

Royal Borough of Greenwich  
Safeguarding Adults Board  
**Annual Report** 2015/16



## **Reporting 2015/16**

This report outlines the work that has been undertaken and actions carried out during 2015/16 to ensure the safety of adults at risk in the Royal Borough of Greenwich.

This report has been approved by the Royal Borough of Greenwich Safeguarding Adults Board and the Leadership Executive Group.

The report will be sent to the Chief Executive and Leader of Royal Borough of Greenwich Council.

The report will be considered by Cabinet, Royal Borough of Greenwich Council on 21 September 2016.

The report will be sent to the Police and Crime Commissioner and the Chief Constable of the Metropolitan Police.

The report will be sent to Healthwatch Greenwich

The report will be sent to the Chair of the Health and Wellbeing Board

The report will be accessible via the Royal Borough of Greenwich Safeguarding Adults Board website at: [www.greenwichsafeguardingadults.org.uk](http://www.greenwichsafeguardingadults.org.uk)

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## I. Chair's Foreword

Welcome to the Royal Borough of Greenwich Safeguarding Adults Board Annual Report for 2015/16.

I became Independent Chair of the Board in August 2015, taking over from the previous chair, Jane Lawson, and I'd like to thank Jane for all her work on the Board in the Royal Borough over the past six years.

The Safeguarding Adults Board is independent of the Council and is made up of a number of different agencies including the NHS, Council, Police, Fire and Ambulance Services and other organisations working across the Borough. Its role is to make sure that local safeguarding services are working together and are effective, to prevent abuse and neglect before it happens, and also to ensure that services are making enquiries and supporting people where abuse and neglect does occur.

The Care Act 2014 became legislation on 1 April 2015 and Safeguarding Adult Boards have three core statutory duties: to publish a strategic plan; to publish an annual report and to conduct any Safeguarding Adult Reviews.

Over the past year there have of course been many challenges, and a lot of good work has been done to further develop safeguarding in the Royal Borough of Greenwich. We are creating an even stronger multi-agency approach, involving collaboration with many organisations and other partnerships.

A lot of work has been undertaken to strengthen the membership and governance arrangements of the Board, its sub-groups and the Leadership Executive Group. We also held a challenge event for multi-agency members of the Board in February 2016 and as a result updated the strategic plan.

During the year together with the Greenwich Children's Safeguarding Board, Children's Trust Board, Health and Wellbeing Board and Safer Greenwich Partnership we developed a protocol about how we are going to improve joint working across partnerships, particularly on key issues such as sexual exploitation and human trafficking/modern slavery.

The Safeguarding Adults Board aims to promote wellbeing for local people and ensure that the views, wishes, feelings and beliefs are taken into account when there are safeguarding concerns. It's also really important that staff involved in safeguarding work with people to empower them to make their own decisions as much as possible, and in the Care Act this is referred to as 'Making Safeguarding Personal'. In this report you will read about the progress that has been made in this area.

A further key aim is for the Board to actively work with local communities to raise awareness about safeguarding to prevent abuse and neglect occurring, and also to support people to report it wherever it occurs. The Board has asked voluntary agencies to undertake work to raise awareness of safeguarding with people from black and minority ethnic communities across the borough.

In October 2015 the Safer Recruitment Toolkit was launched. This has been developed by staff from across partner agencies to assist providers recruiting staff with the necessary care values and behaviours.

During the year a new website has been developed and this will play a valuable role in the Board's work going forward. It will also prove a vital tool in raising awareness of safeguarding issues and ultimately help people to live safely and access support when it is required.

You can visit the new website at: [www.greenwichsafeguardingadults.org.uk](http://www.greenwichsafeguardingadults.org.uk)

This annual report describes the priorities for 2015/16 provides evidence to demonstrate the work that has been done to address them. It also identifies the priorities for the coming year.

**Mark Godfrey**  
**Independent Chair**  
**Royal Borough of Greenwich Safeguarding Adults Board**

August 2016

## 2. Safeguarding Adults in the Royal Borough of Greenwich

In the Royal Borough of Greenwich, adult safeguarding is about working together to prevent and stop the risks and experience of abuse or neglect. We are committed to ensuring that people's wellbeing is promoted and staff from across organisations give regard to their views, wishes, feelings and beliefs in deciding on any action.

A key challenge in multi-agency safeguarding work is to ensure that everyone involved is clear about who is doing what, when, how and why. Whilst the lead agency with responsibility for co-ordinating adult safeguarding arrangements is the local authority, the responsibility for identifying, investigating and responding to allegations of abuse lies with operational staff across all organisations. This means that all agencies must share a common understanding about their own roles and responsibilities and also working together in effective collaboration under a shared set of principles and with shared overarching goals.

The Royal Borough of Greenwich Safeguarding Adults Board is focused on ensuring that all its partners have a voice and the space to engage and contribute to the local safeguarding agenda. Activities identified in the Board's Strategic Plan are targeted to ensure the right contributions and engagement across the partnership and with key opportunities for joint-working initiatives clearly identified.

## 3. The Care Act 2014 – setting the scene

The Care Act 2014 sets out a clear legal framework for local authorities and other statutory agencies on how adults with care and support needs, at risk of abuse or neglect, must be safeguarded.

The following table contains an extract from the Care and Support Statutory Guidance outlining the core safeguarding duties of the local authority and the context of the Safeguarding Adults Board within this:

### Extract from the Care and Support Statutory Guidance

#### **The Local authorities have the following safeguarding duties. They must:**

- lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens
- make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- establish Safeguarding Adults Boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- carry out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
- arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

**Any relevant person or organisation must provide information to Safeguarding Adults Boards as requested.**

**Under the Care Act an adult at risk of abuse or neglect is considered to be someone, aged 18 years or over, who:**

- has needs for care and support (whether or not the local authority is meeting any of those needs), and
- is experiencing, or at risk of, abuse or neglect, and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The following table provides the categories for recording types of abuse in 2015/16 under the Care Act 2014 Care and Support Statutory Guidance:

**Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions;

**Domestic Violence** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence;

**Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting;

**Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks;

**Financial or material abuse** – including theft, fraud, exploitation, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;

**Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment;

**Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identify, age, disability, sexual orientation or religion;

**Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation;

**Self-neglect** – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

## 4. The population of the Royal Borough of Greenwich

An estimated 269,000 people were living in Greenwich in 2014<sup>1</sup>. This represents an increase of 14,000 (5.5%) since the 2011 Census. This growth is expected to continue with an estimated 276,000 living in the borough by 2016<sup>2</sup>.

