



Shropshire Partners in Care

Supporting social care providers in Shropshire, Telford & Wrekin

Safeguarding Adults Forum December 2021



Keeping Adults Safe
in Shropshire
Network



Shropshire Safeguarding
Community Partnership



Shropshire, Telford and Wrekin
Clinical Commissioning Group



Telford & Wrekin
COUNCIL



Shropshire Partners in Care



Shropshire
Council

Acknowledgements and Disclaimers

The views expressed by the presenters are their own and not necessarily those of partner agencies.

Forum Agenda

- ✓ **Sharing effective references & conduct information** - Dominic Headley FRSA, Director Dominic Headley & Associates
- ✓ **An Update on - Effective Communication between Hospitals and Care Providers** update provided pre-Forum by Kathy George, Head of Adult Safeguarding, MCA Lead and Prevent Lead (Shrewsbury and Telford Hospitals), *delivered by Rachel Jones, Deputy Designated Adult Safeguarding Professional, NHS Shropshire, Telford and Wrekin Clinical Commissioning Group*
- ✓ **Position of Trust Procedures (PiPoT)** Julie May Griffiths, Senior Safeguarding Practitioner, Adult Safeguarding Team, Shropshire Council and Duncan Henney Duncan Henney, Assistant Team Leader, Adult Safeguarding, Telford and Wrekin Council
- ✓ **Liberty Protection Safeguards Update** - Lorraine Currie, Professional Lead MCA, Shropshire Council
- ✓ **References and Recruitment – A Reminder** Karen Littleford, Safeguarding Adult Lead, Shropshire Partners in Care (A reminder presented by Rachel Jones and slides in the post course PowerPoint)
- ✓ **Resources and Webinars** Karen Littleford, Safeguarding Adults Lead (Shropshire Partners in Care)

Sharing effective references & conduct information

- Dominic Headley FRSA,
Director Dominic Headley
& Associates



LinkedIn [here](#)

Twitter [here](#)



Sharing effective references & conduct information

Safeguarding & Inclusion



Safeguarding and Inclusion
- **are not** conflicting
interests



Recruiting safely and fairly
- informed decision making



What is the problem?



Record number of job vacancies – 1.2 million

COVID 19 impacted recruitment across all sectors

Many employers looking at different talent pools

33% benefit claimants have a criminal record



£132K

Cost of a failed recruitment (REC 2017)

11.9 million

people on the Police National Computer have a criminal record

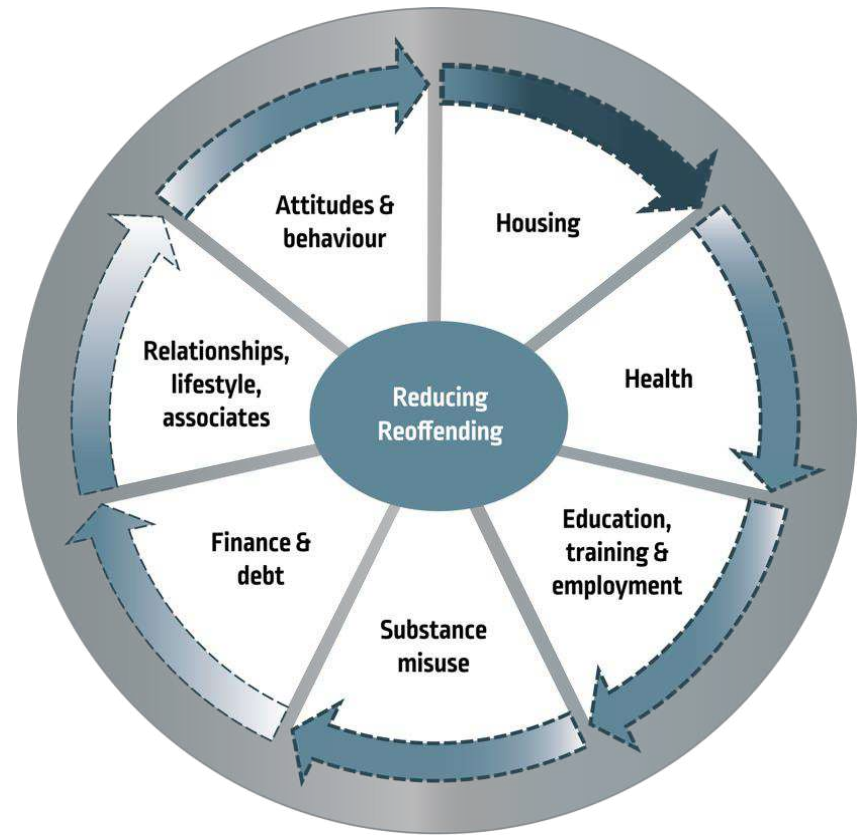


25% of the working population have a significant conviction



1 in 3 adult males aged between 18 and 52 has a criminal record

Offending circumstances

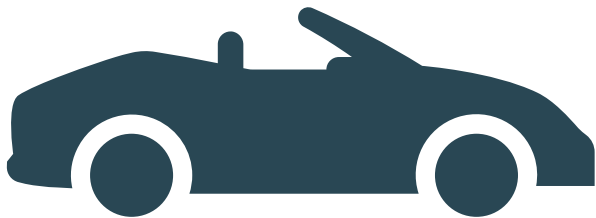


People with convictions

1.19 million people were convicted in England and Wales in the year ending Sept 2020

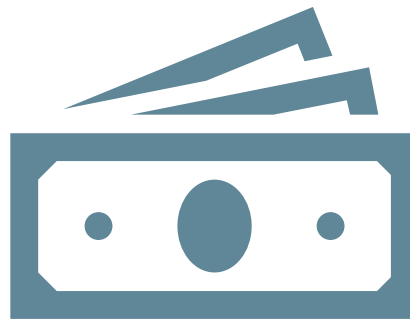
50%

Convictions are for motoring offences



77%

Convictions result in a fine

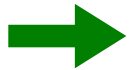


7%

Result in a prison sentence



New disclosure rules



All unspent convictions and cautions must be disclosed – just like any job or activity not covered by the Exceptions Order.

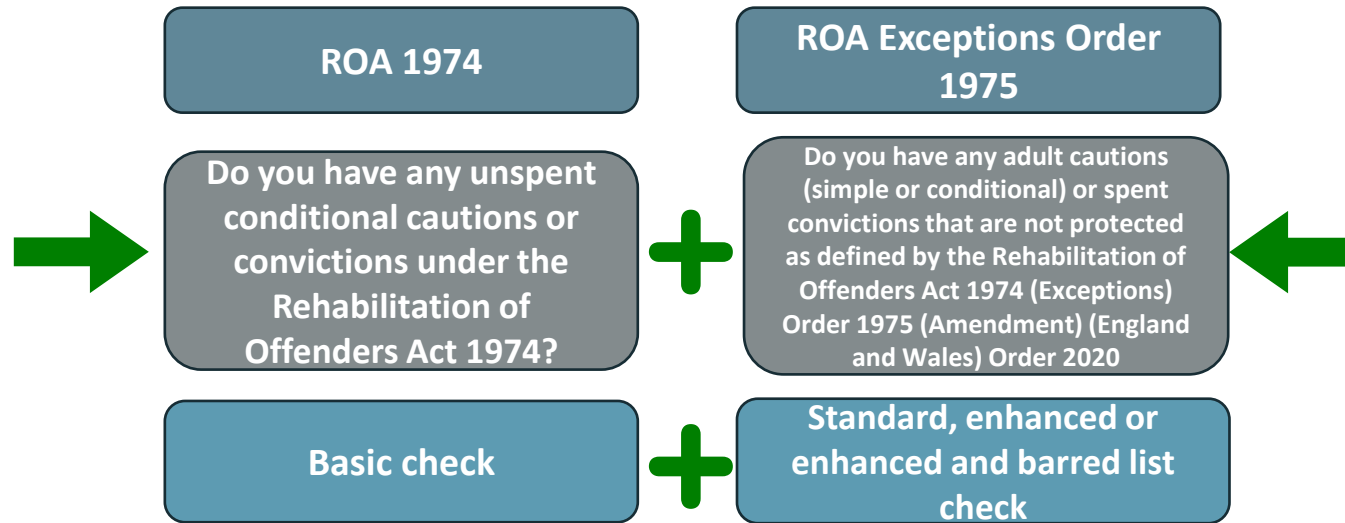
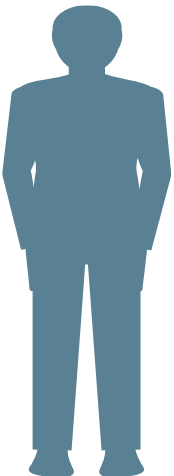


Spent cautions and convictions must be disclosed – if they meet the circumstances described in the table below:



Disposal	Age when sentenced	Length of time elapsed
Cautions for specified offence	18 or over	Any time
Cautions for non-specified offence	18 or over	Less than 6 years
Convictions for specified offence	Any age	Any time
Convictions resulting in custodial sentence	Any age	Any time
Convictions for non-specified offence	18 or over	Less than 11 years
	Under 18	Less than 5 ½ years

Any other caution or conviction which **does not meet the details** set out in the table including spent youth reprimands, final warnings and youth cautions, is considered **‘protected’**.



Enhanced Disclosure		
Applicant Personal Details		
Name: STEPHENS	Position applied for: CARE WORKER (ADULT WORKFORCE)	
Address: LONDON	Name of Employer: HILL HILLMAN HOLDINGS	
Date of Birth: 22/08/1974	Name of Employer: HILL HILLMAN HOLDINGS	
Police Record of Convictions, Cautions, Warnings and Barings		
Conviction	Date of Conviction	Category
1	20/11/2015	ROBBERY
Conviction Details		
1	Date of Conviction: 20/11/2015	Court: HILL HILLMAN HOLDINGS
1	Offence: ROBBERY	REPEATED: UNDER 6 MONTHS

IMPORTANT NOTE - There may be discrepancies between the information which the applicant is required by law to provide through self-disclosure, and the criminal record information which will be disclosed on standard or enhanced DBS certificates.

