



Safeguarding
is everybody's
business

July 2020

ERSAB Managers Briefing

During this emergency period we hope this resource will support your safeguarding practice until the face to face training sessions can start again. We appreciate that this is a difficult time for everyone and hope that you are safe and well.

Format - Information points and links to relevant supporting document (press Ctrl key & click)

Additional notes July 2020

CQC Emergency Support Framework: discussion questions for adult social care services (May 2020)

This tool is now in place to guide conversations with your inspector.

Section 3. Protection from Abuse

<https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/emergency-support-framework-what-expect>

ERSAB Level 3 Training now available online:

Level 3: Undertaking a safeguarding Section 42 enquiry

Level 3: Vulnerable Adult Risk Management (VARM) – see entry below

NHS Safeguarding App – has links to all local Adults Safeguarding Boards

CQC Connect podcasts have restarted – 22 June features Emergency Support Framework



CARE

Care Worker App – updates, information, discounts for social care

MCA: Care and Support Statutory Guidance has updated 24 June 2020

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

Domestic Abuse has increased during lockdown – ERSAB Website has links and information www.ersab.org.uk – (reporting abuse /useful links)

DVAP – Domestic Abuse and Violence Partnership – where to get help locally leaflet

National Centre for Domestic Violence: <https://www.ncdv.org.uk/>

Nursing Midwifery Council: Have issued ' How to revalidate during Covid-19'

Contents

Safeguarding

- Current situation safeguarding reporting and notification to CQC
- Online training from ERSAB for staff
- Implications of Coronavirus Act 2020 on easements to Care Act
- Using Six Principles of Safeguarding for protection planning
- Useful resources: ERSAB, CQC, Skills for Care Safeguarding booklet

Mental Capacity Act

- Update to legislation
- Advance Care planning - importance during emergency
- Ethical Framework - Respect and reasonableness
- Link to Regulations Summary - Consent and Human Rights
- Useful resources: CQC & ERSAB

Care Quality Commission

- Safe KLOE - Infection Control
- Formulation of contingency plans
- Evidence of active crisis management: review and lessons learned
- Guidance on safe recruitment and DBS from CQC
- Useful resources: www.infectionpreventioncontrol.co.uk, NHS, CQC

Managers Personal Well-being

- Support networks and Resources

Introduction from the ERSAB Board Training Coordinator

Firstly, a huge and sincere thank you for the vital work you are doing during these extraordinary times. ERSAB would like to support you as much as we can whilst you carry out your duties in these very challenging circumstances.

This document is designed to assist you in your very important role and contains lots of useful information about temporary changes to legislation and guidance during the pandemic and provides links to all the relevant websites.

We have made temporary changes to the training policy to provide flexibility and to ensure people have access to online training to keep themselves updated whilst face-to-face training is suspended.

I hope this document assists you in your role and provides you with information you require.

Once again, many thanks for your dedicated work and I hope to meet you when things return to normal.

Sandy Hebdon

ERSAB Training Co-Ordinator

Safeguarding

- **Current situation safeguarding reporting and notification to CQC**

Safeguarding remains a statutory duty under the **Coronavirus Act 2020**.
<http://www.legislation.gov.uk/ukpga/2020/7/contents>

Reporting and relevant enquiries continue as normal and follow the current **ERSAB Procedures for the Safeguarding of Adults with Care and Support Needs**
www.ersab.org.uk Policy and Guidance tab

The ERYC Safeguarding Team and out of hours support remains available. The response from Local Authority staff will need to take account of the current restrictions and reflect the seriousness of the identified situation.

Care Quality Commission (CQC) - safeguarding

<https://www.cqc.org.uk/guidance-providers/all-services/coronavirus-covid-19-pandemic-information-providers>

Latest updates are bottom right of this page.

CQC will continue to collect data and visit if they believe there is a risk of harm.

Notifications need to be sent about abuse or allegations of abuse concerning a person using the service if: the person is affected by abuse, they are affected by alleged abuse, the person is an abuser, they are an alleged abuser (CQC 28.04.20)

CQC Emergency Support Framework: discussion questions for adult social care services (May 2020)

This tool is now in place to guide conversations with your inspector.

