Safeguarding

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LEADING CHANGE THROUGH EDUCATION IN HEALTH & SOCIAL CARE
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This course is suitable for any support staff working directly or indirectly with adults with care and support needs. The course covers the six principles of safeguarding. It describes how to ensure the client remains as in control of their decision making as possible. Participants have the opportunity to consider all 10 types of abuse and the basic indicators with a focus on Domestic Abuse, Modern Slavery, Neglect and Acts of Omission and Self Neglect. The course includes how to deal with disclosure and how to report it. It also covers what to do if you suspect a child or young person is being abused. It is recommended that anyone new to the sector/role completes the full day course.

Organisations purchasing the course will be able to access free cascade infographics in addition to e-learning for refresher/update.

- Identify how the 6 principles underpin empowerment, choice and risk.
- Identify the risk factors of abuse.
- Describe the different 10 types and signs of abuse.
- Explain how to report abuse.
- Describe how to deal with disclosure.
- Explain what to do if you suspect a child or young person is being abused.
Listen; take a person seriously

Ensure that the persons leading the investigation are trained

Do not ask leading questions; reflect what the person has said to you. Clarify where necessary, & record

Ensure there is a safeguarding or protection plan that includes:
• the person or their representative’s desired outcomes
• risk assessments
• details of who is accountable for what

Gain consent where possible & make an alert

Make the person as safe as you can

Explain to the person that you may need to speak to the police and/or local authority in order to help them

Listen; take a person seriously

Ask the person what they want to happen & make sure this is recorded (Make Safeguarding Personal)

The local authority is likely to ask you to investigate unless there is a compelling reason not to do so

Inform the local authority, who have a duty to instigate an enquiry

If there is a crime or a possible crime, ring the police

Make the person as safe as you can

Gain consent where possible & make an alert

Explain to the person that you may need to speak to the police and/or local authority in order to help them

Ensure there is a safeguarding or protection plan that includes:
• the person or their representative’s desired outcomes
• risk assessments
• details of who is accountable for what

Ensure that the persons leading the investigation are trained

If there is a crime or a possible crime, ring the police

Gain consent where possible & make an alert

Make the person as safe as you can

Explain to the person that you may need to speak to the police and/or local authority in order to help them

Ensure there is a safeguarding or protection plan that includes:
• the person or their representative’s desired outcomes
• risk assessments
• details of who is accountable for what
6 | Basic Safeguarding Refresher – 3 hours

This course will offer the opportunity for all support staff who have completed training in safeguarding to reflect on their practice. The course will use safeguarding adult reviews to create discussions about safeguarding, dilemmas and mistakes that can lead to serious failures. The participants will have the opportunity to challenge the tradition of care and understand the premise of making safeguarding personal. It is recommended that this course is not delivered to anyone new to the sector/role. This course requires reflection on practice and therefore participants should be actively working in the sector.

- Revisit main outcomes of basic safeguarding training.
- Describe the risk and dilemma when making safeguarding personal.
- Identify 3 safeguarding adult reviews.
- Explain reflective practice and how we learn from it.
- Describe the importance of collecting data, such as near misses.

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10 TYPES OF ABUSE - SAFEGUARDING

**Psychological**
An abuse that occurs alone, or secondary abuse.

**Discrimination**
Prejudice which may lead to lack of access & opportunity.

**Physical**
Causes or threatens harm.

**Sexual**
Consider The Sexual Offenses Act 2003.

**Organisational**
Neglect & poor care practice. This may be as a result of the structure, policies, processes & practices within an organisation.

**Domestic Abuse**
7 women are killed monthly in England & Wales – Consider psychological, sexual, financial or honour based abuse; forced marriage, female genital mutilation & human trafficking. Control & coercion.

**Self-Neglect**
Personal hygiene, health or surroundings, including hoarding. Note that self-neglect may not prompt section 42 enquiry. Assessment on a case-by-case basis.

**Neglect & Acts of Omission**
Offence for those with caring responsibility. Ill-treatment as a deliberate act or result of recklessness. Wilful Neglect; a serious departure from required standards & deliberate failure in duty.

**Financial & Material**
Consider scams.

**Modern Slavery**
Forced work via mental/physical threat; Owned/controlled by an ‘employer’, dehumanised and bought & sold as ‘property’; Physical constraint and restrictions on freedom.

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Personal hygiene, health or surroundings, including hoarding. Note that self-neglect may not prompt section 42 enquiry. Assessment on a case-by-case basis.

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**Modern Slavery**
Forced work via mental/physical threat; Owned/controlled by an ‘employer’, dehumanised and bought & sold as ‘property’; Physical constraint and restrictions on freedom.
This course will offer the participants the opportunity to focus on all 10 types of abuse in detail. Using case studies and group work, the participants will benchmark what constitutes abuse and how this abuse may be disclosed by the person or people who know them. The course will look in depth at indicators of abuse and how patterns of indicators may influence alerts and referrals. Since the types of abuse have been updated, it is now not possible to cover these in detail in basic safeguarding courses.

