

## Hampshire Safeguarding Adults Board

### Safeguarding Policy and Practice Update September 2016

This bulletin provides a summary of recent national policy news, publications, consultations and articles relating specifically to adult safeguarding. A brief summary and link to the original webpage document is provided for each item.

<b>Wellbeing and Prevention</b>	<a href="#"><u>Combating loneliness - a guide for local authorities</u></a>
<b>Published by: Local Government Association and Age UK</b>	
<p>This guide highlights that loneliness is a serious problem, with far reaching implications, not just for individuals, but also for wider communities. There is strong evidence that loneliness can increase the pressure on a wide range of council and health services. It can be a tipping point for referral to adult social care and can be the cause of a significant number of attendances at GP surgeries. There are practical steps agencies can take to address this issue which are outlined in this guide. Whilst the guide focusses on older people its recommendations will also be beneficial to other age groups.</p> <p><b>Publication date: January 2016</b></p>	
<b>Modern Slavery</b>	<a href="#"><u>Victims of modern slavery - frontline staff guidance (Home Office, 2016)</u></a>
<b>Published by: Home Office</b>	
<p>This guidance is designed to help staff identify and help potential victims of modern slavery (including human trafficking) in England and Wales. It reflects relevant provisions of the Modern Slavery Act 2015 and the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015. If staff suspect a person is a potential victim of modern slavery due to human trafficking in any part of the UK (or slavery, servitude, or forced or compulsory labour in cases identified in England or Wales) they must consider a referral into the national referral mechanism (NRM). Under the NRM, a trained specialist in a designated competent authority will investigate the matter further.</p> <p><b>Publication date: 18<sup>th</sup> March 2016</b></p>	
<b>Review of LSCB Arrangements</b>	<a href="#"><u>Wood Review Report</u></a>
<b>Published by: Department of Education</b>	
<p>This review examined the role and functions of Local Safeguarding Children Boards sets out recommendations for a new framework for improving the organisation and delivery of multi-agency arrangements to protect and safeguard children. It contains recommendations to change the statutory framework underpinning the model of Local Safeguarding Children Boards including the approach for serious case reviews and Child Death Overview Panels. The report recommends that Serious Case Reviews are discontinued and to establish an independent body at national level to oversee a new national learning framework for undertaking inquiries into child deaths and cases where children have experienced serious harm.</p> <p><b>Publication date: March 2016</b></p>	

<b>Safeguarding Practice</b>	<b><u><a href="#">ADASS Guidance on Inter-Authority Safeguarding Arrangements (Consultation draft)</a></u></b>
<b>Published by: Association of Directors of Adult Social Services</b>	
<p>The ADASS guidance on inter-authority safeguarding adults enquiry and protection arrangements first published in 2004 has been reviewed and updated to reflect new safeguarding duties under the Care Act (2014) and the accompanying Care and Support Statutory Guidance (2016). This includes, as fundamental, the person-centred, outcome-focused approach enshrined in Making Safeguarding Personal and the six national adult safeguarding principles. This is good practice guidance and is not intended as a substitute for locally agreed multi-agency safeguarding adults policy and procedures which, together with the Care Act and statutory guidance take precedence. In addition, there are a number of other national guidance sources for local authorities and NHS bodies in existence which are referred to in this document.</p>	
<b>Publication date: May 2016</b>	

<b>HSAB Annual Report</b>	<b><u><a href="#">HSAB Annual Report 2015-2016</a></u></b>
<b>Published by: Hampshire Safeguarding Adults Board</b>	
<p>This report outlines the activities of the Hampshire Safeguarding Adults Board's (HSAB) has undertaken to enable it to fulfil its statutory responsibilities regarding the strategic development and oversight of adult safeguarding across Hampshire. This report covers a one year period (1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016) and highlights the Board's progress and achievements in delivering its strategic priorities and objectives. The report provides a review of the Board's business plan highlighting challenges and also key achievements. It also outlines the areas requiring focus for the coming year.</p>	
<b>Publication date: June 2016</b>	