49.9% of residents are female and 50.1% male. Greenwich has a slightly greater proportion of children and young people under the age of 19 than the London average and has the third highest proportion of this age group amongst their Deprivation Comparators. However, Greenwich has a slightly smaller proportion of adults aged 45+ than the London average.

The White ethnic group accounts for the largest aggregated ethnic group in the Borough at 60%. Of the Black and minority ethnic (BME) group, Black Africans are the largest group and account for 15% (of the total population). Asians account for the next largest proportion of people at 14%<sup>3</sup>.

The Royal Borough of Greenwich Safeguarding Adults Board commissioned a project in quarter 4 of 2015/16 to increase awareness of safeguarding and the services available for BME groups in the borough and information about the project can be found on page 20.

## 5. Safeguarding – key statistics

### New Concerns raised during 2015/16

During 2015/16, concerns were raised with the Royal Borough of Greenwich about 580 individuals. 61% of these were female and 39% were male. This is in line with the local profile of people accessing all long term social care services during 2015/16 and nationally as reported in the Safeguarding Adults Annual Report, England 2014-15.

68% of the people involved in safeguarding concerns were aged 65 or over, which is higher than the long-term social care service user profile (63%) and the national figure reported for this age group for 2014/15 (also 63%). 32% of people were aged 18-64 compared with 37% of the service user population. The average age of people involved in safeguarding concerns was 70, which is similar to the average age for long-term social care service users (69). The most common age band was 18-64 (32%), followed by 85-94 and 75-84 (24% and 23% respectively).

75% of people were from a White ethnic background, which is similar to the figure accessing all long-term social care services during the 2015/16 financial year (76%). Mirroring last year, 13% of people were from a BME background compared to 20% of the long-term social care service user population who are BME (8% were from a Black/African/Caribbean/Black British background compared to 11% for the profile of service users accessing long-term social care services). However, the ethnic background of 12% of people with safeguarding concerns was undeclared/not known. This is quite high (the figure for all service users is only 4% and the national unknown figure for safeguarding for 2014/15 was 7%) and will be one of the key data items incorporated in the planned data quality reports in order to try to get the unknown figure below 5%.

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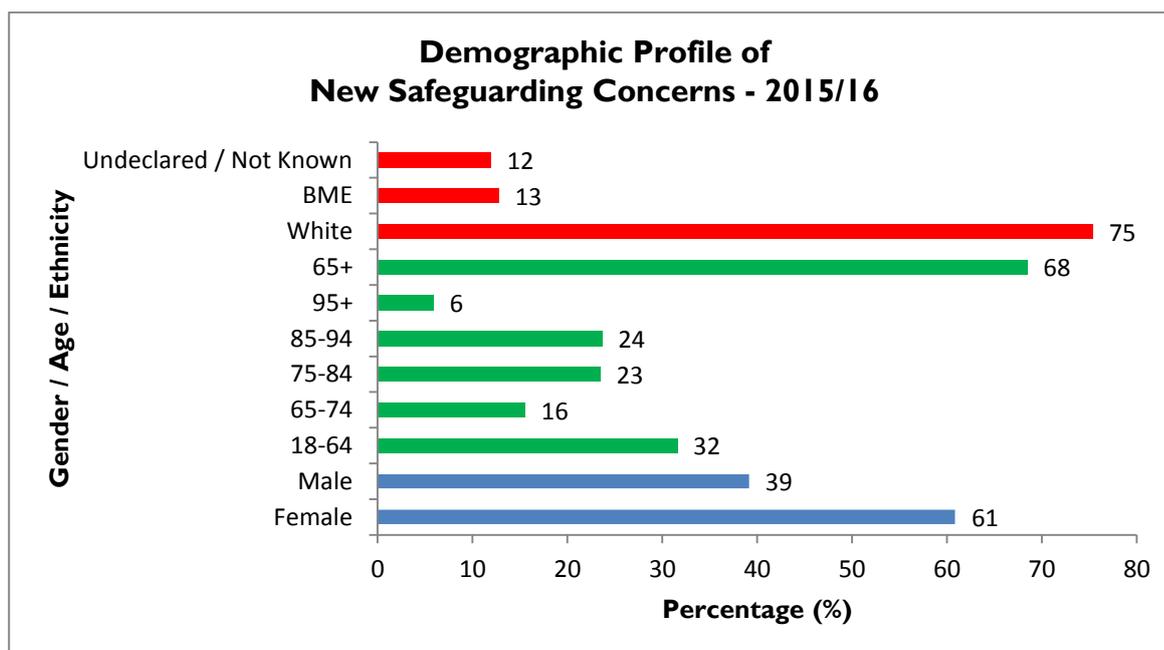
<sup>1</sup> Source: ONS mid-year population estimates

<sup>2</sup> Source: GLA Intelligence

<sup>3</sup> Source GLA SHLAA-based ethnic group projections, Capped Household Size, short-term migration scenario population projections 2014

Below is a summary table of demographic statistics for new concerns and enquiries compared with the long-term social care service user profile:

Gender/Age/Ethnic Profile	New Concerns in 2015/16		New Enquiries in 2015/16		Long-term Service User Profile 2015/16	
	No.	%	No.	%	No.	%
Female	353	60.86	222	63.25	2,459	61.14
Male	227	39.14	129	36.75	1,563	38.86
18-64	183	31.55	101	28.77	1,478	36.75
65-74	90	15.52	45	12.82	534	13.28
75-84	136	23.45	84	23.93	827	20.56
85-94	137	23.62	97	27.64	979	24.34
95+	34	5.86	24	6.84	204	5.07
65+	397	68.45	250	71.23	2,544	63.25
White	437	75.34	267	76.07	3,047	75.76
BME	74	12.76	40	11.40	811	20.16
Undeclared/Not Known	69	11.90	44	12.54	164	4.08
<b>TOTAL</b>	<b>580</b>		<b>351</b>		<b>4,022</b>	



The most common Primary Support Reason (PSR) for individuals accessing social care was physical support (347), followed by learning disability support (76), social support (66) and mental health support (61). 23 of the individuals had autism. The PSR largely reflects last year's national picture, where physical support also accounted for the majority of cases (40%), followed by learning disability support (15%) and mental health support (12%). However, social support only accounted for 4% of individuals. There is some variation between this and the profile of long-term social care service users, where only 2% of service users have a PSR of social support compared with 11% of individuals involved in safeguarding concerns.

