Working together for effective outcomes from safeguarding concerns

Workshops
London
28th 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.
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.
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.
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)

- Talk to CQC or other regulator
- Contact local authority or voluntary organisation for advice
- Discuss with / report to police
- Talk to organisation commissioning or giving care and support e.g. NHS Care home Housing provider
- Contact Office of the Public Guardian or DWP
- Use a helpline or internet support
- Talk to GP or other health professional

Discussion with individual or representative confirms cause for concern and agrees outcomes wanted and action to be taken.
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 do 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.

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:
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'

Mental health services, staff and organisational cultures

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'

Societal, political and systemic

Individual situations, diagnosis, self-worth, histories of trauma and distress
Safeguarding and Homelessness

Adi Cooper OBE,
Care and Health Improvement Adviser, Local Government Association, Independent Chair of City and Hackney and Haringey Safeguarding Adults Boards, Independent Safeguarding Adults 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
Safeguarding’s easy isn’t it?

<table>
<thead>
<tr>
<th>Policies and procedures</th>
<th>Perplexing language</th>
<th>Not an exact science</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakes are high</td>
<td>No guarantee of safety</td>
<td>Competing priorities</td>
</tr>
<tr>
<td>Failures are visible</td>
<td>Complexity is the rule</td>
<td>“Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms”</td>
</tr>
</tbody>
</table>
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 NVQs
   - 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
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 SIRI 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.
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
Language
CQC - current
Challenges
CQC - future
Getting the language right

tomato or *to mate toe*
Language

Complaint

Poor care

Information of concern

Errors

Safeguarding referral

Whistleblowing

No harm incidents

Poor quality care

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?

Chelle Farnan,
NHS England and NHS Improvement.
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?
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
NHS Safeguarding Programme of Work

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?
Supporting safeguarders to keep updated

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

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David.Blain@nhs.net
SUMMARY FROM THE MORNING AND INTRODUCTIONS TO THE AFTERNOON SESSION

Jane Hughes, Facilitator
Adult Safeguarding Consultant, Making Connections IOW Ltd.
What do the Police say about Safeguarding Concerns?

Liz Symmonds,
A/Inspector, Metropolitan Police Service.
Working together for effective outcomes from safeguarding concerns

Making Safeguarding Personal Workshops

November/December 2019
The North – DCI Natalie Dalby, GMP
The Midlands – DCI Ed Peake,
West Midlands Police
The South – A/Insp Liz Symmond, MPS
A police perspective

• What are the challenges for the police?

• How do the police contribute to multi agency work?

• How do we identify safeguarding concerns?
Challenges

- HMICFRS report – The Poor Relation – how do we respond to recommendations?
- What does safeguarding adults mean to police?
- Demand management – how can we offer a dedicated adult safeguarding resource?
- National standards – how do we all comply?
- College of Policing guidance?
- Adult MASH’s – why aren’t they in every Local Authority?
- Training – how do we teach officers?
Challenges

Issue

Definitions and the Care Act

One of the aims of the inspection was 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 himself or herself against abuse or neglect or the risk of it.
Challenges

…In our inspection, we have used the term ‘safeguarding’ in this context. We have done this because the police make people safe in many ways – for example, by providing crime prevention advice or arresting perpetrators – and we want to make clear what part of police practice we are describing.

Solution

• Training officers to understand the Care Act and their responsibilities that fall within it
• Looking at identifying needs assessments and making safeguarding personal
• Identify clear reporting pathways into Local Authorities.
Broader application of the inspection findings

Issue

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’.

NPCC
Broader application of the inspection findings

Solution
DCC Ian Pilling has noted that we need to ensure that whilst reference is made to older victims, being over 65 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.
The Poor Relation

**Issue**
- This detailed the police and CPS response to Crimes against Older People

**Solution**
- Police need to take on board recommendations and work together with the CPS to achieve the desired outcomes.
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”

‘The Poor Relation’ July 2019
Definitions: impact on working with safeguarding concerns

Issue
“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.
Definitions

Issue

Cause of concern

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.

