SOCIAL SERVICES, HEALTH AND HOUSING POLICY OVERVIEW COMMITTEE REVIEW: SAFEGUARDING VULNERABLE ADULTS IN HILLINGDON

Cabinet Member	Councillor Philip Corthorne

Cabinet Portfolio	Social Services, Health and Housing

Officer Contact	Charles Francis, Deputy Chief Executive's Office

Papers with report	Safeguarding Vulnerable Adults in Hillingdon - Final Report

HEADLINE INFORMATION

Purpose of report	To receive the Social Services, Health & Housing Policy Overview Committee's report providing recommendations which address gaps in provision and seek opportunities to strengthen the role and functioning of partnership arrangements.
Contribution to our plans and strategies	This report contributes to the Council's primary aim to prevent abuse and in instances where this fails, ensure robust procedures are in place for dealing with cases of abuse.
Financial Cost	There are no additional financial commitments arising from this report that are not already contained within the Departments overall budget.
Relevant Policy Overview Committee	Social Services, Health and Housing
Ward(s) affected	All

RECOMMENDATIONS

That Cabinet:

1. **Welcome the report from the Social Services, Health and Housing Policy Overview Committee (as in Appendix 2) and note the general consensus it found in favour of improving Safeguarding for Vulnerable Adults; and**

2. **Accepts the recommendations of the Policy Overview Committee report as in Appendix 1, noting the officer comments on their implementation.**

INFORMATION

Reasons for recommendation

The recommendations are aimed at building upon Hillingdon's approach to the Safeguarding of Vulnerable Adults. An improved Safeguarding Adults service will reduce the numbers of adults

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suffering abuse by focusing on preventative action and in those cases where this is not possible, ensure that any intervention is effective to address the needs of those persons suffering abuse.

Alternative options considered / risk management

The Cabinet could decide to reject or amend the Committee's recommendations.

Supporting Information

1. The Committee chose 'Safeguarding Vulnerable Adults' as a review topic in 2008/9 in response to the Commission for Social Care Inspection (CSCI) report and those actions required by the Authority to improve performance.

2. The aim of this review was to investigate how the existing safeguarding vulnerable adult's partnerships are working and identify any opportunities to strengthen the role and functioning of the partnership arrangements, focusing on the preventative agenda.

3. The review took place between June 2008 and April 2009.

4. The Committee's report (attached) gives full details of the review.

Financial Implications

There are no additional financial commitments arising from this report that are not already contained within the Departments overall budget.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The Committee's recommendations will provide a springboard for the Council to take those steps necessary to improve safeguarding for vulnerable adults.

Consultation Carried Out or Required

The Committee took evidence from Partner organisations, officers and experts as described in the attached report (see page 9).

CORPORATE IMPLICATIONS

Corporate Finance

Corporate Finance has noted this report and accepts that there are no additional financial commitments arising from it which are not contained within existing budgets.

Legal

Members will note that one of the recommendations contained in the report from the Social Services, Health and Housing Policy Overview Committee [POC] is that the Council should lobby the Government to give Safeguarding Adults a much firmer legal basis, in line with Safeguarding Children.

There appears to be too much reliance placed upon guidance which was issued by the Department of Health back in 2000 which is called " NO SECRETS " and is constantly referred to in the POC report. Currently, this is the principal guidance used for the protection of vulnerable adults.

A number of examples are cited in the report where important definitions vary in nature and this in itself only serves to unnecessarily confuse issues and can lead to inconsistency in the way in which vulnerable adults are treated. It follows that such inconsistency will invariably not facilitate any effective joint working across local authorities.

This situation is in stark contrast with child protection legislation which is both more prescriptive and robust.

The Human Rights Act 1998 can of course be used as a safeguard by vulnerable adults in the community but ultimately, this statute is not a substitute for specific, robust legislation which is needed and on introduction, will underpin the way in which local authorities can take effective steps to protect such individuals.

BACKGROUND PAPERS

The Safeguarding Vulnerable Adults in Hillingdon Final Report is attached.

Recommendations:

Concerns were expressed in relation to those vulnerable persons who fall outside the threshold to receive safeguarding adult's services in Hillingdon and who are 'sign-posted' to other agencies. Members asked that officers investigate a way of monitoring the care these people receive and to report back to the Committee.

Officer Response:
Officers are currently investigating a way of monitoring the care vulnerable people receive. This will be an important element of work taken forward as a key part of the delivery of the Personalisation Agenda

In relation to the review of No Secrets, the Council should lobby the government to give Safeguarding Adults a much firmer legal basis, in line with Safeguarding Children.

Officer Response:
The review of the No Secrets guidance has been considered by the Safeguarding Adults Partnership Board and response made on the guidance incorporating this point along with other comments to aid in the revision of the guidance.

The profile of the safeguarding of adults be raised, together with the lead role the authority has in this to enable greater safeguarding of vulnerable adults

The POC asks for the recognition of Safeguarding Adults as one of the council's top priorities and endorse the appointment of the Cabinet Member for Health and Housing on the Adult Safeguarding Board, as a Safeguarding Adults Champion to provide a high profile and leadership to the area.

Officer Response:
The Portfolio Holder is a new member on the Safeguarding Adults Board recognising the work of the Board as a key priority. The Council has also agreed that Safeguarding will be a priority communications campaign in this municipal year

That the format of the questionnaire for assessing the Customers' experience of safeguarding procedures be reviewed to ensure that users' views are more accurately recorded.

Officer Response:
The Customer feedback questionnaire is constantly reviewed and refined and officers are looking at new ways of achieving effective customer engagement and feedback.

Officers be commended for the work carried out so far in relation to the Safeguarding Adults Partnership Board and a report be submitted to this Committee in November 2009

on progress made. Officers to investigate a way of measuring the effectiveness of outcomes in their safeguarding work and to provide a report to this Committee.

Officer Response:
The Safeguarding Adults Partnership Board will be examining means of measuring outcomes in regard to Safeguarding. Developing an outcome focussed approach is also a key part of the ASCH&H Improvement programme and this will complement work in this area

With effective Safeguarding Adults work relying on effective partnership working and with the Council as the lead agency, it is recommended that all partner agencies should contribute resources (cash and in kind) to a pooled partnership budget for the delivery of the Safeguarding Adults work programme

Officer Response:
This is an active item for debate within the Safeguarding Adults Partnership Board

Achieving effective safeguarding relies on all partner agency staff understanding safeguarding is their responsibility and being aware of how to take action to protect vulnerable adults. The POC recommends that all agencies ensure safeguarding training is mandatory for all appropriate staff

Officer Response:
This is being taken forward with all agencies as part of the business plan of the Safeguarding Adults Board, a dedicated Training sub-group of the Board has been established to ensure effective training is in place for all agencies.

That all departments and agencies ensure that effective information sharing is incorporated into routines to ensure that vulnerable adults are safeguarded if their care provider changes

Officer Response:
An Information Sharing Protocol is being refined for agreement by the Safeguarding Adults Partnership Board as it is recognised that ease of information sharing is critical to the complex process of effective safeguarding

That officers and Hillingdon Hospital be commended for addressing the issue of Hillingdon Hospital previously not recording the number of safeguarding adult cases referred to them. Members noted this will improve the shared data for care agencies.

Officer Response:
This action point will be taken on board as part of the Information Sharing Protocol

Alternative care via a place of safety should be the preferred option in all vulnerable adult cases, where appropriate, whilst the care needs of an individual are being assessed.

Officer Response:
This action point is now being considered as part of Individual Protection Plans and will be build into the revision of policies and procedures when the outcome of the review New Secrets guidance is published and Pan-London procedures are developed

Care assessments should be holistic to ensure that the most appropriate care is provided, taking into account the needs of carers and the safety of the individual.

Officer Response:
New Business Processes have been implemented within Assessment and Care Management to improve care assessments taking on board these points and this will be further developed as part of the Transforming Social Care agenda

In relation to the review of No Secrets and about how safeguarding vulnerable adults might be better integrated into the mainstream criminal justice arena, the Committee agreed that there is a need to develop a multi-agency panel to review high risk cases (that are as yet outside the prosecution threshold) in the style of the Multi-Agency Risk Assessment Conference (MARAC) and the Multi-Agency Public Protection Arrangements (MAPPA).

Officer Response:
Staff from the Safeguarding Adults service are in active discussion with Police colleagues as to the best ways of taking this forward and regular, frequent meetings are now held to ensure effective information sharing

The Committee recommends that the Metropolitan Police consider the appropriateness of dedicated officers to work on safeguarding vulnerable adults and for this to be raised at the Safeguarding Vulnerable Adults Board.

Officer Response:
This will be taken forward as part of the work plan of the Safeguarding Adults Partnership Board

That monitoring of incident and accident books must be part of the contract monitoring visits by the authority in order to identify areas of concern

Officer Response:
The monitoring of incident and accident books is now current practice within contract monitoring visits.

That officers be asked to examine how a single phone line (hotline) can be put in place for out of hours and/or anonymous reporting of safeguarding concerns and whether access to such a service can be made available at Civic Centre main reception.

Officer Response:
Hillingdon Social Care Direct provides a single point of contact for all Adult social Care enquiries and any matter of safeguarding concern is immediately directed to the Safeguarding Vulnerable Adults team. This issue will also be incorporated into the review of out of hours services

That where adults receive care through direct payments and self directing care budgets, appropriate arrangements be put in place to ensure that third party providers fulfil their duty to protect adults.

Officer Response:
This is on the agenda of the Transformation Team within ASCH&H ensuring robust safeguarding arrangements are in place with the move to Self-directed support. The Transformation Team is also making a direct input into the review of Contract monitoring arrangements

There is a need to engender a culture change which may be best achieved through a robust system of audit.

Officer Response:
Internal and Independent audits of practice are now in place to ensure robust safeguarding arrangements and will continue to be a key tool in assuring quality and compliance

Monitoring of the standards of care provided by both internal and external agencies should be strengthened to give reassurance to users, relatives and carers

Officer Response:
Contract monitoring arrangements are currently under review to strengthen this approach Close working with the Care Quality Commission will assist in building a full picture of the standards of care offered by all providers.

The feedback from service users and carers on their experiences of safeguarding procedures be reported to this Committee in December 2009

Officer Response:
The involvement of 'experts by experience' is a key priority of the Safeguarding Adults Board. In addition customer feedback from the questionnaires will be reported back to the POC in December.

That officers investigate further the use of 'charged up' cards as a method of payment for people who receive self funding for the purchase of care, to facilitate tracking of payments.

Officer Response:
This is a priority for the Transformation team within ASCH&H and negotiations to implement this action are at an advanced stage

Correspondence to users needs to be a standardised letter but also incorporate a personalised introduction and conclusion.

Officer Response:
This has now been actioned.

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That officers be asked to look into using a single reference number to identify users, to simplify the process of managing all dealings with a particular case as is done currently (and successfully) with Members' Enquiries.

<u>**Officer response:**</u>
Implementation of the new 'protocol System within Adult Social Care will address this issue and will ensure easy identification and tracking of progress with individual cases

The report and all the recommendations from the Policy Overview Committee will be considered for adoption at the next meeting of the SAPB and that the work of the POC has already been fed into the business plan approved at SAPB.

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HILLINGDON
LONDON

Social Services, Health & Housing Policy Overview Committee

Safeguarding Vulnerable Adults in Hillingdon

2008/9

Members of the Committee:

Cllr Lindsay Bliss
Cllr Judith Cooper (Chairman)
Cllr Pat Jackson
Cllr Peter Kemp
Cllr John Major (Labour Lead)
Cllr Michael Markham (Vice Chairman)

INVESTOR IN PEOPLE

Safeguarding Vulnerable Adults in Hillingdon

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Appendices:

1.   Police Pan-London guidance for Vulnerable Adults

2.   Customers' experience of Safeguarding Procedures

3.   Briefing note on the Scottish model on information sharing

4.   Briefing note on the arrangements for out of hour and/or anonymous reporting of Safeguarding concerns

5.   Briefing note on the numbers of "vulnerable persons" or "adults at risk" who may not be in receipt of Safeguarding Adults Services in Hillingdon because they fall outside the threshold stated in Multi-Agency Policies and Procedures

6.   Briefing note on the 2006/07 Select Committee Report "The Human Rights of Older People in HealthCare"

CHAIRMAN'S FOREWORD

Undertaking this Review has been something of a roller-coaster ride. The Committee's agreement that vulnerable adults should be the next subject for review was followed by the CSCI inspection which endorsed the need for a full review.