Employer challenges

Many people who abuse in positions of trust do not have criminal records.....

- Many employers would use the declaration of a criminal record to reject a candidate outright regardless of how minor or irrelevant the offence.
- People with convictions have a largely negative reputation amongst employers with no known experience of working with them.
- Employers struggle to understand the complex legislation that impacts upon the employment of people with convictions.
- Employers lack the confidence and tools they would like or need to make an informed decision about a candidate with a criminal record.
- Employers need practical guidance, operational support and training and policy support on understanding legal obligations and managing risk.

Safe and fair recruitment

A guide for employing people with criminal records in the social care sector

Contents

1. Foreword
2. Introduction
3. About this guide
4. What the law says on recruiting ex-offenders
5. Safer recruitment checklist
6. Criminal record checks
7. Addressing applicants' practical barriers and challenges
8. Managing criminal record disclosure
9. Data protection/ record keeping
10. Frequently asked questions
11. Useful contacts and resources
12. Glossary of terms
13. Acknowledgements
14. Appendices

Key sections

- What the law says on recruiting people with convictions.
- How to deal with an applicant with a criminal record.
- Assessing the risk and relevance of criminal records.
- Overseas criminal record checks.
- Collecting references.
- Data protection/record keeping.
- FAQs
- Downloadable templates

Gathering information

Gathering criminal records information

1

Use the [DBS](#) and/or [NHS employers eligibility](#) decision tool(s) to work out what level of **DBS** check the role is eligible for.

2

Contact [DBS](#) or Nacro for advice if you are still uncertain whether the role is covered by the ROA or exempt.

3

Issue a policy statement expressing your organisation's commitment to open recruitment and willingness to consider people with **convictions**. Include a copy of the policy statement on your online portal and with job information sent to applicants.

4

Make it clear in any advertisement (or briefing to recruitment agency) whether a **basic, standard, enhanced or enhanced DBS with barred list check** is required.

5

If the role is exempt explain how **ROA Exception Order** applies. Include a statement that it is an offence to apply for a role if barred (only if the role is **regulated activity** and subject to an **enhanced DBS with barred list check**).

6

Details about applicants' criminal record history should be requested only from those invited to interview. This information should be obtained separately and confidentially in the form of a **self-declaration** or **disclosure statement**, not as part of the initial application form.

7

Applicants should be signposted to [Nacro's ROA guidance](#), or [Nacro filtering guidance](#) (whichever is appropriate for the role applied for), and [Nacro disclosing criminal records guidance](#).

8

Gather all information you need to make an informed recruitment decision. Obtain the correct **DBS** check for the role (i.e basic, standard, enhanced, enhanced with barred list check or overseas check). Carry out a risk assessment. Contact [Nacro Employer Advice Service](#) for free support (if necessary).

9

Document rationale behind the final recruitment decision. Retain criminal record information (self-declaration, **DBS** certificate and risk assessment) securely with access strictly controlled - if appointment is confirmed.

Schedule 3: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- 1) Proof of identity including a **recent photograph**
- 2) Criminal record **self-declaration** + **criminal record check** at appropriate level (i.e. standard, or enhanced DBS checks; or enhanced DBS check with barred list checks)
- 3) Satisfactory **evidence of conduct** in previous employment concerned with the provision of services relating to health or social care or children or vulnerable adults (e.g. reference, written evidence from other persons – but only if it provides information regarding an individual's conduct)
- 4) If applicant was employed in a position where their duties involved work with children or vulnerable adults – **Satisfactory verification as to reasons why employment ended**
- 5) Satisfactory documentary **evidence of any relevant qualification**
- 6) A full employment history, together with a satisfactory **written explanation of any gaps in employment**
- 7) Satisfactory information about any physical or mental health conditions which are relevant to the person's capability to properly perform tasks which are intrinsic to their employment for the purposes of the regulated activity.

Over-reliance on DBS checks?

DBS key stats (April 19 – March 2020)

Approx. 4.2 million standard and enhanced DBS checks are carried out each year.

Approx. 95% of all standard and enhanced DBS checks contain no information relating to cautions, convictions, police intelligence or barred list information.

Approx. 0.02% of enhanced with barred list(s) DBS certificates state the person is on a barred list.

Approx. 0.1% of enhanced DBS certificates contain other relevant information (police intelligence).



Many people who abuse in positions of trust do not have criminal records.....

Safeguarding & Inclusion



Safeguarding and Inclusion - **are not** conflicting interests



Recruiting safely and fairly - informed decision making



What does it mean in practice?

- Applying a safeguarding mindset to every stage of the employment journey
- Assessing risk and effectively managing the Employment – Reputational – Safeguarding dilemma
- Demonstrating courageous leadership – believing it could happen here and taking action if it does
- Sharing concerns to fulfil your responsibility to keep everyone safe

Compliance vs Curiosity?

P - Planning to recruit

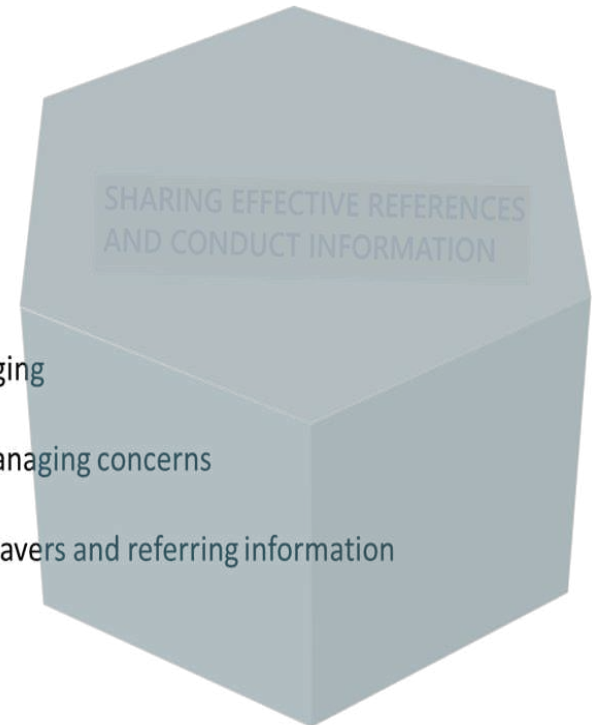
R - Recruiting and vetting

I - Inducting and probation

S - Supervising and managing

I - Identifying and managing concerns

M - Managing leavers and referring information



SHARING EFFECTIVE REFERENCES AND CONDUCT INFORMATION

A project to support and encourage social care employers to:

- ✓ Gather and provide high quality effective references and evidence of conduct
- ✓ Provide effective safeguarding related conduct information of staff employed by the organisations to DBS and others



This will be achieved by:

- ✓ Dispelling myths around what can and can't be shared in a reference and also conduct information to DBS and/or other organisations
- ✓ Developing practical guidance to support employers request and provide useful references and develop appropriate reference policies
- ✓ Communicating the benefits of adopting reference policies which support the inclusion of conduct information – both Positive and Negative

References

- ✓ Safer recruitment checklist
- ✓ Myth-busting, DPA considerations & FAQs
- ✓ Dealing with adverse references, exploring gaps, confidential references, settlement agreements
- ✓ Standardised templates - written references, telephone /verbal references, character references, pre-employment check risk assessment
- ✓ COVID-19 temporary arrangements



Sharing evidence of conduct and concerns

- ✓ PRISIM – recording and managing concerns within the employment relationship
- ✓ Agency considerations
- ✓ Managing exits
- ✓ To share or not to share

Safeguarding & Inclusion



Safeguarding and Inclusion
- **are not** conflicting interests



Recruiting safely and fairly
- informed decision making





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Director DHA

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Resources sharing effective references & conduct information

Webinar –

Supreme court judgement on criminal record disclosure webinar. This webinar explores the implications of the supreme court's judgement on criminal record disclosure.

7 September 2020 access here - <https://www.nhsemployers.org/articles/supreme-court-judgement-criminal-record-disclosure-webinar>

Safe and fair recruitment

Skills for Care - Safe and fair recruitment, A guide to employing people with convictions in social care (December 2020) see (pages 5 and 6 as mentioned by Dominic during the Forum)

<https://www.skillsforcare.org.uk/Documents/Recruitment-and-retention/Recruiting-for-potential/Safe-and-fair-recruitment/Safe-and-fair-recruitment-December-2020.pdf>

