



HARINGEY SAFEGUARDING ADULTS BOARD

Annual Report 2012/13



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1. Foreword from Chair

Mun Thong Phung

Chair of the Haringey Safeguarding Adults Board



I am pleased to present the Haringey Safeguarding Adults Board's (SAB) Annual Report for 2012/13. Over the past 12 months, the achievements of the Haringey SAB have been significant and reflect the strength of commitment and quality across the partnership. Important milestones have been achieved in each area of the identified work streams reflecting significant efforts on the part of both individuals and organisations across the board.

It is a vital role of the Board to ensure a strong effective partnership approach to adult safeguarding to enable people to live in a place where everyone feels safe and has a good quality of life. We are committed to continue to raise public awareness about safeguarding vulnerable adults and what to do when someone has a safeguarding concern

In December 2012 'Transforming Care: A national response to Winterbourne View Hospital' was published. The extent of the abuse of adults with learning disabilities at Winterbourne View, shown on the BBC's Panorama programme, sent shockwaves throughout the country.

On Wednesday the 6th February 2013 the 'Final Report of the Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust', otherwise known as the 'Francis Report', was published. This report highlighted the fact that all of us can be adults at risk at times in our life.

There is no room for complacency and Haringey SAB must ensure that there are robust mechanisms not only for responding when abuse happens but to impact on early intervention and prevention.

When things go wrong as badly as they did at both Winterbourne and Mid Staffordshire, we realise how easily this can happen. We have created a specialist safeguarding commissioning/contracts post responsible for visits and monitoring all of our independent care homes who immediately puts in to place improvement plans and work with providers where care issues may be emerging. We need to be much more alert, but also much more proactive, to minimise the risk of such events happening again.

The Annual Report details achievements and progress, which we can be proud of, but we also recognise that there is more to do in the future. We will continue to work together in a supportive and collaborative way, whilst ensuring that we challenge ourselves and each other in assessing our effectiveness in safeguarding people in Haringey.

Safeguarding adults is one of the highest priorities for the council; the draft Care Bill states that a high-quality service must be one which keeps people safe from harm. We have come a long way in our efforts to protect people from harm and,

pending the detailed guidance and final new legislation, we have anticipated forthcoming changes and have ensured that we are fully compliant.

We know that there will be new challenges in adult safeguarding in 2013/14 but I would like to take this opportunity to acknowledge the commitment of all of you including the statutory, independent, and voluntary community sector, who have helped us to achieve all that we have in the last twelve months.

2. Introduction

This Annual Report of Haringey's SAB provides a summary of local developments and priorities in the safeguarding of adults at risk of abuse and significant harm in Haringey, whether they live in their own homes, residential or nursing care settings or hospitals. The Government has signalled its intention following a report from the Law Commission to place SAB's on a statutory footing similar to that already in place for Local Safeguarding Children Boards (LSCB).

Recent high profile television programmes, a number of Serious Case Reviews (SCR) and inquiries in Haringey, have highlighted the unacceptable risks of neglect and the physical abuse that people with learning disabilities and older people can face in care services and hospitals. People with mental health problems and physical disabilities are equally potentially at risk of abuse.

Abuse can be physical, emotional, financial, neglect, emotional or sexual. Abuse can take place in people's own homes or in public places as well as in institutions. There is a growing awareness of different types of abuse such as Disability Hate Crime, where people with learning or physical disabilities are victimised for appearing to be different and unable to protect themselves.

Whilst legislation is being considered the Government's most recent published Safeguarding Adults Policy 2011¹ aims to achieve the following objective:

"...prevent and reduce the risk of significant harm to vulnerable adults from abuse or other types of exploitation, whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion."

The policy highlights the importance of organisations working together and with communities to help achieve this objective and forms a crucial basis for the work of the Haringey SAB. The Haringey SAB works to the six principles identified for agencies to work to:

1. **Empowerment** - Presumption of person-led decisions and informed consent.
2. **Protection** - Support and representation for those in greatest need.
3. **Prevention** - It is better to take action before harm occurs
4. **Proportionality** - Proportionate and least intrusive response appropriate to the risk presented.
5. **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
6. **Accountability** - Accountability and transparency in delivering safeguarding.

¹ **Statement of Government Policy on Adult Safeguarding (May 2011)**

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126748

3. The National Context

Adult Social Care (ASC) is going through many changes and facing new challenges. Changes to the legislative framework and new Government guidance are impacting increasingly on the day-to-day work.

Since the last Association of Directors of Adult Services (ADASS) note² was published there have been many significant changes in the wider world of adult safeguarding, including:

- The Law Commission's Review of Adult Social Care legislation
- Draft Care Bill published
- Consultation on possible new safeguarding powers
- Implementation of the Mental Capacity Act
- Changes and developments in domestic violence legislation
- Developments in how hate crime is treated
- Winterbourne View, Ash Court, Mid Staffs and other high profile scandals
- Changes in the Care Quality Commission
- NHS reorganisation and new Healthwatch arrangements

The Law Commission published a document (May 2011) reviewing the law relating to the provision of on ASC in England and Wales and contains recommendations for reform. The report recommends a three level structure containing new statute, regulations and a code of practice. In relation to safeguarding adults, it sets out the duties and powers of local authorities to safeguard adults from abuse and neglect. The new statute would provide clearly that local social services authorities have the lead co-ordinating responsibility for safeguarding.

The draft Care Bill 2013-14 received its first reading in the House of Lords on 9 May 2013, and was published on 10 May 2013. It is a Bill to reform the law relating to care and support for adults and the law relating to support for carers, to make provision about safeguarding adults from abuse or neglect, to make provision about care standards, to establish and make provision about Health Education England, to establish and make provision about the Health Research Authority, and for connected purposes.

The Bill substantially implements the recommendations set out in the law Commission review. These include streamlining and modernising, clarifying rights and responsibilities for older and disabled people and local councils, and improving the position of carers.

The Bill gives Local Authorities a formal mandate for safeguarding adults. Local Authorities will continue to have the lead role in establishing and maintaining **SAB's** which must comprise representatives from ASC, the National Health Service (NHS), the Met Police (MP) and other agencies dependent on local agreement. The Bill sets out a number of proposals and functions for the SAB, including:

² Safeguarding Adults 2011: Advice Note, ADASS/LGA, April 2011.

- To keep under review the policies and practices of public bodies which relate to adult safeguarding.
- To provide advice or information, or make proposals, to any public body on the exercise of functions which relate to safeguarding adults.
- To improve the skills and knowledge of staff who have responsibilities relating to safeguarding adults.
- Set out a new statutory framework for adult safeguarding.
- **Putting SAB's on a stronger, statutory footing, to protect adults at risk of abuse or neglect, whilst creating a single law for adult care and support.**
- To produce a report every two years on the exercise of the functions of the SAB.
- **To commission and contribute to SCR's.**

The Care Bill will replace more than a dozen different pieces of legislation and provides the legal framework for putting into action some of the main principles of the White Paper: **Caring for our Future: Reforming Care and Support**³, and also includes some health measures.

³ Caring For Our Future: Reforming care and support (July 2012)

<https://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support>

4. The Haringey Picture

Haringey is an exceptionally diverse and fast-changing borough. We have a population of 254,900 according to the 2011 National Census. Almost two-thirds of our population, and over 70% of our young people, are from ethnic minority backgrounds, and over 100 languages are spoken in the borough. Our population is the fifth most ethnically diverse in the country.

The borough ranks as one of the most deprived in the country with pockets of extreme deprivation in the east. Haringey is the 13th most deprived borough in England and the 4th most deprived in London (see [Deprivation section](#)).

The population of Haringey is growing. Under the Sub National Population Projections method, the 2011 ONS population estimate of 255,540 is projected to reach 286,700 by 2021. The fastest growing population locally is in age groups 30-34 and 45-49. Number of people aged 65-69 and over 85 decreased since 2001.

The proportion of the population aged 25-39 in Haringey is significantly higher than London (31.1% vs. 28.1%). Haringey's younger population has a similar age profile to London, with 24.9% of Haringey residents aged less than 20 years (compared with 24.5% in London). Those aged 20 – 64 make up 66.3% of the total population. The population of residents aged 65 and over in Haringey is 8.8%, much lower than 11.1% of residents in London

According to the Census 2011, 65% of the Haringey population are not White British. This is higher than the London figure of 55%. It was estimated that the largest ethnic groups in Haringey are White British (34.7%), White Other (23.0%), Black Caribbean (7.1%) and Black African (9.0%).

5. Haringey Safeguarding Adults Board (HSAB)

5.1. Who we are and what do we do?

The Local Authority through the Adult and Housing Services Directorate is the responsible lead agency for providing care services for people in need, including those at risk of abuse. The SAB gives direction, support, guidance and quality assurance to safeguarding adults' policies, procedures and practice in Haringey. It is a multi-agency board established to promote, inform and support safeguarding adults work. We ensure that priority is given to the prevention of abuse, and adult safeguarding is integrated into other community initiatives as well as links to other relevant inter-agency and community partnerships.

Haringey SAB believes that living a life free from abuse is a fundamental right for each person, that safeguarding is everybody's business and that measures need to be in place to protect those least able to protect themselves.

The core purpose of the board is to protect those adults who are at risk of abuse as defined in the *No secrets*⁴ (Department of Health (DH) 2000) guidance; the board also has a key role in promoting the wider agenda so that safeguarding is a responsibility for everyone.

Its membership includes statutory and independent agencies engaged in adult social care, community organisations and groups, including people who use services and carers.

Haringey SAB works to the ADASS guidance about safeguarding arrangements. Relevant ADASS guidance includes the ADASS 2011 Safeguarding Adults advice note⁵ and the ADASS Safeguarding Standards 2010-2011⁶ document.

5.2. What Do We Mean By Safeguarding?

People have the right to live a life free from abuse, neglect and harm. The [Care Quality Commission](#) (CQC) states that:

Safeguarding adults helps people to live a life that is free from abuse and neglect. It also helps to maintain good health and well-being. It includes, but is not limited to, arrangements for responding to allegations of abuse.

Safeguarding adults involves a range of additional measures taken to protect people in the most vulnerable circumstances, people that are currently defined

⁴ No Secrets: Guidance On Developing And Implementing Multi-Agency Policies And Procedures To Protect Vulnerable Adults From Abuse. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486

⁵ Safeguarding Adults: Advice Note (April 2011) <http://www.adass.org.uk/images/stories/Safeguarding%20Adults/SafeguardingAdviceNote0411b.pdf>

⁶ ADASS Safeguarding Standards 2010-2011(October 2011) http://www.adass.org.uk/images/stories/Safeguarding%20Adults/Safeguarding%20Standards%202010_11.pdf

as 'adults at risk'⁷. This may be due to illness, impaired mental capacity, physical or learning disability or frailty brought about by age or other circumstance.

Keeping adults safe within services and supporting adults to be safe within their homes and communities is best achieved through the multi agency approach, coordinated through the Haringey Safeguarding Adults Board.

5.3. Safeguarding Adults Statement of Principles

The AHS Directorate is committed to safeguarding all children, young people and vulnerable adults that come into contact with our work. We believe that all children, young people and vulnerable adults have an equal right to protection from abuse, regardless of their age, race, religion, gender, ability, background or sexual identity and consider the welfare of the child, young person or vulnerable adult is paramount.

The statement of principles has been developed by the SAB to address the specific needs of safeguarding and protecting adults where there are concerns over safeguarding issues as a result of disability, mental ill-health or other complex circumstances.

We will endeavour to safeguard children, young people and vulnerable adults by:

- Valuing them, listening to and respecting them;
- Responding immediately and effectively to all concerns;
- Adopting this policy and adhering to our associated procedures and code of conduct for staff;
- Recruiting all staff, volunteers and associates safely by ensuring that all the necessary checks are made;
- Sharing immediately and effectively any concerns where children are **involved with Children's Services; and**
- Providing effective management of staff and associates through supervision, support and training.

5.4. Functions of the Haringey SAB

The Haringey SAB delivers the following functions:

- Promoting awareness of adult safeguarding and risk assessment;
- Management and governance of the safeguarding process;
- Setting the strategic direction of safeguarding through the SAB
- Implementing new policy directives e.g. Law Commission and reform of adult social care;
- Management of the Deprivation of Liberty Safeguards (DoLS) process; and
- Quality Assurance (QA) of safeguarding adults through the Haringey Adult, Commissioning and Safeguarding Quality Board.

⁷ Adult at risk means adults who need community care services because of mental or other disability, age or illness and who are, or may be unable, to take care of themselves against significant harm or exploitation. The term replaces 'vulnerable adult'.

6. Key Developments and Progress

6.1. SAB Business Plan 2012-13

The SAB Business Plan sets out the Board's priorities in achieving the aims and objectives that have been set to work towards the priorities, and to demonstrate how all relevant stakeholders will participate in achieving these goals.

The Business Plan assists the SAB to support, monitor and review what partner agencies do individually and collectively to fulfil their safeguarding duties. The plan also serves to aid the development of future work for the board and its partner agencies. The Business Plan sets out five keys priorities for safeguarding adults work. These are:

- Strategy and Leadership
- Safeguarding Practice
- Prevention
- Training and Workforce Development
- Communication

Subgroups

The SAB has three sub-groups which support the development of specific areas in preventing and responding to the abuse of adults at risk. In addition there may be occasions the SAB will establish specific, time-limited task and finish groups to report on particular topics according to the work required.