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- Describe the 10 different types of abuse.
- Describe the signs and indicators of all types of abuse.
- Explain patterns of abuse.
- Describe local and national statistics of abuse.
THE SIX PRINCIPLES OF SAFEGUARDING

EMPOWERMENT
Uphold rights & ensure people are in control of their decision making: make safeguarding personal. Where a person has capacity, listen & support decisions. Provide full information & an advocate where necessary. Support towards redress, resolution & recovery.

PROTECTION
When working in an individual’s best interests always ensure they are protected from harm as far as possible. Continue to include the person in their decision making process. Not all abuse is a crime, but where it is seek support from the police.

PREVENTION
Support the person to safeguard themselves. Provide information, education, opportunity & choice. Raise awareness of abuse & rights to speak up.

PARTNERSHIP
Where intervening to protect a person who lacks capacity ensure a multi-agency approach.

PROPORTIONATE
Make sure those with capacity are in control of their lives. Where a person does not have capacity, work in their best interests & identify interventions that respects rights & freedoms.

ACCOUNTABILITY
In a multi-agency approach the Local Authority will ensure that each agency knows who is responsible & for what. Aim for transparency in interagency policies & protocols.
Safeguarding for Managers – 1 day

This course is suitable for seniors, managers and those involved in safeguarding strategy. The course sets out the expectations placed on managers for safeguarding throughout their organisation. The course is fast paced with the expectation that all the participants have completed basic safeguarding training. The course will link safeguarding to the law with a focus on The Care Act. The course works from within the 6 principles of safeguarding and how to keep safeguarding personal. It describes how enquiries and investigations take place and ensure participants have the skills to respond to alerts from staff effectively. The participants will be furnished with a prevention tool and explore strategies for safeguarding. Participants will also cover the role of the safeguarding adults board.

Organisations purchasing the course will be able to access free cascade infographics in addition to e-learning for refresher/update.

- State the political journey from Human Rights to The Care Act – with emphasis on the Mental Capacity Act.
- Outline The Care Act and Statutory Guidance definition of abuse and aims of safeguarding, including the ten types of abuse.
- Identify the 6 key principles – a strategy for prevention and proactive measures.
- Explain the differences between the concepts of safeguarding and protection.
- Identify associated crimes.
- Describe how enquiry and investigations take place.
- Explain how to ensure staff record and respond to abuse appropriately.
- Describe the role of the Safeguarding Board.
SAFEGUARDING IS PART OF THE DEFINITION OF WELLBEING - 6 PRINCIPLES

EMPOWERMENT: Making safeguarding personal – person led - outcome focused. Ascertain adults’ views & wishes. Support the adult toward redress, resolution & recovery. For those unable to understand the process & have no appropriate support to do so, the Local Authority must provide an advocate.

PREVENTION: Safeguarding Adults Board to raise awareness of abuse – ensure the community come together to prevent abuse. SAB to publish yearly reports that share statistics, patterns, outcomes and planned strategies. CQC and regulators to ensure service providers meet standards & provide good quality care & support. Training and awareness across multi agencies.

PROPORTIONALITY: Least restrictive interventions in line with adults preferred outcomes. Adult’s wishes may be overridden in the event of a crime or not acting would put others at risk. The adult may need a Safeguarding Plan or a Protection Plan that involves a multi-agency approach.

PROTECTION: Exploitation is a factor in all abuse – Types of abuse: physical, domestic violence, sexual, psychological, financial or material, discriminatory, organisational, neglect and acts of omission, self-neglect. Abuse may involve one person or many, may be serial, long term or opportunistic. Abuse may be intentional – wilful neglect or ill treatment – or unintentional and need support for carers or training for staff and volunteers to improve situation. Not all abuse is a crime but where there is a possible crime, the police should be involved early.

PARTNERSHIP: The LA must co-operate with other relevant partners. The LA must make an enquiry or cause others to do so. Purpose of enquiry is to decide whether or not the LA or another organisation or person, should do something to help safeguard - in a way that reflects the adults wishes wherever possible as stated by them or by their advocate. The SAB must be made up of Local Authority, CCG, and Chief Officer of Police but may include a broader section of community stakeholders. The SAB must carry out Safeguarding Adult Reviews.

ACCOUNTABILITY: Safeguarding is everybody’s business. Inter-agency policies and procedures to ensure all know who to call, how to share information & how to report. Transparency & inter-agency working to ensure adult remains at centre of their decision making, ensuring that decisions that are made on behalf of an adult without capacity are in their best interests.
Evaluate how safeguarding adult reviews or inquiries have influenced quality assurance, regulation and inspection relating to safeguarding.

This course will offer managers the opportunity to reflect on their practice and safeguarding strategy. The course will use safeguarding adult reviews to explore how dilemmas and lack of effective systems can lead to serious failures. The participants will understand the principle of making safeguarding personal and be given the opportunity to discuss how the tradition of care may need to be challenged in order to uphold rights. The course offers the opportunity for managers to reflect of how they improve and monitor staff competence.

