

SLOUGH SAFEGUARDING ADULTS PARTNERSHIP BOARD

PUBLIC REPORT

APRIL 2010 to September 2011



Final

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1. INTRODUCTION

Councillor James Walsh, Commissioner for Health & Wellbeing

At a time of increasing pressure on resources, it is more important than ever that Slough Borough Council works closely and effectively with its partners to make sure that vulnerable adults do not fall through the net when it comes to their protection.

Ensuring that the most vulnerable members of our community are looked after is one of the hallmarks of a civilised society, and that's why I am proud to be part of the Slough Safeguarding Partnership Board and proud of the work it has done during the past two years.

I am pleased to introduce the Board's third public report, which details the work it has undertaken with partner agencies in 2010 and 2011 to make sure that vulnerable people continue to be safeguarded from harm. This includes, for example, working with Thames Valley Police and Social Services to address issues surrounding chaotic lifestyles and problem neighbours.

Abuse of a person is wrong, and abuse of a person who is unable to protect themselves due to a disability, illness or frailty is utterly repugnant. It can manifest in many ways and can involve physical, mental and sexual harm, as well as more through more subtle means like the exploitation of someone's pension and finances and acts of cruelty behind closed doors.

As lead member for Health and Wellbeing, part of my role is to make sure that Slough Borough Council continues to do all it can to prevent such abuse and to address concerns and issues as soon as they are raised. That is why the Council has taken a strong lead to ensure that safeguarding is delivered effectively across the borough.

This Report summarises the measures taken during the Board's second year and identifies the means by which multi-agency working is developing and benefiting vulnerable adults across Slough. As a result of its work in raising awareness of abuse,

more vulnerable people are being identified and more measures are being put in place to address concerns. These include:

- ❖ Increasing in the number of staff in local services trained to identify and report safeguarding concerns
- ❖ Improving working arrangements between safeguarding services and community safety teams
- ❖ Strengthening responses to poor care practices

One final note, I think that one of the Board's key strengths lies in its independent standing; it is not an agency "run" by the Council or any of the other partner agencies and, under Nick Georgiou's firm leadership, it has the power to scrutinise and question all organisations to make sure that vulnerable adults continue to get the best possible safeguarding across the borough.

Abuse is a problem that affects everyone – whether you are the victim, a family member or someone who has to pick up the pieces afterwards – and it is only through working together in an effective way that the Council and its partner agencies can help safeguard those who need it most in our community.

REMEMBER ADULT ABUSE IS WRONG.

If you have a concern that someone is being abused call:

01753 475111 day time weekdays, or

01344 786543 evenings and weekends (Emergency Duty Team)

If you wish to report anti social behaviour in your neighbourhood contact the Anti Social Behaviour Hotline on 01753 875047

Or visit our website <http://www.slough.gov.uk/services/17702.aspx>

2. KEY MESSAGES

Nick Georgiou, Independent Chair Slough Safeguarding Vulnerable Adults Partnership Board

This annual report shows a wide range of work carried out by the partners on the Partnership Board. It demonstrates a range of effective joint work both at the strategic level, and most importantly, in the way the agencies work together to help individual people vulnerable to abuse.

There is well documented evidence that people can become more subject to risk at times of organisational change and transition. I am pleased that through these times Board members and partner organisations have maintained their commitment and enthusiasm for working together in a context of organisational change and diminishing resources. What the case examples in this report illustrate is that the pressures and specific problems faced by many vulnerable people can rarely be addressed by any one agency alone, in Slough they have been tackled well by the agencies working effectively together.

It is very satisfying that we can illustrate good practice in this annual report. However, there is more to do and a major job for the Board is to maintain its high standards and expectations in challenging times. We can anticipate that as the pressures in our society increase there will be an increasing demand for effective safeguarding procedures and practice. It is essential that the Board works well together in both its strategic planning to address this rising demand, and also that we maintain our constructive challenge to ensure that we add value to the work of individual agencies in delivering good quality practice together.

I want to thank my Board members for their impressive work and application and leadership in their agencies over this period. But I also want to thank especially all those staff from across the agencies who day to day deal with the pressures and go about their business providing safer and more supportive universal and specific safeguarding services to Slough's rich and diverse community.

3. EXECUTIVE SUMMARY

Jane Wood, Strategic Director Community & Wellbeing

This public report sets out the work of the Slough Safeguarding Vulnerable Adults Partnership Board from April 2010 to September 2011. This is the third report of the Board, and the work since April 2010 has been no less important than in the previous year. Working together is paramount to:

- ❖ Increasing public awareness of abuse and information about how to report a concern is essential to safeguarding;
- ❖ Improving standards of care, and ensuring local services recognise poor quality and respond robustly;
- ❖ Protecting our most vulnerable residents from hate crime and anti social behaviour where this threatens the person's safety and wellbeing;
- ❖ Providing informative and accessible information to residents about local services, and what makes for a good quality service.

Tackling these issues requires that agencies and support services share the same objectives, work in a coordinated way, and operate to agreed standards and arrangements. And there is no time more important for effective working across agencies than now. With increasing concerns about public sector funding, and significant changes proposed across the NHS, it is crucial that all services keep safeguarding as a top priority, share resources and work together to maximise benefits for the most vulnerable residents of Slough.

This public report of the Slough Safeguarding Vulnerable Adults Partnership Board sets out the four years priorities of the Board, April 2010-2013/14, and summarises the improvements made during 2010 and 2011 to contribute to the achievement of the longer term objectives and the benefit these improvements are beginning to have for local people.

4. SETTING THE SCENE

Deborah Stuart-Angus, Service Manager, Adult Safeguarding & Governance, Slough Borough Council

4.1 Safeguarding is everybody's business

Safeguarding is about reducing harm experienced by a vulnerable person by the abusive actions of others. It is about upholding a person's fundamental right to be safe, and promote their needs for safety and security - whilst simultaneously respecting the rights of the vulnerable person to be in control of their lives and be empowered to make their own choices.

Safeguarding is about taking action to:

- ❖ raise awareness that abuse of vulnerable people is wrong
- ❖ support communities to look out for the most vulnerable people in their communities
- ❖ enable public, professionals and volunteers to know what to do if they suspect a person is being harmed or abused
- ❖ ensure that community safety, domiciliary, nursing, respite and day care services work to identify and support adults who may be at risk from harm, ensuring they are included in decision making
- ❖ protect the most vulnerable and support people to be empowered to protect themselves, to make informed decisions about what they want to happen if they (or are likely to) experience harm, physical, emotional, institutional, financial or sexual abuse, neglect or exploitation

Residents of Slough, volunteers, and people working in local shops and services can all play a vital role in safeguarding people who are vulnerable. Looking out for a neighbour's welfare; responding to information that suggests a vulnerable person is being harmed or at risk of harm, and reporting such concerns, helps to support and protect the most vulnerable residents in our communities.

4.2 Policy and legal context

The report, 'No Secrets (2000)', set out guidance to local authorities and other statutory agencies relating to the protection of vulnerable adults. This was landmark guidance. Key recommendations included the setting up of Adult Protection Committees, now called Safeguarding Boards, to oversee the strategic planning and management of the protection of vulnerable adults, and that these committees or Boards should produce an annual report:

"Lead officers from each agency should submit annual progress reports to their agency's executive management body or group to ensure that adult protection policy requirements are part of the organisation's overall approach to service provision and service development". (DH 2000, Section 3.13)

Slough Borough Council has the lead responsibility for co-ordinating multi-agency procedures that address allegations or suspicions of the abuse of vulnerable adults, as well as leading the Safeguarding Board arrangements. Work with local agencies ensures that effective processes and appropriate support is offered to an individual should they be the subjected to abuse or at risk of it.

In 2008 The Department of Health undertook a consultation on the review of 'No Secrets', with the aim of strengthening safeguarding awareness and practice. The review identified the need for more powers and duties for Councils and statutory agencies and that new legislation was required to better establish safeguarding. There were over 12,000 consultation responses including those from partners on the Slough Safeguarding Vulnerable Adults Partnership Board.

The Law Commission published a set of proposals relating to all aspects of Adult Social Care law, including safeguarding. The proposals have been received positively by the coalition government, are being refined and will likely inform statute by 2013. If implemented local authorities and their partners will take on new safeguarding duties and powers.

5. ABOUT THE BOARD

Strategic Leadership and Governance

The Slough Safeguarding Adults Partnership Board has a wide membership, consisting of senior members of the Council, local Health Services, Thames Valley Police, LINKs, The Fire & Rescue Service, Ambulance Service, and local voluntary sector organisations. Established in April 2009, the Board has the full support of the Leader of the Council, Commissioner for Community and Wellbeing, Cabinet Members and the Chief Executive. It identifies ways in which local safeguarding arrangements can continue to be strengthened, and the Independent Chair, Nick Georgiou, holds a strong ethic of services working together.

The Board has four main functions:

- ❖ To set and own the strategic direction for multi-agency developments, improvements in practice and local safeguarding arrangements
- ❖ To ensure common policies of safeguarding exist between agencies and that these are being consistently applied.
- ❖ To share and disseminate information on national, regional and local developments and to share learning from Serious Case Reviews and national enquiries.
- ❖ To work together to:
 - Deliver shared objectives
 - Agree standards and safeguarding arrangements
 - Tackle poor standards of care
 - Protect Slough's residents from harm and anti-social behaviour which threatens safety, independence and wellbeing.

The Board directly reports to the Safer Slough Partnership and The Health and Well Being Delivery Group, which in turn report to Slough Forward - the Local Strategic Partnership (LSP) for Slough. The LSP is a non-statutory body which brings together local public, private, community and voluntary sector organisations. The LSP works with the local community to identify and tackle key priority such as reducing crime and the fear of crime, increasing opportunities for local people to develop skills necessary to compete in the workplace, improving health and wellbeing, and housing.

Slough Forward works by:

- engaging the local community and others in deciding priorities
- consulting with community and partners to prepare and publishing a sustainable community strategy and local area agreement
- co-ordinating services and plans around agreed objectives
- developing new ways of partnership working to deliver services and maximise outcomes for local people.

