Buckinghamshire Safeguarding Adults Board

1 Day
Train the Trainer Programme

Programme Introduction

Safeguarding is a shared responsibility. Everyone has a role in identifying risk early, responding proportionately, recording concerns clearly, and taking action to protect adults from abuse, neglect, and avoidable harm. This programme along side guidance and the latest local safeguarding policies, procedures will help us protect those most vulnerable in Buckinghamshire.

Following this training Safeguarding leads can influence, strengthen and enable safeguarding practice, rather than hold responsibility for all Safeguarding decisions.

This is a practical, collaborative programme building trust and rapport across our system.

We will support you with the tools and techniques to empower others from across your organisation, including providing all the training materials required, handouts, evaluations etc.



Safeguarding Principles



Accountability

Ensuring responsible and transparent actions

Empowerment

Encouraging individuals to make their own choices and decisions

Partnership

Collaborating with others to ensure safety

Prevention

Taking steps to avoid harm before it occurs

Protection

Providing support and safeguarding from harm

Proportionality

Ensuring responses are appropriate to the level of risk

Learning outcomes

To develop a network of confident, skilled trainers who can build organisational capability in applying safeguarding frameworks consistently, support confident decision-making around risk and escalation, and enable a shift towards proportionate, informed safeguarding practice across Buckinghamshire.

- Understanding Safeguarding Thresholds & Decision-Making
- Applying MARM & PREP Confidently and Appropriately
- Building Confidence in Risk Ownership and Professional Judgement
- Delivering Practice-Focused, Reflective Learning
- Embedding the Safeguarding Lead Role in Practice
- Enabling Culture Change Within Organisations
- Contributing to System-Wide Consistency & Learning

Coaching Card

Awareness & Values

How do my personal values and biases influence the way I perceive safeguarding concerns?

Decision-Making & Accountability

How do I decide when to escalate a concern versus continuing to monitor a situation?

Communication & Relationships

How effectively do I create environments where individuals feel safe to disclose concerns?

Observation & Curiosity

What patterns or changes in behaviour might I be overlooking or normalising?

Why we are Introducing MARM, PREP, Self-Neglect and Hoarding Pathways

National and local Safeguarding Adult Reviews (SARs) consistently highlight the need for:

- Stronger multi-agency working
- Earlier intervention
- Effective escalation
- Better management of complex risks (e.g. self-neglect, hoarding, service refusal, mental health concerns, and social isolation)

Reviews often identify missed opportunities caused by:

- ❑ Fragmented responses
- ❑ Limited information sharing
- ❑ Lack of coordinated risk management

Aim

- Improve outcomes for adults experiencing significant risk
- Strengthen multi-agency working and safeguarding network
- Provide a clear framework for managing complex cases
- Support professionals to make defensible, person-centred decisions
- Ensure adults remain at the centre of planning and decision making

Benefits for staff and partners

- Clear pathways and decision-making processes
- Improved partnership working
- Shared accountability
- Better documentation and defensible decision making
- Access to specialist advice and challenge
- Greater confidence when managing complex cases