An Update on - Effective Communication between Hospitals and Care Providers

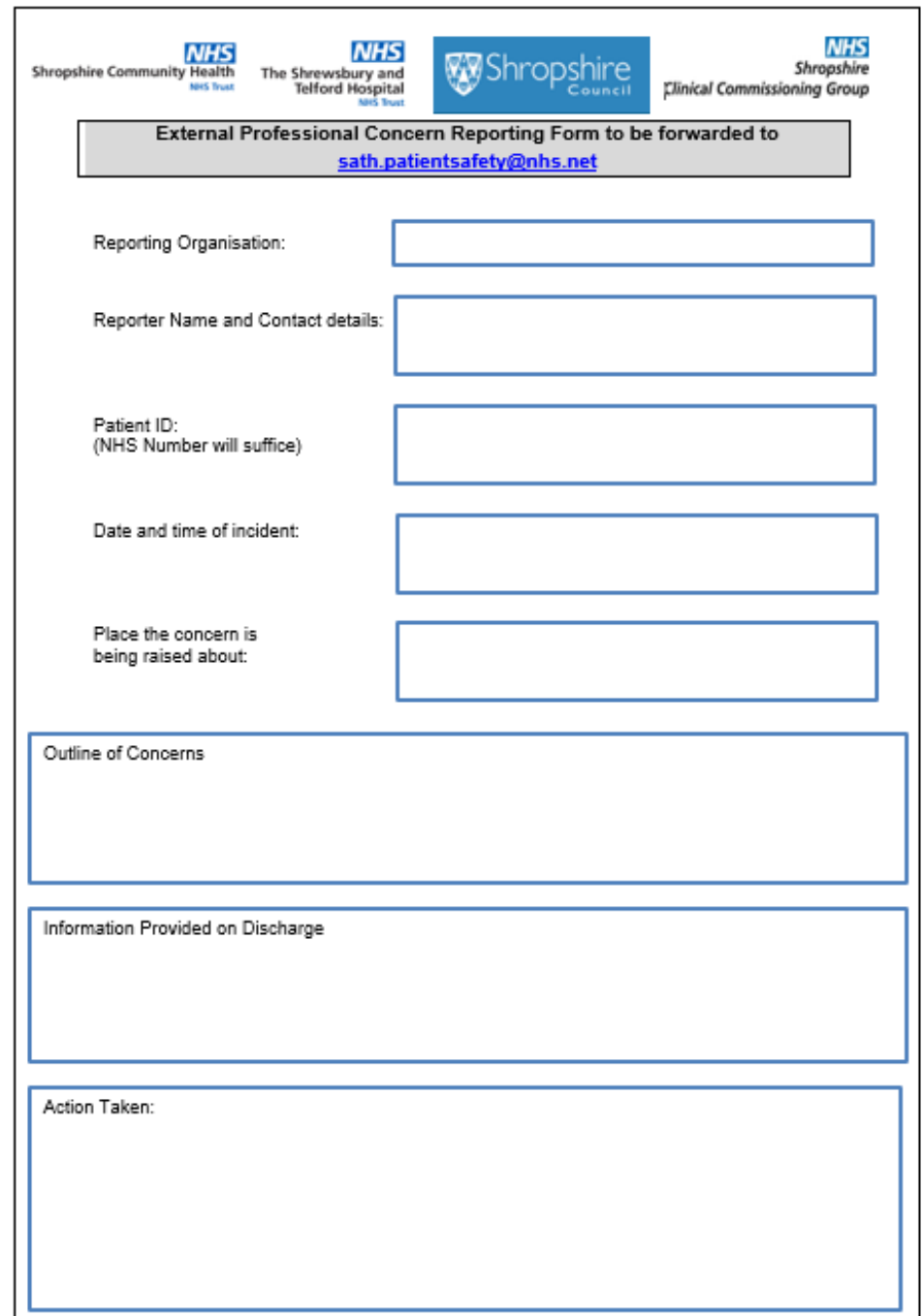
From Kathy George, Head
of Adult Safeguarding,
MCA Lead and Prevent
Lead (Shrewsbury and
Telford Hospitals)



**The Shrewsbury and
Telford Hospital**
NHS Trust

The Assistant Director of Nursing, Quality Governance has identified that in relation to Patient Safety there is a process in place to share concerns relating to patient safety, which was set up during Summer 2021.

There is now a 'Reporting Concerns Pathway' along with a specific 'External Professional Concern Reporting' form for concerns to be shared and the concerns reviewed - *these have been provided and are on the SPiC website with the PowerPoint from today.*



The form is titled "External Professional Concern Reporting Form to be forwarded to sath.patientsafety@nhs.net". It features logos for Shropshire Community Health NHS Trust, The Shrewsbury and Telford Hospital NHS Trust, Shropshire Council, and NHS Shropshire Clinical Commissioning Group. The form contains several input fields: "Reporting Organisation:", "Reporter Name and Contact details:", "Patient ID: (NHS Number will suffice)", "Date and time of incident:", and "Place the concern is being raised about:". Below these are three larger text areas: "Outline of Concerns", "Information Provided on Discharge", and "Action Taken:".

Professional to Professional Pathway for Reporting Concerns to SaTH

Concern Identified



- FFA Concerns
- Medication Concerns
- Communication Concerns
- Equipment Concerns
- Potential Harm Concerns
- Dignity Concerns
- Covid-19 Concerns

Concern reported



As soon as possible

External Professional Concern Reporting Form to be forwarded to professional_concerns@nhs.uk	
Reporting Organisation:	<input type="text"/>
Reporter Name and Contact details:	<input type="text"/>
Patient ID (NHS Number will suffice):	<input type="text"/>
Date and time of incident:	<input type="text"/>
Place the concern is being raised about:	<input type="text"/>
Outline of Concerns:	<input type="text"/>
Information Provided on Discharge:	<input type="text"/>
Action Taken:	<input type="text"/>

Concern triaged



At point of triage –

- Significant/moderate concerns will be added to Datix
- Weekly internal review of significant/moderate concerns
- Others are logged for thematic review

Audit & Learning - Feedback Loop



- Discharge thematic review planned for April
- All partners to be invited to participate in the review
- Build baseline of themes/trends/concerns
- Collect data and identify/implement improvements
- Outcome – less of the concerns being reported and less of the themes

- **Acknowledgment of receipt within 48 hours**
- **Triage and prioritisation by Senior team**
- **Investigation – requires access to clinical teams**
- **Initial feedback within two weeks**
- **Resolution and further/final feedback at earliest opportunity**



INVESTIGATION AND RESOLUTION

*FAA - Fact Finding Assessment

Concern Identified



Areas of Concern	Examples
FFA Concerns	<ul style="list-style-type: none">• Concerns re accuracy and level of detail on the Fact Finding Assessment
Medication Concerns	<ul style="list-style-type: none">• Discharged without discharge letter• Medication issues
Communication Concerns	<ul style="list-style-type: none">• Person poorly prepared to leave hospital• Person had not received Covid 19 discharge leaflet• Poor communication with families/carers• Poor communication to ensure safe ongoing care
Equipment Concerns	<ul style="list-style-type: none">• Basic equipment not provided at point at discharge• Specialist equipment not ordered in a timely way• Specialist equipment not provided/not delivered/not set-up
Potential Harm Concerns	<ul style="list-style-type: none">• Unnecessary delays to planned discharge• Person placed at risk of harm but no immediate or actual harm• Poor plans for aftercare• Person discharged without clear information regarding who to contact for support (safety-net)
Dignity Concerns	<ul style="list-style-type: none">• Lack of care over discharge plans• Poor discharge leading to loss of dignity• Transport failures leading to failed/unsafe discharge
Covid-19 Concerns	<ul style="list-style-type: none">• Person prepped for discharge but ends up waiting more than 24 hours to leave• Infection contracted during delay causing person to remain in hospital• Discharges without Covid swab results to care homes• Poor handover of care – Covid

External Professional Concern Reporting Form to be forwarded to sath.patientsafety@nhs.net

Reporting Organisation:

Reporter Name and Contact details:

Patient ID: (NHS Number will suffice)

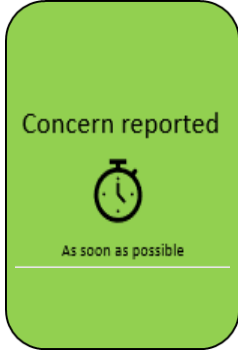
Date and time of incident:

Place the concern is being raised about:

Outline of Concerns

Information Provided on Discharge

Action Taken:



Reports to be made using this template – sent by secure email to sath.patientsafety@nhs.net

This email address is not for urgent concerns – email only monitored Monday to Friday.

Each Organisation to identify a lead for co-ordination of concern reporting.

Feedback from Patient Safety team to be given to the relevant organisational lead.

Organisational lead to feedback to colleagues.

The Form will be added to the SPIC website with the PowerPoint from today

Kathy has spoken to the Lead Nurse, Complex Discharges & Non-Emergency Patient Transport (NEPTS).

They are currently trialling a courtesy call system - a member of the team contacts care homes following discharge to check in with them and see how the discharge went.

The trial is limited to care homes currently, but it is hoped this will extend to domiciliary care providers in future.

There is now a *Discharge Improvement Steering Group* Chaired by the Deputy Chief Operating Officer. The Assistant Director of Nursing, Quality Governance provides a report on discharge related internal 'Datix' but also external concerns for shared review.

The thematic review of discharge concerns and the actions for improvement are shared through this Steering Group.

Themes

Currently the meeting is internal to SATH. In the new year the plan is to open the meeting up to external partners for additional oversight/assurance.

**please note this is not a process for complaints*

Position of Trust Procedures (PiPoT)

Julie May Griffiths, Senior
Safeguarding Practitioner, Adult
Safeguarding Team, Shropshire
Council



Duncan Henney, Assistant Team
Leader, Adult Safeguarding, Telford
and Wrekin Council





Shropshire
Council

Position of Trust

Julie May Griffiths / Senior Practitioner

Adult Safeguarding Team

December 2021

POSITION OF TRUST

PPOT is considered whether the person is an employee, volunteer or student (paid or unpaid); and where those concerns or allegations indicate the person in a position of trust poses a risk of harm to adults with care and support needs.

These concerns or allegations could include, for example, that the person in a position of trust has:

- behaved in a way that has harmed or may have harmed an adult or child;
- possibly committed a criminal offence against, or related to, an adult or child;
- behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs.



TAKING ACTION

Safeguarding referrals are often around one individual so can be referred as normal via phone call/form stating that this is PPOt issue as well as the risk of abuse as with any other safeguarding referral

However there may be occasions where a risk is posed by a person where there is no specific adult identified

If this is the case get in touch!!