The Slough Safeguarding Board also reports at least annually to the Health Scrutiny Panel. The Panel is made up of ward councillors of the council, nominated by the political parties, who provide political scrutiny and public accountability for the work of the Board. Under the Terms of Reference of the Board each agency and organisation representative is also accountable for the work programme of the Board, acting on behalf of a service area or the organisation they represent. The constituent organisations are responsible for monitoring and endorsing their organisation work through their relevant organisational executive board or committee.

The Slough Safeguarding Board has developed links with other important partnership boards and operational groups, which support the development and championing of improvements in safeguarding practice in other key areas of community activity, for example the Anti-Social Behaviour Repeat Victims Group. Alongside these local arrangements the Board continues to work jointly with its counterparts in Windsor and Maidenhead and Bracknell Forest local authority areas to establish a network across East Berkshire on shared areas of concern, such as care service quality and the Berkshire Safeguarding Procedures. This helps to ensure consistency of approach for larger organisations that operate across local authority boundaries for example, Heatherwood and Wexham Park NHS Foundation Trust, Berkshire NHS Foundation Trust and Thames Valley Police.

The Appendices on pages 53-57, contain the Board Terms of Reference, Confidentiality Statement, Strategic Principles, Practice Standards and Board membership.

6. PRIORITIES 2010 – 2013

In September 2009, the Slough Board published the first report of the Board reflecting the work undertaken to deliver improved safeguarding outcomes during the first six months of the Board's development. This was shortly followed by the second public report of the Board, which reported on the first full year, and summarised the improvements made to local safeguards, including increasing public awareness, extending training to staff working in local services and improving the joint working between agencies to respond to safeguarding concerns.

The Board's objective has been to ensure that going forward its work continues to build on these improvements. The Board identified seven priority themes, and a number of accompanying actions, as the focus for improvements over a four year period, 2010-2013. We recognise that these priorities are challenging and we have therefore put achieving these priorities into a four year time frame from April 2010 going forward to the end of the year 2013/14. We recognise that during this period of time there may well be other responsibilities that we need to respond to and the achievement of these priorities and specific objectives will be monitored and reviewed on an annual basis.

Partner organisations on the Board are working with other local authorities, jointly with local Slough partners and within their respective organisations, to ensure developments achieve these shared objectives in the mid to longer term. The priority themes are:

- ❖ Awareness and community engagement
- ❖ Prevention
- ❖ Risk and choice and control
- ❖ Safe delivery of care services
- ❖ Partnership working
- ❖ Workforce development
- ❖ Improved processes and delivery of the Board's work

Improving awareness and community engagement

Objective: To continue to improve awareness of the types of abuse and risks of harm presented to our most vulnerable residents. We will achieve this by:

Improving awareness of the Board's role.

Developing targeted and general public awareness campaigns to achieve engagement across all communities.

Working specifically with Slough's diverse communities to raise the profile of safeguarding and how communities can seek support, advice and assurance on issues of concern.

Continuing with information and publicity campaigns to ensure that all citizens of Slough are provided with accessible information which empowers them to keep safe and raise concerns if they need to.

Working with health colleagues & GPs to improve awareness, identifying early signs of safeguarding or abuse.

Developing service user engagement to better inform safeguarding developments and responses through experts by experience.

Prevention

Objective: To identify early signs of risks to individuals who may be affected by crime, anti social behaviour or chaotic lifestyles, and preventing escalation of the risks. We will achieve this by: :

Developing a common definition and understanding of safeguarding and its relationship to community safety.

Launching public information available in a range of formats and languages about support services for vulnerable people who are victims of the anti-social behaviour.

Developing a safeguarding prevention strategy common to all key partners.

Risk, choice and control

Objective: To ensure there are safeguards in place to support, guide and advise residents who due to ill health, disability or frailty require care and support and wish to exercise choice and control over the type and delivery of their care We will achieve this by:

Raising awareness of safeguarding and choice with vulnerable people who are self funders or who have statutory funded support delivered through a personal budget.

Working across agencies and through the safeguarding partnership to develop a

comprehensive approach to safeguarding and personalisation, embracing positive risk-taking that balances risk and personal choice.

Safe delivery of care and support services

Objective: To expand the measures in place to promote quality care services and address concerns about care standards. We will achieve this by:

Developing common safeguarding standards for contract documentation across health and social care services

Agreeing joint triggers for intervention and escalation of poor performing care providers

Working with domiciliary care providers to ensure providers have robust systems in place to respond to safeguarding alerts.

Hosting an annual Safeguarding Conference to engage providers of services, users of services, people directing their own support and other relevant stakeholders in the safeguarding agenda

Partnership working

Objective: To maximise outcomes for local people through collaborative and coordinated working We will achieve this by:

Building on existing partnership arrangements to develop strong links with organisations Berkshire wide and at a local level that promote the safeguarding agenda.

Developing processes to avoid duplication of effort across East Berkshire and to facilitate joint working with neighbouring Boards and partners who relate to local authority areas wider than Slough. We will do this through joint working groups - for example, processes for the collection and sharing of safeguarding information, and joint training in regard to safeguarding awareness and procedures across partner organisations.

Working with other Boards in Berkshire to review and update the Berkshire Safeguarding procedures to ensure they are fit for purpose.

Supporting and empowering organisations to develop robust safeguarding arrangements and develop lead safeguarding roles.

Workforce development

Objective: To ensure the health and social care workforce, across the statutory, private and not for profit sector, has the knowledge and skills to identify risks of harm and respond appropriately to reduce the risk. We will achieve this by:

Reviewing the current Workforce Development Strategy to ensure that it is applicable to

all agencies, professionals and practitioners that support or work with vulnerable adults who may be at risk from harm.

Reviewing training across all partners to measure its impact in the delivery of improved outcomes and safe support to vulnerable people.

Better engagement of private, not for profit and voluntary sector services in awareness training programmes, its development and validation.

Identifying the developments required to improve opportunities for joint training between agencies, better engagement of care organisations in training and specially tailored training.

Developing and implementing a combined training package for Council Members, NHS Berkshire East Executive and Non Executive Directors and Constituent Board Members Committee Members to achieve an integrated training programme across all agencies.

Improving processes, actions and delivery of the Board's work

Objective: To ensure the Board works effectively and captures lessons learned to the benefit of safeguarding outcomes. We will achieve this by:

Consolidating sub group structure to deliver on strategic themes and ensure cross agency engagement in the safeguarding agenda

Working to formulate and publish necessary processes that aid partnership working and deliver the Board's work (e.g. Serious Case Review, Serious Untoward Incidents)

Review the Berkshire multi-agency safeguarding procedures to ensure they remain fit for purpose

7. SUMMARY OF ACHIEVEMENTS DURING 2010 AND 2011

7.1 Improving Awareness and Community Engagement

Abuse and intimidation of a person who is vulnerable can take many different forms, from antisocial behaviour, to theft of property, to hate crime, to poor care standards. Knowing where to get advice and the support to report incidents of abuse and harm is important to stopping abuse and protecting people who are experiencing abuse.

Throughout 2010 and 2011 increasing residents' awareness of abuse and how to report it has continued to be a top priority of the Board. The following case example illustrates the importance reporting a concern can bring to safeguarding a vulnerable person.

Case Example

The safeguarding team at Slough Borough Council received a telephone call from a concerned neighbour of Mrs J, a 76year old with complex needs and a history of obsessive behaviours. The neighbour reported that Mrs J could be heard screaming from her house when carers visited. The safeguarding team immediately contacted the Care Agency to discuss the alert. Mrs J and her husband were visited at their home to discuss the concerns and arrangements were made for a different carer to attend to Mrs J; one with whom Mrs J. was familiar and had confidence in.

The neighbour, who had reported the concern, was pleased with the outcome. He said he was "really pleased that Ms J will now be free from distress". Mrs J's husband stated that "the new carer was very good and that he is happy that 'things went in the right direction'". He added: "The present carer lives nearby and is always on time". As a result of the neighbours call to the council immediate action was taken to protect Mrs J.

Achievements during 2010 and 2011

The Board has worked on three important awareness raising and reporting initiatives, the details and outcomes of which are set out below. In addition to these:

- ❖ Community health services have undertaken extensive work to raise awareness and increase reporting. This has included implementing easy view working guide on the identification and reporting of signs of abuse for use by district nurses and GPs.
- ❖ Adult Social Care has commenced the scoping of the needs of some of our diverse communities with a view to commissioning a special service in 2012.
- ❖ Training sessions for local Councillors have been held during the year to increase understanding of abuse and the work of the Board.

a. Don't Suffer in Silence: Improving awareness and public information

The "*Don't suffer in silence*" card was published and distributed across public and voluntary services in the borough, to encourage adults, who are living with an illness or disability or who are elderly, to seek help and support were they experiencing abuse, harm or intimidation by the actions of others.

The pocket/wallet sized card provides the contact details of both statutory and third sector services across the Borough to whom vulnerable people can turn. The card is one of a number of public awareness and information initiatives of the Safer Slough Partnership and Slough Safeguarding Adult Board designed to increase public awareness of abuse and the reporting of abuse and related incidents. Other important initiatives of the Council and Thames Valley Police are:

- ❖ *Safeguarding adults from abuse is everyone's business.* Slough guide to reporting concerns about abuse of vulnerable adults
- ❖ *Help Us Sort It. If You See It Report it!* Slough guide to reporting crime and anti social behaviour
- ❖ *A quick guide to anti social behaviour.* Includes anti social behaviour hotline number

b. Stop It Now! Tackling hate crime against People with Learning Disabilities.

The '**Stop it now!**' campaign was established to increase awareness of hate crime experienced by people with learning disabilities. Coordinated by Slough Learning Disability Partnership Board in partnership with Thames Valley Police and Slough Borough Council, the focus of the campaign has been with youth projects and schools, to:

- ❖ Raise awareness about hate crime and its impact on people with disability, particularly amongst young people.
- ❖ Promote zero tolerance to bullying and hate crime, and
- ❖ Make available accessible information to support people with learning disabilities experiencing such crimes to seek support.

A poster campaign, DVD about hate crime, produced with local people with learning disabilities, and a series of awareness workshops in schools, colleges and other community settings.

