1 Introduction

This report outlines the literature on the range of methods of preventing the abuse of vulnerable adults, from public awareness campaigns through to approaches that empower the individual to be able to recognise, address and report abuse. In addition, it examines policy and practice guidance and examples of emerging practice. The report has been informed by SCIE's Adult Safeguarding Service User Advisory Group.

Prevention as a priority

Prevention of abuse has not always been high on the adult safeguarding agenda. The publication of *No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* (DH/HO) in 2000 was a landmark in setting up a framework for adult safeguarding. It emphasised the importance of inter-agency working and established that local authorities should lead on adult safeguarding. Its agenda was set largely by the incidents of serious abuse revealed over the previous decade, resulting in a focus on ensuring that agencies be alert to the signs of abuse taking place and respond appropriately.

Nine years later, the findings of *Safeguarding adults: Report on the consultation on the review of No secrets* placed a new emphasis on prevention and on the empowerment of individuals to maintain their own safety (DH, 2009). The consultation found that safeguarding can be experienced as 'safety at the expense of other qualities of life, such as self determination and the right to family life'. The report highlighted the importance of achieving a balance between safeguarding and the independence associated with personalisation in adult social care.

Around the same time as the *No secrets* review consultation, the Commission for Social Care Inspection carried out a study of local safeguarding arrangements to protect adults from abuse, which included examination of 23 CSCI inspections of councils, fieldwork in five council locations as well as inspections of care homes and home care agencies (CSCI, 2008a). They found that actions to prevent abuse were variable across councils and within individual care services. They highlighted the need for a greater emphasis on prevention by 'designing safeguarding into services'.

What is prevention?

While most people would agree that 'prevention is better than cure', where the prevention of abuse and neglect of vulnerable adults is concerned, identifying what works – and for whom and in what situations – is very difficult. Much abuse and neglect takes place in secret. This makes it hard to prove that an abusive event has occurred, and almost impossible to demonstrate that an abusive event has

been prevented. Put another way, it is very difficult to judge what constitutes a successful prevention intervention.

An increase in referrals might indicate an increase in awareness (and hence action) or it could mean an increase in abuse taking place. Hester and Westmarland (2005) in their evaluation of the 27 domestic violence projects usefully suggest that, while domestic violence remains an under-reported crime, projects should aim to increase reported incidents in the short term and decrease them in the longer term. This proposition could reasonably be extended to the field of adult safeguarding as a whole. Similarly, CSCI (2008a) referred to low referral rates as a proxy for low levels of awareness about abuse.

People who use services are clear that effective prevention in safeguarding is not about over-protective paternalism or risk-aversive practice. Instead, the prevention of abuse should occur in the context of person-centred support and personalisation, with individuals empowered to make choices and supported to manage risks (Carr, 2010; CSCI, 2008a; b) This desire for people who use services to be empowered to prevent abuse is reflected in the *No secrets* consultation report:

> One of the strongest messages from the engagement with non-professionals was that safeguarding must be built on empowerment – on listening very carefully to the voices of individuals who are at risk, and those who have been harmed. Without empowerment, without people's voices, safeguarding did not work. (2009, p 13)

This suggests that prevention in safeguarding needs to be broadly defined, informed by personalisation and include all social care user groups and service configurations. It includes multi-agency working (including information sharing), community safety, community participation and public awareness, as well as awareness raising and skills development with vulnerable adults.

Prevention in action

CSCI (2008a) identified the following building blocks for prevention and early intervention:
- people being informed of their rights to be free from abuse and supported to exercise these rights, including access to advocacy
- a well trained workforce operating in a culture of zero tolerance of abuse
- sound framework for confidentiality and information sharing across agencies
- good universal services, such as community safety services
- needs and risk assessments to inform people's choices
- a range of options for support to keep safe from abuse tailored to people's individual needs
- services that prioritise both safeguarding and independence
- public awareness of the issues.

CSCI found that these building blocks are not consistently in place across different local authorities.

Kalaga and Kingston (2007) in their review of the literature on 'effective interventions that prevent and respond to harm against adults' categorise interventions at primary, secondary and tertiary levels:

- primary interventions: aim to prevent abuse occurring in the first instance
- secondary interventions: aim to identify and respond directly to allegations of abuse
- tertiary interventions: aim to remedy any negative and harmful consequences of abuse and to put in place measures to prevent future occurrences.

Legislative and policy drivers

There are a number of legislative, regulatory and policy-based drivers for local authorities to undertake preventative work. These include:

- The NHS and Community Care Act 1990: Section 47(5) allows urgent temporary services to be provided in lieu of an assessment. Paragraph 16 of the Fair Access to Care Services guidance refers to the occurrence or likely occurrence of abuse or neglect as indicating critical or substantial needs for services (DH, 2003).

- The above approach was supported with the publication of *Guidance on eligibility criteria for adult social care* (9); this was published to reflect the increased focus on personalisation featured in *Putting people first* (HM Government, 2007).

- The Health and Social Care Act 2008. This requires registered providers to take 'reasonable steps to identify the possibility of abuse and prevent it before it occurs' (Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010).

- The 2005 Association of Directors of Adult Social Services report, *Safeguarding adults: A national framework of standards for good practice and outcomes in adult protection work.* Standards 3, 4 and 5 relate to the prevention of abuse:
    - Standard 3: Every person has the right to live a life free from abuse and neglect; this message is actively promoted to the public by the Local Strategic Partnership, the 'Safeguarding Adults' partnership, and its member organisations.
    - Standard 4: Each partner agency has a clear, well-publicised policy of zero-tolerance of abuse within the organisation.
    - Standard 5: The 'Safeguarding Adults' partnership oversees a multi-agency workforce development/training sub-group. The partnership has a workforce development/training strategy and ensures that it is appropriately resourced.

- The Vetting and Barring Scheme. The Safeguarding Vulnerable Groups Act 2006 defines the scope of the Vetting and Barring Scheme. Organisations with responsibility for providing services or personnel to vulnerable groups

(including adult protection teams) have a legal obligation to refer relevant information about an individual they believe to be at risk of harming vulnerable people to the Independent Safeguarding Authority.

Who are 'vulnerable adults'?

No secrets (DH/Home Office, 2000) defined the term 'vulnerable adult' as:

> A person aged 18 or over who is or may be in need of community care services by reason of mental health 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 from harm or exploitation.

The *No secrets* review consultation response (DH, 2009) acknowledged that this definition is not entirely satisfactory: 90 per cent of respondents wanted this definition revised and there was much support for replacing the term 'vulnerable adult' with 'person at risk'. One of the reasons for this is that the term 'vulnerable' implies that the cause of abuse originates with the victim rather than with the perpetrator. The Law Commission consultation on law reform in adult social care found significant support for their proposal that the term 'adult at risk' should replace 'vulnerable adult' and be defined as 'anyone with social care needs who is or may be at risk of significant harm' (Law Commission, 2011).

What is 'abuse'?

According to *No secrets* (DH/Home Office, 2000), 'Abuse is a violation of a person's human and civil rights by another person or persons.' *No secrets* includes the following definitions of abuse:

- physical abuse: including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions

- sexual abuse: including rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting

- psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks

- financial or material abuse: including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits

- neglect and acts of omission: including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or

educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating

- discriminatory abuse: including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

The evidence base

This review began with a scope on data, literature and best practice on what is being done in relation to prevention strategies by local authorities. Using reference harvesting and expert recommendation, the project manager identified further material, always taking a broad view of relevance. The final set of literature was compiled from searches one and two which resulted in 36 papers, added to during the course of carrying out the review to achieve the final list.

Most of the identified literature focuses on older adults or people with learning disabilities, and there is some research on domestic violence. There is little on people with mental health problems or people with physical disabilities. A relatively small proportion of the literature reports on primary research. Several items are literature or policy reviews, or practice evaluations.

Most of the literature concerns psychological abuse, sexual abuse, physical abuse and domestic violence. There is less on financial abuse, despite the fact that it has been found to be second only to neglect in frequency among older adults living in the community in a large-scale survey funded by Comic Relief and the Department of Health (Mowlam et al, 2007).

The evidence on 'what works' to prevent abuse in practice is thin. Many of the reported studies are small-scale studies with little evidence of generalisability. The term 'safeguarding adults' – an umbrella term to cover all adults at risk – is relatively new. It does not have a long research history and is intrinsically difficult to measure or prove. Northway et al (2005), in a review of the literature on adult protection for people with learning disabilities, further point to the fact that much adult protection research has originated out of the concerns of practitioners; hence it does not have a significant place in the academic literature.

Similarly, Kalaga and Kingston (2007) state that the evidence base is sparse and that there is a need for researchers to analyse and evaluate interventions in the coming years. Furthermore, the scoping work carried out by SCIE at the outset of this project suggests that positive examples of prevention work could usefully be disseminated across the sector in order to share the learning.

Structure of this review

This review focuses mainly on what Kalaga and Kingston (2007) identify as primary interventions, with some consideration of tertiary interventions where they are aiming to prevent future occurrences of previous abuse. It considers prevention in the following sections:

- identifying people at risk of abuse
- public awareness
- information, advice and advocacy
- training and education
- policies and procedures
- community links and community support
- regulation and legislation
- inter-agency collaboration
- empowerment and choice.

2 Identifying people at risk of abuse

A consistent theme in the literature is the value of identifying factors that indicate an increased risk of abuse among adults at risk in the interests of prevention (see for example Kalaga and Kingston, 2007). Identifying risk factors can help to prevent abuse by raising awareness among staff and service managers of the people in their care who may be most at risk of abuse. If staff are aware of risk factors, they can use these insights to develop effective risk assessments and prevention strategies.

This section presents risk factors identified in relation to characteristics of adults at risk, family carers who become abusers, as well as in relation to features of services where abuse occurs.

People with learning disabilities

The literature consistently identifies people with learning disabilities as being at risk of all types of abuse. Bruder and Kroese (2005), in their review of nine papers looking at prevention interventions aiming to teach new skills to children and adults with learning disabilities, cite authors who identify the following added risk factors: poor social skills and poor judgement, poor communication skills, physical dependence (for example need for help with personal hygiene and intimate body care), a lack of education about appropriate sexual behaviour, as well as lack of knowledge about how to defend against abuse. They and others (Hollomotz, 2007; Kiekopf, 2002) also suggest that people with learning disabilities have been educated or reinforced to be compliant, and as a result lack practice in making independent decisions in everyday life.

