The Safeguarding Vulnerable Adults

Annual Report for 2009/10

Hackney Safeguarding Adults Board
NOTE TO THE READER

If you suspect that a vulnerable adult may be being abused, you can tell someone you trust, such as a social worker, policeman or a nurse. These people have a duty to try to keep vulnerable adults safe from abuse. More information is available through any of the organisations listed in this report, or you can call the central Safeguarding Adults Team in Hackney Council on 0208 356 5782. In an emergency, call the police on 999.

FOREWORD

‘Three hundred vulnerable people supported to be safe and live free from fear and abuse’ is not the sort of catchy headline you will read in the Hackney Gazette or hear on Radio London. But for the partners on Hackney Safeguarding Adults Board, this is the ‘bottom line’ for our work in 2009/10.

 Compared to the previous year, referrals about safeguarding concerns increased substantially. Once again, the biggest type of abuse was financial abuse, followed by physical and psychological abuse. Our older people remain the largest group, followed by those with mental health issues, physical disabilities and learning disabilities.

The largest group of perpetrators remain those closest to the victim – relative, neighbour or partner, although this year there appears to have been a rise in abuse by people unknown. We will need to understand this so we can identify better preventative measures. At the same time we have seen a decrease in perpetrators who are paid care staff, which we hope will increase people’s confidence in services.

Our aim at all times is to uphold people’s right to be safe whilsts respecting people’s rights to make choices. This requires staff in all services across the statutory, independent and voluntary sectors to work sensitively and to have a framework of effective policies, procedures and training.

Our year started with the Commission for Social Care Inspection reviewing the safeguarding arrangements of Hackney Council and partners. The resulting award of ‘good’ with excellent capacity to improve gave us a sold foundation on which to build. Behind the headlines therefore, this year has been one of strengthening our partnership arrangements, setting out more clearly our priorities, and extending good practice across all partners.

We have done this by developing a three-year Safeguarding Strategy with an annual action plan, and setting up sub-groups to the Board to take forward the key areas of Communications and Outreach, Training and Development, and Quality Assurance and Monitoring. We have joined with other local authority areas to share good practice and ensure continuous external challenge about how we work. Our Partnership for Safeguarding Adults has been an effective forum for independent and voluntary sector organisations to share issues about safeguarding the users they work with. We have strengthened our links with the Safer, Cleaner Partnership so that
the wider community safety aspects of safeguarding such as distraction burglary, anti-social behaviour and harassment have a higher profile in our work.

We have revised our Serious Case Review protocol, grappling with the legal complexities of joint working. We became excited when the previous government announced plans to give safeguarding stronger legal backing, and remain hopeful that the new government will take this up soon. We have contributed to the development of the Pan-London procedures, hopeful that the final version will be shorter than the two-year gestation period. And our year closed with the decision to merge the Hackney Safeguarding Adults Board with the City of London, so as to improve consistency and streamline arrangements for agencies that work in both areas.

2010/11 is likely to be equally challenging. Social care services will be transformed to offer personalised choice, with the need for robust risk assessment and safeguarding practices. NHS services are likely to experience change, with the Board needing to strengthen its direct engagement with GPs. The inevitable resource constraints across the public sector will be a constant backdrop to all that we do.

As a Board, our focus will continue to be on service users and the wider community who, despite our best endeavours, may be vulnerable to abuse or neglect. Our voluntary and community sector partners on the Board and Sub-Groups will be central to helping us achieve this. As well as continuing to improve practice, and monitor our performance, we remain committed to outreach and activities that support service users and inform the public that abuse is everyone's business, and that they can and should do something about it.

Nathalie Hadjifotiou
Independent Chair
Hackney Safeguarding Adults Board

Signed by:

Kim Wright – Corporate Director, Community Services

Jacqui Harvey – Chief Executive, City & Hackney Teaching Primary Care Trust

Nancy Hallett – Chief Executive, Homerton University Hospital NHS Foundation Trust

Steve Bending – Hackney Borough Commander, Metropolitan Police

Robert Dolan – Chief Executive, East London Foundation Trust
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1. Introduction

The Hackney Safeguarding Adults Boards holds a vision of ‘empowering and supporting those vulnerable adults that have the capacity to make themselves safe, ensuring the safety of those that don’t have the capacity to make themselves safe and ensuring that safety and well-being of vulnerable adults is everybody’s business’.

In 2008/09 we made robust and wide-ranging progress and set further ambitious plans for 2009/10. This year’s annual report sets out how the Hackney partnership has performed, listing our achievements and showcasing the highlights of the year as well as outlining areas which continue to pose a challenge.

1.1 Targets for 2009/10

The Care Quality Commission inspected Safeguarding Adults in Hackney as the core theme of an ‘Independence, Wellbeing and Choice’ thematic inspection in April to June 2009 and awarded a rating of ‘good’ for Safeguarding Adults with excellent capacity to improve. This assessment provided a firm foundation for future development and set the stage to continue our journey to become excellent.

In the Annual Report for 2008/09, we stated that we would work in partnership with service users, carers and all agencies across the partnership to:

1) Improve services to vulnerable adults, assist all adults in Hackney to live a life free from violence and abuse and identify and address any barriers to the reporting of abuse.
2) Develop a 5-year Safeguarding Adults Strategy which would provide a framework within which our initiatives and developments would be based.
3) Share learning with other boroughs and organisations to promote best practice in Safeguarding Adults.
4) Continue to meet standards, as set out in the National Framework of Standards for good practice and outcomes in adult protection work (ADSS 2005).

2. Key Developments for 2009/10

Effectively Safeguarding many more Vulnerable Adults

The number of vulnerable adults for whom Hackney’s Safeguarding Adults policy and procedures was used rose from 154 in 2008/9 to 297 in 2009/10. This represents an increase of nearly 100% in the volume of referrals, and is taken as very positive news by the HSAB. This may not be an indication that more abuse is occurring in Hackney, but rather that more is being identified and referred through formal channels for a multi-agency response. Our
Quality Assurance information indicates that outcomes from these cases have been strong and positive, with investigations reaching firm conclusions and individuals being effectively safeguarded from abuse in a high proportion of cases.

The Development of a Safeguarding Adults Strategy.

We recognised the need to start with the development of an overarching Safeguarding Adults Strategy that would contain an annual action plan to be regularly monitored by the Hackney Safeguarding Adults Board (HSAB). The strategy provides the framework from which all other safeguarding activities emanate such as the Communication Plan, the Quality Assurance and Performance Plan and Training Plan. The original aim was to develop a 5-year strategy but as funding uncertainties began to emerge, the Safeguarding Adults Board agreed that it would be more prudent to strategically plan for three years rather than five. The Safeguarding Adults strategy was developed by the board throughout 09/10, and was signed off in April 2010.

There has been a huge increase in Safeguarding Adults Training Provision put on across HSAB agencies.

In excess of 1700 individuals have been trained on the various courses in adults safeguarding across the partnership in 2009/10. This represents a very dramatic increase from the figure of 297 in 08/09.

More robust arrangements regarding the sharing of confidential information

Arrangements for sharing confidential information have bee improved in Hackney Council and the East London Foundation Trust by ensuring that consent from all people subject to a safeguarding adult procedure is obtained in a consistent way. The Corporate Director, Assistant Director of Adults & Safeguarding and Assistant Director of Strategy, Performance & Information (Caldicott Guardian) have reinforced the importance of obtaining permission to share confidential information as part of the corporate staff induction programme. The Information Systems Unit within the council has also incorporated this into the database training for new staff and refresher training for existing staff.

