



Oxfordshire Safeguarding Adults Board - Annual Report 2011-2012

Safeguarding is everybody's business...

Agencies working together to ensure a coherent policy and a consistent and effective response for the protection of vulnerable adults at risk of abuse

Foreword

Everybody's business...

The Oxfordshire Safeguarding Adults Board has maintained the support of all agencies to strengthen work across the County to safeguard adults in their own homes and in care settings. The Board is now well informed of the extent to which agencies identify safeguarding concerns and the response by agencies to the concerns.



Having established a strong structural base for the identification and response to the safeguarding needs of vulnerable adults, the Board is now set to focus on the quality of services and the prevention of abuse to vulnerable adults across the County. Within the last year, the Board has established a Dignity in Care sub-group and this has provided a strong basis for engaging with service providers to focus on how services are provided to the most vulnerable adults.

The Board remains committed to learning from local and national reviews of services to influence both policy and practice in Oxfordshire, and the Board has continued to develop links with other agencies and bodies to inform and be informed of the safeguarding needs of vulnerable adults in the County.

While the Board provides leadership and coordination, the Board is clear that it is the continuing commitment of staff across all agencies that makes a difference for the residents of Oxfordshire.

A handwritten signature in black ink, appearing to read 'D. McPhail', written in a cursive style.

Donald McPhail

Independent Chair of the Oxfordshire Safeguarding Adults Board

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Introduction

Safeguarding adults is about helping people live free from abuse and neglect.

Abuse is a violation of an individual's human and civil rights by any other person or persons (No Secrets, Department of Health, 2000).

Anyone can be vulnerable to harm as a result of abuse or neglect at some time in their lives. Some adults are more at risk than others. They include adults with physical, sensory and mental impairments and learning disabilities. These adults' independence and wellbeing would be at risk if they did not receive appropriate health and social care support.

The report, *A step in the right direction: The policing of anti-social behaviour* (2012), showed that people self-defining as disabled, or who report a long-term health condition, are far more susceptible to being harmed by anti-social behaviour (Her Majesty's Inspectorate of Constabulary, 2012).

People with mental health problems are routinely subjected to physical and sexual abuse or theft by their neighbours (Mind, 2007).

At least half a million older people experiencing some form of abuse at any point in time (House of Commons, Health Committee, 2005).

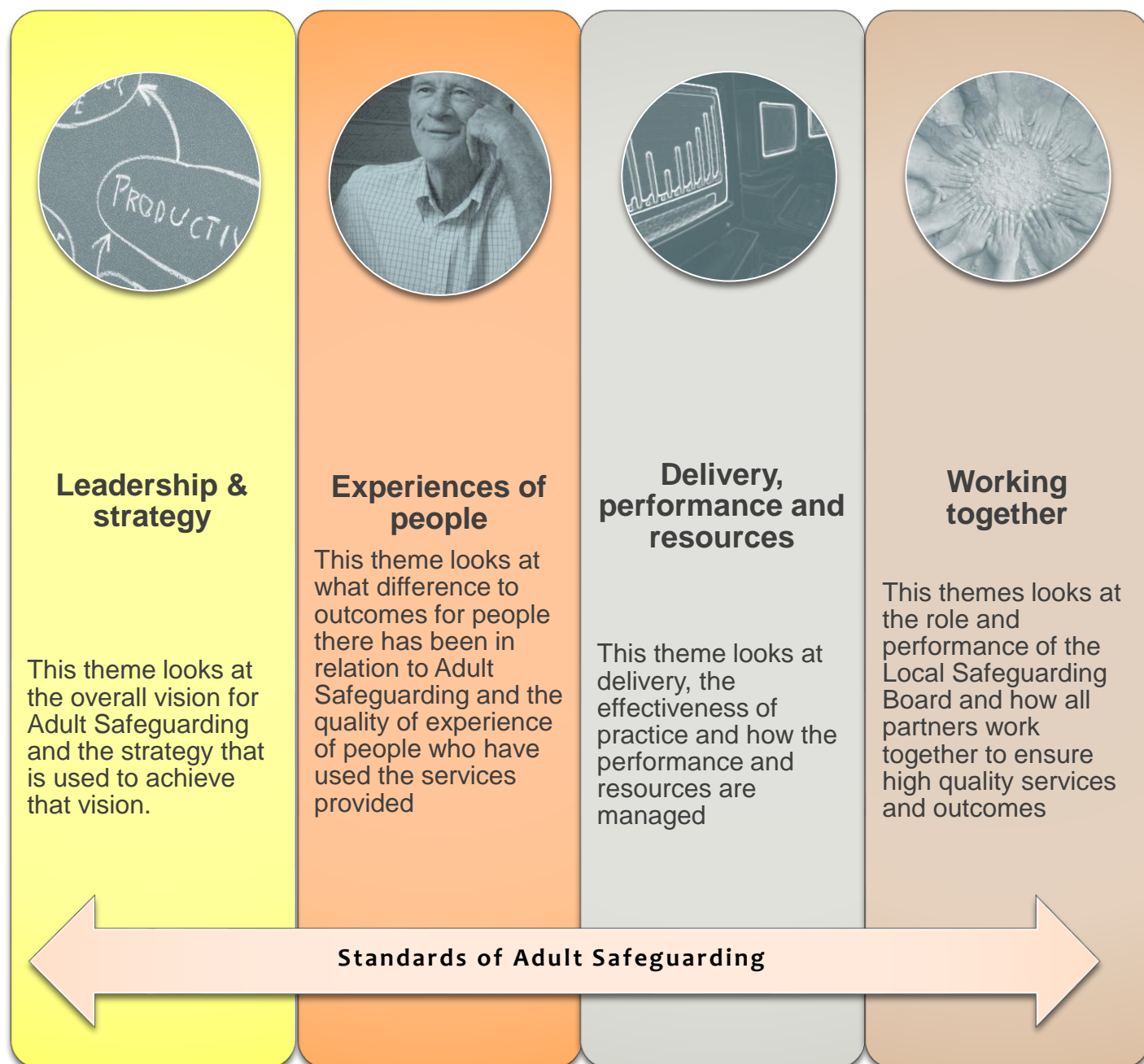
Any person at risk of abuse or neglect should be able to access the support which enables them to live a life free from violence and abuse.

The Oxfordshire Safeguarding Adults Board has a critical role in the leadership and management of safeguarding. Its purpose is to create a framework within which all responsible agencies work together to ensure there is 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.



Summary of Board Activities 2011-2012

The **Standards for Adult Safeguarding** have been developed in partnership by The Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS), the NHS Federation and Social Care Institute for Excellence (SCIE). They are a framework for good practice. The themes identified within these standards have been used to report on the work of the Board for 2011-2012.



Adapted from the Standards of Adult Safeguarding (LGA, ADASS, SCIE, NHS Federation 2012).

1. Leadership & Strategy

This theme looks at the overall vision for Adult Safeguarding in Oxfordshire and the strategy that is used to achieve that vision.