Officers have been pro-active and supportive with the result that draft recommendations have been welcomed – and some implemented before they were finalised! The need for safeguarding adults to be high profile and the reconfiguration of the Safeguarding Committee is typical of the close work between Committee and Officers.

The Committee has had four main concerns:

1. That effective procedures should be implemented and monitored to ensure that the vulnerable adults known to us and in our care are as safe as we can reasonably make them. The Committee welcomes everything that Officers have done in this respect.

2. Partnerships are key to successful safeguarding. The L A has a lead role to play and that leadership is both by example and by endeavouring to create strong, mutually supportive partnerships. Safeguarding priorities must be included in the Local Strategic Partnership and Local Area Agreement with the end result of embedding good practice in all policies and procedures.

3. That all reasonable steps should be taken to ensure that a workable preventative agenda is implemented. Committee acknowledge that despite the invaluable support provided by the Council problems can and will continue to arise. Moving towards a preventative safeguarding agenda rather than reacting to abuse is an acknowledged way of raising standards. There is a difficult line to be drawn – too much intervention results in over-intrusion into ordinary people's lives – a nanny knows best model. Too little leaves victims the general public unsupported when they want to report abuse or suspected abuse.

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4. Awareness of abuse: A recent poster campaign has resulted in greater reporting of abuse. The committee would like this good start to be reinforced so that people in all walks of life have a better understanding of the issues and how they can help to prevent abuse.

Consultation on the revision of Government guidance has a bearing on this and will require that we do more rather than less. My view is that the proposals in this review, together with the developments that Officers have already put in place will give us direction and a head start.

Finally, on behalf of the Committee, I would like to thank the external witnesses who contributed to our review, and also the officers who advised on the main issues from the Council's perspective. Particular thanks to Brian Doughty for his comprehensive briefings on this topic. I commend the report and recommendations to Cabinet

Cllr Judith Cooper

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Summary of Recommendations

This review examines the partnerships arrangements in Hillingdon that support effective safeguarding of vulnerable adults, and how this can be maintained and potentially improved. Following the evidence received, we make the following recommendations.

Concerns were expressed in relation to those vulnerable persons who fall outside the threshold to receive safeguarding adult's services in Hillingdon and who are 'sign-posted' to other agencies. Members asked that officers investigate a way of monitoring the care these people receive and to report back to the Committee.

Reference page 11

In relation to the review of No Secrets, the Council should lobby the government to give Safeguarding Adults a much firmer legal basis, in line with Safeguarding Children.

Reference page 12

The profile of the safeguarding of adults be raised, together with the lead role the authority has in this to enable greater safeguarding of vulnerable adults

Reference page 19

The POC asks for the recognition of Safeguarding Adults as one of the council's top priorities and endorse the appointment of the Cabinet Member for Health and Housing on the Adult Safeguarding Board, as a Safeguarding Adults Champion to provide a high profile and leadership to the area.

Reference page 19

That the format of the questionnaire for assessing the Customers' experience of safeguarding procedures be reviewed to ensure that users' views are more accurately recorded

Reference page 21

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Officers be commended for the work carried out so far in relation to the Safeguarding Adults Partnership Board and a report be submitted to this Committee in November 2009 on progress made. Officers to investigate a way of measuring the effectiveness of outcomes in their safeguarding work and to provide a report to this Committee.
Reference page 24

With effective Safeguarding Adults work relying on effective partnership working and with the Council as the lead agency, it is recommended that all partner agencies should contribute resources (cash and in kind) to a pooled partnership budget for the delivery of the Safeguarding Adults work programme
Reference page 24

Achieving effective safeguarding relies on all partner agency staff understanding safeguarding is their responsibility and being aware of how to take action to protect vulnerable adults. The POC recommends that all agencies ensure safeguarding training is mandatory for all appropriate staff
Reference page 25

That all departments and agencies ensure that effective information sharing is incorporated into routines to ensure that vulnerable adults are safeguarded if their care provider changes
Reference page 25

That officers and Hillingdon Hospital be commended for addressing the issue of Hillingdon Hospital previously not recording the number of safeguarding adult cases referred to them. Members noted this will improve the shared data for care agencies
Reference page 26

Alternative care via a place of safety should be the preferred option in all vulnerable adult cases, where appropriate, whilst the care needs of an individual are being assessed.
Reference page 26

Care assessments should be holistic to ensure that the most appropriate care is provided, taking into account the needs of carers and the safety of the individual.
Reference page 26

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In relation to the review of No Secrets and about how safeguarding vulnerable adults might be better integrated into the mainstream criminal justice arena, the Committee agreed that there is a need to develop a multi-agency panel to review high risk cases (that are as yet outside the prosecution threshold) in the style of the Multi-Agency Risk Assessment Conference (MARAC) and the Multi-Agency Public Protection Arrangements (MAPPA).
Reference page 28

The Committee recommends that the Metropolitan Police consider the appropriateness of dedicated officers to work on safeguarding vulnerable adults and for this to be raised at the Safeguarding Vulnerable Adults Board.
Reference page 28

That monitoring of incident and accident books must be part of the contract monitoring visits by the authority in order to identify areas of concern
Reference page 30

That officers be asked to examine how a single phone line (hotline) can be put in place for out of hours and/or anonymous reporting of safeguarding concerns and whether access to such a service can be made available at Civic Centre main reception.
Reference page 31

That where adults receive care through direct payments and self directing care budgets, appropriate arrangements be put in place to ensure that third party providers fulfil their duty to protect adults.
Reference page 32

There is a need to engender a culture change which may be best achieved through a robust system of audit.
Reference page 34

Monitoring of the standards of care provided by both internal and external agencies should be strengthened to give reassurance to users, relatives and carers.
Reference page 34

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The feedback from service users and carers on their experiences of safeguarding procedures be reported to this Committee in December 2009

Reference page 36

That officers investigate further the use of 'charged up' cards as a method of payment for people who receive self funding for the purchase of care, to facilitate tracking of payments.

Reference page 37

Correspondence to users needs to be a standardised letter but also incorporate a personalised introduction and conclusion

Reference page 37

That officers be asked to look into using a single reference number to identify users, to simplify the process of managing all dealings with a particular case as is done currently (and successfully) with Members' Enquiries.

Reference page 37

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Introduction

Reason for review and terms of reference

In recent years, several well-publicised incidents, nationally, have demonstrated the need for multi-agency intervention to ensure that vulnerable adults, who are at risk of abuse, are protected and safe. The Government gives a high priority to such action and sees local authorities as the lead agency with other relevant agencies as important partners in ensuring such action is taken wherever needed. The document "NO SECRETS" (DoH 2000) has created a framework for action within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse. It also prescribes a consistent and effective response to any circumstances giving ground for concern or formal complaints or expressions of anxiety.

The guidance says that the Council's primary aim should be to prevent abuse where possible but, if the preventive strategy fails, the Council should ensure that robust procedures are in place for dealing with incidents of abuse.

The Association of Directors of Adult Social Services (ADASS) has also provided a framework of good practice, building on the guidance in "No Secrets"

Hillingdon's arrangements for safeguarding vulnerable adults have recently been inspected by the Commission for Social Care Inspection as part of a wider review of the Council's performance.

Key issues

We (the Committee) are already aware of some key issues for improvement in our Safeguarding performance, for example:

- The policy correctly follows the "No Secrets" guidance, but the awareness of staff and their compliance against the policy is weak.
- We noted recording practises were inconsistent and lacking in detail

With regard to the Partnership and the Safeguarding Adults Committee:

- Some key partners members of the committee may not be sufficiently senior to agree arrangements
- The committee does not seem clear in its role and is not working effectively as a decision maker or strategic driver.
- The committee is also not providing co-ordination and leadership
- There was no clear work plan

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- A quality framework has not yet been developed and we need to improve our collection and analysis of data in this area
- We require joint agency protocols for work with the hospitals and the Police and other Partners to make the process more effective.
- Users and Carers do not yet have a role in the shaping and evaluating of the Safeguarding Arrangements and this is an aim of the Council as well as a DoH and ADASS expectation.

Beyond the issues raised through the inspection, two further key issues to be covered in the review concern the areas of reporting and information sharing, namely:

Reporting

- The ability for the victim of abuse, or for witnesses of abuse to adults (which could be the families and friends of the victim) to report incidents in confidence

Information sharing

- Improving the capacity of agencies to share critical information, through appropriate protocols and systems. It is important to identify an abusive situation as early as possible so that the individual can be protected. Withholding information may lead to abuse not being dealt within a timely manner.

The review sought to:

1. To review how the existing safeguarding vulnerable adults partnership in Hillingdon is working, including membership, terms of reference , operation of the Safeguarding Adults Committee, involvement of stakeholders including users, carers and advocates, training/public awareness and strategic priorities for improvement.

2. To identify opportunities to strengthen the role and functioning of the partnership arrangements for safeguarding vulnerable adults, within the context of national guidance and good practice.

3. To make recommendations that will help officers and partners address any identified gaps in the role and functioning of the partnership arrangements for safeguarding adults and ensure the development of robust procedures that focus on prevention at an early stage.

4. To make recommendations to Cabinet/the Cabinet Member to address any issues arising from the above investigations

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Methodology

In the current year we used six meetings to examine this issue. In July we considered the findings from the CSCI report which acted as a catalyst for the review and throughout the autumn and early new year we examined Hillingdon's response.

Meetings held in September, October, November and December involved taking evidence from a range of witnesses:

First Witness Session: 3rd September 2008

Safeguarding Adults Committee
- Nick Ellender, Chairman of the Safeguarding Adults Committee

Second Witness Session: 8th October 2008

Police
- DI Graham Hamilton, Hillingdon Head of Public Protection Group for Hillingdon Borough, based at West Drayton Police Station
- WDC Jacqueline Robertson, Vulnerable Adult Coordinator attached to the Community Safety Unit, West Drayton Police Station

Hillingdon Primary Care Trust
- Maria O'Brien, Managing Director Provider Services
- Kevin Mullins, Executive Director for Out of Hospital Commissioning

Hillingdon Hospital
- Sally Sharp, Matron.

Third Witness Session: 18th November 2008

Care provider and carer representative
- Debbie Northrop, Manager of Grange Care Centre, Southall
- Claire Thomas, Chief Executive of Hillingdon Carers

Fourth Witness Session: 11th December 2008

Hillingdon Children's Services
- Debbie Haith, Head of Safeguarding, Education & Children's Services
- Paul Hewitt, Manager Safeguarding & Quality Assurance Service, Education & Children's Services

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Safeguarding Adults Partnership Board
- Jeff Maslen, Director of Adult Social Care, Health & Housing and new Chairman of Safeguarding Adults Partnership Board

Fifth Witness Session: 16th December 2008

Experts by Experience
- An expert by experience giving evidence in person
- Three anonymised case histories to give a further insight into service users' experience of the safeguarding process

The next section of the report provides background on the main issues, and then presents the main issues arising in our evidence. We then make recommendations to Cabinet, which we believe will address these issues.

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Background

What is meant by the term 'Vulnerable Person'?

The **No Secrets** Guidance adopts the following definition of a vulnerable person as being anyone over 18 who:

"is or may be in need of Community Care Services by reason of mental or other disability, age or illness and is or may be unable to take care of himself or herself or is unable to protect themselves against significant harm or serious exploitation"

*WHO DECIDES Lord Chancellor's Office (1997) quoted in **No Secrets** Department of Health (2000)*

People who may be included in a definition of a 'Vulnerable Person'

• People with learning disabilities (including autistic spectrum disorders)
• People with physical disabilities.
• People with sensory impairment (including head injuries)
• People with mental health needs including dementia.
• People who misuse substances or alcohol.
• People who are physically or mentally frail.

