Safeguarding Adults Scrutiny Panel

Report and Recommendations

May 2011
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1. **Introduction**

1.1 On 11th October 2010, the Overview and Scrutiny Management Committee agreed to set up a Scrutiny Panel to look at Adult Safeguarding arrangements in Waltham Forest.

1.2 The Scrutiny Panel was established as a result of an independent internal audit report, May 2010\(^1\), which concluded that the policies and procedures to protect vulnerable adults needed strengthening.

1.3 The Panel held its first meeting on the 20th December 2010 and set the terms of reference and the scope of the review. The Panel agreed the following objectives would guide them, when reviewing the Safeguarding Adults Service:

**Objective 1**
To identify what we mean by ‘safeguarding’ and broadly consider how our approach compares with other authorities.

**Objective 2**
To investigate the key issues identified in the internal audit report and make suggestions on how governance practices and procedures can be strengthened.

**Objective 3**
To investigate how vulnerable adults can be safeguarded against financial abuse especially with regards to the personalisation agenda and rise in direct payments.

1.4 The main driver for the review was objective 2 and this formed the backbone of the Panel’s work. The Scrutiny Panel were keen to establish where in the Service, policies and procedures needed strengthening and how Members in the future could engage with the Safeguarding Adults Board, in order that safeguarding adults was held in equal esteem to Children’s safeguarding issues.

1.5 This report provides the background and context of the review, findings and key issues, evidence gathered and Members’ final recommendations.

\(^1\) London Borough of Waltham Forest – Adult Social Care Review of Safeguarding Adults SCP Consult
2. Background and Context

Definition of a vulnerable Adult, Abuse and the types of abuse

2.1 The term **vulnerable adult** refers to any person aged **18 years and over** who:

- Is or may be in need of Community Care Services by reason of mental or other disability, age or illness and
- Is or may be unable to take care of himself or herself or
- Is unable to protect themselves against significant harm or serious exploitation²

2.2 This may include someone who:

- Is elderly and frail due to ill health, physical disability, sensory impairment or cognitive impairment
- Has a learning disability
- Has mental health needs including dementia or a personality disorder or misuses substances or alcohol
- Has a long-term illness/condition
- Is a carer of a person above or
- Is unable to demonstrate the capacity to make a decision and is in need of care and support.

Abuse

2.3 “Abuse is the violation of an individual’s human and civil rights by any other person or persons.”³

- Abuse takes various forms
- Safeguarding is essentially about prevention - abuse happens when preventative strategies fail or are ignored or bypassed

Types of Abuse

2.4 There are many types of abuse, from which a vulnerable adult can suffer

- Physical abuse
- Sexual abuse
- Emotional or Psychological abuse
- Financial or Material abuse
- Neglect (including acts of omission)

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³ “No Secrets”, March 2000
- Discriminatory abuse, including racism, sexism and homophobia
- Institutional abuse

2.5 When examining a safeguarding referral it is important for professionals to consider
- Anyone may experience abuse
- Abuse may be a single or repeated act
- Abuse may be a deliberate act or may be the result of a failure to act appropriately
- Abuse may occur in any personal or professional relationship where there is an expectation of trust
- Abuse may take place in any setting
- Self-harm is not usually considered to be abuse for the purpose of safeguarding.

National Context

2.6 The ‘No Secrets’ guidelines issued by the Department of Health in 2000, recommended the establishment of multi-agency partnerships to co-ordinate safeguarding adults across agencies.

2.7 Although these do not provide statutory powers, they are recognised as strong guidance, and form the main basis for judicial determination of adult safeguarding matters. They have helped to drive forward the safeguarding adults’ agenda. In particular they have brought together the main stakeholders and have helped to improve co-ordination, policy, practices and data gathering.

2.8 These have been further enhanced by the Pan-London guidelines issued in January 2011, called the “Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse.”

2.9 It is important to recognise that with an ageing population, health and social care agencies, individuals, carers and the voluntary sector will need to work together to prevent abuse, especially in light of new initiatives such as personalisation and direct payments. Raising awareness and protecting vulnerable adults from abuse will be vital as services adapt to the needs of the 21st Century user.

Local Context

2.10 Demographic data for the United Kingdom shows the population is ageing and Waltham Forest is no different with an increasing number of vulnerable adults, especially older people living on their own or being cared for in residential care home setting, in addition to adults
with learning disabilities where parents or carers are no longer able to care on account of age.

2.11 There is growing demand for care and support services provided by the Council and other agencies. Although service provision is adapting to the needs of individuals, with care closer to home, the Council is presented with safeguarding challenges as older people experience the risk of isolation and consequential vulnerability.

**Population**

2.12 In respect to Waltham Forest, the Council commissioned a report on population figures entitled “Counting with Confidence: The Population of Waltham Forest”\(^4\) This report established “Waltham Forest had a confirmed minimum population of 243,280 persons.”

2.13 There is currently an even split between the older and younger age groups, with the over 50s making up 26% of the population and the 0-17 year olds comprising 25%.