The creation of a local multi-agency management committee as a means of achieving effective inter-agency working was recommended in the Department of Health report, *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* (2000). This Guidance, issued under Section 7 of the



Local Authority Social Services Act 1970, requires local authorities in their social services functions to play a coordinating role in the development of local policies and procedures for the protection of vulnerable adults from abuse. A multi-agency working group was established in Oxfordshire in 2001, which led to the development of the *Oxfordshire Codes of Practice for the Protection of All Vulnerable Adults from Abuse*,

Exploitation and Mistreatment (2002) and the development of the Oxfordshire Adult Protection Committee. The publication of *Safeguarding Adults – A national framework of standards for good practice and outcomes in adult protection work* (ADASS, 2005) led the committee to re-evaluate its existing title and terms of reference and become the OSAB.

Structure and function

The aims of OSAB are to ensure that all incidents of suspected harm, abuse or neglect are reported and responded to proportionately to:

- Enable people to maintain the maximum possible level of independence, choice and control.
- Promote the wellbeing, security and safety of vulnerable people consistent with his or her rights, capacity and personal responsibility and to prevent abuse occurring wherever possible.
- Ensure that people feel able to complain without fear of retribution
- Ensure that all professionals who have responsibilities relating to safeguarding adults have the skills and knowledge to carry out this function.
- Ensure that safeguarding adults is integral to the development and delivery of services in Oxfordshire.

Membership

Our OSAB includes members from all statutory agencies including Oxfordshire County Council, Thames Valley Police, National Health Service (NHS) Oxfordshire, Oxford Health NHS Foundation Trust and the Oxford University Hospitals NHS Trust. The Oxfordshire Drug and Alcohol Action Team (DAAT) is a new member of the Board.

The OSAB has an independent chair to ensure that all agencies involved can be impartially challenged or supported.

The Terms of Reference ([Appendix 3](#)) outline the responsibilities of the member organisations of the OSAB

Structure

Five subgroups support the OSAB



1. Policy and Practice

To oversee the development, implementation and review of local policies and procedures that ensure: the abuse of vulnerable adults is identified where it is occurring; that there is a clear reporting pathway; that there is an effective and coordinated response to abuse where it is occurring; that the needs and wishes of the vulnerable adult are central to the adult protection process.

2. Training

To provide a comprehensive multi-agency training programme to support single agency training in the areas of prevention, recognition and responsiveness to abuse and neglect.

3. Serious Case Review

To provide assurances to the OSAB that the recommendations and learning from all relevant serious case reviews (with multi-agency characteristics) have been considered, and that the relevant learning and recommendations are being implemented.

4. Dignity in Care

To help ensure that everyone in Oxfordshire experiences dignity in the care and support they receive, and to assist OSAB in its work.

5. Deprivation of Liberty Safeguards

To ensure that *Deprivation of Liberty Safeguards* are effectively and lawfully applied across Oxfordshire.

The *Deprivation of Liberty Safeguards* are part of the Mental Capacity Act (2005). They aim to protect people in care homes and hospitals from being inappropriately deprived of their liberty. Some people living in hospitals and care homes can't make their own decisions about their treatment and/or care because they lack the mental capacity to do so. They need more care and protection than others to ensure they don't suffer harm. Treating and caring for people who need extra protection may mean restricting their freedom to the point of depriving them of their liberty. The safeguards provide a legal framework for authorising a deprivation of liberty so that treatment or care can be provided in a care home or hospital (the Managing Authority) for people who lack mental capacity.

Board governance

The OSAB will report annually to the Oxfordshire County Council, Social & Community Services Scrutiny Committee.

In addition each core/statutory member of the Oxfordshire Safeguarding Adults Board is expected to report to its own management committee.

Board Budget

The OSAB is primarily funded by Oxfordshire County Council (Adult Social Care) with contributions from Oxford Health NHS Foundation Trust and Ridgeway Partnership (Oxfordshire Learning Disability) NHS Trust.

The Deprivation of Liberty Safeguards service is funded jointly by NHS Oxfordshire and Oxfordshire County Council.

Other costs and expenses, for example time spent by partner agencies on Board activities, facilitating staff release for training are borne by the individual organisations.

Legislation and the national context

All persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the *Human Rights Act (1998)* to intervene proportionately to protect the rights of citizens. These rights include Article 2: 'the Right to life'; Article 3: 'Freedom from torture' (including humiliating and degrading treatment); and Article 8: 'Right to family life' (one that sustains the individual).

No Secrets (Department of Health, 2000) is the core guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.

Other legislation particularly relevant to safeguarding adults includes:

- Equality Act 2010
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Mental Health Act 1983
- NHS Act 2006

National developments this year

The Law Commission Paper

On 11 May 2011 the Law Commission published *Adult Social Care*, which reviews adult social care law in England and Wales and contains recommendations for reform.

The Dilnot Commission: Social care funding

On 4 July 2011 the Commission reported to Government with its finding and recommendations for a new funding system. The report highlighted that the current funding system is in urgent need of reform.

Health and Wellbeing Board

The Joint Health and Wellbeing Board is an important feature of the NHS reforms and are key to promoting greater integration of health and local government services. Work is currently being completed in Oxfordshire to ensure the local Joint Health and Wellbeing Board priorities are linked with the Safeguarding Adult Board priorities.

Other developments

Over the last year a range of guidance has been issued for partners in safeguarding. This includes guidance:

- By ADASS in the form of an Advice Note for directors
- From Department of Health (DH) in relation to personalisation and safeguarding
- For the NHS in the form of a suite of best practice guides
- From Association of Chief Police Officers (in draft) for the police
- From the Ministry of Justice for the police in working with vulnerable witnesses in the criminal justice system
- From DH on commissioning services for women and children who experience violence or abuse
- From SCIE, a number of guides, including on the Governance of Safeguarding Boards, a Guide to the Law, Involving People and Self-Neglect (funded by the Department of Health)
- Through LGA, on “Making Safeguarding Personal” (part funded by DH)
- From the City of London Police and the National Fraud Intelligence Bureau on Financial Abuse
- From ADASS and the Forced Marriage Unit on forced marriages and people with learning disabilities
- From the NHS Confederation, Local Government Group and Age UK, *Delivering Dignity: Securing dignity in care for older people in hospitals and care homes*.

2. Experiences of people

This theme looks at outcomes for people who have used the services provided and the quality of experience of people in relation to Adult Safeguarding.

The Oxfordshire population

Oxfordshire is a predominantly rural county in which 653,800 people live (2011 census). Indeed, the county is the most rural in the South East region and West Oxfordshire is one of the region's least densely populated districts. 37% of the population live in settlements of less than 10,000 people with 63% living in urban wards (more than 10000 residents).

The following data* gives an indication of the population who fall within safeguarding procedures based on the current definition of a 'vulnerable adult'.

Vulnerable adults

The safeguarding policy and the accompanying procedures cover any person, aged 18 or over, living or receiving care or services in Oxfordshire:

'who is or may be in need of community care services by reason of mental or other disability, age or illness'

And

'who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.'

In 2011/12, a total of 5,355 people aged over 65 received a social care service funded by Oxfordshire County Council. This equates to 5.0% per cent of the population of Oxfordshire being aged 65 plus.