But safeguarding is not the only way to achieve that

Needs/risk assessment → right pathway for particular circumstances.
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.
Assessing Needs and Risk

Issue
We need to ensure people get the support they need.

What do the police have?
Victims Code and assessment of victims’ needs whether or not victims code applies

“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.” ‘Poor Relation’ inspection July 2019
Assessing Needs and Risk

Solution

• Victim Codes of Practice
• Thrive +
• Victim Support
• Vulnerability reports for notifying Local Authorities of adult safeguarding concerns.
Identifying Pathways for Support

Issue

• How do we send our S42 concerns to the LA?

Solution

• Developing 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.
Understanding and identifying safeguarding concerns

Issue

Needs and risk assessment as springboard for deciding …

• Is this a safeguarding concern, or not? Making sure those who need safeguarding support are referred to LA as a safeguarding concern.

• Making sure those who are outside of ‘safeguarding concern’ get the support that’s needed

“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”.

Understanding and identifying safeguarding concerns

Solution

• Training and continuous professional development implemented by all Forces
• Proactive work with all Local Authorities to have adult MASH’s in all areas
• Working with partners to implement MARAC’s for complex cases.
How do we record? How do we triage?

Issue

• Current forms inconsistent
• Way we filter ‘vulnerability’; issues across forces is inconsistent.

Solution

• Develop a recording system that ensures officers are detailing the persons care and support needs
• Ensure consent it detailed when notifications are made.
Next steps

• Develop a national toolkit
• DCC Pilling has met with retired DCC Karen Manners who introduced the 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.
Understanding and identifying safeguarding concerns

Solution

• Training and continuous professional development implemented by all Forces
• Proactive work with all Local Authorities to have adult MASH’s in all areas
• Working with partners to implement MARAC’s for complex cases.
What do NHS Digital say about Safeguarding Concerns?

Jane Winter,
NHS Digital.
Safeguarding Concerns
LGA/ADASS Workshops
November 2019
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% increase

Safeguarding Concerns: rate per 100,000 population

North East
North West
Yorkshire and The Humber
East Midlands
West Midlands
East of England
London
South East
South West
Safeguarding Concerns per 100,000 adult population
Conversion rate of Concerns to Enquiries 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

Safeguarding adults report 17-18 - by the numbers

The North West of England recorded the highest numbers of concerns and enquiries

NHS Digital

- total enquiries

150,070

- number of section 42 enquiries

131,860

- increase in safeguarding concerns

8%

394,655 concerns in total

- a risk was identified and action taken in

69%

- "conversion rate" of concerns to enquiries fell from 41.5% in 2016-17 to 38% in 2017-18.

44%

- of risk boredom for section 42 enquiries were people's homes

59%

- of individuals subject to section 42 enquiries were female

December 2017
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
What do Safeguarding Adults Boards say about Safeguarding Concerns?

Siân 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?
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
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?
What do Local Authorities say about Safeguarding Concerns?

Nicola Isolda,
Enfield Council.
MASH

What a difference a MASH Makes!

www.enfield.gov.uk
Safeguarding adult duties are detailed in s42 of the Care Act (2014) and the Local Authority named as the lead agency for safeguarding arrangements.

In response to this, Enfield decided to identify new ways of working and to foster a culture of change.

And so......in April 2015..... The Multi-Agency Safeguarding Hub (MASH) was born......
MASH Framework

- MASH recruited from existing teams across adult social care pathway.
- Comprises... Team Manager, Assistant Team Manager, Senior Social Worker, Social Workers and Social Care Assessors.
- Co-located with Police, Children's MASH, Adult Social Care, weekly GP surgery, Safeguarding Practice Nurse.
MASH exists on strong partnership working and networking links including health commissioners and providers, housing providers, emergency services, specialist Learning Disability and Mental Health services and advocacy services. We represent Adult Social Services at other high risk panels such as Channel/Prevent.
Progression Through MASH?