## **Started Enquiries**

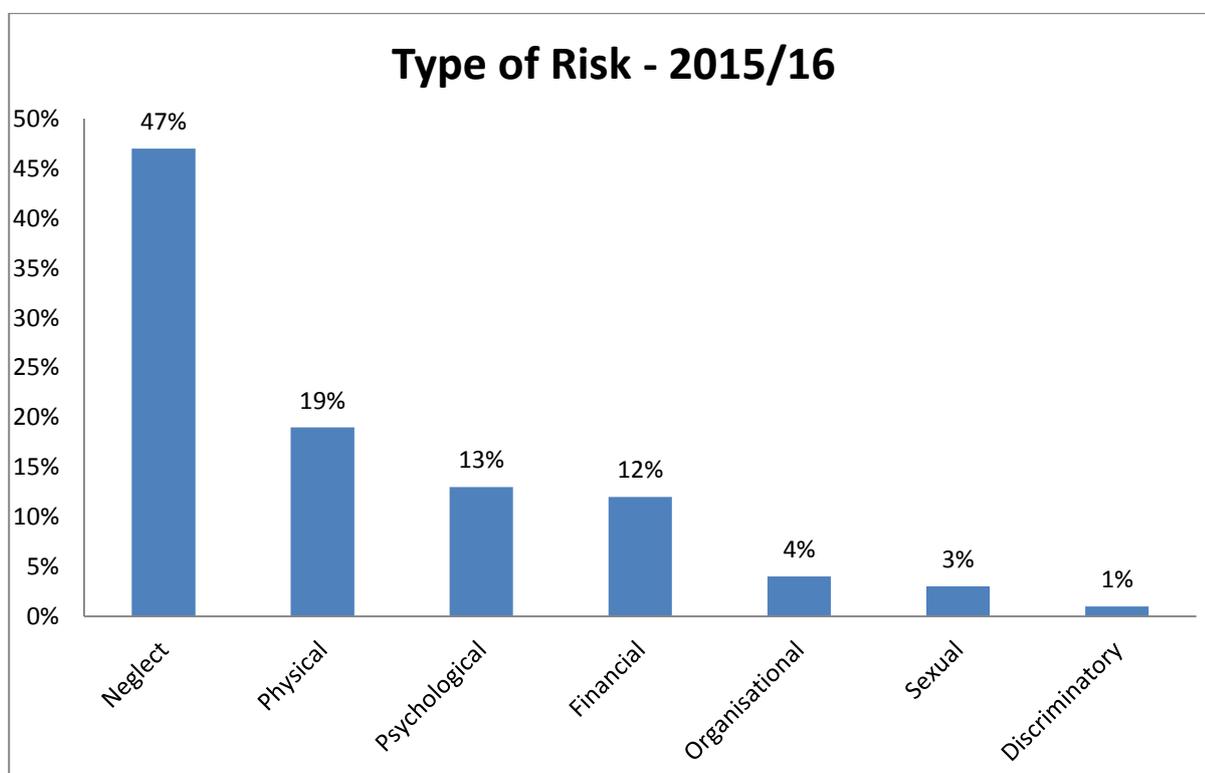
During 2015/16, 351 safeguarding enquiries were started compared to 343 in 2014/15, 355 in 2013/14 and 347 in 2012/13. The number has therefore not fluctuated widely over the past few years.

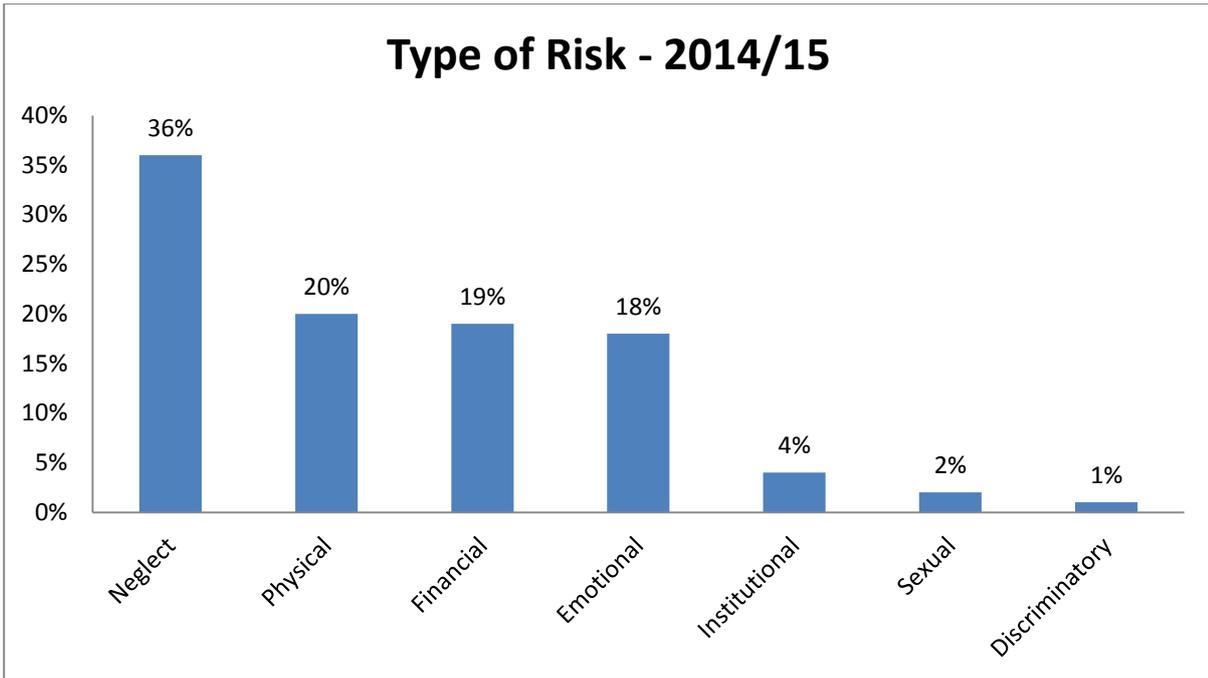
## **Concluded Enquiries**

321 cases were concluded during 2015/16. This is higher than last year (273), 2013/14 (314) and 2012/13 (298).

238 (74%) of the concluded cases involved one type of abuse and 83 (26%) involved more than one type of abuse. Of those that involved more than one type of abuse, the majority (72) involved two types of abuse. Nine cases involved three types of abuse and one case each involved four and five types of abuse.

