
H&F SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2020/21

Working together to prevent abuse and neglect of adults in need of care and support in Hammersmith & Fulham

Psychological
Discriminatory
Organisational
Modern slavery
Domestic
Financial
Physical

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Foreword

The Care Act 2014 states that every local authority must have a Safeguarding Adults Board (SAB). The SAB is a partnership of organisations working together to prevent abuse and neglect of adults in need of care and support.

If someone experiences such behaviour, the agencies have a duty to respond in a way that supports their choices and aids their wellbeing. The Act also requires each SAB to produce an annual report listing its activities, progress and achievements.

A key aspect of all safeguarding work is to listen to, and, whenever practical, take into account the wishes and experiences of those adults who have been victims of abuse and or neglect, and therefore 'Making Safeguarding Personal'.

The Board believes that the best way to show how we apply this concept is by asking local people 'What is important to you?'

Their replies led us to create our adult safeguarding strategy. One key message was that any strategy should be written in easy-to-understand language, therefore our strategy is displayed as a 'house' which is built upon the foundations of wellbeing and safety.

People said that they do not want to be seen as victims, and want to be in control of the decisions they make about their life, even when they have experienced abuse or neglect.

Residents want to know what to do when they themselves, or someone they know, is being neglected or abused, by someone else. Most importantly, they want to be listened to and involved in any decisions made by other people about them.

We said that we want to be leaders who listen and learn from what people are telling us. Our strategy underpins the work of the Board; all its safeguarding adults' activity is focused on being led by the individual to ensure that the resolution of their concerns meets their needs and improves their quality of life, wellbeing and safety.

The 'House strategy' is shown in more detail in the report using two, sadly too common, examples together with the member agencies' responses.

Like many other organisations, our work too has been impacted by the pandemic over the last two years. The report outlines how member agencies have responded to the unprecedented challenges and demands of Covid.



Foreword

To illustrate the workload, the report includes a timeline of the issues faced by the Board since the first lockdown on 23rd March 2020. In respect of Covid, these have included the immediate responses to the outbreaks of Covid in the borough's care homes prior to the introduction of the vaccine, coping with the consequences of the impact of the disease on residents' mental health and the potential impact of 'long' Covid.

The Board also recognised the pressures placed upon those members of staff responsible for providing care and assistance to Covid patients, when frequently they were short staffed due to infection among their colleagues. The report details one such example from the council's Reablement Team which serves as a testament to their commitment and going 'the extra mile', together with that of many other teams within the council.

I have been very humbled by the dedication and resilience shown by so many people working to make everyone safe, particularly when some of them have suffered personal loss as a result of Covid.

In response to helping staff cope with the pressures caused by the Covid pandemic on their own mental health and wellbeing, the local Clinical Commissioning Group funded specialist training for everyone. I am pleased to report that this training has been very well received and will continue throughout this spring.

However, as the timeline shows, the Board also confronted other important safeguarding issues. Some were emerging over the past year or so such as the increasing prevalence of suicide amongst young male adults, and others, which emerged with little notice; the arrival of displaced Afghan evacuees at the end of last summer.

Examples of our response to both issues are included in the report.

Thank you to all the Board members who have contributed to the report. I would like to single out Jessie Ellis for a special 'thank you' for all her hard work in compiling the report.



Mike Howard

Chair of the Hammersmith & Fulham Safeguarding Adults Board

April 2022

Summary of the Board's activities

This report can only be a summary of the work of the Board. Like every other aspect of society since the imposition of the first Covid lockdown, our work has at times been overwhelmed by how member agencies have individually, and collectively, responded to the impact of Covid on everyone.

In March 2020, the Board suspended its activities and meetings to allow members to concentrate all their resources in responding to the many issues arising from the pandemic.

It soon became apparent that whilst the response to consequences of Covid for both patients and carers should remain a priority, there was a need to discuss and intervene in other safeguarding matters. So, the Board started to meet again in the summer of 2020.



The year in brief

This summary of the matters discussed at SAB meetings since the first lockdown demonstrates the versatility and capacity of members to respond not only to Covid, but resulting issues such as Suicide Prevention, and unforeseen priorities, such as the resettlement of hundreds of Afghan evacuees.

23 March 2020

- **UK put into Lockdown in response to Covid-19**
- Board suspends meetings in response to demands placed on members

Summer 2020

- Local Authority responds to outbreaks of Covid-19 in care homes following the deaths of 23 residents e.g., PPE equipment and additional resources
- Partners discuss resilience plans for care homes

Autumn 2020

- Second Covid wave
- Recognition and discussion about how to work collectively to respond to increase in incidences of suicide

Winter 2020-21

Consequences of members' response to Covid third wave:

- Discharge at speed – recognising need for hospital beds but can care homes cope?
- Impact of latest wave on designated care settings – state of readiness?
- Staff resilience

Spring 2021

- Impact of Covid causing increasing concerns around domestic abuse and mental health

Summer 2021

- Discussion responding to increasing prevalence of suicide among males – Papyrus training initiative/Covid related suicide/bereavement support

Autumn 2021

- Hundreds of evacuees arrive in H&F
 - Placing Afghan evacuees in hotels in the borough, housing them, setting them up with GPs, enrolling in schools etc
 - Demonstration to over 140 staff of the R;pple internet suicide prevention tool
-

What is safeguarding?

The word 'safeguarding' is not a term used in everyday speech. So, what does it mean?

Adult Safeguarding means protecting people's right to live in safety, free from abuse and neglect. It means making sure that their views, wishes, feelings and beliefs are actively considered when agreeing on any action.

Any adult can be at risk of harm, but some people's situations may make them less able to protect themselves from harm or abuse.

Some examples of the types of abuse are:

- Domestic
- Physical
- Psychological
- Financial
- Organisational
- Modern Slavery
- Discriminatory

“**Adult Safeguarding means protecting people's right to live in safety, free from abuse and neglect**”

TELL ME MORE...