All training on safeguarding delivered by the council to new and existing staff covers the importance of obtaining permission to share information. Supervision templates were adjusted to include specific prompts about this area in July 2009 for Hackney council. Case file audit toolkits for the council and East London Foundation Trust also include specific reference to obtaining permission to share information. Although there has been a marked improvement in practice this area still remains a challenge.
Raising awareness of Carers issues in Safeguarding

There has been considerable joint working across the partnership in relation to the Carers Service, promoting awareness of carers’ issues in safeguarding through training, publicity and strong working relationships. We have worked together to ensure that carers issues arising through safeguarding work are fully addressed (such as ensuring that carers assessments and services are made available to carers under stress). Safeguarding issues feature prominently in our Carers’ Strategy. We have a shared vision for improvement and recognise that carers’ needs are a thread running through all we do to improve safeguarding policy and practice.

Safeguards for Hackney residents against ‘Deprivation of Liberties’ have developed.

Hackney Council has brought the ‘Deprivation of Liberty Safeguards’ activity within the remit of the Safeguarding Team and are promoting the use of Independent Mental Capacity Assessors and training additional ‘Best Interest Assessors’.

Working with Children’s Services to ensure smooth transitions and shared learning

The Adults and Children’s Safeguarding leads and the respective independent chairs meet on periodic basis to ensure best practice and address any specific transition issues. We have refreshed our transitions pathway to ensure any child protection issues are identified to Safeguarding staff and tracked through supervision and the ‘grand-parenting’ of files. A joint protocol between Mental Health and Children’s services is in place to ensure that needs of vulnerable adults and their children (and/or other children) are met. Despite these advances, the HSAB acknowledges that joint work to Safeguard Vulnerable people across age barriers remains an area where more improvements are needed.

Refreshing the HSAB Serious Case Review Protocol

Following the conclusion of our first serious case review in 2008/2009 in accordance with our Safeguarding Adults Serious Case Review Protocol, we implemented the resultant learning from the review. This included: improving screening processes; clarifying roles and responsibilities to improve multi-agency working on safeguarding; improving Multi-Disciplinary Communication and Transfer of Case Responsibility and improving practice in raising concerns and alerts. All of these learning points were acted upon and completed in 2008/2009.

The serious case review protocol and accompanying legal annex was revised in 2009/10 as recommended.
Continuing to raise awareness of Safeguarding issues across communities

Building on the work we did last year we have promoted the key messages in Hackney Adults Safeguarding including ‘What is abuse’, ‘How to report the abuse of a vulnerable adult’ and ‘Safeguarding is Everyone’s Business’ through participation at events (such as those with victims of domestic violence and carers), presentations and training with identified groups (such as carers, Jewish and Turkish communities) websites, ‘easy-read’ leaflets, and through publicity in Hackney Today. More remains to be done in this key area of awareness raising across Hackney’s communities.

Improvements in Reducing the Risk of Abuse for users of care services provided by Hackney Council and City and Hackney NHS.

In 09/10 we significantly reduced the risk in commissioned services by only using care providers who obtained ‘good’ or ‘excellent’ as their overall Care Quality Commission (CQC) quality rating and pass national minimum standards for safeguarding. By co-producing intelligence data with CQC, Safeguarding partnership representatives from the Council and the Primary Care Trust have been able to pinpoint care providers whose quality and performance gives rise to concern for Hackney residents. We have carried out targeted work with these providers to address these concerns.

The council has made its Safeguarding Alerters Training available at no cost to all partners and contractual obligations specific to safeguarding are embedded in all contracts issued by the London Borough of Hackney. As a result, in 2009/10 91% of commissioned homes for Young People met the Protection Standard compared to 76% in the previous year; 81.4% of commissioned residential homes for Older People, compared to 78.4% last year, met the protection standard; and 89.1% of commissioned nursing homes for Older People met the protection standard compared to 78.1% last year.

Improved case file recording in Hackney Council services and the East London Foundation Trust

Over the past year, we have put in place a process to enable key managers to ensure that individual’s case records include comprehensive documentation of safeguarding activity and are monitored on a monthly basis. Activity data for the Council and the East London Foundation Trust is reported in the monthly Bulletins and is reviewed at monthly Performance Panels meetings. These meetings are chaired by Assistant Directors, and reported to the Councils Directorate Leadership Team on a quarterly basis. Safeguarding is a standing agenda item in supervision sessions with Council and East London Foundation Trust staff.

A file audit on 10% of Safeguarding cases took place in July 2009 and subsequently in March 2010. The methodology and outcome of these audits were recorded in detailed reports revealing an overall good standard
with an increase in the quality of case file recording from the first period to the next.

A focus of our Safeguarding Adults Best Practice group has been the accuracy of record keeping and the strategy meeting process which has contributed significantly to the improvement in case file recording.

Monitoring and supervision practice in the council now incorporates both Service and Team Managers checking all Safeguarding cases on closure and supervision records being the subject of ‘Grandparent’ scrutiny. The outcomes of these are presented to the Quality Assurance & Performance Sub-Group of the Safeguarding Adults Board (SAB) on a regular basis.

Provision of financial support services for victims of abuse

The provision of financial services to victims of financial abuse is an ongoing area of development for Hackney Council. As part of our plan, in 2009/10 we have identified those who were being ‘informally’ assisted with financial management by social care staff (such as care managers), and have formalised these agreements through our established appointeeship scheme run by Hackney’s Supported Living Schemes. Our project plan for the roll-out of appointeeship services to other vulnerable adults in the community has also been agreed by the Community Services Departmental Leadership Team for action in 2010/11.

Maintaining Personal Dignity and Respect in Hackney

All partners have worked within the auspices of Hackney’s dignity code. The code forms the basis of the commissioning activity that takes place in the council and health services in the borough. Hackney council has been very active during 2009/10 in focusing on the dignity and respect of our service users and much work has been undertaken to actively enhance the services we provide through consultation with users and work on awareness and improvement with staff. The Council’s Dignity Project was rolled out to the recipients and providers of Home Care, Day Care and Meals on Wheels in this period.

The recommendations from this work, implemented by means the council’s 64 staff members who are Dignity Champions resulted in improvements in the quality of care, as demonstrated by the Service User Survey. Responses to the question ‘I was involved as much as I wanted to be in decisions about my care and services’ In Meals on Wheels 78% strongly agreed or agreed; in Day Care 78% strongly agreed or agreed; and in Home Care 75% strongly agreed or agreed. In response to the question ‘I was given enough information to enable me to exercise choice and control’; 68% of service users in Meals on Wheels strongly agreed or agreed; 83% in Home Care strongly agreed or agreed; and 80% in Day Care strongly agreed or agreed. Meanwhile, the council’s home care service maintained its 3 star ‘Excellent’ rating in 2009/10.
Leading the development of Best Practice in Adults Safeguarding by Hackney Council.

Our ‘Best Practice in Safeguarding Adults’ professionals group continues to act as a multi-agency forum for front-line practitioners from key safeguarding agencies to share skills and develop best practice. Chaired by the senior practitioner from the Safeguarding Adults Team at the council, this group complements the ongoing best practice forum for matters to do with mental capacity; The Mental Capacity Act leads’ group. This latter group also continues to meet regularly and addresses many safeguarding issues where mental capacity is a factor.

The Learning Disability Service in Hackney has piloted a very successful case panel model for monitoring safeguarding case progress, and securing input of senior managers and key partners on a monthly basis. Discussions occur at these panels about each safeguarding case currently open to the service, and are attended by a multi-agency group including case workers, senior social work staff, advocates, senior health staff, legal staff, police representation and representation from the Safeguarding Team.

Sharing learning with other authorities to promote best practice.

In Hackney we believe that peer reviews offer the potential to yield significant benefits in improving services for local residents. As a result the council initiated two distinct peer review projects.

