

# Safeguarding Adults: what have we learnt from Peer Challenges and other national work?

30th January 2014

# Learning from safeguarding peer challenges

- Fifteen national peer challenges + an MCA/DoLS specific pilot
  - Drew learning together from the first 12 in a report
  - Feedback from regional and other forums indicates that the issues are consistent with other councils and their partners and interested to hear from London
  - Most challenges have included either a health or a police peer (and one both). More recently TCSW expert practitioners have been involved.
  - Observing and reading practice enables the team to 'get underneath' what people say they do
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# **This is a mutual learning process: the peer team learn as much as the council being reviewed.....**

'Leading this peer challenge was very positive - learning was both from the people we interviewed (what worked well or could be further developed), and team members (different perspectives and approaches). Tangible good practice I could consider using elements of locally included their governance system and structures, audit processes, service user group work, and the format of their SAB annual report.'

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# Generally

- Everyone has some aspects of excellence in their work and some areas they are struggling with
  - There are some excellent examples of awareness raising by councils (no need to write/record material from scratch!)
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# People and outcomes

- There has been huge investment in structure, process and procedures over the years since No Secrets
  - These have taken over. People can be driven through a process
  - There still needs to be much more focus on involvement and outcomes, and working the process to best realise the outcomes people want (hence MSP....)
  - The data people collect is not much use in ascertaining whether safeguarding is effective or not
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# Partnerships

- Combination of change in the NHS, Police and Crime Commissioners (P&CCs), cuts to local government and welfare reform make focusing on safeguarding more important and threaten progress
  - Challenge to engage with Healthwatch, CCGs, P&CCs
  - Partner ownership is inconsistent (joint statement with ADASS, ACPO, NHSC and NHSCC published this week). Partners need to take responsibility for training their staff and embedding both proactive and responsive safeguarding in their organisations
  - The links between HWBs, CSPs, LCSBs, QSGs and SABs are variable.
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- Councils vary enormously as to whether their focus in responding to safeguarding concerns is mainly around institutions and regulated care services, or whether it is mainly around domestic and community abuse and neglect (around 25:75 – 75:25)
  - Challenge to get the right bits of the system doing the right things: regulation, commissioning and contracts management, care management and safeguarding – especially in relation to care quality (guide in the offing) and police responses in the community
  - If regulated care services were of sufficient quality to do no harm, there would be a significant reduction on the call on safeguarding services
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# Community safety, justice and legislation

- Older and disabled people tend not to be included in domestic abuse services, and safeguarding services tend not to use domestic abuse approaches and legislation (hence the LGA guide).
  - Mixed activity in relation to hate crime, 'mate crime' and people needing care and support who are trafficked, misuse substances, are in forced marriages, experience FGM etc
  - Collectively we need to work to develop the means of ensuring that people have access to some form of justice as a result of safeguarding activity.
  - More to be done to fully implement the MCA/DoLS, use HRA, DV and other legislation
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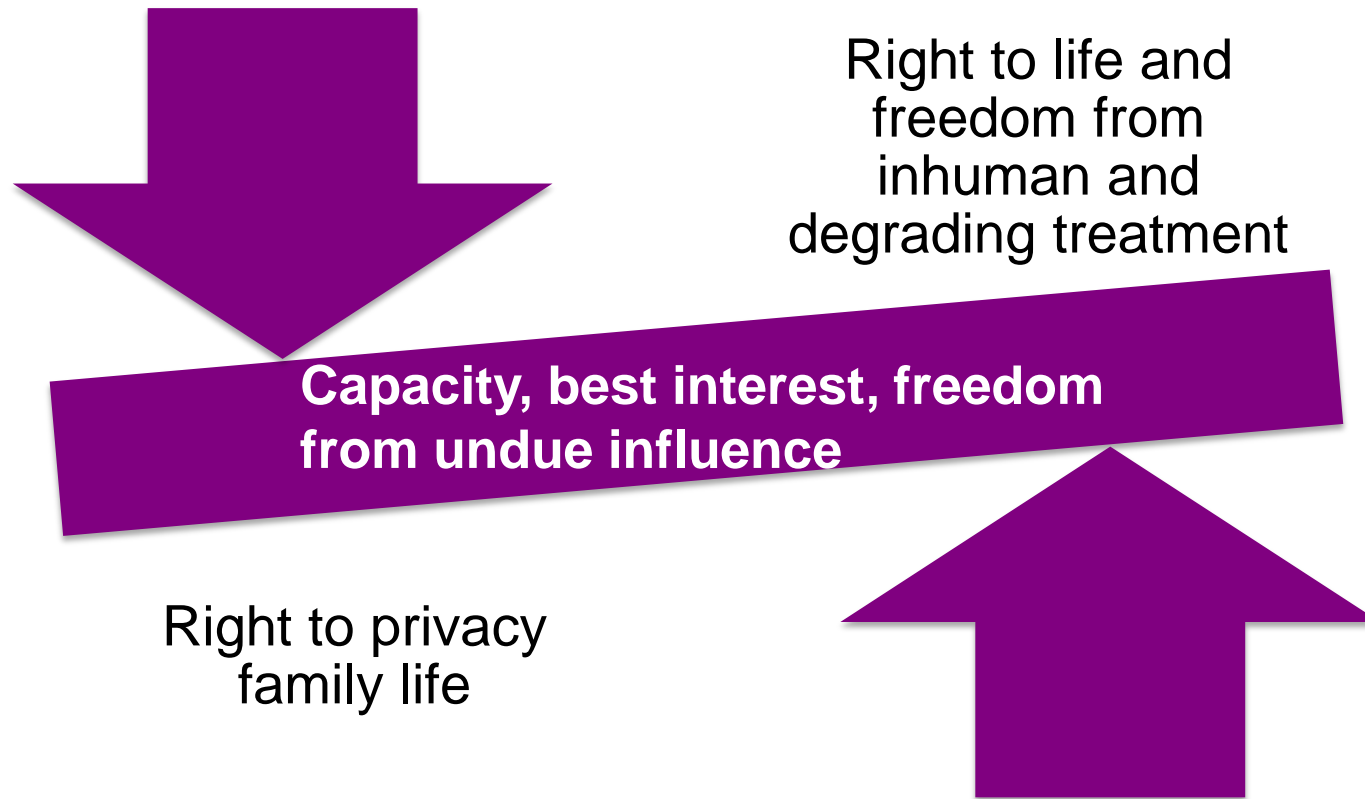


