ANNUAL REPORT 2019-20

Bournemouth, Christchurch & Poole Safeguarding Adults Board – working in partnership to develop, share and implement a joint safeguarding strategy to protect adults at risk from abuse, significant harm or neglect

Version 31.07.2020

Safeguarding is Everybody's Business

This report is available electronically at
www.bcpsafeguardingadultsboard.com

Introduction from the Chair

A key feature of 2019-20 has been the commissioning of an independent report to review how Dorset and Bournemouth, Christchurch and Poole (BCP) Safeguarding Adults Boards work together and identify options for the future.

The review has given an impartial view of current safeguarding arrangements. The author commented positively on the work of the subgroups and Board staff. The introduction of multi-agency risk management meetings (MARMs) had been an important initiative. The development and maintenance of pan Dorset policies and procedures was highly valued. Safeguarding Adult Reviews were rigorously considered and action plans followed up well.

However the reviewer also commented that there was infrequent evidence of challenge in Board meetings. Analysis of data was limited and therefore the Boards do not have sufficient line of sight into the quality of front-line practice. Time could be saved for the pan-Dorset agencies by reshaping Board meeting agendas.

Since the review there has therefore been an emphasis upon improvements in data recording and analysis, particularly in seeking to understand better the causes of neglect and acts of omission, which form the most frequent reason for a safeguarding concern being raised.

The Boards have also tried a different meeting structure with each Board meeting separately on the same day and then together. This new practice has not yet been repeated or evaluated as the advent of Covid-19 led to a temporary pause in a number of Board activities.

It was agreed by members that the independent report had provided a useful starting point for discussion but had not mapped out a definitive model that the partnerships could immediately adopt. The appraisal of structural changes has still to be completed.

One driver for the review has been Local Government Reorganisation. BCP Council now forms a much larger authority covering the geographical area of Bournemouth, Christchurch and Poole. Consideration is therefore being given to how the governance of safeguarding more broadly, including children's and adult safeguarding and community safety, can be better integrated within the authority.

A second important element is the heightened awareness of domestic abuse within safeguarding. This features strongly in many of the accounts provided by member organisations within this report. County Lines and exploitation is another form of abuse where there needs to be integration between safeguarding and community safety responsibilities.

As a number of Safeguarding Adult and Domestic Homicide Reviews have now pointed out, there is still insufficient alignment between systems for adult safeguarding and domestic abuse. It remains an aim of the Board to consistently improve information sharing and multi-agency risk management in practice.

As a result of Local Government Reorganisation Christchurch passed from Dorset County Council to the new BCP Council. The Board was able to monitor the detailed preparations that took place prior to the transfer and has not encountered any examples of where the transfer was not effected well.

Although there are an increasing number of safeguarding issues that lend themselves to a place-based approach, approximately a quarter of concerns emanate from residential establishments in the independent care sector. This calls for continuing cooperation between the two local authorities and Health services across the county. The impact of Covid-19 upon the care sector has been significant and it is clear that agencies have created new structures to promote a coordinated response to the pandemic. Different ways of working have evolved which, with the continuing importance of controlling the spread of infection in the community and the residential sector, will take up much of the Boards' attention during 2020-21.

Once again, I express my gratitude to the staff of the Board in Bournemouth, Christchurch and Poole and chairs of subgroups whose diligence and enthusiasm underpin all that the Board has achieved this year.

Barrie Crook

July 2020

Contents

Executive Summary

Although the local authorities in the area have had a Safeguarding Adults Board for some ten years, this has been the first year with Christchurch included in the Bournemouth, Christchurch & Poole Safeguarding Adults Board. The Board has been working towards delivering the strategic objectives set out in the three-year Strategic Plan encompassing the period from April 2018 to March 2021 and this report focuses on April 2019 to March 2020.

The report details what a Safeguarding Adults Board is and our core duties. It then lists some of the achievements of the Board and its subgroups and looks at the volume of safeguarding activity in the area.

There follows a section where organisations have shared their key safeguarding activity and comments on the year. The report looks at some of the future challenges in store although it should be noted that there is more scope for changing challenges in light of the coronavirus pandemic that has been occupying much of the resources of the various member organisations and is likely to do so for some time hence.

In the appendices to the report are a case study focusing on one of the Board's priority areas - self neglect and some documents referred to in the report.

About Us

Who Are We?

The Bournemouth, Christchurch and Poole Safeguarding Adults Board has been the partnership body for Safeguarding, originally in Bournemouth and Poole since its inception ten years ago. It is a partnership Board with senior representatives from those organisations listed at the front of this document. On 1st April 2019 we became the Bournemouth, Christchurch and Poole Safeguarding Adults Board reflecting the new structure of local government in the BCP Council area.

The overarching purpose of a Safeguarding Adults Board is to help and safeguard adults with care and support needs. We aim to stop abuse or neglect wherever possible and prevent harm occurring. We strive to address the causes of abuse or neglect. Our work includes raising awareness of safeguarding issues so these can be identified, and supporting affected people in making choices to resolve issues.

Our Mission

This Board exists to protect adults at risk from abuse, significant harm or neglect.

We will achieve this through strategic leadership and collective accountability.

Our Structure

The Bournemouth, Christchurch and Poole Safeguarding Adults Board is comprised of representatives from the statutory partners of Local Authority, Police and Health, as well as Emergency Services and Probation and the voluntary sector.

The Board has an Independent Chair, who also fulfils this role for the Dorset Safeguarding Adults Board which helps facilitate the close alignment of the two Boards in their quest to safeguard adults Pan Dorset. The Board has 5 subgroups which are comprised of members from the Bournemouth, Christchurch and Poole Safeguarding Adults Board and the Dorset Safeguarding Adults Board:

What We Do

The overarching purpose of a Safeguarding Adults Board is to help and safeguard adults with care and support needs. The Bournemouth, Christchurch and Poole Safeguarding Adults Board seeks to assure itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance. The Board seeks assurance that Safeguarding practice is person-centred and outcome-focused and that partners work collaboratively to prevent abuse and neglect where possible.

In the event that abuse or neglect have occurred, the Board calls on agencies and individuals to give timely and proportionate responses so that lessons can be learned to inform the preventative agenda.

Safeguarding practice ought to improve and enhance the quality of life of adults in the area.

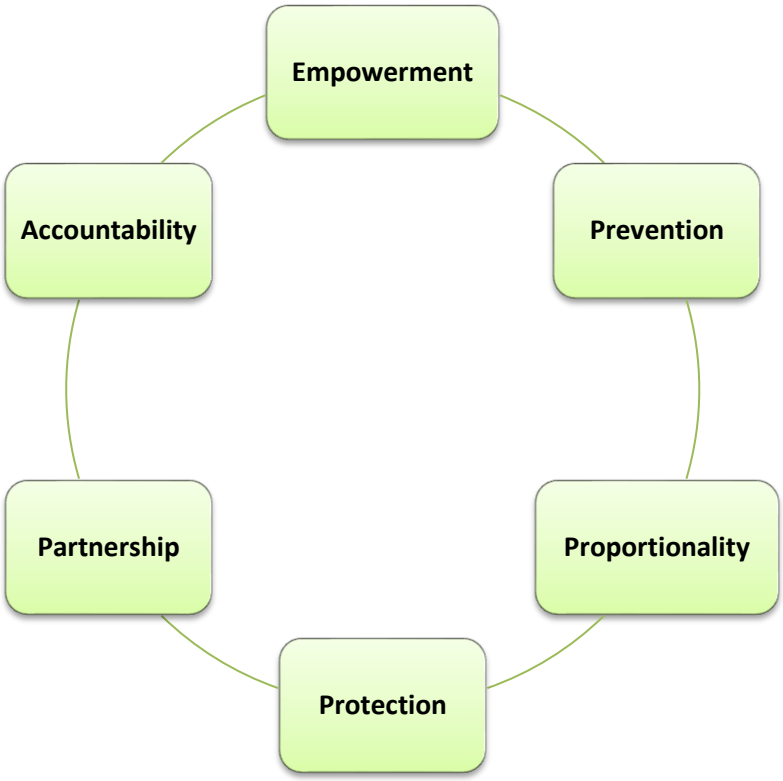
Core Duties

SABs have three core duties. We must:

- Develop and publish a strategic plan setting out how we will meet our objectives and how our member and partner agencies will contribute.
- Publish an annual report detailing how effective our work has been.
- Commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

The six safeguarding principles

All safeguarding activity should have at its core these six principles:



Safeguarding Adult Reviews

One of the Board's core duties is the commissioning of Safeguarding Adults Reviews (SARs) for any cases which meet the criteria for these.

It is important to note that a death does not need to have occurred for a SAR to take place, although sadly a death will have occurred before a Domestic Homicide Review (DHR) is undertaken. The responsibility for commissioning new DHRs sits with the local Community Safety Partnerships, although completed reports are still quality assured by the Safeguarding Adults Board.

The Safeguarding Adult Review Subgroup of the Board is comprised of members from the BCP area and Dorset and meets twice per quarter to review those cases where serious harm has occurred or may have occurred. This subgroup examines cases presented for consideration and works collaboratively with partner agencies, requesting full and frank contributions from partners in order to systematically assess whether a SAR ought to be commissioned.

The objective of any SAR is not to apportion blame but to extract the key learning points from a potentially tragic or shocking occurrence with a view to fulfilling the aims of effective learning and safeguarding, and above all in this context prevention of a recurrence.

The SAR Subgroup report their findings to the Board and collaborate with the other subgroups of the Board.

The SAR Subgroup has overseen progress on several ongoing SARs and Domestic Homicide Reviews (DHRs). The learning from these cases is distilled via the Shared Learning group which is attended by the Business Manager and Training Coordinator from the Board as well as their counterparts in the Dorset Safeguarding Adults Board, the Pan-Dorset Safeguarding Children Partnership and the Community Safety Partnerships for the area. The Shared Learning group link with the subgroups to ensure the learning is included in training and reflected in the policies and procedures of the Board; there are clear pathways to enable this.

In the year 2019/20 there were no new SARs commissioned in the BCP Council area. However, a supplementary report was agreed by the Board in a case where a Mental Health Homicide Investigation has been completed. The purpose of the report is to identify learning in respect of engagement between mental health services and the Multi Agency Public Protection Arrangements (MAPPA).

Much progress has been made on a joint SAR/DHR/MAPPA review as a result of a complex case from the previous year originating in the former Borough of Poole. The panel of this review met in May and November and by the close of the reporting year a first draft of the report had been written.

The SAR subgroup regularly receives referrals of cases for it to consider whether a Safeguarding Adult Review (SAR) is required.

Of the Dorset referrals since 2016, only one case has met the threshold to date. In BCP area there have been two, each of which is being progressed as a joint review

There are other avenues that can be considered if it is felt that a case has not met the SAR criteria but learning can be derived. In such circumstances a referral is made to the Safeguarding Leads group whose members consider the case and report back to the SAR subgroup with their findings and recommendations.

The subgroup also reviews the outcome of Domestic Homicide Reviews to determine if any recommendations may be relevant to adult safeguarding and provide some quality assurance.

The table below records information for both Dorset and Bournemouth, Christchurch and Poole Boards to illustrate the outcome of referrals since 2016.

Dorset	Outcome	BCP
1	Agreed	0
0	Agreed and progressed as a joint report	2
2	Currently under consideration	1
2	Not SAR – reviewed by safeguarding leads	2
1	LeDeR review considered sufficient	1
1	Not SAR but other review considered by the subgroup	2
2	DHRs or SCR reviewed by the subgroup	6

It is also a role of the subgroup to monitor action plans arising from the recommendations of reviews. In last year's annual report, we highlighted the publication in March 2019 of the 'Harry' SAR/DHR on our website. Although key learning had been identified and implemented by agencies as they participated in the review, following publication we had the opportunity to carry out a

dedicated visit to the Learning Disability Partnership Board in May 2019. The BCP Safeguarding Board together with BCP Council and Dorset Healthcare then organised a very successful pan-Dorset multi-agency Learning Event in November 2019 - for more details please see page 22 and Appendix 2.

An easy read version of the Synopsis of Learning from the 'Harry' review was commissioned so that other adults with learning disabilities can access this report.

