

Working together for effective outcomes from safeguarding concerns

Workshops
Birmingham
November 2019

Introduction to the day

Jane Lawson,

Care and Health Improvement Programme, Local Government Association/ADASS.

The journey so far ...

- Workshops took place about safeguarding enquiries in November 2018
- Framework endorsed by LGA Management Team and ADASS Executive. Decision that an ADASS Advice Note would accompany it.
- Suggested framework published *‘Making decisions on the duty to carry out Safeguarding Adults enquiries’*
- Regional workshops taking place to discuss and embed the framework
- Consideration of SAC reporting; conversations underway, in context of understanding decision making and outcomes across *all* work to safeguard individuals; assigning value to all safeguarding support

This consideration of working with safeguarding concerns is integral to the above.

Suggested framework to support practice, reporting & recording of safeguarding concerns

Making decisions about the circumstances in which something is considered to be a safeguarding concern

- The basis on which these decisions are made
- What influences, impacts on or drives those decisions
- The consequences for people when we do / do not identify something as a safeguarding concern (i.e. what difference does it make to outcomes for people?)
- When, where and how to report/record.

Making connections: the decision making framework on safeguarding enquiries and this work on concerns

- What is a safeguarding enquiry?
- How do we decide when to make enquiries?
- What has S42(1) got to do with deciding what should and should not constitute a safeguarding enquiry?

What insight does this give us in to the circumstances in which something that is of concern is a safeguarding concern?

Significance of understanding what a safeguarding enquiry is

Deciding whether action is necessary and if so what
and by whom

Section 42 (1) and (2) of the Care Act (2014)

The Section 42 duty requires consideration of the following criteria under Section 42 (1) and (2) of the Care Act (2014):

S42 (1)

Whether there is “reasonable cause to suspect” that an adult:

- i. has needs for care and support
- ii. is experiencing, or is at risk abuse or neglect, and
- iii. as a result of their needs is unable to protect themselves

S42 (2)

- iv. Making (or causing to be made) whatever enquiries are necessary
- v. Deciding whether action is necessary and if so what and by whom

Is this a safeguarding concern?

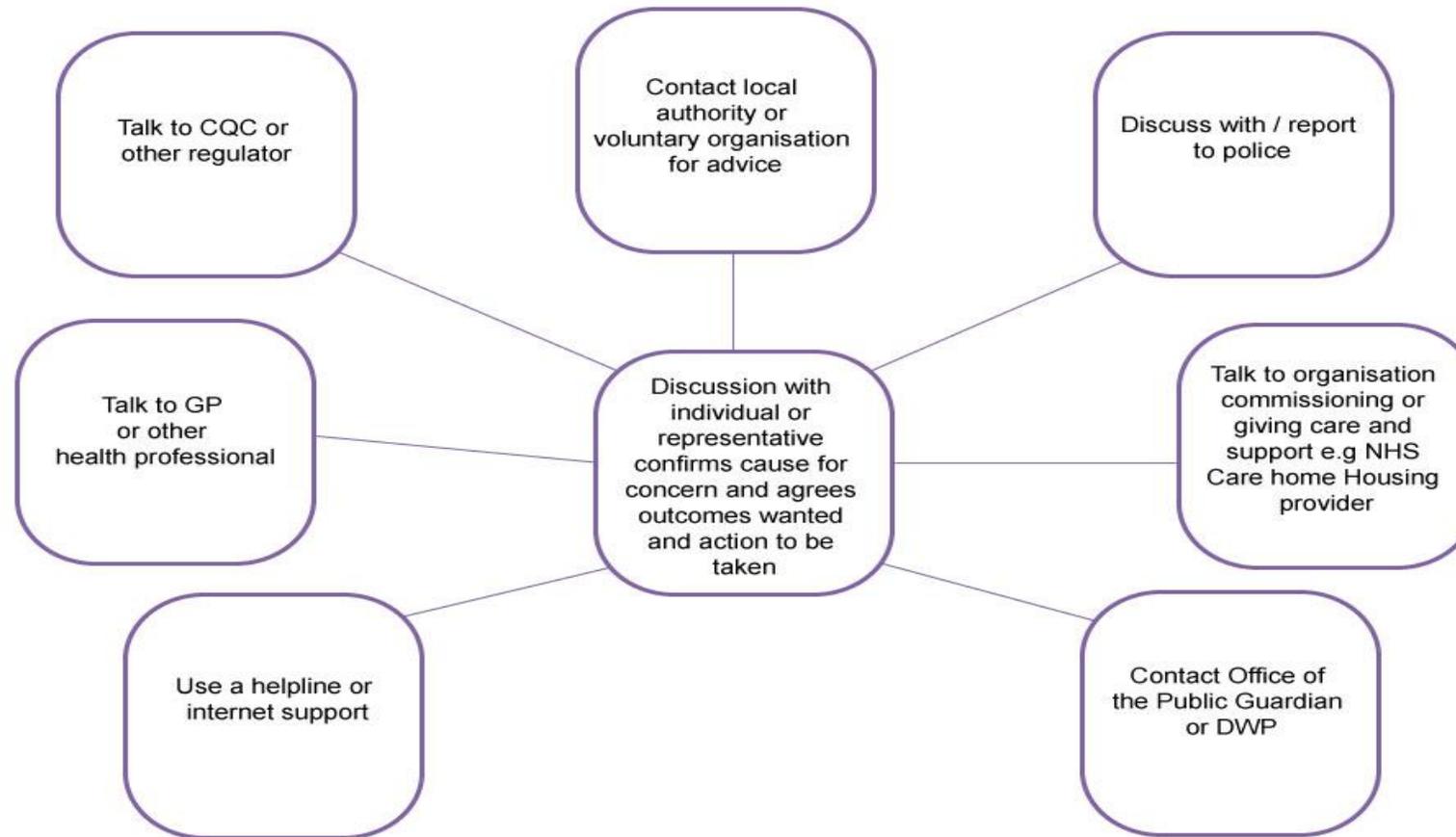
How far do people in the community know what a concern is / how to raise it?

Have I engaged sufficiently with the individual to know if what they are presenting is a safeguarding concern?

Do I know that, just from my perspective, or do I need to make a joint decision, piecing together information from others and from the individual's perspective?

Am I aware of the range of potential risks? Steps that could be taken to mitigate those? Do I have relevant knowledge/skill?

Information gathering (14.92 statutory guidance, 2018)



Core messages within the Decision Making Framework for enquiries also apply to this work on concerns

- **Principles:** Human Rights; safeguarding adults; MSP; wellbeing; MCA
- Taking on board that **the S42 duty is in two parts** and *the significance of S42(1) information gathering* in the context of those principles
- **Decision making isn't linear**...you may decide one way and then new information changes the decision
- **No 'hierarchy of response'**, all safeguarding activity whether as part of ensuring someone is safe under the wellbeing principle; whether as part of a safeguarding concern or enquiry (or not) is significant and of value.
- Valuing / **accountability for all work we do in safeguarding**; local information about whether we have kept people safe where there isn't a S42(2) enquiry

Back to basics: what is safeguarding adults?

“people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action”

(Definition of safeguarding within Care and Support Statutory Guidance, DH 2017, 14.7)

Identifying concerns

Reading between the lines

Picking up on the unspoken word

Recognising how tough it is for people to report issues that should turn out to be safeguarding concerns

Our responsibility in offering support so that they are empowered to do so (in spite of pressures)

Then our responsibility to find the most effective pathway.

PROCESS FOR THE DAY

Jane Hughes, Facilitator

Adult Safeguarding Consultant, Making Connections IOW Ltd.

Open-mindedness and adult safeguarding

- Being genuinely concerned to avoid bias
- Being ready to view one's conclusions, no matter how strongly supported, as potentially revisable in the light of further evidence
- At the root of this is a recognition that if we are to do what we should to support and protect adults with care and support needs who are at risk of abuse or neglect we need a genuine desire to know and understand the circumstances around that person and what they have experienced
- In brief, open-mindedness is an intellectual virtue that reveals itself in a willingness to form and revise our ideas in the light of a critical review of evidence and argument that strives to meet the elusive ideals of objectivity and impartiality (Hare, 1993).

Open-mindedness and adult safeguarding

We approach our adult safeguarding work with the aim of being open minded, by which we mean:

- being genuinely concerned to avoid bias, wishful thinking, and other factors, that threaten to compromise a serious examination of the evidence
- Being ready to view one's conclusions, no matter how strongly supported, as potentially revisable in the light of further evidence given the fallible nature of knowledge.

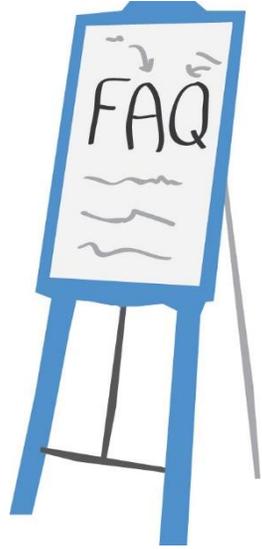
At the root of this is a recognition that if we are to do what we should to protect and support adults with care and support needs who are at risk of abuse or neglect requires us to have a genuine desire to know and understand the circumstances around that person and what they have experienced.

The expectation on our staff is that in carrying out adult safeguarding work they are prepared to do their best to establish whether or not there is are grounds for the adult safeguarding concern, and they will do this in an open-minded way which involves:

- Taking account of any relevant evidence;
- Making the best judgements and decisions that we can using that evidence, applying relevant and up-to-date knowledge as needed, and doing so in ways that minimise the impact of bias and errors in decision making;
- Accepting when an unwelcome conclusion follows from that evidence; and allowing that when new evidence requires it, we will change our position.

The Gorilla Video

- https://www.youtube.com/watch?v=IGQmdoK_ZfY
-



The Adults Voice – Service Users experience of Adult Safeguarding

A podcast

How do we make safeguarding personal in mental health?

Key recommendations for practice from the Keeping Control study into adult safeguarding for people with mental health problems who experience targeted violence and abuse

Dr. Sarah Carr, Dr. Alison Faulkner, Prof. Trish Hafford - Letchfield,

Claudia Megele, Dorothy Gould, Christine Khisa, Dr. Rachel Cohen – University of Middlesex London

With Tina Coldham – Independent mental health user consultant, trainer and researcher

This presentation reports on independent research funded by the NIHR School for Social Care Research.

