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**Barking & Dagenham Partnership**  
**SAFEGUARDING ADULTS BOARD**

io core

**Annual Report**  
**April 2009- March 2010**

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**Barking and Dagenham Partnership**



## Foreword and Introduction

As the newly appointed Independent Chair of the Barking and Dagenham Safeguarding Adults Board it is a great honour to be asked to write the foreword to the Safeguarding Adults Board Annual Report 2009-2010.

The report offers us an opportunity to celebrate the achievements of the year, whilst providing us with a chance to reflect upon emerging issues and our journey ahead.

It is clear that the very many achievements set out in this report are the results of hard work, energy and commitment at all levels across a vibrant partnership. This is testament to all agencies in Barking and Dagenham recognising that Safeguarding Adults is both an organisational and partnership strategic priority. This type of prioritisation does not happen without a great deal of vision and support and so I would like to take this opportunity to extend thanks, on behalf of agencies, to Anne Bristow, the previous chair of the Safeguarding Adults Board.

I would also like to take this opportunity to thank those individuals who have worked so tirelessly on behalf of the Board to deliver such an impressive number of achievements in order to ensure that the London Borough of Barking and Dagenham is a safe place for vulnerable adults to live, study, work and visit.

**Natasha Bishopp**

**Independent Chair of**

**Barking and Dagenham Safeguarding Adults Board**

## Barking and Dagenham Safeguarding Adults Board Membership

In Barking and Dagenham, the Safeguarding Adults Board consists of the following agencies:

**Age Concern**

**Carers of Barking and Dagenham**

**Barking and Dagenham Local Authority**

**Barking and Dagenham Metropolitan Police**

**Barking and Dagenham NHS Trust**

**Barking, Havering and Redbridge University Hospitals Trust**

**HUBB**

**London Ambulance Service**

**North East London Foundation Trust- Community Health Services**

**North East London Foundation Trust- Mental Health Services**

**Mencap**



## **Policies, Procedures and Guidance**

The Department of Health published guidance 'No Secrets' in 2000. This document clearly sets out an expectation upon local agencies around prevention, protection and detection of abuse of vulnerable adults. The guidance also recommended that Adult Social Services should take the lead for this partner-agency work.

While the duty to lead this response rests with Adult Social Services it is widely acknowledged that Safeguarding Adults is everyone's responsibility and we all have a duty to report suspected, alleged or confirmed incidents of abuse.

'Failure to take reasonable and appropriate steps to safeguard individuals from abuse or life threatening events is a breach of Articles 2 & 3 of the European Convention on Human Rights. It is important that adult Protection is triggered when someone is believed to be at risk of harm/abuse and not only at the point where there is demonstrable evidence of harm.'

[Flynn, 2007, 5.3]

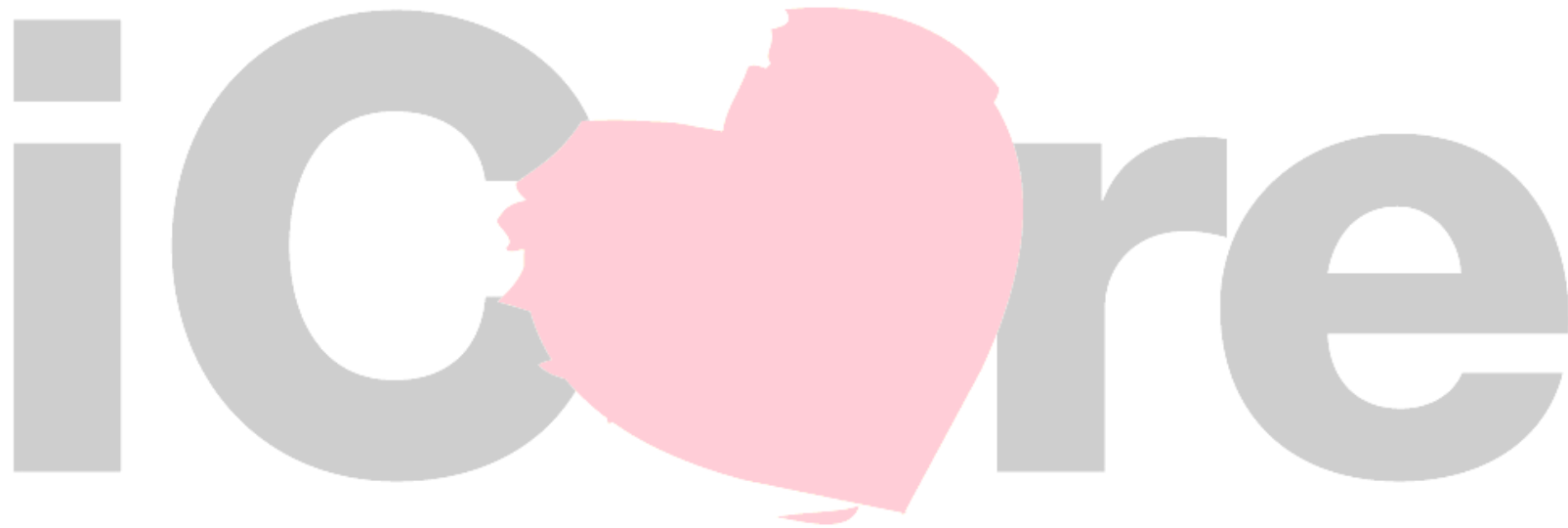
This stance was further strengthened in January 2010 when the Minister of Care Services Phil Hope announced that Safeguarding Adults Boards were to be given a statutory footing.

### **Local Policy and Procedure**

Barking and Dagenham's Safeguarding Adults Board responded to the 'No Secrets' guidance by developing its own Policy and Procedure. This has been a joint Policy and Procedure from its inception, with a commitment from partner agencies to contribute to the work of the Board and implementation of its Policy and Procedure. The Policy and Procedure is an information tool, which covers all aspects of Safeguarding Adults, from definitions of abuse through to how to investigate an allegation of abuse or neglect.

In the intervening years Barking and Dagenham Safeguarding Adults Board have integrated further guidance in relation to Safeguarding including Vetting and Barring, Mental Capacity Act and the subsequent Deprivation of Liberty Safeguards. In addition,

Barking and Dagenham are also contributing to the development of Pan London Safeguarding Adults Policy and Procedures which will be published in the coming months.



## Operational Structure of Safeguarding Adults Services

Barking and Dagenham Adult and Community Services have a dedicated **Safeguarding Adults Team**, which has twelve key functions:

- Central referral route for all Safeguarding Adult concerns in the borough;
- It co-ordinates the allocation of cases for investigation;
- It provides specialist operational advice and administrative support to practitioner's investigating allegations of abuse and neglect;
- It oversees quality of safeguarding locally, independently challenging organisations when necessary;
- It provides quality assurance of cases through tracking and performance monitoring;
- It delivers bespoke training to agencies;
- The team leads on the co-ordination of very complex investigations;
- The team provides a strategic function to support the Safeguarding Adults Board;
- To develop robust partnerships with key stakeholders;
- It develops policy and procedure for the borough;
- It co-ordinates the Deprivation of Liberty Safeguards Authorisations;
- It delivers the Protection of Property function in accordance with the National Assistance Act;
- It arranges funerals for individuals in line with the Public Health Act;

The team consists of a Group Manager, four Safeguarding Adults Officers, a Safeguarding Adults Support Officer, three Protection, Funeral and Conference Officers and a Safeguarding Adults Apprentice.

**Barking and Dagenham Metropolitan Police** have a dedicated Safeguarding Adults At Risk Co-ordinator attached to the Public Protection Desks. This Detective Constable who works to identify and advise officers and partners in relation to Safeguarding Adults cases. In addition, the Community Safety Unit leads on the majority of investigations into criminal offences against Vulnerable Adults. Where sexual offences are involved this is led by the Sexual Offence Team.



**Barking and Dagenham NHS Trust** have appointed a dedicated Strategic Lead for Safeguarding Adults which reports via the Safeguarding Team to the Director of Nursing. This post has been in place since Autumn 2009 and takes a lead in ensuring that Safeguarding Adults is consistently considered and delivered across the local Health economy.

**Barking, Havering and Redbridge University Hospitals Trust** currently have a Consultant Nurse for Safeguarding Adults and Children, but are in the process of recruiting a Safeguarding Team, which will include a dedicated leads for Safeguarding Adults.

**North East London Foundation Trust- Community Health Services** have a Named Nurse for Safeguarding Adults which leads on overseeing and developing practice across Community Health Services.

**North East London Foundation Trust- Mental Health Services** have an Operational Area Manager who leads on Safeguarding Adults and a designated Safeguarding lead in each of its team that are the first point of contact for advice.

## Strategic Structure of Safeguarding Adults Services

Barking and Dagenham Safeguarding Adults Board meets quarterly and its members are Directors/ Senior Manager representatives from public bodies with delegated responsibility for safeguarding adults and third sector organisation operating in the borough. The objectives of the Safeguarding Adults Board are to:

- To ensure that all agencies are implementing and comply with the Safeguarding Adults Board Strategy, Action Plan and Local Safeguarding Adults Policy and Procedure and;
- To coordinate work by each body represented on the Board for the purpose of safeguarding and promoting the welfare of vulnerable adults in the area of the authority and to ensure the effectiveness of that work

These objectives are pursued through the following functions:

- Developing policies and procedures for safeguarding vulnerable adults and promoting the welfare of vulnerable adults.
- Determining and maintaining clear processes and an understanding of these across Board members and local partners to ensure effective joint working and efficient use of resources.
- Ensuring that single and multi-agency training is provided on safeguarding and promoting welfare and that this meets the required standard and is appropriate to the needs of relevant staff.

The Safeguarding Adults Board is accountable to the Barking and Dagenham Partnership and presents an Annual Report to the Partnership via the Public Service Board. The Board also presents a six monthly report to both the Healthier Borough Board and the Safer Borough Board. The Board has the following Subgroups: Training and Education Sub-group; Performance & Monitoring Subgroup; Case Review Sub-group; Communication & Engagement Subgroup.

## The Safeguarding Adults Board Strategy and Action Plan

Following an independent review of Safeguarding Adults in 2008 the Safeguarding Adults Board agreed the following vision;

*“By 2011 we will have implemented the first phase of our improvement plan alongside reacting fittingly to any changes which may emerge following the review of No Secrets and the Draft Pan London Safeguarding Procedures. We will also have embedded the broader safeguarding duties across the partnership around the ‘Deprivation of Liberty’, ‘Vetting and Barring Scheme’ and the IMCA work. We will also be effectively influencing the personalisation agenda ensuring that risk is being identified and effectively managed. We will have strengthened the capacity of the SAB governing infrastructure through the development of new subgroups. We will be able to provide auditable evidence of the quality of interventions provided by agencies and be able to evidence successful outcomes through new performance management systems. We will have strengthened joint working across the partnership through the strengthening of partnership protocols and agreements. We will be engaging with professionals and the wider community to cultivate a greater consensus around the importance of a co-ordinated community response to safeguarding concerns and finally we will be systematically consulting with our service users to ensure that what we deliver is working”.*

In order to achieve this ambitious vision the Board identified the following five Strategic Objectives:

**Strategic Objective 1:** Ensuring Effective Leadership and Governance of all Safeguarding Adults processes and practice;

**Strategic Objective 2:** Prevention - Ensuring the coordinated prediction and prevention of possible abuse;

**Strategic Objective 3:** Responsive - Ensuring a coordinated and effective response to abuse that we identify;

**Strategic Objective 4:** Strengthening joint working and practice across agencies and the wider community

**Strategic objective 5:** Identifying emerging good practice to ensure continuous improvement

From these Strategic Objectives the Board developed seven priority areas for action which were as follows:

**Priority 1:** Review Safeguarding Adults Board Leadership, Reporting Structures and Functions

**Priority 2:** Develop a Safeguarding Adults Communication Strategy for Partnership and Public Information needs.

**Priority 3:** To deliver and implement systematic and robust performance management quality assurance arrangements

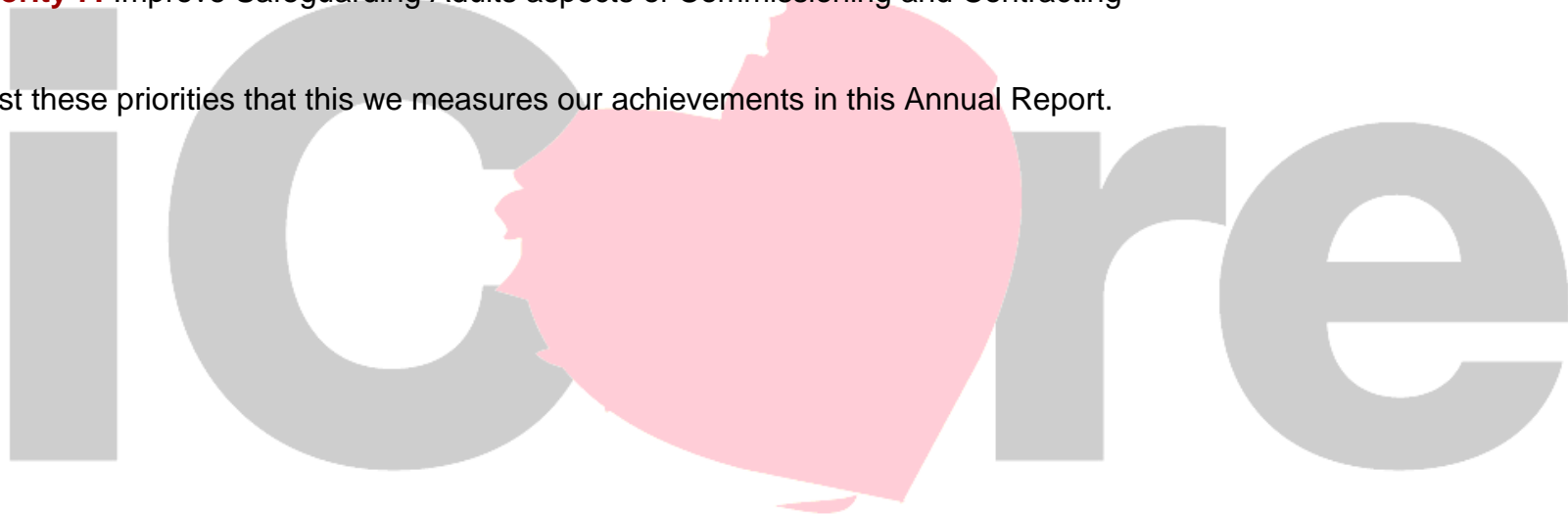
**Priority 4:** To increase adherence to the Multi Agency Safeguarding Adults Policy and Procedure.

**Priority 5:** Promote Safeguarding Adults Multi-agency Good Practice and Support

**Priority 6:** Develop a Safeguarding Adults Multi-Agency Training Strategy

**Priority 7:** Improve Safeguarding Adults aspects of Commissioning and Contracting

It is against these priorities that this we measures our achievements in this Annual Report.



## **Priority 1: Review Safeguarding Adults Board Leadership, Reporting Structures and Functions**

### **What have we achieved?**

#### **Increased membership**

Over the past year the Board have extended its membership to key partners in the third sector including Mencap and Age Concern, This has had a significant impact upon raising the profile of safeguarding adults in the third sector and allowed us to work in closer partnership with service users. An example is the joint work with Age Concern during Elder Abuse Awareness Day in July 2009. The Board has also forged closer links with the London Ambulance Service, and Local Safeguarding Children Board.

#### **SAB Business Planning Day October 2009**

This years SAB Business Planning Day resulted in clarity around the expectation of the board members particularly in relation to governance. The learning from the day fed into the development of a revised Action Plan with additional actions around the need for a comprehensive Communication Strategy with a pooled budget, and the need for formal constitution and training for Board Members.

#### **Appointment of an Independent Chair**

It is widely recognised that Independent chairs are best practice in Safeguarding Adults Boards. Therefore in August 2009 the board appointed Natasha Bishopp, as its first independent chair. We have taken this step to maximise independence, scrutiny and accountability.

#### **Recent restructure of Sub Groups including introduction of Case Review Sub Group**

Over the last year the Board has reviewed its subgroups. We now have the following sub-groups:

- Training and Education

- Performance and Monitoring
- Case Review
- Communication and Engagement
- (Sub group of the Communication and Engagement Sub group- Service User and Carer Consultation)

We began by introducing an MCA and DoLs Sub group, which has now been disbanded in favour of mainstreaming the issues. In recent months we also restructured the Case Review and Best Practice Subgroup, to allow for greater qualitative case review. All of the Subgroups are now chaired by Senior Managers to increase accountability.

#### **Quarterly updates from partners and sub groups**

Mechanisms are in place to ensure that each of the partners agencies and subgroups provide a quarterly update on progress to the Board. These reports are provided at the Board for information and scrutiny.

#### **High quality PDF papers for Board**

Over the last year the Safeguarding Adults Team have introduced high quality PDF papers for the Board. This has enabled the Boards Business to be communicated in a more professional format. Feedback from partners has been very positive on the introduction of these new ways of working.

#### **Formal links established with other strategic boards underway**

The inclusion of a LSCB update as a standing item on the SAB agenda and visa versa is improving communication across the two safeguarding strategic mechanisms. In addition, there is cross membership between the Board and the Safer Borough Board (SAB). The Board also presents an annual paper to the Local Strategic Partnership, while specific reports go to each of the Boroughs Strategic Boards to gain ratification, BHRUT, NELFT, CMT, Executive, Learning Disabilities Partnership.

#### **Greater alignment between Safeguarding and Community Safety and Neighbourhood services**

With greater involvement of Community Safety and Neighbourhood Services through the management of the LBBD Safeguarding Adults Team, improved connections are being made to the Community Safety agenda. This includes greater links to the Drug Alcohol Action Team, Youth Offending Service, Anti Social Behaviour Team, Hate Crime and Domestic Violence Team. This has enabled stronger links to be made by making use of the existing partnerships. Examples of progress have been the training we

offered to our colleagues in the London Fire Service, along with recent partnership work with the Police around bogus burglary against the elderly.

### **Recruitment of a Safeguarding Adults Named Nurse post for NELFT- Community Health Services**

In November 2009 North East London Foundation Trust- Community Health Services recruited a substantive named nurse for Safeguarding Adults for Community Health Services. This has transformed the Community Health Service response to Safeguarding and has allowed for greater involvement with Health in safeguarding investigations and has also led to an increase in Safeguarding Alerts from Community Health Services.

### **Recruitment of a specialist lead post in Barking and Dagenham NHS Trust**

Barking and Dagenham NHS trust have recruited an innovative Strategic Implementation Lead for Safeguarding Adults to lead to provide an expert overview of Safeguarding Adults across the services it commissions. Since its inception this post has enabled greater clarity and strategic vision for the health economy in relation to Safeguarding Adults.

### **Review and Restructure of the LBBB Safeguarding Adults Team**

Since 2002, there has been a dedicated multi-agency co-ordinator post whose remit was strategic, quality assurance and advisory. Then in 2007 capacity was increased with the recruitment of an additional training post. In 2008, there was a further review of the council Safeguarding Adults co-ordination function. The team migrated to Community Safety and Neighbourhood Services Division, a Group Manager was appointed to provide senior strategic management and resources were identified to again increase the size and remit of the team. The team now acts as the central referral route for all alerts in an effort to better co-ordinate tracking and review of cases. This also served to give the Safeguarding Adults Team operational independence from the care providers and from care managers and social workers who are usually charged with responding to alerts and investigating allegations.

### **Development of a Safeguarding Team within Barking Havering and Redbridge University Hospitals Trust.**

Following some concerns last year a review of the Safeguarding response at BHRUT was conducted and a decision was made to increase the capacity of the hospital to respond and contribute to Safeguarding work through the development of a Safeguarding team of eight professionals. This team is currently being recruited but the Board envisages that it will allow the Trust to sustain their contribution.

## **Development of lead Detective for Safeguarding within the Public Protection Desk**

In recent months the Senior Management Team of Barking and Dagenham Metropolitan Police made the decision to appoint a Safeguarding Adults At Risk Co-ordinator for Safeguarding Adults Operational work. This officer is stationed in the Public Protection Unit.

## **'I Care' jointly funded prevention campaign**

A major achievement this year has been the jointly funded 'I Care' communication campaign. We believe that this campaign has contributed significantly to a 100% increase in referrals over the last year. Funded by North East London Foundation Trust, Community Health Services Barking & Dagenham, NHS Barking and Dagenham, The Metropolitan Police and the Local Authority, the campaign was devised to cultivate community awareness of safeguarding adults and to encourage local people to report concerns at an earlier stage. The public information prevention campaign has been delivered in three distinct phases

The first phase of the campaign began in July 2009, when thousands of disposable tissues were distributed to members of the public on the streets of Barking and Dagenham. Contact details for the Safeguarding Adults Team were placed on the packet so that people would be able to carry them on their person and make contact without arousing any suspicion. In addition the LBBD Transport Team worked with Age Concern and Meals on Wheels to deliver hundreds of cakes, tissues and an information leaflets to vulnerable adults in Residential Homes, local day centres and directly to housebound individuals in their homes.

The second phase followed in the Autumn of 2009 when a high profile poster and article campaign was launched utilising the borough's road-side bill boards together with the distribution of badges denoting support of the 'I care' message.

The third phase, designed to coincide with Christmas 2009 included the Chief Executive of the Council adopting the logo on his Christmas card, the distribution of an 'I Care' sheet of wrapping paper in the local free newspaper and the adoption of an 'I Care' message around the council Christmas trees.

## **Future Objectives**

- Strengthen links between the SAB and the boroughs governance structures through ensuring regular reporting cycles to the following boards: Safer Board; Healthier Board; Adult's Trust; Children's Trust; LSP- Public Service Board; Council Executive; Learning Disability Partnership Board.



- Review the terms of reference for the Safeguarding Adults Board to include the role of members and advisors.
- Further review of the functioning of the subgroups including membership and remit.
- Develop short term SMART action plans for each subgroup which are aligned to the SAB Action Plan.
- Appoint a Vice Chair for the Safeguarding Adults Board
- Set in place a cycle of Safeguarding Adults Board Chairs briefings with lead members- to include distribution of a written briefing.
- Establish a cycle of activity reports by Members to their Chief Executive Officers and Management Boards.
- Establish Service User representation on the Board and Sub-Groups.
- Put in place an effective process for tracking Board decisions and forward planning.
- Formally align strategic objectives with the Local Safeguarding Children's Board.
- To establish monthly meeting's with Sub Group Chairs and SAB Chair to enhance accountability and communication.
- Agree three year financial and/or in kind contributions from member agencies for SAB Activity via LSP
- Establish a Business Planning Group for the Board.
- To develop an explicit Code of Conduct for Members, Chair and Advisors, Political Leadership to be signed of by Chief Executives all partners.



**Jim's milk has  
been there a while.  
Who cares? iCore**

**Don't ignore a vulnerable neighbour  
in need of help at home.**

## **Priority 2: Develop a Safeguarding Adults Communication Strategy for Partnership and Public Information needs.**

### **What have we achieved?**

#### **Development of a SAB Communication Strategy**

The Communication and Engagement Sub-group has developed a Communication Strategy for the Board which has enabled key messages to be agreed and the profile of the work to increase through jointly articulated statements.

#### **Barking and Dagenham NHS Safeguarding Manual**

In recent months Barking and Dagenham NHS have developed a bespoke Safeguarding Manual for health professionals which includes guidance and local information in recognising and responding to Safeguarding adult concerns.

#### **NELFT- Community Health Services**

The named nurse for safeguarding has secured safeguarding adults coverage in both the e copy of their Weekly News and the Foundation Times.

