

# Worcestershire Safeguarding Adults Board

## Annual Learning Event

# Welcome and Introduction

## Derek Benson

### Independent Chair

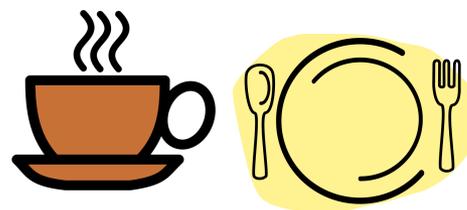
# Worcestershire Safeguarding Adults Board

# Housekeeping

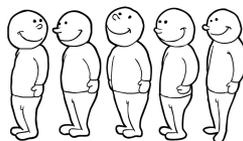
- Fire Alarms



- Breaks and Lunch



- Toilets



- Children in Need

# Overview

## **Morning**

**Introduction to Strength Based Approaches**

**Presentation on Safeguarding Adults Review**

**Time to Reflect and Consider**

**Lunch around 12.30**

## **Afternoon**

**Family statement – a carer’s perspective**

**Professional Confidence**

**Time to Reflect and Consider**

**Community Asset Tool**

**Sharing locality and countywide resources**

**Close 4.30 pm**

Why are we here

**RESPECT**

**REFLECT**

and

**LEARN**

# Purpose of Annual Learning Events

- Disseminate learning from Safeguarding Adults Reviews (SARs);
- Explore key areas of practice which have been identified as ‘sticking points’ through the work of the Board;
- Not about pointing fingers, rather an opportunity to share and reflect;
- ‘What could I do differently’

# Objectives of this learning event

1. develop understanding of Strength Based work, within the context of Safeguarding;
2. share good practice and expertise;
3. make connections with other providers;
4. explore and better understand each other's organisational frameworks and boundaries;
5. Develop understanding each other's perspectives, ***including those of the person and their carers (MSP)***;
6. Identify opportunities to develop a more joined up strengths base approach, within the context of the current professional demands.

# Opening Exercise

**Lisa Ward**

Social Work Learning and Development  
Advisor/Educator

Worcestershire County Council

## The Robbery



# The Three Conversations<sup>®</sup> and Adult Safeguarding

Andrew Morley



# Key topics

- Basics of Strength Based Practice
- The Three Conversations® approach
- The fit with Safeguarding



# Strength based practice

- An approach to working with others
- Focus on the person and what matters to them
- Recognises their assets and resources within themselves, their networks and community
- Multidisciplinary in nature
- Not prescriptive or restricted to a limited range of options
- Trusting staff, delegating decisions and sharing accountability

“Emphasises the need to redress the balance

# The Three Conversations® approach

- Partners4Change work with local authorities and the NHS to ignite a social and health care revolution together.
- We believe passionately that if people working in social and health care change the conversations they have with people, families and communities, and with each other, their conversations genuinely can change lives.

Our values – that define us, unite us and shape how we work



## Listening

We listen hard, have honest conversations, work as equals not experts, and build relationships based on trust, kindness and respect.



## Identity

We see people, not labels. We believe in the rights of all people to choose how they want to live.



## Innovation

We do not accept the status quo. We challenge, experiment, tell stories, have fun, and never stop learning.

Conversations that change lives

# Our Story of Change

## What should we be doing?



- ✓ Promoting social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being
- ✓ Address the multiple, complex transactions between people and their environments.
- ✓ Enable all people to develop their full potential, promote and enhance independence and enrich their lives.

# Current Position – Most Areas:

- Operate central contact function. Keep people 'out' of the system. Divert!
- Then 'triage' people, close them, label them, make them wait, move them around our system, push down a 'pathway'. Place on a waiting list. Run a 'sorting office'.
- Eventually - people receive 'an assessment for services' – this is our core business. Output is often 'time and task' plan.
- Usually very little in between – % of people get a re-ablement service?

Most people do not listen with the intent to understand; they listen with the intent to reply.

# The Three Conversations® - a story of hope

- Learning to do our work differently
- Humanising our approach
- Bringing compassion and kindness to our work
- Encouraging others to work the same way

In doing this, having a significant impact on how we support people and communities

# GOLDEN RULES



- Abandon 'assessment for services' as our 'offer of value' for ever
- Always start conversation with the assets and strengths of people, families and communities
- Don't use jargon or complex words. Plain English will do!
- Exhaust conversations 1 and 2 before having conversation 3 and test this out with colleague
- Never plan long term in a crisis
- Stick to people like glue during conversation 2 – there is nothing more important than supporting someone to regain control of their life
- No hand-offs, no referrals, no triage, no waiting lists
- We are not the experts – people and families are
- Know about the neighbourhoods and communities that people are living in.
- Always work collaboratively with other members of the support system.