2.14 A breakdown of the population aged over 50 is as follows:

- 32,900 people are aged 50-64
- 13,100 people are aged 65-75
- 8,300 people are aged 75-84
- 3,500 people are aged 85+

**Population projections**

2.15 By 2031 Waltham Forest may look very different from its appearance today. The overall population is projected to increase to 243,800. The graph below demonstrates how, as the number of children and young people remains fairly stable and the 18-49 age group decreases, there will be steady increase of about 37% among the older population.\(^5\)

\(^4\) Mayhew Harper Associates research

\(^5\) Full of life – improving the quality of life for residents aged 50 and over
Figure 1 - Projected population changes in Waltham Forest, 2001 - 2031
3. Safeguarding Adults in Waltham Forest

3.1 In Waltham Forest the first Safeguarding Adults policy was implemented in April 2005 and was revised in 2006, following guidelines issued by the Association of Directors of Social Services (ADSS)\(^6\)

3.2 The policy and procedures set out in the ‘No Secrets’ guidelines and the ADSS framework were implemented and a local Safeguarding Adults Board was established.

3.3 When Waltham Forest was subject to a Commission for Social Care Inspectorate (CSCI) inspection, now known as the Care Quality Commission (CQC), in 2007 its performance was deemed to be ‘good’ with ‘promising prospects’ for improvement.

3.4 However by 2010, the newly appointed Interim Executive Director for Adult Social Care, Alan Adams had some reservations about how the Council was performing in this area and commissioned SCP Consult to conduct a root and branch audit of policies and procedures being followed in Waltham Forest and to identify areas for improvement.

3.5 The CQC programme under which the inspection was carried out has now ceased. The first programme was called “Independence, Wellbeing and Choice” and the second was “Adult Social Care”. The Waltham Forest inspection of 2007 was carried out under the first of these. CQC has said that inspections will continue, but probably only where they have concerns.

3.6 Although there is no planned inspection for Waltham Forest, under the former programmes the CQC published their inspection timetable between six months and a year in advance, future inspections are likely to be conducted without any forewarning. Therefore in addition to being confident that our vulnerable residents are adequately protected it is critical that Waltham Forest is in a state of readiness for inspection.

3.7 The SCP audit report made several recommendations (see Appendix A) for improvement and suggested the refreshing and rebranding of the Waltham Forest Adult Safeguarding Partnership both in terms of its Strategic and Operational outlook.

3.8 The Safeguarding Board has now appointed an Independent Chair and has significantly improved its governance arrangements. It has ensured the right people from key stakeholder agencies are

\(^6\) London Borough of Waltham Forest – Adult Social Care Review of Safeguarding Adults SCP Consult
represented on the Board and has a multi-agency coordinated strategy.

3.9 Processes to improve Partnership working arrangements such as communication, training, procedural guidance and internal reporting lines for all those working to safeguard vulnerable adults have led to strategic plans being implemented via the Board’s sub-committees.

3.10 The organisational chart below shows the current governance structure of the Safeguarding Adults Board and the reporting and supervisory routes.

Figure 2: Governance Arrangements in Waltham Forest

3.11 In terms of the level of activity the Board has seen, the 2009-10 Annual Report reveals the key headlines to be:

- Total referrals: 377
- Substantiated: 141
- 54% of all referrals involved older people
- Over half of all incidents in service user’s own home
- Two-thirds of referrals were about women
- Two thirds of referrals were of white ethnicity, only 7% Asian
- One third of referrals alleged family member as perpetrator

3.12 Following the Independent Consultant’s report, the Adult Social Care Directorate has worked to implement the key recommendations made in the report which has led to improved governance arrangements and operational processes.

3.13 For example, the Policy, Procedure and Practice Guidance sub-committee has reviewed and rewritten the local guidance with manager involvement and has pushed to improve the recording of data. A multi-agency training strategy has been developed, which is being delivered through multi-agency training sessions.

3.14 The flow chart below shows how a process should work once an alert has been received.

![Flow chart showing the referral process]

3.15 The Scrutiny Panel were pleased to see the progress being made by the Safeguarding Adults Board and the Directorate for Adult Social Care.

3.16 It agreed policy and procedures had been tightened following the Internal Audit Report, however recognised member involvement was also essential in order to ensure the Board continued to achieve high standards.

3.17 Scrutiny of the effectiveness of Partnership working and the continued engagement of multi-agency partners at all levels of the safeguarding process is vital. Therefore the Scrutiny Panel recommends the Board reports to the scrutiny function at least once a year.

**Reporting Lines**

**Recommendation 1**
The Safeguarding Adults Board should present its annual report to the Health, Adults and Older People’s Overview and Scrutiny sub-
committee, and the sub-committee should scrutinise and review the progress being made by the Board.
4. **How does Waltham Forest’s approach compare with other Authorities?**

4.1 As part of Objective One, the Panel wished to compare Waltham Forest’s approach with other authorities.

4.2 Several Authorities were mentioned to the Panel including Essex County Council and Nottingham City Council however the Panel did not have time to visit these authorities, in order to share learning on how effective their policy and procedures are in comparison to Waltham Forest.

4.3 Nevertheless, research has revealed that examples of best practice are not easy to locate and in general each authority is reliant on the national guidance issued by the Department of Health i.e. the ‘No Secrets’ guidelines and the ADSS National Framework of Standards for Good Practice and Outcomes in Adult Protection Work (ADSS, 2005).