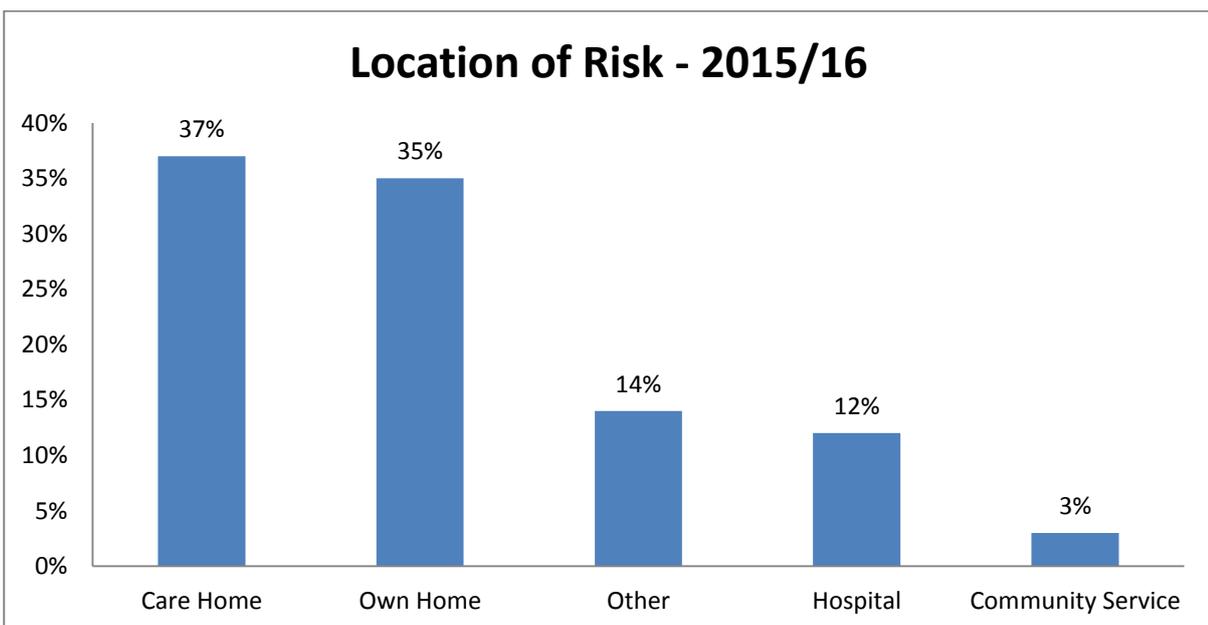
As reported over the past few years, the most common type of abuse continues to be neglect and acts of omission (47%). This also matches the national picture reported in the Safeguarding Adults Annual Report for 2014-15. This type of abuse is highest across all sources of risk (social care support; where the source of risk is known to the individual and also where the source is unknown/a stranger). Between 2014/15 and 2015/16, there was a significant increase in the percentage for neglect from 36% to 47% (which may in part be the impact of improved systems for the recording of incidents) and a corresponding decrease in psychological abuse and financial/material abuse. Neglect was followed by physical abuse at 19% (again mirroring the national picture), then psychological abuse (13%) and financial/material (12%) abuse. Reported cases of discriminatory, sexual and organisational abuse remain relatively infrequent.

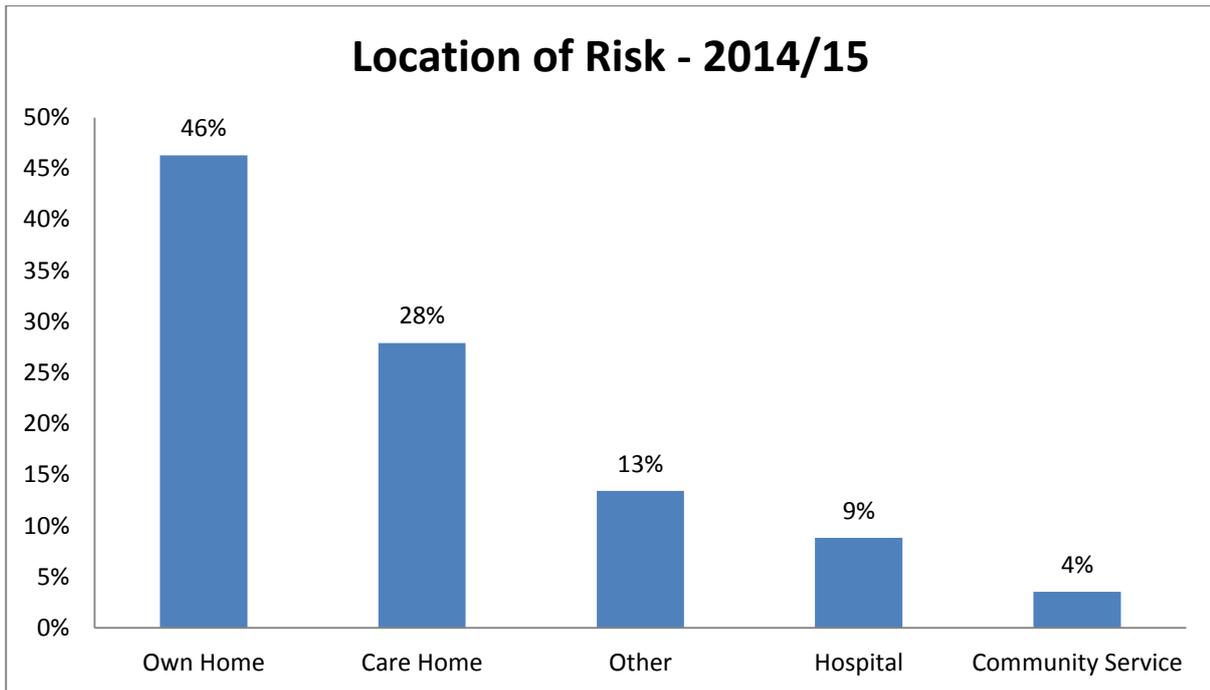




The most common location for alleged abuse to take place was in a care home (37%), closely followed by own home (35%). This is a change from previous years, when the most common location for abuse has been own home. Between 2014/15 and 2015/16, the percentage for care home increased from 28% to 37% whilst the percentage for own home decreased from 46% to 35%. As expected, the greatest source of risk for abuse which took place in a care home was social care support. For abuse that took place in a person's own home it was people known to the individual. The Head of Safeguarding for the Royal Borough of Greenwich plans to devise a strategy to tackle the increase in abuse taking place in care homes and the increase in neglect.

When reporting case details, please note that totals for type and location of abuse do not equal the total number of concluded enquiries as multiple abuse types and locations can be selected.