In August 2009 council officers met with the Senior Management Team of Bolton Metropolitan Borough Council who conducted a Peer Challenge of our improvements since the service Inspection on Safeguarding. We approached Bolton, as they were the only authority and Safeguarding partnership in the UK that had been judged to be ‘Excellent’ at Adults Safeguarding. The feedback from this review was very positive and the findings from the Bolton Peer Challenge were embedded in the Council’s Action Planning. They also had a significant influence on the development of the partnerships’ Safeguarding Strategy.

Hackney Council also instigated a Peer Review model with the London boroughs of Sutton, Camden and Haringey. This programme acts as a catalyst for improvement, through providing external challenge and support. It is based on an open, rigorous and collaborative approach placing the needs of service users at the heart of the review group’s thinking and practice. We have developed three key work streams under this model:

- File Audit (based on the Hackney model);
- Risk Assessment (based on the Hackney model)
- Training. This work stream looks at developing a best practice model for a competency based safeguarding training programme.
Services for Vulnerable adults from within safer communities services are developing as part of the overall drive for development and improvement of community safety in the borough. Following the development of specific protocols for work between the domestic violence reduction team and anti-social behaviour team with social care teams using the safeguarding adults procedures we have established regular contact and joint working between social care and safer communities professionals in this area.

Critically, workers from domestic violence teams have regularly been part of strategy meeting and case conference safeguarding adults meetings, and have acted within the procedures as part of a multi-disciplinary approach to safeguarding vulnerable adults.

The links between services have also strengthened through regular attendance at MAPPA (Multi-Agency Protection Planning) and MARAC (Multi Agency Risk Assessment) meetings of the senior practitioner from the Safeguarding Adults team in Hackney. This has lead to closer working in adults safeguarding, particularly where there are issues of drug and alcohol dependency and/or domestic violence as specialists from safer communities services also regularly attend and contribute to these forums.

Community Safety Wardens and anti social behaviour officers worked with adult social care professionals in running a consultation and information workshop at the ‘Big Do’ event for people with learning disabilities in November 2009, which informed the Safeguarding Adults strategy as to the concerns of people with a learning disability. It was noted that this group was particularly concerned about safety from abuse on the streets and on public transport in Hackney, which on an intelligence-led basis are picked up through the partnership tasking process.

The anti-social behaviour team has developed a management process for co-ordinating activity in multiagency cases through a case conference system; adult social care professionals take part in the conferences as needed following liaison between anti-social behaviour officers and the safeguarding adults team / mental health teams.

Key Developments in the East London NHS Foundation Trust

Training was a key priority for this year, resulting in a significant improvement in the awareness of safeguarding adults procedures amongst Trust staff. The safeguarding adults induction programme commenced in June 2009 and is designed to cover the awareness (level 1) stage.

The training department records 157 staff from Hackney have now been trained at this level and there have been additional on site sessions for CMHT and Hospital staff bringing the estimated total to 30% of staff across Trust mental health services in Hackney. All Trust staff will be expected to have attended this training by 2011/12.
There has been an increase in reporting of alerts from Mental Health teams, which are now responsible for 25% of the total for the year. An audit of cases was undertaken by the Deputy Borough Director to address issues raised by CQC inspection, focusing on the recording of key activities. Clear evidence of improvement was found.

Additional information about safeguarding cases is expected in the coming year, following the introduction this year within the Trust database system, Datix, of a specific question regarding Safeguarding Adults concerns. The newly updated Trust intranet site now includes pages for both safeguarding adults and domestic abuse, where staff can find Trust and local borough policies, information and guidance.

**Key Developments in City and Hackney Community Health Services**

Community Health Services have taken a very active role in Safeguarding Adults in the borough in 2009/10. Strategically, we have chaired the Training and Development sub-group, with an initial focus on developing and agreeing the content and levels of Safeguarding Training Provision in the borough.

We have also actively participated in the HSAB and the Quality Assurance and Performance Sub Group. Our focus in this latter group has been to contribute to a system that better captures quality of safeguarding across services.

Community Health Service have played an important role in many safeguarding adults cases through the year in our role as alerters (for example, when district nurses may suspect abuse or neglect). Community Health services staff have also carried out protection plan actions in a number of cases. Safeguarding investigations have been completed by senior nursing staff and commissioners on a number of occasions. We have worked in partnership with other agencies in these cases, and taken a lead or supporting role as appropriate.

**Key Developments in Hackney Police**

In the year 2009/2010, awareness of the issue of Safeguarding Vulnerable Adults increased within Hackney Police. Hackney police were represented at many Safeguarding Adult strategy meetings and continue to contribute constructively at multi-agency level in respect of risk and vulnerability in individual cases. We have been pro-active participants in the Learning Disabilities monthly case review panels, and via our Mental Health liaison service.

Hackney police took a leading role in providing training to board members on safeguarding issues with respect to specific policing problems. Hackney CSU and the CSU Service Delivery Team presented training about lessons learned from specific anecdotal cases and how best practice in this area of policing is developing on a pan London basis.
At a strategic level, the ‘Pan-London Policy & Procedures for Safeguarding Adults’ is in draft form and Hackney police continue to be actively involved in consultation on its implementation and ongoing development as a London wide strategy for Safeguarding Adults, and are committed to retaining this strategic input into the coming year.

**Key Developments at City and Hackney Carers Centre**

The City & Hackney Carers Centre has been closely involved with work to Safeguard Vulnerable Adults in Hackney and the Chief Executive has been a member of the Safeguarding Adults Committee since 2008. Staff and volunteers at the Carers Centre are fully aware of the Safeguarding Adults Policy and Procedures and have been actively involved in a number of safeguarding interventions through the year. Our staff have taken advantage of the opportunities for Safeguarding training put on by Hackney Council.

Through our involvement in Safeguarding Adults at strategic and operational levels we remain confident that Safeguarding Adults work continues to improve in quality.

**Key Developments in POhWER Independent Mental Capacity Advocacy Service**

During the past year, the POhWER IMCA service for Hackney has continued to raise awareness of the IMCA role in both safeguarding and Deprivation of Liberty Safeguards (DOLS) cases. This has led to an increase in referrals, from 2 safeguarding cases in 2008/9, to 13 safeguarding cases and 2 DOLS cases in 2009/10 (this trend seems set to continue).

The IMCA service has continued to be involved in the Safeguarding Adults Board and attended relevant meetings and events. We have also continued to attend Mental Capacity Act leads meetings, held drop-in surgeries and attended safeguarding review meetings for both the Learning Disabilities Service and the Homerton Hospital. All of these have provided useful opportunities to discuss cases and pick up referrals from other professionals. The two IMCAs for Hackney have also continued to give presentations and raise awareness at health and social care services in the area.

Most of our IMCA work, including safeguarding cases, has been with people who have either learning disabilities or dementia. However, over the past year we have started to work with more people using mental health services, both in hospital settings and the community. Since the introduction of DOLS, we have been doing both IMCA and paid person’s representative work. The common theme to all our work is providing support and representation to people deemed to lack the Mental Capacity as defined by the Mental Capacity Act (2005) regarding decisions made about them.
Key Developments in ‘Hackney Homes’

As a relatively new member of the Safeguarding Adults Board, Hackney Homes is committed to working with other partner agencies to safeguard adults at risk and will contribute to effective interagency working. Involvement with the work of the partnership over the year has ensured that we recognise our duty to play a key part in identifying, reporting and reducing the abuse of vulnerable adults.

Hackney Homes works within the Borough’s Safeguarding Adult’s policy and procedure. Hackney Homes staff have been working in partnership with specialist services within the borough to ensure vulnerable residents receive the appropriate support. Increased awareness of Safeguarding Adults responsibilities has been identified as a priority training need for Hackney Homes staff. As a result Safeguarding training has been offered to all relevant staff and continues to be available on an ongoing basis. During 09/10 89 staff from Hackney Homes completed the Safeguarding Adults Awareness training.

