

REMOTE MLR ASSESSMENTS AND DEVELOPMENT OF SAFEGUARDING PLANS

Request for information from legal representatives

v.1 30 March 2020

Where the Helen Bamber Foundation (HBF) agrees to undertake a remote MLR (with a view to producing a report or an interim report based upon the 'best available evidence') in the context of the COVID-19 social distancing measures we are asking legal representatives to develop a safeguarding plan prior to the assessment. This is to ensure as far as possible the client's safety and wellbeing leading up to, during and after the assessment.

Where GP medical notes or previous medical/medico-legal reports are available these may well inform safeguarding planning and should be forwarded to HBF.

This safeguarding plan should have two components:

- a pre-assessment safeguarding statement and
- a welfare plan (which may be developed during the assessment process).

The **Pre-Assessment Safeguarding Statement** (see below) should be provided by legal representatives to demonstrate that efforts have been made to try, so far as possible, to minimise unnecessary travel and to promote compliance with Government/NHS England social distancing recommendations.

The **Welfare Plan** (see below) should be provided by legal representatives to explain what welfare concerns (if any) apply and what measures are in place to support the client through the assessment process.

In HBF's clinical experience the process of disclosing traumatic events will, and frequently does, increase the client's distress and may also trigger a deterioration in an individual's mental health or escalate safeguarding issues.

All cases will be assessed on their individual facts by HBF. If it is considered that an HBF clinician undertaking the MLR remotely (i.e. without a face-to-face appointment) would itself create substantial safeguarding risks to the individual or others, then it is less likely that the case will be considered by HBF to be suitable for a remote MLR. HBF will discuss any concerns with you. Such safeguarding issues can then be set out in a formal letter (intended for the court or Home Office decision maker) indicating why the particular individual is unsuitable for remote assessments.

If, in an individual case, a legal representative would like to discuss either the Safeguarding Statement and/or the Welfare Plan with HBF, please do not hesitate to contact us.

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We require the submission of both the pre-assessment safeguarding statement and the welfare plan prior to HBF confirming the date of the MLR assessment appointment.

1. Pre-assessment safeguarding statement

We are asking all legal representatives to help their clients to make the necessary arrangements to access the technology for a remote assessment.

Usually remote assessments will be conducted by video-conference. Legal representatives will therefore need to ensure their clients have access to:

- 1) a private space,
- 2) a smartphone or other suitable electronic device and
- 3) an internet connection either using wifi or an internet data package with sufficient data for the assessment to be completed.

Please note that it is likely that MLR writers may need to speak to the subject on more than one occasion.

We ask that you provide a pre-assessment Safeguarding Statement to HBF. An example template is annexed to the end of this document.

HBF will discuss the safeguarding statement internally and (where necessary) with the legal representative to confirm the best course of action.

2. Welfare Plan

Prior to the assessment appointment, HBF will ask also legal representatives to set out for us a Welfare Plan for the individual being assessed.

If the individual has a history of self-harm, suicidal feelings, or suicidality (irrespective of whether this has been previously documented) this welfare assessment is particularly important.

If HBF proposes to write to another professional involved in the individual's care or support, and if we do not already have a signed consent form to allow us to do this, we will discuss this with the legal representative before doing so to ensure that informed consent is given.

If safeguarding issues have been raised to HBF, HBF often writes to an individual's GP about those safeguarding concerns. In our experience however this may not in itself provide a sufficiently prompt and robust response.

