

		AGENDA ITEM 4
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Committee:	People and Families Scrutiny Committee	
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<u>Annual Report of Adults Safeguarding Board</u>		
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Purpose of the Paper:

To receive and review the Adults, Health & Community Wellbeing Safeguarding Essex Annual Report, 2012-2013.



For a better quality of life

Adults, Health & Community Wellbeing

Safeguarding Essex Annual Report

2012-2013

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FORWARD

Essex County Council is committed across all directorates to the safeguarding of both children and vulnerable adults, and this year has seen a much more collaborative approach to safeguarding across the whole organisation. It has also been encouraging to see much closer working with colleagues in Health on safeguarding matters, and the wider use of independent advocacy in institutional safeguarding cases.

Winterbourne View and the shocking revelations highlighted by the BBC television programme raised the public's awareness about the need to be more vigilant about those

we trust to care the most vulnerable in our society. Essex, like all local authorities, has seen an 11% increase in safeguarding referrals which indicates that the public, service users and carers are more informed and less tolerant of poor care or abusive practices that place people at risk.

It is encouraging that the Government's agenda includes legislation that takes into account the safeguarding issues that local authorities, such as Essex, have raised. As a consequence there has been much discussion about issues such as self-neglect and self-harm, powers of entry, human smuggling and trafficking, forced marriage and female genital mutilation – all pertinent and relevant issues.

Whilst this report is about the activity of safeguarding Essex it does reflect the commitment of the organisation as a whole to safeguarding the most vulnerable in our society.

Karen Wright
Director Safeguards, Practice and Development

INTRODUCTION

Safeguarding Essex has been pleased to be involved in national as well as local projects during 2012-13, such as being involved in the revision of Research in Practice for Adults' *Safety Matters* handbook and their Mental Capacity Act guide. On a local level we were pleased to be part of Essex Police's pilot on sharing all safeguarding concerns to see if there was a degree of criminality that needed investigating and help with their new Athena database. We have also been developing closer links with our colleagues in Children's Services and Health and seeking to ensure that various policies and guidelines work alongside each other.

Safeguarding Essex were runners up in the Great British Care Awards team of the year 2012 and we saw this as recognition not just of the team's work but of the commitment towards safeguarding by the whole of the Essex County Council.

Safeguarding Essex constantly strives to make the safeguarding process for adults as open and transparent as possible, and have welcomed the contract with Advocacy Essex Services as this has meant that an advocate is part of the core group when dealing with major institutional safeguarding cases. This has ensured that the decision making process has been held accountable at every stage of the process.

Abuse will always occur, there will always be risk but we feel that the commitment of Essex County Council towards the safeguarding of children and adults means that the people of Essex are not only more aware about abuse but also not willing to stand by and ignore it, and what is more they expect us to act upon their concerns.

Stephen Bunford
Operational Service Manager
Safeguarding Essex

Glossary

AH&CW	Adult Health and Community Wellbeing
BEM	Black and ethnic minority
BIAs	Best Interest Assessors
CCG	Clinical Commissioning Groups (replacing the PCTs)
CQC	Care Quality Commission
DoLS	Deprivation of Liberty safeguards
ECC	Essex County Council
ESAB	Essex Safeguarding Adults Board
ESCD	Essex Social Care Direct
GP	General Practitioner
IMCA	Independent Mental Capacity Advocate
LADO	Local Authority Designated Officer
MCA	Mental Capacity Act
MH	Mental Health
PCT	Primary Care Trust
QI team	Quality Improvement team
SAFE	Safeguarding Adults from Exploitation
SET	Southend, Essex and Thurrock
SETSAF	Safeguards referral form

PART 1 – Activity in 2012-2013

1 Winterbourne View and private hospitals

1.1 The BBC television programme on Winterbourne View was truly shocking and distressing, and provoked a lot of discussion about the provision of such services not only nationally but also locally. Essex County Council immediately reviewed all the service users that it had placed in homes managed and run by Castlebeck, the owners of Winterbourne View.

1.2 Safeguarding Essex has worked very closely with such providers in Essex for several years and has built up a good working relationship which has proven to be both open and transparent. Many of these services in Essex already had open and robust safeguarding systems in place, with strong links not only with Safeguarding Essex but also with partner agencies including the Police.

1.3 In view of the national concerns after the Winterbourne investigations and reports, Safeguarding Essex arranged for, and supported, Councillor Aldridge in visiting providers offering equivalent services in Essex, to see how the positive relationships between Safeguarding Essex and these services were working. Councillor Aldridge spent time with clinicians and patients, and was given tours of the services.

1.4 Safeguarding Essex developed, and facilitated a half day conference on the response to the Winterbourne report, attended by representatives from many of the providers of these services in Essex. The conference focused on maintaining a positive and open approach to joint working and sharing best practice. Specialist speakers from the Police and mental health trusts gave talks followed by group work sessions involving case discussions based on actual cases. The workshop enabled different providers to network with each other and share good practice ideas.

1.5 Feedback from the conference has been very positive, and has led to plans being developed to offer further workshops for this provider group to build on the existing safeguard reporting and good practice that exists.

1.6 Further work with the Police and private hospital providers has led to the development of a protocol for reporting to Police from within these services, and which outlines the police role and what to expect from them. This is part of the on-going process to create a system that meets the requirements of all agencies alongside protecting the rights of people within these services; this can then be rolled out to similar providers elsewhere in the county.

2 Mental Capacity Act Deprivation of Liberty Safeguards

2.1 In terms of the volume of work the level of Deprivation of Liberty Safeguards (DoLS) assessments has remained at the same level this year compared to last year (146 this year compared to 150 last year). The figures for DoLS, both in terms of authorisations granted or declined are very similar to the previous year, with a very small margin of authorisations granted, compared to last year (69 this year compared to 76 last year). The data indicates that currently we have almost a 50% split in the number of authorisations granted as opposed to being declined. We credit this consistency to our approach with the care homes in terms of information, advice and training.