As we recognise that a significant proportion of our staff still require training, we are in the process of incorporating safeguarding adults awareness and processes into our staff induction training and staff handbook. Increasing knowledge of Adults Safeguarding has also been included in our Anti-social Behaviour Action plan and we have been holding Safeguarding awareness sessions with Housing Managers.

Key Developments at the Homerton University Hospital

The Homerton University Hospital has developed a new internal assurance group called the Safeguarding Adults Review Panel (SARP) which will meet for the first time in May 2010, the key remit being to review cases and concerns for learning and to act as the expert internal reference group. The group will be chaired by the Deputy Chief Nurse and has medical, therapy, nursing, hospital social work and IMCA members.

Safeguarding adults training has been included in corporate and junior doctor induction for over a year and been provided to teams across the Trust and in the last 18 months over 750 staff have received awareness training. Commencing September 2010 Homerton and NHS City & Hackney (NHSCH) have commissioned Level 2 and 3 training as part of its annual NHSL CPD commission and the training re-structured to meet our needs. A Trust wide training plan has been developed identifying who should attend which level of training. Level 2 has been commissioned for 70 staff from September 2010 and Level 3 for 30. This will be provided by Kings College London on site at Homerton.

Homerton policy instructs staff to complete a DATIX incident form in addition to raising an alert or whenever an alert concerning a Homerton patient with an active encounter is brought to their attention. The reason for this is not ‘take over’ but to keep a track on such cases and outcomes. Staff are also
asked to inform the deputy chief nurse; again not for direct involvement but to have a senior understanding of cases within the Trust (though the deputy chief nurse will provide guidance and expert advice if required). However neither of these is being followed with any consistency. Planned improvements in training will endeavour to address this as a greater critical mass of trained staff are developed and heightened awareness of safeguarding adults process is achieved.

As a result of the above shortcomings the database held by the deputy chief nurse is not believed to be comprehensive and inevitably has only picked up reported cases, with only 6 reported cases over the last 14 months. 5 were reported by Homerton staff; 1 by Islington Borough Council. 4 concerned patients > 65 years 3 of whom had dementia, the 4th having significant physical dependencies. Of the 2 younger patients one had multiple sclerosis requiring considerable support and the other had a brain injury with concerns about cognitive abilities. All but one related to alleged physical abuse; the remaining case being alleged abuse of position in developing a physical relationship with a patient. 2 cases are still in progress, 3 were unsubstantiated and 1 outcome unknown.
3. Referrals & Outcomes

Data and Analyses 2009-2010

This is presented in the following sections:

3.1 Volume of referrals
3.2 Demographic data on ethnicity, gender and client groups
3.3 Data regarding perpetrators of abuse
3.4 Types of abuse
3.5 Location of abuse
3.6 Outcomes of Safeguarding Adults interventions
3.7 Case Studies

3.1 Volume of referrals

In an analysis of referrals to the safeguarding procedure from 2005 to the present, we see a steady increase in numbers. The low numbers reported in 2008/09 were due to a tightening up of the procedures, with requests for information and advice not being counted as a referral. However, these more formal referrals have gone up 2009/10. We view this positively, as an indication that the abuse of vulnerable adults in Hackney is being recognised more widely in Hackney, not as an indication that the level of abuse occurring has increased. Although full data for the UK is not yet available, the Hackney rate of referral, based on anecdotal evidence only, seems to be about average for the London Boroughs who have also been seeing a sharp rise in referral rates for the most part.

![Graph of Referrals to Adult Safeguarding Procedure 2005-2010](image_url)
### Ethnicity of SA referrals

London Borough of Hackney has one of the most diverse populations in the country in terms of ethnicity, but for the purposes of analysis we report the following ethnic groups:

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>SA Referrals 2008-09</th>
<th>%</th>
<th>SA Referrals 2009/10</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White UK</td>
<td>74</td>
<td>48.1%</td>
<td>131</td>
<td>44.1 %</td>
</tr>
<tr>
<td>African Caribbean</td>
<td>30</td>
<td>19.5%</td>
<td>57</td>
<td>19.2 %</td>
</tr>
<tr>
<td>Jewish</td>
<td>12</td>
<td>7.8%</td>
<td>5</td>
<td>1.7%</td>
</tr>
<tr>
<td>Irish</td>
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<td>10</td>
<td>3.4%</td>
</tr>
<tr>
<td>African</td>
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<td>3.9%</td>
<td>30</td>
<td>10.1%</td>
</tr>
<tr>
<td>Black UK</td>
<td>4</td>
<td>2.6%</td>
<td>16</td>
<td>0.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>4</td>
<td>2.6%</td>
<td>14</td>
<td>4.7%</td>
</tr>
<tr>
<td>Others</td>
<td>14</td>
<td>9.1%</td>
<td>34</td>
<td>11.4%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>154</strong></td>
<td></td>
<td><strong>297</strong></td>
<td></td>
</tr>
</tbody>
</table>

Most of Hackney's ethnicity groups have seen an increase in Safeguarding alerts over the year 09-10. The highest rates of referral remain for people of White UK and African Caribbean ethnicity, with both groups seeing a near-twofold increase in referrals in 09/10.

It is noteworthy that referrals for those of a Jewish ethnicity are shown to have decreased despite effort being made in the year to raise awareness of adults safeguarding with this community, although this statistic may be inaccurate as ethnic recording of “Jewish” is complicated by some service users reporting themselves as “White UK” with religion “Jewish”.

Conversely, there have been strong increases in referral rates amongst Asian, African and Black UK ethnicity groups, which were ethnic groups acknowledged as having relatively low referral rates in 08-09. Targeted
awareness raising work with these communities may have had an impact in increasing these referral rates.

There is a strong correlation in a comparison of referral rates and the care population in Hackney in terms of ethnicity, especially if the slight prevalence in White UK referrals is factored into the low number of Jewish referrals as shown by the graph and table below:

![Graph comparing referral rates and care population by ethnicity]

**Table of data showing comparison of our care population and referral rates, by ethnicity 2008/10.**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Year</th>
<th>% of Service Users receiving Adult Social Care Services</th>
<th>% Referrals to Safeguarding Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>White UK</td>
<td>2008/09</td>
<td>42.8%</td>
<td>48.1%</td>
</tr>
<tr>
<td></td>
<td>2009/10</td>
<td>41.7%</td>
<td>44.1%</td>
</tr>
<tr>
<td>African</td>
<td>2008/09</td>
<td>24.0%</td>
<td>19.5%</td>
</tr>
<tr>
<td></td>
<td>2009/10</td>
<td>23.3%</td>
<td>19.2%</td>
</tr>
<tr>
<td>African</td>
<td>2008/09</td>
<td>6.5%</td>
<td>3.9%</td>
</tr>
<tr>
<td></td>
<td>2009/10</td>
<td>6.9%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Jewish</td>
<td>2008/09</td>
<td>15.3%</td>
<td>6.5%</td>
</tr>
<tr>
<td></td>
<td>2009/10</td>
<td>7.3%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Irish</td>
<td>2008/09</td>
<td>3.7%</td>
<td>6.5%</td>
</tr>
<tr>
<td></td>
<td>2009/10</td>
<td>3.9%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>2008/09</td>
<td>6.2%</td>
<td>2.6%</td>
</tr>
<tr>
<td></td>
<td>2009/10</td>
<td>4.6%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Other</td>
<td>2008/09</td>
<td>2.3%</td>
<td>9.1%</td>
</tr>
<tr>
<td></td>
<td>2009/10</td>
<td>12.3%</td>
<td>11.4%</td>
</tr>
</tbody>
</table>

**Gender of SA Referrals**

In 2009/10 the gender ratio of Safeguarding referrals was female 54:46 male. In 2008/09 the gender ratio for referrals to the Hackney Safeguarding Adults procedure was female 64:36 male. The 09/10 figure correlates well with the gender ratio of our adult social care service population in Hackney.
2009/10 = female 58:42 male. There has been a balancing of referrals along gender lines in the last 12 months.