The views expressed in this presentation are those of the author(s) and not necessarily those of the NIHR SSCR, NHS, the National Institute for Health Research or the Department of Health.

Safeguarding concerns - a service user perspective

A podcast – *Please see separate file*

You can find the main findings of the research on Open Access paper here:

<https://onlinelibrary.wiley.com/doi/10.1111/hsc.12806> .

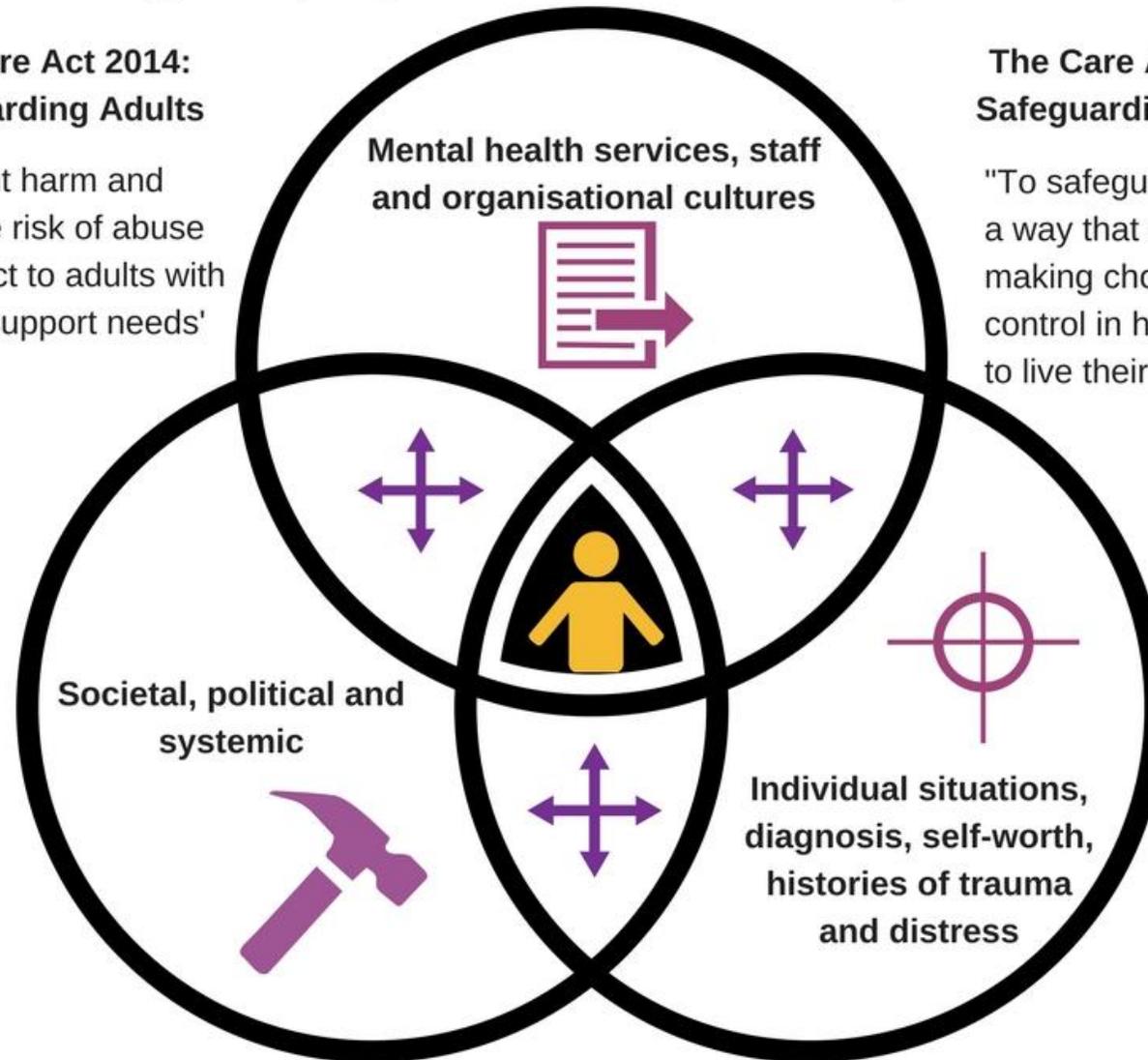
Risk and vulnerability factors for targeted violence, abuse and neglect against people with mental health problems

The Care Act 2014: Safeguarding Adults

'To prevent harm and reduce the risk of abuse and neglect to adults with care and support needs'

The Care Act 2014: Safeguarding Adults

"To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives'



Safeguarding and Homelessness

Michael Preston-Shoot,

Emeritus Professor of Social Work, University of Bedfordshire,
Independent Chair of Brent and Lewisham Safeguarding Adults
Boards and Independent Adult Safeguarding Consultant.

Safeguarding Concerns

Learning from cases about multiple exclusion homelessness

Myth Busting

- There is a definition of care and support needs.
- In the context of people's experiences of multiple exclusion homelessness, the notion of lifestyle choice is erroneous.
- The problem is not the problem; it is the solution that is the problem. Tackling symptoms is less effective than addressing causes.
- Making Safeguarding Personal is not just about respecting the wishes and feelings that an individual expresses.

Definitions

- Care and support needs arise from or are related to physical or mental impairment or illness. This can include conditions as a result of physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury (Care and Support (Eligibility Criteria) Regulations 2014).
- There is a duty to meet eligible needs (which are defined) and a power to meet other needs (section 19). Human Rights Act 1998 assessments crucial here.
- Unable to protect themselves – applying what is known about a person’s life experiences, history and current circumstances, take the ordinary meaning of the words.
- Care Act 2014 statutory guidance (Chapter 15) on interface with housing and care and support. Consider housing and the provision of suitable accommodation when considering the provision of care and support. Part of the wellbeing principle.
- Section 23 (Care Act 2014) clarifies the boundary with the Housing Act 1996.

Milton Keynes – Adult B (2019)

- Adverse childhood experiences; substance misuse as response to trauma
- Unable to sustain hostel place due to substance misuse
- Unplanned hospital discharges
- Adult Social care assessments of his needs arising from autism and homelessness delayed and incomplete at time of death
- No lead agency or practitioner championing his unmet underlying needs
- Lifestyle and health concerns mount with no signs of professional scrutiny – no professional curiosity
- No mental capacity assessment or full safeguarding assessment
- No use of advocacy or escalation of concerns
- Lack of inter-agency response including multi-agency meetings
- Lack of management guidance, direction and supervision

Isle of Wight – Howard (2018)

- Homeless single adult without local family support
- Longstanding alcohol misuse and physical ill-health
- Hospital and prison discharges to no fixed abode
- Police and ambulance crews concerned about risks of financial and physical abuse, and his self-neglect
- Refused housing as not regarded as in priority need
- No wet hostel available
- Referrals to adult safeguarding do not prompt multi-agency meetings or investigation; no completed Care Act 2014 care and support assessment
- No lead agency or key worker; no risk assessment or mitigation plan

Learning from Reviews (1)

- The need to improve
 - Safeguarding and legal literacy
 - Integrated whole system working
- The need to clarify
 - Pathways into safeguarding
 - The role of different multi-agency panels
- The need to assess
 - The likelihood and significance of risks
 - Executive functioning after prolonged substance misuse
 - The impact of trauma and adverse experiences

Learning from Reviews (2)

- The need for creativity
 - Thinking collectively about ways forward
 - Avoidance of case dumping
- The importance of wrap-around support
 - Not just for service users but also for staff; the work is challenging
- The importance of candour and challenge
 - The importance of escalation of concerns
 - Ensuring all voices are listened to

Some issues to consider for safeguarding concerns – messages from the workshops

- There is a spectrum of what is meant by ‘safeguarding’: ranging from a broad concept of safeguarding (general safety) to Safeguarding Adults duties (as defined by the Care Act) – these can often get confused
- There are multiple missed opportunities for raising safeguarding concerns about people who are rough sleeping or homeless because we only see the person as a rough sleeper/homeless
- Multiple exclusion homelessness = no fixed accommodation + childhood trauma + marginalisation + physical and mental illness + substance issue + institutional care + custody. Can this also mean exclusion from services?

Some issues to consider for safeguarding concerns – messages from the workshops (2)

- Safeguarding adults is ‘everybody’s business’, including people working directly with rough sleepers and homeless people, so listen to their concerns, support them to reduce potential harm or abuse (prevention), and include them in any multi-agency discussion (risk assessment , protection planning)
- What is the person’s story? Ask ‘why’ and ‘how’ as well as ‘what’? This should help to understand any safeguarding concerns
- Who is raising the concern and why? – understand what statutory adult social care, adult safeguarding, mental health, physical health, housing services etc.... can and can’t do....to help identify what is the most appropriate pathway for support for someone

Some issues to consider for safeguarding concerns – messages from the workshops (3)

- ‘service refuser’ - look beyond presentation and consider trauma informed approaches
- ‘has mental capacity’ – consider long term impact of illness, drug and alcohol misuse
- Who is raising the concern and why? – what statutory adult social care safeguarding, mental health, housing services.... can and can't do
- Working collaboratively with partners to achieve the appropriate outcomes for the person can be challenging but is essential and starts from the first conversation
- Rough sleepers - average mortality 44 (men) 42 (women) , so consider palliative care?
- This is complex and complicated work – be flexible and person centred.

We are:

- Adi Cooper OBE, Care and Health Improvement Adviser, Local Government Association, Independent Chair of City & Hackney and Haringey Safeguarding Adults Boards, Independent Safeguarding Adults Consultant
- dradicooper@local.gov.uk
- Michael Preston-Shoot, Emeritus Professor of Social Work, University of Bedfordshire, Independent Chair of Brent and Lewisham Safeguarding Adults Boards and Independent Adult Safeguarding Consultant
- michael.preston-shoot@beds.ac.uk

Provider Perspective on Safeguarding Concerns

Maggie Bennett,
Managing Director, Island Healthcare Ltd.

Safeguarding concerns workshop: a provider perspective



Island Healthcare

bringing care to life

Safeguarding's easy isn't it?

Policies and procedures

Perplexing language

Not an exact science

Stakes are high

No guarantee of safety

Competing priorities

Failures are visible

Complexity is the rule

“Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms”

Where do we get our guidance from?