<b>Allegations Management</b>	<b><u><a href="#">4LSAB Allegations Management Guidance (June 2016)</a></u></b>
<b>Published by: Hampshire Safeguarding Adults Board</b>	
<p>The Care Act 2014 requires the local authority, its relevant partners and those providing universal care and support services to have clear policies reflecting those from the local Safeguarding Adults Board for dealing with allegations against people in positions of trust i.e. anyone working in either a paid or unpaid capacity, with adults with care and support needs. These policies should clearly distinguish between an allegation, a concern about the quality of care or practice or a complaint. The refreshed statutory guidance removes the requirement for a DASM but this is now replaced by a new section on managing allegations against people in positions of trust. The Allegations Management Framework has been developed as a 4LSAB overarching framework setting standards around the management of allegations against people in a position of trust, supported by clear reporting requirements and arrangements across the whole system. As an overarching Framework, individual organisations will need to develop their own business process detailing how they will implement this framework internally. This document replaces the 4LSAB DASM framework published in May 2015.</p>	
<b>Publication date: June 2016</b>	

<b>Using Surveillance</b>	<a href="#"><u>Using surveillance for monitoring purposes</u></a>
<b>Published by: Care Quality Commission</b>	
<p>This guidance is for providers of health and adult social care services who may be considering the use of surveillance, such as CCTV cameras. The decision whether to use surveillance is for care providers to make in consultation with the people who use their services, and with families, carers, trade unions and staff. This document does not give guidance on whether or not surveillance systems should be used as CQC does not require providers to do so. The legal framework requires that any use of surveillance in care services must be lawful, fair and proportionate – and used for purposes that support the delivery of safe, effective, compassionate and high-quality care. Providers who already use surveillance should consider whether it was implemented, and is being used, with proper consideration of the issues raised in this document. If not, you should consider making changes to your surveillance methods.</p>	
<b>Publication date: June 2015</b>	

<b>Covert Medication</b>	<a href="#"><u>Court guidance on covert medication and DOLS</u></a>
<b>Published by: Hempson Solicitors</b>	
<p>In its recent judgment in AG (By her litigation friend the Official Solicitor) v (1) BMBC and (2) SNH [2016] EWCOP 37, the Court of Protection provided guidance as to the procedural steps to be followed when providing covert medication to patients subject to DOLS authorisations in order to protect unlawful interference with Article 5 and 8 rights. A 92 year old patient with dementia was resident in a care home. She was subject to a year long DOLS standard authorisation with no conditions and no provision for review. Her care plan included the administration of medication covertly. Her best interests assessor and relevant person’s representative (“RPR”) were not aware of this information at the time when the authorisation was granted. During the standard authorisation, she was changed onto a new covert medication regime. This decision was not discussed with the local authority, the RPR or any relevant family member. It was undisputed that it was in the patient’s best interests to receive all of the relevant medication covertly. District Judge Bellamy held that covert medication is an interference with an individual’s right to a private life (Article 8). It is also likely to contribute to someone being deprived of their liberty under Article 5. The decision to covertly medicate should therefore always be subject to close scrutiny, particularly if that medication will affect P’s behaviour, mental health or act as a sedative.</p> <p>It is essential that any covert medication is done in the least restrictive way possible and that safeguards are in place, for example, regular reviews of the decision to covertly medicate and whether it remains the least restrictive option in that particular patient’s case.</p>	
<b>Publication date: July 2016</b>	

<b>Deprivation of liberty of children</b>	<a href="#"><u>Guide to the law of deprivation of liberty children</u></a>
<b>Published by: Community Care</b>	
<p>This guidance from Belinda Schwehr sets out what practitioners need to consider in relation to cases where a child may be deprived of liberty.</p>	
<b>Publication date: July 2016</b>	