The key factor here is the judgement that a Vulnerable Person "*is or may be in need of Community Care Services*". This means any such person must fit Hillingdon's eligibility criteria for care services. However it was pointed out to Committee that this is interpreted with greater flexibility in Hillingdon.

Our early discussions (with officers) focused on the importance of thresholds and the various triggers required to qualify for care services. We were particularly concerned about those persons at risk who do not receive care and the following recommendation was made:

Concerns were expressed in relation to those vulnerable persons who fall outside the threshold to receive safeguarding adult's services in Hillingdon and who are 'sign-posted' to other agencies. Members asked that officers investigate if there is a way of monitoring the care these people receive and to report back to the Committee.

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Across the country, 75% of Authorities have eligibility criteria at this level[1]. The remaining 25% have eligibility set lower, at the "moderate" risk category and above. Even with the same criteria, differences in interpretation occur between authorities – specifically relating to the judgement of whether someone "may be" in need of care services but not receiving them.

We heard that some Authorities will investigate the safeguarding incident even if it is not completely clear that someone should be receiving care services. Others take a less willing approach, and further others may then signpost to the voluntary sector to resolve any issue. Authorities may then include this within their own statistics for safeguarding, or not – in the absence of pan-London or national procedures for collecting this data, its application is inconsistent and we felt that Government could do more and there should be a higher priority for safeguarding vulnerable adults. We suggest that:

> **In relation to the review of No Secrets and as a matter of general practice, the Council should lobby the government to give Safeguarding Adults a much firmer legal basis, in line with Safeguarding Children.**

Differences in the definition of a "Vulnerable Person"

Hillingdon's Multi-Agency Safeguarding Adults Policies and Procedures (2004) stipulates a set of criteria for intervention. If a safeguarding adults referral concerns a "vulnerable person", as defined by Hillingdon's procedures, an investigation <u>must</u> take place.

However, the definition of a "vulnerable person" is not consistent between authorities. This means that the threshold for interventions varies. As a result, making true comparative data harder to achieve.

This is clouded by differing definitions in legislation and national policy. Home Office and DoH guidance No Secrets (2000) and the Care Standards Act (2000) define "Vulnerable Adult" differently, and the Youth and Criminal Justice Act (2002) employs a separate definition for "Vulnerable Witness".

Differences in categorisation

Further differences between authorities in the way they categorise information makes comparative data difficult. This can occur due to the varying range of care services available at different authorities. An example of this could be Housing-related services that include a care element, for example under the Supporting People programme. An authority may well categorise this as

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[1] London Borough of Southwark, Access To Social Care (2008)

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being in receipt of care services and therefore applicable for a safeguarding adults investigation – some others may not.

Similarly, differences occur in the recording of service users funded by one local authority area who live in a separate local authority area. Hillingdon safeguarding statistics include referrals involving both service users funded by Hillingdon living outside the borough, and service users not funded by Hillingdon who are living in the borough. This is not necessarily replicated in other boroughs.

Finally, there is no national dataset for safeguarding. Discussions had been held by the DoH and interested parties to start a process toward this in 2006, but plans have since been put on hold. As a result, while all authorities are likely to collect the same information concerning the gender, ethnicity, age and setting of referred adults and the abuse, the remaining statistics are often not comparable.

For example, Hillingdon categorises types of abuse in a different sub-set to Newham: Hillingdon utilises physical, sexual, financial, emotional / psychological, neglect, social and discriminatory as the typology of abuse, where Newham utilises physical, sexual, financial, emotional/psychological, neglect, institutional, multiple abuse, verbal and domestic violence.

A Definition of Abuse
The Council of Europe (2002) defines abuse as:

"Any act, or failure to act, which results in a significant breach of a vulnerable person's human rights, civil liberties, bodily integrity, dignity or general well being; whether intended or inadvert; including sexual relationships or financial transactions to which a person has not or cannot validly consent, or which are deliberately exploitative."

The *NO SECRETS (Department of Health - DoH 2000)* Guidance defines abuse as:
"Abuse is a violation of an individual's human and civil rights"

- Abuse may be a single incident but is more likely to be part of a systematic pattern.
- The risk of being abused depends upon the situation, the environment and the perpetrators, not primarily on the behaviour of the victims.
- Abuse can occur in any relationship and may result in significant harm to or exploitation of the person subjected to it resulting in the deterioration of a person's physical, emotional, social or behavioural development.

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- Abuse may be a deliberate act or may be the result of a failure to act appropriately.
- Abuse may constitute a criminal offence.

Types of abuse
NO SECRETS (DoH 2000) has also identified the following types of abuse:
- Physical abuse.
- Sexual abuse.
- Psychological abuse.
- Neglect.
- Discriminatory abuse.
- Financial abuse.

It should be noted however that these categories of abuse are not mutually exclusive and many situations will contain a combination of different kinds of abuse.

Neglect and poor professional practice also need to be taken into account. This may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as **institutional abuse**.

The total number of cases involving vulnerable adults reported to all agencies in Hillingdon.

To provide information for the review on the total number of Safeguarding Adults cases reported, officers established the following methodology:

- *Analysis of the Safeguarding Adults Partnership's data for 2007-8 and Qs 1 and 2 for 2008/9*

- *A request to all statutory agencies to provide the total number of referrals to their agency for 2007-8 and Qs 1 and 2 for 2008/9*

In an effective multi-agency Safeguarding Adults system, all cases should be centrally reported to the Local Authority, as the lead agency. As such, the total number of cases the Local Authority is aware of is reported in the Partnership's Annual Report.

However, as a means of cross-referencing this data and gaining a picture of the recording practices of partners, the statutory agencies were asked to provide their separate data.

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In the context of Safeguarding Adults referrals, "all agencies" was interpreted as concerning all *statutory* agencies. This is because any safeguarding adults case will by nature involve at least one (and possibly more than one) statutory partner.

<u>Analysis of the Safeguarding Adults Partnership's data for 2007-8 and Qs1 and 2 for 2008/9</u>

The Safeguarding Adults Partnership's information shows that in total, 250 cases involving vulnerable adults were referred to statutory agencies in 2007-8.

This is an increase of nearly 100% on 2006-7, in which 116 cases were reported.

In 2008-9 Qs 1 and 2, 231 cases were reported. This is an increase of 138% on the same period in 2007-8, in which 97 cases were reported.

This continual and very marked increase in the number of referrals reflects an increase in awareness and greater compliance with reporting requirements throughout the social, healthcare sectors. It also reflects the general public becoming more aware of the need to report safeguarding concerns.

For a deeper analysis of the Safeguarding Adults figures for 2007-8, see the Annual Report or the Joint Strategic Needs Assessment (to be launched in early 2009).

<u>Request to all statutory agencies to provide the total number of referrals to their agency for 2007-8</u>

To gain a picture of the data that statutory agencies hold on Safeguarding Adults, contact was made with the Police, PCT and Hillingdon Hospital.

This request yielded the following results:

Police

In 2007-8, 39 incidences of Adult Abuse (criminal allegations) were recorded.

In the first two quarters of 2008-9, there were 27 such incidences.

These numbers are relatively low in isolation, as many of the cases/allegations involving vulnerable adults are recorded under different categories, most notably Domestic Violence (DV) and Racial Incidents (RI).

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It is the police's responsibility to notify the council of cases involving adult abuse. Largely, these will be captured in the Partnership's core data, but some may be missed due to the way in which they are interpreted and recorded within the police.

Primary Care Trust

In 2007-8, 20 reports of cases involving vulnerable adults were recorded in the PCT. This reflects the fact that no cases were recorded until December 2007, as the post of Safeguarding Adults lead was vacant.

In the first two quarters of 2008-9, 66 reports were recorded. However, 28 of these were recorded together as part of a single referral at a care home.

Hillingdon Hospital

In the period concerned, Hillingdon Hospital did not hold a separate record for the number of Safeguarding Adults cases referred to them.

This issue has now been addressed and processes put in place to record this information.

Next Steps

The review of the total numbers of cases reported involving vulnerable adults for 2007-8 and the first half of 2008-9 has highlighted the need for partners to strengthen their Safeguarding Adults recording processes.

Since the review of the Hillingdon No Secrets Multi-Agency Policies and Procedures, a strong link has been kept with the PCT. For each case involving a safeguarding issue, the PCT completes a referral form which it sends to the council, so that numbers are recorded centrally.

A similar operational process is now in place with the Police, as part of the regular safeguarding meeting between the Community Safety Unit and the Safeguarding Adults Team. However, awareness of Safeguarding Adults could be improved within the force to ensure that Adult Abuse cases are recorded as such, and not DV or RI cases.

Hillingdon Hospital has now developed a recording framework that will enable it to keep track of total Safeguarding Adults cases. A process for sharing this information with the council is being set up.

The issues of information recording and information sharing are being treated as top priorities by the re-launched Safeguarding Adults Partnership Board. A

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Performance and Quality Assurance Framework and an Information Sharing Protocol are currently being developed.

Comparative data

There is no comprehensive and standardised source of safeguarding data at the London or national level.

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Findings & Recommendations

Commission for Social Care Inspection (CSCI)

CSCI regulates, inspects and reviews all social care services in the public, private and voluntary sectors. One of its primary roles is to determine how effectively Local Authorities use their resources and whether local people receive cost effective services. It awards star ratings to all Councils as well as quality ratings to care services. The regulation ensures that national minimum standards are achieved. However, if services do not meet minimum standards, conditions are imposed to promote improvement and CSCI can withdraw registration if they fail to improve.

At the outset of the review we considered the CSCI report 'Choice, Independence and Well-Being'. The report covered three main themes. These were:

      (i)   Safeguarding Adults
      (ii)   Delivering Personalised Services
      (iii)   Partnership Working

We heard that on Safeguarding Adults, the Council's overall performance was 'poor'. Comments included the implementation; management and oversight of adult safeguarding arrangements were not sufficiently rigorous. Although staff were found to be generally alert to safeguarding issues, practice was inconsistent and did not routinely comply with procedures. Moreover, planned improvements were yet to impact on managerial arrangements and practice.

The report suggested that key areas for improvement included:
* reporting, scrutiny and governance
* strategic leadership by the Adult Safeguarding Committee
* work programme reporting on improving outcomes
* performance measurement and quality assurance
* management oversight of practice and outcomes
* multi-agency engagement, participation and compliance
* the safeguarding manager role.

Delivering Personalised Services (for older people) were rated as 'adequate.' A number of key strengths were identified such as:
* the Contact Centre and in-house home care
* most people assessed promptly
* equipment and adaptations to older people's homes

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- high number of older people accessing direct payments especially for the black and minority ethnic population
- hospital discharge arrangements and out of hours services

Areas for improving personalised services included:
- assessment and care management activity needed to be more ambitious, holistic and personalised
- risk management
- access to independent advocacy

Finally, partnership working to deliver services for older people was assessed as 'good'. Key strengths were identified as:
- partner commitment
- plan to co-locate agencies in Civic Centre
- consultation and protocols

Areas for improvement in partnership working included
- Single Assessment Process not in place across health and social care
- working with independent and voluntary sector on individual budgets and self-directed care
- regular attendance of all partner agencies at key meetings.

Overall CSCI concluded the Council's *capacity to improve* was **'promising'** and the direction of travel was positive (see Appendix 2).

Officers advised us that they were working with CSCI to strengthen these service areas, especially Safeguarding. In light of the report, we agreed safeguarding adults had to be given the highest priority.

We recommend that:

The profile of the safeguarding of adults be raised, together with the lead role the authority has in this to enable greater safeguarding of vulnerable adults

The POC asks for the recognition of Safeguarding Adults as one of the council's top priorities and endorse the appointment of the Cabinet Member for Health and Housing on the Adult Safeguarding Board, as a Safeguarding Adults Champion to provide a high profile and leadership to the area.

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The Safeguarding Adults Committee (SAC) & Safeguarding Adults Partnership Board

Safeguarding Adults is defined as '*all work which enables an adult who is or may be eligible for community care services to retain independence, wellbeing and choice and access their ,human right to live life that is free from abuse and neglect"* (Association of Directors Social Services Safeguarding Adults Document 2005).