The law

- Human Rights Act
- The Mental Capacity Act and DoLS
- The Care Act
- Local policies and procedures
 - Adult Safeguarding - Decision Making guidance and Tools

The regulator – CQC

- Regulations and KLOE

Making Safeguarding Personal

In-house policies and procedures

What is safeguarding?

- Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted
- Including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.
- This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.' (Care and Support Statutory Guidance, 2016)



A framework of understanding of a safeguarding concern ...

- A worried or nervous feeling that something isn't quite right
- To cause worry to someone:
 - *The state of my father's health concerns us greatly*
 - *The poor state of the fire escapes concerned me greatly*
 - *It concerned them that no doctor was available.*
 - *Does it concern you that your children are out after dark?*
- A concern can be something that is important to you, or merely the fact of being important [Cambridge Dictionary

accessed online 10/11/2019]



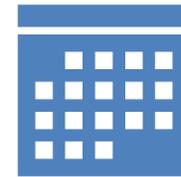
What does our organisation bring to the work and how do we support it?

1. Staff education – all staff in the organisation

- Induction session video with questionnaire on day 2 of employment - 2 hours:
- Care Certificate – Standard 9 within first 12 weeks of employment
- Commitment to staff education, apprenticeships and NVC
- Full day training in first 3 months of employment
- Annual update – this year’s session Communication (working in teams), MSP, recording and reporting – 2 hours
- *Regular management team updates with external consultant – recent session regarding MSP, decision making and reporting thresholds*

2. A restorative workplace culture

- People will report if there is evidence of trust – involvement - having conversations and a forward- looking attitude.



My plan to stay safe

“nothing ventured
nothing gained”

*What does a good day look like
for me?*

- Indoors and in public areas
- In my bedroom
- Outside
- Bathing and showering
- Using the toilet
- Mealtimes
- Social activity & relationships
- Evacuation plan in the case of a fire (PEEP)

*Also considers restrictive
practices such as:*

- locked doors
- supervision by staff
- medication
- manual handling

Island Healthcare's **SAFE JOURNEY**



Challenges for providers

Resources including workforce recruitment issues

Staff education and confidence to evaluate complex information and make appropriate values-based decisions

Access to shareable information between services in health and social care settings

PROCESS - record keeping and evidence gathering

Different reporting requirements between local authorities and CQC

Deprivation of Liberty Safeguards process

BLAME CULTURE AND LACK OF TRUST

Is there a
level
playing
field
between
health and
social care
providers?

Focus on care homes in terms of the number of safeguarding concerns being raised each year

Safeguarding concerns raised about incidents occurring in healthcare settings often appear to disappear into a 'black hole' with no feedback to the individual or the care home

Recent SIRC recommendation required "Nursing/Care Homes to ensure that they receive all historical risk factors before agreeing to any placements"

Judgemental attitude from hospital staff when people arrive from care homes, families being told that:

- *"people are always dehydrated when they come in from care homes"*
- *"this person must have had a fall"*

What helps?

Proactive Director of ASC on the Isle of Wight who is passionate about keeping people safe, in good quality services

Enhanced focus on training and quality assurance for independent providers, with funding support from the iBCF, which has been hugely positive

Work with an Island based safeguarding consultant to develop tools to guide the sector with advice and understanding around thresholds for reporting concerns that meet the Section 42 requirement

Integrated work between health and social care agencies to use the valuable tools in use in healthcare setting such as SBAR – SIRI and RASCI models

Trusted assessment and safe admissions to services with a focus on the person's needs and aspirations – not just the cost of the package

What are
my hopes
for the
future
arising
from this
work

That we stop using the safeguarding process as a tool to blame or a stick to beat people with

That staff from all sectors can come together to learn from incidents but also develop and share, realistic, preventative strategies

That we can bring together reporting processes and tools that mean we would only need to make one report that could be shared to avoid the need for duplication



A positive outcome

- This is Marie who is 93 years old
- Marie was living at home alone and was admitted to hospital when she became unwell due to dementia and self-neglect
- Marie went from hospital to a step-down dementia service and then successfully went home again, with a package of day-care, for almost a year
- Marie now lives in the care home where she went for day-care as she was so lonely at home and needed more support.

Individual Activity – Should a Safeguarding Concern be raised or not?

Please choose one case scenario from your table. On the basis on the information would you consider this to be a safeguarding concern?

Record the case scenario number on your '**post it**' and record the rationale for your decision.

You have **5 minutes**.

Please put your 'post it' onto the large sheet of paper in the middle of your table.

Thank you.

Group discussions

Can you please nominate a facilitator and note taker for your table.

You have question cards 1-5 to discuss.

Your note taker will record on the template provided, all key points.



What do CQC say about Safeguarding Concerns?

Teresa Kippax,
National Advisor Safeguarding Children and Adults, CQC.

Safeguarding Concerns



Teresa Kippax, National Advisor Safeguarding
28 & 29 November 2019

Safeguarding Concerns



Language
CQC - current
Challenges
CQC - future

Getting the language right

tomato or *to mate toe*

Language



Complaint

No harm incidents

Poor care

Safeguarding referral

Poor quality care

Information of concern

Whistleblowing

Errors

Safeguarding alert

Safeguarding concern

RISK

- **Definition of safeguarding concern**
- **Decision making**
- **Supporting tools – CQC staff
– providers**

- **End to end process determining risk
to people/services**

Challenges



- **Consistency – internally/externally**
- **Stakeholders**
- **No common language**
- **Care Act Statutory Guidance**
- **Understanding**

Within the next 12 months

- End to end review – our ‘sandbox’
- Review of approach
- Statutory Notifications
 - Clarifying what is and is not reportable
 - Defining harm
 - Expectations
 - Actions

What do NHS England say about Safeguarding Concerns?

Joanne Harrison,
NHS England and NHS Improvement,
Midlands and East Region.

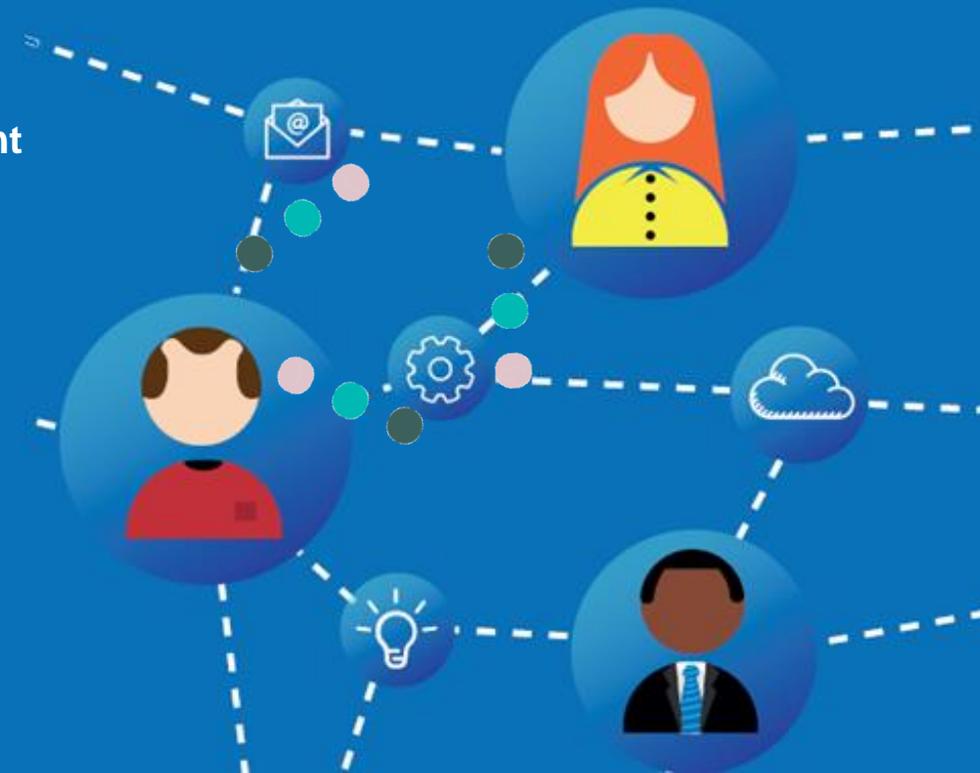
Safeguarding is everybody's business.

Chelle Farnan, Joanne Harrison & Dave Blain

NHS England & NHS Improvement

 [#NHSSafeguarding](#)

November 2019



What do NHS England/Improvement say about safeguarding concerns?