Of the completed cases, action had been taken in 84% of cases, which is similar to last year (83%) but higher than the previous year (74%). No action was taken for 51 (16%) out of the completed cases. Where action had been taken, we recorded that the risk was removed for 85 (26%) of the cases, for 51% the risk was reduced and for 20 cases (6%), the risk remains.

Looking at the reported case conclusion and outcome following investigation, 135 cases (42%) were substantiated, with a further 69 (21%) partly substantiated. 13% were not determined/inconclusive and 2% of investigations were ceased at the individual's request. Comparing the data from previous years, a lower percentage of cases were not determined/inconclusive (this figure was 24% in 2012/13 and has gradually been reducing, with a larger reduction between 2014/15 and 2015/16).

### **Case Conclusion**

As part of the Safeguarding process the person is asked whether the intervention delivered the outcomes they wanted. In 2015-16 49% of service users advised that the process either fully or partially met their needs with 2% of service users advising that it did not. In 49% of cases (93), data was either not available or the service user did not respond or lacked capacity to respond. The Royal Borough of Greenwich is committed to identifying and recording outcomes. As of 1 April 2016 improved forms for capturing this were implemented.

### **Were the outcomes of the assessment what the service user wanted?**

	2015-16	
	Number	%
<b>Yes fully</b>	<b>63</b>	<b>33%</b>
<b>Yes partially</b>	<b>30</b>	<b>16%</b>
<b>No</b>	<b>3</b>	<b>2%</b>

### **Deprivation of Liberty Safeguards (DoLS) data 2015/16:**

Following a Supreme Court judgement on 19 March 2014 in regards to two cases known as 'Cheshire West' and a court ruling that the care regime provided did amount to a deprivation of liberty, revisions were made to the Mental Capacity Act (MCA) 2005 and a new set of requirements were issued. Any person in receipt of 24-hour care or supervision and lacks the mental capacity to decide on their care needs, will be viewed as deprived of their liberty. Those in hospital or residential care may be granted a legal authorisation of their deprivation of liberty by a MCA DoLS Standard Authorisation. All other forms of placement will require legal authorisation through the Court of Protection.

During 2015-16 the Royal Borough of Greenwich Adults & Older People Services received 568 new DOLS authorisation requests which is a significant increase compared with the previous year when 366 referrals were received. On average 47 new applications were received each month during 2015/16. The Royal Borough of Greenwich like Councils across the UK are struggling to keep up with the need to undertake DoLS assessments and working hard to ensure there are enough accredited assessors. There is a prioritisation process for DoLS requests and urgent requests are always undertaken as a priority. The Council continues to build capacity, but the growth in DoLS referrals and reviews seems set to continue.

In addition to the new applications received during the year, the DoLS team continued to work on applications that were received but not completed during 2014/15. In total 681 DoLS applications have been worked on during the last 12 months. A small number (35) of these applications were later withdrawn and 289 are still in progress. Of all applications completed and signed off during the period, 44% (297) were granted and went on to have a DoLS authorised during the year. Of those not granted the main reason was the service user not meeting assessment criteria.

Outcome of DOLs applications worked on during 2015/16:

<b>Outcome of DOLs applications worked on during 2015/16</b>	<b>Number of Applications 2015/16</b>	<b>Percentage of Applications</b>
<b>Granted</b>	297	44%
<b>Not Granted</b>	60	9%
<b>Withdrawn</b>	35	5%
<b>Still in progress</b>	289	42%
<b>Total</b>	681	100%

## **6. Multi-agency panels, relevant to Safeguarding Adults in the Royal Borough of Greenwich**

**Multi Agency Public Protection Arrangements** – MAPPA is a set of arrangements to manage the risk posed by certain sexual and violent offenders. They bring together the Police, Probation and Prison Services in the Royal Borough of Greenwich into what is known as the MAPPA Responsible Authority. A number of other agencies are under a legal duty to co-operate with the Responsible Authority and include Children’s Services, Adult Social Services, Health Trusts, Youth Offending Teams, local housing authorities and certain registered social landlords, and Job Centre Plus.

The MAPPA facilitates a more comprehensive risk assessment through targeted information sharing across the agencies and directing available resources to best protect the vulnerable from serious harm.

In Greenwich, the MAPPA meetings are held monthly and the Safeguarding Adult’s Advisor is the representative.

**Multi Agency Risk Assessment Conference** - MARAC is a meeting where information is shared on high risk domestic abuse victims (those at risk of serious harm or homicide). The meeting includes representatives of local police, probation, health, child protection, Adult Safeguarding, Mental Health services, housing practitioners, Independent Domestic Violence Advisors (IDVA's) and other specialists from the statutory and voluntary sectors.

The primary focus of the MARAC is to safeguard the adult victim by sharing information and agreeing a risk focused, co-ordinated safety plan. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an Independent Domestic Violence Advocate (IDVA), or the referring practitioner, who speaks on their behalf.

In Greenwich, the MARAC meetings are held fortnightly and a representative from Safeguarding Adults is in attendance.

In 2015-16, there were 27 MARAC meetings held with 296 cases reviewed, of which 36 (12.2%) were repeat cases.

**Hate Crime Panel** - this consists of representatives from agencies across the Borough such as the Police, Safer Communities Team, Adult Safeguarding, Greenwich Inclusion Project, Victim Support, the Youth Offending Team and Greenwich Housing. The panel meets monthly to consider referred cases and co-ordinate the action required to be taken to support victims and prevent future occurrences, but also in bringing offenders to justice. Hate crime in Greenwich is treated as a very serious matter.

The Police chair the Hate Crime panel meeting which is held monthly and focuses on individual referrals and the production of action plans to tackle identified risks.

In 2015-16, there were 12 Hate Crime Panel meetings held with 57 cases reviewed, of which 2 were repeat referrals.

Referrals were made due to the following:

Disability	1
Race	42
Religious/belief	7
Sexual Orientation	9
Other	1

**Prevent and Channel Panel** – The Prevent Strategy is a part of the Government’s overall counter-terrorism strategy. Prevent work is well established in the Royal Borough of Greenwich and has had a Home Office funded Prevent Co-ordinator as a member of its Safer Communities Team since 2012. Channel is the multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism. The Channel Panel in the Royal Borough of Greenwich is chaired by the Royal Greenwich Safer Communities Manager and co-ordinated by the Prevent Co-ordinator. The role of members of the Channel Panel is to develop support plans for individuals accepted on to it or consider alternative provisions such as Health or Social Care. The Channel Panel convenes monthly.