The three subgroups are:

- **Prevention:** responsible for the development and implementation of the Prevention Strategy
- **Training & Workforce Development:** responsible for the strategy, development and coordination of multi-agency safeguarding adults training provision.
- **Safeguarding Adults Practice Board (SAPB):** Coordinate and support the development of safeguarding adults work in Haringey with particular emphasis on developing best practice in safeguarding adults work and learning from experience.

6.2. Strategy and Leadership

NHS and Haringey Clinical Commissioning Group (CCG)

Clinical Commissioning Groups (CCGs) began full operation in April 2013. CCGs are the major commissioners of local health services and need to ensure that they, and the organisations from which they commission services, have effective safeguarding arrangements in place for both adults and children.

We have continued to consolidate safeguarding partnerships with NHS colleagues and General Practitioners (GPs). All local health partners are represented on the SAB. NHS Haringey has good links with Haringey Council **and is part of the local management team meetings. Haringey's** Safeguarding Adults Team (SAT) continues to work in partnership with **NHS Haringey's Care Home Support Team** and Tissue Viability nurses. Good links are maintained with the London Ambulance Service (LAS) which continues to be a major **referrer of safeguarding adults' referrals.**

A joint Integrated Care Programme Board (LA and NHS) has been established and the 3 core priority areas have been agreed:

1. Multi-Professional Care Planning;
2. Integrated Rapid Response; and
3. Enabling Independence (both to prevent delayed discharge and prevent admissions)

Haringey Police

Haringey Police is involved in safeguarding work with both adults and children on a number of levels. The police manager of the police protection desk is a member of the SAB; the police manager of the Community Safety Unit chairs the Haringey Multi-Agency Risk assessment Conference (MARAC) and is also part of the Haringey Domestic Violence Partnership.

Haringey Police is also part of the LSCB and part of the Anti Social Behavior Partnership and Community Safety Board (CSB).

The Police Safer Neighbourhood teams have been active in attending **safeguarding adults' strategy meetings and taking action to report and investigate allegations of abuse.**

The Police encounter adults who may be considered vulnerable (due to mental health, age, illness or disability), and who are a subject of a safeguarding concern. From 2013 **next year these 'vulnerable adults' together with those** subject to Section 135 & 136 Mental Health Act 1983 will be recorded on the MPS MERLIN information system in the category of Adult Come to Notice (ACN).

During 2012/13 we saw the number of referrals for safeguarding adults increase. With the introduction of the MERLIN system, a high number of referrals to adult social care is expected, which will need to be screened and assessed by our Integrated Access Team (IAT) to ensure the safety of individuals and to determine whether they require progression to the SAT for investigation.

Haringey's Multi-Agency Safeguarding Hub

The Multi-Agency Safeguarding Hub (MASH) brings together a variety of agencies into an integrated co located multi-agency team, where they share information appropriately and securely on children, families and adults around the child or young person, in order to make timely and appropriate

interventions. This can substantially speed up decision making by having relevant information shared at the initial stage agencies.

The MASH is staffed with professionals from a range of agencies including: **children's social care, adult's social care, police, health and probation.**

Haringey's MASH has been in place since March 2012 and has been working towards:

- Identifying risks to children at the earliest possible point;
- Ensuring better information sharing and therefore more effective interventions;
- Delivering cashable efficiencies in the longer term; and
- Identifying and reducing harm, crime and anti social behaviour.

In addition to agency involvement in the setting up and implementation of MASH, partner agencies have been kept informed via service meetings, presentations and briefings.

Safeguarding Adults and Deprivation of Liberty Safeguards Members Panel

The Haringey Safeguarding Adults and Deprivation of Liberty Safeguards Members Panel was set up in October 2010 to provide scrutiny of the functioning of adult safeguarding issues, not only within the Council, but also in its partner agencies as they function in Haringey, and to give some reassurance to members who are collectively responsible for the safeguarding of adults at risk in Haringey.

The panel is chaired by a councillor and meets bi-monthly. The panel consists of three elected Haringey Council members who act as the monitoring arm of safeguarding adults work.

The panel has an annual programme of work focusing on aspects of safeguarding. Throughout 2012-13, the panel has looked at a range of topics including DoLS, Safeguarding & Mental Health, Personalisation & Isolation, Domestic Violence (DV) and Winterbourne View.

Other areas that the panel have covered and discussed:

- Safeguarding Adults Performance Reporting – trend analysis;
- Safeguarding Adults Quality Assurance & Business Plan;
- **Haringey's CCG's;**
- Prevention; and
- Home Care and residential care quality standards and concerns.

Next year the panel will be planning further work on our response to Winterbourne View and will have a closer look at financial abuse and dementia which is a growing problem for the borough.

Deprivation of Liberty Safeguards

The DoLS, which is part of the Mental Capacity Act (MCA) (2005), aims to protect people in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards have been put in place to make sure that a care home or hospital only restricts someone's liberty safely and correctly, and that this is done when there is no other way to take care of that person safely.

The safeguards apply to vulnerable people aged 18 or over in hospitals and care homes who are unable to make decisions for themselves but who may need treatment or care to keep them safe and who are not detained under the Mental Health Act (MHA). They are designed to ensure that a person's loss of liberty is lawful, and that they get the special protection they need.

The local DoLS system provides assurance that DoLS works effectively and sensitively.

In Haringey, we received a total of **20** DoLS applications during 2012/13. **17** applications were accompanied by urgent applications and **3** requests were for standard authorisation only.

There were **7** authorisation requests assessed and not granted, as no deprivation was deemed to be occurring and **13** requests were granted.

Applications have been received from both Local Authorities and Acute Care Trusts, including private Hospitals. Out of the **20** requests, there were; **7** Acute Care Trust requests; **9** Local Authority requests; and **4** private Hospital requests.

	2010/11	2011/12	2012/13
DoLS Applications	10	22	20

Table 1 Comparison DoLS Last 3 years

We have also provided a series of DoLS information sessions to local providers so they are aware of the systems and they understand the requirements placed upon them by the safeguards.

6.3. Safeguarding Practice

Safeguarding Adults Practice Board

The SAPB involves a wide cross-section of Haringey Council staff in agreeing and working to an action plan designed to embed good practice and provide an **integrated and efficient safeguarding adults' service**. The sub-group coordinates and supports the development of safeguarding adults work in Haringey with particular emphasis on developing best practice in safeguarding work and learning from experience.

The work of the SAPB is divided into five strands and has a strong interface with the Prevention and Workforce Development Sub-Groups. The five strands are detailed below:

1. **Strategic Partnerships:** There are shared values, aims and objectives of safeguarding that provides people with expertise across the council and with its partners.
2. **Safeguarding Practice:** Practice will reflect the strategic objectives to deliver an accessible, responsive, quality service to people at risk
3. **Workforce Development:** All staff will be equipped to safeguard adults at risk and enhance their knowledge and skills through a multi-agency training and development programme
4. **Prevention:** There are strategic plans to promote awareness, use information to focus resources where it is needed most and work collegially with statutory, voluntary, carers and service users to prevent abuse
5. **Organisational Learning:** The council develops a culture of learning that enriches its work with adults at risk

Safeguarding Adults Team

Our specialist SAT team responds to all safeguarding adults referrals after initial receipt and screening from the IAT. The team uses the London Multi-Agency Policy and Procedures and works in partnership with other agencies including Health. Partner health agencies often have their own safeguarding adults lead who co-ordinate safeguarding adults' work in their own organisation. For example, Whittington Health has a lead nurse for safeguarding adults who is active in developing policy, providing training as well as advice and guidance. Barnet, Enfield and Haringey NHS Mental Health Trust (BEH-MHT), **also have a safeguarding adult's lead that is able to work across agencies to develop the service and focus on safeguarding adults matters.**

Multi Agency Risk Assessment Conference

The Multi Agency Risk Assessment Conference (MARAC) is a multi-agency approach to reducing the risk of serious harm or homicide, faced by high risk victims of domestic violence.

A MARAC takes place once a month and involves partner agencies (including Haringey SAB members) sharing information on the highest risk cases of domestic violence and creating a coordinated action plan to reduce the risk to the victims/survivors and their families. Referrals are made using the Coordinated Action Against Domestic Violence (CAADA) risk identification tool which helps referring agencies determine the level of risk, or based on professional judgment (if a professional believes the victims/survivor to be at high risk of serious harm or homicide).

The Haringey MARAC is coordinated by *Standing Together Against Domestic Violence*⁸ (STADV). STADV took over the coordination of the Haringey MARAC in March 2013. A victim/survivor should be referred to the Haringey MARAC if they are an adult (16+) who resides in the borough and are at **high risk** of domestic violence from their adult (16+) partner, ex-partner or family member, regardless of gender or sexuality.

⁸ <http://www.standingtogether.org.uk/standingtogetherlocal/standingtogethermarac/>

Domestic Violence

In its 2012/13 plan, the Council reiterated its commitment to protecting the most vulnerable people from avoidable harm or abuse:

“We want vulnerable children and adults living in Haringey to feel supported and secure, and our looked after children to live in stable placements. We want to raise awareness of domestic and gender-based violence and ensure that survivors are supported.”

National research indicates that 50% of men who identify as victims may be perpetrators – as has been evidenced by Hearthstone⁹, as well as both parties presenting as victim-survivor. Best practice includes carrying out effective **assessments to identify ‘who does what to whom’ in a relationship.**

- In 2012/13, 4% of MARAC referrals were for male victims; this is in line with London and national averages, and potentially evidences that men are less likely to experience ongoing life-threatening abuse and violence.
- Both men and women with a limiting illness or disabilities are more likely to experience intimate partner violence; disabled women are likely to have to endure it for longer because appropriate support is not available. In 2012/13, only 9 clients attending Hearthstone reported that they had a disability (2%).
- In 2012/13, 4% of MARAC referrals were for victims who stated they had a disability; this is under the averages for London (6%) but higher than the national average (3.2%).

The key messages from recent local DV episodes and serious case reviews are about the need for effective networking and working together. DV can affect adults at risk and there is a need for both the Haringey SAB and for safeguarding adults work to be locally well connected and organised. The Haringey DV co-ordinator is a member of the Prevention sub-group and is able to brief the SAB about DV work.

The DV Team is currently producing leaflets for the public on how to access **services, and developing the referral system, the aim is for GP’s to be able to identify risk factors and refer individuals**

The Haringey Domestic Violence and Safeguarding Adults Protocol has been reviewed to reflect the Pan London Guidance and the recent changes in legislation in relation to Domestic Violence. The purpose of the protocol is to promote best practice in partnership working between agencies responsible for safeguarding adults and people affected by Domestic Violence in Haringey.

6.4. Prevention

Prevention Subgroup

⁹ Hearthstone works with a number of statutory and voluntary sector organisations to provide a holistic package of emotional and practical support for survivors of domestic violence in Haringey.

The purpose of the subgroup is to ensure that there are strategic plans in place to promote awareness, use information to focus resources where it is needed most and work collegially with statutory partners, voluntary organisations, carers and service users to prevent abuse.

Prevention Strategy

Prevention of abuse has been an important part of the Haringey SAB's work and is an essential part of the SAB's safeguarding business plan. Personalisation has developed in recent years posing new challenges for care services. There is the need to empower and offer choice to people and at the same time equip people with information and tools to protect themselves.

Within this context, Haringey's SAB is developing a multi-agency Adult Safeguarding Prevention Strategy 2014-17, which represents a commitment across the different agencies involved with adults to promote a safer Haringey. These agencies share a common aim to promote safety, prevent abuse, and protect adults at risk from abuse. By delivering this strategy, we hope that more people living in Haringey will be able to live a life free from harm, whilst living their own lives and making their own decisions.

The strategy sets out the strategic direction for prevention in adult safeguarding and the main priority areas for the different agencies that care and support adults at risk in our community. It represents the collaboration between these agencies to provide a joint framework by which we will work in partnership to safeguard adults at risk from abuse.

The strategy describes the national and local policy framework and identifies nine priorities for our adult safeguarding prevention work. These nine priorities cover a wide range of safeguarding prevention activities, which are incorporated in a delivery plan for 2014 and beyond.

Achieving these priorities will mean working cross sector to sustain existing and implement new preventative and early interventions, increasingly building towards a closer integration of health and social care, in partnership with voluntary and community organisations and other service providers.

The delivery plan will be monitored by the SAB Prevention Sub-group to ensure it meets the objectives and outcomes of the strategy for adults in Haringey.

Hate Crime

We are raising awareness of the importance of tackling hate crime, collecting and presenting data, encouraging and highlighting examples of best practice and giving victims better protection under the law and have an action plan in place which has been framed around the Home Office's national direction to combat hate crime. The three key areas are:

- **Preventing Hate Crime:** including working with schools and voluntary sector partners to change attitudes and behaviour).

- **Increasing Reporting and Access to Support:** making it easier for victims of hate crime to come forward and report offences.
- **Improving the Response to Hate Crime:** Councils and other local partners work together with the criminal justice system to bring offenders to justice.