* These figures exclude people who will fund their own care or receive informal support from family members

In 2011/12, a total of 1327 people with a learning disability (aged 18-64) received a social care service funded by Oxfordshire county council. This equates to approximately 0.33 per cent of the population of Oxfordshire aged 18-64.

In 2011/12, a total of 468 mental health service users aged 18-64 years received a social care service funded by Oxfordshire County Council. This equates to approximately 0.21% per cent of the population of Oxfordshire aged 18-64.

In 2011/12 a total of 711 people with a physical disability (aged 18-64) received a social care service funded by Oxfordshire County Council. This equates to approximately 0.18 per cent of the population of Oxfordshire aged 18-64.

Report on last year's objectives and priorities

The 2010-2011 OSAB Annual Report outlined six priority areas for focused work by the OSAB to improve the outcomes of service-users.

1. Developing improved responses for vulnerable victims of domestic abuse
2. Tackling hate crime
3. Promoting better standards of care
4. Making sure that people are able to manage their own care without risk of abuse or neglect
5. Having safe places for people to go if they feel bullied or harassed
6. Working to ensure that people are treated with dignity and respect when they need care.

1. Develop improved responses for vulnerable victims of domestic abuse

Domestic abuse affects 1 in 4 women and 1 in 6 men in their lifetime. Those affected endure risk to their emotional wellbeing, behaviour, attainment and long-term life chances. Invariably, those individuals who experience domestic abuse have myriad needs, with 'adults at risk/vulnerable adults' making up the population of people who suffer domestic abuse.

Domestic abuse is defined by the government as:

'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality' (Home Office)

This includes issues of concern to black and minority ethnic communities such as so called 'honour based violence', female genital mutilation and forced marriage.

In 2007, a prevalence study on elder abuse undertaken by the Department of Health and Comic Relief estimated that 227,000 older people had been neglected or abused in their own homes in the previous year and that domestic violence accounted for a significant proportion of that figure. Women with disabilities are particularly vulnerable to abuse; research has shown that disabled women experience abuse at least twice as often as non-disabled women. Abusers, including personal assistants and carers, may exploit a woman's particular condition or impairment. There are additional barriers that vulnerable adults must overcome, for example, a substantially less provision than that available proportionally to non-disabled women is accompanied by a greater need for such focused and specialist services (James-Hanman, 1994; Magowan 2003, 2004).



Any adult at risk of domestic abuse should be able to access support which enables them to live a life free from violence and abuse.

The Oxfordshire Domestic Abuse Strategy Group (ODASG) and the OSAB are working together to identify and promote best practice in Oxfordshire for the support of adults at risk/vulnerable adults who are suffering domestic and sexual abuse. This work has encompassed research; data analysis; and, a workshop in which delegates from a range of agencies identified gaps and barriers in current provision and highlighted some ways to overcome these gaps and barriers.

Recommendations

- Ensure that clear protocols with the lead authority and partner organisations are in place to include referral pathways, monitoring and review arrangements (Local Government Improvement and Development, 2010).
- Issues in relation to discrimination and lack of understanding of the needs of vulnerable people in accessing and using services for victims of domestic abuse need to be addressed.
- The needs of older or disabled victims should be taken into account when developing/providing information.
- Additional vulnerability and risk as a result of age, illness or disability needs to be taken into account in assessment.
- Access to services for victims of domestic abuse who have mobility or support needs to be taken into account.
- Identification of clear practice links between Multi-Agency Public Protection Arrangements (MAPPA), Multi Agency Risk Assessment Conferences (MARAC), Safeguarding Adults and Domestic Abuse meetings and Boards.

What have we done?

- Shared part-time post between the Safeguarding Adults Team and the Safer Communities Unit working on aligning Adult Social Care services with the domestic abuse agenda (secondment completed). Additional secondment opportunity with the Independent Domestic Violence Advisor service is being considered by Adult Social Care.
- Improved partnerships links with the ODASG.
- The Domestic Abuse Champion Network has been further developed to include people who work with vulnerable adults. This network of trained, supported and resourced

practitioners across a range of agencies is committed to supporting victims of domestic abuse across Oxfordshire. At present there are approximately 600 Champions in around 60 organisations, delivering a wide range of services. Bringing safeguarding adults issues to this network has improved the understanding of the needs of vulnerable people and provided a platform to discuss complex cases. This improved information sharing and increased understanding helps to reduce discrimination where it may exist.

- Resources developed by ODASG and OSAB have been improved to increase the awareness of the needs of vulnerable adults who experience domestic abuse.
- Three Designated MARAC Officers (DMOs) trained in the Council's Adult Social Care directorate.
- The use of the Domestic Abuse, Stalking, Harassment (DASH) and Honour Based Violence risk assessment being extended throughout the County Council's Adult Social Care directorate
- Domestic Homicide Review process closely aligned with the OSAB Serious Case Review protocol.
- Domestic Abuse and Safeguarding Adults training is more closely aligned.
- An action plan is in place and will be monitored by the ODASG and the OSAB.

2. Tackling hate crime

A web-based reporting and recording system in key agencies was introduced in four pilot areas across Oxfordshire as the first part of the *Hate Crime Strategy* for the county. This work has been led by the Oxfordshire County Council Community Safety Service.

It will contribute to fulfilling legislative requirements, under the 2010 Equality Act, for public bodies to provide services for reporting and recording hate crime incidents and crimes, other than to the police. However, the police are key and supportive partners. The work is coordinated by the Multi Agency Network for Tackling Aggravated Harassment.

The reporting, recording and supporting system will help to inform us about the prevalence, nature and impact of hate crime in Oxfordshire. In particular, hate crime motivated by race, religion and/or belief, disability, sexual orientation and trans-gender will be addressed.

The impact of hate crime can be severe, including fear, isolation and physical and mental harm and it can seriously affect children. Under-reporting is a universal issue.

3. Promote better standards of care

• Abuse in Domiciliary Care

Domiciliary care is provided to people who still live in their own homes but need additional support with household tasks, personal care or any other activity that allows them to maintain their independence and quality of life. There are approximately 1800 domiciliary care packages set up and funded by Oxfordshire County Council and Oxford Health NHS Foundation Trust.

A year-long inquiry into the home care system in England, conducted by the Equality and Human Rights Commission uncovered evidence of poor treatment of many older people. The final report, *Close to Home (2011)*, revealed '*serious, systemic threats to the basic human rights of older people who are getting home care services*'. In Oxfordshire, just over 30% of concerns relating to the abuse, mistreatment or neglect of a vulnerable adult by a paid worker relate to domiciliary care workers (excluding people with a learning disability). The County Council has worked to mitigate against such concerns.

What have we done?

- Three full-time adult protection leads focusing on abuse in care have been recruited.
- Bi-monthly risk assessment reports based on analysis of adult protection alerts and complaints provided by safeguarding adults' team manager to OCC contracting team.
- Intelligence lead focused investigations and actions to support the development of less well performing provider services.
- Established good joint working between adult protection and specialist safeguarding services e.g. medicines management.