**Client Groups of SA Referrals**

Referrals are also analysed by client group, and a comparison has been made to the previous year:

<table>
<thead>
<tr>
<th>Client Group</th>
<th>SA Referrals 2008-09</th>
<th>% SA Referrals 2008-09</th>
<th>SA Referrals 2009/10</th>
<th>% SA Referrals 2009/10</th>
<th>% Increase in referrals in 2009/10 from 2008/9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older People (65+)</td>
<td>93</td>
<td>60%</td>
<td>145</td>
<td>49%</td>
<td>56</td>
</tr>
<tr>
<td>Mental Health</td>
<td>23</td>
<td>15%</td>
<td>76</td>
<td>25%</td>
<td>230</td>
</tr>
<tr>
<td>Physical Disability (18 - 64)</td>
<td>18</td>
<td>12%</td>
<td>38</td>
<td>13%</td>
<td>111</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>18</td>
<td>12%</td>
<td>29</td>
<td>10%</td>
<td>61</td>
</tr>
<tr>
<td>Substance Misuse</td>
<td>2</td>
<td>1%</td>
<td>9</td>
<td>3%</td>
<td>350</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>154</strong></td>
<td></td>
<td><strong>297</strong></td>
<td></td>
<td><strong>93</strong></td>
</tr>
</tbody>
</table>

The table above shows that all service user categories have seen an increase in safeguarding referrals in 09/10 from 08/09. This has been particularly evident in Mental Health and Substance Misuse service user groups, with more than three and fourfold increase in referral rates reported respectively. Although the numbers with respect to substance misuse referrals remain low at 9 in the year, the 76 safeguarding referrals made with respect to people with Mental Health problems amounts to a very significant increase, reflecting the focused training and awareness work with this user group and those who work with them over the year. The 52 additional referrals with respect to older people from 08/09 to 09/10 appears modest in comparison, but still represents a substantial 56% increase for this user group.

There is a fair correlation in a comparison of referral rates and the care population in Hackney in terms of client group, however it is noticeable that there has been an overall reduction in Older People referrals when this client group has seen an increase in Social Care services overall, and conversely for Adults with Mental Health issues.
It should be noted that there may be some inconsistencies in the service user groupings as they are based on which category has been reported as the ‘primary’ client group. An older person with dementia, for example, may be reported to either the older persons or dementia grouping.

<table>
<thead>
<tr>
<th>Type of Perpetrator</th>
<th>2008/09</th>
<th>% 2008/09</th>
<th>2009/10</th>
<th>% 2009/10</th>
<th>Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relative</td>
<td>53</td>
<td>34%</td>
<td>60</td>
<td>20%</td>
<td>-14%</td>
</tr>
<tr>
<td>Unknown</td>
<td>47</td>
<td>31%</td>
<td>71</td>
<td>24%</td>
<td>-7%</td>
</tr>
<tr>
<td>Stranger</td>
<td>13*</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Friend/Neighbour</td>
<td>9</td>
<td>6%</td>
<td>52</td>
<td>18%</td>
<td>12%</td>
</tr>
<tr>
<td>Husband/Wife/Partner</td>
<td>9</td>
<td>6%</td>
<td>52</td>
<td>18%</td>
<td>12%</td>
</tr>
<tr>
<td>Social Care Staff</td>
<td>36</td>
<td>23%</td>
<td>23</td>
<td>8%</td>
<td>-16%</td>
</tr>
<tr>
<td>Other Vulnerable Adult</td>
<td>-</td>
<td>-</td>
<td>19</td>
<td>6%</td>
<td>NA</td>
</tr>
<tr>
<td>Carer</td>
<td>-</td>
<td>-</td>
<td>15</td>
<td>5%</td>
<td>NA</td>
</tr>
<tr>
<td>Health worker</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>1%</td>
<td>NA</td>
</tr>
</tbody>
</table>

3.3 Data regarding perpetrators of abuse.

The type of perpetrator is not always known in safeguarding cases, particularly for financial abuse. However analysis has been made where known and a comparison is shown below between 2008/09 and 2009/10:
These figures demonstrate a decrease both in numbers and percentages of reports of abuse by social care staff. Given the large increase in referrals overall, this represents a solid indication that work to improve and maintain standards of care in commissioned services is being effective.

Relatives and husbands/wives/partners remain the most common category of perpetrator, reflecting the reality that abuse often arises through complex personal relationships, often behind closed doors and within groups who may live together or where there are issues of dependency. We note the increase in referrals with respect to ‘Friends’ and ‘Neighbours’ but have found no distinct pattern to this reporting increase.

In separating out ‘Unknown’ and ‘Stranger’ categories we are able to see that a substantial portion of reported cases of abuse specify no perpetrator (24%). This adjustment, and the introduction of ‘other vulnerable adult’, ‘carer’ and ‘health worker’ categories should allow more in-depth comparison and analyses in the future.

3.4 Types of abuse.

The diagram below shows how several types of abuse are often occurring for abuse victims being referred to the safeguarding process. The cross-over of types is represented in the Venn Diagram for 2009/10. The numbers represent the number of referrals made for that type of abuse.
The totals of each abuse type for the 297 cases in 2009/10 are as follows:

<table>
<thead>
<tr>
<th>Abuse Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial</td>
<td>146</td>
</tr>
<tr>
<td>Psychological</td>
<td>100</td>
</tr>
<tr>
<td>Physical</td>
<td>91</td>
</tr>
<tr>
<td>Neglect</td>
<td>53</td>
</tr>
<tr>
<td>Sexual</td>
<td>22</td>
</tr>
<tr>
<td>Institutional</td>
<td>6</td>
</tr>
</tbody>
</table>

This picture of abuse types in Hackney is consistent with that found in previous years, with financial abuse being the single most prevalent type of reported abuse, followed by physical and psychological abuse and neglect. The 100 reports of psychological abuse can be seen to have often occurred in conjunction with other types of abuse.

3.5 Location of abuse.

Where the location of abuse is known for referrals, the majority of cases occur within the victims’ residence. Nearly three quarters of adult abuse in 2009/10 was domestic abuse, bearing in mind that this includes care home settings.

<table>
<thead>
<tr>
<th>Location of alleged abuse 2009/10</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td>217</td>
<td>73%</td>
</tr>
</tbody>
</table>
### 3.6 Outcomes of Safeguarding Adults investigations

**Investigation Outcomes**

Outcomes of investigations give some indication of the robustness of Safeguarding Adults work in the borough. Overall we can see that there has been a continuing trend over the last 3 years towards substantiated or unsubstantiated outcomes, with less investigations ending as ‘inconclusive’. This is evidence that the procedure is effectively screening inappropriate alerts at the referral stage, and also that investigations are increasingly robust. This is very positive.

<table>
<thead>
<tr>
<th>Perpetrator’s Location</th>
<th>Outcome</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2007-08</td>
</tr>
<tr>
<td>Unknown (e.g. Financial abuse)</td>
<td>54</td>
<td>18%</td>
</tr>
<tr>
<td>Hospital</td>
<td>13</td>
<td>4%</td>
</tr>
<tr>
<td>Public Place</td>
<td>9</td>
<td>3%</td>
</tr>
<tr>
<td>Day Centre</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td>Perpetrator’s Residence</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>297</strong></td>
<td></td>
</tr>
</tbody>
</table>
Intervention Outcomes

An analysis was conducted of a sample of 100 of the 297 Safeguarding cases over the year. Outcomes were usually evaluated on closure of a safeguarding adults process. Outcomes for ‘victims’ and ‘alleged perpetrators’ varied greatly from case to case, but collation of general outcomes information is presented below. Multiple outcomes were often recorded.

