**Safeguarding Meeting Kit**

## Structure and Process to Support Individual Safeguarding

Table of Contents

[Purpose of Safeguarding Meeting Kit 3](#_Toc531000235)

[Process Flow Chart 4](#_Toc531000236)

[Decision-Making Principles and Guiding Questions 5](#_Toc531000237)

[Resource List 7](#_Toc531000238)

[Individual Safeguarding Meeting Guidelines 8](#_Toc531000239)

[Examples of Safeguarding Referrals 9](#_Toc531000240)

[1. Complaint 9](#_Toc531000241)

[2. Restrictive Practice – Physical 9](#_Toc531000242)

[3. Incident 9](#_Toc531000243)

[4. Quality Concern 9](#_Toc531000244)

[5. Safeguarding Concern 9](#_Toc531000245)

[Individual Safeguarding Form (including Risk Matrix) 10](#_Toc531000246)

[Safeguards Register 13](#_Toc531000247)

# Purpose of Safeguarding Meeting Kit

The Safeguarding Meeting Kit is a suite of tools that can be used by organisations to develop a structure and process around Safeguarding people they support. These tools are aimed at assisting teams to have conversations with relevant stakeholders about safeguarding, exploring possible risk, support and strategies that can be put in place, taking into consideration:

* people’s dignity of risk
* self-determination
* person centred approaches
* quality of life outcomes in line with human rights and least restrictive alternatives.

The tools in the Safeguarding Meeting Kit are designed to be used for a range of safeguarding concerns, including complex safeguarding situations. These tools need to be completed by a group of relevant supporters and organisational stakeholders, including people with disability, families, support staff, team leaders and managers, as appropriate for individual situation.

# Process Flow Chart

| **Safeguarding Concern Identified** | **Safeguarding Preparation** | **Individual Safeguarding**  | **Implementation and Review** |
| --- | --- | --- | --- |
| Safeguarding Concerns may be identified in different ways:* Report from person you are supporting
* Incident Report
* Serious Incident Report
* Concern or complaint raised
* Formally or informally

**Related Resources*** Links with “Responding to Concerns” in Corrective Tools.
 | Preparation for an Individual Safeguarding Meeting is very important to its success. A range of people may need to be involved such as the person with disability, their family and guardians, interpreters, advocates, supporters and stakeholders.It is important that before participating in Individual Safeguarding, everyone has a shared understanding of the rights of people with disability, principles of least restrictive practice, an understanding of vulnerability and risk, cultural considerations and other guiding principles.**Related Resources*** Guiding Principles
* Resource List
 | Coming together to consider Individual Safeguarding for someone you support should happen often, and in a timely manner. The Individual Safeguarding Form is part of a process to help guide and capture these important conversations and decisions.Remember the goal is for everyone in the organisation to be a safeguarding champion. The form is designed to be accessible and for use with a range of staff, situations, and teams.**Related Resources*** Individual Safeguarding Form
 | To ensure our Safeguarding efforts have a meaningful impact, actions need to be taken within the required timeframe, and the Safeguarding efficacy reviewed. Some organisations may have systems in place to track actions, workflow and task completion (e.g. on a computer based system). If this function isn’t built into your organisations’ systems, a simple excel spreadsheet being kept up to date can help you track and ensure the Safeguarding actions take place, and are reviewed. **Related Resources*** Safeguards Register
 |

# Decision-Making Principles and Guiding Questions

It is recommended that copies of the Safeguarding Meeting document are provided for each member to refer to during decision-making.