4.4 These guidelines form the foundation of the Safeguarding Adults Board and best practice in terms of processes and procedures, which every Authority who has responsibility for Safeguarding Adults should follow.

4.5 Comparison via the Inspection regime is also unsound, as the Care Quality Commission has ceased to inspect authorities under the former programmes of inspection.

4.6 As stated at 3.6 Waltham Forest, like other authorities, could have a further inspection any time. The Care Quality Commission has said it will work in partnership to safeguard the welfare of adults in receipt of regulated services through ensuring compliance with relevant regulations and will take enforcement action where needed.

4.7 The Care Quality Commission measures one element of success through the engagement of partner agencies and their good and timely methods of information sharing. The Care Quality Commission’s guidance “Sharing information gained during regulatory activity” supports the sharing of information within the context of multi agency procedures for safeguarding adults: the information shared “should comprise that which is needed to improve social care services, enable an investigation or to protect people from risk”.  

7 These requirements form part of the Essential Standards of quality and safety published by CQC and available online at http://www.cqc.org.uk/_db/_documents/Essential_standards_of_quality_and_safety_March_2010_FINAL.pdf
4.8 In the circumstances, the Panel concluded it was better for Waltham Forest to improve its own policy and procedures using the national guidelines, rather than measure itself against other Authorities especially as each authority will have a unique set of circumstances and local issues to consider.

4.9 Notwithstanding this, the Panel believe early consideration should be given as to how the authority will benchmark its safeguarding practice and recognise examples of good practice nationally in light of there being no overarching, national inspection and performance regime specific to Safeguarding Adult services.

4.10 In addition to this, and to the internal operational audit that currently takes place quarterly, consideration should be given to involve the Council’s Audit and Governance Department as their perspective, i.e. audit skills in assessing the extent to which procedures are adopted and implemented; as well as measuring their effectiveness, can prove to be the litmus test needed to ensure the Safeguarding function in Waltham Forest is sound and effective. All multi-agency partners should through their individual governance structure also approve and endorse the benchmarking before this is reported via the Safeguarding Adults Board’s annual report.

**Involving Audit and Governance**

**Recommendation 2**
The Panel recommends Cabinet to give consideration to the introduction of an internal Waltham Forest performance standard framework in respect to how Waltham Forest safeguards vulnerable adults. It should consider involving the Council’s Audit and Governance function to act as a check and balance, to ensure national safeguarding procedures are being followed and are formally reported via the Council’s and partners existing governance arrangements.
5. Expanding Representation at Board Level

The role of GPs in Safeguarding

5.1 The Scrutiny Panel also questioned how the Safeguarding Adults Board intended to ensure it had the correct representation on the Board’s membership following changes being proposed by the Health and Social Care Bill.

5.2 The Health and Social Care Bill may significantly change the local health scene with GP Commissioning Consortia making decisions about which health services to commission. The residual PCT cluster is also scheduled for abolition in April 2013.

5.3 Gareth Williams, the Interim Service Manager for Safeguarding Vulnerable Adults acknowledged this would be a key challenge for the Safeguarding Board, as it was imperative to ensure the Board continued to engage with the right people at the right level.

5.4 Panel Members felt it was important to have representation at Board level from GPs, both as medical practitioners as well as confidants of many older people. GPs play a crucial role in identifying abuse and should therefore use their experience to guide the Board’s operational and strategic direction.

Recommendation 3
The Scrutiny Panel recommends that there should be GP representation on the Safeguarding Adults Board as well as other front-line professionals working in the community such as District Nurses, especially as they can be the first point of contact for vulnerable adults and as trusted confidants of patients, play a vital role in identifying abuse.

Private Sector Care Homes and Voluntary Sector providers

5.5 The Scrutiny Panel also heard from Joanne Mason, a Care Home Manager representing an independent Residential Care Home and Diana Harrison, Chief Executive of Waltham Forest MENCAP. Both witnesses recognised the important role of the Safeguarding Adults Board but felt they were excluded from the central hub where decisions were taken.

5.6 Whilst recognising the re-branded Safeguarding Adults Board was establishing relationships with key stakeholders, the Scrutiny Panel would encourage the involvement of both the private and voluntary sectors, especially from care homes, as they are an integral part of providing care to vulnerable Adults and are in a position to identify safeguarding cases within care home settings.
5.7 The Panel concluded that the Board’s work could be further strengthened by having representation from the Private Care sector such as residential providers within the borough as well as voluntary sector providers of services.

**Recommendation 4**
The Safeguarding Adults Board should consider expanding its membership to include representation from Private Sector Care homes and voluntary sector providers, especially those who provide care to vulnerable adults.
Communicating and Publicising the Safeguarding Vulnerable Adults message

6.1 Throughout the Scrutiny Panel review an issue highlighted repeatedly was the need for the Council and the Safeguarding Adults Board to deliver the message that safeguarding vulnerable adults is everyone’s business.

6.2 The Panel heard from several witnesses the plea to have a coherent and co-ordinated communications strategy, which includes a multi-agency, corporately owned communication campaign in order to raise awareness of adult safeguarding issues among frontline staff as well as the general public.