<table>
<thead>
<tr>
<th>Outcome Type</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes to financial management arrangements</td>
<td>21</td>
</tr>
<tr>
<td>Action in the Court of Protection</td>
<td>6</td>
</tr>
<tr>
<td>Assessment for Community Care Services</td>
<td>17</td>
</tr>
<tr>
<td>Provision or increase in community care services</td>
<td>33</td>
</tr>
<tr>
<td>Introduction to Counselling Services</td>
<td>6</td>
</tr>
<tr>
<td>Introduction to Domestic Violence Services</td>
<td>5</td>
</tr>
<tr>
<td>Introduction to Advocacy Services</td>
<td>4</td>
</tr>
<tr>
<td>Introduction to other support services</td>
<td>5</td>
</tr>
<tr>
<td>Provision of Respite Care</td>
<td>8</td>
</tr>
<tr>
<td>Healthcare Assistance</td>
<td>5</td>
</tr>
<tr>
<td>Increased monitoring/security arrangements put in place</td>
<td>35</td>
</tr>
<tr>
<td>No Further Action Necessary</td>
<td>17</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
<tr>
<td>Total number of outcomes (excluding NFA)</td>
<td>151</td>
</tr>
</tbody>
</table>

In the sample group, outcomes are recorded for alleged perpetrators of abuse as follows:

<table>
<thead>
<tr>
<th>Outcome Type</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased monitoring of perpetrator</td>
<td>10</td>
</tr>
<tr>
<td>Restriction of Access to Vulnerable Adult</td>
<td>10</td>
</tr>
<tr>
<td>Employment/Disciplinary Action</td>
<td>2</td>
</tr>
<tr>
<td>Action by Professional Body</td>
<td>1</td>
</tr>
<tr>
<td>Civil Action</td>
<td>2</td>
</tr>
<tr>
<td>Action by Police</td>
<td>13</td>
</tr>
<tr>
<td>Carers Assessment</td>
<td>9</td>
</tr>
</tbody>
</table>
Of the 100 cases, there were only 17 where no action was taken. In the majority of these cases the reason for ‘no action’ is service user choice. This reflects a respect for the right of those with mental capacity to decide not to proceed with a Safeguarding intervention. Overall the figures demonstrate that pro-active action is being taken to Safeguard vulnerable adults from abuse in Hackney, with a range of positive outcomes in evidence.

It is apparent from this data the effect that a Safeguarding Adults intervention can have in assisting vulnerable adults to access support services to help make them safe or otherwise improve their situation. Of the 100 cases, 33% of the alleged victims saw an increase in community care support. 33 Introductions were also made to other services, ranging from counselling to healthcare in this sample. As such, the safeguarding process can be seen to act as a catalyst to accessing services.

Some of this increased service provision can be seen to have played a direct part in safeguarding individuals from abuse, This is borne out by the recording of increased security and monitoring arrangements in 35 of the 100 cases, which represents almost half of the cases where action was deemed necessary. Many of the remaining introductions or increases in service provision are ‘indirect’ outcomes of safeguarding interventions where a safeguarding process will serve to link vulnerable adults into services that they may otherwise not have benefitted from.

Action to address financial management issues can be seen to be a common outcome for victims of abuse, with 21 recorded outcomes of this type and 6 actions in the court of protection. This reflects the predominant form of abuse as financial abuse in Hackney but also indicates that robust actions are being taken to safeguard vulnerable adults from abuse whilst our plans to develop Hackney’s financial support services for vulnerable adults take shape.

Outcomes for alleged perpetrators of abuse were recorded in a minority of cases, with 47 outcomes recorded for perpetrators in the sample 100 cases. Given that some cases had more than one recorded outcome, this suggests that actions are not taken with respect to a significant majority of alleged perpetrators. Whilst this is seen as an area for improvement, when considering actions taken with respect to alleged perpetrators of abuse it is important to bear in mind that roughly half of cases were found to be wholly or partly substantiated. The other cases were not, and hence action with respect to alleged perpetrators is likely to be inappropriate.

Despite this fact, it is noted that Safeguarding interventions resulted in only 9 carers assessments for this sample group. Comparing this figure with the statistic that 33% of allegations are made with respect to family members/partners suggests that carers assessments may have been helpful in identifying carers needs in more of the cases.
Although we do not have data available of criminal prosecutions arising from adult safeguarding processes at present, we can see that in 13 of the 100 cases police action was taken. Action taken against alleged perpetrators through civil, employment or regulatory routes occurred in 5 cases.

3.7 Case Studies

Case Study 1
An elderly gentleman with a diagnosis of moderate to severe Alzheimer’s disease and a significant hearing impairment was known to social services, and supported at home with a care package. Neighbours reported that they heard shouting regularly at the home, when his son was there. On investigation, it was established that the gentleman’s son, who was also his main carer, was increasingly desperate about his father’s actions through dementia. Safeguarding interventions included reassessment of needs for both the older person and carer, the provision of increased homecare support, visits from a support worker attached to the Alzheimer’s society, drop in at a dementia day centre, and information and support for the carer from the Alzheimer's society in Hackney. Discussions about move-on to supported accommodation began.

Case Study 2
Hackney LDS received reports that a service user’s sister was not providing him with his Disability Living Allowance (DLA) income and was instead using the benefit for herself. It was reported that as a result of this situation, the service user was struggling financially. The service user had made it clear that he wished to manage his DLA income independently with light support from care provider staff. He presented as having the capacity to make a decision in his best interests regarding his arrangements for his finances. It transpired that the DLA benefit was being paid into his account, to which his sister was a joint signatory. At the time, he did not have access to the account as his sister had the bank card. Initially, a plan of action was drawn up at his review meeting to deal with the issue. His sister agreed to arrange for him to have sole access to his DLA benefit. However, she subsequently failed to action this agreement despite numerous letters being sent to her. Safeguarding procedures were commenced by Hackney Learning Disability Services (LDS) which initially led to a Safeguarding meeting where Hackney staff and care provider staff were present (the service user was unable to attend). This meeting helped draw up another plan of action for resolving the issue.

Hackney LDS confirmed that his sister was using the funds in the joint account for herself. After she failed to relinquish her role as joint signatory on the service users account, LDS and the care provider worked together to open a new account and arrange for benefit income to be paid into that account in accordance with the service users wishes. Hackney LDS also wrote to the DWP to report the suspected abuse on the account, and to the sister to instruct her to cease using the service users old account (as
otherwise, the old account could fall into a negative balance). Contact was also made with the Police, who offered to visit the service user to discuss the issues. The service user decided that he did not want the Police to be involved, stating that he would ask his sister personally for this money to be paid back but stated that he did not want other agencies to pursue any repayment from his sister.

Case Study 3
An older man with physical health problems including a history of stroke and falls was reported to be at risk of psychological and physical abuse from his wife. His wife’s child had recently been the subject of child protection proceedings and had been removed from the property by the police. The lady was observed shouting at the gentleman by health staff and sounds that could have been violence were heard behind a closed door.

It was established that the man had mental capacity to make decisions for himself as to the actions he wanted taken with regards to his safety. A Social Worker took care to discuss his home situation with him in private. He confirmed a history of verbal and physical abuse in the relationship with his wife but declined any intervention or assistance. He was provided with clear details of how to access help, both long-term and in an emergency. Care providers already engaged with his care were alerted to concerns and now monitor his welfare as part of the care that they deliver. No further safeguarding investigation or intervention has taken place, but should further concerns of domestic violence be reported he will again be offered support.