Call us Shropshire
FPOC 03456789044

Telford and Wrekin
01952 385385 option 3
familyconnect@telford.gov.uk

TO CONSIDER FIRST

Is there an immediate risk?

is there a concern that a criminal offense has taken place?

If so police take the lead over any internal investigations.

If children involved refer to LADO⁽¹⁾

Employers role -

- Respond in individual cases where concerns are raised about people working in a position of trust, ensuring that the risk is assessed, investigated where appropriate through internal employment processes, and that risk management actions are identified and implemented as appropriate to the individual case
- Make any necessary referrals safeguarding etc
- Refer to external agencies, CQC⁽²⁾ NMC⁽³⁾ GMC⁽⁴⁾ DBS⁽⁵⁾ the charity commission, report back to safeguarding if open and commissioners
- Support the person with the allegation
- Share information with other employers

Employers responsibility

It is then necessary for the employer (or voluntary organisation or student body) to assess any potential risk and to take action as appropriate to safeguard those at risk.

To have clear policies in line with those from the safeguarding adults board for dealing with allegations against people who work, in either a paid or unpaid capacity, with adults with care and support needs.

Existing legislation

It is the Employers responsibilities to risk assess and manage the safety of their service and staff, and the Human Rights Act when balancing one right against another, or one person's rights against the interest of society. Any actions and interventions taken to address concerns or allegations that a person in a position of trust poses a risk of harm to adults with care and support needs must be lawful and proportionate, and accord with any relevant statutory provision, for example, Data Protection Act 1998, Human Rights Act 1998 and employment legislation.

Information sharing

*Relevant partner as defined in **Section 6 of the Care Act 2014** and members of local safeguarding adults boards*

Provides that a local authority must co-operate with its relevant partners and its relevant partners must co-operate with it in the exercise of their respective functions relating to adults with care and support needs and carers.

Create a general duty to cooperate between the local authority and other organisations which have functions relevant to care and support. This includes a duty on the local authority itself to ensure cooperation between its adult care and support, housing, public health and children's services.

This framework applies whether the allegation relates to a current or an historical concern. Where the allegation or concern is historical, it is important to ascertain if the person is currently working with adults with care and support needs or children and if that is the case, to consider whether information should be shared with the current employer

The Care Act 2014 Statutory Guidance also requires that employers, student bodies and voluntary organisations should have clear procedures in place setting out the process, including timescales, for investigation and what support and advice will be available to individuals against whom allegations have been made .



Information sharing

Below is a summary of the safeguarding and information sharing guidance from the KASISN 'Information Sharing Protocol. for your guidance.

“Information should be shared at the earliest opportunity to ensure an effective multi-agency response. This would be where there are emerging concerns about abuse or neglect or the need to act proactively to prevent it.”

“Where a local authority or partner requests co-operation from each other in relation to a particular individual case, the local authority or relevant partner must co-operate as requested, unless doing so would be incompatible with their own duties or have an adverse effect on the exercise of their functions.”



Keeping Adults Safe
in Shropshire
Network



Shropshire Safeguarding
Community Partnership



PPOT support

It is important to remember that the person in the position of trust is entitled to ask to see any information held about them. It would be best practice to seek the views of the person whose information you hold unless to do so will endanger an adult with care and support needs or child. It is also good practice to seek the individual's consent to share the information, provide the individual the opportunity to share the information themselves, and to give them the right to reply.

Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision making should always be recorded

ACTIONS

The Care Act 2014 Statutory Guidance reinforces the requirement that if an organisation removes an individual (paid worker or unpaid volunteer) from work with an adult with care and support needs (or would have, had the person not left first) because the person poses a risk of harm to adults, the organisation must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason*.

This is NOT to do with the quality of care which would be considered a complaint which is more about competency

It is a criminal offense to fail to make a referral without good reason.

If you engaged a person to work in regulated activity, you have a legal duty to refer where the relevant conditions are met.

The duty to refer applies even when a report has been made to another body such as a local authority safeguarding team.

The duty to refer applies irrespective of whether another body has made a referral to the DBS in relation to the same person.



Position of Trust Documents

Shropshire

- [KASiSB Position of Trust Single Page Adoption Statement](#)
- [Published West Midlands Adult Position of Trust Framework](#)

Telford and Wrekin

- [Adults in a Position of Trust Framework](#), [Referral Form](#) and [Continuation sheet](#).

Remember the 7 Golden Rules of Information Sharing

- 1 Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing;
- 2 Be open and honest;
- 3 Seek advice;
- 4 Share with consent where appropriate;
- 5 Consider safety and well-being;
- 6 Necessary, proportionate, relevant, accurate, timely and secure; and
- 7 Keep a record

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

HM Government (2018) *Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers*. July 2018. London: HM Government.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

**Liberty Protection
Safeguards Update -
Lorraine Currie,
Professional Lead
MCA, Shropshire
Council**



LPS Update

December 2021



N O T H I N G

STILL

NOTHING

Still waiting.....but what for

For consultation

- Code of Practice for MCA/LPS
- Regulations
- Updated (but not final) Impact Assessment

For comment:

- Workforce Strategy
- Training Framework
- National Minimum Data set for national reporting to CQC, Ofsted and NHS Digital
- Template forms (not mandatory)



What do we know so far about LPS

Identification
of a dol

IMCA or
Appropriate Person

Capacity
Mental Disorder
N&P
Consultation

Pre Authorisation
Review
(Standard or AMCP)

Authorisation



What's new?

- New Responsible bodies
 - Local Authorities
 - CCG/ICS
 - Hospitals
- New roles
 - AMCP
 - Appropriate person
- New processes
 - Pre Authorisation review
- New assessment criteria
 - Necessary and proportionate
- New training requirements
- New workforce implications

Behind the scenes

- National workstreams
- Code of Practice
- Workforce Planning
- National Minimum Data set
- Training framework
- Templates




A new combined MCA and LPS Code of Practice

- What is the MCA 2005? (Including an introduction to LPS.)
- What are the statutory principles and how should they be applied?
- How should people be helped to make their own decisions? (Also covering 'How the Person is Involved' and 'Information Rights'.)
- How does the Act define a person's capacity to make a decision and how should capacity be assessed?
- What does the Act mean when it talks about "best interests"?
- What protection does the Act offer for people providing care or treatment?
- What is the role of the Court of Protection? (Also covering 'LPS Court of Protection'.)
- What does the Act say about the Lasting Powers of Attorney?
- What does the Act say about Deputies?
- What is the Independent Mental Capacity Advocate (IMCA) Service? (Also covering 'LPS IMCAs'.)
- What does the Act say about advance decisions to refuse treatment?
- What is a Deprivation of Liberty?
- What is the role of the Responsible Body?
- What is the role of the Appropriate Person?
- What are the Assessments and Determinations for LPS?
- What is the LPS Consultation?
- What is the role of the Approved Mental Capacity Professionals (AMCP)?
- What is Section 4B, and how is it applied?
- How is the LPS system Monitored and Reported on?
- How does the Act apply to children and young people? (Also covering 'LPS 16-17 Year Olds'.)
- What is the relationship between the Mental Capacity Act and the Mental Health Act 1983? (Also covering 'Interface between LPS and the MHA'.)
- What are the best ways to settle disagreements and disputes about issues covered in the Act? (Also covering 'LPS Challenging Arrangements'.)
- What rules govern access to information about a person who lacks the relevant capacity?
- How does the Act affect research projects involving a person who lacks the relevant capacity?
- What is the Overall LPS Process?

Regulations



1. Independent Mental Capacity Advocate (IMCA) role (amending existing regs)
2. Approved Mental Capacity Professional (AMCP) criteria and training required
3. Transitional
4. Assessments and determinations
5. Monitoring and Reporting
6. Consequential regulations