- ❖ In April 2010 we reported that over 870 young people in schools across Slough had taken part in this programme.
- ❖ By March 2011 this had increased to over 1,000 Slough young people.

If you are concerned some one with a learning disability is experiencing bullying, verbal discrimination or hate crime, report it today.

Contact **Berkshire East Community Cohesion Unit** on **0845 8505 505**

The "**Stop It Now Learning Disabilities Third Party Reporting**", builds on the earlier Stop It Now campaign through third party reporting centres. Developed by Thames Valley Police Community and Diversity Officers, in partnership with local people with a learning disability, this scheme recognises that whilst many people with learning disabilities may experience bullying, verbal assault and hate crime, this often goes unreported to the police because the victims of the crime may find it hard talking to some one they do not know, or to someone who is not familiar with their way of communicating. Drawing on the positive relationship many people with learning disabilities have with their support workers and support network, such as volunteers, this scheme provides the opportunity

for a third party to report the crime on the persons behalf. Nine care and support organisations across the borough who work with people with learning disabilities have signed up as “virtual” reporting centres.

The scheme:

- ❖ Encourages people to “tell their story” through the person with whom they already have a positive relationship, a third party, who in turn can report the incident or crime on their behalf.
- ❖ Reports are then coordinated by the Community Cohesion Unit at Slough Police station whose role includes ensuring the victim receives appropriate support
- ❖ The police can respond by focusing policing on particular areas or issues where concerns have been raised.

Case Example

A number of residents with learning disabilities were experiencing bullying and verbal discrimination when standing at a bus stop, used by young people attending a local secondary school.

The residents, who had been given information about the Stop It Now Third Party Reporting Scheme, informed someone they knew and trusted, who then on the residents' behalf, reported the incidents through the scheme.

The police response was to meet with the residents and their “third party” support to find out more about the incidents and to provide advice about being safe. From these reports the police were able to coordinate an operation to tackle the hate crime. This included monitoring the behaviour of the school pupils in the vicinity of the bus stop.

With this evidence the police were able to take more formal action.

The police also worked with the Head and teachers of the school to increase awareness of the impact of hate crime and promote zero tolerance to such behaviours. Footage from the monitoring operation was used with the young people as part of this programme. There have been no further reports of incidents of this nature by these residents.

7.2 Prevention

People with long term ill health, frailty and disability can experience a variety of difficult and challenges situations, and in some circumstances this may increase their sense of feeling safe or present increased risk to their safety and well being.

There are particular challenges and risks presented for people who do not engage in housing support, community safety, health and social care services despite meeting eligibility for those services, or who have 'chaotic lifestyles'. Older people, people with mental illness or learning disability can also be particularly affected by anti social behaviour or hate crime, or the fear of such behaviour and crime.

The Board holds an important role in supporting the work of the Safer Slough Partnership, with a particular focus on vulnerable residents. Much of this work is about early identification of risks and **prevention**. That is identifying early signs of risks, reducing these by services deploying resources to meet the needs of the individual, and preventing escalation of the risks and the need to deploy the safeguarding procedures.

Achievements during 2010 and 2011:

During the past eighteen months much has been done to develop a common understanding and new ways of working to more effectively identify people who are vulnerable and at risk in our communities. Improvements in public awareness and information about anti social behaviour crime and hate crime, its affects on vulnerable residents and where people can go for support and assistance, has been covered in the section 7.1 above. Here we summarise developments in the way agencies work together and find solutions that help people feel safer within their communities.

a. Early identification of risks: improving assessment of vulnerability

In 2009/10 Thames Valley Police implemented a new assessment matrix designed to improve the early identification, by front line police officers, of factors that may increase the level of risk presented to individuals affected by crime or the fear of crime because of their level of vulnerability. Included within the assessment matrix are a range of vulnerabilities that may increase the risk presented to individuals by crime.

During 2010 and 2011

- ❖ 85% of all Slough's front line police officers received training in use of the matrix and in recognition of different types of vulnerability people may experience.
- ❖ In the same period we saw an increase in the number of reports where front line police officers had assessed and 'flagged' vulnerability using the matrix.
- ❖ Between October 2009 and October 2010 the number of incidents flagged was 324. Between October 2010 and May 2011 the number was 478, an increase by over 32%.

b. Early identification of risks: improving interagency response to anti social behaviour

In the last report of the Safeguarding Board we reported on the developments to improve multi-agency working between council officers, the police and housing landlords through the new multi-agency task group for victims and repeat victims of anti social behaviour.

The task group was set up to develop better joint working between agencies with a particular focus on improving early identification of concerns and responses to people who are vulnerable and experiencing repeated incidents of anti-social behaviour (ASB). In addition case meetings were established to coordinate support to residents affected by repeated ASB some of whom are also vulnerable people. The task group and case meetings are attended by the Vulnerable Adults Safeguarding Manager.

Since April 2010 risks presented to over 70 victims of ASB were monitored and supported by agencies as a direct result of improved joint working, and the risks reduced. The following case example illustrates the outcomes achieved for the victim.

Case Example

Mrs A, an elderly Housing Service tenant, who was partially sighted and living alone. Mrs A was suffering Anti-social Behaviour from a neighbour, who would often congregate with a group outside Mrs A's property late at night (and on occasion trespassing into her rear garden) causing noise and criminal damage. There were no threats made by the group, but as she lived alone, the group's presence left Mrs A feeling intimidated and

vulnerable.

By working together the ASB services, Housing services and the Family Intervention service were able to address the situation.

The ASB Victims Champion at Slough Borough Council supported Mrs A for a 6 month period. This included providing regular visits and contacts with Mrs A, monitoring the situation and providing updates to other services involved.

Housing Services dealt with the breach of tenancy issues of the perpetrator, who was also causing problems for another neighbour. Housing Service commenced possession proceedings against the perpetrator.

The perpetrator and family were referred to Family Intervention Project (FIP), and subsequently offered a FIP tenancy at an alternative address. The perpetrator and family moved from the vicinity, received support in their own right. Mrs A was safeguarded from the harmful effects of the ASB.

c. Supporting victims of anti social behaviour: Slough Victims Champion

In April 2010, the Council appointed its first Victim Support Champion. This new role was established in response to the lessons learned from a tragic incident in Leicester, in which a mother and her daughter who suffered repeated incidents of anti social behaviour died.

Between April 2010 and September 2011 The Victims Champion provided support to over 80 repeat victims of ASB:

- ❖ By October 2010 45 victims had received support from the champion and other services
- ❖ This increased to 59 by the end of December 2010
- ❖ And up again to 83 by August 2011.
- ❖ 7 of these 'victims' were particularly vulnerable due to age, frailty, illness or disability

The support provided by the Victims Champion includes support by phone and through personal visits with the level and length of contact being dependant on the person's vulnerability and the level of support being provided by other agencies. Referrals

include those from partner agencies/departments that may come into contact with ASB victims, such as Thames Valley Police, Housing providers and various services across in Slough Borough Council including Adult Social Care services and community wardens.

- ❖ Encouraging victims to report repeated incidents of ASB
- ❖ Providing emotional and practical support (e.g. additional security measures to prevent further incidents).
- ❖ Keeping victims up to date as to progress of any enforcement action such as an Acceptable Behaviour Contract or Anti-Social Behaviour Order (ASBO).
- ❖ Liaising with care coordinators and signposting to specialist support (including third sector providers such as Age Concern)
- ❖ Onward referral to Police, Safeguarding Team, Mental Health, Drug and Alcohol Services and Adult/Children Social Care, and Witness Support Services.

“Often the cases involved vulnerable adults and children as either victims or perpetrators. In these cases I ensure I make appropriate contact with the vulnerable person as soon as possible and maintain contact with the social services to ensure they are fully aware of the ASC issues.

The frequency and level of contact I have with the vulnerable victims will depend upon their individual need and the level of support they receive from other agencies. My links with other services has meant that the situation is resolved quickly”.

Slough Victim Support Champion

d. Being Safe: Developing a Safe Place Scheme

Safe Place Schemes are fairly recent initiatives developed to provide support to people who are feeling vulnerable when they are out in local communities. The idea was first initiated by the South Devon and Dartmouth Safety Partnership, and has been successfully launched in a number of other areas of the country since. The schemes have been seen as a positive means to tackle bullying and hate crime.

All the schemes work with the support and commitment of local businesses including leisure services, who are encouraged to ‘sign up’ to the scheme. These services display a Safe Place sticker in a visible place, usually in a window identifying them as a place

where a vulnerable person can, in the case of an emergency, receive immediate short-term help and contact can be made on their behalf to the police or a carer as required.

“The Safer Place Scheme makes me feel better when I am going out alone or at night. If this scheme was in every town, it would really benefit the country as a whole and make people feel better when going outside”

Resident benefiting from the Wokingham Safer Place Scheme

Concerned that residents of Slough benefit from such a scheme, the Slough Safeguarding Partnership Board is developing a Slough scheme. To date:

- ❖ Over 50 people with learning disabilities have been consulted on the scheme
- ❖ Further consultation sessions are planned with older residents and people with mental illness
- ❖ Peer advocacy and support is being provided by United Voices
- ❖ Trading Standards and Food and Safety officers from the council are playing an important role in the schemes development, and links are being made with the Local ‘Pub Watch’ scheme
- ❖ A pilot is being set up in Langley, and if the pilot project is successful it will be rolled out to other areas of Slough during 2012/2013.

Are you experiencing anti social behaviour or you are concerned that a neighbour or someone you know is? Report it today!

Contact the **Slough Anti Social Behaviour Hotline** on **01753 875047**

7.3 Risk, Choice and Control

In response to the national policy for the delivery of care services, Slough Adult Social Care services have introduced new ways of working to deliver more personalised approaches for people who are eligible for care and support services. The Slough 'Putting Me First' strategy sets out these policy changes and makes specific reference to the challenges of providing safeguards to vulnerable people who wish to take 'control' over their care arrangements:

"There will be new challenges to address as people choose their care from services which are not provided or commissioned by local authority and which are not subject to formal regulation. These will include ensuring that services are of high quality and meet appropriate service standards and that information on these issues is readily available to people when making decisions on purchasing their care."

