



Haringey



Haringey Council

The Whittington Hospital NHS Trust

Barnet, Enfield and Haringey Mental Health NHS Trust

North Middlesex University Hospital NHS Trust



Haringey Multi-agency

Safeguarding Adults

Prevention Strategy 2009/11

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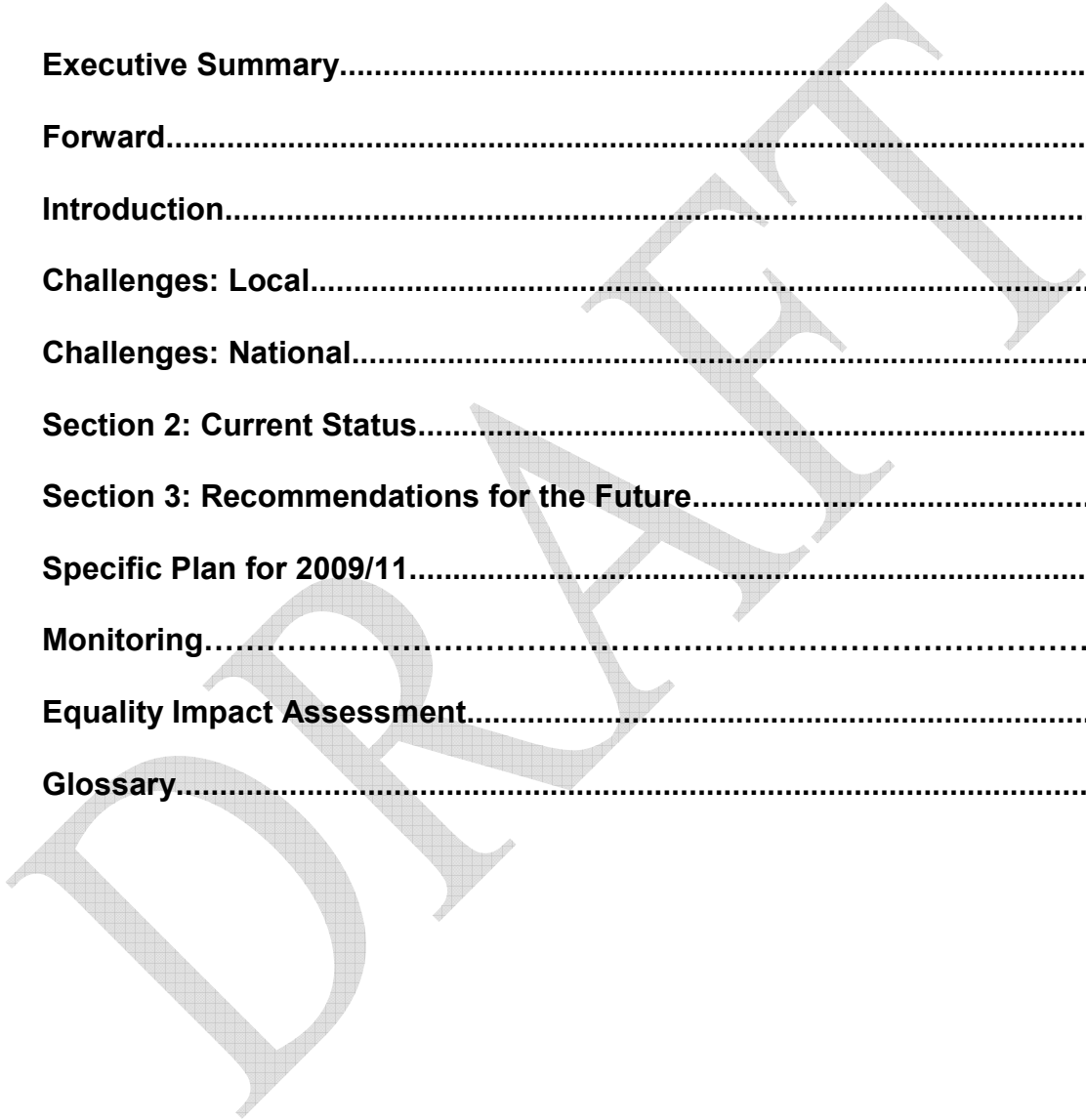
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Haringey Safeguarding Adults Prevention Strategy 2009/11

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Executive Summary

Haringey's multi-agency safeguarding adults' policy and procedures represents the commitment across the agencies in Haringey to promote a safer Haringey. This must be co-ordinated between agencies, all sharing a common vision: to promote safety; prevent abuse; and protect vulnerable adults from abuse.