2.2 Over the past three years the impact of case law, especially cases such as Cheshire West and Chester council v P (2011), London Borough of Hillingdon v Neary and Anor (2011) and C v Blackburn with Darwen BC and others (2011) has been strongly felt when it comes to taking into account new factors which loosen the definition of what may constitute a deprivation of liberty in residential and nursing homes settings only. Whilst the DoLS figures in residential and nursing home settings have been going down, it is interesting to note that detention under DoLS in psychiatric settings has been going up. This is a very noticeable trend for Essex, which will be a challenge for the new DoLS structure coming into force in April 2013.

2.3 With the abolition of the Primary Care Trusts (PCTs) at the end of March 2013 the legal responsibility for DoLS in a health setting (i.e. hospital) will fall to the local authority. This will mean a dramatic increase in the workload of the MCA/DoLS Service. Safeguarding Essex has been working closely with our colleagues in Health and Workforce Commissioning to prepare for this transfer of responsibility.

3 SAFE team

3.1 During 2012-2013 the SAFE team supported locality teams across Essex with the management of more than 40 major institutional safeguards. These have varied greatly in terms of complexity and time and resources required to investigate in order to bring cases to a conclusion. In some instances SAFE has supported locality teams by taking on some service user reviews that are required as a result of a safeguarding investigation. SAFE also visits services at the request of locality teams to gather information and provide in depth reports, to support safeguarding strategy meetings.

3.2 In some complex cases SAFE has taken on full responsibility for the management and coordination of the institutional safeguards on behalf of locality teams. One such case was a large care home in Mid Essex where the locality team had received a number of safeguard alerts in a short space of time. SAFE were involved for three months overseeing all the safeguard investigations, working closely with the care home owner and managers, involving colleagues from ECC's Commercial and QI teams, PCT colleagues and Police. All service users were reviewed or offered assessments of need. SAFE managed all contact with relatives and chaired a number of safeguarding strategy meetings. This was a complex and resource intensive piece of work and SAFE and relieved pressure on the locality team in enabling them to concentrate their own resources on day to day operations.

3.3 SAFE also support teams with complex pieces of work that may require a lot of time and effort to resolve and again reduce pressure on local teams. An example of such a case was the work undertaken by SAFE with an unregistered care home in south Essex. SAFE worked with the CQC, families and advocacy to ensure positive outcomes for the self-funding residents of this home.

3.4 SAFE has also been looking at expanding their remit to cover domiciliary care agencies as well as residential care homes.

4 Notifiable Occupations Scheme

4.1 The Notifiable Occupations Scheme relates to professions or occupations which carry special trust or responsibility, in which the public interest in the disclosure of conviction and other information by the police generally outweighs the normal duty of confidentiality owed to the individual.

4.2 While there is no statutory requirement for the police to share conviction or other information about individuals with third parties, other than in the context of Criminal Records Bureau (CRB), there is a common law power for the police to share information for the purpose of the prevention and detection of crime (each case being considered in its own individual circumstances).

4.3 The general position is that the police should maintain the confidentiality of personal information, but legal opinion supports the view that in cases invoking substantial public interest considerations a presumption to disclose conviction and other information to relevant parties, unless there are exceptional reasons not to do so, is considered lawful. Areas in which it is considered there are likely to be substantial public interest considerations include the protection of the vulnerable, including children.

4.4 Sharing of information within these areas falls within the policing purposes set out at section 2.2.2 of the Code of Practice on the Management of Police Information. Nearly all the occupations involved in the scheme are subject to pre-employment checks at the CRB Standard or Enhanced Disclosure level or via another checking regime.

4.5 Safeguarding Essex receives such notifications from the Police if the person they have arrested is in an occupation that carries special trust or responsibility – such as a carer, a nurse, a social worker or a teacher. The person is then written to by Safeguarding Essex advising them that we have been made aware of their arrest and they are advised to tell their employer as we will be notifying their employer within a certain number of days. This puts the initial onus on the individual and does not breach their human rights. The Police keep Safeguarding Essex updated on the case, such as when it goes to Court and the outcome of the Court case. It is up to the employer to then undertake a risk assessment.

4.6 An example of the value of this scheme is a case where a health professional had been arrested on charges of rape of a minor but was still at work. The worker had not, and did not, tell their employers so was still a risk to those they worked with. Safeguarding Essex shared the information with the employer and the worker was suspended and later dismissed – not because of what they were arrested for but for breaching their employer's code of conduct. By telling the employer the risk to others was reduced.

5 Peer reviews

5.1 Safeguarding Essex has worked with our colleagues in Kent County Council and was commissioned by them to undertake a peer review of their safeguarding service. The peer review team consisted of members of Safeguarding Essex, independent advocacy, the Essex Safeguarding Adults Board and an Essex county councillor. The outcome of the review was shared with senior members of Kent County Council and was well received.

5.2 Safeguarding Essex were also part of the team that was put together by the Essex Safeguarding Adults Board when it was commissioned to undertake a peer review of the safeguarding service of West Essex PCT.

5.3 Several members of Safeguarding Essex are now accredited peer reviewers having undertaken the training provided by the Local Government Association.

6 Jersey

6.1 In 2011, two Safeguarding Consultant Practitioners from Safeguarding Essex provided support to Jersey's Health and Social Care Services in developing their own safeguarding adult's policies and procedures. This included a two day conference delivered in Jersey to professional and voluntary organisations.

In August 2012, Jersey's Adult Safeguards Lead visited Safeguarding Essex and spent a week with Safeguarding Essex to further develop their knowledge. This included direct observations of complex safeguards meetings, risk enablement board, time with SAFE, BIA's, Locality Teams undertaking safeguarding investigations, Essex Guardians and Internal Audit.

