

**Making Safeguarding Personal**

**Involving an adult at risk in the safeguarding adults process virtually or remotely**

Many of the considerations for involving an adult at risk or their representative in a safeguarding adults enquiry will continue to apply even if contact is not in person. Please see Appendix 1 for the existing “Good practice checklist for adult at risk and/or representative involvement”.

Don’t forget the [8 Principles of Engagement](https://www.newcastlesafeguarding.org.uk/wp-content/uploads/2019/09/Principles-of-Engagement-Final.pdf) (and associated [short film](https://www.newcastlesafeguarding.org.uk/videos/principles-of-engagement-video/)) which were produced on a multi-agency basis following the Lee Irving Safeguarding Adults Review. These principles are just as important now.

Practitioners must continue to involve the adult at risk or their representative in the safeguarding adults process, even if it might be done differently. Learning from cases has demonstrated that involving people in the process makes a difference to how successful we are at safeguarding someone. It should be viewed as an integral part of safeguarding practice and not as an add-on.

The ethical values and principles outlined in [“Responding to COVID-19: the ethical framework for adult social care”](https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care/responding-to-covid-19-the-ethical-framework-for-adult-social-care#the-values-and-principles) should also be adhered to when involving an adult at risk or their representative in the safeguarding adults process.

Below are some things that have worked well during Covid-19 when involving a person in a safeguarding adults enquiry.

**At referral stage**

* When explaining safeguarding procedures it might be useful to highlight that agencies continue to work together to keep people safe but they might be working differently. Explain that it is still important that their views are shared as part of the enquiry and that they will still be involved in the enquiry. The process should be discussed with the person fully, taking into account communication needs.
* Find out if there might be any barriers to the person participating in any subsequent enquiry e.g. do they have the equipment and/or skills to be able to dial in to a meeting or participate in a video conference? Have they used technology for any other formal assessments/processes? This will help the person co-ordinating the enquiry to plan the person’s involvement.

**Meeting participation**

* Ask the person how they would like to be involved – being involved in the meeting is not the only way to be involved. Do they have any concerns about participating via telephone or video?
* If there are difficulties in the person participating by video or phone, think about what could be done to overcome this? Could they be provided with the equipment if they don’t have it? Could someone support them to use the equipment? If appropriately risk assessed, would the circumstances warrant having a face-to-face meeting[[1]](#footnote-1)?
* Pre-meets (phone/video) the day before (or whatever timescale is deemed appropriate) allows the person the opportunity to think about what they want to say and what they want to happen.
* Clear ground-rules at the start and an explanation of what might happen if rules are not followed e.g. call might be terminated and info fed back following the meeting.
* Provide reassurance – “nothing to worry about”, “understandable that you might be nervous”, “this is new to everyone involved”
* Hear the views of the adult at risk or representative first (following the usual agenda format).
* It is helpful for everyone (not just the adult at risk or their representative) if people say their name before speaking when the meeting is being held via telephone or video.
* The Chair of the meeting should keep checking in with the person to make sure they are still on the call e.g. after each person has spoken say “did you understand that/is there anything you want to ask?”. Pace the meeting according to the person’s needs and monitor their concentration level.
* There might be an increased need for the Chair to ask if anyone has anything further to add after each agenda item.

**All aspects of the safeguarding adults process**

* Ensure reasonable adjustments are made to support the involvement of the person or their representative in the safeguarding adults process. For example, involvement via telephone or video might increase communication difficulties. A person might find it difficult to respond to questions via video, they may have difficulty concentrating or have a sensory impairment.
* Consider whether being involved virtually/remotely might mean the person would now have substantial difficulty in participating in the safeguarding adults enquiry. The adult at risk might have been able to participate face-to-face but would have substantial difficulty in being involved virtually. It is a statutory duty to involve a representative or advocate where a person would have a substantial difficulty in being involved in the safeguarding adults enquiry. Advocacy services continue to operate at this time albeit in different ways. Connected Voice have produced this [short film covering Covid-19 and Advocacy Services](https://www.youtube.com/watch?v=B3zw-14Wpbk&feature=emb_logo). Representatives might also need support and guidance on being involved virtually or remotely.
* Provide information before-hand that might increase a person’s ability to participate. The following guides are available: [Easy Read Guide](https://www.newcastlesafeguarding.org.uk/wp-content/uploads/2019/09/Easy-Read-Guide-April.pdf), [Plain English Guide](https://www.newcastlesafeguarding.org.uk/wp-content/uploads/2019/09/Plain-English-Guide-April_0.pdf), [Brief Guide](https://www.newcastlesafeguarding.org.uk/wp-content/uploads/2019/09/B3-brief_guide_april_2015_0-1.pdf).
* Don’t make presumptions about whether a person could participate in the safeguarding adults process virtually. Start by asking them and try to overcome any barriers that they might have. Practitioners have shared examples where virtual involvement has further empowered people to have a say in important aspects of their life.

**August 2020**

*Guidance to be updated as practice develops*

**Appendix 1**

**Good practice checklist for adult at risk and/or representative involvement**

Planning and preparing for involving adults at risk and/or their representatives is crucial to ensure it is positive and effective. Following this checklist is a good starting point for planning adult at risk and/or representative involvement in the safeguarding adults process.

Not all of the checklist will be applicable to the people that you work with. One thing to remember is that the people you are working with are the most knowledgeable about their circumstances and needs, so ask them or their representative.

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| **Stages 1-2 (referral and information gathering)** | Yes/No/n/a |
| Does the adult at risk and/or representative know that a safeguarding adults referral has been made? |  |
| Does the adult at risk and/or representative have a point of contact for the safeguarding adults process? |  |
| Has the adult at risk and/or representative been asked about their views about the concern? Have they defined their outcomes? |  |
| Has the safeguarding adults process been explained to the adult at risk and/or representative? |  |
| **Stages 3-4 (safeguarding adults meetings stage)** |
| Has the adult at risk and/or representative been invited to the safeguarding adults meeting or been told the reasons why they haven’t been invited? |  |
| If the adult at risk and/or representative is not attending the meeting have they been given the opportunity to provide their views? |  |
| Has a referral for an advocate been considered? |  |
| Have all meeting attendees (including the adult at risk and/or representative) been made aware of who is attending the meeting? |  |
| Has the meeting been organised at an appropriate venue and at an appropriate date and time? |  |
| Has support been offered to the adult at risk and/or representative to get to the meeting? |  |
| Has the adult at risk and/or representative been offered support (e.g. interpreter) to be a part of the meeting? |  |
| Has a pre-meeting been offered to the adult at risk and/or representative before the meeting? |  |
| **Stage 5 (the end of the safeguarding adults process)** |
| Has feedback been given to adult at risk and/or representative following every safeguarding meeting if they haven’t attended? |  |
| Have minutes of the safeguarding adults meeting been sent to the adult at risk and/or representative? Have you checked whether the adult at risk and/or representative needs any support to understand the minutes and actions agreed. |  |
| Have you asked the adult at risk and/or representative about whether they feel their defined outcomes have been met and whether they are happy with the outcome? |  |

1. There are examples of this happening in Child Protection Conferences e.g. where interpreters were required. The Chairperson, family, interpreters and minute taker were socially distanced in a room together, whilst others participated virtually. If this is felt to be the only option, agreement needs to be sought from a Service Manager. [↑](#footnote-ref-1)