Revisit key principles of manager level safeguarding practice:

- Knowledge base of legislation relating to safeguarding
- Reporting Procedures
- Prevention
- Review how safeguarding training has improved practice.
- Identify practices that place barriers in the way of prevention.
- Review the effectiveness of systems and procedures for working in partnership with other organisations and in safeguarding individuals in own service.
Environment
- Lack of privacy
- Lack of aids and equipment
- Institutional design
- Lack of environment audit

Social
- Lack of education on abuse / risks
- Engaging in high risk activity without support
- Major life event not supported
- Lack of support network / relationships

Physical
- Incorrect medication
- Dehydrated
- Malnourished
- Poor pain management
- Lack of diagnosis
- Sensory needs not supported

Psychological
- Comments not taken seriously or believed
- Lack of understanding in team about well being
- Undetected stress / trauma
- Undiagnosed mental illness

Inclusion
- Not involved in recordings
- No or limited contact with outside agencies
- No involvement in own risk assessment
- No or limited communication aids
- No or incorrect capacity assessment
- No involvement in planning own support

Cognitive
- Poor cognitive stimulation
- Lack of timely assessment
- Misdiagnosis
Evaluate how safeguarding adult reviews or inquiries have influenced quality assurance, regulation and inspection relating to safeguarding.

This course will offer managers the opportunity to reflect on their practice and safeguarding strategy. The course will use safeguarding adult reviews to explore how dilemmas and lack of effective systems can lead to serious failures. The participants will understand the principle of making safeguarding personal and be given the opportunity to discuss how the tradition of care may need to be challenged in order to uphold rights. The course offers the opportunity for managers to reflect on how they improve and monitor staff competence.

Define operational activities that impact on safeguarding

- Recruitment
- Training
- Protocols - boundaries, data, authority, decision making, recording, assessment, planning
- Equipment/Resources
- Organisational Factors – Structure/Culture
- Explain how supervision can operate as a tool for prevention.
- Identify other prevention strategies.
- Identify scope of data collection.
- Describe tools that can be used to support prevention activities.
16 | Root Cause Analysis for Safeguarding – 2 days

This course is suitable for organisations wishing to set up a protocol for investigating systematic failures that potentially lead to abuse. Participants will be provided with the Root Cause Analysis tools which cannot be purchased outside of the training. The course offers managers the opportunity to use root cause analysis to improve their services and create a culture where abuse is unlikely to occur without detection. The session will include how to use the full Root Cause Analysis tool. All participants will be required to complete an action plan. This action plan will be followed up post-course to monitor effectiveness of implementation.

- Outline reactive strategies to safeguarding alerts.
- Explain the difference & similarities between safeguarding adult reviews & Root Cause Analysis.
- Outline the Root Cause Analysis process.
- Utilise Root Cause Analysis to identify drivers of abuse within own organisation.
- Identify the scope of audit & data collection to support Root Cause Analysis.
- Explain how Root Cause Analysis can be applied to your own practice.
- Develop action plan for change.
The Mental Capacity Act 2005 is a framework to empower and/or protect people of 16 or above who may be unable to make their own decisions. Enables people of 18 or above to plan for future decisions including general health care, financial affairs & refusal for specific treatments.

Anyone working in health & social care involved in decision making has a duty to know & follow MCA Code of Practice including decisions on day to day matters such as washing, dressing, eating, mobility or major events such as moving to care home or surgery/medical treatment.

5 PRINCIPLES
1. presume capacity
2. give all practicable help to support person to decide
3. right to make unwise decisions
4. must be in best interests
5. use less restrictive intervention

2 STAGE CAPACITY ASSESSMENT:

Stage 1: Impairment of or disturbance in functioning of brain/mind

Stage 2: Functional assessment
- broadly understand relevant information
- retain information long enough to make decision
- weigh benefits & risks
- communicate in any way

An act done, a decision made, for or on behalf of a person who lacks capacity must be done, or made, in his/her best interests. Decisions must be documented.
This course explains the Mental Capacity Act and Deprivation of Liberty Safeguards. The participants will have the opportunity to explore the simplicity of the process whilst recognising the complexity of implementation. The session will furnish the participants with the skills on how to implement MCA and DoLS with confidence. This course is suitable for anyone working front line in adult services.

Organisations purchasing the course will be able to access free cascade infographics in addition to e-learning for refresher/update.