Kiekopf (2002), reporting the establishment of a protection committee at Sense, further points to the vulnerability of deaf-blind people and people with learning disabilities to sexual abuse as a result of having learnt touch as a method of communication. Cambridge and Carnaby (2000) also highlight the risks of abuse during intimate and personal care for people with learning disabilities and complex needs.

Rusch et al (1986), reported in Golding and Clear (2001), identified six statistically significant characteristics associated with abuse. They found that people with learning disabilities were more likely to be abused if they were physically mobile, displayed aggressive behaviour, were young, non-verbal, unsociable or engaged in self-injury.

CSCI (2008b) found that many adults at risk are reluctant to do anything about abuse if family members are responsible for fear of losing contact with their family. Women's Aid (2008) describe a similar situation for disabled women who do not report abuse.

Women with a psychiatric diagnosis are identified as being at high risk of sexual abuse. Eckert, Sugar and Fine (2002) suggest that prevention strategies should

be targeted at this population. Adults with learning disabilities are also at high risk of sexual abuse, and often from their peers (Kalaga and Kingston, 2007).

The co-occurrence of different forms of abuse is another important factor. Wilson et al (2003) suggest that it is highly likely that a person at risk who is financially abused might also be being abused physically, sexually or psychologically (and vice versa).

Older adults

Very similar factors have been associated with increased risk for older adults. Choi and Mayer (2000), in analysing risk factors for older adults using data from a county adult protective services unit in the US, found that those people who were most frail and dependent were at increased risk of maltreatment. DeHart et al (2009) interviewed nursing home staff, policy makers and related professionals in order to identify staff training needs. They identified as most at risk of abuse those residents considered to be quiet, disorientated, unable to communicate or with few visitors, as well as those found to be non-compliant, demanding or to have difficult or challenging behaviours. They suggest that one of the staff competencies should be the ability 'to identify residents' vulnerabilities that increase the risk of their being mistreated', which does support the value of staff being informed about risk or vulnerability factors.

A major UK survey of over 2000 people aged 66 and over living in private households revealed a range of risk factors, specific to the type of abuse:

- The risk factors for neglect included being female, aged 85 and over, suffering bad or very bad health or depression and the likelihood of already being in receipt of, or in touch with, services.

- The risk of financial abuse increased for those living alone, those in receipt of services, those in bad or very bad health, older men, and women who were divorced or separated, or lonely.

- The risk of interpersonal abuse (physical, psychological and sexual abuse combined) was higher for women aged 66–74, men who felt lonely in the past week, and both men and women reporting three or more depressive symptoms. There was a higher rate of interpersonal abuse reported by women who were separated or divorced. Perpetrators lived in the same household in two-thirds of the cases, and in two-fifths of cases the respondent was providing care for them. (O'Keefe et al, 2007)

O'Dowd (2007), in reporting on the above research, commended the findings on risk factors, saying these should be used to inform better prevention procedures and enable local authorities to monitor and act on abuse by targeting help where it is needed most.

Family carers

Isolation has also been identified as a risk factor for family carers becoming perpetrators of abuse in community settings – those with less family support or social contacts being more likely to abuse (Donohue et al, 2008). Choi and Mayer (2000) found that stress, substance abuse and mental illness of family carers were risk factors, as identified in their assessment of previous studies. They also identify adult children as the most frequent abusers of older adults.

In a paper exploring the potential of a social capital approach to the prevention of 'elder mistreatment', Donohue et al (2008) identified stress, depression, and cognitive deficits such as comprehension, communication skills and memory to be risk factors for abusive behaviour in family carers, alongside social isolation.

Identifying risks in services

Risk factors associated with abuse identified within services can also help point the way for developing appropriate prevention strategies. Most of these risk factors have been identified in relation to institutional abuse in residential care or nursing homes, partly due to the serious incidents that have occurred over the years in institutional settings.

Kalaga and Kingston (2007) identified the following factors as predictive of institutional abuse:
- exogenous factors (for example bed supply, staffing rates)
- institutional environment (such as an inward looking organisation that stifles criticism)
- patient characteristics (for example very frail, challenging behaviour)
- staff characteristics (for example stress, negative attitudes, low education levels)
- neutralisation of moral concerns (leading to residents being seen as objects rather than human beings).

Marsland et al (2007) conducted a qualitative study to identify 'early indicators' of abuse of people with learning disabilities in residential settings. They highlighted the particular significance of service isolation, arguing that in these situations unacceptable practices can become normalised and staff may be cut off from new ideas and information about best practice.

Benbow (2008), in reviewing 'our inability to learn from inquiries', also picked up on isolation. She identified the following common risk factors for abuse:
- low staffing levels and/or high use of agency staff
- geographically isolated services
- a neglected physical environment
- weak management
- lack of practice leadership
- lack of policy awareness.

Golding and Clear (2001), in an exploration of interpersonal boundaries between nurses and clients based on the authors' experience of working in learning disability services, identified the following risks associated with abuse of people with learning disabilities within services: low standards, poor staff morale, weak and ineffective leadership and a lack of concern about abuse by managers.

3 Public awareness

Introduction

Public awareness campaigns can make a significant contribution to the prevention of abuse. They are more effective if backed up by information and advice about where to get help and training for staff and services to respond.

Awareness raising to enable staff within services to recognise and prevent abuse is covered under the sections on 'Training and education', and 'Policies and procedures', for example campaigns to raise awareness among both staff and clients in a residential setting. Awareness raising to enable vulnerable adults to recognise and protect themselves from abuse is covered in the section on 'Training and education'.

Public awareness of abuse

According to CSCI (2008a), raising public awareness of abuse is one of the building blocks for adult protection. They recommended that local authorities need to do more to, 'raise the profile of every citizen's right to be free from abuse' (p 33).

CSCI (2008a) identified a number of good examples from their study of local authorities running high-profile public campaigns – for example, a mail shot to 90,000 households – to raise awareness of abuse and what can be done about it. Public awareness campaigns need to be linked with information on where to go for help. CSCI (2008b) also highlighted the need to educate society about 'how to recognise and respond to abusive and harmful situations' (p 22).

Awareness of domestic violence

Public awareness campaigns are particularly highlighted in the prevention of domestic violence (Leander, 2002) and elder abuse (Ansello and O'Neill, 2010; Kalaga and Kingston, 2007). However, it is not always clear that there is evidence that they work to prevent abuse in practice. Several authors suggest that public awareness campaigns work better when backed up by other interventions, for example training of staff (see Leander, 2002; Hester and Westmarland, 2005).

Kalaga and Kingston (2007) identify public awareness campaigns to be effective in the primary prevention of domestic violence and physical abuse. They note the success of the Scottish Executive domestic abuse publicity campaign which has been evaluated annually. Leander (2002) also advocates public awareness campaigns in preventing domestic violence, although crucially, backed up by the training of healthcare staff to recognise and respond to it.

Hester and Westmarland (2005), in their evaluation of 27 domestic violence projects, recommend awareness raising among children and young people about

domestic violence in both primary and secondary schools. However, they suggest that for this to be effective teachers need to feel supported to deal with the issues raised through training and multi-agency links.

Awareness strategies for other types of abuse

Ansello and O'Neill (2010) stress the importance of public awareness strategies to highlight the 'conditions, abilities and challenges facing today's older adults with lifelong disabilities' (p 123). Kalaga and Kingston (2007) identify public health prevention strategies as important in the prevention of sexual abuse, again alongside other intervention programmes (such as education programmes for vulnerable adults, health and welfare professionals and others).

The emerging literature on disability hate crime also points to the importance of public awareness campaigns. For example, Vincent et al (2009) found that awareness of disability hate crime in Northern Ireland among the wider public 'would appear to range from limited to non-existent'. They recommended:

> Consideration should be given to developing general awareness of disability hate crime, through advertising campaigns. Any such campaigns must involve effective consultation with individual members of the disabled population. (p 10)

Awareness of financial abuse

Kalaga and Kingston (2007) point out that awareness raising needs to address the current tendency to view financial abuse as a one-off incident rather than an ongoing process of abuse. This obviously affects the ability of all agencies to deal with it effectively. Increasing public awareness of financial abuse has been indicated as effective in reducing it and increasing protection and support for people at risk in the community (Curtis, 2006, cited in Kalaga and Kingston, 2007). McCreadie (2001) highlights the relative lack of knowledge within services about how to address financial issues.

Case study: Theatre in Bromley

Bromley restructured its multi-agency Safeguarding Adults Board in 2008 and had its first conference in 2010. Attic Theatre company did a performance at the end of the day on issues of rogue traders and bogus callers. As a Safer Bromley Partnership initiative, Bromley Council's Head of Community Safety funded three further performances by Attic Theatre in the borough, inviting older people, faith groups and other community groups to attend.

Bromley has plans to try this approach again using a similar theatre company to launch the 2011 conference. Looking at prevention and risk, the performance will ask people to think about where their threshold is for appropriate behaviour.

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4 Information, advice and advocacy

Accessible information and advice are essential building blocks for prevention of abuse and for backing up public awareness campaigns. However, one size does not fit all. Information about abuse and what to do about it needs to reach all different sectors of the community through a range of different routes.

Advocacy can make a significant contribution to prevention of abuse through enabling adults at risk to become more aware of their rights and able to express their concerns.

Information and advice

Several papers point to the importance of providing accessible information to enable people to understand the issues but also, crucially, to be able to know and understand their rights (see CSCI, 2007, 2008a, 2008b; Kalaga and Kingston, 2007). Kalaga and Kingston suggest that there are a number of providers of this information and advice, including voluntary sector organisations as well as statutory providers. CSCI (2008a) recommended that local authorities specifically target clear and easily accessible information at people covered by safeguarding procedures, including those not using services and people paying for services themselves.

The provision of clear and accessible information about the services that exist and what they can offer people is noted for preventing abuse by family carers. Ansello and O'Neill (2010) recommend policies that implement information-sharing to be targeted at carers as a means of ensuring that they know what sources of support exist in order to alleviate pressure and reduce isolation.

Does information work for all?

There is some evidence that this area of prevention work is operating differently for different groups. For example, CSCI (2008a) found that the information circulated by local authorities to people who use services is not reaching people with mental health problems, people who use alcohol or drugs, people from black and minority ethnic communities or people who self-fund. There is also evidence that people who direct their own support or receive personal budgets need particular support and information on safeguarding (Carr, 2010; DH, 2009).

