

Adult Safeguarding Partnership Tool Box

MAY 2019

www.safeguardingcambspeterborough.org.uk



Useful Professionals Resources

- SAB Leaflets and Resources <u>http://www.safeguardingcambspeterborough.org.uk/adults-board/about-the-adults-board/leaflets/</u>
- Multi-AgencyTraining <u>http://www.safeguardingcambspeterborough.org.uk/availabletraining/</u>
- Resolving Professional differences (Escalation) Policywww.safeguardingcambspeterborough.org.uk/adults-board/information-forprofessionals/cpsabprocedures/adultescalation/

Practice Guidance on Pressure Ulcers

http://www.safeguardingcambspeterborough.org.uk/adults-board/information-forprofessionals/pressure_ulcers/

Working with people with hoarding behaviours-

http://www.safeguardingcambspeterborough.org.uk/adults-board/information-forprofessionals/cpsabprocedures/hoarding/

Support people who self-neglect-

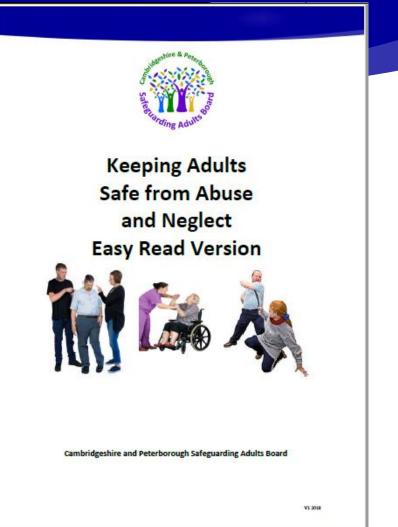
http://www.safeguardingcambspeterborough.org.uk/adults-board/information-forprofessionals/selfneglect/



Easy Read

An easy read leaflet explaining Adult Safeguarding is available to print here:

http://www.safeguardingcambsp eterborough.org.uk/wpcontent/uploads/2018/01/Safeg uarding-Adults-Easy-Read-Cambs-and-Pboro-v1-2018.pdf





Resolving Professional Differences

www.safeguardingcambspeterborou gh.org.uk/adults-board/informationforprofessionals/cpsabprocedures/adult escalation/ Cambridgeshire and Peterborough Safeguarding Adults Board

Resolving Professional Differences (Escalation Policy)



Approved: Oct 2018



Making Safeguarding Personal

The key principle of MSP is to support and empower each adult to make choices and have control about how they want to live their own life. It is a shift in culture and practice in response to what is now known about what makes safeguarding more or less effective from the perspective of the adult being safeguarded.

http://www.safeguardingcambspeterborough.org.uk/ adults-board/information-for-professionals/msp/

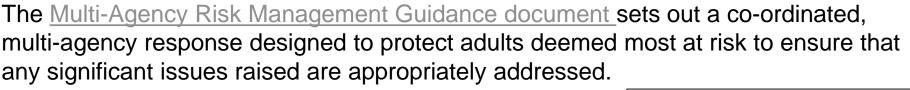


Making Safeguarding Personal- LGA

Local Home About - Our support - Case studies Parliament Association	Topics → Publications Events →	
Home > Our support > Our improvement offer > Care and health improvement > Making Safeguarding Personal		
Resources to support Making Safeguarding Personal		
This suite of resources is intended to support Safeguarding Adults Boards (SABs) and partners in developing and promoting Making Safeguarding Personal (MSP).		
It offers support to Boards both in their assurance role and in actively supporting and leading a culture change towards MSP. The resources describe what 'good' might look like in MSP for a range of organisations and promote ownership of this agenda within and across all organisations. The full suite of documents comprises:	Safeguarding resources	
 support for Boards across the Safeguarding Adults Partnership what might 'good' look like for health and social care commissioners and providers? what might 'good' look like for the police? what might 'good' look like for advocacy? 	Making Safeguarding Personal	
 what might 'good' look like for those working in the Housing Sector? supporting involvement of service users 		
The first five of these resources follows a common structure, enabling interested parties to		

https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal/resources

Multi-Agency Risk Management



This guidance must only be used where the adult:

- has the mental capacity to understand the risks posed to them,
- they continue to place themselves at risk of serious harm or death, and
- refuse or are unable to engage with necessary care and support services







SCOPE OF THIS CHAPTER

This document used should be used alongside the Multi-Agency Adult Safeguarding Procedures

This procedure will work alongside the Cambridgeshire and Peterborough Multi-Agency Protocol for Working with people with Hoarding Behaviours

Download the following Self-Neglect Resource Pack to guide and support you when working with people who self-neglect

Protocol for dealing with Contents [hide] PART 1: POLICY 1.1 Introduction 1.2 Aim of the Policy and Procedures Guidance for health and 1.3 What is outside the Scope of this Policy and Procedure 1.4 Hoarding Behaviours 1.5 Empowering Individuals 1.6 Key Principles 1.7 Definition - Self-Neglect PART 2 – PROCEDURES **Resources from SCIE** 2.1 Mental Capacity Considerations - For adults who have capacity: 2.2 Mental Capacity Considerations - For those who lack capacity 2.3 Risks arising from self-neglect or a person's own behaviour or lifestyle 2.4 (A) Procedure to be followed where a Section 42 Safeguarding Enquiry under the Care Act (2014) is required. (High risk to health & wellbeing of safety of others).