Understanding what being safe means

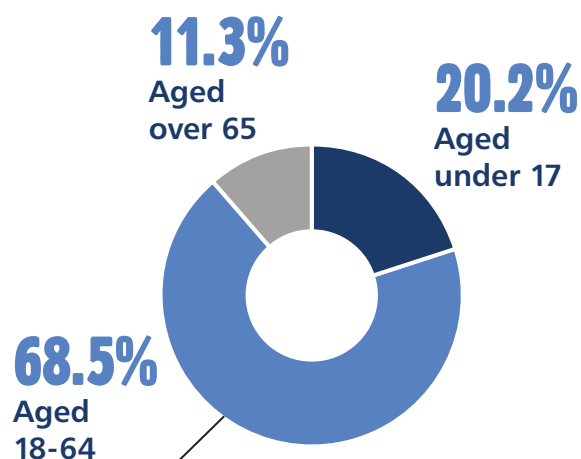
Take a look at the online video, created by one of our safeguarding partners at The Advocacy Project, which explains [the meaning of 'being safe'](#).



A few facts about the residents of Hammersmith & Fulham

Population

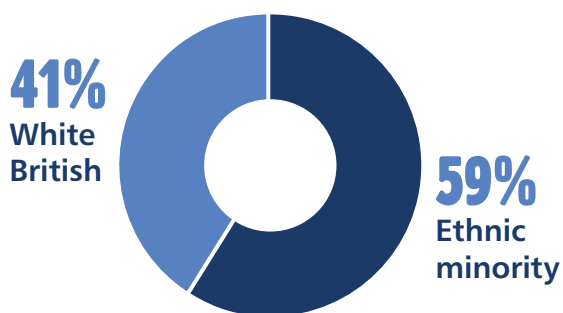
Hammersmith & Fulham (H&F) has 183,544 residents of which 37,111 are aged under 17 years, 125,746 are 18 to 64, and 20,687 are over 65 (source: Office for National Statistics mid-year population estimate).



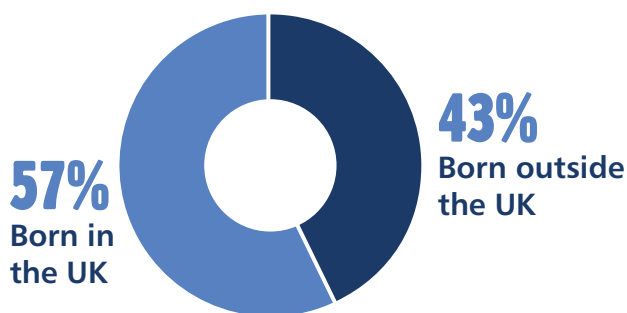
Diversity

- 59 per cent of residents are from a minority ethnic background
- 43 per cent were born outside the UK

Ethnic background



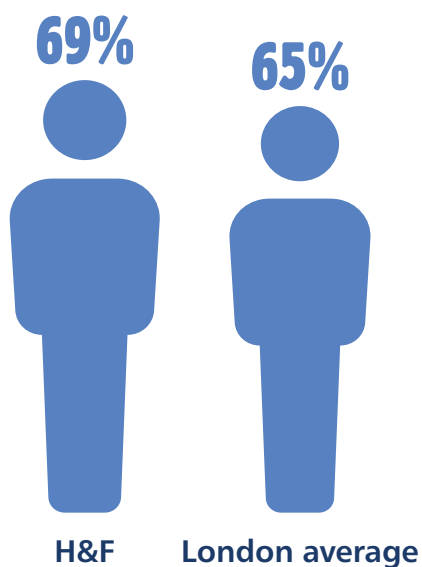
Place of birth



Age profile

69 per cent of people in H&F are aged between 18 and 64, compared to the London average of 65 per cent

The number of 18 to 64 year olds in H&F compared with London



Poverty

- 24 per cent of residents are income deprived
- 31 per cent are home owners
- 59 per cent are without a car



Population growth

- There is a projected increase of 9 per cent by 2031, to 202,500 residents
- Currently the 65+ population accounts for 11 per cent. This is expected to rise to 14 per cent by 2031

Population today: 185,143



Projected increase by 2031: 202,500



The projected rise in the proportion of over-65s in H&F

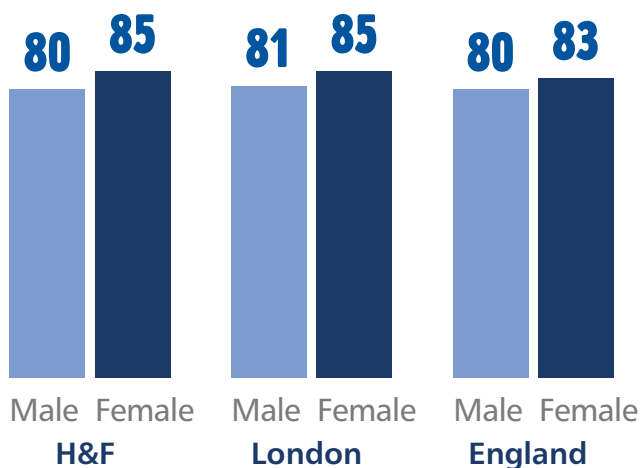


Life expectancy

The life expectancy for male and female residents in H&F is 80 and 85 years respectively.

This compares with London: 81 years for males and 85 for females, and England: 80 years for males and 83 for females.

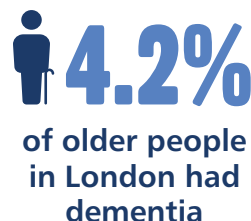
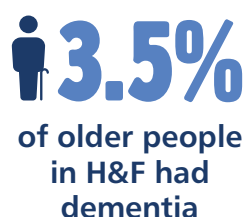
Life expectancy in H&F compared with London and England (by age)



Dementia

In July 2021:

- 770 people were recorded as having dementia
- Dementia prevalence in older people was 3.5 per cent compared with the London average of 4.2 per cent



Who are the Board?