Next Steps & Recommendations

- A further three full-time locality adult protection leads to be recruited in spring/summer 2012
- The County Council will continue to maintain and improve the quality of externally purchased services

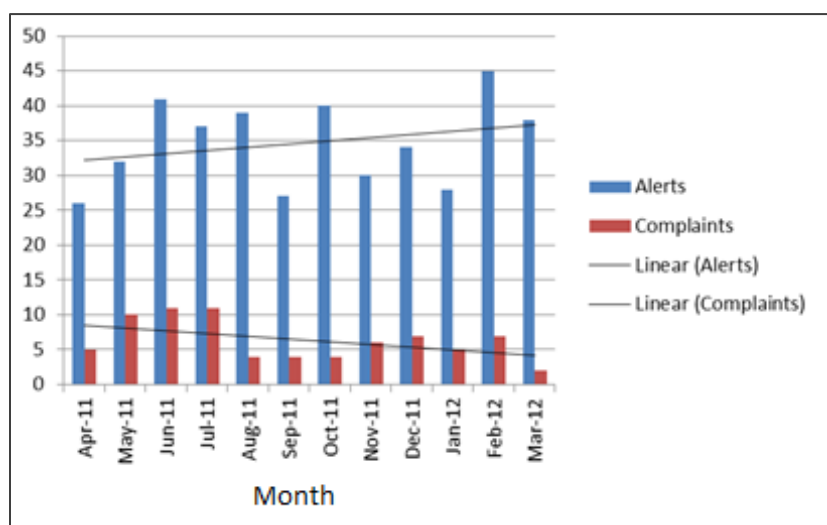
• Abuse in residential care and residential nursing homes

The neglect of vulnerable adults in residential care and nursing homes has emerged as an important issue nationally. '*Those at greatest risk of abuse appear to be older women, those living in a care home and those who have a long term illness (particularly dementia)*.' (Beadle-Brown et al, 2006).

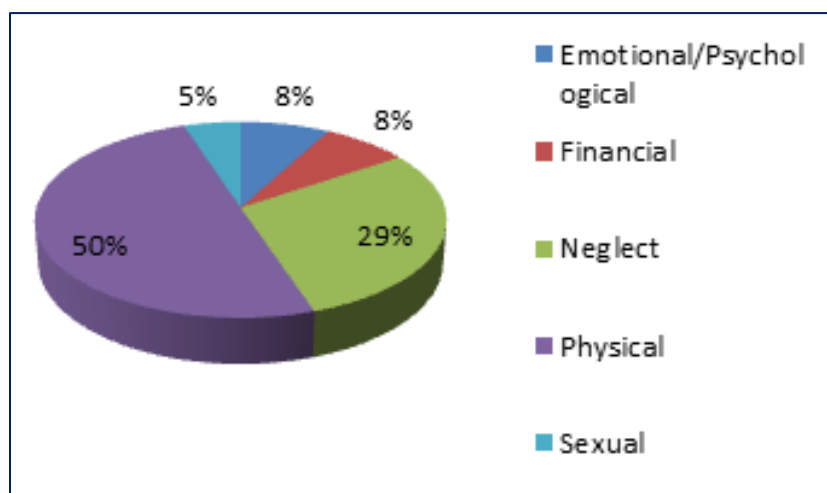
Oxfordshire experience

Safeguarding adult referrals received by Oxfordshire County Council about incidents of abuse occurring in care and nursing homes (excluding people with a learning disability).

Frequency of abuse



Type of abuse experienced



It is important that the care needs of the population of Oxfordshire are protected.

What have we done?

- Appointed three full-time adult protection leads focusing on abuse in care.
- Undertaken bi-monthly risk assessment reports, based on analysis of adult protection alerts and complaints provided by the safeguarding adults' team manager to Oxfordshire County Council contracting team.
- Intelligence lead focused investigations and actions to support the development of less well performing provider services.

- Established good joint working between adult protection and specialist safeguarding services, for example medicines management and tissue viability.
- The Oxfordshire Care Homes Support Service is to support the development of nursing and care standards in Oxfordshire.
- Liaised closely and communicated with the Care Quality Commission.
- Focused work in relation to meeting the needs of repeat perpetrators who are also vulnerable adults.

Next Steps & Recommendations

- Extend focus of preventing repeat abuse by other vulnerable adults.
- Increase joint working and information sharing between the Safeguarding Adults Team and the Care Home Support Service.

• Safeguarding people with limited or no capacity

In Oxfordshire, the County Council operates a joint supervisory body office for Deprivation of Liberty Safeguards (DOLS). A supervisory body is responsible for considering a deprivation of liberty request. All requests for DOLS authorisations are received by the DOLS team in Oxfordshire County Council. A team of 40 Best Interests Assessors (BIA) complete assessments on a rota system in both care homes and hospital settings. They are employed by the County Council, Oxford Health NHS Foundation Trust and Ridgeway Partnership and we have representatives from all 4 professional areas set out in the Regulations - social work, occupational therapy, nursing and psychology.

DOLS medical assessors are employed by Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Trust and Ridgeway Partnership.

The DOLS manager scrutinises all assessments completed by the assessors to ensure compliance with legislation, statutory guidance and case law, and authorisations are granted by senior officers of the County Council with responsibility for Adult Social Care - operations, or senior officers of the Primary Care Trust.

The DOLS manager is also available to advise health and social care professionals on issues of capacity and best interest decision making. Guidance is available on the [Oxfordshire County Council](#) public website and the [Safe from Harm](#) website.

The OSAB has recently formed a DOLS subgroup. The members represent partner agencies with responsibility for DOLS including managing authorities (hospital trusts and care homes), the supervisory bodies, a BIA, a medical assessor, the Independent Mental Capacity Advocate (IMCA) service and the Mental Health trust. Agencies are signatories to a *Joint Oxfordshire Policy on the Mental Capacity Act 2005* and have agreed to standardise the format of mental capacity assessments to assist consistency.

4. Making sure that people are able to manage their own care without risk of abuse or neglect

Increasing people's choice and control and ensuring services are safe

Self-Directed Support puts what is important to the person at the centre of all decision making. Based on the individual's needs which have been identified in their assessment, each person is allocated a personal budget to arrange their support with. The person will then have the option of receiving a “direct payment” to purchase the support they need or having someone to manage this on their behalf a ‘managed account’.

In its restructure Oxfordshire County Council has retained a higher percentage of social workers than many local authorities. Social Workers remain at the heart of complex social care assessments. All safeguarding work is completed by a social worker.

5. Having safe places for people to go if they feel bullied or harassed

The first *Safer Places* scheme was piloted in Devon and Cornwall by the South Devon and Dartmoor Community Safety Partnership. It aimed to stop the bullying and abuse of individuals with learning disabilities and other vulnerable people. Several other Local Authorities are now operating *Safer Places* schemes.

Drivers for Safer Places

- Increase in vulnerable people living in the community
- Encouragement from the government for communities and public sector to work together - the 'Big Society'.
- Need to find generic, low-cost prevention services for vulnerable people
- Need to reduce the perception of crime and make people feel safer in their community

How a Safer Places scheme works

Local shops, businesses and agencies display a brightly coloured sticker to identify that they are part of the scheme and can offer help to someone who may be in distress.