This document represents collaboration between the agencies in the Borough with a responsibility for working with vulnerable adults. This includes Adult Services; the three health trusts; the police; the voluntary sector and the private sector, to provide a joint policy framework by which we work in partnership to safeguard vulnerable adults from abuse. The policy and procedures are based on 'No Secrets'¹ and 'A National Framework of Standards for good practice and outcomes in Adult Protection work.'²

Haringey Adult Services are responsible for the co-ordination and development of the prevention strategy for safeguarding vulnerable adults in conjunction with the other agencies; despite being the lead agency, ownership and responsibility lies with all agencies.

There are safeguarding adults' leads within each of the statutory agencies represented in Haringey; these identified individuals have a responsibility for co-ordinating safeguarding adults within their organisation. This includes embedding the procedures and ensuring that safeguarding adults retains a place of significance, whilst ensuring prevention measures are practiced.

¹ No Secrets – Department of Health (2000)

² A National Framework of Standards for good practice and outcomes in Adult Protection work.² ADSS 2005

Forward

People living in Haringey have the right to live a life free from abuse and neglect. It is the responsibility of each agency in Haringey working with vulnerable adults to ensure that these adults are protected from any type of abuse. Each agency has a responsibility to assess when a vulnerable adult may be at possible risk of harm and to work with them, their families and any carers to reduce this risk.

The Care Quality Commission presented its findings to Adult Services in July 2009 following an inspection of the safeguarding adults and elderly services. One of its recommendations was to develop a multi-agency prevention strategy to tackle abuse and neglect of vulnerable adults within Haringey.

Much work has been done in Haringey to raise awareness; investigate; and safeguard vulnerable adults. We are now working towards an overarching strategy to prevent the very abuses we have so far been investigating.

This strategy covers the next three years; however, there are significant changes afoot, both within Haringey and nationally in relation to safeguarding adults. These include the joint protocols being developed by Care Quality Commission for Adult Services, the NHS, and the police, augmenting the recommendations following the consultation on 'No Secrets'. This document is therefore a living instrument, to be reviewed regularly by the prevention subgroup and the safeguarding adults' board, so that we can all work together towards ending the abuse of vulnerable people.

The abuse of vulnerable adults will continue to be a challenge to professionals and to society in general. Raising awareness of issues that constitute abuse and responding appropriately when concerns about possible abuses are reported will give a message that it is not acceptable.

Cllr Dilek Dogus
Cabinet Member for Adult Social Care and Wellbeing

Introduction

"Abuse is a violation of an individual's human and civil rights by any other person or persons."³

There are three sections to this prevention strategy

1. Background and challenges to address in Haringey around safeguarding adults;
2. The current status of safeguarding adults, current work and key issues;
3. A recommendation for future expansion of safeguarding adults' preventative work.

This strategy has been written in consultation with partner agencies, including Haringey Council; NHS Haringey; Whittington hospital NHS trust; North Middlesex hospital NHS trust; Barnet, Enfield and Haringey mental health trust; the Metropolitan Police service for Haringey; and has had input from other statutory bodies including the Crown Prosecution Service for Haringey; Victim Support; and non-statutory bodies listed in the 2009 workplan.

There are significant changes in safeguarding adults. Part of the changes from a multi-agency perspective is the fact that there will now be a joint safeguarding adult's protocol from the Care Quality Commission. NHS trusts were not previously inspected for safeguarding adults procedures, they will in future be fully inspected and scored in a manner similar to how the local authority are currently being inspected in this regard.