In addition to this, in 20 per cent of the services CSCI studied (2008a), people could not remember receiving or understanding information about what to do if they had concerns about abuse. This highlights the importance of the quality and relevance of the information in reaching its intended audience.

Kalaga and Kingston (2007) and Blood (2004) also point out that different groups of people access information and advice resources to different effect. For example, people with learning disabilities and older frail people may not access

domestic abuse services, at least in part because these services are not equipped to deal with adults with specific or complex needs. Kalaga and Kingston (2007) further point out the important empowering role that may be taken by interpreters, in facilitating access to information, advice and support services and in conjunction with advocacy services.

Advocacy

Given the above difficulties for people in accessing information and advice, advocacy assumes an important role in enabling people to know their rights and voice their concerns. CSCI (2008b) found that people value advocacy support, but that as many as 58 per cent of local authorities inspected had noted shortfalls in advocacy provision.

Kalaga and Kingston (2007) point to advocacy as one of the ways of supporting and protecting vulnerable adults. Advocacy services may be preventative in that they can enable vulnerable adults to express themselves in potentially abusive, or actually abusive, situations. Equally, their presence in enabling people to express themselves in other situations (for example when their needs are being discussed or at times of transition) may contribute to building confidence more generally and hence be preventative.

In relation to the prevention of further abuse, Hester and Westmarland (2005) found that in the projects they evaluated advocacy was the main intervention used to support women following domestic violence. They suggest that advocacy can assist women to move towards self-advocacy and independence.

5 Training and education

Some of the most common prevention interventions discussed in the literature are training and education, for both vulnerable adults and staff within services.

Small group training approaches can raise awareness of abuse in adults at risk and enable them to build skills to protect themselves from abuse. Approaches may need to be different with different groups.

Training of adults at risk needs to be backed up by training and education of staff to ensure a receptive environment to the newly skilled adult. It should include awareness raising about abuse and safeguarding adults policies and procedures as well as communication skills in order to promote prevention.

Training for adults with learning disabilities

There are several examples in the literature of work with people with learning disabilities to enable them to recognise abuse and develop the skills to protect themselves (Singer, 1996; Miltenberger et al, 1999; Long and Holmes, 2001; Khemka, 2000). Most report the evaluation of some kind of 'keeping safe' training approach with small groups, often using role play or other interactive methods. The training programmes very in length and different techniques are used to assess their effectiveness. Broadly, the authors suggest that these approaches are effective in enabling people to learn new skills and gain confidence, but it is hard to demonstrate that the skills gained will generalise to real-life situations.

Bruder and Kroese (2005) reviewed nine papers (including those listed above) which considered interventions aiming to teach new skills to children and adults with learning disabilities. They conclude that people with learning disabilities can acquire skills to help protect themselves from abuse, but that these do not necessarily generalise to a real situation (or at least, cannot easily be proved to do so). They identified three elements for successful training programmes of this kind:
- information giving and instructions
- modelling and rehearsing in role play
- testing and rehearsing in 'in situ' assessments.

They also recommend complementary staff training to run alongside it and identify the need for improved evaluation tools.

Another key issue identified by Bruder and Kroese (2005) is the importance of the home/living environment supporting people's change in behaviours in order to ensure their new skills are maintained. If people return to an institutional regime, they are unlikely to retain the assertiveness or decision-making skills learnt in a training context. Singer (1996) proposed that training individuals to protect themselves from sexual abuse is more likely to succeed if staff have also been trained to understand and accept clients' rights and needs.

Whistle blowing

Kalaga and Kingston (2007) note whistle blowing as an important mechanism for exposing abuse and neglect in care settings, and emphasise the need for procedures to enable staff to whistle blow.

Marsland et al (2007) observed that:

> … potential whistle-blowers may already be identifying important indicators, but may encounter difficulties in using this knowledge to take protective action. (p 19)

Choice and quality

One of the issues highlighted by Kalaga and Kingston (2007) is that, where there is a shortage of beds or services, poor quality care is likely to flourish because of a lack of choice both for people who use services and for commissioners.

This issue of choice was also raised by SCIE's Adult Safeguarding Service User Advisory Group: that people who use services may be unable to move out of a care home where they have experienced abuse if there is no other home available in the area.

Care planning and risk assessment

Effective care planning in the context of person-centred care is noted as a core element of good quality care, in conjunction with risk assessment. CSCI (2008a) highlighted the need for care planning to consider the potential risks of abuse. DeHart et al (2009) suggest that services need to adopt a 'cooperative working environment' in which staff are trained to communicate around, and recognise the role of, the care plan as one strand in the prevention of the abuse of older adults in nursing homes.

Choi and Mayer (2000) recommend case management services with older people to include a comprehensive assessment of potential risks for abuse, neglect and exploitation. McCreadie (2001) recommend inter-agency policy and guidance on risk assessment as well as the inclusion of risk assessment in care plans. CSCI (2008a) recommended comprehensive risk and needs assessment where a person has experienced abuse, in the interests of further preventing abuse and working to support the person.

Recruitment, supervision and leadership

A number of authors mention recruitment practices should include regular hiring practices (using a minimum of bank and agency staff), the use of Criminal Records Bureau (CRB) checks and other pre-employment checks as a matter of course (CSCI 2008a; Mustafa 2008). Mustafa points out that staff are often appointed prior to completion of CRB checks and that staff employed prior to 2002 were not subject to CRB checks. In addition is the matter of ensuring enough staff are in place to manage the workload appropriately as this can be a major source of stress on staff (Benbow 2008; Minshull, 2004).

Staff supervision, staff development and support are also highlighted by a number of authors as an important means of communicating policies and reinforcing awareness about abuse as well as of supporting staff (Payne and Fletcher, 2005; Benbow, 2008).

Several authors point to the importance of good leadership in determining the culture of services and modelling good practice. Equally, investigations into abusive incidents have highlighted the role of management failures (Benbow, 2008). From their research, Marsland et al (2007) identified the importance of managers who are 'skilled, competent and confident'.

Measures to prevent financial abuse

Kalaga and Kingston (2007) recommend that care homes record and store information regarding an 'at risk' adult's guardianship, including the specific powers of the guardian, and that communication between the care home and other relevant parties occurs regularly and is recorded.

McCreadie (2001) recommends that residential care homes have policies and procedures in place for dealing with finances and valuables, keep proper records and have formal arrangements for home care staff to take on financial responsibilities.

Both refer to the importance of making appropriate use of mechanisms such as Enduring Powers of Attorney (now known as Lasting Power of Attorney), Appointeeship and Receivership (now known as Deputyship), and if necessary the Court of Protection.

Security measures

There are a range of devices that can be made available to people who use services and/or staff to maximise protection from abuse. Payne and Fletcher (2005) include building security as one of their categories for the prevention of abuse within services; their respondents mentioned using security systems, CCTV, visitor check-in arrangements and strategies to secure residents' valuables.

Case study: Mate crime: the Safety Net project in Calderdale

Safety Net is one of two national pilot projects, begun in 2009 and funded by the Department of Health, to raise awareness of 'mate crime', or the exploitation of people who have a learning disability by people whom they believe to be their friends. The project in Calderdale, Yorkshire, is coordinated by David Grundy at ARC (Achieving Real Change). The other pilot is in north Devon.

The project is working with people with learning difficulties and support staff to gain an understanding of when a friendly relationship starts to become exploitative and what can be done about this when a person may find themselves being coerced, bullied or otherwise exploited on a regular basis.

The project is working at developing systems, processes and training with a range of organisations in Calderdale, including members of the Safeguarding Partnership and police, in order to shift perceptions of what should be seen as a hate crime where the person's perceived disability maybe the trigger for bullying or harassment. Most police officers are aware of hate crime related to racial abuse. The same level of awareness needs to be encouraged for crime related to disability.

David says, 'It's important that tolerance of even seemingly mild forms of bullying are challenged. There shouldn't be different thresholds of tolerance for different members of the community depending on whether or not they have a disability.'

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7 Community links

Both services and individuals benefit from having contact with a range of people in the community. Reducing isolation through links with the community can mean that there are more people who can be alert to the possibility of abuse as well as provide links to potential sources of support for adults at risk and family carers.

The case for engagement

Several authors have pointed to the value of ensuring that care services have strong links to the wider community – both for the sake of the organisation itself and the individual users of the service. This theme is most frequently mentioned in relation to preventing isolation and abuse within residential settings, but it has also been raised in connection with caring relationships in the community where both a family carer and the person using services can become isolated.

CSCI (2008b) pointed to the importance of a wide range of people taking part in the daily life of a care home in particular for the potential they have to pick up on and prevent abuse and poor practice. Payne and Fletcher (2005) identified community outreach as one of four approaches to preventing elder abuse in nursing homes. They recommend building good relationships with community-based groups and organisations as well as with the local police to improve safety. As explained earlier, the work of Marsland et al (2007) emphasised the dangers of isolated services and the importance of methods to counter this.

Ansello and O'Neill (2010) suggest that all of the various people and services likely to enter into the life of a vulnerable adult need to be made aware of the potential for abuse in that person's life – a point that links back to raising public awareness about abuse. In discussing the abuse of older people with lifelong disabilities, they point out that each of the 'agents' who may enter a person's life is 'potentially a support for the person's growth and a monitor against abuse, neglect and exploitation' (p 123).

Wilson et al (2003) refer to the 'familiar territory of isolation within, and social exclusion from, community networks' as a factor that makes people vulnerable to financial abuse.

Links for family carers

Choi and Mayer (2000) emphasise the importance of family carers in the community being informed about existing services and sources of support in order to support their caring role and reduce stress (and thus, prevent abuse). Donohue et al (2008), in their exploration of a social capital approach to preventing 'elder mistreatment', propose that improving the social capital of both care recipient and care giver will reduce the risk of mistreatment. By 'social capital', they refer to the quality of relationships within the care giving household as well as relationships with outside sources of support.

Case study: Prevention in the community in Sheffield

Sheffield has a developed system of community assemblies which includes councillors, representatives of local services, including the police, and members of the public. The assemblies meet regularly and have some decision-making functions, including the ability to make funding decisions related to small-scale projects in their area. The assemblies routinely address matters such as community safety (for example, bullying and harassment) and preventative approaches to safeguarding.