The work conducted by the Safeguarding Adults Committee (SAC) falls into three main areas. These include:

1. Training and awareness
2. Implementation and monitoring policy and procedures and
3. Using data related to Adult Protection investigations

The Safeguarding Adults Committee co-ordinates multiple agencies and develops prevention strategies / structures to safeguard vulnerable adults. The SAC ensures Hillingdon follows national guidance and is aware of and implements best practice. It is also essential that there are robust monitoring systems and a system of referrals is in place to record patterns within the client group.

The witness explained the priorities and objectives of SAC include revising policy and procedures. We heard that although existing the policies are good, policies need to be revised in response to new and emerging legislation. Objectives include ensuring a better alignment of the partners to improve multi-agency working. Other tasks include improving training and awareness of what SAC does and ensuring that training is relevant, compliance with procedures, improving referral tracking and ensuring that outcomes are monitored.

With regards to joint protocols between agencies and partnership working, we heard that SAC has developed a module (within the Care First system) so that all referrals can be tracked through strategy meetings, case conferences and follow up meetings to improve communications between agencies. We agreed that one of the greatest challenges is to capture all the referrals and (where appropriate) ensure that all salient information is passed onto the relevant partner organisations

Significantly there is no central database, which connects all the agencies together as all the agencies have different rules governing confidentiality. We heard that a common alert system is under development in Scotland but at this stage it is not known whether this will be introduced in England (see Appendix 3). We agree there is a responsibility for the whole Council and its partners to increase awareness of the issue of vulnerable adults and note that SAC encourages all reporting but looks specifically at incidents where there is

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no obvious cause or explanation, for example, the number and type of injuries sustained within a set period.

Officers advised us that SAC, although reviewing voluntary sector representation, does not yet have user or carer representation on the Committee. We felt this was essential to the effectiveness of SAC and should be addressed.

The Committee welcomed news that this issue is on SAC's Action Plan. We were told that victims of abuse have an opportunity to become members of SAC and agreed that using their experience would be a valuable way of improving services so long as experiences are captured in a systematic way. We noted that a user experience survey is planned as part of the SAC action plan. The results from the survey will be shared with the Council's partners.

Capturing feedback from users is essential. We recommend that:

That the format of the questionnaire for assessing the Customers' experience of safeguarding procedures be reviewed to ensure that users' views are more accurately recorded

To establish the extent to which Hillingdon meets the necessary safeguarding requirements / improving performance, all safeguarding adults' cases were reviewed last year. Cases where the evidence was not clear were reviewed by the Safeguarding Adults Pilot Scheme. To improve performance an audit tool has been developed and is in place to help all front line managers with compliance issues. Last year SAC examined approximately 25 to 30 out of 250 cases.

We heard that future plans to develop SAC include: evaluating the pilot scheme, looking at ways to strengthen the Safeguarding Adults Team and also to review the Terms of Reference of the Committee and to strengthen representation.

During the witness session, the Committee raised a number of further issues. These included:

- whether or not the levels of participation (in SAC) differed between partner organisations and whether the membership of SAC is periodically reviewed,
- The proportion of vulnerable adults assisted by SAC
- The timing of interventions and the number of adults affected by abuse
- Information sharing and support for victims of abuse
- The nature and source of complaints about abuse

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- The type of criteria which need to be fulfilled before a victim of abuse can be considered 'safe'.

Noting the responses from officers, we agreed that clear and honest debate needs to take place about the role and fit of SAC within the safeguarding process. There is scope to develop and improve existing tools to monitor and ensure compliance with procedures. We were concerned that the level of support and participation for the Safeguarding Adults Committee varied from partner to partner and felt that it is essential that all agencies are equally involved with the Committee. Officers advised us that determining the proportion of vulnerable adults assisted by SAC was very difficult because of the degree of underreporting. Over the last few years, SAC has captured the majority of referrals but comparing Hillingdon's performance with other Local Authorities is problematic as each Authority has different safeguarding structures in place.

We heard that the new agenda has moved the focus from the protection of the individual from abuse to a wider remit which will include proactively protecting vulnerable adults from potential abuse – the preventative agenda. This new focus involves a greater role for public information, to raise awareness of the community's responsibilities and requires greater social inclusion for vulnerable adults. Many of the complaints concerning the elderly (in care homes) are made by the family rather than the victims of abuse. Hillingdon does not have a confidential phone line to report abuse but there is a messaging facility. We agreed that further research needs to be conducted into what turns carers into abusers and it is essential to develop a series of checks and criteria for carers and this will be part of the Safeguarding Adults Board Business Plan.

The new Safeguarding Adults Partnership Board (SAPB) effective since November 2008

This was a particularly fast moving area. Since we examined the work of the Safeguarding Adults Committee at the outset of the review, the customer feedback survey has evolved in the last few months as a result of comments received and a further pilot work. At our November witness session officers informed us that many of the issues we raised about the workings of the Safeguarding Adults Committee in September had been taken forward when SAC had evolved into the Safeguarding Adults Partnerships Board.

The Hillingdon Safeguarding Adults Partnership Board (HSAB) is chaired by Jeff Maslen, Director of Adult Social Care, Health and Housing. The Service Department has a co-ordinating role for the multi-agency partnership. Members include *senior* representatives from the Hillingdon PCT, the Police, the Probation Service and expert advisors.

We heard that the role of the Board and its members will be:

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- To lead the strategic development of safeguarding adults work in the borough of Hillingdon.

- To agree resources for the delivery of the safeguarding strategic plan.

- To monitor and ensure the effectiveness of the sub-groups in delivering their work programmes and partner agencies in discharging their safeguarding responsibilities

- To ensure that arrangements across partnership agencies in Hillingdon are effective in providing a net of safety for vulnerable adults

- To act as champions for safeguarding issues across their own organisations, partners and the wider community.

- To ensure best practice is consistently employed to improve outcomes for vulnerable adults.

The SAPB will develop the vision and priorities for safeguarding in Hillingdon, and determine the direction of improvement work.

We heard that as a strategic function, the Board will not directly carry out the work to deliver the initiatives and projects in its strategic plan. However, the priorities identified by the Board will be delivered through the work plans of sub-groups. Lead officers from the sub-groups will attend each Board meeting to provide a progress update on their sub-group's work plan.

The Board will provide oversight and challenge to this work, supported by regular performance information provided through a performance and quality assurance framework.

In line with the best practice set by Association of Directors of Social Services (ADSS), the Committee agreed that SAPB must have high-level membership from all appropriate statutory agencies, voluntary and independent sector providers and representation from service users and carers. In this way, members of the Board are sufficiently senior in their organisations to represent that organisation and have full authority to make multi-agency agreements.

The seniority of the Board is also a clear statement of the level of priority accorded to the protection of vulnerable adults.

We heard that the Safeguarding Adults Partnership will be linked to Hillingdon Partners, the Local Strategic Partnership, via two partnership arrangements: the Healthier Communities and Older People (HCOP) theme group and the Safer Communities theme group (Crime and Disorder Reduction Partnership).

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The SAPB will share members with both partnerships and will report progress to both on a half-yearly basis.

In the vein of the statutory role of the Local Safeguarding Children Board (LCSB), the SAPB will be on the same level as HCOP and provide an independent voice challenging organisations with a safeguarding role as necessary.

In recognition that the work of the LSCB and SAPB are often aligned and that strong linkages with safeguarding children are necessary for a joined-up and effective approach, we were pleased to learn that the LSCB will be represented on the SAPB and vice versa.

As mentioned above, the two Boards will share the joint HR sub-group. The Boards and the sub-groups will also share members, and reporting protocols established to enable information sharing. It is intended that the SAPB and the LCSB will operate the same broad performance and quality assurance framework. Further synergies and joint arrangements will be identified in conjunction with the LCSB to ensure work is coordinated and the best use of resources achieved.

In relation to the Safeguarding Adults Partnership Board we recommend that:

Officers be commended for the work carried out so far in relation to the Safeguarding Adults Partnership Board and a report be submitted to this Committee in November 2009 on progress made. Officers to investigate a way of measuring the effectiveness of outcomes in their safeguarding work and to provide a report to this Committee.

With effective Safeguarding Adults work relying on effective partnership working and with the Council as the lead agency, it is recommended that all partner agencies should contribute resources (cash and in kind) to a pooled partnership budget for the delivery of the Safeguarding Adults work programme

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Partnership Working

The Hillingdon Safeguarding Adults Partnership Board (SAPB) works in partnership to safeguard and promote the welfare of vulnerable adults in Hillingdon. Members of the Board represent both statutory and local organisations.

Hillingdon Primary Care Trust (PCT)
The Hillingdon Primary Care Trust has a responsibility to commission and provide high priority services. Safeguarding is entrenched into commissioning and contracting services. This duty extends to independent contractors such as General Practioners, dentists and pharmacists. The Trust ensures that safeguarding is included in contracts for providers with LHBC. Hillingdon Community Health provides community services (community nursing, therapies, health visiting, school nursing and prison care.) Safeguarding standards are maintained by workforce training and development.

Kevin Mullins referred the Committee to a 2005 policy document on Safeguarding Adults which gave a clear framework for health and social services work. We noted that the procedures set out in the document were very similar to those for children.

The witnesses explained that vulnerable adults are not a recognised client group within the health service and so do not have priority which gave us cause for concern. We also heard about areas the PCT was concentrating on to drive improvements, including:
- Refreshing policies
- Building on positive work in areas such as domestic violence and learning lessons from child safeguarding which has taken years to improve
- Better information sharing between agencies, both person to person ,addressing the issues of patient confidentiality and data sharing between IT systems
- Training and developing the staff competency base.

In relation to the PCT we recommend that:

Achieving effective safeguarding relies on all partner agency staff understanding safeguarding is their responsibility and being aware of how to take action to protect vulnerable adults. The POC recommends that all agencies ensure safeguarding training is mandatory for all appropriate staff

That all departments and agencies ensure that effective information sharing is incorporated into routines to ensure that vulnerable adults are safeguarded if their care provider changes

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Hillingdon Hospital

We heard that as well as using the reference document on vulnerable adults and inter-agency working, the hospital had devised its own 'short and sharp' policy.

The witness said the hospital staff are concerned about patients who are re-admitted on a regular basis. However the need for patient confidentiality can tie the hospital's hands in involving other agencies beyond passing on names and addresses. Furthermore, the hospital is powerless to prevent vulnerable people returning home or to a nursing home when they are better if that's what they say they want to do, even though that may be where the abuse is happening. Unfortunately, many people in difficult situations often have limited options. Brian Doughty said the Council and its partners need to find a way to ensure that agencies can inform each other where they have concerns about individual people, for example through a 'flagging' system. This will have to be done within legal/confidentiality limits as well as overcoming technological barriers.

We recommend the following:

That officers and Hillingdon Hospital be commended for addressing the issue of Hillingdon Hospital previously not recording the number of safeguarding adult cases referred to them. Members noted this will improve the shared data for care agencies

Alternative care via a place of safety should be the preferred option in all vulnerable adult cases, where appropriate, whilst the care needs of an individual are being assessed.

Care assessments should be holistic to ensure that the most appropriate care is provided.

The Police

The Metropolitan Police includes its safeguarding responsibilities in the Public Protection Unit along with child abuse, domestic violence, management of dangerous persons and missing persons. A limited number of specialist officers are assigned for these duties. We were informed that data for vulnerable people is not presently captured in the same way as it is for domestic violence, and child abuse is currently under services. When necessary, the Police seek guidance from healthcare professionals for both the victims and perpetrators when dealing with persons who lack mental capacity. For further information on Pan-London guidance see Appendix 1.