Scope of the Strategy

This strategy applies to vulnerable people of Haringey, as defined under section 59 of the Safeguarding Vulnerable Groups Act 2006 (please see Appendix B). It does not apply to safeguarding children.

Challenges: local

This strategy should be read in conjunction with the Sustainable Community Strategy, in particular, People at the heart of change; Economic vitality and prosperity shared by all; Safer for all; Healthier people with a better quality of life; People and customer focused.

Haringey has one of the most diverse populations in the United Kingdom, characterised by a constantly changing population, with significant

³ No Secrets – Department of Health (2000)

differences in wealth. The east of the borough is one of the most deprived areas in the country, with the concomitant affects on health and wellbeing that this brings; to the west, profound affluence, where some elderly people live in properties worth in excess of £1 million.

Haringey's population has its extremes also; much of the population is aged between 20 and 30 owing to the large immigrant population. The Borough is not immune to the national phenomenon of an aging population however, with the increase of service demands that this brings. 49,000 people within the borough are over 50 and will rise to over 55,000 by 2011. Of these numbers, 47% are from black and minority ethnic groups, which is likely to rise by 8% by 2011.

Growing older ought not be a barrier to living healthily, with the support of family members, carers and services. Nevertheless, numbers of elderly people requiring services is likely to increase dramatically over the next 10 years as a consequence of an aging population.

Changing the ways we provide services will be transformed by the introduction of the individual budgets scheme. It is essential that adequate safeguards are embedded in the service provision. Haringey has introduced the Risk Matrix and assessment tool to identify risks to the individual and a monitoring system is being developed to assess and evaluate the management of those risks. We will work also with third sector and voluntary service providers to improve practice.

People with mental health problems, learning disabilities or physical disabilities are also vulnerable to abuse and exploitation. It will remain a challenge to strike the right balance between empowering vulnerable people in line with the personalisation agenda, and keeping them safe from exploitation and abuse. This debate has to be made inclusively, by engaging with clients and their carers in the services provided. The new quality assurance system and strategy will follow up alerts through service user evaluation which will qualitatively assist in improving services.

Challenges: National:

The national safeguarding adults' agenda is in flux. There is a new definition of 'vulnerable' under the Safeguarding Vulnerable Groups Act 2006 (please see Glossary),. This new definition is much wider than the No Secrets definition and will encompass a great many people hitherto unknown to Adult Services.

National consultation on the No Secrets guidance is completed and we await the government's response. At the time of writing it is unknown whether legislation is likely to be made concerning safeguarding adults,

although the Law Commission has stated that it has made no recommendation to the Government in preparation for consolidation legislation relating to community care, due in 2013.

Perhaps the most significant challenge regarding prevention of abuse is the new personalisation agenda and expansion of individual budgets. Currently, all workers and carers, including agency workers, are subject to rigorous background checks and references. There are outstanding provisions for checking and regulating independent carers, employed by the vulnerable adult themselves,. This area will be the most important element of the prevention strategy.

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Section Two

Current Status: 2009

The safeguarding adults' agenda and structure within Haringey is changing. The current structure dates back four years, taking the last three years to augment and establish throughout Haringey Borough. Following the Care Quality Commission inspection, which delivered its findings in July 2009, the safeguarding adults' team has been re-structured in Adult Services.

To date, we have achieved the following:

- Safeguarding awareness at inductions has become formalised and mandatory within Haringey council, NHS Haringey, and the police.
- The Commissioning and Contracts service in Haringey Council have introduced robust systems into the procurement of services. Two Market Development Officers were appointed in 2008 to develop quality systems within service delivery and identify problems.
- Service Providers who do not meet agreed standards are either temporarily suspended whilst they improve their services or contracts are terminated if unable to improve.
- Criminal Records Bureau (CRB) checks for all new employees and all staff are registered with the Independent Safeguarding Authority
- Ensuring that small unregulated voluntary providers have funds available for CRB checks for workers.
- We have developed a Quality Assurance Framework and audit tools to support the safeguarding investigation process and monitor outcomes for victims of abuse.
- We have introduced the SOVA Workflow on the Council's electronic client database system. The workflow is a fully automated 'systems checker', able to measure all data within safeguarding adults and provide detailed information for quality assurance analysis. The workflow has an in-built risk assessment and audit tools.
- Monitoring of referrals, investigations and outcomes will be more accurate with the introduction of the workflow.

