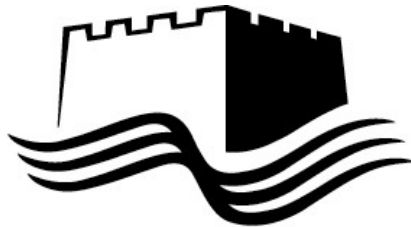


Report of the Scrutiny Review Working Group on Safeguarding Adults at Risk



TOWER HAMLETS

**London Borough of Tower Hamlets
March 2011**

Contents

	Page
Acknowledgments	3
Chair's Foreword	5
Recommendations	6
Introduction	8
Background	10
Key Findings	19
Conclusion	28

Acknowledgments

The Working Group would like to thank all the officers and partners that supported and gave evidence to the review. The views and perspectives of all that were involved have been fundamental in shaping the final recommendations of this report.

Working Group Chair:

Councillor Lesley Pavitt

Working Group Members:

Councillor Amy Whitelock
Councillor Anna Lynch
Councillor Bill Turner
Councillor Carlo Gibbs
Councillor Zara Davis

Co-opted Members:

Tony Fulham Resident Steering Group Member, Local Area Partnership 4

London Borough of Tower Hamlets:

Alan Tyrer Safeguarding Co-ordinator
Deborah Cohen Service Head Commissioning and Strategy, Adults Health and Wellbeing Directorate
Katharine Marks Interim Service Head, Health and Disability

Scrutiny and Equalities:

Afazul Hoque Scrutiny Policy Manager
Hafsha Ali Acting Joint Service Head Scrutiny and Equalities
Mohammed Ahad Scrutiny Policy Officer
Shanta Begum Future Jobs Fund Trainee

External:

Abdirashid Gulaid Support Service Manager, MIND in Tower Hamlets and Newham
Brian Parrott Independent Chair, Tower Hamlets Safeguarding Adults Board
Detective Sergeant Robert Kidd Safeguarding Adults Co-ordinator, Tower Hamlets Metropolitan Police
Enayet Sarwar Elder Care Manager, Sonali Gardens Day Care Centre
James Turnball Dignify Project Co-ordinator, Toynbee Hall
Mike Smith Chief Executive, Disability Coalition Tower Hamlets
Michelle Kabia Director, MIND in Tower Hamlets and Newham

PC Kerry O'Neill

Safeguarding Adults Officer, Tower Hamlets
Metropolitan Police

Chair's Foreword

An aim of the safe and supportive theme is to create a Tower Hamlets where everyone, young and old, feels safe and has equal access to choices, chances and power. The safeguarding of adults at risk of abuse has been a priority of the Council for many years. We have one of the top Adult Social Services in the country. However, when we started this review the safeguarding adult's services was rated by the Quality Care Commission as 'serving people adequately'. With this and changes in central government policies, particularly with the introduction of the personalisation agenda, I thought this area was worthy for a scrutiny review.

As the subject is very broad we decided to concentrate on a few key areas which included access to services, financial abuse, commissioning and partnership working. We made two visits to projects in the borough that deliver services for those at risk of abuse and also heard from various national and local organisations on how we can improve our services in safeguarding those adults at risk. I would like to thank all those who so willingly gave evidence and contributed immensely to the final recommendations of this review.

Can I also take the opportunity to thank the Working Group, which consisted of both Councillors and residents, for taking the time out from their very busy schedules to attend the various evidence gathering sessions and contributing to the discussions and the final recommendations.

Our recommendations have centred on the user. We felt they need to be more involved in service planning and should be part of the Safeguarding Adults Board. We also acknowledged the need to preserve advocacy work in the current period of public sector cuts. With a low number of self referrals we have also recommended that an independent point of contact be set up for adults who find it difficult to disclose abuse. And finally we have suggested that greater training be given to adults at risk on what constitutes abuse so they are aware and know if they are being abused. During the course of the review, the Care Quality Commission revised its rating for the Council to 'Serving People Well'. I do hope that our recommendations come some way in improving this even more.

I have thoroughly enjoyed being the Scrutiny Lead for Safe and Supportive communities which I have seen to be wide ranging and very important to our residents. I believe improving on the already excellent work that we've delivered in these areas can support us in developing a safer and even more supportive community.

Cllr Lesley Pavitt
Scrutiny Lead, Safe and Supportive

Recommendations

The working group's recommendations set out the areas requiring consideration and action by the Council and the Tower Hamlets Partnership to strengthen how it safeguards adults that are at risk of abuse. The recommendations are as follows:

- R1 In order to ensure those at risk are aware of what constitutes abuse and how to report it to access support, the Adults Health and Wellbeing Directorate will:
- Continue to work in partnership with Toynbee Hall or any other similar organisation and provide further funding to extend the Dignify Programme or any similar programme to include not only older people, but also other adults at risk of abuse such as people with mental health problems or learning disabilities.
 - Explore accrediting the training pack developed by Dignify or any other similar programme to equip other local organisations with the ability to deliver their workshops.
 - Provide a progress report in six months to the Overview and Scrutiny Committee
- R2 In recognition of the urgent need to provide a seamless transition to the personalisation agenda for adults at risk, given the new risks inherent in self-directed care through personal budgets, the Adult Health and Wellbeing Directorate will increase access to advice, guidance and advocacy by taking action to:
- Provide funding for general advocacy programmes through the commissioning process, to increase the level of advocacy support available in addition to statutory provision from Independent Mental Health Advocates and Independent Mental Capacity Advocates, working with providers to deliver these services
 - Explore using the "No Place for Hate" method to set up a freephone helpline as an independent point of contact for adults suffering abuse to report their concerns via a third party, so they are not dependent on a family member, carer, assistant, health or social care professional who may be perpetrating the abuse
- R3 In order to guarantee that the Safeguarding Adults Board is more representative and takes account of the perspective of adults at risk, the Adults Health and Wellbeing Directorate will ensure that it includes representation from a wide range of stakeholders including housing (RSLs and THH), the Police, Social Services, Transport, and, most importantly, local third sector organisations serving adults at risk and service users themselves.