Effective and targeted interventions are in place to protect people who have Physical Disabilities (PD), Sensory Impairment, Learning Disabilities (LD), and their families. Special interest groups have been set up within the LD service looking at police involvement such as LD liaison officers, training, and better links, etc. We are also targeting a training/awareness programme for officers and how we can all link in to provide an understanding of Hate Crime to service users and families.

In September 2011 we launched the red box hate crime reporting initiative. This involves people with LD being empowered to take action to protect themselves. As part of the awareness campaign, we have now extended the Red box campaign to 3 local police stations; Tottenham, Hornsey and Fishmongers Arms. This vulnerable group of adults are feeding back positive messages about the work we are doing to help to keep them safe.

The SAT has set up a system to identify and record hate crime victims to ensure that all incidents of hate crime and harassment are dealt with effectively.

The action plan is being delivered through all relevant partners working together including the Haringey Learning Disabilities Partnership.

6.5. Training & Workforce Development

Training & Workforce Development Subgroup

The SAB is responsible for taking a strategic overview of the planning, delivery and evaluation of the inter-agency training that is required in order to promote effective practice to safeguard.

The Training and Workforce Development subgroup has the responsibility for the development, planning and coordination of multi-agency safeguarding adults training provision. This includes making recommendations regarding the facilitation and commissioning of appropriate training resources and the regular review and evaluation of the training provision in line with the SAB Business Plan.

Training & Programme

We have continued to promote awareness of adult safeguarding and risk assessment - Training sessions were provided for staff in the mental health teams, the Joint Learning Disability Community Team, and for elected Council Members. Information leaflets were reprinted for staff and information was provided to a carers group.

We have reviewed the adult safeguarding training programme, giving more emphasis to specific training such as dealing with financial abuse, ensuring that higher numbers of independent sector staff receive training. New financial abuse courses were provided for staff, in partnership with Enfield.

Free training is offered to local providers of care services and a new online training portal has been launched, providing courses for staff and partner agencies and can be accessed via the Learning Pool website. In addition, the Training and Workforce sub-group was re-launched, completing an assessment of local provision and examining potential for developing services in line with the Bournemouth University Safeguarding Adults competencies.

We have developed a safeguarding Development and Learning Opportunities work programme for all staff and partners. All the courses are designed in accordance with the National Minimum Standards implemented by the Care Standards Act 2000, and where possible linked to the Qualification Credit Framework. Courses delivered during 2012/13:

- Safeguarding Awareness Briefing for Trades
- Safeguarding Adults: Raising an Alert and immediate steps
- Legislation and Partnership working in the protection of adults at risk
- Safeguarding Adults at Risk: The role of the social worker in adult safeguarding
- Protecting Against Systemic and Institutional Abuse
- Safeguarding Adults– 7 steps to safety
- Financial & Material Abuse
- Financial & Material Abuse - Advanced
- Mental Capacity Act and Deprivation of Liberty Safeguards– Awareness
- Safeguarding Adults - Investigations
- Safeguarding Adults - Chairing Meetings
- Safeguarding Adults - Recording Skills

A total of 249 individuals (including internal staff, NHS, external partners and other London Borough) attended our courses in 2012/13.

We also offer e-learning modules on safeguarding adults and children. E-learning modules in 2012/13:

- ***Safeguarding Awareness for Adult service workers:*** this course is designed to ensure all staff that work or are in contact with adults at risk have a basic awareness of abuse and know how to respond to safeguarding concerns
- ***Introduction to adult safeguarding for Social Workers:*** To understand the role of the social worker in adult safeguarding and importance of promoting equality and inclusion in work with adults
- ***Deprivation of Liberty Safeguards:*** This module provides the learner with the context of DoLS and who does what during the process as well as identifying the six types of assessment, the process of review, and how to recognise an unauthorised DoL.
- ***Mental Capacity Act:*** This module is designed for social care and health staff and providers who are likely to come into contact with individuals who lack mental capacity or have fluctuating capacity.

We are committed to providing high quality multi agency training that supports staff in carrying out their duties and to ensure compliance against CQC requirements (Outcome 7 safeguarding people who use services from abuse) from the Essential Standards of Quality and Safety.

6.6. Communication

Safeguarding Seminar - Haringey and Voluntary Community Organisations

Haringey SAB held a special seminar (Safeguarding Today) in December 2012 in partnership with the Haringey and Voluntary Community Organisations (HAVCO), the LSCB, and Safer Network at Tottenham Hotspur Football Club.

The seminar was aimed at Voluntary and Community Sector (VCS) organisations that provide services to children, young people and vulnerable adults and was well attended by over 50 people.

Key Priorities of Participant:

- Improved engagement with the VCS - enabling statutory partners to have a better understanding of the pressure points among some communities, e.g. Gang crime involving young people whose parents come from war-torn areas
- Improved engagement with local people – building positive relationships.
- Networking & regular briefings – enabling VCS organisations to update their policies and implement safety procedures, for instance.
- VCS Influence – **vehicle required to enable VCS providers ‘on the ground’** to inform policy and implement procedures.

Key Priorities to improve safeguarding agencies:

- Improve information sharing between VCS providers and statutory sector leads around safeguarding
- Introduce core development systems to balance confidentiality and data protection with information sharing.
- Understand and respond to VCS provider safeguarding needs are.

Various presentations were delivered covering the new Vetting & Barring Service (VBS), Strategic Commissioning & Safeguarding, Prevention & Partnership Working, and the Joint Strategic Needs Assessment (JSNA).

2 workshops were also set up and participants had the opportunity to discuss with partners about:

- Voluntary & Community needs around safeguarding children and adults; and
- How do we improve joint working between safeguarding agencies.

Safeguarding Newsletter

We have developed an electronic newsletter for professionals in Adult Social Care, promoting information on safeguarding adults, including changes that occur at national and local levels.

Neighbourhood Watch

We attended the Haringey Association of Neighbourhood Watches Committee meeting in November 2012 to give a presentation on safeguarding adults and DoLS. The meeting was attended by all neighbourhood watch ward leaders as well as the Police and Councillor Lyn Webber.

The presentation covered basic safeguarding adult's information such as who is at risk, how to prevent, the MCA and where to get resources. There were also opportunities for question and answer sessions.

The committee provides information for all the Neighbourhood Watches in Haringey and is all about forming communities where people are looking out for each other.

7. Other Work and Achievements

7.1. Service Review of Safeguarding Adults

Safeguarding Adults in Adults Social Care underwent a service review in May 2012 over an 8 week period. The aim of the Review was to assess how effective Safeguarding Adults processes and practice is in the Borough through evidence based assessment and review of the current practice across adult social care.

The review included file audits, interviews with front line staff, managers and Heads of Service, Organisational Development and Change meetings, face to face meetings with partners, questionnaires to the SAB Members, analysis of serious complaints relating to safeguarding adults and an analysis of the data collected by our internal Performance Team.

A number of recommendations from the review were made and have been embedded in the SAB Business Plan and the SAPB Action Plan. Findings were presented to the SAB in July 2012.

7.2. Accreditation Scheme

Haringey's Adults Commissioning Team has launched two new developments which address safeguarding matters:

- A new accreditation scheme for domiciliary care providers. Each provider wishing to provide services for the local authority must first either be registered with the CQC or be successfully accredited with Haringey Council. Since the launch of the accreditation process, and as at the end of March 2013, we have accredited 35 Domiciliary Care Providers. The reviews involved unannounced spot checks, a review of policies and the review of client and care worker records. We also observed how care is delivered to individual clients and interviewed residents using care, to find out whether the services they received improved the quality of their lives.
- Consolidation of the local Providers Forum. This has grown into a well attended monthly forum for providers of care services within Haringey. A special joint CQC and safeguarding session took place in May 2012.

We are planning on going even further and start accrediting Supported Living organisations in 2013/14 to allow people who use services to have the same confidence when seeking additional support.

7.3. Information Sharing Protocol

As an organisation, we have a legal responsibility to ensure that the use of personal information is lawful, properly controlled and that an individual's rights are respected. Haringey SAB recognises the need to provide clear guidance to staff and partner organisations on when and how to share information, in order to establish the truth about allegations of abuse or neglect of adults at risk, and prevent abuse or neglect.

The Haringey Safeguarding Adults Multi Agency Information Sharing Protocol (ISP) was reviewed and ratified at the SAB meeting in October 2012. The ISP replaces the previous version published in 2009.

The ISP is an agreement between partner organisations and is written to promote the sharing of personal data and/or sensitive personal data, as defined by the *Data Protection Act (DDA 1998)* in the specific context of Adult Safeguarding. It describes the information which will be shared between partner organisations and the arrangements for assisting compliance with relevant legislation and guidance.

The purpose is:

- To facilitate the secure exchange of information, where necessary to ensure the health, well-being and safeguarding of Adults in Haringey; and
- To provide a framework for the secure and confidential sharing of personal information between the partner organisations.

Haringey SAB has also produced *A Practitioners Guide* to the ISP which provides a high level summary of the main provisions of Haringey's Safeguarding Adults Multi Agency ISP.

7.4. Linden Road

Linden Road, a specialist residential home that accommodates adults with learning disabilities, including complex needs and behaviour has recently received a positive report from the CQC, meeting all the essential standards of quality and safety inspected. CQC Found:

- People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care;
- People experienced care, treatment and support that met their needs and protected their rights;
- People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening;
- People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines;
- People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises;
- People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard; and
- The provider had an effective system to regularly assess and monitor the quality of service that people receive.
- Appropriate policies and procedures were in place for the home.

All staff at the home has also undertaken training in safeguarding adults and is aware of the action to be taken in the event of a safeguarding incident.

HLDP is able to use its strength and depth in terms of expertise, to ensure that vulnerable people with challenging behaviour such as those residents placed in home such as Linden Road have, to offer high quality clinical care and effectively monitor their care.

7.5. Joint Establishment Concerns Policy & Procedures

An 'Establishment Concerns' is the process by which concerns are managed with respect to a number of adults at risk in one establishment, or where there are serious concerns about poor quality of care.

The Haringey Joint Establishment Concerns Policy and Procedure was ratified at the Safeguarding Adults Board meeting in April 2013 and has been launched. The launch was attended by 100+ people including commissioners, providers, Haringey staff, as well as Health colleagues.

The policy and procedure has been developed as a means for managing large scale investigations of Care Providers. It is a response to the concerns raised in SCR about the quality of care and safety of people, most recently the South Gloucestershire report on Winterbourne View Private Hospital and the Francis Report on the failings found at Mid-Staffordshire NHS Foundation Trust

In drawing up this policy, Haringey Council and Haringey CCG's are committed to working in partnership with statutory partners, in particular the CQC who retains the overall responsibility for the registration and monitoring of care providers' compliance of essential standards: quality and safety. Other key partners and stakeholders are police colleagues, voluntary organisations and people who use services and those who support people who use services as family, friends and local residents.

7.6. Adult Safeguarding Self Assessment Assurance Framework

In July 2012 NHS London requested all shadowing CCG's within the cluster to utilise the Adult Safeguarding Self-Assessment Assurance Framework (SAAF) to demonstrate their focus on robust Safeguarding Adults at Risk arrangements across Commissioning and Provider Organisations.

There were five targets set within the framework. Organisations that were responsible for Commissioning of Services were asked to self-score and provide evidence on their current practice to justify their scores against the benchmark statement that was set.

Haringey SAB was asked to quality assure some of the returns

7.7. Adult, Commissioning and Safeguarding Quality Board

Haringey SAB aims to ensure that there are effective quality assurance systems in place to safeguard adults and that processes are developed to monitor interagency work and outcomes for service users. This is done through the Haringey Adult, Commissioning and Safeguarding Quality Board.

The provision of and analysis of safeguarding adults data is an important part of assessing quality. Haringey Council Performance Team produces monthly safeguarding adult return that provides a vast range of information about the referral, type of abuse, where it happened and who was involved.

(See section 9 for 2012/13 safeguarding adult's statistics).

The CQC's risk-based approach supports the safeguarding agenda by monitoring provider compliance with the essential standards of quality and safety and identifying where standards are at risk of failing. Targeted inspections will be carried out where a significant risk is identified. Inspections may also be triggered through performance information reported in the Quality and Outcomes Data Set, local intelligence or feedback from service users. In the context of localism, the local HealthWatch¹⁰ and other neighbourhood groups will become the eyes and ears of safeguarding, highlighting and reporting suspected neglect and abuse.

The Adult, Commissioning and Safeguarding Quality Board oversee compliance against the Essential Standards¹¹ of Quality and Safety to ensure robust practices are in place.

7.8. Good Practice – Working with Children's Services

Section 11 (s11) of the Children Act 2004 places a statutory duty on key persons and bodies to make arrangements to ensure that, in discharging their functions, they have regard to the need to safeguard and promote the welfare of children and that the services they contract out to others are provided having regard to that need. Improving the way key people and bodies safeguard and promote the welfare of children is crucial to improving outcomes for children.

The LSCB commissioned a series of s11 audits, identifying various areas of improvement. **The Children's Safeguarding Policy and Performance Advisory Committee requested sampling of referrals from Children's Services taken forward by Adult Services.**

Adult Services selected a sample of these referrals as part of their case file **audit process to look at how Adult and Children's Services are working together – especially in open cases.** **The Adult's audit included referrals to Physical Disabilities, Occupational Therapy, Adult Safeguarding and Learning Disabilities service areas.**

It was concluded that Adult and Community Services have a robust method of recording, which is monitored and checked by senior managers; monthly case file audits are checked and reviewed by the Deputy Director at the monthly performance callover with senior managers. These are also discussed at the Adult, Commissioning and Safeguarding Quality Board.

