



Adult Safeguarding Commissioning Strategy

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Adult Safeguarding

What it is and why it matters

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Organisations should always promote an adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved.

We know adult safeguarding is not a substitute for:

- providers' responsibilities to provide safe and high quality care and support;
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- the core duties of the police to prevent and detect crime and protect life and property.

Each organisation must take responsibility for their contribution to the prevention of adult abuse or neglect and where it does occur, respond appropriately, recognising that adults have the right to be able to determine what happens.

Beyond this though, we will work hard to ensure not just a co-ordinated approach to adult safeguarding in Lincolnshire, but also a strong collective effort to improve, learn and evolve.



Cllr Mrs Patricia Bradwell,
Deputy Leader, Lincolnshire
County Council, Executive
Councillor for Adult Care,
Children's Services and Health
Services



Glen Garrod, Director of Adult
Social Services, Lincolnshire
County Council



Elaine Baylis, Independent
Chair for the Lincolnshire
Safeguarding Adults Board

Executive Summary

Harm can occur in a variety of ways and in a variety of settings. Harm can be intentional and unintentional.

The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- address what has caused the abuse or neglect.

In order to achieve these aims in Lincolnshire, we have and we will continue to:

- ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities;
- create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect;
- support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners;
- enable access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect; and
- improve our response to safeguarding concerns deriving from either poor quality or inadequacy of service provision, including patient safety in the health sector.

We know that abuse can manifest itself in a number of ways; for example:

- **Physical abuse** – Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.¹⁸²
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

National Context

The Care Act, which was mandatory from the 1st April 2015, states that safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The local authority statutory adult safeguarding duties apply to all adults with care and support needs regardless of whether those needs are being met by the council, regardless of whether the adult has mental capacity or not, and regardless of the setting, other than prisons and approved premises where prison governors and National Offender Management Service (NOMS) respectively have responsibility. However, senior representatives of those services may sit on the Safeguarding Adults Board and play an important role in the strategic development of adult safeguarding locally. Additionally, they may ask for advice from the local authority when faced with a safeguarding issue that they are finding particularly challenging.

Six key principles which underpin all Adult Safeguarding work and assist Partner Organisations and Safeguarding Adults Boards more widely, by using them to examine the local arrangements:

- 1. Empowerment** – People being supported and encouraged to make their own decisions and informed consent.

“I am asked what I want as the outcomes from the safeguarding process and my wishes directly inform what happens next.”

- 2. Prevention** – It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

- 3. Proportionality** – The least intrusive response appropriate to the risk presented.

“I am confident that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”

- 4. Protection** – Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent I want.”

- 5. Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

- 6. Accountability** – Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

Performance & Budgets

Budget for the Safeguarding Adults Strategy

The total budget in 2015/16 for the safeguarding team, is shared out across the following teams:

- Adult Safeguarding Team
- Adults Emergency Duty Team (EDT),
- DoLS Team
- The total budget is £3,255.543, this includes £1.9 million for the Deprivation of Liberty Safeguards.

Safeguarding Performance Report – Summary 2015/16

This report includes all the activity and performance data relating to Adult Safeguarding. The information is largely based on the statutory requirements for the Safeguarding Adults Return (SAR) which is submitted to the Department of Health on an annual basis. This summary page gives an overview of what is currently happening in Adult Safeguarding, summarises the key performance metrics and includes some general figures and highlights some interesting trends. For more information, please go to www.gov.uk/government/statistics/safeguarding-adults-england-2014-15-experimental-statistics

1. Safeguarding Outcomes Measure Pilot Study -The Care Act 2014 states that a high quality service must be one which keeps people safe from harm. There was a call for evidence from the Health of Social Care Information Centre (HSCIC) for whether adults at risk felt safer after having a safeguarding investigation. Currently there are no national safeguarding outcome measures and benchmarking with other councils is not possible due to the lack of data. The pilot study will help us understand how we are performing and whether more resources are needed for effective safeguarding.