The Corporate Message
Recommendation 5
The Panel recommends the Council to develop a corporately owned communications strategy, in partnership with the Safeguarding Adults Board’s communications sub-committee, in order to raise the awareness and profile of safeguarding vulnerable adults.

6.3 It was felt that Safeguarding Adults was not viewed in the same way as Children’s safeguarding and whilst resources are finite, in the present era of austerity simple things could be done to achieve better awareness among staff and the general public.

6.4 For example, the Scrutiny Panel believed more could be done to engage with local communities and the general public, via the Community Ward Forums as well as raise awareness through road-shows and existing Council events such as the Green Fayre, Mela, Borough Days etc as well as providing information leaflets in public libraries and GP surgeries.

6.5 In terms of staff and member engagement the Scrutiny Panel encourages information is cascaded using existing networks, such as affixing an information leaflet to payslips or including information within payslips as a way to raise awareness plus using the generic e-mail ‘News for Staff’ bulletin and Members Circular.

The General Public
Recommendation 6
The Council and the Safeguarding Adults Board should consider raising the profile of safeguarding adults by holding a ‘Safeguarding Adults week’, giving prominence to the issue by holding road-shows in the community as well as seeking to address as many community ward forums and voluntary organisations in order to engage the general public. It should provide information leaflets in GP surgeries and public
libraries to encourage the reporting of cases should they have any concern about vulnerable adults in their communities.

**Council and Stakeholder staff**

**Recommendation 7**
The general awareness of safeguarding adults among staff is achieved via staff receiving information through existing information networks such as payslips and the ‘News for staff’ bulletin.

**Member engagement**

**Recommendation 8**
All elected members should receive (half yearly) briefings on Safeguarding Adults, which should be attached to the Member’s circular.

**Recommendation 9**
A member’s information leaflet about what safeguarding vulnerable adults involves and what action should be taken if cases are identified through their caseloads and ward surgeries should be produced in order to better inform members.

6.6 The number of people involved in safeguarding adults is not confined to the Safeguarding Adults Board and the immediate structures within the Council’s Adult Social Care Directorate and Stakeholder organisations. It needs to be far reaching as possible. Awareness needs to be generated among health practitioners such as GPs and community nurses, and other frontline staff within the Council, not normally associated with Safeguarding – i.e. Housing and Environmental services, plus voluntary organisations commissioned to provide services as part of the personalisation programme. It is vital smaller providers of services are reached and the same message that safeguarding is everyone’s business reaches the grass-roots.

**Keeping frontline staff informed about Safeguarding Adults - General Recommendation 10**
The Safeguarding Adults Board should use existing GP information networks, to disseminate information to reach grass-root GP’s, in order to spread the message about safeguarding being everyone’s business.

It should cascade information from its Board to all agencies and providers of service, in particular smaller providers who may not have a full grasp of safeguarding issues and procedures involved in referring cases.

6.7 Keeping professionals in the loop is also important once a referral has been made and therefore professionals should be provided with
feedback on the referral after a case has been investigated. They should be encouraged to learn from the referral and know that their concerns have been taken seriously.

**Keeping Professionals in the loop - Specific Recommendation 11**
The Chair of the multi-disciplinary team investigation should provide feedback to the person making the referral once it has been investigated so that they are fully aware of the outcome.

6.8 One way this can be achieved is through a dedicated website for Safeguarding Adults, where the Board can publicise the work of the partnership as well as provide general awareness information about protecting vulnerable adults. The web pages should allow practitioners to have authorised access to on-line training programmes and forums where they can exchange views and comments, in a safe and secure environment.

**Dedicated Website for Safeguarding Adults Recommendation 12**
The Scrutiny Panel recommends the Adult Social Care Directorate to work in partnership with the Safeguarding Adults Board and key stakeholders, to oversee the development of a dedicated website which can be accessed by the general public as well as practitioners, to obtain information on how to safeguard vulnerable adults in order to learn and share information. The development of a website will also result in the better communication and dissemination of information to a wider audience.
7. Training and Awareness

Raising standards of Training and increasing awareness for Staff

7.1 Intrinsically linked to having a good corporate communications strategy and a dedicated website is the need to raise awareness of Safeguarding Adults among practitioners and frontline staff.

7.2 Providing training through multi-agency sessions so everyone is learning collectively is essential. This will equip professionals with the right skills to identify cases of abuse.

7.3 Overall the Scrutiny Panel was satisfied the delivery of training was being provided in multi-agency sessions, for those working directly with vulnerable adults however as mentioned in point 6.6, awareness training needs to be expanded to include other frontline staff such as those working in the Housing and Environmental Health sectors as well as customer care staff in call centres. Staff should have the necessary skills to signpost people to the correct procedures to report potential safeguarding cases.

Bespoke training for frontline staff and signposting
Recommendation 13
It is paramount that all agencies work together to ensure that vulnerable adults are protected. The Safeguarding Adults Board needs to ensure representation from all the main agencies is steadfast and should seek to engage with other areas of the council e.g. housing, environmental services to raise awareness and provide training to frontline staff, in order that they can signpost vulnerable people and advise them accordingly.