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- The system is also a management tool and must be authorised at every stage by a manager to ensure that appropriate actions are taken to protect and prevent further abuse.
- The risk assessment and management framework has been launched and 30 frontline staff and managers have been trained. Further training courses are planned.
- The number of SOVA alerts have increased in 2009 by 10–15%, reflecting in part awareness of abuse and the steps to take in reporting abuse.
- Vulnerable adults are receiving education about what constitutes abuse through their individual case workers.
- User groups are being supported to enable vulnerable adults to talk about issues which concern them.
- Self-advocacy schemes are available to support vulnerable adults to disclose abuse.
- Advocacy schemes are available to represent vulnerable adults, when they are unable to do so themselves.
- Specific information on safeguarding adults is available, accessible and understandable to vulnerable adults.
- Where possible, vulnerable adults are helped to make decisions, which affect their lives.
- In each ward within Haringey Borough, there are four crime prevention officers.
- The Safer Neighbourhood Units have expanded and with a compliment of one sergeant; two police constables; and three police constable support officers.
- For other continuing work, please see domestic violence protocol.
- We have carried out targeted outreach to specific black and minority ethnic groups which has resulted in an increase in reports of adult abuse from specific communities (please see annual report).

Section Three
Recommendations for the Future:

1. Linking the Safeguarding Adults Board into key local strategic partnerships thus ensuring safeguarding is on everyone's agenda.
2. Embedding safeguarding principles across partner agencies with each partner taking ownership of the implementation in their organisations.
3. Raising awareness across Haringey through 6 dedicated awareness days per year.
4. Training all staff in safeguarding adults (please see training strategy)
5. Reducing the likelihood of abuse and repeat episodes of abuse and neglect once reported.
6. Improving services and quality systems
7. Analysis of safeguarding data to understand and reduce abuse and neglect
8. Embed the notion that "If in doubt, shout" to all frontline staff, so that concerns are consistently escalated.

Specific Action Plan for 2010/11

- Prevention is as much about creativity as it is about responding and investing; we will therefore continue to appoint individuals to the prevention subgroup who have ideas to bring, regardless of their standing or seniority.
- We will learn from errors, and will examine changes in national policy, so that the prevention subgroup can scrutinise changes and implement them as necessary.
- The prevention subgroup is now established and is Quorate.
- Establish full interagency cooperation and involvement with the Safeguarding Adults Board .
- To share resources: NHS Haringey has provided £25,000 towards the prevention strategy.
- To support key national and international dates on safeguarding adults' issues such as the World Elder Abuse Awareness Day on June 15 each year.
- Ensure key individuals within various organisations are involved with prevention planning, including adult social services, the three NHS trusts, the police, the London ambulance service, non-statutory organisation, charities with vested interests, and members of the public.
- This is the first time that the London ambulance service has linked in with a London borough specifically to deal with safeguarding adults issues. We will build collaborative professional relationships with the LAS and work towards wider awareness to ambulance crews who regularly witness abuse and neglect.
- This is the first time that the Crown Prosecution Service has officially endorsed openness and close working partnerships with other agencies. We have met with the crown prosecutors, one of whom is now a member of the board.
- Where previously front line officers worked with the court of protection, closer working with the CPS will ensure that appropriate cases are prosecuted, and that such cases are reported.
- The police in Haringey will review their training to standing police officers on safeguarding adults (please see training plan) in collaboration with the training subgroup.
- The training and development subgroup is reviewing all levels of training for front line workers.
- To work with trading standards and regulated/local authority sanctioned businesses which provide services to vulnerable people in order that they can provide us with intelligence on 'scams' and we can provide services that will ameliorate these risks.
- Much of last year focused on briefings to various agencies, organisations and charities. This year, the focus will be on specific training, in consultation with all leads within each organisation. Nevertheless, briefings will remain for hard-to-reach groups within the BME groups highlighted in last year's audit.