Slough 'Putting Me First' Strategy

The actions supporting the strategy aim to:

- ❖ Assist and enable people to be actively involved in decisions about their care and make risk-managed choices
- ❖ Ensure that brokers and the brokerage service are fully trained and aware of all aspects of safeguarding and can advise service users accordingly
- ❖ Ensure advice and information is available to service users who directly recruit personal assistance and other support services, to include people who fund their own care.
- ❖ Share local knowledge about potential risks and appropriately engage with multi-agency safeguarding arrangements.

Achievements during 2010 and 2011

During the year a number of steps have been taken to safeguard people who use direct payments or arrange their own care and support through for example a personal budget or through 'self funding'. These include:

- ❖ New public information on Direct Payments. This now includes advise on the quality checks and balances a person should undertake when employing their own personal assistant or arranging their own care. For example, CRB checks.

- ❖ Annual programme of quality audit and monitoring of registered services, such as nursing homes and home care services.
- ❖ All staff working in the brokerage service, provided by the Local Authority, trained in safeguarding awareness and response.
- ❖ Safeguarding training is also made available to all local support providers. Take-up of training is reviewed and monitored. Safeguarding is a regular item on the agenda of the Slough Provider's Forum meeting where providers are informed of training opportunities and updated on changes and developments in policy and practice.
- ❖ Information about care standards and what to look for when choosing care services, designed for people who fund their own care and for their relatives, is being compiled.

Case Example 1

Mr S received direct payments to employ a personal assistant (PA). His family became concerned that the PA was charging for services which were not delivered, such as providing support Mr S to have trips out.

Social worker met with Mr S and the family to discuss the outcome they were looking to achieve. Subsequently the social worker met with the PA to discuss appropriate recording of the support agreed with Mr S and contained in his support plan including activities, and the importance of having a clear understanding with Mr S and his family regarding the role and duties of a PA.

Adult Social Care services also provided the PA with Safeguarding awareness training.

There is still more work to do in the coming year to develop a comprehensive approach to safeguarding, risk, choice and control. This work will remain a key priority going forward.

7.4 Safe Delivery of Care and Support Services

Safe delivery of care services, whether these are services provided by local statutory agencies, or by the private, not for profit and voluntary sector organisations, is central to the health and wellbeing of the people in receipt of that care.

In the past year there have been a number of cases across the country, in residential care, nursing home and hospital settings, that have received national press profile and intensive regulator and public scrutiny, following exposure about poor care standards and in some instances serious abuse or neglect of the vulnerable people in their 'care'.

Consistently evaluating the measures in place to promote good care standards, and improving arrangements to identify and address poor practice, is of paramount importance to keeping people safe and ensuring quality outcomes for our vulnerable residents. The Council, the Primary Health Care Trust, Heatherwood and Wexham Park NHS Hospital Trust, and Berkshire Healthcare Foundation Trust have all worked to extend and improve the measures to promote and assure quality across the local care economy.

Achievements during 2010 and 2011

a. Enhancing monitoring and governance arrangements

Providers of residential, nursing and home care services are required in law to comply with the minimum standards set down by national Care Standards Act and of the national regulator: the Care Quality Commission. The onus of responsibility is upon the care provider to self regulate and monitor the standards and practices of the service, and put in place improvements where standards fall short of compliance levels.

The role of Council and Primary Care Trust (PCT) is to oversee the quality of the services commissioned and funded through public funds, bring shortfalls to the attention of the provider and monitor improvements being made. The Council and PCT will actively intervene in instances where there is serious concern that shortfalls in required standards are impacting, or will impact, upon the safety of the individuals in their care. Interventions include, reporting concerns to the national regulator; putting in place an improvement team, often consisting specialist nursing and care staff to guide and assist

the provider to achieve required standards; ceasing new admissions until standards have improved; offering alternative services to service users, developing bespoke training for care staff, enhancing monitoring activity. These measures are implemented through the safeguarding adult multi-agency procedures.

Between April 2010-2011 there were 32 safeguarding concerns raised in relation to alleged abuse in residential and nursing home operating in Slough. This is in the context of there being 466 residential and nursing home places in the Borough. In response to the Castlebeck exposure both the Council and PCT have enhanced their monitoring of care homes for people with learning disability living outside of the Borough to provide additional oversight, assurance and early identification of concern.

Case Example

When serious concerns were raised about the standards of service in a care home, Adult Social Care worked with Police, Care Quality Commission, Health Services and Environmental Health to ensure that appropriate action was taken to safeguard the people living in the home. People funding their own care at home were offered social work assistance to assess their needs and look for alternative services where necessary. Independent advocates from a local voluntary sector organisation assisted with regular visits to the home, and Adult Social Care liaised with local authorities who had people placed in the home to keep them updated. Most residents of the home wanted to move to alternative services. A few however wished to remain at the home. The Adult Social Care and Health Services placed their own staff in the home to work alongside the home staff and assist in keeping the residents safe and while the safeguarding investigation was undertaken and the outcomes fully considered by the statutory agencies and regulatory body.

b. Developing common safeguarding commissioning standards across health and social care

To provide additional clarity of expectation upon providers to deliver safe quality services, the PCT and Council have been working together to produce common standards of contract documentation and care specifications of services commissioned, and making more explicit the responsibilities of providers to:

- ❖ Comply with the Berkshire Safeguarding Adults Policy and Procedure and Slough Borough Councils local procedures.
- ❖ Ensure managers, staff and volunteers of the services are adequately trained in care practices and in safeguarding identification and reporting
- ❖ Report concerns of abuse without delay.
- ❖ Self regulate. Have in place governance arrangements that enable the provider to identify issues early, make necessary improvements, and monitor the outcome.

c. Improving triggers for intervention

Pressure ulcers can be an indication of poor or ill advised care practice and in many instances can be avoided and the risk of ulcers minimised.

- ❖ In 2009 The South Central Strategic Health Authority introduced a new policy across health services that required all grade 4 pressure ulcers be reported and responded to as a serious incident, with the purpose of identifying the underlying cause and mitigating the risk presented.
- ❖ Health services in Slough went one step further and took the decision to report grade 4 ulcers to the Local Authority Safeguarding Team for consideration under the safeguarding procedures.
- ❖ By April 2010 the policy was extended to cover grade 3 pressure ulcers.

Important outcomes of this work are:

- ❖ Greater understanding of the extent of pressure ulcers incidents across health and other care economy
- ❖ An increase in the number of safeguarding alerts raised by the hospital of patients admitted to hospital with ulcer concerns, and in turn, vulnerable people for whom protections and care improvements have been put in place .
- ❖ Health economy wide pressure ulcer prevalence study commissioned by the PCT Clinical Executive Committee to explore how to reduce instances.
- ❖ Pressure ulcer care pathway compiled and agreed across the main care providers in Slough including Berkshire Care Home Association, GPs,

Community and Acute Mental Health Services and the Hospice care, to be launched in October 2011.

- ❖ Preventative programme of assessment and advisory visits by the Community Tissue Viability Nurse to local care homes.

Case Example

Mr G, a 72 year old man, with a chronic long term condition resulting in him being wheelchair dependant. He was experiencing mild depression and had an alcohol dependency which worsened his condition. Following a period in hospital, personal care support was arranged on his discharge. Mr G is reported to have frequently dismissed the home care assistant from his home and over a period of time.

However, the home care assistant did not report this to the care agency. The combined affect of his incontinence and lack of personal care resulted in his skin breaking down and pressure ulcers developing. His personal neglect became a cause of serious concern to others and he was re-admitted to hospital. The A&E clinical team identified the seriousness of his skin condition.

Mr G's situation illustrates the importance of care assistants understanding the factors that can lead to pressure ulcers and raising an alert early and before the skin deteriorates. Adopting preventative measures and intervening early is essential to the effective management of skin care.

In addition the Heatherwood & Wexham Park NHS Hospital Trust has:

- ❖ Increased the profile and monitoring of safeguarding, incorporating safeguarding alerts into the Patient Safety and Quality Metrics Dashboard and monthly reporting to the Health Care Governance Committee.
- ❖ Improved support to carers and people with learning disabilities. The Trust have participated in the Safeguarding Vulnerable Adults Awareness and Carers Week and the learning disabilities peer review, providing information to cares on safe care practices and developed a 'This is my life' scrap book to assist relatives and carers to provide information to staff on caring for their loved ones.
- ❖ Recruited a Senior Mental Health Nurse to work with the staff on the general wards and awareness sessions have been given to senior nursing staff on the

'No Health without Mental Health', and implemented a best practice improvement programme on dementia care

d. Escalation of Response to Poor Performing Care Services.

The Council's Adult Social Care services have implemented new governance arrangements and risk assessment tools to escalate concerns about poor standards, monitor homes and define the response of the council to poor standards. Chaired by the Assistant Director for Adult Social Care, the governance board determines the council's commissioning and contract management interventions where service quality is of concern.

7.5 Partnership Working

Central to effective safeguarding prevention and intervention is partnership working. It is important to strategic development and improvement of services and practice, the governance arrangements overseeing safeguarding outcomes, and to the effectiveness of response and protection planning for individuals. Partnership working is not an end in itself but a means to maximise outcomes for vulnerable residents of Slough through collaborative and coordinated response.

Many of the achievements for 2010 and 2011 already summarised in the sections above are illustrative of the local commitment to joint working and of its importance. But working together *consistently* is not always easy and can be challenging. This is particularly so when there are very different and sometimes conflicting demands, whether these be resources, policy setting or priorities of time, on local organisations, services and professionals. Having 'partnership working' as one of the top priorities of the Safeguarding Board, assists organisations to retain a focus on the improved outcomes joint working can bring.

The case example opposite illustrates how effective and central partnership working is to the protection of people at risk.

Case Example

A safeguarding concern was raised by a Multiple Sclerosis Specialist Nurse about a young man in the community who lived alone and was having large stones thrown at him and his property, with youths sitting on his shed roof verbally abusing him. The stones had injured his pet and the youths were congregating at night allegedly wearing masks and attempting to break into the property. Safeguarding procedures were investigated and a protection plan put in place. A number of services were involved in the protection plan: Social Work Team, CCTV, Careline, Housing Services, Anti Social Behaviour Team and Thames Valley Police.