2. Safeguarding File Audits – Every month the senior members of the Adult Safeguarding Team are assigned 2 case files at random to audit/review. Each case is scored on the following areas:

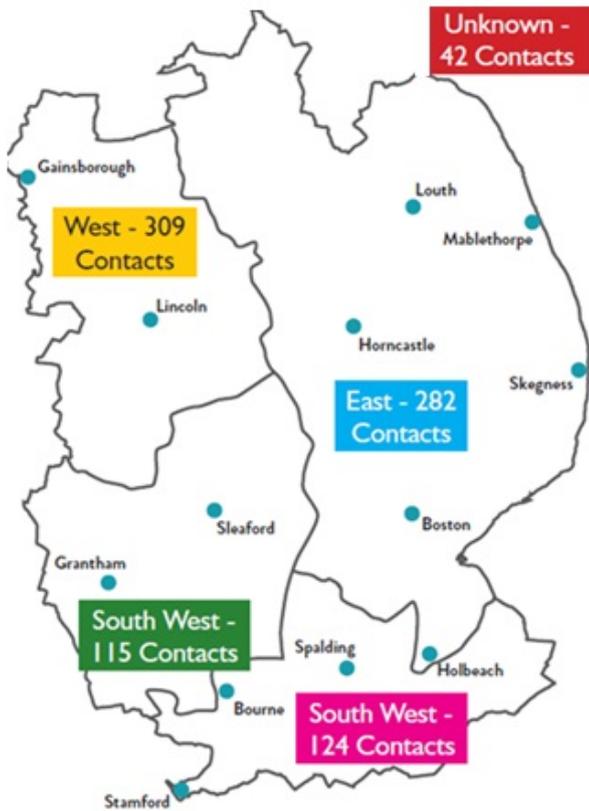
- Empowerment
- Protection
- Prevention
- Proportionality
- Partnership Working
- Accountability
- Valuing Diversity
- Safeguarding Children
- Timeliness
- Recording

41 file audits have been completed for between April and June, of these 83% were graded overall as either "outstanding" or "good". The results of the audits are used in supervision to focus discussion with the Safeguarding Team colleagues and to highlight any training or developmental needs.

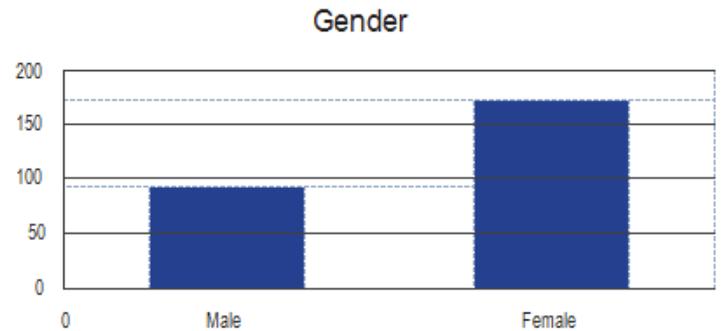
3. Performance Measures (November 2015)

- % of Safeguarding Strategy Discussions held within 5 working days of referral is currently at 98%.
- % of Safeguarding investigation assessments completed within 28 days is currently at 74%, which is below the target of 75%.
- % of completed Safeguarding referrals where the result of management action taken is risk reduced or removed is at 61%, which is below target.

4. Activity between April and June 2015



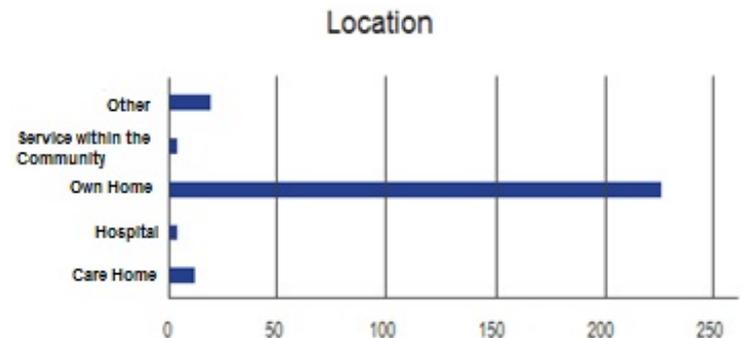
In November 2008 there were 413 contacts received at the Customer Service Centre. The prediction is by the end of 2016 we will have had approximately 3,500 contacts. The mandatory guidance published to support the Care Act requires the local authority to make enquiries, or cause others to do so, if they reasonably suspect that an adult who has care and support needs (even though the local authority is not meeting those needs) is at risk of abuse and neglect. The scope of that enquiry, who leads it and its nature, will be dependent on the particular circumstances. It will usually start with the individual who is the subject of concern and the next steps will to some extent depend on their wishes. The local authority are responsible for undertaking safeguarding enquiries (referrals) as well as assuring ourselves of the ones that we ask others to do on our behalf (notifications).