- Describe the main principles of the act.
- Define the term mental capacity.
- State who is affected by the provisions of the act.
- Identify when it is appropriate to undertake assessment of capacity.
- Describe key roles in the assessment process.
- Adopt appropriate recording techniques to support main principles.
- State the purpose and limits of the DoL Safeguards.
- Identify what procedures to put into place to document decisions.
- Describe how relevant agencies play a role in the DoL Safeguards.
- Describe how DoLS referrals can be avoided by adopting the correct culture.
- Define the role of multi team.
- State the threshold of DoLS applications.
- State how key issues; risk, consent and capacity, influence working practices and reporting.
“Decisions, decisions – How can I decide? Who can help me? Is it still my decision? Why can’t I eat what I like for breakfast? I know I am diabetic, but I want to eat donuts – I like them! As long as they don’t tell my wife again, she’s furious. It’s my choice? When that member of staff offers me an egg, I am going to hit her, she won’t listen to me. I can’t find the words easily but I hate eggs”.

JOHN HAS A DECISION TO MAKE ...

DOES THE PERSON UNDERSTAND THE INFORMATION GIVEN TO THEM?

JOHN CAN RETAIN THE INFORMATION LONG ENOUGH TO MAKE THE DECISION AND CAN WEIGHT UP BENEFITS AND RISKS - JOHN COMMUNICATES HIS DECISION

JOHN HAS THE CAPACITY AND HAS THE RIGHT TO MAKE UNWISE OR ECCENTRIC DECISIONS ...

A DECISION NEEDS TO BE MADE IN JOHN’S BEST INTERESTS UNTIL HE IS EDUCATED IN HIS MEDICATION ...

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This course describes The Mental Capacity Act and how to implement it. Participants will explore the 5 principles of the act and how they influence practice. Participants will explore the key roles in the assessment process and how to record effectively. Participants get a basic understanding of their role and responsibilities in relation to the MCA.

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- State the main principles of the act.
- Define the term mental capacity.
- Recognise who is affected by the provisions of the act.
- Identify when it is appropriate to undertake assessment of capacity.
- Describe the key roles in the assessment process.
- Explain appropriate recording techniques to support main principles.
We all have right to Liberty & Security – Art5 HRA

If arrested/sectioned – have the right of representation & right of appeal - What for those who are detained in care?

Person who is under continuous supervision & control & is not free to leave, & the person lacks capacity to consent to these arrangements has right of representation & right of appeal.

Rights & freedoms respected & person needs to be involved in the process.

Bournewood Case (2004) highlighted anyone detained & state is responsible, has right of representation & right of appeal.

Registered services (Managing Authority) - application for DoLS can be authorised/refused by LA (Supervisory Body).

Own home – (ie supported living) application to Court of Protection who can refuse/authorise deprivation.

BIA will make sure there is Relevant Representative for person – often a family member or highlight need for IMCA.

Minimum 12 monthly reviews

Supervisory Body arrange six assessments. two independent assessors. Mental Health Assessment & Best Interest Assessment not same person.

However gilded the ‘cage’ – however content person seems to be, still a cage.
This course explains the process of DoLS and ensures the participants are up to date with recent changes. The participants will understand the Cheshire West threshold and how this effects implementation. The participants will be able to identify the role that different agencies play and how and when, to make a referral. Participants will be given the opportunity to discuss consent to care and treatment and how this effects the culture of services.

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- State the purpose and limits of the DoL Safeguards.
- Identify what procedures to put into place to document decisions.
- Describe how relevant agencies play a role in the DoL Safeguards.
- Describe how DoLS referrals can be avoided by adopting appropriate cultures.
- Define the role of the supervisory body, managing authority and inspectorate.
- State the threshold of DoLS applications.
- State how the key issues; risk, consent and capacity, influence working practices and reporting procedures.
COMMITMENT
Be committed to your values, & learning. This is the breeding ground to inspire passion in your subject & ensure individuals remain at the centre of their decision making.

CRITICAL THINKING
Encourage learners to reflect on their thoughts & actions. Encourage them to uncover their unconscious bias & explore how this might impact on their practice.

COLLABORATION
Learn from each other, across boundaries, listen & respect other people’s experience & perspectives. Embrace diversity. Say no to commercial sensitivity & SHARE IDEAS. Encourage partnership working with individuals, families and teams. Work holistically.

CHALLENGE
Give learners skills to recognise what services should look like, courage to challenge the status quo. Ensure human rights remain at the core of all training & support.

COMMUNICATION
Support learners to develop good communication skills, to foster connection where there are walls. Teach people to feel deeply & connect.

CARING
Teach people to value the importance of human connection in their work. Show how to empower & safeguard. Demonstrate through practical examples what good care & support looks like.
This course is suitable for experienced practitioners wishing to teach safeguarding within their own organisation. It incorporates a Level 3 Award in Teaching qualification (previously PTLLS). Candidates will receive a full training pack and resources and will be required to complete assessed work to achieve the qualification. Candidates will be required to complete a micro teach on day 5. Attendance on all the other days is a mandatory requirement for completing the course.

- Identify key resources/standards to develop courses in safeguarding.
- State main outcomes for an introduction course to safeguarding.
- State where to signpost people to specific areas of safeguarding.
- Describe key resources used to deliver introduction course to safeguarding.
- Describe how to write a basic lesson plan for safeguarding.
- Identify a range of teaching strategies that are appropriate for safeguarding.
- Explain a range of assessment methods.
- Describe how to give constructive feedback.
The champion in an organisation has a key role in supporting a safeguarding strategy. Must be committed to human rights, & value honesty & transparency.

