

Making Safeguarding Personal

*'It is a shift in culture and practice...
It is a shift from a process supported by
conversations to **a series of conversations
supported by a process.**'*

Making Safeguarding Personal 2013/14
evaluation report

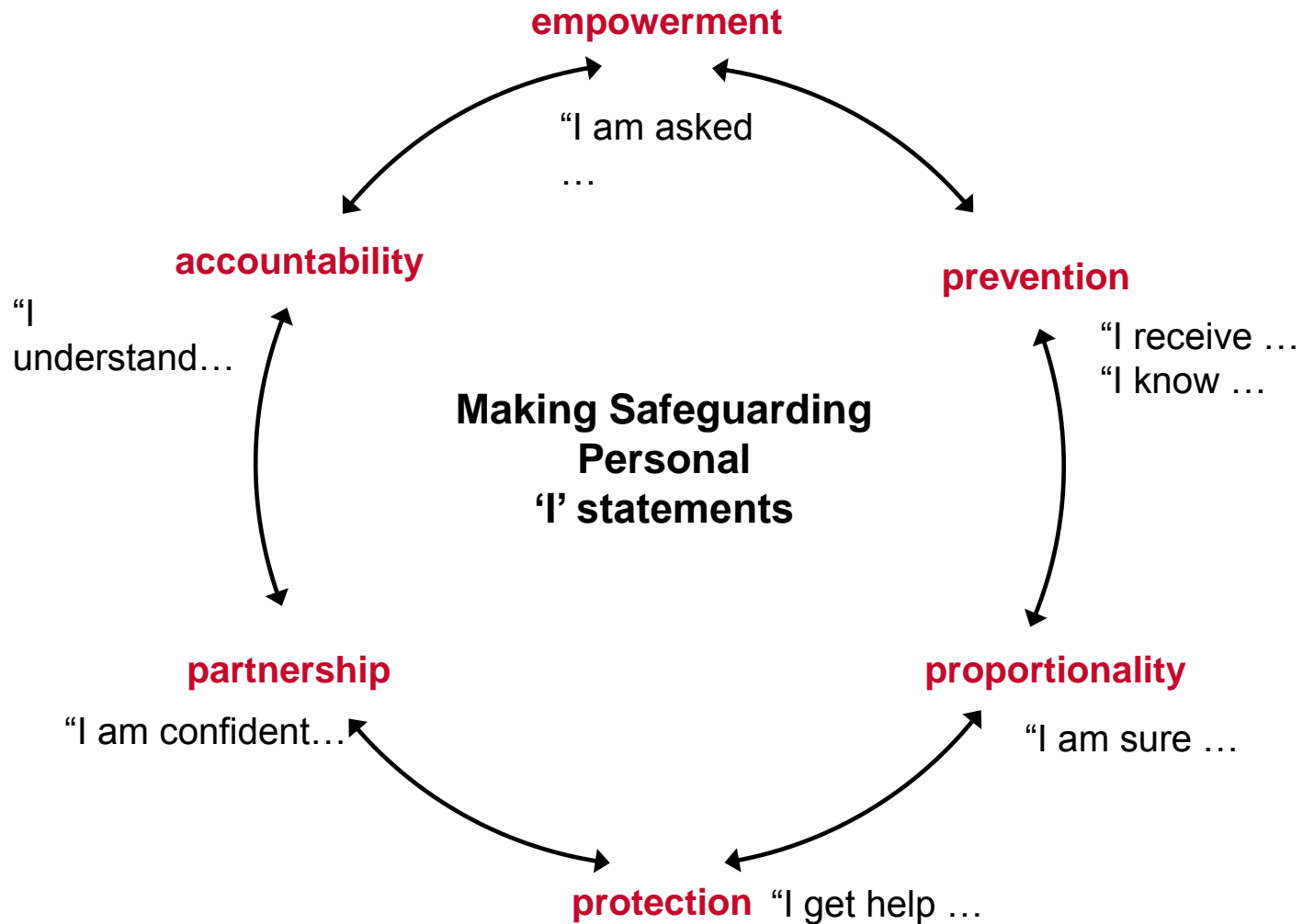
person-centred – outcome focused enablement – working with risk