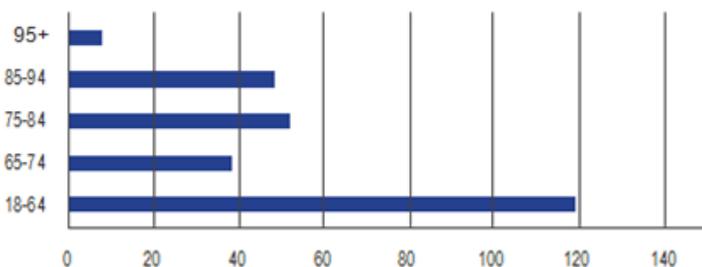
Referrals received where the alleged abuse is in the person's own home has increased to 86% from the previous year figure of 75%.

Referrals

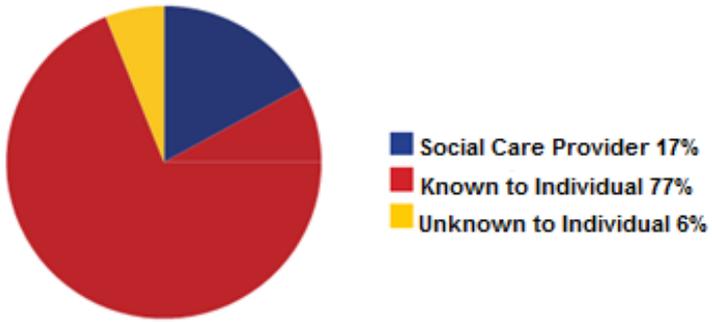
Referrals received are where the safeguarding team are leading the enquiry. There has been a 9% increase from 2014/15.



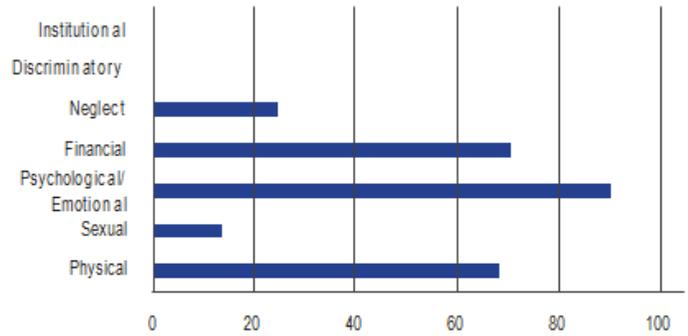
Age Group



Was the alleged perpetrator known to the individual?



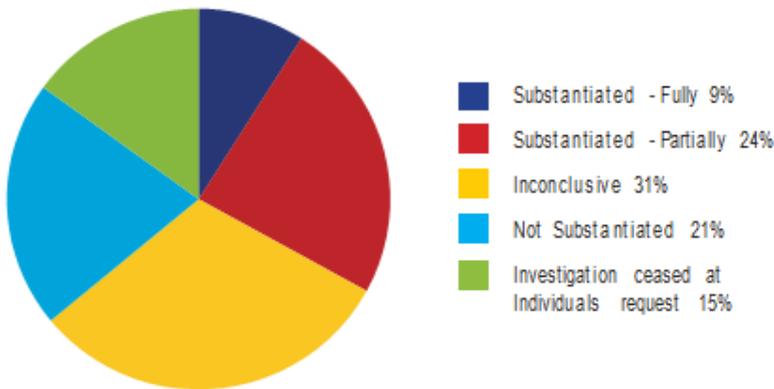
Alleged Abuse



Alleged Abuse Types

This year there has been a change to the profile of abuse type with an increase in alleged emotional, financial and sexual abuse and a decrease in alleged neglect by 35%.

Conclusion



Source of Referral

The number of 'referrals' received from families, friends or neighbours continues to increase. No matter who we receive a referral from, we now have to use the same 6 objectives as outlined in the mandatory guidance:

1. Establish the facts
2. Ascertain the clients views and wishes
3. Assess the needs of the adult for protection, support and redress and how they might be met
4. Protect from the abuse and neglect, in accordance with the wishes of the adult
5. Make decision as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect
6. Enable the adult to achieve resolution and recovery

Advocacy

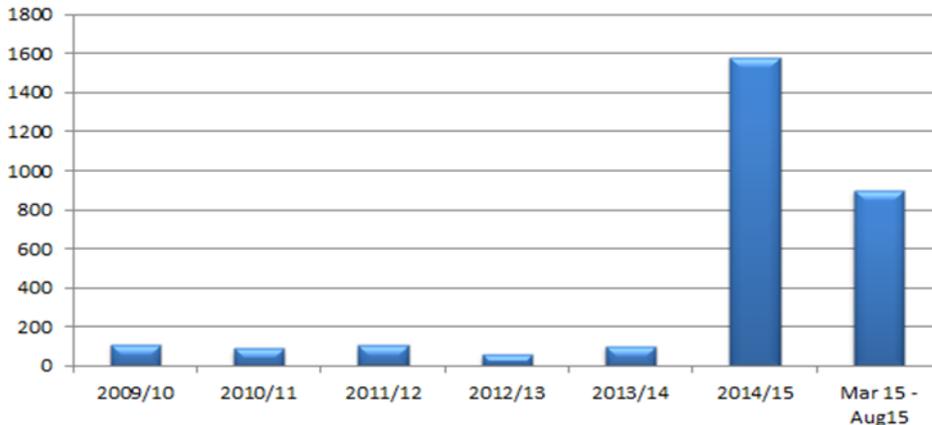
In 2014/15 100% of people who lacked capacity were supported by an advocate.