#### **Links with Community Safety Distraction Burglary Operation**

In spring 2010 the Community Safety Partnership arranged and delivered briefings to 800+ staff who deliver direct services to the elderly and the vulnerable on the topic of distraction burglary. The aim was to ensure the safety message was transmitted and able to be reiterated by trusted people in regular contact with clients. Alongside this, ARC Theatre were funded to deliver performances of a distraction burglary workshop to 400+ elderly residents in day centres and community centres

#### **Learning Event 'Safeguarding Adults who may lack Capacity' – 3<sup>rd</sup> November 2009**

Following learning from a Serious Case Review and a Multi Agency Management Review the SAB hosted a large learning event entitled 'Safeguarding Adults who may lack Capacity'. The aim of the event was to improve professionals understanding of the Mental Capacity Act in relation to Safeguarding Adults. The event was attended by over 140 professionals from across agencies.

## **Learning Event GR – January 2010**

In January 2010 the SAB worked in partnership with the Local Safeguarding Children's Board to host a learning event following the death of a 22 year old man from sclerosis of the liver. Following the event an action plan is currently under development to improve the response to young people with complex needs. This was the first event of its sort in Barking and Dagenham and provided agencies like the Youth Offending Service, Safeguarding Adults, Drug and Alcohol Services and Children's services to reflect on practice and processes jointly.

## **Formalised Serious Untoward Incident reporting structure**

In December 2009 it was agreed that North East London Foundation Trust-Community Health Services would formally notify the Corporate Director of Adult and Community Services in the event that a Serious Untoward Incident involved a vulnerable adult to ensure that any necessary Safeguarding issues were responded to effectively.

## **Future Objectives:**

- Develop improved content for the website which can be linked to partner agency sites
- Continue to promote the SAB 'I Care' prevention and reporting campaign as our joint communication approach
- Agree three year resource allocation from partners for the SAB Communication Strategy via LSP
- Develop a forward plan for communication activities to maintain the profile of Safeguarding Adults.
- Develop easy read formats of 'I Care' information
- Integrate Safeguarding Adults prevention and practice messages into wider communication initiatives i.e. personalisation, safeguarding Children, Learning Disabilities, Community Safety
- Develop a suite of resources to support practitioners to implement the 'new' Pan London Procedures.
- Involve Service Users in the development and finalisation of public information
- Publicise referral pathways for other relevant reporting structures and risk management mechanisms. To include: MARAC; MAPPA; Independent Safeguarding Authority; Hate Crime Reporting; MAF/CAF reporting; Police; CQC; Complaints.
- Evaluate the Communication Strategy annually to ensure its effectiveness

- Raise awareness with professionals of the Safeguarding Adults Board and the person who represents their organisation on the board.



## **Priority 3: To deliver and implement systematic and robust performance management quality assurance arrangements**

**What have we achieved?**

### **Six Lives Report**

In March 2010 the SAB submitted their response to the Six Lives Report recommendations. This was a comprehensive piece of work which evaluated the current response to individuals with learning disabilities who accessed Health or Social Care Services in Barking and Dagenham. The Audit was delivered in partnership between Health and Social Care agencies in the borough and the final document was produced as an easy read report in addition to the standard format.

### **Safeguarding Adults Call Over**

Following reports of bad recording practice the Divisional Director of Community Safety and Neighbourhood services established a 'Call Over' process on behalf of the SAB Performance Monitoring Sub-group. Whereby Social Care Services and North East London Foundation Trust- Mental Health Services were invited to fortnightly meetings where the recording of safeguarding investigations is monitored and scrutinised. This quantitative monitoring has resulted in a dramatic improvement in the recording practices of staff across agencies.

### **Targeted training for under-represented services being provided**

The SAB has delivered targeted training for service users and providers who are currently under-reporting. For example this has included training being delivered to Mental Health Service Users at Tulip and the Vocational Mental Health Team, cross organisational training of all Age Concern Staff and volunteers.

### **Establishment of Deprivation of Liberty Safeguards infrastructure**

In accordance with Legislation Barking and Dagenham Local Authority and Barking and Dagenham NHS Trust, as local Supervisory bodies have established the necessary mechanisms to respond to requests for Deprivation of Liberty Authorisations. This includes a BIA Forum, DoLs panel and local policy and procedures.

### **Development of a risk trigger document so that the SAB can be alerted to cross organisational risks**

The SAB Performance and Monitoring Subgroup have established a risk trigger document to flag up organisation risks in relation to staffing, training and referral numbers. This is being populated and analysed by the Performance & Monitoring Subgroup.

### **Future objectives**

- Develop a robust multi agency dataset which progress can be measured against and resources targeted by.
- Develop a Case Review Subgroup which will monitor the quality of safeguarding adults case work to be chaired at Head of Service level
- Ensure that there is a mechanism in place to track and chase investigations across agencies.
- Provide quarterly reports on performance issues to agencies for action.
- Oversee referral levels for Safeguarding Alerts and Deprivation of Liberties in order to proactively identify blockages or training needs.
- Establish a mechanism to obtain feedback from alleged victims, and where appropriate perpetrators, on process and outcomes.
- To develop and introduce a quality audit cycle.
- To oversee the implementation of Serious Case Reviews and Multi Agency Management Review Action Plans.
- To provide multi agency analysis during Multi Agency Management Reviews.
- To establish a mechanism to escalate competency issues to Training and Education Subgroup.





## **Priority 4: To increase adherence to the Multi Agency Safeguarding Adults Policy and Procedure.**

**What have we achieved?**

### **Involvement with the London Safeguarding Vulnerable Adults Network LSVAN in the development of Pan London Procedures**

The SAB have sent a representative to the LSVAN for the last year to support the development of Pan London Procedures. Our representative has enabled the Board to raise concerns and suggestions.

### **Interim Procedures**

In the meantime we plan to issue some interim Barking & Dagenham procedures (which will be in line with the draft Pan London procedures)

It is hoped that the interim procedures will simplify the process by:

- Reducing the number of levels of investigation
- Simplify the stages in the process
- Clarify roles and responsibilities of individuals, teams and agencies involved in the process
- Set out the procedures and relevant paperwork that should be used
- Ensure that Safeguarding is integral to the core business of the local authority

We have commissioned a consultant to draft a new procedure for the partnership. Consultation with key stakeholder will occur during a workshop.

### **Response to national consultations including No Secrets & CQC Regulations**

The SAB submitted responses to both the Review of No Secrets and the Care Quality Commissions Consultation on their new proposed Regulations.

### **Agreed non-emergency reporting protocol with Metropolitan Police CSU**

Following concerns raised in relation to how long partner agencies spent reporting non emergency issues at police stations the SAB brokered the establishment of a non-emergency reporting mailbox which is managed by the Public Protection Desk.

### **Agreed allocation route for NELFT- Mental Health Services**

Mental Health Services have notoriously stringent eligibility criteria's therefore agreement was sought to agree an alternative allocation route for Safeguarding Concerns involving individuals who do not meet the criteria but whose main vulnerability is a mental health illness. While this agreement is under constant review, significant advances have been made in clarifying allocation of safeguarding cases to partners in mental health services.

### **Remit of Safeguarding Adults Team agreed in partnership with Social Care Teams**

An away day between the LBBD Safeguarding Adults Team and Adult Social Care Teams was held last spring. The day was facilitated by an external consultant and resulted in mutual learning around one another's remits and responsibilities, together with clarity around the resources available to Social Care Teams.

### **Stephen Gale Film**

In November 2009 we developed and showed a short film to over 140 professionals to raise awareness of Safeguarding Adults in the Community. It featured the tragic story of Stephen Gale (28) who had learning disabilities. While living independently in the community he was befriended by Andrew Green who moved in with Stephen and then over a period of months proceeded to brutally torture him leading to his eventual murder. The film was used to highlight the lessons learned in Leicestershire around the dangers of parasitic abuse the need for improved information sharing around vulnerable adults at risk and the importance of the application of mental capacity assessment.

## Future Objectives

- Review Multi-Agency Information Sharing Protocol to ensure explicit mention of Safeguarding Adults.
- The development of a multi agency Prevention policy to include template risk assessments for providers, carers and health staff
- Respond to the Pan London Safeguarding Adults Procedures consultation
- To co-ordinate the transition from Local Safeguarding Adults Policy and Procedures to the Pan London Safeguarding Adults Procedures
- Ensure compliance with the new statutory standards for Safeguarding Adults Boards as announced by Minister Phil Hope in January 2010
- Oversee any necessary change of practice across agencies when 'No Secrets II' and/or law commission response is published.
- To ensure that prevention is at the forefront of partner agencies service development through regular cycle of reporting on prevention activity.
- Formalise MAMR and SCR criteria through the development of threshold protocol.
- The development of a multi agency Prevention policy to include template risk assessments for providers, carers and health staff

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## **Priority 5: Promote Safeguarding Adults Multi-agency Good Practice and Support**

### **What have we achieved?**

#### **Development of Serious Case Review Action Plan- 63 Recommendations Quarterly review of 'at risk' areas**

Over the last two years the SAB has conducted two Serious Case Reviews Ms N and Mrs S. The recommendations from these Reviews have been combined into a 63 point Action Plan which is monitored now by the Case Review Subgroup. In addition the SAB have conducted two Multi Agency Management Reviews in the last two years Mr DB and Mr GR, recommendations from which are also included in action plans. The SAB have a further two Multi Agency Management Reviews currently ongoing in Relation to Ms HS and Mr JH.

#### **Development of Vetting and Barring Action Plan**

With the new Vetting and Barring legislation the SAB developed a Vetting and Barring Action plan template which members are asked to complete.

#### **Targeted letter to all Managing Authorities to remind them of their duties in relation to Deprivation of Liberties**

Following concerns over the low level of Deprivation of Liberties requests the SAB requested the Deprivation of Liberties Panel to send a targeted letter and information to all managing Authorities that we place with to remind them of their duty in relation to Deprivation of Liberties.

## **NELFT – Community Health Services**

The development of a flow-chart and stepwise paperless process within CHS which dovetails with the invention of a Pressure Ulcer alert process/guidance.

### **Future Objectives**

- Set up a Quarterly Safeguarding Adults Practitioners Forum to facilitate peer learning, multi agency problem-solving and disseminate good practice.
- All agencies to evidence that system's are in place to offer professional supervision to their staff conducting Safeguarding Adult Investigations.
- All agencies to evidence that systems are in place to quality assure safeguarding Adult responses, including evidence of steps to address poor practice and promote good practice.
- Ensure that user and (where appropriate) carer involvement is more consistently embedded into practice and recorded.
- Service User and Carer Sub Group to develop guidance for agencies on best practice in prevention, response and coordination of Safeguarding Adult response.
- Review compliance with Vetting and Barring across agencies at quarterly intervals
- SAB Chair to represent Barking and Dagenham at relevant Safeguarding Adults Conferences
- SAB to run one learning event annually focussing upon issues identified by the Case Review Sub Group
- Barking and Dagenham to be represented at the London Safeguarding Vulnerable Adults Network to identify best practice and update the Board.

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## **Priority 6: Develop a Safeguarding Adults Multi-Agency Training Strategy**

**What have we achieved?**

### **Development of draft training strategy competency based by role**

We believe that by providing staff with the tools to recognise and refer concerns they may encounter we are better protecting service users and their carers from discrimination and abuse. In the last year the SAB have trained approximately 1400 individuals from across agencies. Therefore the SAB have formalised its continued joint training plans through the development of the SAB Training Strategy 2010 -2012 which is competency based by job role. We have also endeavoured to think creatively in relation to expanding opportunities to intervene by providing training to previously under-represented sectors for example the Fire Service who visit the homes of older people installing smoke alarms, Enterprise housing maintenance service and Meals on Wheels Managers.

### **NELFT –Community Health Services Training**

NELFT Community Health Services have delivering bespoke sessions to specific staff groups such as pharmacists, as well as the CLDT away day. The standardized training is being delivered in house also on MCA/DoLS every month to CHS staff.

### **Development of Training Data- base for LBBB training**

The SAB have developed a training database for staff accessing Safeguarding Adults training delivered in partnership by LBBB. The next phase will be to include staff who attend Safeguarding Adults Training delivered by partner agencies.

### **Development of joint training**

The SAB have continued to promote joint training with partner's agencies and this has included partnership training with Health, Local Safeguarding Children's Board and Domestic Violence Services and the Police.

