Division(s):

Performance Scrutiny Committee - 8 January 2015

Adult Safeguarding

Report by Director of Adult Social Services

Introduction

1. This report provides information on the arrangements to ensure vulnerable adults are kept safe. A formal presentation will be given at the meeting providing more detail about these arrangements.

2. There are three main ways in which we are assured vulnerable people are kept safe. These are:
   (a) Internal processes and checks
   (b) External processes and checks
   (c) Feedback - making safeguarding personal.

Definition of a vulnerable adult, safeguarding and abuse

3. A vulnerable adult is defined as someone aged 18 or over who is, or may be, unable to take care of themself, or unable to protect themselves against significant harm or exploitation. **A vulnerable adult does not need to meet the eligibility criteria for adult social care services to receive an intervention from the Council.**

4. Abuse covers physical abuse, domestic violence, sexual abuse, psychological abuse, financial or material abuse, modern slavery, discriminatory abuse, organisational abuse, neglect and acts of omission and self-neglect. Further details are included in Annex 1.

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

6. Councillors carry a specific and important role in relation to adult safeguarding. They are ideally placed to raise public awareness so that communities as a whole, alongside professionals, can play their part in preventing, identifying and responding to abuse and neglect.

Internal process and checks

7. The Council has recently employed an external consultant to provide an independent review of its safeguarding procedures. Following this we have introduced a new performance framework to monitor the new procedures. We monitor the timeliness of key decisions and their outcomes including
   (a) the decision over whether a concern needs to be formally investigated being made within 24 hours;
   (b) completion of multi agency strategy meeting within 5 working days of accepting the referral
   (c) the investigation and action plan to ensure the person is safe is completed within 20 working days

8. The framework also monitors whether the allegation was substantiated and whether the risk was removed, reduced or remained.

9. Each month the Deputy Director for Adult Social Care meets with managers of each team individually in a performance board to review their team performance. This includes safeguarding. The deputy director reviews any cases which have not met the timeliness targets and ensures consistent thresholds are in place across teams.

10. As part of the quality assurance safeguarding process there are routine bi-monthly audits of cases undertaken by the safeguarding manager to ensure appropriate decision making, share best practice and present the themes and trends back to staff.

External process

11. Oxfordshire has had an Adult Safeguarding Board for many years, and employs an Independent Chair. Boards will become statutory from April with the implementation of the Care Act.

12. The purpose of the Oxfordshire Safeguarding Adults Board is to help and protect adults whose circumstances make them vulnerable by creating a framework within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse and a consistent and effective response to any circumstances giving ground for concern or formal complaints or expressions of anxiety.

13. Our Board includes members from all statutory agencies, including: Oxfordshire County Council, Thames Valley Police, NHS Oxfordshire, Oxford Health NHS Foundation Trust and the Oxford University Hospitals NHS Trust.

14. We are currently working with the Director of East Sussex and his Senior Team to look at best practice in adult safeguarding and shared learning across the two authorities. As a result of this partnership we will draw up an action plan to implement any changes deemed necessary. This is currently expected to be implemented in the second half of 2015.

Feedback - making safeguarding personal

15. Each year as part of a national survey of social care clients we ask people if they feel safe. In Oxfordshire social care clients feel safer than the national figures. We also ask when people do not feel safe, why they do not feel safe. By far the largest reason people do not feel safe is they are concerned about falling over both inside and outside the house.

16. Defining and measuring outcomes is an important part of safeguarding adults work. To ensure safeguarding is personal, effective outcomes play a crucial role in establishing a good overall quality assurance framework. Outcomes need to reflect the 'journey' of the individual as they progress through the process of being safeguarded and it is imperative that, they are placed at the centre of this process. Defining and measuring outcomes needs to go beyond collecting numbers. Although statistical outputs are necessary and useful when analysing data, they do not give us information on the quality and effectiveness of the safeguarding from the point of view of the Adult At Risk.

17. In Oxfordshire we apply the national key principles to measure our safeguarding arrangements. These principles are:
    (a) Empowerment - Presumption of person-led decisions and informed consent;
    (b) Prevention - It is better to take action before harm occurs;
    (c) Proportionality - Proportionate and least intrusive response appropriate to the risk presented;
    (d) Protection - Support and representation for those in greatest need;
    (e) Partnership - Local solutions through services working with their communities;
    (f) Accountability - Accountability and transparency in delivering safeguarding.

18. We look at these from an individual perspective as follows: Where the principles are applied effectively, an individual would be able to agree with the following statements.
    (a) People worked together to reduce the risk to my safety and wellbeing:
    (b) I had the information I needed, in the way that I needed it;
    (c) Professionals helped me to plan ahead and manage the risks that were important to me;
    (d) People and services understood me - recognised and respected what I could do and what I needed help with;
    (e) The people I wanted were involved;
    (f) I had good quality care - I felt safe and in control;
    (g) When things started to go wrong, people around me noticed and acted early;

(h) People worked together and helped when I was harmed;
(i) People noticed and acted;
(j) People asked what I wanted to happen and worked together with me to get it;
(k) The people I wanted were involved;
(l) I got the help I needed by those in the best placed to give it;
(m) The help I received made my situation better;
(n) People will learn from my experience and use it to help others;
(o) I understood the reasons when decisions were made that I didn't agree with.

19. We have amended our forms within our new IT system to go live in summer of 2015 to be able to report on these key outcomes from service users

RECOMMENDATION

20. **The committee is RECOMMENDED to**
(a) Note the report;
(b) Agree that officers ensure all councillors are aware of their adult safeguarding responsibilities; and
(c) To review the implementation of the action plan following the work with East Sussex.

JOHN JACKSON
Director of Adult Social Services

Background papers: None

Contact Officer: Seona Douglas Deputy Director Adult Social Care

December 2014

Annex 1: Definition of Abuse in the Care Act

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

Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.

Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse – including emotional abuse, threats of harm or abandonment,
deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse – including neglect and poor care practice within an institution
or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.