

Derby and Derbyshire

Safeguarding Vulnerable Adults Partnership

Report 2008/9

Membership

The Partnership includes representatives of the chief executives of:

Derby City Council
Derbyshire County Council
Care Quality Commission
Crown Prosecution Service
Derbyshire Police
Derbyshire Probation
Derbyshire Fire and Rescue Service
Strategic Health Authority
Derbyshire County Primary Care Trust
Derbyshire Community Health Services
Derbyshire Learning Disability Partnership
Derbyshire Mental Health Services Trust
Department of Work and Pensions
NHS Trusts
Derby Hospitals NHS Foundation Trust
NHS Derby City
Tameside and Glossop Primary Care Trust
Derbyshire Advocacy
Derbyshire Rape Crisis
Derbyshire Victim Support
Housing Trusts
North Derbyshire Voluntary Action
Age Concern Derby & Derbyshire
The Westwick Group (Independent Care Provider)
Amber Valley Housing
Caring Hands (Independent Care Provider)
Derbyshire Centre for Inclusive Living

The above membership of the Partnership ensures representation, from advocacy, voluntary and independent agencies. It consults with strategic partnerships responsible for the provision or coordination of community safety, health care, social care, supported housing and criminal justice.

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Introduction

Introduction from Mary McElvaney, Partnership Chair

Members of the Derby and Derbyshire Safeguarding Vulnerable Adult Partnership have continued to strive towards promoting the importance of Safeguarding Vulnerable People by the work undertaken within their individual organisations. We have continued to have strong representation from agency representatives throughout Derby City and Derbyshire County Council's area.

During the year we have concentrated upon sharing information between partner agencies in respect of individual developments and learning within services to improve the safety of vulnerable people within our communities. We have included within our scope wider community safety initiatives including the increasing of the awareness of the existence of hate crime and have also given consideration to issues of illegal money lending to vulnerable adults.

In this time we have seen the fruits of the investments made by partner agencies enhancing capacity by increased staffing which is enabling increasing partnership work within the City and the County.

During the year we also made a contribution to the consultation exercise undertaken by the Government on the 'No Secrets' document and it was a positive exercise which validated the commitment of all partners to the continued safety of vulnerable adults.

We await the findings of this consultation process with interest.

This report describes the impact and extent of the problem of adult abuse and neglect in Derby and Derbyshire. The report describes the activity taken during 2008 -09 to safeguard vulnerable adults and the Partnerships strategy to build on the work of the Partnership to enhance safeguarding in this year 2009 - 2010.

The report is addressed to local people, including vulnerable adults and their carers, advocates, professionals for Health and Social Care, housing agencies and criminal justice agencies. It will be provided to the Elected Council Members, executive managers for all partner agencies and to strategic partnerships which have responsibility for the safety, health and well being of vulnerable groups.

Joint working arrangements to protect vulnerable adults have been in operation in Derby and Derbyshire since 1993. The Derbyshire Adult Protection Committee was formed in November 2001. In July 2006 the Committee was reconfigured as the Safeguarding Vulnerable Adults Partnership with representation from local health and social care commissioners and providers, health and social care regulators and criminal justice agencies.

This is the sixth annual report of the Derby and Derbyshire Safeguarding Vulnerable Adults Partnership as required by "No Secrets: Guidance on Developing and Implementing Multi Agency Policies and Procedures to Protect Vulnerable Adults from Abuse" issued by the Home Office and Department of Health.

Improving Safeguarding Arrangements

In both Derby and Derbyshire higher levels of substantiated abuse and neglect have been identified and referred for action with increasing numbers of safeguarding measures being taken. This has been occurring alongside the investment made in several statutory agencies in new posts and procedures.

In November 2008 in line with "Safeguarding Adults: A National Framework of Standards for Good Practice and Outcomes in Adult Protection Work" (October 2005) an additional annual review of the "Safeguarding Adults Policy and Procedures" has been completed. The review involved key partner agencies and their contribution is recognized in the revised document. The policy and procedures now includes guidance concerning forced marriage, vulnerable adults involved in prostitution, self directed care, major and complex investigations, the need to address the safety of those who are not found to be "vulnerable" under the procedures and the full implementation of the Mental Capacity Act, domestic abuse Multi Agency Risk Assessment Conferences (MARACs) and the Multi Agency Public Protection Arrangements (MAPPA).

The terms of reference for the Safeguarding Partnership have been reviewed and now specify the accountability of the partnership. The terms of reference of the Quality Assurance Sub Committee have been reviewed to include the sub committee's role in drafting the safeguarding adults policy and procedure. Its remit has been extended to evaluating monitoring information and a support role in drafting future annual reports.

Derby Hospitals NHS Foundation Trust, Derbyshire Police, Derbyshire Community Health Services, Learning Disability Partnership and the Derbyshire County PCT (Continuing Care) have completed the audit of the arrangements in their own organisation for safeguarding vulnerable adults as required by "Safeguarding Adults: A National Framework of Standards for Good Practice and Outcomes in Adult Protection Work" (October 2005). The audit concentrates on those organisational and human resource issues that lessen the likelihood of abuse or neglect occurring. It also considers identification reporting and prevention of abuse.

The partnership is fully engaged with the East Midlands Safeguarding Joint Improvement Partnership and has specifically stimulated a conference and planned project work to promote good practice for safeguarding regarding vulnerable prisoners.

Much of the activity of the partnership in the second part of the year has focused on evaluating local arrangements against the requirements of "Safeguarding Adults: A Study of the Effectiveness of Arrangements to Safeguard Adults from Abuse". This was published by the Commission for Social Care Inspection (CSCI) in November 2008 and presented to the partnership by CSCI at its January meeting. Both local authorities have completed an evaluation and action plan detailed in appendix three.

Early results from the action plan for the partnership include a new easy read version of the existing public information leaflet, new publicity poster and revised public information leaflet referral forms and staff briefing cards. These will inform a publicity

campaign planned for autumn 2009 to promote zero tolerance towards abuse and neglect and further raise the likelihood that abuse and neglect is referred into procedures and prevented.

From the last annual report the key developments planned for the partnership during 2008/09 to improve the safeguarding of vulnerable adults are detailed below with a report on progress:

- **Key Development:** Integrate the revised arrangements for police referrals and investigation within the Public Protection Unit within joint safeguarding arrangements.

Progress: The Derbyshire Constabulary has developed their service arrangements for vulnerable adults. The Safeguarding Policy and Procedures now include the Derbyshire Police Operational Guidance for addressing safeguarding vulnerable adults within the Derbyshire Constabulary. Development in relation to ensure safeguarding referrals from police officers are appropriately referred to the Local Authorities or Derbyshire Mental Health Services within timescales is ongoing. This will promote access to services which will assist in preventing re-victimisation.

- **Key Development:** Ensure safeguarding arrangements support and are supported by the implementation of the Deprivation of Liberty Safeguards and Vetting and Barring legislation.

Progress: The Safeguarding Policy and Procedures now address the need to make an alert and referral where there is unauthorised deprivation of liberty. Both local authorities have addressed safeguarding issues triggered by such alerts. The partnership will ensure all agencies are briefed about their responsibilities as part of the implementation of the Vetting and Barring legislation in October 2010 including the role of the new Independent Safeguarding Authority. Derby City Council has formed a Corporate Safeguarding group to specifically plan its response to safeguarding issues including the Vetting and Barring Legislation.

- **Key Development:** Review monitoring systems in light of Strategic Information Group on Adult Social Care (SIGASC) national monitoring project which is due to report this year.

Progress: National implementation of the revised monitoring categories has now been published for implementation in October 2009. Where these categories are additional to the current monitoring requirements they will be added to monitoring systems in the local authorities and Derbyshire Mental Health Services. The Derby City Safeguarding Vulnerable Adults Performance Improvement Forum has agreed key performance indicators for its partner members.

- **Key Development:** Implement lessons learnt from inspections completed of safeguarding arrangements in other areas of the country

Progress: An evaluation and action plan has been completed by both Local Authorities with several actions implemented against the CSCI "Safeguarding

Adults: A Study of the Effectiveness of Arrangements to Safeguard Adults from Abuse” November 2008. This is attached as appendix three. It includes lessons learnt to ensure community safety services meet the distinct needs of vulnerable groups and that all users of services and those that make their own arrangements are routinely informed of how to get assistance if they have worries or concerns about abuse or neglect.

- **Key Development:** Reduce the re-victimisation of vulnerable adults through the further improvement of joint safeguarding arrangements. This includes the development of guidance to assist agencies to provide relevant safeguarding assessments to case conferences and the use of a specialist independent chair for safeguarding strategy meetings and case conferences.

Progress Both Derby and Derbyshire Local Area Agreements have adopted National Indicator 32 (Repeat incidents of domestic violence) as a local indicator in agreement with the Government of the East Midlands. Both Local Authorities have introduced specific templates for risk assessment and safeguarding meetings. Derbyshire County Council has appointed a service manager to provide a specialist independent chair for complex cases. This has contributed to better co-ordination of safeguarding arrangements with greater access to safety measures.

Re-victimisation following a safeguarding conference is now measured as part of both Local Authorities service plans.

- **Key Development:** Address how appropriate safeguarding measures can be provided to the increasing numbers of people who will be purchasing their own support through individualised budgets.

Progress: The Safeguarding Policy and Procedures have been reviewed to address the potential for a higher risk of financial abuse because of increased numbers of vulnerable adults using direct payments. This includes addressing the complex issue of where the possible vulnerable victim of abuse is also (through direct payments or self funding) the employer of the alleged perpetrator. Both Local Authorities are ensuring that the likelihood of abuse or neglect is reduced through the personalisation of adult care required by “Putting People First”. Measures include ensuring risk assessments address safeguarding in helping people decide on how best to manage support arrangements and accrediting possible providers of support services as “trusted traders”.

- **Key Development:** Fully participate in the national review of “No Secrets”.

Progress: The Partnership provided feedback (appendix seven) as part of the consultation in the review and supported the East Midlands Safeguarding Joint Improvement Partnership consultation events.

- **Key Development:** Address further the safeguarding requirements of those groups who may not currently be defined as “vulnerable” within the Safeguarding Vulnerable Adults Policy and Procedures

Progress: The revised policy and procedures, public information leaflet and staff briefing card now provides direction and guidance to ensure all victims of neglect and abuse are provided with information and services to enhance safety.

- **Key Development:** Fully engage with Safer Communities and Health and Well Being initiatives to prevent abuse and neglect

Progress: The Partnership's work is increasingly the means by which wider community safety initiatives (domestic abuse and hate crime initiatives for example) address the diverse needs of older and disabled people. The Partnership is now accountable both to partner organisations but also Local Area Agreement partnerships for community safety and health and wellbeing. The partnership participated in a joint meeting of the Derbyshire Safer Communities Board and Health and Well Being Partnership to look at the safety needs of vulnerable adults

In addition the following key developments are planned for the partnership during 2009/10 to improve the safeguarding of vulnerable adults are detailed below:

- Address the implementation of the Safeguarding Vulnerable Groups Act (2006) from October 2009 including the introduction of the vetting and barring scheme by the Independent Safeguarding Authority
- Review the implementation of actions required from the partnership self assessments and the action plan derived from the CSCI "Safeguarding Adults: A Study of the Effectiveness of Arrangements to Safeguard Adults from Abuse" November 2008
- Fully engage with the planned CQC Inspection of Adult Social Care in Derbyshire which will include safeguarding services. This is planned to occur between September 2009 and March 2010
- Engage with the work of the East Midlands Safeguarding Joint Improvement Partnership
- Promote zero tolerance of abuse and neglect and public reporting through a publicity campaign based on the revised public information leaflets and posters
- Continue to inform the developments in implementing "Putting People First" and to address safeguarding implications as they arise
- Address the implications of statutory partners equality impact assessments concerning areas of work impacting on safeguarding adults
- Make better use of feedback from vulnerable adults, informal carers and other members of the public as to the effectiveness of safeguarding arrangements through information available to advocacy partner agencies and feedback surveys

- Ensure representation of the views on the partnership of District Councils who are part of multi agency public protection arrangements. This will also address the need to engage better with housing agencies
- Provide better information on the numbers and needs of vulnerable adults who are victims of abuse but are also carers or have substance misuse problems
- Convene the annual conference with the aim of enhancing safeguarding arrangements
- Address the level of referrals from MAPP agencies (including housing)
- Consider whether the safeguarding adult arrangements can learn from safeguarding children policy and procedures.

Derby City

Derby City has responded to the challenges of Safeguarding Vulnerable Adults in its area throughout 2008 – 2009. In May 2008 the City Council and NHS Derby City appointed a Safeguarding Vulnerable Adults Coordinator with the key responsibility to improve safeguarding arrangements. The post holder reports to the City Council's Acting Assistant Director (Operations) appointed in May who has responsibility for Safeguarding Adults.

Between May and July 2008 the City Council reviewed its arrangements to safeguard. As a result of this audit a number of recommendations to improve practice were made and have been implemented. There has been a significant increase in safeguarding referrals and investigation during this year.

Derby City led the review of the Safeguarding Adults Policy and Procedure in November 2008. Strategy and case conference forms have been appended to the Safeguarding Adults Policy and Procedures.

The internal quality assurance process has been amended based on the revised policy. Increased managerial oversight of safeguarding investigations by Heads of Service is now required. This was achieved by the introduction of a Head of Service duty system and 'sign of' at the closure of all safeguarding investigations. This process has been supported by the redesign of a Safeguarding Database. This allows all cases to be monitored through each stage of the process. The Safeguarding Vulnerable Adult Monitoring Form has been reviewed and amended to include all data gathering requirements. This will result in more robust data which will enable more effective analysis of relevant trends overtime.

NHS Derby City established a duty system of trained nurses to ensure that a health professional is available to respond on a daily basis to support social services in initial investigations relating to health concerns in care homes. The nominated nurse works collaboratively with the lead investigator according to policy guidance.

Derby Hospitals NHS Foundation Trust continued to address safeguarding through its Safeguarding Committee and its sub group the Safeguarding Adults Forum.

Safeguarding Adults is a high profile subject and included in the Trust core business plan Vision for Nursing, Midwifery and Allied Health Professionals linked to existing initiatives Essence in Care and Dignity in Care.

Learning and practice have been informed through case reviews in Derby City. Recommendations have been made to improve policy and practice in the transition of young people between children and adult services as a result of a case review.

Derby City formed three groups to oversee the development of safeguarding vulnerable adults as follows:

- Derby City Health and Social Care Safeguarding Vulnerable Adults Performance Improvement Forum
- Derby City Health and Social Care Safeguarding Vulnerable Adults Learning and Development Forum
- Derby City Health and Social Care Safeguarding Vulnerable Adults Mental Capacity Act Forum

In February 2009 the City Council formed its Corporate Safeguarding Group to ensure the Local Authority approaches both Safeguarding Adults and Children corporately. This group will ensure the implementation of the Independent Safeguarding Authority Vetting and Barring Scheme and manage the interface between our safeguarding services.

Safeguarding Adults information is contained in council publications such as, Your Derby and the Derby City Adult Learning Disability Service Directory. Information and guidance are available to members or the public on the Derby City Council web pages and staff have access via the employee intranet.

A new Derby Family Justice Centre has been designed and opened in June 2009 to offer advice guidance and support to victims of:

- domestic violence
- sexual violence
- stalking and harassment
- honour based violence
- forced marriage

The Derby Community Safety Partnership Domestic and Sexual Violence Advocate Team are permanently based at the centre along with specialist investigators from the Derbyshire Police. They are aware of the Safeguarding Adults Policy and will refer vulnerable adults to Adult Social Care.

The Derby Domestic Violence Diversity Group continues to meet and advise on diversity issues for the benefit of vulnerable people in the Derby area.

A Single Point of Access for Multi Agency Public Protection Arrangements referrals to the City Council has been agreed.

Derby City Health and Social Care Safeguarding Vulnerable Adults Performance Improvement Forum

The Performance Improvement group was formed in September 2008 and reports to the Partnership. The group's membership comprises representatives from partner agencies and City Council departments involved in safeguarding. The group works to an extensive plan to improve safeguarding arrangements.

The group reviewed existing safeguarding arrangements across its membership. The review ensured that each agency monitored its safeguarding alerts and this has allowed cross agency audits of activity. Developing referral pathways was considered essential and the group has focused on ensuring that the pathways are clear and that staff recognise adult abuse neglect and exploitation and know how to comply with the joint procedures. To assist the involved agencies flowcharts have been prepared and circulated.

An Adult Services Brokerage team was formed in May 2008 and safeguarding issues are identified and referred to operational teams. The Brokerage Manager attends strategy and case conference meetings and takes action when it is necessary. Care homes have been supplied with a copy of the policy and procedures and referral forms.

Where it was identified that there was a low referral rate from agencies arrangements have been made to ensure that the policy and procedures were understood and vulnerable people are safeguarded.

Derby City Supporting People have reviewed their commissioning arrangements to include reference to safeguarding adults. Supporting People agreed and implemented an information sharing protocol with their providers, raising awareness of safeguarding and ensuring vulnerable adults are safeguarded. The providers have been encouraged to access the safeguarding adults training. Supporting People also raise the profile of safeguarding adults in their newsletter delivered to approximately 5000 people.

Work is being undertaken to reconcile safeguarding adults monitoring information across health police and Local Authorities. Derbyshire Police and Derbyshire Mental Health Services Trust have been assisted to develop their internal arrangements and this work continues.

Derby Homes updated its safeguarding handbook and ensured that it was circulated to all staff.

Safeguarding Performance Indicators have been agreed by the forum membership and this will allow increased monitoring of the response to safeguarding alerts, adherence to the policy and procedures linked to sustainable outcomes.

The Derbyshire Fire and Rescue Service engaged with this forum and following representations to their senior leadership team have become members of the

Partnership. The service visits many homes in both Derby and Derbyshire and meet vulnerable adults in their communities completing fire safety checks.