The Care Act 2014 states that every local authority must have a Safeguarding Adults Board (SAB). The SAB is a partnership of organisations working together to prevent abuse and neglect of adults in need of care and support. The following organisations provide membership at a senior level to the SAB.

Health

- Imperial College Healthcare NHS Trust
- North West London Clinical Commissioning Group (NWL CCG)
- Chelsea and Westminster Hospital
- West London Health Trust
- Central London Community Healthcare

Local authority

- Adult Social Care (ASC)
- Housing
- Community Safety
- Children Services
- Trading Standards

Emergency services

- Met Police
- London Fire Brigade (LFB)

Voluntary sector

- Carers Network
- Advocacy Service

Other statutory sectors

- Probation
- Department of Work and Pensions (DWP)
- HMP Wormwood Scrubs

So, what do they all do?

The following examples demonstrate how the Board works together to have a positive impact on peoples' lives in the borough.

Example 1: Afghan evacuees

The foreword mentioned the speedy and impressive response of the Board's member agencies to the mass evacuation of Afghan evacuees last summer.

Hammersmith & Fulham were one of the first London councils to take evacuees from Afghanistan. Since August 2021, we have resettled six families into H&F and welcomed more than 190 residents in Home Office 'bridging' accommodation in the borough whilst they await permanent resettlement in the UK.

On arrival, the new residents were placed by the Home Office into temporary accommodation (normally bridging hotels) across the UK including in our borough; many arrived with no money,

very few clothes and in need of support following their traumatic experiences.

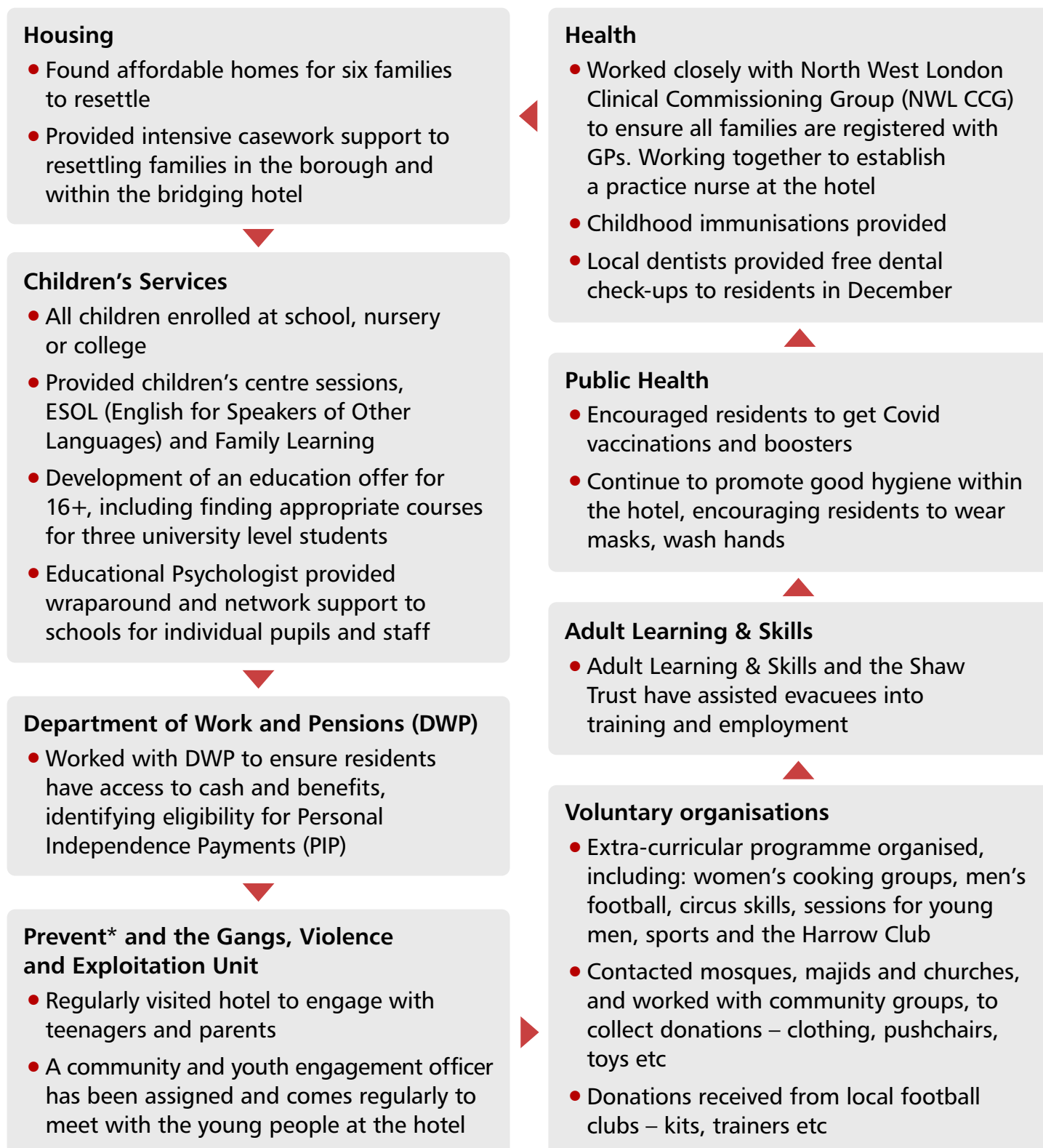
A multi-partner response sprang into action: registering the new residents to GPs, enrolling children into schools, registering for benefits, opening bank accounts, providing training and employment, encouraging vaccinations, finding permanent accommodation and more to aid resettlement and welcome them into the community.

The flow diagram on the next page depicts this humanitarian response, led by the council but delivered by a range of partners to support and integrate families into our community.



H&F Council Leader Stephen Cowan welcomes the first Afghan family to H&F

The multi-partner response to the arrival of Afghan evacuees



*Prevent is the government-led, multi-agency programme which aims to stop individuals becoming radicalised.