- R4 That the Safeguarding Adults Board ensures that robust and transparent quality assurance procedures are in place across all agencies on the board which are standardised and streamlined across the agencies where possible.
- R5 That the Adult Health and Wellbeing Directorate produce an analysis of best practice methods used by NHS Tower Hamlets and others who engage with service users at the planning stage and adopt a new policy to ensure inclusion of service users at the earliest possible stage and throughout the process, when implementing the personalisation agenda and any other strategies which may affect adults at risk, including the elderly, disabled and those with learning difficulties or mental health problems.
- R6 That the Adults Health and Wellbeing Directorate undertake a thorough and robust mapping analysis of the gaps which may exist in the current service, particularly for people who are not in touch with statutory services and therefore may not be identified as at risk and referred to safeguarding procedures. The gap analysis should cover:
- Engaging with hard to reach communities and in particular BME groups, people with mental health needs and/or physical or learning disabilities.
 - A strategy which outlines how they will be engaged and how their needs will be met in the future.
- R7 That the Adults Health and Wellbeing Directorate introduce extra training for frontline staff in the Council and partner agencies that work with adults at risk including:
- Training all staff that work with adults at risk to empower and build the confidence of individuals rather than to take them out of situations which expose their vulnerability. This training should be embedded into existing Council training and refresher programmes and the cross-agency training plan overseen by the Safeguarding Adults Board.
 - Ensuring all staff working with adults at risk in care settings, residential accommodation or in their homes have been trained to empower service users to disclose abuse

Provide a report in six months to the Overview and Scrutiny Committee of what options have been explored and how these have been taken forward, including an explanation of why any are rejected.

Introduction

1. Safeguarding adults at risk is a priority of the Council and falls under the Council's Adult Social Care Service which is one of the countries top performers and has been rated as '*excellent*' for the past six consecutive years. However, the Care Quality Commission (CQC) inspection in November 2009, highlighted safeguarding adults as only '*Serving People Adequately*'. During the period of evidence gathering, the CQC revised its rating for the Council to '*Serving People Well*'¹ as the Council had met a number of requirements produced in an action plan by the CQC after the initial November 2009 assessment. With this and considering a period of efficiency savings facing public services which suggested that the vulnerable could be 'worst hit by the cuts' (Metro, 13/9/10) it made the case for this scrutiny review ever more important.
2. The area of safeguarding adults at risk is wide ranging and the Working Group decided that the review would focus on the following key aspects. Evidence would be considered from internal and external experts with visits also focusing on these themes:
 - Access to services
 - Financial abuse
 - Commissioning
 - Partnership working
3. At the outset the review had a number of key aims and objectives which included:
 - To review the borough's current approach to adults at risk;
 - To review and evaluate access to support that was available for adults at risk;
 - To identify potential gaps in partnership working internally between Council departments and also between partners;
 - To consider how the Council commissions care services and how these are monitored
4. The Working Group held the following meetings and visits:

Review meeting 1

Reviewed evidence from the Interim Service Head for Health and Disability on the Council's approach to Safeguarding Adults at Risk.

Review meeting 2 – Visit to Toynbee Hall

The visit to Toynbee Hall gave the Working Group an insight into the work of the Dignify Project which aims to reduce elder abuse by raising awareness amongst older people and professionals.

¹ Care Quality Commission Inspection of Adult Social Care, Cabinet Report, March 2010

Review meeting 3 – Visit to Sonali Gardens Day Care Centre

Working Group Members met service users at the Sonali Day Care Centre and developed their understanding of issues and concerns faced by service users. Members took a tour of the Centre's facilities.

Review meeting 4 – Financial Abuse / Disabilities

Evidence was received from the Metropolitan Police on issues around financial abuse which is a major problem both in the borough and nationally. Members also heard from the Chief Executive of the Disability Coalition Tower Hamlets on concerns regarding the abuse of people with physical and learning disabilities.

Review meeting 5 – Commissioning / Mental Health

This session considered how services are commissioned and the future challenges that may exist considering the shift in government policy. The session also looked at how the Council can continue supporting those with mental health issues in a climate of efficiency savings.

Review meeting 6 – Draft recommendations

The Working Group developed their draft recommendations

Review meeting 7 (final meeting)

The final meeting allowed the Working Group to hear evidence from the Independent Chair of the Safeguarding Adults Board as well to finalise their recommendations,

The final report of this review will be presented to the Overview and Scrutiny Committee. The Mayor and his Cabinet will then prepare an action plan outlining their response to the recommendations which will be monitored by the Overview and Scrutiny Committee on a six monthly basis.

Background

The National Perspective

5. The change of Government in May 2010 has resulted in a change of emphasis and greater importance being placed on the themes of partnership, decentralisation and localism, than was previously the case. These themes have been developed and given greater prominence under the banner of the 'Big Society' and the 'Ageing Well' programmes².
6. The Big Society champions a new relationship between citizens and the State, advocating social and personal responsibility over State control. It seeks to support communities to address the most challenging, persistent and complex social problems in our society, tackle social injustice, and improve the lives of the most disadvantaged.
7. The Ageing Well programme is designed to support local authorities to improve their services for older people. The key aim of the programme is to provide a better quality of life for older people through local services that are designed to meet their needs, and which recognise the huge contribution that people in later life make to their local communities. The programme consolidates current best practice from local authorities and the lessons learned from earlier pilot activities and will be delivered by Local Government Improvement and Development. An essential aspect of the programme is to help authorities to improve efficiency while still delivering quality services.
8. Ageing Well recognises that local concerns need local solutions and encourages authorities to take the lead to work in partnership with other local organisations to develop innovative approaches to the issues faced by their particular communities. It aims to help local authorities use their resources effectively, to promote well-being in later life, to ensure that older people can live independently for longer, to engage older people in civic life and to tackle social isolation by recognising older peoples potential.
9. Safeguarding adults at risk of abuse is very much a part of the overall Ageing Well programme and is a key responsibility of local authorities and one that has developed quickly, particularly in the last ten years as people have become more aware of adults at risk experiencing harm in institutions, in their own homes and in the community. Work has been framed by government guidance (No Secrets, Department of Health, 2000), by the review of that guidance published in 2009 and by standards and guidance published by the Association of Directors of Adults Services.
10. The Safeguarding Vulnerable Groups Act (2006)³ recognises that any adult receiving any form of healthcare is vulnerable. There is no formal definition of vulnerability within healthcare although some people receiving healthcare may be

² Local delivery of joined-up services for older people, DWP Mike Robertson and Helen Wilkinson

³ <http://www.legislation.gov.uk/ukpga/2006/47/contents>

at greater risk from harm than others, sometimes as a complication of their present condition and their individual circumstances.