- Financial exploitation/abuse/theft/fraud is the single greatest area regarding safeguarding adults. We will target post offices initially, as most vulnerable people meet their financial needs there, and staff may be amenable to disclosure.
- To increase the number of health staff who attend strategy meetings.
- To train one quarter of GP's in Haringey around safeguarding adults.
- To establish operational safeguarding adults leads within each service/clinic/medical centre/in-patient ward.
- Disseminate the new overarching safeguarding adults' protocol delivered by the Care Quality Commission.
- To work with the courts, probation and CPS to establish a new court system for domestic violence, to prevent the continued violence against women suffering domestic violence.

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- We will examine new changes from the review and consultation on No Secrets and implement them as required.
- To support key national and international dates on safeguarding adults' issues such as the World Elder Abuse Awareness Day and to provide 6 such awareness days in the year.
- Create, plan, and execute a safeguarding adult's launch. Invited attendees will include key political and professional individuals responsible for safeguarding adults.
- We will continue to build collaborative professional relationships with the London ambulance service and work towards wider awareness to ambulance crews who regularly witness abuse and neglect.
- We will work closely with trading standards in disseminating new programmes, and sharing concerns.
- We will continue to work with the CPS to share information, training and awareness, particularly around section 44 Mental Capacity Act 2005 offences and fraud.
- The new level 2 and 3 training for safeguarding adults to be implemented.
- Specific tailor made training will expand to target areas of idiosyncratic challenges, e.g. emergency medicine and end of life care.
- To continue to increase the number of health staff who attend strategy meetings and for this to be audited.
- To train a further one quarter of GP's in Haringey around safeguarding adults.
- To develop posts within the two acute NHS trusts in dealing with safeguarding adults and domestic violence through the neighbourhood renewal fund for deprived areas
- Audit will continue to evaluate qualitatively, service users' opinions. This information will be brought to the quality assurance, training and development subgroup for analysis and to support required changes.
- Annual audits within all organisations will continue each April to ascertain trends. We will check these against known numbers from equalities data, for example: BME groups; age; disability; gender; religion and belief; and sexuality.

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- We will examine future legislation and prepare for the changes, including law commission proposals for consolidation legislation in community care.
- To support key national and international dates on safeguarding adults' issues such as the World Elder Abuse Awareness Day and to provide 6 such awareness days in the year.
- We will continue to work with the CPS to share information, training and awareness, particularly around section 44 Mental Capacity Act 2005 offences and fraud.
- In this regard, we will audit, analyse and assess successful prosecutions in Haringey over the previous three years, to learn lessons and build into the following prevention strategy.
- Last year's training will be audited and altered to accommodate national and local changes; and to build in lessons learned from the quality assurance workflow.
- We will target banks and other financial institutions, and encourage them to report incidences of potential/suspected financial abuse. This is contrary to the culture of confidentiality in the banking sector and remains one of our greatest challenges.
- To continue to increase the number of health staff who attend strategy meetings and for this to be audited.
- To train the final half of GP's in Haringey around safeguarding adults.
- To review its strategy in the context of Individual Budgets and personalisation of services in Adult Services
- Audit will continue to evaluate qualitatively, service users' opinions. This information will be brought to the quality assurance, training and development subgroup for analysis and to support required changes.
- Annual audits within all organisations will continue each April to ascertain trends. We will check these against known numbers from equalities data, for example: BME groups; age; disability; gender; religion and belief; and sexuality.

Monitoring

This strategy will be monitored every two months in compliance with the Terms of reference for the prevention subgroup to ensure the action plan is being implemented. Annual audits in April from all partner agencies will be examined to ensure that areas of development or weakness are targeted and explored and so improve service user safety.