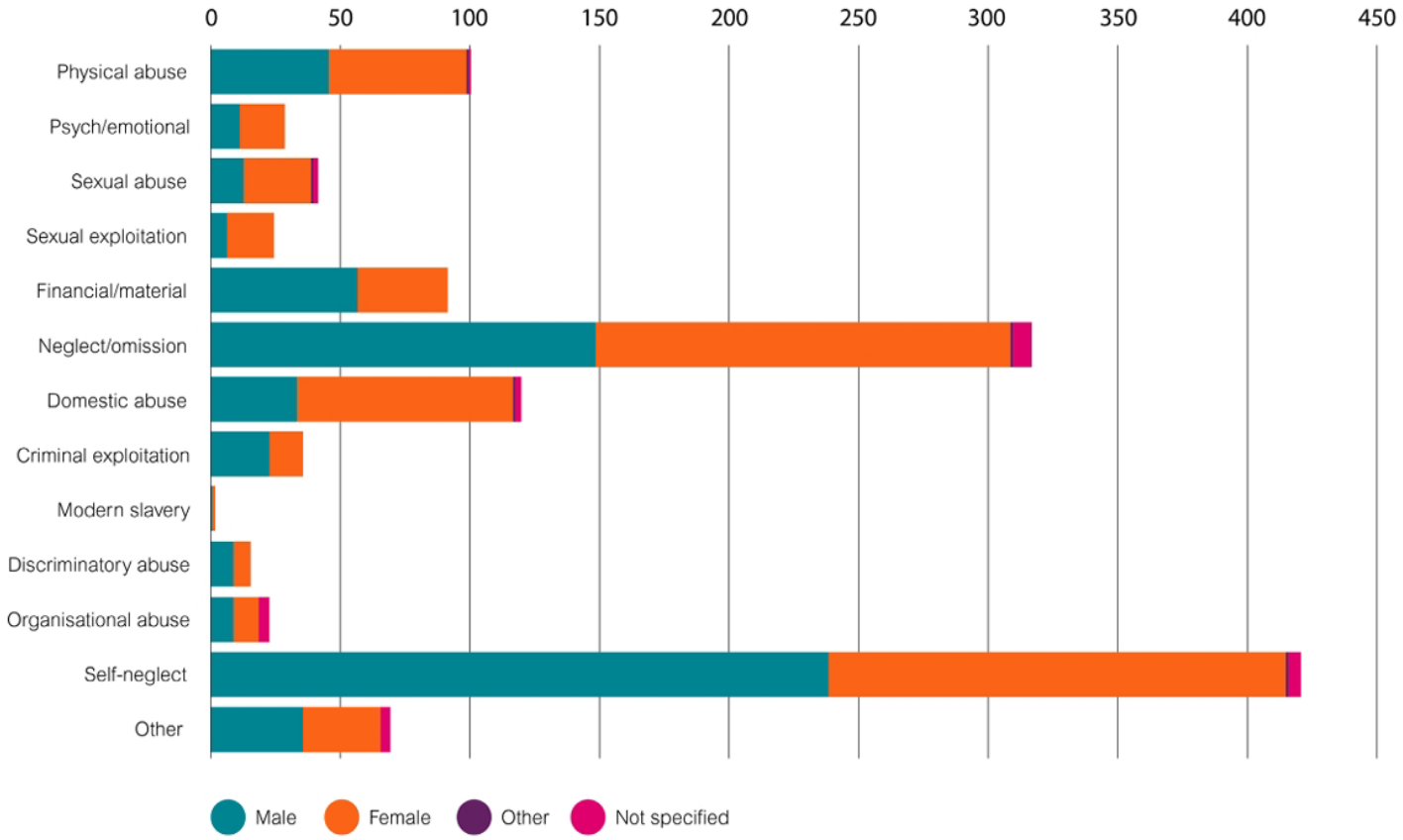
Benefits for adults we support

- Be included in discussions wherever possible
- Have their wishes and outcomes considered
- Receive coordinated support
- Benefit from earlier intervention
- Have risks managed through a person-centred approach
- Be supported to remain as independent as possible while reducing harm

Self-Neglect

National analysis of SARs 2017-2019 found that 45% of cases related to self-neglect

Review of SARs 2019-2023 found this had risen to 50%



Self-Neglect in Bucks (2025-2026)

27% of safeguarding referrals related to self-neglect (3rd most common category*)

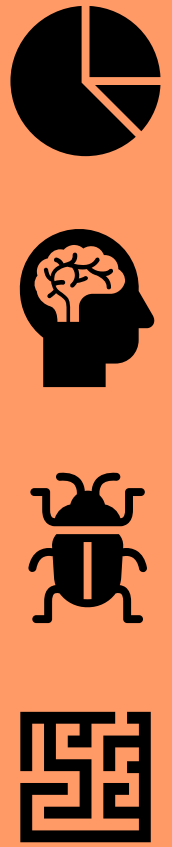
Only 13% met the threshold for a s42 enquiry (504/3847 (2nd lowest conversion rate**)

*Psychological abuse 36%, Neglect/Acts of Omission 32%

**Psychological Abuse 12%

Hoarding

Hoarding is a **complex behaviour** that professionals can find difficult to work with. It can also be very time and resource consuming



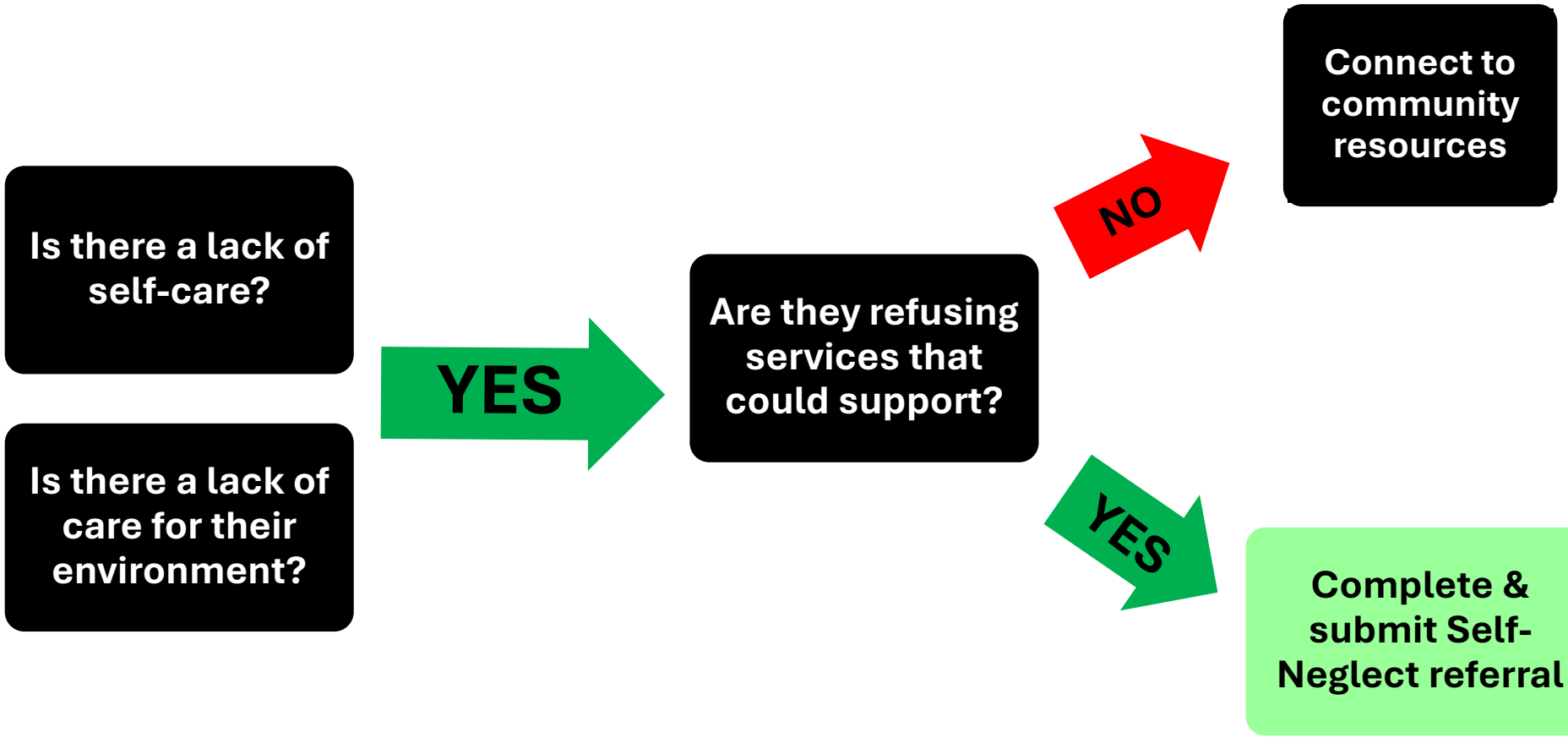
- Most research estimates **3-5% of adults hoard** to some extent
- Hoarding Disorder has been **recognised as a standalone disorder** by the WHO since 2018 (ICD11)
- Common risks include vermin, fire, **health implications** of poor hygiene