Draft Workforce Strategy

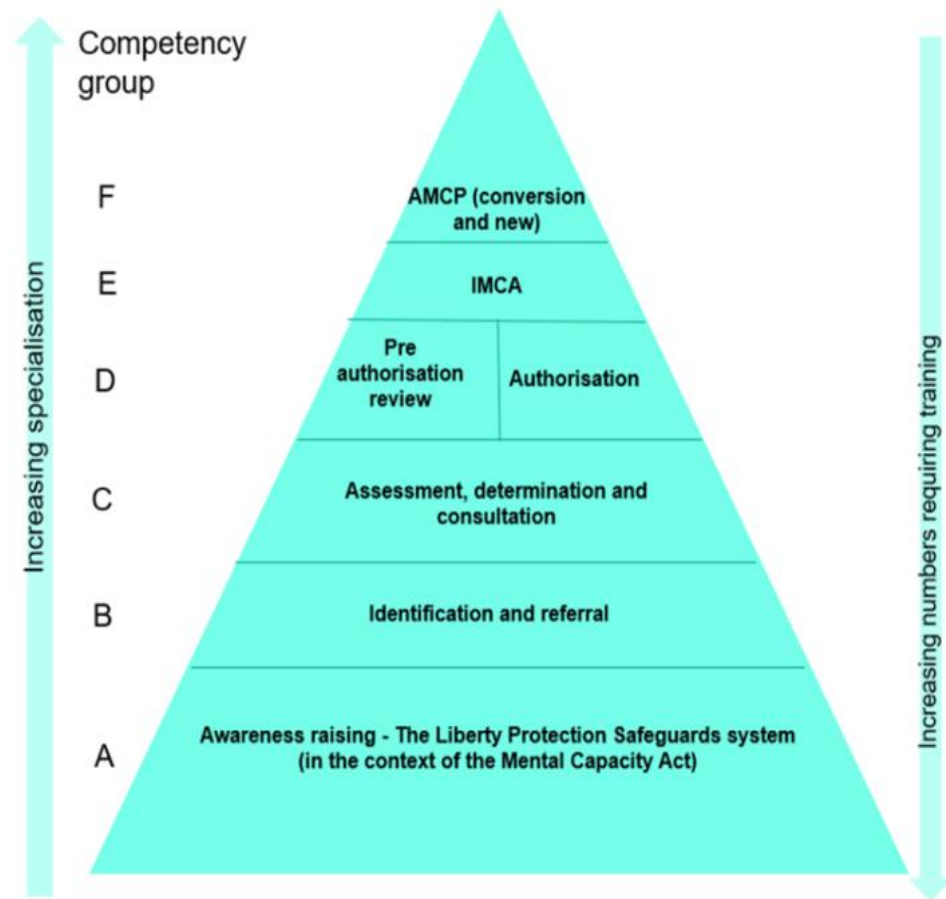
Workforce Planning

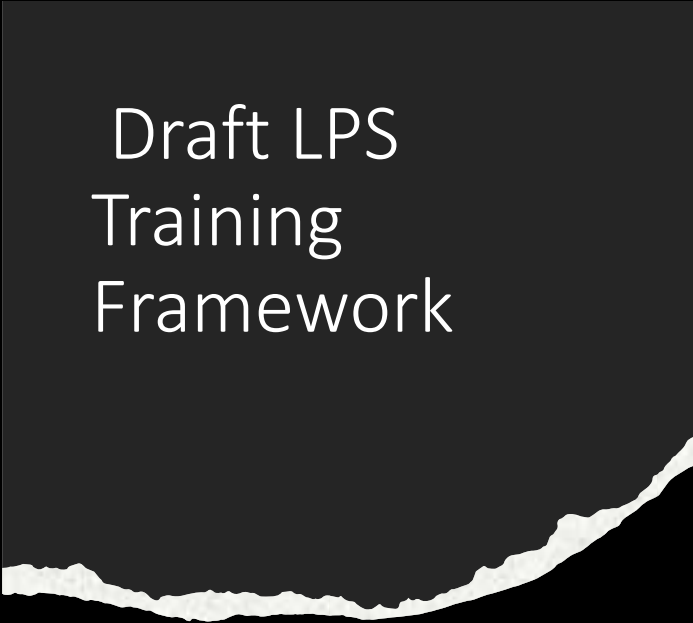
- Scoping who/how many might need authorisation now and ongoing
- Use existing data and trends to inform workforce needs
- Work with other local Responsible Bodies
- Plan your operational structures and workforce

Learning, Development and Training Planning

- Understand the learning and development needs of your workforce
- Prepare the workforce for implementation

LPS Workforce and Training Triangle





Draft LPS
Training
Framework

There are five subject headings for each competency group

1. Human Rights as a Basis for the Liberty Protection Safeguards
2. Concepts of the Mental Capacity Act 2005
3. Liberty Protection Safeguards (LPS) Process
4. What is Deprivation of Liberty
5. Young People

Separate Annex covers - Transition Period



Draft National Reporting Questions

19 questions, supported by a National Minimum Data Set, to enable monitoring of :

- activity
- some of the areas that were monitored for DoLS
- new policy
- equalities
- outcomes for the person at the centre (wishes and feelings taken into account?)



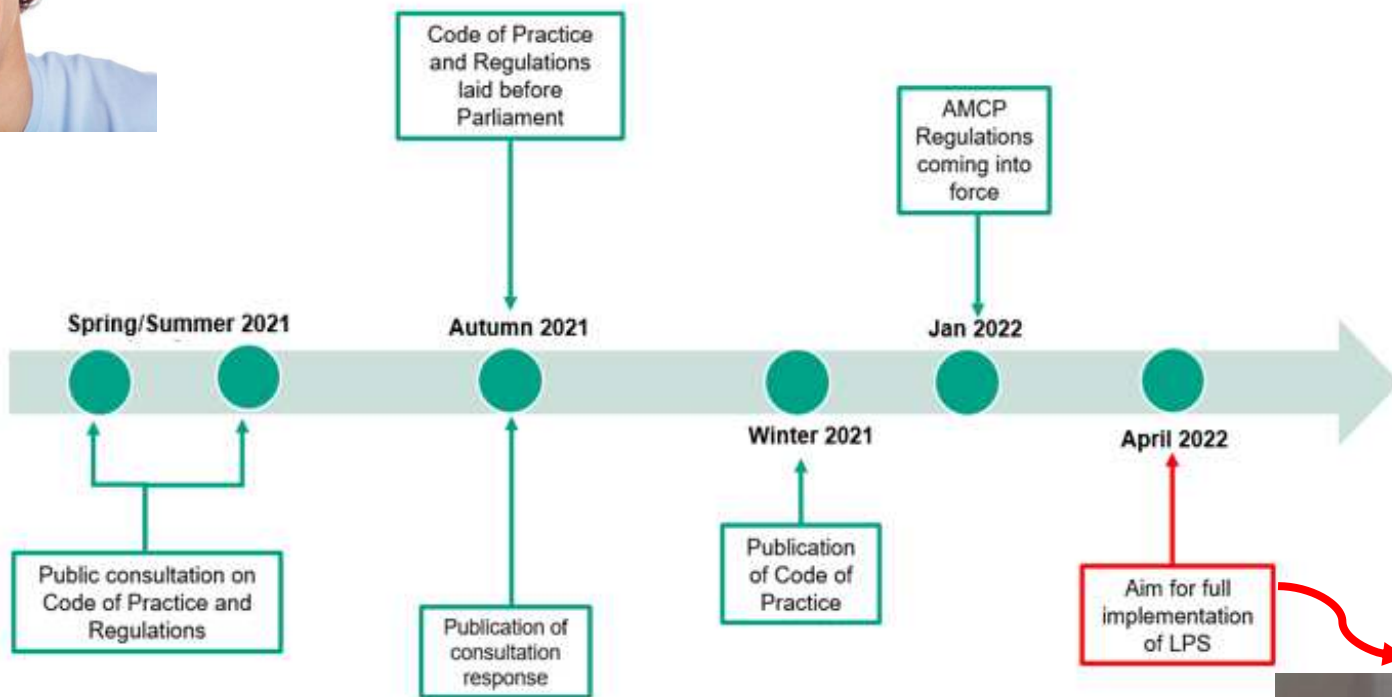
Draft Templates

1. LPS IMCA Referral
2. Mental Capacity Assessment and Determination
3. Medical Assessment and Determination of a Mental Disorder
4. Necessary and Proportionate Assessment and Determination
5. Submission for Pre-Authorisation Review/ Authorisation Record
6. Notice to the Responsible Body that LPS Authorisation or Review may be required
7. Submission for Renewal/Renewal authorisation record

Remember 32 for DoLS




Planned milestones for Liberty Protection Safeguards



What is
ongoing

- Social Work England will accredit and quality assure
 - Future AMCP training courses (non BIAs)
 - Annual refresher courses
- Working with other professional regulators (including NMC and HCPC)
- Working with the sector, consultation planned
- Developing the Requirements for the training of AMCPs
- Developing Professional Standards for Higher Education Institutions



Conversion
course –
BIA to
AMCPs

- Councils to train BIAs to become Approved Mental Capacity Professionals (AMCPs)
- DHSC- funded tender to develop AMCP conversion training materials
- Collaboration with stakeholders
- The training will be approved by the Secretary of State/DHSC and then rolled out for Council delivery
- Must prepare colleagues to work with 16 and 17 years olds, as well as adults
- AMCPs will also require approval by Council, in line with AMCP regulations



All materials so far
are draft and subject
to change by DHSC



Regional
Implementation
Support
Programme

Part 1: Development of materials for Best Interest Assessor to Approved Mental Capacity Professional conversion training

Part 2: Regional support for Adult Services from 2021/2


Part 3: Regional support for Children's Services from 2021/2

Separate regional arrangements being developed for NHS



Regional LPS Co-ordinator
West Midlands

- lorraine.currie@wm-adass.org.uk
- Two days a week (Monday/Tuesday)



Support for social care providers

This programme will be led by the Social Care Institute for Excellence (SCIE) and Skills for Care in partnership with the DHSC. It will:

- establish how the social care sector is planning for LPS and what national support it needs to make implementation a success
- develop and disseminate key information about LPS to inform social care providers' planning for implementation.

This will include exemplar guidance, resources and training for people working in social care.

What should we be doing now?

Laying the foundations

- Embedding MCA practice
- Considering who might identify deprivation of liberty
- Does everyone understand the acid test
- How are restrictions identified in care/support and treatment plans
- Is the MCA definition of restraint widely known and applied
- Are people familiar with the requirement to evidence necessity and proportionality now
- Promote the 5 guiding principles of the MCA

What should we be doing now?