2.5 (B) Procedure to be followed where a Section 42 Safeguarding Enquiry under the Care Act (2014) is not required. (Medium risk to health & wellbeing o

http://www.safeguardingcambspeterborough.org.uk/adults-board/information-forprofessionals/selfneglect/

Leaflets and Posters

Hoarding Behaviours

care professionals

Procedures

Presentations

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Multi-Agency Policies and

Clutter Image Rating Scale



Please select the photo that most accurately reflects the amount of clutter in your room.





2



3



5





https://hoardingdisordersuk.org/wp-content/uploads/2014/01/clutter-image-ratings.pdf

Pressure Ulcer Guidance



This guidance is intended to inform staff who are concerned that a pressure ulcer (or other forms of skin damage) may have arisen as a result of poor practice, neglect, acts of omission or deliberate harm, and therefore have to decide whether to raise a safeguarding alert in line with the local multi agency Safeguarding policy and procedures.



Cambridgeshire and Peterborough Safeguarding Adults Boards

Practice Guidance on Pressure Ulcers

1. What is the purpose of this guidance

This guidance is intended to inform staff who are concerned that a pressure uicer (or other forms of skin damage) may have arisen as a result of poor practice, neglect, acts of omission or deliberate harm, and therefore have to decide whether to raise a safeguarding alert in line with the local multi agency Safeguarding policy and procedures.

The guidance outlines basic information about the prevention and development of pressure ulcers and when these should be considered as a safeguarding concern. This does not replace individual organisations' pressure ulcer guidance but provides advice on when pressure ulcers should be referred under the adult safeguarding procedures.

It provides guidance to staff in the Cambridgeshire and Peterborough Safeguarding Adults Boards locality:

- Adult Social Care Staff
- Domiciliary Care Staff in relation to referring a pressure ulcer under adult safeguarding procedures and the management of pressure ulcers.
- Star working in residential and nursing homes
- NHS providers including, community nursing and hospital staff

The guidance could also be of interest to those who want to learn more about pressure ulcers.

2. What is a pressure ulcer and how is it caused?

A pressure uicer is a localised injury to the skin and / or underlying tissue usually over a bony prominence. This can be the result of

http://www.safeguardingcambspeterborough.org.uk/adults-board/information-forprofessionals/pressure_ulcers/



Mental Capacity Act (2005)

SCIE's MCA directoy:

https://www.scie.org.uk/mca-directory/

Includes:

Links to government documents Resources for public and professionals Assessment tools and guidance Best interest decision making tools and guidance Webinar recordings

MCA - Five Statutory Principles

5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is **less restrictive** of the persons rights and freedom of action. 4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his **best interests**.

> 3. A person is not to be treated as unable to make a decision merely because he makes an **unwise decision**.

> > 2. A person is not to be treated as unable to make a decision unless **all practicable steps** to help him to do so have been taken without success.

1. A person must be **assumed to have capacity** unless it is established that they lack capacity.



social care institute for excellence



PROCEDURE FOR MANAGING ALLEGATIONS AGAINST PEOPLE IN POSITIONS OF TRUST (PIPOT)

Available here:

http://www.safeguardingcambspeterbor ough.org.uk/adults-board/informationfor-professionals/pipot/



Six Step Process



This process should not be followed where an identified adult coming under safeguarding is at risk. A Safeguarding Adults Referral Form must be used.

STEP ONE: The Referral

The Referrer should:

- Confirm all details of the allegation in the full awareness that they will be contacted to clarify and confirm information as required;
- Inform the "person in a position of trust" that a referral to the MASH is to be made, and encourage them to share the information with their employer;

STEP TWO: Decision making

On receipt of a completed Referral Form the MASH Social Worker will report details to the MASH Manager. The MASH Manager will review the details and as applicable.

- Close the referral to the local authority confirming all required actions have been taken; OR
- Allocate the case to a MASH Social Worker; OR
- If the allegation relates to a person in the employment (paid or unpaid) of the local authority, escalate the referral to the Head of Safeguarding for decision making.

STEP THREE: Contact with the referrer

The MASH Social Worker wilt

- Contact the referrer (this includes members of the public where allegations are raised via the Contact. Centre) to clarify and confirm the details of the allegation
- Confirm that the person in a position of trust has been informed about the referral.
- As applicable, inform the referrer that the referral will not be accepted without confirmation that the
 person in a position of trust is aware.