## 7. The Royal Borough of Greenwich Safeguarding Adults Board

The Royal Borough of Greenwich Safeguarding Adults Board is a partnership of statutory and non-statutory agencies working across the borough. Its vision is to enhance the quality of life, health, wellbeing and safety of adults at risk. It aims to enable people who need help and support to retain independence, wellbeing and choice; and to access their right to live a life that is free from abuse and neglect. Its role is to make sure of the effectiveness of local safeguarding arrangements.

### **Under the Care Act 2014, the Safeguarding Adults Board has three core duties:**

- It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve these objectives. The plan must be developed with local community involvement, and the SAB must consult the Local Healthwatch organisation.
- It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews or any on-going reviews.
- It must conduct any Safeguarding Adults Review.

The Royal Borough of Greenwich Safeguarding Adults Board's goals that support the realising of the vision and principles as laid out in the Safeguarding Adult's Board Strategy 2015/17 are as follows:

- Ensuring Ensuring that everyone (individuals, communities and organisations) is clear about their roles and responsibilities
- Establishing a strong multi-agency partnership
- A focus on effective prevention of as well as responses to abuse/neglect
- Developing a positive environment across the partnership which supports learning and transparency
- A focus on access to mainstream resources that can reduce the risk of abuse/neglect
- Achieve clarity about how safeguarding concerns that derive from service quality issues in health and social care can most effectively be responded to (prevention and intervention)

As of 2015/16, and to further support the achievement of these goals, the Royal Borough of Greenwich has protocol in place for Safeguarding Partnerships. This defines the co-operative relationships between the Greenwich Safeguarding Adults and Children Boards, the Children's Trust Board, the Health and Wellbeing Board, and the Safer Greenwich Partnership.

## 7.1 Safeguarding Adults Board Strategic Plan

The Royal Borough of Greenwich Safeguarding Adults Board's strategic plan 2015/17 constitutes a joint commitment in taking forward priority areas identified for development. The plan contains six objectives and progress against these during the year is outlined as follows:

***Objective 1 – Establish a robust and committed partnership demonstrating clarity as to how the Board will hold partners to account and gain assurance of effectiveness of arrangements. This to include making effective links with other partnerships.***

### What we did to achieve objective 1 during 2015/16:

- *Revised the membership and updated the terms of reference for the Board and its three sub-groups in order to improve our governance arrangements, and reflect Care Act 2014 requirements/promote strategic objectives*
- *Established the Board's Leadership Executive to ensure sustained commitment at a senior executive level*
- *Collectively established a resource base for the Board to carry out its responsibilities in line with the Care Act 2014*
- *Put in place a safer partnership protocol (December 2015) in order to establish working partnership arrangements between the Safeguarding Children's Board, the Safeguarding Adults Board, Health and Wellbeing Board and Safer Greenwich Partnership*
- *Produced guidance and procedures for Safeguarding Adult Reviews (SARs)*

- *Delivered a Board Challenge Event which included self-assessments by partners as part of our quality assurance arrangements*

#### **What else we need to do to achieve objective 1 in 2016/17:**

- *Further develop the safeguarding quality audit tools for case files and implement multi-agency/peer review audits*
- *Improve performance information for the Board on safeguarding enquiries and to include data on DoLS and SARs*
- *Put in place a common agreement in line with the guidance on confidentiality and principles governing sharing of information in the best interests of adults at risk*
- *Deliver regular Board Development sessions to build up the Board's capacity and to ensure that the membership is fully equipped to deliver the activities as outlined in the Strategic Plan*

**Objective 2 – The way in which services are commissioned and contracts are monitored reduces risk of abuse/neglect. A consistent partnership approach supports early identification of causes for concern**

#### **What we did to achieve objective 2 during 2015/16:**

- *Implement new Care Act 2014 compliant contracts for Advocacy services in 2015/16*
- *The Royal Borough of Greenwich Adults & Older People Commissioning provided the Board with evidence and assurances on the monitoring arrangements for mental health supported living contracts, and the recording and monitoring of Home Care, Neighbourhood Resource Centres and Extra Care activity*
- *Reconfigured the sub-groups to support the delivery of this objective with Royal Borough of Greenwich and NHS Greenwich Clinical Commissioning Group Commissioning representatives on the Board's Quality Assurance sub-group*

#### **What else we need to do to achieve objective 2 in 2016/17:**

- *Further formalise reporting to the Board so that it is assured that services are safe*
- *Provide the Board with assurances about "Market Management" under the Care Act 2014*
- *Identify short-term solutions through the NHS Greenwich Clinical Commissioning Group to ensure tissue viability arrangements with the local prisons*
- *Support arrangements to facilitate safeguarding guidance for service users/carers under the direct payment scheme and in line with choice and control principles under the Care Act 2014*

**Objective 3 – MSP & Practice and Quality: the way in which people experience safeguarding support is personal and supports them in achieving the outcomes they want – please note: this objective is recast for 2016/17 to focus on wider quality and practice arrangements**

**What we did to achieve objective 3 during 2015/16:**

- The Royal Borough of Greenwich Adults & Older People Services delivered a suite of targeted workshops to practitioners to support the embedding of Making Safeguarding Personal (MSP) principles into day to day case work
- Developed a project proposal with the Greenwich Inclusion Project and Greenwich Action for Volunteers to raise awareness about safeguarding services with harder to reach communities in the borough
- The Royal Borough of Greenwich Adults & Older People Services implemented a Good Practice Guidance and Quality Assurance Framework audit tool for the core processes in Adult Social Care: referral, assessment, support planning & review, including safeguarding responsibilities (January 2016)
- The Royal Borough of Greenwich Adults & Older People Services developed a new Safeguarding Adults protocol (March 2016)

**What else we need to do to achieve objective 3 in 2016/17:**

- Continue to embed MSP principles into day to day case work and evaluate through audit and assessment activities (see objective 1) and through the examination of case studies by the Board at every Board meeting
- Implement the BAME “raising safeguarding awareness” project with delivery progress/milestones reported through to the Board
- Implement the Royal Borough of Greenwich Safeguarding Adults Board website in order to promote greater awareness to the public about safeguarding and protecting adults at risk

**Objective 4 – Workforce issues: safer recruitment practice is in place across the partnership to prevent abuse/neglect; a focus on staff support and development supports better outcomes for people; development of the skills and capability of staff is responsive to safeguarding risks/issues identified by the Board**