NHS England and NHS Improvement



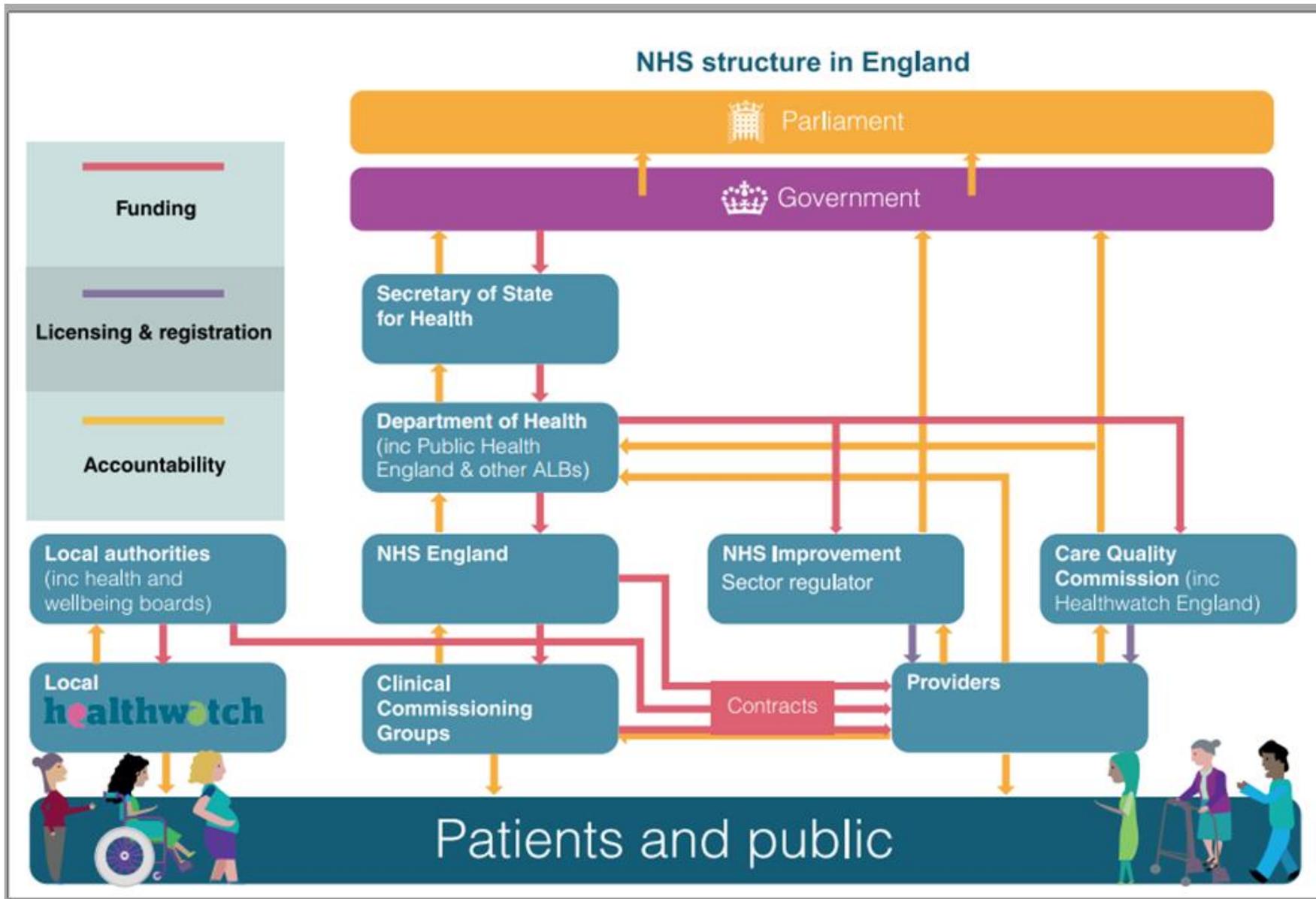
What is the 'NHS' and what is 'health'

- Around 1.5 million employees in England
(Nuffield Trust May 2019)
- A huge and diverse workforce with a large demographic working in different settings
- Cross boundary working with multiple Local Authorities
- On occasion, limited knowledge of people and families that engage with 'health' workers and professionals
- Variance in levels and content of educational resources for safeguarding adults



NHS England and NHS Improvement





NHS England and NHS Improvement



**Designated Professionals & Named Practitioners
National & Regional Safeguarding Teams
National Safeguarding Steering Group**

Working Groups / CRGs

- Mental Capacity Act/LPS
- Domestic Abuse/Violence
- Female Genital Mutilation
- Contextual Safeguarding Data
- Modern Slavery
- Looked After Children
- Sexual Abuse in Sport

National Networks

- National Network for DHPs
- Safeguarding Adults National Network SANN
- Maternity Safeguarding Network
- Named Safeguarding GP Network

Implementation Groups

- Independent Inquiry into Child Sexual Abuse (IICSA)
- Child Protection – Information Sharing (CP-IS)
- Working Together
- CT Prevent
- Tackling Serious Violence

The Care Act 2014 states;

Neglect and acts of omission – including ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating;

SAFEGUARDING OR POOR STANDARDS OF CARE?



NHS England and NHS Improvement



How are we addressing this currently?

Adult Safeguarding: Roles and Competencies for Health Care Staff

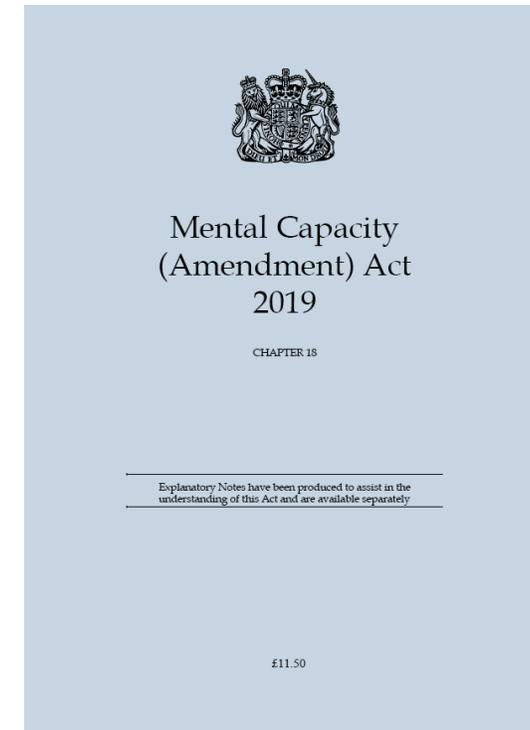
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College of Paramedics	Royal College of Psychiatrists
The College of Podiatry	Royal College of Radiologists
Institute of Health Visiting	Royal Pharmaceutical Society
Royal College of General Practitioners	The Society and College of Radiographers
Royal College of Nursing	



NHS England and NHS Improvement



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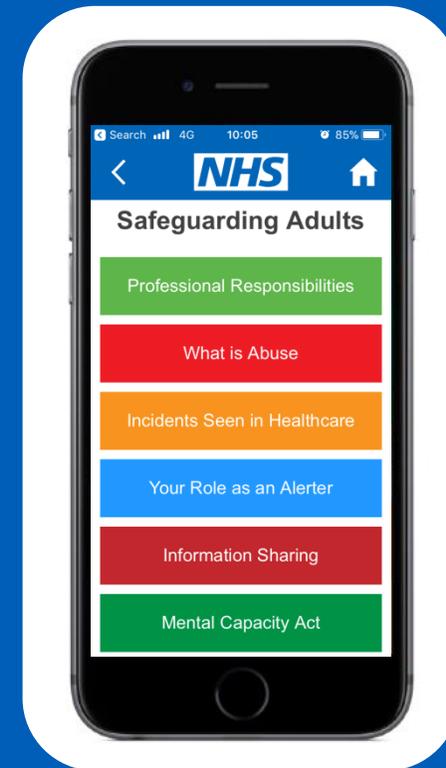
NHS Safeguarding app*

Downloaded over 420,000 times

Reach 1,600,000 (02/07/2019)

Average daily use: 350 times

*** Available on Apple and Android devices**



Thank You

joanne.harrison@nhs.net

Chelle.Farnan@nhs.net

David.Blain@nhs.net

NHS England and NHS Improvement



Group discussions

Can you please nominate a facilitator and note taker for your table.

You have question cards
6 -10 to discuss.

Your note taker will record on the template provided, all key points.



What do the Police say about Safeguarding Concerns?

Ed Peake,
DCI, West Midlands Police.

Working together for effective outcomes from
safeguarding concerns

Making Safeguarding Personal Workshops

DCI Ed Peake

Public Protection Unit

West Midlands Police

The Poor Relation

One of the aims of the inspection were to examine the safeguarding arrangements for vulnerable older people. The Care Act 2014 placed statutory safeguarding duties on the Police for the first time. As a result, the Police are required to work with Local Authorities and Clinical Commissioning Groups to safeguard any adult who:

Has needs for care and support (whether or not the authority is meeting any of those needs);

Is experiencing, or is at risk of, abuse or neglect; and

As a result of those needs is unable to protect themselves against abuse or neglect or the risk of it.

A police perspective

- What are the challenges for the police?
- How do we identify safeguarding concerns?
- How do the police contribute to multi agency work?

Challenges for the Police

The Poor Relation – how do we respond to recommendations?

Vulnerable or Vulnerable / Safeguarding or Safeguarding?

Crime or non crime

Identification of vulnerability / Development of staff

Referral methods

Demand management

Definitions: impact on working with safeguarding concerns

Issue

“when we talk about safeguarding arrangements we mean the statutory responsibility on police forces to keep adults safe under the Care Act 2014. We have done this because police forces keep people safe in many other ways and we wanted to differentiate these”.

“The definition of a ‘vulnerable adult’ in a safeguarding context is more prescriptive than the wider police definition of vulnerability. It is designed to generate specific safeguarding actions by a local authority”

“there can be a contradiction between the need for the police just to recognise someone as vulnerable and tell someone about it, and the need to recognise someone who is vulnerable and who needs safeguarding and when there is a statutory responsibility to work with partners to keep the person safe”

‘The Poor Relation’ July 2019

Identifying safeguarding concerns?

As partners, we need to understand what safeguarding adults means to police and partners.

Training - we need to develop suitable training and continuous professional development.

Consistent, auditable referral methods

“The Code of Practice for Victims of Crime makes it clear that the police should conduct assessments of victims’ needs and whether they need any support. for example, some older people may lack the mental capacity to make decisions at the time they are needed.” *p11+12*

We need to ensure compliance with the Victims code and identify a suitable risk/needs assessment tool to ensure vulnerability is identified for both victims and non victims.

How can the police contribute to multi agency work?

Adult MASH

Agreement with CPS about what constitutes a crime against an older person.

Identify clear reporting pathways into Local Authorities or the creation of inter agency referrals platform?

Inter agency training to Training officers to understand the Care Act and their responsibilities that fall within it.

Working with partners to implement MARAC's for complex cases

Some adults who need safeguarding are being put at risk because the police aren't always referring cases to partner organisations, and there are no effective measures to ensure that referrals have been made. - p18

“A good way of working...is for partner organisations to come together and discuss the concerns raised by partners. This helps well-informed decisions to be made about the best course of action. If a decision is jointly made that the person needs safeguarding, a strategy discussion between relevant partners can follow to work out the best way of meeting their needs”. – P67

Working together we need to develop clear pathways between police and Local Authorities
Adult MASH's are a co-location of partner agencies who work together. This should be the aim of all Local Authorities

Broader application of the inspection findings

Messages do not just apply to older people but to safeguarding adults more generally The report endorses this ...

'It is important to recognise that our findings aren't just relevant to older people. We believe our recommendations can help the police and the CPS shine a spotlight on the needs of some of the most vulnerable members of society, regardless of their age. We want this report to be the catalyst for wider improvement'. p6

Age does not automatically make you a vulnerable person. Age is a factor we need to consider as part of the wider discussions around vulnerable adults.