Resettlement

H&F Council have committed to rehousing six families, four have already moved in. The council are committed to rehousing more, awaiting Home Office approval.

The first resettled family were very open about the difficult journey they've had and spoke highly of the support they've received to resettle in the UK. The story was published on the [Guardian website](#).

"For the first time since the Taliban took over Afghanistan, I felt safe and slept well when we arrived in the UK. Here we can start again."

TELL ME MORE...

Christmas at the bridging hotel

Christmas activities for families at the hotel were organised by the council under the H&F Afghan Resettlement Programme. The programme included:

- Donated Christmas gifts given to all of the children ages 0 to 11.
- 35 vouchers of £25 each (from National Union of Education) given to the secondary age children.
- Raffle drawn for five donated hampers.
- A traditional Afghan dinner on Christmas day. Working together with the residents, the hotel sourced Afghan ingredients and created a special menu for the Afghan families.
- Bollywood movies played for guests in the hotel conference room.
- A regular schedule of activities at a local youth club continued between Christmas and New Year.

“ For the first time since the Taliban took over Afghanistan, I felt safe and slept well when we arrived in the UK. Here we can start again ”

Example 2: Suicide Prevention Needs Assessment and R;pple

The SAB Chair represents the London SAB Chairs network, at the Thrive LDN Suicide Prevention Group. This pan London group has members from health, the police, the voluntary sector and other interested parties all of whom are working to reduce the incidence of suicide. The impact of someone taking their own life spreads far and wide; it is said that one suicide typically directly or indirectly affects 130 people.

Hammersmith & Fulham, like all London boroughs, is affected by suicides; it is particularly prevalent amongst men under 35 years old. The SAB have discussed our response throughout the past year and have embraced the R;pple suicide prevention tool, devised by Alice Hendy in tribute to her brother Josh, who committed suicide in his early twenties.

The Director of Public Health leads on suicide prevention. There is an H&F Suicide Prevention Needs Assessment which examines local data from the coroner's office, NHS, and police services, to create a detailed and meaningful picture of people at greatest risk of suicide.

It describes relevant national policies and reflects on national and international evidence of successful suicide prevention methods and describes local services for prevention and bereavement support.

TELL ME MORE...

What is R;pple Suicide Prevention?

R;pple is an interceptive tool designed to present a visual prompt when a person searches for harmful keywords or phrases relating to the topic of self-harm or suicide. These phrases include any words or terminology which have been identified as displaying potentially damaging online content.

R;pple was created when Alice lost her brother, Josh, to suicide. Josh had been researching techniques to take his own life via harmful internet searches.

Alice set up R;pple Suicide Prevention to ensure more help and support is given to individuals searching for harmful content online.

Example 3: Covid response

The local response to the pandemic has been a constant safeguarding priority over the past year. Much has been broadcast and written about the pandemic, but it is important to show, from a local perspective, how each SAB member has dealt with the challenges imposed by Covid.

Emergency services

- Despite all the government-imposed restrictions, the police and fire brigade continued to attend incidents in person.
- Police noted an increase in domestic abuse allegation between partners and the corresponding increase in referrals to social care.
- The imperative of Covid prompted some innovative thinking as to how some services could be put online, these included: stalking protection orders and domestic abuse protection notices.

Health

NHS West London Trust (delivery of mental health services in the borough):

- The safeguarding functions continued throughout the pandemic with the Safeguarding team contactable virtually.
- A weekly Safeguarding briefing was in place to provide updates of safeguarding practice and provided 'top tips' for recognising safeguarding in the new way of working.
- The team hosted regular webinars and has been fortunate to have external experts facilitate the sessions.

Imperial College Healthcare NHS Trust (St. Mary's, Hammersmith and Charing Cross hospitals)

- All staff tried to make sure that every contact, physically or virtually, with hospital staff mattered.
- The safeguarding nursing team maintained a seven-day service and fully engaged with other external agencies to ensure safety for service users.
- **The wellbeing of staff was a priority.**
- It became a priority to identify domestic abuse for service users and staff.
- Despite frontline staff having to make quick decisions around safeguarding concerns the service user's mental capacity and best interests were also considered in all cases.

Chelsea and Westminster Hospital

- The safeguarding team remained intact and were not re-deployed to cover frontline work.
- The small hospital safeguarding team set up weekly supervision sessions to reflect and support key care management decisions within cases.
- The links between the domestic abuse team and the adult safeguarding team were extended and strengthened as the pandemic revealed a significant number of safeguarding cases involving domestic abuse by adult children towards parents.

So, what do they all do?

Voluntary sector

The Advocacy Project

- The advocates continued to talk with people virtually and met face-to-face, if needed.
- The project produced factsheets for both professionals and service users which was available on our website.
- The project created a community noticeboard for people to find out about wellbeing events, activities to get involved in and information on how to stay safe and well.

Hammersmith & Fulham Council

Community Safety

- The Local Enforcement Team worked with a range of partners to support mass vaccinations e.g. 'Super Saturdays' at Stamford Bridge.
- Multiple services worked together to enforce against an anti-vax protest on Shepherds Bush Green.

Adult Social Care

- Created a Conversation Matters team that carried out daily safety and wellbeing calls to over 4,000 residents deemed vulnerable or at risk.
- Put further safeguards in place to support residents that were shielding, and who were at risk of loneliness and isolation.



People queuing for their Covid vaccination. The Local Enforcement Team worked with a range of partners to support H&F's mass Covid vaccinations events

Example 4: Safeguarding response to fatal fires

As well as the responses to Covid, evacuees and suicides, the Board has considered two fires which resulted in the deaths of two adults.

In December 2020 a 69-year smoker, who was in receipt of a care package involving four visits from care workers per day and the provision of fire safety equipment (including fire retardant blankets), died after smoking in bed. The risk of fire was seemingly understood by the victim; nevertheless she died after a lit cigarette set her bedding alight.

The following year, in December 2021, another woman who also had an extensive care package, including fire prevention measures, also died after smoking a cigarette led to a fatal fire.