The police placed a '24/7' flag on the property, and provided around the clock monitoring. The young man was issued with a personal alarm. The Housing Association discussed options for relocation with him, but he wished to remain in his existing tenancy. Plans were put in place to install CCTV at the property and the young man was offered Respite Care for a period of time to provide him with rest and relief from the situation.

High profile policing has dissipated the youths and the young man is no longer experiencing ASB. Joint working between the Police, Housing Association, Respite Unit, the Multiple Sclerosis Nurse, Anti Social Behaviour Team and the Victim's Champion continues to ensure that he remains safe.

Achievements during 2010 and 2011

a. New safeguarding arrangements across community nursing and mental health NHS Trust provision

Following the mergers of Berkshire East Community Health Services (BECHS) and Berkshire Healthcare NHS Foundation Trust, all safeguarding policies and procedures were reviewed and a single Berkshire Healthcare Foundation Trust policy compiled.

In 2010-11, the new organisation has increased safeguarding adults awareness-raising and staff training; refined the safeguarding definition and improved clarity about alerts. This work was supported by a mock inspection to improve planning about the risks of 'non-compliance, in advance of the Care Quality Commission Inspection during spring 2010.

In addition the Trust has:

- ❖ Increased the capacity to lead safeguarding improvements and practice, with a new team in place that includes a senior nurse manager and a nurse lead dedicated to safeguarding adults.
- ❖ Implemented an electronic incident reporting system (Datix) to improve management oversight and central monitoring of safeguarding practice. This complemented the safeguarding risk assessment tool already in place.
- ❖ Aligned Serious Untoward Incident (SUI) governance and reporting procedures with safeguarding and included 'near miss' situations and 'patient-on-patient' assaults within safeguarding procedures.
- ❖ Developed new safeguarding alert and response pathways alongside the Common Point of Entry. In Slough the pathway promotes direct communication between BHFT Common Point of Entry and the nominated safeguarding lead in the Local Authority.
- ❖ Put in place information sharing strategies with the Council to consider provider concerns, and safeguarding response and management, and has involved the council leads as key partners in the Trusts safeguarding improvement programme.
- ❖ BHFT mental health services are contributors to the work of the Slough Board's Quality Assurance sub group

b. Building on existing partnership arrangements to respond to residents with complex and chaotic lifestyles

There are many people whose circumstances do not warrant the instigation of safeguarding procedures, or who are not eligible for adult social care services. However, some of these people may still be vulnerable, or at risk to themselves or others, or both, largely because of the negative impact of lifestyle choices, including dependencies on harmful substances such as drugs and excessive and prolonged alcohol. Many of these individuals will also experience mental health and long term conditions associated with lifestyle and related dependencies, and loss of tenancies due to the impact of their lifestyle and behaviour on others. Most will be in contact with A&E, primary health care and community policing services.

The Slough Chaotic Lifestyles Group (CLG) has recently been established to try and respond to these complex situations. The aim is for agencies to collectively identify ways to monitor these situations, intervene where risks increase and where possible reduce the risks, aware that there is often no easy solution and that the people in such circumstances rarely change their lifestyle and in this respect some risks may continue. The group has direct links with the Anti Social Behaviour multi-agency tasking working.

Case Example 1

A Housing Officer raised a safeguarding alert to the Council's safeguarding team. This was in respect of - Mr T. (74), living alone with long-term health conditions in a one-bed roomed property with his informal carer. The Housing Officer had been concerned about risk and the ability of the informal carer to support Mr T. because a) the carer was allowing his own friends to stay overnight at the property b) there was a concern that alcohol was being abused and c) on arriving at Mr T's home, it took the Housing Officer repeated attempts to establish if anyone was home. After 15 minutes Mr T. came to the window, saying he couldn't open the door as he had been locked in by his carer, and that he had been left since the early morning and his carer would be back later.

A multi-agency safeguarding meeting held to identify protection actions. A mental capacity assessment was undertaken with Mr T. to ascertain if he could make a decision as to how to exit his property in an emergency, and to ascertain his decision making about the present circumstances at his home. Mr T. confirmed that if his front door is locked, he would go out the back door as it is just on a chain; he also stated that he would pull the emergency cord and speak to someone. Mr T confirmed that his informal carer was his friend and that he was happy for him to live in his property. Housing discussed the option of Mr T. moving to a two bed roomed property, but he wanted to stay where he was as he liked his garden and access to shops. Mr T declined adult social care services formal services. However he did agree to accept: aids to assist him with bathing; a visit from the GP to check physical and mental health and increased visits from Housing. The Police Community Support Officers agreed to complete out of hours checks on Mr T's property and the local area. For Mr T, the safeguarding process was effective as all agencies worked together to ensure his safety and wellbeing, whilst his personal choices were maintained and he stayed in control of his decisions.

d. Improved data sharing measures

Chief Executives of all the statutory agencies have agreed a single agency Information Sharing Protocol, ensuring shared objectives in information sharing about individuals at risk and of concern to agencies and in relation to aggregated data sharing and data analysis. The protocol has been particularly effective in relation to offenders, victims, provider concerns and sharing learning from complex cases.

The Safeguarding Board Quality Assurance & Performance sub-group has also examined the range of safeguarding information collected and available across partner organisations, with the purpose of compiling a shared performance outcome framework. This work demonstrated that larger, statutory organisations have systems in place to record and monitor detailed and comprehensive data on a number of issues, including:

- ❖ Safeguarding alerts raised
- ❖ Investigations carried out
- ❖ Application of safeguarding procedures
- ❖ Outcomes for the vulnerable person
- ❖ Numbers of staff trained and materials used

Smaller organisations do not, in general, have such sophisticated systems in place, though many do record data on alerts raised. Further work will take place during the coming year to develop a common dataset of information to be collated and systems established to record and share data. These arrangements will take account of the size and capacity of organisations and will be proportionate in the requirements placed on agencies.

7.6 Workforce development

Nationally it is recognised that abuse and neglect of vulnerable adults still largely goes unreported and abuse is often hidden from view. Increasing awareness of the signs of abuse and neglect by people working in universal public services and who come into contact with the public in their work, is as important to 'safeguarding' as continuing to provide training on best care practice to staff working in public, private and voluntary health and care services. The workforce development programme of the Board

therefore has sought to increase the knowledge and practice across services in the town. To assist in the Board's objectives the Board has:

- ❖ Mapped the training being provided, by whom and which staff had received training, across the whole sector in Slough, including capturing from care providers what training they had provided, including content and methods used. This data will provide the focus for training outcomes during 2012.
- ❖ Developed with neighbouring unitary authorities an East Berkshire Workforce Plan, with the aim of providing consistency in training and care practice for agencies and organisations that work across more than one unitary authority boundary. Programmes included in the plan are: awareness and identification of safeguarding concerns for all staff; safeguarding investigator and decision making training for statutory sector practitioners and managers; provider manager training, for voluntary and private sector care and support service managers.
- ❖ It was also the intention to implement a national toolkit setting out quality and competency standards that all training should meet. It was anticipated that the toolkit 'Learn to Care' would be issued by the national agency Skills for Care, in June 2011. However, by October the toolkit had still not been released. In the absence of a national framework, work will now commence to expand on the existing local competency standards.

Achievements during 2010 and 2011

- ❖ All statutory agencies have focussed training attention on increasing the number of staff trained in the complex Mental Capacity Act and Deprivation of Liberty Safeguard requirements. During the same period we have seen a corresponding rise in successful applications of the legislation.
- ❖ Accessible e-learning awareness training module has been implemented across the Berkshire Healthcare Foundation Trust for clinical and non clinical staff
- ❖ "Understanding a life with dementia" initiative organised by Berkshire East Primary Care Trust, trained 400 community based NHS and care staff, including 20 junior doctors, GPs at 19 Slough practices, 80 practice nurses, 100 staff

working in adult social care. A similar dementia care programme has been implemented for staff working at Wexham Park hospital.

- ❖ 380 awareness training places were made available through the council training programme, with an 81% take up.
- ❖ 204 volunteers, and care staff working in private home care and care homes, undertook the council awareness training. Many larger care and care home companies provide their own training to staff. For these the council offered to evaluate the training programme to ensure it met minimum standards.
- ❖ 9 bespoke training programmes were undertaken specifically to meet the needs of individual providers.
- ❖ 91 adult social care staff received training, a third of these Awareness training and two thirds safeguarding Investigation training
- ❖ 29 staff working in library and leisure services, 18 working in community safety, care line and trading standards services, 51 staff providing services at My Council, 41 Children and Families workers, and 4 staff from the council's corporate services, successfully completed the awareness and alert training.

Independent Mental Capacity Advocates (IMCA) Referrals

The IMCA Service received 160 authorised instructions with Slough as the "decision maker" for 14 cases up to March 2011, increasing to 23 cases by September 2011. Slough is now the highest requesting referrer to IMCA across Berkshire. The highest number of cases assessed related to a move in accommodation and the most prevalent client location at the time of the assessment and decision was the acute hospital. The most common reason for a person's impairment was recorded as organic mental health and most referrals were made on line, with the highest numbers being white British people over 75.

Deprivation of Liberty Safeguards (DoLS) Authorisations

From April 2010 until March 2011, there have been 3 DoLS applications from Slough Council for Supervisory Body status. All 3 have been granted and were for older people with mental health issues. The applications were granted for 3mths, 6mths and 12mths. 18 applications were also made by NHS services across East Berkshire, of which 2 have been granted for Supervisory Body status.

7.7 Improved processes, actions and delivery of the Board's work

The Slough Safeguarding Board has kept under review its working arrangements, to ensure continuous improvement in safeguarding outcomes, responding to changes locally and identifying the learning from safeguarding incidents. During 2010/11, the Board revised its terms of reference and sub group arrangements and extended its membership to include the Berkshire Care Association, a voluntary association of independent residential and nursing providers.

a. Learning from Serious Case Review and Serious Untoward Incidents

Following a serious incident at a private nursing home, the Board commissioned an Independent Chair to convene a review of the circumstances surrounding the incident. The aim of a Serious Case Review is to identify whether there are further improvements that can be made to care practice and arrangements that help to keep people safe. The review commenced following the conclusion of the police investigation into the incident. As legal proceedings are still being considered the circumstances surrounding the incident can not be released. All the residents of the home had either been placed by other local authorities, outside of Slough, or had made their own arrangements to be admitted to the home through 'self-funding arrangements'. The proprietor of the home has since ceased trading and the home is now under new ownership.