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In reply to our questions DI Hamilton and WDC Robertson said
   a) No London borough has a dedicated police officer working on safeguarding vulnerable adults though Councils are required to do so.
   b) The police are dealing approximately 26 cases at present which have not reached court. There were about 38 crimes recorded in the last financial year. It is very likely these represent only a small fraction of the total incidence of abuse involving vulnerable adults.
   c) The majority of those cases involved financial crimes such as wills, property, cash and cheques. Only two currently so far involve actual physical harm.
   d) WDC Robertson liaises closely with Paul Greene, Council Safeguarding Adults Manager, and they have regular monthly meetings. She also provides training to Council officers at Queens Walk, Training and Development Centre.
   e) Police feel the threshold for reporting cases is not always clear enough and often liaise with Paul Greene on this.
   f) WDC Robertson accompanies social workers on visits where criminal investigation may be involved.
   g) Consideration should be given to the benefits of making these links more formal on the lines of MAPPA (Multi Agency Public Protection Arrangements) or MARAC (Multi Agency Risk Assessment Committee) arrangements e.g. with protocols, confidential case conferences and recorded minutes. This would have resource implications.
   h) The Police also need to do more to raise awareness of vulnerable adults. Frontline officers, without the requisite training may not initially identify a case which may involve safeguarding issues. Case classification should improve when the new Vulnerable Adult instructions SOP (standard operational procedures) are published.
   i) The capacity of some vulnerable adults can complicate the safeguarding process. In some cases e.g. elderly people may not realise they are the victim of abuse or in others, may be distressed and reluctant to report their relatives on whom they depend for care.

Based on our discussions and noting the Police do not currently have officers set aside to support safeguarding; the Committee recommends that the Metropolitan Police consider the appropriateness of dedicated officers to work on safeguarding vulnerable adults and for this to be raised at the Safeguarding Vulnerable Adults Board.

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In particular we recommend that:

In relation to the review of No Secrets and about how safeguarding vulnerable adults might be better integrated into the mainstream criminal justice arena, the Committee agreed that there is a need to develop a multi-agency panel to review high risk cases (that are as yet outside the prosecution threshold) in the style of the Multi-Agency Risk Assessment Conference (MARAC) and the Multi-Agency Public Protection Arrangements (MAPPA).

The Committee recommends that the Metropolitan Police consider the appropriateness of dedicated officers to work on safeguarding vulnerable adults and for this to be raised at the Safeguarding Vulnerable Adults Board.

The key themes to emerge from looking at Partnerships included:

1) There is some excellent practice in the borough, and that this needs to be recognised.

2) The need for a higher profile generally for the issue of vulnerable adults.

3) The need to clarify the definition of abuse for vulnerable adults. Abuse, is probably much more widespread than commonly believed.

4) The problems faced by vulnerable adults who often have to deal with staff from several organisations – those adults themselves cannot be expected to ensure all the necessary coordination takes place.

5) The importance of multi-agency working, the need for the Council and its partners to ensure the right kind of coordination occurs and that respective partners know which organisation is in the lead on each aspect.

6) The potential benefits arising from dedicated officer resource and the impact of additional resources and staff training.

7) The need to improve communications, the sharing of information but also respecting and protecting people's rights to confidentiality.

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8) Recognition that at this stage we may be looking at ways to map solutions for 80 per cent of cases, though care is needed this does not result just in tackling the easiest cases first.

9) Recognition that perpetrators of abuse often need support too – it can be a 'cry for help'. The vital role performed by carers, and those triggers which may turn a carer into an abuser is a critical area for further investigation but is beyond the scope of this review.

Safeguarding Adults in Hillingdon – Annual Report 2007-8

Further supplementary information was provided by the Annual report. This summarised the actions over the last year and set out a framework for improved reporting in the future. We were pleased to learn that in response to our concerns 'experts by experience' would be brought onto the Board and its sub-groups.

We highlighted that it was important to look at what provisions can be made for people who fall just outside the threshold and investigate the types of preventative action which might be taken (a 'safety net') to assist those with moderate needs.

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Provision and the Care Environment

Our evidence gathering also considered safeguarding concerns from the care environment. Views were provided by Debbie Northorp, Manager of Grange Care Centre and Claire Thomas, Chief Executive of Hillingdon Carers. Claire explained her role and experience of safeguarding cases over the last few years. We heard that most of the people who had contacted Hillingdon Carers were not aware of the types of help that is available, particularly from paid workers. Claire emphasised the importance of a good framework being in place for safeguarding adults. Reference was made to people with dementia who are considered to be particularly vulnerable and concerns Claire had whether family carers would bring safeguarding issues to the attention of the Local Authority.

We heard that when there are many service providers - the Health Service, Social Services and the Voluntary Sector the adult safeguarding arrangements can be confusing and are not clear to the general public. This is a complete contrast to the safeguarding of children where the process is clearly understood and close monitoring is standard practice (see Appendix 4). To improve safeguarding procedures we recommend:

That monitoring of incident and accident books must be part of the contract monitoring visits by the authority in order to identify areas of concern

We heard that Hillingdon carers work closely with Age Concern in relation with people with dementia, so some progress is being made. However, the procedures for safeguarding children are so much clearer that more structure is required for adults, particularly if someone does not appear to meet the criteria of a vulnerable person. Claire mentioned that sometimes people at risk did not receive the required protection from the Domestic Violence Team.

We agreed that the best practice of the Police for children should be transposed where possible for adults. Claire highlighted that the word *vulnerable* is open to interpretation, for instance as not every elderly person over the age of 75 is vulnerable. We were informed that in relation to home care, that it was rare that the user complained directly, it was usually a family member. There was the fear and perception from users that making a complaint would make the service worse. Our witness mentioned the importance of advocates to protect the vulnerable, particularly for people with dementia and the lack of skilled advocates. It was noted that some people in care homes did not receive visitors. Consequently the role of an advocate became very important. Claire Thomas highlighted the importance of training for Police Officers with regards to safeguarding adults.

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Brian Doughty referred to the guidance issued in DoH 2000 No Secrets on keeping adults safe. The intention is to put the safeguarding of adults on a similar legislative footing as child protection, with a more robust statutory framework. This will bring a higher profile to the area of safeguarding of adults and promote joint working across Local Authorities. The Committee agreed that a response to the consultation would be important and asked officers to bring the outcome of the consultation to a future meeting.

We heard about the new guidelines at Grange Care Home from Debbie Northrop, which had helped staff and residents to recognise abuse. Measures in place include include resident's meetings, and regular one to one meetings between residents and staff. There is also a whistle blowing policy to allow staff to report issues anonymously. Visitors to the Care Home are encouraged to come forward if they see something they consider wrong. Posters are used to advertise this policy. Debbie Northrop referred to her experiences at the Care Home. She explained that a resident's behaviour might change when a particular person was in close proximity, and staff were trained to recognise these symptoms. Members were pleased to note that structures are in place so that instances of abuse are responded to quickly.

To enable alleged instances of abuse to be reported quickly and anonymously, the Committee suggested that officers investigate how a hotline might be used. We recommend that:

That officers be asked to examine how a single phone line (hotline) can be put in place for out of hours and/or anonymous reporting of safeguarding concerns and whether access to such a service can be made available at Civic Centre main reception.

Brian Doughty advised Members that care homes are not Council controlled so they will have their own policies and procedures. Consequently he could not guarantee that good practice is followed by all Care Homes in Hillingdon. However the Local Authority still has duty of care and a responsibility through care contracts.

The Committee raised a number of issues and the following points were noted:

1. Vulnerable Adults and communication with their carers –

2. There is a shortage of trained independent advocates and more are required.

3. There is a difference in the procedures for the protection of interests of vulnerable adults between Local Authority Care Homes and Private Care Homes. Moreover, self-funders who should have the same rights

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are not safeguarded under current legislation but the Council has a duty of care. Officers advised that the Safeguarding Team has been strengthened.

4. The Committee considered that the ability to choose and purchase care was important but it raises safeguarding concerns if a method of Direct Payment is involved.

5. Training of Care Home Staff on Residents' personal needs. Current training failed to address the New Dignity Challenge. The review Team will be addressing this issue.

6. Personal Possessions and Dementia Patients – The Safeguarding Adults Board is to ensure guidance is available and the matter addressed through ongoing training.

7. End of Life Care / NHS Gold Standard –Members agreed that training should be geared to achieving this standard.

8. Vulnerable Adults and the eligibility for care criteria – Brain Doughty reported that the number of vulnerable adults who have either mental health problems or drug and alcohol dependencies was increasing and more research is required to determine the extent of the problem.

9. Safeguarding Vulnerable Adults Board – Members agreed that best practice from the Safeguarding Children's Board should be incorporated by the Safeguarding Vulnerable Adults Board.

10. The Personalisation agenda may lead to fragmentation of support and isolation which could increase the risk for vulnerable adults. Officers indicated that this was an issue recognised nationally and were waiting guidance. This issue is being addressed as part of the work of the Transformation Team in Adult Social Care, Health and Housing.

With reference to third party care providers we recommend that:

That where adults receive care through direct payments and self directing care budgets, appropriate arrangements be put in place to ensure that third party providers fulfil their duty to protect adults.

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Learning from Best Practice *(Experiences from Child Safeguarding)*

To learn how improvements might be made, the Committee looked at children's safeguarding arrangements in Hillingdon. Safeguarding arrangements for children in Hillingdon are rated as excellent. Debbie Haith, Head of Children's Safeguarding, said that the effectiveness stems from clear accountability across the agencies involved and clear roles for each member of staff with appropriate levels of training. Clear internal and external auditing provides performance management assessments.

The Department set up a Safeguarding Board in the last 24 months. This directed 5 meetings per year to which all partners must attend. We welcomed the information that Christopher Spencer, Director of Education & Children's Services is very proactive and ensures active participation from all partners. We learnt that 10 sub groups with various work programmes have been established, working on a 3-year business plan with specific priorities for each year. We heard that training programmes are reviewed regularly and members of staff consider the standards of training are considered to be very good.

Debbie Haith advised that National Contact Point is being developed. This aims to have the name of every child in the country on a database and identify which agency is involved with that child. Members were concerned about data protection but were informed that statutory duty of care safeguarding children overrides any data protection protocol. However, Brian Doughty advised that this was not the case for information related to adults. Data protection and Human Rights Acts differ significantly for adults as opposed to children, so providing stringent safeguarding will be more difficult.

Debbie Haith said that there was a good working relationship between the adult and children's safeguarding staffs so best practice lessons are shared. Brian Doughty advised that there are some complex issues that need to be resolved with adult safeguarding. Nevertheless there are three things that Adult Safeguarding could learn from Children's Safeguarding namely:

1. Having a strong legislative base.
2. Implementing clear information sharing guidance rules.
3. Ensuring the best practice guidance and procedure are followed.

We learnt from Paul Hewitt that some child safeguarding weaknesses had been identified, namely:

1. Taking care of children with disabilities.
2. Keeping a record of child truancy and those not in Education.
3. Child trafficking and exploitation, but urgent action from the Subgroup had achieved some improvement.

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Debbie Haith advised that filtering telephone calls and directing callers to the correct Agency had ensured that child-safeguarding resources were used to the best advantage. The Committee were interested to learn more about the various Sub-groups and officers provided a structure chart.

The Committee agreed that:

There is a need to engender a culture change which may be best achieved through a robust system of audit.

The Safeguarding Vulnerable Adults Board should work with partners to ensure that:

- There is clear accountability across the agencies
- That there are clear roles for each member of staff and that they have appropriate levels of training
- That clear internal and external auditing provides performance management assessment

In addition, we agreed that

Monitoring of the standards of care provided by both internal and external agencies should be strengthened to give reassurance to users, relatives and carers.

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Safeguarding Vulnerable People

A vulnerable adult is a person aged 18 years or over, who is or may be, in need of community care services by reason of mental health, illness, infirmity or disability. Such a person may be unable to take care of him or her self, or be able to protect themselves from significant harm or exploitation. The document *No Secrets* (Department of Health 2000) is the principal guidance to be used for the protection of vulnerable adults. Hillingdon produced a set of adult protection policies, procedures and guidance in 2001 in response to the DoH 2000 No Secrets Document. The legislative framework has been altered recently to implement conditions from the Metal Capacity Act 2005 and the Safeguarding Vulnerable Group's Act 2006.