11. It is important to be aware that many disability and user-led organisations consider that the term 'vulnerable' is negative, that it attributes 'victim status' to the individual and that it marginalises them as citizens. The vast majority (90 per cent) of respondents to the consultation process for the review of No Secrets requested that the definition of 'vulnerable adult' be revised. During the evidence gathering sessions of this scrutiny review this was highlighted on a number of occasions which led the review title to be changed from '*Safeguarding Vulnerable Adults*' to '*Safeguarding Adults at Risk*'.
12. The Law Commission's review of Adult Social Care Legislation (2010)⁴ proposed that a revised definition for consultation based on Adults at Risk should take place as follows:

An adult at risk could be defined as a person aged 18 or over who:

- Is eligible for or receives any adult social care service (including carers' services) provided or arranged by a local authority; or
 - Receives direct payments in lieu of adult social care services; or
 - Funds their own care and has social care needs; or
 - Otherwise has social care needs that are low, moderate, substantial or critical;
 - Falls within any other categories prescribed by the Secretary of State or Welsh Ministers; and is at risk of significant, where harm is defined as ill-treatment or the impairment of health or development or unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion).
13. Local Authorities have a key role to play in safeguarding adults at risk which are outlined in various government reports and legislations. They have a community leadership role generally as well as in relation to Safeguarding and Community Safety. Councils with Social Services Responsibilities are required (through the statutory roles of the Lead Member and Director of Adults Social Services) to specifically safeguard 'vulnerable' adults. Harm and abuse to 'vulnerable' people frequently links to domestic violence and abuse, to hate crime and to anti-social behaviour.
 14. In order for councils to fulfil these responsibilities, there is a need for strong strategic leadership, through partnerships, by the Executive and the Local Safeguarding Adults Board to ensure that safeguarding is given sufficient priority to improve outcomes for 'vulnerable' people. The framework in place for safeguarding adults is complex. The roles and responsibilities of Lead Member, Director of Adult Social Services (DASS) and Chair of the Safeguarding Adults Board (where this is different from the DASS) need to fit well with the council's overall approach to community wellbeing and safety. To ensure that the system is being well led there needs to be a range of checks and balances which hold the system leaders to

⁴ http://www.lawcom.gov.uk/adult_social_care.htm

account. The local Overview and Scrutiny Committee is one of those critical checks and balances⁵.

15. Councils are responsible for ensuring they have in place Safeguarding Adults Boards which have a critical role to play in terms of leadership and the management of safeguarding services across partners. Members of the Board will include staff from a full range of partners including Adult Social Care and other council departments, NHS Trusts and primary care providers, the Police, Crown Prosecution Service and Courts and key service providers. Representatives should be at a senior enough level to represent their organisation, influence its practice and consistently “get things done”. The membership should be coherent even where some members will have remits that are either larger or smaller than the local authority area. Membership may also include key or representative third sector organisations.
16. All Councillors share responsibility for safeguarding those adults whose circumstances make them vulnerable or at risk. Best Practice Guidance on the Role of the Director of Adult Social Services (Department of Health 2006), makes reference to the role of the Lead Member and notes that local authorities are advised to ensure that the Lead Member has a focus on safeguarding adults at risk and promoting a high standard of services for adults with support needs across all agencies.
17. Other specific roles are critical to ensuring that adults at risk are safeguarded. These roles include:
 - Children’s services lead councillors - both for their key role in relation to children, but also because in some households, for example, the behaviour of one adult may be abusive to children and to another vulnerable adult
 - Councillors in Crime and Disorder Partnerships, hate crime, anti-social behaviour and domestic abuse/violence partnerships or sub-committees
 - Councillors involved in Health and Wellbeing Partnerships
 - Councillors involved in community cohesion work
 - Councillors who are members or non-executives of NHS Trusts or Police Authorities
 - Other Cabinet members and frontline councillors
18. In this context it is very important if improvements are to be made, and, more importantly, sustained, that local arrangements for safeguarding should be subject to scrutiny and challenge which focuses on ensuring adults are properly safeguarded and their life chances improved. This is where the role of councillors who are involved in scrutiny is crucial.

⁵ Adult Safeguarding Scrutiny Guide, Centre for Public Scrutiny and the Improvement and Development Agency (IDeA), April 2010

The Local Perspective

19. There are many definitions of who an adult at risk can be. To the Council defining an adult at risk is someone who is aged 18 years and is unable to take care of themselves, or protect themselves from harm or from being exploited. This can be someone with:
- Mental health problem
 - Learning disability
 - Physical disability
 - Sensory impairment
 - General health problem
 - Frailty, for example an older person
 - Any adult who receives care from any other person or persons for example carers, family, friends, social workers, district nurses, staff at day centres, residential, nursing or other supporting living care staff can be potentially seen as at risk of abuse or neglect
20. Abuse can come in many different forms and is locally defined in the following categories:
- Physical - Such as hitting, slapping, pushing, kicking, pinching, misusing medication and restraining someone.
 - Sexual - Such as rape or any sexual behaviour, assault, or act to which the vulnerable adult has not consented, couldn't consent to or was pressured into consenting to.
 - Psychological or emotional - Such as threats to harm or abandon someone or depriving, blaming, humiliating, manipulating, harassing someone or preventing someone from being in contact with other people.
 - Financial - Such as stealing from someone, exploiting and putting pressure on someone to change their will, sell their property or doing something with their finances they might not want to.
 - Neglect - When someone's medical or physical care needs are being ignored and when a vulnerable adult is prevented from accessing medical, social care or educational services. It is also when necessary things like food, drinks and heating are being withheld from them.
 - Discriminatory - This happens when someone suffers in any way because of their disability, sexuality, race or religion. This also includes forms of slurs and harassment being used towards the vulnerable adult.
 - Institutional - When someone is being mistreated or not properly cared of in a residential or nursing home, or in any kind of care setting for example hostels or supportive living places as well as in hospitals.