7.4 The Panel recognised that Safeguarding is a complex and difficult area and whilst some people may not welcome the intrusion it may bring, agencies need to work better together in order to safeguard vulnerable adults and ensure the outcomes from the processes followed are a success. The Safeguarding Adults Board should have systems in place to capture information to ensure it is universally known and understood by all those involved in safeguarding vulnerable adults.

7.5 In tandem with raising and increasing awareness, it is essential each organisation has a single point of contact (SPOC) in order for staff to know where to get advice about potential safeguarding issues and for all SPOC’s to communicate with each other.

Working together
Recommendation 14
It is essential all agencies are working together and have an identified Single Point of Contact, who can provide advice to fellow colleagues. The Safeguarding Adults Board should look to have a dedicated helpline for staff to contact in addition to having a network of SPOC’s in each partnership organisation.

7.6 The Scrutiny Panel also heard from witnesses that safeguarding was often tagged onto their core jobs. Jacquie Mowbray, Operational Director for NELFT informed the Panel “Many professionals found safeguarding tagged onto their main jobs and the agenda for safeguarding gets added to. This requires repeated training and it is impossible to keep up. It is difficult to get staff to engage.”

7.7 The Panel accepts this maybe the situation in some cases however feel that where caring for vulnerable adults is the core part of an individuals job it is important that training meets the needs of trainees.

7.8 Criticism was evident that training sometimes did not meet the needs of trainees and needed to be tailored to their requirements. Training was provided on a superficial level which did not explain the mechanics of how and when to report potential cases of abuse. It did not always give staff the confidence to know what to do when a referral was made either against them or how to raise a referral against another professional.

7.9 Mistrust between professionals was another area where improvements are required.

7.10 Health professionals working in accident and emergency wards, are well placed to spot signs of abuse be it physical abuse or evidence of pressure sores which may suggest potential neglect.

7.11 The Scrutiny Panel heard in detail about the procedures and practices in place at Whipps Cross University Hospital Trust in identifying cases of neglect from pressure sores. Dee Blaikie, the Trust’s Safeguarding Lead Officer, provided the Panel with data on how the Trust is working hard to record and report incidences of pressure sores. She informed the Panel that most cases involved those aged between 40-50 years and not necessarily from care home settings, but from surgical and medical wards within the hospital. She said Care Homes did not usually welcome being subject to an investigation and this can led to tensions.

7.12 Similarly on hearing evidence from the Care Home Manager, of an independent Care home, parallel concerns were expressed but often with regards to attitudes of community carers such as District Nurses.
7.13 The reporting of a safeguarding case was usually viewed in a negative way and a personal attack on the individual’s professionalism. This resulted in different cohorts of professionals behaving in an unhelpful way, leading to long term damage of relationships, rather than being seen has a method to protect people in their care.

**Improving Relationships between different cohorts of professionals**

**Recommendation 15**
The Safeguarding Adults Board needs to ensure training is tailored and pitched at the correct level for the trainee and attitudes among professionals need to challenged so that the corporate message “safeguarding is everyone’s business” is the mantra to which everyone works. The Safeguarding Adults Board should consider ways in which it can breakdown the barriers of blame and improve relations between different cohorts of professionals promoting transparency and accountability in an non-confrontational way.

7.14 Panel Members were also interested to learn if whistle-blowing procedures and practices were robust enough and if staff had confidence in using this method of reporting potential safeguarding cases.

7.15 On the whole the impression given to the Panel was procedures were robust and effective and that there was no reason why staff should not use these procedures to report cases.

7.16 However some witnesses cautioned that often whistle-blowing procedures were only instigated once the employee had left the organisation they worked for. There was a risk of staff not using the procedures for fear and recrimination associated with them losing their jobs, especially in the present climate of hardship and job losses.

7.17 There was acknowledgement that raising concerns through whistle-blowing could go underground and more needed to be done to promote whistle-blowing procedures among staff and give staff confidence to use this tool as a method of reporting potential cases.

**Whistle-blowing**

**Recommendation 16**
The Scrutiny Panel recommends the Safeguarding Adults Board to develop and put in place procedures for staff to whistle-blow and report cases of abuse in confidence without fear of recrimination. It should promote this as a method of reporting and give staff assurances that they would be treated fairly and in strict confidence.

**Involving Young People in Safeguarding awareness**
7.18 Another area where the Panel believes the Safeguarding Adults Board could make progress is to make closer links with the schools network within the borough. It should promote and educate youngsters about vulnerable adults and give examples of how Young People can play a role in protecting vulnerable adults from harm and abuse.

7.19 The Scrutiny Panel recommends the Safeguarding Adults Board to work in conjunction with the Children’s Trust Board to develop a strategy and action plan for engagement with schools.

**Recommendation 17**
The Safeguarding Adults Board should work in conjunction with the Children’s Trust Board to develop a strategy and action plan, in promoting and raising awareness among young people, about safeguarding vulnerable people in their communities.
8. Personalisation and Safeguarding Vulnerable Adults

8.1 The way in which services for older and vulnerable people are provided is set to change under the Personalisation and Direct Payments agenda.

8.2 Increasingly, more and more people will be able to take control of their lives and will have the choice to purchase their own individualised care package.