Learning from 'Harry' SAR and DHR - Easy Read Version

The SAR Subgroup has developed the working relationship with the Coroner's Office with more regular updates in each direction; those received from the Coroner are shared with the subgroup, and the subgroup has agreed to inform the Coroner of progress on relevant cases or share reports where appropriate.

Policy and Procedures Subgroup

A major aspect of the work of the subgroup is to oversee the revisions of the Safeguarding Adults Procedures. The latest version was issued in August 2019 with some changes to the format towards a more user-friendly document which can be found at:

BCPDSAB Safeguarding Adults Procedures published 01 08 2019

The revision contains some important new or revised Appendices including those on Large Scale Enquiries, Pressure ulcer care, allegations against people in positions of trust and guidance about multi-agency scams, rogue trading and fraud. All the changes were fully explained in an accompanying letter to Board members.

As the Procedures is a 'live document', the following areas have been identified for inclusion in the next edition - pressure care, falls and safeguarding, guidance on nutrition and hydration, the sexual abuse of older people and concerning people with learning disabilities and oral health.

The Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) jointly published a Framework document for SABs which sets out the responsibilities of local authorities under Section 42 of the Care Act 2014 and offers greater clarity about how to identify and respond to concerns and improve authorities' consistency of reporting. In response the subgroup set up a short life group to assess operational compliance with the framework. Textual changes are being made to the SA Procedures to ensure compliance with the Framework

ADASS South West produced new guidance on Self Neglect and Hoarding and, as a result the Policy and Procedures subgroup agreed a desktop review of the local arrangements which concluded the existing framework was satisfactory and should not currently change.

For the future the Policy and Procedures subgroup have agreed a major, innovative, piece of work to comprehensively reformat the Safeguarding Adults Procedures so they are more easily accessible. A "portal" approach is being considered.

The subgroup have explored ways to raise awareness of policy and procedure updates after some provider organisations advised at engagement events that they have not been aware of updates. Those who attended the Provider events held in January (DSAB) and February (BCPSAB) have received a link to the revised procedures. This will keep providers informed and maintain a dialogue between the providers and the Board.

The *Keeping Adults Safe* information leaflet has been revised and published on the Board website, including the most recent changes to the BCP Emergency Duty Service contact telephone number in November:

Keeping Adults Safe Leaflet November 2019

As part of the Communications Strategy the subgroup commissioned an updated version of the Safeguarding Adults posters to reflect the new local authority arrangements post-LGR (links below). At the same time updated pop-up banners with the new logo for the BCP Safeguarding Adults Board were purchased for use at events and debuted at the Independent Provider Event in February.

Safeguarding Poster 2020 - Margaret

Safeguarding Poster 2020 - Russell

As part of the Board's Communication plans a new poster campaign was planned for the new financial year. The focus and format of the new campaign may be adapted depending on what message needs to be conveyed in light of the Covid-19 crisis.

Training and Workforce Development Subgroup

The Training and Workforce Development Subgroup is a forum for sharing what training is undertaken by organisations and there is time allocated at each meeting for updates on training attended and also delivered by members. Learning from these events can then be shared for the benefit of all members to cascade to their organisations where appropriate.

A safeguarding trainers meeting was undertaken in May to update and support trainers delivering Safeguarding Adult Training. Representatives were invited from the Police, Fire Service, and Independent trainers, Local Authority, Health providers. Updates to the Safeguarding Adult Procedures were shared and the topic of 'embedding the six Safeguarding principles into practice' featured as a theme for the morning.

The Training Coordinators for DSAB and BCPSAB continue to raise the profile of the work of the SABs and safeguarding adults with Partners in Care. A presentation was delivered to their Training Providers Workshop in January 2020.

Following circulation to all representatives of the Training and Workforce Development Subgroup and a request for feedback, the Standards for Essential Safeguarding Adults Skills Training was updated and presented to the subgroup.

The Training Coordinator maintains a working relationship with the Children's Safeguarding Partnership Strategic Training group to ensure that themes and updates around delivering safeguarding training can be shared. This is reported back to the Training and Workforce Development subgroup.

The Training Coordinator supported the Safeguarding Adults Board stall at Dorset's Mental Capacity Act Annual Conference in Dorchester in the spring.

Attendance at several pop-up events throughout the year by members of the Training and Workforce Development subgroup also raised the profile of safeguarding with members of the community.

Poole Hospital had a successful Raising Safeguarding Awareness week in November. There was a combined Adults and Children's focus. The Police and the BCP SAB Training Coordinator supported the event. Future events are being planned for an Open Day at the Royal Bournemouth and Christchurch Hospital which will include activities related to Safeguarding.

The Training and Workforce Development subgroup workplan priorities included the Independent Provider Event and the Harry Learning Event. Following the 'Harry Event', a Task and Finish group has been looking at how to examine the impact of learning on practice.

Quality Assurance Subgroup

The Quality Assurance subgroup supports the Safeguarding Adults Boards to take a strategic overview of the quality of safeguarding activity across its area of responsibility. The group reviews and analyses data and performance information as well as the outcome of audits. Service user feedback in line with Making Safeguarding Personal (MSP), is integral to supporting improvements in provision and practice to ensure effective prevention and early intervention. The principles of Making Safeguarding Personal are consistently promoted to ensure that they are embedded across partners and the individual remains at the very centre of their safeguarding journey.

The subgroup requires statutory agencies to submit performance data giving an overview of activity. During this year more emphasis has been placed on interpreting data and information to effectively identify trends and themes, with a shift from data in the form of tables to formats more easily understood with narrative as to what the data actually means. Some partner organisations at the subgroup have discussed the challenges in achieving this and the limitations in terms of availability of analytical capability to assist with understanding.

The subgroup is responsible for assuring the Board that the safeguarding adults quality performance indicators and monitoring systems in place in member organisations are effective and during the course of the year discussions have been held around how data might be improved, whether in presentation or in the ability to pinpoint trends by geographical area, although the challenges in achieving this are recognised.

The subgroup produces a quarterly report to the Board highlighting individual agency safeguarding themes, approach and service provision. This enables the board to consider how it should respond and may give rise to areas for inclusion in the Business Plan of the Boards.

Advocacy referrals and contract monitoring processes are also regularly reviewed to ensure effective support and representation of views and wishes.

The subgroup's terms of reference were reviewed to ensure the right focus on aspects of work with a renewed commitment to developing feedback mechanisms and co ordinating multi agency audit work to effectively understand the person's safeguarding journey and experiences across organisations, identifying areas of good practice and learning.

Helpful amendments were made with the agreement of all organisations.

An improved understanding for the individual's safeguarding journey across organisations is important. Additional work will be undertaken to focus these further over the coming months. The discussion demonstrated commitment and appetite to reshape the purpose and outcome of the QA subgroup as part of the wider Board review.

Key areas of work initiated or completed by the Quality Assurance subgroup in 2019/20 include:

- Additional recording mechanisms agreed to enable a better understanding of those safeguarding concerns relating to Neglect & Acts of Omission. This has enabled enhanced analysis of this abuse type and a better understanding of influencing factors.

- Initiated an audit of the Multi Agency Risk Management Meeting process. The purpose of the audit is to assure the Board that the guidance issued in 2017 is being used correctly and to seek assurance that the process is not being used in place of other more appropriate governance arrangements. The audit will be completed in 2020/21 with a report including recommendations shared with the Boards. Outcomes will shape revisions of the guidance
- Improved links with carers' steering groups to support improvements in capturing feedback and improve service delivery.
- All partners have worked towards improving the analysis of their data to promote a mutual understanding of safeguarding practice and processes.

On the following pages some information from the Data Analysis by BCP Council is presented.

Data Analysis

Safeguarding data is examined by the Quality Assurance subgroup on a quarterly basis. The local authority data is based on the Safeguarding Adults Collection (SAC) return.

The QA subgroup looks at data from the local authority as well as health and police. By examining data together common themes, trends or indeed unusual activity can be identified.

During 2019-20 the local authority data progressed to become one dataset to reflect the new local government arrangements. Although BCP Council has brought together the Adult Safeguarding teams under single line management, throughout the reporting year separate case management systems were in use - in Bournemouth and Christchurch 'Mosaic' and in Poole 'CareDirect'. The performance management team worked to collate the data in a uniform way to enable comparisons to be drawn where needed but importantly to move forward as one local authority and understand the challenges facing teams across the board. In the future one case management system will be used across BCP Council.

Graphs illustrating concerns (Figure 1) and Section 42 Enquiries (Figure 2) received during the last 2 years give a snapshot of the volume of safeguarding occurrences and any peaks and troughs in volume of those received in Bournemouth and Poole, and more recently in Christchurch.

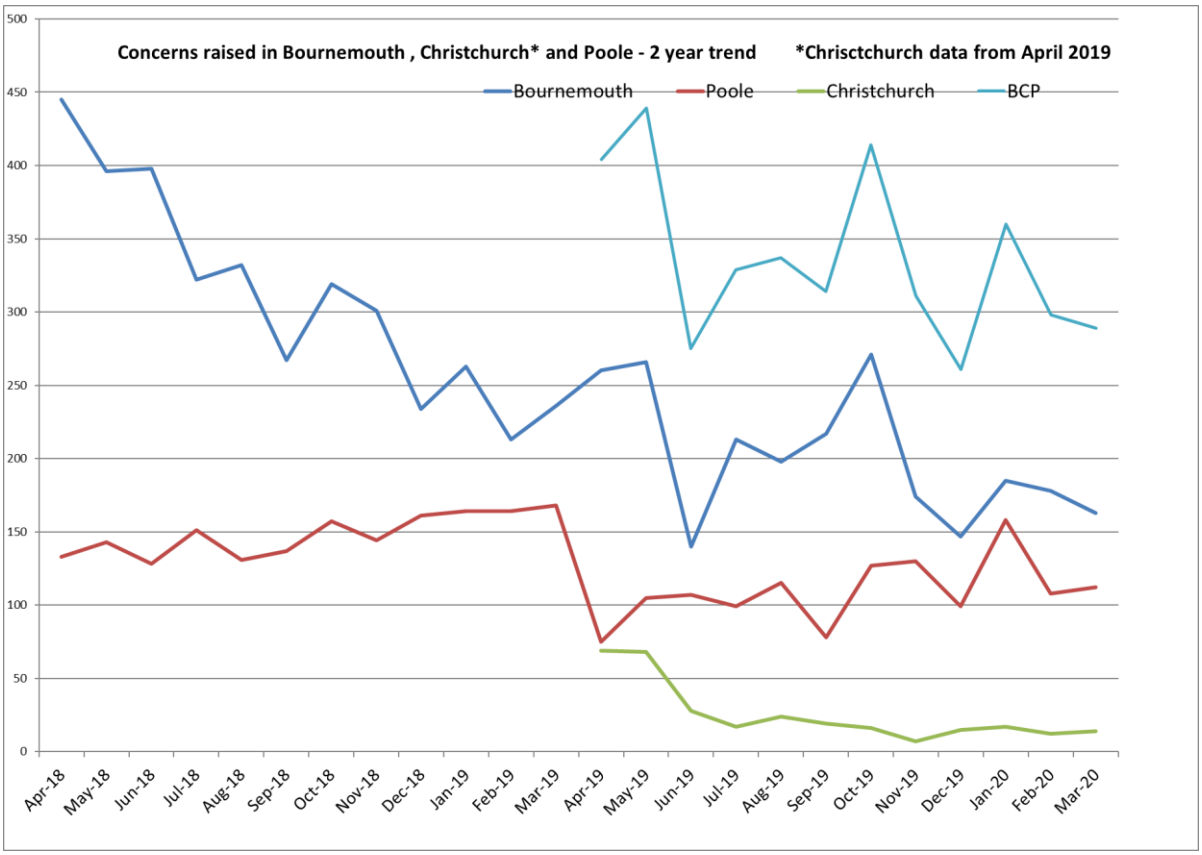


Figure 1 – Concerns raised in Bournemouth, Christchurch and Poole (2-year trend)

During the last two years the volume of concerns received has remained fairly consistent. The higher volumes in April and May 2018 can be attributed to two large scale enquiries in Bournemouth which saw greater numbers of concerns raised, before returning to expected levels.

Figure 2 illustrates the 2-year trend of Section 42 enquiries conducted in Bournemouth, Christchurch and Poole.