¹⁰ HealthWatch England, independent consumer champion for health and social care in England
<http://www.HealthWatch.co.uk/>

¹¹ Essential Standards of Quality and Safety <http://www.cqc.org.uk/content/essential-standards-quality-and-safety>

8. Winterbourne View

In May 2011 abuse at Winterbourne View Hospital was exposed by the BBC Panorama TV programme. As a result the government asked for immediate action to be taken. This led to the CQC writing a report and carrying out 150 inspections on care settings.

A report was submitted to the Haringey SAB meeting in October 2012 detailing the actions taken in response to the South Gloucestershire SCR undertaken in relation to Winterbourne View Hospital.

The SCR provided the HLDP with the opportunity to review practices and consider whether there are any lessons which can be learnt to improve care management and to increase assurance that people who use services in Haringey are safeguarded against abuse in a hospital setting.

A project team made up of health and social care staff has been set up to manage the review and move on options for people. To ensure existing work commitments, strategy and commissioning plans seamlessly combine with and complement the vision and aims stated in the concordat, we have developed a joint work plan that accounts for all the key actions identified. The plan focuses on:

- Reviewing all people placed in the borough and out of the borough **hospital/Assessment and Treatment Units (ATU's) by next year;**
- To respond immediately to any safeguarding concerns;
- To plan for local high quality care including independent advocacy to support change for people who are able to move back to their local community; and
- To put in place independent monitoring advocacy for people not yet ready to move to quality assure current provision.

People who use services, family carers, service providers and a wide range of **professionals' from multi disciplinary backgrounds have been and are invited to participate in ASC's service reviews and commissioning and procurement processes.** Many of which are currently organised and used to promote the return of people placed in residential services outside the London Borough of Haringey (LBH). Work on the joint action plan is ongoing, the aim is to ensure all the recommendations set out in the DH report (December 2012) and the concordat are implemented in Haringey.

Where we want to be in March 2014:

- Full reintegration of people who use services into meaningful life roles;
- Identify the level of need for current service activity; and
- Full incorporation of continuing health care into the learning disability pathway

Strong assurance can be given that Haringey residents can be safeguarded against the type of sustained abuse identified within Winterbourne View and that robust policies and procedures are in place to respond to safeguarding alerts as they are raised.

9. Safeguarding Adults Performance Information

What the statistics tell us - Alerts and Referrals

Source AVA Returns Period: 01/04/2012 to 31/03/2013

We collect information about safeguarding adults work in Haringey, so we know how well we are safeguarding people. This information helps the SAB decide what their next steps should be.

We received a total of **1408** alerts in 2012/13 of which **520** were referrals. Every year we have seen an increase in alerts as more people know about abuse and where to report it.

The graph below compares the numbers of alerts and referrals since 2011/12. We have seen a **47%** increase in the number of alerts raised and **10%** increase in the number of referrals.

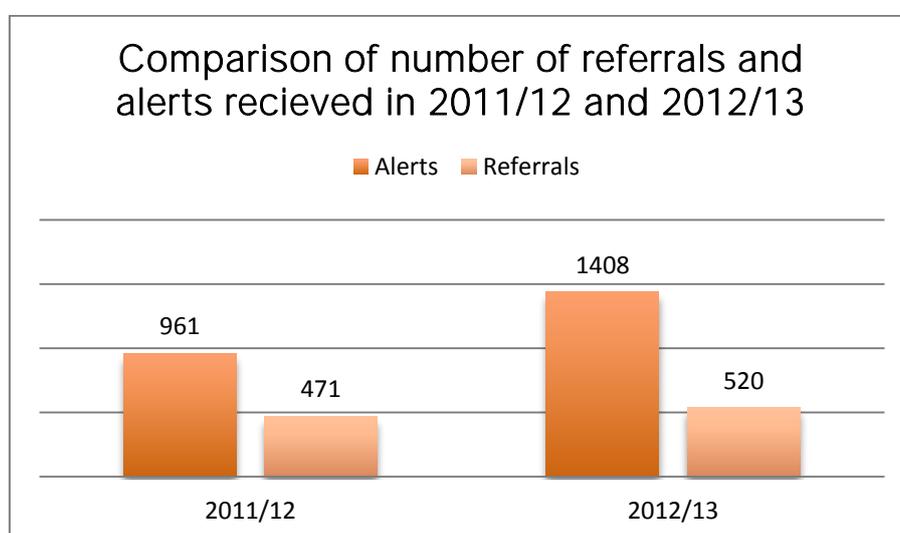


Chart 1 comparison of referrals and alerts

Who is at Risk?: Primary Client Group

As in previous years, most alerts we receive concern the abuse of older people with a physical disability and sensory impairment. The table below shows the comparison breakdown of all our safeguarding referrals by the adults at risk's primary need.

Primary Client Group	2011/12*	2012/13*
Carers	-	< 1.0%
Learning Disability	17%	17%
Mental Health	27%	29%
Physical Disability & Sensory Impairment	46%	48%
Substance Misuse	2.0%	< 1.0%
Other Vulnerable Adults	8.0%	6.0%
Unknown	-	< 1.0%

Table 2 - primary client group comparison figures

* Based on the number of referrals

The primary client group with the highest number of referrals received in 2012/13 is people with a physical disability and sensory impairment. In comparison to last year, this is a **15.9%** increase in the number of referrals. Mental Health has increased by **18.2%** with **149** referrals compared to **126** referrals last year. Learning Disability has seen an increase of **11.5%** and Other Vulnerable Adults a decrease of **20.0%**.

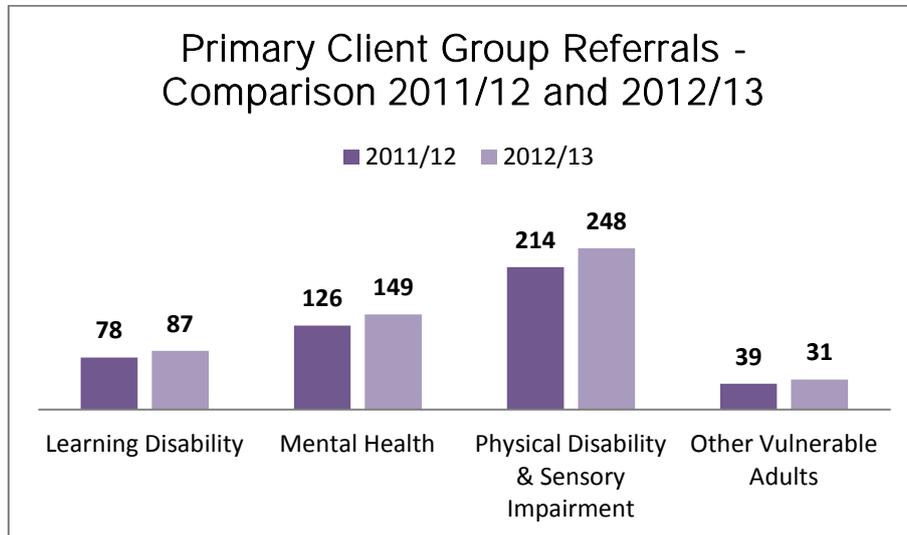


Chart 2 Primary client group referrals

The safeguarding data shows that there are few safeguarding referrals for people who are unpaid carers for adults who are ill, frail or living with a disability. Carers have been involved in a SAB task and finish sub-group and this has led to plans for further work with carers groups to provide information about safeguarding adults

People affected: Age Group

Haringey is an exceptionally diverse borough, based on the census 2011 figures; Haringey has a population of 254,900 of which 22,400 of the population are 65+ (**8.8%**). Over half the adults (**51%**) referred in 2012/13 were over the age of 65. This is an increase compared to last year when 65+ represented **39%** of all referrals. **49%** of referrals received were from the 18-64 age group, an increase since last year.

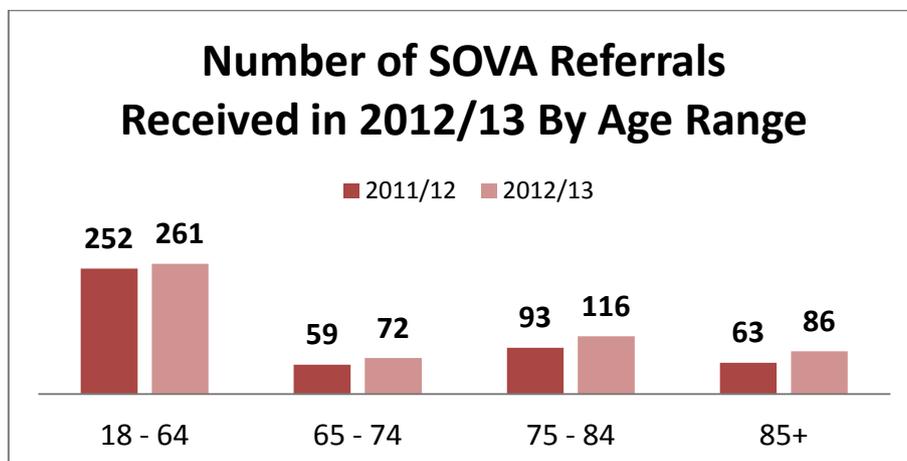


Chart 3 SOVA referrals by age

People affected: Age by Primary Client Group

The primary client group by age with the highest number of safeguarding referrals is for adults with mental health issues aged **18-64**, this accounts for **19.6%** of all referrals. This is followed by adults with a physical disability and sensory impairment in the **75-84** age range making up **19%** of all referrals. Learning Disabilities is also one of the client groups that has one of the highest numbers of referrals in the 18-64 age range accounting to **15.6%**.

However, if we look at older people in the 65+ category overall, it is the apparent that the highest number of referrals recorded is from people with a Physical Disability in this age range accounting for **39%** of all referrals.

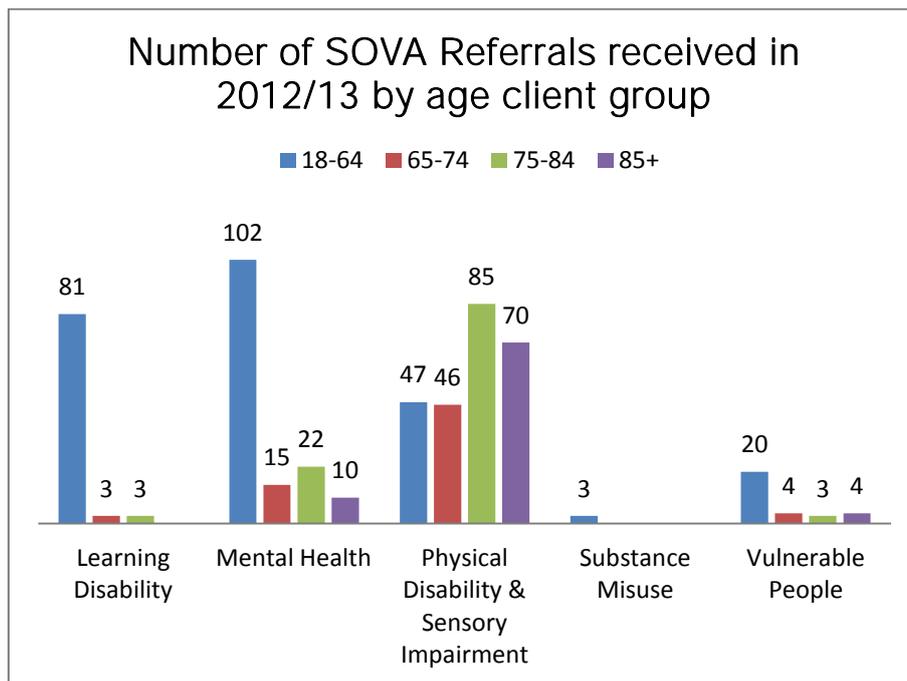


Chart 4 Number of SOVA referrals by client group

People affected: Gender

According to the 2011 Census information, **49.5%** of the population are male and **50.5%** are female. Of the referrals received during 2012/13, **44.2%** of all cases were from the male gender compared to **43%** last year. Females accounted for **56%** this year which is lower compared to last year figures of **57%**.