Roshni – a support group for South Asian women whose first language is not English – is an example of an preventative initiative supported by a community assembly. Typically, these women have been isolated with little access to help or advice around day-to-day issues related to health and general wellbeing. With funding from their local community assembly, Roshni has met for several years, supported by a paid facilitator. The group share concerns (some of which may relate to an individual's safety) in a supportive environment, and this sharing has resulted in a number of reports to the Safeguarding Adults Board.

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8 Regulation and legislation

Regulation and legislation both can play a role in the prevention of abuse. There has been increasing support in recent years for the introduction of new legislation to strengthen adult safeguarding frameworks at a local level.

Regulation and inspection

A number of papers and policy guidelines argue that regulation and inspection are important mechanisms for the prevention of abuse (for example Kalaga and Kingston, 2007). CSCI (2008a) stated that regulators have a key role to play in safeguarding – they can raise concerns about abusive practice and identify gaps in how standards are applied or interpreted, particularly in relation to workforce training, qualifications and skills and the effect of standards on safeguarding practice. Kalaga and Kingston (2007) also point to the role of the 'safeguarding agencies' as a source of support and protection for vulnerable adults in relation to any type of abuse – they have a role in complementing the legislation.

There is some evidence for the validity of the inspection process in this respect documented in CSCI (2008a). Their study found that there was a correlation between the quality rating of a residential service and the safeguarding alerts associated with it, as well as with other indicators of good practice in abuse prevention.

However, CSCI (2008a) also stated that the role of regulators at a local level has been inconsistent due to a 'lack of clarity about responsibilities' (p 16). In *Safeguarding adults*, CSCI (2008a) described finding some confusion about their role in relation to safeguarding, and reported taking a number of actions, including developing a joint protocol with the Association of Directors of Adult Social Services (ADASS) and Association of Chief Police Officers (ACPO) to ensure that their working practices support effective safeguarding and contribute to a reduced risk of abuse for people who use services.

Many people who use services may place less confidence in the role of regulation and inspection processes, particularly where inspection visits are few and far between and announced in advance, as it is more than possible for service managers and staff to put on a good front when it is needed. This issue was raised by the SCIE Adult Safeguarding Service User Advisory Group.

Legislation

Kalaga and Kingston (2007) propose that legislation can be implemented as a source of support and protection for vulnerable adults. They suggest that this primary legislation can be applied to all types of abuse since abuse in itself can be seen to infringe the basic human rights of an individual:

- The Human Rights Act 1998 clarifies the rights and freedoms of individuals.

- The Disability Discrimination Act 1995 provides primary legislation concerning the rights of individuals with disabilities. From 1 October 2010, the Equality Act replaced most of the Disability Discrimination Act (DDA). However, the Disability Equality Duty in the DDA continues to apply.
- The Equality Act 2010 aims to protect disabled people and prevent disability discrimination. It provides legal rights for disabled people in the areas of: employment, education, access to goods, services and facilities including larger private clubs and land based transport services, buying and renting land or property, functions of public bodies, for example the issuing of licences. The Equality Act also provides rights for people not to be directly discriminated against or harassed because they have an association with a disabled person. This can apply to a carer or parent of a disabled person. In addition, people must not be directly discriminated against or harassed because they are wrongly perceived to be disabled.

In addition, the Crime and Disorder Act 1998 acts as a primary support and protection in relation to most forms of abuse and is the basis for the formation of community safety partnerships between the police and local authorities in the UK.

Legislation covering hate crime is also relevant here. A hate crime is defined as any criminal offence that is motivated by the perpetrator's hostility, prejudice or hatred based on the victim's perceived race, religion or belief, sexual orientation, transgender or disability. Domestic violence used to be included under hate crime but is now covered under the Violence against Women (VAW) strategy (CPS, 2008).

The Crime and Disorder Act 1998 makes hateful behaviour towards a victim based on the victim's membership (or presumed membership) of a racial group or a religious group an 'aggravation' in sentencing for specific crimes.

The Criminal Justice Act 2003 places a general duty on courts to treat more seriously any offence that can be shown to be racially or religiously aggravated or motivated. It also places a duty on courts to increase the sentence for any offence aggravated by the demonstration or motivation of hostility based on the victim's disability (or presumed disability) or sexual orientation (or presumed sexual orientation). In 2008 the Criminal Justice and Immigration Act 2008 amended the Public Order Act 1986 to include incitement to hatred on the grounds of sexual orientation.

The Mental Capacity Act 2005 introduced new provisions that enhanced adult safeguarding in respect of people lacking capacity. Manthorpe et al (2009) interviewed 15 adult safeguarding co-ordinators in London about the operation of the Act. They suggested that the Act gave new impetus to adult safeguarding as a result of its provisions for specific offences, and the clarity it provides over decision making and consent to investigations. Their findings also point to the potential of the Act to assist with prevention of abuse and neglect, through enabling people to make decisions about the future and exercise some choice and control. They argue that, in relation to adult safeguarding, the Act introduces four key elements:

1. new offences of wilful neglect and mistreatment of people lacking decision-making capacity
2. powers to make decisions in the best interests of people who lack capacity
3. duties of proxy decision makers and professionals to abide by the code of practice and to act in a person's best interests
4. the leaving of specific decisions and capacity assessments to the person or professional concerned. (p 14)

The case for new legislation

In their study of 26 Adult Protection Committees, Reid et al (2009) found support for new legislation 'to ensure that attention is given to adult protection at organisational level' (p 27). Their respondents called for a statutory duty to be placed on agencies to cooperate and to secure the funding of adult protection systems.

The report on the consultation on *No secrets* (DH, 2009) found widespread support for the introduction of new safeguarding legislation for the following reasons:

- Safeguarding adults should mirror child protection.*
- Legislation would make safeguarding a priority.
- Scotland had the new Adult Support and Protection Act 2007 that made adult protection a statutory responsibility.
- The government's choice agenda needed to be balanced with a safeguarding agenda.

Support for new legislation was not universal however, with some people suggesting (among other things) that the most effective approach to safeguarding is to ensure that it becomes part of mainstream activity and part of the choice agenda.

The Law Commission, in their consultation on adult social care (Law Commission, 2011), found significant support for the proposal that local authorities be placed under a duty to make enquiries where there is reasonable cause to suspect that the person appears to be an adult at risk. They further found in favour of placing a duty on local authorities to establish adult safeguarding boards, on the basis that it 'would strengthen current arrangements and would standardise areas such as the functions and membership of the boards' (p 8) and that there should be an enhanced duty to cooperate.

*Note: In relation to the concept of adult safeguarding mirroring the arrangements for child protection, the same report (DH, 2009) highlighted marked differences between safeguarding adults and child protection, which rather discount the potential for mirroring. For example, the two involve a different contextual vision, policy direction, different legislation, mainstream services and the role of rights and responsibilities of parents in respect of children. Key to the different platform is the presumption of capacity in adults and incapacity in children.

9 Inter-agency collaboration

While multi-agency working is key to successful adult safeguarding work in general, it can be variable in practice.

The policy context

The aim of *No secrets* was to establish inter-agency collaboration as a means of safeguarding vulnerable adults more effectively. One of the drivers for this was the failures identified in the Serious Case Review following the murder of Steven Hoskin, a man with a learning disability:

> Each agency focused on single issues within their own sectional remits and did not make the connections deemed necessary for the protection of vulnerable adults and proposed by *No secrets*. (Flynn, 2007, p 21)

No secrets (DH/Home Office, 2000) recommended that all commissioners and providers of health and social care services including primary care groups, regulators of care services and appropriate criminal justice agencies should work together in partnership 'with all agencies involved in the public, voluntary and private sectors and they should also consult service users, their carers and representative groups.' (p 7)

Is it happening?

CSCI (2008a) reported a mixed picture of the effectiveness of adult safeguarding boards with 'only about half judged by service inspectors to be working effectively' (p 73). Although all boards had representation from key statutory agencies, some were not of appropriate level of seniority and others lacked continuity. Links with GPs, housing and probation were least successful.

CSCI (2008b) found concern among their respondents about the overall accountability for adult safeguarding, in contrast with clear lines of accountability for child protection. They further found that:

> Without a means to enforce inter-agency co-operation, some safeguarding work depended on personal rather than organisational commitment. (para 3.12, p 10)

Braye et al (2010), in an exploration of governance arrangements for safeguarding adults, found that adult safeguarding boards commonly engage in activities far wider than those implied by *No secrets* (DH 2000), extending to community prevention and awareness raising. In relating governance arrangements with safeguarding performance, they conclude with a list of characteristics of governance arrangements present in authorities receiving positive reviews in safeguarding.

What helps cooperation

Reid et al (2009), reporting the findings from focus groups undertaken with 26 adult protection committees, found five key features that promoted good inter-agency working:

- a history of joint working
- development of information-sharing processes
- perceptions of goodwill and positive relationships
- mutual understanding and shared acknowledgement of the importance of adult protection.

However, they found that these features could be undermined by poor information sharing, limited understanding of roles, different organisational priority given to adult protection and poor involvement of key agencies in adult protection committee meetings. Many respondents felt that legislation would help to ensure cross-agency engagement in adult protection.

Braye et al (2010) similarly conclude that specific legislation setting out the roles and functions, membership and accountabilities of safeguarding boards would help to standardise policy and procedures and ensure participation, and to hold agencies more easily accountable.

Working with health partners

One of the themes from the literature is the importance (and difficulty) of securing the role of local NHS partners in the adult safeguarding agenda (for example DH 2009; CSCI, 2008a). DH (2009) reports particular concerns about the poor participation of GPs and mental health trusts in safeguarding meetings. CSCI (2008a) found that GPs were among the least likely of local agencies to be involved in adult safeguarding boards. They also reported that the 'permissive' nature of the guidance on safeguarding, particularly regarding health and the police, has resulted in variable commitment from these partners and undue reliance on local negotiation (p 75).

Braye et al (2010) found health representation on boards to be 'diverse', with all trusts in an area commonly participating as well as some examples of PCTs playing an overall representative role.

The value of the inclusion of health partners is highlighted by, for example, Minshull (2004) who identifies the potential for systemic abuse and neglect in mental health care settings for older adults, while Collins and Walford (2008) highlight the profound powerlessness and fear of retribution among people with mental health problems who had been on inpatient wards.

Case study: Domestic violence: linking adult safeguarding and MARAC in Bradford

For some years, Bradford has been developing effective links between MARAC processes and work done on safeguarding of vulnerable adults and wider multi-agency programmes on community safety. MARAC refers to multi-agency risk assessment conferences, for victims of domestic abuse at high risk of serious assault or homicide. Over time these links have led to better outcomes for people who may be the victims of domestic abuse.