The vulnerable person signed up to the scheme carries a card displaying the same logo as the sticker, their name and phone numbers of someone that they trust; for example a family member or a support worker.

Members of staff in the *Safer Place* receive training (in-depth scheme), or they have a resource pack (light-touch scheme) and will enable the vulnerable person to contact someone, or call authorities as appropriate.

The responsibility to report incidents remains with the vulnerable individual and not with the *Safer Places* location.

Safer Places are a place of temporary refuge from harassment, bullying or worse; a *Safer Places* should only be used if a vulnerable person requires help in contacting a carer/ support worker or support agency, if they are lost, feel distressed or have been a victim of some sort of harassment or criminal offence.

Oxfordshire Safer Places scheme proposal

- Develop a safer places steering group to develop local relationships
- Build understanding in the locality and identify and engage with local businesses
- Work with OSAB to ensure work is connected
- Connect with local businesses
- Involve service users, families and communities
- Pilot two schemes in Banbury and Oxford
- Include development of Safer Places in OSAB strategy

6. Work to ensure that people are treated with dignity and respect when they need care.

“Dignity is seeing me, the person. Respecting and valuing me as an equal. Meeting my needs and listening to me. Helping me to have the life I want, whatever my challenges”

Dignity in Care became a subgroup of the Safeguarding Adults Board in March 2011. In this short time the group have made great strides to meet the following priorities:

- Food, nutrition and hydration appropriate for individuals
- Improve the way people are received into hospital
- Communications e.g. dignity champions newsletter, dignity in care awards judged by service users and carers
- Performance framework, benchmarking and key performance indicators

Achievements

- Dignified gowns in hospital
- Information on specific needs of individuals
- Service users, carers and the Oxfordshire Local Involvement Network trained to support quality monitoring of services
- Dignity workshops for service providers
- First ‘dignity in care’ awards ceremony
- Support to the Dignity Champions Network
- Performance framework for measuring dignity

- Secured senior management buy-in to programmes of change across the leading statutory sector care bodies
- Delivery of training for service providers, care managers and staff.

Training, development and awareness raising

The OSCB has conducted a range of activities to:

1. Ensure that all staff working with adults are well trained and work together to protect people from harm.
2. Ensure that all people know how to raise concerns if they are at risk of or are being harmed in some way.

The OSCB training subgroup meets quarterly to review the training being delivered by agencies and to ensure it meets the OSAB competency framework. Data is collected from all agencies to measure the percentage of staff trained (2011-2012 are figures not yet available). Significant developments are:

- Fire and Rescue Service have trained 91% of front line officers in Adult Safeguarding.
- Oxford Health NHS Foundation Trust has commenced a programme of joint child protection and adult safeguarding training, resulting in a more cost effective use of staff time.
- Initial discussions have begun to look at a joint child protection and adult safeguarding e-learning package for use by The Oxfordshire Safeguarding Childrens Board.
- A quarterly standardisation meeting provided by OSAB supports safeguarding trainers across Oxfordshire to keep information and skills up to date. All training packages are measured against the competency framework. The Development and Information Officer has carried out quality assurance observations of training, where agencies have required this.
- Fourteen multi-agency training sessions were delivered across the county with one hundred and seventy five attendees. Due to the number of attendees at each session the programme will be reduced for 2012-2013 to ten sessions. The current climate of change in organisations may have impacted on engagement with the multi-agency session.
- Continual Professional Development workshops were run for safeguarding managers: topics were Domestic Abuse, Financial Abuse, Safeguarding and the Law, Mental Capacity and Safeguarding.

- Safeguarding information sessions were delivered to staff in: Oxfordshire District Council Housing Services, Oxfordshire Advocacy Services and Oxfordshire Rural Communities Council.
- A Dignity in Care workshop has been held with managers of organisations who provide contracted service to Oxfordshire County Council.
- A dedicated safeguarding training resource for professionals is available on the [Safe from Harm](#) website.
- A range of resources for the public and professionals are available to download on the [Safe from Harm](#) website.
- The Challenge of Empowering Adults at Risk was a multi-agency event to provide a forum for multi-agency networking and look at the challenges for professionals involved in safeguarding.

Good Practice: Oxfordshire Fire and Rescue Service

As part of their commitment to membership of the OSAB and Oxfordshire Children's Safeguarding Board (OCSB), Oxfordshire Fire and Rescue Service included, in their Integrated Risk Management Planning 2011/12 Action Plan, the requirement for all front line officers to attend safeguarding adults and child protection training. Working alongside the training leads for both OSAB and OCSB a training package was developed to be delivered by the Fire and Rescue Services Risk Reduction Team coordinator and Assistant Administrative Services Manager. The training was delivered to each Fire Watch in Oxfordshire, a total of 620 staff have been trained to date which is 91% of the total number originally identified. A plan is in place to deliver training to the remaining sixty staff.



The training session was not officially evaluated but the trainers believe that in most cases it was viewed positively by delegates. Concerns were raised by some officers in relation to their standing in the communities, as they both work and live in an area. They felt raising a concern following attendance at an incident may have a detrimental effect on their relationships with members of the community, as individuals would easily identify who had raised the concern. However there is no evidence to show that this has affected alerts being raised.

The training programme commenced in August 2011 and, as identified above, the final sessions are now planned to ensure 100% compliance. The figures provided by Fire and Rescue Service identify that in 2011, eight safeguarding concerns were raised by Fire and Rescue in relation to vulnerable adults. From 1st January 2012 to 13th May 2012 a total of twenty alerts have been raised. Whilst not all twenty have resulted in a safeguarding alert, all concerns were appropriately raised and referred to applicable services where necessary.

Initially the service had little feedback following the referrals, but this appears to have improved. It was emphasised that receiving feedback, whilst recognising the need for data protection, is a key factor in confidence to raise concerns in the future.

This project evidences the positive affect of safeguarding awareness training in teams, outside of the social and health care context, who have contact with vulnerable people and is a model that can be used to inform future development of training strategies.

Future developments:

- Consideration needs to be given to how agencies are measuring the effectiveness of training.
- Increase the availability of a generic e-learning package for the increasing number of community/voluntary agencies requiring safeguarding adults training.
- Continuing Professional Development (CPD) workshops planned for 2012-2013 are: Self- Neglect (this is a cross county event with Buckinghamshire and Milton Keynes), Pressure Care, Role of the Court of Protection, Personalisation and Safeguarding.
- In line with personalisation, the Board needs to ensure that service users know how to raise concerns. Work with agencies to develop resources or adapt existing resources.
- There is a Dignity project proposal to measure effectiveness of Dignity workshops on the quality of care.

3. Delivery, performance and resources

This theme looks at service delivery, the effectiveness of practice and how the performance and resources of the service, including its people are managed.

Delivery

Adult protection refers to investigation and intervention, where it is suspected that harm may have occurred as a result of abuse or neglect of a vulnerable person or adult at risk.

Adult Social Care, Oxfordshire County Council, have an enhanced duty to investigate adult protection cases or to cause an investigation to be made by other agencies.