The Board has also considered three Serious Untoward Incidents (suicides) which occurred between October and December 2010 of people with chronic and enduring mental illness. The actions taken by Berkshire Care Foundation Trust to address the lessons learnt include:

- ❖ Strengthening communication and information sharing between mental health services and Thames Valley Police, supported by the multi-agency information sharing protocol.
- ❖ Psychiatrist led training to support the local risk management of suicide and increase of Cognitive Behavioural Therapy interventions to support local practice.

Work has also commenced between safeguarding vulnerable adult and domestic abuse services to improve the risk management and response to incidents involving domestic

violence and vulnerable adults. The Board will report outcomes of this work in next years report.

d. Updating the Berkshire Multi-Agency Safeguarding Procedures.

Led by the six Berkshire Unitary Authorities, statutory agencies have worked collaboratively to review and revise the multi-agency safeguarding vulnerable adult procedures. Drawing on feedback from users of the procedures, lessons learned across the country, and new legislation, the new procedures include requirements under the Mental Capacity Act and Deprivation on Liberty Safeguards, and is accessible through an easy view web based system.

Thames Valley Police (TVP) has also developed a TVP Adult Protection Policy and revised internal referral processes and the Safeguarding Training Programme for operational police officers. In implementing the Mental Capacity Act 2005, TVP has added a section 44 classification to the crime recording system, supported by information on the local policing intranet site. TVP have also adopted use of the Anti social behaviour risk matrix which is being used to identify levels of risk to victims of ASB in response to reported incidents. The risk matrix includes: frequency and intensity of incidents, nature of targeting and impact on the victim, impact of factors that can increase a person's vulnerability, such as age or disability, and the nature of the support needs of the victim.

7.8 Looking forward

Looking forward, the Board will continue to work to deliver its four year plan and use the outcomes from 2010 and 2011 to inform the focus for improvement over the forthcoming year. Priority actions drawing on the wider priorities and objective described earlier will include: developing a specialist service for hidden vulnerable groups; developing an expert by experience network and more effectively capturing the outcomes that protection planning brings to individuals; extending the work on community safety to include clear pathways with Domestic Violence services; and working with GPs to ensure their readiness to undertake their new statutory responsibilities in 2013.

8. Facts and Figures

In April 2011 it became a requirement for Local Authorities with adult social services responsibilities to submit to the Department of Health (DoH) safeguarding data on an annual basis. The data set is prescribed and primarily captures the number of safeguarding concerns, the nature of concerns and the timeliness of response. To supplement this data the Council also captures data on practice activity against key milestones contained in the local procedures and practice guidance. The data submitted to the DoH relates to the financial year April to March. The data contained in this report therefore is for the financial year April 2010-March 2011.

The data set is managed by the Safeguarding Team, Social Services at the Council. It is also the role of the team to receive safeguarding concerns (often referred to as Alerts); undertake an initial triage assessment; provide advice and guidance to the referrer on the response, referring to other preventative and Adult Social Care services where appropriate; and coordinate the safeguarding procedures for concerns for which deployment of a multi-agency response is required. It is important to note that the nature, type and severity of some concerns raised to the service are appropriately addressed without recourse the procedures.

Summary of safeguarding activity

During 2010-2011, 312 alerts were made to the safeguarding team. This represents a stable position of the number of alerts on the previous year. Of these:

- ❖ The number of repeat referrals reduced significantly to 3% compared to 12% in the previous year 2009-10.
- ❖ Referrals from statutory agencies increased, particularly from Health, the Police and housing services up by 5%, 4% and 2% respectively.
- ❖ Concerns raised by NHS staff now form 37% of the total number of concerns raised, reflecting the extensive work NHS provider trusts have undertaken in the past two years.
- ❖ Concerns raised by Adult Social Care staff fell by 15% and now equate to 35% of all concerns raised. This follows the pan London picture where improved joint working and awareness raising, with a range of services such

as community safety teams, leisure services and housing is resulting in more referrals being made direct to safeguarding services rather than through Adult Social Care services.

- ❖ Concern raised by family members also fell slightly, though remaining higher than the regional average. Self referrals and referrals from neighbours remained largely unchanged.

Nature of the abuse

In 2009-10 the highest number of reports of abuse related to financial abuse, at 27% of the total. In 2010-2011 it was physical abuse that was the highest, at 32% of the total, an increase in 10% of physical abuse reports on the previous year. Reported incidences of emotional and sexual abuse remained largely unchanged at 6% and 21% respectively.

There are a number of factors that could explain the increase in the number of incidents of physical abuse as compared to the previous year. One is the positive impact of the extensive programme of improvement across the NHS, with increased reporting from A&E staff and in particular early identification of grade 3 and 4 pressure ulcers. The other may be explained by the recording of abuse. Physical abuse and neglect, particularly where the neglect impacts on the physical condition of the vulnerable person, can be used interchangeably to describe the nature of abuse and may have led to a preference to record the abuse as "physical".

Of concern, however, is the low reporting of discrimination. Discrimination of a vulnerable person can take many forms. Hate crime against people with a learning disability for example is a form of discrimination. Over the past two years Thames Valley Police, the Council and the voluntary sector have put in place a number of initiatives designed to increase awareness that hate crime is wrong and make the reporting of hate crime more accessible and supportive for the vulnerable person. The *Stop It Now* and the *Third Party Reporting* project are examples. It will be important for the Board to continue to promote such initiatives and raise the profile of discrimination against people with illness and disability in order to increase reporting.

Profile of the vulnerable person and relationship to the alleged 'abuser'

The number of reported incidents of abuse against vulnerable Older People and People with Learning Disabilities was higher than for other care groups. This is representative of the wider population of people with these conditions and dependant upon care and support to meet their daily needs. However the number of reports of people with mental health illness in Slough is much higher than in neighbouring authorities. This is encouraging as nationally there is concern that abuse of people with mental illness largely goes unreported.

Also encouraging is the decrease in the number of reported incidents of abuse where the alleged abuser is a staff member in residential and nursing care homes. In 2009-10 reported abuse within care homes represented 26% of the total number incidents, reflecting concerns about care standards in three nursing homes. This percentage fell to 11% in 2010-11. It is important to note however that the identification of abuse by care staff requires early reporting and whistle-blowing by other staff who witness such concerns.

Abuse of a vulnerable person by a family member (other than the partner/spouse) remains the highest at 23% of the total, and marginally higher than in the previous year, whilst allegations against a partner or spouse almost doubled from 6% in 2009-10 to 11% in 2010-11. The reported number of incidents against home care assistants, working within the vulnerable person's own home, remains low at only 4%. This might suggest that there continues to be under-reporting or identification of abuse of people receiving home care services, which by its very nature can be hidden and more difficult to identify than abuse in a shared care and working environment such as a care home. Quality monitoring of home care services will be a priority for 2012.

Timeliness of response

88% of all concerns (alerts) received the first safeguarding response within a 24 hour period. This exceeds the target of 80% and compares very favourably with the other Berkshire authorities who achieved between 60-80% and London Boroughs who achieved between 65- 80% in the same year. The priority action at this stage is to put in place protection arrangements that eliminate or minimise the

risks presented to the vulnerable person and while further investigation of the concerns is undertaken.

For 74% of the alerts, a multi-agency strategy meeting was convened within a 5 day period, slightly short of target. This meeting decides the investigative process in response to the alert and will agree adjustments to the interim protection arrangements if required. Planning meetings were subsequently held for 58% of cases within 28 days from the initial alert. This meeting is held subsequent to the investigation and agrees the nature of ongoing protection arrangements. The % outturn here is lower than the target and influenced by the complexity of a case situation, including recourse to the Mental Capacity Act and Deprivation of Liberty Safeguards. In the majority of cases, 84%, the safeguarding interventions were completed within a three month period, an improvement of over 20% on last year where 63% were completed in 3 months.

Outcome for the vulnerable person

The outcomes for the vulnerable person largely remained consistent with the previous year. The agreed outcomes for the majority of vulnerable people was either on going monitoring of care need and vulnerability (30%) or no further action required following the safeguarding intervention (30%). The next highest outcome rate was continuing health care intervention at 14%. 2010-11 saw a slight increase in referrals for ongoing advocacy support, a rise of 2%, and the person moving to another property, a rise of 1%.

There was also a slight increase in the number of alleged abusers who received counselling and training as part of the resolution. Overall the number of cases that moved to full criminal investigation remained low at 3%, with only one case during the year going through to criminal prosecution, a fall of 9% on the previous year. Whilst these low prosecution rates reflect the national picture it is extremely concerning that abuse against vulnerable adults has such a low juridical profile.

Abuse of a vulnerable person wrong!

**If you have a concern that someone you know is being abused
or neglected then call now on**

01753 475111 and speak to someone today

APPENDIX 1

SLOUGH SAFEGUARDING PARTNERSHIP ADULTS BOARD TERMS OF REFERENCE

1. BACKGROUND

Why do we need a Slough Safeguarding Adults Board?

- 1.1 The Department of Health document “No Secrets” (March 2000)¹ recommended the establishment of Adult Protection Committees to oversee multi-agency scrutiny of the protection of vulnerable adults from abuse. Until 2008 Windsor & Maidenhead, Slough and Bracknell have operated an East Berkshire wide Safeguarding Adults Board.
- 1.2 On-going developments and work with government regulators - Commission for Social Care Inspection (CSCI) - reinforce that the statutory lead for Safeguarding remains with each local authority. To meet this requirement and be responsive to its local population, Slough along with the other unitary authorities, will have its own Safeguarding Adults Board from 2009.