STEP FOUR: Contact with the person in a position of trust

The MASH Social Worker will contact the person in a position of trust to

- Establish if the nature of the concerns indicate a potential risk to adults at risk (in line with the definition given in Section 1 of this document)
- Encourage the person to share the allegations with their employer if they have not already done so.
- Inform the person that the MASH will be contacting their employer, within 24 hours, if the allegations
 indicate reasonable cause to suspect potential rick to adults at risk.

STEP FIVE: Information sharing

The MASH Social Worker will clearly record all decision making considerations in relation to the nature of the allegation, the further actions to be taken by the local authority **OR** the decision that the referral should be closed to the local authority at this point. This may include referral to Childrens Services or other relevant agencies as applicable.

- Information sharing decisions must be:
 - Justitable,
 - Proportionate to the potential or actual harm to adults or children at risk.
 - In line with all applicable legislation and regulation

STEP SIX: Contact with the employer & case closure

In cases where the allegations indicate reasonable cause to suspect potential risk to adults at risk the MASH Social Worker will contact the Employer within 24 hours to confirm with them that:

- They are aware of the allegation.
- They have completed or are in the process of completing a Pisk Assessment.
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Stop Suicide Campaign

STOP Suicide Campaign

STOP Suicide is an **award-winning** suicide prevention campaign that seeks to empower communities and individuals across Cambridgeshire and Peterborough to help stop suicides by being alert to the warning signs, asking directly about suicide and helping those who are feeling suicidal to stay safe.

This campaign started life as an NHS England-funded pilot and is now continuing via other funding streams. It is being led by the charities Mind in Cambridgeshire, Peterborough & Fenland Mind and Lifecraft, supported by local NHS and Public Health teams.

It will involve general awareness raising about suicide, specialist training for non-mental health professionals working / volunteering within our communities and a public campaign to encourage sign up to the **STOP Suicide Pledge** for organisations and individuals.

Suicide is everybody's business. Please work with us to make Cambridgeshire and Peterborough a suicide-safer community.



https://www.stopsuicidepledge.org/

http://www.safeguardingcambspeterborough.org.uk/adults-board/wider-public/living-with-mental-illhealth/suicide-prevention/ www.safeguardingcambspeterborough.org.uk



Online Safety





Get Safe Online Free expert advice





STOP Child Sexual Abuse Imagery Online









Scams

https://www.cambridgeshire.gov.uk/residents/communityprotection/scams/



To report a scam: Contact the <u>Citizens</u> <u>Advice Consumer</u> <u>Helpline online</u> or call them on 03454 04 05 06. If you know money has been paid to a scam, report it on the <u>Action Fraud</u> <u>website</u> or call them on 0300 123 2040.



Domestic Violence Referrals

Cambridgeshire and Peterborough Marac Referral Form and ACPO Dash Risk Indicator Checklist.

MARAC Referral Form – for the attention of the MARAC Coordinator, IDVA Team.

Please send completed MARAC application by e-mail: <u>IDVAReferrals@cambs.pnn.police.uk</u>

MARAC enquiries tel. 01480 847718

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Current threshold for Cambs and Peterborough MARAC referrals: 14 or above on attached Safe Lives DASH risk assessment or on evidenced Professional judgement.

However, the following IDVAs work at all risk levels – please indicate if you wish to refer to one of these roles:

A8 IDVA for victims from A8 Eastern European countries Stalking and Harassment IDVA for DA and non-DA victims of stalking and harassment Health IDVA for referrals from midwifery and A&E Young People's IDVA for young people aged 13-19 (up to 24 with additional needs or Looked after Children) – please complete the YP IDVA referral form at https://www.cambsdasy.org.uk/website/referral forms/296136

Please be aware that all professionals from external partner services will be expected to present their own case or provide a representative from their service. i.e. a manager who is fully familiar with the case and able to assist in creating actions on their service's behalf in order to reduce risk to the victim. If you or your Manager is not able to present then your case may be deferred.

Victim name:	DOB:
Ethnicity:	
Address of Victim	
NGDOM)	

Referral for MARAC or IDVA Services.

Requires completion of a DASH Risk Indicator Checklist.

The DASH does not take in account additional risk that may be present due to care and support needs– you must use professional judgement and justify concerns

https://www.cambsdasv.org.uk/website/referral_forms/296136



Free E Learning

Cambridgeshire – Domestic Violence

http://www.cambsdasv.org.uk/website/elearning_module/92616



Our website is now in 104 languages

- www.safeguardingcambspet erborough.org.uk/
- Just click on the translate button
- Lots of information, leaflets and guidance for professionals and parents/ carers and young people