**What we did to achieve objective 4 during 2015/16:**

- Delivered a safer recruitment toolkit across the borough in order to reduce the risk of appointing someone unsuitable to a post where they will be in contact with vulnerable adults
- Delivered a rolling programme of safeguarding awareness training to practitioners, including bespoke training to particular teams, through the wider learning and development function at the Royal Borough of Greenwich Adult & Older People Services
- Promoted safeguarding learning through the ME Learning suite of online applications

### **What else we need to do to achieve objective 4 in 2016/17:**

- Strengthen supervision models across the partnership so that the Board can receive assurances that safeguarding is factored into supervisions. Develop a training competency framework and link with the work by Bournemouth University in this area
- Review the adult safeguarding training arrangements across the partnership in order to develop an effective training plan which will improve access to adult safeguarding training for staff across the partnership
- To exploring a tri-borough value for money approach for training delivery
- Develop and implement learning materials, policy, guidance for practitioners to support knowledge/understanding including complex areas of practice under the Care Act 2014 categories of risk/abuse

**Objective 5 – MCA and DOLS: ensuring that people who may lack capacity are kept safe. By developing knowledge and practice in respect of the MCA/DOLS across the partnership people are better protected**

### **What we did to achieve objective 5 during 2015/16:**

- Developed a strategy for addressing the risks around the delivery of DoLS including quality assurance process
- Delivered various MCA training activities and workshops across the partnership

### **What else we need to do to achieve objective 5 in 2016/17:**

- Further embed MCA safeguarding principles into training, supervision and case file audits
- Formalise reporting to the Board on DoLS so that it can fully understand the risks and issues and the management of resources for this
- Support the Royal Borough of Greenwich Children's Services in the development of a process for the new area of legislation "DoLS and looked after children"

**Objective 6 – Working with risk alongside individuals : embedding and developing the established partnership approach to working with risk in the lives of individuals so that risk is effectively identified, assessed and managed**

### **What we did to achieve objective 6 during 2015/16:**

- Delivered a Hoarding pilot in order to identify best practice models
- Endorsed the Violence Against Women & Girls Strategy
- Attended events, training and workshops on the new categories of risk and abuse under the Care Act 2014

### **What else we need to do to achieve objective 6 in 2016/17:**

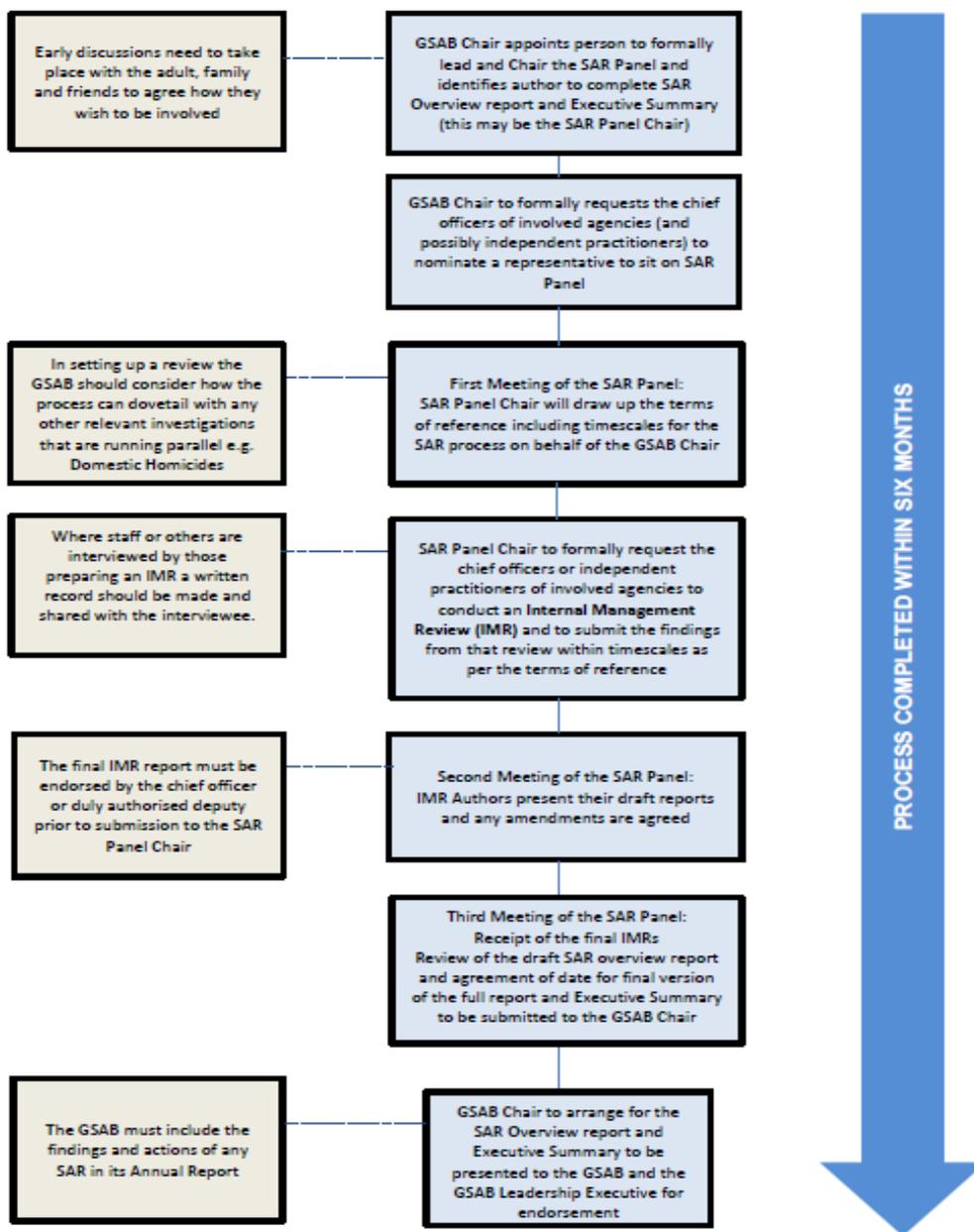
- *Set up a “High Risk Panel” made up of partners in order to examine high risk/complex cases and identify strategic and longer term solutions*
- *Promote further awareness across the partnership on the new categories of risk and abuse under the Care Act 2014 and ensure that this feeds back into practice*
- *Develop a set of high risk case referral indicators for the Board in order to further support the Board’s understanding of the numbers/types of enquiries*
- *Further develop the Safeguarding Adult Review methodology into an effective delivery model to enhance practice quality and improvement and meet our statutory requirements*

#### **a) Safeguarding Adults Reviews (SARs)**

During 2015/16 the Board established in line with requirements under the Care Act 2014 its first Safeguarding Adults Evaluation Group which is chaired by the Assistant Director, Royal Borough of Greenwich Adults & Older People. The Safeguarding Adults Board set up a multi-agency task and finish group to develop a Safeguarding Adults Review procedure drawing on good practice from other regions. The new procedure was signed off by the Greenwich SAB at its meeting on 8 December 2015.