### **Barking and Dagenham Metropolitan Police**

On the 7<sup>th</sup> October 2009 The Detective Inspector of the Community Safety Unit conducted a joint training with the Group Manager for Safeguarding Adults to approximately 40 Social Workers at the Social Care Practitioners Forum. In a bid to enhance the



success of Safeguarding Adults Cases through the Criminal Justice System a Safeguarding Adults Briefing was also given to the Community Safety Unit on 23<sup>rd</sup> February. The Detective Chief Inspector from the borough also delivered a briefing re the I Care campaign to almost 400 Officers.

### **Dignify train the trainers – Elder Abuse sessions for service users**

The SAB are working with a charity called DIGNIFY to roll out bespoke Elder Abuse Awareness sessions with Service Users. We are one of only a handful of SAB's who have embarked on this innovative programme, however having trained voluntary sector partners to deliver this work within their organisations we are optimistic that it will reap rewards and speak directly to the individuals who are at most risk.

### **NELFT Safeguarding Adults Lead in every clinical team.**

These leads support Managers to ensure Safeguarding procedures are robustly implemented within clinical teams and assist/advise other practitioners / clinicians when safeguarding issues arise. They will further ensure that safeguarding stays firmly on the agenda within teams, through training, support and awareness raising. NELFT is further ensuring that all staff have received safeguarding training and have also enrolled for Investigators Training through LBBB.

### **IMCA/Dols training**

Our local IMCA Provider HUBB are a key stakeholder on The Safeguarding Adults Board and were recently awarded the Action for Advocacy - Advocacy Quality Mark, and their Investors in People award has been renewed. We have worked in partnership with Hubb to raise awareness of Dols and the MCA over the last year. Most notably following MCA training the number of referrals from Grays Court has been increasing significantly.

### **Drug and Alcohol Action Team Safeguarding Adults Training**

The Safeguarding Adults Team delivered training to 15 representatives from the DAAT on Wednesday 9<sup>th</sup> September 2009 with the DAAT.

### **Provider Training**

This year we have continued to offer training to providers and had a rolling programme at the start of the year which was attended by approximately 200 members of staff from provider services.

## Future Objectives

- Develop a Central Multi Agency Training Database. To include attendance and Quality indicators
- Roll out of the Multi Agency Competency Based Training and Education Strategy
- Agree three year resource allocation from partners for the SAB Training and Education Strategy via LSP
- Develop a cross agency register for training requests which can be prioritised in accordance to risk
- Develop a skills gap audit based on the feedback from both Performance and Monitoring Sub Group and the Case Review Sub Group
- Develop minimum standards for awareness training for agencies operating and commissioned in the borough.
- Establish a process to allow external agencies to accredit training to the Boards minimum standards
- Achieve multi-agency agreement to mandatory training for public bodies which is linked to performance/ appraisal system.
- Integrate specific training expectations (minimum standards) into the Contract for services commissioned by LBBD and NHS Barking and Dagenham.
- Formally agree shared training arrangements across the public bodies
- Review the Training Strategy annually with the Performance Monitoring and Case Review Sub Group Chairs
- Produce a Quarterly Multi-Agency staff Safeguarding Adults bulletin which will provide useful resource links and relevant updates
- Develop a service user DVD which can be used for training
- Targeted letter to providers who have not made a Safeguarding Referral in the last 12 month cycle to offer training.

**Training Feedback:**

*“A hard topic to consider but the importance of it got across well- now know about the safeguarding team”*

*“I fully enjoyed this briefing as I find it very refreshing and rewarding because of the level of clients that I work with. I am able to make the life of my clients better with these briefings”*

*“This was very informative; I have learnt how to safeguard clients and significant things we should look for to know when people are being abused”*

*“The fact that there is a safeguarding event brings Social Services and NHS together. Excellent speakers, a wide range of information from a wide range of professional, very very good event conducive to learning”*

*“It was the best training I have received; the trainer was very knowledgeable and spoke passionately”*

## **Priority 7: Improve Safeguarding Adults aspects of Commissioning and Contracting**

**What have we achieved?**

### **Joint working with commissioners with investigations**

The SAB has stipulated that it has clear expectations of commissioner to ensure that the services they commission are appropriately safeguarding service users. Therefore work has begun to ensure that there is a Safeguarding clause in contracts, and that commissioners have a clear review tool which they can use to measure compliance against during the review of contracts. This has also included the development of an embargo notification procedure. While this work has focussed predominantly upon LBBB contract the plan is to further expand this into partner agencies through a move toward joint commissioning.

### **NHS Commissioners**

We are working with NHS Commissioners and Providers to ensure a consistent approach to alert pathways, response, decision making and accountability. We have made significant progress in supporting Safeguarding Adults work between Health and Social Care, with the appointment of dedicated Safeguarding Adults posts across health.

### **Bespoke Provider Safeguarding Adults Training Programme underway**

Following discussions with the local Provider Forum we are currently providing a large scale Safeguarding Adults Training programme to providers with some 200 members of staff due to be trained by the summer.

### **Stop Hate UK**

The Council continues to commission 'Stop Hate UK' provision in the Borough which is widely advertised, including easy read information which supports those vulnerable adults who may be victims of discriminatory based hate crime.

## **Safeguarding and Personalisation**

We have led a cross regional safeguarding and Personalisation network to facilitate cross fertilisation of ideas and to encourage joint commissioning of services where appropriate. LBBB drive this discussion through the organisation of the meetings and development of agenda. We have also locally developed a specific Safeguarding and personalisation framework.

### **Future Objectives**

- Safeguarding Leads for each provider
- Compliance monitoring mechanism re: training, vetting and barring etc
- Work with the Provider forums (NH/Residential Care, Domiciliary Care) to build and maintain supportive relationships and improve communications.
- Ensure that procurement and commissioning arrangements explicitly include considerations and clauses relation to training minimum standards (See 6.5)
- Contracts to specify that all Providers to nominate a named Safeguarding Adults Lead
- Contracts must be monitored for compliance including: Up to date Safe Employment policies; Up to date CRN policy and checks for compliance; Staff attending Safeguarding Adults training; Safeguarding Adults concerns are recorded and reported
- Targeted communication with providers who do not make any Safeguarding Referrals or DoLs requests to offer training.
- Implementation of the Safeguarding and Personalisation Work plan
- Development of Institutional Abuse Guidance
- Ensure adequate/ appropriate references to safeguarding adults with the development of the joint commissioning strategy

## 2009/10 Statistics

Case Analysis		2009/10 Totals	Totals	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
	Alerts	2009/10	492	35	24	34	45	41	38	43	44	52	39	42	47
	Referrals		477	35	24	34	45	38	38	43	44	52	39	39	46

Sex	Referrals
Male	158
Female	319
<b>Total</b>	<b>477</b>

18 - 24	25 - 34	35 - 44	45 - 64	65 - 74	75 - 84	85 +	Not Recorded
22	40	30	92	57	95	144	0

Repeat Concern/Alert
51

Complete Referrals
375

Primary Client Group	Total
Physical disability, frailty and sensory	276
Of Which: Sensory Impairment	12
Mental Health Needs (Total)	95
Of Which: Dementia	18
Learning Disability	67
Substance Misuse	5
Other Vulnerable People	34
Not Recorded	0
<b>Total</b>	<b>477</b>

Ethnicity	Total	
White	White British	403
	White Irish	14
	Traveller of Irish Heritage	0
	Gypsy/Roma	0
	Any Other White Background	6
Mixed	White and Black Caribbean	2
	White and Black African	1
	White and Asian	0
	Any Other Mixed	5
Asian or Asian British	Indian	10
	Pakistani	9
	Bangladeshi	3
	Any Other Asian Background	3
Black and Black British	Caribbean	6
	African	9
	Any Other Black Background	2
Other Ethnic Groups	Chinese	1
	Any Other Ethnic Group	3
Not Stated	Refused	0
	Information Not Yet Obtained	0
	Not Recorded	0

Source of Referral	Total
Social Care Staff	248
Of which: Domiciliary Staff	15
Residential Care Staff	54
Day Care Staff	3
Social Worker/ Care Manager	23
Other depts of LBBDD	0
Social Services Dept/ Other LA	153
Health Staff - Total	96
Health - GP	6
Health - Visitor	9
Mental Health	12
Health Hospital	23
London Ambulance Service	5
Health Other	40
Health Secondary	1
Self Referral	9
Family member	25
Friend/neighbour	9
Womens Refuge	1
Care Quality Commission	1
Housing	6
Police	20
Community Voluntary Sector	7
Other Agency	53
Not known	2

Nature of alleged abuse	18-64	65+	Total
Physical	43	83	126
Sexual	26	9	35
Emotional/psychologic	29	24	53
Financial	48	74	122
Neglect	19	83	102
Discriminatory	7	2	9
Institutional	9	21	30
Not Recorded	0	0	0

Own Home	301
Care Home - Permanent	62
Care Home with Nursing - Permanent	26
Care Home - Temporary	6
Alleged Perpetrators	6
Mental Health Inpatient Setting	1
Acute Hospital	11
Community Hospital	6
Other Health Setting	1
Supported Accommodation	13
Day Centre/Service	6
Public Place	19
Other	10
Not Known	9
<b>Not Recorded</b>	<b>0</b>

Partner	33
Other family member	78
Health Care Worker	12
Volunteer/ Befriended	0
<b>Social Care Staff Total</b>	<b>142</b>
Domiciliary Care Staff	92
Residential Care Staff	37
Day Care Staff	0
Social Worker/ Care	1
Self-Directed Care Staff	0
Other	11
Other professional	1
Other Vulnerable Adult	65
Neighbour/Friend	45
Stranger	2
Not Known	61
Other	39
<b>Not Recorded</b>	<b>0</b>

<b>Substantiated</b>	<b>86</b>
<b>Partly Substantiated</b>	<b>47</b>
<b>Not Substantiated</b>	<b>152</b>
<b>Not Determined</b>	<b>89</b>
<b>Not Recorded</b>	<b>0</b>

Christian	344
Muslim	10
Hindu	1
Sikh	9
Jewish	0
Buddhist	0
Other Religion	4
No Religion	35
Religion not stated	74
<b>Total</b>	<b>477</b>

Total Hours Per month as of 1st April - 30 April		Domiciliary Care	2009/10 Totals
946.89	14.0%	Anchor	5
N/A		Age concern	1
266.75	3.9%	Care UK	4
137.5	2.0%	Care UK (Colin Pond)	3
267.5	3.9%	Care UK (Darcy House)	2
N/A		Carers of B+D	1
794.74	11.7%	Genesis Recruitment	9
N/A		Goldborough	0
80	1.2%	Homecare + Domestic	1
0	0.0%	HDS Group - Ltd	1
363.28	5.4%	John Stanley	1
342.16	5.0%	TLC Care Services	1
N/A		Outlook Care	1
599.49	8.8%	Plan Personnel	8
982.24	14.5%	Westminster	14
6776.78	100%	<b>Total</b>	<b>52</b>

Number of Service Users	Residential / Day Care	2009/10 Totals
35	Alexander Court Care Home	6
41	Bennetts Castle Care Home	3
42	Chaseview	7
3	Cherry Orchid	1
40	Chestnut Court	12
1	Evesleigh Care Group	1
11	Fred Tibble Court	4
40	Gascolgne Residential	1
5	Greys Courts	4
23	Hanbury Court	1
28 Perm (14 Respite)	Kallar Lodge	4
N/A	King George Hospital	2
10	Lisnaveane Residential	4
22	Louise Graham House	4
26	Park View	3
N/A	Queen Hospital	6
1	Speakers Court (Scope)	1
1	Winray	2
72	William Bellamy Centre	2
	<b>Total</b>	<b>68</b>

Safeguarding Training			2009/10 Totals
PI 1	Safeguard Training	ACS Staff	80
		CDS	0
		Housing	0
		External Residential Care	7
		AB Fab	7
		Care Agencies	1
		Apprentices Safeguarding	15
		Consultation Group	25
		Learning Event - Multi Agency	10
		Tulip	20
		MPS Briefing	415
		Mencap	0
	Age Concern	200	
	DoLs	ACS Staff	60
		External Residential Care	4
		PCT	123
	MCA	Voluntary Sector	17
		ACS Staff	50
	Voluntary Sector	17	