Following the first fire, the London Fire Brigade (LFB) and Adult Social Care (ASC) worked together to devise an action plan which is summarised below.

Action plan in summary

ASC Commissioning

- Reviewed risk assessments for main homecare providers (still waiting for MiHomecare to submit). Some areas for improvement and need to follow up in regard to escalation procedure, review of risk, management oversight.
- Added Fire Safety as a standard item to contract monitoring meeting agendas.

Housing

- Community fire safety team host training for all H&F staff.
- Appointed two Building Safety Managers responsible for Fire Safety within our residential blocks seven storeys and above.
- Heads of services in Housing carrying out fire safety review as part of fire safety in housing programme of works.

ASC/Mosaic

- New fire risk warning sign is in use.
- Person centred fire risk assessment is mandatory at assessment and review stages – going live in the new year.
- Manager sign-off for assessment and fire risk assessment is now council practice.

Quality assurance and workforce development

- Home care quality visit template amended to include questions on fire risk assessment and action taken by provider.
- Fire safety training is now a part of our ASC training and lunch and learn schedule.
- Ensure our providers' staff attend and refresh fire risk safety training.
- Liaison with Care Quality Commission
- Fire safety included in H&F's home carers monthly induction.

Careline/IT

- Careline overseeing all new referrals to capture and identify potential risk of fire.
- All installations and planned home visits seek to identify potential risks.
- Extra field added into our Jontek system to identify smoking/hoarding status.
- Business Support apprentice to create a Careline database to capture fire risks and actions.

London Fire Brigade

LFB provide:

- Smoke alarms
- Specialist alarms that are used by Hard of Hearing, these have a strobe light and vibrating pad synced to the alarm so those who are hearing or visually impaired can be alerted to a fire.
- Fire retardant bedding (single sets, double sets and throws).
- Aprons
- Arson proof letterboxes

So, what do they all do?

ASC grants and adaptation

- Adaptation surveys includes fire risk assessment as part of their survey and refer complex risk to housing repairs and ASC.

Safeguarding

- Fire risk safety plan shared with SAB to evidence learning.
- Monthly multi-agency group meeting to formulate Fire Safety Action Plan.
- Service specific monthly catch ups.

How do we assess what lessons have been learned?

Following the second fire, which had many similarities to the one a year earlier, the SAB is organising a workshop to examine what lessons were applied from the first fire to the one a year later.

However, it is important to state that both fires show one key aspect of Making Safeguarding Personal. Both women had the mental capacity to make decisions about how they chose to live their lives and that included smoking despite the risks to their own safety. The Fire Brigade provide appropriate fire prevention equipment but it is the choice of the individual whether to use it or to comply with advice designed to reduce their risk of harm.

This freedom of choice is fundamental to the work of all safeguarding. It recognises that everyone has the capacity to make their own decisions on how to live their life. However, the Mental Capacity Act recognises that this decision-making ability may be impaired due to a variety of circumstances. Professionals use the term 'has' or 'lacks' capacity to describe the situation.

“ The Mental Capacity Act recognises that a person’s decision-making ability may be impaired due to a variety of circumstances ”

Mental capacity

Having mental capacity means being able to make and communicate your own decisions.

Someone may lack mental capacity if they can't:

- understand information about a particular decision
- remember that information long enough to make the decision
- weigh up the information to make the decision, or
- communicate their decision.

We all make decisions, big and small, every day of our lives. Most of us are able to make these decisions for ourselves. For some people, however, their capacity to make certain decisions about their life is affected. For example:

- A person with a learning disability may lack the capacity to make major decisions such as where to live or how to invest their money, but can still make decisions about what to eat, wear and do each day.
- A person with mental health problems may be unable to make decisions when they are unwell, but able to make them when they are well.
- A person with dementia is likely to lose the ability to make decisions as their dementia progresses.

For more information please go to the [Mental Health Foundation's website](#).

TELL ME MORE...

Deprivation of Liberty (DoLs)

Article 5 of the Human Rights Act states that 'everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty [unless] in accordance with a procedure prescribed in law'.

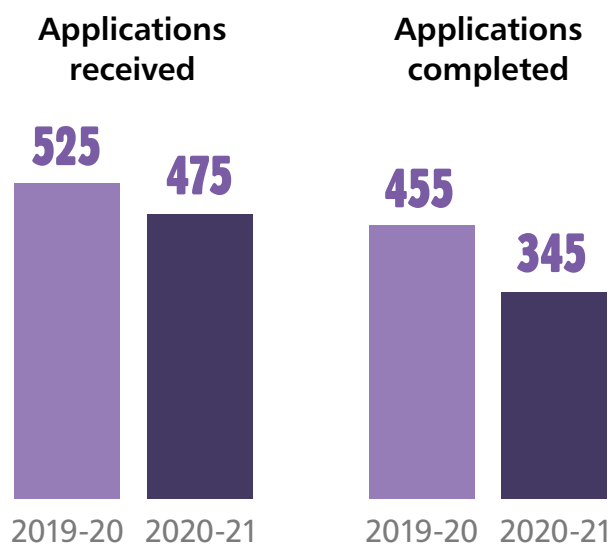
The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

For more information please go to the Social Care Institute for Excellence's page on [Deprivation of Liberty Safeguards](#).

How many people in H&F are affected by this legislation?