Based on the information provided to the Safeguarding Adults Committee a total of 250 cases involving vulnerable adults in Hillingdon were referred to statutory agencies in 2007-8. This is an increase of nearly 100% on 2006-7, in which 116 cases were reported. In 2008-9 Qs 1 and 2 alone, 231 cases were reported. This represents an increase of 138% on the same period in 2007-8, in which 97 cases were reported. This continual and very marked increase in the number of referrals reflects an increase in awareness and greater compliance with reporting requirements throughout the social, healthcare sectors. It also reflects the general public becoming more aware of the need to report safeguarding concerns.

Members were concerned about the number of inconclusive case investigations which might be caused by a number of factors including: insufficient training to allow conclusions to be reached, inadequate resources or insufficient time to conduct a detailed case investigation.

Experts by Experience

The Committee gave consideration to three anonymous case studies which provided Members with details of service users' experience of the safeguarding adult service.

The main issues and lessons to be drawn from the case studies were:

- The safeguarding service has a duty to review and re- assess the needs of vulnerable adults who receive care through direct payments and self directing care budgets;

- The role of the families of service users needs to be taken into consideration

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- The Safeguarding of Vulnerable Adults is in the early stages of development but steps are required to ensure that there is a way of measuring the effectiveness of outcomes

- Under the transforming agenda and with the changing roles of carers and social workers, the Council has to ensure vulnerable adults are not forgotten about and safeguards are put in place to cover every adult in receipt of care

- Officers to investigate further the use of "charged up" cards as a method of payment for people who receive self funding for the purchase of care, to enable payments to be tracked

- Members were informed that service users who receive direct payments had a choice of where to purchase care from. The safeguarding adult service provided around this is important

- The service should monitor the incident and accident books for care homes as part of the contract monitoring details. Members were informed that the Commission of Social Care Inspection has the responsibility for the regulation of care homes but the authority has a monitoring responsibility and can suspend placements if it is believed that there is not a good standard of care in a care home

- Information on vulnerable adults who do not want the involvement of the service but who come within the radar of the service is kept on record for three years. The importance of information sharing between agencies was stressed to ensure these people are safeguarded

- There is a need to continue to develop well sign posted support structures and the need to develop systematic feedback to advise on the development of practice.

- For all correspondence with users, a standardised letter is necessary to ensure that legal requirements are met. Letters should incorporate a personalised element but this should be confined to the introduction and conclusion of the correspondence.

We recommend the following:

The feedback from service users and carers on their experiences of safeguarding procedures be reported to this Committee in December 2009

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That officers investigate further the use of 'charged up' cards as a method of payment for people who receive self funding for the purchase of care, to facilitate tracking of payments.

Correspondence to users needs to be a standardised letter but also incorporate a personalised introduction and conclusion.

That officers be asked to look into using a single reference number to identify users, to simplify the process of managing all dealings with a particular case as is done currently (and successfully) with Members' Enquiries.

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Closing Word

Safeguarding vulnerable adults is therefore a vital aspect of social and health care in Hillingdon. In the last year alone, the number of reported cases across agencies has risen significantly and we must do everything we can to assist and protect this vulnerable group from abuse.

Our review shows that the Council has responded in a proactive way to the CSCI report by establishing a new Safeguarding Adults Board which signals a much needed change in culture. We highlighted just how important a preventative agenda can be to raising standards instead of merely reacting to abuse. We acknowledge this can be difficult at times and a balance needs to be struck between too much intervention and an invasion of personal liberties. While inaction does little to support victims of abuse, the general public also needs to feel confident that appropriate mechanisms are in place to support them when they want to report abuse or suspected abuse.

Our review makes a series of recommendations which seek not only to raise the profile of safeguarding in Hillingdon but also provide a series of practical steps which seek to develop and improve safeguarding procedures. In particular, we have identified that clear lines of accountability supported by robust audit will promote better safeguarding. Additionally, *in relation to the review of No Secrets, the Council should lobby the government to give Safeguarding Adults a much firmer legal basis, in line with Safeguarding Children.*

Finally, the review identified that although support is available, it can only be of use if those affected by abuse are aware such help exists. Communication and signposting of services are therefore vital and we will return to these issues in November to monitor the progress the Council are making in safeguarding.

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REVIEW OF SAFEGUARDING VULNERABLE ADULTS

Pan-London Police guidance for vulnerable adults.

Police Pan-London guidance

The Metropolitan Police Service have developed a draft of the pan-London policy for safeguarding adults, to govern the interactions of the police force on this subject.

The draft is still in consultation. Publication is planned for the end of this calendar year (November/December 2008).

The draft of the policy is attached to this note as Appendix A.

Pan-London safeguarding policies and procedures

Pan-London procedures are in the process of being developed by the Social Care Institute for Excellence (SCIE).

These will set the framework for the interactions of all agencies (statutory: including local authorities, health trusts, police and non-statutory: including voluntary sector, carers groups, advocacy services) involved in the protection of vulnerable adults.

The draft of the policies and procedures is being presented at an SCIE consultation event on 10th November. The Institute are planning to publish the final document in March 2009.

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Appendix A

| **Safeguarding Adults Policy** |
| **Territorial Policing**: Safeguarding Adults. |

Protective marking:	Restricted
Publication scheme Y/N:	No
Title:	Safeguarding Adults
Version:	Version 1
Summary:	The policy establishes clear guidelines and accountability for the investigation of Safeguarding Adult cases.
Branch/ OCU:	TP Violent Crime Directorate (CSU Service Delivery Team)
Review date:	
Notice reference/ date:	

Safeguarding Adults Policy

Introduction

This policy introduces an enhanced and prioritised procedure for the investigation of Safeguarding Adult cases. It creates a framework for all staff to provide a professional, effective, citizen and victim focussed approach to what staff do. It is accompanied by Standard Operating Procedures, which include definitions, relevant legislation, support mechanisms and highlights the responsibilities of all staff involved in any incident and/or investigation.

The Metropolitan Police Service (MPS) is keen to ensure that it maintains its commitment to improving service delivery to London's diverse population regarding vulnerable adult abuse investigations but also builds upon the notable work developed through and by the Community Safety Units (CSUs).

The Violent Crime Directorate owns the policy in its entirety.

Application

This policy takes effect from the date of publication. All police officers and police staff, including the extended police family and those working voluntarily or under contract to the MPA, must be aware of and are required to comply with all relevant MPS policy and associated procedures.

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Purposes

1. We aim to ensure the safety and protection of vulnerable adults by providing a quality service to service users whether as employees, colleagues, victims, witnesses, strategic or operational partners.
2. We will with the support of partners hold perpetrators of abuse accountable for their actions. Where criminal proceedings are deemed inappropriate we will work with partners to identify courses of action.
3. We will work in partnership with other agencies to safeguard adults.

Scope

This policy applies to:

"A vulnerable adult is a person aged 18 years or over who is or may be at risk of abuse by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation"

A vulnerable adult who: experiences abuse / is subject to a crime that has been perpetrated by a person in a position of authority or where there is an expectation of trust or they have been providing them with care either in a care setting (e.g. care home, hospital) or in their own home will be dealt with under this policy

Hate Crime

The MPS Hate Crime definition is as follows, 'Any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability'.

The term 'hate crime' for disabled people, can be defined as any crime committed against a person, a group of people or the property of a person or group where the motivation for the crime is hatred of, or prejudice against them because they are a disabled person.

If a person is vulnerable adult or person with a disability is subject to a targeted hate crime then the matter is to be managed in accordance with the current hate crime policy.

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Opportunistic crimes against vulnerable people such as burglary artifice, offences or robbery by an unknown suspect or an unattended motor vehicle broken into to steal a 'blue' badge are not covered within the scope of this policy.

Offences against vulnerable adults or a disabled person who has experienced physical and/or sexual violence and theft from a family member (as defined in the ACPO definition below) will be managed under the MPS Domestic Violence Policy.

Domestic Violence

Domestic violence is 'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are or have been intimate partners or family members, regardless of gender and sexuality'. (Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family) (ACPO).

If a vulnerable adult is subject to domestic violence within this definition they will be dealt with under the current Domestic Violence Policy

Link to current policy.

It should be recognised that there are several forms of abuse including physical, psychological, financial, sexual or neglect. These will often constitute criminal offences

Offences committed against vulnerable adults that are not within the scope of this policy should still be flagged VA and the principles for investigative strategies and good practice adhered to as outlined within the Safeguarding Adults Policy.

Link to SCD6 Economic Crime
Link to MCA Act 2005

Policy Statement

The Metropolitan Police Service is committed to the safeguarding of vulnerable adults. Every Borough OCU should have a policy/protocol in place with local partner agencies, detailing local procedures for the effective management of Vulnerable Adults crimes and/or abuse. Those policies/protocols should reflect and be developed in accordance with HM Government's publication 'No Secrets' (Department of Health – March 2000).

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Borough Public Protection leads (Senior Management Team – Detective Chief Inspector and above), supported by their Borough Commanders have the responsibility for ensuring that a policy is in place and that it is adhered to.

Suffice to say, the safety and welfare of the vulnerable person is of paramount importance. The purpose of local policy is to set high local standards for the effective investigation of incidents / crimes, effective information sharing with partners and to support an informed decision- making process as we aim to prevent crime, protect vulnerable people and hold perpetrators to account for their actions. We must create an expectation of a high standard of service to victims, potential victims and our partners.

Benefits

This policy will develop good practice relating to the prevention and detection of crime. It will ensure that the MPS Safeguarding Adults policy is legally compliant and increase the level of reporting, prosecution and monitoring of Safeguarding Adult cases.

Responsibilities

This policy is owned and approved by the Commander, TP Violent Crime Directorate and supported by the Community Safety Unit Service Delivery Team. (0207 321 (4) 7146

It is to be implemented by operational command unit commanders.

Enquires about this notice should be made to Detective Superintendent Gerry Campbell on extn 49127, or DC Maria Gray on 49083.

CSU Service Delivery Team Intranet Site: (Link)

Item to life policy (link)
Victims Code of Practice (VCOP) instructions (link)
Critical Incident Manuel/policy (link)
Community Safety Unit (CSU) Intranet site (link)
Vulnerable Witnesses (link)
Significant Witnesses (link)
Policing Diversity – Disabled people as victims of crime
(Link)

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REVIEW OF SAFEGUARDING VULNERABLE ADULTS

Briefing: Customers' Experience of Safeguarding Procedures

1.   Introduction

1.1   Involving users and carers of safeguarding services in the development of these services is part of the Safeguarding Improvement Plan, in response to the CSCI Independence, Well-Being and Choice inspection in March 2008

1.2   It is good practice to engage with service users and carers who have been part of safeguarding practices and interventions to learn from their experiences to improve services for the future.

1.3   The feedback from service users and carers should be gained through an open discussion rather than a paper survey

1.4   It is critical that this information is recorded in a systematic way, and that a process is put in place to ensure it is analysed in a timely fashion and used to inform future service design.

1.5   This paper sets out the draft methodology for a customer experience survey (sections 2 to 4) and the results from the initial pilot conducted in October 2008. Both the survey methodology and processes supporting the survey will be refined as part of the ongoing pilot. This will help to ensure that the voice of service users is central to safeguarding arrangements in Hillingdon

2.   Objectives

The purpose of this customer engagement is to find out directly from people their experience of the safeguarding process. The objectives are :

➢ To determine if service users felt they have been given the opportunity to fully explain what had happened
➢ To confirm if service users felt the allegations of abuse were taken seriously
➢ To ascertain if service users felt that workers took their views into account, when planning how the situation was dealt with
➢ To identify whether service users felt safe and protected during this process
➢ To determine if service users felt supported throughout their contact with social services

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> ➢ To demonstrate if service users/carers felt that their circumstances improved as a result of the safeguarding procedure or are they afraid that there could be a re-occurrence of events

3.   Engagement Process

All service users who have safeguarding issues have a review within 3 months of the completion of the intervention.

As part of this review it is proposed that the worker will discuss with the user or carer their experience of the process, using a standard format for the questions.

An initial pilot of 2 cases was carried out in October to evaluate the process. This pilot should inform revisions to the process.

4.   Guidance/Issues

Questions should focus on the process rather than the worker's role.

Workers who have been involved with the case will be responsible for the review. This may impede service users or carers from disclosing issues relating to the practice of the specific worker.