The Forum reviews and supports the work of the following City groups.

Derby City Health and Social Care Safeguarding Vulnerable Adults Learning and Development Forum

The Learning and Development group was formed in July 2008 and reports to the Performance Improvement Forum and the Partnership. The group's membership comprises representatives from Derby Hospitals Foundation NHS Trust, NHS Derby City, Derbyshire Mental Health Trust, Derbyshire Police and Derbyshire Fire and Rescue Service.

There has been a significant increase in safeguarding training in Derby City. The group has developed collaborative training opportunities for safeguarding professionals and members of the private, voluntary and independent sector.

The Forum has developed its safeguarding study framework linking study to professional competencies including all study that is associated to safeguarding. The courses have been reviewed and amended as appropriate.

New study courses have been developed to compliment existing study as follows:

- Safeguarding Adults - ½ day developing skills in recognising and alerting, dealing with disclosure and taking appropriate procedural action. This study has been jointly designed and delivered by Adult Social Care and the Derby Hospitals NHS Foundation Trust.
- Mental Capacity Act Module 3 - ½ day developing the skills of professionals who assess capacity Using the Mental Capacity Act framework
- Deprivation of Liberty Safeguards Module 1 - ½ day awareness raising study about the safeguards.
- Deprivation of Liberty Safeguards Module 2 - ½ day study developing the skills of professionals from managing authorities and supervisory bodies.
- Referrers Course – 1 day developing skills of people who will refer safeguarding alerts to Adult Social Care
- Investigation Course – 2 days developing the skills of professionals who undertake safeguarding investigations. This study has been jointly designed and delivered by Adult Social Care and the Derbyshire Police.

The Forum has developed a study Prospectus for its member organisations and there is agreement that collaborative study will continue.

<http://www.derby.gov.uk/HealthSocialCare/SocialServices/GeneralSupportCare/Adult+Protection.htm>

To assist in the implementation of the joint safeguarding arrangements within the Derbyshire Fire and Rescue Service management training has been delivered to ensure an understanding of Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberty Safeguards. This is an ongoing project for 2009 -2010.

The Derby Hospitals NHS Foundation Trust held a Safeguarding and MCA conference in September 2008 attended by fifty professionals.

In June and November 2008 Derby City fully engaged with Mental Capacity and Deprivation of Liberty Conferences organised jointly with Derbyshire.

In November 2008 the Forum held its inaugural Safeguarding Conference at the Lecture Theatre, Derby Hospitals NHS Foundation Trust. The Conference was supported by all Forum members and was attended by seventy five professionals.

In mid March 2009 a conference attended by seventy professionals was held in relation to the Mental Health Act 2007.

In late March 2009 the Forum supported a regional conference 'Vulnerable Adults Access to Criminal Justice' held at Leicester. This was attended by one hundred and twenty professionals from across the region.

The Forum has disseminated information about Safeguarding Adults using various methods:

- The Safeguarding Vulnerable Adults Newsletter is issued bi monthly to approximately 12500 people updating them on relevant safeguarding topics including Mental Capacity and Deprivation of Liberty Safeguards
- A business card containing a 'zero tolerance' message has been designed and implemented by the Local Authority and Derby Hospitals Foundation NHS Trust
- Safeguarding Guidance has been developed for elected members of Derby City Council
- Safeguarding Summary Guidance based on the policy and procedures have been supplied to agencies including provider and voluntary agencies
- Safeguarding Adults 'What you need to know' has been designed and is supplied to all delegates who attend the Safeguarding Adults ½ day course
- Derby Hospitals NHS Foundation Trust has developed a pod-cast on safeguarding aimed specifically at medical staff
- Safeguarding articles have been published in:
 - Derby Hospitals NHS Foundation Trust 'Synapse'
 - Derbyshire Police 'Upbeat'
 - GP Brief
 - Derbyshire Fire and Rescue Service 'Hot Gossip'

The Forum is represented on the MAPPA Training Sub Committee and MAPPA events are supported to increase knowledge of this important area of offender management.

Derby City Health and Social Care Safeguarding Vulnerable Adults Mental Capacity Act Forum

The implementation and development of the Mental Capacity Act and Deprivation of Liberty Safeguards is governed by this Forum. Representatives from NHS Derby

City, Derbyshire Mental Health Trust, Derby Hospitals NHS Foundation Trust and the voluntary sector are members of this forum.

During 2008 – 2009 the forum continued its work to embed the Mental Capacity Act in practice. The Forum also worked on the implementation of the Deprivation of Liberty Safeguards. The Local Authority Project Manager completed a scoping exercise of the potential impact of this legislation being implemented. Derby Hospitals NHS Foundation Trust, Community Care Coordinator completed a scoping exercise for the hospital. The combined results of the exercise indicated that Derby City would have a low application rate in both care home and hospital facilities. This work informed both NHS Derby City and the Local Authority about capacity and resource issues.

The Supervisory Bodies policy and guidance was developed in collaboration between NHS Derby City and the Local Authority. The Supervisory Bodies encourage the managing authorities to apply the safeguards.

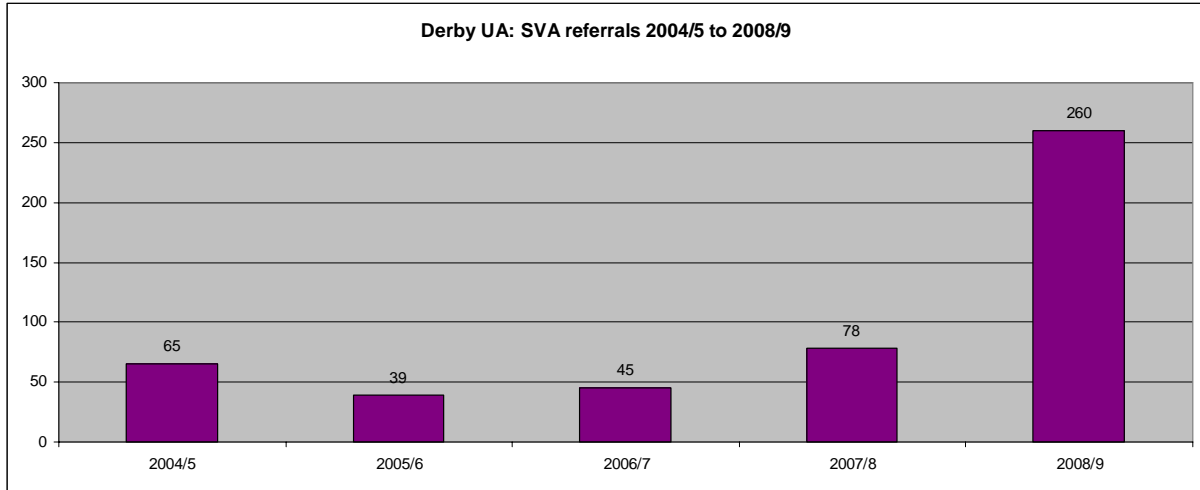
To develop the knowledge, understanding and skills of professionals involved in the application of the Deprivation of Liberty Safeguards study courses were designed and continue to be delivered.

Best Interest Assessors were identified within Adult Social Care at the Senior Practitioner Social Worker level and Nurse Assessors from NHS Derby City. There is now a cohort of Best Interest Assessors developing their skills through practice. Best Interest Assessor workshops have also been developed and will be maintained to ensure continuing professional competence.

To assist and inform care homes and hospital managers a checklist to assist in the identification of a Deprivation of Liberty has been designed. The City Council and Derby Hospitals NHS Foundation Trust have developed a poster for managing authorities to assist them to navigate the DOLS process.

Analysis of Safeguarding Activity in Derby

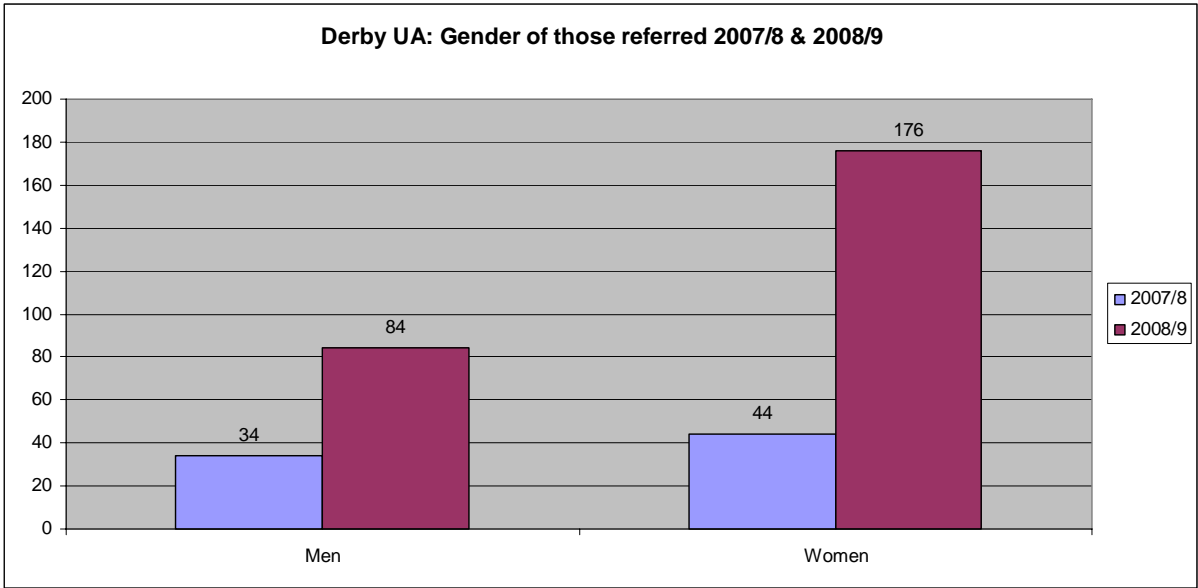
It is important to analyse and understand the Safeguarding Activity in Derby.



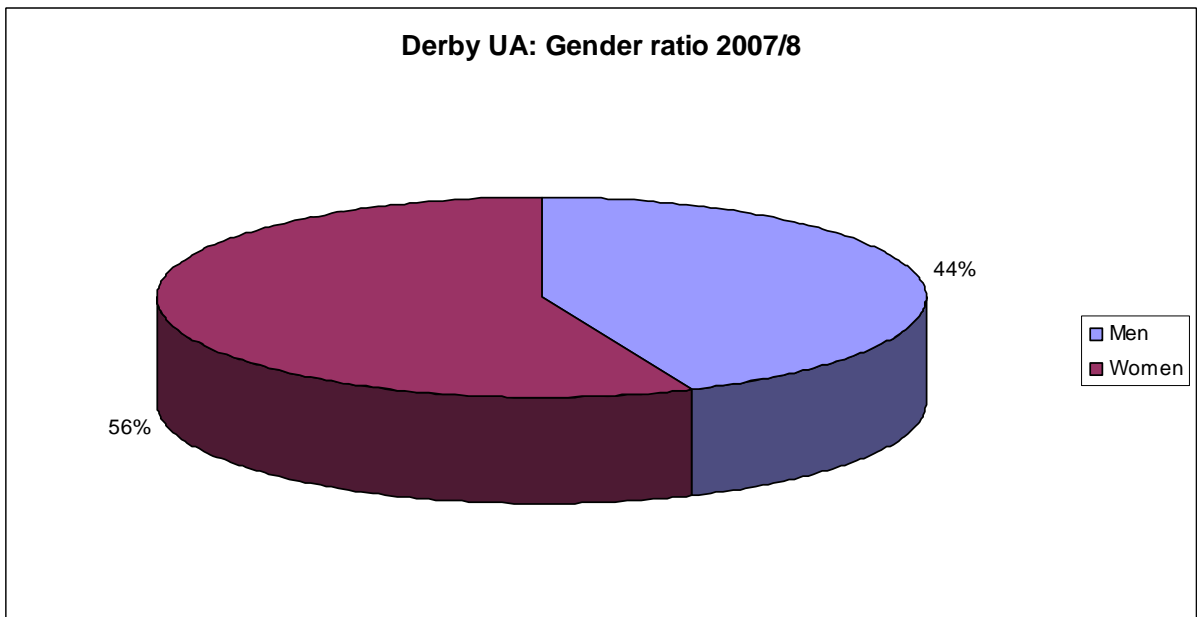
Three key elements had a significant effect on the quality of data and quality of service for supporting vulnerable adults in 2008/9.

1. Improvement in the quality, quantity and access to information and training to support vulnerable adults
2. An improvement in recording and monitoring which has a positive effect on data quality
3. Improvement in the performance management of the vulnerable adult's service

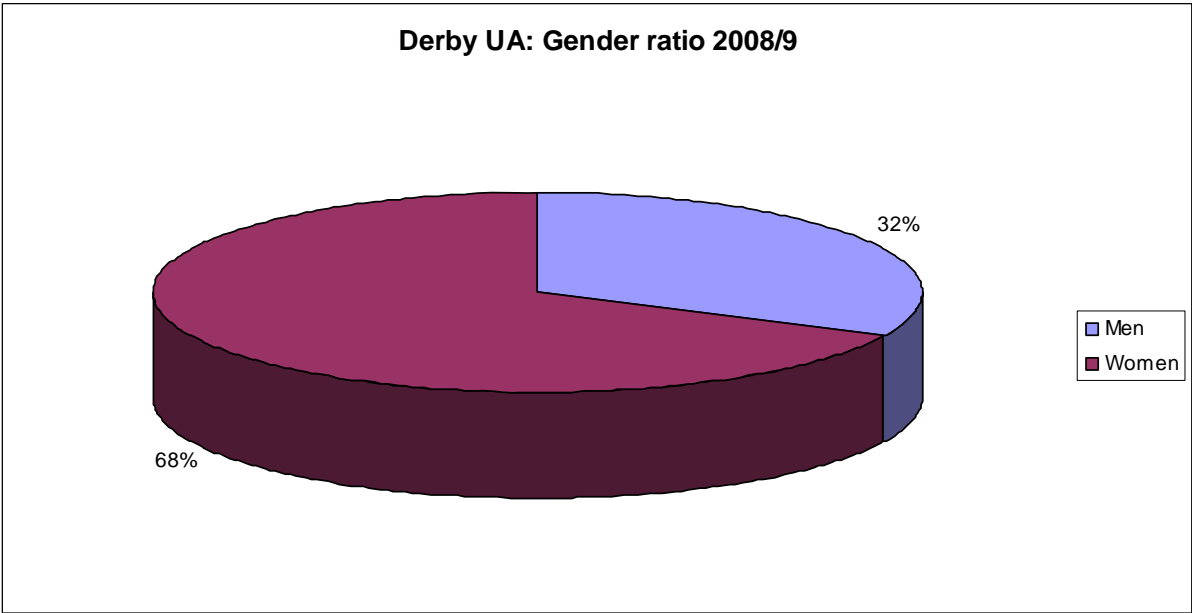
The numbers referred have therefore risen to align more closely to comparator averages as a result of the above. While appropriate time was devoted in investigating and tackling abuse referrals the completion rate for referrals was 74% of the 2008/9 referrals.



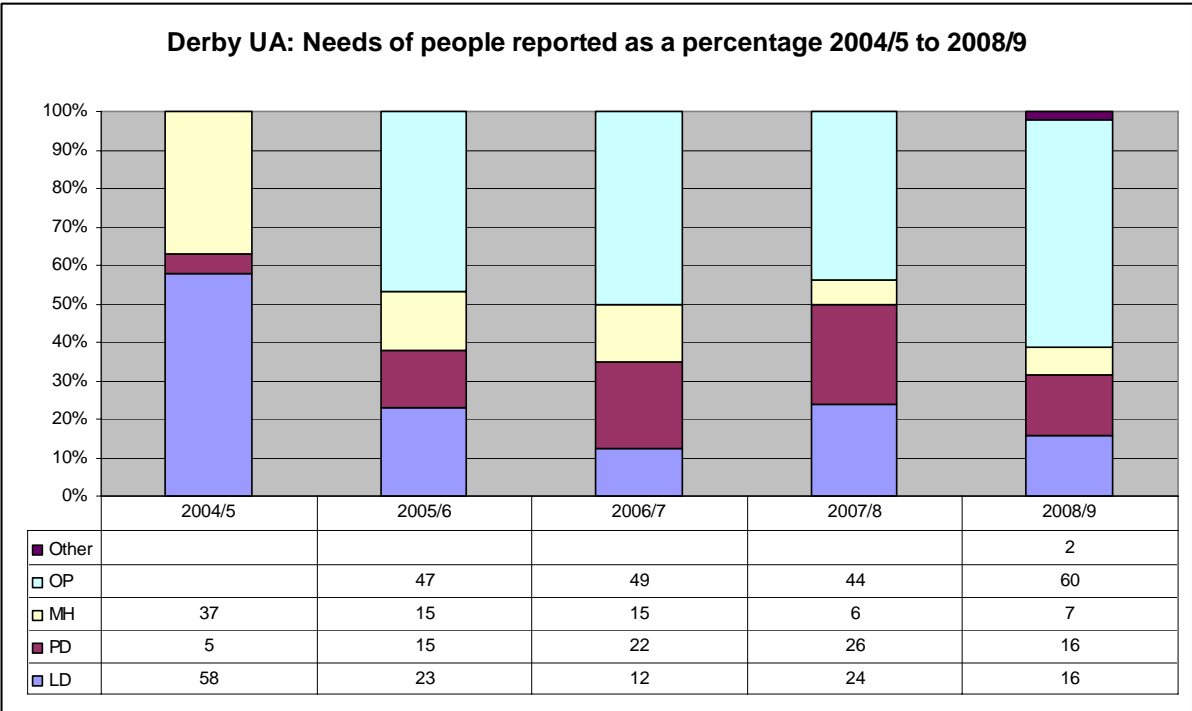
There is a positive weighting in the gender ratio of abuse referrals in favour of women.