Identifying vulnerability

Solution

- DCC Pilling is reviewing crime allocation policies to ensure that suitably qualified and competent officers are investigating complex crime where vulnerability is a risk factor.
- Forces are using frameworks to identify vulnerability and complete notifications to partner agencies through agreed pathways.

Further work

- Develop a national toolkit
- DCC Pilling has met with retired DCC Karen Manners who introduced the National Vulnerability Action Plan (NVAP). This product is currently under review and will be revised to cater for the thematic HMIC recommendations.

Implement NPCC lead's recommendations on

- Making adult safeguarding referrals when appropriate
- Having effective processes in place
- Assess demands made on police by older people to ensure future requirements can be met.

What do NHS Digital say about Safeguarding Concerns?

Jane Winter,
NHS Digital.

Safeguarding Concerns

LGA/ADASS Workshops

November 2019

Information and technology
for better health and care

Presented by
Jane Winter



NHS Digital's role

- To collect and publish national data on Safeguarding Adults (SAC)
- We do this:
 - by collecting data from each local authority
 - annually (18/19 data to be published 10 December)
 - in aggregate form, ie no individual records are passed to NHSD
 - following the code of practice for Official Statistics, to maintain trustworthiness, value and quality
- To be used by:
 - policy makers
 - Safeguarding Adult Boards
 - local authorities
 - third sector organisations
 - others – media, public, parliament etc

What *mandatory* data is captured in the SAC?

Safeguarding Concerns

Number of concerns

Safeguarding Enquiries

Detailed information on:
characteristics of person
type of abuse
outcomes

Safeguarding Adult Reviews

number of SARs
count of individuals

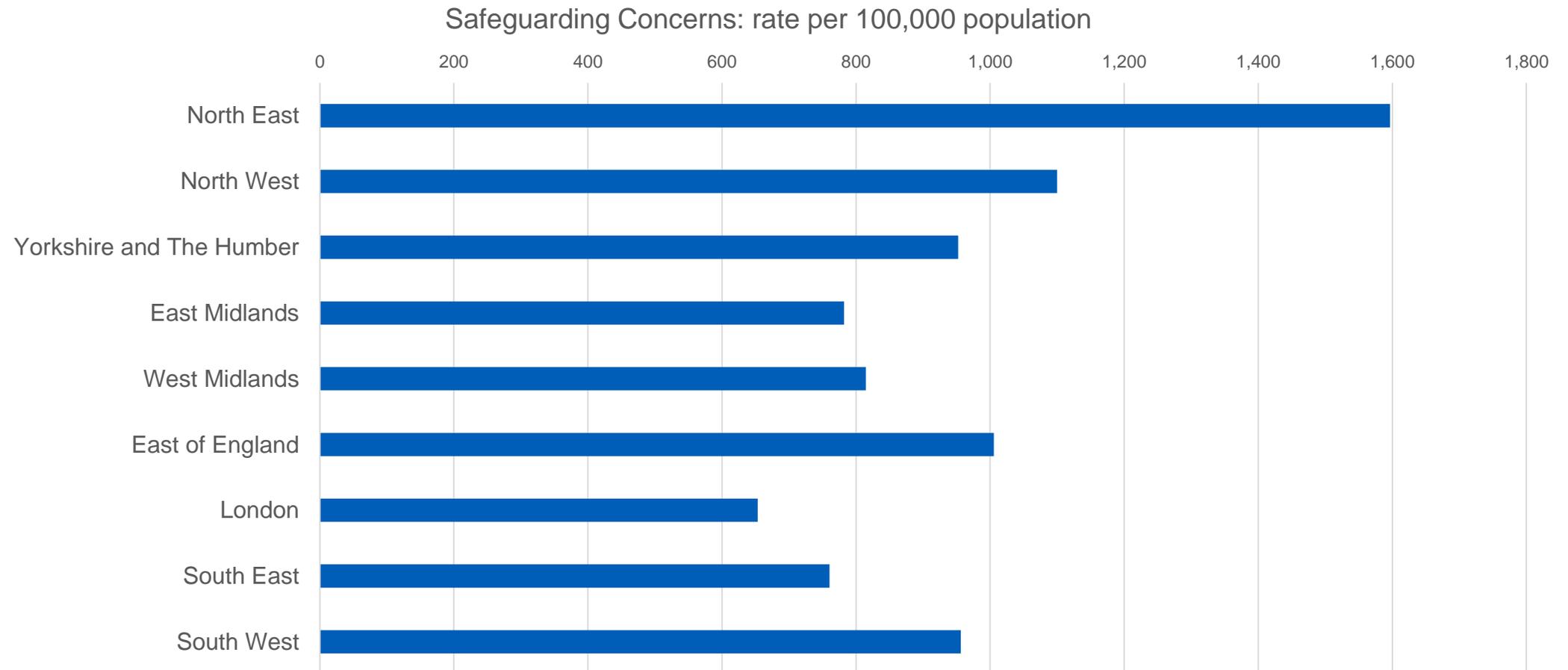
SAC Definition of a safeguarding concern:

“For the purposes of the SAC a safeguarding concern is a sign of suspected abuse or neglect that is reported to the local authority or identified by the local authority.”

SAC 2017-18

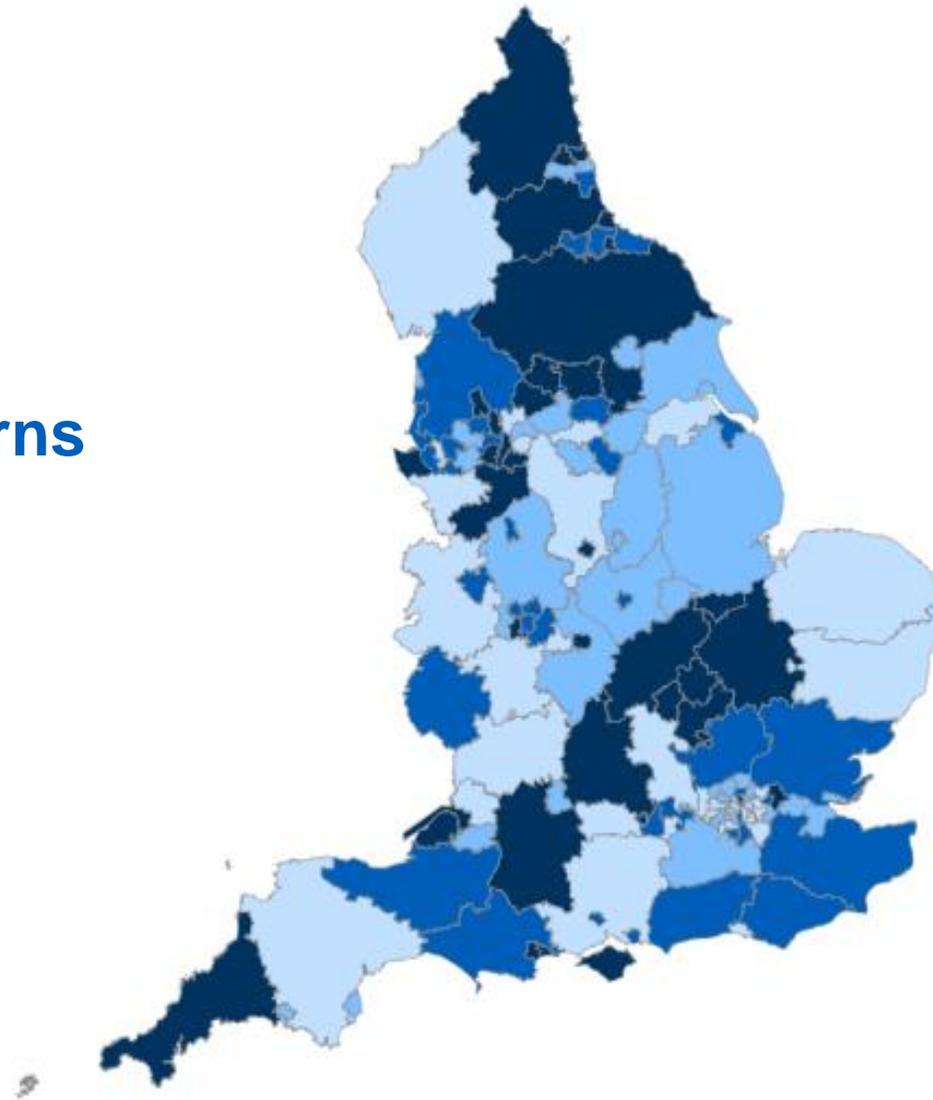
394,655 Safeguarding concerns raised in the year