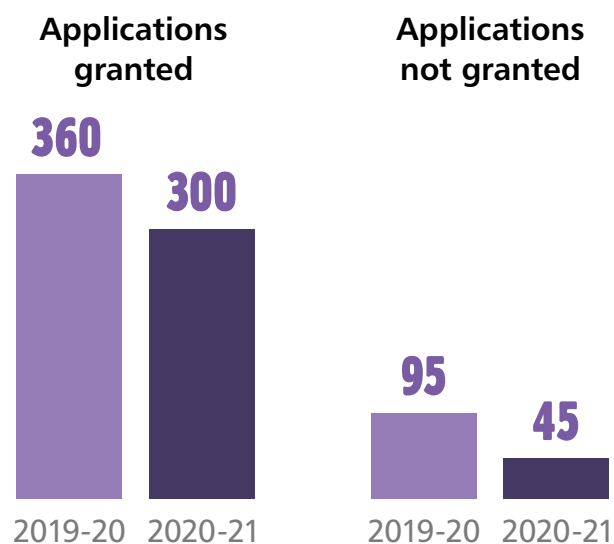
How many DoLS applications were received and completed

- 475 applications were received in 2020-21, which was 10% lower than the previous year
- 345 applications were completed, this was 24 per cent lower than the previous year



How many DoLS applications were granted

- 300 applications were granted in 2020-21, which was 17 per cent lower than the previous year
- 45 applications were not granted, this was 53 per cent lower than the previous year



How do we work together to safeguard our residents from the risk of harm?

About section 42 (s42)

A local authority is required to make enquiries (or cause others to do so) if it believes that an adult with care or support needs is experiencing, or is at risk of, abuse or neglect; and if so, by whom (section 42, the Care Act, 2014). The findings are used to decide if the abuse has happened and the adult needs a protection plan to keep them safe.

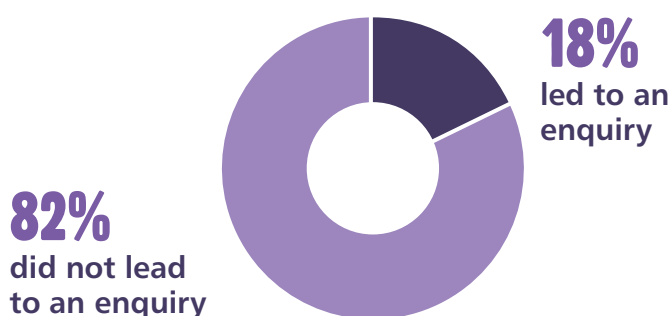
Some comparative data is shown in the following infographics.

How many concerns led to s42 enquiries

The council received 1,065 concerns about an adult believed to be at risk.

After further consideration, 190 of these concerns led to section 42 enquiries to ascertain if abuse or neglect occurred (18 per cent)

Calls that led to s42 enquiries



The age of the adult concerned

31 per cent of section 42 enquiries concerned adults aged 18 to 64, while 69 per cent concerned those aged 65 and over.

s42 enquiries by the age of the adult

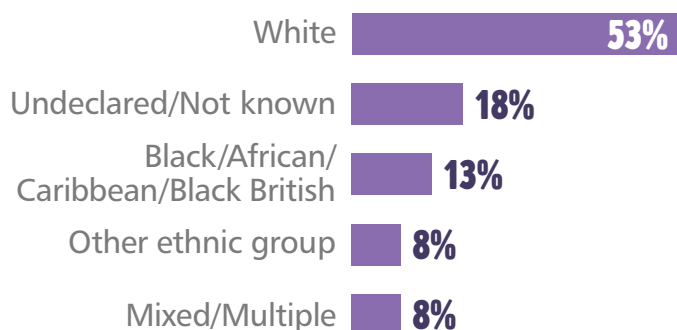


Mental capacity

The ethnicity of the adult

Over half of section 42 enquiries concerned White adults (53 per cent), followed by 13 per cent Black/African/Caribbean. 8 per cent were of mixed/multiple ethnicity and 8 per cent identified as 'other ethnic group'. The ethnicity of 18 per cent of adults was undeclared or not known.

s42 enquiries by ethnicity of the adult



The gender of the adult

There were more section 42 enquiries concerning female adults than male adults (61 per cent compared to 39 per cent).

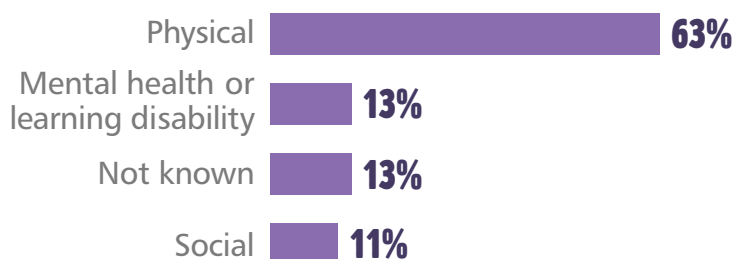
s42 enquiries by gender of the adult



The primary support needs of the adult

63 per cent of Section 42 enquiries concerned an adult with physical support needs and 11 per cent with social support. 13 per cent of adults needed mental or learning disability support. None needed sensory support. 13 per cent of cases had unknown needs.

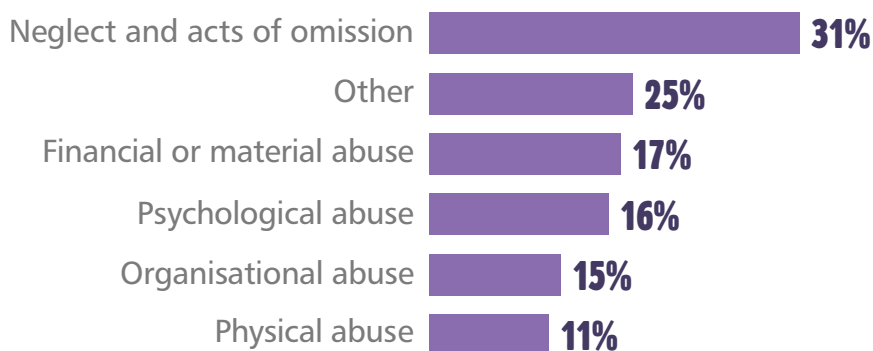
s42 enquiries by support needs of the adult



The reasons for investigation

The most common types of alleged abuse experienced by the adult prompting an s42 enquiry were neglect and acts of omission (31 per cent), followed by financial or material abuse (17 per cent). 16 per cent allegedly experience psychological abuse, 15 per cent organisational abuse and 11 per cent physical abuse. Other types of abuse (25 per cent) include domestic, sexual and self-neglect.