<b>Reporting and acting</b>	<a href="#"><u>Reporting and acting on child abuse and neglect consultation</u></a>
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<b>on child abuse</b>	<a href="#"><u>document</u></a>
<b>Published by: Home Office</b>	
<p>The government has launched a consultation on proposals to introduce new duties on social workers to report or take action on child abuse, with criminal sanctions for practitioners who fail to comply. Two potential duties are being looked at - a mandatory reporting duty, or a 'duty to act', both of which would place the reporting of child abuse on a statutory footing. The 'duty to act' would require certain practitioners or organisations to take appropriate action (which could include reporting) if they had reasonable cause to suspect that child abuse or neglect was taking place. The consultation document says "a range of sanctions" for professionals who fail to report child abuse or neglect could be made available, from "employer and/or regulatory sanctions to criminal sanctions".</p> <p><b>Mandatory reporting:</b> Would require practitioners or organisations to report child abuse or neglect if they knew or had reasonable cause to suspect it was taking place. A comparison with other countries that have mandatory reporting systems in place found that England already has a higher referral rate. If such a duty were to be introduced in England, reports would be made to local authority children's social care. It could replace or operate alongside the existing duty to report known cases of female genital mutilation involving under-18s in England and Wales.</p> <p><b>A duty to act:</b> Would require practitioners or organisations to take appropriate action (which could include reporting) in relation to child abuse or neglect if they knew or had reasonable cause to suspect it was taking place. What would be considered appropriate action under the 'duty to act' would "depend on the particular circumstances of each case". It "may include reporting, but it would not be limited to this. In cases where a report has already been made, for example, the duty to act would require further action to be taken if that was appropriate. This might include sharing information with other agencies – an issue highlighted in a number of Serious Case Reviews – which can help social workers to reassess risk and, if necessary, take further protective action. It might also include providing timely and appropriate help to a child or stepping in to protect a child in a domestic violence incident."</p> <p><b>Publication date: July 2016</b></p>	

<b>HSAB Strategic Plan</b>	<a href="#"><u>HSAB Strategic Plan 2016/19</u></a>
<b>Published by: Hampshire Safeguarding Adults Board</b>	
<p>This Plan highlights the HSAB's strategic priorities and objectives over the next three years. A number of factors helped shape and influence these priorities including:</p> <ul style="list-style-type: none"> <li>- A review of Board activities in March 2016 and progress in achieving its stated objectives;</li> <li>- Response to national and local events which provide a focus on governance;</li> <li>- Care Act requirements in the relating to promoting wellbeing, prevention and MSP;</li> <li>- Findings of a survey of local people about the priority issues they feel the Board should be focusing on.</li> </ul> <p>The Plan also introduces the Board's new assurance and accountability framework which it will be using as part of its remit of holding the partnership and individual agencies to account for their safeguarding work.</p> <p><b>Publication date: September 2016</b></p>	

<b>FGM</b>	<b><u><a href="#">Pan Hampshire FGM Guidance and Reporting Framework</a></u></b>
<b>Published by: Hampshire Local Safeguarding Boards</b>	
<p>The local safeguarding boards have produced draft multi-agency FGM guidance and reporting framework developed in response to the new mandatory reporting duty for social workers introduced on 31 October 2015. Registered social care and health professionals and teachers in England and Wales now have to report to the police if they know a girl aged under 18 has undergone FGM, either if they have visually confirmed it or it has been verbally disclosed by an affected girl. The Home Office has published guidance which clarifies that for the purposes of the duty, the relevant age is the girl's age at the time of the disclosure or identification of FGM – it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18. In cases of non compliance, social care and health professionals may be referred to fitness to practise proceedings. Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply. Local guidance will be published in September 2016.</p>	
<b>Publication date: September 2016</b>	

<b>Criminal justice</b>	<b><u><a href="#">CPS - Violence Against Women and Girls Report 2016</a></u></b>
<b>Published by: Crown Prosecution Service</b>	
<p>The CPS has published its ninth annual Violence Against Women and Girls (VAWG) report. The report shows that in the year 2015-2016:</p> <ul style="list-style-type: none"> <li>• Domestic abuse, rape and sexual offences accounted for 18.6% of the CPS's overall workload - an increase over the past six years from just under 9%</li> <li>• Police referred nearly 117,000 people for domestic abuse - a year-on-year fall of 4% - but prosecutions reached a high of 100,930, with conviction rates up slightly to 74.5%</li> <li>• The number of prosecutions for rape was the highest ever recorded (4,643) and almost 58% (2,689) of those prosecuted were convicted of rape or an alternative or lesser offence</li> <li>• Child sexual abuse convictions increased by almost 17% to 4,643</li> <li>• The number of prosecutions for other sexual offences increased by nearly 23% to 11,995 - with 9,351 people being convicted</li> <li>• Nearly 70% (9,077) of stalking and harassment prosecutions were related to domestic abuse - an increase of about 10%</li> <li>• There were five prosecutions for controlling or coercive behaviour since a new law came into force in December 2015 - with the CPS saying defendants monitored phone messages and emails and used GPS tracking</li> </ul>	
<b>Publication date: September 2016</b>	

**Bulletin Compiled by Sue Lee, Hampshire Safeguarding Adults Board Manager**

**September 2016**