6.2 This year Jersey established its Safeguarding Adults Board with an independent chair and implemented a four-stage safeguarding process similar to the one we use in Essex. Their safeguarding adult's policy has been revised and they are working closer with the Police. Essex is pleased to have been able to help Jersey and Safeguarding Essex has continued to be a 'critical friend' to Jersey, providing regular advice and information.

7 Advocacy in institutional safeguarding cases

7.1 Safeguarding Essex is committed to making safeguarding as open and transparent as possible and ensuring that the voice of the service user is always heard. In institutional cases it is not possible to have individual service users or their representatives present due to the sheer numbers involved, therefore a contract with Advocacy Essex Services (AES) has been entered into. An independent advocate is therefore always engaged in major institutional safeguarding cases to ensure that the voice of the service user is heard and that those making decisions are held to account. The independent advocate is present at all the safeguarding meetings and is an equal member of the decision making group.

8 Cyber abuse

8.1 Safeguarding Essex have been working with partner organisations and authorities in the Eastern Region on a project considering the risks involved for vulnerable adults in relation to Internet and online services. The aim of the project is to eventually develop a search engine that can aid the user in managing their own internet safety and to also assist professionals and families who are providing support to vulnerable adults.

8.2 The aims are to:

- To provide accessible online guidance in relation to the below key topic areas

- To provide downloadable resources that will be available online in relation the below key topic areas
- To provide reminder toolkits (Stop, Think, Click) that will support people to recognise danger and promote self-advocacy for managing the risks.
- To develop a learning programme that can be used with Vulnerable Adult Groups, by staff in health or social care or by families.
- A clear reporting process for when issues are faced relating to online safety.
Awareness raising / empowerment

8.3 The project is still in the development stage and further research with vulnerable service users is required in order to ensure we are aware of all areas of risk such Online Fraud, ID Theft, Social Networking, Online Dating, Finances, instant messaging etc. Once this has been identified, development of programmes and training awareness will be delivered. Unfortunately Suffolk University's first bid for funding has been rejected. In the meantime, smaller scale research is being identified and undertaken whilst further bid applications made.

8.4 Locally, Be Safer, Essex Police and Safeguarding Essex have been trialling sessions in Southend and Rayleigh around internet safety for small groups of people with a learning disability who use the internet, Facebook and other social media sites. This will be able to inform the wider scale project.

8.5 In the coming year it is intended to link the work that is being done regarding vulnerable adults with that being done for children and young people.

9 Human smuggling and trafficking

9.1 It is important to understand the difference between persons who are smuggled and those who are trafficked; in some cases the distinction between a smuggled and trafficked person will be blurred and both definitions could easily be applied. It is important to examine the end situation when the victim is recovered to determine whether someone has been smuggled or trafficked.

9.2 A number of factors help distinguish between smuggling and trafficking:

- Smuggling is characterised by illegal entry only and international movement only, either secretly or by deception (whether for profit or otherwise);
- Smuggling is a voluntary act and there is no further exploitation by the smugglers once they reach their destination;
- There is normally little coercion/violence involved or required from those assisting in the smuggling.

9.3 Smuggling is normally defined as the facilitation of entry to the UK either secretly or by deception (whether for profit or otherwise). The immigrants concerned are normally

complicit in the offence so that they can remain in the UK illegally. There is normally little coercion/violence involved or required from those assisting in the smuggling.

9.4 Trafficking involves the transportation of persons in the UK in order to exploit them by the use of force, violence, deception, intimidation or coercion. The form of exploitation includes commercial sexual and bonded labour exploitation. The persons who are trafficked have little choice in what happens to them and usually suffer abuse due to the threats and use of violence against them and/or their family.

9.5 In Essex we are conscious that there are several points of access to the country, or access points nearby, such as Stansted, Felixstowe and Harwich and whilst the issue has not yet emerged as one for us it is something that we need to be aware of and work closely with partner agencies and Children's services on. To this end Safeguarding Essex has produced a brief guide for practitioners and which has been shared with partner agencies through the Safeguarding Adults Management Committee and the Essex Safeguarding Adults Board.

10 Project Athena

10.1 Project Athena is a joint police project which seven police forces so far have signed up. The forces currently signed up to this project are Essex, Bedfordshire, Cambridgeshire, Hertfordshire, Kent, Suffolk and Norfolk. A national framework agreement has been signed by Essex Police Authority for a new 'one-stop' IT system which will help police to identify criminals more quickly and cut crime. Until now, police forces have largely managed data on offenders, suspects, victims and incidents on different systems at a local level. This made it a challenge to share information quickly with other forces.

10.2 From a safeguarding perspective this new system will mean that the Police can quickly electronically generate safeguarding alerts and include relevant information previously not always readily available. Safeguarding Essex, along with colleagues from Children's services, have been involved in assisting the Police with developing the safeguarding section of the database to ensure that the information that the electronic forms contain is the information that both adult and children's services require.

11 Safeguarding at the Customer Service Centre

11.1 Safeguarding concerns by professionals and the public are encouraged but do place a pressure on the locality teams as the numbers of such concerns has steadily increased each year. At the Customer Service Centre (CSC) they have piloted a scheme where they seek to triage as many of the SETSAF1s (the concern form) as possible and reduce the number of concerns being passed to the locality teams. During the year the CSC has reduced the number of safeguarding cases going to the locality teams by 23%.

11.2 The advisors are trained in safeguarding and those concerns which are obviously not safeguarding issues (e.g. complaints) are directed elsewhere. The small triage team of

social workers then look at as many of the SETSAF1s as possible and make further enquiry to see if the matter has been resolved appropriately or needs further investigation. Where possible they close those safeguarding concerns which have been dealt with appropriately (e.g. medication errors). By working closely with safeguarding Essex there is a consistent approach to these SETSAF1s and a number of practice documents have been developed to help practitioners recognise the difference between safety, safeguarding and risk management.