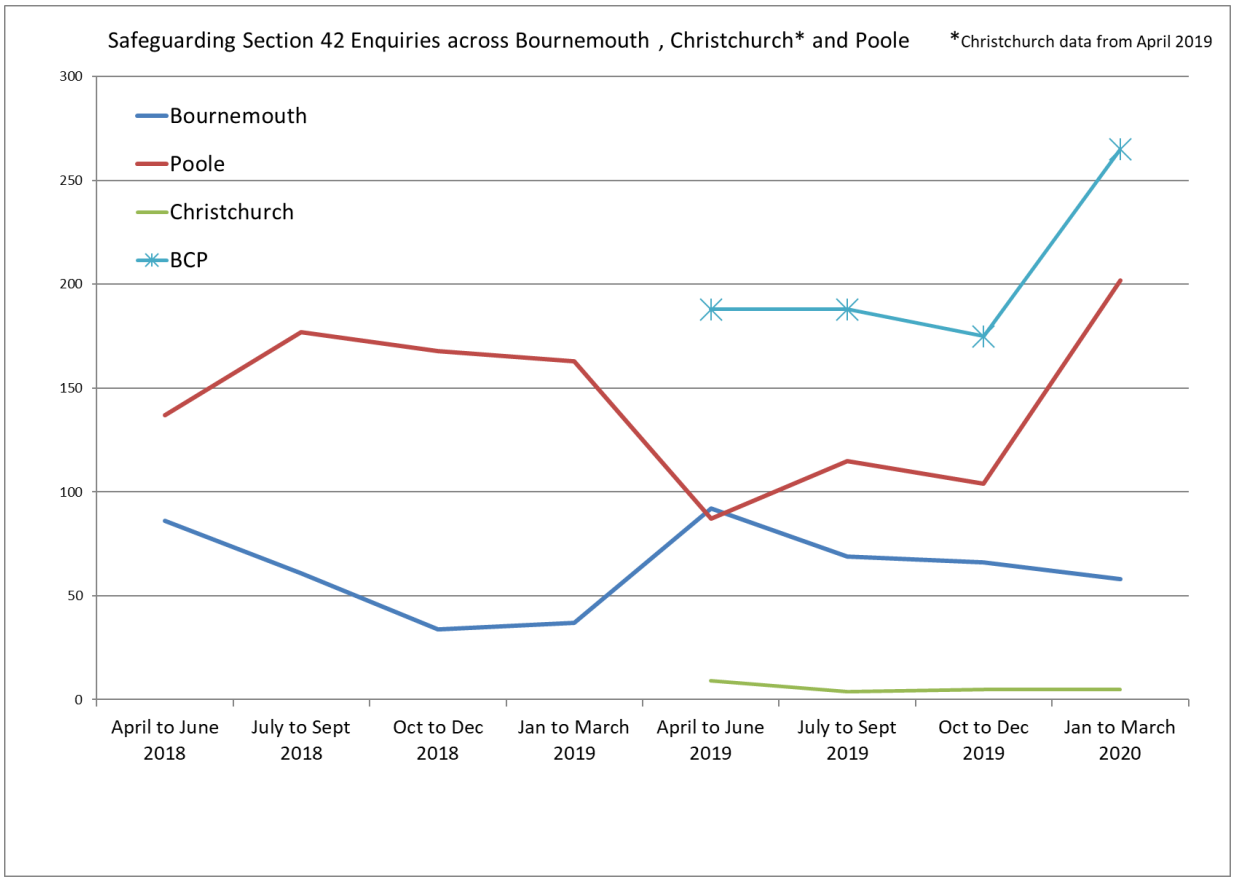


Figure 2 - Section 42 Enquiries across Bournemouth, Christchurch and Poole (2-year trend)

It is anticipated that over time there will be an increased conversion rate of concerns to Section 42 enquiries in Bournemouth, and a lower conversion rate to Other Enquiries.

The volume of Section 42 Enquiries in BCP Council rose towards the end of the year, while the proportion of Other Enquiries has remained steady. It had been anticipated that over time there would be some increase in the conversion rate of concerns to Section 42 enquiries, due to staff being actively encouraged and supported by Managers to triage concerns in line with ADASS guidance so this increase is not unexpected. In Q4 last year around 1 in 6 concerns progressed to a S42 Enquiry compared to around 1 in 4 this year during Q4.

In order to better understand those cases which do not progress to a Section 42 or other statutory enquiry changes have been made to the recording systems for the new reporting year. Practitioners have been asked to record additional information with several possible reasons for No Further Action (NFA). This means that for the next reporting year we will have more data available for NFA concerns.

On the following pages there is an overview of some of the data from BCP Council and the 4019 concerns received in 2019-20 resulting in 816 Section 42 Enquiries. The conversion rate of concerns to Section 42 Enquiries is therefore 20%. It should be noted that there is no agreed national benchmark of what constitutes a desirable conversion rate, although a very high proportion would

perhaps suggest the response was not proportionate. With that in mind BCP Council Adult Social Care strive for consistency of service across the area and to ensure best practice among practitioners. Methodical recording via one IT system will enable us to know more about the cases we deal with and any emerging trends.

Each quarter for concerns and enquiries, females consistently outnumber males. Reasons for this were requested at the Overview & Scrutiny Committee. Although no definitive answer can be given this is a trend reflected nationally. Various theories have been suggested, including that women are perceived as more likely to ask for help than men or assumed to be more vulnerable. There are also demographic factors such as that women have a longer life expectancy than men.

The most common location of abuse is in a person's own home, with more than half of all incidents occurring there. Audits have been carried out to ensure that recording is accurate. It has been suggested that as significant numbers of people are supported to stay at home this will imply a rise in incidents occurring there whereas staff are on hand and policies are in place to help prevent incidents in residential settings.

The most common type of abuse is Neglect and Acts of Omission. This reflects the national picture. Locally much effort has been employed this year to better understand this type of abuse in order to reduce incidents where possible. Categories were added to the case management system to enable practitioners to record specific issues such as missed visits, medication errors or carer stress or carers not following advice. In this way patterns can be identified and resources can be targeted where needed. For the coming year a BCP Self-Neglect and Hoarding Panel will be introduced to examine some complex cases.

Physical and financial abuse are usually the next most prevalent types of abuse. Other less common types of abuse such as organisational abuse and modern slavery have their own categories on the SAC return to ensure that they are recorded appropriately where they are identified.

There is much emphasis on Making Safeguarding Personal and it is encouraging that when desired outcomes are expressed in the great majority of cases these are fully or partially met (over 90%). Further work is ongoing to ensure greater a proportion of people are asked for their views, although it is recognised that it may not always be possible or appropriate to ask due to issues of capacity or where a person has become too unwell.

Risk assessment is looked at in the QA subgroup and in a large majority of cases risk is reduced or removed, usually upwards of 90%.

During the year it was noted that in some cases the ethnicity of the individual was not recorded in concerns and enquiries and BCP Council made a commitment to improve recording and to ask partners for assistance with this, for example to include details when making a referral. This initiative will continue into the next year and allow better understanding of any possible barriers to different groups and may be timely if more evidence emerges to suggest a greater risk to individuals from minority ethnic communities from Covid-19.

For the year ahead there is a commitment to look into cases where the perpetrator of abuse is unknown to the individual and identify any recurring themes and continue ongoing work with

colleagues in Commissioning to examine 'lower level' neglect and acts of omission and identify any patterns or trends.

It has been noted at Board meetings that a better understanding of the story behind the data and what it is telling us will be a useful step to improving safeguarding. Efforts to improve the data presented to the Board are ongoing.

A summary of the data for the year is on the next page.

Some feedback from individuals using the service is below:

I would like to tell you about my colleague. He has been a massive help to me in unpicking a complex case these past few weeks (months!). He went out of his way to look into historical information and as a result really try and find out what is going on for a young man I am working with. It has been a big learning curve for me and is absolutely the best way to draw from experiences and improve practice, ensuring good outcomes […]. I am really grateful as he is a busy man with his own time pressures and he clearly wishes to share learning and experience in order to get the best outcome. And through all of this, he did it with a big smile and a bucket load of encouragement. Thank you !

I think every visitor, visit, phone call from this department has been really excellent. No-one has been hasty or disinterested and I praise everyone who has visited or written to me.

BCP Council

Thank you for being my mother's social worker over the past year or so. Thanks also for the clarification over mental capacity – I will contact an appropriate person to conduct an assessment.

I thought I would update you on current events and to advise you that our Care Staff are beginning to regain a sense of confidence in the good work they do. Several have mentioned that they are feeling more confident and trusting of 'Safeguarding' who worked compassionately with the home through recent events. They were particularly praising of the method of approach by […] who put them at ease whenever they visited our home. Thank you so much.

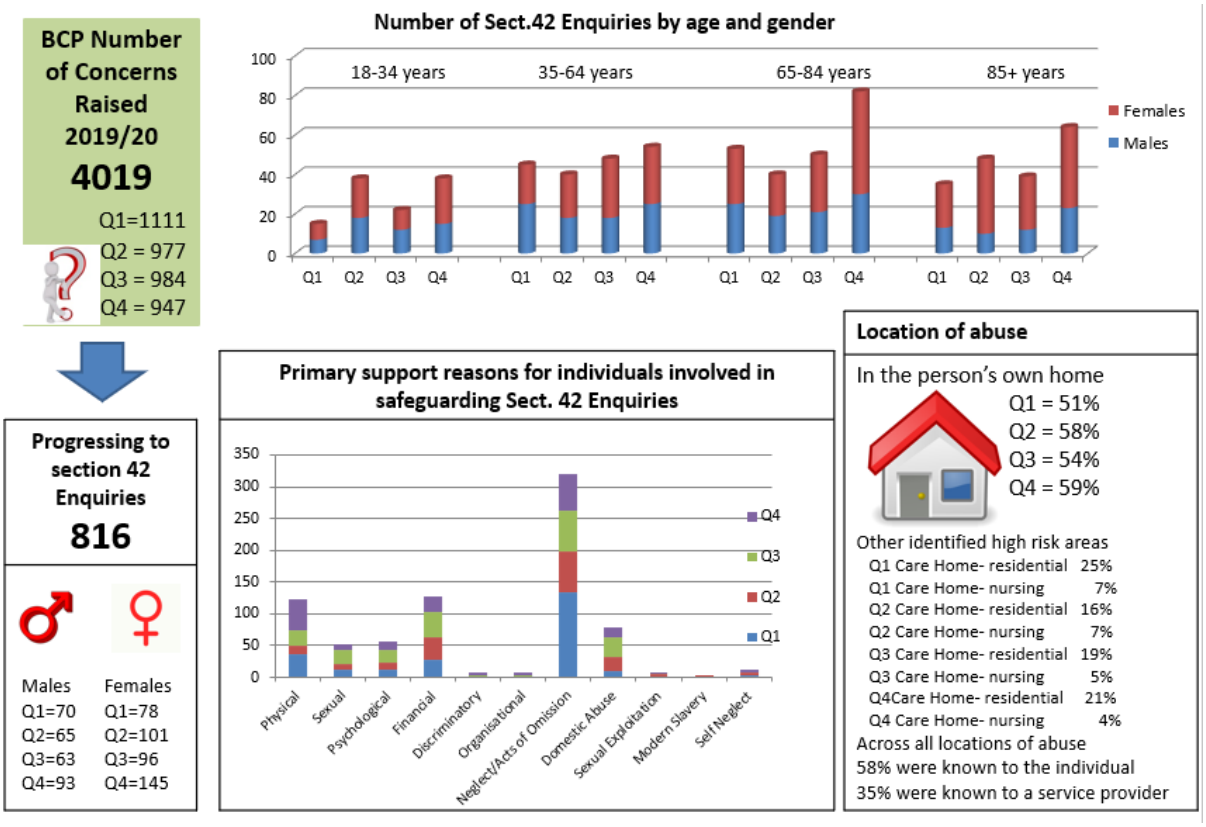


Figure 3 – Annual Summary 'A'

Most common types of abuse recorded in Section 42				
	Q1	Q2	Q3	Q4
Domestic Abuse	10	22	31	16
Financial/ material	27	37	39	25
Neglect/ Acts of Omission	133	65	65	58
Physical	36	25	48	37
Psychological	12	12	19	14
Self Neglect	4	4	0	4
Sexual	13	9	21	8