Skills 
& Values

The Role
To develop a safeguarding vision for the organisation

To identify how legislative & statutory changes will impact & inform policy

To identify patterns of poor practice & develop strategies to improve systems

To ensure that safeguarding & protection plans are reviewed & up to date

To work closely with the Whistle Blowing Champion

To identify gaps in knowledge & practice, & to create a training programme in line with standards

To keep up to date with the Local Safeguarding Adult Board reports & strategic plans

To develop processes that evidence increased competency as part of coaching, mentoring, training & supervision

To collect data – e.g. DOLs, MCAs, complaints, incidents, near misses

To develop a relationship with the wider team

To use safeguarding adult reviews to develop strategies on PREVENTION

To make safeguarding personal & monitor desired outcomes of the persons/representatives being safeguarded & recorded as part of the safeguarding/protection plans. To analyse when desired outcomes are achieved

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This course is for staff with a keen interest in safeguarding with a view to becoming a safeguarding champion. The course will explain how best to ensure that the role of the champion, supports prevention and improves quality of service provision. The participants will create an action plan to define their role as a champion.

- Describe the role of the champion.
- State how to carry out competency checks in safeguarding across your organisation.
- Identify ways of disseminating policies and good practice in safeguarding.
- State which data to collate within your organisation to monitor past & present safeguarding alerts.
- Explain how monitoring competency and collating data can reduce the risk of abuse.
- Explain how patterns of information can support prevention.
- Describe a safeguarding audit plan and how to action plan for change.
- Describe how to work with the wider team.
- Develop an action plan.
STAFF COMPETENCIES
In assessment, management of risk and person centred safeguarding.
Underpinned by a good evidence base and legal framework.
SOUND PRACTICE in applying MCA and DoL’S.

PARTICIPATION
• Participation in outcome focused safeguarding meetings.
  • What does the person want to happen?
  • Have you asked them?
  • Is it recorded?

INFORMATION GUIDES
Simplified information guides made accessible for supported decision making.

EMPOWERMENT THROUGH REPRESENTATION:
• Person/representative/advocate/IMCA involved from the start
• In order to make the person safe from abuse decisions may be made in their best interests that make their outcomes impossible
• Have you explained this to the person?
• Has their outcomes remained a focus for future decisions?
  • Is this recorded?

ININVOLVEMENT FROM START TO FINISH - AT THE END OF THE SAFEGUARDING PROCESS.
• Have the outcomes been explained to the person with clear explanations for decisions made?
• Have their outcomes been achieved & recorded?
  • If their outcomes have not been achieved, has this been explained & recorded?
  • Has the person been asked if they have understood the process?

HAS THE SAFEGUARDING PROCESS IMPROVED QUALITY OF LIFE FOR THE PERSON?
This course explores how the tradition of care can be challenged to ensure that clients are at the centre of their decision making and have their rights upheld. The session will encourage practice that works in line with Person Centred Planning.

- Explain Human Rights and its relationship with safeguarding.
- Identify how the 6 principles of The Care Act apply to safeguarding.
- Describe how ‘making safeguarding personal’ impacts on outcomes and ensures the person remains at the centre of decision making.
- Describe the relationship between the Mental Capacity Act and outcomes.
- Explain how outcome focused practice improves wellbeing.
“An act done, or decision made, under this Act for or on behalf of person who lacks capacity must be done, or made, in his/her best interests”.

Best Interest Framework Consider:
- Consider all the relevant circumstances
- Consider a delay until the person regains capacity
- How to involve the person
- Individual’s own past & present wishes and feelings
- Any advance statements made
- Beliefs & values of the individual
- Take into account views of family & informal carers
- Take into account views of Independent Mental Capacity Advocate (IMCA) or other key people
- Show it is the least restrictive alternative or intervention
- Not be motivated to bring about death

Practice Guidance:
- Use appropriate multi agency support in decision making
- Explain the law to families from the outset
- Inclusion at every level is key to a good outcome
- Use communication tools creatively and evidence this
- Support the person to develop confidence and skills to stay at the centre of their decision making
- Record and evidence how the person communicates
- Build capacity and review
This course is for managers who have a strategic role within their organisation. The course will place safeguarding rights at the heart of implementation of The Care Act. The participants will examine Safeguarding from a wider perspective.