Equality Impact Assessment

The Safeguarding Adults Strategy underwent an Equalities Impact Assessment in 2008 which revealed that groups within the community faced barriers to accessing the service. As a result of the EIA they launched a communications campaign which included translated leaflets in 6 community languages. They also carried out outreach work with local voluntary organisations to raise awareness of adult abuse and how to respond to it. The service worked with Bengali, West Indian, Somali groups and a local Church. Working with these groups gave officers the opportunity to understand more about the type of abuse that affects different communities and to understand the most effective way of supporting them.

Equality Target Group	Number of Safeguarding adults referrals made during 2008/09 by equalities group
Male:	146 (42%)
Female:	199 (58%)
Unknown	1
White British	221 (64%)
Black	98 (28%)
Asian	19 (6%)
Ethnicity Unknown	8 (2%)
18 – 24	10 (3%)
25 – 34	21 (6%)
35 - 44	25 (7%)
45 – 54	33 (10%)
55 – 64	26 (8%)
65 – 74	71 (21%)
75 - 84	72 (21%)
85+	78 (23%)

An example of improved service access following the impact assessment occurred in one particular community. There has been a significant improvement in the referrals received across all BME communities with the exception of the Chinese community. A Chinese community centre was then visited on 24th March 2009. These service users were elderly people who have not integrated well within Haringey and therefore do not speak English. During the meeting they raised specific concerns around financial exploitation; this information was then passed on as alerts.

We will continue to work with BME groups to highlight the services available; to advertise the process of safeguarding adults; and to gather trust within these groups that we will and do take their concerns seriously.

Appendix A

Terms of Reference for the Prevention Subgroup

Prevention Sub-Group: Terms of Reference

Role

The Prevention Sub-Group co-ordinates initiatives to raise awareness - across organisations, community groups and the general public - of the need to safeguard and promote the welfare of vulnerable adults. It commissions task groups to address areas that present a risk both to the safety of and to operational effectiveness.

Responsibilities

- To improve partnership working in the borough;
- To initiate multi-agency preventative work as directed by Serious Case Review recommendations and the work of the Quality Assurance Sub-Group;
- To devise and update a communications strategy for the HSAB;
- To raise awareness of issues relating to the protection of adult among operational staff, community organisations and members of the public;
- To co-ordinate preventative work in relation to agreed priority areas;
- To raise the profile of the Haringey Safeguarding Adults Board among operational staff, community organisations and members of the public;
- To identify training needs as a consequence of multi-agency initiatives, linking with the Quality Assurance, Training and Development subgroup

Linked Groups

- Training and Serious Case Review subgroups
- Champions Forum
- Housing Board and Housing Groups and Associations
- Multi Agency Public Protection Arrangements (MAPPA)
- Anti-Social Behaviour Action Team (ASBAT) / Anti Social Behaviour Board
- Safer Communities
- Domestic Violence Partnership Board
- Community Safety Unit – Haringey Police

Priority Work streams

- Mapping of relevant voluntary agencies and community groups in conjunction with HAVCO;
- Identify key partners from above groups;
- Review of information currently provided on safeguarding adult processes;
- Review current publicity material and identify a range of resources which will meet the needs of all communities;
- Monitor effectiveness of a new campaign to raise awareness in ethnic minority communities and disability groups

Membership

Assoc Director of Professional Development, Governance and Risk, PCT – Chair

Service Manager, Adult Services
Lead Nurse Safeguarding Vulnerable Adults- PCT
Vulnerable Adult Lead – Hospital
Vulnerable Adult Lead – CMHT
Vulnerable Adult lead – Housing -
Vulnerable Adult lead – Police
Domestic Violence Team member
Communications
Voluntary group representative
Victim support services
HAVCO
Physical disabilities
Any additional member may be invited, at the discretion of the board, where their presence would be necessary.

Frequency of Meetings

Every two months initially and reviewed after 6 month

Appendix B

Definition of vulnerable adult is now contained within the Safeguarding Vulnerable Groups Act 2006 at section 59:

Vulnerable adults

(1) A person is a vulnerable adult if he has attained the age of 18 and—

- (a) he is in residential accommodation,
- (b) he is in sheltered housing,
- (c) he receives domiciliary care,
- (d) he receives any form of health care,
- (e) he is detained in lawful custody,
- (f) he is by virtue of an order of a court under supervision by a person exercising functions for the purposes of Part 1 of the Criminal Justice and Court Services Act 2000 (c. 43),
- (g) he receives a welfare service of a prescribed description,
- (h) he receives any service or participates in any activity provided specifically for persons who fall within subsection (9),
- (i) payments are made to him (or to another on his behalf) in pursuance of arrangements under section 57 of the Health and Social Care Act 2001 (c. 15), or
- (j) he requires assistance in the conduct of his own affairs.