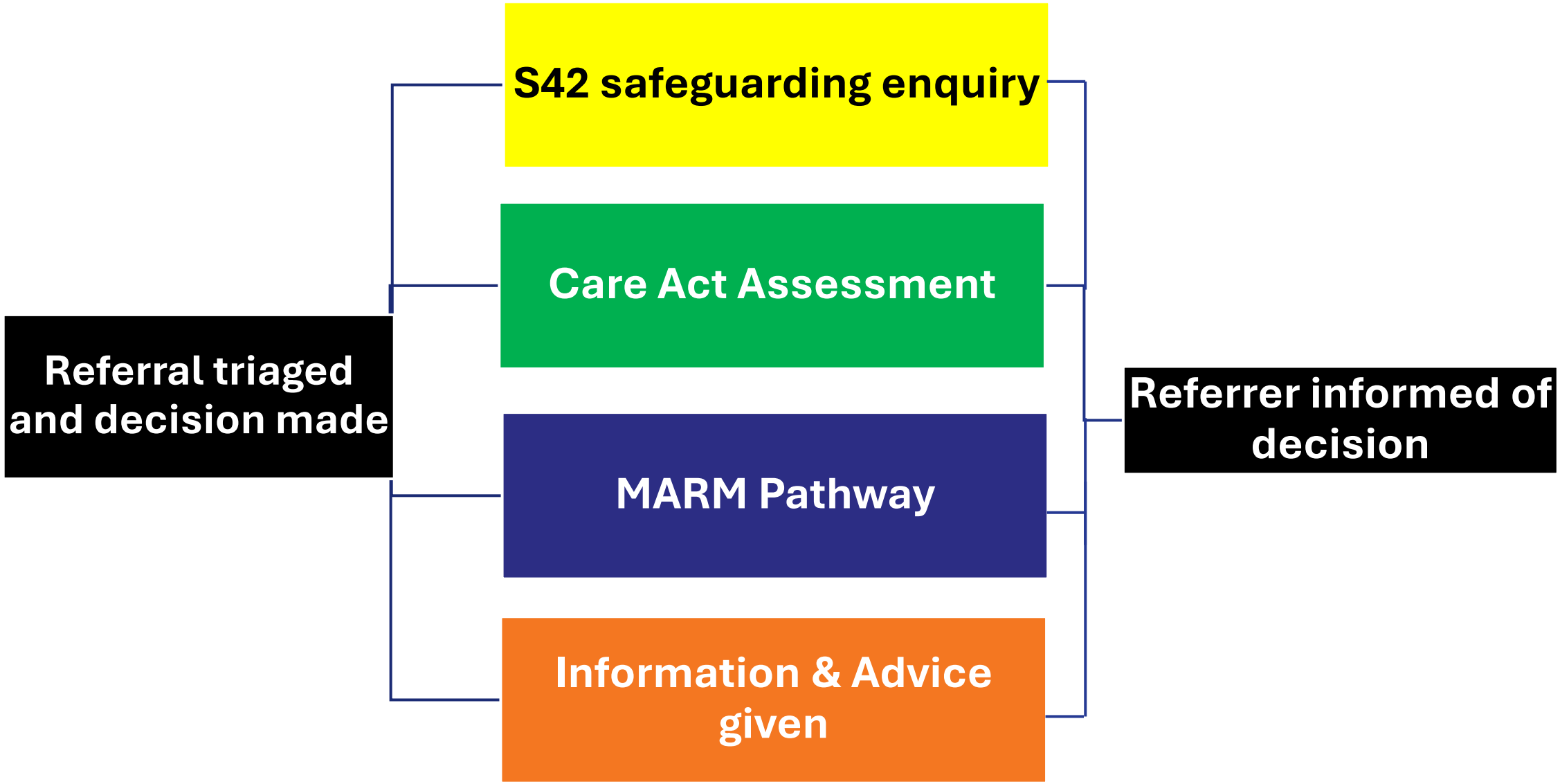
Goals of new self-neglect and hoarding pathway



- Improving quality of S42 referrals by filtering out cases that are better suited for other interventions
- Provide a point of contact for queries
- Strengthen inter-agency working
- Supporting partner agencies to become more confident in assessing and managing risk