# So, what are the Three Conversations® ?

## 1 Conversation 1 : Listen & Connect

Listen hard. Understand what really matters. Connect to resources and supports that help someone get on with their chosen life, independently.



## 2 Conversation 2 : Work intensively with people in crisis

What needs to change urgently to help someone regain control of their life? Put these into an emergency plan and, with colleagues, stick like glue to help make the most important things happen.



## 3 Conversation 3 : Build a good life

*For some people, support in building a good life will be required.*

What does 'a good life' look like? What resources, connections and support will enable the person to live that chosen life? How do these need to be organized?



# What's the problem with safeguarding?

- Nothing wrong with MSP – except that we are not delivering it
- Research shows that diving into process, documents, strategies doesn't make people safer
- Discrete safeguarding teams aren't enough – **it's everybody's business**
- Giving some people a 'safeguarding' label and sending the down a 'safeguarding pathway' is wrong – everyone needs to feel safe.

# What happens when we use 3 conversations instead of traditional care management approach ?

- Its better for people and families – responsive, really listened to, useful things done that help peoples and their lives – not just processed ad passed on
  - Creates jobs that people want to do
  - Uses scarce resources better – significantly less formal care packages, much more individualised and effective solutions
- Safeguarding is indivisible from a conversations based approach

# How does this fit?

## Adult Safeguarding Principles

Empowerment.

Prevention.

Proportionality.

Protection. ...

Partnership. ...

Accountability.

## 3 Conversation approach

Listen, connect, simple language, recognising strengths, emphasis on the person's voice

No triage or eligibility barriers to C1, no waiting lists or delays

Person based, not driven by forms and process

C2 stick like glue, urgent access to resources where required

No referrals on! - bring others into the conversation  
- collaborative working as the norm, not exception

Sits with the worker and held collectively in teams through their huddles and regular reflective meetings, not in processes and senior managers with no direct involvement

# Any questions?

So, how does this relate to your everyday experiences of Adult Safeguarding?



# What next?

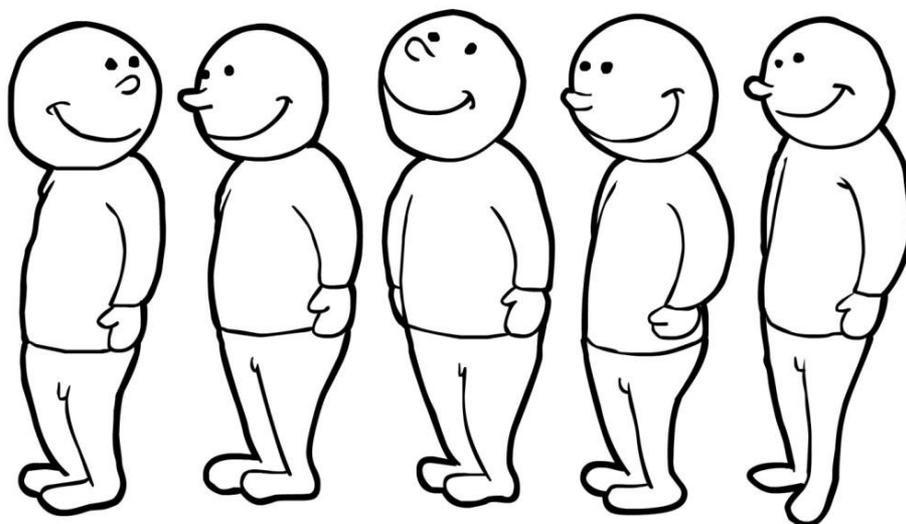


## ACTIONS

Worcestershire County Council has a Three Conversations<sup>®</sup> approach already so how can we build on this?

- Closer working with teams
- Shadowing opportunities
- Sit in on a team huddle
- What do you think...?