▲ 8.2%



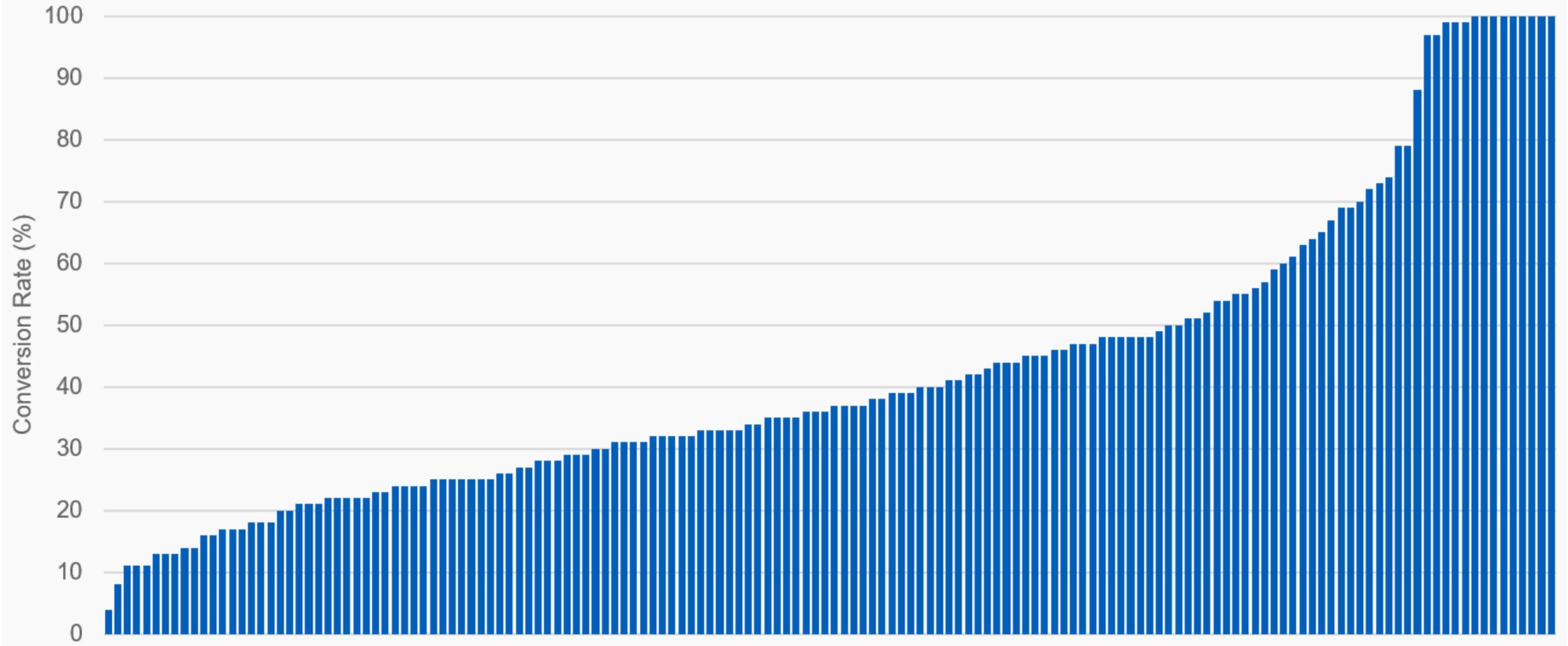
SAC 2017-18

**Safeguarding Concerns
per 100,000 adult
population**

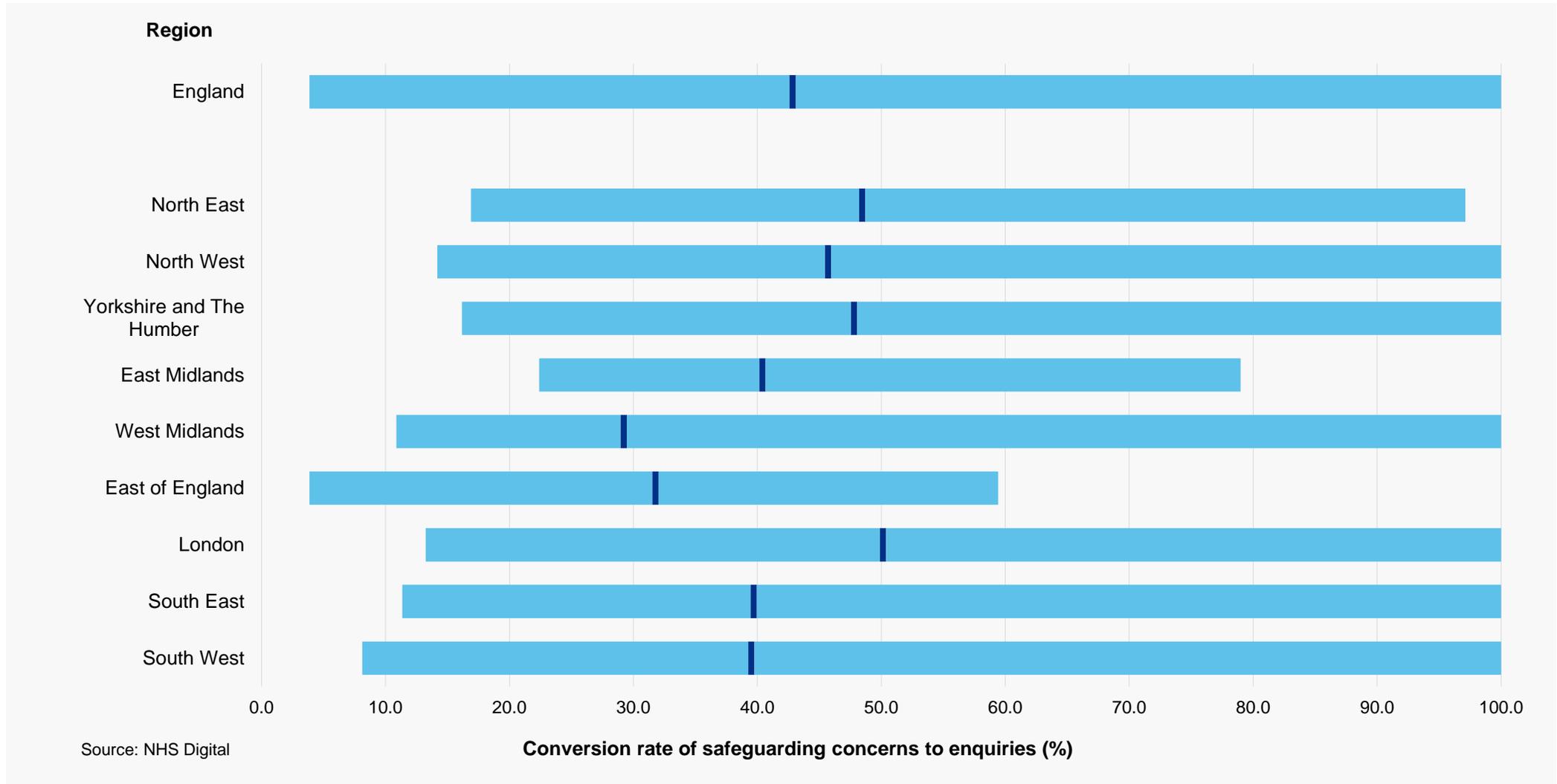


SAC 2017-18

Conversion rate of Concerns to Enquiries 2017-18



SAC 2017-18



Challenges

1. Different practice leading to different interpretation of SAC definition

2. Aggregate nature of data means it's not possible to 'drill down' and explore further

3. Detailed data on concerns is voluntary to submit

And

No mechanism for collecting data for those cases that do not trigger a S42(2) enquiry

4. Difficult to extract meaningful comparisons around safeguarding concerns (and enquiries)

Or

Misinterpretation

5. Data not used and not adding value

Challenge 1: Survey of local safeguarding practice 2018

Q5: Are there processes in place in your local authority that result in some safeguarding concerns being addressed before they reach the safeguarding team and therefore are not reported in the SAC?

Of the 78 local authorities who responded, 40 (51%) answered No and 38 (49%) answered Yes

Q6: If you answered 'Yes' to question 5 then please outline these processes, providing specific examples where possible:

Of the 38 local authorities who answered Yes, 25 (66%) stated that safeguarding concerns are triaged before they reach the safeguarding team. The nature of triage varies between local authorities: some authorities provide a 'front door' response service for adult social care alone, others may provide a response service for the whole remit of the local authority such as bin collection, housing issues etc. Some teams are staffed by Customer Service staff and other teams are staffed by qualified social workers.

A further seven local authorities stated all safeguarding concerns are assessed by their Safeguarding Teams and those concerns that are not safeguarding or a low level concerns are diverted through to relevant teams, such as Quality Assurance and Care Management.

Six local authorities did not provide a process.

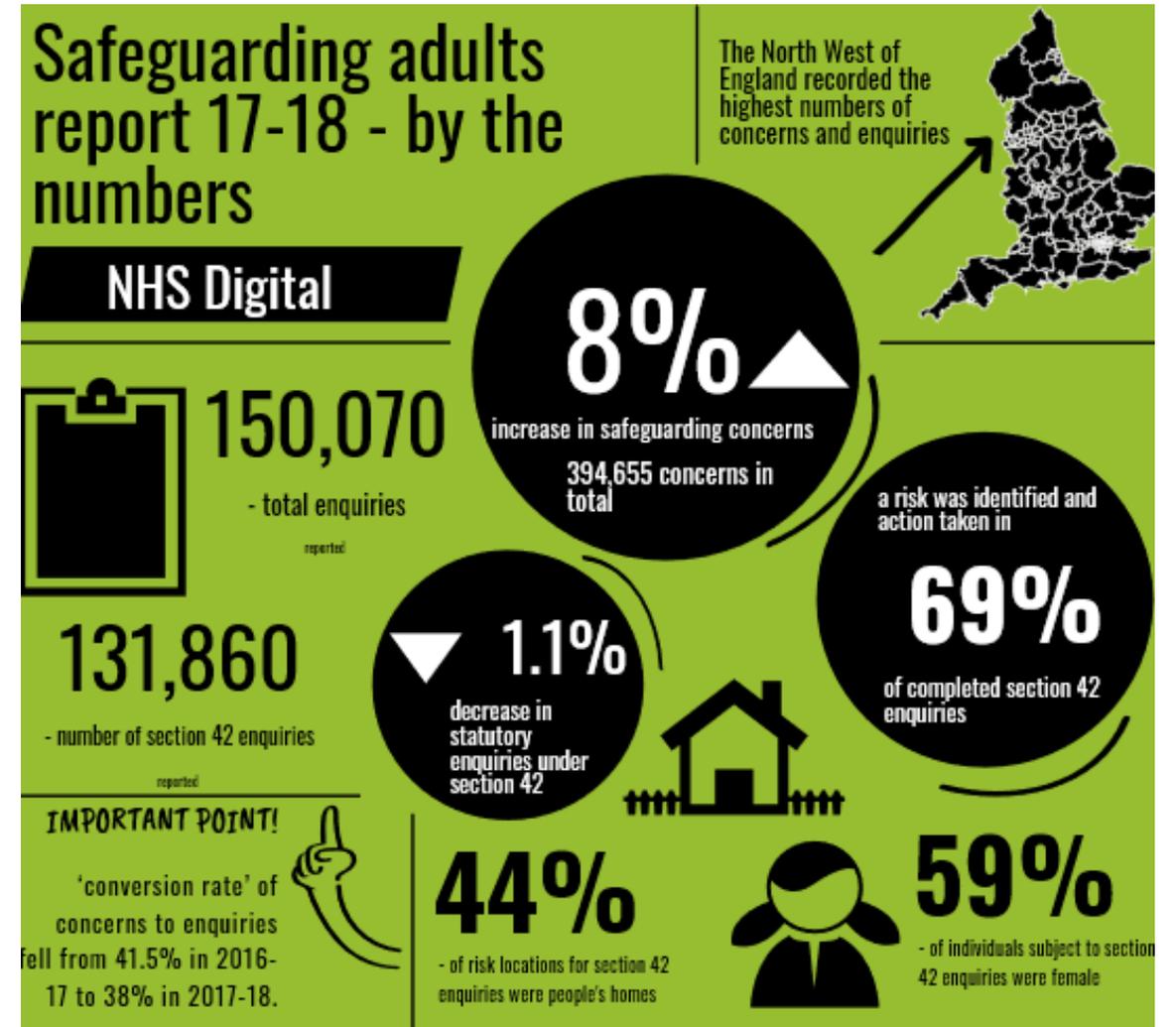
Challenge 4: Examples

A Patchwork of Practice

What adult protection statistics for England tell us about implementation of the Care Act 2014

December 2017

Action
on elder abuse



How can NHS Digital help to resolve these challenges?