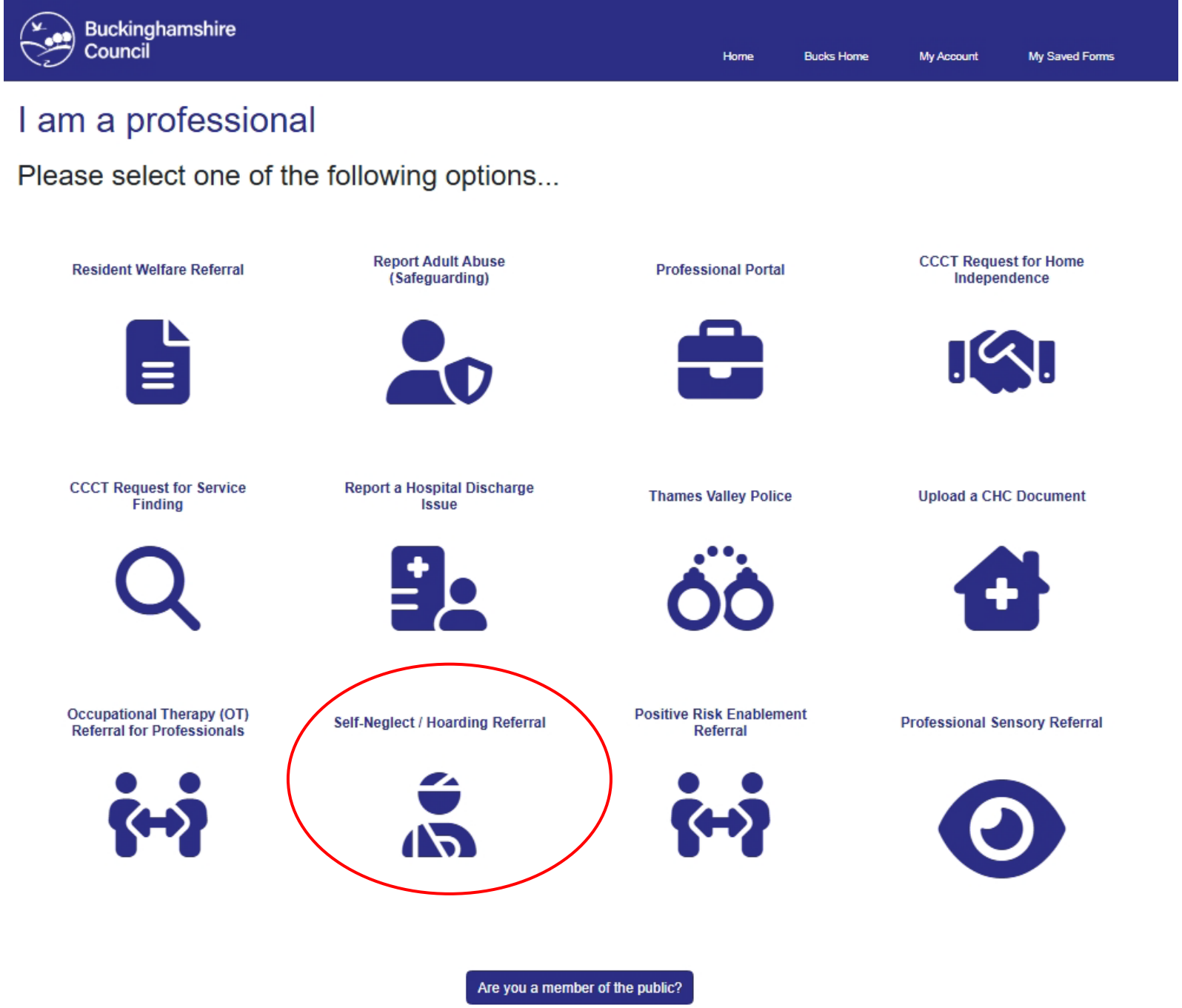
The Self-Neglect and Hoarding Pathway




Referral triaged and decision made
S42 safeguarding enquiry
Care Act Assessment
MARM Pathway
Information & Advice given
Referrer informed of decision

The support network




Buckinghamshire Council
Home
Bucks Home
My Account
My Saved Forms
I am a professional
Please select one of the following options...
Resident Welfare Referral
Report Adult Abuse (Safeguarding)
Professional Portal
CCCT Request for Home Independence
CCCT Request for Service Finding
Report a Hospital Discharge Issue
Thames Valley Police
Upload a CHC Document
Occupational Therapy (OT) Referral for Professionals
Self-Neglect / Hoarding Referral
Positive Risk Enablement Referral
Professional Sensory Referral
Are you a member of the public?

The MARM Framework

Purpose

- Coordinated multi-agency risk management for adults age 18+
- Ensuring a joined-up response to complex and high-risk situations

Scope

- High risk adults with complex needs including self-neglect, abuse, and disengagement from services requiring multi-agency support

Principles

- Non-statutory
- Early intervention
- Collaborative working
- No delay in response
- Person-centred approach at every stage



Triggers for MARM

- Use MARM when complex risks exceed single agency capacity – including severe self-neglect, repeated disengagement, or multiple overlapping vulnerabilities requiring coordinated response.

Involving the adult at risk

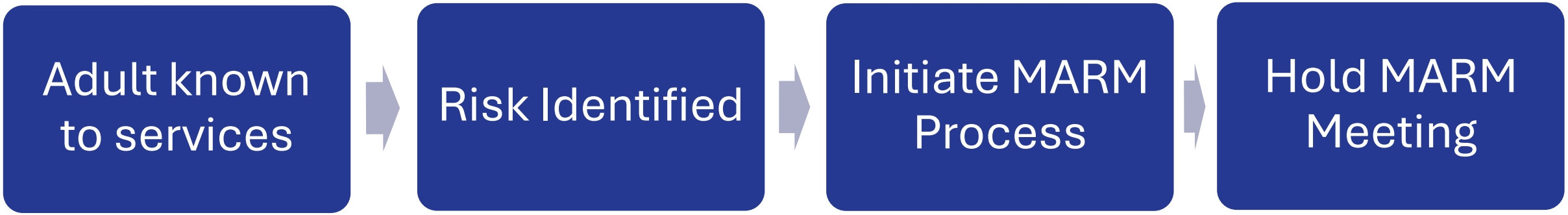
- The adult at risk and their legal representative should be involved throughout the MARM process. Person-centred participation is central, supported by information leaflets and advocacy where needed.

