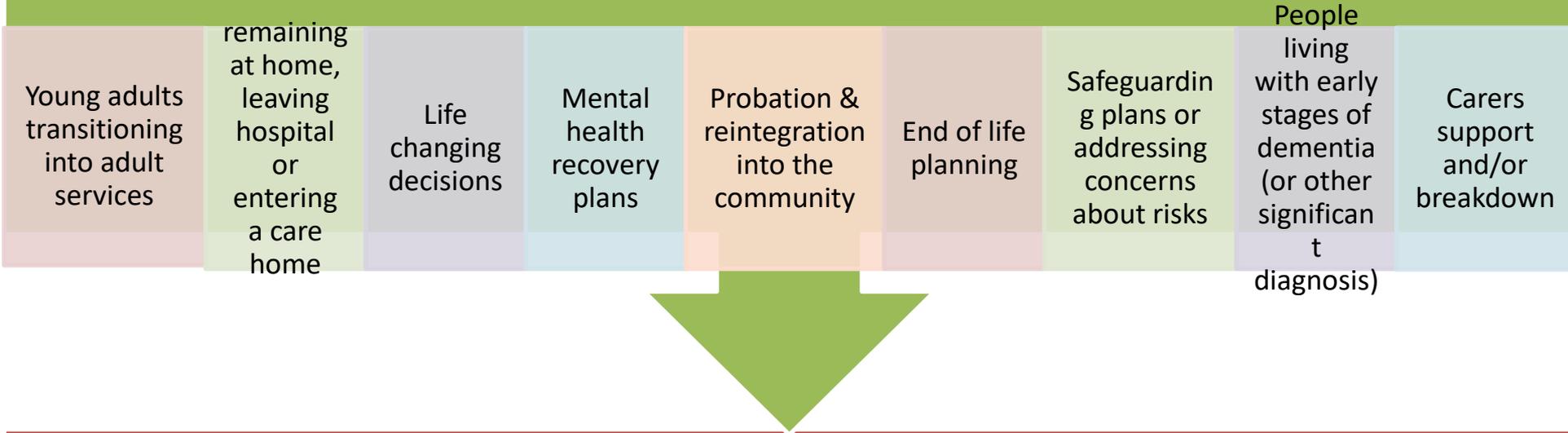
FGC and Safeguarding

Section 42 and MSP

- Not a replacement to any statutory duties but a way of supporting professionals to avoid doing 'something' 'to' someone
- Co-production
- Anti-oppressive and strengths-based approaches are inherently linked

Risk Reduction and Prevention: When might an FGC be used?

FGCs can be used in a very wide range of circumstances where a decision or plan needs making, or a dispute needs resolving:



This is Not an exhaustive list! FGCs are for when people need to talk together about problems or concerns and find solutions

FGC Service Criteria



- The citizen will decide if they would like an FGC to take place.
- The professional completes the FGC referral form and sends to the FGC team
- The FGC Team will aim to allocate the case within 24 hours.



For more information please contact:
AdultsFGCteam@Birmingham.gov.uk



PRESENTATION



Update on our Strategy 2019-2021 Cherry Dale



“Safeguarding is everyone’s responsibility”

Update on our Strategy 2019 - 2021

Cherry Dale - BSAB Independent Chair



Our priorities

STRATEGIC PRIORITY 1 Communication & Involvement



- Recognising communication and informing sharing as a means of prevention and early intervention.
- Communicating in a language and through channels that are accessible.

STRATEGIC PRIORITY 3 Empowerment & Enablement



- Assurance that people will be supported to make their own decisions.
- Empowering people and communities to take an active role in their own wellbeing and safeguarding.
- Providing safeguarding support and guidance to empower people and community groups they work with.

STRATEGIC PRIORITY 2 Prevention & Early Prevention



- Having clear protocols, prevention and early intervention strategies in place.
- Sharing business objective and priorities with other strategic boards and partners to ensure we work in a coordinated way to reduce risk to the safety of adults in Birmingham.

STRATEGIC PRIORITY 4 Learning Through Development & Assurance



- To develop an emotionally intelligent learning culture.
- Engaging all partners with a focus on continuous improvement.