- State the main principles of The Care Act.
- Describe the links between personalisation, risk, capacity and safeguarding.
- Determine the links between MCA, DoLS and Safeguarding.
- State what a Safeguarding Adults Review is and how this may apply to your own service.
- Identify the new terminology introduced within the act— including Enquiry and Safeguarding Adult Reviews.
- Describe how the provision within The Care Act to support carers can impact positively on Safeguarding.
- Determine what ‘Provider Failure’ is and recognise how this links to preventative and proactive approaches to Safeguarding.
- Identify how the introduction of HEE effects Safeguarding, including Care Certificate.
- Describe the local authority’s new duties to support an individual moving between authorities and the relationship this may have to Safeguarding.
COMMUNICATION
All challenge is a form of communication, with others, ourselves and environment. Not listening to feelings, such as anger and boredom may lead to psychological harm and a cycle of challenge.

LISTEN!
The listener has the power to enhance or inhibit positive communication. We can listen by building positive relationships with the person, their family and the wider team.

HONESTY
Learn from challenge - be honest! We may have contributed to the incident. Try to identify triggers - ACC forms - Antecedent, Communication and Consequence. Courage to challenge poor care practices.

ANGER
Have systems in place which enable staff team to reflect on how they feel. Supervision and de-briefing that fosters a compassionate culture and a commitment to training that builds competence.

LANGUAGE
The word ‘behaviour’ is negative and creates negative listening and poor practices. The word ‘communication’ supports positive listening.

ENVIRONMENT
Manipulate the environment to enhance communication. Poor environments can have serious impact on a person’s well being.

LISTEN!
The listener has the power to enhance or inhibit positive communication. We can listen by building positive relationships with the person, their family and the wider team.

GATHER
Information about the person and ensure PEP is the philosophy and that co-production is a central theme.

ENGAGE
Engage with people who have a more profound communication disability - consider Intensive Interaction and creative communication and the use of assistive technology.

SAFEGUARD
The person balancing risk, choice and independence, underpinned by the MCA, MHA, DOLs and NIHA. Ensure the least restrictive approach.

NOTICE
When a person may be communicating something physical, such as pain or hunger. Question when medication may be used to silence a person rather than address physical needs.

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This course is suitable for experienced practitioners wishing to teach safeguarding within their own organisation. It incorporates a Level 3 Award in Teaching qualification (previously PTLLS). Candidates will receive a full training pack and resources and will be required to complete assessed work to achieve the qualification. Candidates will be required to complete a micro teach on day 4. Attendance on all the other days is a mandatory requirement for completing the course.

- Define challenging behaviour and its relationship with communication.
- Describe the impact of challenge on the individual and the service.
- Identify the potential triggers of challenge.
- Explain how a person with cognitive and sensory difficulties may be challenged by the environment.
- Explain ways to respond to different realities that minimise challenge.
- Explain the role of The Mental Capacity Act/DoLS and working with challenge.
- Describe interventions that can reduce challenge.
- Identify ways to reduce restrictive practices.
PREVENTION IS CHEAPER THAN CURE A STRATEGY FOR SAFEGUARDING

FOR POLICY EMBED POLICY IN PRACTICE

FOR RESPECT RIGHTS & FREEDOM
Enable a person to safeguard themselves. Understand HRA1998 - a persons’ liberty may be being deprive; DOLs. Apply MCA in all aspects of provision. Grasp the right for people with capacity to make ‘unwise & eccentric decisions’ MCA Assessment where appropriate & the use of IMCA’s. Ensure people are in control of their decision making. Challenge.

FOR EXPERIENCE – HOW ARE YOU CAPTURING THE INDIVIDUAL’S EXPERIENCE – WELLBEING?

FOR VISION – WHAT IS ORGANISATION’S VISION?
How is this communicated? Raise the awareness of safeguarding for individuals & their families. Understand the 6 key principles for safeguarding, empowerment, prevention, proportionality, protection, partnership & accountability. Consider ways to improve communication & share vision with the wider team. Expect honesty.

FOR EQUALITY & DIVERSITY
Recognise exclusion & how to tackle it. Does your service respond to the needs of its diverse community? Is there a live policy on anti-discriminatory practise? Tackle inequalities at the top of the organisation. Use individuals in training to share their experiences of inclusion.

FOR NETWORKS
SCIE, NICE, Twitter, SCILs, Local networks like HCFA. Bloggers who challenge & report. Legal advisers such as 33 Essex Road. Latest CoP reported case law. Other professionals – Conferences.

FOR TRANSPARENT TEAMS
Monitor & report competencies. Understand connection to wider teams. Robust supervision structure. Robust recruitment, probation & training & (Bournemouth Competencies, Care Certificate, QCF). A culture of support & 360% reflection. Have a proactive approach in teams to minimise the use of restraint.

FOR ORGANISATIONAL MEMORY
How do you capture good practice & share it? Maximise the use of social media & IT to benchmark practise. Ensure individuals are involved in reviewing services. Celebrate wins Ask individuals to share their PCP’s as a way of training staff. Use pictures within the bounds of confidentiality to share good practice.

FOR NURTURING A CULTURE
Develop a transparent culture. Work against blame culture. Listen to the people who use & work in your service. Have systems in place that support staff to be the best they can be. Appreciate the demands of those who use & work in your service. Use skills for care toolkit.