21. The borough's work to safeguard adults at risk from abuse is led by the multi-agency Safeguarding Adults Board (SAB) made up of representatives from key statutory agencies, and from the independent and voluntary sectors:
 - Tower Hamlets Council Adult Services
 - Children Schools and Families Services
 - Community Safety Team
 - NHS Tower Hamlets
 - East London Foundation NHS Trust
 - Bart's and the London NHS Trust
 - Tower Hamlets Public Protection Unit (Metropolitan Police)
 - Tower Hamlets Homes
 - Care Quality Commission
 - Toynbee Hall
 - Age Concern
 - Excel Care
 - East London NHS Foundation Trust
 - Providence Row Housing Association
22. The Board is responsible for ensuring that awareness of adult safeguarding policies and processes is high across the borough, it ensures that the safeguarding strategy is implemented and regularly reviewed. The SAB publishes the borough-wide Adult Safeguarding policies and procedures, and monitors their application and use within the local authority through a quality assurance framework.
23. The Board commissions and receives Serious Case Reviews (SCR), ensuring that lessons are learned and recommendations implemented, in 2009/10 two pilot SCR's were commissioned. The Board has a key role in ensuring that the adults safeguarding training reflects latest thinking, is implemented consistently across organisations in the borough, and is regularly reviewed.
24. The Board commission sub-groups and working groups as appropriate, receiving regular reports of activity and it ensures that the operating procedures of all agencies are consistent and follow similar frameworks. The SAB keeps up to date on new legislation and guidance which impacts on the safeguarding agenda, and takes action to ensure that it is implemented locally and ensures that safeguarding is reflected in the wider agenda of all Borough-wide policies. In July 2009 the Board issued a revised Safeguarding procedure and new forms which gave clearer direction and guidance to the service team managers responsible for Safeguarding Adults work. The role of the Safeguarding Adults team was refined to prioritise advice and support for service teams plus a clear quality assurance role to comment on individual case audits by the managers.
25. A number of sub-groups of the SAB exist. The Training Sub Group ensures that the borough has a skilled workforce to help protect people at risk, and that there is awareness across the community, public, independent and voluntary sectors about what constitutes safeguarding and what to do if abuse is suspected. During 2009/10 the sub group has been working to develop a multi agency training strategy, covering staff companies, this work was completed in summer 2010.

26. The Champions Group meets four times a year with a view to increasing awareness and understanding of safeguarding at frontline service level. Champions are expected to be a lead within their own teams or services on safeguarding issues and act as a conduit between services and the Safeguarding Adults Team. They are expected to have a coaching role within their workplace, being able to answer questions on Safeguarding Adults policy and procedure or direct other practitioners to the correct sources of advice.
27. The Champions Group further strengthens the way that Adult Social Services, Providers, NHS and Police practitioners work in partnership with their Providers on Safeguarding Adults issues. The subgroup has representation from Adult Social Services, Housing Providers, Supporting People, NHS organisations, and Care Provider organisations.
28. In 2009/10 the Council introduced and embedded the new vulnerable adult safeguarding framework. During the period there has been an increase in training which has been expanded to non health and social care staff, compliance has improved and positive work is taking place with regard to the 'Prevent' agenda, Domestic Violence and Anti Social Behaviour/Hate Crime. During 2010/11 the service plans to further embed these procedures through consultation over both the borough's procedures and the Pan London policies and procedures, within which, Tower Hamlets Council are active participants.
29. The Safeguarding Adults Board is now a subgroup of the Borough's Community Safety Partnership and is working to influence the work plan. Requests for, and take up of training across the wider Council and borough based organisations has been encouraging as evidence of the increased profile of the work delivered by the service. Work to ensure and monitor consistent high quality practice is supported by a comprehensive quality assurance framework, including specifics on safeguarding is assuring both management and independent oversight of the quality of all safeguarding work alongside general practice. The rates of improvement in referrals, timescales and compliance is marked
30. During 2009/10 Care Quality Commission Inspectors noted "authoritative leadership" in safeguarding arrangements, supported by a strengthening of the Safeguarding Adults Board, revised procedures and their extensive roll out. To enhance this further the SAB appointed an Independent Chair in July 2010.
31. Since 2003 Tower Hamlets has received top rated performance judgements maintaining its profile as one of the top Adult Social Care departments in the country. In December 2009, Tower Hamlets Adult Social Care was awarded a 3-star rating for a 6th year in succession. Historically, the achievement of 3-stars afforded councils an inspection holiday; therefore, the department had not received a full service inspection during that time.
32. The 1st April 2009 saw the emergence of a new style regulatory body in the form of the Care Quality Commission. Formed through the amalgamation of the Commission for Social Care Inspection (CSCI), the Healthcare Commission and the Mental Health Commission, the establishment of the new regulator for health

and social care signalled a step change in the way service delivery would be assessed for its impact on achieving outcomes for people.