Section 3. Protection from Abuse

<https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/emergency-support-framework-what-expect>

Deaths as a result of Covid – 19 – RIDDOR

<https://www.hse.gov.uk/news/riddor-reporting-coronavirus.htm>

- **Online training from ERSAB for staff**

All ERSAB face to face training has been cancelled and bookings suspended. This will be reviewed on a monthly basis. The Training Coordinator is formulating a plan to address the backlog and provide a flexible approach when training can be rescheduled. The ERSAB website is regularly updated. <http://www.ersab.org.uk/>

Note from the Training Coordinator – Sandy Hebdon

Temporary Changes to Training Policy

Unfortunately, we are unable to deliver any face-to-face training during government restrictions and we have no way of knowing how long this might continue. We understand that people may be concerned about their training validation expiring as the three-year limit approaches.

In order to address this, we have made some temporary changes to the training policy.

Level 1

As before, you have the option of completing the online training or downloading and completing the workbook. Although this would be valid for three years, we recommend face-to-face training as soon as it becomes available, particularly for new starters.

This must be accessed through the ERSAB site to have the correct links and access.

Levels 2 & 3

As outlined below, we are in the process of creating online training for all lessons at levels 2 & 3. This will allow those who are eligible, to keep their training up to date and will last for one year. In order to gain the year's extension, you must notify us and complete the evaluation form.

The hope is, that before the extension expires, face-to-face training will have resumed and things will return to normal. We can then evaluate and prioritise the training need.

In order to support staff who need to update their safeguarding knowledge, online resources have been developed.

We are pleased to announce that we have created level two safeguarding training courses, which are now freely available on the ASC Leader portal. The training can be accessed via www.ascleader.co.uk.

A link direct to this site has been added to the ERSAB website where you will be able to access a range of other adult safeguarding resources and information. The ERSAB website is www.ersab.org.uk

The courses which are available for you to access are as follows:

- Level one e-learning
- Level one workbook

These resources give a basic understanding of safeguarding and can be used by staff and volunteers. The workbook can be printed and completed in your own time and then discussed with your manager.

- Level 2 - Reporting Concerns
- Level 2 - Mental Capacity Act

The above are for seniors/managers. For the MCA session there are three elements, the ERSAB MCA Video, the SCIE video and the presentation. Both sessions include an evaluation.

- Level 3 - Undertaking a safeguarding Section 42 enquiry
- Level 3 – Roles and Responsibilities of the Manager for Safeguarding will be available soon

The on-line training is offered as an interim measure and is not a permanent substitute for attending the taught sessions, these will be run again as soon as we are able to use public venues and the restrictions have been lifted.

Please use the evaluation forms to let us have any comments you have as we continue to learn from this new approach.

- **Implications of Coronavirus Act 2020 on easements to Care Act**

The Local Authority may lawfully prioritise who and what type of needs it will meet and determine the extent to which it will carry out assessments or reviews. Public Health England, CQC and the Local Authority are supporting capacity trackers with providers.

Community Response HUB: 01482 393919 (9-9 M-F/9-6 S-S)

covid@eastriding.gov.uk

contract.qualityassurance@eastriding.gov.uk

- **Using Six Principles of Safeguarding for Protection Planning**

A safeguarding incident can leave adults at risk feeling powerless, isolated, alone, afraid, confused about what's happening, unsafe, unheard and feeling a loss of control. The Six Safeguarding Principles seeks to address these feelings.

The Six Principles underpinning adult safeguarding apply to all sectors and settings including care and support services, social work, healthcare, welfare, housing providers and the police and should inform the ways in which professionals and other staff work with people at risk of abuse or neglect. 'Making Safeguarding Personal' should also be considered. This guidance supports the Care Act 2014 and can be found in The Department of Health and Social Care Document '**Care and support statutory guidance**': **Updated 2 March 2020**

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance> (Click on the link – scroll down and go to safeguarding in the list on the left side of the screen)

What the Six Safeguarding Principles mean for an individual

Empowerment – People - “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

Prevention – People - “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

Proportionality – People - “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.”