The Oxfordshire County Council Social and Health Care Team is the contact point for all adult safeguarding alerts and enquiries. Its aim is to respond to customer needs quickly and ensures that they are directed to the place most appropriate to their needs.

All OSAB member organisations have specialist safeguarding leads within their organisation whose role is to develop adult safeguarding within their organisations.

The Safeguarding Adults Team provides a dedicated safeguarding function operating independently of practitioners but continuing to provide support and challenge to adult social care. This provides senior professional leadership with a continuing support and development function in relation to both adult protection leads within localities and the broader safeguarding information and development needs of adult social care teams.

Cases are managed by all locality teams with the safeguarding adults/vulnerable adult protection team taking specific responsibility for abuse in care cases.

The current Safeguarding Adults Team consists of:

- 1 full-time Unit Manager
- 1 part-time OSAB Administrator
- 2 full time Senior Practitioners
- 1 full-time Safeguarding Adults Board Development and Information Officer
- 1 full-time Adult Protection Administrator

To increase the team's capacity, 3 additional full-time Locality Adult Protection posts are to be established in 2012.

Systems and referral routes

While information sharing between teams and agencies in Oxfordshire has demonstrated significant improvement in relation to identifying risks to 'adults at risk' some challenges remain:

Information regarding risk in relation to potential perpetrators and 'adults at risk' is held on multiple systems, e.g. adult social care, mental health, learning disability, children etc. The work of the Board therefore has been to ensure that despite different systems, information is still shared so that people are safeguarded effectively.

To mitigate against the risks of having multiple systems, work has been completed to improve information sharing and access to systems:

- A recent development allows County Council staff using the children's system to look up information held in the adults system (without having to access the adults system)
- There is ongoing work to improve access to the electronic patient record system RiO
- Oxford Health NHS Foundation Trust has launched a new service, the Single Point of Access (SPA), which provides General Practitioners and other healthcare professionals with a quick and easy way of referring patients to the Trust's community health services e.g. community therapy and community nursing. This new service can be used for any referral to community health services.
- Data recording has been improved through the provision of training in the use of Adult Social Care systems, which has been given or is in the process of being given to all working age and older adult Mental Health Teams - including safeguarding recording training.
- Finally, Oxfordshire County Council has just procured a 'Secure File Sharing' solution that will make sharing sensitive and restricted information outside the organisation much easier and therefore will improve information sharing between the County Council and partner organisations.

Serious Case Review

There have been no Serious Case Reviews conducted in Oxfordshire. However, the subgroup has conducted Partnership Reviews to learn from Serious Incidents, significant safeguarding events and Serious Case Reviews in other regions.

Winterbourne View Hospital

On 31 May 2011, the BBC aired a Panorama programme where patients were subjected to horrific treatment and abuse at Winterbourne View Hospital, Bristol, owned and run by Castlebeck. As a result of this several members of staff were arrested and the hospital has been closed down. Following the broadcast several strands of review have been carried out. Locally, a serious incident review and a review of commissioning have been undertaken. These will be considered as a part of the national Serious Incident review and review of commissioning. Also being undertaken is: a criminal investigation, a Castlebeck internal review, a Gloucestershire safeguarding review and a programme of CQC investigations and inspections.

Oxfordshire had three patients at Winterbourne View and, as a result, was required to conduct an investigation in line with the Serious Incidents Requiring Investigation (SIRI) process into the commissioning arrangements at the time of placing these patients at Winterbourne View.

The purpose and remit of the local investigation was:

- To establish the facts and whether there were any failings in the commissioning process around the placements of the Oxfordshire patients;
- To identify any lessons to be learned and create an action plan to be implemented to prevent recurrence;
- The investigation did not identify any serious practice failings. It did identify some important learning points. These were: the need for clarification of the process for out of county placements, and the need for improvements in the quality assurance and monitoring process for placements. An action plan has been agreed between the County Council and Oxfordshire Primary Care Trust with the aim of improving commissioning processes.

It is likely that events at Winterbourne View will lead to an increased awareness and reporting of issues relating to safeguarding and learning disabilities.

An action plan has been put in place by the County Council in response to investigation into placements at Winterbourne View. A steering group involving key managers, service users and carers has been established to oversee delivery of action plan. The Serious Case Review subgroup (SCR) is maintaining an overview of this work to help ensure that learning is disseminated.

Buckinghamshire Serious Case Review

The OSAB maintained an overview of a Buckinghamshire Serious Case Review so that learning could be disseminated.

During February 2010, the dismembered body of 70 year old Mr C was found under concrete in the back garden of his home. In September 2010, Mr C's son, who was a 22 year old undergraduate, was found guilty of his father's murder.

The Thames Valley Police had become concerned that between August 2008 and February 2009, when all contact with this older man had ceased, neither the NHS nor Adult Social Care raised concerns about Mr C who was a Direct Payments Recipient. In the absence of information to the contrary, both Adult Social Care and the support agency commissioned to support all Direct Payments Recipients believed that Mr C employed Personal Assistants. However, the police were unable to trace them. Also, it has become subsequently apparent that Mr C's son might have fallen within the statutory definition of a carer but there is no evidence that he had been recognised as such by either the NHS or Adult Social Care.

About this Serious Case Review (SCR)

The review was commissioned by Buckinghamshire's Adult Safeguarding Board and is based on information from:

- Buckinghamshire County Council, Adult Social Care
- Milton Keynes Hospital NHS Foundation Trust
- National Health Service Bedfordshire and
- Oxford Radcliffe Hospitals NHS Trust.

Also, a Detective who contributed to the police investigation and murder trial shared insights from both procedures.

Issues identified

- Monitoring of Direct Payments
- Assessment & review process
- Importance of history
- Hospital discharge arrangements
- Carers Assessments
- Lack of multi-agency discussion
- Decision-making not risk assessed
- How is DNA data used in respect of vulnerable adults?

Monitoring and Quality Assurance

How the OSCB has monitored and evaluated local adult safeguarding arrangements

The Care Quality Commission, *Essential Standards for Quality and Safety* set specific outcomes for safeguarding and safety as a requirement for registration. The Care Quality Commission will take enforcement action where services fail to comply with standards and patients are put at risk.

In Oxfordshire the central Safeguarding Adults team provides a dedicated safeguarding function operating independently of practitioners providing support and challenge to adult social care.

The continued priority of Adult Safeguarding within Adult Social Care, Oxfordshire County Council is reflected in the 2012-2013 key quality measures.

- **Protection:** To ensure that services that are safe and vulnerable people are safeguarded
- **Prevention:** To keep people as independent as possible and living an ordinary life
- **Personalisation:** To provide services which meet the personal needs of clients and maximise the control they can exercise over their live

The OSAB provides challenge and support through scrutiny of performance reports, inspection and audits. The Board requests assurances that recommendations have been acted upon.

Information obtained from the *NHS Self-Assessment Quality & Performance Framework* has informed the Board. It has been identified that a standardized approach to quality assurance will be beneficial to the Board. This is an area of development to be taken forward in next year's Business Plan.