11.3 In the nine months of the pilot the Customer Service Centre were able to close nearly 300 safeguarding concerns on behalf of the locality teams. Whilst the impact on the workload pressures on the teams has been minimal because of the increase in referrals, it has resulted in non-cash savings of nearly £252,000 (based on the estimate that a “routine” safeguarding enquiry and investigation costs £912). Safeguarding Essex will continue to work closely with the Customer Service Centre to look at ways of developing the triaging process in an attempt to reduce the numbers of inappropriate safeguarding concerns being sent to the teams, as well as with the teams and partner agencies to prevent inappropriate safeguarding concerns being raised by them.

12 Provider concerns group

12.1 Safeguarding Essex is a member of the Provider Concerns Group which meets fortnightly to share information about providers. The group is made up of the Commercial Team, the Quality Improvement Team, the Service Placement Team and the Customer Liaison Service. The purpose of the group is to:

- Support the directorate by ensuring all AH&CW commissioned care services deliver safe care in accordance with Care Quality Commission and contractual requirements using various methods of intelligence.
- Identify risks, agree and take appropriate action to address poor practice and non-compliance and to ensure the safety and well-being of service users.

12.2 The objectives are:

- To ensure there are robust mechanisms in place to record a concern and take appropriate agreed action when required.
- Record concerns onto the Provider Intelligence Database in real time.
- Update and review weekly the Provider Intelligence Database.
- Take responsibility to update and maintain the Suspension of Care Services Protocol

12.3 The group produces reports for:

- Commercial Group Management
- Adult Social Care Governance Committee
- Risk & Issues report for senior managers and elected members

12.4 Significant concerns are then escalated to Senior Management with actions and/or proposed actions as appropriate. Escalation will be agreed between the core group members.

12.5 The real-time information helps identify trends that may need addressing before they become problems and helps inform the information that is shared with the Care Quality Commission.

13 Transitions

13.1 Safeguarding consultant practitioners have supported their colleagues in the Transitions Pathway service to develop a greater understanding of the safeguarding process, the Mental Capacity Act and DOLs legislation, and its implication for practice, and the carers of young people with a disability, that may affect their capacity to make decisions about various aspects of their lives.

13.2 Safeguarding Essex also worked closely with the Transitions Pathway Service on these issues for members of the Transitions service. There are plans for Safeguarding Essex to attend team meetings for members of the Transitions Pathway service and follow up sessions for information, advice and guidance for social work teams later on in the year.

13.3 Following the success and feedback of the Transition Information Events held during 2011 the Transition Pathway Service, Parent Partnership, ECN (Essex Carer's Network), FACE (Families Acting for Change Essex) and Families in Focus Essex worked together to deliver four more Transition Information events during November 2012. The objective of the workshops was to inform and empower parents and carers of young people with a disability and/or additional needs as they move through transition from teenage years to adulthood. The target audience for the events was parents and carers of young people on a statement of special educational needs in years 8, 9, 10 and 11. Safeguarding Essex was part of these events in order to help inform parents and carers about safeguarding, the Mental capacity Act and Deprivation of Liberty Safeguards. The events were held to cover the four quadrants of Essex and were held on different days of the week in order to accommodate as many parents/carers as possible, including one event on a Saturday.

13.4 Safeguarding Essex at these events led, with representatives from social care and the Parent Partnership, a "Know Your Rights" discussion group. These discussion groups covered areas such as:

- Learning about the Mental Capacity Act
- Adaptability of a personal budget
- Information and process on community care assessments
- Knowing what help is available

- Knowing about other services

14 Black and ethnic minority groups

14.1 Engaging the black and ethnic minority community in safeguarding has continued throughout the year and is an area that Safeguarding Essex will be pursuing in the coming year. Throughout the year we have increased our links with various groups and networked with different sectors the BEM community in Essex. These have included face to face meetings with BEM contacts provided by Essex Fire and Rescue including the manager of Essex Cultural Diversity Project (ECDP) based at Essex Records Office, the Hindu temple in Clacton and the New Generation Development Agency (NGDA).

14.2 It is important that all organisations work together when seeking to engage the BEM community and the partnership working that has been developed between Safeguarding Essex, the Fire and Rescue Service, the Safeguarding Adults Management Committee and Essex Libraries is proving invaluable and has helped develop a pool of relevant awareness raising materials i.e. real safeguarding cases from BEM groups, Hate Crime information etc.

14.3 The AskSal leaflets and posters are available in a variety of languages relevant to the BEM communities in Essex.

14.4 Safeguarding Essex is currently working on a Safeguarding Human Library Project – a novel way of reaching and increasing contacts with the BEM community in order to break down stereotypes and share information. An event will take place at the Minories in Colchester, funded through the Essex Safeguarding Adults Board with match funding from the Colchester Arts Institute. The pilot event, if successful, will then be rolled out wider within Essex during 2013-14. It will in effect generate a 'pop up resource which is very portable and could be run in lots of different venues in Essex. In effect experts in certain fields, such as safeguarding, become human books which can be "borrowed" on the day by various groups. The human book is then used to inform the group about their field of expertise before being returned.

15 Child Sexual Exploitation

15.1 Safeguarding Essex is working with Children's services from Southend, Essex and Thurrock and the Police to develop a policy that can address the very serious concerns about child sexual exploitation and which incorporates the "Think Family" approach.

15.2 The group is aiming to ensure that there is an appropriate and consistent approach to information gathering and response to an incident of child sexual exploitation. There is to be a monitoring of trends and adult services can provide input into achieving a holistic analysis. There is to be a service provided to support victims and all of those involved will be committed to raising awareness of child sexual exploitation.

16 The SET Group

16.1 Safeguarding Essex are active participants in the pan-Essex group in the production of the revised SET Safeguarding Guidelines. There have been many areas that required changes as well as new additions – this has included the Deprivation of Liberty Safeguards Act, the Threshold Matrix, and the management of risk, institutional safeguards and Undue Influence. The revised guidelines are due for publication in the summer of 2013 and should be more meaningful for practitioners as they will be covering more areas than previously, and make the distinction between safety, safeguarding and risk management clearer.