Protection – People - “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

Partnership – People - “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 result for me.”

Accountability – People - “I understand the role of everyone involved in my life and so do they.”

What the Six Safeguarding Principles mean for an organisation.

Empowerment: We give individuals the right information about how to recognise abuse and what they can do to keep themselves safe. We consult people before we take any action. Where someone lacks capacity to make a decision, we always act in his or her best interests.

Prevention: We help the community to identify and report signs of abuse and suspected criminal offences. We train staff how to recognise signs and take action to prevent abuse occurring. In all our work, we consider how to make communities safer.

Proportionality: We discuss with the individual and where appropriate, with partner agencies what to do where there is risk of harm before we take a decision.

Risk is an element of many situations and should be part of any wider assessment.

Protection: We have effective ways of assessing and managing risk. Our local reporting arrangements for abuse and suspected criminal offences work well. Organisations that are required to respond to allegations of abuse have staff that are trained and competent in making the necessary enquiries. Local people understand how we work and how to contact us. We take responsibility for putting them in touch with the right person.

Partnership: We are good at sharing information locally. We have multi-agency arrangements in place and staff understand how to use these.

Accountability: The roles of all agencies are clear, together with the lines of accountability. Staff understand what is expected of them and others. Agencies recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements.

Making safeguarding personal

In addition to these principles, it is also important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised. <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal>

There will always be the dilemma of balancing a person's right to personal self-determination (rights and freedoms) and duty of care for safe care and treatment.

The Principles of Safeguarding can be used as a framework for a robust protection plan. This supports evidence of

- Empowerment and choice, (individual wishes and preferences)
- Appropriate use of the Mental Capacity Act,
- Supportive protection measures personal to the individual
- Person centred, individualised support and Risk assessment,
- Incident accident reporting,
- Relevant notifications (e.g. Safeguarding Adults Team, CQC),
- Involvement of relevant Partner Organisations/Professionals
- Appropriate family & carer involvement,
- Prevention measures
- Effective recording, action planning, lessons learned and follow up

NB. VARM – Vulnerable Adults Risk Management Policy may be needed in cases of self-neglect that are seriously endangering an individual – www.ersab.org.uk

Useful resources: ERSAB, CQC, SCIE (Social Care Institute for Excellence)

Skills for Care: 'A guide to Adult Safeguarding for Adult Social Care Employers' Safeguarding booklet <https://www.skillsforcare.org.uk/Documents/Topics/Safeguarding/A-guide-to-adult-safeguarding-for-social-care-providers.pdf>

Mental Capacity Act

- **Update to legislation**

The **Coronavirus Act 2020** has passed through Parliament and to date did not cover any changes to The Mental Capacity Act or Deprivation of Liberty Safeguards (DOLs). However, further guidance may be needed in relation to continuing current DOLs and this is likely to follow.

There have been recent updates to this legislation, the **Mental Capacity (Amendment) Act 2019** was passed in May 2019. Further guidance around new **Liberty Protection Safeguards** (New name for DOLs) was expected in June 2020 and implementation from October 2020. It is uncertain how the current emergency will affect this.

The Office of the Public Guardian (OPG) has introduced a faster service to search their registers to allow NHS and social care staff to check if a COVID-19 patient lacking mental capacity has a power of attorney or deputyship court order in place, including a template letter.

An online ERSAB brief guide has been developed as listed above, in order to follow the tutorial you need to have completed your Level 1 training 'Recognising Abuse', this information follows on from that and supports Level 2 'Reporting Concerns' – also available from ERSAB online. If you need to complete your Level 1 Safeguarding training, you can do this either by undertaking the e-learning package or downloading and completing the workbook - both are available on the ERSAB website – www.ersab.org.uk

The latest guidance from The Department of Health and Social Care: 09 April

'The Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) during the coronavirus (COVID-19) pandemic.' & Annex Form 1B

<https://www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878910/Emergency_MCA_DoLS_Guidance_COVID19.pdf

- **Advance Care planning - importance during emergency**

A Joint Statement on Advance Care Planning was published on 01 April 2020 by the following organisations:

British Medical Association (BMA)
 Care Provider Alliance (CPA)
 Care Quality Commission (CQC)
 Royal College of General Practice (RCGP)

“The importance of having a personalised care plan in place, especially for older people, people who are frail or have other serious conditions has never been more important than it is now during the Covid 19 Pandemic.