Safeguarding Adult Reviews	Numbers (Individuals who died)
Quarter 1-4	0

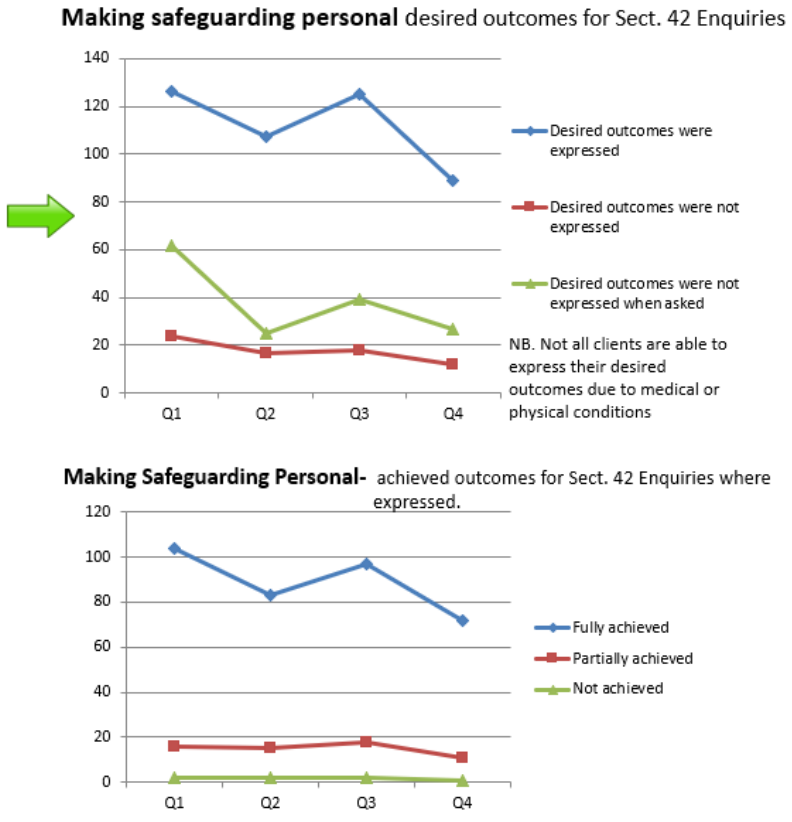


Figure 4 – Annual Summary 'B'

Key Achievements and Future Challenges

During 2019-20 the Board worked towards achieving the priorities set out in the Strategic Plan for 2018-2021.

Support the development of a more robust independent provider market that leads to fewer safeguarding concerns

Each year the Board holds a provider event to engage with care providers and hear from them regarding current challenges which can inform the Board's future business, and to share with them an overview of the Board's activity.

In February at the Lighthouse in Poole 100 attendees heard from the Independent Chair, who encouraged engagement with the Board and asked them to consider how the Board can support them in their work. There was a presentation on the upcoming changes to the Liberty Protection Safeguards which will have an impact on providers when they are finalised. Providers had the opportunity to sign up to a panel of interested parties who would have ongoing engagement with the Mental Capacity team at BCP Council. Attendees also heard from an expert on Domestic Abuse and the Principal Social Worker from BCP Council presenting on ways to support adults in their relationships with others, with a focus on helping people identify good relationships in their life and spot signs that a relationship, whether a family, friendship or intimate one, may not be healthy or helpful. This included some learning from the 'Harry' SAR/DHR case.

Reduce the instances of people with care and support needs being involved in Domestic Abuse and improve the interface between Domestic Abuse and Safeguarding

The Keeping Safe Event and the Provider Event mentioned above both focused on supporting people to recognise good and bad relationships and suggested ways for practitioners to support people to engage in positive relationships with others.

Help to establish working with the whole family as standard practice

Although there were no further 'whole family' events this year the concept has become embedded in the day to day work of practitioners.

Evidence lessons from SARs and DHRS really have changed the way we work

The Business Teams from the Safeguarding Adults Boards, Safeguarding Children Boards and Community Safety Partnerships have formed a Shared Learning Group to look at themes from SARs and DHRs. This group links with subgroups, in particular Training & Workforce Development around learning and also with the Policy & Procedures group in case any learning necessitates an amendment to the pan Dorset safeguarding procedures.

Other achievements to note:

Learning Disability Partnership Board (LDPB)

Following the publication of the 'Harry' SAR/DHR the Independent Chair attended the LDPB to speak to the group about what had happened to 'Harry' and the findings of the Coroner's inquest.

The SAB commissioned People First Forum to produce the Easy Read version of the 'Harry' learning.

Later in the year the Business Manager worked with the LDPB by presenting to the Board and engaging in group work at their meeting to gather suggestions for how a 'Keeping Adults Safe' leaflet could look in Easy Read format.

The Business Manager continued to be an active member of the LDPB and their Keeping Safe subgroup. This has strengthened the links between the Safeguarding Adults Board and the LDPB.

Local Government Reorganisation (LGR)

The intense preparations for LGR during the previous year ahead of the creation of BCP Council proved worthwhile as the new local authority came into being and therefore expanded the reach of the Safeguarding Adults Board to include Christchurch, hence the name change to Bournemouth, Christchurch and Safeguarding Adults Board. The Board website was updated to reflect the new arrangements. As Board documents are updated versions are amended to reflect the new local authority alongside any other changes.

The 'Harry' SAR/DHR Learning Event

Following the publication of the 'Harry' SAR/DHR much planning was undertaken to bring together the learning and create a format for sharing this with as many practitioners as possible representing various agencies relevant to the review. The Business Manager and the Training Coordinator worked with colleagues from BCP Community Safety Partnership, BCP Council and Dorset Healthcare to plan a pan-Dorset event for 240 practitioners. A programme that included findings of the independent review and the inquest looking at each of the protagonists in turn (victim and two perpetrators) led by a presenter with excellent knowledge of the events and the theory of Domestic Abuse invited groups to reflect on what had happened and how things might be done differently today with the advanced learning. Care had been taken to ensure groups had a wide range of agencies in order to get a broad spectrum of views and opinions. Questions prepared in advance sought to get to the crux of key issues and the participants were asked to identify both barriers and enablers in their practice. Initial feedback was shared with the large group on the day and there was the opportunity to ask questions of a panel from a range of agencies. The panellists gave thoughtful and frank responses to the questions posed on the day. The atmosphere was one of collaboration and a recognition of the complexities of the case and the fact that some safeguarding activity and decision-making requires a shared approach and responsibility. There was a tangible desire to learn and increase confidence from practitioners so that they may feel better equipped when they encounter an individual who may be a potential victim – or perpetrator.

A report summarising some of the feedback from the day was presented to the Board in March and is attached as Appendix 2.

Future Challenges

The Board's objectives in the 3-year Strategic Plan and our progress against those would ordinarily have informed the Business Plan for the new reporting year.

However due to the coronavirus pandemic, in the weeks preceding the start of the 2020-21 year many of the Board's partners have had to adapt very rapidly to the ever-changing landscape. Whilst safeguarding remains at the heart of all activity, new ways of working have had to be developed overnight. Existing issues have needed new and innovative approaches due to infection-control considerations, and emerging issues have seen partner agencies work collaboratively to look for workable, safe solutions. In terms of funding the crisis partner organisations will have had already stretched resources stretched that bit further.

The direction of the Board's Business Plan will inevitably alter course to align with the member organisations to focus on the most pressing issues, to include the need for examining practice during this crisis, sharing learning in a timely manner and measuring and analysing the impact it has had on issues such as domestic abuse and on those with care and support needs. All this will be against the backdrop of preparing for the possibility of further 'waves' of the virus.

Even in the very early stages of these challenging times, it has been clear that partner organisations have adapted very quickly to new ways of working and have made use of the technology available. This will undoubtedly impact how we all work in the future.

The Board Review

An Independent Review of the BCP and Dorset Safeguarding Adults Boards was commissioned during 2019-20. Although the Children's Safeguarding arrangements locally had been reviewed just prior to this due to a statutory requirement to do so, the review of the Adult Safeguarding arrangements could not be carried out at the same time due to other pressures, particularly Local Government Reorganisation.

The Independent Reviewer commissioned was Chair of a Safeguarding Adults Board and Safeguarding Children's Board in another region.

The aim of the review was to develop a preferred option for the most efficient and effective model of partnership arrangements to fulfil their responsibilities for adult safeguarding board.

The scope of the review was to consider the existing arrangements and how these could look in future by including the following:

- Compliance with the requirements of the Care Act 2014
- The impact of the Board on safeguarding Adults
- Safeguarding Adult Board arrangements in other areas in the country
- Geographical boundaries, including whether to move to one Pan-Dorset Board
- Terms of reference for a future Board to include: Governance, Membership, Accountability and Reporting.
- Range and effectiveness of subgroups
- Relationships with other partnership boards
- Budget and financial contributions
- Review skills and dedicated staffing required to support the Board to deliver its strategic aims and core functions
- Ensuring independent scrutiny
- The role of the independent chair
- Developing a robust shared understanding of the safeguarding threats to adults in need of care and support through data / information sharing to inform SAB priorities / activities.
- Considering how policies and procedures continue to be developed / updated; whether internally or by purchase of system such as tri.x

Prior to commencing the Reviewer considered:

- Background material on local government reorganisation in BCP, demographic data and needs analysis
- Terms of reference for Boards, subgroups, and the Executive Group, minutes of all Board, sub-group and Executive Group meetings from April 2018, a sample complete set of Board and QA Subgroup papers, budget, performance and activity data
- Published Business Plans, published and draft Annual Reports, published Safeguarding Adults Reviews, audit reports on S42 decision making and learning disabilities / domestic abuse
- Background information and published arrangements for Pan Dorset Safeguarding Children Partnership and alternative arrangements in other areas

- Available information on Dorset and BCP Community Safety Partnerships and Dorset Community Safety and Criminal Justice Board

A series of interviews then took place in the summer between the Reviewer and Board members, where possible in person or by telephone. Where this was not possible Board members submitted their views by email to gain an understanding of their views on the existing arrangements and suggestions for improvements.

The Independent Chair met with senior leaders from BCP Council, Dorset Council, Dorset Police and Dorset CCG in November and from this meeting prepared a discussion paper detailing current thinking and proposals of partner agencies.

A report of findings was circulated and in December a joint Development Session was held for members of both Safeguarding Adults Boards to examine the proposals.

The review acknowledged the hard work and dedication of the Boards and members whilst highlighting that the close working relationship between the Dorset and BCP Safeguarding Adults Boards does at times lead to duplication on agendas, an issue particularly noted by agencies working pan Dorset.

The large volume of data currently received and presented at the Quality Assurance subgroup does not translate into a clear understanding of the quality of front line practice, a different type of analysis is needed, and the separation of some strands of data for the local authority areas could lead to a better understanding of local issues.

The document contained six proposals including:

- maintaining the status quo,
- forming a joint Safeguarding Adults Board for the pan Dorset area, or
- other combined partnership models encompassing Community Safety, Children's and Adults Safeguarding
- a pan Dorset Safeguarding Adults Partnership
- thematic integration - a single set of arrangements covering adults and children's safeguarding and community safety
- Strategic Collaboration / Local Delivery – consisting of a pan Dorset Safeguarding Adults Partnership and then for BCP and Dorset separate Safeguarding Adults Delivery Group

Although the two boards remain it was decided to trial holding a joint Board meeting with time either side for local BCP or Dorset specific items and the inaugural one was held in March 2020. It was hoped that after this meeting further progress could be made on deciding to continue with joint meetings or the future pathway, but the timing of the coronavirus pandemic meant that other business was necessarily prioritised. This will therefore be considered further in 2020-21 in the context of shaping the Adult Safeguarding landscape pan-Dorset.

PARTNER CONTRIBUTIONS

The Board works with partner agencies to ensure that safeguarding activity is making a difference.

The aim of the activity is to ensure:

EFFECTIVE PREVENTION

Adults are safe from avoidable harm and avoidable death

Effective and early intervention using a pro-active approach which reduces risks and promotes safe services whilst ensuring independence, choice and control

EFFECTIVE SAFEGUARDING

Adults know that their concerns about safety will be listened to and dealt with at an early stage and that they are safe and in control with people who work with them

EFFECTIVE LEARNING

People working with adults are aware of their safeguarding responsibilities and have access to appropriate guidance, procedures and training. Learning from Safeguarding Adults Reviews and Investigations is disseminated to multi-agency professionals to ensure effective learning, learning transfer and continuous improvement.