33. The Care Quality Commission (CQC) has a responsibility to monitor the performance of councils in providing social care services to adults. The way they do this is set out in the CQC Operating Manual and Outcomes Framework in line with the expectations of the Department of Health (DH) and Department for Communities and Local Government (DCLG). The Social Care Outcomes Framework is currently in the process of being refreshed but currently consists of 9 strategic domains:

- Improved Health and Wellbeing
- Improved Quality of Life
- Making a Positive Contribution
- Improved Choice and Control
- Freedom from Discrimination and Harassment
- Economic wellbeing
- Maintaining Dignity and Respect (Safeguarding all adults)
- Leadership
- Commissioning and Use of Resources

34. The inspection process for Adult Social Care has undergone a review in recent years and has become an increasingly “harder test”. This overall raising of thresholds has been the direction of travel for all regulators. A programme of Independence, Wellbeing and Choice (IWC) Inspections took place between autumn 2007 and spring 2009 and signalled the strategic shift to bring closer scrutiny of safeguarding activity centre stage. In June 2009 the new Inspection of Adult Social Care (IASC) methodology raised the bar even higher with safeguarding established as the core theme for all Adult Social Care inspections.

35. CQC inspections vary from Council to Council. The Inspection Team visited Tower Hamlets in November 2009 to look at 3 domains from the Outcomes Framework:

- How well the council was safeguarding adults whose circumstances make them Vulnerable – core theme
- How well the council was increasing the Choice and Control for Older People
- Our capacity to improve by looking at our leadership, commissioning and use of resources

36. This new inspection regime rated council performance using four ‘serving people’ outcome grades for each theme as follows: Poor, Adequate, Well, Excellent. The inspection identified what Tower Hamlets was doing well to support outcomes. Safeguarding Adults was judged to be ‘serving people adequately’. The inspections stated that the Council:

- Had clarified staff responsibilities for helping to keep people safe, supported by clearer policies and procedures.
- Established routine quality audits of safeguarding work, to check practice and learn from issues found.

- Helped partner agencies understand their roles in safeguarding and taken action where concerns had arisen in particular care settings.
 - Had generally responded promptly to safeguarding alerts received.
 - Provided more training for social care staff across sectors, with trainers from different organisations working together in a range of settings.
37. A number of action plan recommendations were put forward by the CQC to improve the way the Council safeguards adults, these included that the Council should:
- Prioritise groups of staff beyond health and social care in need of training in safeguarding, and arrange programmes of training for them.
 - Include referring agencies in any review of policies and procedures and ask referrers about their experience of responses made to referrals.
 - Develop and promote workforce competencies for safeguarding to support continuing professional development and help plan training.
 - Ensure the safeguarding board regularly reviews safeguarding practice and considers information about outcomes for people who are subject of safeguarding alerts.
 - Ensure people with limited capacity are offered and provided with advocacy support as appropriate.
38. The Council met all the actions and in turn the CQC revised its rating for the Council to '*Serving People Well*' in November 2010.

Tower Hamlets Community Plan - 2020 Vision

39. The importance of safeguarding adults at risk is highlighted on a number of occasions in the borough's Community Plan and is a cross cutting priority across all the themes in the plan. This includes:
- Services will ensure everyone, particularly the vulnerable, are protected from risk of harm and enabled to live a full and independent life.
 - Protecting children and vulnerable adults from harm and neglect
 - Taking an active interest in the health of family, friends and neighbours - ensuring that the most vulnerable are getting the health care services they need

London Borough of Tower Hamlets Strategic Plan 2010/11

40. The borough's Strategic Plan for 2010/11 states that both safeguarding and supporting adults at risk is a priority for the Council. Priorities in this area for the Council include:
- Increase employment opportunities for vulnerable people, in particular people with disabilities and mental health problems and those experiencing homelessness
 - Empower older and vulnerable people and support families

- Further strengthen arrangements across the Council and the Partnership to protect vulnerable adults from abuse, harm and neglect
- Improve access to preventative services for vulnerable adults, reducing use of institutional care and reliance on care managed services

Key Findings

41. At the introductory session the Working Group heard about the current approach to safeguarding adults at risk. It was highlighted that physical abuse followed by financial abuse had the most referrals. There had been an increase in the number of referrals although it was suggested that this was due to the better access for referrals. However there was under reporting within the Bangladeshi and Somali communities. The notion that some people did not have the confidence to disclose their vulnerability may be a reason for this.
42. There was a low rate of referrals from those with a physical disability and a reason for this may be due to access to referral mechanisms. It was suggested that some may fear that if they are referred it may mean that their independence and freedom could be taken away from them; this was seen as a major obstacle for referring adults at risk.
43. A number of key themes were discussed at the various evidence gathering sessions and visits throughout the duration of this review. A key theme centred on how the Council can continue to be seen as delivering an excellent service to adults at risk during a period of fiscal tightening. With this, advocacy programmes were seen as key particularly considering a shift in government policies with the Coalition Government and the introduction of the personalisation agenda. Members felt that advocacy working in itself was important along with those adults at risk of abuse actually knowing and identifying what constitutes abuse.
44. Recent research⁶ by the mental health organisation, national MIND, found that 84% of people felt that they were vulnerable or at risk of abuse. The research found that there were shocking levels of abuse reported by those interviewed involving family, friends, neighbours, carers and health professionals. At the evidence gathering session with MIND it was stated that there was a real need to raise awareness of abuse and safeguarding within the mental health client group as there was a lack of awareness of abuse and its implications amongst the client group.
45. Raising awareness of what contributes abuse to those adults was also a theme that was discussed at length during the visit to Toynbee Hall to find out about their Dignify Project. This project aims to reduce elder abuse by raising awareness amongst older people and professionals about what elder abuse is, when it occurs who can perpetrate it, and what can be done about it. Through raising awareness, the project hopes that when abuse occurs it will be identified sooner and appropriate action can be taken to support the older person.
46. Dignify works directly with older people and with professionals. With older people, Dignify provides informal talks for small or large groups and interactive workshops for small groups of older people. Through the informal talks, and particularly through the workshops, older people develop their knowledge and understanding of rights and responsibilities, good experiences of care/ relationships, what elder

⁶ http://www.mind.org.uk/assets/0000/6538/Whitelock_JAP-11.4-Nov.pdf

abuse is, who abuses, protective factors that can help older people to stay safe, and what they can do to access support and services if they are affected or concerned about elder abuse.