- Work with you to improve the SAC definition of a safeguarding concern
- Collect and analyse record level data
- Explore plugging the data gap around those concerns which do not progress to an enquiry under S42(2), so that the SAC:
 - properly reflects the decision making process
 - captures the full range of safeguarding activity that occurs

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Information and technology
for better health and care



What do Safeguarding Adults Boards say about Safeguarding Concerns?

Sian Walker,
Independent Safeguarding Adults Board Chair.



Referring Safeguarding Adults Concerns – a SAB Chair's perspective

Siân Walker

October 2019

SAB & Chair's role – to seek assurance

- Getting to the bottom of whether referral routes for concerns come from all agencies and the public and people who use services?
- Through analysis of data collected through adult social care, and through reports from all partners
 - And through tracking concerns which do not progress to Enquiries
 - And through analysis of the percentage of concerns routing to Enquiries
- What about the numbers of concerns? What should we be seeing 4 years on from the Care Act?

Headlines

- In some cases the number of concerns are reducing
- Audits show that some NHS providers have not referred though to ASC – people are perhaps being made safe but there is no data to analyse and the Board cannot have effective assurance
- Some agencies refer welfare concerns and there is evidence of a lack of understanding about adult safeguarding
- Lack of understanding about the legislation across the system in general and what s.42 means

Headlines

Addressing each of the following issues will help us all to greater effectiveness in understanding and working with safeguarding concerns:

- Improvements in the application of Making Safeguarding Personal and development of person-centred practice
- Improvements in legal literacy (in general) and specifically in respect of the Mental Capacity Act
- Reducing the differences in understanding which exist across the board partners and indeed across the country on decision making about the s.42 duty

What can be done?

First and foremost this is about transparency, assuring the SAB when issues are addressed solely by individual organisations. So ...

- Some work to develop on partnership in safeguarding
- The feedback issue – encouraging ongoing referrals for concerns
- Tracking the outcome of an alternative offer (when a concern does not progress to an Enquiry)
- The issue of the IT system defining what happens and a requirement for IT system change to enable cases to be held, pending alternative offers
- Is there a resource and recording issue in respect of placing the outcome of concerns on hold until the effectiveness of an alternative offer is tracked?

Group discussions

Can you please nominate a facilitator and note taker for your table.

You have question cards 11 - 14 to discuss.

Your note taker will record on the template provided, all key points.



What do Local Authorities say about Safeguarding Concerns?

Sandra Murphy,

Head of Adult Safeguarding and

Annette Lomas, Professional Lead, Safeguarding Adults,

Dan McBride and Juliet Coburn, Practice Managers,

Cheshire East Council.

Sandra Murphy:
Head of Adult Safeguarding

Working Together For Effective Outcomes From Safeguarding Concerns: 29th November 2019

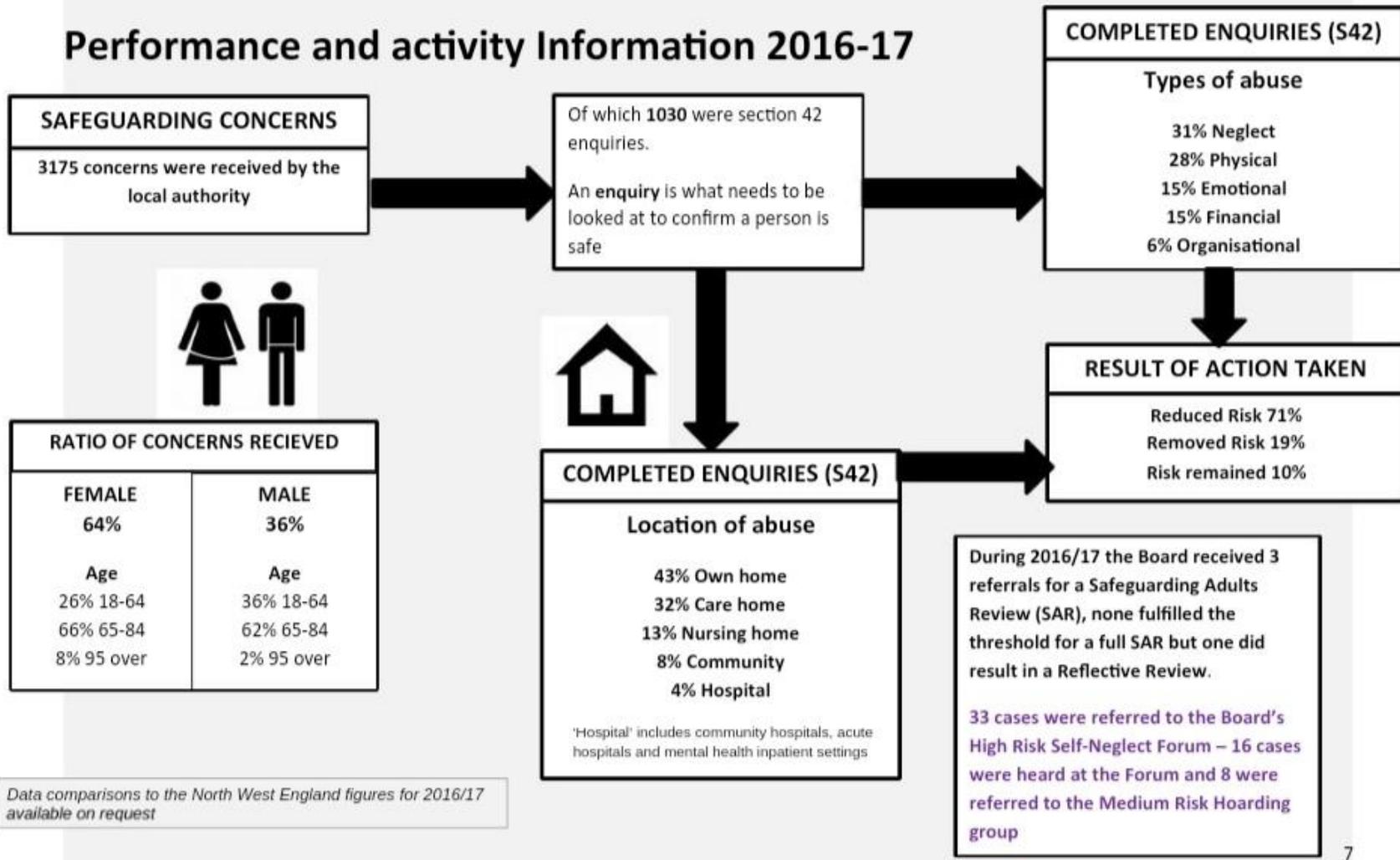
Sandra Murphy – Head of Adult Safeguarding, Annette
Lomas, Professional Lead, Dan McBride and Juliet
Coburn – Practice Managers

Who are we?



- Population: **380,800**
- Care Homes: **91**
- Domiciliary Providers: **40**
- Supported Living Providers: **73**
- Life expectancy

Performance and activity Information 2016-17



Data comparisons to the North West England figures for 2016/17 available on request

Performance and activity Information 2017-18

SAFEGUARDING CONCERNS

4328

*referrals received between April 2017 – March 2018



RATIO OF CONCERNS RECEIVED

FEMALE	MALE
63%	37%

HIGHEST CONCERNS IN 85-94 AGE BAND, 49% LACKED MENTAL CAPACITY

Data comparisons to the North West England figures for 2016/17 available on request

Of which **905** were section 42 enquiries.

An **enquiry** is what needs to be looked at to confirm a person is safe



MSP OUTCOMES

In 52 % of the concluded safeguarding enquiries people who were asked expressed their outcomes.

Of those, 70% fully achieved their outcomes

COMPLETED ENQUIRIES (542)

Highest types of abuse were Neglect/Acts of Omission (33%) and Physical Abuse (25%)