‘good’ outcomes for people / asking to achieve most frequently

- to be and feel safer
- to maintain key relationships
- to gain or maintain control over the situation
- to know that the situation wouldn’t happen to anyone else

Making Safeguarding Personal evaluation 2014/15

Statutory principles of safeguarding



Making Safeguarding Personal 'I' statements

6 statutory principles = MSP 'I' statements

***outcomes defined by the person at the
centre**

What may be the specific **'I' statements for
P in this individual case?**

Empowerment

people are supported and encouraged to make their own decisions and informed consent

“I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.”

Prevention

it is better to take action before harm occurs

“I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.”

Proportionality

the least intrusive response appropriate to the risk presented

“I am confident that the responses to risk will take into account my preferred outcomes or best interests.”

Protection

support and representation for those in need

“I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.”

Partnership

services offer local solutions through working closely with their communities

communities have a part to play in preventing, detecting and reporting neglect and abuse

“I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.”

Accountability

accountability and transparency in delivering safeguarding

“I am clear about the roles and responsibilities of all those involved in the solution to the problem.”

Liberty Protection Safeguards

- MCA Amendment Bill approved by Parliament on 24 April and now awaiting Royal Assent
- substantial increases in numbers of applications in settings to which DOLS applies – care homes and hospitals – since Cheshire West judgement 2014
- many people in settings to which DOLS do not apply who need authorisation of their circumstances, currently only achievable by application to Court of Protection
- House of Lords post-legislative scrutiny report MCA 2005
- Law Commission review covered more broadly than simply DOLS

LPS

- reducing the existing 6 assessments to 3 assessments
 1. mental capacity assessment
 2. medical assessment – determine mental disorder
 3. ‘necessary and proportionate’ assessment
- ***LPS assessments should be part of mainstream assessment and care planning for the person.**
- NHS organisations also to be Responsible Bodies for hospital cases and CCGs for some community cases
- providing an option to extend the period to be renewed for individuals with long term stable conditions from 1 year to up to 3 years

LPS

- ensuring people are supported throughout the process by an ‘appropriate person’; an IMCA appointed if no such person is available
- explicit duty to consult with carers and families
- where a person objects, an independent Approved Mental Capacity Professional (AMCP) will review proposed arrangements
- extending the application beyond hospitals and care homes to wider range of settings and ages, including 16-17 year olds

Pre-authorisation Reviewer

- completes pre-authorisation review in other cases, using information available to authorise; can request further information or meeting with person as necessary
- if person lives in care home, registered care home manager can be asked by Responsible Body to coordinate assessments and consultation and prepare paperwork for pre-authorisation review
- expected to be done by competent staff, including professionals such as nurses or senior social worker

Assessor

- completes the assessments required for a LPS authorisation
- Government will set out in regulations who can complete this role – professionals such as doctors, first tier nurses, occupational therapists and social workers

Approved Mental Capacity Professional AMCP

- completes pre-authorisation review where an objection has been raised, in independent hospital cases or other relevant cases as set out in the Code of Practice
- meets with person, completes consultation and looks at information relied upon for assessments
- Government will set out in regulations who can complete this role – professionals such as first tier nurses, occupational therapists and social workers, builds on BIA role

Next Steps

- LPS Code of Practice in production; full public consultation ahead of implementation
- MCA Code of Practice being updated by MoJ
- local strategic planning
 - liaison with local CCGs and Hospital Trusts
 - liaison with children's services
 - commissioning IMCA services
 - scoping DOLS cases including CoP and community DOLS
 - workforce development and training strategy – AMCP, front line and care home staff and managers, other service providers