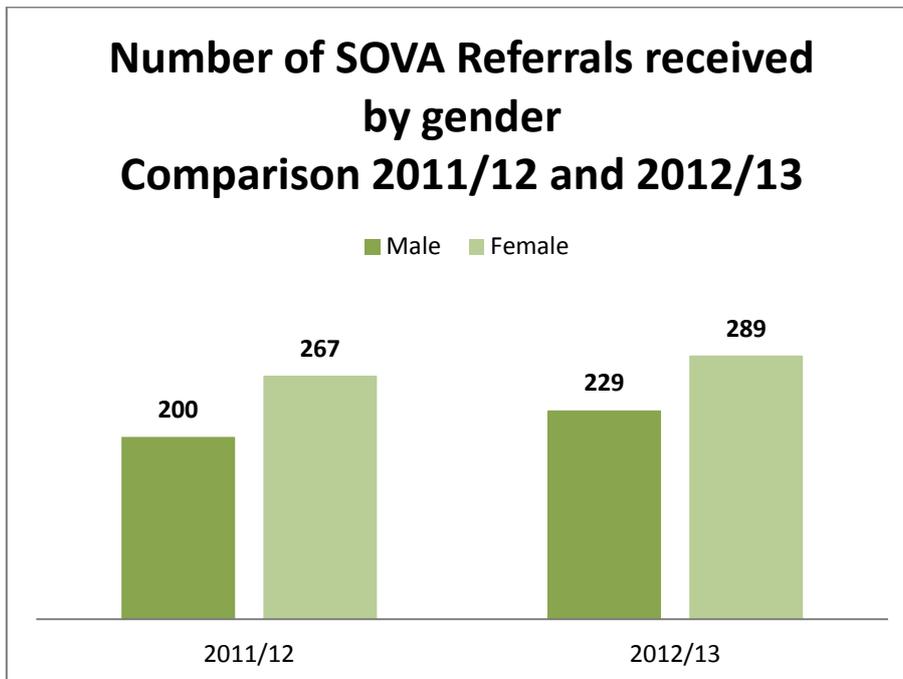


Chart 5 SOVA referrals by gender comparison

People affected: Gender by Age Group

Most of the female referrals received were from the **18-64** age group which accounts for **24.4%** of all referrals. Males accounted for **22.8%** in the same age category.

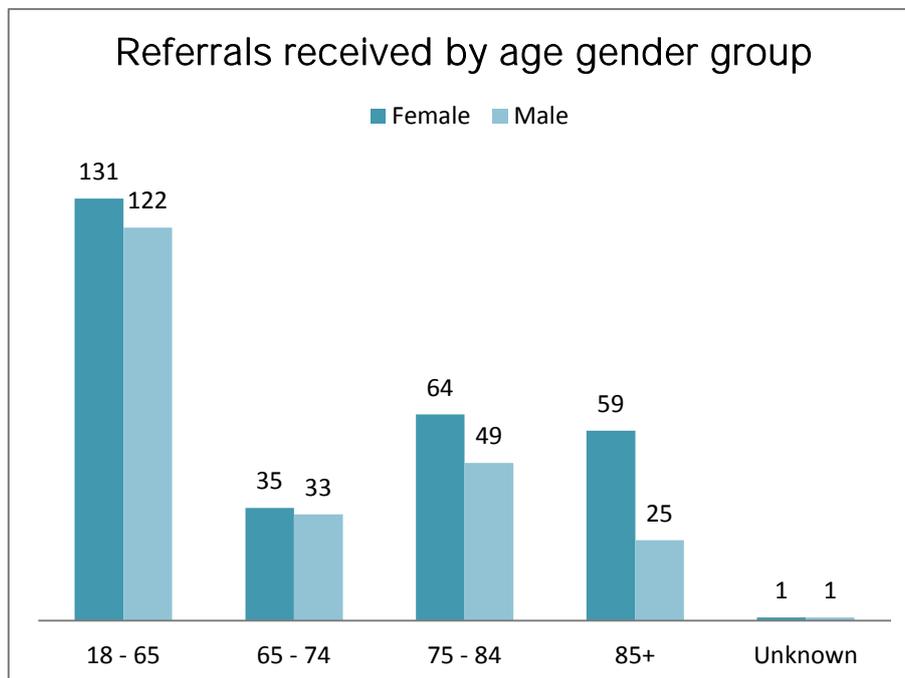


Chart 6 SOVA referrals by age and gender

Below is a further breakdown by age and gender. Other than the **25-34** age group; we have received more referrals from females than males in all age groups. The highest number of referrals we have received by age and gender is the **75-84** age group for females at **12.1%** the is followed by the **85+** age group with **11.4%**

Age Range	Female Referrals		Male Referrals	
	Count	Percentage	Count	Percentage
18 - 24	24	4.5%	16	3.0%
25 - 34	24	4.5%	39	7.3%
35 - 44	27	5.0%	18	3.4%
45 - 54	31	5.8%	31	5.7%
55 - 64	29	5.4%	22	4.1%
65 - 74	38	7.1%	34	6.3%
75 - 84	65	12.1%	51	9.5%
85+	61	11.4%	25	4.7%
Unknown	1	0.2%	1	0.2%

Table 3 - breakdown of gender referrals by age group (Excluding repeat referrals)
(Source: Internal data)

People affected: Ethnicity

According to the census 2011, 60.5% of the population are from 'White' background. 19% of Haringey residents are from Black ethnic groups, this is the second highest group in the borough (after White ethnic groups), and significantly higher than London (13.3%).

Ethnicity was recorded for 478 of 518 referrals received (40 not stated). Of these 300 adults, approximately 63% were from a 'White' ethnic group, 1.9% were from 'Mixed' background, 6.9% were from an 'Asian or Asian British' background, 23.8% from a 'Black' background, and the remaining 4.6% were from other ethnic groups, including Chinese and Middle Eastern groupings.

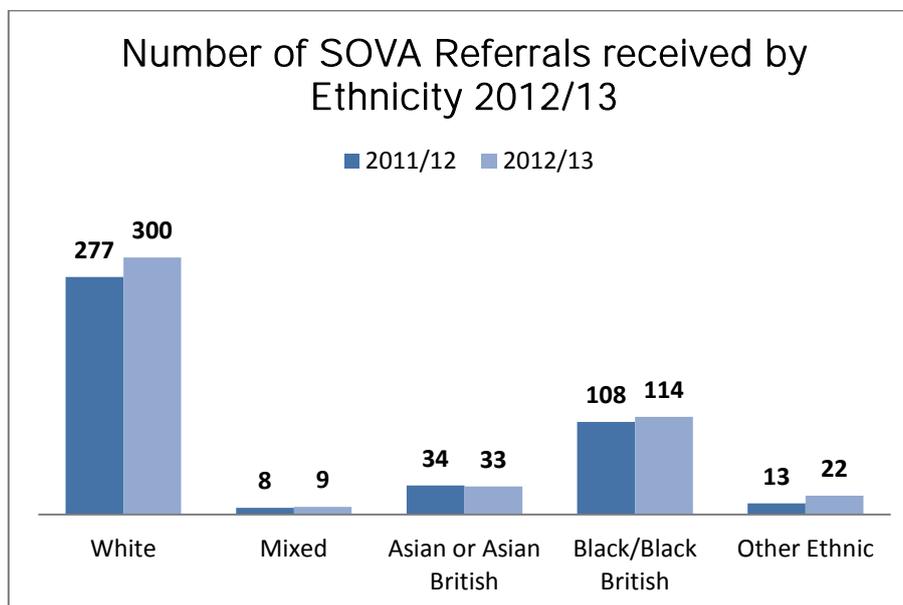


Chart 7 SOVA referrals by ethnicity

The figures show that cases involving 'White' adults and 'Black/Black British' adults are over represented compared to the Haringey population figures.

The proportion of referrals involving 'Black or Black British Caribbean' adults increased from 5.8% in 2011/12 to 6.9% in 2012/13, this is 11 more referrals than last year.

A further breakdown of ethnicity reveals that 42% of 'White British' have been referred, followed by 16.5% 'Any other White background' and 15.9% 'Black Caribbean'.

People affected: Type of Abuse

In 2012/13, the majority of safeguarding referrals were reported and recorded as 'Physical' abuse and 'Financial' abuse, both with 177 cases compared to 171 and 177 in 2011/12. However the most notable increase is the number of referrals for 'Neglect and Acts of Omission' received from 120 in 2011/12 to 173 in 2012/13, a significant increase of 44%.

Types of Abuse	2011/12	2012/13
Physical & Sensory Impairment	171	177
Financial Abuse	157	177
Neglect	120	173
Emotional & Psychological Abuse	177	172

Table 4 - Type of abuse 2011/12 and 2012/13 comparisons (Increase)

The number of referrals involving 'Financial' abuse, has increased by 13%, 157 referrals in 2011/12 to 177 referrals in 2012/13 making it joint highest form of abuse recorded.

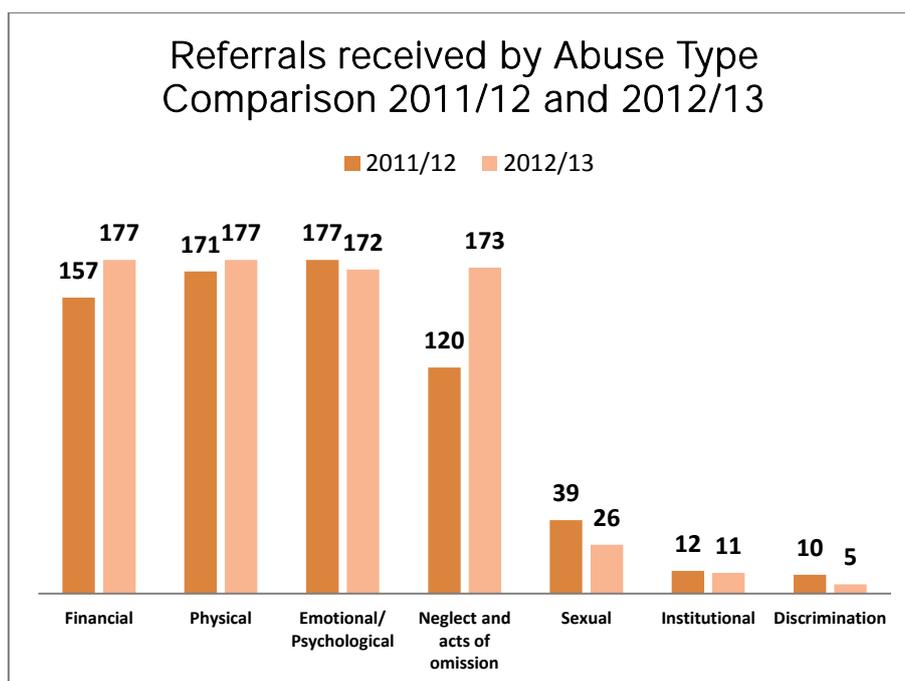


Chart 8 SOVA referrals by abuse type

Table 4 shows areas where we have seen a decrease in the number of referrals we received in 2012/13 compared to 2011/12. The most notable decrease was 'Discrimination', down 50%. 'Sexual' abuse cases decreased by 31.5%

Types of Abuse	2011/12	2012/13
Sexual	39	26
Institutional	12	11
Discrimination	10	5

Table 5 Type of abuse 2011/12 and 2012/13 comparisons (Decrease)

When comparing the relationship between the needs of the adult at risk and the type of abuse the following patterns emerge:

- Older people (65+) who have a physical disability or sensory impairment **are more at risk of ‘neglect and acts of omission’ and ‘financial’ abuse;**
- Adults (18-64) who have a learning disability are more at risk of **‘physical’ abuse and ‘emotional/psychological’ abuse;**
- Adults (18-64) with mental health problems are more at risk of **‘physical’ abuse and ‘emotional/psychological’ abuse; and**
- Adults (18-64) who have a physical disability or sensory impairment are **more at risk of ‘neglect and acts of omission’ and ‘financial’ abuse.**

Safeguarding Outcomes

For every case investigated we decide if we think the abuse happened (substantiated: evidence presented supports the allegation of abuse), or where there was more than one type abuse reported and we think that part happened (partially substantiated). For example, in a case of alleged physical abuse and financial abuse, the evidence supports the allegation of physical abuse but the evidence does not support the allegation of financial abuse therefore the overall outcome is partially substantiated

If the evidence presented disproves the allegation of abuse, then we think the abuse did not happen (Unsubstantiated). If we cannot make a decision because the lack of evidence or some evidence does not support the allegation, then it is not possible for us to say, therefore it is inconclusive.

The table below reports the outcomes of referrals and compares them to the outcomes of referrals reported in 2011-12.

Outcome	2011/12*	2012/13
Substantiated	34	77
Partially Substantiated	43	52
Unsubstantiated	328	202
Inconclusive	97	207

Table 6 Comparison: Outcomes of SOVA referrals

**based on 2011/12 number of closed referrals 502*

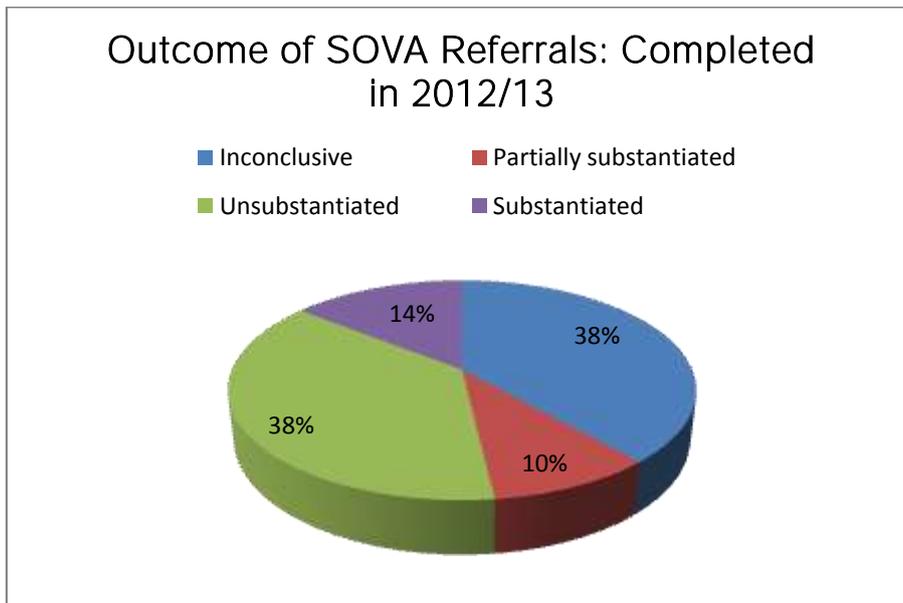


Chart 9 Outcome of SOVA referrals

The relationship between the perpetrator and alleged victim

In 2012/13 there were **133** alerts where other family members were allegedly responsible for the harm, compared to last year; this is an increase of **24%**.