4. Working together

This theme looks at the role and performance of OSAB and how all partners work together to ensure high quality services and outcomes

Governance of Adult Safeguarding (Braye et al, 2011)

The research for the report ‘Governance of Adult Safeguarding’ (Braye et al -2011), commissioned by the Department of Health, explored the governance arrangements for local safeguarding adults. The findings focus on five key features of Safeguarding Adults Boards:

1. Strategic goals and purpose
2. Structures
3. Membership
4. Board Functions
5. Accountabilities

The OSAB completed a self-assessment exercise to evaluate its performance against the five key features.

The positive features of the OSAB include its established and committed membership; the increased prominence of the Board within partner agencies; the developed scrutiny function and reporting mechanisms; and, the expanded remit through the establishment of the Deprivation of Liberty Safeguards (DoLS) and the Dignity in Care subgroups.

The OSAB has members across a range of agencies involved in both prevention and intervention. The Board provides a challenge and scrutiny function through the routine items: performance reporting; feedback from inspections and audits, during which assurance that inspection recommendations have been acted upon is requested; capacity and organisational change; and subgroup reports.

Each core/statutory board member organisation must have a designated director for the implementation of safeguarding adults’ work and a nominated senior lead representative on the Safeguarding Adults Board. Core/statutory board members must be sufficiently senior in their organizations to represent that organisation and make multi-agency agreements. See paragraph 6 and 7 of OSAB Terms of Reference (appendix 3) and [OSAB role description](#) (appendix 1)

The County Councillor, elected as Cabinet Member for adult services is a member of the OSAB. The OSAB Chair and Cabinet Member provide links to the Joint Oxfordshire Health and Wellbeing Board and Oxfordshire County Council's scrutiny function. Strategic links with Oxfordshire County Council Community Safety through joint membership and as outlined in the Oxfordshire County Council [Community Safety Business plan](#).

Each subgroup is chaired by a board member. Reporting to the OSAB is via routine [highlight reports](#). The cooperation of partners is evidenced by progress on actions. Other forums e.g. the Safeguarding Leads meeting provide a forum for multi-agency partners to discuss and scope situations in detail.

Multi-agency OSAB policies and procedures are in place and are available on the OSAB [Safe from Harm](#) website. The Board has also worked to ensure that Safeguarding Adults is appropriately referred to in other relevant policy, procedure and guidance e.g. the local Domestic Homicide Protocol.

Areas of development have been highlighted during this exercise.

The development of an OSAB strategy was identified as a key area of development.

Reporting mechanisms to other Boards are in place but there could be further work to develop their efficiency. Plans are in place to establish formal links with the newly established Oxfordshire Joint Health and Wellbeing Partnership Board and a protocol is being drafted between the OSAB and the Oxfordshire Safeguarding Childrens Board.

Currently, engagement with service users and carers is through the links and work of individual members of OSAB. The need to improve engagement with people who use services has been highlighted as an area of development.

These areas of development will be discussed in detail at the Board Business Planning day, planned in June 2012. Following this, a Board Business Plan will be written to outline the proposals for addressing the areas of development and priorities for 2012-2013.

Priorities for 2012

Through a combination of presentations, discussion and group work the attendees of the business planning meeting assessed the progress of the work of the Board over the last year, explored options to develop the Board and outlined priorities for the year ahead.

The Board priorities will be outlined in the Board Business Plan 2012-13.

The Annual Report will be taken to the Oxfordshire Joint Health and Wellbeing Board annually

Appendix 1

Role Description for Safeguarding Adults Board Members

1. The Board member must have (or be given) sufficient authority within their own agency to be able to represent their agency's view to the Board.
2. The Board member must be able to (or be given the authority to) commit the resources of their agency to support the work of the Safeguarding Board.
3. The Board member must ensure that the Board is informed of all relevant professional and practice issues that will impact on the ability of the agencies represented on the Board to work together to safeguard vulnerable adults in the County.
4. The Board member must be able to influence the strategic planning for safeguarding vulnerable adults within their agency.
5. The Board member must be able to secure appropriate information from their agency to support the work of the Board.
6. The Board member must represent the position of the Board within their own agency, whether this is in conflict with their agency or not.
7. The Board member must ensure that decisions of the Board are promoted within their own organisation and any impediments or delays to their implementation are reported to the Board.
8. The Board member must ensure that the work of the Board, its policies and decisions, is communicated effectively within their own agency.

Appendix 2

Role Description for the Independent Chair

1. To ensure that the Oxfordshire Safeguarding Adults Board (OSAB) operates effectively and exercises its functions and responsibilities as set out in No Secrets and Oxfordshire Safeguarding Adults Board's policies and procedures, and all new legislation, regulations and guidance regarding safeguarding adults.
2. Lead the Safeguarding Adults Board in the implementation of the Safeguarding Adults agenda and together with the executive group determine priorities in service development.
3. Providing independence and quality assurance in the conduct of the Oxfordshire Safeguarding Adults Board and its subgroups.
4. Ensure that performance management is integrated into the role and function of the Safeguarding Adults Board and its subgroups to deliver improved outcomes for vulnerable adults and their carers.
5. Encourage and support the development of partnership working between the partner members of the Safeguarding Adults Board and its subgroups.
6. To promote the Oxfordshire Safeguarding Adults Board's ability to independently fulfil statutory objectives of monitoring, challenge and scrutinise the effectiveness of inter-agency working to safeguard vulnerable adults/adults at risk.

Appendix 3

Oxfordshire Safeguarding Adults Board Terms of Reference

1. Background information about the Board

- 1.1. The creation of a local multi-agency management committee (safeguarding adults) as a means of achieving effective inter-agency working was recommended in the Department of Health report *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (2000)*. This guidance, issued under Section 7 of the *Local Authority Social Services Act 1970*, requires local authorities in their social services functions to play a coordinating role in the development of local policies and procedures for the protection of vulnerable adults from abuse.
- 1.2. A multi-agency working group was established in Oxfordshire in 2001, which led to the development of the *Oxfordshire Codes of Practice for the Protection of All Vulnerable Adults from Abuse, Exploitation and Mistreatment* in May 2002 and the development of the Oxfordshire Adult Protection Committee.
- 1.3. The publication of *Safeguarding Adults – A national framework of standards for good practice and outcomes in adult protection work* (ADSS, 2005) led the committee to re-evaluate its existing title and terms of reference and become the Oxfordshire Safeguarding Adults Board.
- 1.4. The Oxfordshire's Safeguarding Adults Procedures (2009) superseded Oxfordshire Codes of Practice for the Protection of All Vulnerable Adults from Abuse, Exploitation and Mistreatment (2002).

2. Purpose

- 2.1. The purpose of the Oxfordshire Safeguarding Adults Board is to create 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.

3 Structure

- 3.1 The main board will be supported by five sub-groups: Policy and Practice; Training; Dignity in Care; Deprivation of Liberty Safeguards and Serious Case Review. The Chairs of these sub-groups will be members of the Oxfordshire Safeguarding Adults Board.

3.2 The structure chart below shows the roles and responsibilities of the committees responsible for implementing the safeguarding requirements.