This weighting is more pronounced for 2008/9 with over 2 thirds of adults of those referred being women.

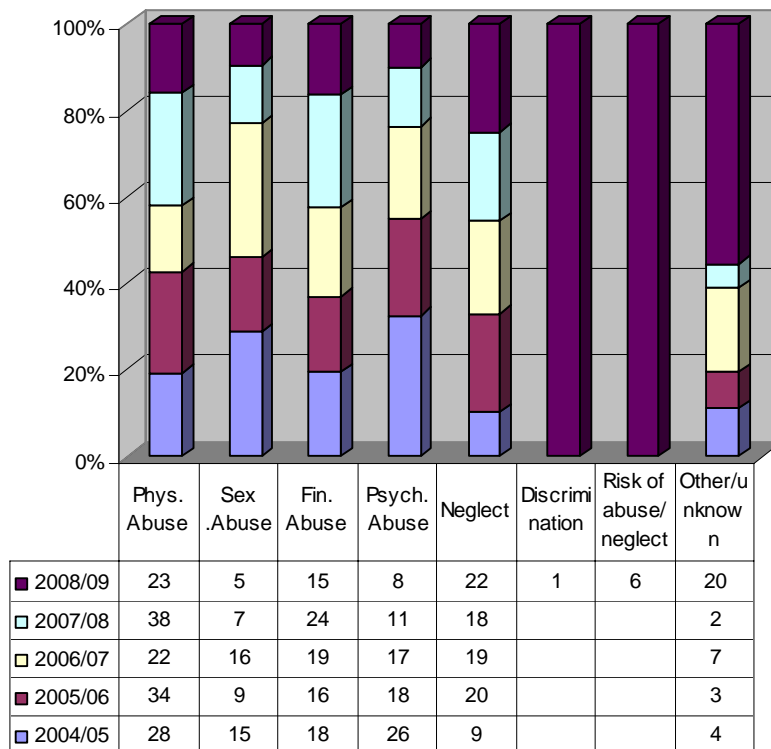


The significant trends in the needs base or client categories over the last 5 years have seen the number of OP and PD rise steadily, MH fall significantly and LD fluctuate and fall.



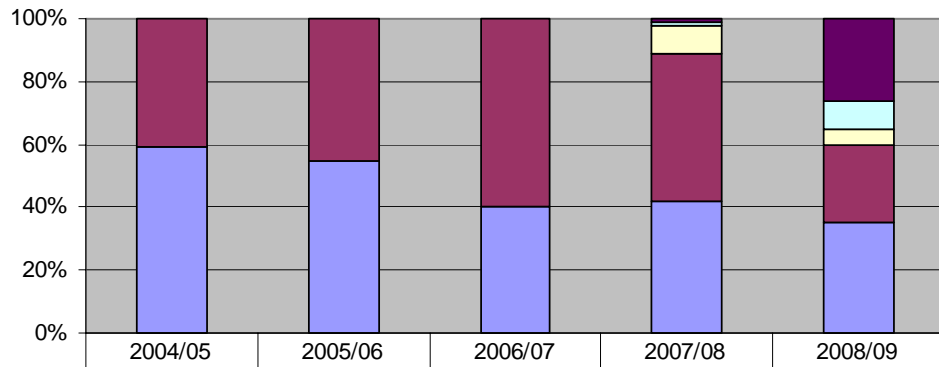
Within the overall figures for referred abuse the 5 year trend shows a decline the main categories of abuse with significant falls in psychological and sexual abuse and more modest falls in physical and financial abuse. There is reverse trend upwards for neglect, risk of neglect/abuse and other unknown referrals.

Derby UA: Type of Abuse referred by percentage 2004/5 to 2008/9



There has been a steady decline in both paid members of staff and main carers as alleged abusers over the last 5 years. As services to carers have improved service users as alleged abusers are now being recorded.

Derby UA: Alleged Abuser by percentage 2004/5 to 2008/9

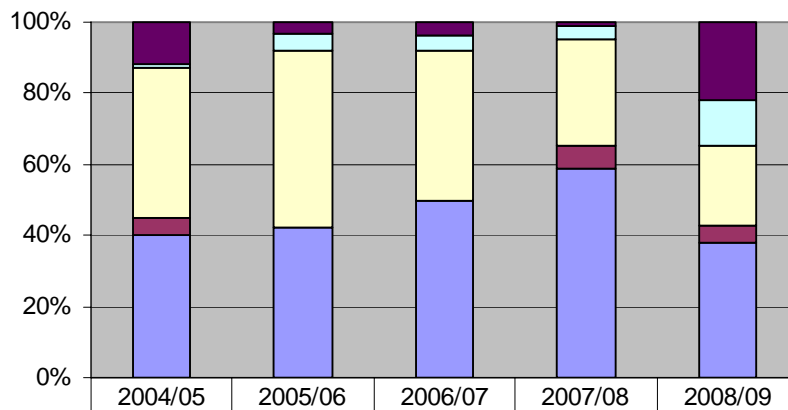


Other/unknown				1	26
Service User				1	9
Stranger				9	5
Paid Member of Staff	38	45	60	47	25
Main Informal Carer/Other Relative/Friend	55	55	40	42	35

As far as location of reported abuse is concerned, as recording has improved more referrals have been coming through from hospitals whereas reported abuse from residential sector has declined by half. The proportion of reported abuse from day care and private addresses has remained statistically similar.

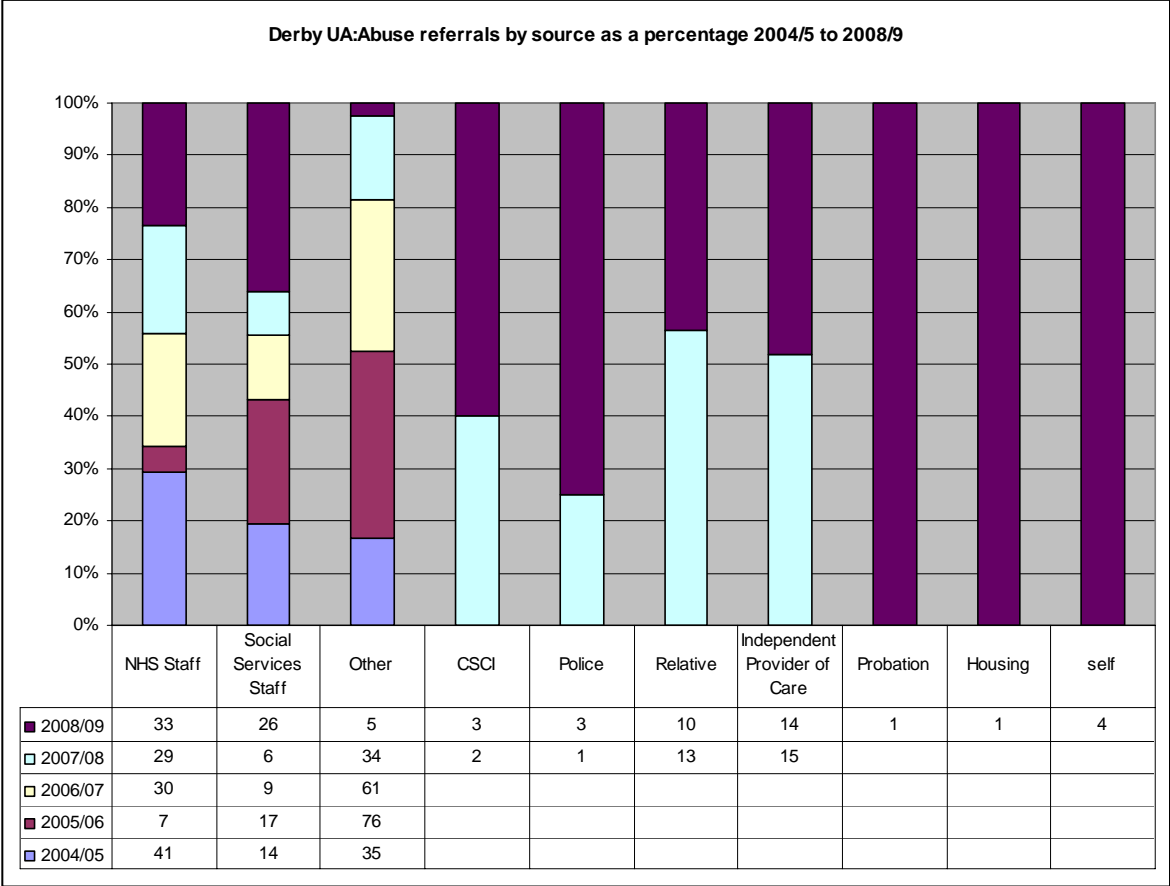
Derby UA: Location of Abuse as percentage 2004/5 to 2008/9

(not shown in the table: 1% of abuse in 2008/9 was in police setting)



Other Including Unknown	12	3	4	1	22
Hospital	1	5	4	4	13
Residential/Nursing Care	42	50	42	30	22
Day Care	5	0	0	6	5
Private Address	40	42	50	59	38

When we look at source of referrals we can see that the raising of awareness, training and better recording and monitoring have seen a reduction of the other category from 76%, 61% and 34% in the previous 3 years to just 5%. Whilst NHS and Social Services staff account for the majority of referrals, referrals are now being received from relatives, independent providers of care, self referrals and agencies such as police, probation and CSCI.



The quality and depth of monitoring data now accurately reflects the improvements in the service, particularly in the last year. Our vulnerable adults database and our performance monitoring system puts us in a good position for SVA return due in May 2010, which will be populated by 2nd half data from 2009/10.

Health Services have their own intranet sites where safeguarding information can be located.

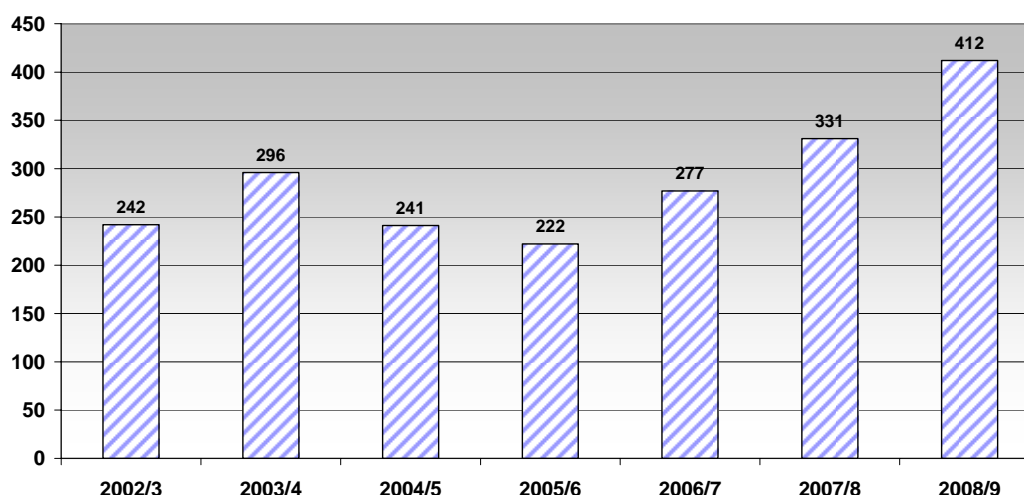
Derbyshire

Abuse and Neglect of Vulnerable Adults

In order to plan services we need to measure the extent of the problem locally. This report shows trends in incidence, reporting and types of protective action taken. No individual can be identified on the monitoring system.

Improvements have been made in February 2009 to better capture useful information to analyse trends and to monitor the outcomes for the safety of vulnerable adults of training and improvements to safeguarding arrangements in partner agencies. Work is being undertaken to reconcile safeguarding adults monitoring information across health police and local authorities.

Derbyshire -
Number of Safeguarding Vulnerable Adults Referrals
2002 - 2009



The year on year increase reflects the impact of training across all agencies, and the rising profile of safeguarding arrangements in partner agencies on the Safeguarding Vulnerable Adults Partnership.

An evaluation of the trend above suggests strongly that the planned publicity campaign (such as completed in 2002/3) will enhance the likelihood of referrals direct from the public and from the wide and increasingly diverse social care, health care and criminal justice workforce as well as provide an educative impact on the unacceptability of abuse and neglect of those least able to protect themselves.

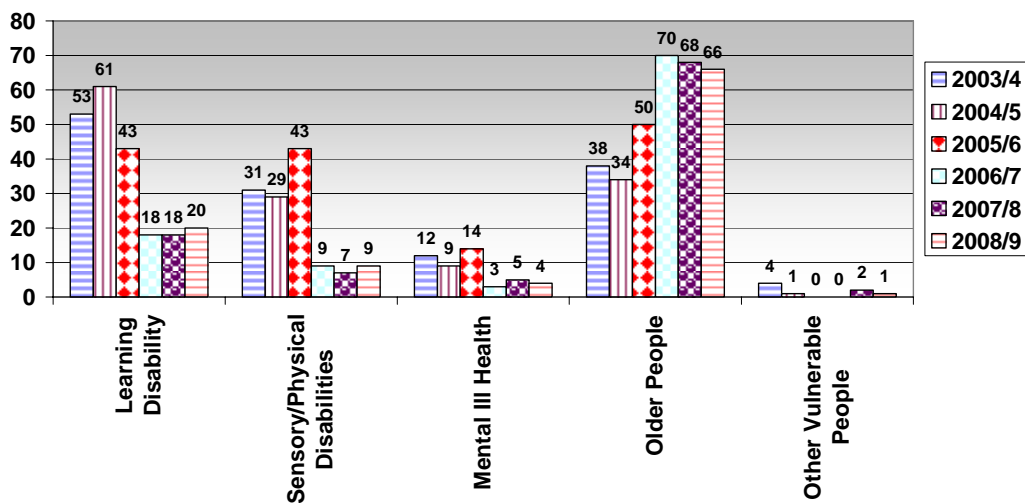
The planned campaign will build on the early work prompted by the CSCI Safeguarding Report (November 2008) in providing a link on each Adult Social Services web page of the Derbyshire Website "Please use the following link if you have any concerns about the safety or welfare of an adult". This has contributed to the greater access to information on safeguarding already evident in the high level of access to the vulnerable adults part of the "Safer Derbyshire" website.

Derbyshire -
Gender Of Adult Referred - 2002 - 2009



The greater number of referrals for women reflects the higher likelihood of women being victims of domestic abuse and the greater number of frail older women within the general population. A review of Derbyshire County Council's equality impact assessment of safeguarding and domestic abuse will be completed this year.

Derbyshire - Needs of People Reported
2003- 2009 (shown as a percentage)



A recent national survey of prevalence of abuse and neglect of older people who live in their own homes, funded by Comic Relief, estimated that 3.9% of older people will have experienced abuse this year. This would equate to 5,109 referrals concerning older people alone in Derbyshire. The planned publicity campaign should contribute to the increasing likelihood that this group will be able to get help.

The increase in reports within older people services against younger adults with disability better reflects the numbers of adults within these service user groups across the general population. The introduction of a specialist chairperson for safeguarding meetings for those complex cases across all service user groups, and new guidance within Derbyshire County Council Adult Care, has further strengthened

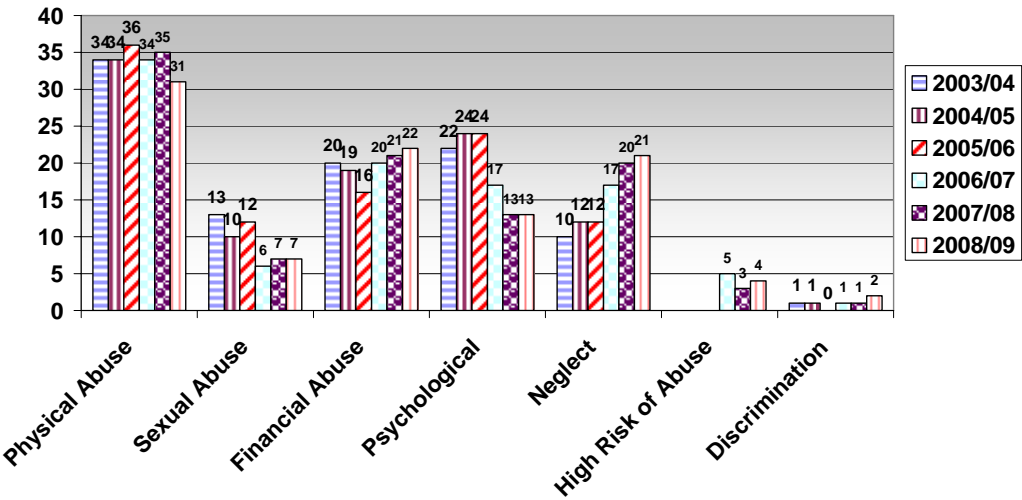
the likelihood that the same thresholds for referrals into procedures will apply across all service user groups and that all safety measures are considered in safeguarding meetings.

A man aged 42 with a brain injury including speech impairment, memory loss and physical disabilities following a motorbike accident in his early twenties was targeted by sections of the local community as a “drunk” because of his slurred speech. This culminated in his home being used as a drug den and he himself being beaten, stabbed and requiring intensive hospital care. A referral from the police into safeguarding resulted in him being assisted to be safely re-housed with 1:1 outreach support and to provide him with assistance to better manage risky situations.

A small number of vulnerable adults have been identified through monitoring who are both referred as victims of abuse or neglect but also are carers or have drug and alcohol problems. Meeting the distinct needs of these groups will be a priority of the partnership in the forthcoming year.

22.8% of referrals are regarding vulnerable adults who are meeting their own support needs without assistance from the local authority. This percentage provides a means of evaluating the reach of safeguarding to adults who are not already local authority service users. Continued emphasis is placed in the revised procedures, training and public information on the needs of this group. The safety of this group particularly those that are self funding residential and nursing home placements and whose reviews are not coordinated by the local authority or NHS is of particular concern and is a focus of the work of the joint NHS/Adult Care Homes Quality Management Group.