(2) Residential accommodation is accommodation provided for a person—

- (a) in connection with any care or nursing he requires, or
- (b) who is or has been a pupil attending a residential special school.

(3) A residential special school is a school which provides residential accommodation for its pupils and which is—

- (a) a special school within the meaning of section 337 of the Education Act 1996 (c. 56);
- (b) an independent school (within the meaning of section 463 of that Act) which is approved by the Secretary of State in accordance with section 347 of that Act;

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(c) an independent school (within the meaning of section 463 of that Act) not falling within paragraph (a) or (b) which, with the consent of the Secretary of State given under section 347(5)(b) of that Act, provides places for children with special educational needs (within the meaning of section 312 of that Act);

(d) an institution within the further education sector (within the meaning of section 91 of the Further and Higher Education Act 1992) which provides accommodation for children.

(4) Domiciliary care is care of any description or assistance falling within subsection (5) whether provided continuously or not which a person receives in a place where he is, for the time being, living.

(5) Assistance falls within this subsection if it is (to any extent) provided to a person by reason of—

(a) his age;

(b) his health;

(c) any disability he has.

(6) Health care includes treatment, therapy or palliative care of any description.

(7) A person is in lawful custody if he is—

(a) detained in a prison (within the meaning of the Prison Act 1952 (c. 52));

(b) detained in a remand centre, young offender institution or secure training centre (as mentioned in section 43 of that Act);

(c) detained in an attendance centre (within the meaning of section 53(1) of that Act);

(d) a detained person (within the meaning of Part 8 of the Immigration and Asylum Act 1999 (c. 33)) who is detained in a removal centre or short-term holding facility (within the meaning of that Part) or in pursuance of escort arrangements made under section 156 of that Act.

(8) The reference to a welfare service must be construed in accordance with section 16(5).

(9) A person falls within this subsection if—

(a) he has particular needs because of his age;

(b) he has any form of disability;

(c) he has a physical or mental problem of such description as is prescribed;

(d) she is an expectant or nursing mother in receipt of residential accommodation pursuant to arrangements made under section 21(1)(aa) of the National Assistance Act 1948 or care pursuant to paragraph 1 of Schedule 8 to the National Health Service Act 1977 (c. 49);

(e) he is a person of a prescribed description not falling within paragraphs (a) to (d).

(10) A person requires assistance in the conduct of his own affairs if—

(a) a lasting power of attorney is created in respect of him in accordance with section 9 of the Mental Capacity Act 2005 (c. 9) or an application is made under paragraph 4 of Schedule 1 to that Act for the registration of an instrument intended to create a lasting power of attorney in respect of him;

(b) an enduring power of attorney (within the meaning of Schedule 4 to that Act) in respect of him is registered in accordance with that Schedule or an application is made under that Schedule for the registration of an enduring power of attorney in respect of him;

(c) an order under section 16 of that Act has been made by the Court of Protection in relation to the making of decisions on his behalf, or such an order has been applied for;

(d) an independent mental capacity advocate is or is to be appointed in respect of him in pursuance of arrangements under section 35 of that Act;

(e) independent advocacy services (within the meaning of section 248 of the National Health Service Act 2006 (c. 41) or section 187 of the National Health Service (Wales) Act 2006 (c. 42)) are or are to be provided in respect of him;

(f) a representative is or is to be appointed to receive payments on his behalf in pursuance of regulations made under the Social Security Administration Act 1992 (c. 5).

(11) The Secretary of State may by order provide that a person specified in the order or of a description so specified who falls within subsection (1) is not to be treated as a vulnerable adult.