IF OR INCLUSION
Ensure individuals are involved on every level. Accessible record keeping Individuals involved in all their decision making with support for those who lack capacity to make a certain decision – communication passports. Biography of the individual to ensure a person centred service. Train individuals on their rights.
This course has been designed to support practitioners to develop skills in working with the wider team in the context of safeguarding. It includes how to collate data and utilise that data across relevant stakeholders. The course also includes how to work with others when working on a provider improvement plan. The course is aimed at practitioners who are looking to develop their relationships with the wider team to achieve better safeguarding outcomes.

- State how to carry out competency checks in Safeguarding across your organisation.
- Identify ways of disseminating policies & good practice in Safeguarding.
- State which data to collate within your organisation to monitor past & present Safeguarding & DoLS alerts.
- Explain how monitoring competency & collating data can reduce the risk of abuse.
- Describe potential impact of abuse on adults at risk, staff or individuals who are alleged to have committed abuse & the informal carer who may have raised the alarm.
- Describe levels, thresholds or pathways of investigating in response to a ‘Safeguarding referral’ & requirements of gathering initial information.
- Describe how to use incident reports to identify potentially missed Safeguarding referrals.
- Explain how to include clients in their own record keeping & decision making in line with the MCA & Human Rights.
- Describe what a Provider Improvement Plan is & give an example of how this might lead to potential changes within your organisation.
- Identify how to develop a relationship with your local DoLS Team.
RISK IS PART OF LIFE

In fact, arguably necessary to take RISK in order to succeed.
To get out of bed in the morning is a RISK & to stay there is also a risk.

From RISK management to mitigation. From RISK to enablement. RISK & hazard are not the same thing, sometimes the terms are used interchangeably.

RISK enablement requires multiple perspectives - individual, professional, organisational, research & policy knowledge.

RISK enablement goes beyond physical domain of RISK to consider psychosocial domain.

A person should not be treated as being unable to make a decision because it is unwise. MCA principles uphold rights. If an individual is unable to make a decision, then professionals & carers may make a decision in their best interests, maybe depriving them of their liberty. 5th principle MCA applies – Use least restrictive approach, respect rights & freedoms & may include RISK.

We need to balance the positives that come from RISK taking with the outcomes of not taking the RISK at all.

RISK is personal; there are social & cultural dimensions rather than mathematical probabilities

Information is critical to help individuals make empowered choices about RISK. Use the right language about how to keep people safe. Independence, Choice & CONTROL

Professionals need to learn to recognise their anxieties, & not allow this to be a driving force.

Professionals tend to focus on the future domain of RISK. Family carers focus on the present.

Different professional’s look at different types of risk. If you are a nurse you might focus on pressure sores, falls etc. If you are a social worker you might be more concerned with managing money etc. For people living with dementia, their biggest concern is the risk of losing their identity. (Alaszewski, 1998a)
This course considers positive risk taking within the context of safeguarding. It explores how to use legal and best practice frameworks to balance choice, capacity and risk. The course also covers the range of engagement and interpersonal skills needed to facilitate positive risks. The course discusses many tools that can be used to facilitate positive risk taking, including risk assessment and Person Centred Planning tools. This course is recommended for front line practitioners wishing to enhance their skills in positive risk taking.

- Outline key principles of a positive risk-taking and risk enabling approach.
- Explain the legal framework underpinning positive risk taking.
- Describe some of the skills required to enable the client to take positive risks.
- Identify a range of person centred tools that support positive risk taking.
- Identify how you can develop your practice and a positive risk taking mindset.
EMPLOYERS MUST: Identify hazards, assess risks & put measures in place to control them. These must be written down if you have more than 5 employees. Employers must tell staff about significant findings & how they will control risks.

EMPLOYERS NEED TO CONSIDER: The correct level of supervision or back up required, if women or young people are at risk, & if there is a risk of violence. They also need to consider what control measures they will put in place e.g. training, instruction, supervision, protective equipment, mobile phones, radios, panic alarms etc. If it is unsafe to work alone, help or back up should be provided.

ALL LONE WORKERS NEED TO CONSIDER THEIR OWN SAFETY AT WORK. Ensure your planned visits are recorded with addresses & contact numbers. Where possible, get introduced by shadowing when another staff member is working with the person you will support. Read the person centred plan & get to know who the person is & how best to communicate with them. Is there a clear picture of how to get to the persons home? Do you know the transport or parking options? Are there risks in the area at different times of the day or night?


Ring & let the person know that you are coming to their house so they can let you know if they want support today. There are times when the people we support would prefer to cancel, & a short conversation beforehand ensures time is not wasted, & the person feels in control of their service.

Make an ‘on the spot’ risk assessment if the person has visitors that are unknown to you. Ask the person discretely if they feel safe with their visitors – consider ‘mate hate’ & other safeguarding issues.

Do you have a code ‘sentence’ to ring through to the office or work buddy in the ‘unlikely’ event of you needing the police?