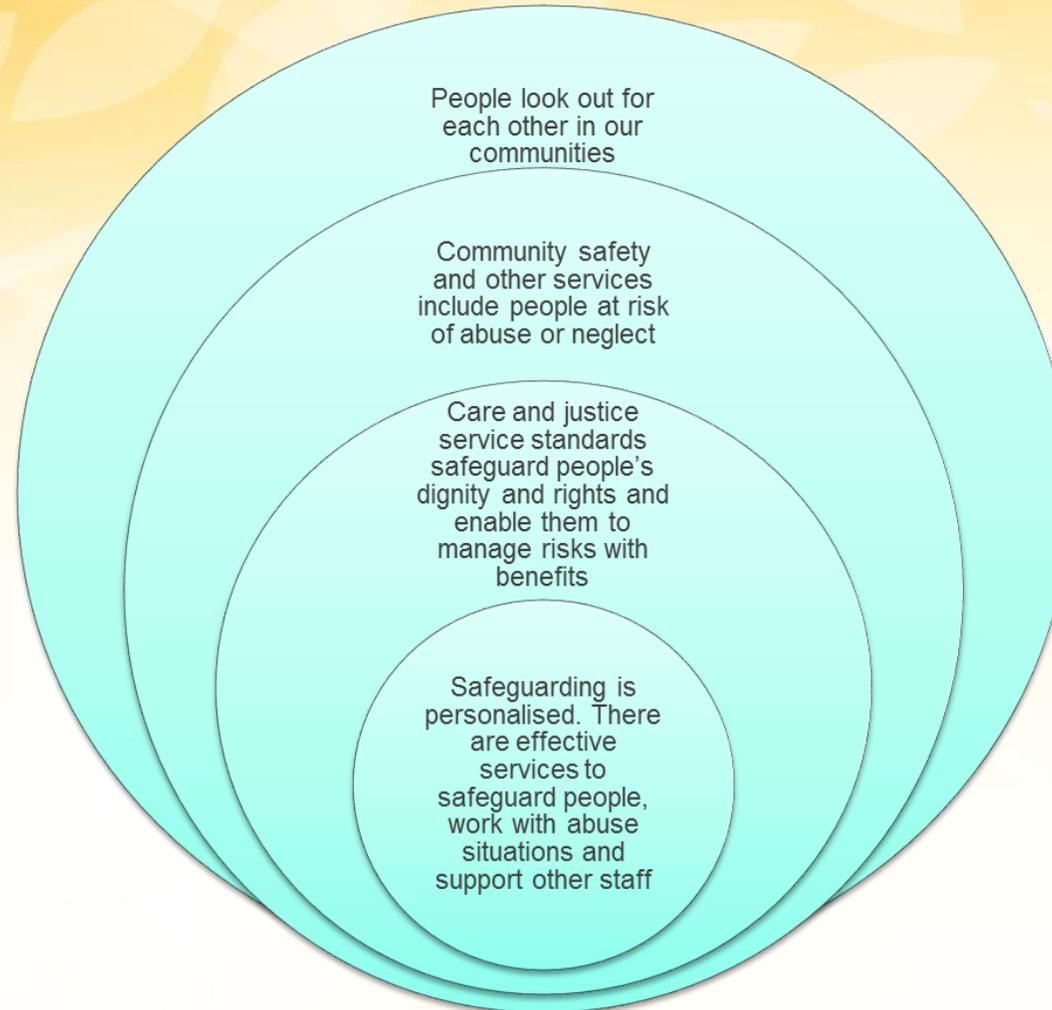
Most prominent location of abuse is own home (34%), followed by care home residential (33%) and care home nursing (12%)

Crewe and Congleton had the highest area of concerns

During 2017/18 the Board received 3 referrals for a Safeguarding Adults Review (SAR), none fulfilled the threshold for a full SAR but two did result in a Reflective Review.

32 cases were referred to the Board's High Risk Self-Neglect Forum.

Context of Safeguarding Concerns



Safeguarding in Practice



Guidance on reporting a safeguarding adults concern

- **Advice on when to raise a concern with key factors to consider**
- **Assists practitioners in decision making**
- **Explains safeguarding concern pathway and alternative responses; quality in care concerns**

Area of concern	Quality in Care	Safeguarding
Domiciliary care visit missed	Person does not receive a scheduled domiciliary care visit on one occasion but no harm/impact occurs.	Person does not receive scheduled domiciliary care visit resulting in harm or potentially serious risk to person.

Quality in Care Concerns

- Pilot undertaken with 16 care homes
- Process implemented 2019; Staged approach
- 1-1 support offered to providers
- Electronic form devised
- Partners involved; Health, CQC, Training Officer
- Monthly meetings held to monitor themes/trends & action plans agreed

What do Local Authorities say about Safeguarding Concerns?

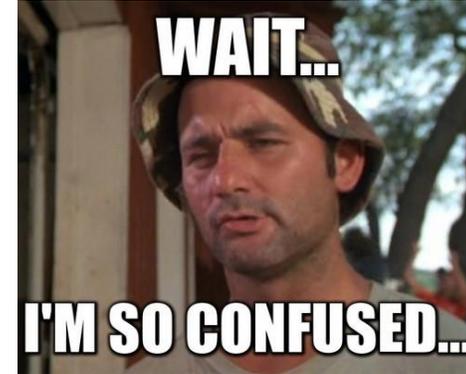
Susan Walton and Rachel Swain,
Solihull Metropolitan Borough Council.

Safeguarding Concerns

Challenges and Solutions

What Are the Challenges in Solihull?

- Meeting demand
- Care quality v Safeguarding
- Care and Support needs?
- Mixed messages



“We don’t need to know about a missed Senna tablet”

“If in doubt, make a referral”

What Have We Tried in Solihull?

- Harm Descriptor Tool designed collaboratively to support conversations
- Looks at impact of harm but also the person's views of the risks
- Accounts for repeated small incidents which could have an emotional impact
- Professional judgement still required

Harm Descriptor Tool

	Abuse Type Safety	Physical	Psychological	Neglect	Sexual	Financial	Discriminatory	Organisational	Domestic Abuse	Self-neglect	Modern Slavery
NOT SAFEGUARDING	<p>"I am currently safe"</p> <p>There is MINIMAL harm to the person or others and there is no indication that the harm will re-occur.</p>	Minor injury with explanation that does not require a skilled medical response e.g. surface wound, bruising.	No psychological harm.	Single omission, not impacting on overall safety and wellbeing.	Single incident with no lasting emotional or physical harm.	Sum of money lost, no lasting impact on wellbeing.	Single incident with no lasting emotional or physical harm.	Single incident concerning more than one individual, but not impacting on overall safety and wellbeing.	Isolated incident which does not amount to a pattern of coercive or controlling behaviour.	The person has unmet care and support needs or risky behaviours, but these can be met via information and advice, signposting or assessment, care and support planning.	Not applicable – indicators of modern slavery are serious and will always require police intervention.
	<p>"I am currently quite safe"</p> <p>There is LOW harm to the person or others. There is some indication that low-level harm may re-occur.</p>	As minimal harm but with a risk of re-occurrence or emergence of a pattern which causes concern.	Intermittent psychological distress linked to individual incidents but not causing persistent impact on wellbeing.	As minimal harm but with a risk of re-occurrence or emergence of a pattern which causes concern.	As minimal harm but with a risk of re-occurrence or emergence of a pattern which causes concern.	As minimal harm but with a risk of re-occurrence or emergence of a pattern which causes concern.	As minimal harm but with a risk of re-occurrence or emergence of a pattern which causes concern.	As minimal harm but with a risk of re-occurrence or emergence of a pattern which causes concern.	As minimal harm but with a risk of re-occurrence or emergence of a pattern which causes concern.	Not applicable – indicators of coercive and controlling behaviour will always require safeguarding consideration.	Behaviours that result in risk to wellbeing, but this risk is not considered significant. The person may be accepting of limited support.
SCREEN FOR SAFEGUARDING – refer/proceed to happiness/safety matrix	<p>"It is not currently certain whether I am safe"</p> <p>There is MODERATE harm to the person or others, either one-off or with some indication that harm may re-occur in future.</p>	Injury requiring a skilled medical response (possibly requiring an inpatient admission to hospital) but where the person is expected to fully recover.	Psychological wellbeing is persistently affected.	Several omissions causing distress and having impact on overall safety and wellbeing of the person.	Emotional or physical harm requiring medical/psychological treatment or support.	Sum of money lost, impacting negatively on wellbeing in the longer term.	Emotional or physical harm requiring medical/psychological treatment or support.	Several incidents causing distress and having impact on overall safety and wellbeing of multiple individuals.	Coercive and/or controlling behaviour resulting in emotional or physical harm requiring medical/psychological treatment or support (even if this is not sought).	Behaviours that result in significant risk to wellbeing and the person. They may be accepting of limited support.	Slavery, human trafficking, forced labour or domestic servitude resulting in emotional or physical harm requiring medical/psychological treatment or support.
	<p>"I am currently not very safe"</p> <p>There is MODERATE harm to the person or others. There are indications that harm is currently ongoing.</p>										
	<p>"I am currently not safe at all"</p> <p>There is SEVERE, ongoing harm to the person or others (resulting from one-off or re-occurring severe incidents).</p>										

Harm Descriptor Tool

Abuse Type Safety	Physical	Psychological	Neglect
<p>“I am currently safe”</p> <p>There is MINIMAL harm to the person or others and there is no indication that the harm will re-occur.</p>	<p>Minor injury with explanation that does not require a skilled medical response e.g. surface wound, bruising.</p>	<p>No psychological harm.</p>	<p>Single omission, not impacting on overall safety and wellbeing.</p>
<p>“I am currently quite safe”</p> <p>There is LOW harm to the person or others. There is some indication that low-level harm may re-occur.</p>	<p>As minimal harm but with a risk of re-occurrence or emergence of a pattern which causes concern.</p>	<p>Intermittent psychological distress linked to individual incidents but not causing persistent impact on wellbeing.</p>	<p>As minimal harm but with a risk of re-occurrence or emergence of a pattern which causes concern.</p>

Points to Consider

- Always take account of the individual's view.
- Mental Capacity to understand what has happened and to make decisions in relation to the Safeguarding Adults concerns.
- Whether duress or coercion is an influence.
- Whether the incident is one of a pattern or trend
- The relationship between the adult at risk and the person causing the harm.
- Whether any measures or actions have been put in place to minimise risk and protect the individual or other adults at risk.
- How likely is it that the abuse may re-occur?
- Is there a likelihood others were exposed or could be exposed to the harm or abuse?
- Has a crime been committed?



Did It Work?

- Workshops with providers and staff
- Need to keep tool “live”
- Supported decision making
- Audit trail
- Reduction in “low level” referrals
(157/month down to 39/month)
- Still work to do with some providers – some organisations still don’t use it



Assurance

- Tool offers suggestions for other actions to consider if not progressing as safeguarding
- Audit proposed to assure around consistency and effectiveness of screening – further interest following recent homeless case not referred to safeguarding



How Will This Workshop Help in Solihull?

- Regional consistency
- Learn from others
- A sound evidence base when challenged
- Improve and adapt



Sue Walton

Susan.walton@solihull.gov.uk

Rachel Swain

Rachel.swain@solihull.gov.uk

Group discussions

Can you please nominate a facilitator and note taker for your table.

You have question card 15 to discuss.

Your note taker will record on the template provided, all key points.



Group discussions

Please nominate a facilitator and notetaker.

Each table has 7 case scenarios (A - G).

Please discuss each case scenario and record your decisions and your rationale on the recording sheet provided.



Case Scenarios - Please record your decision and your rationale. Please record any difference of professional judgement.

Scenario	Decision Should this be reported as a safeguarding concern?	What factors/issues did you take into account? Are there things that impact on your decision? Record any differences of professional judgement
Scenario A		
Scenario B		

Moving forward and LGA workplans for 2020

Jane Lawson,

Care and Health Improvement Programme, Local Government Association/ADASS.



THANK
YOU!