1. Consider your own position
2. Be familiar with new Responsible bodies in your area
3. Work out demand for LPS from existing DoLS, people supported in the community and 16 and 17 year olds in scope
4. In care homes think about your renewals, how many are CHC-funded or in NHS Hospitals
5. Think about self-funded residents
6. Think about self funded people supported at home, how wand who will identify dol?
7. Keep up to speed



Where to
get more
information



LPS Factsheets- [Liberty Protection Safeguards factsheets - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

- Liberty Protection Safeguards: criteria for authorisation
- Liberty Protection Safeguards: the appropriate person and Independent Mental Capacity Advocates
- Liberty Protection Safeguards: the Approved Mental Capacity Professional Role
- Liberty Protection Safeguards: Deprivation of liberty and authorisation of steps necessary for life-sustaining treatment or vital acts (Section 4b)
- Liberty Protection Safeguards: authorisations, renewals and reviews
- Liberty Protection Safeguards: the right to challenge an authorisation in court

Keep updated

- LPS Newsletter email : lps.cop@dhsc.gov.uk
- Mental Capacity Law and Practice: [Mental Capacity Law and Policy](#)
- For training opportunities and updates: www.lpslaw.co.uk
- General Government LPS website: [Mental Capacity \(Amendment\) Act 2019: Liberty Protection Safeguards \(LPS\) - GOV.UK \(www.gov.uk\)](#)
- SCIE LPS video: [Video: Liberty Protection Safeguards - Looking forwards - for social care | SCIE](#)



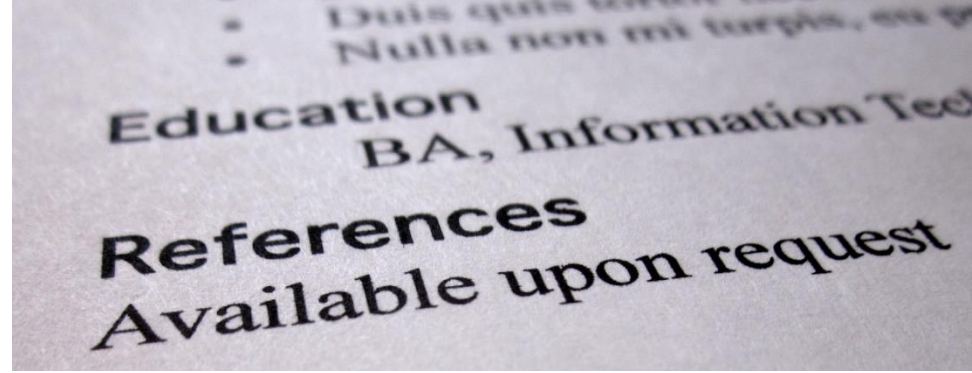
WATCH
THIS
SPACE

References and Recruitment

– A Reminder Karen Littleford, Safeguarding Adult Lead, Shropshire Partners in Care



References



In this challenging recruitment climate, Shropshire Partners in Care wanted to take this opportunity to support our members to focus on ‘robust’ recruitment practice and to keep their positive safeguarding practices at the fore of their business practice.

References



It is easy to forget the **valuable role that references** play as part of your **robust** recruitment processes.

Both providing references and requesting them contribute to a positive safeguarding culture in social care.

References



“Gathering effective references for staff working in social care and health settings has always been an essential part of safe and fair recruitment, but many employers experience challenges in obtaining and providing them. Some employers refuse to complete references, others provide insufficient information and sometimes, appropriate ‘evidence of conduct’ is not provided, which is legally required by the Care Quality Commission”

(Disclosure and Barring Service, 2020).

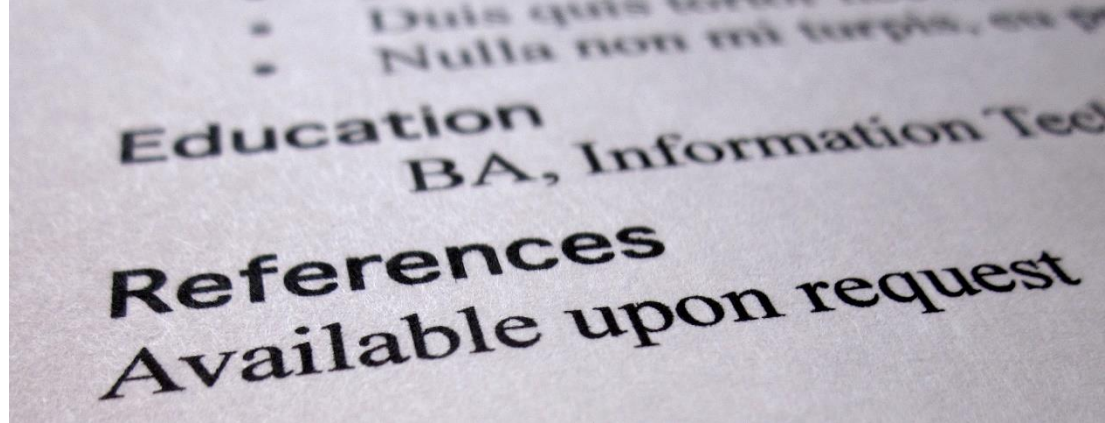
References



Providing references limited to confirmation that a person had worked at a particular organisation does not promote a positive safeguarding culture, *this practice may enable an individual to merely move between organisations*, in some cases this may increase the risk of abuse or neglect to adults who access services.

Developing positive safeguarding practices around recruitment benefits your business and reputation as well as those who use and work within the service.

References



References are a key element of good recruitment practice, obtaining references is one way of verifying information submitted in a job application form. Professional references should seek information about the individual's abilities and aptitude for the job (Acas, 2016).

References should be accurate and fair; this does not mean information from providers has to be limited to merely acknowledging that the applicant worked for the organisation and providing start and finish dates.

References



The Reference Request Template for Adult Social Care Providers is available to encourage a positive culture regarding the provision of references as part of good recruitment practice; this reinforces the message that safeguarding is everyone's business.

Whilst we recognise that many member organisations will have their own well-established recruitment and selection processes it is hoped that this can be used as an adjunct to these to quality assure the organisation's own procedures even if they do not need to make use of the template.

You can find the **Reference Request Template for Adult Social Care Providers** – [here](#) under Related Documents

Care Quality Commission (no date) Provider and CQC Inspector FAQs for meeting CQCs requirements of employment for Regulation 19 Regulation. v1 03

19(3)(a) of the Health and Social Care Act (Regulated Activities) Regulations 2014 requires providers to make available to CQC the information set out in Schedule 3.

<https://www.cqc.org.uk/sites/default/files/fid2932547-employment-requirements-regulation-19.pdf>

SCHEDULE 3 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Information Required in Respect of Persons Employed or Appointed for the Purposes of a Regulated Activity

<https://www.legislation.gov.uk/ukdsi/2014/9780111117613/schedule/3>

<p>4. Satisfactory evidence of conduct in previous employment concerned with the provision of services relating to—</p> <p>(a) health or social care, or</p> <p>(b) children or vulnerable adults.</p> <p><i>(This does not apply if member of staff has not previous worked in health or</i></p>	<p>This information may be in the form of a Reference from a previous employer - <u>but need not be.</u></p> <p>Written appraisal documentation may also be relied upon to demonstrate an employer's view of an individual's conduct. Written evidence from other persons would also be acceptable if it provides information regarding an individual's conduct.</p>
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<p><i>social care / worked with children or vulnerable adults)</i></p>	
<p>5. Where a person has been previously employed in a position whose duties involved work with children or vulnerable adults, satisfactory verification, so far as reasonably practicable, of the reason why the person's employment in that position ended.</p> <p><i>(This does not apply if member of staff has not previous worked with children or vulnerable adults)</i></p>	<p>Information may be held electronically and must outline <u>all</u> relevant periods of employment or self-employment and the person's reason for leaving that employment. If it has not been practicable to obtain such information, a provider should be able to demonstrate that every reasonable attempt has been made to assure itself about an individual.</p>
<p>6. In so far as it is reasonably practicable to obtain, satisfactory documentary evidence of any qualification relevant to the duties for which the person is employed or appointed to perform.</p>	<p>Documentary evidence may be in the form of a certificate or could be written confirmation from the awarding body that a qualification has been achieved. Providers can also check professional qualifications and professional registration status online with the relevant regulatory body (e.g. the Nursing and Midwifery Council) and should do this where a person has stated they are on a professional register.</p>
<p>7. A full employment history, together with a satisfactory written explanation of any gaps in employment.</p>	<p>A "full employment history" means a career history from the age of first employment. This information may be in the form of a Curriculum Vitae but need not be.</p> <p>Information may be held electronically and must outline <u>all</u> periods of employment or self-employment (whether or not related to health or social care), showing beginning and end dates, (actual or approximated month and year), together with an explanation of periods of non-employment.</p> <p>Individual placements within a continuous period of employment need not be listed.</p>

Document References

- Acas (2016) *References for employment*. London: Acas.
<http://www.acas.org.uk/index.aspx?articleid=5072>
- Disclosure and Barring Service (2020) *Is getting useful references a challenge?* Darlington: Disclosure and Barring Service. <https://www.gov.uk/government/news/is-getting-useful-references-a-challenge>

Useful documents or Resources:

- Care Quality Commission (no date) *Provider and CQC Inspector FAQs for meeting CQCs requirements of employment for Regulation 19*
<https://www.cqc.org.uk/sites/default/files/fid2932547-employment-requirements-regulation-19.pdf>
- Care Quality Commission (2021) *Regulation 19: Fit and proper persons employed*.
<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-19-fit-proper-persons-employed#guidance-links>
- Skills for Care (2021) *Interview: the importance of references in social care*. Leeds: Skills for Care. <https://www.skillsforcare.org.uk/About/Blog/Article/Interview-the-importance-of-references-in-social-care.aspx>

Webinars, Resources and Reports



Access The Forum PowerPoint

The image shows a screenshot of the Shropshire Partners in Care website. The header includes the logo and navigation links: About Us, Training & Events, Projects, Information Centre, News, and Contact. The 'Information Centre' dropdown menu is open, listing various resources. A red arrow points from the title to the 'Information Centre' link, and another red arrow points from the 'Meetings, Forums & Events' option in the dropdown to the corresponding section on the page. Below this section, a list of events is displayed, each with a 'View' button. A third red arrow points from the 'View' button for 'Safeguarding Adults Forum' to the URL provided.