There has also been a significant increase of **55%** in the number of social care staff reported to be the alleged perpetrator.

Relationship of alleged perpetrator	2012/13	2011/12
Partner	33	36
Other family member	133	107
Health Care Worker	15	10
Social Care Staff	95	61
Other professional	11	9
Other Vulnerable Adult	10	14
Neighbour/Friend	45	55
Stranger	12	11
Not Known	91	98
Other	73	64

Table 7 Relationship of alleged perpetrator

Social Care staff includes Domiciliary Care staff, Residential Care staff, Day Care staff, Social Worker/Care Manager, and Self-Directed Care Staff.

The data tells us that adults at risk in the 18-64 age groups are more likely to report an alleged abuse by other family member. This also applies to adults at risk in the 65+ group.

The person who caused the harm was reported to be the main family carer, **102** referrals compared to **89** the previous year. **28%** of all referrals are where the alleged perpetrator lives with the vulnerable adult.

Action taken in relation to the person who caused the harm

The table below shows what action was taken in relation to the person who caused the harm. In most cases 'continued monitoring' was the most likely action taken, although police action, disciplinary action, counselling, training or treatment and community care assessment were also common responses.

<i>Outcome for Alleged Perpetrator</i>	TOTAL
Police Action	56
Community Care Assessment	18
Removal from property or Service	8
Management of access to the Vulnerable Adult	7
Referred to POVA List /ISA ¹²	2
Referral to Registration Body	1
Disciplinary Action	24
Action By Care Quality Commission	1
Continued Monitoring	87
Counselling/Training/Treatment	12
Referral to MAPPA	1
Action under Mental Health Act	4
Action by Contract Compliance	1
No Further Action	308
Not Known	21

Table 8 Outcome of alleged perpetrator

Actions taken to help the adult at risk

The table below shows details of the outcomes of the alleged victims for cases closed during 2012/13, as a result of safeguarding investigation/intervention. The high number of cases concluded as having 'no further action' is consistent with the 202 referrals which were unsubstantiated.

<i>Outcome of Completed Referral:</i>	TOTAL
Increased Monitoring	97
Vulnerable Adult removed from property/service	19
Community Care Assessment and Services	126
Civil Action	4
Application to Court of Protection	3
Application to change appointee-ship	4
Moved to increase / Different Care	12
Management of access to finances	5
Guardianship/Use of Mental Health act	3
Restriction/management of access to perpetrator	4
Referral to MARAC	1
Other	56
No Further Action	216

Table 9 Outcome of completed referral

Where are referrals being received?

¹² Independent Safeguarding Authority

19% of all referrals came from Social Care staff. Most of the referrals from this category were received by Social Workers or Care Managers. 35% of all referrals came from Health staff. Most of the referrals from this category were received by Primary/Community Health Staff. Lastly, 46% of all referrals came from other sources of referrals; this includes family member, housing and the police.

111 referrals were received from strangers and anonymous callers.

<i>Source of Referral:</i>	18 - 64	65+	TOTAL
Social Care Staff	48	48	96
Health Staff - Total	78	103	181
Other sources of referral	127	114	241

Table 10 Source of referrals

Place of alleged abuse at point of referral

Again, like previous years, the most common place where abuse has occurred is in the person's own home, a significant increase from 256 in 2011/12 to 318 in 2012/13, this represents a 24% increase.

<i>Location alleged abuse took place:</i>	12/13	11/12
Own Home	318	256
Care Home - Permanent	40	61
Care Home with Nursing - Permanent	17	15
Alleged Perpetrators Home	24	25
Mental Health Inpatient Setting	14	7
Supported Accommodation	47	34
Public Place	33	31
Other	94	87
Not Known	26	32

Table 11 Location of abuse (Categories set by Department of Health)

There were small numbers of referrals relating to other care settings such as

- community hospital (5);
- acute hospital (7);
- day centre (2); and
- temporary care home (11).

10. Case Studies – The Difference Safeguarding has Made

In order to understand the complex and varied nature of some of the **safeguarding adults' issues**, a number of **case studies** are presented below. The case studies are examples of abuse experienced by adults at risk. After each case study, we explain the outcome of the case following intervention to stop the abuse.

All the case studies are based on real experiences but have been made completely anonymous to protect the people involved.

CASE 1:

An alert was raised for 61 year old Mr B who has with mental health problems. His neighbours had been stealing his money and belongings; and had been physically and mentally abusing him.

Outcome: Our Safeguarding Team worked with the Mental Health Team, Housing Management Services, Anti-Social behaviour Team and the Police, to ensure Mr B was safe.

Mr B finances have now been protected and he has been moved to alternative **supportive accommodation**. **Mr B's family were also given support to ensure their safety with the installation of new locks and a community alarm for their property.**

CASE 2:

Financial abuse is a common type of abuse and featured in a number of substantiated referrals. Mr A is an elderly man living alone and receiving home care from a private agency. Over a number of months his care worker was stealing from him by helping himself to money whilst carrying out the weekly shopping. The matter came to light when a council employee visited to carry out a financial assessment and was shown a bank statement. Mr A had not noticed that his money was dwindling.

A safeguarding referral was made, the money was safeguarded at the bank, a police investigation was launched and the care worker was suspended. Fortunately, Mr A was patient and assisted the police with their work which involved two trips to the police station.

Outcome: **With the involvement of the council's legal team, a prosecution was brought, the care worker was convicted and imprisoned and a claim for compensation was made for Mr A with his bank. Not all of the stolen money was recovered.**

CASE 3:

Another financial abuse referral illustrates the importance of the wide network of people in the lives of an adult at risk. Each person in the network can act as a means of monitoring and checking that the adult at risk is well. In the case of Mrs B, a family member had been stealing money from her. This came to

light when a local newsagent became suspicious about a newspaper bill which had not been paid by the family member.

Outcome: The newsagent asked other family members some questions and this led to an investigation again involving the police.

CASE 4:

Mrs D also lived in a sheltered housing scheme. The warden raised a **safeguarding referral after noting that Mrs D's carer did not stay for the full amount of time on a number of occasions.** This led to the home care agency investigating and finding that the care worker was not staying for the required time at a number of service users' homes.

Outcome: Mrs D's care worker was changed and the care worker was disciplined and re-trained.

CASE 5:

Mrs C is another example demonstrating what happens when agencies work well together. She was a resident in a sheltered housing scheme that was being financially abused by her son. He was living with Mrs C and at the same time exhibiting anti-social behaviour and upsetting other tenants in the scheme.

Outcome: A multi-agency safeguarding meeting led to an injunction being served on the son, a new assessment for Mrs C and the involvement of the police Safer Neighbourhood Team to monitor the situation.

11. Future Plans - Safeguarding Business Plan 2013/14

2013/14 is shaping up to be an incredibly positive year for Haringey SAB. With dedicated support resources now in place, we are looking forward to the **implementation of the Care Bill and the Board's statutory footing.**

Some of our priorities and key actions are listed below and will be embedded in the SAB Business Plan for 2013/14:

- Ensure that a preventative approach to safeguarding is embedded in practice
- Ensure that people involved in safeguarding have the appropriate skills and knowledge to deliver personalised approach
- Ensure the efficiency and effectiveness and cohesiveness of the board to deliver on its safeguarding objectives to the people of Haringey
- Use the safeguarding staff newsletter to promote the principles, objectives and priorities of the SAB Prevention Strategy 2013-2015 and inform the wider health and social care sector about adult safeguarding issues
- Adults at risk who choose to buy care services privately are provided with guidance to protect them from the risk of abuse
- Ensure people have access to information and advice about protecting themselves, and what to do if they are being harmed or abused.
- Ensure everyone knows how to report disability hate crime, and that once it is report it is investigated
- Make sure all staff knows about the Mental Capacity Act and the use of Independent Mental Capacity Advocates role in safeguarding work.
- Ensure all partners have plans to check that people who use services are treated with dignity and respect.
- Continue to embed safeguarding in commissioning, contracting and grant arrangements.

12. SAFEGUARDING ADULTS PARTNER STATEMENTS

12.1. BARNET ENFIELD AND HARINGEY MENTAL HEALTH TRUST AND ENFIELD COMMUNITY SERVICES

Work undertaken/planned and achievements/progress in 2012/2013:

- During 2012/2013 the practice in safeguarding adults has continued to ensure the best outcomes for the service user if they have been subject to a type of abuse;
- **Development of safeguarding adults' eLearning refresher level 1 training;**
- The Self-Assessment Assurance Framework was reviewed and signed off by the Enfield Safeguarding Adults Board in November 2012;
- Level 1 training have continued to be delivered in the Trust
- A Domestic Violence and abuse protocol has been developed jointly with Safeguarding Children in the Trust;
- Bespoke Safeguarding Adult training was undertaken and delivered to managers and staff in the Forensic service;
- **Compliance inspections against the criteria in Outcome 7 (safeguarding) of the CQC's regulatory framework on all inpatient units and Community Teams;**
- Case File Audits on Meridian have been carried out as part of a quality assurance measure;
- Domestic Violence factsheet and flowchart have been developed for each borough in the Trust;
- Safeguarding Adult updated information on the new Trust Website;
- A Safeguarding Adults Flowchart/Poster have been developed for Enfield Community Services;
- Case File Audits have been carried out as part of a quality assurance measure; and
- 2203 staff attended level 1 safeguarding adult training during 2012/13. This training is offered as part of the mandatory training day.

Internal arrangements for governance regarding Safeguarding adults:

- The Executive Director of Nursing, Quality and Safety is the Board Lead for Safeguarding Adults, in the Trust;
- The Assistant Director is the lead for Safeguarding Adults and reports to the Executive Director of Nursing, Quality and Safety;
- Safeguarding Adult and Children administrator post is shared between the Assistant Directors for Safeguarding Adults and Children (0.25 safeguarding adults);
- The management of safeguarding cases are co-ordinated by the Community Mental Health Team Managers and Team Managers in integrated Teams. This arrangement has been reached with Barnet and Enfield local authorities. The process for Enfield Community Services is different as all safeguarding alerts are sent to and managed by the London Borough of Enfield;
- The Board receives an Annual Report and work plan on the Trust's Safeguarding Adults activities;

- The Trust has an internal Safeguarding Adults Committee that meets on a **quarterly basis which reports to the Trust's Governance and Risk Management Committee**. The Safeguarding Adults Committee meeting is chaired by the Executive Director of Nursing, Quality and Safety. Other members of the committee are assistant directors from each Service line or their representative, Local Authority;
- There is also a bi-monthly practice development group co-ordinated by the Enfield Safeguarding Adults Team; and
- The Executive Director of Nursing and Governance/ Assistant Director for Safeguarding Adults represents the Trust at the three Safeguarding Adults Boards.

Work planned for 2013/2014:

The Trust will incorporate the following elements into its Safeguarding work programme for 2013/14:

- Continue to raise awareness amongst staff in the practice of Safeguarding Adults;
- Continue to ensure that the Trust create a safe, friendly and caring environment where people are treated with respect, courtesy and dignity;
- Learning from Safeguarding cases to be embedded in the Trust and across the partnership;
- quality of care on secure wards to be maintained;
- To ensure appropriate referrals are sent to the Independent Safeguarding Authority;
- The needs and interest of adults at risk to be always respected and upheld;
- Safeguard adults by ensuring that any case of abuse is reported and managed through the London Multi agency policy and procedure;
- To have a continued programme of level 1 Safeguarding Adult training with 85% compliance achieved;
- With the increased activity in the number of referrals being reported services to ensure that adequate resources are available to support and respond to alerts in a timely way;
- Staff to access Domestic violence and abuse training at local authority or in the Trust to raise awareness and gain further understanding of the referral process;
- Raise awareness in the use of the Domestic Violence and Abuse protocol;
- As part of a quality measure Team Managers to audit 1 case file per month on Meridian;
- Maintenance of the Trust wide Safeguarding Adult Database;
- Review of the Trust Self-Assessment using the Safeguarding Adult Assurance Framework for Healthcare Services;
- A planned programme of compliance inspections against the criteria in Outcome 7 of the CQC regulatory Framework to be carried out by the Practice Standards Leads; and
- As part of the implementation the Bournemouth Competency Tool to work with the local authorities training subgroup to ensure competences are link to safeguarding adult training

Statement written by:
Veronica Flood, Assistant Director Safeguarding Adults

12.2. HARINGEY CLINICAL COMMISSIONING GROUP (CCG)

Work undertaken/planned and achievements/progress in 2012/2013:

- Interim CCG Safeguarding Adults Lead worked in partnership with Haringey LA in developing Establishment Concerns Policy;
- Recruitment of full time CCG Safeguarding Adults Lead in December 2013, commenced post April 2nd 2013;
- Interim safeguarding adults lead drew on local and national sources to produce an action plan for the Safeguarding Adults function in the CCG. This takes forward the work of NHS England (London) to ensure that across London people are in receipt of safe quality services;
- Haringey CCG was authorised to commence work from April 1st 2013 with no safeguarding conditions;
- Safeguarding Adults Policy updated;
- Safeguarding Adults Lead attends and contributes to the Haringey LA Information Panel meetings; and
- All relevant service users were reviewed as per the Winterbourne View Department of Health (DOH) Concordat and plans made for continuing care

Internal arrangements for governance regarding Safeguarding adults:

- Director of Quality & Integrated Governance and Governing Body Lead GP for Adults are members of Haringey SAB;
- Safeguarding Adults Lead is a member of the Training and Prevent sub-groups of the SAB;
- **Safeguarding Adults Lead is a member of the three provider Trust's Safeguarding Committees;**
- Safeguarding an on-going agenda item at the CCGs Quality Committee; and
- Haringey CCG Quality Committee receives Safeguarding briefings monthly; the minutes from this meeting go to the Bi monthly Governing Body meetings.