At a minimum we would expect legal representatives to arrange with their client:

- 1) For the legal representative to remotely 'check in' with the client following the appointment and the same day as the appointment. This will usually have to be by phone because of social distancing requirements;
- 2) For the individual, if at all possible, to have made arrangements for a treating clinician, social worker, support worker or friend to 'check in' with them (again by phone) following the appointment (ideally the same day and again the following day);

- 3) For the individual to have been provided with the details of the Samaritans if they need to speak to someone and to understand they may call their GP, 111, or (in an emergency) 999 if their mental state deteriorates. For clients receiving HBF's Model of Integrated Care (MoIC) it may also be possible and appropriate for an HBF clinician to 'check in' with the client on the same and/or the next day. If this applies to the individual then the legal representative can request this within the Welfare Plan

Annex - Template Pre-Assessment Safeguarding Statement and Welfare Plan

Pre-Assessment Safeguarding Statement:

I confirm that I have explored relevant safeguarding measures with my client to try and minimize the risk to them and others of a remote MLR assessment going ahead.

a) Does your client have access to a suitable device and internet themselves or are they using someone else's device/internet?	
b) If they are using someone else's device/internet whose? Do they have to travel to do this? If so how will they travel (on foot, car, public transport, taxi etc)?	
c) Does the client have particular underlying vulnerabilities ¹ to COVID-19 such that the government advice is that they should be staying at home? If not, do they live with someone who does or care for someone who does? If they are intending to access a device/internet from someone else, does that person have underlying vulnerabilities, live with anyone who does or care for anyone who does?	
d) If your client is accessing a device or internet from someone else/away from their home, have you explained to them about relevant government/NHS advice, such as regularly washing their hands and wiping devices and not touching their face unless they have washed their hands? ²	
e) If your client intends to travel to access a device/internet have you considered alternatives and discussed the risks of the current plan with them (for example an alternative to entering someone else's home would be collecting a	

¹ E.g. is the individual over 70 or suffering from/potentially suffering from a relevant condition to the best of their knowledge; vulnerability is further defined on the NHS website: <https://www.nhs.uk/conditions/coronavirus-covid-19/>

² <https://www.nhs.uk/conditions/coronavirus-covid-19/>

device from a doorstep or having a device dropped at/through their door ³)?	
f) Are you satisfied that the individual understands the current NHS/government advice on COVID-19 and is able to give informed consent to the MLR assessment proceeding?	
g) Please confirm you have explained to the individual that the MLR writer may need to assess them on more than one occasion.	
h) Please set out any other relevant information, measures or steps you have taken or explored.	

Welfare Plan:

Who is the individual's GP (contact details)	
Does the individual have regular contact with their GP/when did they last see or speak to them?	
Are there other clinicians actively involved in the client's care (if so set out contact details).	
Does the individual have a social worker ⁴ or support worker (if so set out contact details)	
Does the individual have an emergency contact (friend or family member) that it would be safe for HBF to contact (if so set out contact details). If there are limitations on what can be disclosed to this emergency contact please be very explicit in setting this out . At a minimum we would want an emergency contact to know the person has a clinical appointment booked which they might find stressful. We appreciate	

³ In many local areas there are mutual support groups being set up on Facebook and via phone/WhatsApp etc to provide support where possible. These are grassroots community efforts and HBF does not endorse them and they may not have the kind of safeguarding procedures we are used to seeing when working with vulnerable people. However it may be that if, carefully handled, legal representatives may find these groups useful for creatively thinking of ways for clients to temporarily access an appropriate device/wifi without having to travel or at least travel far.

⁴ We recognise there can be conflicts of interest between individuals and social services departments. We will not contact an individual's social worker without their consent - (unless there is a relevant risk to the client or others and we are unable to obtain that consent) and, other than in an emergency, we will also explain our plan with the legal representative first.

some individuals will not have an emergency contact of this kind.	
Does the individual have a history of self harm, suicidality or suicidal feelings? If so how recent?	
Are there other substantial safeguarding risks about the client (such as incidents of dissociation)	
What kind of accommodation does the client live in? Is the client safe at home? Are there current circumstantial safeguarding risks for the client (for example, current or recent domestic abuse)?	
Have you provided the details of the Salvation Army to the client and explained how they work? (We appreciate this may be less useful for clients who do not speak English)	
Please set out the plan you have arranged with the client if they experience a deterioration in their mental health following the assessment and any measures you have put in place to make sure people check on the client. Are these measures repeatable if there needs to be more than one MLR appointment.	