PI 3	Staffing MPS	Established posts in the Community Safety Unit	1x DI, 4xDS, 8x DC, 14x PC, 1x Admin Officer
		Number of these vacant	2x DS, 1x PC, 1x Admin Officer
		Established 'Safeguarding Adults' posts in the Community Safety Unit	1 X DI
		Number of these vacant	N/A
		Established posts in Public Protection Desk Team	1x PS, 4x PCs, 2x civilians
		Number of these vacant	0
	Number of Police Officer's Trained	415	

Adult Safeguarding Triggers			2009/10
PI 2	ACS Staff (Social Care)	Established posts	47
		Number of vacant posts	10
		Number of these filled by agency staff	0
		Number of eligible staff with an up to date CRB check	45
		Average sickness/ Target 2009/10	14.2 / 13.62

PI 4	SAB	Number of Board members engaging in Safeguarding Adults Development sessions	204
		Number of Voluntary, private sector trained	700

Adult Safeguarding Triggers			2009/10
PI 5	Safeguarding Adults Procedure	Level 1 cases (Clients)	46 (45)
		Level 2 cases (Clients)	218 (200)
		Level 3 cases (Clients)	161 (141)
		Level 4 cases (Clients)	39 (34)
		Number of adults subject to protection plans (Clients)	226 (178)
		Number of repeat referrals within 2009/10 period (Clients)	133 (53)

PI 6	Barking and Dagenham Community Health Services	Established district nurses posts	55.30 WTE for all clinical posts (not admin)
		Number of these vacant	Approx 6 WTE
		Established tissue viability posts	1.5
		Number of these vacant	No vacancies
		Other established posts in safeguarding	1
		Number of these vacant	0

PI 7	Funding	Number of vulnerable adults funded by the borough (Total number of adult clients receiving services for period)	6429
		Number of vulnerable adults funded by NHS B&D	45 (Recorded on SWIFT)
		Number of open vulnerable adult cases- those with open allocated social workers	1862
		Number of reviews of Vulnerable Adults placements (Sum of Total of clients reviewed)	5557
		% of reviews within timescale based on D40 NI	84.93%



## Analysis of Performance

The London Borough of Barking and Dagenham Adult Community Services are charged with taking the lead role in coordinating investigations into allegations of abuse or neglect. It is their responsibility to coordinate the multi-agency response to the allegation and to ensure that all other agencies concerned respond to the need to safeguard the individual(s) concerned. Where a crime may have been committed, local authority officers work closely with the relevant police investigators.

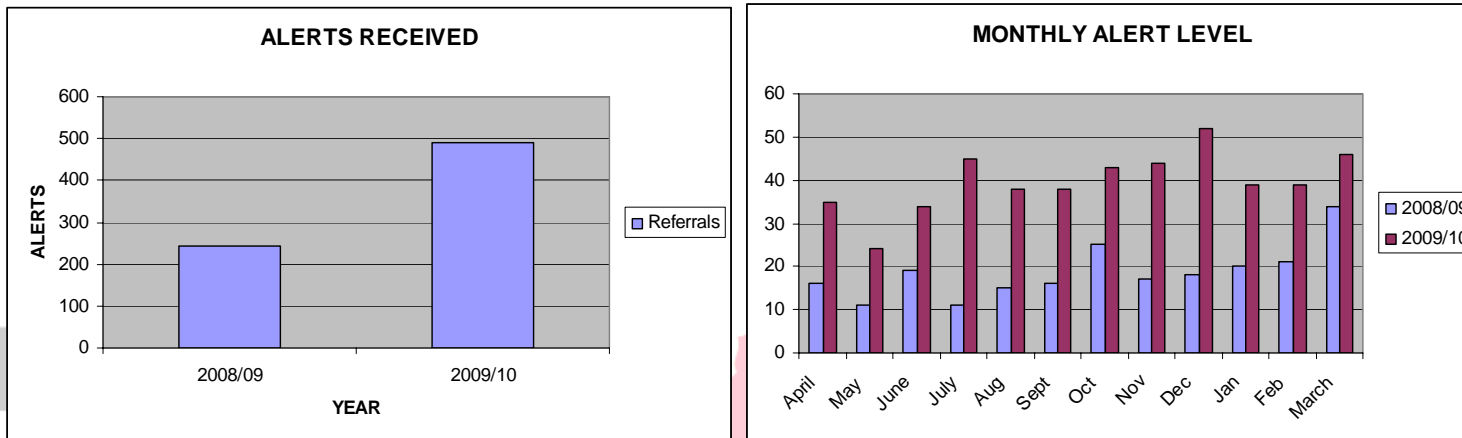
This end of year report provides in depth analysis of 2008/09 and 2009/10 data in order to measure the progress which has been made. It is expected that 'success' will be characterised by an increase in reporting levels (which will suggest increased awareness and a decrease in under-reporting); a decrease in the levels of repeat victimisation (where the same person comes to attention of agencies at the hands of the same perpetrator); an increase in referral sources (to suggest broader partnership promotion; and an increase in compliance to timeframes (to suggest that safeguarding adults procedural understanding and performance tracking is improving).

It is important to note that, in some instances, we have been unable to make direct comparisons because new performance triggers have been developed in the last 12 months. Therefore, in some instances 2009/10 will provide a baseline for future monitoring.

### Number of Safeguarding Adults Alerts

2008/09 = 243 Alerts      2009/10= 492 Alerts

The table overleaf indicates that we have achieved a 100% increase in the number of Adult Safeguarding Alerts which have been received over the last year. We do not think that this is due to a sudden increase in the prevalence of abuse and neglect in Barking and Dagenham but rather that we are more successfully identifying those at risk.

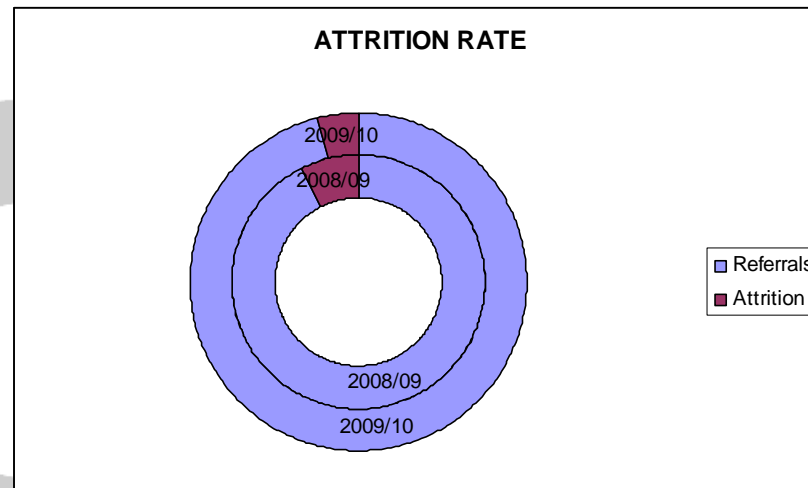


We attribute this in part to the strengthening of joint working strategically and operationally including the development of competency based training across a broader range of agencies. However, through closer analysis of the monthly levels it becomes apparent that the increase coincides encouragingly with the three phases of our 'I Care' Communication campaign in July 2009, November 2009 and December 2009. This is further corroborated by comparing the figures with that of the same three periods the year before when referrals were in decline. This gives further credence to the continuation of this campaign as a means to actively impact upon reporting levels by encouraging individuals who may not have otherwise have raised concerns to do so.

## Alerts Progressed to referral

2008/09 = 223 of 233 Progressed to referral (8% Attrition rate)

2009/10 = 477 of 492 Progressed to referral (3% Attrition rate)



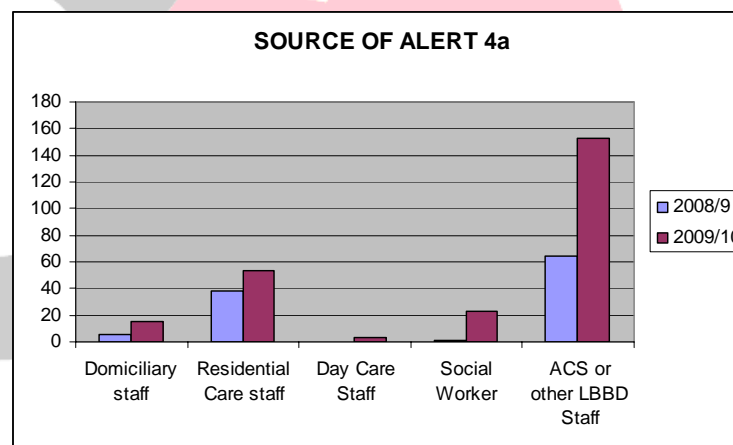
The attrition rate between the number of Alerts received and those progressed to referral in 2008/09 was 8% and in 2009/10 it has fallen to 3%. This suggests that at the point of screening the threshold for screening has altered. This is supported by the fact that significant changes have been introduced over the last twenty-four months in how we process the initial alert. In 2008/09 alerts were received via the generic Intake and Access referral route, however with the subsequent restructure we now see that the Safeguarding Adults Team has become the central referral route and we believe that the involvement of this specialist team has led to a significant lowering of the threshold for allocation to Social Work Teams for investigation. One would expect to see this type of shift as we moved from a process where the screening was conducted by care co-ordinator's to our current position where the screening is conducted by a team of Senior Practitioners specialising in Safeguarding.

The Safeguarding Adults Team has audited a sample NFAs recorded on Swift which are set out on the table below. In summary it appears that in all cases there was an appropriate rationale for all of the NFA action. Thematic reasons included where an alert has been duplicated, and where the information provided does not constitute an allegation of abuse or neglect.

<b>Client Category</b>	<b>Alleged Abuse</b>	<b>Investigating Team Manager</b>	<b>Reason for NFA</b>
Physical & Sensory Disability	Financial (Scam)	Helen Oliver	NFA recorded by Gavin Jugmohun (Safeguarding Adults Officer) because service user declined safeguarding. Safeguarding Adults Officer assessed capacity, advised client of his options and referred him for a needs assessment.
Physical & Sensory Disability	Neglect	Helen Oliver	NFA recorded by Gavin Jugmohun (Safeguarding Adults Officer) because the presenting concern was judged to require ordinary casework rather than a Safeguarding Adults response. The service user has declined to have gas central heating installed by the council and the alerter was worried about this. A needs assessment was offered.
Learning Disability	Institutional / Financial	Helen Oliver	NFA recorded by Victoria Grimwood (Safeguarding Adults Officer) because the client is placed out of borough & referral was made to Haringey Safeguarding Adults Team to coordinate safeguarding and liaise with CLDT, Commissioning & the provider. NFA outcome now replaced with 'AP - Placed outside of borough' (this new variable was recently created as a possible contact outcome).
Physical Disability	Emotional / Verbal	Clement Mawoyo	NFA recorded by Intake and Access Team because this was a duplicate alert from Queens Hospital and the concern was already being dealt with by the relevant team.
Physical Disability / Learning Disability	Neglect / Financial	Jane Norris	NFA recorded by Gavin Jugmohun (Safeguarding Adults Officer) following liaison with the key worker & his manager because the alert was screened and it was agreed that assessment and ordinary casework would be more appropriate. There appears to have been appropriate rationale for this decision (the situation being described was one of need not abuse or neglect). The contact reason has been changed to 'receipt of information'.
Physical	Neglect	Helen Oliver	NFA recorded by Gavin Jugmohun (Safeguarding Adults Officer) because the

& Sensory Disability			information related to a single missed call from a carer and no harm was occasioned. Contacts monitoring and provider informed.
Mental Health	Financial / Physical	Helen Oliver	NFA recorded by Gavin Jugmohun (Safeguarding Adults Officer) because this was a duplicate alert from Queens Hospital and the concern was already being dealt with by the relevant team.
Physical & Sensory Disability	Neglect	Helen Oliver	NFA recorded by Fariha Mughal (Safeguarding Adults Officer) because this was a duplicate alert received both from LAS & Grays Court and the concern was already being dealt with by the relevant team.