Work planned for 2013/2014:

- Strengthening the Continuing Healthcare Teams presence in the Safeguarding Process, including attending safeguarding strategy single alert meetings and involvement in protection planning.
- Ensure Haringey CCG staff have received safeguarding adults training appropriate to their role, identifying groups which may require additional training.
- The Quality Assurance Lead Nurse continuing to work on the Care Homes Project, looking at improving the quality of care in Haringey Nursing Homes, reducing unnecessary hospital admissions and promoting harm free care.
- Prevention: To ensure the CCG has strategic plans that address preventing abuse that includes the Prevent agenda and the wider remit of safeguarding
- Ensuring compliance with regards to Winterbourne View Department of Health (DOH) Concordat by identifying, reviewing and transitioning clients with Learning Disabilities based in Assessment and treatment units (ATUs). All DOH Timescales set have been met to date.

Details of internal arrangements for providing staff (and others) with safeguarding adults training:

- Safeguarding adults is a mandatory training module for CCG staff available via e-learning (Skills for Health).
- The responsibility for GP Training has transferred to NHS England from 1st April 2013. However the CCG safeguarding adults lead is working collaboratively with the Governing Body GP Lead for adults to support general practice training until the system from NHS England for general practice staff is assured.

Statement written by:

Richard Christou, Safeguarding Adults Lead - Haringey Clinical Commissioning Group

12.3. LONDON BOROUGH OF HARINGEY – COMMUNITY HOUSING SERVICES

Work undertaken/planned and achievements/progress in 2012/2013:

- Community Housing staff have been involved in raising alerts and in action planning.
- Hearthstone supported 472 survivors of domestic violence in 2012/13.
- The Vulnerable Adults Team has continued to make referrals into supported housing for vulnerable adults and to facilitate move on.
- Community Housing and Adult Service continued to work together on delivering supported housing schemes as an alternative to residential care.

Internal arrangements for governance regarding Safeguarding adults:

- Community Housing Services is part of the Adults & Housing Directorate and as such is part of the same internal governance arrangements as the Adult Social Care service. There is a departmental management team lead by the Director, Mun Thong Phung.
- There is an internal Business Management Team responsible for ensuring that the directorate complies with all statutory and compliance requirements.
- There is a lead Cabinet Member who meets with senior managers on a regular basis. There is also additional councillor scrutiny of the work.
- The Head of Housing Support and Options is a member of the SAB.
- Community Housing Services provide two key services that work with adults at risk and other vulnerable people in Haringey. The Hearthstone service is a key part of the local Domestic Violence Partnership providing advice, support and practical assistance for people experiencing domestic violence. The Vulnerable Adults Team provides a specialist housing advice service for homeless people and those in housing need, **who may be 'vulnerable'.** This service is often a key resource for adults at risk.

Work planned for 2013/2014:

- Continued work on supported living schemes – 5 schemes planned for adults with learning disabilities in response to Winterbourne View – allowing vulnerable people to remain local and near to their families.
- Work between the Vulnerable Adults Team and the Housing Related Support Team to further develop the housing pathway for vulnerable people.
- Further work in partnership on the DV pathway – further emphasis at the preventative stage.

Details of internal arrangements for providing staff (and others) with safeguarding adults training:

- Community Housing staff are eligible to take up the safeguarding adults training provided by Haringey Council. This includes the online

safeguarding courses. All new staff undertakes the on-line training course as a minimum and further training is arranged if it is appropriate to their role and responsibilities.

- Existing staff attend refresher training as appropriate.
- Haringey Council are to provide safeguarding adults briefings for all staff during 2012-2013 and Housing staff will be able to take up this offer.

Statement written by:

Denise Gandy, Head of Housing Support and Options

12.4. CHILDREN AND YOUNG PEOPLE SERVICE (CYPS)

Work undertaken/planned and achievements/progress in 2012/2013:

- The LSCB provides information for parents, families and professionals and has a dedicated website haringeyscp.org.uk. There is specific guidance about parenting and guidance around mental health and learning disabilities issues.
- Particular achievements in 2013-2014 are the production of highly regarded Serious Case Reviews as well as training which is accessible by adult social care staff and online. The LSCB sub-groups have worked to address relevant issues and there is a thriving set of sub-groups including quality assurance, Best Practice, Domestic Violence and Policy.
- **The Independent member for the Children's Safeguarding and Practice Advisory Committee (CSPAC) undertook an audit of cases that had both adult and children's social care involvement. This report was presented to members in March 2013. The report was in general very positive regarding the relationships between the two directorates when they do interface.**

Internal arrangements for governance regarding Safeguarding adults:

- The Assistant Director is a member of the SAB and attends regularly. Equally, the Assistant Director, Adult Social Care is a member of LSCB and links across the Directorate an LSCB sub Groups.
- The implementation of MASH in March 2012 has allowed greater opportunities for communication.
- A workflow has been agreed between the SOVA Team and the MASH for any cases of concern to be discussed, both ways, in the MASH context. There are also links through the local domestic violence partnership.

Work planned for 2013/2014:

- The focus for the next year will centre on strengthening relationships **between Adult and Children's social care. Not only around MASH arrangements but also in the context of the more complex cases that both Directorates work with. Greater joint working to avoid duplication and appropriate allocation of resource will be the emphasis.**

Statement written by:

Marion Wheeler - **Assistant Director Children's & Families.**

12.5. LONDON FIRE BRIGADE (LFB)

Work undertaken/planned and achievements/progress in 2012/2013:

- Community Fire Safety work in Haringey is targeted towards those who are most at risk from fire, we have made a number of referrals this year to Social Services, NHS and Barnet, Enfield & Haringey Mental Health Trust (BEH-MHT).
- To continue to target those most at risk from fire we are currently working in partnership with Homes for Haringey, BEH-MHT, Social Services and NHS Trust.
- Hoarding and the use of inappropriate sleeping accommodation are an increasing area for concern for our organisation in terms of fire safety and escape from premises.

Internal arrangements for governance regarding Safeguarding adults:

- As part of our statutory duties our staff come into regular contact with a wide range of people including adults who may be at risk
- **We have issued an internal policy on 'Safeguarding Adults at Risk'**. The policy details reporting procedures both internally and with the Police and other agencies.
- All safeguarding concerns must be reported to the Officer of the Day (OOD) within 4 hours if there is an immediate risk, and within 24 hours for all other concerns.
- Responsibility for referral to the local Social Services Department lies with the Duty Deputy Assistant Commissioner.
- In addition, in order to comply with the vetting and barring scheme, our staff who work in roles which involve working with children or adults at risk in a regulated activity are subject to a CRB check at enhanced level.

Work planned for 2013/2014:

- As the Borough Commander for Haringey, I will be ensuring that this area of our work receives the necessary investment of time and resources in order to significantly reduce the risk to vulnerable adults in Haringey.
- I will be ensuring that all personnel undertake the required training and understand their role and responsibilities.
- Ensure that the appropriate interventions are made by LFB staff in terms of reducing the risks to residents in Haringey from fire and also make appropriate interventions and referrals to partner agencies at the appropriate time.
- I will be working closely with our partners raising awareness of fire safety and its impact for vulnerable adults, particularly the risks associated with hoarding behaviour and inappropriate sleeping accommodation.
- **I am currently working with Haringey Adult Services to set up a 'High Risk Panel' with key partners to identify and reduce the risk to those who are the most vulnerable in Haringey.**
- I am also campaigning for the installation of domestic sprinkler systems for those most at risk from fire in Haringey and the installation of these systems into all new build social housing in the borough

Details of internal arrangements for providing staff (and others) with safeguarding adults training:

- All staff have undertaken the necessary training and instruction in this area, a system of refresher training and familiarisation is under way and all training records are kept.

Statement written by:

Spencer Alden-Smith – Haringey Borough Commander

12.6. METROPOLITAN POLICE SERVICE

Work undertaken/planned and achievements/progress in 2012/2013:

- MASH police manager and SAB counterpart are currently working together on incorporating SAB into the MASH hub which would reduce risk and increase response times.
- Secure email server now in place and referrals continue to increase in number
- Police control release of information by SOVA alerts; these forms are widely used by SAB when requesting information from police and other partners.
- A review of working practices within the MASH and currently exploring opportunities to have the Police Missing Persons unit within MASH which would assist with vulnerable adults at point of going missing preventing delays to reporting and subsequent investigation.

Internal arrangements for governance regarding Safeguarding adults:

- Haringey have implemented governance arrangements as per 'London MASH Project'. The guidance now ensures vulnerable adults coming into contact with police, regardless as a victim, suspect or in need of help receives appropriate help and that right to privacy is not unduly affected by information sharing.
- The police manager of the Haringey Public Protection Desk is a member of the SAB; the police manager of the Community Safety Unit chairs the Haringey MARAC and is part of the Haringey Domestic Violence Partnership.
- The system for making referrals is now managed through a secure GCSX account which means the system is both accountable and proportionate to the needs of the individual.
- MASH staff use a combination of resources including the aforementioned document along with MPS Safeguarding Adult at Risk SOPS and Protecting Adults at Risk London procedures to ensure the best possible outcomes for vulnerable adults.

Work planned for 2013/2014:

- MASH Police and SAB are currently evaluating working partnerships and in order to improve upon good practice are seeking to have SAB representation within the MASH hub.
- There is some duplication of MASH/MARAC procedures; it is desirable to have a single point of contact and ongoing discussion with police CSU to have MASH representation for purpose of instigating strategy discussions without unnecessary delays.

Details of internal arrangements for providing staff (and others) with safeguarding adults training:

- Presentation has been disseminated to front line police officers across Haringey BOCU. Week commencing 8th July will see all front line police officers receive training on this subject from the MASH supervisor.
- Protecting Adults at risk: London multi-agency policy disseminated between relevant staff.

Statement written by:

Paul Davies – Police MASH Supervisor

12.7. NORTH MIDDLESEX HOSPITAL NHS TRUST

Work undertaken/planned and achievements/progress in 2012/2013:

- The North Middlesex University Hospital NHS Trust has a strong commitment to safeguarding adults at risk and continues to work enthusiastically to enhance this focus through stronger links with inter professional groups, community patient groups and the voluntary sector. We recognise that robust safeguarding arrangements are vital to managing risk. We believe that all patients have the right to be treated with dignity and respect.
- The Trust has a good reputation for working closely with all teams to ensure that all patient care and safety is patient centred and work with **our inter professional agencies within the pan London 'Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse' framework.**
- Each year the Trust is reviewed against the Department of Health SAAF (Safeguarding Adults Self Assessment and Assurance Framework for Health Care Services). The Trust was assessed on Friday 16th November 2012 and was found to be compliant with all areas assessed, including those relating to services for those with learning disabilities.

Areas of best practice highlighted included:

- Positive discrimination to place learning disability patients on specific wards where learning disability champions are based
- Side room allocation to allow open visiting to family and carers where possible and in consultation with wishes of patients to stay with no restriction of visiting hours
- Pre-surgical assessment referral to Learning Disability Acute Liaison Nurse who works between community and the acute hospital
- Learning disability acute liaison nurse available to support patients and ward staff
- Carers policy to support and improve the patient experience
- **Carer's passport to allow a parking badge and access to extended visiting.**
- Our dedicated Safeguarding Adult intranet pages have been updated to reflect latest legislation and to support staff with adult safeguarding and the use of the Mental Capacity Act.
- We continue to have an Acute Liaison Nurse Specialist who works with patients from the community and into the hospital. This involves patient and carer visits to the hospital and departments, and also local teaching in the clinical areas. This overarching link between the community and hospital has proved to be very informative for both patients and hospital staff. This has resulted in easier hospital admission for patients. Pathways have also been agreed to alert staff when patients are admitted and to ensure that their needs are taken into account
- The Trust has a forum for **'Embracing Carers'** to discuss and identify areas where improvements can be made. Carers have also been invited to the Trust Patient Story sessions and to the Patient Safety and Quality Committee to provide with feedback from their experiences in hospital.