In Bradford the MARAC coordinator sits within Bradford Metropolitan District Council's Safeguarding and Partnerships Service alongside the Council's Adult Protection Unit. This gives an immediate point of contact where connections can be made between MARAC processes and the coordinator for safeguarding adults. It also means that MARAC is connected in the minds of partner agencies with the wide safeguarding agenda and is not seen as a separate function administered by one agency, for example the police.

The MARAC coordinator convenes and facilitates MARAC meetings over two police divisions. The MARAC coordinator is supervised and supported by the Council's Safer Communities Lead Officer, who links very closely with the Bradford community safety partnership (Safer Communities). This link is valuable in that it provides a connection to the wider community initiatives operating in Bradford. A member of the Adult Protection Unit, who is also seconded by the Bradford District Care Trust, attends every MARAC meeting. This has resulted in an increase in safeguarding alerts which go on to become referrals and result in investigation.

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10 Empowerment and choice

Empowerment and choice need to be at the core of safeguarding policy and practice; this means working to enable adults at risk to recognise and protect themselves from abuse. It also means taking a risk enabling approach within services and ensuring that people who use services have genuine choice both of and within services.

Empowerment and prevention

Enabling people to protect themselves from abuse is at the core of the principle of empowerment as identified in the report on the consultation on *No secrets* (DH 2009). If people are to protect themselves from abuse, they need to be aware of what abuse is, be informed about their rights and have the skills and resources to be able to deal with it. They need to have the information, knowledge and confidence to take action. The joint guidance from CSCI/ADASS/ACPO (2007) describes this as the person's 'capability'.

In the consultation report on *No secrets* (DH, 2009), people reported wanting help to deal with potentially and actually abusive situations in their own way. They wanted to 'do their own safeguarding, they wanted help with information, options, alternatives, suggestions, mediation, "talking to" and so on' (p 18). They did not want decisions made for them.

The importance of choice

An important feature of empowerment is to offer people genuine choice when it comes to the services and supports on offer. This issue was highlighted by the SCIE's Service User Advisory Group on Safeguarding Adults. Without choice and the ability to exercise choice, the potential for abuse can become greater and the opportunity to escape it become harder. CSCI (2008b) similarly identified the rights of people to take risks and make choices within the policy environment of personalisation, choice and control. O'Dowd (2007), reporting on the Comic Relief/Department of Health research into the prevalence of abuse of older people (O'Keefe et al, 2007), suggests that better prevention procedures need to involve more choice for older people and to give them a stronger voice.

This points to the importance of people at risk having regular practice in making independent decisions. Although most of the work to improve decision-making skills has taken place with people with learning disabilities (as discussed in section 4), having the assertiveness and resistance to defend oneself might reasonably be considered to apply to all vulnerable adults and abusive situations. This approach has also been applied in the field of domestic violence.

Balancing choice and risk

CSCI (2008b) found that people wanted the discussion about safeguarding to focus on respecting people's rights and wellbeing, rather than to take a paternalistic or unduly protective approach towards abuse and protection. This approach was seen as complementary to personalisation, although there was some concern about the situation facing people purchasing their own care. As identified in the consultation report on *No secrets* (DH, 2009), people are concerned about the balance between safeguarding and personalisation, between choice and risk. Systems to assist in this include ensuring people have informed choice and introducing support systems for direct payments. Nevertheless, respondents to the consultation remained concerned about financial safeguarding.

CSCI (2008a) found that managers leading on safeguarding are sometimes not involved in the development of self-directed support services, potentially leading to a lack of communication and understanding across this divide. They found concern among local authority staff that people using direct payments could be at risk of abuse from the workers they employ or from family managing payments on their behalf. CSCI suggested ways to help tackle this:
- good information on safeguarding in card form
- obtaining CRB and career history checks and references for personal assistants
- recruitment support from a third party
- training and support on financial and employment issues and potential abuses for people directing their own support
- routine council checks on progress through care plan reviews
- organising forums of people directing their own support to share experience and good practice (CSCI, 2008a, p 32).

In a SCIE study looking at risk and self-directed support, Carr (2010) found little evidence of investigation into risk enabling practice for personal budgets. She suggests that risk enablement needs to be a core part of the self-directed support process, saying that it '… can transform care, not just prevent abuse' (SCIE, 2010, p 1).

People without capacity

The consultation report on *No secrets* (DH, 2009) found that respondents felt that safeguarding processes for people who lack capacity should be different in significant respects from processes undertaken with people who have capacity. The principles of the Mental Capacity Act make it clear that a person is not to be treated as unable to make a decision unless all practicable steps have been taken to help them to do so, and that no one should be deemed to lack capacity on the grounds that their decisions appear to be unwise.

11 Emerging evidence

The case studies in this section present examples of emerging good practice in adult safeguarding and prevention. Each case study has contact details should you find it useful to find out more information with a view to implementing the ideas presented.

1 Priory Group Care Homes: promoting quality care and raising awareness

Dr Dan Nightingale, Director of Care and Dementia Services with Priory Group, explained the joint work between the Priory Group and Action on Elder Abuse to raise awareness of abuse and improve the quality of care for people with dementia.

The project

In October 2010 Priory Group and Action on Elder Abuse launched a joint project. The project has two strands: one is staff training and development to improve the quality of dementia care across all Priory Group's care homes for older people, the other is awareness raising about abuse. The aim of the project is to prevent abuse through developing good practice in person-centred care for people with dementia.

Newly selected 'Dignity Dementia Champions' will lead on raising standards of quality care for people with dementia in Priory Group care homes. The aim is to have two Champions in each of Priory's dozen care homes for older people, one of whom will be the home manager. To equip them in their role, Dignity Dementia Champions will go on an eight module training course, run one day per month over eight months, developed jointly by the Priory Group and Action on Elder Abuse. The training modules include communication and listening skills, abuse and prevention of abuse (a module run by Action on Elder Abuse), legislation, person-centred care, the Dignity Challenge, medication and inclusion.

The training course was launched in January 2011, and the first cohort of Champions will be trained by August 2011. The course is in the process of being accredited by the University of Brighton. This will give staff the opportunity to gain education credits which could contribute to other academic qualifications, so it promotes their personal and professional development.

The work with Action on Elder Abuse involves promoting its telephone helpline as a resource for residents, relatives and staff to use if they are concerned about incidents of abuse. Priory Group Care Homes Division and Action on Elder Abuse have developed and distributed posters and cards to raise awareness about abuse and the helpline in all of the care homes run by the Priory Group.

Resources

The Priory Group have invested a lot of time and resources in developing the course, largely from a learning and development budget, but also from the Operations Team who are leading it. The Priory Group gives financial support to Action on Elder Abuse to help fund the helpline.

What's worked well

The Priory Group believe that this two-pronged approach – staff training and development, and promoting awareness of abuse – will make a huge difference to the quality of care provided across all of their homes. It will help the organisation to fulfil its commitment to implement the National Dementia Strategy (2009) by addressing two of the strategy's objectives: 'Improving the quality of care for people with dementia in care homes', and 'Achieving an informed and effective workforce for people with dementia'.

Will the Champions make a difference? The Priory Group will continue with their own quality assessment processes to keep a check on the influence of Champions on the ground, and the Champions' work will contribute to the outcomes of those assessments. In addition to ongoing evaluation of the course for the Champions, a final full evaluation will take place after the first cohort has completed the course in autumn 2011.

Challenges

The project has significant costs: just bringing staff together one day a month from all over the UK is expensive.

Advice for others

Working in partnership with other leading organisations – in this case Action on Elder Abuse and University of Sussex – is the only way to work when establishing new projects.

It is important to shout about what you're doing and the impact of it.

The support of Priory Group Care Homes' Board has been crucial: they are very supportive of this project and committed to improving quality of care.

Good teamwork and leadership is essential. It is crucial to have buy-in from everyone in the service – everyone needs to sign up to the vision and ethos.

Future plans

The plan is for the training to be run on a rolling programme, although this will take some planning as Priory Group Care Homes is growing so the number of staff to be trained will continue to increase.

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Priory Group

2 Keeping Safe workshops in Derbyshire for and by people with a learning disability

The Keeping Safe project in Derbyshire involves people with learning disabilities delivering workshops on harassment, hate crime and safeguarding to others with a learning disability. Neil Abdy, project manager for Keeping Safe, explained more about it.

The project

Keeping Safe began in September 2009. It's a joint project between MacIntyre (a learning disability charity) and the Safer Derbyshire partnership, led by Derbyshire County Council. From the start it has involved people with learning disabilities in developing and delivering the project.

The aim of Keeping Safe is to make information available on bullying, harassment, hate crime and safeguarding to every person with a learning disability across Derbyshire. The aim is that by spreading knowledge and promoting skills, more people with a learning disability will be able to prevent or challenge situations of poor treatment and abuse.

The main way it does this is by running one-day workshops, delivered by two people with a learning disability (known as project champions – there are 12 of them) and the Keeping Safe project manager, Neil Abdy. Participants learn to recognise and challenge any situation where they are being treated unfairly, from minor interactions to major issues of hate crime and abuse. The facilitators use role plays and powerful visual images to bring alive a range of difficult situations. They talk about how celebrities – for example, Lewis Hamilton, or even the Pope – experience harassment and hate crime, to show that anyone can experience this type of problem. They ask participants to think through who they could turn to for help if they need it.

Workshops are usually run on 'neutral' territory – say a local church hall – and the invitation is extended to anyone with a learning disability who wants to come along. Typically 15–20 people attend. During 2010, the project ran 12 workshops, and it continually improved the programme based on feedback.

The team also offers mini or 'taster' 20-minute sessions to promote the workshops to potential attendees, for example at a day facility. In 2010, the project delivered 20 of these mini workshops. One involves taking people on a local walk and looking at ways of keeping safe along the way, for example how to use a cash machine and how to carry a bag safely. Another one – on bogus callers – begins with a role play that draws on audience involvement and then uses catchy songs

to reinforce the message of 'Stop – Chain – Check' principles for answering the door.

Resources
The Keeping Safe project is funded by the multi-agency partnership, Safer Derbyshire, and sits under the umbrella of a wider Reps on Board project, a learning and development project with people with learning disabilities funded by MacIntyre and Derbyshire County Council. The Keeping Safe project manager is part-time and the champions are paid for their co-facilitation work. The project is looking into funding options beyond September 2011, when the current funding ceases.