**Derbyshire - Type of Abuse Referred
2003 - 2009 (shown as a percentage)**

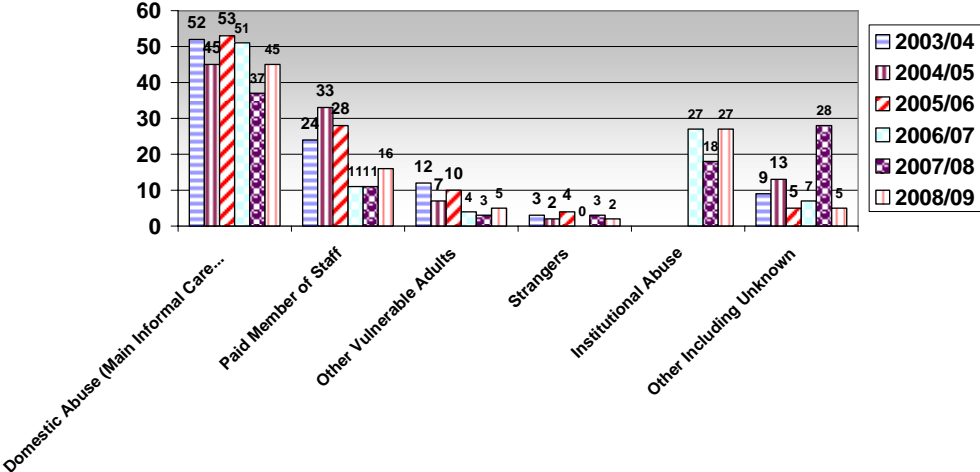


This is now the third year in which the Safeguarding Adults Policy and Procedures include the category of “risk of abuse”. This ensures consideration of those

vulnerable adults who for example are in regular and substantial contact with a known perpetrator or those vulnerable adults who live alongside victims of who have been abused or neglected and who may be at imminent danger of abuse or neglect.

The trend of the increasing percentage of referrals of neglect reflects the impact of guidance and training on identifying omissions by individuals and systems providing care, including the management of medication and skin integrity. Evidence is emerging that the input of tissue viability training and expertise provided by tissue viability nurses is increasing the level of skin care provided and reducing the number of avoidable higher grade pressure sores.

**Derbyshire - Alleged Abuser 2003 - 2009
(shown as a percentage)**



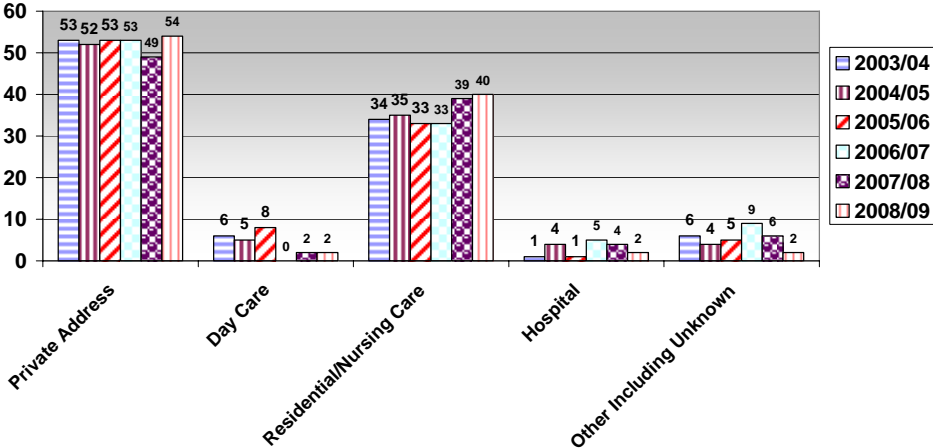
Monitoring in Derbyshire has identified victims abused or neglected in the context of institutional abuse. This is where the individual’s wishes and needs are sacrificed for the smooth running of an institution, organisation or home. Abuse in an institution includes the practice of a regime or culture which is abusive and destroys the dignity and respect to which every person is entitled. The Safeguarding Vulnerable Adults Partnership is very concerned that all abuse and neglect in any group setting, whether residential nursing day care or hospital, is prevented.

The majority of abuse or neglect is from an informal carer or other relative or friend which meets the definition of domestic abuse. This percentage of domestic abuse matches that found in the national prevalence survey concerning the abuse of older people. This year we have ensured that the developing services to address domestic abuse in the general population are integrated into safeguarding arrangements for this particular group of victims of domestic abuse with the requirement of safeguarding case conferences to make referrals for high risk victims of domestic abuse to Multi Agency Risk Assessment Conferences (MARAC) which have been implemented across Derbyshire from October 2008. Representatives from Adult Care and Derbyshire Mental Health Services attend the MARAC to ensure that

appropriate referrals are made into safeguarding adults and that information held relevant to safeguarding is provided to MARAC partners.

Training on recognising and alerting others to adult abuse or neglect addresses domestic abuse and also ensures that staff and managers identify their responsibilities to address domestic abuse where the victim may not require assistance for disability age or illness (for example informal carers or colleagues).

**Derbyshire - Location of Abuse
2003 - 2009 (shown as a percentage)**



The Safeguarding Vulnerable Adults Partnership emphasises in its policy and procedures, training and developmental work that safeguarding arrangements apply irrespective in which setting abuse or neglect occurs. Work has been completed within Derbyshire Community Health Care Services to ensure that patient safety issues are considered as possible safeguarding referrals and are reconciled with the monitoring undertaken by the local authority. This will be completed within the other NHS settings.

Safeguarding Vulnerable Adults from Abuse

Joint Working:

Each of us has a role to play in safeguarding vulnerable adults from abuse. The likelihood of timely and appropriate help is enhanced when agencies work together and have a joint commitment and shared procedures for tackling abuse and neglect.

Preventing Abuse:

The first aim of safeguarding arrangements is to prevent abuse and neglect ever occurring to a vulnerable adult. Preventative measures have been developed in Derbyshire evidenced by the increased availability of safety options for wide sections of the community, the development of targeted services to promote dignity and respect in families as well as in residential care. A joint Adult Care and Community Safety action plan has been developed to further enhance safety measures including the better sharing of information held by community safety and Adult Social Care. The locally adopted category of “risk of abuse” for referral into safeguarding procedures is the most intensive means of primary prevention.

In September 2008 the Derbyshire Healthier Communities Improvement and Scrutiny Committee provided an independent review of safeguarding arrangements with specific reference to institutionalised abuse and neglect (appendix six). The Scrutiny Committee recognised that a number of people are living in homes which are underperforming but have the capacity to improve with support through partnership work. It was noted that there is a close relationship between the quality rating of the home and the levels of dignity experienced by residents and the level of concern regarding safeguarding. The review has resulted in closer working with health care workers to use regulatory information, safeguarding information and information from assessors and providers to target support to underperforming residential and nursing homes, which has improved the quality of protection and personal care for all residents including those who self fund.

Where abuse does occur it is important that victims are empowered to gain the right help as early as possible before abuse escalates. The learning disability partnership identified that bullying and name calling of someone because of their disability was a major concern to adults with a learning disability. The learning disability partnership engaged with police colleagues and “Stop Hate UK” to develop a hate crime initiative with referrals predominantly from those targeted because of disability. This initiative will be developed to include peer training on staying safe including how to gain assistance with other forms of abuse and neglect.

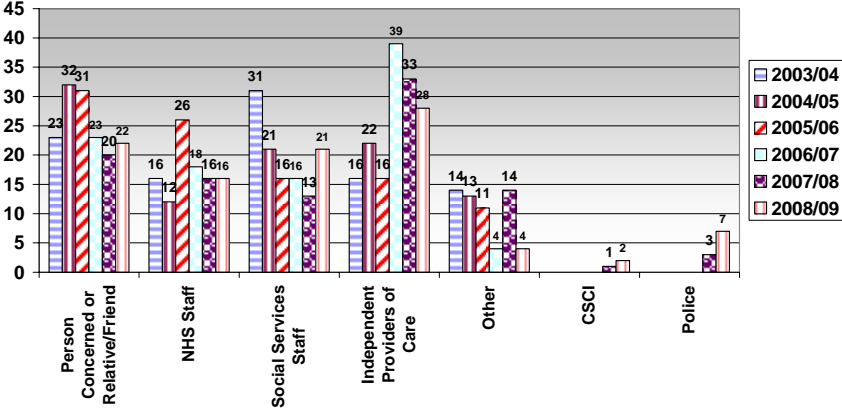
Feedback from vulnerable adults in care situations is vital if we are to ensure our services are safe. A survey this year of 478 users of day care services conducted by Derbyshire Advocacy found 94% of people always felt safe at the day centre and 5.5% sometimes felt safe. In addition 83% stated that it would always be easy to tell staff if they were unhappy and 12% sometimes.

Quality audits completed have informed the evaluation of safeguarding arrangements and produced a new workflow and guidance for safeguarding in Derbyshire County Council to ensure consistency of decision making concerning which cases require strategy meetings.

Prevention of abuse is a major part of the work of the Safeguarding Vulnerable Adults Partnership. The national performance standards framework provides an audit to apply to all settings which addresses those measures that ensure that abuse or neglect is prevented.

Who Reports Abuse?

Derbyshire - Who Reports Abuse?
2003 - 2009 (shown as a percentage)



It is important that the public, communities and colleagues from all agencies develop a zero tolerance to abuse and feel confident in being able to seek assistance.

A survey of independent sector residential domiciliary and supporting people agencies in Derbyshire showed that approximately 58% of staff had received some training on safeguarding vulnerable adults from 57% the previous year. Train the trainers courses provide the most effective means of reaching the many staff who work in the private and independent sector. Evaluating the reach of training commissioned by the local authority in the independent sector compared with comparator local authorities has identified the need to further investigate if increased commissioned training is needed to ensure that all staff in this sector have up to date training.

3,100 staff members in Derbyshire County Council, working with vulnerable adults, have received adult protection training which now includes addressing domestic abuse where the person is not vulnerable.

Appendix five shows the range of training provided by the partner members, with specific training on specific issues such as charring skills and to reach particular groups such as GP's.

A business plan for training has been revised by the training sub group of the Partnership and is detailed in Appendix four.

Investigation of Abuse:

Emergency action is taken, if needed, to ensure the safety and health of the victim and others that might be at risk. A strategy discussion chaired by a Service Manager within Social Services or Mental Health Services then decides on the best means of addressing the reported abuse.

98% of managers and staff from Derbyshire County Council who undertake safeguarding assessments as part of their responsibilities have been provided with three day training in conjunction with colleagues from other agencies.

In Derbyshire 56% of the abuse referred could be considered to be criminal acts. 40% of victims were particularly vulnerable due to lacking the mental capacity to make their own informed decisions regarding their own safety.

Account is taken of the person's needs as a potential witness so that best evidence is achieved and the vulnerable person is supported throughout any criminal investigation and court hearing. The Police, Social Services and Mental Health services have provided specialist vulnerable witness interviewers.

Protecting Adults from Further Abuse:

Preventing the re-victimisation of vulnerable adults who have been referred into procedures is the key outcome measure for the investment made by partners in safeguarding arrangements.

In Derbyshire 24% of victims had previously been referred under the procedures.

The reduction of re-victimisation provides a particular challenge (particularly in the context of domestic abuse) where vulnerable adults may choose to decline to agree to parts or the whole of a safeguarding plan. The management of risk in these situations has been enhanced through the implementation of a safeguarding risk assessment form to describe the options assessed and considered by the victim and/or their safeguarding family member representative or advocate. This informs the case conference of the options available for the safeguarding plan.

Following the implementation of the relevant sections of the Mental Capacity Act in October 2007 the Court of Protection is being increasingly used to determine safeguarding plans where there is disagreement between families or advocates and the decision makers as to the best interests of a victim of abuse/neglect.

The IMCA service has been extended to be providing advocacy in safeguarding cases where there are (non-implicated) family or friends available to support a victim of abuse who has not capacity to agree a protection plan.

A safeguarding plan is drawn up following a case conference involving key agencies. It aims to put the victim's wishes and needs at the centre of planning.

Action to provide further protective safeguards for vulnerable adults was taken in 93% of the reported cases. Action taken has included:

- 96 additional monitoring measures as part of the safeguarding plan. These measures have included providing additional domiciliary support, day care or residential breaks

- 68 reassessments of care and support services have been completed including better targeted and increased provision of support
- 25 persons provided with a move to a place of safety including move to accommodation separate family members assessed as providing a risk

A frail older man with mental capacity to manage his own personal safety was subject to physical and emotional abuse from his wife over many years with periodic hospital admissions. He refused alternatives to returning home. Once home he refused entrance to social work and NHS staff. Neighbours reported shouting from the house. A strategy meeting considered the risks with a MARAC referral considered and engaged with the daughter of the couple. On a further accident and emergency admission he disclosed abuse and chose to be placed in residential care rather than to return home.

Protective action can also include measures to address the causes of abuse. Informal carers assessments have been provided to 23 perpetrators where the abuse has related to the demands of providing care to a partner or relative. Criminal prosecution and/or disciplinary action have been taken 23 cases. Regulatory action has been taken by the Commission for Social Care Inspection in 9 cases.

Getting Help/More Information

- In an emergency phone 999
- For Derby Social Services telephone: 01332 717777 or out of hours 01332 711250
- Contact Call Derbyshire telephone: 0845 605 8058.

More information is available at www.derby.gov.uk or www.saferderbyshire.gov.uk or www.derbyshire.gov.uk by contacting:

Steve Bryan
Derby City Council
Tel: 01332 717230
Email: steve.bryan@derby.gov.uk

Andrew Hambleton
Project and Planning Manager (Safeguarding Adults)
Tel: 01629 538461 or 07909 933054

Email: andrew.hambleton@derbyshire.gov.uk

The Problem of Adult Abuse/Neglect

All adults can be assaulted, harmed and exploited in many ways. Adults with significant disabilities frailties or ill health can be particularly vulnerable to abuse, due to their dependency on others.

Who is a Vulnerable Adult?

A vulnerable adult, for the purpose of the policy and procedures is any person aged 18 years or over whom:-

- Is or appears to be eligible for Local Authority/Mental Health Services assistance by reason of mental ill health, physical or learning disability, age or illness

And

- May be unable to take care of him/herself or unable to protect him/herself against significant harm or exploitation

Types of Abuse, Neglect and Mistreatment:

- Physical injury or unreasonable physical constraint of an individual where there the injury was inflicted or knowingly not prevented
- Sexual abuse includes the involvement of individuals in sexual activities to which they may not have given informed consent
- Psychological abuse includes action which is not of a physical nature but severely affects the psychological well-being of the individual
- Discriminatory abuse is psychological abuse that is racist, sexist or linked to a person's age or disability
- Misappropriation of an individual's funds or any other action which is against the person's best interests
- Neglect so as put at serious risk a persons physical or psychological wellbeing

- Risk of Abuse: Where a vulnerable adult is in imminent danger of harm or neglect

Who Abuses or Neglects Vulnerable Adults?

Abuse of vulnerable adults takes place across a variety of settings. They may be abused by family members, paid carers at home, in day, residential or hospital care, by other vulnerable adults (for example in group care settings) or by strangers who may target them because of their vulnerability. The common feature is often that the perpetrator abuses a position of authority or power.

Why Are Vulnerable People Abused/Neglected?

Risk factors that increase the possibility of abuse include the social isolation of the vulnerable adult and a history of poor relationships between the abuser and the victim. The abuser may have a problem with mental ill health, drug or alcohol abuse.

Domestic abuse of vulnerable adults may meet the need of the perpetrator for power and control. Locally we are aware of examples of where the perpetrator becoming the victim as they become more disabled or frail.

In care settings abuse may be a symptom of a poorly run establishment. It appears that it is most likely to occur when staff are inadequately trained, poorly supervised, have little support from management or work in isolation.

Derby and Derbyshire Safeguarding Vulnerable Adults Partnership

TERMS OF REFERENCE

1	<p>Purpose of the Committee</p> <p>The Derby and Derbyshire Safeguarding Vulnerable Adults Partnership is a multi agency strategic group to ensure the implementation and compliance with the Safeguarding Adults Framework Standards across all agencies. The group monitors referrals, outcomes and trends and ensures that best practice is disseminated to all agencies</p>
2	<p>Aims and Objectives</p> <ul style="list-style-type: none"> • Provide the lead in promoting safeguarding vulnerable adults work • Identify roles, responsibilities and accountability with regard to the action each agency and professional group should take to safeguard vulnerable adults • Promote the principles of safeguarding vulnerable adults work; namely respect for human rights, choice, dignity and freedom from abuse and neglect • Promote the end of discrimination motivated by hostility towards vulnerable adults where the abuse or neglect is motivated by age, gender, sexual orientation, immigration status, racial, religion or disability • Establish mechanisms for developing, implementing and monitoring policies, strategies and services for safeguarding vulnerable adults including offender diversion • To ensure there is a shared working agreement and understanding across all agencies about operational requirements in respect of safeguarding vulnerable adults • To monitor the quality and quantity of safeguarding vulnerable adults work
3	<p>Membership of the Committee</p> <p>Derby City Council – joint lead authority Derbyshire County Council – joint lead authority</p> <p>Care Quality Commission</p> <p>Crown Prosecution Service Derbyshire Police Derbyshire Probation Derbyshire Fire and Rescue Service</p> <p>Strategic Health Authority Derbyshire County Primary Care Trust Derbyshire Mental Health Services Trust Department of Work and Pensions</p>

	<p>NHS Trusts NHS Foundation Trusts NHS Derby City Tameside and Glossop Primary Care Trust</p> <p>Derbyshire Advocacy Derbyshire Rape Crisis Derbyshire Victim Support Housing Trusts North Derbyshire Voluntary Action Age Concern Derby & Derbyshire The Westwick Group (Independent Care Provider) Amber Valley Housing Caring Hands (Independent Care Provider) Derbyshire Centre for Inclusive Living</p>
4	<p>Meeting Arrangements and Frequency The Partnership will meet bi monthly: 13th July 2009 7th September 2009 2nd November 2009 4th January 2010 1st March 2010</p>
5	<p>Reporting and Accountability Members will report to their own organisations about the strategic direction of the Partnership. Derby City Council will report to the Healthy City Executive of the Derby City Partnership. Derbyshire County Council will report to the Local Area Agreement Safer Communities Board and the Health and Well Being Partnership</p>
6	<p>Review Arrangements Terms of Reference to be reviewed annually – next review March 2010</p>

Safeguarding Adults: A Study of the Effectiveness of Arrangements to Safeguard Adults from Abuse
(Commission for Social Care Inspection, November 2008)

East Midlands Regional Efficiency Improvement Programme Audit Tool

Notes

Please complete the audit tool as fully as possible.