Following a carer's story in October 2012, we continue to investigate the possibility of building a specific toilet and changing area for adults with learning disabilities who are also physically disabled. A proposal has been submitted to the Trust Executive team for approval to progress installation of a Changes Places Toilet facility in our outpatient department.

- The Trust is also currently participating in a two way peer review of Trust policies, procedures and resources available to support those with **Autism and Learning Disabilities with Moorefield's Eye Hospital**. This will enable us to identify gaps and best practice and to provide evidence to support compliance with COUIN Indicator 1C.

Work planned for 2013/2014:

The Trust has a Safeguarding Adults at Risk Strategy with an associated action plan which is updated annually with a progress update and new **priorities added when necessary**. This year's priorities have been updated accordingly to reflect the priorities outlined below:

- To ensure that the Trust Safeguarding Adults at Risk Strategy continues to remain within the current and future pan London procedures and that all subsequent and inter related Trust policies embrace this format.
- To maintain and develop training for all staff across the Trust covering all required areas to ensure compliance with our targets, and to ensure that our services are fit for purpose, whilst ensuring that retraining occurs in a purposeful cycle.
- To ensure that Prevent training is provided as part of the Trust mainstream training programme
- To continue to work collaboratively with our multi agency and inter professional groups to ensure that our patients are protected and that alerts are raised as necessary.
- To continue to improve our responses to reports of abuse, in order that investigations can be clearly undertaken timely with our partners.
- To make it easier for people to report abuse and make sure they receive a good-quality service when they do. To assist adults at risk to recognise and prevent abuse and to put them in touch with a range of support services, including places where they can be safe from harm.
- To clarify Domestic Abuse referral pathways and to ensure that all staff are aware of how to escalate concerns internally and to relevant authorities.

Details of internal arrangements for providing staff (and others) with safeguarding adults training:

Safeguarding training for adults is mandatory in the Trust for all staff. The training is provided internally by the Learning, Education and Development Team. There are 3 levels of training provided currently:

- Level 1: Basic awareness training for all staff at induction
- Level 2: Intermediate training for staff with regular contact with patients
- Level 3: Advanced training for senior clinicians and on-call managers.

As Safeguarding encompasses a wide range of legal responsibilities and types of patient the training sessions include coverage of:

- Mental Capacity Act,
- Deprivation of Liberty
- Caring for patients with a Learning disability
- Caring for patients with Dementia
- Addressing issues around dignity

The Trust has continued to develop training for all staff in conjunction with our partner Enfield Social Services who provide our level 3 training. This training will continue to be delivered by the Trust and also by our host The London Borough of Enfield.

We have identified that there is further development work in relation to a training plan for safeguarding adults, and areas will be targeted to have updates in safeguarding adults at all levels. We continue to train staff through face-to-face and e-learning packages. The level 2 training includes Deprivation of Liberty and the Mental Capacity Act. The training figures are presented to the Patient Safety and Quality Board on a quarterly basis.

Statement written by:

Eve McGrath - Senior Project Manager for Corporate Nursing and Interim Safeguarding Adults Lead

12.8. WHITTINGTON HEALTH

Work undertaken/planned and achievements/progress in 2012/2013:

- Uptake of the Safeguarding Adults (level 2) training continues at 83%, an improvement from 77% last year. Further training specifically in relation to Mental Capacity Act is ongoing
- A Mental Capacity Audit has been undertaken on the elderly ward to ensure that correct procedures are being followed in relation to decisions about resuscitation. As a result further training will be provided as well as a review of the current resuscitation policy.
- Work began to respond to the Saville allegations letter from David Nicholson. A review of the safer recruitment policies and procedures as well as the creation of a new combined adult and child safeguarding allegation policy and development of a safety checklist for trust staff when visitors (e.g. celebrities and royal members) come to the organisation.

Internal arrangements for governance regarding Safeguarding adults:

- A Whittington Health Adults at Risk Committee meets quarterly and includes responsibility for ensuring that there are policies and procedures in place both internally and externally to the organisation to prevent and recognise adult abuse and to safeguard adults at risk.
- Monitoring all allegations of adult abuse reported within the Trust and to ensure they are appropriately reported and reviewed, identifying patterns and themes that may emerge and that any learning can be shared across the Trust and with external agencies.
- Monitor adult safeguarding alerts and applications of Deprivation of Liberty (DoL) as well as usage of the IMCA service as an indicator of the levels of understanding of abuse with the organisation and at each service level.
- Monitoring training and education
- Communicating national and local policy changes throughout the Trust.
- **This committee reports to the Trust's Quality Committee and works closely with local councils and other external agencies as appropriate.**
- The Trust provides representation at the Haringey Safeguarding Board
- Whittington Health has a senior Safeguarding Lead who reports into the deputy Director of Nursing.

Work planned for 2013/2014:

- The Allegation policy will be ratified and rolled out within the organisation.
- The existing overarching safeguarding policy will be updated.
- Devise an improved data collection procedure to enable Whittington Health to analyse trends in Safeguarding alerts, DoLs, applications and IMCA referrals, highlighting areas where reporting and referrals are low.
- Support the Haringey Winterbourne View action plan
- Devising robust processes and policies for the restraint of patients who present with challenging behaviour as well as a roll out of training to all front line staff.

Details of internal arrangements for providing staff (and others) with safeguarding adults training:

- All new starters to the organisation have to complete Safeguarding training as part of mandatory training during their induction. The trust required staff to update this every 3 years.
- Bulletins are sent out weekly providing managers with information about staff who are not up to date with training.
- Additional safeguarding training is negotiated at appraisals and supervision meetings

Statement written by:

Alison Kett – Deputy Director of Nursing

13. Glossary of Terms

<i>ABUSE</i>	Abuse includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and institutional abuse.
<i>ACN</i>	Adults Come to Notice
<i>AHS</i>	Adult & Housing Services
<i>ASC</i>	Adult Social Care Adult Social Care enables vulnerable people to feel safe and to receive the personalised support they need to live independent and healthy lives. ACS work together with the NHS and a wide range of other partners, such as voluntary organisations and businesses, to provide social care services.
<i>ADASS</i>	Association of Directors of Adult Social Services The Association of Directors of Adult Social Services (ADASS) represents all the directors of adult social services in England. ADASS brings together the accumulated wisdom and understanding of the way services for adults are managed and financed as well as inputs from a widening responsibility for housing, leisure, library, culture and, in some case, arts and sports facilities.
<i>ALERT</i>	Alert is a concern that an adult at risk is or may be a victim of abuse or neglect. An alert may be a result of a disclosure, an incident, or other signs or indicators.
<i>ATU</i>	Assessment Treatment Unit Assessment and Treatment units provide a range of therapeutic interventions for people who have a learning disability, and also have complex and difficult to manage behaviours which can't be assessed or treated safely in community based settings.
<i>BEH-MHT</i>	Barnet Enfield & Haringey Mental Health Trust
<i>CAADA</i>	Coordinated Action Against Domestic Violence CAADA is a national charity supporting a strong multi-agency response to domestic abuse. CAADA provides practical help to support professionals and organisations working with domestic abuse victims.
<i>CCG</i>	Clinical Commissioning Group
<i>CQC</i>	Care Quality Commission The Care Quality Commission is the independent regulator of all health and social care services in England. The purpose of the CQC is to make sure that care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meets national standards of quality and safety
<i>CSP</i>	Community Safety Partnership A forum for partners to express the views of their organisation or community, also to endorse relevant action plans and strategies, monitor the use of relevant budgets, and ensure compliance with Government legislation.

<i>CSU</i>	Community Safety Unit The Community Safety Team manages and co-ordinates the statutory work of the Haringey Community Safety Partnership
<i>CSPB</i>	Community Safety Partnership Board
<i>DDA</i>	Disability Discrimination Act The Disability Discrimination Act 1995 is an Act of the Parliament of the United Kingdom which has now been repealed and replaced by the Equality Act 2010. Formerly, it made it unlawful to discriminate against people in respect of their disabilities in relation to employment, the provision of goods and services, education and transport.
<i>DGBV</i>	Domestic and Gender Based Violence In Haringey, DGBV is addressed through the DGBV Commissioning Group which reports to the Community Safety Partnership (CSP). The DGBV Commissioning Group has a strategic overview of commissioning activity across the borough, including performance management and monitoring
<i>DH</i>	Department of Health [www.dh.gov.uk] The Department of Health provides strategic leadership for public health, the NHS and social care in England. The DH has the responsibility for standards of health care, including the NHS. They set the strategic framework for adult social care.
<i>DV</i>	Domestic Violence
<i>DOLS</i>	Deprivation of Liberty Safeguards The Deprivation of Liberty Safeguards (“the Safeguards”) came into effect in 2009. They are part of a legal framework set out in the Mental Capacity Act 2005, and their aim is to ensure that people’s human rights are protected in certain care settings when they are deprived of their liberty.
<i>HAVCO</i>	Haringey & Voluntary Community Organisations
<i>HEE</i>	Health Education England
<i>HRA</i>	Health Research Authority
<i>HLDP</i>	Haringey Learning Disability Partnership
<i>HO</i>	Home Office [www.homeoffice.gov.uk] The Home Office is the lead UK government department for immigration and passports, drugs policy, crime, counter-terrorism and policing.
<i>IAT</i>	Integrated Access Team
<i>ISP</i>	Information Sharing Protocol The Information Sharing Protocol (ISP) is an agreement between Partner Organisations specifically to facilitate and govern information sharing. Its purpose is; to facilitate the secure exchange of information, where necessary to ensure the health, well-being and safeguarding of Adults in Haringey; and to provide a framework for the secure and confidential sharing of personal information between the

	partner organisations.
<i>JIP</i>	<p>Joint Improvement Programme</p> <p>The London JIP works in partnership with the Directors of Adult Social Services (DASSs) across the capital and is closely aligned to the London regional branch of ADASS Opens in a new window. The JIP's work includes programmes on mental health, dementia care, sector led improvement, procurement and commissioning; the majority of these programmes have involvement from organisations and agencies across the region.</p>
<i>JSNA</i>	<p>Joint Strategic Needs Assessment</p> <p>Haringey Joint Strategic Needs Assessment (JSNA) pulls together the information on the health and wellbeing of the people of Haringey. It includes evidence about what works and what services are available in order to make decisions about how to commission future services</p>
<i>LBH</i>	London Borough of Haringey
<i>LSCB</i>	<p>Local Safeguarding Children's Board</p> <p>The Local Safeguarding Children Board (LSCB) is the key statutory body in Haringey responsible for co-coordinating work to safeguard children and for making sure that this work is done effectively.</p>
<i>LAS</i>	London Ambulance Service
<i>MAPPA</i>	<p>Multi-agency Public Protection Arrangements are statutory arrangements for managing sexual and violent offenders.</p>
<i>MASH</i>	<p>Multi-Agency Safeguarding Hub</p> <p>The MASH is a multi-agency safeguarding hub, which brings together a variety of agencies into an integrated multi-agency team, where they can share intelligence on vulnerable children, families and adults.</p>
<i>MARAC</i>	<p>Multi Agency Risk Assessment Conference</p> <p>MARACs are multi-agency meetings which focus on the victims of domestic violence where there is a high or very high risk. They aim to provide a co-ordinated response to support the victim and to link into relevant groups</p>
<i>MCA</i>	<p>Mental Capacity Act</p> <p>The Mental Capacity Act 2005 is an Act of the Parliament of the United Kingdom applying to England and Wales. Its primary purpose is to provide a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves</p>
<i>MENTAL CAPACITY</i>	Mental Capacity refers to whether someone has the mental capacity to make a decision or not.
<i>NHS</i>	<p>National Health Service</p> <p>The National Health Service (NHS) is the publicly funded healthcare system of England.</p>
<i>SAAF</i>	<p>Safeguarding Adults Self Assessment and Assurance Framework</p> <p>The SAAF aligns with existing standards and inspection</p>

frameworks including the Care Quality Commission's Essential Standards for Quality and Safety and the Association of Director of Adults Social Services (ADASS) Standards for Adult Protection as well as the NHS Outcomes Framework. Additionally, it will support the **Clinical Commissioning Groups' authorisation process.**

SAB

Safeguarding Adults Board

The SAB gives direction, support, guidance and quality assurance to safeguarding adults' policies, procedures and practice in Haringey. It is a Multi-Agency Board established to promote, inform and support safeguarding adults work.

SAPB

Safeguarding Adults Practice Board

SAFEGUARDING ADULTS PROCESS

Safeguarding Adults process refers to the decisions and subsequent actions taken on receipt of a referral. This process can include a strategy meeting or discussion, an investigation, a case conference, a care/protection/safety plan and monitoring and review arrangements.

SAT

Safeguarding Adults Team

SCIE

Social Care Institute for Excellence [\[www.scie.org.uk\]](http://www.scie.org.uk)

The SCIE improves the lives of people who use care services by sharing knowledge about what works. SCIE an independent charity working with adults, families and children's social care and social work services across the UK.

SCR

Serious Case Review

A Serious Case Review is held when a vulnerable adult dies and abuse or neglect is suspected to be a factor in their death. The aim of a Serious Case Review is for all agencies to learn lessons about the way they safeguard vulnerable adults and prevent such tragedies happening in the future.

VCS

Voluntary Community Sector

VBS

Vetting & Barring Service

QA

Quality Assurance