17 Service user feedback

17.1 Safeguarding Essex feels that it is important to know the thoughts, views and feelings of those who experience the safeguarding process and 18 months ago introduced a feedback process. In that period we have received 67 replies.

17.2 The feedback focuses on a series of eight questions relating to the process and the set of standards laid out in the accompanying general leaflet (which aims to explain what the safeguarding vulnerable adults is about).

17.3 Below is a summary of the findings:

Question 1: Were you informed about what happened?

Yes: 48

No: 11

I don't know: 4

Question 2: Were you treated with dignity and respect?

At all times: 53

Sometimes: 6

Not at all: 2

Question 3: Were you given time and assistance to communicate?

Yes: 54

No: 8

Don't know: 4

Question 4: Do you feel you were listened to?

Yes: 58

No: 4

I don't know: 4

Question 5: Were you kept informed of what was happening and involved in the safeguarding process?

At all times: 46

Sometimes: 10

Not at all: 9

Question 6: Were you involved in making decisions about the risks identified?

Yes: 40

No: 12

Don't know: 11

Question 7: Were you told when the safeguarding investigation had been completed?

Yes: 43

No: 11

Don't know: 7

Question 8: As far as you are aware has your right to privacy and confidentiality been respected?

Yes: 57

No: 6

Don't know: 1

17.4 The overall impression from looking at the data is that the feedback about the process is largely positive, scoring an average mark around 74% in the area of satisfaction. This reflects, we believe, the good practice and commitment of the practitioners in the locality teams. One of the highest scores indicates that practitioners involved -in coordinating the safeguarding procedure have given time to service users and families to listen to their views about the concerns. It is worth noting as well that people's rights to privacy and confidentiality have been upheld in most cases. This evidences good practice, based on ethical values, which is very important in such a sensitive process.

17.5 The one area where the figures are low relates to the identification of risks and possibly there is need for more work around the formulation of a joint risk assessment and management plan with service users/families. This is an area that will be addressed in the revised SET Guidelines.

17.6 The additional comments added to the survey form tend to focus on the outcome rather than the process itself. 13 additional comments of this sort have been made, on a positive note, about specific social workers involved, but also making reference to the Police involvement. Amongst those, a few thanks you have been expressed in relation to the case worker at the time.

17.7 However, 11 negative comments have been made, often referring to the disappointment in the outcome of the investigation (such as the Police not being able to pursue the matter further). One response made mention of the feeling of interference in the person's life throughout this process.

PART 2 – Statistics and data analysis

1 National comparison

1.1 In March 2013 the Information Centre for Health and Social Care¹ produced key findings from the Abuse of Vulnerable Adults data collection for the period 1 April 2011 to 31 March 2012. This is a comprehensive national analysis of adult safeguarding based on returns from 152 councils.

1.2 The main information in the report is used here to see how Essex compares with the wider national picture for the same period, and using the same baseline we can compare our 2012-13 data to see how trends are developing in Essex.

1.3 In relation to types of abuse:

Type of abuse	National 2011-12	Essex 2011-12	Essex 2012-13
Physical	29%	26%	24%
Neglect	26%	35%	37%
Financial	19%	19%	17%
Emotional/psychological	16%	14%	12%
Sexual	5%	4%	5%
Institutional	4%	1%	4%
Discriminatory	1%	1%	1%

The national figures for 2011-12 are almost identical to those of 2010-11.

1.4 In regards to alleged victims the figures for 2011-12 break down as follows:

- Nationally 60% of safeguarding referrals were for adults aged 65 and over, in Essex for 2012-13 the figure is 63%
- Nationally 48% of safeguarding referrals were for adults with a physical disability, in Essex for 2012-13 the figure is 27%
- Nationally 24% of safeguarding referrals were for adults with a mental health diagnosis, in Essex for 2012-13 the figure is 14%
- Nationally 20% of safeguarding referrals were for adults with a learning disability, whilst in Essex for 2012-13 the figure is 17%.

1.5 The only discernible difference is that in Essex the figures for people with a physical disability are quite a bit lower than the national average. One reason for this could be that at the time the safeguarding concern is received and recorded the service user category type is not always known.

¹ see: <https://catalogue.ic.nhs.uk/publications/social-care/vulnerable-adults/abus-vunr-adul-eng-11-12-final/abus-vunr-adul-eng-11-12-fin-rep.pdf>

1.6 In regards to the relationship of the alleged perpetrator to the victim it was found that nationally 22% were family members, 28% were social care and health staff and 13% were friends, neighbours, other professional staff or strangers. The figures for Essex for 2012-13 are that 27% of alleged perpetrators are family members, 28% are residential care staff; 17% are social care or health staff; 9% are domiciliary carers; 7% are vulnerable service users and 8% are friends, neighbours or strangers. The figures for 2012-13 are comparable with 2011-12 and show no variation in trends either nationally or locally.

1.7 In Essex the first point of contact in referring a safeguarding matter is the Customer Service Centre. 23% of safeguarding concerns are closed at this first point of contact as requiring no further action, or are re-directed elsewhere because the issue is not a safeguarding one but something else (e.g. a complaint). The remaining 77% are passed onto the locality teams for further enquiry. The national average for no further action of a safeguarding concern was 30%.

1.8 When looking at the ethnicity of alleged victims:

- Nationally 89% of alleged victims were white, in Essex for 2012-13 the figure is 96%
- Nationally 12% of alleged victims were from ethnic minority groups; in Essex for 2012-13 the figure is 3%.
- In Essex 1% of alleged victims declined to state an ethnicity.

1.9 The figures for Essex in 2012-13 show no variation to those for 2011-12. The engagement of minority communities in safeguarding is a national issue and not one that is specific to Essex.