# Comfort Break



# **Brendan Clifford**

# **Independent Author**

# **Safeguarding Adult Review**

# **Jane**

# 2019 SAR re Jane - status

- For consideration of the WSAB in December
- Content and recommendations not finally approved

# What does Strengths Based Approach mean?

- Some features of SBA
  - Doesn't make the gap or problem the focus
  - Reflects on all an individual's circumstances
  - Holistic and multidisciplinary
  - Collaborative –works with individual
  - Applicable by any profession and any client group
  - Legislative context (Care Act 2014 and Guidance) encourages SBA
- Cf. similar approaches e.g. Appreciative Inquiry
- SBA  $\neq$  “starry-eyed” or over-optimistic
- Takes into account criticism of SBA as “response to austerity” or certain “family-centred” approach

# How can we apply SBA to SARs?

- Person-centred - appreciate the complexity of life for the person whose experience is the subject of review
- Appreciate the complexity of the working context for staff
- Use national good practice
- Own and develop your approach
- Focus on recommendations for your locality... (changing law isn't easy...)
- Using hypothesis-testing approach
- Catch people doing good...
- Process limitations / context:
  - Reviewer may not have met everyone ...
  - Staff are very busy with their workloads... Some have changed roles since the events under review
  - Attendees involved at different points, to differing degrees and occasionally with no direct involvement
  - We acknowledge responsibilities of all concerned:
    - person for themselves
    - Informal carers / kinship carers
    - Agencies / individuals for their systems and personal practice
- Hindsight bias...What was the situation like *at the time?*... NB. SAR ≠ a forensic process cf. safeguarding principle of proportionality..

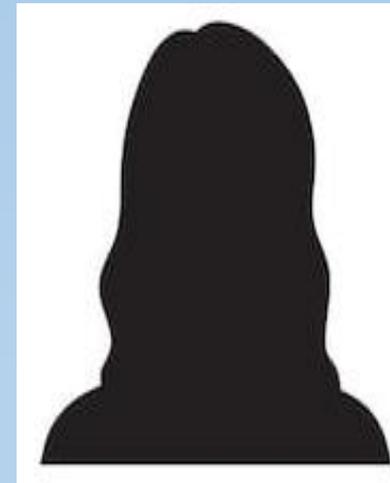
# Contexts for SBA SARs

- Health & Care services in Worcestershire
- Good practice for SBA & SARs : SCIE Quality Markers
- Evidence
- Methods (Pathways to Harm > Pathways to Hope?)

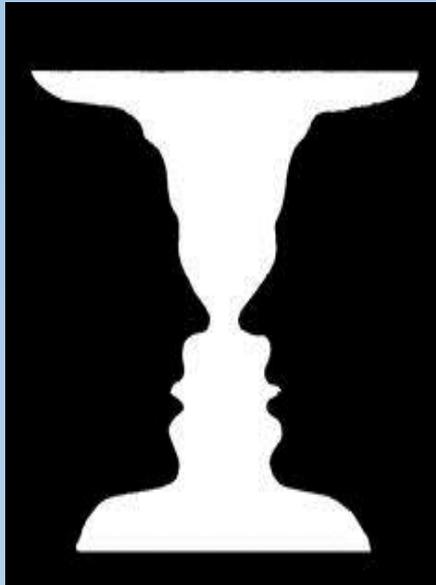
# Who was Jane?

## *Getting a sense of the person*

- Born 1970
- Female
- Ethnic origin - white
- Lived in urban area
- First encountered serious and enduring mental health (schizophrenia) at c.20 yrs
- At the time, she was undertaking Nursing qualification
- Subsequent many years experience of mental health system including compulsory admission under the MHA, CPN support, attendance at LMHU...
- Key relationships - shared home with her mother for most of last thirty years,
- Lifestyle - had occasional holiday, smoked quite heavily
- Over recent years, Jane's mental health was regarded as "stable"
- Physical health deteriorated over last 2-3 years of her life – Jane developed leg ulcers
- Number of hospital admissions – died in hospital June 2018 aged 47



# SBA & HYPOTHESIS TESTING



**NB. Hypotheses written / presented as assertions merely for the purpose of discussions**

# SBA – catching people doing good...

- Supportive teams e.g. *“They went above and beyond...”* *“outstanding care...”* knowledgeable / compassionate practitioners / committed / working to high professional standards
- The WSAB practice community acted in response to concerns: e.g. intervention at surgery; DN’s alerting GP to Jane’s situation; Professionals Meeting re. safeguarding
- Evidence of consideration of Parity of esteem e.g. Primary care healthy checks for people with mental health needs; working with the contribution of informal / kinship carer; consideration of available statutory tools – MCA, Section 117, Carers Assessment
- Supportive systems including the “recover at home” approach on discharge from hospital
- sound structures for information sharing e.g. CPNs can see DN Notes in *“Care Notes;”*
- DNs attended to Jane in the hospital;
- DN service design model changed with neighbourhood focus; “Carers Clinic” in MHT;
- very good Root Cause Analysis undertaken at WHCT.