Participants should be given the option of a follow up interview with an appropriate person who has not been involved with the case if this is their preference.

It is essential that service users and carers are not caused any additional distress by being involved in this feedback. Workers should make this judgement on an individual basis.

The consultation should be of value to the service user or carer.

Care needs to be taken to ensure the appropriateness of carer's participation in the review.

The survey is consistent with Adult Social Care, Health and Housing's Customer Engagement Strategy.

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5. **Collating and analysing information from the survey and ensuring it informs service development**

The outcome from the customer engagement surveys will be reported to the Safeguarding Adults Partnership Board three times a year (every other meeting).

In order to ensure the easy capture of information, the survey will be filled in through SNAP consultation software. This permits at-a-glance analysis of cumulative interviews, grouping all the answers to individual questions over a given timeframe together.

The survey includes a mix of multiple choice questions, and longer, more open-ended questions where service users can feed back their qualitative views. The use of multiple choice questions will permit quantitative analysis of the survey results, including trend information – whether parts of the service are improving, and at what rate, over time.

The survey is divided into two parts, relating either to a service user or a carer. This reflects the fact that service users face different issues and will therefore have different experiences of the service. By splitting the survey, data on either service users or carers can be pulled out easily. At the same time, the overlap in the questions allows the information to be agglomerated and treated as a whole.

The analysis of the survey information will take place on an ongoing basis, and collated into an overview report that will go to the Safeguarding Adults Partnership Board.

6. **Learning from the October 2008 pilot of the Customer Experience Survey**

Two interviews were conducted with Safeguarding Adults service users in October 2008, as an initial step in developing an effective process for customers' experience to be central to the design of safeguarding processes in Hillingdon.

Feedback from the process indicates that service users were very happy with the interview, and priority being given to their views in this way.

However, it was noted by the service users that the questionnaire was a little long, and that some of the questions were repetitive. Since the October pilot, the interview methodology has been developed and a new, improved survey drafted that addresses the concerns of the service users. It is included as an Appendix to this paper.

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Both service users were very positive as to the quality of the service they had received from Social Services.

The next stage of the pilot is due to take place in late December/early January. The sample of service users will be expanded at this stage, to ensure that results are more meaningful. It will be critical to ensure that clear guidance is in place for staff conducting the survey, and that information, though qualitative, is captured in such a way that it can be analysed and findings relating to large samples identified.

It is intended that all service users are offered the opportunity to take part in the interview process, and that the survey becomes a key source of information for Safeguarding Adults procedures in Hillingdon.

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Appendix – Draft Survey

ADULT SOCIAL CARE, HEALTH AND HOUSING

Safeguarding Adults Customer Feedback Survey

Recently you were involved in a Safeguarding Adults Investigation. In Hillingdon our aim is to ensure vulnerable adults are safeguarded. It is very important that we obtain the views of people who have either experienced abuse or have felt threatened with abuse so that we find out if they felt safeguarded by our help and that our intervention has made a difference to their lives.

1. **How was the first contact with Social Services about the alleged abuse made?**
- ❑ *PHONE*
- ❑ *LETTER*
- ❑ *IN PERSON*
- ❑ *EMAIL*
- ❑ *OTHER*   *Please specify*

_____

2. **Did you contact Social Services yourself about the allegation/referral of abuse, or did someone else do this on your behalf?**
- ❑ *SELF - REFERRAL*
- ❑ *REPRESENTATIVE*

3. **Who is this interview with?**
- ❑ *SERVICE USER (Please go to question 4)*
- ❑ *CARER/RELATIVE/FRIEND (Please go to question 19)*

4. **Were you given enough time given to explain to the person at Social Services what had happened? (service users)**
- ❑ *YES*
- ❑ *COULD HAVE DONE WITH A BIT MORE TIME*
- ❑ *VERY RUSHED*

5. **Were you told by social Services what would happen next? (service users)**
- ❑ *YES - VERY CLEAR*
- ❑ *COULD HAVE BEEN CLEARER*
- ❑ *NO EXPLANATION GIVEN*

6. **Were you given the chance to meet face to face with someone from Social Services to discuss what was happening? (service users)**
- ❑ *YES*
- ❑ *NO*

7. **Did you feel the allegations of abuse were taken seriously? (service users)**
- ❑ *YES*
- ❑ *NO*
- ❑ *PARTIALLY*

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8. **Did you think your views were taken into account when deciding how the situation would be dealt with? (service users)**
- ❑ *YES*
- ❑ *NO*
- ❑ *PARTIALLY*

9. **Do you think Social Services acted quickly enough through out the Safeguarding procedure? (service users)**
- ❑ *YES ALL OF THE TIME*
- ❑ *SOME OF THE TIME*
- ❑ *NONE OF THE TIME*

10. **Do you feel that you were kept informed of what was happening at every stage of the process? (service users)**
- ❑ *YES ALWAYS*
- ❑ *SOME OF THE TIME*
- ❑ *NEVER*

11. **Did you feel supported throughout your contact with Social Services? (service users)**
- ❑ *YES*
- ❑ *NO*
- ❑ *PARTIALLY*

12. **If you felt in danger, do you feel action was taken to make sure you felt safe? (service users)**
- ❑ *YES*
- ❑ *NO*
- ❑ *N/A*   **Please go to question 14**

13. **Was this action taken quickly enough? (service users)**
- ❑ *YES*
- ❑ *NO*

14. **Do you think your dealings with Social Services have made a difference your situation? (service users)**

_____

_____

___

15. **Are you still worried that the abuse could happen again? (service users)**
- ❑ *YES*
- ❑ *NO*
- ❑ *MAYBE*

16. **Overall how do you think Social Services dealt with your concerns? (service users)**
- ❑ *EXCELLENTLY*
- ❑ *GOOD*
- ❑ *POOR*

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❏ *VERY POOR*

17. **Is there anything you would have liked to have been done differently? (service users)**

_____
_____
___

18. **Are there any other comments you would like to make? (service users)**

_____
_____
___

19. **Were you given enough time given to explain to the person at Social Services what had happened? (carer/relative)**
❏ *YES*
❏ *COULD HAVE DONE WITH A BIT MORE TIME*
❏ *VERY RUSHED*

20. **Were you told by social Services what would happen next? (carer/relative)**
❏ *YES - VERY CLEAR*
❏ *COULD HAVE BEEN CLEARER*
❏ *NO EXPLANATION GIVEN*

21. **Were you given the chance to meet face to face with someone from Social Services to discuss what was happening? (carer/relative)**
❏ *YES*
❏ *NO*

22. **Did you feel the allegations of abuse were taken seriously? (carer/relative)**
❏ *YES*
❏ *NO*
❏ *PARTIALLY*

23. **Did you think your views were taken into account when deciding how the situation would be dealt with? (carer/relative)**
❏ *YES*
❏ *NO*
❏ *PARTIALLY*

24. **Do you think Social Services acted quickly enough through out the Safeguarding procedure? (carer/relative)**
❏ *YES ALL OF THE TIME*
❏ *SOME OF THE TIME*
❏ *NONE OF THE TIME*

25. **Do you feel that you were kept informed of what was happening at every stage of the process? (carer/relative)**
❏ *YES ALWAYS*
❏ *SOME OF THE TIME*

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❑ *NEVER*

26. **Did you feel supported throughout your contact with Social Services? (carer/relative)**

❑ *YES*

❑ *NO*

❑ *PARTIALLY*

27. **If your relative/friend felt in danger, do you feel action was taken to make sure they felt safe? (carer/relative)**

❑ *YES*

❑ *NO*

❑ *N/A   Please go to question 29*

28. **Was this action taken quickly enough? (carer/relative)**

❑ *YES*

❑ *NO*

29. **Do you think the dealings with Social Services have made a difference to the situation? (carer/relative)**

_____

_____

____

30. **Are you still worried that the abuse could happen again? (carer/relative)**

❑ *YES*

❑ *NO*

❑ *MAYBE*

31. **Overall how do you think Social Services dealt with these concerns? (carer/relative)**

❑ *EXCELLENTLY*

❑ *GOOD*

❑ *POOR*

❑ *VERY POOR*

32. **Is there anything you would have liked to have been done differently? (carer/relative)**

_____

_____

____

33. **Are there any other comments you would like to make? (carer/relative)**

_____

_____

____

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<div align="right">**Appendix 3**</div>

REVIEW OF SAFEGUARDING VULNERABLE ADULTS

To ask that officers prepare a briefing note on the **Scottish approach** covering e.g.
  a) The software used
  b) The Department of Health's view and policy
  c) The Local Government Association's view
  d) The cost if Hillingdon Council gives the software to all its relevant partners.

Supporting information:

As part of Committee's review of Safeguarding, the issue of effective information and data sharing has been raised as an important topic. Members requested details of developments that have taken place in Scotland to see if any lessons could be learned.

The Scottish context – data sharing

The Scottish Executive has made effective data sharing a key part of its strategy for health and social care. This is a long-standing commitment through its National Data Sharing Forum, which includes senior officers from all key agencies and the Scottish Executive.

Initial priorities for the Scottish Executive have been to implement Data Sharing to:

- Child Protection Messaging

- Single Shared Assessment for Adults (including Safeguarding))

- Access to Criminal Records

Underpinning the achievement of these priorities are government investment, statutory Data Sharing Partnerships, and the Scottish eCare programme.

Data Sharing Partnerships

In early 2006 a project to deliver a Scotland wide electronic information sharing framework was launched, with the formation of 14 Data Sharing Partnerships.

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Each Local Authority area is charged to establish a Data Sharing Partnership, comprising Senior Officers from the main statutory agencies, including Social Work, Education, the Police and the local Health Board (roughly equivalent to the PCT in England). It should be noted that in Scotland Social Work Departments are also responsible for Criminal Justice Services as there is no separate Probation Service. Data Sharing Partnerships are encouraged to also include voluntary sector representation and to have access to legal and technical support.

The Scottish Executive has made funding available to each Data Sharing Partnership to employ a Data Sharing Manager who takes responsibility for the implementation of the Data Sharing Programme and in ensuring effective Information Sharing Protocols are in place.

Funding has also been made available to install secure electronic links between the members of the partnership and with links to a central electronic data store allowing access to information to be shared between agencies and between authorities across the country, subject to strict and agreed protocols.

The Scottish eCare Programme

eCare is the name given to the Scottish Government's multi-agency information sharing framework which covers, amongst other aspects, consent, standards, security, procurement, organisational development and technical issues relating to the electronic sharing of personal data. In December 2007 the eCare Framework went live for the first time in 2 Data Sharing Partnerships. The Programme is in the process of being launched across the other Partnerships.

Importantly, the eCare Framework is not limited to Safeguarding Adults, which constitutes only one part of the system. The eCare Framework handles both electronic single shared assessments for community care users and can also be used by Children's Services practitioners to share information related to Child Protection.

eCare allows electronic access to multi-agency data held on local data stores. These eCare 'Multi Agency Stores' are accessed by practitioners through their current systems or through a centrally-developed solution where existing systems are not available. Stores will eventually be located all health boards, although independent of the NHS. Access will be based on consent, authentication and fully audited.

Further details can be obtained using the following link:

http://www.scotland.gov.uk/Topics/Government/DataStandardsAndeCare

Forth Valley are one of the operational Data Sharing Partnerships. Information can be found on the Partnership's official website:

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http://www.stirling.gov.uk/fvdsp/

Hillingdon - Next steps

The Scottish eCare Programme is more than just a software platform. It is based on the National Data Sharing Forum and the statutory data Sharing partnerships and constitutes a full infrastructure to streamline information sharing. This Forum has been effective in agreeing the detailed mechanisms by which data would be exchanged between agencies. The software employed in this system builds on these mechanisms, rather than providing a single solution to data sharing. The Programme is supported by significant government investment.

Implementing a similar arrangement for Hillingdon would require national leadership to be brought to the area of data sharing, supported by a statutory requirement for Data Sharing Partnerships and funding for the programme.

However it is important to note that the processes developed in Scotland by the National Data Sharing Forum were initially manual and that the eCare module operates on the platform that had already been established.