2 Essex statistics

2.1 Referrals by area

Area	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Cumulative	% of population
North East	370	386	393	399	1548	0.44
Mid	259	277	341	254	1131	0.38
West	256	249	250	247	1002	0.37
South	300	266	320	300	1186	0.29
TOTAL	1185	1178	1304	1200	4867	0.37

Safeguarding concerns are fairly evenly spread across the county with the North East accounting for a slightly higher rate than elsewhere due, probably, to the high number of residential and nursing care homes that there are in this area, plus the high number of private hospitals that are also located in this area.

2.2 Referrals by Service User Category

Service User Category	2012/13
Adult Frailty	940
Carer	9
Learning Disability	814
Mental Health	698
Physical / Sensory Impairment	1334
Other Vulnerable People *	1072
TOTAL	4867

*At the point of initial contact and recording, category not known

These figures are not entirely useful as Safeguarding Essex only records category as stated at the initial point of contact. In many cases people refer safeguarding issues but don't know if the person is elderly, has learning disabilities or has mental health problem or is an elderly person with mental health problems, the important thing is that they make the referral. It is only when the case is allocated that the category is identified. Safeguarding Essex are exploring ways of capturing this information in the future.

2.3 Referrals by origin

Origin of Referral	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Cumulative
Domiciliary Care Staff	115	116	129	113	473
Health Staff	257	204	369	293	1123
CQC	6	20	20	20	66
Day Care Staff	13	17	12	17	59
Education/ Training / Workplace	8	3	12	12	35
Family Member	94	99	82	73	348
Friend/ Neighbour	21	26	14	14	75

Housing	55	54	63	50	222
Mental Health Trust	49	92	70	78	289
Other eg. Anonymous/Advocate	61	62	54	41	218
Residential Care Staff	296	294	235	275	1100
Self-Directed (Employed) Staff	16	48	34	30	128
Police	52	38	53	45	188
Social Worker / Care Manager	135	93	141	135	504
Fire Service	2	1	1	0	4
Self Referral	5	11	15	4	35
TOTAL	1185	1178	1304	1200	4867

It is encouraging that residential care staff have raised so many safeguarding concerns as this is an indicator that they will not tolerate poor care or neglect of those they care for. This year we are also reporting cases raised by the Fire Service, which reflects the awareness raised through the safeguarding training that they have been given through the Essex Safeguarding Adults Board's training programme.

2.4 Relationship of alleged perpetrator to alleged victims

Relationship of Perpetrator to Service User	First Quarter	Second Quarter	Third Quarter	Fourth Quarter²	Cumulative
Domiciliary Care Staff	100	170	156	0	426
Vulnerable Adult on Vulnerable Adult	110	102	119	0	331
Residential Care Staff	292	283	323	473	1371
Health	71	53	80	70	274
Neighbour / Friend / Individual Known but Not Related	87	60	68	190	405
Family Member	343	245	349	408	1345

² With changes to the reporting process in the final quarter of 2012-13 domiciliary care staff is now included with residential care staff. Vulnerable adult on vulnerable adult is now recorded under "individual known but not related" and self-neglect is now recorded under "family member".

Other / Professional Worker	170	246	178	22	616
Stranger	12	19	31	37	99
TOTAL	1185	1178	1304	1200	4867

The allegations raised about care staff are high, and is probably reflective of the high number of allegations raised by care staff, which, as mentioned above, appear to becoming less tolerant of poor care by colleagues. The number of strangers involved in safeguarding is due to the increase in rogue trading, which has been noted particularly in the North East locality.

The number of allegations made about domiciliary carers is often to do with missed or late visits, which have resulted in the service user being left at risk of harm (e.g. medication not being given or personal care not being attended to). These concerns get looked at by the Provider Concerns Group and taken up with the relevant care agency.

2.5 Outcomes (for cases that have been closed)

56% of SETSAF1s are being closed in a timely and appropriate manner, which is an improvement of the previous year. The remaining 44% might remain open because it hasn't been possible to make contact with relevant key people, including the service user or the case is more complex than originally anticipated. The safeguarding consultant practitioners work with the locality teams to help them increase the number of closures and correct data inputting errors that may have occurred, and which can give a misleading impression on the output of the team. The main focus of the support is to ensure that those referred are not at immediate risk of harm.

Outcomes	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Cumulative
Case Management Resolution	114	90	103	0 ³	307
Substantiated	203	163	154	66	586
Un Substantiated	262	237	166	71	736
Partly Substantiated	76	86	69	37	268
Redirect to other Agency	33	37	24	16	110
Unresolved	184	164	171	200	719
TOTAL	872	777	687	390	2726

³ In preparation for changes in recording with the new Zero Based Return for the Department of Health the category of case management is no longer recognised as a category in its own right. The assumption is that if a matter is case management then a decision about the outcome has been reached. It is, therefore, assumed that for a matter to become case management then the allegation was substantiated

2.6 Mental Capacity Act – Independent Mental Capacity Advocates (IMCAs) and Deprivation of Liberty Safeguards (DoLS)

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Cumulative Total
Total	18	20	28	30	96

During 2012 the independent mental capacity advocacy contract was awarded to VoiceAbility. The number of IMCAs being engaged appears to be lower than would be expected for a county the size of Essex, although fairly consistent with the number the previous year. VoiceAbility is to undertake a more pro-active approach to raising awareness about their services with Health, private hospitals and residential care homes during 2013. During the year Safeguarding Essex has dealt with 151 DoLS applications for people in residential care homes - 78 of these applications were appropriate and successful. 80 of the cases were for people with a mental health issue, 46 were people with a physical or sensory impairment and 25 were people with a learning disability. These figures are very similar to the previous year. From April 2013 the local authority becomes responsible for all DoLS applications for both Health and social care.