8.3 Whilst this should be viewed has a positive development, inevitably, there is an element of risk associated with personalisation, as vulnerable people may be open to financial abuse.

8.4 At the Health, Adults and Older People’s Overview and Scrutiny sub-committee meeting of 26th January 2011, the sub-committee heard extensively about the current arrangements the Adults Social Care Directorate is making to roll out the personalisation agenda in Waltham Forest.

8.5 Since December 2010, the Council has piloted the idea of personalisation in areas such as Older People’s Services and has developed a detailed project plan with four work streams, which is monitored by the Personalisation Board.

8.6 The sub-committee was informed the allocation of a personal budget will occur via the Resource Allocation System (RAS) and full implementation of the personalisation agenda was expected in June 2011. The introduction of the RAS would lead to fairer, equitable and transparent distribution of resources across different user groups and the personalisation team was already evaluating the learning from the pilot.

8.7 Gareth Williams, Interim Service Manager for Safeguarding Vulnerable Adults was questioned by the Scrutiny Panel about the risk personalisation presented to safeguarding vulnerable adults. He informed the Panel the opportunities offered by the Personalisation Agenda, to give freedom to service users to make decisions about their care, outweighed risk but a strategy would need to be developed to ensure those who are not be capable of making decisions are protected.

Strategy development - Protecting vulnerable people in the Personalisation process
Recommendation 18
The Council develops a strategy on how it is going to protect vulnerable adults and deal with any potential conflict between the personalisation of services and the safeguarding of vulnerable adults.

8.8 The issue of protection was further highlighted by the evidence provided by James O’Rourke, an advocate of a service user with learning disabilities.

8.9 He informed the Scrutiny Panel of incident where a family member was subjected to abuse by a member of staff at a non-registered care home. The ‘carer’ could not be identified due to the lack of photographic evidence at the care establishment, to allow the police to identify who was on duty at the time of the incident.

8.10 The Panel heard evidence that while registered care homes are subjected to inspection by the Care Quality Commission (CQC), this was not the case for un-registered care homes.

8.11 The Panel explored if more could be done to safeguard those in un-registered care homes and although the Scrutiny Panel was assured by Elizabeth Saunders, the Independent Chair of the Local Safeguarding Adults Board, that it would step in, once a referral had been made as well as the CQC, on a safeguarding matter, the Panel believed more could be done by the Local Authority to ensure contract compliance and monitoring was of a high standard.

8.12 Regrettably due to the lack of time, the Panel was unable to hear from the Director of Commissioning for Adult Social Care, but nevertheless have made a recommendation that procedures to monitor contracts, also involves an element of anonymous feedback, with residents of care homes as well as those receiving domiciliary care – i.e. care in their own home, complete feedback forms, on the service they receive.

Monitoring of Non-registered Care Homes

Recommendation 19
The Panel recommends that all care staff, however we employed or engaged should have photo IDs on their personnel file, in order that checks can be made by relevant Authorities should they be involved in a safeguarding case.

Recommendation 20
The Panel recommends vulnerable service users in un-regulated care homes should be reviewed more often than once a year and the commissioning of contracts for providers of services, should also involve an element of anonymous feedback, where residents of care homes as well as those receiving domiciliary care, can complete feedback forms.
9. **Associated issues for future consideration**

9.1 Regrettably the Scrutiny Panel was unable to investigate the following areas in depth and would suggest that feedback is provided to the Overview and Scrutiny Management Committee and/or relevant sub-committee in the near future, on these subjects.

- **Personalisation** – it will be important for the Scrutiny function to keep a watching brief on how personalisation of services in Adult Social Care develops and regular updates should be provided to the relevant sub-committee.

- **Contract compliance and monitoring** – Although a recommendation has been made with regard to contact monitoring, this needs to be followed up with further investigation.

- **Safeguarding carers** – The Panel touched upon older carers caring for vulnerable adults who maybe at risk of abuse themselves, for a variety of reasons such as their own state of health, the pressure of caring for someone younger/older and snapping in the heat of the moment. How even handed are investigators to the perpetrator and the victim, in particular those with mental health problems. How is the vulnerability of carers protected?

- **Fraudsters and Scams** – What is being done to protect and safeguard vulnerable adults from fraudsters and scams, especially when the victim hands over their life savings? What role can the Neighbourhood Watch volunteers, Trading Standards and the Police play in safeguarding vulnerable adults in their communities?
10. Conclusion

10.1 Although Safeguarding Adults is not on the same footing as Children’s safeguarding, the issue of protecting vulnerable adults has in recent years come to the fore and the establishment of a Safeguarding Adults Board, written policy and procedures to enable practitioners to protect vulnerable adults, are all positive steps which this Scrutiny Panel welcomes.

10.2 Clearly, the Adult Social Care Directorate and the Safeguarding Adults Board have taken steps to improve local procedures and for this the Scrutiny Panel is appreciative of the efforts made so far.

10.3 However work still needs to be done to improve public and staff awareness through a corporate ‘awareness raising’ campaign, promoting the idea that safeguarding is everyone’s business and the whole community needs to be alert and involved in potential cases of abuse.