Shropshire Partners in Care

About Us Training & Events Projects Information Centre News Contact

- Coronavirus (Covid-19) Guidance
- Training
- Projects
- DBS
- Clinical Resources
- Meetings, Forums & Events
- Wellbeing Resources
- Surveys
- Brexit Planning
- Other

Meetings, Forums & Events

SPiC AGM & Event 2020- Our Care Stories [View >](#)

SPiC and Shropshire Council Joint Forum [View >](#)

Annual Seminar [View >](#)

Networking Opportunity for Trainers [View >](#)

Safeguarding Adults Forum [View >](#)

<https://www.spic.co.uk/>

Live and Recorded Webinars



NHS Safeguarding Learning Together Week – January 2022

Bearing witness to distress incidents to recovery through compassionate leadership & trauma informed approaches

Date: One week, commencing **Monday 17th January – 21st January**

Time: 8 Micro learning sessions – all sessions scheduled during the lunch hour, daily from **12:00pm – 1:00pm** **Location:** Virtual via Microsoft Teams

	Session One	Session Two
Day one: 17 th January 2022 Your host: <i>Cathy Sheehan</i> Register Here	Best practice: health and social care working with people experiencing homelessness Presenter: Professor Michael Preston-Shoot	Adopting a compassionate leadership approach to homelessness and the wider inclusion health agenda Presenter: Elaine Goodwin
Day two: 18 th January 2022 Your host: <i>Ravinder Kondel</i> Register Here	Honour-based Abuse, Child Marriage and Virginty Testing Presenter: Natasha Rattu	FGM Reporting Presenter: Donna Love
Day three: 19 th January 2022 Your host: <i>Becs Reynolds</i> Register Here	Transitional Safeguarding Presenters: Lucy Duncombe & Sarah Cerioli	
Day four: 20 th January 2022 Your host: <i>Catherine Randall</i> Register Here	Sexual abuse and assault Presenter: Rupinder Bhandal	
Day five: 21 st January 2022 Your host: <i>Kenny Gibson</i> Register Here	Online Abuse by Staff with Indecent Images Presenter: Gill Cobham & Colette O'Neill	Ensuring Effective DBS Presenter: Dr Suzanne Smith

Day one [link](#)

Day 2 [link](#)

Day 3 [link](#)

Day 4 [link](#)

Day 4 [link](#)

DBS Webinar from November 2021



Disclosure &
Barring Service



Webinar recording here -

<https://www.youtube.com/watch?v=cH7wjxSNmLk>

PowerPoint slides here

<https://www.telfordsafeguardingpartnership.org.uk/downloads/file/138/dbs-slides>

- The role of the disclosure and barring service
- Understanding DBS checks and role eligibility including levels of checks and the workforce
- Understand when an employee/volunteer is eligible for a check
- Understand the DBS Update Service
- How regulated activity is defined and what this means in practice
- Understand what safe recruitment practices can be in place and how DBS checks can form a part of this.
- The three different referral routes
- When a DBS Barring referral should be made, including when the legal duty is met
- How regulated activity is defined and what this means in practice
- How to make a good quality referral
- Provide a clear understanding of the consequences of not making appropriate barring referrals and the consequences of being included in one or both Barred Lists

CQC's Out of Sight report: Restraint, Segregation & Seclusion: 1 Year on



Recording of the event by Coproduce Care and a panel of expert speakers in their first free Online Conference from November 4th 2021

- Individual Campaigns With Paula McGowan and Alexis Quinn
- Mark Topps Video Part 1
- What does the law say about restriction? With Professor Anna Arstein-Kerslake and Dr Lucy Series
- Institutional vs Community Care With Sam Leonard and Brent Smith
- Campaign Organisations With Liz Howard, Ian Weedall, Christine Elston and Gary Bourlet
- Mark Topps Video Part 2
- Living in the Community – Rights and Research With Professor Julie Beadle-Brown and Professor Eilionoir Flynn

<https://www.youtube.com/watch?v=c2JPdGiNTXk>

Contingency planning and winter pressures: Protecting your service



This update to our earlier webinar includes new interviews with providers and refreshed bitesize resources to ensure you are best prepared for the latest winter demands and ongoing challenges faced by COVID-19. Including 20-minutes of new content, the webinar features managers of Outstanding services explaining how they protect themselves from staffing challenges to help minimise the impact this has on the quality of care.

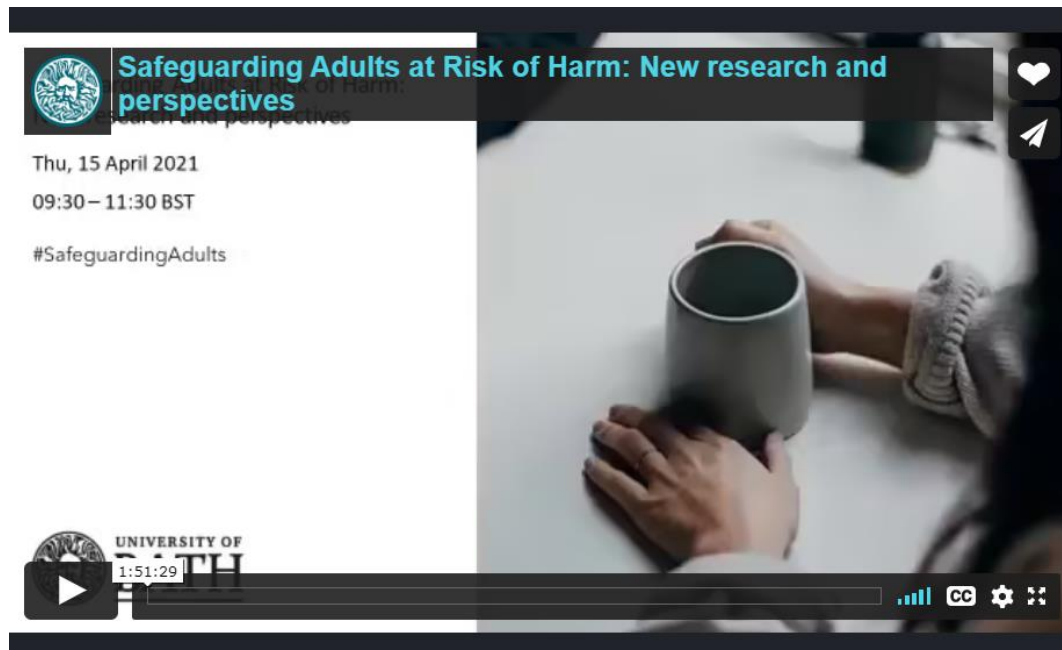
[Link](#) to webinar

If staffing challenges are an ongoing concern, this earlier complementary [webinar](#) from autumn 2020 will also be helpful to you.

Safeguarding Adults at Risk of Harm: New research and perspectives(Recorded)

University of Bath - Safeguarding Adults at Risk of Harm: New research and perspectives Recording - Listen to Dr Megan Robb, Daphne Franks and Dr Sarah Donnelly discuss new research and perspectives on adult safeguarding. Recorded in April 2021.

<https://www.bath.ac.uk/campaigns/safeguarding-adults-at-risk-of-harm-new-research-and-perspectives/>



Liberty Protection Safeguards Social Care Institute for Excellence (Recorded)

Webinar: Liberty Protection Safeguards (LPS)
(26 April 2021)

Monday 26 April 2021, 10:30

The screenshot shows a video player interface for a webinar recording. The video title is "Webinar recording: Liberty Protection Safeguards" from SCIE Videos. The slide content is as follows:

- Engagement:** to hear from the social care sector, including people using care services to support our understanding of preparedness, required knowledge and priorities for practice
- Dissemination:** to provide the sector with updates and promote activity to support access to the range of support we will be providing
- Development:** drawing on our learning to develop a range of products and support activities, including training and guidance

The video player includes a play button, a progress bar at 1:56:53, and logos for SCIE, skillsforcare, and Vimeo.

<https://www.scie.org.uk/mca/lps/webinar20210426>

RESOURCES



Other Resources, Surveys and Research (In the Online version there will be further resources some have been shared previously)

The multi-agency response for adults missing from health and care settings A national framework for England

A good practice framework for local partnerships to consider when developing protocols for the response when an adult goes missing from a health or care setting.

Home Office, Published 26 November 2021

<https://www.gov.uk/government/publications/the-multi-agency-response-for-adults-missing-from-health-and-care-settings-a-national-framework-for-england>



Safer Online Lives



About the project

The internet and social media have become a big part of many people's lives.

But we don't know much about how people with intellectual disabilities use the internet and social media.

We want to hear from adults with intellectual disabilities in the UK, and the people who support them, about the positive aspects and opportunities people with intellectual disabilities have when using the internet. We also want to find out the negative aspects and barriers people might come across when using the internet.

Take part in our study if you are...

Information and links
to the surveys (Easy
read and a video)
[https://research.kent.
ac.uk/tizard/safer-
online-lives/](https://research.kent.ac.uk/tizard/safer-online-lives/)

**An adult with an
intellectual disability who
uses (or have used) the
internet >**

**Caring for or supporting an
adult family member with
an intellectual disability,
who uses the internet >**

**A paid carer for an adult
with an intellectual
disability, who uses the
internet >**

**A Safeguarding
Practitioner – someone
who has safeguarding
responsibilities as part of
their role*, but who is not a
carer or support worker >**

*this includes (and is not limited to): Nurses, Psychologists, Occupational Therapists, Speech and Language Therapists, Social Workers, Psychiatrists, Educators, GPs etc.

A Reminder - Safeguarding adults in care homes

NICE guideline [NG189] Published: 26 February 2021

This guideline covers keeping adults in care homes safe from abuse and neglect. It includes potential indicators of abuse and neglect by individuals or organisations, and covers the safeguarding process from when a concern is first identified through to section 42 safeguarding enquiries. There are recommendations on policy, training, and care home culture, to improve care home staff awareness of safeguarding and ensure people can report concerns when needed.