Appendix A – Action plan 2013-2014

Objective	Actions	Outcome	Progress summary	Lead person
1a. We will explore the potential for tendering out the DoLS service. 1b. We need to identify future funding for the DoLS service.	To commission a project group to begin looking at the various options available.	To identify the most efficient and effective way of delivering the service and reduce the cost pressure on ECC (currently the shortfall in the service is £233,000).	Progress summary: options paper developed by July 2013 and presented to ALT September 2013.	Stephen Bunford
2. We will continue looking at identifying “cyber” abuse and developing an approach to addressing the associated issues.	To identify, with Children’s services and service users, issues around bullying, harassment and hate crimes which are becoming more prevalent on social networking sites, text messages and emails.	To have a multi-agency approach to cyber bullying, which includes Children’s Services. To have an Eastern Region approach to cyber bullying. To enable staff to have a greater understanding of “cyber” abuse and how to work with the Police to address such issues with, for instance, the providers of social networking sites. This work falls within the operational costs of Safeguarding Essex.	Progress summary: to have a draft document for the Governance Board August 2013.	Kim Spain
3. We want to continue engaging the black and ethnic minorities in safeguarding through awareness raising sessions.	To identify appropriate events, such as the Human Library event, to promote safeguarding to various ethnic minority communities in Essex.	To give minority communities the confidence to access services which recognise their particular needs.	Progress summary: to have participated in the Human Library event in September 2013 and report back to the Governance Board	Catriona Wheadon

		<p>Safeguarding Essex is to run a special event in September 2013 to try and engage more people from minority communities. This will be funded from a grant from ESAB and is no additional cost to Safeguarding Essex (except staff time). ESAB will be funding the translation of posters and flyers into a variety of languages.</p> <p>To increase the number of safeguarding referrals raised by the BEM community.</p>	October 2013.	
<p>4. We will continue to engage with the CCGs and GPs in awareness around safeguarding processes and the assistance available to them (e.g. training) and the need to understand the implications of the Mental Capacity Act upon their practice.</p>	<p>To attend the CCG boards to promote safeguarding.</p> <p>To offer safeguarding training to individual GP surgeries.</p> <p>To regularly meet with the GP practice managers to keep them informed on safeguarding.</p>	<p>To have a greater engagement by GPs in safeguarding strategy meetings; to have GPs more confident with the Mental Capacity Act; to have more safeguarding concerns raised by GPs.</p> <p>Safeguarding Essex to offer free training on safeguarding to CCGs to help them understand the issues and their responsibilities. This training falls within the operational costs of Safeguarding Essex.</p>	<p>Progress summary: to review the links between Safeguarding Essex and the CCGs in September 2013.</p>	Stephen Bunford
5. We will continue to	To work with the	To have appropriate	Progress summary: to	Stephen Bunford

seek to reduce the number of inappropriate SETSAF1s getting to the locality teams.	<p>Customer Service Centre on developing the work they have begun on a more robust triaging process.</p> <p>To undertake more regular training of advisors so they feel more confident in addressing some of the issues being raised.</p>	<p>SETSAF1s being passed to the locality teams and have the number of No Further Action cases increased at the CSC from 23% to at least 30%. This will have benefits (time and money) for the locality teams as they will have fewer inappropriate SOVAs to deal with.</p> <p>To increase the timely closure of SOVAs to 60%, and therefore reduce the number of open cases.</p>	review progress in September 2013 and report back to the OSM leads.	
6. We will prepare for the introduction of new safeguarding legislation contained within the Care Bill.	To work with ESAB and partner agencies on understanding the implications of the Care Bill in relation to safeguarding.	To have systems and processes in place reflecting the Care Bill proposals.	Progress summary: to review progress through SAMC in December 2013.	Stephen Bunford

<p>7 Information, training, practice & and communication:</p> <p>7a. We will seek to improve practice and outcomes in safeguarding and seek to ascertain how effective the safeguarding processes are.</p>	<p>To participate in the ADASS and LGA led <i>Making Safeguarding Personal</i> project.</p> <p>To participate in the work being done on safe commissioning by ESAB and ECSB.</p>	<p>To have a set of outcomes related to safeguarding which vulnerable people want and which are measurable.</p>	<p>Progress summary: <i>Making Safeguarding Personal</i> begins July 2013 – initial feedback to Governance Board August/September 2013.</p>	<p>Stephen Bunford & Gill Stephenson</p>
<p>7b. We want to improve the service user's experience of care and support through the safe provision of services.</p>	<p>To continue providing safeguarding training to providers of services.</p>	<p>To ensure that those we commission services with have a robust approach to safeguarding.</p>	<p>Safe Commissioning report issued April 2013 and to be reviewed July 2013 for feedback on progress to the joint boards in September 2013</p>	<p>Stephen Bunford</p>
<p>7c. We want to have meaningful management information available for ESAB and other appropriate forums.</p>	<p>To review the content and presentation of management information.</p>	<p>To have a management information report that informs practice, training and communication.</p>	<p>Progress summary: to have revised proposed management report with the chair of ESAB for discussion September 2013.</p>	<p>Stephen Bunford</p>
<p>8. We want Safeguarding Essex to be able to be compared with partner agencies and other local authorities in order to address any areas that needs developing.</p>	<p>To participate in the new joint Children's and Adult's section 11 audit.</p> <p>To collect data relevant for the new Zero Based Return (which replaces</p>	<p>To identify areas that need developing and areas where joint work between agencies can improve the service user's experience of safeguarding.</p> <p>To have the return completed.</p>	<p>The joint audit is planned for September 2013 with an initial report due December 2013.</p> <p>To contribute to the completion of the return June 2013.</p>	<p>Stephen Bunford</p> <p>Stephen Bunford/Ann Hird/Jody Hart</p>

	the previous Audit of Vulnerable Adults.			
9. We want to change the emphasis of Safeguarding Essex's annual report from being solely about Safeguarding Essex as a service to a report about safeguarding in Essex as a whole.	To engage all sections of ECC in an annual report on safeguarding in Essex.	To demonstrate how the organisation as a whole is addressing the safeguarding needs of those most vulnerable in the community.	To add to the Corporate Leads Group's agenda in November 2013.	Karen Wright/Stephen Bunford