Deprivation of Liberty Safeguards (DoLS) Overview

These safeguards aim to ensure that those individuals who lack capacity and are residing in a care home, hospital or other supported living environments are not subject to overly restrictive measures (which might deprive them of their liberty) in their day to day lives.

On average we receive 206 new DoLS per month. We also have to review all of these assessments at least annually.

Numbers of DoLS Applications received to date



A legal test case, the "Cheshire West" Judgement has caused issues for all local authorities, significantly increasing the number of DoLS applications to the local authorities. The Law Commission have recently published a consultation document which ended in November 2015 which is systematically reviewing the Deprivation of Liberty process. We are awaiting the outcome of this consultation.



The Priorities: what is the national research telling us?

- a. Adult Safeguarding must be built on empowerment – or listening to the adult's voice. Without this, safeguarding is experienced as safety at the expense of other qualities of life, such as self-determination and the right to family life.
 - b. Everyone must help to empower individuals, but safeguarding decisions should be taken by the individual concerned. People wanted help with options, information and support. However, they wanted to retain control and make their own choices. This may mean the risk of abuse or neglect does not entirely go away.
 - c. Safeguarding adults is not like child protection. Adults do not want to be treated like children and do not want a system that was designed for children.
 - d. The participation/representation and advocacy for people who lack capacity to speak for themselves is also important.
- Some people have no wish for any formal proceedings to be pursued and may be distressed when this happens without their knowledge or agreement.
 - Our performance measures tend to centre on such things as decisions about whether abuse was substantiated or not and what was done as a result: often additional services or monitoring.
 - Whilst most people do want to be safer, other things may be as, or more, important such as maintaining relationships.

These themes echo the messages in the report of the Department of Health consultation exercise in 2009 in respect of the 'No Secrets' guidance. (www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care)

Here people who used safeguarding services said that they wanted to be listened to and to make choices and not to be treated like children. Their experience of how it felt throughout safeguarding intervention was as important as the end outcomes.

Legally, Safeguarding must respect the autonomy and independence of individuals as well as their right to family life.

In the context of the Human Rights Act, Article 8; Lord Justice Munby, speaking about people who are vulnerable or incapacitated, states

'The fundamental point is that public authority decision-making must engage appropriately and meaningfully. The State's obligations under Article 8 are not merely substantive; they are also procedural. Those affected must be allowed to participate effectively in the decision making process. It is simply unacceptable – and an actionable breach of Article 8 – for adult social care to decide, without reference to P and her carers, what is to be done and then merely to tell them – to "share" with them – the decision.'

What Price Dignity? Keynote address by Lord Justice Munby to the LGA Community Care Conference: Protecting Liberties (14 July 2010)

The Local Government Association (LGA) and the Association of Directors of Social Services (ADASS) have sponsored an initiative called Making Safeguarding Personal (MSP).

Making Safeguarding Personal is a shift from "**a process supported by conversations**" to "**a series of conversations supported by a process**". It puts the person more in control of what happens next and prioritises what they want to achieve.

National research has found, through peer challenges and other work that without a person centred approach:

- Whilst they appreciate the work of individual staff, people tend to feel driven through a process in safeguarding. At best they are involved rather than in control, at worst they are lucky if they are kept informed about what professionals are doing.
- Some people want access to some form of justice or resolution, such as through criminal or civil law, or restorative justice, or through knowing that some form of disciplinary or other action has been taken. They may feel disappointed or let down if this does not happen.