Case Study 4
Concerns of financial abuse were raised in relation to a member of staff at a residential home being found to be in possession of and using a freedom pass that belonged to a service user with learning disabilities and mental health problems. It was established that she had had the pass in her possession for some months. The multi-agency investigation arrived at a balance of probabilities decision that abuse did occur despite the police being unwilling to proceed with criminal prosecution. The member of staff was dismissed by the provider and a report was made to the Independent Safeguarding Authority who have the power to bar her from working with vulnerable adults and children.

Case Study 5
A Hackney owner-occupier who lived alone had a stroke. This had a significant impact on his health, wellbeing and independence. He spent some time at the Homerton Hospital where it was determined that he required residential care and lacked mental capacity to make decisions for himself as to where to live.
The finance department at Hackney raised a safeguarding alert as they had been informed by the land registry that an attempt had been made to sell his house.

It transpired that squatters had used the service user’s identity in a calculated and complex scam to attempt to sell the service users property. The matter was referred to the police when concerns were initially raised. The sale of the property was halted through liaison between the borough and the land registry despite money having changed hands. The legal firm involved in the sale of the property was reported to the law commission. A court appointed deputy was secured via the court of protection for the service user, who now manages the service user’s finances and assets. Outcomes of criminal and law society action are not yet known. The service user remains settled in the residential home.

Case Study 6
An older woman using one of our day centres took a phone call from her son and was clearly shaken. She informed the Day centre manager that she expected her son to come to the centre and ask for money and that she was not happy for him to have it. The manager calmly met the son when he visited and explained that he could not have his mother’s money. The son was clearly annoyed and left the day centre. The service user expressed fear of going home. Activity then ensued including care management staff, workers and managers at the centre, Supported Living and respite resources to identify and co-ordinate a place of safety as an emergency measure. One of Hackney’s respite centres was identified as an appropriate placement and she was assisted to move, provided with clothes, (we could not access her clothes at home) food, shelter, the care that she needed, a warm welcome and reassurance. At the service users request, she was assisted to access appropriate housing independent of her son.

4.1 Quality Assurance & Performance Sub Group

Key Developments

The current Quality Assurance Framework (QAF) for Safeguarding has been in place since October 2008 and has been invaluable for assessing and thereby improving the performance of the Safeguarding service. The framework includes quantitative and qualitative measures of performance across ‘reporting’ and ‘lead agency’ partners.

The Corporate Director of Community Services chairs the Quality Assurance and Performance sub-group of the Safeguarding Adults Board and membership includes representation from all key partners. The main duties of this group are to regularly evaluate how agencies and providers are performing in relation to safeguarding vulnerable adults, operating rigorous quality assurance and scrutiny systems across partner agencies and to monitor analysis of incidents of abuse and neglect, review trends and take action where appropriate to improve adults safeguarding in the borough, and wherever residents of the Hackney reside.
An initial focus for the group has been to understand and identify data quality and reporting issues to ensure that the data set used as a basis for the QA and intelligence process is accurate and complete.
4.2 Training & Development Sub Group

Key Developments

The Training & Development sub-group of the Safeguarding Adults Board is Chaired by the Assistant Director of Community Health Services, Membership includes representation from all statutory partners. The main purpose of this group is to act on behalf of the HSAB to develop and maintain multi-agency training provision that meets the needs of staff from the key agencies and ensures adequate training is accessible to all relevant persons and agencies that have contact with Vulnerable Adults in Hackney.

The year 2009/10 has saw training delivered in Hackney on 4 levels from statutory agencies. These were – induction, basic awareness training, investigators training and ‘specialist’ trainings such as chairs training, and minute takers training. The group identified and agreed common content across these levels of training during 09/10 to form the foundations of a multi-agency training strategy for adults safeguarding.

Training Provision

Across statutory partners, there was a very substantial increase in training provision provided in 09/10 as compared to previous years. Across the partnership, more than 1700 individuals have been trained on the various courses in adults safeguarding. This represents a very dramatic increase from the figure of 297 in 08/09.

The council reviewed it’s training plan to include a focus on Housing staff. The training programme was also expanded to include Awareness Training, Investigator’s Training, Chairing Safeguarding Meetings, Minute Taking at Safeguarding Meetings, Achieving Best Evidence, Risk Assessment and Law & Safeguarding. The council also worked to ensure the wider availability of the training, including targeted training for providers that we purchase services from including those out of borough providers who may have received a low rating in the Protection Standard.

The Homerton Hospital has included Safeguarding Adults Training in corporate and junior doctor induction. This training has been provided to teams across the Trust and in the last 18 months over 750 staff have received awareness training. A Trust wide training plan has also been developed identifying who should attend which level of training. Training at level 2 and 3 has been commissioned for delivery in 2010/11.

The East London Foundation Trust records that 157 staff from Hackney have now been trained at level 2 or above and there have been additional on site sessions for CMHT and Hospital staff bringing the estimated total to 30% of staff across Trust mental health services in Hackney.
4.3 Communications and Awareness Sub Group

Key Developments

The Communications & Awareness sub-group of the Safeguarding Adults Board is Chaired by the Assistant Director, Adults & Safeguarding (Hackney Community Services) and membership includes representation from all key partners including service user representation. During 09/10 the membership of this sub group was expanded to include representation from the Learning Trust and Hackney Council for Voluntary Service as well as the main statutory agencies.

The main purpose of this group is to ensure that awareness of Safeguarding Adults issues and how to seek help is promoted throughout the borough. Key messages are that abuse of vulnerable adults happens and is a serious issue, and is “everyone’s business”. For resource reasons, the activities of this group focused on it’s core activities during this financial year.

We ensured that posters and leaflets were on display in key public access points in the borough in English and in different community languages.

We also provided targeted awareness raising and training events for some of Hackney’s communities. Jewish organisations working with vulnerable adults and schemes working with black African and Caribbean elders in the borough were included. This was in line with our commitment to focus awareness raising for communities for whom we had not seen many safeguarding referrals.

We took part in events for particular service user groups in 09/10, including an Older Peoples event, the ‘Big Do’ for people with learning disabilities and ‘White Ribbon Day’, an event for victims of Domestic Violence. These events allowed us to raise awareness of adult safeguarding in general as well as gather opinion as to the priorities for our Safeguarding Strategy.
4.4. The Partnership for Safeguarding Adults Sub Group

Key Developments

The Partnership has met bi-monthly throughout 2009/10. The Partnership is a forum for all organisations, agencies and services that have an interest in Safeguarding. It includes user groups such as the Alzheimer’s Society, MIND and Victim Support, third party providers including those delivering homecare and floating support, and the Learning Trust.

The Partnership offers an opportunity to share information and issues about promoting safeguarding across the City and Hackney area. Partnership members have indicated that the forum is useful in keeping them up to date with development and for raising issues about the operation of the safeguarding policy and procedures. It contributes to raising confidence about making referrals and consistency in how providers deal with alerts.

Each meeting focuses on a theme identified by Partnership members. During 2009/10, topics have included:

- Working with drug and alcohol abusers
- Safeguarding users with dementia
- Programme of Safeguarding Training
- Consultation on SAB Safeguarding Strategy priorities
Part 2 - THE FUTURE

1. Our Vision, Objectives and Priorities
2. How we are going to get there
3. Working with the City of London
4. Policy Developments
1. Our Vision, Objectives and Priorities

1.1 Our Vision

We will empower and support those vulnerable adults that have the capacity to make themselves safe, ensure the safety of those that don’t have the capacity to make themselves safe and ensure that safety and well-being of vulnerable adults is everybody’s business.

The principles set out below are an integral part of the philosophy and working practices of all agencies involved with vulnerable adults:

• It is every adult's right to live free from abuse in accordance with the principles of respect, dignity, autonomy, privacy and equity.

• Priority will be given to the prevention of abuse by raising the awareness of adult protection issues and by fostering a culture of good practice through support and care provision, commissioning and contracting.