### Analysis of Referral Source

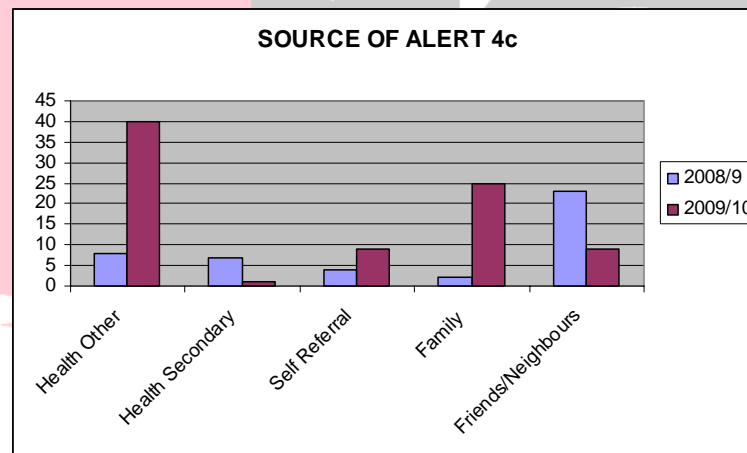
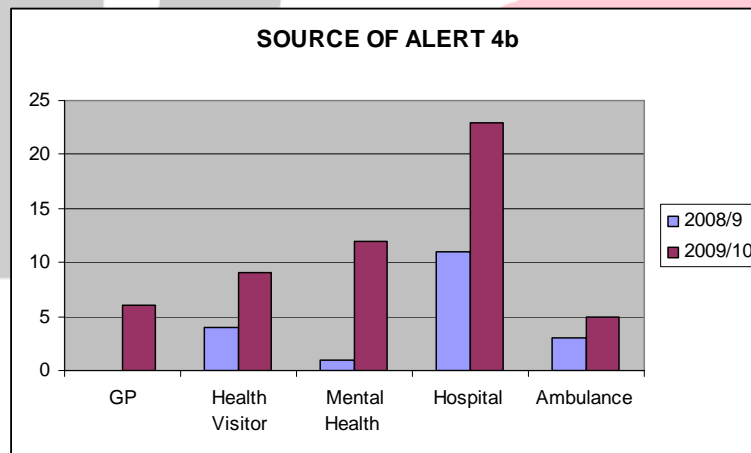


In 2008/09 the largest percentage of referrals originated from ACS/LBBB this indicates that safeguarding was well embedded corporately by the Local Authority. This corporate mainstreaming appears to be further enhanced in 2009/10 as we have seen an additional 3% increase. 2008/09 figures show that 20% of Alerts originated from staff within Residential Care Homes this is in keeping with an emphasis which was historically placed upon institutional abuse. For example during this time training was predominantly offered to and taken up by Residential Care Staff because of our take-up of block contracts. However with our move towards personalisation our stance has shifted to cultivate greater awareness for service users living in different settings and also

we acknowledge that we need to widen our focus towards other vulnerable groups as predominantly residential homes cater for the elderly and frail. This is reflected in 2009/10 flattening of referrals from residential homes which now make up just 11% of our referral sources.

Figures for 2008/09 to 2009/10 also reflect the progress being made in relation to Social Workers themselves alerting the Safeguarding Adults Team to concerns where we have gone from 1 alert in 2008/09 to 23 in 2009/10, while this level remains low it is encouraging to see that social workers are now placing an emphasis upon sharing concerns formally as opposed to taking a reactive stance or dealing with it outside of safeguarding procedures.

It is disappointing that our level of referrals from day centres has not increased more markedly as at the start of 2009 we invested significant resources in training all the staff in one of our provider services, however in the intervening period this service has gone into administration and so the early increase in referrals appears to have tapered off. The introduction of the DIGNIFY model has been introduced in an effort to improve in this area.



A key issue which comes to light through analysis of Table 4b and 4c are the limitations of the data that we had originally collected. For example it is clear that until recently staff were not able to distinguish the specific health agency from which referrals originate. As a consequence though we see a significant number being recorded as Health Other. This aside though both Tables 4a and 4c

depict an encouraging increase in the number of Alerts that we now receive from colleagues in Health (20%). There is little doubt that this increase is attributable to a significant increase in joint working across Health and Social Care and in particular the introduction of specialist Safeguarding Adult posts across the Health economy.

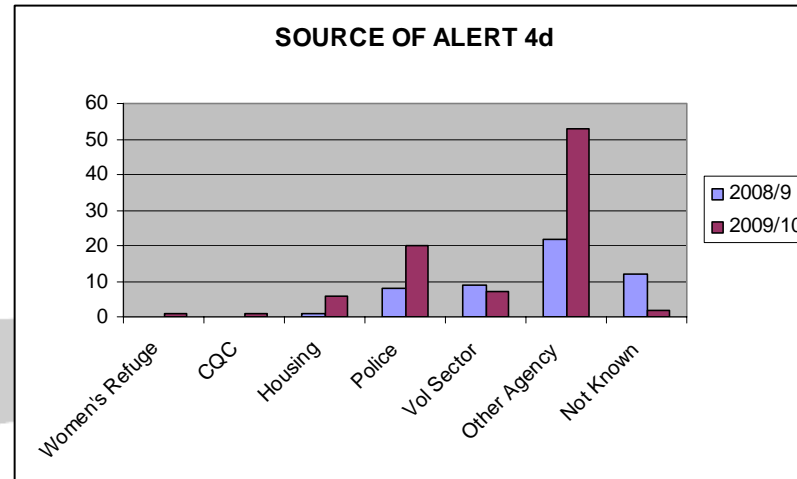
Perhaps most stark is the significant increase that we have seen from colleagues in Mental Health. We believe that this is in response to a combination of increased senior leadership by NELFT together with the introduction of operational safeguarding leads in each team which are supported by the new Safeguarding Team who are on hand to provide support and training.

Table 4c shows us that the success of the 'I Care' campaign has not been due to an increase in referrals from neighbours and/or friends referring concerns as we had expected- where we have in fact seen Alert Sources deplete. Rather, the data shows that we have seen a significant increase in the referrals from families- from less than 1% of all Alerts in 2008/09 to 5% of all Alerts in 2009/10.

Upon reflection it is felt that while the 'I Care' message was designed to encourage all individuals to think about those who are vulnerable in their communities it is likely to be most pertinent to those who are already involved with vulnerable adults.

We recognise that to be truly preventative we need to encourage service users themselves to raise the concern rather than a third party. Table 4c shows that the level of Self Referrals from 2008/09 and 2009/10 has remained consistently low at around 2%. This indicates that there is still significant work to be done to convey the benefits and options available to service users. We suspect that self-referral levels are low across the country for a number of reasons;

- Firstly victims of abuse face many barriers in disclosing abuse which are compounded by additional vulnerabilities and risks where the service user is dependent upon the person perpetrating the abuse,
- We also believe that service users often lack faith in the responses that are on offer from statutory agencies, for examples there is often anxiety associated with disclosing abuse to social services or the police through fear that it may lead to a loss of independence and control of the matter.
- Finally, we also recognise that some service users will not recognise that what they are experiencing is abuse or neglect.

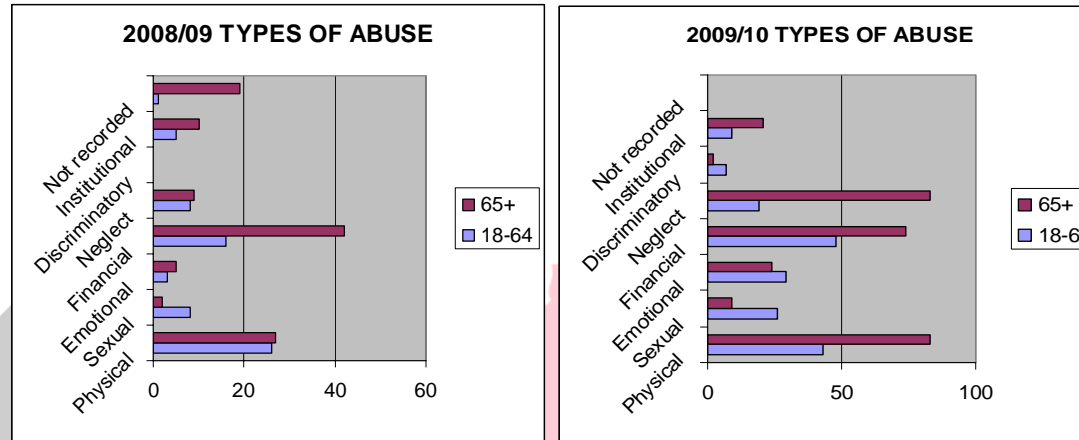


From analysis of Table 4d we can see that the referrals from Housing, Police, CQC, and the Domestic Violence Sector are on the increase. We believe that this is due to the strengthening of partnership links through the work of the Safeguarding Adults Board and operationally through the work of the Safeguarding Adults Team. However, perhaps more worrying is that we appear to be receiving a lower percentage of referrals from our colleagues in the voluntary sector. This is an area of work which we will prioritise this year. Again, what is evident from Table 4d is that there are limitations to analysis due to the way that some referral sources have been recorded on SWIFT in respect to those recorded as 'Other' agency. However, what is clear is that 2009/10 data shows a convincing increase in referrals recorded under this tab. Again we intend to ask the Performance Monitoring Subgroup of the Safeguarding Adults Board to unpick which agencies are meant by this tab so that we can better analyse gaps etc.

Finally we also see that those referrals sources which are logged as 'Unknown' are decreasing this is most likely to reflect improvements to the SWIFT selections rather than a particular decrease in anonymous alerts. However, this too will be an issue which we will ask the Performance Monitoring Subgroup of the Safeguarding Adults Board to unpick.



## Types of Abuse



The tables above indicate that in 2009/10 there have not been any alerts which are recorded as 'unrecorded' types of abuse. This supports us in our assertion that recording practice has improved through our introduction of intensive performance monitoring.

We see that institutional abuse has remained steady which indicates that we continue to have good links to residential and nursing homes.

We have seen an increase in the reporting of abuse where Discriminatory abuse is alleged as the primary type of abuse. We believe that this due to the increase in awareness around Hate Crime through the improved partnership arrangements with colleagues Community Safety.

The data also demonstrated that we have seen the number of alerts where 'Neglect' is seen as the primary safeguarding concern rise from 9% in 2008/09 to 21% in 2009/10. This indicates that we are successfully intervening to prevent abuse and indeed suggests that our workforce has become more skilled in recognising the early indicators of abuse through training and support. However, we must also note that while reporting of neglect amongst older people has increased those for 18-64 remain fairly static. This may be due to the number of elderly residents dependent upon care in the borough however it may also be due to a lack of

engagement with younger service users so again this is another area which requires further analysis by the Safeguarding Adults Board Performance and Monitoring Subgroup.

The data in relation to 'Financial' abuse appears to validate our concerns around the economic downturn in 2008/09 in that we appear to have experienced an increase during the economic downturn and a decrease now in financial abuse allegations from 32% in 2008/09 to 25% in 2009/10. Again this is a hypothesis which we intend to test through the work of the Performance and Monitoring Subgroup in weeks to come through closer analysis of pre-recession alert levels.

What is also apparent is that we have seen an increase in the reporting of financial abuse of those individuals aged 18-64 in 2009/10. This may suggest that personal budgets (which appear to be predominantly preferred by younger people) may need to be better safeguarded. As always referral levels are a double edged sword though as alternatively it may be that we are collectively having more success in communicating with this group and encouraging them to disclose. Again, this is a hypothesis which we intend to defer to the Performance and Monitoring Subgroup.