10.4 This Safeguarding message has ever increasing importance especially as our lifestyles change and the population grows more older. We want more independence; want to live in our own homes for longer and to stay in control of our decisions and finances. However for some people these aspirations maybe hard to achieve due to increased life expectancy and disability which can lead to increasing isolation and vulnerability to abuse.

10.5 As we move away from more traditional ways of providing services, via the personalisation agenda, the protection of vulnerable adults becomes even more fundamental. A robust partnership via the Safeguarding Adults Board is therefore crucial and essential.
11. Summary of Recommendations

Reporting lines
Recommendation 1
The Safeguarding Adults Board should present its annual report to the Health, Adults and Older People’s Overview and Scrutiny sub-committee, and the sub-committee should scrutinise and review the progress being made by the Board.

Involving Audit and Governance
Recommendation 2
The Panel recommends Cabinet to give consideration to the introduction of an internal Waltham Forest performance standard framework in respect to how Waltham Forest safeguards vulnerable adults. It should consider involving the Council’s Audit and Governance function to act as a check and balance, to ensure national safeguarding procedures are being followed and are formally reported via the Council’s and partners existing governance arrangements.

The role of GPs in Safeguarding
Recommendation 3
The Scrutiny Panel recommends that there should be GP representation on the Safeguarding Adults Board as well as other front-line professionals working in the community such as District Nurses, especially as they can be the first point of contact for vulnerable adults and as trusted confidants of patients, play a vital role in identifying abuse.

Private Sector Care Homes and Voluntary Sector providers
Recommendation 4
The Safeguarding Adults Board should consider expanding its membership to include representation from Private Sector Care homes and voluntary sector providers, especially those who provide care to vulnerable adults.

The Corporate message
Recommendation 5
The Panel recommends the Council to develop a corporately owned communications strategy, in partnership with the Safeguarding Adults Board’s communications sub-committee, in order to raise the awareness and profile of safeguarding vulnerable adults.

The General Public
Recommendation 6
The Council and the Safeguarding Adults Board should consider raising the profile of safeguarding adults by holding a ‘Safeguarding Adults week’, giving prominence to the issue by holding road-shows in the community as well as seeking to address as many community ward
forums and voluntary organisations in order to engage the general public. It should provide information leaflets in GP surgeries and public libraries to encourage the reporting of cases should they have any concern about vulnerable adults in their communities.

**Council and Stakeholder staff**

**Recommendation 7**
The general awareness of safeguarding adults among staff is achieved via staff receiving information through existing information networks such as payslips and the ‘News for staff’ bulletin.

**Member engagement**

**Recommendation 8**
All elected members should receive (half yearly) briefings on Safeguarding Adults, which should be attached to the Member’s circular.

**Recommendation 9**
A member’s information leaflet about what safeguarding vulnerable adults involves and what action should be taken if cases are identified through their caseloads and ward surgeries should be produced in order to better inform members.

**Keeping frontline staff informed about Safeguarding Adults – General**

**Recommendation 10**
The Safeguarding Adults Board should use existing GP information networks, to disseminate information to reach grass-root GP’s, in order to spread the message about safeguarding being everyone’s business.

It should cascade information from its Board to all agencies and providers of service, in particular smaller providers who may not have a full grasp of safeguarding issues and procedures involved in referring cases.

**Keeping Professionals in the loop – Specific**

**Recommendation 11**
The Chair of the multi-disciplinary team investigation should provide feedback to the person making the referral once it has been investigated so that they are fully aware of the outcome.

**Dedicated Website for Safeguarding Adults**

**Recommendation 12**
The Scrutiny Panel recommends the Adult Social Care Directorate to work in partnership with the Safeguarding Adults Board and key stakeholders, to oversee the development of a dedicated website which can be accessed by the general public as well as practitioners, to obtain information on how to safeguard vulnerable adults in order to learn and share information. The development of a website will also
result in the better communication and dissemination of information to a wider audience.

**Bespoke training for frontline staff and signposting**

**Recommendation 13**

It is paramount that all agencies work together to ensure that vulnerable adults are protected. The Safeguarding Adults Board needs to ensure representation from all the main agencies is steadfast and should seek to engage with other areas of the council e.g. housing, environmental services to raise awareness and provide training to frontline staff, in order that they can signpost vulnerable people and advise them accordingly.

**Working together**

**Recommendation 14**

It is essential all agencies are working together and have an identified Single Point of Contact, who can provide advice to fellow colleagues. The Safeguarding Adults Board should look to have a dedicated helpline for staff to contact in addition to having a network of SPOC’s in each partnership organisation.

**Improving Relationships between different cohorts of professionals**

**Recommendation 15**

The Safeguarding Adults Board needs to ensure training is tailored and pitched at the correct level for the trainee and attitudes among professionals need to challenged so that the corporate message “safeguarding is everyone’s business” is the mantra to which everyone works. The Safeguarding Adults Board should consider ways in which it can breakdown the barriers of blame and improve relations between different cohorts of professionals promoting transparency and accountability in an non-confrontational way.

**Whistle-blowing**

**Recommendation 16**

The Scrutiny Panel recommends the Safeguarding Adults Board to develop and put in place procedures for staff to whistle-blow and report cases of abuse in confidence without fear of recrimination. It should promote this as a method of reporting and give staff assurances that they would be treated fairly and in strict confidence.