47. The workshops take an interactive person centred approach and recognise that learning can take place at different levels. The project works closely with organisations working with older people and can provide information to staff in team meetings or through staff training sessions. Men only and women only sessions take place, as well as mixed sessions. Programmes at each centre last for about 3 sessions which are delivered usually on the same day of the week over three weeks. All sessions are delivered by the projects co-ordinator who works part time, although some community volunteers do get involved. An information pack has been devised in order to train others to deliver these workshops although it is too early to evaluate the success of this scheme.
48. The Comic Relief/Department of Health UK Prevalence Survey on Abuse and Neglect of Older People estimates that 342,400 older people living in their own homes or sheltered accommodation experience mistreatment or abuse each year. Help the Aged estimate that 500, 000 older people are being abused at any one time in the UK. It was felt that a large percentage of those at risk do not realise that they are the victims of abuse, this is why programmes such as the Dignify project are so important.
49. During the visit the Working Group felt there was a strong need for this kind of support as it was seen as being subtle rather than direct and demeaning to those at risk. Members felt that this was key. The approach taken by the project has not been replicated elsewhere yet, although the London Borough of Newham has something similar but this doesn't include the interactive workshop format.
50. At the session looking at financial abuse, Members heard that a key challenge facing the Metropolitan Police in tackling financial abuse was that those at risk not always knowing when they are a victim of financial abuse. This was consistent with the work Dignify deliver. In addition, MIND highlighted that there were concerns relating to clients with mental health issues and their lack of awareness of abuse and its implications. Again, there was a need to raise awareness of abuse and what constitutes abuse to those client groups.
51. Members felt that programmes such as Dignify should be extended to include other client groups who are also at risk, such as those with mental health problems or learning disabilities so they too can identify when they are being abused. It was also felt that in terms of quality assurance when training other providers to deliver such programmes it was identified that accrediting the programme would be useful in order to make sure that those delivering the programme are fully equipped to make a positive difference, particularly in the current financial climate.

R1 In order to ensure those at risk are aware of what constitutes abuse and how to report it to access support, the Adults Health and Wellbeing Directorate will:

- Continue to work in partnership with Toynbee Hall or any other similar organisation and provide further funding to extend the Dignify Programme or any similar programme to include not only older people, but also other adults at risk of abuse such as people with mental health problems or learning disabilities.
- Explore accrediting the training pack developed by Dignify or any other similar programme to equip other local organisations with the ability to deliver their workshops.
- Provide a progress report in six months to the Overview and Scrutiny Committee

52. The evidence gathered by the Working Group suggested the need to preserve advocacy for those at risk. In particular there was an emphasis on access to advocacy work and support during the transition to the personalisation agenda.

53. There is a shift in government policy towards the personalisation of social care and putting people at the centre of the process of identifying their needs and making choices about what, who, how and when they are supported. The emphasis on the roll-out of personal budgets (especially direct payments) for all people using adult social care is a clear signal that this remains the direction of travel.

54. In the discussion with the Metropolitan Police on abuse, members raised concerns about how the use of personal budgets can increase the risk of financial abuse for adults at risk. A number of reporting mechanisms were in place for reporting financial abuse in the borough. It was suggested that self reporting along with reporting from family members was fairly low, with third party referrals being most common (Carers, Social Workers, other professionals etc).

55. The need to preserve and where possible increase access to advice, guidance and advocacy was further highlighted in other evidence gathering sessions. Mike Smith, Chief Executive of the Tower Hamlets Disability Coalition, stated that there needs to be better consolidation and delivery of advocacy as a means of engagement. There was a need for an independent point of contact for adults at risk that were suffering from abuse. This could in turn increase the number of self referrals.

56. Members heard that there was a significantly low level of reporting of abuse from those with physical disabilities as most felt that a positive outcome was unlikely and it would make no difference. There was also the issue of them feeling that they would not be good witness which was also picked up in the earlier presentation on financial abuse with the Metropolitan Police. In addition to this Mike Smith also

suggested that there was a need for bespoke advocacy work rather than the one size fits all general advocacy work.

57. Low levels of reporting leading to the need for more advocacy working and an independent point of contact was further acknowledged at the session with MIND. They suggested that there were shocking levels of abuse reported by those that they interviewed involving family, friends, neighbours, carers and health professionals. However levels of reporting were very low as the victims consistently reported a lack of confidence in authorities to deal with any incidents reported, this making the argument for an independent point of contact stronger. MIND also stated that there was a lack of awareness of when and where to obtain help.
58. It was suggested that a freephone number similar to the borough's 'no place for hate' model should be developed as an independent point of contact for those at risk of abuse in order to increase support given to them and in turn so they are not dependent on family members, carers or health care professionals. It was felt that this would also increase self reporting from adults that are being abused.

Case Study – Wayfinders, Dorset⁷

Local area Wayfinders work nine hours a week to help raise awareness of services for local over 50s, give out information and identify help and support available within communities.

Managed by Age Concern, Wayfinders base themselves in convenient locations such as libraries, GP surgeries, community pharmacies or supermarkets, so people can find them easily and ask for their help. Wayfinders are supported with a salary of £6 an hour, full training, a mobile phone, expenses and five weeks' holiday pro-rata.

59. Getting hold of good, accurate information can help older people stay independent and in control of their lives. There is generally more information than people are aware of – so awareness raising, managing knowledge, providing advice and advocacy are critical. Everyone has a role to play including key services such as housing, primary care and libraries, frontline statutory and voluntary sector staff and communities⁸.