Appendix B – Safeguarding Essex Action Plan 2012-2013

Objective	Actions	Outcome	Update	Status
1. We said we would change the emphasis of the annual report from being solely about Safeguarding Essex as a service to a report about safeguarding in Essex as a whole.	To engage all sections of ECC in the annual report on safeguarding in Essex.	To demonstrate how ECC as a whole is addressing the safeguarding needs of those most vulnerable in the community.	The Corporate Leads Group is still developing and it has been decided that it is too early yet to have a separate report. The issue has been raised with the Corporate Leads Group and remains on their agenda.	On-going – to be carried over to 2013-14
2. We wanted to continue find ways of engaging the black and ethnic minorities in safeguarding.	To identify appropriate groups/organisations to discuss why they may not be accessing the safeguarding process and identify ways of making them more confident in raising safeguarding concerns.	We want to give minority communities the confidence to access services which recognise their particular needs.	Some good work has been done in accessing various community groups (such as making contact with community leaders to explain the work of Safeguarding Essex and the creation of training packages that can be used as part of a	On-going – to be carried over to 2013-14

			cascade training approach) looking at various training needs. Engaging the minority communities is on-going and a major event is being planned for the autumn of 2013.	
3. We want to create closer links between Safeguarding Essex and the Transitions service	To make the Transitions service aware of the SET Guidelines, the SET process, AskSal and Mental Capacity Act assessments.	We want to ensure that vulnerable young adults are supported in any safeguarding matters and are informed about how to raise safeguarding concerns.	We have undertaken joint training with the Transitions service and a rolling programme has been set up.	Achieved.
4. We wanted to develop an approach to human trafficking and smuggling.	To understand the issues related to human trafficking and smuggling in relation to vulnerable adults, to raise awareness amongst staff and have an approach that covers both adults and children.	We have now have guidance on dealing with human trafficking and smuggling that covers all ages.	Guidelines written and accepted by ECC and shared with ESAB. Partner agencies keen to use the same guidance.	Achieved, but work will be carried over into 2013-14 to continue developing an approach that covers both children and adults.
5. We sought to develop a more robust screening approach to safeguarding.	To develop a safeguarding screening service within Customer Services that is overseen by Safeguarding Essex.	We have reduced the number of inappropriate safeguarding referrals being passed to the locality teams.	23% of SETSAF1s dealt with as no further action by the CSC and nearly 280 additional cases dealt with by the triaging process. £50,000 was set aside to help set up the project with a target saving of £112,000. The triaging process resulting in non-cash savings to the locality	Achieved.

			teams of nearly £253,000, which means that the savings target was met and the initial set-up costs were recouped.	
6. We wanted to strengthen the working relationship with the PCT safeguarding leads in order to engage GPs in the safeguarding process and raise their awareness around safeguarding processes.	To work with the 2 PCT safeguards leads and the acute trust safeguards leads on joint training to raise awareness with PCT staff, hospitals and GPs.	We worked with the 2 PCT safeguards leads and the acute trust safeguards leads on joint training to raise awareness with PCT staff, hospitals and GPs. We developed the partnership working between Safeguarding Essex and the two PCT safeguarding leads in order to create a more cohesive health and social approach to safeguarding, and improved ways of sharing information. We have worked with our colleagues in Health to create a better understanding by the new CCGs around safeguarding and how to raise safeguarding concerns.	We have worked closely with Health colleagues on joint work on policies and guidelines (e.g. Basildon Hospital's revised safeguarding processes); training on MCA given to Mid GP practice; safeguarding discussed as item at GP training event in the West. Information on safeguarding being distributed to the new CCGs and further training for CCGs and GPs planned for 2013.	On-going – to be carried over to 2013-14
7. We are committed to promoting the "Think Family" approach to safeguarding.	To develop safeguarding training for those working with either children and adult to get them to be more	We now have a more joined up approach to safeguarding across the two services which encourages workers to	We have made the theme of "Think Family" more embedded in training and have reiterated it in policies	Achieved.

	aware around joint issues and not look at cases in isolation or just in terms of their specialism.	look at the whole picture rather than specific aspects of a case.	and guidelines, such as the revised SET Guidelines. Children's safeguarding has assisted Safeguarding Essex on developing the adult Local Authority Designated Officer role. Kim Spain has taken the lead on behalf of Safeguarding Essex and been involved in 5 LADO cases.	
8. We have identified a growing concern amongst vulnerable adults with "cyber" abuse and have sought to develop an approach to address the associated issues.	To look at the issues around bullying, harassment and hate crimes which is becoming more prevalent on social networking sites, text messages and emails.	We have raised awareness of the issues associated with cyber amongst staff and how to work with the Police to address such issues with, for instance, the providers of social networking sites.	Safeguarding Essex has become part of the wider Eastern Region group looking at cyber abuse, but which has yet to report. Awareness of cyber abuse being shared in practice bulletin using examples and experiences from Children's Services.	On-going – to be carried over to 2013-14
9. Due to legislative changes we needed to develop a joint Health and Social Care MCA/DoLS service.	To pool resources as directed by the Department of Health and create a new single service with a joined up policy and procedure.	We have initially decided to keep the new DoLS service in-house to maximise resources, make efficiency savings and prevent duplication between the agencies. We have created a single point of access for DoLS applications and MCA assessments.	Systems in place prior to April 2013. However, there is a cost implication to ECC as we do not receive 100% of the budget that was originally given to Health. ECC received £35,000 as a one-off grant to help set up systems (ECC used the	The first stage achieved and the DoLS service up and running. Work now beginning on looking at other options for delivering the DoLS service to maximise efficiencies. This will be carried on to 2013-14.

		Our intention in the coming month's is to look at the various options available for developing the DoLS service.	money to fund additional Best Interest Assessor capacity). Based on projected figures (based on data from both ECC and Health) there is a shortfall in the delivery of the DoLS service of £233,000, which will be funded for 2013-14 from the Spend to Save budget.	
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