**Recommendation 17**

The Safeguarding Adults Board should work in conjunction with the Children’s Trust Board to develop a strategy and action plan, in promoting and raising awareness among young people, about safeguarding vulnerable people in their communities.

**Strategy development – Protecting vulnerable people in the Personalisation process**
Recommendation 18
The Council develops a strategy on how it is going to protect vulnerable adults and deal with any potential conflict between the personalisation of services and the safeguarding of vulnerable adults.

Monitoring of Non-registered Care Homes
Recommendation 19
The Panel recommends that all care staff, however we employed or engaged should have photo IDs on their personnel file, in order that checks can be made by relevant Authorities should they be involved in a safeguarding case.

Recommendation 20
The Panel recommends vulnerable service users in un-regulated care homes should be reviewed more often than once a year and the commissioning of contracts for providers of services, should also involve an element of anonymous feedback, where residents of care homes as well as those receiving domiciliary care, can complete feedback forms.
12. Useful website and publications

Useful websites
These organisations provide useful information about protecting vulnerable adults from abuse. The list is by no means comprehensive, but may assist your further understanding of Safeguarding Adults.

- **Action on Elder Abuse** - A leading voluntary organisation focusing on the abuse of older people. [www.elderabuse.org.uk](http://www.elderabuse.org.uk)
- **Age UK** - (formerly Age Concern England and Help the Aged) - Offers information and advice, on a wide range of issues. Local groups are listed in the telephone directory under Age Concern. Some offer advocacy services. [www.ageuk.org.uk](http://www.ageuk.org.uk)
- **Ann Craft Trust** - A national organisation working with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk from abuse. [www.anncrafttrust.org](http://www.anncrafttrust.org)
- **The British Institute of Human Rights** - is an independent charity based in London which raises awareness and understanding about the importance of human rights. It works for some of the most disadvantaged and vulnerable communities in the UK, seeking to ensure that the principles of equality, dignity and respect are incorporated into practice and policy at all levels of public service. [www.bihr.org.uk](http://www.bihr.org.uk)
- **Criminal Records Bureau** - [www.crb.gov.uk](http://www.crb.gov.uk)
- **Independent Safeguarding Authority** - The Independent Safeguarding Authority (ISA) has been created to help prevent unsuitable people from working with children and vulnerable adults. [www.isa-gov.org.uk](http://www.isa-gov.org.uk)
- **International Network for Prevention of Elderly Abuse** - is an organisation dedicated to the global dissemination of information as part of its commitment to the world-wide prevention of the abuse of older people. [www.inpea.net](http://www.inpea.net)
- **MENCAP** - A leading learning disability charity working with people with a learning disability and their families and carers. [www.mencap.org.uk](http://www.mencap.org.uk)
- **MIND** - A charity which helps people take control of their mental health by providing information and advice, and campaigning to promote and protect good mental health for everyone. [www.mind.org.uk](http://www.mind.org.uk)
- **Practitioner Alliance Against the Abuse of Vulnerable Adults (PAVA)** - PAVA organises a network of Adult Protection staff throughout the UK. [www.pavauk.org.uk](http://www.pavauk.org.uk)
- **Prevention of Professional Abuse Network (POPAN)** - POPAN helps people who have been abused by health or social care professionals and seeks to prevent future abuse. [www.popan.org.uk](http://www.popan.org.uk)
- **Public Concern at Work** - is the leading authority on public interest whistle blowing. Their charitable objectives are to promote compliance with the law and good practice in organisations across all sectors. In practical terms, they focus on the responsibility of workers to raise concerns about malpractice, and the responsibility of those in charge to investigate and remedy such issues. [www.pcw.demon.co.uk](http://www.pcw.demon.co.uk)

- **Respond** - Organisation providing services to people with a learning disability who have experienced sexual abuse. [www.respond.org.uk](http://www.respond.org.uk)

- **Stop Hate UK** - a national charity that provides independent and confidential support to people affected by Hate Crime. [www.stophateuk.org](http://www.stophateuk.org)

- **Values into Action (VIA)** - Is a campaigning organisation for people with learning disabilities with a particular interest in hate crime and other community safety issues. [www.viauk.org](http://www.viauk.org)

- **Victim Support** - Is the independent charity that helps people to cope with the effects of crime. It provides free and confidential support and information to help people deal with their experiences. [www.victimsupport.org.uk](http://www.victimsupport.org.uk)

- **Voice UK** - National charity supporting people with learning disabilities who have experienced crime or abuse. Also support families, carers and professional workers. [www.voiceuk.org.uk](http://www.voiceuk.org.uk)

- **Women’s Aid** - A national domestic violence charity; also runs a domestic violence helpline. [www.womensaid.org.uk](http://www.womensaid.org.uk)

### Useful Publications


- “Safeguarding Adults – A Study of the Effectiveness of arrangements to safeguard Adults from Abuse”, CSCI, 2008 [www.cqc.org.uk/_db/_documents/safeguard%5B1%5D.pdf](http://www.cqc.org.uk/_db/_documents/safeguard%5B1%5D.pdf)


- “Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse.” January 2011

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