s42 enquiries – the reasons for investigation

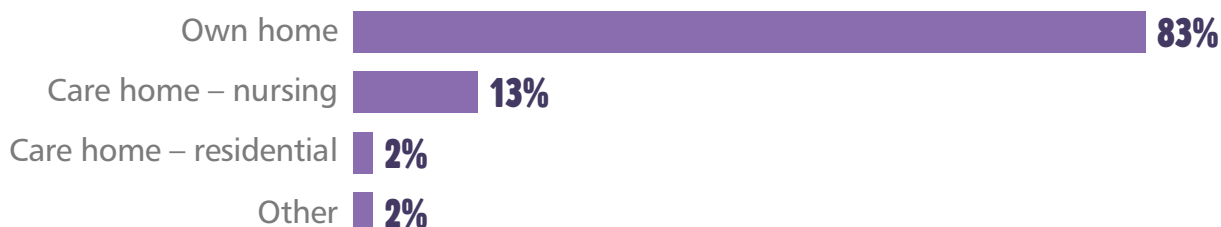


Where the alleged abuse took place

83 per cent of the alleged abuse took place in the adult's own home, followed by 13 per cent in a nursing care home.

2 per cent of abuse took place in a residential care home. The remaining 2 per cent took place in other unspecified locations.

s42 enquiries – the locations where the alleged abuse took place

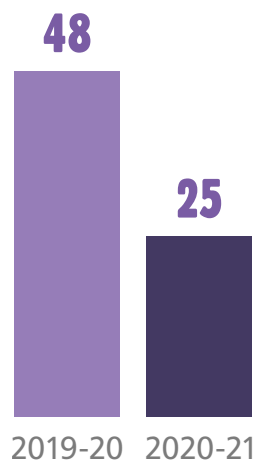


Mental capacity

How many s42 enquiries involved adults who lacked mental capacity

In 2020-21, 25 of 190 s42 enquiries involved adults who lacked mental capacity, compared to 48 of 370 s42 enquiries in 2019-20.

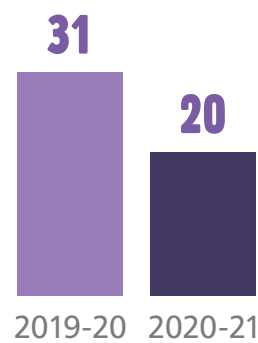
The number of s42 enquiries involving an adult who lacked mental capacity



How many of those enquiries involved support from an advocate

In 2020-21, 20 out of 25 people who lacked mental capacity were supported by an advocate such as a friend or relative compared to 31 out of 48 cases in 2019-20.

The number of s42 enquiries involving support from an advocate



The Board's response

This data is collated in our safeguarding dashboard which identifies trends, patterns and themes. It will inform the Board's actions.

For example, our response to financial abuse ('scamming') has been to emphasise to residents 'what is out there' to help prevent them becoming victims. Tools we have promoted include YouTube videos, the police's [Little Book of Big Scams](#) and national campaigns.

TELL ME MORE...

The most common types of abuse

Neglect and acts of omission includes ignoring medical, emotional or physical care needs, the withholding of the necessities of life such as medication, adequate nutrition and heating.

Financial or material abuse includes theft, fraud, internet scams, misuse of benefits.

Physical abuse includes assault, hitting, restraint, misuse of medications.

Psychological abuse includes emotional abuse, threats, controlling behaviour, verbal abuse, intimidation.

Making Safeguarding Personal (MSP)

Our House Strategy

Making Safeguarding Personal is about promoting a person-centred and outcome-focussed approach. This is fundamentally about having conversations with people about what they want to achieve, how to improve and achieve safety, wellbeing, resolution, and recovery, and mitigating risk wherever possible to support their life choices.

Our House Strategy, shown in the infographic below, describes our approach to Making Safeguarding Personal.



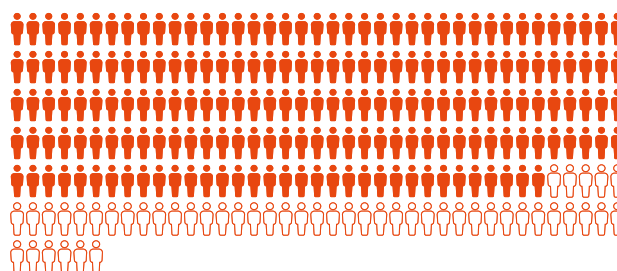
The application of MSP to 542 enquiries

How a person's desired outcome is assessed, actioned and achieved

1. Asking what the person wants

In 240 cases, 190 individuals (or their representative) were asked about their desired outcome from the enquiry. The rest did not wish to express an outcome or lacked the mental capacity to do so.

79% of 240 people were asked about their desired outcome



2. Listening to their views

In 190 cases, 170 people who were asked what they wanted went on to express a view about their preferred outcome from the enquiry.

89% of those expressed a view about their preferred outcome



3. Achieving their desired outcome

In 170 cases, 150 people who were asked what they wanted and who expressed a view had their desired outcomes fully or partially achieved by the enquiry.

88% of the desired outcomes were achieved



How a risk is identified, acted upon, and removed or reduced

1. Identifying if a risk exists

In 245 cases, 160 people (or their representative) said that they felt at risk, i.e. afraid of harm and abuse. This was irrespective of whether they expressed a view about the outcome of their enquiry.

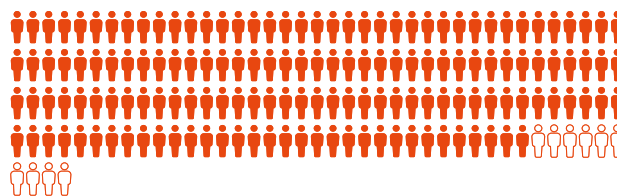
In **65%** of 245 cases a risk of harm or abuse was identified



2. Deciding whether to take action

Once the cause of the risk became known, 150 out of 160 cases had action taken to do something about it.