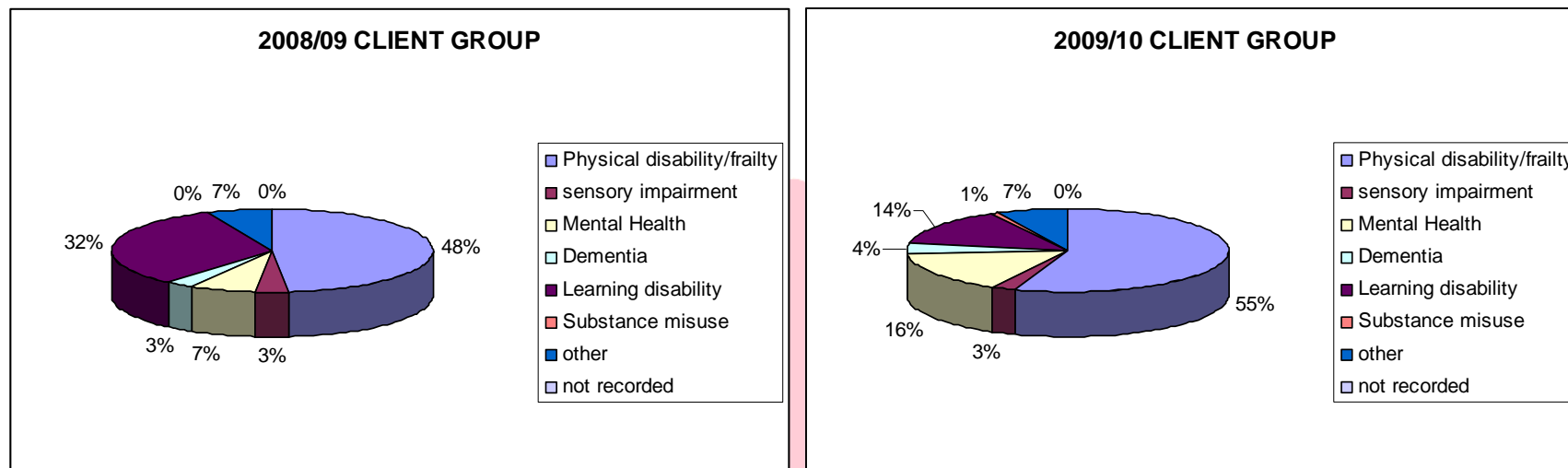
The figures in relation to 'Emotional Abuse' show that we have seen a significant increase in the reporting of emotional abuse, in particular against those aged 18-64. We believe that this is as a result of increased awareness by staff around the definition of abuse and indicates that there exists a sophisticated understanding of the manifestations of abuse in the borough. This may also indicate that the threshold has decreased slightly from years gone by. However either way we are pleased to report this increase to the board.

The level of reporting of 'Sexual Abuse' has remained fairly static proportionally but increased as a reflection of the overall increase in the number of referrals. One would expect this to be the case as 'sexual abuse' is an issue which professionals and individuals alike feel compelled to alert people too regardless of their knowledge of the operational processes and procedures in place.

Finally, the reporting of 'Physical Abuse' as the primary safeguarding concern has changed significantly. In 2008/09 we saw fairly level reporting from those 18-64 and those who were 64+. In 2009/10 we see a surge in reports from elderly service users. While we can not categorically determine why this might have occurred a central focus of our 'I Care' campaign has been in relation to elderly people through World Elder Abuse Awareness Initiatives and we wonder whether this is the cause.

We also recognise that in this borough there are limited institutional settings for non-elderly service users so again this may have skewed these figures. Once again, we will defer this analysis to the Performance and Monitoring Subgroup to monitor and unpick.

### Primary Client Group

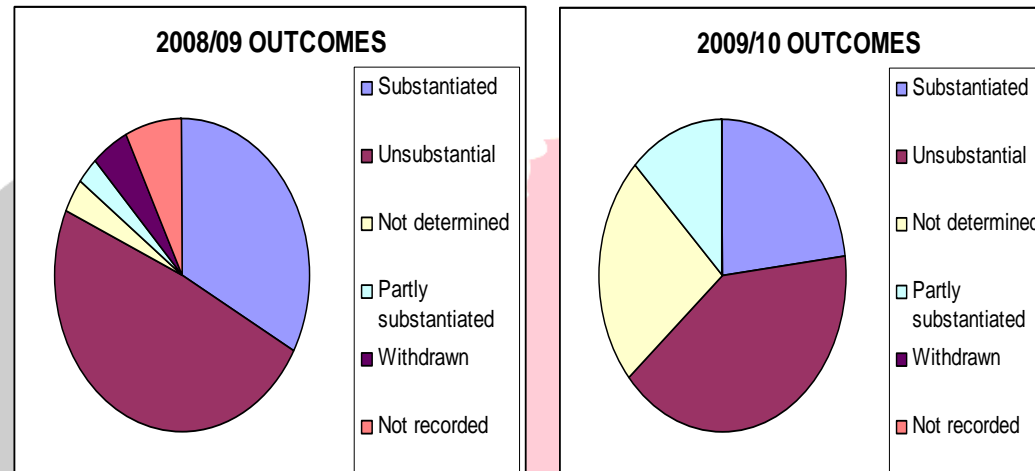


Between 2008/09 and 2009/10 we have seen an increase in the alert rate for individuals with Physical Disabilities/frailty and of clients with Mental Health as their primary vulnerability. Targeted work with Learning disability services is underway including work to develop accessible public information and the provision of bespoke training sessions for service users with learning disabilities.

Those clients classified with either a physical disability or sensory impairment accounted for the largest number of alerts received for 2009/10 with 58%. This was followed by those classified with a Mental Health need at 20% and then a learning disability with 14%. This is comparable to the total number of adult social care clients receiving services for 2008/09. With 52% classified with a physical disability or sensory impairment, 19% with a Mental Health need and 20% for those with a learning disability.

## Investigation Outcomes

The classifications for outcomes changed in 2009/10 as we added substantiated, and not determined, while removing NFA and Client Withdrawn. Therefore analysis is difficult however please see below tables which depict the outcomes.



'Substantiated'- We see from the figures available that substantiated outcomes have decrease from 2008/09 (33%) to 2009/10 (23%), we believe that this may be because our threshold for Safeguarding has lowered and in addition we are experiencing a 50% increase in the number of referrals. However, it can not be discounted that this may indicate that Investigators evidence threshold exceeds a 'balance of probability' judgement in favour of a 'beyond all reasonable doubt' level. This will continue to be addressed through Safeguarding Adults Board Training and Education Subgroup alongside the continued provision of advice and support from the Safeguarding Adults Team to those investigating allegations.

'Unsubstantiated'- What we are able to see in these figures is that we have seen a decrease in the number of cases that we unsubstantiated in 2008/09 (48%) to those deemed to be unsubstantiated in 2009/10 (40%). This shift may be due to either investigators being clearer about outcomes because they are achieving more comprehensive investigations or adversely it may be that we are receiving more inappropriate Alerts.

'Not determined'- There has been a significant increase in the proportion of those cases deemed to be 'not determined' from 4% in 2008/09 to 24% in 2009/10. We would expect to see this increase because we have actively encouraged professionals and other third parties to raise concerns about service users. This suggests that as a consequence we are seeing more occasions where service users have not corroborated the concern but where perhaps professionals are not comfortable to state categorically that it is 'not substantiated'. As highlighted in section 4 there are many reasons why service users would choose to either deny or withdraw from the procedures. In addition this increase supports the assertion that over the last 12 months the thresholds have lowered for alerts; it also supports the argument that we need to continue to reinforce the 'balance of probability' level of evidence which is required for an outcome.

'Partially substantiated'- we have seen a significant 10% increase in those cases which are deemed to be 'partially substantiated'. This may suggest that some cases are more multifaceted than in previous years as this is the option which Investigators choose where there is a suspicion that the allegation is substantiated but where the evidence may not be available. This particular option has been used quite frequently in some of the health based safeguarding Alerts where clinical decisions have not been recorded but where a Health Professional has stated that a course of action was taken.

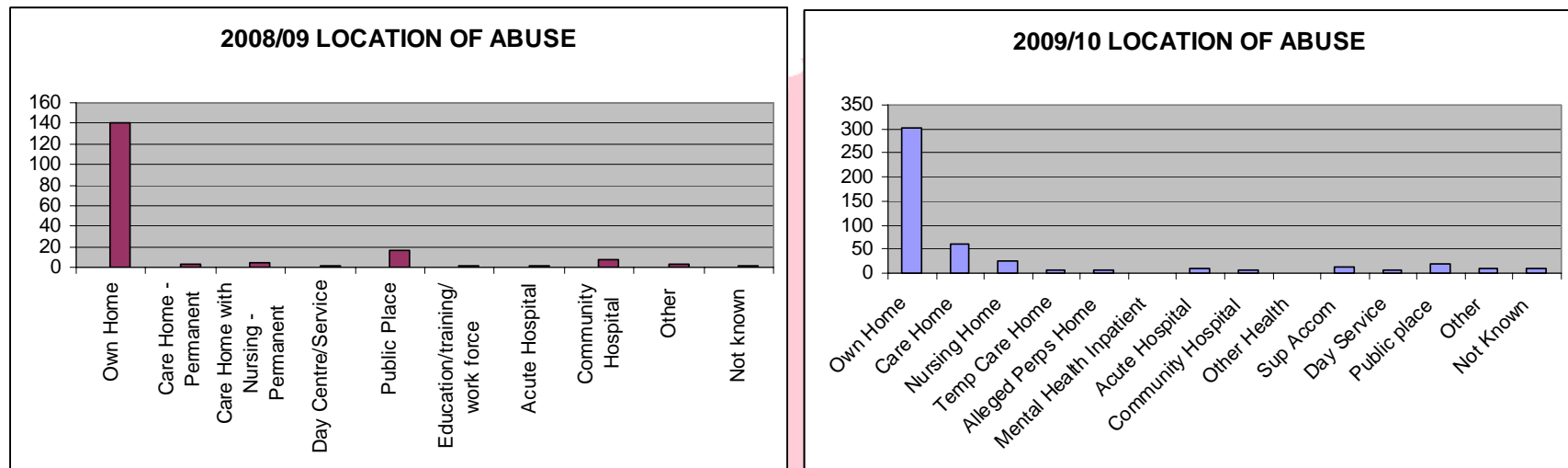
'Withdrawn'- As stated at the start of this section it is not possible to breakdown the 'Withdrawn levels' because after careful consideration the decision was made to remove this tab- to act as an incentive for professionals to continue to attempt to reach a conclusion, based on balance of probability and offer protective measures to clients- even when vulnerable adults withdraw.

### **Ethnicity of Service Users**

Anyone can be a victim of abuse regardless of race or ethnicity. However, we recognise that those individuals aged 80 and above are most at risk of abuse and neglect and predominantly the BME population is younger in this borough- this is reflected in the number of alerts received for 2009/10 where 89% of alerts are for White service users. In 2009 there were projected to be 20,971 over 65s of which the white population was 19,457, giving a white percentage of 92.8%, therefore white people are slightly under-represented in our referral level. A profile of other victim's show that the second highest proportion of referrals were Asian or Asian British background followed by Black or Black British with.

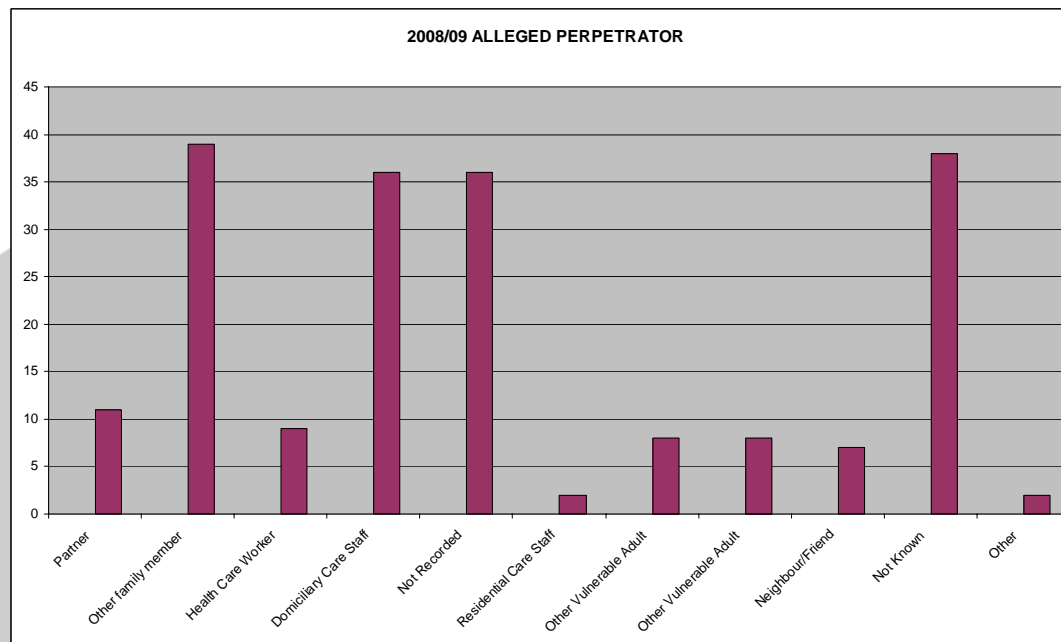
We recognise that certain ethnic groups may be more vulnerable to particular manifestations of abuse. For example harmful cultural practices such as forced marriage, 'so called honour based violence' and female genital mutilation will disproportionately affect certain groups within our community. Therefore it is important that we work in a meaningful way with groups to improve the accessibility of our message to them. It is for this reason that the Safeguarding Adults Board has incorporated this into its strategy.