Where a person has capacity, as defined by the Mental Capacity Act, this advance care plan should always be discussed with them directly. Where a person lacks the capacity to engage with this process then it is reasonable to produce such a plan following best interest guidelines with the involvement of family members or other appropriate individuals.

Such advance care plans may result in the consideration and completion of a Do Not Attempt Resuscitation (DNAR) or ReSPECT form. It remains essential that these decisions are made on an individual basis. The General Practitioner continues to have a central role in the consideration, completion and signing of DNAR forms for people in community settings.

It is unacceptable for advance care plans, with or without DNAR form completion to be applied to groups of people of any description. These decisions must continue to be made on an individual basis according to need.”

The following guide is useful and has a PDF document with links to further guidance. This is helpful to show an evidence based response.

NICE & SCIE (2019) Quick Guide: **Advance Care Planning: A Quick Guide for Registered Managers of Care Homes and Home Care Services.**

<https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/advance-care-planning>

- **Ethical Framework for Social Care in response to COVID - 19**

In order to safeguard adults at risk of harm during this emergency period, difficult decisions will need to be made in a limited time and with pressure on resources. Decisions will need to be made in accordance with the law and official guidance applicable at the time. The normal statutory duties and professional responsibilities will also still need to be met.

The Department of Health and Social Care has issued guidance ‘**Responding to COVID-19: the ethical framework for adult social care**’ (19.03.20)

<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 following is a short summary:

“This framework intends to provide support to ongoing response planning and decision-making to ensure that ample consideration is given to a series of ethical values and principles when organising and delivering social care for adults.”

“Alongside ethical considerations, every decision will require consideration of individual wellbeing, overall public good and the resources that are available. The values and principles should serve as a starting point to guide decision-making, supported by the views of lead professionals, collaboration across disciplines and organisations, and the extent of information available in each particular circumstance.”

“The ethical values and principles are equally relevant to those in need of social care who may face increased vulnerability, those who may become in need of social care, and the health and social care workforce who may face new and unexpected burdens when making difficult decisions and providing care and support during and as COVID-19 develops.”

It might be useful to use the framework as a checklist to ensure ethical considerations are taken in to account, however, the values and principles described in this document are not exhaustive. When implementing the ethical values and principles in urgent and uncertain circumstances, you may encounter tension between them which will require a judgement to be made on the extent that a particular value or principle can be applied in the context of each particular decision.

“In all instances, respect and reasonableness should be used as the fundamental, underpinning principles which guide planning and support judgements.”

The Values and Principles

1. **Respect** - This principle is defined as recognising that every person and their human rights, personal choices, safety and dignity matters.
2. **Reasonableness** - This principle is defined as ensuring that decisions are rational, fair, practical, and grounded in appropriate processes, available evidence and a clear justification.
3. **Minimising Harm** - This principle is defined as striving to reduce the amount of physical, psychological, social and economic harm that the outbreak might cause to individuals and communities. In turn, this involves ensuring that individual organisations and society as a whole cope with and recover from it to their best ability.
4. **Inclusiveness** - This principle is defined as ensuring that people are given a fair opportunity to understand situations, be included in decisions that affect them, and offer their views and challenge. In turn, decisions and actions should aim to minimise inequalities as much as possible.
5. **Accountability** - This principle is defined as holding people, and ourselves, to account for how and which decisions are made. In turn, this requires being

transparent about why decisions are made and who is responsible for making and communicating them.