# Areas for SAR recommendations ...

- **STRATEGIC**

- MSP and Carers

- (a) more explicit use of various models to support preventative approaches with informal carers e.g. FGC / Consensus Statement / attachment theory approaches, might support preventative approaches to safeguarding; and
- (b) approaches to clinical / case “Review” might be developed further through “grading” / “stratifying” cohort of people to whom such clinical / case review might be applied, considering the requirements of S117 After-care planning and the Care Programme Approach

# Areas for SAR recommendations ...

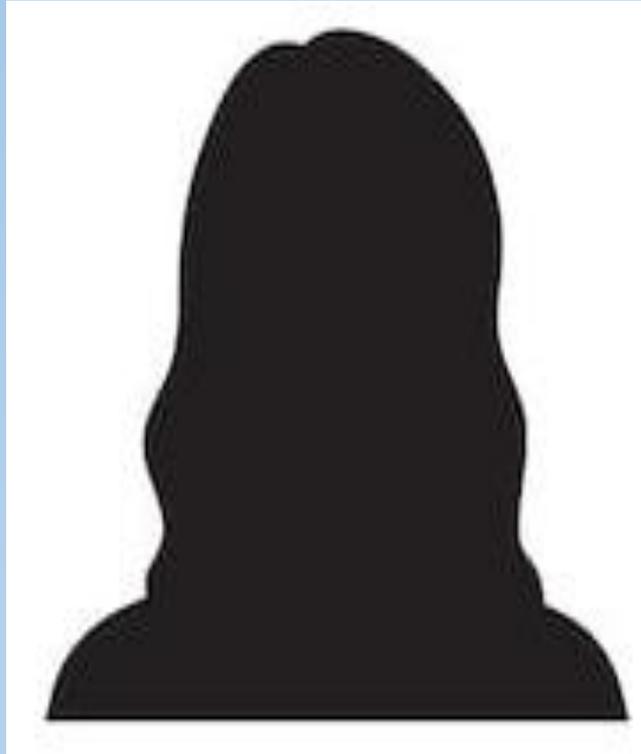
- Consider whether or not there might be innovative ways in which people's experience of loneliness might be mitigated which are free or lower costs. This could include consideration of extending the social model of leg ulcer treatment to help address social isolation and widen experience for staff as well as considering if a "Carer Mentor" idea might be developed to extend support to family / informal carers.

# Areas for SAR recommendations ...

- **Operational**
- Take the opportunity provided by the current review of policies to build on current practice with regard to statutory responsibilities in clarifying for practitioners about the way in which care provision is made under Mental Health 1983 Sec. 117 and the Care Act 2014

# Areas for SAR recommendations ...

Using an appropriate format (a) mental health services and primary care services agree and confirm who will monitor and treat physical health problems among people with schizophrenia; and (b) mental health services to review public health initiatives to support people with serious mental health issues to stop smoking.