Case Studies in Lincolnshire

Mrs A, who was in her 40's, was referred into Adult Safeguarding because a medical professional believed that his patient was being abused both emotionally and financially by her son. A worker was allocated and talked to the woman about her circumstances, in particular, her relationship with her son and what from her point of view were the issues. It became apparent that the son was verbally abusing his mother and that he was taking money from her even when she could not afford to give him the cash. The woman explained that this had been occurring for some time and that she felt powerless to stop the abuse. The safeguarding officer spent time with the woman focussing on what she could do to stop her son abusing her both financially and emotionally. As the abuse had been occurring for a number of years, the parent had accepted that being treated in this manner would be how her life would be, but the officer was able to highlight to her that she had rights that her son was violating. The officer talked through how she could self-protect from her son, how she could prevent herself from giving her son money and reiterated that if a criminal offence occurred then she should and could ring the Police.

A referral in connection with allegation of medicines mismanagement was received. As the provider of the service had a proven track record in conducting their own enquiries, the local authority agreed the scope and nature of the investigation with the company, who then reported back openly and honestly how the omission occurred. The provider having established the facts and identified the issues was able to assure the local authority that medicines were now managed appropriately and that individuals were safe from any potential harm.

It was alleged that a carer took money from the individual she cared for. Although the individual who was cared for did not want the matter to progress, in reality it had to, as the local authority was concerned that as the carer visited a number of properties, which meant that potentially other individuals could be at risk from him if the matter was not formally investigated. It was also in the best interest of the worker who had, had the allegations made against them to be formally looked into so that the matter could be dealt with in an open and transparent manner.

An elderly woman who because of her medical issues was incapable at times to make informed decisions in her life. She was considered to be at high risk of neglecting herself and the property she was living in was considered to be unfit for habitation. Having suffered hyperthermia during a particularly cold spell, she was eventually assessed as being unable to fully understand the risks that she was exposing herself to and so an application was made to the Court to admit her to a residential setting so that she was safe; this was granted. Within a few months the woman became more capable in her decision making the local authority worked with her on what was now in her best interests.

These cases highlight the length and breadth of cases that come into the safeguarding team.

Making Safeguarding Personal in Lincolnshire

This action plan shows what we have done so far and what we are planning to do.

Task	Detail	Progress	Timescale
Information about safeguarding for people	To raise awareness in communities.	An LSAB leaflet Safeguarding Adults in Lincolnshire, What is adult abuse and how to report it? Has been designed and published. The MSP principles are included in the information: What will we do to help the adult at risk?	Completed
Benchmark progress on MSP.	Benchmark progress on Making Safeguarding Personal and plan against other Council's that have been assessed by Bournemouth University.	In December 2015, the DASS requested that the County Manager in Adult Care "Implement Making Safeguarding Personal" This will be achieved by "performance reporting evidencing Making Safeguarding Personal in practice, the right measure and support he DASS and the Lincolnshire Safeguarding Adults Board to deliver a collective approach to Making Safeguarding Personal. Evidence of outcome – "the use of surveys will help enrich the evidence base. Achieve Silver standard in Making Safeguarding Personal.	Oct 16
Information sharing agreements	Information sharing protocols underpin effective multi-agency working. LCC require assurance that staff are briefed on the basic principles of information sharing legislation and requirements. That the protocols are effectively supporting practice, assessment and support/care planning.	The LSAB Business Manager is working on information sharing protocols for the Board.	Mar 16
Investigating one or more responses to safeguarding	Identify 'champions' within the Assessment & Care Management teams and Safeguarding team to establish a task & finish group to identify and if appropriate trial responses or produce business cases.	Dependencies: LSAB multi-agency policy & procedure has been published, LCC Adult Care procedures need to be completed and agreed by AC DMT. Review action once the internal procedures have been finalised and endorsed.	Mar 16
Introducing MSP into the current process, practice, service model and performance metrics	It is recommended that further work is undertaken on the outcome measures and indicators to explore how the current recording and reporting (qualitative and quantitative) can be used or improved to measure outcomes prior to the new mandatory ASCOF.	The Safeguarding Surveys project began on the 1 st September 2015 with the aim of capturing the experiences of people who have been through the safeguarding experience to ascertain if they feel safer as a result. Overall the feedback received on the surveys has been very positive. Quality Assurance colleagues will continue to monitor the surveys for the foreseeable future as they give us a good indication on how we are 'tailoring our service to the clients needs' and making safeguarding personal for them as individuals. Adult Care quality standards reflect making safeguarding personal and assist the workforce to work with the client in an open and transparent way.	Mar 16
Internal working procedures	Using the diagrams 1A and 1B on pages 250-252 of the statutory guidance flesh them out with local information, roles, responsibilities and accountabilities as a starting point for developing local policies.	Proposed draft LCC procedures titled Making Safeguarding Personal socialised with key managers and feedback received. Revised procedures being prepared by Lead Professional. Requirements for Mosaic produced. Detailed guidance and plan will be required to implement the procedures.	May 16