Ending MARM by consensus

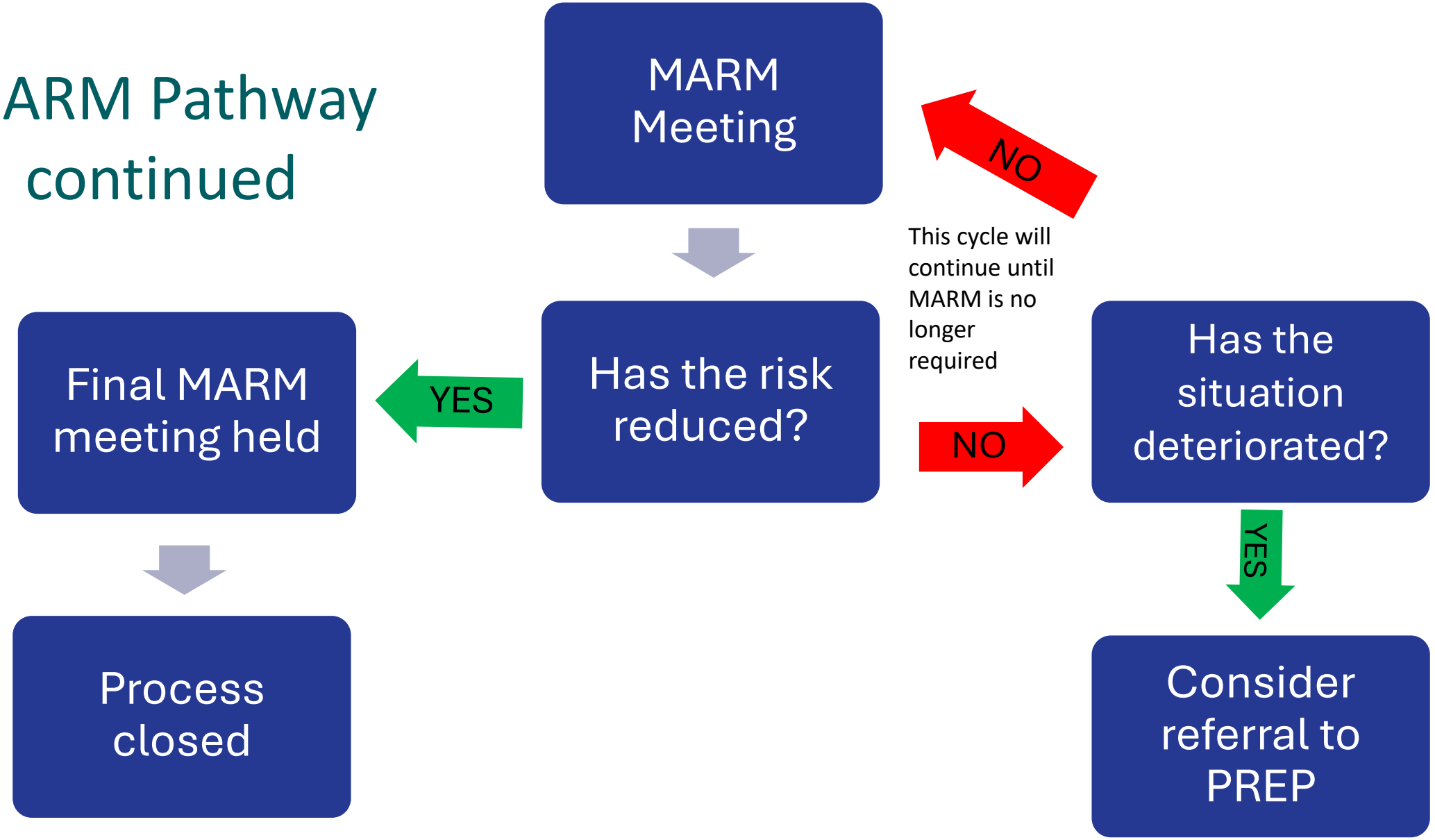
- MARM concludes when all agencies agree that risks have been effectively managed, no further intervention is possible, or if it requires escalation to PREP. Closure decisions ,must be reached collaboratively and documented clearly.



The MARM Pathway



MARM Pathway continued



The Positive Risk Enablement Panel (PREP) Framework

Next step beyond MARM

- PREP activated when MARM interventions have been exhausted or are insufficient to manage risk
- Designed for adults facing critical, immediate threats requiring escalated multi-agency response.

Referral criteria examples

- Repeated disengagement from services despite intensive support and outreach efforts
- Severe self-neglect or imminent harm risk where single agency capacity is exceeded.

Expert coordinated guidance

- PREP brings together senior leaders and decision makers to provide robust, evidence-based guidance
- Ensures a coordinated person centered approach to managing the most complex cases.

Timeline

- Initial PREP meeting held within 4 weeks of referral or sooner if risk is urgent or critical
- Timely convening ensures high-risk cases receive prompt expert coordination and intervention

Roles and leadership

- The panel is chaired by a senior leader, coordinating risk management planning and ensuring continuity between MARM and PREP processes
- The referrer is the lead professional

Attendance and Involvement

- Include professionals of relevant seniority with delegated decision-making authority
- Police involvement if appropriate
- Adult at risk supported to engage with information leaflets provided to aid participation