# Workshops/Case Studies

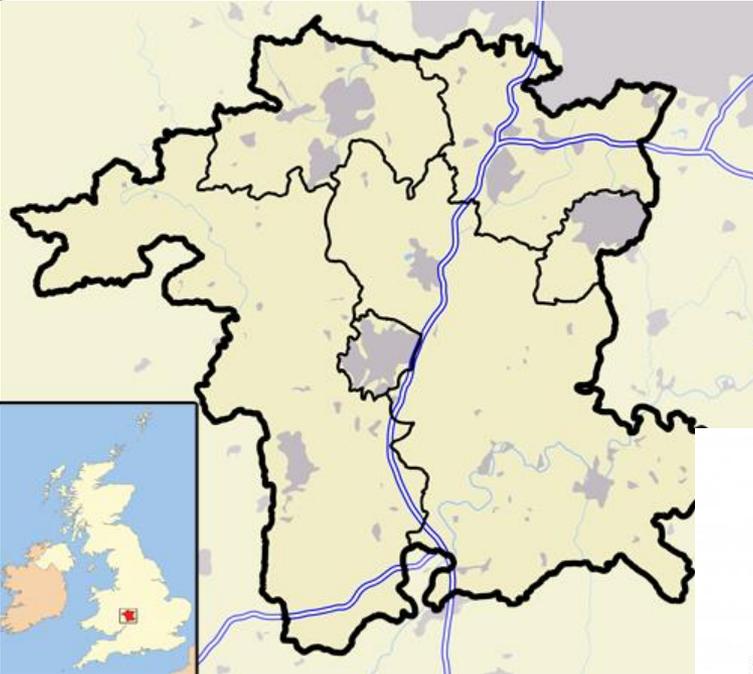
## Time to reflect



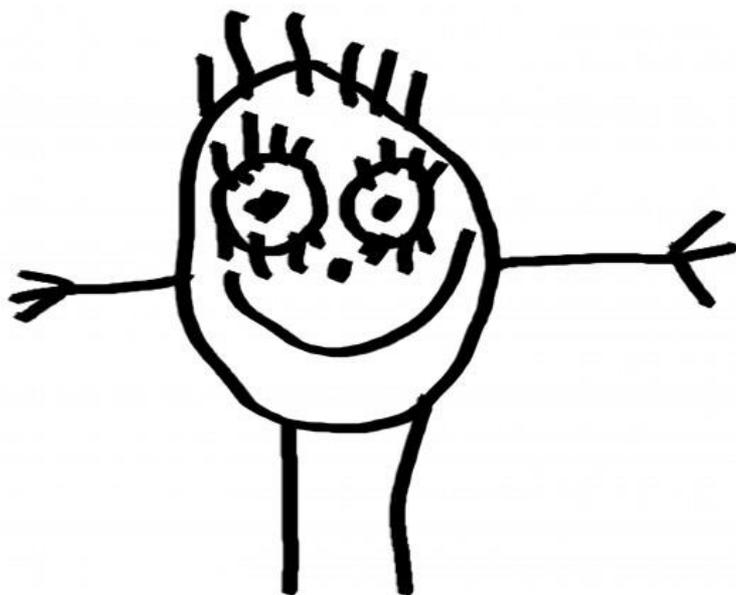
# Workshop Consider

- **What are the little things in your job that could have made a difference to this case?**
- **How could you make a difference in a similar case?**
- **Are there any groups or resources in the County or your locality you could link into which could help in this type of case?**