EFFECTIVE GOVERNANCE

Hold partnerships to account for their contribution to safeguarding Adults at Risk: Accountabilities to the public, its constituent bodies and individuals at risk for example – hate crime, domestic abuse, mental health, sexual offences, and overall quality of health services.

Partners were invited to share some of their organisation's contribution to safeguarding during 2019-2020.

The request was made of partner organisations in April 2020 and due to the timing, some of them have been extremely busy due to the Covid-19 crisis and were unable to provide as detailed a response as they would have liked.

BCP Council

Adult Social Care Services and Commissioning

For BCP council, 2019/20 has been a year marked by transformational change and new opportunities. BCP Council became a legal entity on 1st April 2019, although many months had been spent prior to this date in detailed preparations. It was important that the council was able to maintain safeguarding continuity, quality and data integrity throughout the transition from the four preceding local authorities (Borough of Poole, Bournemouth Borough Council, Christchurch Borough Council and the Christchurch locality of Dorset County Council) to the new organisation. The preparations resulted in a "safe landing" for the new authority with some early benefits including a more consistent application of ADASS guidance to harmonise the approach to converting safeguarding concerns to section 42 enquiries; something which had, throughout 2018/19, been a concern for the Safeguarding Adults Board.

BCP has, in its first year of operation, launched a safeguarding strategy which will ensure organisation-wide safeguarding accountability, leadership and training. The council has also worked with partners to reframe the Safeguarding Adults Board structure so that Christchurch is included within the geography overseen by the board.

The last year has seen planning for new BCP wide safeguarding team structures and a review of The Adult Social Care 'Front Door'. The review has prompted the deployment of safeguarding practitioners, embedded within the "front door", to undertake triage and initial response to safeguarding concerns. A pilot in the Bournemouth locality suggested that this approach achieves good outcomes for clients and often prevents the need for more complex safeguarding interventions.

A new Principal Social Worker (PSW) has been appointed for BCP, who will support the development and assurance of performance standards and contribute to safeguarding training programmes. The PSW has already supported to two very successful events in 2019/20; the Harry Learning Event (see page 22 and Appendix 2) and the Safeguarding Adults Board Provider Event (see page 21).

A new BCP adult Emergency Duty Service, operating outside of office hours, was launched in November 2018 and provides immediate response to safeguarding concerns and a better link between daytime and out of hours services. This service was launched at the same time as a similar BCP service for children and families, and connects with that service to ensure a whole-family out of hours response where necessary. 2019/20 also saw the development of new MARAC meeting arrangements, supported by BCP safeguarding staff.

BCP Council has been looking ahead to national changes, such as the implementation of Liberty Protection Safeguards (LPS), which will replace Deprivation of Liberty Safeguards (DoLS). Planning will continue in 2020/21, although the Covid-19 pandemic has resulted in Government changing the date of implementation to 1st April 2022.

Self-neglect has emerged as a theme throughout 2019/20 and received focussed scrutiny by the Safeguarding Adults Board. BCP Council has, in response, adopted a self-neglect panel which was previously piloted by Borough of Poole. The Multi-Agency Provider Support (MAPS) approach, which

helps providers to raise standards and avoid the re-occurrence of harm, has been developed throughout 2019/20. This approach involves multi-agency information sharing, regular reviews and monitoring of providers as well as agreed professional approaches to issues such as neglect and restraint. Standards for care providers have been more clearly enshrined in contracts and the local authority quality monitoring approach is increasingly working with partners such as the Care Quality Commission and Clinical Commissioning Group to ensure there is engagement with clients and their families.

In response to the COVID19 pandemic, practical operational adjustments within BCP was necessary to maintain a safe and lawful standard of safeguarding practice and respond to some of the issues associated with the pandemic such as a rise in the incidence of domestic abuse and neglect. Focus has been on safeguarding people during a period when lives have changed because of self-isolation and social distancing and, in particular, attention paid to carers experiencing high levels of stress and on the needs of people with substance misuse.

Since the coronavirus crisis emerged, adult social care providers have been working to introduce new infection prevention and control measures. There have been countless examples of providers ensuring the safety and well-being of service users, carers and staff, often taking advantage of the multi-agency support that has been offered, both practical and financial.

BCP Council has continued to host the Safeguarding Adults Board through the employment of business management staff and the provision of accommodation and accountancy.

The Portfolio Holder for Adults and Health in BCP Council is Councillor Lesley Dedman.

Throughout the year Councillor Dedman has supported the work of the Safeguarding Adults Board by attendance at Board meetings where she has contributed greatly to the discussions around safeguarding adults and brings insight from her own experience in the Provider Sector.

Councillor Dedman also attended the Board's annual Provider Event in the Lighthouse and engaged with representatives from the independent and voluntary sector during group discussions on supporting people to maintain relationships with others, and planned changes to legislation.

Learning and Development

The Board's business team, in particular the Training Coordinator, continues to work closely with the workforce development team.

The team is undergoing a period of transition which will ensure consistency of training across Bournemouth, Christchurch and Poole and ensure course content is updated to include current themes in safeguarding.

Supporting Adult Safeguarding through learning remains a priority across the new BCP Council. The Team worked tirelessly to ensure that the same self-booking system was available across the new organisation, achieving this in September. All training is now booked though CPD online for staff across BCP Council.

The team held over 30 full day courses and the same number of half day courses in Essential Safeguarding Adults Skills.

Bespoke Safeguarding Essential Skills training has been provided to many external organisations including provider services, charities including Age UK and Hope, community organisations and church group such as Faithworks Wessex. To meet the needs of the various groups a number of these courses were made available in the evenings or on weekends.

Safeguarding Adults Training for Managers courses were held throughout the year with six full courses and two update courses available.

The Safeguarding Adult Practitioner modular course has been well-received. Six events were held for Safeguarding Adult Practitioners and their managers, topics covered included updates to procedures, current themes of interest and learning from SARS.

The team held a Safeguarding Enquiry Managers' Peer Form and collaborated with Dorset Council for Safeguarding Train the Trainer.

The team contributed greatly to the joint SAR/DHR 'Harry' Learning Event in November.

Housing

As a result of referrals made by Housing to the Safeguarding Adults Review (SAR) subgroup in the previous year a multiagency Safeguarding Leads meeting was convened in the summer to look at learning from these referrals.

MARAC arrangements within Housing were reviewed to accommodate weekly MARAC's and Christchurch joining with Bournemouth MARAC. Agreed new process and rota to ensure information continued to be effectively shared, appropriate actions are taken and statutory duties are fulfilled.

Rough Sleeper Initiative

BCP Council is committed to achieving the government targets for rough sleeping and has successfully applied for grant monies made available in 2018 and 19/20 under the Rapid Rehousing Pathway (RRP) and Rough Sleeper's Initiative (RSI). The fundamental aim of these projects is to create new pathways for supporting rough sleepers off the street and into accommodation with emphasis on long-term recovery by targeting those who are facing considerable health difficulties and entrenched in their rough sleeping.

In 19/20 this funding has been used to sustain and extend the work of the RSI Team and to extend outreach service provision under the RRP. This includes:

- Additional navigator roles who case manage and work in a reactive and person-centred way to support people into accommodation
- Housing Hospital Discharge Role that works with Royal Bournemouth Hospital, Poole Hospital and St Ann's staff to ensure patients receive advice and assistance with housing before they are discharged.
- Supported Housing role that works with commissioned and non-commissioned providers to ensure evictions are minimised and move on opportunities are maximised.
- A Psychologist to advise, support and train the navigators on engagement with individuals. Including specific case analysis to plan engagement and gain the most from interactions

- Additional funds to secure temporary accommodation and supported lettings

Homelessness

Further HMO's and family homes have been purchased and built in BCP area to meet the needs of people approaching as homeless and our Housing Register applicants. In 19/20 across BCP Council and Poole Housing Partnership we have built 3 x 3 bed houses, 30 x 1 bed apartments and 32 x 2 bed apartments. We have also purchased 8 HMO properties providing 45 additional lettable rooms. Work continues to identify provision to meet the needs of BCP residents where we cannot be wholly reliant on hotel/B&B accommodation and the private rented sector.

In 19/20 BCP welcomed 2 families to the Bournemouth area bringing the BCP Syrian Resettlement Programme up to 8 families in total.

Poole Adult Social Care Housing Allocation Panel (HAP) has been reviewed and relaunched to cover BCP area. This means there is now one point of access for supported housing for people with a learning disability and an equitable process to ensure the most in need are prioritised and the utilisation of our accommodation is maximised.

Continued to deliver on the Severe Weather Emergency Protocol accommodation for Bournemouth, Christchurch and Poole enabling safe temporary housing for Rough Sleepers in cold and extreme weather. In addition to this Ministry of Housing, Communities and Local Government (MHCLG) funding was for the first time used to contribute to Sleepsafe, a voluntary provision which ran from September to March 2020 and was only withdrawn owing to COVID-19.

Dorset Police

County Lines

The Force has continued to work with national partners to develop and implement effective safeguarding practices in relation to County Line offences in the following ways:

- Continued work with National County Lines Coordination Centre and the College of Policing
- Introduction of a County Lines team in BCP area

Modern Day Slavery and Human Trafficking

We are continuing to develop our capability to investigate Modern Slavery and Human Trafficking (MSHT) offences in the following ways:

- We have taken part in an inspection from the National MSHT and are seeking to continue to develop in this area.
- We have delivered training to a small proportion of neighbourhood officers and first responders.
- We have invested in the further training of Detective Inspectors and Detective Sergeants on the Modern-Day Slavery investigators course. Further training was planned for June and October but had to be postponed due to Covid. This will be revisited in due course.
- The development and planned introduction a first responder's booklet to assist front line officers in the initial management of a MSHT offence.

Sharing, analysis and management of information

The force has continued to develop a more effective way of sharing information following police contact with vulnerable people with partner agencies. A team of Safeguarding Referral Officers (SROs) manage the referrals for vulnerable adults, domestic abuse and vulnerable children within the Safeguarding Referral Unit (SRU). There work is supported by a Detective Sergeant to ensure a timely review and that any criminal investigations are triaged and allocated to an officer for further investigation.

The force is actively engaging S42 planning enquiry meetings, professional meetings and MARMS to ensure that we proactively contribute to the safeguarding of these most vulnerable.

The Force Intelligence Bureau ('FIB') continues to focus on an intelligence-led approach to threat, risk and harm. The FIB has a dedicated vulnerable adult's desk, an analyst and a researcher, developing and supporting vulnerable adult and MSHT investigations

Training and Development

The force is seeking to develop further vulnerability training during autumn 2020. This one-day training day will improve the skills of officers/staff to effectively recognise and support the complex needs of vulnerable individuals, to encourage professional curiosity and to ensure that they have the skills to keep people safe.

The Adult Safeguarding Team have all completed Level 1 Adult Safeguarding course.

The force's Learning and Development Unit are developing an Adult Safeguarding course for specialists.

Stalking Clinic

The force continues to support the Stalking Clinic and ensure that relevant cases are referred to clinic and considered for Stalking Protection Orders.

Vulnerability Lawyers

The force has introduced two Vulnerability Lawyers this year in order to develop our tactical options in keeping the people of Dorset safe. These lawyers support the Vulnerability programme by providing legal guidance and obtaining civil orders on behalf of Dorset Police such as Domestic Violence Protection Orders, Stalking Protection Orders, Trafficking Orders and Sexual Harm Prevention Orders. The team will be joined by a third part time lawyer in September 2020.

Governance

Dorset Police have now established a Vulnerability Programme Board chaired by the Assistant Chief Constable. This is the overarching governance board driving the force's vulnerability agenda and will take Dorset Police from good to outstanding. There are two key subgroups that support this board:

- DA and Operations Group
- Partnership and Operations Group

Over the last year the force has invested in creating dedicated posts in the shape of a Superintendent, Inspector and Project Manager, in support of our commitment to delivering an outstanding service to vulnerable victims. An additional Superintendent post has just been agreed to further support this work with a focus on partnership and business support to the operational teams within Public Protection Command.