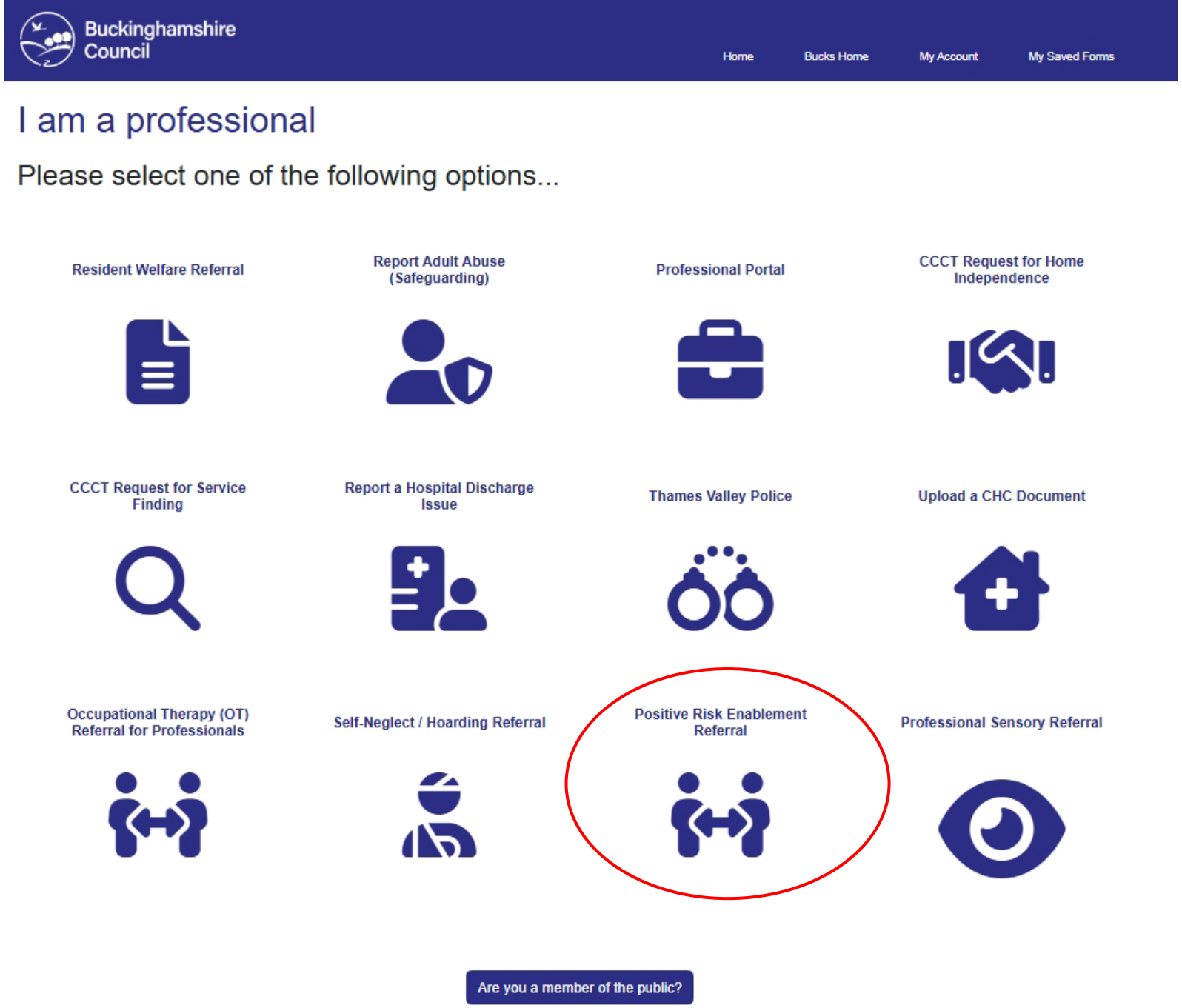


The PREP Pathway

PREP Referral completed by Lead Professional → Referral triaged by MASH → Outcome shared with referrer

If referral is accepted:

PREP Meeting held → Minutes and outcomes shared → Meetings continue as needed → All parties agree when PREP should close → Closure summary sent to Adult & all participants


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Buckinghamshire Safeguarding Adults Board

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Home | About us | Information for Professionals | Information for the Public | Policy & Procedures | Documents | Training & Development | MARM, PREP & Self Neglect

MARM, PREP & Self Neglect

Welcome to the Multi Agency Risk Assessment (MARM), Positive Risk Enablement Panel (PREP) and Self-Neglect Resources.

This area of the Buckinghamshire Safeguarding Adults website has been created to provide professionals with easy access to the policies, procedures, guidance, tools and forms needed to support effective practice in relation to MARM, PREP and self-neglect.

Working with adults who are experiencing self-neglect or living with high levels of risk can be complex and requires a coordinated, person-centred and multi-agency approach. The resources in this section are designed to support practitioners to identify concerns, assess and manage risk, prepare for MARM/PREP discussions, and ensure that safeguarding responses are proportionate, lawful and focused on the adult's wishes and outcomes.

These resources aim to provide a central place for consistent, accessible and up-to-date information to support decision-making and promote effective multi-agency working.

The *BSAB Self Neglect Policy (2.11 Self-Neglect and Hoarding Policy)* and the *BSAB Self Neglect & Hoarding Procedure* (2.12 Self-Neglect and Hoarding) can be seen on our Multi Agency Policy & Procedures (MAPP) pages.

Multi-Agency Adult Risk Management (MARM)

Response Framework

Buckinghamshire Safeguarding Adults Board

- Appendix 1: MARM meeting templates +
- Appendix 2: MARM Guidance for Action Plans +
- Appendix 3: MARM Information Leaflets +
- Appendix 4: PREP Referral +
- Appendix 5: PREP Templates and Checklist +
- Appendix 6: PREP Invitation Letter +
- Appendix 7: PREP Risk Assessment Action Plan +
- Appendix 8: PREP Information Leaflets +

"Escalate, Enable or Own It?"

"Every concern does not require a safeguarding referral. Every risk does require someone to take responsibility."

What typically causes people to over-escalate?

- Fear of getting it wrong
- Fear of blame
- Lack of confidence
- Organisational culture
- Previous serious incidents
- Misunderstanding of safeguarding thresholds
- Belief that safeguarding teams are responsible for all risk



Mr Thomas is 67 and lives alone.
Over the last month:

- Two neighbours report concerns that his garden is becoming overgrown.
- He has declined support with cleaning.
- He occasionally forgets appointments.
- A care worker reports that the fridge contains outdated food.

Mr Thomas states - "I'm managing fine. I know my house isn't perfect, but I don't want lots of professionals involved."
There is no evidence of abuse, coercion, exploitation or immediate danger.

Task - In small groups:
For each concern decide whether it is:
A. Manage within your role or
B. Discuss with partners or
C. Safeguarding escalation required

Discussion Questions
1. What is the actual risk?
2. What evidence do we have?
3. What assumptions are we making?
4. Who owns the risk?
5. What would proportionate action look like?
6. What would happen if we referred everything into safeguarding?



Six months later Mr Thomas falls at home and is admitted to hospital.

Does the outcome mean the original decision was wrong?
Why or why not?

Many practitioners equate: **Bad Outcome = Bad Decision**
When actually: Good Decision + Known Risk ≠ Failure (not equal to)

The Escalation Trap
When organisations become risk-averse they often:

- Refer too much
- Escalate too early
- Transfer responsibility
- Reduce professional curiosity
- Create safeguarding system overload

Result:
The safeguarding team becomes the owner of risk rather than the coordinator of safeguarding concerns.
Key Reflection -
“What risks are we currently escalating that we should instead be managing?"

Examples:

- Self-neglect requiring support planning
- Family conflict requiring mediation
- Housing issues requiring housing intervention
- Loneliness requiring community support
  Low-level concerns requiring monitoring



Not everything is a safeguarding concern.

Confident Practice

"Can I explain and evidence my decision?"

Not:

"Can I remove all risk?

Proportionate Practice

"What is the least restrictive response that manages the risk?"

Not:

"What is the safest possible option?"

Shared Responsibility

"Who is best placed to respond?"

Not:

"Who can I pass this on to?"

"If safeguarding disappeared tomorrow, how would your service still manage risk and support this person?"



"Escalate, Enable or Own It?"

Ex 2

Susan is 58 and lives alone in a rented bungalow.

A housing officer visits following a complaint about a strong smell coming from the property.
During the visit they observe:

- Large amounts of possessions stacked throughout the home.
- Clear pathways between rooms, although narrow.
- The kitchen is cluttered but usable.
- There is evidence of mice.
- Susan declines support from social care.

Susan has capacity and explains:
"I've always collected things. I know it looks bad to other people, but I know where everything is."