<https://www.nice.org.uk/guidance/ng189>

NICE National Institute for
Health and Care Excellence



Safeguarding adults in care homes

NICE guideline
Published: 26 February 2021
www.nice.org.uk/guidance/ng189

Resident-to-resident harm in care homes and other residential settings: a scoping review. Social Care Institute for Excellence, August 2021

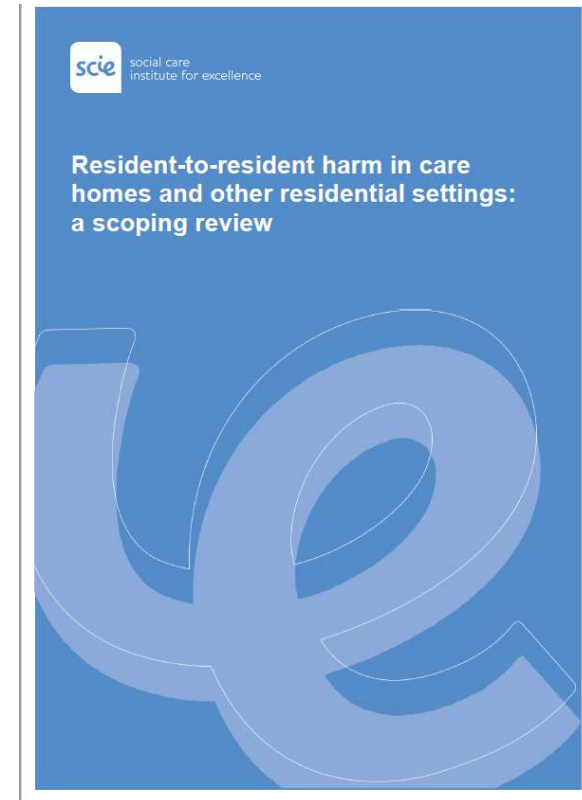
Abusive behaviour was rarely documented or reported in some settings, with evidence that some care managers consider it an inevitable or predictable part of living in a residential setting. Some services allow harmful behaviours to be accepted and unchallenged.

Environmental characteristics that are risk factors for resident-to-resident harm include a crowded environment, inadequate staffing levels, lack of staff training, high numbers of residents with dementia, a lack of meaningful activities, crowded common areas and excessive noise.

Many incidents of resident-to-resident harm are not witnessed by staff.

There is significant overlap between interventions to prevent staff-to-resident abuse as for resident-to-resident harm. These include professional training, development of person-centred care practices, and the use of a multidisciplinary approach.

Interventions to reduce resident-to-resident harm include both environmental considerations (such as reducing crowding, noise and clutter, and prompting meaningful activities) and care practices (including care plans, staff training, identifying risk factors, consistent staffing to build relationships)



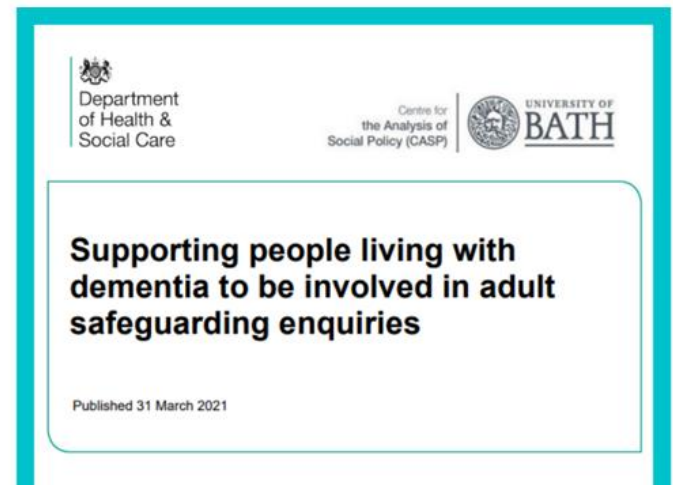
<https://www.scie.org.uk/safeguarding/evidence/resident-to-resident-harm>

Department of Health and Social Care

Research and analysis - Supporting people living with dementia through safeguarding processes
Guidance bringing together research undertaken by Dr Jeremy Dixon at the University of Bath, alongside people living with dementia, their family carers and professionals in the sector.

Details - This guidance sets out good practice for working people living with dementia, suggesting ways in which professionals can provide quality safeguarding and best involve people in decision-making.

<https://www.gov.uk/government/publications/supporting-g-people-living-with-dementia-through-safeguarding-processes>



Including
links to Alex
Ruck Keens
'Shedinar'
series

<https://www.mentalcapacitylawandpolicy.org.uk/shedinars/>

**COVID-19 and the
MCA 2005**

<https://www.mentalcapacitylawandpolicy.org.uk/resources-2/covid-19-and-the-mca-2005/>



**Mental Capacity Law and Policy
website**

<https://www.mentalcapacitylawandpolicy.org.uk/>

Domestic Abuse and Employees

If you are an employer

Let your employees know that if they are facing domestic abuse you want to help them to get help. Stay in regular contact with employees you know, or fear, may be facing abuse and if you lose contact with them, take swift action to visit them. If you believe there is an immediate risk of harm to someone, or it is an emergency, always call 999.

Encourage employees to look out for others who may be facing domestic abuse and signpost them to support. Your staff may also be worried about their own abusive behaviour at this time. There is no excuse for domestic abuse, no matter what stresses you are under, and support is available.

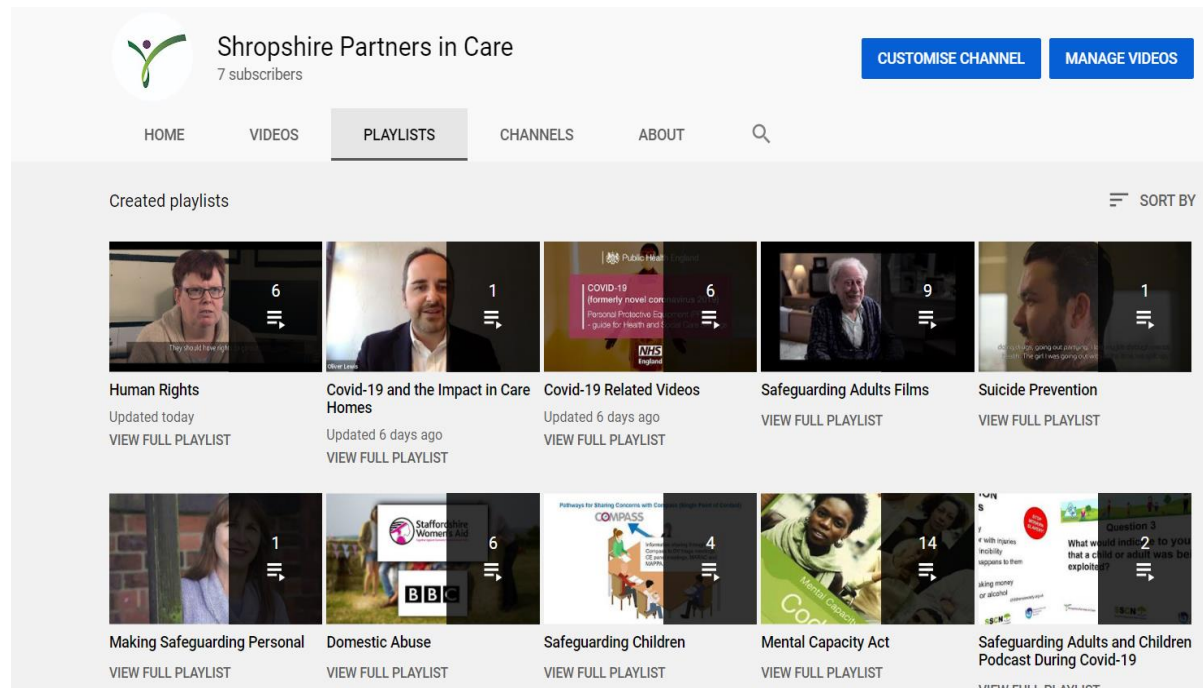
Hestia's [Respond to Abuse Advice Line](#) is a free resource for employers. Employers can call 020 3879 3695 Monday to Friday, 9am to 5pm, or email adviceline.eb@hestia.org for support, guidance or information about domestic abuse and how to support employees and colleagues experiencing domestic abuse.



Further Resources

Shropshire Partners in Care YouTube Channel

https://www.youtube.com/channel/UCQ4WOazrhYa3MS4JAgOLDtg/playlists?view_as=subscriber



The screenshot displays the YouTube channel page for "Shropshire Partners in Care", which has 7 subscribers. The page features a navigation menu with "HOME", "VIDEOS", "PLAYLISTS" (selected), "CHANNELS", and "ABOUT". Below the navigation, there is a "Created playlists" section with a "SORT BY" dropdown. The playlists are arranged in two rows of five:

- Human Rights**: Updated today, 6 videos. [VIEW FULL PLAYLIST](#)
- Covid-19 and the Impact in Care Homes**: Updated 6 days ago, 1 video. [VIEW FULL PLAYLIST](#)
- Covid-19 Related Videos**: Updated 6 days ago, 6 videos. [VIEW FULL PLAYLIST](#)
- Safeguarding Adults Films**: [VIEW FULL PLAYLIST](#), 9 videos.
- Suicide Prevention**: [VIEW FULL PLAYLIST](#), 1 video.
- Making Safeguarding Personal**: [VIEW FULL PLAYLIST](#), 1 video.
- Domestic Abuse**: [VIEW FULL PLAYLIST](#), 6 videos.
- Safeguarding Children**: [VIEW FULL PLAYLIST](#), 4 videos.
- Mental Capacity Act**: [VIEW FULL PLAYLIST](#), 14 videos.
- Safeguarding Adults and Children Podcast During Covid-19**: [VIEW FULL PLAYLIST](#), 2 videos.