| **Decision-Making Principle** | **Guiding Question/s** |
| --- | --- |
| **Prevention –** we work towards prevention of safeguarding concerns, rather than only being responsive. | * How can we take preventative steps to improve the safety of services into the future?
 |
| **Dignity of Risk, proportionate responses –** we respect that people have the right to take risks in life, and that the freedom to do so is essential for people’s learning, self-determination and self-esteem. | * Are we making the least intrusive decisions, so that the person has as much more freedom of choice as possible?
* Is this a Safeguarding concern, or one where the person is making a decision that others disagree with?
 |
| **Confidentiality –** we consider the person’s right to privacy of personal information. | * How have we considered the person’s right to confidentiality as part of the Safeguarding process?
 |
| **Informed Consent –** we ensure that people are making decisions with full understanding of risks, possible results, and alternatives. | * How can we ensure the person is providing informed consent with regard to Safeguarding concerns?
* What steps have we taken, or could we take to develop the person’s understanding or skills?
* How can we empower the person in this situation?
 |
| **Shared decision-making, in partnership –** we partner with the person and their supporters, for collaborative decision-making. | * Have we involved the person and /or Guardians and family guardians in making decisions around Safeguarding?
* Have we considered others who might share and contribute to support decision-making?
 |
| **Importance of person’s perspective –** we need to understand and take into account the perspective of the person we support for decisions affecting their life. | * What is the person’s perspective on this Safeguarding concern? How do we know?
* How are we considering the person’s perspective, particularly if they are not easily able to tell us?
 |
| **Safety and Wellbeing, human rights upheld –** we ensure that the human rights and wellbeing of the person and their supporters is paramount to decision making. | * How we have considered the safety and wellbeing needs of all parties as part of the Safeguarding process?
 |
| **Accountability–** we ensure that we set clear actions, in line with best practice, and check that agreed actions are completed.  | * Who is responsible for ensuring that the agreed actions occur?
* How can we ensure clear and realistic expectations have been set in response to the Safeguarding concern? For example, timeframes, roles, responsibilities and resources have been allocated.
 |

**Some additional considerations for Restrictive Practice related Referrals are below:**

| **Decision-Making Principle** | **Guiding Questions** |
| --- | --- |
| **Least Restrictive Option –** we ensure that decisions are as least Restrictive to the person as possible, while ensuring appropriate safeguards are in place. | * What else has been tried before/whilst the Restrictive Practice was considered /put into place?
* Is there a less Restrictive option, even if it is still a Restrictive Practice?
* Have we sought relevant professional advice to explore alternatives?
 |
| **Impact of withdrawal of Restrictive Practice –** we consider the impact of withdrawing the Restrictive Practice, as well as the impact of the Restrictive Practice being in place. | * What would happen if the Restrictive Practice was immediately withdrawn?
* What would the impact of this be to the person, and their support systems, compared to use of the current / proposed Restrictive Practice?
 |
| **Plan towards Elimination of Restrictive Practice –** we acknowledge Restrictive Practices limit choice, control and freedom of expression for people and work towards eliminating the use of these wherever possible. | * How could the Restrictive Practice use be reduced over time? This could mean a less intensive practice, less frequently used, used for a shorter period of time etc.
* What is the plan towards the Restrictive Practice being eliminated over time?
* Do family members, guardians, and key supporters understand what Restrictive Practices are, and what policies the organisation has in place?
 |

# Resource List

Safeguarding at an individual level can be complex, and people may benefit from doing additional reading, training, and research to build their skills in this area. Some practical resources links to consider for use are listed below:

[**APD Cares – Zero Tolerance Initiative: Common signs of Abuse, Neglect and Exploitation**](http://apd.myflorida.com/zero-tolerance/common-signs/)

[**Care Act UK- Principles for Safeguarding Adults**](https://www.scie.org.uk/care-act-2014/safeguarding-adults/)

[**Code of Practice for Elimination of Restrictive Practices, WA**](http://static1.1.sqspcdn.com/static/f/1546495/25715521/1417183469157/Code%2Bof%2BPractice%2BFinal%2BNov%2B2014.pdf?token=rMjwZztTIqL7F9jmUeVHu0Ejo10%3D)