Hillingdon's Safeguarding Adults Partnership Board has identified data sharing as a top priority and is currently in the process of developing a Data Sharing Protocol covering all agencies. This will provide the foundation of trust between the agencies and allows for the sharing information in a timely and appropriate manner.

Every effort is being made to ensure this protocol is of the standard required to ensure information sharing is effective, until an electronic solution is introduced in England and fully embedded.

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REVIEW OF SAFEGUARDING VULNERABLE ADULTS

To integrate into the review consideration of arrangements for out-of-hour and/or anonymous reporting of safeguarding concerns, potentially through a "hotline".

Supporting information:

Referrals inside normal working hours

Up to this point, the reporting of safeguarding concerns and initial referrals have been made to the appropriate duty team (working with the relevant service user group – older people, people with physical and sensory difficulties, people with learning disabilities and people with mental health problems – or direct, to the Safeguarding Adults Manager.

Now, with the 3rd December launch of Hillingdon Social Care Direct, a single point of access for all customers with adult social care enquiries, all initial referrals and reporting of safeguarding concerns will be made by calling through this route.

Hillingdon Social Care Direct is available from 8am-6pm, Monday-Friday via:

- Telephone - 01895 556633.
- Email - socialcaredirect@hillingdon.gov.uk.

Back-office restructuring is taking place to ensure that the Safeguarding Adults service is improved by these new access arrangements.

Referrals outside normal working hours

Out of hours, reports and referrals are made by phoning the council switchboard (01895 250111), at which point the operator will pass on Safeguarding Adults issues to the Emergency Duty Team. The same process is in place for all social care referrals.

Anonymity

In both the instances of normal and out-of-hours reporting, the referral or reporting of concerns can be made anonymously by the person making the call. However, this is not stated in Hillingdon's multi-agency policies and procedures, and there are questions as to whether residents are aware of the fact that any referral could be anonymous.

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<u>National schemes</u>

At the national level, a limited number of hotlines are in place that can support out-of-hours and anonymous reporting and who work with local authorities. The most high profile are:

Elder Abuse Response helpline
Monday to Friday, 10am to 4.30pm 0808 808 8141
Action on Elder Abuse run the UK and Ireland's only national, freephone helpline for anyone with concerns about the abuse of older people.

Public Concern At Work - Whistle Blowing
Monday to Friday, 9am to 6pm 020 7404 6609
A national whistle blowing hotline for staff wishing to report a suspected abuse but concerned about the possible consequences of reporting.

National Domestic Violence helpline
Seven days a week, 24 hour freephone helpline 0808 2000247
National Domestic Violence Helpline, run in partnership between Women's Aid and Refuge, is a service for women experiencing domestic violence.

Samaritans
Seven days a week, 24 hour helpline 08457 90 90 90
Samaritans provides confidential emotional support, 24 hours a day for people who are experiencing feelings of distress.

Other hotlines are in existence, and there is an opportunity to promote the best to the public through the re-launched Safeguarding Adults web pages – set for early January 2009.

<u>Opportunities</u>

With the development of the Safeguarding Adults Partnership Board's 2009-12 business plan, there is an opportunity to target communications activity towards the promotion of Hillingdon Social Care Direct as the single point for the reporting of safeguarding concerns – anonymously, if need be. This could go some distance to raising awareness of the route for reporting and allaying public concerns of any untoward consequences from doing so.

Separately, however, a single phone line specifically dedicated to Safeguarding Adults could be put in place. Very few local authorities currently have such a system in place. However, this could prove beneficial from a service perspective. Work would need to be undertaken to cost such an initiative, including balancing the resource requirement for a standing telephone operative against other benefits.

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REVIEW OF SAFEGUARDING VULNERABLE ADULTS

According to the policy, the receipt (or not) of community care services is a determining factor as to whether an adult can be termed "vulnerable" and a safeguarding investigation instigated to assure that adult's safety, This has led to concerns that, since Hillingdon lifted its Fair Access to Care Services (FACS) criteria to "substantial" and "critical", adults previously in the "moderate" bracket are now at greater risk and no longer have access to care services. The POC therefore asked whether it would be possible to broadly model whether there is a large population of adults in "moderate" need, excluded from safeguarding services.

Modelling numbers in "moderate" need

As the council does not record the number of people in the "low" or "moderate" bands of eligibility, it does not have the ability to pull out information reports providing this type of information.

However, a working methodology was identified to give an overall indication of the numbers in question. The total number of service users on the Carefirst system in the period April-September 2005 – before the eligibility criteria were lifted – could be compared with the number of service users on Carefirst in the period April-September 2008 – the most up-to-date figures. This could be offset against the impact of demographic changes.

It must be noted that this would still only provide an indication if nothing else of the change in levels of service provision. A clear downward shift in numbers would indicate a population of residents in moderate need being excluded from care services.

The tables carrying this information are below:

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Table 1: Adult Social Care Service Users Aged 18+ (April to September 2005)

Age Band	Service Type	Physical Disability	Learning Disability	Mental Health	Substance Abuse	Unknown	Total Persons
18-64 years	**Community Based**	579	377	383	2	2	**1,341**
	P&V Residential	36	119	31	3	22	**211**
	IH Residential		59	2			**61**
	Nursing Care	12	1	11			**24**
18-64 years		**619**	**453**	**395**	**5**	**24**	**1,494**
65+ years	**Community Based**	2,184	26	83	1	3	**2,297**
	P&V Residential	200	12	30	1	1	**244**
	Nursing Care	172		13			**185**
	IH Residential		6				**6**
65+ years		**2,485**	**31**	**114**	**1**	**4**	**2,635**
All Ages		**3,104**	**484**	**509**	**6**	**28**	**4,129**

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Table 2: Adult Social Care Service Users Aged 18+ (April to September 2008)

Age Band	Service Type	Physical Disability	Learning Disability	Mental Health	Substance Abuse	Unknown	Total Persons
18-64 years	**Community Based**	646	389	686	1		1,721
	P&V Residential	42	135	36		10	223
	Nursing Care	42	1	5	1		49
	IH Residential		46	1			47
18-64 years		**707**	**470**	**696**	**2**	**10**	**1,884**
65+ years	**Community Based**	2,535	18	82	1	1	2,636
	P&V Residential	361	11	40	1		413
	Nursing Care	319		23	1		343
	IH Residential		1				1
65+ years		**3,053**	**23**	**126**	**3**	**1**	**3,205**
All Ages		**3,760**	**493**	**822**	**5**	**11**	**5,089**

The clearest indication provided by this high-level comparison is the fact that, despite the lifting of the eligibility criteria, the council is now providing services to a significantly **greater** number of people. This could be for a number of reasons:

➢ With an ageing population, and the over-85s segment increasing faster than any other part of the population, a large number of adults (estimated to be in their hundreds) have since 2005 passed into the "substantial" and "critical" threshold

➢ The very coarse data provided by the table does not account for key external factors and is therefore less reliable. These include:

o Improvements in recording – Mental Health figures have doubled due in part to management action to improve levels of compliance with recording
o New types of care services coming onstream in 2005-8, including for example Direct Payments
o Unexplained individual variations – numbers in residential care have increased to a large extent, where nursing care has fallen

➢ Some of the service users in "moderate need" have been absorbed into the "substantial need" bracket

Although the picture presented is equivocal, the fact that there has not been a great fall in service users is encouraging. Further analysis would be required to present a clearer and "cleaner" statistical picture.

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<u>Hillingdon's approach to setting the threshold for Safeguarding Adults'
investigations</u>

It must be stated, however, that though the Multi-Agency Policies and
Procedures defines a vulnerable person as being in need of care services, the
approach taken on the ground in Hillingdon is far more pragmatic and
inclusive.

In assessing whether to accept a service user within the safeguarding
procedures, the full gamut of "indicators" is taken into account, i.e. whether
the adult referred falls within the categories below:

• People with learning disabilities.
• People with physical disabilities.
• People with sensory impairment.
• People with mental health needs including dementia.
• People who misuse substances or alcohol.
• People who are physically or mentally frail

In particular, the notion of physical or mental frailty is open to wide
interpretation, and the local approach is to investigate for anyone with whom a
level of risk is detected. This is a much more inclusive approach than a
number of other councils, who may strictly apply the FACS criteria of
substantial/critical need as the only or overriding determining factor.

In addition to this, the interpretation of what constitutes a "care service" is
equally wide locally. Housing-related services that include a care element, for
example under the Supporting People programme, are chosen to count for
this matter. This is not the case with all authorities.

As a consequence, it is not felt that the lifting of the FACS criteria has led to
an exclusion of service users in moderate need. It is council policy to take a
low risk approach to the investigation of safeguarding concerns.

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<div align="right">**Appendix 6**</div>

REVIEW OF SAFEGUARDING VULNERABLE ADULTS

To provide the Social Services, Health and Housing POC with further information on the 2006/7 Select Committee Report "The Human Rights of Older People in Healthcare" to underpin its review of Safeguarding Adults in Hillingdon.

Supporting information:

General ambit of the report

The Select Committee reviewed a wealth of information, in relation particularly to the way in which human rights principles could be applied by healthcare providers and inspectorates alike to ensure that older people are treated with greater dignity and respect when being cared for.

The report primarily investigates issues such as whether there are discriminatory restrictions on the rights of older persons to access healthcare without adequate justification; and the main challenges to the human rights of older persons receiving treatment in hospitals and residential care homes. The issues of human rights and access to services are important in themselves, though perhaps do not fall directly into the scope of the POC's review.

Safeguarding Adults

However, the Select Committee report also considers issues that fall more squarely into the field of Safeguarding Adults. In particular, it focuses on the barriers older people and their families face in seeking to voice their concerns about possible abuse, neglect or discrimination in healthcare. In so doing, the following supporting information is taken into account that is of relevance to the POC's review:

> ➢ According to Age Concern, 500,000 older people are subject to abuse at any one time in the UK, although not all of this abuse occurs in healthcare. Almost four-fifths of the abuse is perpetrated against people over the age of 70, and 16% affects people over 90.

> ➢ Based on telephone calls to their helpline, Action on Elder Abuse identifies five categories of abuse: physical (19% of calls), psychological (34%), financial (20%), sexual (3%) and neglect (12%). It highlights the high number of allegations of multiple abuses (44% of callers report more than one type of abuse occurring simultaneously). The majority of abusers are related to their victim (46%). The next highest category of abusers is paid workers (34%). Of the one third of

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> abuse which is perpetrated by two or more people acting together, 62% is perpetrated by paid staff "that is, through abusive practices that are institutional and passed from one worker to another". 23% of reports to the helpline concern care homes (where less than 5% of the older population live) and 5% concern hospital settings.

> ➢ Reporting on elder abuse in 2004, the House of Commons Health Committee found that abuse of older people was a hidden, and often ignored, problem in society, and was a violation of their human rights. It concluded that, unlike child abuse, whose profile had been dramatically raised in the past few years, abuse of older people remained hidden.

The evidence presented to the Select Committee by witnesses frequently indicated the difficulties that some older people have in accessing information about their rights, and the barriers they face in raising concerns or complaints with the authorities who should be looking after them.

In particular:

➢ A fundamental issue for older people in healthcare is the relationship that they have with their care provider. Older people often do not feel able to complain without retribution, personally or in terms of the service level they receive.

➢ Fear from expressing concerns in care home was commonplace – as the Committee notes, "We were shocked by the number of witnesses who told us of people who had faced eviction from care homes because they or their relative or carer had complained."

➢ People do not know how to raise their concerns, or doubt that any good will come of it. Help the Aged mentioned institutional and systemic barriers, including there being "no clear or accessible mechanism for raising issues of concern"

➢ The Committee conclude that older people, especially those who are the most vulnerable, would greatly benefit from the assistance of independent advocates and that this provision should be expanded more widely.

Next steps

The information presented to the Select Committee will be used as part of the review of new Safeguarding Adults policy documents to inform Hillingdon's local review of polices and procedures and service development. It will also be included in the new Safeguarding Adults Annual report framework, agreed by the POC.

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The analysis on whistle blowing issues will be taken into account as part of the Safeguarding Adults Partnership Board 2009-12 business plan.

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