The purpose of the tool is twofold;

1. to give each authority an honest appraisal of how they match against what CSCI judge 'good' councils to be doing,
2. to provide a regional summary of how councils across the east midlands region are doing and identify areas of good practice and areas for development at a regional level

The first two columns, traffic light and evidence are the two areas for completion and return to the regional information gathering exercise. The next two columns, Action required and date of review are intended for internal use by each authority.

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Red	Significant work required to meet this standard
Amber	Some elements of this standard are in place
Green	Fully meets this standard

Local Authority Name: Derby City				
Requirement	Current Position		Action Required	Date of Review
	Traffic light	Evidence		
1. People's Experiences of Arrangements to Safeguard Them from Abuse				
1.1 Provide (and promote the availability of) clear and easily accessible information for the public about people's rights to live free from abuse and where to get help		Clear information is contained on the Derby City Council web site about Safeguarding Adults, referrals and reporting.	Implement a clear public awareness strategy to raise the public safeguarding profile.	Sept 09
1.2 Specifically target such information at people covered by safeguarding procedures, including older and disabled people who are not using services and those who are paying for services themselves		Clear information is contained on the Derby City Council web site about Safeguarding Adults, referrals and reporting.	Implement a clear public awareness strategy to raise the public safeguarding profile.	Sept 09
1.3 Provide easy ways for people to report abuse		Phone, email/letter/review meeting/one to one interaction	More focus on self funders required See above entries.	Sept 09
1.4 Take people's initial report seriously and respond promptly		Safeguarding policy is robust. Clear evidence of timescales for response regularly met and monitored through QA process.	Further work to ensure standards are sustainable.	Sept 09
1.5 Provide the person experiencing abuse with appropriate independent support, including offering advocacy		Advocacy available but not widely used in practice. IMCA service is used under MCA Framework	Raising awareness in progress through managers and team meetings. Training in intermediaries being designed into investigation course.	Sept 09

1.6 Recognise people's rights to make choices about their lives, and provide support for this		Evidence of good practice but practice probably varies generally in this. MCA being embedded into working practices.	Further MCA training is scheduled for 2009.	Sept 09
1.6 Involve people in their own protection plans and ensure those plans are centred on their wishes		Inconsistent attendance at strategy meetings by vulnerable adults.	Further consultation being arranged to ensure standard is met.	Sept 09
1.7 Enable people directing their own support to have access to the same level of safeguards as people using other services – and tailor safeguards to their needs.		Support to Direct Payment users through our staff and Disability Direct. Our finance team play a part in this	Safeguarding consideration are central to the future work on personal budgets	Sept 09
2. The Quality of Support and Care Practice to Keep People Safe From Abuse				
2.1 Assess any risks of abuse whenever they are undertaking care planning with individuals		Increased risk assessment is being done but practice could be improved.	Programme of Human Rights Act awareness being implemented through bi monthly newsletter	Sept 09
2.2 Have guidance for staff that clearly distinguishes which situations are to be handled under safeguarding arrangements		Safeguarding policy and procedures are robust.	Need to raise awareness amongst provider staff including in-house social services. There is a need to identify disciplinary concerns to safeguarding processes.	Sept 09
2.3 Ensure allegations are investigated by the appropriate agency		Evidence of effective joint working with help in nursing homes by PCT assessors	Need to more effectively engage CSCI on occasions.	Sept 09
2.4 Undertake a thorough assessment of needs, risks and possible actions where someone is experiencing abuse		Practice improves all the time. Greater QA of cases by HOS promoting more consistency and sustainable outcomes.	Need to more effectively engage CSCI on occasions.	Sept 09
2.5 Have effective information-		Have procedures but need	Training in safeguarding has	Sept 09

sharing procedures with other agencies		more training and awareness to ensure they are followed e.g. issue with Benefits not referring due to 'confidentiality'	increased and information sharing is integral	
2.6 Offer people experiencing abuse options for support both in the immediate term to keep safe, and in the longer term to help them recover		Good examples of practice in the area. National Intelligence Model operations done by police agency, target hardening completed and safeguarding plans ensure sustainability of practice.	Communicate best practice across all City forums to ensure that wider focus on safeguarding.	Sept 09
2.7 Develop and agree person-centred protection plans with people experiencing abuse		We are doing more training on generally working in a more person centre way which will have positive implications for protection plans	Review local cases to ensure that people are actively involved in their protection plans. Training geared to ensure this.	Sept 09
2.8 Assist people to have access to the justice system by using a range of legal powers		The effective partnership with the police has increased our understanding of the range of civil and criminal powers/orders available. Improved intelligence gathering has assisted in safeguarding.	Investigation course will ensure that all partners have the knowledge and confidence to assist people to access the justice system. Increased use of advocacy.	Sept 09
2.9 Review protection plans and care plans, including those for people using care services that the council have commissioned or for people directing their own support		Improved QA processes have raised standards on this through recording, monitoring via the internal data base and HOS oversight	Increase the HOS QA process to ensure that standards are maintained.	Sept 09

2.10 Communicate their procedures for safeguarding adults to other agencies and providers		Internally at Derby City there is a strategy to promote the safeguarding procedures across departments. Also the bi monthly safeguarding newsletter and articles in various publications are communicating the safeguarding message.	Continue to issue newsletter and meet with groups to discuss safeguarding issues.	Sept 09
2.11 Resource a workforce development and training strategy for safeguarding that ensures relevant council staff have training in safeguarding, including specialist training; and offers training on the local procedures to care providers from all sectors.		Study framework designed linking study to competency requirements. Extensive training schedule arranged in safeguarding. Safeguarding conferences arranged for all partner agencies and care providers from all sectors. More planning and design around investigation course needed. Specific courses in medication, MCA and DOLS being delivered as part of the range of study.	Study prospectus being designed to advertise all safeguarding training.	Sept 09
3.0 Checking that the Arrangements Work and Making Improvements				
3.1 Assess the quality of practice to safeguard people		HOS reviews of cases. Sample routine case reviews. Findings of case reviews fed into training. Feed back to staff given.	Need to sustain standards through case reviews and training. Duty HOS system also needs to be sustainable.	Sept 09
3.2 Carry out audits to ensure compliance with safeguarding procedures		HOS reviews of cases. Sample routine case reviews. Findings of case reviews fed	Increase use of case reviews and further PIF involvement.	Sept 09

		into training. Feed back to staff given. Reviews in Performance Improvement Forum by multi agency group ensure that all agencies are kept informed reporting back on their internal improvements.		
3.3 Collect data to ensure trends in referrals, safeguarding issues and outcomes for people can be measured		Data collection in safeguarding has increased during the last year. Diversity monitoring in existence.	Review through PIF at end of each quarter. This supplements internal social services reviews	Sept 09
3.4 Ensure that senior managers and safeguarding boards receive reports about performance in safeguarding so they can plan improvements		Adult Social Services have a good internal system in place. Performance Improvement Forum reviews practice and overall performance regularly seeking to achieve better standards through partnership. Safeguarding Partnership need to address this area.	Direction of board needs to be reviewed and agreed.	Sept 09
3.5 Use commissioning processes and contracts to ensure people are Safeguarded in commissioned services.		Link between safeguarding training and quality premium for registered providers	Various council departments are being contacted and updated on safeguarding. Referral pathways are being identified and flowcharts designed to ensure safeguarding is everyone's business. Providers of services are being encouraged to access safeguarding training.	Sept 09

4.0 Local Strategic Work to Safeguard People				
4.1 Give sufficient priority and resources to the development and review of safeguarding strategies and multi-agency procedures		Safeguarding has been given a high priority within Derby City. Safeguarding Coordinator has been appointed. Performance Improvement, Study and MCA Fora all function to safeguarding strategy.	There is a depth of strategies in place. Each strategy is developed and effectiveness increased to suit changing demands.	Sept 09
4.2 Have a safeguarding board which drives the work, with members from key agencies of appropriate seniority and operates effectively, for example through proper governance		Direction of travel for board needs to include group membership review that ensures consistent attendance from primary safeguarding agencies.	Direction of board needs to be reviewed and agreed.	Sept 09
4.3 Involve older people, disabled people and others covered by the safeguarding arrangements in strategic work		Derby City has various consultation forums that inform safeguarding strategy in the City area e.g. DOPPS and Disability Direct. Derbyshire Voice represents the views of older people in relation to MCA/DOLS implementation.	Service user groups are involved in forums but this will be monitored to ensure sustainable representation and involvement.	Sept 09
4.4 Co-ordinate partnership working between key agencies at an operational level, ensuring agencies implement the procedures		Increased during 2008 with health, probation, police and housing in Derby City PIF – see CSCI issues earlier	PIF strategic plan designed to close service gaps in safeguarding and has support from key partners.	Sept 09
4.5 And at a strategic level, for example in the development of joint training		Board strategic plan needs to be agreed. Derby City PIF plan ensuring preventative,	PIF plan to be completed and extended as appropriate. Collaborative training schedule	Sept 09

		<p>disruption and improvement tactics are in place. Collaborative training schedule being developed in Derby City.</p>	<p>being developed in Derby City.</p>	
<p>4.6 Ensure that preventative work is developed through other council strategies, for example community safety.</p>		<p>Liaison with the wider council departments is under way to develop safeguarding adults in their business. Departments are attending safeguarding training. Derby City Partnership involved with PIF. Local domestic violence, forced marriage and honour based violence training being developed.</p>	<p>Training packages being attended. Briefing sessions for departmental heads arranged. Specific training packages being designed.</p>	<p>Sept 09</p>

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Green	Fully meets this standard

Requirement	Current Position: Derbyshire	
	Traffic light	Evidence
1.1 Provide (and promote the availability of) clear and easily accessible information for the public about people's rights to live free from abuse and where to get help		<p>Public information leaflet "Safeguarding Adults" jointly developed with the Safeguarding Vulnerable Adults Partnership (SVAP) and distributed to partners. Emphasises partner agencies joint responsibility to stop abuse and in listening to the victim.</p> <p>DCC website with links from all relevant pages to public information section including safeguarding leaflet. Public website Safer Derbyshire includes "staying safe" on first page with then link to "vulnerable adults" where policy and procedures available and annual SVAP report.</p>
1.2 Specifically target such information at people covered by safeguarding procedures, including older and disabled people who are not using services and those who are paying for services themselves		<p>"Safeguarding Adults" leaflet available in most DCC ASS (Derbyshire County Council Adult Social Services) receptions and in public/service user areas of residential/day services (in house or commissioned). Distributed to SVAP (Safeguarding Vulnerable Adult Partnership)</p> <p>Community Safety Week (public information campaign) to include safeguarding information and ASS representation)</p> <p>Policy and Procedures explicitly refer to safeguarding needs of all vulnerable adults whatever the setting or whether they currently receive services or pay for their own services</p> <p>This above has contributed to the year on year rise in appropriate safeguarding referrals</p>
1.3 Provide easy ways for people to report abuse		Safeguarding Adults Policy and Procedures and wide reach of multi agency training places responsibility on care and support staff (from all the relevant statutory and independent sectors) nearest to the vulnerable adult to make alerts to the relevant or duty care coordinator in LA/Mental Health (via Call

		<p>Derbyshire)</p> <p>Call Derbyshire is publicised through the safeguarding leaflet as the “one stop” contact that “can advise you of who you can talk to in your local area”</p> <p>Call Derbyshire staff are trained to be able to identify safeguarding issues from complaints and “routine” referrals, take safeguarding referrals and route to 24 hour duty staff to ensure immediate action. Duty teams provide immediate safeguarding to “non vulnerable” adults facing abuse – e.g. domestic abuse to agreed standard</p> <p>Hate Crime procedures ensures link with safeguarding (discriminatory abuse) where vulnerable adults are victims</p>
1.4 Take people’s initial report seriously and respond promptly		<p>All responses to initial report taken seriously. Likely that response is prompt with appropriate cases sampled taken to strategy discussion.</p> <p>New toolkit and workflow implemented to enhance response standards and timescales which will be monitored</p>
1.5 Provide the person experiencing abuse with appropriate independent support, including offering advocacy		<p>DCC commission and engage with a wide range of support and advocacy agencies to address abuse and neglect. Policy and Procedures require consideration of advocacy or other representation and specialist support.</p> <p>All cases are provided with IMCA where un befriended. Likely that appropriate specialist support is offered where alleged victim is befriended or other advocacy offered where person has capacity. 33% of all IMCA referrals are for safeguarding</p> <p>Safeguarding training includes matrix of support available</p>
1.6 Recognise people’s rights to make choices about their lives, and provide support for this		<p>Choice and Control agenda fully implemented within learning disability partnership board work and in development of related procedures and guidance e.g. Assisting People Who Use Services: Interpersonal</p>

		<p>Relationship Policy & Guidance for staff and easy read leaflet for service users.</p> <p>New toolkit/workflow includes risk assessment template that specifies choices available to person. Also includes check that service users views and wishes ascertained for both strategy and case conference</p>
<p>1.6 Involve people in their own protection plans and ensure those plans are centred on their wishes</p>		<p>Choice and Control agenda fully implemented within partnership board work and in development of related procedures and guidance e.g. Assisting People Who Use Services: Interpersonal Relationship Policy & Guidance for staff and easy read leaflet for service users.</p> <p>Person and/or family rep or other non implicated advocate will be involved (staged if necessary) in case conferences and likely involved in strategy meetings. Recording of choices available and options considered by the person likely to be part of record of strategy discussion/case conference but will be always evidenced in case recording. Person centred planning is well developed in services for adults with a learning disability.</p>
<p>1.7 Enable people directing their own support to have access to the same level of safeguards as people using other services – and tailor safeguards to their needs.</p>		<p>Policy and Procedures explicitly address requirement to address abuse and neglect in whatever setting and whether or not receiving services from the Local Authority</p> <p>General assessment (for all users) will pick up risks. Specific risk matrix developed for direct payments. Training Course for direct payment users addresses safeguarding issues Direct Payment newsletter, support group and handbook for users addresses safeguarding</p> <p>Safeguarding Policy and Procedures tailor safeguarding procedures to ensure arrangements address the unique needs of people directing their own support. Direct payment users safeguarded through safeguarding arrangements and via recommended insurance policy.</p>

<p>2.1 Assess any risks of abuse whenever they are undertaking care planning with individuals</p>		<p>Relevant case notes headed “adult protection” and will show safeguarding issues and will include managers decisions</p> <p>General assessment will include safeguarding issues where assessed but not statement that considered and not assessed.</p> <p>All incidences and risks likely to be addressed in strategy meeting/case conference record. Specific risk assessment now implemented when in procedures. Case conference likely to include clear relevant chronology</p>
<p>2.2 Have guidance for staff that clearly distinguishes which situations are to be handled under safeguarding arrangements</p>		<p>Clear procedural stages address responsibilities of referrer and receiver to decide on appropriate referrals and specialist procedures/services that also may apply.</p> <p>All safeguarding training provides guidance on which situations trigger a referral/ strategy meeting and provides information on alternative procedures/universal services/specialist services that may apply to assist those subject to procedures and those not.</p> <p>New toolkit provides guidance to receiver managers on use of procedures to distinguish which situations require a strategy meeting Briefing card provided to all new starters/and on training</p> <p>Training reaches high proportion of staff working with vulnerable adults and Call Derbyshire staff briefed to interrogate those calls which may need to be forwarded as safeguarding issues</p>
<p>2.3 Ensure allegations are investigated by the appropriate agency</p>		<p>Likely that all investigative agencies – police NHS Contracts etc – involved in strategy meeting and take responsibility for relevant investigations</p> <p>Joint investigative training involves all of above agencies</p>
<p>2.4 Undertake a thorough assessment of needs, risks and possible actions where someone</p>		<p>Case conference and strategy records show variable consideration of possible options needs and risks.</p> <p>New risk assessment template in place to address risks and options.</p>

is experiencing abuse		
2.5 Have effective information-sharing procedures with other agencies		Policy and Procedures provides information sharing agreement.
2.6 Offer people experiencing abuse options for support both in the immediate term to keep safe, and in the longer term to help them recover		Strategy Meetings and Case conference record likely to address all appropriate options for support both crisis (including domestic abuse crisis interventions, sanctuary options, monitoring calls, extra crisis support etc) and long term (including counselling, specialist support, self-advocacy groups, day care, leisure and learning opportunities)
2.7 Develop and agree person-centred protection plans with people experiencing abuse		Clear expectation in policy and procedures/training and toolkit to provide risk and informed choice based safeguarding plans Case record will include discussion of options with person experiencing abuse. Likely that case conference records of agreement of protection plan person/representative/advocate
2.8 Assist people to have access to the justice system by using a range of legal powers		Case conference record likely to include reference to appropriate choices concerning criminal redress Case conference protection plan and care plan less likely to include actions to be taken to meet civil redress.
2.9 Review protection plans and care plans, including those for people using care services that the council have commissioned or for people directing their own support		Clear expectation in policy and procedures that all safeguarding measures agreed will be reviewed with evidence of implementation irrespective of whether services commissioned or for people directing their own support. Workflow on case recording system requires six month review prior to exit
2.10 Communicate their procedures for safeguarding adults to other agencies and providers		High percentage of in house and commissioned service staff has accessed jointly commissioned relevant training which includes knowledge of relevant and updated briefing card and/or Safer Derbyshire website. policies and procedures brought to the attention of other agencies and providers
2.11 Resource a workforce development and training strategy for safeguarding that ensures		Workforce development plan details how the training needs of council staff and other SVAP agencies (including commissioned services) are to be met Agencies (including commissioned services) are aware of how to access