⁷ <http://www.dorsetforyou.com/376773>

⁸ How can local authorities with less money support better outcomes for older people? Joseph Rowntree Foundation, January 2011

R2 In recognition of the urgent need to provide a seamless transition to the personalisation agenda for adults at risk, given the new risks inherent in self-directed care through personal budgets, the Adult Health and Wellbeing Directorate will increase access to advice, guidance and advocacy by taking action to:

- Provide funding for general advocacy programmes through the commissioning process, to increase the level of advocacy support available in addition to statutory provision from Independent Mental Health Advocates and Independent Mental Capacity Advocates, working with providers to deliver these services
- Explore using the “No Place for Hate” method to set up a freephone helpline as an independent point of contact for adults suffering abuse to report their concerns via a third party, so they are not dependent on a family member, carer, assistant, health or social care professional who may be perpetrating the abuse

60. The Working Group noted the key challenges facing the service included a greater need to improve data collection and making sure that this was consistent between the Council and other organisations. In addition it was highlighted that there was a need for greater governance working between the service and that of the Community Safety partnership. Members were keen for robust and transparent quality assurance mechanisms to be in place across all agencies. It was felt that there was a need for consistency across all organisations where possible.

61. At the final session the Working Group heard from the Independent Chair of the borough’s Safeguarding Adults Board. Councils are responsible for ensuring they have in place a Safeguarding Adults Board which has a critical role to play in terms of leadership and the management of safeguarding services across partners. Members of the current board include staff from a full range of partners including Adult Social Care and other Council departments, the Care Quality Commission, the Metropolitan Police, NHS Tower Hamlets and Age Concern.

62. Members acknowledged the great work in developing the Safeguarding Adults Board but also felt that there was a greater need for third sector and service user involvement on the Board. This was consistent with evidence gathered from MIND who suggested greater joined up working in board level. Barriers that exist include third sector organisations not having access to the medical records of their clients, so can only work on what the user is telling them.

63. Third sector representation on Safeguarding Adults Board is very common and in particular the use of an umbrella body of third sector organisations. The North Yorkshire Safeguarding Adults Board also includes the Chief Executive of the North Yorkshire Forum for Voluntary Organisations as one of its board members⁹.

⁹ <http://www.northyorks.gov.uk/CHttpHandler.ashx?id=10581&p=0>

64. It was suggested at the session that third sector organisations would have a strong understanding of the issues on the ground relating to adults at risk and have a more personal relationship with service users, something which may not be the case with the public service providers. In addition, Members agreed strongly that actual service users or champions should also be a part of the Safeguarding Adults Board and should play a greater part in service planning, delivery and decision making.
65. The need to involve those at risk of abuse in service planning was discussed in many sessions. In particular Mike Smith from the Tower Hamlets Disability Coalition highlighted the need to engage with potential service users at the planning stage rather than consulting with them when a strategy has already been devised. This was ever more important during implementing the personalisation agenda. At the session with MIND it was felt that service users needed to feel involved and listened to rather than being stigmatised, marginalised and abused. Being involved and listened at service planning level was crucial rather than being told what strategies and policies work.
66. A recent research by the Joseph Rowntree Foundation¹⁰ which looked at supporting older people in a period where local authorities have less money found that place- based pilot projects, especially where older people have been centrally involved in design, show that working together across local agencies benefits older people. There are common themes based around stronger partnership working, better information and access to all services, and putting older people at the centre of service design and delivery that improve outcomes (Bournemouth, Dorset and Poole Total Place pilot final report, 2010).

Case Study – Expert Elders, Sheffield¹¹

A network of older people was established as co-partners in the implementation of the whole Partnership for Older People Projects (POPP) programme in Sheffield, and as decision-makers through the local strategic partnership. 'Expert elders' were involved in service reviews, contractor evaluations, quality assurance, and the gaining of patient-user opinions on services.

There are two Expert Elder Network Coordinators and their role is to identify older people wishing to become elder 'experts'. They make sure that older people from groups that are traditionally harder to reach, and are under-represented, are encouraged to get involved.

They provide Expert Elders with support and training to help them develop their skills and confidence, so they can influence the development and planning of services. The target for the first year of the network was 90 older people. This was achieved in the first six months. Over 140 organisations have requested Expert Elder involvement in their development plans.

¹⁰ How can local authorities with less money support better outcomes for older people? Joseph Rowntree Foundation, January 2011

There are currently more than 220 Expert Elders. In 2010, the Expert Elders continued to use their experience to improve support for older people. The network has received further funding to develop its collaborative work and production of a newsletter.

67. Members felt that best practice of user engagement methods from those such as the NHS and other organisations should be used by the Council to engage with those at risk of abuse when planning services.
68. The importance of meaningful user involvement is highlighted by the Royal Collage of Psychiatrists¹² which states that engagement with service and carers must be meaningful, not tokenistic. People with direct experience of mental health problems or a learning disability should have a central role in the design and delivery of mental health services. Furthermore, involving service users in the delivery of health services is beneficial. Research shows that service users who work with health services have fewer hospital admissions and better quality of life.

- R3 In order to guarantee that the Safeguarding Adults Board is more representative and takes account of the perspective of adults at risk, the Adults Health and Wellbeing Directorate will ensure that it includes representation from a wide range of stakeholders including housing (RSLs and THH), the Police, Social Services, Transport, and, most importantly, local third sector organisations serving adults at risk and service users themselves.
- R4 That the Safeguarding Adults Board ensures that robust and transparent quality assurance procedures are in place across all agencies on the board which are standardised and streamlined across the agencies where possible.
- R5 That the Adult Health and Wellbeing Directorate produce an analysis of best practice methods used by NHS Tower Hamlets and others who engage with service users at the planning stage and adopt a new policy to ensure inclusion of service users at the earliest possible stage and throughout the process, when implementing the personalisation agenda and any other strategies which may affect adults at risk, including the elderly, disabled and those with learning difficulties or mental health problems.

69. The Working Group felt a culture of denial existed in some BME communities, particularly in Tower Hamlets which made it hard to engage with them. It was suggested that there that cultural interpretations of abuse and alternative ways of supporting certain BME communities needed to be explored. This issue was also raised again during discussions with the Metropolitan Police and it was also highlighted that there were areas of the community which were difficult to engage

¹¹ <http://www.sheffield.gov.uk/caresupport/adults/olderpeople/expertelders>

¹² <http://www.rcpsych.ac.uk/campaigns/fairdeal/whatisfairdeal/engagementwithservicesusers.aspx>

including the Somali and Bangladeshi communities. In particular there was low referral rate from the Chinese community.