What's worked well
Many participants – and the champions in particular – have developed skills and confidence through being involved in the project.

The project has worked successfully with various partner organisations. The Library Service in Derbyshire has promoted the issues of hate crime and harassment. As a result of Keeping Safe, the Derbyshire Constabulary now attend the Learning Disability Partnership Board meetings. And a local football club has agreed to include information about stamping out hate crime in its match programmes.

Challenges
Most participants and champions require 'supporters' to enable them to participate fully. The project funding does not cover this cost so service providers have to find creative ways to provide that support. In some cases this has meant that people have been unable to come to the workshops, and three champions are currently unable to undertake the role for the same reason.

Getting information out to people who do not use services – people either living independently or with family carers – and encouraging their participation has been difficult. They rarely come forward to attend.

Partnership working has been essential to the success of the project. However, it can be a challenge to encourage real partnership working and co-operation between agencies when there are different priorities and pressures.

Advice for others
Interactive training methods work best: role plays are a crucial part of the workshops.

Start by considering more minor issues and then work up to the serious issues, and draw on the media for examples.

Future plans
The Keeping Safe project has lots of new work in the pipeline: a major event on promoting safety involving as many relevant agencies as possible, a new two-hour workshop based on a mock-court situation to help people with a learning

disability learn about court processes, and work to develop mediation skills among younger people to enable them to act as peer mediators.

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For more information on the Keeping Safe project, go to the Reps on Board website at www.repsonboard.co.uk

3 Shropshire Partners in Care: Keeping Yourself Safe course

Karen Littleford, Adult Protection Training and Development Worker at Shropshire Partners in Care, a not-for-profit organisation representing independent providers of care for adults within Shropshire and Telford & Wrekin, explained their 'Keeping Yourself Safe' courses for people with learning disabilities.

The project
Shropshire Partners in Care (SPIC) have developed a training course, 'Keeping Yourself Safe: Understanding and reporting abuse' for people with learning difficulties in partnership with Shropshire Council and Taking Part, a self-advocacy group for people with learning disabilities. Karen co-facilitates the training with Mary Johnson, Staff Development Officer for Learning Disabilities at Shropshire Council, and a course participant who has gone on to be a co-trainer on the courses.

Karen and Mary ran the course as a pilot in February 2009. They have now run it 6 times and involved 85 people with learning disabilities and 21 support staff. Participants come from a range of services such as day services, community living and Shared Lives (adult placements). Karen and Mary are currently planning a pilot course with the independent sector.

According to Karen, the training 'sits alongside' the safeguarding process: people need to understand their rights and understand what abuse is in order to be able to report incidents. The two-day course is based closely on the adult protection training delivered to staff teams, with the information presented in more accessible formats, for example using visual aids, case studies and group activities. The course explains local adult protection procedures, including how people who use services should be involved in the various stages. Participants hear about the impact of abuse and each person develops their own safety plan.

Taking Part offer support to service users both during and after the course, as issues might emerge once participants have had the chance to reflect on what they have learnt. As Karen points out, 'We may never see that person again so knowing that they are supported afterwards is essential.'

Resources

Funding has been provided through Shropshire Council's Adult Protection training budget. Both facilitators work in roles that include safeguarding in their remit. Other costs include the support from Taking Part during and after the course and room hire.

What's worked well

Each course has been evaluated by learners and the course has been changed as a result. Participants have said that having access to the training has made them feel valued, and they appreciate the fact that the training is essentially the same as the adult protection training with staff. The facilitators have also fed back issues concerning the adult protection process based on group discussion during the training courses. This has included making formal referrals to the Vulnerable Adult Safeguarding Board (Shropshire and Telford & Wrekin).

Managers have reported anecdotes of where people with learning disabilities who attended the training have subsequently been able to challenge when they felt they were being treated inappropriately. This is an encouraging outcome in relation to prevention.

Challenges

Some agencies resisted getting involved at the start of the project, due to concerns it would result in an increase in adult protection referrals. This is not supported by current evidence, although it is not an easy thing to monitor.

Advice for others

Financial abuse is an important element to cover in the training, and one of the surprising things to emerge was the lack of awareness about it among participants. The course enabled people to discuss situations where their friendship could be exploited to another person's financial advantage.

A supportive framework for the training is essential as people may identify and disclose abuse as the course unfolds. Support staff are expected to participate as learners in addition to supporting others.

Future plans

The Keeping Yourself Safe training continues, with further courses scheduled for 2011.

SPIC is considering extending the training to older people's services. For now, SPIC will continue to lead an awareness raising event every June in partnership with Shropshire Council and Telford & Wrekin Council to commemorate World Elder Abuse Awareness Day. This aims to encourage organisations to engage with people who use services to raise awareness.

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4 Haringey Council: Quality of Life Reviews for financial safeguarding

Haringey Council has involved the Association of Independent Visitors UK to help deliver a proactive approach to managing money on behalf of people who have lost mental capacity. Margaret Allen (Assistant Director, Safeguarding and Strategic Services) and Marcus Power (Finance Manager, Income, Safeguarding and Strategic Services) explained the scheme.

The project

The London Borough of Haringey holds between four and five million pounds on behalf of around 70 to 80 people who have lost mental capacity. It's a large sum of money and a considerable responsibility.

For local authorities, this responsibility is longstanding. Typically, council finance officers carried out this role in a reactive way, settling essential financial matters only when bills appeared. Meanwhile, a person could have quite significant needs that would go unaddressed, despite the person having funds to meet these needs. Perhaps no one ever asked the person what they would like to spend their money on. Perhaps key care staff didn't know the person had their own funds.

Since summer 2010, Haringey Council has embarked on a new way of working systematically to ensure that the funds it manages when appointed as a Deputy by Order of the Court of Protection are used proactively in clients' best interests to promote their quality of life. Haringey Council now asks 'Independent Visitors' from the national Association of Independent Visitors (AIVUK) – all current and ex- Court of Protection Visitors who work with private clients, solicitors, Deputies and Attorneys to uphold and safeguard best interests – to make a visit to each person where Haringey Council is the appointed Deputy. By March 2011, the Independent Visitors had conducted these Quality of Life Reviews, as they are known, with about a quarter of Haringey Council's Deputyship caseload.

An Independent Visitor meets with a person in their own home and talks to them about their life, their friends and family, and what they like to do. They establish what the person would like to spend their money on and report this back to the Council's Finance Assessment Team, who decide how best to spend money for the person in accordance with their preferences and needs.

The team have a range of practical tools to help – software that enables them to manage people's Deputyship Account directly, and a corporate visa card that allows them to buy goods and services, often using the internet. Everyone has different interests and needs, but so far as a result of the Quality of Life Reviews, the Council has organised for money to be spent on a wide range of items – magazine subscriptions, DVDs, clothing and holidays to name a few.

Resources
The new procedures take more staff time but do not involve additional resources. Each visit from the Independent Visitors costs £150, but the person pays for this from their own funds.

What's worked well
The feedback so far – from care homes in particular – has been very positive. The following two examples give a snapshot of the outcomes possible from the new approach.

Mr W lives in supported housing. His mobility is becoming more limited and so, as a result of a Quality of Life Review, the Council helped Mr W purchase a motorised scooter so he can get around the local area.

Mr S lives in a care home. At his Quality of Life Review, he told the Independent Visitor that he would appreciate some male company and a weekly visit to the local pub. As a result, Mr S now self-funds a small additional care package, which involves a care worker taking Mr S out regularly.

Challenges
The Finance Assessment Team met with care home staff to explain the aim of the scheme. Some staff can be resistant to the idea that the Council are spending money that belongs to residents.

Advice for others
The new approach stemmed from a number of influences:
- legislation – in particular, the Mental Capacity Act 2005's emphasis on best interests decisions
- policy – self-directed support and giving people control over the services they use
- best practice shared by other local authorities.

By taking this approach, the team can demonstrate that they have tried to act in a person's best interests. They can also show that they have tried to ensure that the person has as good a quality of life as they would expect had they not lost the capacity to make decisions for themselves.

The team at Haringey recommend being risk-aware rather than risk-averse. Strong governance procedures – specifically a written audit trail – prevent any errors or abuse of the system. The approach also means the Council is taking a preventative angle on safeguarding – by setting up open, clear systems for managing people's money, and by reaching out to people who may be isolated.

Future plans
Haringey Council intend to roll out the scheme across their Deputyship caseload, taking into account the views of other advocates who may be working already with younger adults.

5 Stockport MBC: Forum theatre and peer training

Ann Brooking and Debbie Gale from Staff Development at Stockport Metropolitan Borough Council shared their experience of using forum theatre to raise awareness about safeguarding with people with learning disabilities. The event led on to further work with people with learning disabilities, supporting them to become peer trainers on safeguarding.

The project

In 2009 Stockport Metropolitan Borough Council (MBC) commissioned Adhoc, a local theatre company, to put on a piece of forum theatre relating to safeguarding issues for people with learning disabilities. Forum theatre is an interactive style of drama, where the audience direct the actors to act out a different outcome to a scenario, or even act out the role themselves. Staff Development within Stockport MBC worked with Adhoc to develop three scenarios to be used as the basis for an event on safeguarding. One focused on disability hate crime, and the second was on financial, emotional and sexual abuse in a supported tenancy. The third scenario focused on the tensions raised by the competing needs of different people in a day centre, looking at issues of bullying and abuse between people who use services.

The one-off event in November 2009 – Keeping Yourself Safe – was a great success. Forty people with learning disabilities attended, along with about 40 supporters and facilitators. People were keen to participate and act out the different roles. Stockport MBC also commissioned a film company to film the event and produce two versions of 'Keeping Yourself Safe' DVDs, one which concludes with information about local resources and the other with national resources. Contact Ann to find out about purchasing copies of the DVD.

The event led to a number of people with learning disabilities getting keen to be involved in safeguarding training to peers. So, during 2010, Stockport MBC joined forces with the national learning disabilities charity, Voice UK, to further develop the safeguarding work. Voice UK began by running six half-day workshops on 'Keeping safe' and 'Bullying and abuse' for people with learning disabilities. The training was offered in a range of facilities to people with learning disabilities, and drew in part on the 'Keeping Yourself Safe' DVD to make the sessions interactive.