- Scope now for councils to focus on professional development so that social workers can use their skills to empower people needing safeguarding and work with them and their families to fully use the legal and social work responses that might best realise the outcomes they want, and support more proportionate responses.
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# What does it mean? Key risks

- Significant harm or loss of life
  - Reputation – growing media and public interest
  - Legal challenge
  - Financial (either due to disproportionately intrusive or insufficiently effective interventions)
  - Complete interdependence on the NHS, police, and, for regulated services, CQC
  - Market failure
  - Everyone is learning..... The wisest partnerships are aware of this. Most Boards do not know how effective safeguarding is.
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# What does it mean?



**Social workers: what are the outcomes we are aiming for and what are the legal, social and other responses that we can use to realise them?**

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# Safeguarding is everybody's business

People look out for each other in our communities

Community safety and other services include people in need of care and support

Care and justice services do no harm, safeguard people's dignity and rights and enable them to manage risks and benefits

Safeguarding is personalised. There are effective specialist services to work with people when concerns are raised and support other staff

**The Council, with NHS Boards and the Police lead this**

**The safeguarding board develops and co-ordinates strategy and holds partners to account**

**There is support, empowerment and access to some form of justice or resolution for people experiencing abuse or neglect**

# Improving Safeguarding Boards

- Forthcoming statutory status  
More later....
  - Clarity of purpose  
Is everyone clear?  
Prevention/community/empowerment/personalised  
safeguarding (how is that being communicated?)
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- Co-ordinating the work of member organisations – getting the right bits of the system doing the right things

Virtual, horizontal multi-agency project management for wicked problems?

Business plan is clear

Is it clear what each agency is contributing to each 'project' (or not)

How is that co-ordinated and resourced?

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- Establishing the effectiveness of safeguarding activity

Dash Boards and Baskets of Indicators

- What are we already measuring? Hate crime? Fear of crime? Care quality? Rehousing due to DV?

Generic customer satisfaction question – did you feel safe/in control whilst receiving this service.....?

Number of referrals, timeliness of process, involvement of all relevant agencies

***Outcomes: Did you define the outcomes you wanted and were they realised?***

***Would you recommend that other people who are being abused “tell the council” ?***

## Assurance and accountability

Each agency's own governance structure

LA Scrutiny – two hats – LA work and multi-agency leaderships

Good links and joint working with

LSCB, Community Safety Partnership, Health and Wellbeing Board, QSG

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# Joint statement: LGA, ADASS, ACPO, NHSConfed, NHSCC

- Outcomes and experiences
  - Governance and standards
  - Links with CSPs, LCSBs, HWBs and QSGs
  - Ownership, commitment and transparency
  - Intelligent information sharing behaviour
  - Prevention and response
  - Resource, commission and/or deliver training
  - Commitment to work together
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# Resources for Boards

- Range on CoP and LGA website:

[http://www.local.gov.uk/web/guest/adult-social-care/-/journal\\_content/56/10180/5650175/ARTICLE](http://www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10180/5650175/ARTICLE)

Framework for improvement

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**Are these themes  
consistent with  
what is happening  
in your patch?**

**Are there other  
themes that are  
key to London?**

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# More information

<https://knowledgehub.local.gov.uk/web/khub>

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