6. **Flexibility** - This principle is defined as being responsive, able, and willing to adapt when faced with changed or new circumstances. It is vital that this principle is applied to the health and care workforce and wider sector, to facilitate agile and collaborative working.
7. **Proportionality** - This principle is defined as providing support that is proportional to needs and abilities of people, communities and staff, and the benefits and risks that are identified through decision-making processes.
8. **Community** - This principle is defined as a commitment to get through the outbreak together by supporting one another and strengthening our communities to the best of our ability.

The full detail is in the attached document:

<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>

• **Link to Regulations Summary - Consent and human Rights**

Point of Information and reflection: There have recently been concerning reports related to inappropriate use of sedation which is relevant to the care sector. Please see the attached report from CQC.

Inappropriate use of sedation

<https://www.cqc.org.uk/guidance-providers/adult-social-care/inappropriate-use-sedative-medicines-enforce-social-distancing>

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults#looking-after-your-mental-wellbeing>

Care Quality Commission – aspects of Consent from the KLOEs (Key Lines of Enquiry)

Condensed from the ‘what can you expect from a good care service’ (Public)

SAFE

- Staff protect your dignity and human rights and respect you as an individual
- You are protected from being bullied, harassed, harmed or abused

EFFECTIVE

- You are always asked to give your consent (permission) to care, treatment and support in a way you can understand.
- Staff know your health needs and personal preferences. They regularly involve you in decisions about your care and treatment and give you as much choice and control as possible.

CARING

- You are encouraged to express your views, no matter how complex your needs are.
- You have access to Advocates (people who can speak on your behalf)

RESPONSIVE

- Care, treatment and support are set out in a written plan to make sure you receive personalised care and reflects choices. It should change and be up to date.

WELL – LED

- Managers know what their responsibilities are and are always honest, including when things go wrong

<https://www.cqc.org.uk/help-advice/what-expect-good-care-services/what-can-you-expect-good-care-home>

<https://www.cqc.org.uk/help-advice/what-expect-good-care-services/what-can-you-expect-good-home-care-agency>

<https://www.cqc.org.uk/help-advice/what-expect-good-care-services/what-should-you-expect-your-dental-practice>

- **Useful resources:**

Care Quality Commission Document **‘Protecting People’s Safety, Equality and Rights during the Coronavirus Outbreak’ April 2020 Easy Read**

https://www.cqc.org.uk/sites/default/files/20200408b_coronavirus_regulatory_response_easr_ead.pdf

www.ersab.org.uk

Care Quality Commission

This section can support Managers in considering their strategies to safeguard their care during a period of infection risk.

- **Safe KLOE - Infection Control**

<https://www.cqc.org.uk/sites/default/files/20171020-adult-social-care-kloes-prompts-and-characteristics-final.pdf>

S5 How well are people protected by the prevention and control of infection? This applies to premises, hygiene and cleanliness. How is this checked and what evidence can be shown?

Check the following:

S5.1 what are the arrangements for making sure that premises are kept clean and hygienic so that people are protected from infections that could affect both staff and people using services?

S5.2 Do staff understand their roles and responsibilities in relation to infection control and hygiene?

S5.3 Are policies and procedures maintained and followed in line with current relevant national guidance?

S5.4 Where it is part of the service's role to respond to and help to manage infections, how does the service make sure that it alerts the right external agencies to concerns that affect people's health and wellbeing?

S5.5 Have all relevant staff completed food hygiene training and are correct procedures in place and followed wherever food is prepared and stored? (Also supporting people to undertake themselves)

- Useful resources:
- www.infectionpreventioncontrol.co.uk,
- NHS - <https://www.england.nhs.uk/coronavirus/>
- CQC - <https://www.cqc.org.uk/guidance-providers/all-services/coronavirus-covid-19-pandemic-information-providers>

The CQC **Good Standard** for S5 is as follows:

The service manages the control and prevention of infection well. Where the service is responsible, staff are trained and understand their role and responsibilities for maintaining high standards of cleanliness and hygiene in the premises. Staff have access to, and follow, clear policies and procedures on infection control that meet current and relevant national guidance, and are kept up to date. Concerns about wellbeing and risks related to hygiene and infection are promptly shared with the appropriate agencies and managed appropriately and consistently.