2. PRINCIPLES AND AIMS OF THE BOARD

The context in which the Board will work

- 2.1 It is recognised and accepted that all adults:
- Have the right to live their life free from violence, fear and abuse.
 - Have the right to be protected from harm and exploitation
 - Have the right to independence, which involves a degree of risk.
 - Have the right to be listened to, treated with respect and taken seriously.

¹ No Secrets (March 2000) Guidance on Developing and Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse’ (March 2000)

- 2.2 The role of all statutory agencies, their partners, carers and users of services within the Borough of Slough have a duty to ensure that these principles are upheld and take action where these rights are infringed.
- 2.3 The Safeguarding Adults Partnership Board (The Board) recognises and adopts the approach to adult protection as specified under “No Secrets”, the Mental Capacity Act and other related legislation and policy. In line with the key principles set out in the Berkshire Policy and Procedures (p12), member organisations of The Board will:
- Reaffirm their commitment to a policy of zero tolerance of abuse within each of their member organisations.
 - Take seriously the duty placed on public agencies under Human Rights legislation to intervene proportionately to protect the rights of citizens.
 - Act on the principle that any adult at risk of abuse or neglect should be able to access public organizations for advice, support and appropriate protection and care interventions, which enable them to live without fear and in safety.
 - Recognise that except where the rights of others would be compromised, citizens have a right to make their own choices in relation to safety from abuse and neglect. Interventions will be based on the presumption of mental capacity unless it is determined that an adult does not have the ability to understand and make decisions about his or her own personal well-being and safety.
 - Recognise the right to privacy. Information about an adult who may be at risk of abuse and neglect will only be shared within the framework of the Safeguarding Adults Information – Sharing Protocol.
 - Recognise their public duty to protect the human rights of all citizens including those who are subject of concern but who are not covered by the Safeguarding Adults Procedures. This duty falls on each of the Board’s member organisations who will offer signposting, advice and support, as appropriate to their organizations.

- 2.4 The Board is positively committed to opposing discrimination against people on the grounds of race, religion, gender, age, disability, marital status or sexual orientation.
- 2.5 The role of The Board will be to work as a multi-agency group that has:
- Strategic and operational leadership and stewardship in maintaining these principles, working as a multi-agency group
 - Effective strategic governance of safeguarding at senior management level across partner organisations
 - Public accountability for safeguarding arrangements and outcomes.
 - Informs and support East Berkshire and cross boundary safeguarding arrangements.
 - Addresses poor practice, robustly acting in ensuring these principles are maintained, taking actions wherever and whenever necessary.

3. OBJECTIVES

What will the board do

- 3.1 As a multi-agency Board of senior representatives, the Board will carry out the follow key functions:
- Oversee the development of effective interagency policies & procedures for safeguarding and promoting the welfare of these adults within the Slough Borough.
 - Provide support and guidance to communities and organisations to ensure that in Slough we are actively identifying and preventing the circumstances in which neglect and abuse occurs, promoting the welfare and interests of vulnerable adults.
 - Develop a robust overarching strategy for Safeguarding in Slough, within which all agencies set their own strategy and operational policy.

- Raise awareness, knowledge and understanding of abuse and neglect in order that communities and organisations know how to respond effectively and coherently where issues arise.
- Engage and encourage dialogue with Borough Partnerships (within Slough and where appropriate across Berkshire) with responsibilities for the safety and welfare of all adults so that we are all able to respond effectively to vulnerable adults.
- Ensure that vulnerable adults who use services we provide or commission are safe and their care and treatment is appropriate to their needs.
- Ensure that each organisation has systems in place that evidence that they discharge their functions in ways that safeguard vulnerable adults
- Become a Board that together learns and shares lessons from national and local experience and research
- Develop systems to audit and evaluate the impact and quality of safeguarding work that enables for continuous improvement of interagency practice, including lessons learned from practice
- Develop and maintain a strong and evolving network of stakeholders including vulnerable adults, their carers and advocates.
- Promote best practice in prevention and investigation by learning from and contributing to national research and policy development, ensuring that this is acted upon.
- Undertake joint serious case reviews where a vulnerable adult when it is confirmed or there is strong evidence to suggest that an adult has died, been significantly harmed or put at risk as a result of abuse or neglect
- Ensure coordinated and timely operational processes, for identifying and investigating any incidents of abuse and protect vulnerable people.

3.2 In order to achieve these objectives, organisations and agencies agree to:

- Work together on the prevention, identification, investigation and treatment of alleged suspected or confirmed abuse of vulnerable adults

- Ensure that vulnerable adults have the same rights as others in the prosecution of criminal offences and pursuit of civil remedies
- Develop and implement policies and procedures within a multi agency framework to protect vulnerable adults;

4. MEMBERSHIP

Who will attend

4.1 The core membership of The Board will be:

- Commissioner (Elected Slough Borough Council Member) - Health and Wellbeing
- Commissioner (Elected Slough Borough Council Member) – Older People’s Champion
- Strategic Director Community & Wellbeing (DASS)
- Assistant Director, Community & Adult Social Care
- Assistant Director, Personalisation, Commissioning & Partnerships
- Assistant Director, Learning, Skills and Cultural Services
- Head of Service, Drugs and Community Safety
- Service Manager, Safeguarding and Governance
- Detective Inspector for Domestic Abuse Investigation Unit, Thames Valley Police
- Assistant Director of Unscheduled Care, Berkshire East Primary Care Trust
- Deputy Director of Nursing, Heatherwood & Wexham Park NHS Foundation Trust
- Long Term Conditions Manager, Berkshire Healthcare NHS Foundation Trust
- Locality Director for Slough, Berkshire Healthcare NHS Foundation Trust
- Local Area Manager, Care Quality Commission

- Chief Executive, Age Concern Slough & Berkshire East
 - Chief Executive, Slough Mencap
 - Scheme Manager, Slough Cross Roads Care Scheme
 - Clinical Manager and Designated Professional for Safeguarding, South Central Ambulance Service
 - Project Manager, Parvaaz
 - Chief Executive, Slough Council for Voluntary Services
 - Education Development Officer, Designated Child Protection Officer and StayWise Manager, Royal Berkshire Fire and Rescue Service
- 4.2 Appendix 1, “Statement of Commitment”, sets out the role, function and responsibilities of being a Board Member.
- 4.3 **Constituent Agencies:** Partner organisations will recognise the importance of securing effective leadership by nominating persons who are of seniority to be Board members, acting on their behalf.
- 4.4 **Co-opted members:** As determined and required by the Board, it may co-opt other members as necessary. This will include:
- Senior lead for Safeguarding, and Safeguarding Co-ordinator to support the work of the board (NB these posts are under review and development).
 - Chairs and nominated members of the Slough Safeguarding Partnership working groups, and other subgroups of The Board.
 - Secretariat support for The Board, to be provided by the Directorate of Community and Well Being, Slough Borough Council.
 - Named officers, speakers, and organisations relevant to achieving the key priorities of the Board.

All attendees will be invited in a consultative capacity.

4.5 **Observers:** Subject to the approval of the Chairperson, the Board may agree to observers being in attendance.

4.6 **Chair and Vice-Chair:** The Director of Adult Social Services retains the statutory responsibility for the functioning of The Board. The Slough Safeguarding Adults' Partnership Board will appoint an Independent Person as Chair, who will act with impartiality and will not be a member of The Board. The person appointed will occupy the 'office' for two years. A Vice Chair will be agreed as necessary.

5. GOVERNANCE

5.1 The Board will report to the Safer Slough Partnership (subgroup of the Local Strategic Partnership) to the Health Scrutiny Panel.

5.2 The Chairperson of the Board will be responsible for ensuring that an annual report of the Board is prepared concurrent with the municipal year and made publically available

5.3 The annual report shall be made published on the Council's website. It is the responsibility of all partner agencies to present the Annual Report to their respective senior management teams and constitute decision making body within 3 months of the report publication.

6. RELATIONSHIP TO OTHER BOARDS

How the Board and other groups and forums link up

6.1 The Board will ensure that there are appropriate representatives on the following boards and forums to represent and champion safeguarding:

- Slough Safer Neighbourhood Partnership
- Slough Domestic Violence Forum
- Slough DAAT

- MAPPA
- Slough Mental Health Local Implementation Team
- Slough Older Peoples, Physical Disability, Learning Disability and Carers partnership boards.
- The individual Partnership Boards for Older People; Physical Disability; Learning Disability; Carers.
- Health and Wellbeing Partnership Development Group
- East Berkshire Joint Commissioning Board

6.2 It is the role of representatives to identify matters significant to the achievement of local safeguarding developments, represent the views and priorities of the Board, and report back milestones and outcomes.

7. BOARD SUBGROUPS AND REFERENCE GROUPS

7.1 The Board shall establish subgroups to undertaken on behalf of the Board key strategic improvements.

7.2 The subgroups will be accountable to the Board. Work undertaken will be commissioned by the Board and progress against targets set and outcomes will be reported to the Board. The role of the groups will include:

- To consider new practice, policy and procedural issues and to propose and initiate appropriate action plans to address those issues.
- To analysis data and compile and present to the Board a quarterly quantitative and qualitative performance report.
- To consider the resource implications of safeguarding and make recommendations to the board.
- To set up time-limited task groups or individuals to undertake specific tasks on policy, procedure and practice matters as necessary.

- To evaluate information presented through statistics, user surveys, DoH inspections, etc, and propose alterations to policies, procedures and practice to the Board for approval.
- To review procedures in partnership with the East Berkshire partners
- To monitor the effectiveness of public information and communication regarding adult protection and to find ways of communicating to all.
- To monitor the effectiveness of training in increasing awareness, and in improving the effectiveness of protection planning and safeguarding interventions.
- To seek and collate the views of user and care stakeholders to inform best practice.

7.3 In addition, the Board will establish two reference groups for the purpose of capturing feedback from key stakeholders and informing developments:

- User and Carer Experience Reference Group
- Provider Reference Group

8. FREQUENCY OF BOARD MEETINGS & MEETING MINUTES

8.1 The Board will meet at least 4 times in every year at such times as may be determined by the Chairperson. Dates will be set a year in advance.

8.2 The Board will nominate subgroups to meet more regularly on behalf of the Board. Representatives of the major constituent agencies will be nominated to serve on the subgroups.