MASH are first point of contact for adult safeguarding referrals.

Referral pathway: email, phone, council’s online portal (anyone can refer.)
Referrals are screened by managers on receipt and where there is reasonable cause to suspect the s42 (1) statutory criteria are met an enquiry is triggered, a rag rating is applied depending on level of risk and urgency. Thresholds are low because of the ambiguities around ‘need for care and support’ and what this means in practice.
Enquiries allocated in accordance of risk, there is a duty function to address immediate risk.
How s42 (1) is Fulfilled...what does a MASH bring to safeguarding?

- MASH will directly engage all referrals most often face to face.
- Information gathering, corroboration, professional judgement and the application of the legal principles will inform decision making. Experienced practitioners with a consistent approach focus on MSP.
Sharing the right information in a timely way the appropriate agencies fundamental to good safeguarding practice and fosters a shared accountability to the management of risk and prevention of abuse and/or neglect. The MASH focus on strong professional relationships encouraging information sharing where proportionate and necessary.
An adult social care database that facilitates robust record keeping and clear evidence to support/explain the decision making. Audit picks up on quality of recording.

Case Study examples to evidence use of different pathways..... MM, SL, FS, SD, AB.
Success of MASH...How do we know?

- Audits internal and external......
- “Safeguarding within the London Borough of Enfield ‘built around a MASH model which is well-understood, and functions effectively”.
- “Crucially, the protection of people is good. Partnerships work well...This feels like a strength of which Enfield can be proud.” SCIE 2018
“Some referrals were not always appropriate for safeguarding and the MASH had made defensible and considered decisions.” Independent Audit 2019

Statistics.............the increased number of referrals year on year, many not requiring progression to s42 (2) as risk managed through MASH intervention........high proportion where outcomes met.
MASH enables trends and patterns of referrals to be identified and addressed. This includes concerns relating to adults at risk and providers. A multi agency approach to the management of risk and in ensuring a support network around the adult.

continued......
Challenges......What are these?......

◆ Powers to protect can be limited if adult declines to engage.....Homelessness...high risk panel.

◆ “Knowledge, skills and understanding of the Mental Capacity Act and application is good in the MASH. There is also good use of Best Interest meetings to engage the wider network and work together with the network on determining safe outcomes.” External Audit 2019.
Ambiguity around the term care and support...divided opinion regarding risk the need for an assessment or concerns of abuse neglect. "Work to be done around inappropriate referrals – safeguarding seem as a faster way ‘in’ to social care. Work around ‘gate keeping’ to be done.” SCIE 2018
Transferring out of MASH can be a challenge. Other professionals need an understanding of safeguarding duties. Resources such as drug and alcohol services where thresholds are high and DV advocacy services which rely on funding.
Continued.....
What next..................
What do Local Authorities say about Safeguarding Concerns?

Emma Coleman,
Local Safeguarding Adults Board Coordinator,
Isle of Wight Council.
Decision Support Guidance and Tools – What we’ve learned

Emma Coleman – IOWSAB Coordinator
IOW SAB Decision Support Guidance & Toolkit

- Decision Support Guidance & toolkit (2 parts) co-produced with partner agencies

- Version 1 launched in June 2018 as a ‘working document’

- Version 2 (current version) from November 2018 after making some small changes following feedback, addition of meds and falls guidance

- Guidance and tools for all partner agencies on when to raise a safeguarding concern – not for the public

- Multi-agency audit conducted in October 2019.
So how is the guidance being used

<table>
<thead>
<tr>
<th>Who uses the guidance?</th>
<th>Who doesn’t?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local authority Safeguarding Team*</td>
<td>Police</td>
</tr>
<tr>
<td>Residential and nursing homes</td>
<td>Local authority housing officers</td>
</tr>
<tr>
<td>Other housing providers</td>
<td></td>
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<tr>
<td>Small number of GPs</td>
<td></td>
</tr>
<tr>
<td>NHS Trust Safeguarding Team</td>
<td></td>
</tr>
</tbody>
</table>