Our Strategic Plan 2019-2021: What said we will do

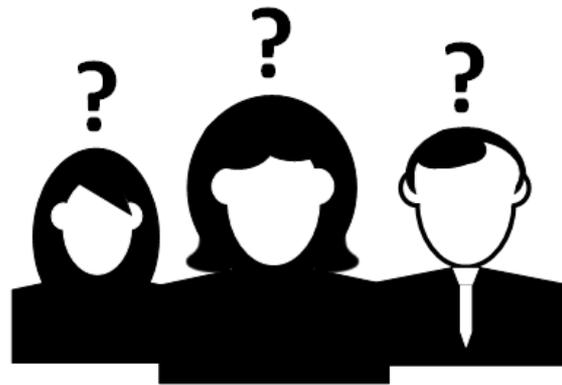
We will review and refresh our website and the information to ensure accessibility.	We will engage and get the views of citizens in relation to safeguarding adults.	We will work collaboratively to support the Local Domestic Abuse Strategy and seek assurance where required.	We will seek analysis of the high number of safeguarding concerns that do not meet Section 42 criteria.
Seek assurances that vulnerable young adults are transitioning safely into adult services.	We will work collaboratively to support the Local Housing Strategy and seek assurance where required.	Work collaboratively to support the social isolation agenda in particular on the prevention of exploitation, neglect and self-neglect of adults at risk and other vulnerable adults.	We will seek assurance and champion that improvements are made in the exempt accommodation sector.
We will continue to build relationships with the Children's Partnership and the Health and Wellbeing Board and work collaboratively on linked agenda.	We will continue to develop partnerships, in particular with HMP Birmingham.	We will continue to champion Risk Enablement and seek assurance that it is being embedded into practice.	A Learning and Development Plan will be developed and implemented.
A Competency Framework will be developed.	We will continue to seek assurance from partners around safeguarding adults themes and agenda.	We will develop a safeguarding dashboard that will provide the Birmingham Safeguarding Adults Board with further themes, trends and analysis that can help us with our Strategic Plan.	We will review our leaflets and publications to ensure they are accessible.
We will develop the skills and knowledge of our partner organisations enabling positive contribution to Safeguarding Adult Reviews.	We will seek assurance that Making Safeguarding Personal is being embedded into practice.	Awareness raising of Trauma Informed Care.	Seek assurance that adults have the right information to keep safe when using Direct Payment or Self Funding.

In addition we have...

- Sought assurance regarding Learning Disabilities deaths through the CCG and Learning Disabilities Mortality Review (LeDeR).
- Raised and sought assurance on issues raised for adults with learning disabilities during COVID-19.
- Sought assurance from partners in relation to safeguarding and support arrangement during COVID-19
- Communicated relevant information.
- Ensure e-learning for safeguarding adults is available for all to access including developing an adult safeguarding workbook.
- Strengthened partnership arrangements with other local Boards.
- We have representative from the voluntary sector on our Executive Board.

Group Exercise: Case Studies

What areas of work under the SAB priorities do you believe the Board should focus on during the extended six-months period of the BSAB's Strategy for adults with care and support needs?



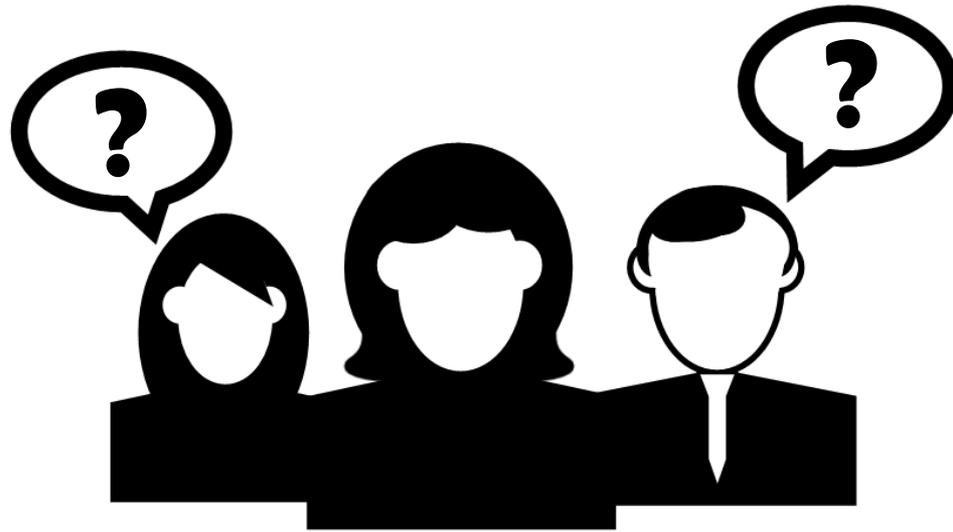
“Safeguarding is everyone’s responsibility”

Feedback



“Safeguarding is everyone’s responsibility”

Questions & Answers



Why is MSP and the right decision so important?

- “.... The emphasis must be on sensible risk appraisal, not striving to avoid all risk, whatever the price, but instead seeking a proper balance and being willing to tolerate manageable or acceptable risks at the price appropriately to be paid in order to achieve some other good – in particular to achieve the vital good of the elderly or vulnerable person’s happiness. What good is it making someone safer if it merely makes them miserable?”

(2007 judgement in the case of MM and Local Authority X

Sir James Lawrence Munby

(Judge and President of the Family Division of the High Court of England and Wales)



Thank you for your participation

**Please complete an evaluation
form for today's Safeguarding Adults Partnership
Event and email to:**

BSABSupportTeam@birmingham.gov.uk

 **@BrumSAB**