Transformation and Business Development

In addition to the Vulnerability Programme described above, Crime and Criminal Justice Command are undertaking further work to review structures and capabilities to further enhance our quality of service and delivery. Integral to this is a commitment to ensure the most effective and efficient use of resources and to enhance the force capability in support to the vulnerability agenda and drive to deliver outstanding service in relation to vulnerability. Within this work, the recognition of effective partnership working in order to achieve the ambition of outstanding is explicit.

Dorset Clinical Commissioning Group (CCG)

Dorset Clinical Commissioning Group (CCG) is the main commissioning organisation for health services across the whole county of Dorset. The CCG commissions planned and emergency health care across Dorset, as well as rehabilitation, and community mental health services. The CCG has responsibility for Continuing Health Care across the county. The CCG works closely with partner members of the Safeguarding Adults Board, and in particular with Dorset HealthCare, Poole Hospital Trust and the Royal Bournemouth and Christchurch Hospitals Trust.

The CCG Safeguarding Team was restructured in 2019, this led to the appointment of a Head of Safeguarding, an Adult Safeguarding Lead and a Designated Children's Nurse who joined the team in March 2020. The new members of the Team have joined the three GP Safeguarding Leads, the Designated Nurse for Looked After Children (LAC), and the Designated Doctor and Designated Doctor for LAC.

The vision for the new Team is to work in a systems-led approach across the CCG and its commissioned services, simplifying processes and streamlining bureaucracy, with a view in health to have a single training package, safeguarding policy and risk register. The new Team will work closely with Contracts and Procurement to ensure safeguarding is embedded throughout all services.

Across the health economy, both the CCG and all of our commissioned providers are engaged and committed to safeguarding. The Safeguarding Teams across all commissioned services provide expert advice, support, supervision and specialist training to support all staff to fulfil their safeguarding responsibilities and duties.

Over the past 12 months the Safeguarding Teams across Dorset have adopted a `think family` / think community approach, both Dorset Health Care and Dorset County Hospital have integrated their specialist safeguarding services.

All Providers maintain their knowledge and keep up to date through attendance at regional and national networks and all safeguarding specialists in health receive regular supervision.

Dorset Healthcare

Dorset Health Care's Safeguarding Service has gone through considerable transformation this year. The Professional Lead for Safeguarding has led the development of a comprehensive integrated safeguarding service across the Trust. The service has focused on the statutory safeguarding requirements as set out in the Children Act (1989, 2004) Working Together 2018 and the Care Act (2014).

The service provides assurance that the Trust has safeguarding children, young people and adults at risk in the centre of the care provided. The service is committed to work with learning and development to continually update and upskill staff to ensure processes and procedures are in place to facilitate excellent safeguarding standards.

Our safeguarding vision and strategy recognises that prevention is central to service provision, therefore we are working to deliver a "Safeguarding Everyone, Think Family" approach across the Trust. This approach allows the Trust to embrace the additional requirements of the wider safeguarding agenda including contextual safeguarding, Domestic Abuse, PREVENT, Modern Slavery and Human Trafficking. The working group provides a forum for the dissemination of learning from safeguarding and safeguarding reviews and enables us to monitor actions and outcomes.

We have responded to the challenges of COVID19, introducing remote working to ensure effective interagency engagement to maintain safety for children and adults at risk. Innovative training opportunities have also been adopted through this virtual platform.

The service complies with the NHSE/I Safeguarding Accountability and Assurance Framework (SAAF) 2019. This outlines the Trust's safeguarding roles, duties and responsibilities through the demonstration of safeguarding leadership and safeguarding commitment at all levels of the organisation. The Trust is fully engaged and supports local accountability and assurance structures set by the local Safeguarding Children's Partnership, two Safeguarding Adult's Boards, Community Safety Partnership and the CCG.

The safeguarding service has reviewed all the internal relevant safeguarding policies, procedures and guidance to ensure all Trust staff and volunteers are aware of their statutory duties to safeguard. All safeguarding documentation is uplifted onto the Trust internal website.

The service has continued to work with learning and development to offer a comprehensive integrated safeguarding training package to meet the requirements set out in the following:

- Intercollegiate Document, Safeguarding Children and Young People: Roles and Competencies for Health Care Staff 4th edition (2019)
- Adult safeguarding: Roles and Competencies for Health Care Staff (2018)
- Looked After Children: Knowledge, skills and competencies of health care staff (2015)

The service receives evidence to indicate that all staff are compliant with the training requirements which includes a comprehensive Domestic Abuse eLearning package for both clinical and non-clinical staff. A number of bespoke DA training sessions have also been delivered which have embraced issues of stalking, harassment, coercion and control.

The safeguarding team offer safeguarding supervision to all relevant staff as appropriate to their role. Group supervision sessions have been provided by the Senior Safeguarding Practitioners (SSP); this has been continued albeit virtually during the Covid19 pandemic. Safeguarding supervision has been developed further to embrace a train the trainer model allowing suitably experienced practitioners to deliver supervision with support from the SSP's. Both the Sexual Health services and the Looked after Children Nurses are using this model.

We now have Senior Safeguarding Practitioners and Safeguarding Practitioners in place, each with different roles and responsibilities. A safeguarding hub has been developed as a single point of contact for all DHC safeguarding concerns. Our safeguarding practitioners have generic safeguarding knowledge to offer first line support to frontline practitioners, accessing support from the senior safeguarding practitioners (adult and child) for support with more complex cases.

We have continued to meet the demands of the Multi-Agency Safeguarding Hub (MASH) based at Poole Police Station and have worked alongside multi agency partners to embrace the growing requirements of the Domestic Abuse agenda through the BCP council Multi-Agency Risk Assessment Conference (MARAC) and the High Risk Domestic Abuse pilot with Dorset Council.

We have strengthened our links with Mental Health and Learning Disabilities services which includes working alongside a nominated adult mental health practitioner to strengthen the "Safeguarding Everyone, Think Family" agenda. This practitioner has worked with a number of MH safeguarding forums and strong links have been forged with the Criminal Justice Liaison Diversion service, the homelessness service and the Forensics service. This has facilitated a deeper understanding of individuals within the services and the complexity of their needs. The professional lead for safeguarding has been supporting the Multi-Agency Public Protection Arrangements (MAPPA) task and finish group after a mental health homicide review. The Professional Lead for Safeguarding now also attends all the Mental Health, Community Services and CYP senior team meetings to strengthen the voice of safeguarding. Work has also ongoing reinforcing links with the Medical Advisory Committee.

Considerable work has been undertaken to review the clinical systems to identify when there are children under the care of adults in receipt of services. A safeguarding template has been designed and embedded into the Electronic Patient Record, for the safe storage and sharing of relevant and proportionate information.

Collaborative work has taken place with partners to meet the requirements of Section 10 of the Children Act 2004 and the Care Act 2014 with strong evidence of effective cooperation at all levels of the multi-agency partners, from strategic level through to operational delivery.

The safeguarding service has strengthened collaborative working with the Trust's Quality directorate to manage any serious incidents where there are elements of safeguarding present. The safeguarding service has managed a number of significant events throughout the year including unexpected death and serious injury of a child, young person or adult at risk. The service also engages in all safeguarding practice reviews (previously serious case reviews), domestic homicide reviews, safeguarding adult reviews and multi-agency case audits.

The Service is engaged with any LADO referrals that implicate a DHC staff member and has guidance in place to managing allegations against people who work with children and adults at risk. The service is also fully engaged within a comprehensive audit programme, which allows for the service to learn and develop. Finally, the service is looking forward to the opportunities that the forthcoming year will offer it, including further transformation of the team, a review and quality assurance of what is currently offered.

Poole Hospital NHS Foundation Trust

Poole Hospital continues to be an active partner is the Safeguarding Adults Board activities and has regular attendance at the Board and sub-groups. Through its own internal structures, it continues to work in support of the Boards 4 key aims to have Effective Prevention, Effective Safeguarding, Effective Education and Effective Governance.

The trust had its last CQC inspection between 15th October and 14th November 2019. Overall the trust maintained its Good rating with an Outstanding rating for the caring domain. In respect of safeguarding the only key action for the trust was to continue with work to ensure that all staff complete mandatory safeguarding training in a timely way.

Highlights from 2019/20

Over the past year the adult safeguarding lead and the named and lead safeguarding midwives have worked collaboratively to further develop a whole family and lifespan approach to adult safeguarding. This has included the following highlights:

Safeguarding Champions

The Safeguarding Champions group has been strengthened through the addition of midwifery staff since September 2019. The development programme for the Champions group has included learning disabilities, the Mental Capacity Act, County Lines and Sexual Exploitation, Domestic Abuse and the MARAC process. External speakers have attended from the Sexual Assault Recovery Centre in Bournemouth, the Police Impact Team and Bournemouth, Christchurch and Poole Council.

Access to support for victims of Domestic Abuse

In July 2019 the trust introduced an additional resource through which staff can discreetly provide the domestic abuse help line number to women who may be vulnerable to abuse (for example lip balms with the telephone number on), these products have been implemented across the trust.

Safeguarding Awareness Week

In November the Trust's children, adult and maternity safeguarding team worked together to highlight safeguarding across the whole trust. The team were joined at an awareness raising day by partner agencies including the police, Sexual Assault Referral Centre (SARC) and the Rape Crisis Team and together shared information with staff and patients.

Within the trust's clinical departments the team undertook daily trolley dashes around the hospital to ensure that safeguarding awareness was bought to all areas. Staff on wards had the opportunity to meet everyone in the team, ask questions, and help themselves to information and resources.

Safeguarding Training

Both the safeguarding lead nurse and named midwife are now involved in facilitating safeguarding training across the Trust and working closely with the adult and children's leads to deliver in house level 2 and 3 training. This has had excellent feedback and also enabled staff from across the trust and maternity site to work together.

During 2020/21 new on-line training will be developed to supplement face to face learning and provide a flexible and easy to access offer for training all staff in the trust.

The Royal Bournemouth and Christchurch Hospitals Foundation NHS Trust

The Royal Bournemouth and Christchurch Hospitals provide healthcare for the residents of Bournemouth, Christchurch, East Dorset and part of the New Forest with a total population of around 550,000. Some specialist services cover a wider catchment area, including Poole, the Purbecks and South Wiltshire.

The Trust strives to provide safe, caring, effective, responsive and well-led care within the Royal Bournemouth and Christchurch Hospitals and safeguarding is an important component of this.

The hospitals in the Trust have strong relationships with other health leads and ensure that learning is shared with these. The Trust also works in partnership with Pan Dorset partner agencies to promote and strive towards the priorities of the Safeguarding Adults Board and the alignment of practice in the CCG and in all Dorset Acute Trusts.

Staff in selected areas of the trust have received enhanced Learning Disability Training and have participated in awareness-raising initiatives including trolley dashes.

The online safeguarding training has been updated and relaunched.

Promotion of domestic abuse awareness is ongoing.

The Trust's strategic objectives include Valuing our Staff, Improving Quality and Reducing Harm and Strengthening Team Working. This framework supports Team RBCH to deliver safe and compassionate care for our patients and shape future health care across Dorset. Our final objective of Listening to Patients ensures meaningful engagement to improve patient experience. This aligns with the Care Act principle of Making Safeguarding Personal.

NHS England and NHS Improvement (South West)

For NHS England and NHS Improvement, 2019/20 has been a year of transformational change and new opportunities leading to the organisation becoming a single body on 1st April 2020. For the organisation it has been important that NHS England and NHS Improvement maintains safeguarding continuity, as it prepared for the devolution from the national safeguarding team, to regional safeguarding leads.

NHS England and Improvement – South West has undertaken a considerable journey in the last year as we developed our new workforce aligned to each Directorate. As part of our workforce development we have developed a diverse safeguarding team supporting national safeguarding programme delivery, leadership and safeguarding support to our partners as well as specialist roles within our own commissioned services. A new South West Regional Safeguarding lead has been appointed and we are looking forward to settling our teams in their new roles in addition to the opportunity and potential this coming year brings.