[**Position Paper: Individual Safeguarding, WA**](http://www.disability.wa.gov.au/Global/Publications/For%20disability%20service%20providers/Quality/Disability-Services-Commission-Position-Paper-Individual-safeguarding.pdf)

[**Mental Capacity Act (MCA) Directory – A list of guidance and materials on making best interest decisions**](https://www.scie.org.uk/mca-directory/making-decisions/)

[**Zero Tolerance films focus on Restrictive Practices, NDS**](https://www.nds.org.au/news/zero-tolerance-films-focus-on-restrictive-practices)

# Individual Safeguarding Meeting Guidelines

**Meeting Purpose:** To provide a structured, comprehensive meeting to discuss Safeguarding concerns about people we support.

**Preparing for a Safeguarding Meeting**

**Roles:** The people attending the meeting will vary. Ideally you will be able to have good representation from the person being supported, people that they trust, key supporters, and other stakeholders as relevant. Someone should be identified to help facilitate the meeting and record key discussion points, risk considerations, and outcomes on the Individual Safeguarding Form.

**Responsibilities:** Each person present would be contributing to addressing safeguarding concerns, in line with the decision making principles (providing copies of these at the meeting is recommended). There should be at least one person present who has a good knowledge of what constitutes a reportable incident, policies relevant to Restrictive Practices, be familiar with the decision making principles in this toolkit, and uphold these by ensuring the guiding questions are used as part of the decision making. Active steps should be taken to ensure the rights of people with disability are upheld through this process. This includes providing people with disability with supports to participate, for example communication devices, interpreters, advocates, familiar locations, information in alternative formats and considering people’s cultural diversity.

**Reasons to hold a Safeguarding Meeting:** Safeguarding Concerns could be raised in a number of different ways, including flagged through an incident report, directly reported by staff teams through their line management, via a complaint, raised by a person you support etc.

# Examples of Safeguarding Referrals

A few short examples are provided below to highlight different Safeguarding concerns that may arise as part of your meeting.

## Complaint

A family member has lodged a complaint that they believe something concerning is happening because their nephew has suddenly become withdrawn, quiet, and less engaged. They think he is appearing scared in his own home, but didn’t get any actions or satisfactory response when they reported this to the Area Manager. They have lodged a formal complaint and would like this to be investigated.

## Restrictive Practice – Physical

A staff member has identified that one of the systemic practices happening at a shared home for a long time, may constitute a Restrictive Practice. She has noted that one of the people regularly resists taking their medication which is in pill form and a nebuliser. Both medications are extremely important from a health perspective and sometimes staff need to hold the person physically to keep the mask on, and prevent the person from spitting out the pills. They have some ideas about what to do in response, but want oversight to ensure they’ve thought of all options.

## Incident

As part of an Incident Report Review, a situation was raised where one person we support hit another person while at work. This resulted in some bruising and upset to the person who was hit. The team are relatively unsure about what steps to take next, and were quite shocked by the incident.

## Quality Concern

A manager went out to visit someone who received community support, and found there was no support person there with 30 minutes left of the shift. When the manager followed it up, the staff member said they only left a little early, and that other times they stayed late to make up for it. The manager is now concerned about whether this reflected an isolated incident, or whether it may be happening more often within support teams. It was initially reported as a Quality Concern, but they are considering the impact of the staff member’s absence, and whether this may be a more serious breach of the organisation’s code of conduct, and neglect to the person.

## Safeguarding Concern

A person you support has become frustrated at a recent situation. They drink alcohol sometimes, and feel that staff and therapy teams from your organisation are limiting their rights to do so. They have been asked to sign documents about how alcohol is bad for their health and not part of their plan. Staff have been refusing to assist with buying some of the shopping, and keep putting drinks in hard to reach places.