relevant council staff have training in safeguarding, including specialist training; and offers training on the local procedures to care providers from all sectors.		joint training and programme of training is available
3.1 Assess the quality of practice to safeguard people		Evaluative and evidence based quarterly performance reports using monitoring and joint SVAP case reviews. Audits of safeguarding practice completed for last three years. Partner audits completed through SVAP.
3.2 Carry out audits to ensure compliance with safeguarding procedures		Audits of safeguarding practice against procedural requirements completed for last three years
3.3 Collect data to ensure trends in referrals, safeguarding issues and outcomes for people can be measured		Management information, built into client record system, provides information on all D of H recommended fields.
3.4 Ensure that senior managers and safeguarding boards receive reports about performance in safeguarding so they can plan improvements		Quarterly performance and annual reports provided to SMT/Cabinet and SVAP showing trends in referrals and safety outcomes resulting in improvements to arrangements.
3.5 Use commissioning processes and contracts to ensure people are Safeguarded in commissioned services.		All contracts for services with vulnerable adults specify safeguarding requirements and evaluated through monitoring visits and quality assurance framework. All commissioning processes address safeguarding Supporting People re procurement plans address safeguarding issues
4.1 Give sufficient priority and resources to the development and review of safeguarding strategies and multi-agency procedures		SMT, LAA partnerships and Cabinet meetings address safeguarding. Safeguarding addressed in most relevant strategies. Investment in specialist NHS posts and local authority safeguarding chair.
4.2 Have a safeguarding board		Representatives on SVAP from most relevant agencies at sufficiently high

which drives the work, with members from key agencies of appropriate seniority, and operates effectively, for example through proper governance		level.
4.3 Involve older people, disabled people and others covered by the safeguarding arrangements in strategic work		<p>Relevant advocacy organisations are represented on SVAP to ensure older people, disabled people and carers are represented.</p> <p>Some evidence of SVAP being recorded as feeding in views of older people disabled people and carers into planning. Some evidence of Partnership boards/Older People Forums views evidenced in SVAP planning</p>
4.4 Co-ordinate partnership working between key agencies at an operational level, ensuring agencies implement the procedures		<p>Rising level of referrals from partner agencies.</p> <p>Following referrals case records show agencies likely to adhere to procedures. Clear procedures for quick resolution of intra agency issues with quality assurance sub committee of SVAP having lessons learned responsibility concerning inter agency working and adherence to procedures.</p>
4.5 And at a strategic level, for example in the development of joint training		Action plan to address strategic needs agreed by SVAP and included in the annual report with report on implementation across all areas of safeguarding work including training, referral systems etc.
4.6 Ensure that preventative work is developed through other council strategies, for example community safety.		Clear organisational link (joint team) with Community Safety. Community safety strategies likely to address safeguarding. Other good links with Children and Younger Adults and other LAA partnerships.

**Derby and Derbyshire
Safeguarding Vulnerable Adults Partnership Training Group (Derbyshire)
Business Plan 2009/10**

The training group has agreed the following priorities for the Business Plan 2009 - 2010.

1. Audit against the training standards 5.1 – 5.14 of “Safeguarding Adults - A National Framework of Standards for good practice and outcomes in Adult Protection work (2005)”
2. Continued support and facilitation of the existing training programmes
3. Continued support and development of the of the E learning CRDOM ‘Breaking the Cycle of Abuse: Safeguarding Adults and Children’
4. The need to include in future work, training across agencies on MAPPA, the outcome of the ‘No Secrets’ Review, Deprivation of Liberty Safeguards, Hate Crime, Forced Marriage Guidance, Safeguarding and Personalisation, Revised Role of POVA/ISA list(Feb 2009)
5. To prioritise work with teachers and staff in Adult Education, FE colleges and schools, who teach vulnerable adults to ensure that they receive appropriate Safeguarding Vulnerable Adult training.

Area of Work	Action	Time	Name
1	Audit against the training standards 5.1 – 5.14 of “Safeguarding Adults - A National Framework of Standards for good practice and outcomes in Adult Protection work (2005)”	June 2009	Andrew Hambleton
2	Continued support and facilitation of the existing training programmes	Feb 2010	Jacqui Key
3	Continued support and development of the E learning CRDOM ‘Breaking the Cycle of	Ongoing	Lorraine Knights

	Abuse: Safeguarding Adults and Children'			
4	The need to include in future work, training across agencies on MAPPA, the outcome of the 'No Secrets' Review, Deprivation of Liberty Safeguards, Hate Crime, Forced Marriage Guidance, Safeguarding and Personalisation, Revised Role of POVA/ISA list (Feb 2009)	To incorporate new areas of work into the refresher courses for the 2 day and 3 day courses and the Annual Safeguarding Conference	Ongoing	Jacqui Key
5	To prioritise work with teachers and staff in Adult Education, FE colleges and schools, who teach vulnerable adults to ensure that they receive appropriate Safeguarding Vulnerable Adult training	To hold a Further Education Information Day on Safeguarding	Feb/March 2010	Jacqui Key

WORKFORCE DEVELOPMENT PLAN FOR DERBYSHIRE

The following represents a collation of the planned training throughout Derbyshire for the year April 2009/10

Name of Course	Who the Course is Aimed At	Cost	How Many Planned
<p>DERBYSHIRE COUNTY COUNCIL NB DCC staff must update training on all courses after 2 years</p>			
<p>Investigation Course <i>3 day course</i></p>	<p>Service managers Care managers/CCWs Detective inspectors Detective sergeants (with responsibility for safeguarding adults) Team managers in the Mental Health Trust</p> <p><i>Anyone who would be involved in the investigation</i></p>	<p>Free</p>	
<p>Adult Protection in a Multi agency setting <i>2 day course</i></p>	<p>All unit managers within health, PVI sector and social care community workers. Domiciliary service organisers, housing & probation staff, area managers within the PVI sector Senior health managers including matrons and super matrons</p> <p><i>Anyone who may be making a referral into safeguarding procedures to stage 2 strategy meetings and case conferences</i></p>	<p>£100 free to Private Voluntary & Independent sector (PVI)</p>	
<p>Recognising & Alerting Others to Suspected Abuse <i>1 day course</i></p>	<p>All frontline staff who offers direct care to vulnerable adults including Social Care staff, Induction and established staff. All workers within domiciliary and nursing care in the PVI sector.</p> <p><i>Anyone whose role is only to recognise and report.</i></p>	<p>£50 Free to PVI</p>	

Adult Protection in a Multi Agency setting/ Investigation Course <i>1 day refresher</i> <i>2 day refresher</i>	Anyone who has completed the 2 or 3 day course within last 2 years		
Recognising and Alerting Others to Suspected Abuse <i>½ day refresher</i>	Anyone who has completed the full 1 day R&A training	£50 Free to PVI	
DERBYSHIRE POLICE CONSTABULARY			
Recognising & Alerting Others to Suspected Abuse <i>1 day course</i>	All new recruits		Delivered by DCC
Investigating Suspected Abuse <i>3 day course along with DCC</i>	All detective inspectors and detective sergeants responsible for vulnerable adults	Free	Projected 3 officers trained per year
Vulnerable Witness course, delivered jointly with Derbyshire City and Derbyshire County Council	This course is open to all in house social care staff within both authorities	Free	2 courses delivered annually with post qualification requirement
MENTAL HEALTH TRUST			
Investigating Course	Team managers Care managers Social workers Psychiatric nurses Ward managers Matrons		
Breaking the Cycle of Abuse <i>E learning</i>	All staff can access		

<i>package</i>			
Basic Awareness Training, Abuse of Vulnerable Adults, Safeguarding Children and Domestic Violence	All staff receive basic awareness training on induction	Free	
MENTAL HEALTH LEARNING DISABILITIES			
Safeguarding Vulnerable Adults <i>½ day</i>	Carers and the PVI sector. This course is specially tailored to work with the person who has a learning disability	Free	Four courses planned
Investigating Suspected Abuse <i>3 day course along with DCC</i>	All detective inspectors and detective sergeants responsible for vulnerable adults	Free	Projected 3 offices trained per year
Vulnerable Witness course <i>Delivered jointly with Derbyshire City and Derbyshire County Council</i>	This course is open to all in house social care staff within both authorities		2 courses delivered annually with post qualification requirement
Breaking the Cycle of Abuse <i>E learning package</i>	All staff can access		
DERBYSHIRE COUNTY PCT			
Safeguarding Vulnerable Adults Awareness course <i>½ day</i>	All PCT staff with incidental contact only with vulnerable adults (medical records, office based staff and managers, receptionists, domestics etc)	Free	Minimum 12 per year
Recognising and Alerting	Delivered to all PCT front line and direct care staff (all nursing –	Free to all PCT staff,	Minimum 24 per year

Others to Suspected Abuse <i>1 day</i>	registered and unregistered, AHPs and AHP assistants, dental staff etc)	currently free to nursing homes and GP surgeries	
Recognising and Alerting Others to Suspected Abuse <i>½ day refresher</i>	Those who have completed the full one day R&A training	Free	Minimum 12 per year
Adult Protection in a Multi Agency setting <i>2 day course</i>	All unit managers, senior AHPs, senior managers including locality managers, matrons and network leads	Currently free	Access via Social Care Older Adults Training Department and their schedule
Breaking the Cycle of Abuse <i>E learning package</i>	All staff can access via Trust intranet as an additional resource. This does not replace any of the above courses	Free	Open access
PROBATION			
	Attend DCC Multi Agency 2 day course		

Healthier Communities Improvement and Scrutiny Committee

Purpose of the Review

All persons have the right to live their lives free from violence and abuse. This right is underpinned by the Human Rights Act 1998. It is recognised that certain groups of people may be more likely to experience abuse and less able to access services or support to keep themselves safe. One such group is people with community care needs. Any experience of abuse or neglect is likely to have a significant impact on a person's health and well-being.

Derbyshire County Council is committed to protecting the most vulnerable of its citizens and as leading partner of the Derby and Derbyshire Safeguarding Vulnerable Adults Partnership has developed a set of processes and procedures to outline the role and responsibilities of staff, volunteers and agencies working with vulnerable adults.

A scoping report was presented to the Healthier Communities Improvement and Scrutiny Committee at its meeting held on 3 July 2007 and the following aims were agreed

- To consider whether the safeguarding adults processes are fit for the future with regard to ensuring and appropriate balance is drawn between choice, risk and protection;
- To look at whether inter-agency agreements within the Safeguarding Vulnerable Adults Partnership are robust enough;
- To consider a comparison with the processes for safeguarding children.

A working group was established to consider these aims and to oversee the conduct of the review on behalf of the Committee. The group members were Councillor Alan Jones (Chair), Councillor Sharon Blank, Councillor Dave Wilcox, Councillor Frank Hood and Councillor David Stone.

The Report

All adults can be assaulted, harmed and exploited in many ways. Adults with significant disabilities frailties or ill health can be particularly vulnerable to abuse, due to their dependency on others.

Who is a Vulnerable Adult?

A vulnerable adult, for the purpose of the safeguarding adults policy and procedures is any person aged 18 years or over whom:-

- Is or appears to be eligible for Local Authority/Mental Health Services assistance by reason of mental ill health, physical or learning disability, age or illness

And

May be unable to take care of him/herself or unable to protect him/herself against significant harm or exploitation

Types of Abuse, Neglect and Mistreatment:

Physical injury or unreasonable physical constraint of an individual where there the injury was inflicted or knowingly not prevented

Sexual abuse includes the involvement of individuals in sexual activities to which they may not have given informed consent

Psychological abuse includes action which is not of a physical nature but severely affects the psychological well-being of the individual

Discriminatory abuse is psychological abuse that is racist, sexist or linked to a person's age or disability

Misappropriation of an individual's funds or any other action which is against the person's best interests

Neglect so as put at serious risk a persons physical or psychological wellbeing

High Risk of Abuse: Where a vulnerable adult is in imminent danger of harm or neglect

Who Abuses or Neglects Vulnerable Adults?

Abuse of vulnerable adults takes place across a variety of settings. They may be abused by family members, paid carers at home, in day, residential or hospital care, by other vulnerable adults (for example in group care settings) or by strangers who may target them because of their vulnerability. The common feature is often that the perpetrator abuses a position of authority or power.

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Why Are Vulnerable People Abused/Neglected?

Risk factors that increase the possibility of abuse include the social isolation of the vulnerable adult and a history of poor relationships between the abuser and the victim. The abuser may have a problem with mental ill health, drug or alcohol abuse.

Domestic abuse of vulnerable adults may meet the need of the perpetrator for power and control. Locally we are aware of examples of where the perpetrator becoming the victim as they become more disabled or frail.

In care settings abuse may be a symptom of a poorly run establishment. It appears that it is most likely to occur when staff are inadequately trained, poorly supervised, have little support from management or work in isolation.

As part of its evidence gathering process the review met with the Safeguarding Adults Manager, Adult Social Services to discuss the issues. The Review heard that abuse can occur in a variety of circumstances. It may take place within the vulnerable adult's own home, nursing, residential or day care facilities, hospitals or other institutional settings.

The Safeguarding Adults Project and Planning Manager reported that working with partners is essential to ensure that all adults at risk are able to obtain the protection they need. He was able to outline that training is delivered to Police, NHS staff, Independent Sector as well as LA staff on the signs to look out for and the procedures to follow when abuse is suspected. The procedures in place have been adopted across all sectors

Following a referral a strategy meeting is held to determine the assessments and investigations required to establish whether abuse or neglect has occurred and the risk of further abuse or neglect. The needs of the “victim” need to be considered from all angles and it is important that any investigations carried out by partners do not compromise each other.

In 2007/8 there were 331 reports of abuse or neglect regarding vulnerable adults in Derbyshire:

37% of these were deemed domestic abuse

11% were by professionals abusing their position of trust

the remainder includes incidences where other service users have carried out the abuse and where systems of care were abusive or neglectful.

The Review

As a result of receiving this information the Review identified several areas for further investigation and paid particular regard to group care settings, the areas identified were:

- When does a systems issue become a Safeguarding Adults issue?
- Transition issues - What role does care planning have in preventing abuse? Can poor care planning be neglectful?
- Risk taking and duty of care – Focusing specifically on the balance between providing end of life care that meets the client’s wishes with quality of care, dignity and pain management.

An Evidence Gathering Event was arranged in order to meet with key people within group care settings.

At the meeting on 9 June 2008 the Review met with the following people

- Jayne Stapleton, Consultant Counsellor/Acting Head of Counselling and Psychology, Ash Green Specialist Learning Disability Service, Derbyshire County PCT
- Margaret McNulty, Unit Manager Adult Social Services, Derbyshire County Council,
- Heather Worsley, Safeguarding Adults Manager, Derbyshire County PCT
- Maria Marsden, Independent Sector Area Manager

- Christine Cameron, Service Manager, Adult Social Services, Derbyshire County Council
- David Goss, Derbyshire Advocacy Service
- Dona Womack, Safeguarding Children and Younger Adults, Derbyshire County Council (acting as a critical friend)
- Andrew Hambleton, Safeguarding Adults Manager, Adult Social Services, Derbyshire County Council

The Review were pleased with the discussions that took place and as a result were able to identify a range areas which require further investigation

Conclusions and Recommendations

The Review recognised that there were already well established arrangements in place for abuse alleged to have taken place in a family setting and that these were comparable to those in outlined in the Safeguarding Children procedures.

The Review heard however in focusing on systemic abuse or neglect that Safeguarding Children Procedures had different procedures to address alleged abuse from professionals or systems of care (for example children homes) to those which addressed alleged abuse of children within family settings. Lessons may well be learnt from Safeguarding Children procedures in this respect.

Recommendation 1

Examine the different approaches taken within the Safeguarding Children procedures in relation to allegations of abuse with regard a family member to that regarding allegations against a professional and consider whether such a differential approach was relevant in reviewing Safeguarding Vulnerable Adults Policy and Procedures.

The Review questioned whether poor practice from individual professionals or general poor quality of care in group care settings would instigate safeguarding adults procedures. Whilst it was acknowledged in the majority of cases actual abuse or neglect needed to have resulted for a safeguarding referral the Review recognised the importance of collating all incidents of poor quality of care in order to identify growing risks of abuse or neglect and to intervene early to prevent actual abuse or neglect. The existing work with the NHS on quality management in care homes was noted as a good example of this.

The Review was told of the important role played by the CSCI and their automatic right of access to any setting that they regulate. However they were concerned that under new arrangements, a change in focus towards focusing activity on settings where there are existing concerns may mean that there is potential for intelligence with regard to incidences within other regulated settings being missed.

Recommendation 2

Consider what processes need to be put in place to ensure that intelligence concerning risk indicators of abuse/neglect is collated and remedial action taken.

The Review was particularly concerned to hear that in some residential settings it may be more difficult to identify incidences of abuse and neglect. These settings are those where residents are more likely to be self funders and hence are not liable to the same care planning and review systems on behalf of the NHS and/or Local Authority which can ensure abuse and neglect is less likely to occur. It was recognised that this issue could become more pertinent as a consequence of the move towards more individualised budgets. The Review considered that this was potentially a very serious omission and that urgent steps needed to be taken to address this.