Nationally and the South West has seen considerable change over the last financial year, not only in our own workforce but across our South West partners in both Health and Social Care. We have continued to be actively working with our cross-government partners and to ensure our NHS plays a full part as system leaders. This includes actively contributing to and looking ahead to national changes, such as the implementation of Liberty Protection Safeguards (LPS) and to ensure the relevant sections of the Domestic Violence and Abuse Bill are implemented at a national level and, across region.

The NHS Standard Contracts, Safeguarding Digital Strategy and Commissioning Assurance Toolkits have remained a key focus of work on protection, section 42 enquiries, Think Family, and the prevention agenda and contextual safeguarding. This work is ongoing, and since COVID-19, expanding across cross government workstreams, as well as regionally through our integrated care systems, community safety partnerships and violence reduction units; where we look to identify hot spots of contextual safeguarding and trauma informed practice.

The Safeguarding Adults National Network (SANN) has continued to raise the profile of the safeguarding adult's agenda. The Network has Designated Adult Professionals from local systems who have been nominated by regional leads. During 2019/2020 there have been face to face core meetings as well as, a virtual network which is hosted on the FutureNHS Safeguarding Workspace. Over the financial year, the virtual network has been able to feed any issues, concerns and successes to the core network for discussion, via this platform.

In response to the COVID-19 pandemic, SANN meets virtually fortnightly, and has expanded to include Safeguarding Adult Board Business Managers and the Chair of the National Independent Safeguarding Adults Board Chairs. Together, we continue to build the voice of the virtual network and create a community of practice for safeguarding adults' colleagues across the health and integrated care systems.

Dorset and Wiltshire Fire and Rescue Service

Our procedures have been reviewed to make them clearer and easier to follow including bookmarking links, chart of responsibilities and easy to follow flow charts. Additions to the procedure includes handling confidential information and Personal Information Sharing Agreement (PISA). PISA enables the legal and secure exchange of personal information between partner organisations that have a common obligation or desire to provide services within the community. The procedures have been peer reviewed by a Safeguarding Board with recommendations actioned and completed.

The improved safeguarding referral form is now available electronically. The form is more intuitive, auto-populating in some areas and offering information text boxes to help with the completion of the form, which is automatically sent to the safeguarding email inbox on completion making the process slicker and preventing possible barriers to referring or data breaches. In line with the Care Act 2014 of Making Safeguarding Personal there is a question on the individual's desired outcome.

The procedure is also reflective of the requirements associated with the Data Protection Act 2018 and the General Data Protection Regulations.

The Service's procedures adopt a 'whole system approach' to adult and children's safeguarding and are reflective of our key principles. Safeguarding arrangements are delivered via a broad spectrum of activities including:

- Through support and promotion of both national and local safety campaigns
- Through specific intervention such as operational incidents, safe and well visits, fire setter programmes and other children and young people programmes
- Multi-agency training and awareness
- Through formal safeguarding arrangements, in partnership with local authority safeguarding teams and other key agencies.
- Circulating resources such as posters and prompt cards.

By working closely with other agencies, we can utilise information sharing to keep vulnerable persons safe and to keep others safe, including Service staff.

Formal safeguarding arrangements are developed and delivered predominantly by the Safeguarding Lead who is responsible for supporting the organisation in its policy commitment to safeguarding and promoting the welfare of young people and adults at risk. The focus of the role is to provide professional, accessible and reliable advice and guidance to staff relating to safeguarding concerns and practice. This also includes making sure we conform to relevant legislation, that we reflect organisational and local authority policy and procedures and best practice to ensure continuous improvement through embedding safeguarding standards across the organisation.

The role is also crucial in making sure that we develop and establish good working relationships with partner agencies and local authorities. This allows us to effectively raise safeguards with local services and arrange extra support for the referrals that do not meet the safeguard thresholds by knowing when to sign post and when to call 999. By arranging extra support, we are ensuring that the most vulnerable people in our area receive early intervention and support, with the aim of

preventing the concerns from escalating, improving well-being as well as possibly saving money across the health and welfare system. A safeguarding information page is available on Connect (the Services intranet) where additional information and tool kits can be accessed.

To ensure organisational resilience, we have a Single Point of Contact (SPOC), Safeguarding Lead and Deputy Safeguarding Leads. Cover is available 24 hours a day, 365 days a year by the Duty Area Manager who is contactable through Fire Control. Group/Area Managers give strategic management representation on all local Safeguarding Boards.

The Safeguarding Lead represents the Service on local subgroups and meetings where we are actively involved in safeguarding. This is predominantly through Multi Agency Risk Management Meetings. We have an Authority level Safeguarding policy in place and effective Service wide reporting procedures which are supported by a clear training delivery plan which includes corporate induction and continuation training. These arrangements provide guidance to all staff and Service volunteers on how to recognise when a child or adult with needs for care and support may be experiencing harm, abuse or neglect. The Safeguarding Lead has also reviewed which staff roles within the organisation need to be Disclosure and Barring Service checked to ensure safer recruiting.

We were invited as a key stake holder to be involved in the independent review of BCP Adult Safeguarding Board following the national changes to Safeguarding Children Boards arrangements.

We also have representation on a self-neglect/hoarding panel which sets out the shared understanding across key agencies of how we jointly respond to very serious situations of adult self-neglect. The aim is to prevent death or serious injury by ensuring there is a shared multi-agency understanding and recognition of issues involved in working with individuals who self-neglect and to make sure there is effective multi-agency working and practice in place which enables agencies to uphold their duty of care.

We have worked with 'You Trust' which is a charity that supports vulnerable people working with a wide range of specialist areas from learning disabilities to mental health and domestic violence and abuse Services. Key staff have received training in domestic abuse and have become Domestic Abuse Champions so they can offer guidance to those experiencing domestic abuse.

Contact has been made with all surrounding Fire and Rescue Service (FRS) Safeguarding leads as crews are increasingly attending calls outside of our service area. This is to ensure crews are aware that they should follow their own respective organisational procedures and the local FRS Safeguarding lead will direct any referrals as appropriate. The intention is to prevent confusion and any safeguarding concerns being missed. The Safeguarding Lead hosts and chairs meetings with Devon and Somerset FRS, Hampshire FRS, Royal Berkshire FRS and Avon FRS Safeguarding Leads three to four times a year to share best practice. The meetings are useful, not only from the perspective of reviewing current practice, but also to remind us that the issues we face are common to us all.

We provide locality base evidence of what we are involved in and report progress and opportunities to Members through Local Performance and Scrutiny Committees on a quarterly basis. This is also reported to the Authority on a six-monthly and annual basis.

Assurances have also been provided on recent financial abuse and domestic abuse audit reports to Swindon Local Safeguarding Adults Board. Quarterly reports are completed on performance headlines and emerging issues. The Board monitors the key performance information which helps demonstrate the effectiveness of the partnership's safeguarding activity. Each quarter focuses on a different topic.

3 years refresher training took place this year. The interesting training was developed by the Safeguarding Lead and a Local Safeguarding Trainer/ Social Worker and has been well accepted and proven to be a great success. The feedback and buy-in from staff have been outstanding and this has resulted in programmed training that ensures that all key personnel dealing with young people and the public have carried out level 2 safeguarding training, and that this training is delivered consistently.

The Learning & Organisational Development Adviser and the Safeguarding Lead meet two to three times a year to ensure we are meeting our stated training requirements and we continue to look at how we can improve the evaluation of the training that is delivered to ensure the consistency and application of our procedure in practice. This has also led to the Safeguarding Lead being invited onto a local authority group and invites to sessions to train the trainer which cover new learning and legal updates.

Our safeguarding e-learning has recently been updated and supports our other means of training and allows us to monitor understanding. The training that has been put in place crucially serves to highlight that safeguarding is everyone's responsibility and keeps all staff up to date with changes such as modern slavery, forced marriage, female genital mutilation, child sexual exploitation and radicalisation. The Safeguarding Lead has also completed additional training, including Safeguarding Essential Training, Information Asset Owner training (storing of confidential information), Serious Case Review, Managing Incident training, Managing Allegations, Hoarding and a Policies and Procedures workshop. Training has also been completed on General Data Protection Regulations as the safeguarding information we hold is some of the most sensitive that is held within the Service and is therefore recorded as 'Official Sensitive'.

We have ensured we work closely in partnership with South West Ambulance Service Foundation Trust (SWASFT) and the police forces that serve our area of responsibility. If either the ambulance service or the police visit a property and think that there is a fire risk, or some fire intervention is required, this goes to the Safe and Well Lead to disseminate and make sure it is managed internally and they also feed back any outcomes to the referring agency. Working with other agencies allows better access and management of fire risks for individuals with care and support needs and raises the awareness and training around identifying and managing fire risks in domestic dwellings and the built environment. The Safeguarding Lead has also worked closely with the named professional from SWASFT on hoax calls and frequent callers. This led to a monthly report of frequent callers being set up.

The Safeguarding Lead also contributes to the NFCC (National Fire Chiefs Council) Safeguarding Co-ordination Workstream. The purpose of the workstream is to provide direction for the NFCC in relation to safeguarding children and adults at risk to ensure the NFCC complies with government legislation and guidance. This also supports the Service in aligning local and national policy.

South West Ambulance Service NHS Foundation Trust

South Western Ambulance Service NHS Foundation Trust publishes an annual safeguarding report describing safeguarding activity across the entire geographical area of operations. This is a summary of highlights from the annual report.

The Trust generated 18,000 safeguarding referrals for adult patients in 2019/20. The volume of referrals has risen year-on-year over the last 6 years. In 2019/20, the volume of referrals about adults increased by 46% on the previous year. The causes for this are multi-factorial and cannot be explained from the perspective of a single provider. All ambulance services are experiencing a similar trend. The most significant theme from these referrals is a lack of care packages available for patients. In many instances, the concerns are not yet at a level of safeguarding but need urgent intervention to prevent neglect or self-neglect.

The Trust's Safeguarding Service sets annual development objectives based on horizon-scanning, dominant themes from development plans of local safeguarding partnerships, inter-agency safeguarding strategy discussion and themes arising from statutory safeguarding reviews. Of note in 2019/20, the Trust's Safeguarding Service achieved its objectives of strengthening corporate safeguarding, improving the quality of safeguarding statements produced by staff and improving staff understanding of the Care Act. During 2020/21, objectives include improving staff awareness of Modern Slavery and Human Trafficking and improving staff ability to hold challenging safeguarding conversations.

National Probation Service

The National Probation Service in Dorset is committed to the Safeguarding Adults agenda and implements new policy and procedures, sends staff on appropriate training and undertakes a number of Quality Assurance activities as well as making appropriate referrals.

The National Probation Service engages in joint working with other agencies through Multi Agency Public Protection Arrangements (MAPPA), Multi Agency Risk Assessment Conferences (MARAC), Stalking Clinics and Professionals Meetings. Staff seek to support victims and perpetrators in order to reduce safeguarding concerns.

Appropriate use of recall, licence variation conditions and breach of community orders support prevention and safeguarding.

National Probation Service staff work to support vulnerable victims of crime and to seek to reduce the risks of serious harm by perpetrators by use of one to one work and appropriate group interventions while recognising that some of these adults may have dual roles of perpetrator and victim.

Staff undertake training in Domestic Abuse and Safeguarding.

Staff make referrals into the local authority Adult Safeguarding team in relation to adults they are working with and engage in joint working and use of Care Act referrals.

The National Probation Service cooperates fully with the Safeguarding Adult Review (SAR) procedures in relation to known offenders, sits on panels and implements learning from all SAR's.

This year the National Probation Service has made a particular contribution to ongoing joint reviews.

Senior management from the National Probation Service contribute to various Pan Dorset boards which seek to support adult safeguarding including MAPPA, and the Domestic Abuse and Sexual Violence Groups. The Head of Service in Dorset seeks to ensure full engagement and integration across the various boards to support linked up thinking and deliver statutory responsibilities.

Healthwatch Dorset

The manager of Healthwatch Dorset presented at the Board in September. Healthwatch Dorset is the county's independent health and care champion and aims to ensure that people are at the heart of care.

Dedicated teams of staff and volunteers listen to feedback and suggestions about local health services, and shared these views with the decision-making organisations, so that together a real difference can be made.

Healthwatch Dorset can also help people find the information they need about health and care services in their area. They are also involved in nationwide projects gathering information on how people access services with the aim of contributing to wider improvements.