# Individual Safeguarding Form (including Risk Matrix)

| **Name of Person** | (include Safeguards Register number, if this is being used) |
| --- | --- |
| **Reason for Individual Safeguarding Meeting** |  |
| **Existing Safeguards in Place** | (outline existing relevant Safeguards, if there are any) |
| **People involved in Safeguarding Planning** | (list people who have been involved in the Safeguarding planning, and their relationship to the person) |
| **Date Individual Safeguarding Form Completed** | (enter when you have finished the Individual Safeguarding Form) |
| **Date for Safeguarding Review (if required)** |  |

**Assessing Risk:** Use the Risk Matrix over the page to rate the Likelihood and Impact of Safeguarding Concern. Next to each individual rating, provide some explanation for how the rating was decided.

|  | **Risk Rating** | **Explanation** |
| --- | --- | --- |
| **Risk to person** | 3 | Consider both the impact and likelihood e.g. Jane runs away frequently when she is out in the community every day (likelihood, high). One on occasion Jane had been seriously injured and hospitalised from running in front of a car despite staff attempts to prevent this (impact, high).  |
| **Risk to staff** |  |  |
| **Risk to organisation** |  |  |
| **Risk to other person we support** |  |  |
| **Risk to community** |  |  |
| **Other (if relevant)** |  |  |
| **Overall (highest) Risk** |  |  |

**Agreed Actions** (Track completion of specific actions in Safeguarding Register instead, if this is being used).

| **Safeguarding action** | **Who is responsible** | **Timeframe to complete** | **Date completed** |
| --- | --- | --- | --- |
|  |  |  |  |

**Risk Matrix**

Likelihood x Impact

**Aim:** To ensure that there is the right oversight and reporting of Safeguarding Concerns appropriate to Risk Level.

**Likelihood**

Based on previous data and current information, the likelihood of the Safeguarding Concern occurring

**Impact**

Consider the Impact of the identified Safeguarding Concern. This includes thinking about a range of possible ways people can be impacted, including physical, emotional, relational and financial.

|  | **None**No impact expected | **Low**Low impact, no treatment required | **Moderate**Considerable impact, requiring treatment as part of action response | **High**Serious impact that will cause harm | **Critical**Could result in a fatality or critical incident |
| --- | --- | --- | --- | --- | --- |
| **Not Expected**There is no reason to expect this will occur | N/ANo Risk | N/ANo Risk | N/ANo Risk | N/ANo Risk | N/ANo Risk |
| **Low**Unlikely to occur, or only 1-2 times per year | N/ANo Risk | 1Low Risk | 1Low Risk | 2Moderate Risk | 3High Risk |
| **Medium**Foreseeable and likely to occur, within a month | N/ANo Risk | 1Low Risk | 2Moderate Risk | 3High Risk | 3High Risk |
| **High**Very likely to occur, within a week | N/ANo Risk | 2Moderate Risk | 2Moderate Risk | 3High Risk | 3High Risk |
| **Frequent**Expected to occur daily, or more | N/ANo Risk | 2Moderate Risk | 2Moderate Risk | 3High Risk | 3High Risk |

| **Rating = N/A, No Risk** | No risk concerns, no action required. | **Rating = 2, Moderate Risk** | Moderate Risk, Manager oversight recommended with Review date |
| --- | --- | --- | --- |
| **Rating = 1, Low Risk** | Low Risk, may not require review after Safeguarding Actions are completed | **Rating = 3, High Risk** | High Risk, full reporting including board recommended with regular review |

# Safeguards Register

It is important to ensure that the agreed actions and reviews as part of an Individual Safeguarding Meeting are completed within the required timeframes. A simple system can assist staff members responsible for actions to track progress, and to keep some basic information about Safeguarding as an organisation that can be presented to organisation executives or the Board.

The Safeguards Register (Excel Spreadsheet attached) can be used for this purpose. Instructions on how the Safeguards Register can be used are on the first tab, and the second tab is where data should be entered, shown in the screenshots below. The spreadsheet can be used as a starting point for your organisation, and modified as needed e.g. to create graphs and generate basic reporting statistics.