Recommendation 3

Adult Social Services to evaluate the safeguards provided through care planning and review systems provided to those who purchase their own care

The Review recognised that the appointment of the Safeguarding Vulnerable Adults Manager within the PCT has resulted in improvements within the community hospital setting in line with the Essence of Care guidelines. However the Review wish to comment that they consider that more work potentially needs to be completed in NHS settings to prevent the neglect of nutritional needs of patients

The Review considered that the importance of robust care planning cannot be over emphasised. The potential for neglect to take place because of poor care planning processes in relation to essential information being omitted or for instance poor moving and handling and medication planning, can have serious repercussion and result in overtly neglectful practice

Recommendation 4

The review would wish to see processes developed to ensure that care planning process are regularly reviewed and monitored to make certain that the potential for neglectful practice is reduced as far as possible

The Review wished to make comment on end of life care and highlight the possibility of neglectful practices. The Review considers that whilst medical intervention may be suitable in some cases, consideration should be given to addressing a persons wish not to go into hospital or not to receive discomfoting medical treatment as part of end of life care. It was recognised that balancing duty of care with personal preferences is imperative when care planning, particularly where a person may not have the capacity to make informed decisions concerning their care plan.

Whilst the Review welcomed the introduction of direct payments they were concerned that the possibility of abuse was increased. The balance between promoting independence and duty of care is likely to be a challenge to Adult Social Services. The Review welcomed Adult Social Services determination that promoting safety from abuse and neglect will be central to personalisation developments in adult social care.

Recommendation 5

Adult Social Services in conjunction with partner agencies to undertake work to compare and identify the risks associated with individual budgets in comparison with traditional forms of providing support

Derby and Derbyshire Safeguarding Vulnerable Adults Partnership

Response to “Safeguarding Adults: A Consultation on the Review of No Secrets”

Introduction

Derby and Derbyshire Safeguarding Vulnerable Adults Partnership (Partnership) welcomes the opportunity to provide their response to the review of “No Secrets: Guidance on Developing and Implementing Multi Agency Policies and Procedures to Protect Vulnerable Adults from Abuse” currently being undertaken.

Derby and Derbyshire Safeguarding Vulnerable Adults Partnership has used the guidance provided by No Secrets 2000 to coordinate joint arrangements to prevent the abuse and neglect of vulnerable adults through:

- Regularly reviewed policy and procedures
- Regular annual reports with joint action plans
- Joint training addressing needs of different staff groups
- Public information campaigns
- Improved outcomes for vulnerable adults at risk of abuse as a result of lessons learnt from joint case reviews, partner audits, and feedback surveys
- The implementation of the Mental Capacity Act 2005

Safeguarding in Derby and Derbyshire has increasingly focused on preventing abuse of vulnerable adults through “designing in” and implementing safeguards into planning, commissioning and operations.

However, the Partnership recognises that No Secrets 2000 requires reviewing to ensure that national guidance:

- Provides sufficient guidance on how communities can be shaped and empowered to lower the likelihood of abuse occurring in the first place
- Addresses the universal service and information needs of all citizens on how to stay safe and what to do if at risk of abuse
- Provides an evidence based risk assessment (including, but not exclusively, those risks associated with disability, age etc)

- Identifies situations that may require adults to have additional assistance to maintain their safety from abuse and the proportionate single or coordinated response from agencies
- Reflects in practice how services can be designed and commissioned to promote dignity and safety for vulnerable adults

The guidance needs also to:

- Describe how to promote safety within care and health settings which will be provided by an increasingly diverse and personalised workforce which is both regulated and unregulated
- Address the safety needs of vulnerable adults in all settings including prisons, secure hospitals and those subject to Deprivation of Liberty safeguards or those people who may be situationally vulnerable
- Have consideration to those people receiving services from accredited social care agencies
- Assist in ensuring equality of access to justice or civil redress for victims with additional needs
- Address recent legislation and processes that have been implemented including the Mental Capacity Act, Forced Marriage Act and the Domestic Violence, Crime and Victims Act, Domestic Abuse Multi Agency Risk Assessment Conferences and Health Care for All.
- Describe the interface with all health care strategies.

The questions in the consultation document are all specifically addressed in this response and are constructed to illustrate the views of the Partnership.

See appendices for complete responses on behalf of Amber Valley Council for Voluntary Service, North Derbyshire Voluntary Action, Derby Homes and Amber Valley Housing

For further information or clarification on this response contact:
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Leadership Prevention and Outcomes

Q1a. Where should leadership for safeguarding adults lie nationally, and how should the various national organisations work together?

Department of Health should have strategic leadership on a partnership model with other government departments such as the Ministry of Justice.

Q1b. Where should leadership lie locally? If within Local Government, then where in Local Government?

Adult Social Services within the Local Authority remains best placed to lead safeguarding arrangements in response to instances of abuse of vulnerable adults. As a whole the Local Authority, in being responsible for managing area based grants and coordinating Local Area Agreements, also has a key role in promoting the safety of communities for its most vulnerable members. Consistency would also be achieved if local leadership remains with the Local Authority.

Alongside maintaining this leadership role for Adult Social Services the revised No Secrets guidance needs to address how safeguarding boards can be enabled to encourage the actions of key partners in safeguarding vulnerable adults as evidenced in various cases e.g. Cornwall.

There should be a greater degree of consistency nationally on how policy is developed to enable all organisations to work together successfully. Clear national leadership should support this.

Q1c. Do we need a template for ‘a local safeguarding job description’ and national procedures for use locally?

National overarching procedures would be useful so that all work towards an identical set of recognised practices that support measurable outcomes.

A national template for local safeguarding roles would give greater consistency and would enhance cross border working.

Q1d. Leadership: How do we know if a safeguarding board is working effectively? To whom should it be accountable?

The Partnership requires key national performance indicators to be designed linked to safeguarding outcomes which can measure the effectiveness of their work. The partnerships terms of reference should be linked to those safeguarding outcomes. These will include reducing the likelihood of abuse

occurring, increasing the likelihood of abuse becoming known to agencies and the prevention of re-victimisation once abuse is referred.

Best practice guidance on the role of the Strategic Director of Adult Social Services suggests that lead responsibility for the protection of vulnerable adults should rest with the Strategic Director of Adult Social Services for each local authority and this Partnership endorses this approach. However, all partner agencies on the Partnership recognise their responsibilities towards the safety of citizens of Derbyshire. This will ensure the mainstreaming of safeguarding vulnerable adults work as a key equality and diversity aspect of building safer and healthier communities.

Q1e. Where should leadership for NHS safeguarding issues lie? Do we want national procedures for the NHS?

Leadership for NHS Safeguarding issues should lie with the Chief Executive of each trust working within joint national procedures.

Q1f. Where should leadership for safeguarding in the care home sector lie? What can be done to strengthen this?

Care providers from the statutory, independent and voluntary sector need to be represented on safeguarding partnerships recognising in turn the roles of local commissioners and regulatory bodies in ensuring the safety of care services.

Q1g. Given that there are multiple ‘chains of command’, how do we ensure that formal leadership roles are accompanied by appropriate authority levels?

In a multi disciplinary setting it is recognised that there will be differing chains of command in their respective organisations. Consideration would need to be given to national multi agency procedures accompanied by developing roles that have recognised authority across multi disciplinary safeguarding arrangements

Prevention

Q2a. Should we be doing more work on prevention? If so, where should we concentrate our efforts? If you are doing effective preventive work, please tell us what it involves.

Q2b. Should we develop a national prevention strategy for adult safeguarding which includes, for example, links with neighbourhood policing, with a human rights agenda, and with Health and Well-Being?

Yes

In answer to both questions above the partnership does require a national and local remit which describes its distinct preventative responsibilities in ensuring safer communities services and traders, which reduces the likelihood of abuse occurring in the first place. These can be achieved through training.

One example of preventative work is the Joint Care Homes Quality Management Group which includes Adult Social Services and the NHS primary care commissioners and providers. It has to be recognised that one gap in prevention is the lack of referrals from GP's who do not always refer safeguarding issues.

Another example is the work of the Safeguarding Governance Group and the multi agency Derby City Performance Improvement Forum specifically reviewing safeguarding performance.

The Voluntary sector supports safeguarding by supplying safeguarding information through cohesive work to prevent abuse or neglect.

Derbyshire Community Health Services (DCHS) have established a Safeguarding Governance Group which encompasses both adults and children. This will enable to organisation to bring the two aspects of safeguarding closer together. Alongside training safeguarding is included on the agenda of all governance groups and clinical forums. Having a dedicated safeguarding lead has raised the profile of safeguarding throughout the organisation.

It has been suggested that a stronger emphasis on safeguarding adults and children in both pre and post registration training.

Q2c. Are whistle-blowing policies effective? What can we do to strengthen them?

There competing organisational cultural drivers which promote and prevent whistle blowing. Joint inspections and national procedures will promote appropriate whistle blowing. Whistle blowing needs to be seen as a positive not negative response to safeguarding. There are difficulties for professionals when making contact to whistle blow and a national single point of contact would be an advantage.

The term whistle blowing has a negative connotation to most staff this would be best referred to as raising concerns, with a support network in place. Derbyshire County Primary Care Trust has a good example of this with its Resolve service.

Outcomes

Q3a. Would an outcomes framework for safeguarding adults be useful? If so, which indicators should we use within the wider responsibilities of Local Government, the NHS and the police force?

A multi agency outcomes framework would be useful. These would be joint outcomes for the Safeguarding Vulnerable Adult Partnership. There are national performance indicators that have direct relevance to safeguarding vulnerable adults (particularly NI 32 regarding repeat victimisation of victims of domestic abuse) however a specific indicator for safeguarding those most vulnerable members of our communities is required.

Q3b. Should we encourage local annual reports to be more evaluative?

Yes annual reports should be encouraged to be more evaluative and this is an issue we will address locally. The reports need to provide evidence for further individual and joint agency work to promote safeguarding. Reports need to provide information on the quality of work in addressing serious and routine cases of abuse and the success at preventing re victimisation, taking into account the rights of adults to take risks. Examples of outcomes for victims would be appropriate. Comparative analysis with other safeguarding partnerships would encourage improvement.

Care pathways need to be evaluated where safeguarding issues have been raised especially where victims have been interviewed. Patient/client experience is one method of achieving good practice.

Q3c. How can we learn from people's experiences of harm and their experiences of the safeguarding process in order to improve safeguarding?

All case reviews require reference to the experience of vulnerable adults and/or their representatives/advocates in terms of their experience of accessing help following abuse and whether the intervention was successful in providing for the safety of the person and the safety of other members of the community. However the process needs careful management to avoid further distress.

Feedback surveys on prevalence of abuse and perceptions of safety of adults with additional needs are needed. Information from these surveys should inform the design of safeguarding arrangements. Patient experience tracker surveys are a useful means to gauge experience to improve services.

The effects of harm and the persons experience need to be analysed against the person's family framework.

Q3d. Should we review current arrangements for delivery of safeguarding adults training? Should we have national occupational training standards across all agencies?

Current arrangements should be reviewed to ensure that all relevant professionals should work towards national occupation standards. Professional accreditation would be advantageous and should be part of training packages for investigation courses. The accreditation could be internal by training staff based on evidence or external e.g. NVQ. Safeguarding training needs to be mandatory for all safeguarding professionals and those involved from the voluntary sector. GP's can be hard to reach for training.

Q3e. Should we have a national database of recommendations from serious case reviews at a national level? Should we review the effectiveness of serious case reviews as learning tools? What should trigger a serious case review, and how should the conclusions be disseminated?

Yes a national database of serious case reviews should be maintained together with the national strategic plan showing how these recommendations have been implemented nationally and reflected locally. There should be a national template for serious case reviews, linked to learning and development. Serious case reviews should be triggered where multiple agencies have failed to safeguard either through systematic neglect or failures of management or practice. Serious case reviews could be disseminated through regional and national forums.

Q3f. Should we develop joint inspections to look at safeguarding systems as a whole? Should this include the police (Her Majesty's Inspectorate of Constabulary) – as for inspecting local children's services?

Yes inspections of safeguarding arrangements are needed to address the safety of vulnerable adults in all settings (not exclusively in regulated settings for example) and in receiving a wide variety of universal and specialised services (not only health and social care). Given the statutory sectors common legal duties in the areas of duty of care, public protection and prevention of crime and disorder, joint inspections of all safeguarding agencies by the relevant inspectorates are required in conjunction with user lead organisations.

Q3g. What are the desired outcomes for safeguarding work?

The desired outcomes for safeguarding work relate to preventative strategies to ensure abuse and neglect does not occur or there are no instances of repeat victimisation. The partnership should supply examples of local practice of safeguarding outcomes related to the learning environment.

Q3h. Should there be national safeguarding adults guidance that incorporates training outcomes and multi agency procedures? How would this be integrated into the personalisation agenda discussed in chapter 4

Yes there should be national guidance that does incorporate training outcomes and procedures. These should be related to national occupational standards and accredited qualifications. The skill set should include risk assessment training linked to the personalisation agenda. Guidance and procedures should be related to all settings e.g. prison, police stations etc.

At present it is possible to hide behind an individual's choice to remain in an abusive situation but we must be able to demonstrate that they have had advice and support to reach that decision in line with the Choice and Control Charter. We need clear guidance on how to manage this type of risk from a legal and governance perspective

Also see question 3d.

Q3i. How much does adult protection currently cost? How is it funded? What evidence is there, if any, that increased funding would lead to better outcomes?

Safeguarding is an important part of differing professions and the cost is proportionate to the problem e.g. homicide. The unforeseen cost is the impact of abuse and neglect on the vulnerable including homelessness and premature admission to care. Consistency of approach through dedicated chair and administration is expected to improve outcomes.

Personalisation and Safeguarding

Q4. In an environment where an increasing number of people will be taking responsibility for arranging their own support, we need to have a debate on how their interests can be safeguarded. What aspects of safeguarding do we need to build into personalisation? What training, risk assessment and risk management should we use? Please tell us what you are doing locally and what more needs to be done.

This is an area of concern to the partnership as personally held social care and health budgets will require new approaches to safeguarding. Adult Social Services within the personalisation agenda are addressing how to filter in the relevant safeguarding information and services to meet the safeguarding needs of

- The majority of citizens who receive universal services (NHS and housing services for instance)
- Adults requiring some specialist assistance to maintain independence
- A relatively small number of adults who require complex specialist and coordinated services to promote health and well being

A shared person centred risk assessment with the vulnerable adult and/or their advocates needs to inform decision making on safe support services. Work in addressing domestic abuse recognises that increasing choice and control promotes resilience to abuse and so personalisation should promote the safety of vulnerable adults. All adults equally have the right not to be “over protected”.

However, where the promotion of choice and control prevents statutory bodies making enquiries (e.g. employment record checks of potential personal assistants) or a high risk of abuse is identified (for example a person chooses a known abuser as a personal assistant) then clarity is needed as to the duties and powers of statutory agencies, such as the Councils, to veto or challenge the use public funds for adults to employ persons known to have the potential to abuse to assist them in meeting their care needs. Should the employer be funded to knowingly neglect their own safety needs?

This scenario also provides a key challenge for training and the professional status of the personal assistant who may be working to a contract (formal or implicit) with their employer. This contract may require the employee not to report abuse or self neglect to outside agencies.

Managing Choice

Q5. What aspects of personalisation – greater independence, choice control – can we build into safeguarding? How do we better inform service users’ informed choices? How do we facilitate informed self – determination in risky situations and in the safeguarding process? How can we move forward on this agenda?

Increased availability of personal budgets will raise public and professional awareness of potential safeguarding issues. However the challenge of balancing an individual’s right to choice and control against risk to them is already inherent in social care practice. Adult Social Care Departments are

likely to receive more scrutiny in relation to practice and will need rigorous risk assessments and recording processes to support decision making.

The Scottish model of mandating employment checks for personal assistants should be considered

Greater engagement, education and awareness raising is essential and in areas of extreme concern the use of advocacy would be beneficial.

Derbyshire Community Health Services Learning Disability team have a Choice and Control group to support this agenda. The Mental Capacity Act will help to assess people's understanding about such decisions.

Health Services and Safeguarding

Q6a. How is the No Secrets guidance being implemented and applied to ensure that it enables staff in the NHS to recognise, investigate and act on abuse? Are local arrangements effective? What more should be done?

Effective multi agency partnership working ensures that Health staff have access to a programme of training on safeguarding issues to equip them with the skills and knowledge required. This is mandatory for Staff. More resources are needed in this area. There needs to be improvements in communication across agencies when undertaking investigations. Social care remains the lead agency but health input is often crucial to decision making and planning.

The Derby and Derbyshire Safeguarding Policies and Procedures have been developed in line with the No Secrets guidance and have recently been reviewed and are awaiting ratification within DCHS. The training plan takes into account the requirements of this policy. There is still however still some confusion for staff as the existing guidance can be interpreted in a number of ways. Cases of self neglect or cases where an individual chooses to stay in an abusive relationship are often discounted from the procedures. Also individual Service Managers have different parameters for inclusion in the procedures and this leads to further confusion. Supervision and debriefing would support this. It has been reported that it is often difficult to access training as places are limited or are out of their area. In most cases the arrangements locally work well but achieving the timescales appears to be difficult.

Clear roles and responsibilities will be helpful and work is in progress to achieve this.

There is also a lack of consistency in reporting. The categories used are not consistently and there is no pathway in place currently to support staff. Work is planned to look into this.

Information is included in new staff induction programme in a local NHS acute trust and updates provided for other staff every three years as per current guidance. Staff in the acute trust need regularly updating to ensure safeguarding is on their radar. There is a need to encourage staff to report concerns to their managers before completing paperwork quickly to reduce likelihood on inappropriate referrals. All trust staff have the recognising abuse briefing slips included in their pay slip bulletins when they are issued.

Q6b. Are health organisations able to work with and adopt multi agency guidance, or is it essential to develop operational guidance that adapts procedures into language, culture and structures appropriate to health care?