4. Main Features & Responsibilities

The Oxfordshire Safeguarding Adults Board's responsibilities are:

- 4.1. To encourage and promote the development of services that: recognise the rights of vulnerable people; enable vulnerable people to live safely and free from abuse, and; actively promote individual's access to mainstream criminal justice and victim support services
- 4.2. To oversee the development and implementation and review of local policies and procedures for the protection of vulnerable adults from abuse in Oxfordshire that ensure:
 - The abuse of vulnerable adults is identified where it is occurring
 - That there is a clear reporting pathway
 - That there is an effective and coordinated response to abuse where it is occurring
 - That the needs and wishes of the vulnerable adult are central to the adult protection process
- 4.3. To encourage and promote a framework which ensures that all individuals and agencies working with vulnerable people understand what is meant by abuse and their role and responsibilities in reporting and responding to concerns of abuse, and actively work together to:
 - Respond effectively to abuse where it is identified
 - Act to reduce the risk of harm to vulnerable people as a result of abuse
 - Develop & implement strategies designed to safeguard vulnerable adults from abuse

This includes:

- i developing and agreeing local policies and procedures for inter-agency work to protect vulnerable adults, within the national framework provided by "No Secrets"
- ii auditing and evaluating how well local services work together to protect vulnerable adults, for example through wider case audits
- iii encouraging and helping develop effective working relationships between different services and professional groups, based on trust and mutual understanding
- iv ensuring that there is a level of agreement and understanding across agencies about operational definitions and thresholds for intervention
- v improving local ways of working in the light of knowledge gained through national and local experience and research, and to make sure that any lessons learned are shared, understood, and acted upon
- vi undertaking case reviews where an adult has died or – in certain circumstances – been seriously harmed, and abuse or neglect are confirmed or suspected
- vii making sure that any lessons are understood and acted upon

- viii communicating clearly to individual services and professional groups their shared responsibility for protecting vulnerable adults, and to explain how each can contribute
- ix helping improve the quality of adult protection work and of inter-agency working through specifying needs for inter-agency training and development, and ensuring that training is delivered
- x raising awareness within the wider community of the need to safeguard vulnerable adults and promote their welfare and to explain how the wider community can contribute to these objectives
- xi actively seeking to identify where there is a risk of institutional abuse to vulnerable adults, and
- xii developing strategies to prevent the abuse of vulnerable adults whenever possible
- xiii monitoring, collecting and analysing information in accordance with local and government requirements
- xiv working with local and adjacent area child and adult safeguarding boards
- xv ensuring compliance with formal government requirements.

5. Reporting

- 5.1. The Board will report annually to the Oxfordshire County Council, Social & Community Services Scrutiny Committee.
- 5.2. In addition each core/statutory member of the Oxfordshire Safeguarding Adults Board will be expected to report to its own management committee.
- 5.3. The Board will produce an annual report that will include a review of the previous years' work. This report will be subject to scrutiny by the Oxfordshire Social Services, Social and Community Services Scrutiny Committee
- 5.4. The five board subgroups will contribute to the Board's annual report
- 5.5. Individual member reports will be included as annexes to the annual Board report.

6. Membership

- 6.1. Each core/statutory board member organisation must have a designated director for the implementation of safeguarding adults' work and a nominated senior lead representative on the Safeguarding Adults Board. Core/statutory board members must be sufficiently senior in their organizations to represent that organisation and make multi-agency agreements.

7. Member responsibilities

- 7.1. Each core/statutory member of The Board is committed to the aims, objectives and principles outlined in the Oxfordshire's Safeguarding Adults Procedures (2009). To this end each partner agency will:
 - a. Have a set of internal guidelines and reporting structure, which are consistent with the Oxfordshire's Safeguarding Adults Procedures, and which set out the responsibilities of all workers to work within the Oxfordshire Codes of Practice

- b. Ensure that all staff members and volunteers at all levels have training and information commensurate with their role in relation to the Oxfordshire Codes of Practice
 - c. Ensure that all adult safeguarding concerns are systematically logged along with the actions taken and outcomes arising
- 7.2. In addition each agency will undertake an annual risk assessment/review of services provided by the organisation and establish an agreed action plan for promoting the protection of vulnerable people served by the organisation.
- 7.3. Each core/statutory member of the Oxfordshire Safeguarding Adults Board will provide an annual report to the board detailing progress and developments in relation to 5.1 and 5.2 above.

8. Frequency of Meetings

- 8.1. Quarterly

Reporting your concerns

Everybody working with vulnerable people is responsible for making sure, within their Codes of Practice, that no action or omission on their part harms the wellbeing of service users.

If you are aware of any vulnerable person who has been harmed or abused or is at risk of harm you must **report it**.

Oxfordshire Social & Community Services

Oxfordshire Social & Community Services have procedures for dealing with cases of vulnerable adult abuse. They can offer information and advice to help you in deciding what you want to do and in some cases may be able to provide you with practical help and support. The first priority will be to try and ensure that you are safe.

Telephone: **0845 0507 666**

SMS: **07788 571577**

Fax: **01865 783111**

Address: **Social and Health Care team, PO Box 780, Oxford, OX1 9GX**

socialandhealthcare@oxfordshire.gov.uk

Out of hours emergency: **0800 833408**

www.oxfordshire.gov.uk

Thames Valley Police

Abuse is often a crime. If you think a crime has been committed contact the police.

Non-emergency number: **101**

In an emergency dial: **999**

www.thamesvalley.police.uk

Care Quality Commission (CQC)

If you, a friend or relative, live in a care home or have care at home and are not happy with the care that you are getting you can contact CQC who can give you advice on what your rights are and how to complain.

Call them on: **03000 616161**

Email them on: enquiries@cqc.org.uk

Find out more at: www.cqc.org.uk

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Arabic

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Bengali

“本刊物備有其他的格式可供索取。這些包括有其他語言版，大字版，盲人用版，錄音帶版，電腦磁碟版或電子郵件版。”

Chinese

प्रार्थना करने पर यह प्रकाशन दूसरे रूपों में प्राप्त किया जा सकता है। जिस में सम्मिलित है, दूसरी भाषाओं में, बड़े छापे में, ब्रेअल, सुनने की टेप पर, कम्प्यूटर की डिस्क पर या ई-मेल द्वारा।

Hindi

“ਇਹ ਪੁਸਤਕ ਬੇਨਤੀ ਕਰਨ ਤੇ ਹੋਰ ਰੂਪਾਂ ਵਿਚ ਵੀ ਉਪਲਬਧ ਹੈ। ਜਿਵੇਂ ਕਿ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਛਾਪੇ ਤੇ, ਬ੍ਰੇਲ ਵਿਚ, ਸੁਣਨ ਵਾਲੀ ਟੇਪ ਤੇ, ਕੰਪਿਊਟਰ ਡਿਸਕ ਜਾਂ ਈ ਮੇਲ ਤੇ।”

Punjabi

”اس اشاعت کو متبادل اشکال میں درخواست کرنے پر حاصل کیا جاسکتا ہے۔ اس میں دوسری زبانیں، بڑا پرنٹ، بریل (جسے اندھے چھو کر پڑھ سکیں)، آڈیو کیسٹ، کمپیوٹر ڈسک یا ای میل شامل ہیں۔“

Urdu

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Polish

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