8.3 Minutes of the meetings of The Board shall be taken by a secretary of the Directorate of Community & Well-Being, Slough Borough Council.

8.4 The Chairperson of the meeting shall move that the minutes of the previous meeting shall be approved as a correct record.

- 8.5 Minutes of the Board and the Annual Report will also be forwarded to the Chairs of the following strategic planning forums, to advise on issues arising and inform cross strategic planning as set out in 6.1 above:

9. SERIOUS CASE REVIEW (SCR)

- 9.1 It will be the responsibility of the Board to set up a serious case review investigation and review panel, for serious case incidents occurring within the Borough boundary. The Board will elect the independent chair to the SCR panel, agree panel membership to be of sufficient seniority and expertise, and define and agree the terms of reference for the review.
- 9.2 The Board will receive interim and final reports of the SCR panel and agree actions to be taken to implement the SCR findings and recommendations. The Board will monitor implementation of agreed actions and share lessons learned with members of the East Berkshire Safeguarding Board.
- 9.3 The Chair of the Board and Strategic Director Community and Wellbeing will present the review findings, recommendations and agreed actions to Health and Social Care Scrutiny Panel

APPENDIX 2

STATEMENT OF COMMITMENT

Each member of the Slough Safeguarding Partnership Board (The Board) gives a commitment to the following:

Representation

Represent an agency, organisation or representative group of people with full authority. In doing so to raise issues on their behalf, contribute to discussion and debate and ensure a dissemination of information back to that representative group, agency or organisation. To ensure that the representative group, agency or organisation they represent engages with the Safeguarding and Adult Protection agenda and embeds safe practice in their organisation, agency or representative group ensuring positive leadership and stewardship of the issues

Values

Upholding the values statement of the Board as set out in the Terms of Reference, ensuring that vulnerable adults are protected from abuse, working with partners to safeguard them through strategic leadership within the representative group, agency or organisation they represent

Attendance

To attend every Board meeting or to arrange for a suitable representative to act on their behalf (and who is able to act with full authority) at any meeting they are unable to attend

Developments and Work Programme

To be involved in developments and where necessary contribute to the subgroups of The Board so there is a diverse and richness of input to the work and outputs from The Board

Annual Report

Make a contribution, as necessary, for the Board's Annual Report

APPENDIX 3

CONFIDENTIALITY STATEMENT

The Board is convened under “no secrets” guidance and will conform to equal opportunities and anti discriminatory criteria. All people attending must respect the confidentiality of the issues discussed and in particular where case examples are discussed these issues are confidential and should not be disclosed to other people without the expressed permission of the Chair.

It is noted that for wider learning information discussed at The Board does need to be shared within the wider community but this must always be done retaining anonymity in relation to named individuals, services or agencies. Where board members are uncertain as to what can be shared this needs to be determined at The Board and agreed as part of the minutes.

QUALITY STANDARDS IN SAFEGUARDING - STRATEGIC PRINCIPLES -

Protecting vulnerable people in our community and those people who use community care services is a top priority for Slough Borough Council (SBC) and its partners. We will all aim to provide support that is professional, sensitive and timely through the following:

1. PARTNERSHIP WORKING AND LEADERSHIP

- ❖ All agencies in Slough will work together in partnership to protect and safeguard vulnerable adults from abuse and will respond accordingly if an alert is forthcoming
- ❖ The Safeguarding Board will have strategic oversight of safeguarding work, ensuring agencies work and fulfil a collective responsibility. Members of the Board will take responsibility for their organisation's active contribution to the work plan of The Board.
- ❖ Safeguarding Adults is a whole council priority within SBC, with strategic leadership and management from Elected Members and Senior Officers across the council.
- ❖ SBC will lead the safeguarding adults' process through a multi-agency Safeguarding Board.
- ❖ SBC and partner agencies will ensure that all staff:
 - ♦ Have the appropriate skills, knowledge and training relevant to their role
 - ♦ Be service user focussed in their response
 - ♦ Provide safe support and appropriate responses when abuse is identified
 - ♦ (NB Staff refers to all officers who deliver services for the council and those who work in partner agencies be they direct employees, volunteers or contract workers.)

2. BY WORKING TO PROTECT

- ❖ The safety and wellbeing of the vulnerable adult is paramount and we will respond promptly, effectively and proportionately, ensuring that the person is safeguarded appropriately.
- ❖ When support is needed, it will be accessible, provided by people with expertise and knowledge and provided in a timely way.
- ❖ All allegations of abuse received will be taken seriously, action will be taken to protect those at immediate risk of harm and that their needs are addressed.
- ❖ Written records will be kept and standards of record keeping will be consistent and of good quality.
- ❖ There will be scrutiny and performance management of the safeguarding process to provide systematic support for managers. This will involve a robust analysis of the quality of the service and practice

3. BY INVOLVING THE PEOPLE THAT USE OUR SERVICES

- ❖ Information will be accessible and be available when needed, and will be adapted by learning from the experience of people who use it.
- ❖ We will listen to the people during and after any safeguarding issue, and respond accordingly to the issues they raise.
- ❖ When a safeguarding issue is resolved, we will follow up with the service user and carer afterwards to ensure we learn by their experience and inform them of any outcomes.
- ❖ Independent support (including advocacy) will be offered to any person involved in a safeguarding process.
- ❖ There is an allocated staff member from the council that will act as the link person throughout any safeguarding process.

QUALITY STANDARDS IN SAFEGUARDING A SUMMARY OF PRACTICE STANDARDS IN ACTION IN SLOUGH BOROUGH COUNCIL

TIMELINESS OF RESPONSE

- ❖ All alerts will be risk assessed and issues of urgent concern will be acted upon immediately.
- ❖ Immediate risk assessments and protection plans will be put in place upon referral.
- ❖ All alerts will be responded to within 24 hours.
- ❖ A multi agency strategy meeting will take place within 5 days.
- ❖ Assessment and planning process will take place within 28 days.
- ❖ All protection plans reviewed within 6 weeks.

ALLOCATION OF CASE WORKER

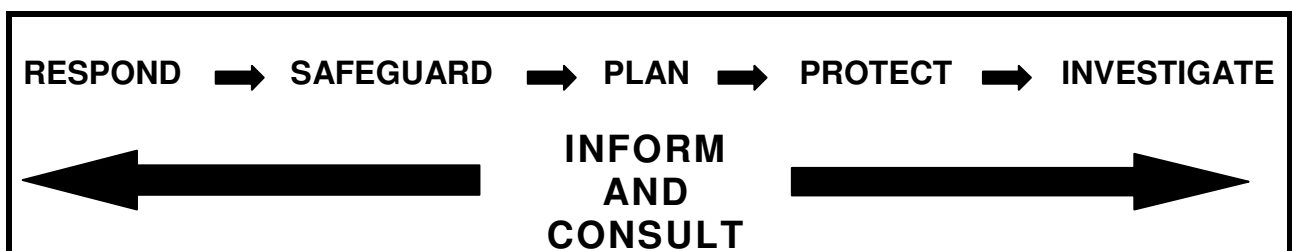
- ❖ All cases will be assigned a case worker, who will remain the same worker through the process, and will only change in exceptional circumstances.
- ❖ The case worker will speak to the person subject of an alert within 4 hours of picking up the referral.

ALLOCATION OF MANAGER

- ❖ A Manager will be assigned to oversee practice within the case.
- ❖ The manager will monitor the case through regular supervision with the case worker and ensure adherence to policy, standards and that the Audit/Quality Assurance tool is completed as the case progresses.
- ❖ All case files will be audited by the Manager and random samples will be audited by the Head of Service.

WORKING WITH USERS AND CARERS

- ❖ The service user and carer will be kept informed of all issues promptly and regularly.
- ❖ Carers and/or advocates will be informed where the service user needs assistance to understand the process and actions being taken.
- ❖ There will be a process agreed by the Case Worker at the outset of the referral as to how users and/or carers/advocates will be kept updated on progress, information and outcomes and this will be recorded on the file so consistency is maintained should another person need to pick up the case



APPENDIX 6 - BOARD MEMBERSHIP

Nick Georgiou, Independent Chair	
Councillor James Walsh, Commissioner (Elected Slough Borough Council Member)	Health and Wellbeing
Councillor Chrissy Small, Commissioner (Elected Slough Borough Council Member)	Older People's Champion
Jane Wood, Strategic Director Community & Wellbeing	Slough Borough Council
Ged Taylor, Assistant Director, Community & Adult Social Care	Slough Borough Council
Mike Bibby, Assistant Director, Personalisation, Commissioning & Partnerships	Slough Borough Council
Andrew Stevens, Assistant Director, Learning, Skills and Cultural Services	Slough Borough Council
James Priestman, Head of Service, Drugs and Community Safety	Slough Borough Council
Debbie Stuart-Angus, Service Manager (Safeguarding and Governance)	Slough Borough Council
Jackie Phillips, Detective Inspector - Domestic Abuse Investigation Unit	Thames Valley Police
Vicky Wadd, Assistant Director of Unscheduled Care	Berkshire East Primary Care Trust
Carole Webster, Deputy Director of Nursing	Heatherwood & Wexham Park NHS Foundation Trust
Margaret Parsons, Long Term Conditions Manager	Berkshire East Community Health Services
Susanna Yeoman, Locality Manager Community Mental Health Services	Berkshire Healthcare NHS Foundation Trust & Slough Borough Council
Sarah Seaholme, Compliance Manager	Care Quality Commission
Tracey Morgan, Chief Executive	Age Concern Slough & Berkshire East
Eleanor Cryer, Chief Executive	Slough Mencap
Jackie Yokota, Scheme Manager	Slough Cross Roads Care Scheme
Tony Heselton, Clinical Manager and Designated Professional for Safeguarding	South Central Ambulance Service
John Kelly, Development Manager	Local Involvement Networks (LiNKS)
Neeru Palhi, Project Manager	Parvaaz
Ramesh Kukar, Chief Executive	Slough Council for Voluntary Services
Elizabeth Rhodes, Education Development Officer, Designated Child Protection Officer and StayWise Manager	Royal Berkshire Fire and Rescue Service