In **94%** of those cases, action was taken



3. Successfully removing/reducing the risk

In 135 of the 150 cases where action was taken in accordance with the person's wishes, the risk to their safety was removed or reduced.

In **90%** of those cases, action was taken



Case studies

Here are two examples used in safeguarding training that show the complexities of a safeguarding referral, the different possible responses, and how the organisations show the application of Making Safeguarding Personal.

DOROTHY'S CASE

H&F Council received over 400 referrals from concerned residents, staff and others concerning adults who they believed were at risk of harm through self-neglect. A typical case is outlined below regarding Dorothy.

The scenario

A concerned neighbour emails you about Dorothy, who lives next door. Dorothy is in her 80s and owns her own flat. She has been her neighbour for over 10 years.

Dorothy used to be seen a lot in the communal areas but since her husband died about two years ago, she is rarely seen.

The neighbour tells you that they have noticed that Dorothy seems reluctant to answer the door and doesn't engage on the rare occasions when she does see her. She appears unclean and smells of urine – she used to always look after herself.

There is evidence that Dorothy is hoarding and there is a strong smell emanating from the front door which she notices when she walks past.

She thinks social services should be helping her and when she has referred her nothing seems to change. She asks you why doesn't someone help her?

What would you ask?

(Health) To the neighbour:

- Do they believe Dorothy requires immediate medical attention?

(Health) To Dorothy:

- Do a capacity assessment first and try and get consent to chat
- Is she OK? Does she want support/help?
- What would she like?
- Has she seen her GP recently? Does she have a urine infection/incontinence issue?

(H&F Council) To the neighbour:

- Has the neighbour informed the resident of the referral to social care?

(H&F Council) To Dorothy:

- Does Dorothy feel like she could benefit from additional support? **What does she want to happen?**
- Does she have a support network? Family/friends/neighbours
- Does she consent to a referral being made to other services?
- How is the resident managing in home since the passing of her husband?
- Does Dorothy wish for the neighbour to be involved in the process?
- What does the resident need to help them cope with the present situation?

(Case study continues on the next page)

What would you do next?

(Health):

- Does Dorothy's behaviour present a risk to herself and her neighbours? Should action be taken by housing/environmental services/health to reduce this risk?
- Research to see if Dorothy is one of our patients and if necessary, share the information with social workers
- Try to build a support network for Dorothy based on existing social and community links
- To improve Dorothy's health, work with the GP, district nurse, practitioner
- Consider a fire risk assessment

(H&F Council):

- If Dorothy agrees, arrange for a welfare visit to help tidy up the flat, offer appropriate mental health bereavement support
- Assess Dorothy's ability to make rational decisions and ensure she has appropriate accommodation with any necessary care and support packages
- Discussion with friends/family/support network

RUTH'S CASE

H&F Council received 306 referrals from concerned residents, staff and others concerning adults who they believed were at risk of harm through financial abuse. A typical case is outlined below regarding Ruth.

The scenario

You receive an email from the son of an older woman, Ruth, who has a care package from Social Services of three visits a day to help her with personal care and domestic assistance. He lives around the corner from his mother.

He complains to you that social services are interfering with their lives and he is fed up with the carers who are always late and don't seem to be looking after his mother very well.

He tells you that he could do a better job and when social services came to see his mother last week, he was unhappy that they were asking his mother about a recent concern about her money. The bank had alerted to Ruth's daughter, who informally manages her mother's finances, that there had recently been several large withdrawals from her account.

They asked his mother about the money and what it was for – he tells you that it's nothing to do with social services and that they seemed to be suggesting he was taking his mother's money which he is very angry about.

He wants you to tell social services to 'mind their own business' and to leave them alone as they were fine before they started to interfere!

(Case study continues on the next page)

What would you ask?

This is how different agencies who are members of the Safeguarding Adults Board would respond to Ruth's case:

(H&F Council):

- Further discussion required with Ruth – possible advocacy referral to promote views and wishes – best interest assessments
- **Ruth should be spoken to without son being present, if possible, with someone who has a co-existing relationship with her, and asked:**
 - Is Ruth aware of transactions? – in an environment where comfortable
 - Who would she like to support her, her daughter?
 - How is she finding the care provisions? Any concerns regarding commissioned care?
 - Does she have any concerns about son's behaviour on a holistic basis? Does she consider him a good informal carer?
 - Is she happy for son to advocate for her? Does she agree with his decision making?

(Police) Does his mother have capacity?

- Who has lasting power of attorney for Ruth's financial affairs and health?
- What evidence/records does he have about the averred lateness of carers? How are the carers **not** looking after his mother? Has he raised these issues before, and with whom?

What would you do next?

- Open a dialogue with the family regarding Ruth's situation and what role do they want in her care and support?
- Direct payments could be an option
- Before 'case is closed' we need to ascertain Ruth is happy with suggested actions and outcomes

(Police)

- Dependent on Ruth's wishes, does she want police to investigate any thefts?

TELL ME MORE...

What is lasting power of attorney?

A [lasting power of attorney](#) is a way of giving someone you trust the legal authority to make decisions on your behalf if you lose the mental capacity to do so in the future, or if you no longer want to make decisions for yourself.

TELL ME MORE...

What are direct payments?

A [direct payment](#) is when the council gives an individual their Personal Budget and they arrange/purchase their own care and support needs. This can give someone greater flexibility and control of their support package.

Celebrating an outstanding contribution

Let's finish with an example of exceptional service during the pandemic.

The council's Reablement Team

This team is responsible for safely transferring residents from hospital to their homes. They maintained contact with vulnerable residents, which in some cases lasted as long as six weeks following the hospital discharge – even during the period when there were no vaccines available for protection.

Their work received an H&F Council star award for an **'Outstanding Contribution to our Covid-19 Response'**.

This is just one example of how agencies who are members of the SAB responded to the unprecedented challenges imposed by the Covid pandemic. Everyone showed extraordinary commitment and dedication to provide care and support for our residents who, as carers or patients, were affected by the pandemic.

We owe them all a big 'thank you'!