# Workshop Share

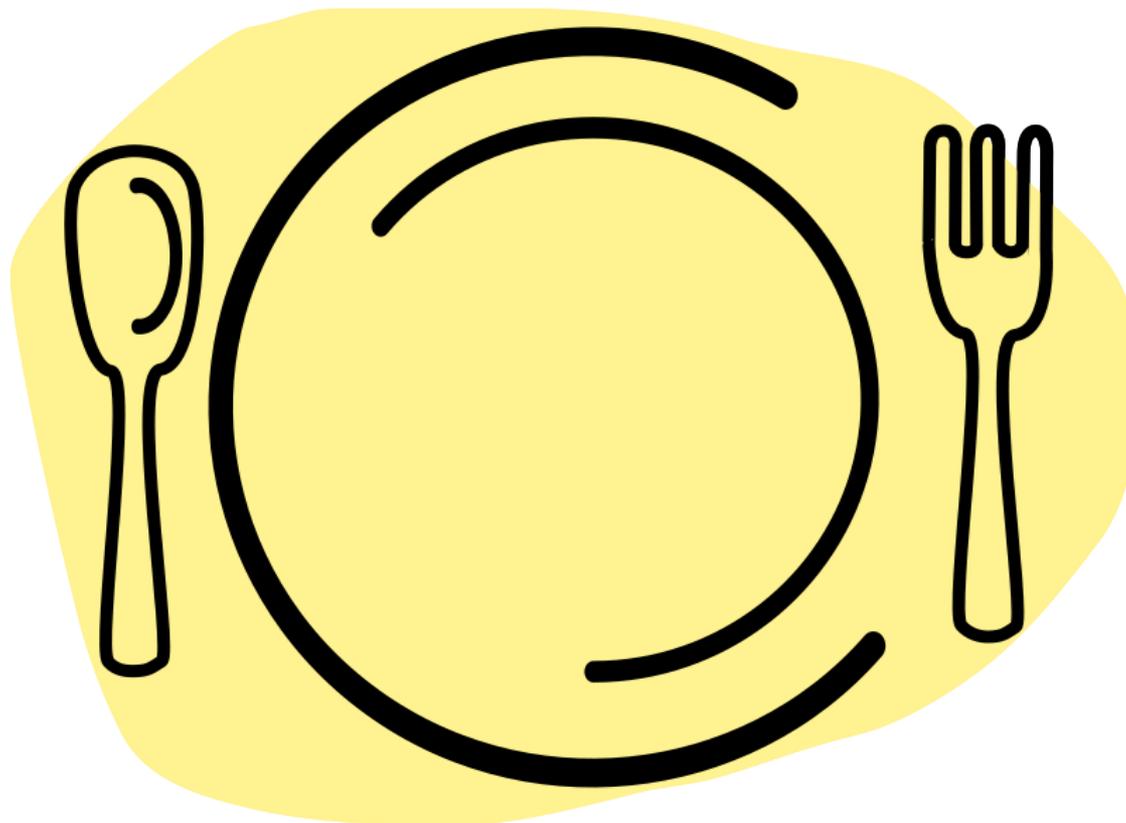


# Workshop Reflect



Does this have to be done solely by the organisation or is it something any individual could do?

# Lunch Break



# Family Statement Remembering Jane and her Mother



# The Carer Perspective

Carole Cumino



# Who is a carer?

*'A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support'*

# In Mum's own words:

'I knew her ways and how to look after her and get her to do what she needed to do'

'We argued but that is because we were comfortable with each other and knew we wouldn't let each other down. We were like two peas in a pod she was the best friend I ever had.'

'If they had talked to those who worked with us more they would have known how we were with each other'

'I know that that they were busy but she was left there and didn't listen to me as a Mum. I knew what was best for her. They told me they knew what to do in a horrible way which could make me feel inferior'

'They didn't listen to me as a carer. No one knew her better than me. I knew her better than anyone else. I was with her every day'

# Themes carers say are important to them

- Respect, involve and treat me as expert in care
- Recognise and respect me as a carer
- Ensure information is shared with me and other professionals
- Signpost information for me and help link professionals together
- Flexible care, available to suit me and the person I care for
- Think about the whole family, including young carers and young adult carers
- Recognise that I also may need help both in my caring role and in maintaining my own health and well-being
- Treat me with dignity and compassion

# Communication

Bill Say

Training and Development Officer (WCC)

Director of Just Say Training

# Verbal and non-verbal communication

- ▶ Nonverbal communication is the transmission of messages or signals through a nonverbal platform such as eye contact, facial expressions, gestures, posture, and the distance between two individuals.
- ▶ This form of communication is characterized by multiple channels and scholars argue that nonverbal communication can convey more meaning than verbal communication.
- ▶ Some scholars state that most people trust forms of nonverbal communication over verbal communication. Ray Birdwhistell's concludes that nonverbal communication accounts for 60-70 percent of human communication, although according to other researchers the communication type is not quantifiable.

# I had a great night last night

- ▶ What does this sentence mean??

# Six key principles that underpin all adult safeguarding work.

(Department of Health, 2017, paragraph 4.13)

<p><b><u>Empowerment.</u></b> People being supported and encouraged to make their own decisions and informed consent.</p>	<p>“I am asked what I want as a result of the safeguarding process and these directly inform what happens.”</p>
<p><b><u>Prevention.</u></b> It is better to take action before harm occurs.</p>	<p>“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”</p>
<p><b><u>Proportionality.</u></b> The least intrusive response appropriate to the risk presented.</p>	<p>“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”</p>
<p><b><u>Protection.</u></b> Support and representation for those in greatest need.</p>	<p>“I get help and support to report neglect and abuse. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”</p>
<p><b><u>Partnership.</u></b> Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.</p>	<p>“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best results for me.”</p>
<p><b><u>Accountability.</u></b> Accountability and transparency in delivering safeguarding.</p>	<p>“I understand the role of everyone involved in my life and so do they.”</p>

# The importance of inclusion

- ▶ Are we a successful species?
- ▶ How have we survived?
- ▶ How do we know we have been included?
- ▶ How do we know we are safe?

# Autonomic Nervous System

## **Parasympathetic Nervous System. Lower vagal. Freeze.**

Amygdala informs the lower vagal system to shut down all functioning and prepare for death.

## **Sympathetic Nervous System. Fight Flight.**

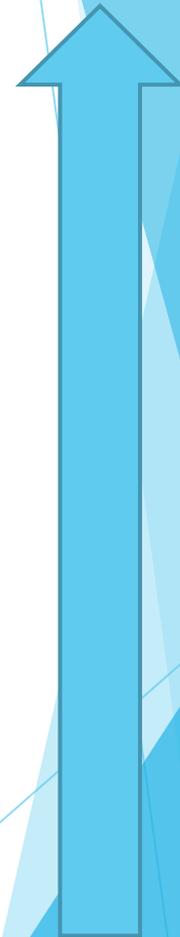
Amygdala informs the sympathetic nervous system to shut off all other functioning and get ready to take action, and quick.