Additional information:

- Susan has no care package.
- Neighbours report concerns but have never seen her in distress.
- The housing officer feels uncomfortable and wonders whether to raise a safeguarding concern.



What is your immediate instinct?

- Raise a safeguarding concern?
- Refer to social care?
- Contact the fire service?
- Do nothing?
- Something else?

What are the actual risks?

Possible responses:

- Fire risk
- Environmental health concerns
- Risk of falls
- Self-neglect
- Tenancy risk
- Social isolation

Categorise your response

A. Manage within your role
B. Multi-agency discussion required
C. Safeguarding referral required

What evidence do we have?

"What do we know versus what we are assuming?"

Know

- House is cluttered
- Vermin present
- Person has capacity
- Person declines support

Assume

- Person is unable to cope
- Person lacks insight
- Person is unsafe
- Safeguarding intervention is required



Who owns the risk?

"If safeguarding didn't exist, who would be responsible for acting?"

- Housing
- Fire and Rescue Service
- Environmental Health
- GP
- Community support services
- The individual themselves

Is clutter automatically a safeguarding issue?

- When does hoarding become self-neglect?
- When does self-neglect meet safeguarding thresholds?
- What other interventions should be attempted first?



The TWIST

The local fire service completes a home safety visit and identifies a moderate fire risk. Susan agrees to smoke alarms, removal of items near heaters, and monthly visits from a community support worker.

Does this still require a safeguarding referral?

"No."
Because risks are being actively managed and responsibility is being shared.

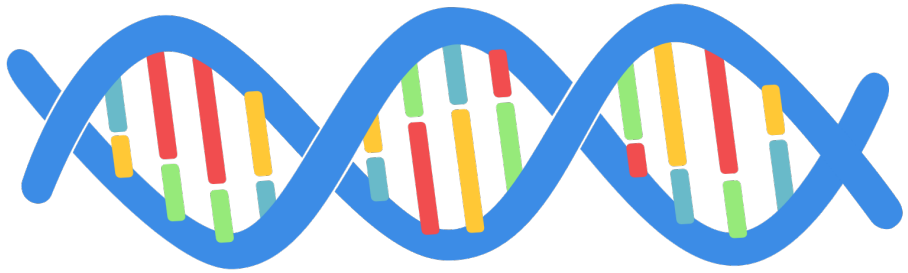
A risk does not automatically equal a safeguarding concern.
Many risks can be managed through:

- Housing
- Community support
- Health services
- Fire safety interventions
- Strengths-based conversations

"At what point does concern become safeguarding, and are we sometimes using safeguarding referrals to manage our own anxiety rather than the person's risk?"



MDT Working





Psychological Safety

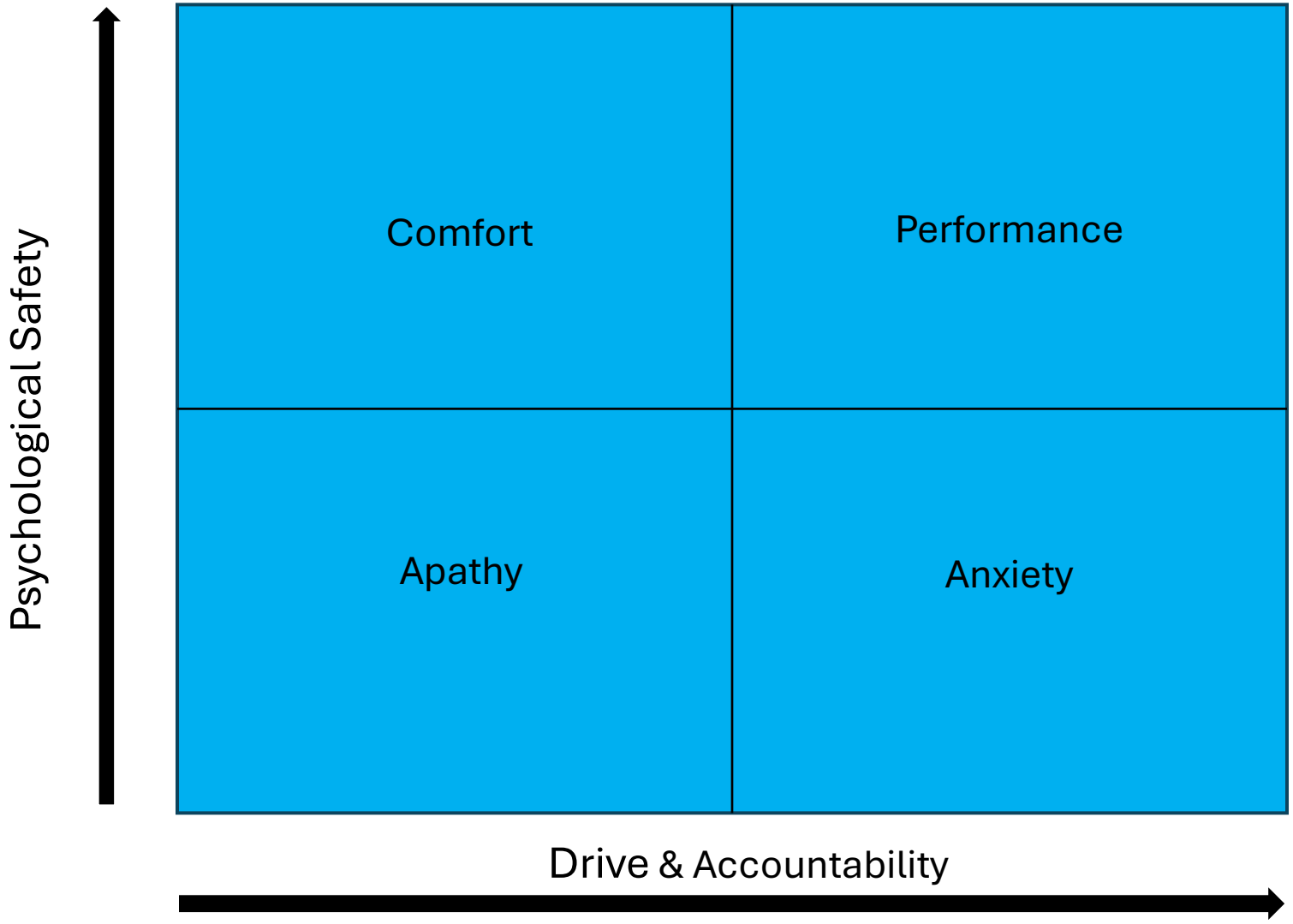
Compassion

Compassion can help with growing **trust** between individuals and creates **psychological safety** (Worline & Dutton, 2017). This can create a willingness to discuss and learn from errors and failures, talk about them more easily and learn from those mistakes which can result in more innovation.