There are many instances, particularly with regard to National Service Frameworks where multi agency guidance is effective. The guidance that identifies area of responsibility and ethos should remain multi agency individual organisations could develop specific local operational guidance in appropriate terminology for their staff group if necessary

NHS organisations locally work to the partnerships policy and procedures. It has been identified that local guidance is required and this work has commenced.

A local acute trust is able to work with the multi agency guidance, they have taken the reporting guidance and put it into a format that still follows the policy but has local reporting procedures in it and is compliant with NHSLA requirements.

Q6c. What are the responsibilities of the NHS safeguard leads – are they champions, professional leaders, awareness – raisers, data collectors and reporters? Can one person fulfil all these roles? If not, how should these responsibilities be shared?

All of the above. This cannot be undertaken by one person but as a whole systems approach therefore structures and roles should be within a directorate reporting to the Chief Executive

At present all of these aspects are encompassed in one role in a local Community Health Care Service. The introduction of the Safeguarding Clinical Governance group and changes to the patient safety structure will enable the organisation to analyse the existing role and responsibilities and make proposals for the future. All specialist services have their own Governance

Groups, for example learning disabilities, which feed into the Safeguarding Governance Group.

A local acute trust has an executive at board level with responsibility for safeguarding. There is a patient safety lead in terms of following up the reports staff make and delivering training. A higher profile may be needed for this role. Work is commencing with the new chief nurse to raise safeguarding profile within the trust

Q6d. Is there a need for regional safeguarding forums where health organisations can share good practice and learning? If so what should they look like?

Yes there is such a forum in the local region, led by Social Care. This is multi agency. There should be clear terms of reference for the forum to ensure maximum benefit is gained by attendees to promote good practice.

National, regional and local forums are essential to share good practice. A regional forum has been established but attendance has not been good and further work is required to strengthen this form. Links are currently being made with regional partnership groups.

The value of sharing information electronically could be examined with SUI investigations being forwarded to the NPSA for cascading across England and Wales.

Q6e. How do procedures for investigating Serious Untoward Incidents fit into the multi agency context of safeguarding?

Serious untoward incidents should always be referred into multi agency safeguarding arrangements where it concerns the abuse/neglect of a vulnerable adult.

The incident is initially reported via the identified mechanisms to the PCT and the SHA. The investigation is undertaken by a multi agency team of appropriate seniority identified at the Strategy meeting. Regular progress actions and outcomes will be reported to the PCT and SHA by internal identified mechanisms.

A robust Risk Management Plan is in place within the major NHS provider organisation and all Serious Untoward Incidents are investigated and action taken in accordance with policy. DCHS have representation at the Quality Assurance sub group of the Partnership Board. There needs to be a more robust framework in place which requires all health organisations to undertake case reviews specifically relating to safeguarding.

A local acute trust cooperates with any investigations that take place and are fully involved in multi agency case reviews.

Q6f. Are adult safeguarding systems within the NHS effective? If not, what are the specific challenges that need to be addressed?

Answered from a Primary Care perspective, in the main they are effective. However this is dependant on a continual training schedule and awareness raising to ensure appropriate reporting.

Where cases of abuse to patients are reported involving members of staff there is confusion as to how these are investigated and what subsequent action should be taken. Often such cases are investigated internally and safeguarding procedures are not considered and partner agencies are not informed. National guidance could assist organisations to have consistent and clear processes

All agencies are concerned that there is feedback to the agency/alerter when any referral under safeguarding is made particularly as a learning tool when a decision is made not to take forward to a strategy meeting. This will also ensure that internal agency records on referrals made are reconciled with the monitoring reports provided by the local authority for the SVAP. The policy and procedures locally require feedback to the alerting agency/alerter.

Q6g. Are any parts of the NHS or health care sector less engaged and more in need of assistance to get on board with safeguarding?

It is difficult to engage general practice in investigations and meetings relating to safeguarding. A more robust legislative requirement and clear guidance would be helpful.

Q6h. Is the role of GPs a crucial role for safeguarding in the NHS? Where is the existing good practice and what can be learnt from this?

The GP or members of the PHCT are crucial in recognising identifying and reporting safeguarding issues. Either the GP or member of the PHCT input is crucial for supplying background information/knowledge of the individual(s) and the situation, where there are suspected safeguarding issues. The investigation and subsequent actions are carried out by Social and Healthcare. The majority of reports come from PHCT team members not specifically GPs. GP's in the main are reluctant to attend strategy meetings or send reports as this is not perceived by them as a responsibility.

GP's do have a crucial role in this process but as in the answer above are often difficult to engage with. The model of GP involvement in safeguarding children and we could learn from this.

Q6i. Are their particular issues in relation to safeguarding and mental health? If so how should this be addressed?

Yes particularly with Learning Disabilities and Dementia from a primary care perspective. Therefore training and awareness raising for all levels of staff is essential in order to address appropriately.

Locally Mental Health Services – as the lead partner in joint community mental health teams - take the lead role in coordinating safeguarding arrangements where there are safeguarding concerns for adults with mental ill health. This needs to be recognised in this review.

Learning Disability Services have a Health Care Commission sub group in place to ensure action on all recommendations

Q6j. What central leadership role should there be (if any) and what functions should it have (Healthcare Commission, Monitor, Department of Health, General Medical Council, Nursing and Midwifery Council, strategic health authorities)?

Department of Health with regard to Policy in conjunction with the appropriate professional bodies. The Strategic Health Authority should also have responsibility for performance monitoring.

The Health Care Commission/Care Quality Commission could play a crucial role in setting the standards and monitoring the performance of all health organisations

Q6k. What are the main drivers for standards in the NHS that safeguarding should be linked to?

The Dignity and the Choice agendas are the main drivers.

Providing and ensuring the best possible care for all patients. Also providing care in a safe and secure environment

Community Empowerment, Housing and Safeguarding

Q7a. Do we need stronger policy links between safeguarding and community development and empowerment? How can this be achieved at the national and the local levels?

Stronger policy links are needed between safeguarding and community development and empowerment particularly around overlapping areas of work in safeguarding, sexual assault, and domestic abuse.

Locally in Derbyshire stronger policy links are currently achieved through the safeguarding coordinator from Adult Social Services being located in, and part of the management team, of the joint agency “Safer Derbyshire” team which includes community safety.

Q7b. How can housing providers contribute to safeguarding? What could housing departments , housing associations and supported housing/ living providers do to enable tenants and residents to live safer lives?

Please see attached appendix for the response to this section.

The Criminal Justice System and Safeguarding

Q8a. How can safeguarding vulnerable adults be better integrated into the mainstream criminal justice arena?

Safeguarding vulnerable adults provides a key means of ensuring the criminal and civil recourse rights of all victims of crime are met.

All strategies and operational services provided through criminal justice boards, police authorities, probation and Her Majesties Court Services need to evidence that they meet the diverse needs of their communities including those adults with disability or ill-health. Victim Support agencies ensure that vulnerable adults are assisted through the process to integrate them into this arena.

Performance targets need to be more sophisticated to ensure attention to this area of work which is small volume but high impact. Safeguarding partnerships can then be tasked with meeting these targets.

Currently there are a number of recent initiatives to allow access to justice for vulnerable people, Achieving Best Evidence interviewing, witness charter, investigative standards and trained vulnerable witness interviewers. These need to be periodically reviewed and a better understanding between the different advocate roles developed to ensure that vulnerable people are assisted at the right time by the right people.

Locally this partnership has a single point of contact within the Crown Prosecution Service who also provides leading advice on disability issues.

Q8b. Are police units adequately staffed to respond to the increased reporting of adult protection issues? If not, what changes are needed?

In the Partnership area this has improved in 2008 but still more understanding of the safeguarding arena is needed by police staff. Collaborative training is

an important aspect of this integration but barriers need to be reduced through joint funding and a greater understanding of partnership. Safer Neighbourhood Teams are also trained in safeguarding adults.

The dynamics of sexual exploitation of vulnerable adults as well as children needs to be fully understood by police units.

Locally dedicated officers to investigate abuse of vulnerable adults have been established to investigate relevant offences.

Q8c. Is there a need to develop a more formal system, as in MAPPA and MARAC, with regular police led safeguarding meetings for serious cases?

No there is no need for a more formal system as in MAPPA or MARAC but Safeguarding Partnerships should have equal status. In all cases due regard is given to each professional discipline party to the meeting. Robust decision making backed by documented rationale needs to be developed. Also robust QA processes are essential to ensure that mistakes are identified and designed out. The links between MAPPA, MARAC and the Partnership need to be strengthened.

Q8d. Is there support for multi disciplinary teams / joint investigation teams working together at the same location to assess intelligence, risk assess situations, take decisions on immediate action to safeguard vulnerable adults, decide whether a crime has been committed and whether the allegations should enter the safeguarding process? What are the advantages and disadvantages of joint investigation or joint investigation teams? What helps a joint investigation to work well?

The notion of joint investigation teams is a good one but problematic in implementation due to funding, management issues and culture. A good example of joint working is the Youth Offending Teams. There are advantages to joint working creating a better understanding of the whole safeguarding arena. A joint investigation works well when it is directed and coordinated at every stage across the professionals involved, good communication is essential. The strategies contained in the Core Investigative Doctrine 2005 are professional and a good understanding of them is considered to enhance the professional skills of those involved.

Joint investigation teams can be formed on a case by case basis when the operational need arises.

Q8e. Police officers have considerable experience of risk assessment and risk management. Has that been sufficiently integrated into adult protection work and shared with the multi agency partners, or should that be further developed? How should this be taken further?

No their risk assessment skills have not been integrated into safeguarding adults. Risk assessment should be based on fact, combined with common sense, probability whilst considering the unexpected and its impact. All risk assessment should be as simple as possible. The MARAC tool is an example of risk assessment.

Q8f. Should information about the safety of a person be passed between health and social care organisations, the ambulance service, GPs, CSCI and the police? If so, can it happen now or does it need legislation? Should information include incidents not amounting to abuse, but which may provide early indicators of the likelihood of abuse?

Information should be passed to safeguard. Occasionally the DPA 2000 is quoted to avoid disclosure usually due to a lack of knowledge. No Secrets should mean no one keeps secrets. There are information sharing protocols to allow information sharing and these should include future indicators of potential abuse.

Q8g. Should we have guidance on if and when information should be shared, even when the victim expresses a wish that it is not shared?

This area is already covered in our policies and procedures. However a national joint set of procedures and standards would help to clear up ambiguity for professionals and the voluntary sector. The Caldicott principles should be applied.

Q8h. Should we look at ways of making it easier for people who may be vulnerable to report abuse?

Yes, there should be access to the eight stages of an investigation and differentiated means of reporting crime involving neglect or abuse should be available for all. In terms of being able to report crime special communication methods could be devised for vulnerable people.

Locally work has been done on enabling disabled adults self report hate crimes and seek "safe havens" within a Stop Hate Campaign involving communication strategies and "Essence of Care Benchmarking".

Q8i. Would the proposal to have an annual analysis / review of all information held on each care / nursing home by all relevant agencies be

likely to gain support from agencies, the public and the independent sector providers?

Where safeguarding issues are evident then strategies are developed to reduce the risk of abuse or neglect. The commissioning arrangements for each care/nursing home should be reviewed and where necessary made stronger to reduce abuse or neglect.

Q8j. Financial Abuse appears to have increased steadily and to have diversified. Is there a need to explore the most common types and most effective responses? Should this include preventive strategies in consultation with the Financial Services Authority and British Bankers Association? Should banks and building societies and Financial Services Authority be encouraged to share information that suggests financial abuse of vulnerable adults?

Yes all institutions should be able to share information to safeguard. Financial abuse is the largest area of criminality in relation to vulnerable people. Financial institutions should have similar protocols to the money laundering aspect of drugs enforcement.

Q8k. What strategic links should there be between homicide reduction strategies, crime reduction partnerships, children's safeguarding boards, adult safeguarding boards, domestic violence forums and disabled hate crime?

Clear strategic links via the local area agreement partnerships should be made between all policies, procedures and guidance to ensure that all professionals work towards common aims. Each work stream should have due regard to each other and where necessary or in the interests of vulnerable people they should engage in a coordinated approach to safeguarding. Safeguarding must be everyone's business.

Q8l. What else is needed to increase the ability of the police to participate fully in adult protection / safeguarding?

Joint training at all ranks reducing the cultural differences between agencies and the police.

Locally the introduction of a police central referral unit has provided a one stop approach to seeking police participation in strategy discussions. It also provides the central point for police officers wishing to make an alert regarding abuse that they are first to identify.

Q8m. What can be done to improve identification of vulnerable adults by criminal justice practitioners? For example, could local arrangements be made to provide the police with local groups who may be able to offer advice?

Joint training in recognising and alerting others to abuse is essential to all practitioners. Advocates are available through local groups and they make themselves available to other agencies. Locally the Central Referral Unit reviews all police data to identify and refer vulnerable adults who are being abused and neglected. However these reviews need to be developed to ensure that all appropriate referrals are made.

Q8n. What more can be done to raise awareness in local areas of the availability of intermediaries to assist vulnerable adults with communication difficulties in criminal investigations and trials

Joint training by intermediaries showing how they assist vulnerable people can be considered. Also the integration of vulnerable people in the training arena is a positive step forward provided it is managed effectively. Intermediaries addressing conferences about their work would increase awareness.

Q8o. What else do you think could make a difference?

The driver to influence thinking and skills needs to be through a training skill set that is linked to performance. Accreditation in investigation for all agencies should be seriously considered.

The Role of Guidance and Legislation

Q9a. Do we need updated and refreshed No Secrets guidance? If so, should it be one document for all multi-agency partners, or should there be separate documents for: the criminal justice system; the health sector; and local authorities, to include social care, housing and community safety?

The current No Secrets addresses the requirements of statutory agencies however its legal status makes it only legally a requirement on the Local Authority. Standards that are binding on all statutory agencies would provide the necessary common framework.

Q9b. Is new legislation necessary and how would it help?

The Association of Directors of Adult Social Services have provided a seven point plan that addresses the need for legislation in safeguarding work with vulnerable adults.

There are differing views and opinions expressed within the partnership on the need for legislation. Since 2000 there have been ten pieces of extensive legislation intended to combine to effect society in conjunction with other legislation introduced prior to 2000. There is the view that society has enough legislation to date to work with.

Equally there are views that more legislation is needed to focus professionals and society on its responsibilities to safeguard.

Q9c. Should legislation place safeguarding adult's boards on a statutory footing be introduced? Should it include a duty to commission and contribute information to serious case reviews?

This partnership has an extensive membership already all cooperating to safeguard. A statutory duty may ensure full participation of partners in the work of the partnership. The partnership already is committed to commission and contribute to serious case reviews. This work is reflected in the Partnerships annual report.

Q9d. Should we introduce a wider duty to cooperate in relation to safeguarding? Who would this apply to, how would it improve outcomes and how would it be enforced?

The duty to cooperate is wide enough now considering the implications of the Crime and Disorder Act.

Q9e. Should there be a power to enter premises where it is suspected that a vulnerable adult is being abused? Should this power apply to: the police only, or social workers and other professionals as well?

There is existing legislation allowing police officers to enter premises by force without a warrant to save life and limb and other circumstances. This is sufficient and should be used by the police either as a single agency or in partnership. It is not desired that this power be extended to other health and social care professionals. The extent of the police power to ensure that vulnerable adults are safe and well need to be further clarified to reference against safeguarding.

Q9f. Should such a power apply when an adult has mental capacity and may be self neglecting and self harming?

The answers to the above questions should be reviewed along with this one. No power needs to be introduced; however clarity needs to be given on the status of self harm and self neglect under the safeguarding umbrella.

Q9g. If power of entry is supported, which means to obtain entry should be introduced (e.g. authorisation by a senior police officer or magistrate or other means)

If the government decide to introduce this legislation then the power would need to be to be similar to section 17 PACE Act 1984.

Q9h. Should an offence of ill treating or neglecting a vulnerable adult with capacity be introduced?

There is sufficient legislation designed to cover the many facets of criminality towards others. No government has ever sought to update the Offences Against the Person Act 1863 as it is considered a thorough piece of law.

Q9i. Should there be a power to remove an adult who does have capacity and who does not consent, but who is thought to be being subject to harm?

No this reduces the autonomy of the person and could lead to an infringement of human rights if used incorrectly.

Q9j. Should force be used to remove a person who is self neglecting or self harming?

Where a person who has capacity has made their decision than no force should be used to remove that person. Where a person lacks capacity the Mental Capacity Act 2005 allows professionals to act in their best interests.

Q9k. If a person is removed, where should they be taken, for what purpose and for how long?

If this legislation is introduced then a person should be taken to a place of safety for as short a period as possible. The definition of a place of safety needs to be clarified.

Q9l. Is current care standards legislation sufficient for closing down poorly performing care homes in a timely and effective manner?

The current legislation is adequate for this purpose but the additional resources are limited making it difficult to invoke the legislation.

The Definition Problem

Q10a. Should the No Secrets definition of vulnerable adult be revised?

The No Secrets 2000 definition of a vulnerable adult should be revised. However agencies need to be clear that removing thresholds will result in increased intervention and demand for services.

The definition needs to inform a proportional response that would range from single agencies providing information and sign posting to a complete coordinated response requiring information sharing, joint investigations and joint safeguarding plans.

Q10b. What language should we use? Is abuse always useful or should we change to 'harm' and 'crime'? Is 'perpetrator' always useful (i.e. for neglect within families)?

There are differing views in the Partnership on this issue. Whilst existing language gives effect to what safeguarding agencies are dealing with and changes may influence how safeguarding is viewed there is the view that change is needed to avoid distress to those who are abused or neglected reducing feelings and stigmatisation.

Q10c. How do we enshrine within safeguarding the principles contained within the Mental Capacity Act 2005 and the Human Rights Act 1998?

By reviewing the local arrangements for safeguarding linked to risk assessment in Personalisation. Care Planning is also an important aspect of compliance with both pieces of legislation. Training and robust case management are also important to enshrine legislative principles.

30 January 2009