Where the service has relevant responsibilities, food hygiene training and qualifications requirements for staff are all met or in the process of being met. Staff understand the importance of food safety, including hygiene, when preparing or handling food. They follow required standards and practice. (Page 31/32 ASC KLOES)

The CQC **Requires Improvement Standard** for S5 is as follows:

The service does not always meet current national guidance and standards in relation to infection control. Not all staff have received appropriate training and may not fully understand their responsibilities in relation to hygiene. Staff do not consistently apply good infection control practices. Policies and procedures on infection control may not be up to date or not all staff may know about them. External agencies are not always told about concerns for people's wellbeing, or about relevant infection or hygiene risks. Where the service has relevant responsibilities, not all staff have undertaken food hygiene training and there are no firm plans to provide this. There may be lapses in good food hygiene practice. (Page 31/32 ASC KLOES)

- **Formulation of contingency plans**

Ensure that your contingency plans have been updated to reflect the current emergency situation and evidence that all reasonable actions have been considered. Ensure guidance is available for senior staff on how to seek support, help, information and report as required. For example if they believe they have a resident with symptoms of coronavirus. Where to get further supplies of Personal Protective Equipment and manage staff sickness/absence. Support staff to express concerns.

- **Evidence of active crisis management: review and lessons learned**

This is the opportunity to evidence as an organisation that there is a plan in place. Capture the monitoring, audit, spot checks, training, recruitment and liaison undertaken.

Record the actions taken that were successful and that need to improve and keep reviewing. Explain to staff, residents/clients and families that this is taking place to reassure ongoing good practice. Other evidence such as resident and staff surveys and well-being initiatives could also be evidenced (could just be a single question or telephone survey) to support the care provider in gauging how everyone is coping. Weekly updates from CQC and NHS can be feed into the contingency and crisis plans as circumstances change in the emergency period.

- **Guidance on safe recruitment and DBS from CQC**

<https://www.cqc.org.uk/guidance-providers/all-services/covid-19-interim-guidance-dbs-other-recruitment-checks>

Managers Personal Well-being

This current emergency situation is particularly stressful. Stress is well known to be a cause of mental and physical ill-health, and can contribute to errors and misjudgements, low morale, sickness absence, burnout and high staff turnover.

The resources below support increased resilience and are recommended to help staff to manage stressful situations, protect them from mental ill-health and improve their health and wellbeing.

Care work can be stressful, which is why it's important that everyone in adult social care is supported to develop their resilience, and that employers take steps to reduce work-related stress. This guide explains what resilience is and why it matters, states your responsibilities as an employer, and shares how you can reduce work-related stress and develop the resilience of your staff and for you as a Manager. (Quoted from Skills for Care Resilience document)

Government guidance on Mental Health and Well-being

<https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing>

Includes easy read resource which may be useful for residents/clients.

Skills for Care Launch Advice line for Managers

<https://www.skillsforcare.org.uk/About/News/News-Archive/Skills-for-Care-launches-advice-line-for-frontline-managers.aspx>

Yorkshire and Humber Public Health Network: <https://www.yhphnetwork.co.uk/links-and-resources/health-wellbeing-support-as-part-of-the-covid-19-response/>

Skills for Care Resources and Managers Network
<https://www.skillsforcare.org.uk/Home.aspx>

Stress at work Resource

<https://www.skillsforcare.org.uk/Documents/Topics/Mental-health/Learn-more-about-stress-at-work.pdf>

Greater Resilience, better care: A guide for Adult Social Care Managers to help them to reduce work related stress and build the resilience of staff.

<https://www.skillsforcare.org.uk/Documents/Leadership-and-management/Resilience/Greater-resilience-better-care.pdf>

Thank you for your ongoing interest and support to safeguarding adults at risk of harm.

We hope that this briefing supports your practice and you find it useful.

Any comments are always welcome, but we understand if it's not possible at present, to

sab@eastriding.gov.uk for the attention of the ERSAB Training Team

Sandy Hebdon – Training Coordinator & Hilary Spilsbury Training Officer

15/07/20