Appendix 1 - Case Study

One of the Board's strategic priorities for 2019-20 was neglect and self-neglect.

From an outside perspective, neglect could be easier to identify and the Board member organisations work together to prevent neglect and where identified resolve issues wherever they might occur.

What happens when an individual neglects their own needs?

Self-neglect is a complex area of practice, raising questions of capacity and the right to make unwise decisions. In recent years greater understanding of hoarding as a mental health condition has meant that consideration is given to factors that have led the individual to a point where this mental health issue is rendering an individual incapable of looking after themselves safely.

"This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis" (Care Act Guidance, section 14.7).

The case study below is based on an example of a complex case of self-neglect and hoarding where a Section 42 Enquiry was required. This in fact led to long term engagement with an individual who is referred to here as 'John' to maintain confidentiality.

John had lived in his house for most of his adult life and had always collected things, but it had become obvious in recent years, even from the outside, that clutter was an issue.

In winter 2015 a Section 42 Enquiry referral was raised by Environmental Health following concerns from neighbours regarding the state of John's house.

A Safeguarding Social Worker made contact with John who by now was over 70 and did not want to change. What appeared to be rubbish to others was his treasured collection. Continued engagement with John led to referral to a local team and then allocation to a Social Worker in summer 2016.

Through the Self Neglect & Hoarding Panel, Social Care were able to support John to re-engage with GP surgery through Frailty Nurse. In line with the principle of Making Safeguarding Personal it was agreed that his Social Worker would be the main care co-ordinator and would discuss with John all actions and decisions recommended by professionals.

In summer 2018 a referral was made to the Community Mental Health Team. John's Social Worker supported his attendance at the appointment where diagnoses of Hoarding and Mild Mixed Dementia were made. John's collecting or hoarding had by this point spanned 50 years, from the time he bought his own house as a young man.

Over the course of John's involvement with services several MARM meetings were convened, to which he was invited and attended. This alongside the Self Neglect & Hoarding Panel allowed for joint agency working and risk management. John continued to engage with all services and moved from denial to acceptance of his hoarding diagnosis, which he had initially refuted in strong terms. John agreed to some Fire Service involvement and due to their careful explanation of the potential

fire risk to neighbours John decided to allow some garden de-cluttering and tree cutting. John also continued to engage with the day service at CMHT and became involved in voluntary work in the community. John had become somewhat isolated from his family over time, mainly due to his hoarding but steps have been taken to meet, although he is not ready to have people in his home yet.

> *"Just as people self neglect in varying ways the question of why people self neglect has many answers" Cooper and White, (2017), Safeguarding Adults Under The Care Act, 2014, p.182*

The Social Care Institute for Excellence in their guide to self neglect https://www.scie.org.uk/self-neglect/at-a-glance list some of the reasons:

- a person's brain injury, dementia or other mental disorder
- obsessive compulsive disorder or hoarding disorder
- physical illness which has an effect on abilities, energy levels, attention span, organisational skills or motivation
- reduced motivation as a side effect of medication
- addictions
- traumatic life change.

Sometimes self-neglect is related to deteriorating health and ability in older age and the term 'Diogenes syndrome' may be used to describe this. People with mental health problems may display self-neglecting behaviours. There is often an assumption that self-neglecting behaviours indicate a mental health problem but there is no direct correlation.

In the coming year Board partner organisations will monitor whether any increase in self-neglect is reported due to effects of the coronavirus pandemic, particularly regarding traumatic life changes.

Appendix 2 - Feedback from 'Harry Learning Event

Report summarising the feedback from the Learning Event on the SAR/DHR on 'Harry' 5th November 2019

Attendance AM: 120 PM: 117

Cost: £1681.85

Information sharing

Places were allocated across 12 tables to ensure that delegates from different professions and organisations were represented at all tables. This supported discussions around the questions posed. The interest and success of the event can be measured by the number of people attending the event, 120 places were allocated for each session, the variety and number of responses noted during the table exercises and the scope and number of questions that were posed for the panel at the end of each session.

Table Exercises

Q1 What challenges and opportunities do we have to support vulnerable adults to identify and maintain meaningful relationships?

Challenges: (222 responses)

Delegates recognised that vulnerable adults should be allowed to make choices, although often professionals may not like the choices that were being made, however managing risks was seen as a way of supporting people's choices. There was a value in allowing people to be in charge of making their own choices and this was to do with developing self-esteem and learning from previous experiences. It was acknowledged that fluctuating capacity did have an impact on supporting vulnerable adults.

Providing services and social opportunities that supported vulnerable adults were seen as an area where additional resources could be committed. Having time to build trust was recognised as important however with changes to staffing, resources available, meetings that need to be attended, use of time, these factors did impact on the opportunity to build that trust.

Education and training was felt to be an important area where support could be offered, this would be both for professionals and vulnerable adults. Some areas where this could be developed include: on-lie safety, use of social media, how professional use and understand language i.e. what is meant by a meaningful relationship? It was noted that Care Plans often did not refer to sexual relationships.

Opportunities (131 responses)

It was recognised that MARM, and MAPPA had improved communications across Agencies however there was still further development needed. The role of the Lead Professional and the findings from

the MARM audit were noted as areas for further development. There was also an appetite for strengthening the work in areas of 'transition' and 'sharing information' at an earlier age for the young adult. It was noted that aspects of 'low level' issues were often overlooked, and this was a missed opportunity.

Professionals identified that having workshop's on 'sex and healthy relationships' would be an advantage as well as 'Pattern changing behaviour'.

A number of points were given around the 'consistency of workers' and 'allowing professionals to use their own judgement where adults did not meet any thresholds'.

Examples of groups that were seen as having a positive impact on vulnerable adults were shared. E.g. Dorset's Vulnerable Adults Tea and Learning Disabilities Social clubs were used for safe social contact. It was shared that there was a forum based in Dorset that had undertaken work to support safe relationships and Oxford provided a dating service for adults with Learning Disabilities. A request for a Dorset Repository of organisations that could offer support for vulnerable adults was expressed.

What challenges and opportunities do we have to build resilience with clients who have been through multiple adverse childhood experiences?

Challenges (205 responses)

Improved working between Adults and Children's services was identified as a challenge. It was identified that schools were good at recognising concerns early however trauma in adults was not readily noted. Having access to Professional support such as CMHT, Steps to Well-being, CAMHS and transition to adulthood was seen as a challenge. Time spent with clients, heavy caseloads, changes/turnover of Professionals were identified as factors that had an impact on building resilience with clients who have recognised ACE's. Again, having time to build trust was seen as a challenge.

It was felt that there could be assessments around ACES's and that adults who were identified as having ACE's did not readily engage with services. It was noted that some Professional did not recognise ACE's and this could be a training opportunity.

Planning for Transitions was noted as a challenge as too was sharing information around families, and across agencies.

Opportunities (155 responses)

The feedback identified that there was an opportunity to provide good preparation and planning for adulthood with children, to include Care Leavers, who had experienced ACE's. Careful commissioning of children's placements and improving Early Help for children and their parents were identified as ways of promoting resilience in later life. Better sharing of information, to include Risk Plans, across agencies was also seen as a way to build resilience.

It was asked if there should be a specialist 'Learning Difficulty Team' for those who fall through the net. It was felt that a Forum for those adults who had experienced ACES could be an advantage.

The opportunity of providing training/education around ACE's was noted for professional as well as the local communities e.g. churches, shop owners and licensees; this would help them look out and support vulnerable people. It was felt that some Professionals would welcome training on autism in people with Learning Disabilities as well as training in psychology-based interventions. Mental Health training was also identified as being useful for some Professionals. The impact of the NHS having long term plans on vulnerable young people increasing to the age of 25 years was noted. Mental Health Services were identified as having good holistic assessments that highlighted ACE's and STAR workers were identified as providing good work. Creative solutions using the voluntary sector were seen as an opportunity. It was expressed whether there was an opportunity to broaden the work to look at identifying perpetrators or potential perpetrators through the application of ACE's.

What indicators of risk are apparent for John? (210 responses)

Substance misuse	History of DV/sexual assault	Previous violence/rape	Predatory behaviour
Paternity	Suicide	Escalation in behaviour	Exploitation-sexual/financial
Homelessness	Loss of control	No occupation	Eligible for MAPPA
Multiple reports of rape	Undiagnosed Learning Disabilities	Lack of knowledge of history/childhood ACEs	Mental Health Act Assessments (7 s136's)
Loss of father impacting relationship with mother	Cuckooing, targeting vulnerable people	Not enough known, shared, recognised	Perpetrator vs victim

What are the challenges and opportunities in responding to these risks?

Challenges (140 responses)

Discussion identified that John's behaviour was a challenge and this would have influenced his reluctance to engage with services when they had previously turned him way. His own family dynamics influenced his behaviour and resulted in him being seen as 'transient'.

It was acknowledged that 'Housing' had no duty to house him due to his lifestyle but questions were raised as to how he would ever get suitable accommodation. Groups felt that 'risks' did not sit with one agency, however lack of information sharing due to him not being under the care of a service did provide a challenge. Although he was known to the Police and the Rough Sleepers team, this information was not shared; it was identified that if 'systems were joined up' it would be easier to share information.

Groups identified that adults misusing drugs and/or alcohol made assessments difficult and hospitals supporting people with mental health issues cannot always treat people like John. Concern was raised that his behaviour was 'service seeking' and how do professionals respond to this.

Opportunities (89 responses)

Opportunities to look at 'mapping exercises' and 'integrated multiagency working' would support people like John. There was a comment that looking for 'Triggers' and 'Flags' could have identified earlier concerns with John. A number of S136's were assigned to John and this information could have been available for sharing if support systems allowed. The use of 'Perpetrator' and 'Changes to behaviour' programmes may be suitable. (Northumbria was cited as having such programmes). Groups felt that the MARM process could have been triggered. Groups identified that MARM and MAPPA training may help Professionals to work more consistently and ensure that the 'right people that would make a difference' are invited to meetings. Would a MAPPA/MARM be triggered for situations like John's today?

Groups felt that there was an opportunity to offer 're-education' with living skills and going 'back to basics could support people like John.

Questions for the Panel

- Have the Police considered an adult exploitation/grooming specialist team?
- There appears to be a disconnect between MARM, MARAC, LASB meetings.
  What are the views as to how best to improve upon this situation?
  Could the MARM process be reviewed to make it less process driven and easier for agencies to work together to achieve service user focussed outcomes and more effectively managed?
  How can we improve communication with MARAC to ensure operational shift know what the outcome is to have access to the minutes & risk management plan?
- How do we engage people who don't want to attend statutory services? Time to think outside the box.
- Despite having 23 hours 1-to-1, Harry unfortunately did not gain enough understanding of meaningful relationships, this include intimate relationships. Does this mean we need to look at the quality of support as opposed to quantity?
- After much work being done to increase awareness of other agencies, what can be/is being done to increase accountability (e.g. constant struggle to convince other agencies to act as nominated enquirer if it so obviously makes sense.?
- Why don't we consider a children's style approach to safeguarding?
  E.g. 'Front door' team making initial enquiries→determining harm→daily triage/strategy meeting→daily discussions.
  Independent Chairs and Minute takers for EPM and ERM's
- How can we support Karen when she nears the end of her custodial sentence and returns to the community?
- How sufficient and accessible and timely are services for children and young adults who are exhibiting signs of sexually harmful behaviour?
- John - Who would oversee his case? Would he still fall through the net?
- What is BCP doing to work to a loneliness strategy?
- Is there currently a way to assess a child taken into care for ACE's (if that is allowed)

- What can we do to create a better transition between child and adult services?
- What can we do for high risk clients in housing to reduce likelihood of risk to self and others?
- Could risk assessments be an open live document that is updated from an MDT approach?
- There is a lack of resources for vulnerable adults, especially Learning Disabilities, for those who experience domestic abuse. Is there a plan to develop this, to make it more accessible and effective for those adults?
- Will priorities be given more autonomy to use professional discretion to meet needs of borderline people?
- What is BCP doing to work with and provide services to clients like John and Karen that do not fit into the Learning Disabilities services, i.e. those with an IQ of 71-75?
- If we struggle with the challenges of complex systems-how can we expect vulnerable people to understand them?
- With all the different processes, how do we envisage that these will all be done given a stagnant/shrinking workforce?