• Vulnerable adults who are susceptible or subjected to abuse or mistreatment will receive the highest priority for assessment and support services. All agencies will respond to adult protection concerns with prompt, timely and appropriate action in line with agreed protocols.

• These principles are applicable to all adults whether living in a domestic setting, care home, social services or health setting or any community setting.

• Protection of vulnerable adults is a multi-agency responsibility and all agencies and services should actively work together to address the abuse of vulnerable adults.

• All agencies and services should ensure that their own policies and procedures make it clear that they have a zero tolerance of abuse.

• Interventions should be based on the concept of empowerment and participation of the vulnerable individual.

• It is the responsibility of all agencies to take steps to ensure that vulnerable adults are discharged from their care to a safe and appropriate setting.

• The need to provide support for the needs of carers and family members must be taken into account when planning safeguarding services for vulnerable adults and a carer’s assessment should be offered.

• These principles are based upon a commitment to equal opportunities and practice in respect of race, culture, religion, disability, gender, age or sexual orientation.
Improving strategic leadership & oversight to ensure safe systems

Board role - agenda of meetings
Membership, governance & accountability

Improving practice

Whole system consistency in handling cases
Training & sharing best practice
Prevention & early intervention - personalisation
Services for abused and abuser

Achieving better outcomes

Improving user and carer engagement

Performance & evidence of safe systems
Resources – core team & operating budget

Safeguarding Information for users & carers
Case feedback arrangements
Awareness raising & campaigning in community
Engagement of users & carers in service & system design & monitoring

Hackney Safeguarding Adults Board – Strategic Framework
1.2 Our Aims and Objectives

Our overall aim is to achieve positive outcomes for vulnerable people and their carers as a result of both prevention and intervention. All of our priorities contribute to both the prevention of abuse and neglect and to effective intervention where allegations of abuse and neglect are made. As well as maintaining our core operational effectiveness, we have identified three core objectives:

Objective A: Improving user and carer engagement
Objective B: Improving adult safeguarding practice and quality assurance
Objective C: Improving strategic leadership and oversight to ensure systems are safe.

This is laid out diagrammatically overleaf. The Strategy sets out three developmental objectives and the strategic priorities we will pursue to deliver each of them as set out below:-

**Objective A: Improving user and carer engagement**

Priority 1: To raise awareness of adults safeguarding issues within communities, including providers who are not commissioned or funded by members of the Hackney Safeguarding Adults Board - by 31 March 2012.

Priority 2: To raise awareness of adults safeguarding issues among carers - by 31 March 2012.

**Objective B: Improving adult safeguarding practice and quality assurance**

Priority 1: To embed good practice in managing safeguarding processes across all partners which is supported by an effective performance and quality assurance framework - by 31 March 2011.

Priority 2: To secure and maintain an effective safeguarding ethos and arrangements within all contracted and grant-aided services across all Hackney Safeguarding Adults Board members by - 31 March 2012.

Priority 3: To ensure that safeguarding is embedded into risk assessments and services that have vulnerable adults among their customers - by 31 March 2012 (for adult social care provision) and - by 31 March 2013 (for other services).

Priority 4: To secure better outcomes for families where there are both vulnerable children and vulnerable adults and for vulnerable children as they become adults - by 31 March 2012.

Priority 5: To develop a coherent and appropriate approach to working with perpetrators and alleged perpetrators of vulnerable adults, that is sensitive
to the range of circumstances which may have led to their behaviour - by 31 March 2013.

**Objective C: Improving strategic leadership and oversight to ensure systems are safe.**

Priority 1: To maintain and resource an effective safeguarding adults partnership – by 31 March 2011 and ongoing.

Priority 2: To ensure vulnerable adults are supported as part of the Safer Cleaner Partnership’s response to crime and anti-social behaviour in the borough – by 31 March 2011 and ongoing.

We have developed an Action Plan with targets and timescales to deliver these strategic priorities which we will review annually.

**2. How we are going to get there.**

The HSAB has developed a 2 year SMART Action Plan that highlights activities necessary to achieve the partnerships strategic objectives. Actions required to meet these objectives are listed in greater detail in action plans held by each of the board’s strategic sub-groups. Sub-group members are responsible for the progress of these plans. Sub-group Chairs will report to the HSAB at every HSAB meeting. The following activities are presented as highlights of the Action Plan.

**Objective A: Improving User and Carer Engagement**

A communications and outreach plan will be developed and implemented. This plan will include a focus on raising awareness of adults safeguarding within 3rd sector organisations, with carers, Hackney’s Jewish communities and other relevant Hackney communities and religious groups.

The plan will incorporate communication via publicity materials, attendance at events, targeted outreach work and website information.

We will also review feedback from service users assisted through safeguarding adults processes, as a part of our ongoing quality assurance processes.

**Objective B: Improving Adult Safeguarding Practice and quality assurance**

Hackney council has also been selected to work with the British Institute of Human Rights to pilot a human rights based approach to the provision of adult social care, the personalisation agenda and the development of core principles and guidance for commissioned services for vulnerable people. This will build on the existing strengths of our services in this area, in particular the Dignity Project, and help us address outstanding areas of concern for the human rights of our residents. Through continued hard work
in this area we intend to continue to improve our service delivery and survey ratings.

In addition, a Quality assurance and performance plan will be developed and implemented. Key Activities contained within that plan will include:

The application of regular file audits by statutory partner agencies. Feedback from these audits will be analysed, and improvements implemented accordingly. The audit tools used will be reviewed in line with best practice in London.

The Quality Assurance framework for Adults Safeguarding will be refreshed, with a particular focus on developing cross-cutting performance indicators to capture quality of safeguarding work across the HSAB partnership.

Evaluation and review of methods for scrutinising safeguarding standards in commissioned and grant-funded services will be carried out. Reports on safeguarding standards in these services will be prepared and action plans devised as necessary to improve standards in providers and the effectiveness of the partnerships monitoring processes.

‘Best Practice’ in risk assessment will be explored through peer review.

**Objective C - Improving strategic leadership and oversight to ensure systems are safe.**

All HSAB members will keep their commitment to Safeguarding Vulnerable Adults under review, and the core team will re reviewed and remodelled.

The HSAB action plan will be reviewed yearly and that items not delivered to timescale will be brought to the attention of HSAB.

Membership of the HSAB will be reviewed and attendance monitored.

**3. Working with the City of London**

The HSAB is pleased to confirm that from June 2010, a joined-up approach to addressing concerns of adults safeguarding will be employed by the Hackney and the City of London. The re-named City and Hackney Safeguarding Adults Board will seek to drive strategic work across the two boroughs. We look forward to this broadening of horizons, to include the unique cultures and communities of the City of London. We anticipate many benefits for the people of Hackney and the City from this joint working across borough boundaries.
4. Policy Developments


A public consultation on the review of the ‘No Secrets’ (2000) guidance took place between the 16-10-2008 and 31-01-2009. The HSAB participated in this. The government published a summary of the responses on the 17th July 2009 that included a majority view that legislation was needed in the area of adults safeguarding. There has not yet been a formal revision of ‘No Secrets’ following the consultation. As the government of the UK has changed since the consultation it is unclear what such a document will comprise, or whether it will, in-fact, be produced.

Safeguarding Adults in London – Pan London Policy and Procedures

The much-anticipated Pan London document laying out a unified approach to adults safeguarding in London remains in draft format. The project, headed by the Social Care Institute for Excellence is well behind schedule. Current estimates for completion of the document are for the summer of 2010. The document is being worked on by an expert in the field of Adults Safeguarding, a founder member of the London Safeguarding Adults network who is being guided by an editorial board consisting of senior members of social care and partner agencies including health services and the police. High hopes are held that the next draft of the document will be fit for purpose and represent a big step forward. The HSAB remains committed to the adoption and implementation of a Pan-London approach.