**Parasympathetic Nervous System. Upper (smart) vagal.** Amygdala informs the parasympathetic nervous system that all is safe in the world and we can get back to the business of normal bodily functioning, nurture, love and social connection.

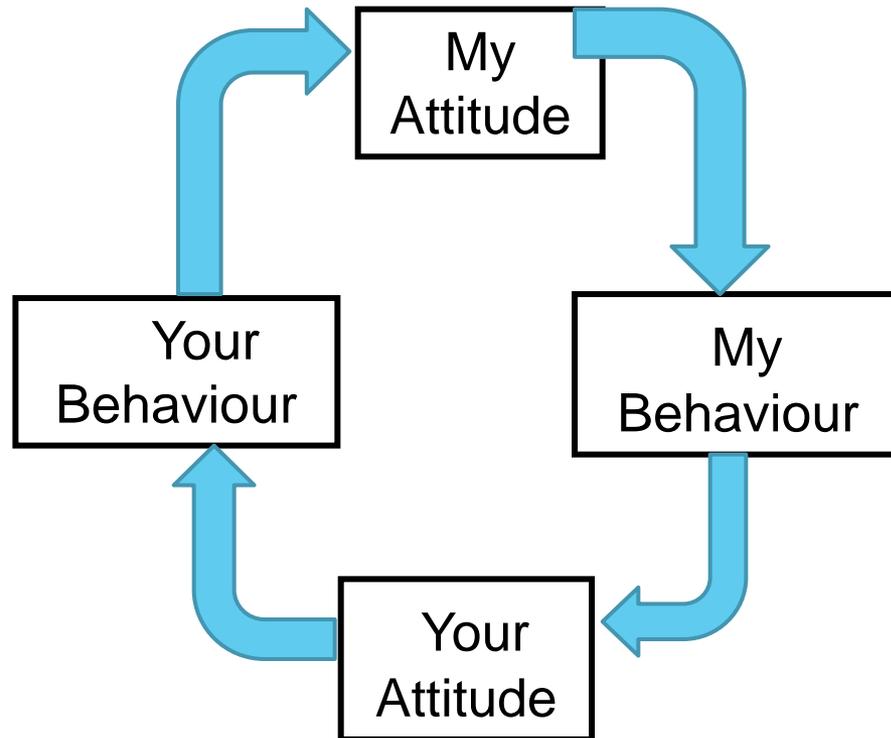
Threat to life

Serious but  
not life  
threatening

The environment  
is safe



## Bataris Box



The building blocks of Transference / Counter-transference  
I unconsciously 'cue' you to behave in a way that I expect

# *The Major Functions of the Frontal Lobe-*

- ▶ - Bodily regulation
- ▶ - Attuned communication
- ▶ - Emotional balance
- ▶ - Appropriate responding to others
- ▶ - Fear modulation (invincibility)
- ▶ - Empathy
- ▶ - Insight
- ▶ - Moral awareness
- ▶ - Intuition

# Core Listening Skills

## **Reflection**

- **Of content (detail)**
- **Of feeling (impact)**
- **Of somatic language (congruence)**

## **Restructuring**

- **Reframe to encourage a positive internal attribution**

## **Summarising**

- **Link event, thought, emotion and consequential behaviour**

# Helpful Questions

- ▶ That's how you've been, how would you rather be instead?
- ▶ What needs to happen for change to occur?
- ▶ What needs to happen for you to feel differently?
- ▶ Who else will be affected by the change and how?
- ▶ What purpose does your present behaviour serve?
- ▶ What other explanations could explain your behaviour?
  
- ▶ What's can't like? ... intrapersonal process
- ▶ What would can look like? ... solution process
- ▶ What would happen if you could? ... outcome visualisation
  
- ▶ What will happen if you change?
- ▶ What won't happen if you change?
- ▶ What will happen if you don't change?
- ▶ What won't happen if you don't change?