Voice UK went on to run 'Train the trainer' sessions for people with learning disabilities to enable them to run sessions on safeguarding with their peers. This produced a group of six peer trainers who call themselves 'The A team'. Three of this group attended the original 2009 event. Debbie is enthusiastic about the way this original event sparked interest in this topic, and encouraged participants to develop new skills and confidence that is now being picked up in their training role.

The peer trainers had a first run at sharing their ideas at a People First event in Tameside in January 2011. The group are booked to give two presentations on safeguarding in the spring, and have further plans to present their message to local groups. The training takes a broad view of the safeguarding agenda and looks at how to stop bullying and how people can keep safe when they are out and about.

Resources

Apart from considerable staff time, the cost of the original project was approximately £5,000. However the impact from the event has been sustained through the use of the two DVDs and the ongoing peer training that is being delivered. The project has the potential to reach many more people through the work of the peer trainers and the DVD, so the project will have been very cost effective overall.

Collaborative working with Voice UK and the Council has enabled the project to continue with relatively low costs. The peer group now meet at a local resource centre which does not incur a cost.

What's worked well

According to Ann, the whole project has been 'incredibly positive'. Stockport now has two strong resources – the DVD and the peer trainers – to carry on the work on prevention. Feedback on the forum theatre event and the DVD, now used as a training tool in a range of settings, has been very positive.

Challenges

It took a lot more energy and time than envisaged at the start to write the scripts for the scenarios with Ad hoc and to organise the event, but it was well worth it.

Advice for others

The success and the sustainability of the project was ensured by partnership working with the voluntary sector and other partner organisations such as Voice UK and Stockport Learning Disability Partnership. This has enabled partners to share resources and skills.

A key feature of the project has been working with the enthusiasm of 'The A Team'. If Stockport MBC were to run a forum theatre event again, they would be able to involve 'The A Team' at the initial stages, so user involvement would start right from the beginning and influence the direction and development of the event.

Future plans

The peer trainers have just begun their work in Stockport and are being supported by Voice UK to take this work forward at a pace that they are comfortable with. The trainers are also establishing a support group that will meet monthly.

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Voice UK
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6 Kirklees Council: live drama and a DVD on keeping safe

Sarah Carlile, Safeguarding Partnership Manager for Kirklees Council Safeguarding Adults Board, described using drama to raise awareness about safeguarding issues with a range of groups in the community.

The project

Kirklees Council first engaged the theatre company Risky Things in 2008 to run a drama project with people with learning disabilities and their carers. The company worked with a group of approximately 15 to 20 people with learning disabilities to develop performance material and write scripts, based on issues to do with safeguarding. The aim of the drama was to help people with learning disabilities recognise what abuse is and show them what to do if it happens to them.

A group of four to five people with learning disabilities went on to work with Risky Things to produce two live performances in March 2008, acting out six scenarios portraying potentially abusive situations. The facilitators engaged the audience – mainly people with learning difficulties – to discuss what they might do in these situations. The events were a great success, with over 150 people coming to the events in total.

The Council also commissioned Risky Things to produce a DVD based on the live performances, which again involved people with learning disabilities. This DVD, titled 'Risky Things', is now used widely as a training tool across all learning disabilities services in Kirklees.

In 2009/10 Kirklees Council broadened out this work to address safeguarding issues with nearly 70 people from a range of local groups. The Council's Community Liaison Team led on this next stage of the work, engaging Risky Things to work with a range of community groups to raise awareness of safeguarding issues. Again, the performances were scenario-based – say, showing the reluctance of older people to complain about poor treatment, or the interference of a relative over an older person's bank account – to actively engage people to discuss the issues raised. Each piece of work involved six two-hour workshops, and culminated in one final live performance.

From this work Risky Things produced a CD, 'Talking Heads', which features a number of people telling their stories, interspersed with suggestions about what to do in different circumstances. This CD is being finalised in spring 2011 and will then be available on the council's website. Copies will also be available to use in

training, particularly for personal assistants working for people who purchase their own care.

Resources
The first phase of work was funded out of the Council's training budget. The second phase of work was funded from two separate funding streams within the Council: money for community groups and money for prevention. The funding has been justified by the number of people reached by this approach. However, it is resource intensive and may not be feasible in this form in the future, which is one of the reasons for developing a DVD.

What's worked well
The drama performances undoubtedly raised awareness of the issues and engaged individuals and communities successfully. A performance is as much about the process as it is about the final performance – so, in the case of the people with learning difficulties, the participants gained a great deal from the experience. The creative method works well with groups for whom it is difficult to raise these issues using a more traditional training or education approach.

The Council's safeguarding referrals for people with a learning disability reduced over the period in which the drama projects were running, although it is hard to reach a conclusion about cause and effect as other work was being carried out at the same time.

Challenges
The work is time intensive initially: reviewing and agreeing the scripts, project managing and supporting the work to happen.

Some communities are reluctant to participate in the acting, particularly in a final performance to an audience, but a skilled facilitator can find other ways for the group to participate.

Future plans
Most recently, Kirklees has started developing a DVD with Risky Things that is based on the scenario work they did in the community but focusing it on personalisation and prevention. This will provide a more flexible means of getting the message out, as financial resources are more limited now.

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7 Coventry City Council's Promoting Independent Living Service: workshops on keeping safe for tenants

April Dearden, Community Resource Manager at Coventry City Council's Promoting Independent Living Service, shared their experience of hosting workshops on dignity and safeguarding for people with learning difficulties conducted in 2010.

The project

Coventry City Council's Promoting Independent Living Service (PILS) runs 12 supported tenancy homes for 51 tenants and has over 100 staff. Tenants range from people with quite mild learning difficulties to people with complex needs who lack capacity.

PILS knew that it had to be able to demonstrate to the Care Quality Commission and Supporting People programme how it was enabling people to become aware of, and act on, incidents of abuse. As a service, they had found that staff were reluctant to 'blow the whistle' on colleagues on a couple of occasions. This made them think that tenants too might feel quite scared of raising issues, and would need support and encouragement to do so. PILS were already training staff on safeguarding on a regular basis – so it made sense to take up the same issues with tenants.

The PILS team decided to run two workshops for tenants under the banner of 'Providing personalised services'. The two workshops were run on the same day in September 2010. One was on safeguarding and the other on dignity. In the first, the aim was to explore people's knowledge about what constitutes abuse and whether they would know what to do about it. The second focused on issues of dignity and respect, which PILS believe are essential underlying factors in abuse prevention. Beforehand, April worked with the Council's Employee Development Unit to devise the programme and met with the independent facilitator to explain what they wanted to achieve from the day.

As part of the day's programme, PILS distributed a survey to assess people's views of the service, and the independent facilitator helped them to complete it. The survey invited the tenants to rate the service on six dimensions: caring, involvement, coaching, honesty and fairness, open communications and ethics. Interestingly, the staff and tenants rated the service in completely different ways.

A total of 17 tenants participated on the day, with managers present to support people if necessary. Support workers were not involved in case it made it difficult for the tenants to speak openly. In addition, they planned for the possibility that someone might disclose abuse on the day by ensuring staff were available at the end of the day to take appropriate action.

Resources

The main expense for the workshops was the facilitator, although staff time was another resource both during and after the day in order to support people. The

workshops were paid for with funding originally intended to cover a staff away day.

What's worked well

Did the workshops achieve their aims? 'Without a shadow of a doubt,' says April. People enjoyed the day and managers were able to demonstrate that tenants were aware of abuse and able to act on their concerns. All but one of the tenants rated the workshops positively, and particularly enjoyed the opportunity to be served tea by managers!

Other work has fed into the workshop's success. As part of the Department of Health's dignity challenge, that people should 'feel able to complain without fear of retribution', PILS introduced a system where tenants can complete a form to request a meeting directly with a senior manager at any time if they are concerned about anything. The idea is to enable tenants to be able to report concerns without fear of retribution. And in another related development, Coventry City Council produced a user-friendly guide on safeguarding for people with learning difficulties, *Keeping you safe*, which is available on the Council's website.

Challenges

For now, the PILS team have not worked out how best to approach the same issues with their tenants who lack capacity, but they plan to work on this during 2011.

Advice for others

Definitely use an independent facilitator. In this context, knowing the audience too well could have hindered the process, and they may not have felt able to speak openly about members of staff.

Use graphics to help communicate issues with people.

Make sure that you agree a process in advance should a disclosure of abuse be made on the day, and have contingency plans for extra support should anyone need it.

Future plans

PILS plan to run the workshops again in autumn 2011.

PILS is also building on the success of the workshops through its work with the Tenants Forum which meets bi-monthly. The Forum is developing a mission statement for PILS, and they are also working on developing the service's policies and procedures.

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8 Croydon Council: Supporting care homes to prevent abuse

Vincent Docherty, Safeguarding Adults Coordinator from Croydon Council, shared the work going on to support care homes in Croydon. The Council has led on three major initiatives – a support team, training and a bimonthly forum for care homes – to improve practice in care homes as a key way of preventing poor practice and abuse which leads to safeguarding investigations.

The projects

Croydon has more care homes, nursing homes and private hospitals than any other London borough, and a significant number of safeguarding referrals relate to care provided in these homes. Because of this, the local PCT (now Croydon NHS), acute trust (South London and Maudsley NHS Foundation Trust) and Adult Social Services department (Croydon Department of Adult Services and Housing) joined forces to fund a Care Home Support Team (CHST). The team – two nurses, a community psychiatric nurse and a social worker – provide support to care and nursing home providers in order to help avoid crises and institutional abuse. A care home may self-refer to the team asking for advice on care planning or risk enablement. In cases involving abuse, the chair of a serious case review may decide that institutional abuse has occurred and refer the care home for support to implement safeguarding plans.

In order to be able to prevent abuse in care homes more effectively, Croydon Council wanted to gain a better understanding of the local risk factors. First, they examined all the homes that they'd placed on suspension to understand common local risk factors for abuse. They also looked at the academic work of Caroline White (University of Hull) who developed ways of identifying institutions that are at risk of developing abusive practice. From this, they were able to identify a range of factors that local care home providers need to explore in order to prevent abuse. They then developed a training course for local care home managers on how to identify whether their institution is at risk of developing abusive practice.

Croydon Council conducted interviews with providers who have been subject to suspension. Many said that they felt angry that they had reported their concerns and then received a suspension. This felt like punishment and was a huge disincentive. Therefore, instead of immediately placing a suspension, the council try to intervene earlier to prevent abusive situations from occurring. This means that support is proactive, not punitive.