Psychological Danger
Fear of admitting mistakes
Blaming others
Less likely to share different views
«Common Knowledge Effect»


Psychological Safety
Comfort admitting mistakes
Learning from failure
Everyone openly shares ideas
Better innovation & decision-making

The Performance Quadrant



Source: Tom Geraghty

Psychological Safety = Improved Safeguarding

How can stronger PS lead to better safeguarding for those we support?

1. Encourages Speaking Up About Concerns

When staff feel psychologically safe, they are more likely to raise safeguarding concerns early, even if they are uncertain or worried about being wrong.
Impact on safeguarding:

- Earlier identification of abuse, neglect, or exploitation.
- Reduced likelihood of concerns being ignored or overlooked.
- Better protection for vulnerable children and adults.



Psychological Safety = Improved Safeguarding

2. Supports Professional Curiosity

Psychological safety enables people to ask difficult questions, challenge assumptions, and explore inconsistencies without fear of criticism.

Impact on safeguarding:

- More thorough assessments.
- Better understanding of risk.
- Stronger decision-making around safeguarding interventions.

3. Improves Multi-Agency Collaboration

Safeguarding relies on effective partnerships across health, social care, education, police, and voluntary sectors. Psychological safety helps professionals feel comfortable sharing information and respectfully challenging each other.

Impact on safeguarding:

- Increased information sharing.
- Better coordinated responses.
- Reduced risk of vital information being missed.



Psychological Safety = Improved Safeguarding

4. Creates a Learning Culture Rather Than a Blame Culture

In psychologically safe teams, mistakes and near misses are viewed as opportunities for learning rather than punishment.

Impact on safeguarding:

- Greater reporting of incidents and near misses.
- Continuous improvement of safeguarding processes.
- Prevention of repeated failures.



5. Empowers Challenge and Escalation

Frontline staff often spot risks before managers or senior leaders. Psychological safety gives them confidence to challenge decisions and escalate concerns.

Impact on safeguarding:

- Risks addressed more quickly.
- Reduced likelihood of organisational blind spots.
- Stronger accountability at all levels.

Psychological Safety = Improved Safeguarding

6. Improves Staff Wellbeing and Retention

Safeguarding work can be emotionally demanding. Teams with high psychological safety experience better support, trust, and resilience.

Impact on safeguarding:

- More engaged workforce.
- Better quality of practice.
- Greater continuity of care and support for people using services.



Psychological Safety = Improved Safeguarding

Practical Example

A social worker notices subtle signs that an adult with care needs may be experiencing financial abuse. In a low psychological safety culture, they may hesitate to raise the concern because they lack definitive evidence or fear criticism.

In a psychologically safe culture, they feel able to:

- Discuss concerns openly with colleagues.
- Seek supervision.
- Escalate appropriately.
- Share information with partner agencies.

This increases the likelihood of early intervention and protection for the individual at risk.

Psychological safety strengthens safeguarding because it enables people to speak up, challenge, learn, collaborate, and act. When staff feel safe, vulnerable people are safer.

Embedding the Safeguarding Lead Role in Practice

Safeguarding Leads are expected to influence, strengthen and enable safeguarding practice, rather than hold responsibility for all safeguarding decisions.

1. **Practice** (Framework Application)

Safeguarding Leads will:

- Promote the consistent use of the MARM framework across their organisation

Support staff to understand:

- What is a safeguarding concern
- What can be managed through risk management processes

Reduce inappropriate escalation by:

- Challenging over-reporting
- Encouraging proportionate responses

Outcome:
Improved quality and appropriateness of referrals (not volume)

2. Decision-Making (Confidence & Risk Ownership)

Safeguarding Leads will:

- Build confidence in professional judgement and risk management

Support staff to:
- Make defensible decisions
- Understand risk thresholds
- Take ownership of risk where appropriate

Outcome:
Stronger, more confident decision-making across organisations

3. Multi-Agency Working (System Behaviour)

Safeguarding Leads will:

- Champion shared ownership of safeguarding risk across agencies

Support effective engagement in:

- Multi-agency risk discussions
- MARM processes
- PREP where appropriate

Build relationships across organisations to:
- Improve communication
- Strengthen collaboration

Outcome:
More effective, coordinated multi-agency responses

4. Culture & Behaviour

Safeguarding Leads will promote a culture of:

- Professional curiosity
- Constructive challenge
- Learning (not blame)
- Early intervention

They will:

- Encourage staff to feel confident discussing uncertainty
- Create space for reflection on complex cases
- Support a shift away from risk avoidance culture

Outcome:

A learning culture where staff feel safe to think, question and improve

5. Learning & Development

Safeguarding Leads will:

Actively engage in:

- Training
- Community of Practice
- Share learning within their organisation

Use real-life case discussions (e.g. PREP cases) to:

- Build understanding
- Improve confidence

Outcome:

Continuous improvement and shared learning across the system

6. System Contribution
Safeguarding Leads will:

- Contribute to a Buckinghamshire-wide approach to safeguarding and help embed:

- Consistent frameworks
- Shared language
- Common expectations

Support reduction in:

- Inappropriate referrals
- System backlogs

Outcome:
A more efficient, consistent and confident safeguarding system
Safeguarding Leads are expected to build confidence, improve decision-making, and enable consistent, proportionate safeguarding practice across their organisation and the wider system.





Keeping the learning building a community – Community of practice events.

Shorter version for your teams, including:

- Handouts
- Slide deck
- Coaching cards
- Evaluation form



Are there any questions on the day?

In pairs, please have a small conversation about what has had the most impact on you today!

MARM / PREP Safeguarding Evaluation