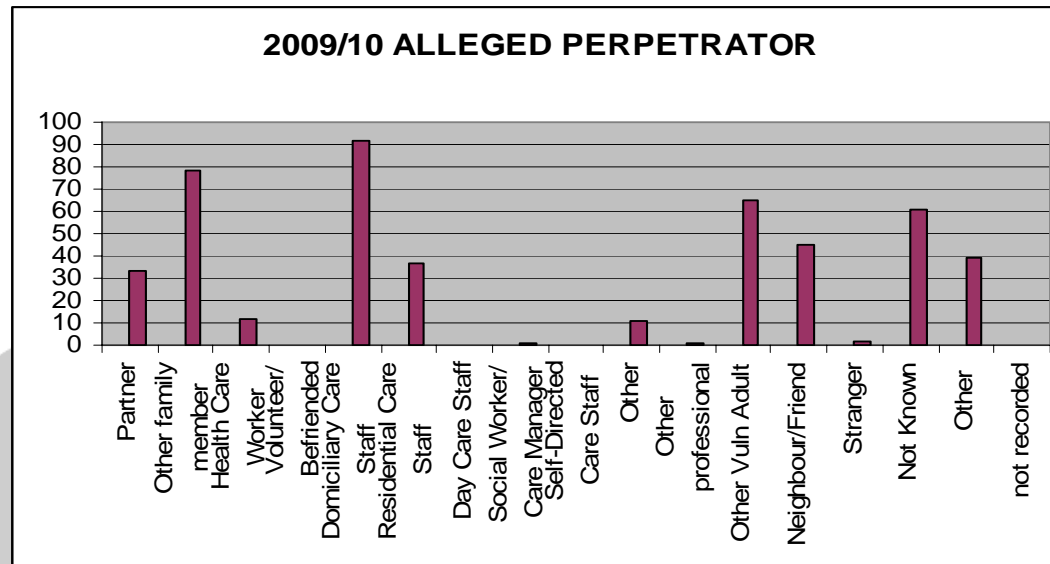
### Location of alleged abuse



The location of alleged abuse in 2009/10 showed that the majority of abuse took place within the home with 63%. This was followed by a care home setting with 18% and the remainder making up less than 4% each. This may support the assertion that Vulnerable Adults, are at a higher risk of abuse where they are isolated in the community. This gives us credence in relation to ensuring that personalisation embeds safeguarding into its processes as many people will decide to live as independently as they can in the community. As with all abuse statistic reporting levels are a double edged sword and we are never able to categorically conclude that if we receive alerts from agencies it is a good thing- because reporting structures are in place to recognise; or it's a bad thing- because more abuse is happening. However, we would have expected that we would have received a higher level of alerts from across agencies.

## Relationship of alleged perpetrator





We are able to analyse 2009/10 figures with greater ease than that of 2008/09 because the 'not recorded' level has reduced significantly. We also note that in 2009/10 we have seen a percentage decrease in relation to the Anonymous 'Not known' this may suggest that people feel less able to share information anonymously- perhaps due to training or indeed communication after the last year.

This data corroborates the assertion that the myth that abuse is caused by strangers is unfounded as we see very low levels of alerts where this is alleged to be the case. Rather the abuser is much more likely to be known to the victim. This data demonstrates that the abuser is more often a partner, family member or carer. This again allows us to draw parallels with research around domestic abuse- whereby we know for example that women who have disabilities are twice as likely to be the victim of domestic abuse and are twice as likely to be victims of partner/family related sexual abuse, than non disabled women.



### Adult safeguarding triggers/ levels reached- protection plan

While we are unable to compare this years triggers to last years, as they are newly introduced, please see below data in relation to the number of cases which have progressed through the various stages to Protection Plan at Case Conference.

	2008/09	2009/10
<b>Level 1 Cases (Clients)</b>	57 (55)	46 (45)
<b>Level 2 Cases (Clients)</b>	78 (69)	218 (200)
<b>Level 3 Cases (Clients)</b>	30 (30)	161 (141)
<b>Level 4 Cases (Clients)</b>	15 (14)	39 (34)
<b>Protection Plans in place</b>	Data not available	226 (178)

From analysis of the comparable data we can see that there has been a significant shift in threshold over the last year- in 2008/09 25% of cases were disposed of as Level 1 this has reduced in 2009/10 to just 10%. In 2008/09 34% of cases were deemed to be level 2 and thus required a provider report however this has increased in 2009/10 to 45% of cases. Similarly we have also seen an increase in those being deemed to be level 3 and 4 (thus requiring Formal Safeguarding Procedures to be activated) from 20% in 2008/09 to 41% in 2009/10.

### Repeat alerts

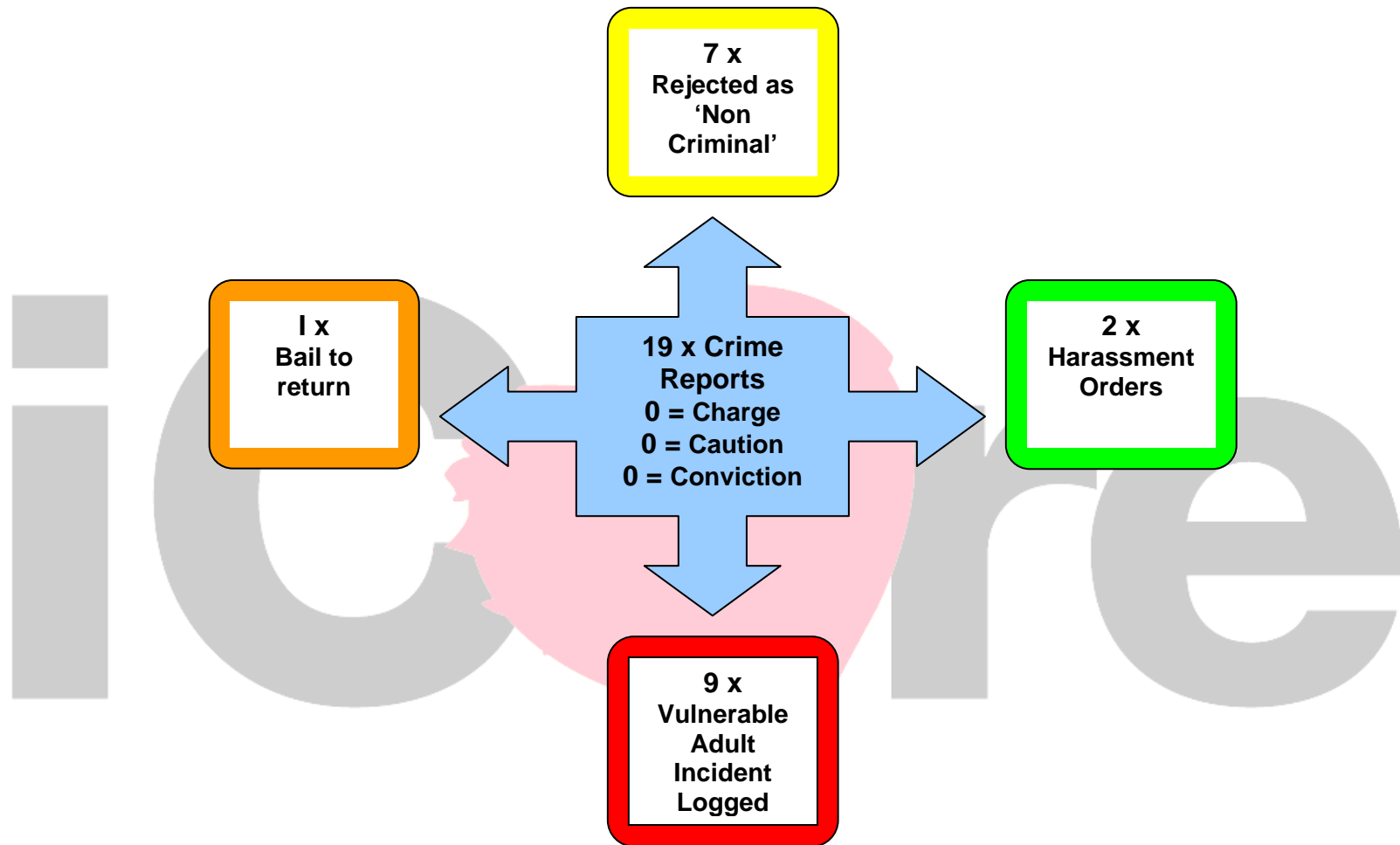
While data is not available to compare 2008/09 figures with 2009/10 figures we have a baseline of 11% for Repeat Referrals presently. When we compare this to the closest reference we have of repeat victimisation for wider domestic abuse the target nationally is 28% (NI 32) we therefore see that our levels are very low. This is encouraging however we must remember that repeat victimisation can act as a perverse incentive when working with abuse, because while it may indicate that responses are preventing repeat incidents of abuse it may also suggest that services are not responding effectively to people the first time and so they are deterred from reporting future incidents. Further analysis needs to be done by the Performance & Monitoring Subgroup to unpick these complexities.

## Criminal Investigations Snap Shot

As with most manifestations of abuse the attrition rate of cases through the Criminal Justice system is often high. This is often due to an emphasis, rightly or wrongly, which is placed on victims to testify, however what we also know victims often withdraw their statements because they are frightened. Therefore, based on some of the lessons learned from the 'Specialist Domestic Violence Court model' we will be continuing to work with our colleagues across the criminal justice sector to improve the quality of evidence retrieved from alternative sources and also to ensure that the appropriate level of specialist support and special measures are afforded to vulnerable witnesses throughout the process.

Until recently we were not routinely furnished with detailed police data, however through the introduction of a dedicated police Safeguarding Co-ordinator this is now available and we are, as a consequence, more able to analyse criminal outcomes for victims. While we acknowledge that the figures below are for the period 16<sup>th</sup> April 2010 to 8 June 2010 they provide a snapshot of activity.

Total Number of reports sent by Police to LBBB Safeguarding Adults Team	11
Total Number of referrals received from LBBB Safeguarding Team	31
Crimint Entries Only (Soft Intelligence)	5
Crime Reports	19





## Conclusion

This Annual Report reveals that the past year has been extremely productive for the Barking and Dagenham Safeguarding Adults Board, thanks to the continued commitment of its partners to develop services in the area. In particular, rather surprisingly for a country facing its worst economic crisis in decades, there has been an unprecedented level of growth with the appointment of dedicated posts to lead this work within many of the public agencies. This is testament to the priority being afforded to this hugely important area of work. As a result vulnerable adults in Barking and Dagenham are arguably being protected more effectively than ever before.

This Annual report has presented us with an opportunity to celebrate the achievements over the last twelve months whilst also setting out our plan of action for the next twelve months. In addition, we acknowledge that Safeguarding Adults is an extremely dynamic area of business and we envisage that our work is likely to be given further momentum by the publication of Pan London Procedures along with guidance in relation to legislative change. We very much welcome this new guidance and look forward to the opportunities ahead to further refine our systems to safeguard adults in Barking and Dagenham.