Croydon Council also established a Care Home Forum, a bi-monthly meeting of local providers. Meetings take place at the local council chambers. Members are updated on and discuss the latest safeguarding issues, such as the deprivation of liberty standards or the latest guidelines from CQC, and attendance is very good.

Resources

The Care Home Support Team needs significant investment. This includes initial staff secondments – and now permanent staff costs – office space and infrastructure support. However, the costs are shared amongst organisations and

address a large number of cross-cutting agendas. The team is seen as a good solution to a number of issues, providing value for money and making the system more preventative.

The resources needed to develop the training include:
- time to put together the key messages that providers need to hear
- funding for an independent trainer who understands the issues
- materials for people to take away, such as handouts
- time to facilitate post-training peer support

The resources for the Care Home Forum include:
- venue costs, including refreshments if possible
- staff time to develop clear terms of reference, develop agendas, identify speakers and communicate with attendees.

What has worked well

The Care Home Support Team has been evaluated by independent researchers Lawrence and Banerjee, whose findings appeared in the journal *Aging and Mental Health* (2010). They found strong evidence of effectiveness and impact, such as reduced rates of readmissions to hospitals and fewer suspensions of homes, increased awareness of safeguarding issues among care staff, and improved staff morale and communication. There were only two zero star rated homes (out of a total of 187) when the ratings system was in place in 2010.

According to Vincent Docherty, the training 'has helped stop staff getting the important things wrong'. These are often the fundamentals, such as not taking medication home at the end of a shift.

The Care Home Forum has meant that homes are supported to work together to drive up standards, leading to a greater consistency of standards across the borough. Croydon Council has also developed a strong relationship with CQC and this means that they are able to intervene early when concerns are raised about a provider.

Challenges

Some local providers feel that the state is subsidising and supporting weak and poor performing providers. This feeling is understandable. However, the local authority has a duty to ensure that service users are not subject to abuse, regardless of how they are funded or where they live. The aim of this intervention is to empower care homes to improve their own practice, thereby preventing abuse. To maintain good relationships with the best performing providers, they need to be reassured about their status and value.

Advice for others

For pragmatic reasons, staff from the Care Home Support Team predominantly have a nursing background. In retrospect, it would be better to include other disciplines such as occupational therapy or community pharmacy.

To establish a Care Home Forum, Vincent Docherty says it is important to:

- be clear about the terms of reference from the outset
- make sure you know who all your providers are
- spend time putting together a flier that outlines all the benefits of attending
- get as many proprietors and managers involved as possible, and make it clear that they will hear challenging messages.

Future plans

Croydon Council would like to roll out the training to two new staff groups: firstly care managers who make and review placements, and secondly, contract compliance staff. They would also like the training to be more sophisticated so that it responds to the support that providers are asking for. Vincent and his team hope to develop the training into peer-support groups that can be organised by members themselves. However, because providers are natural competitors, this needs to be facilitated carefully. Finally, Croydon Council are planning to use the results of three serious case reviews into the deaths of service users in care homes to inform the support services that they provide to such homes.

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9 Operation Comfort: NHS Great Yarmouth and Waveney Community Services with Norfolk Constabulary

An innovative preventative project in Great Yarmouth that involves Police Community Support Officers accompanying district nurses as they go on their rounds once a week has opened up communication between the police and vulnerable, often isolated, older adults. Walter Lloyd-Smith, Safeguarding Adults Lead for NHS Great Yarmouth and Waveney Community Services, explained the scheme.

The project

Operation Comfort was developed during 2010 in a partnership between NHS Great Yarmouth and Waveney Community Services and Norfolk Constabulary. In practice it involves a Police Community Support Officer (PCSO) accompanying a district nurse on their visits in the community on set days, at least one or two days per week. At the moment, three dedicated PCSOs are involved, working with nurses across a number of district nurse teams.

The nurses identify people they have concerns about and then offer those people the opportunity to meet with the PCSO if they wish. Vulnerable adults, particularly older and isolated people with long-term health problems, are able to take the chance to raise their concerns directly with police about a range of issues relating to criminal and anti-social behaviour, and personal safety.

The nurse leads the process in order to preserve confidentiality and ensure that the PCSO only enters the person's home with their permission. If the nurse needs

to provide personal care or something arises that is confidential, the nurse can ask the PCSO to withdraw. The PCSO dresses in a low profile uniform without high visibility jackets or unnecessary equipment. The value of this is to avoid alarming people unnecessarily about the nature of the visit.

The emphasis is on prevention and the need to reassure vulnerable people of the potential for resolving issues of concern before they become too serious. Another goal is to change people's perceptions of the police service so that they may feel more able to report things in the future.

Resources

The two organisations produced an information leaflet about Operation Comfort that can be handed out to any interested parties, including neighbours and family members.

Walter delivered some half-day training sessions for the PCSOs who were selected and committed to working on the project.

Both services – district nursing and the PCSO service – are already in place and share certain aspects of the responsibility for ensuring the safety of vulnerable adults, so both are doing the work as part of their usual roles.

What's worked well

The project has picked up on a range of issues, for example unreported crime, anti-social behaviour, cold and bogus callers, environmental issues and home security. It has identified some people who are scared to leave their homes due to concerns about personal safety. The PCSO service has been able to engage with a number of vulnerable people, some on an ongoing basis, and has helped to resolve some important issues.

In one sheltered housing complex, residents feared being knocked down by people on bicycles cutting through their close. This issue was taken up with the Borough Council. Another example concerned the presence of an unfamiliar car which turned out to contain drug paraphernalia and led to an arrest. On a couple of occasions, PCSOs have been able to support the nurse in situations where a person's behaviour has become threatening.

Challenges

Both the health and police services have been through lots of organisational changes, and at times it has been hard to keep up the momentum of Operation Comfort, particularly with changes of staff.

Advice for others

It is important to get the right people together at the start and build positive relationships between the individuals who will be actually doing the work. Early on with Operation Comfort, this often involved arranging informal networking opportunities, with nurses and PCSOs just sitting down talking to one another over a cup of tea. This can take time but it is worth it.

It was particularly important to ensure that everyone felt comfortable about the principle of confidentiality. The nurse takes the lead on visits and can ask the PCSO to withdraw at any time if there are any concerns.

Keep it simple and keep it flexible. There are no referral forms. The district nurses bring their professional discretion to bear in how and when they involve the PCSOs.

Future plans
The project has been extended into Lowestoft in partnership with the Suffolk Constabulary (here it is known as Operation Safe) and discussions have started with colleagues in King's Lynn to set up a pilot.

A spin-off from Operation Comfort has been the launch in February 2011 of one-hour information sharing and networking sessions between mental health teams and the police. Each service takes turns to lead the monthly sessions.

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10 Powys Adult Protection Committee: Keeping Safe training

Mick Collins, Policy and Development Manager, Powys Social Services Department shared the work over many years in Powys to offer workshops on keeping safe, first for people with learning disabilities, then for people with mental health problems and now with older people.

The project
Over the past 8 years, Powys Adult Protection Committee (APC) has been bringing together a range of partner organisations to develop Keeping Safe training for vulnerable adults.

Training for people with learning disabilities began in 2003/04 with the establishment of a steering group that included Coleg Powys (which has a history of offering courses for people with learning difficulties), Dyfed Powys Police, Victim Support and Social Services day service staff. The college developed the course programme, drawing on material from mandatory training for health and social care staff provided by Powys APC. It was important to repeat and reinforce the messages with regular and top-up sessions. The steering group were aware that some of those attending might disclose incidents of abuse during the course, and so Victim Support and Powys Social Services both provided support staff. The course was delivered in weekly afternoon sessions, and it ran as a pilot for three terms.

The course was then refined to become year two of a broader course programme, which ran one afternoon a week for three years, until around two years ago. It began with training on self-awareness and self-confidence, which proved to be an important introduction for some students.

Now, the work has moved on further. From 2011, People First (a national organisation run for and by people with learning disabilities) will provide the training on keeping safe, following a Train the Trainer course to support this initiative. People First developed and successfully piloted the course in Carmarthenshire.

In 2005, Powys APC turned their attention to people with mental health problems. The partners in this work included the same experienced independent trainer who had worked on the learning disabilities work, the local Mind and community mental health team to identify and support the students. This course now runs as a series of eight or ten once-weekly workshop sessions. Ten courses have been run in a range of community service settings since it began. Providing a free lunch always helps to encourage attendance.

One of the major themes to come from the work with people with mental health issues is the overpowering fear of retribution and powerlessness among participants, much of which related to experiences on acute hospital wards. For this group, it has proved to be even more important to establish a safe, trusting and sharing learning environment.

Resources

Coleg Powys funded the courses for people with learning difficulties on all of its three sites across Powys. Resources required for the training include the presence of support workers at each session.

Powys Social Services funds the workshops for people with mental health problems and has agreed to fund People First to run the training with people with learning disabilities now.

What's worked well

Powys APC are pleased with the success of the Keeping Safe training. Students with learning difficulties developed their own keeping safe strategies and personal safety plans. Meeting regularly for a full academic year, people with learning difficulties gained confidence and found the sessions a safe place to learn and explore the issues. The new model, involving people with learning disabilities providing the training, is a great development.

For people with mental health problems it has been crucial to provide a trainer with the ability and experience to respond to the varying needs of individuals and groups. Also, he has worked with a co-facilitator from each of the various services where he has provided training. The groups have often developed a cohesion and peer support that they have wished to continue and build on after the workshops with the help of the co-facilitator.

Challenges

Initially, the Keeping Safe training with people with mental health problems was modelled on the training course with people with learning disabilities, but organisers found they needed to change their approach: they began to offer taster sessions to attract participants, and then ran a series of workshops rather than 'courses'..

Advice for others

The Keeping Safe training for people with mental health needs has been evaluated. Findings included restricting the group size to a maximum group size of 10, the importance of meeting on neutral territory away from services and agreeing plans for dealing with disclosures in advance, such as having support workers present for each session.

Careful planning, appropriate support and having a very experienced, intuitive and flexible trainer for this range of work has been critical. The same trainer, Mel Walford, has been involved throughout the Keeping Safe work.

Think from the start about ways of enabling a group to continue meeting if they wish to do so.

Future plans

Powys APC has also developed a pilot project of Keeping Safe training for older people. This time the steering group has included Age Concern, the Local Health Board and care home provider BUPA. Age Concern volunteers have been trained to deliver talks about keeping safe to groups of older people.

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