Work with the person showing dignity & respect in their home. Always take a few steps back so you do not appear a threat at the door. Ensure you follow the person into their home – walk behind them & don’t accept them locking the door.

Accept the offer of a tea or coffee. If you are there to support independent living skills & the person needs support with cleaning/shopping, this is a great opportunity to support. Ensure the person feels in control in their house – don’t use directive language that undermines the persons’ self-esteem.

If you need to ask the person to do something they may not want to do, or give them bad news it might be necessary to meet with the person at an office or public space. Where this is impossible, double up on the visit.

Do an ‘on the spot’ risk assessment if the person has visitors that are unknown to you. Ask the person discretely if they feel safe with their visitors – consider ‘mate hate’ & other safeguarding issues.

Phone/text on leaving your last visit & the arrival of your next visit.

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In the care sector, there are many times where individuals need to work in a lone situation. Employers and employees have a legal responsibility to identify the risks of lone working, and to put in place safe systems. This course explores the potential risks to working alone in the care sector, and aims to identify key potential strategies and clearly define ‘best practice’ when working alone.

- Define responsibilities of the employer and the employee to maintain a safe environment.
- Identify individual, and organisational concerns of working alone.
- Describe appropriate questions to ask in an assessment process.
- Identify individual and organisational strategies to reduce harm.
- Describe best practice when working alone.
This course is for people working directly with children and young people. The course will explain the procedures for reporting abuse and how to safeguard children. The participants will understand the types of abuse and how to recognise and report them.

Organisations purchasing the course will be able to access free cascade infographics in addition to e-learning for refresher/update.

- Identify the legal framework that underpins safeguarding and whistle blowing.
- Describe different types and signs of abuse.
- Identify the risk factors of abuse.
- Describe the impact of parents/carers mental health on the wellbeing and development of the child.
- Explain how to report and record abuse.
- Describe how to deal with disclosure.
- Explain the role of advocacy in safeguarding.
- Explain the public health significance of child mistreatment.
This course is for people working directly with children and young people who may be at risk of sexual exploitation and cyber bullying. Candidates will get the opportunity to explore factors that increase young people’s vulnerability to sexual exploitation and identify different forms of cyber bullying. The course will also touch upon legal provisions and protections in cyber bullying.

Organisations purchasing the course will be able to access free cascade infographics in addition to e-learning for refresher/update.

- Identify factors that increase young people’s vulnerability to sexual exploitation.
- Identify potential indicators of sexual exploitation.
- Describe the relationship between sexual exploitation and child abuse.
- State the correct procedures to follow in the case of sexual exploitation.
- Identify the relevant legislation, including the Sexual Offences Act 2003.
- Explain what action can be used to reduce risks.
- Describe the top ten online rights and responsibilities.
- Explain the different forms of bullying that can happen to children and young people.
- Identify a set of simple rules and codes to help children develop safe online behaviours.
- Explain the legal context of cyber bullying.
Child Protection Refresher – 3 hours

This course is for people working directly with children and young people who require an update/refresher. The course will explain the procedures for reporting abuse, as well as cover strategies for safeguarding children. The participants will understand the types of abuse and how to recognise and report them.

Organisations purchasing the course will be able to access free cascade infographics in addition to e-learning for refresher/update.

- Identify the legal framework that underpins safeguarding and whistle blowing.
- Describe different types and signs of abuse.
- Identify the risk factors of abuse.
- Describe the impact of parents/carers mental health on the wellbeing and development of the child.
- Explain how to record and report abuse.
- Describe how to deal with disclosure.
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Day 1

• Identify changes to legislation/guidance that impact on child safeguarding.
• Identify the role of serious case reviews on organisational and individual practice.
• Explain the importance and protocol of inter-agency working and assessment.
• Define the impact of parental/carer behaviour on children/young people and the inter-agency response.
• Examine the rise in child sexual exploitation, FGM and radicalisation.
• Describe the long-term effects of mistreatment and how these can be detected and prevented.
• Describe the legal position of 16–18 year olds and the factors effecting Looked After children.
• Explain the limits, boundaries and purpose of recording and sharing of information including consent.
• Identify how to deal with disclosure, raise concerns and ensure alerts are followed up.
• Identify how to manage allegations of child abuse by professionals.
Day 2

- Describe the appropriate scope of an assessment of risk and harm, and when to refer to expert colleagues.
- Identify how cultural and religious factors can impact on perspectives regarding assessment.
- Explain the issues surrounding misdiagnosis in safeguarding children, and the potential fabricated and induced illness.
- Explain the range and efficacy of interventions for child maltreatment.
- List resources and services that may be available within health and other agencies, including the voluntary sector, to support families.
- Explain how to follow protocol regarding missed appointments for children and young people at risk.
- Explain the protocol for the management of a death of a child or young person in the safeguarding context.
- Describe effective models for clinical supervision and support.
- Explain the role of Root Cause Analysis and other audits in ensuring quality of services and response in safeguarding.