*Awaiting feedback from voluntary and community sector*

- Feedback was that it is not easy for frontline staff to utilise in their everyday practice
- What needs to happen to make sure the support reaches front line staff and the voluntary and community sector?
- Significance of multi-agency conversations to make decisions

*Adult Safeguarding team have adopted this document fully as a decision-making framework to support professional judgment in adult safeguarding work in line with current legislation and 4LSAB Safeguarding adult’s multi-agency policy. The team reported a drop in inappropriate referrals from sectors using the guidance, although total number of referrals stayed consistent.*
<table>
<thead>
<tr>
<th>Financial Abuse</th>
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</thead>
</table>
| **Inadequate financial records.** | **Isolated incident of staff personally benefiting from the support they offer service users in a way that does not involve the actual abuse of money or misuse of power.** | **One off incident – no harm**  
**Defined action taken.** |
| Adult not routinely involved in decisions about how their money is spent or kept safe. Capacity in this respect is not properly considered stop. | Staff personally benefit from the support they offer service users, e.g. accrue ‘reward points’ on their own store loyalty cards when shopping. Adult lacks capacity. | Failure by relative to pay care fees/charges where no harm occurs but receives personal allowance or has access to other personal monies. |
| Adult’s monies kept in a joint bank account, unclear arrangements for equitable sharing of capital and interest. | Failure by relative to pay care fees/charges and adult at risk experiences distress or harm through having no personal allowance or risk of eviction/termination of service. | **SAFEGUARDING – Possible harm**  
**Some risks, initial enquiries may resolve/address the concerns.** |
| Misuse/ misappropriation of property, possessions, or benefits by a person in a position of trust or control. | Personal finances removed from adult’s control without legal authority. | **SAFEGUARDING**  
**Significant risks, harm caused or likely.**  
**May require more formal enquiries.** |
| Fraud/exploitation relating to benefits, income, property or will. | Theft. | Scams or doorstep crimes. IWASP have produced a checklist on ways to tell if a person is a scam victim, along with things you can do that may help a scam victim. Please see IWASP checklist in useful links. |
What if it’s not a safeguarding concern?

Where high numbers of concerns, not always Safeguarding but agencies feel they don’t know where to send.

There is a need to raise awareness of what is legitimately Safeguarding, and what is safeguarding in it’s broadest sense.

What to do if it doesn’t meet the criteria/rationale for a safeguarding concern or a safeguarding enquiry?

Links to MARM – Multi-Agency Risk Management Framework.

Link to robust decision making and actions in response to risk… *safeguarding isn’t the only pathway.*
Next steps

Recommendations from audit – sliding scale of guidance, *one size does not fit all*:

1. Quick guide for front line staff

2. Decision Support Guidance for decision makers in any agency – scaled down, and based on new LGA guidance

3. Decision making tools (tables, flowcharts etc.) to become a toolkit for quick access, rather than being part of a large document

4. Shorter, simplified referral form for members of the public, smaller voluntary and community groups.

*Decision Support Guidance and Tools*

[https://www.iowsab.org.uk/information-for-professionals/](https://www.iowsab.org.uk/information-for-professionals/) - policies, guidance and toolkits
Case Scenarios - Please record your decision and your rationale. Please record any difference of professional judgement.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Decision</th>
<th>What factors/issues did you take into account?</th>
<th>Are there things that impact on your decision?</th>
<th>Record any differences of professional judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scenario A</td>
<td>Should this be reported as a safeguarding concern?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scenario B</td>
<td></td>
<td></td>
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</tbody>
</table>
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.
CALL OUT FROM EACH TABLE

Top thing that should underpin a decision as to whether something should be a safeguarding concern
Moving forward and LGA workplans for 2020

Jane Lawson,
Care and Health Improvement Programme, Local Government Association/ADASS.
THANK YOU!