# Time to reflect and consider



# 6 Key Principles Underpinning Adult Safeguarding

**Empowerment.** People being supported and encouraged to make their own decisions and informed consent.

**Prevention.** It is better to take action before harm occurs.

**Proportionality.** The least intrusive response appropriate to the risk presented.

**Protection.** Support and representation for those in greatest need.

**Partnership.** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

**Accountability.** Accountability and transparency in delivering safeguarding.

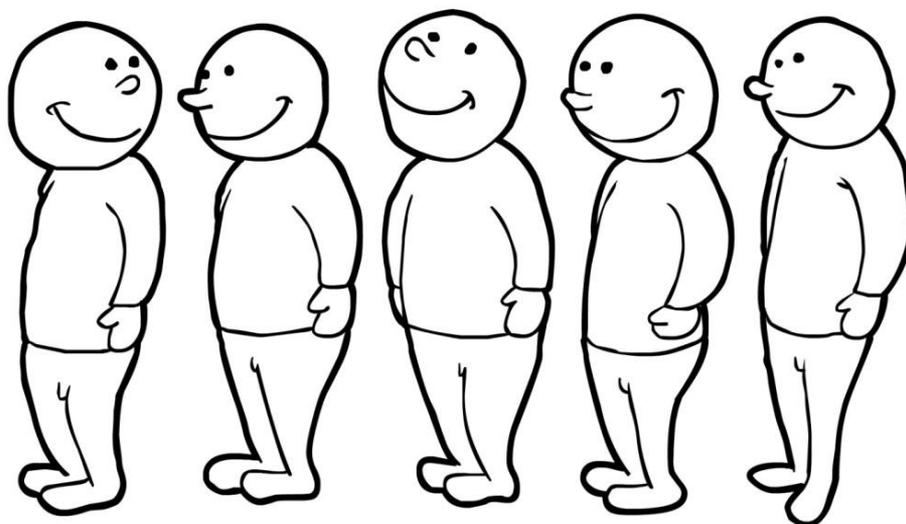
# Six Key Principles

## What I do differently

<b>Empowerment</b>	<b>How do we ensure that individuals and their carers are empowered to make decisions</b>
<b>Prevention</b>	<b>What you do to ensure that a similar situation is avoided</b>
<b>Proportionality</b>	<b>How do you ensure that you are always working in the interest of the person</b>
<b>Protection</b>	<b>What do you do to make sure that the person and their carer are engaged in the safeguarding process?</b>
<b>Partnership</b>	<b>What do you do to make sure that you work in partnership with the person and their carer, alongside other organisations</b>
<b>Accountability</b>	<b>What do you do to make sure that everyone understands what each others role is and who is doing what</b>



# Comfort Break



# Toni George and Elizabeth Sheppard Change Agents

## Worcestershire County Council



3C Development Team

# What is CAT ?

- CAT is a GPS enabled community asset mapping app designed in Worcestershire Adult Services to enable Social Workers in the field to actively capture details of community assets on their smart phones, add these to an ever growing map of resources across the county and also access details of different resources while visiting someone as part of the listen and connect remit of Conversation 1.

# Finding an Asset

Worcestershire County Council

Search by Asset Name:

Search by Category:

Resources

Costs

Venues

Radius:

Miles

Area:

Worcester

Search

El Sub

14.6m

Fourdees

89

1

2

12

14

2

4

Find address or place

# Search the Asset

Worcestershire County Council

**Walking Group**  
(1/1)

←

Name:	Walking Group
Opening Hours:	Monday - Friday 9.00am to 5.00pm
Phone Number:	01905740950
Email:	<a href="mailto:admin@ageukhw.org.uk">admin@ageukhw.org.uk</a>
Website:	<a href="https://www.ageukhw.org.uk">https://www.ageukhw.org.uk</a>
Delivered:	Community Based
Delivered-Other:	
Access:	Accessible
Costs:	No
Details:	An informal walking group meeting every Monday at our Malvern Gate Offices
Post Code:	WR2 4BN
Street:	Malvern Gate, Bromwich Road
Town:	Worcester
Area:	Worcester City
Another Address:	No
Postcode:	N/A
Street:	N/A
Town:	N/A
Category:	Older People
Sub-Category:	
Links:	

El Sub

Fourdees

14.6m

89 1 2 12 14

Find address or place

# Adding an Asset

**Community Assets**

Password: \*  
worchester123

**Please fill out the Community Asset below to the best of your abilities.**

What is the name of the asset?

Contact name?

Phone number of the asset?

Email of the asset?

**Community Assets**

Opening hours?

Is there a cost? \*  
 Yes  
 No

What team area is the asset in?

<input type="checkbox"/> Bromsgrove	<input type="checkbox"/> Redditch
<input type="checkbox"/> Wyre Forest	<input type="checkbox"/> Worcester City
<input type="checkbox"/> Malvern	<input type="checkbox"/> Wychavon

Web address of the asset?

Description of the asset?

# Pledges Time to Reflect





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