70. The under reporting from BME communities with regards to safeguarding adults issues is common in a number of other boroughs. Addressing the underreporting from BME Communities¹³ was a key priority for the Safeguarding Adults Board in Harrow in 2009. This was also an issue in Leicester City with their Safeguarding Adults Board now having a BME representative¹⁴.
71. A number of other local authorities and Safeguarding Adults Board have also made the engagement with hard to reach communities a key priority along with how their needs can be met. The Safeguarding Adults Board in Ealing suggests that “the profile for safeguarding vulnerable adults will continue to be raised across the borough and the focus will be hard to reach communities and developing networks with these communities¹⁵”.
72. Members recommended that the service should undertake a thorough and robust analysis of possible gaps in services which may currently exist when engaging hard to reach communities that may not yet be identified as being at risk. In addition to this a strategy should be devised as to how their needs can be met.

R6 That the Adults Health and Wellbeing Directorate undertake a thorough and robust mapping analysis of the gaps which may exist in the current service, particularly for people who are not in touch with statutory services and therefore may not be identified as at risk and referred to safeguarding procedures. The gap analysis should cover:

- Engaging with hard to reach communities and in particular BME groups, people with mental health needs and/or physical or learning disabilities.
- A strategy which outlines how they will be engaged and how their needs will be met in the future.

73. The Working Group acknowledged the good work of the Training Sub Group of the Safeguarding Adults Board and their role in ensuring that the borough has a skilled workforce to help and protect people at risk but also felt the need for greater targeted training aimed at front line workers that engage with adults at risk. MIND stated that there was a need to train professionals so they are able to highlight abuse and promote greater awareness. This was consistent with the session on financial abuse which highlighted the need to increase the profile of abuse amongst third sector organisations in order to have improved financial awareness.

¹³ <http://www2.harrow.gov.uk/mgConvert2PDF.aspx?ID=60878>

¹⁴ <http://www.leicester.gov.uk/lcsab/>

¹⁵ http://www2.ealing.gov.uk/ealing3/export/sites/ealingweb/services/council/lsp/meetings/health_well_being_board/_documents/02_December_2010/Item_3a_Safeguarding_Adults_HWBB_presentation_1FINAL.ppt

74. From to the visit to Sonali Gardens the Dignify Project Members recommend that there was a need to train staff in methods of empowering service users to disclose abuse. This was highlighted by Mike Smith from the Tower Hamlets Disability Coalition who argued that front line professional staff needed to be trained to empower those at risk rather than just taking them out of challenging situations.
75. With financial constraints facing the Council it was felt that such training should be embedded into existing training for front line professionals.

R7 That the Adults Health and Wellbeing Directorate introduce extra training for frontline staff in the Council and partner agencies that work with adults at risk including:

- Training all staff that work with adults at risk to empower and build the confidence of individuals rather than to take them out of situations which expose their vulnerability. This training should be embedded into existing Council training and refresher programmes and the cross-agency training plan overseen by the Safeguarding Adults Board.
- Ensuring all staff working with adults at risk in care settings, residential accommodation or in their homes have been trained to empower service users to disclose abuse

Provide a report in six months to the Overview and Scrutiny Committee of what options have been explored and how these have been taken forward, including an explanation of why any are rejected.

Conclusion

76. The Adults Social Care Services in the borough has been one of the best rated in the country. This Working Group set out to examine how we could continue to safeguard adults at risk considering a period of financial tightening and an initial Care Quality Commission rating of '*Serving People Adequately*' in the safeguarding area. As the area of safeguarding adults is wide ranging the group decided to focus on specific areas which included access to services, financial abuse and partnership working.
77. Evidence was received from Council Officers working in the safeguarding field, the Metropolitan Police, MIND, Tower Hamlets Disability Coalition and the Independent Chair of the Safeguarding Adults Board. The Working Group also made visits to Sonali Gardens and Toynbee Hall to examine some of the delivery work that the Council was involved in.
78. The review found that advocacy support for adults at risk was key and an area which needed to be preserved as much as possible during the efficiency savings. There were a very small number of self referrals being made from those at risk which suggested a need for an independent point of contact such as a freephone help number being made available.
79. The findings also suggested that the model used by the Toynbee Hall's Dignify Project in training elder people of what contributes abuse worked well and similar work should be delivered to include other clients who are at risk of abuse such as those with mental health, learning and physical disabilities.
80. The Working Group also found that service users could be more involved in the planning of services rather than just being consulted on draft policies as was sometimes the case. Recommendations centred around greater representation from service users on the Safeguarding Adults Board as well as identifying best practice from NHS Tower Hamlets and other local authorities on how they engage with service users when planning services.
81. With a low rate of self referrals as well as referrals from certain parts of the community, most notably the Bangladeshi, Somali and Chinese Communities the Working Group felt that a robust mapping analyses should be undertaken to identify gaps that may exist in engaging with hard to reach communities and a strategy be devised on how the Safeguarding Adults Board can meet their needs.
82. Finally the working group also recommends greater training aimed at front line professions that work with adults that are at risk of abuse. It was felt that, all too often, adults at risk are being taken out of situations which expose their vulnerability where in essence staff should actually empower and build the service user's confidence. In addition to this it was also recommended that staff are trained in methods to empower service users disclose abuse.

Scrutiny and Equalities in Tower Hamlets

To find out more about Scrutiny in Tower Hamlets:

Please contact:

Scrutiny Policy Team
Tower Hamlets Council
6th Floor, Mulberry Place
5 Clove Crescent
London E14 2BG

Telephone: 020 7364 4636

E-mail: scrutiny@towerhamlets.gov.uk

Web: www.towerhamlets.gov.uk/scrutiny