As per 2013/14 and 2014/15, no SARs were reported for RBG for 2015/16.

The diagram on the following page sets out the key stages and timings for the Safeguarding Adults Review Panel process in the Royal Borough of Greenwich. The SAB will aim to complete a SAR within a reasonable period of time and in any event within six months of initiating it, unless there are good reasons for a longer period being required.



## b) Safeguarding Adults Board multi-agency partner self-assessments

The self-assessment process was first implemented through NHS England and the London Chairs of SABs network in 2013/14. For 2015/16, the self-assessment template was amended by NHS England/ADASS to more fully incorporate the new duties under the Care Act 2014 in relation to MCA/DoLS, and also duties in relation to Prevent.

The objective of this process is to provide the SAB with a degree of assurance about the safeguarding arrangements within its borough. The Royal Borough of Greenwich Safeguarding Adults Board held its 2015/16 annual challenge event on 4 February 2016 where the self-assessments were discussed. Partners were requested to complete the template containing thirty statements of assurance within six key areas of safeguarding and to rate themselves on a Red, Amber, Green (RAG) scale.

The six areas were as follows:

- Leadership, Strategy, Governance, Organisational Culture
- Responsibilities towards adults at risk are clear for all staff and for commissioned services
- Approach to workforce issues reflects a commitment to safeguarding and promoting the wellbeing of adults at risk
- Effective inter-agency working to safeguard and promote the wellbeing of adults at risk
- Addressing issues of diversity
- Service can demonstrate that people who use services are informed about safeguarding adults and empowered within the organisation's response to it

The following seven GSAB partners participated in the self-assessment exercise:

- Royal Borough of Greenwich Council (Adult & Older People Services, Children's Services, Housing, Safer Greenwich Partnership)
- NHS Greenwich Clinical Commissioning Group (CCG)
- Oxleas NHS Foundation Trust
- Lewisham & Greenwich NHS Trust (LGT)
- Metropolitan Police Service (MPS)
- London Ambulance Service (LAS)
- London Fire Brigade (LFB)

The analysis provided strong assurance that commitments and roles at the strategic level of organisations are in place. Further work was required to fully embed some of the new areas under the Care Act 2014, such as MSP principles. Safeguarding being fully factored into supervision and training was also flagged as an area for improvement by some partners. The outcomes of the self-assessments were used to inform the strategic plan refresh for 2016/17.

### **c) Safeguarding Raising Awareness Project**

The Royal Borough of Greenwich Safeguarding Adults Board commissioned a safeguarding awareness project in March 2016 with Greenwich Inclusion Project (GrIP). GrIP promotes social inclusion, by preventing people from becoming socially excluded and assisting those who are to integrate into society.

The work will identify communities and develop conversations regarding access to relevant support mechanisms and rights for personal safety and freedom from abuse and neglect. The work will also provide a means to present existing information and materials to those communities that have not yet received it and reinforce and consistently refresh safe-guarding messages.

Some specific community briefing events may be held but, primarily the work will seek to tap into existing community celebrations, events and activities that are user developed and led.

The work will be undertaken by an outreach worker who will develop a relationship of trust with those marginalised communities and become a respected port of call at the time that critical situations emerge, at which point they will be able to sign-post the potential service user to relevant support or advocate on their behalf to obtain the necessary support.

The work will commence in early 2016/17.

Greenwich Action for Volunteers are also in the process of developing a safeguarding awareness raising proposal which will be presented to the Board in Q1 2016/17.

#### **d) Safeguarding Adults Multi-Agency Safer Recruitment Toolkit**

The Safeguarding Adults Multi-Agency Safer Recruitment Toolkit provides recruiters across the borough with a means of enhancing the process in recruiting the right people to work with vulnerable adults in the Royal Borough of Greenwich.

Anyone who works regularly with vulnerable people will become a familiar face to them and is likely to be seen as safe and trustworthy, regardless of their role or hours of work. The Royal Borough of Greenwich recognise the need to ensure that people are supported in these types of recruitment. The toolkit includes safer mechanisms in interviewing techniques, using value based approaches, advice about pre-employment checks, and tips to discourage unsuitable applicants.

The toolkit was developed through the Royal Borough of Greenwich Safeguarding Adults Board Best Practice sub-group in 2014/15. It was subject to a number of consultation processes including a Profiles4Care workshop attended by the Department of Health. The toolkit is aligned with that of the Royal Borough of Greenwich Safeguarding Children’s Board in order to promote consistency in recruitment processes across the borough. The toolkit was launched by the Royal Borough of Greenwich Adult & Older People Services in conjunction with Skills4Care at an event on 12 October 2015 which was attended by care providers across the borough.

The toolkit can be used as a resource for any employer in the borough who recruit staff and provide a service to others. The toolkit can also be used as resource for individuals and family and friends who employ others through the direct payment scheme, or are self-funding their care and support.

#### **e) Safeguarding Adults Board financial position 2015/16**

The Care Act 2014 creates a statutory responsibility to establish a Safeguarding Adults Board. The Local Authority has the lead for co-ordinating safeguarding adults work. The Care Act statutory guidance section S14.113 advises that members of a SAB are expected to consider what assistance they can provide in supporting the Board in its work and that it is “*in all core partners’ interests to have an effective SAB that is resourced adequately to carry out its functions*”.

The Royal Borough of Greenwich Safeguarding Adults Board financial position (including partner contributions and expenditure) for financial year 2015/16 is as follows.

<b>Partner Organisation</b>	<b>INCOME</b>
Royal Borough of Greenwich	£60,000
NHS Greenwich Clinical Commissioning Group	£60,000
Lewisham and Greenwich NHS Trust	£15,000
Oxleas	£15,000
Metropolitan Police	£5,000
London Fire Brigade	£500
<b>TOTAL</b>	<b>£155,500</b>

<b>Activity/Commitment</b>	<b>Expenditure</b>
Salary costs for Independent Chair and Board Manager	£50,130
Service user engagement work	£7,725
Development of the SAB website	£4,680
Board expenses	£600
Publishing costs for the Safer Recruitment toolkit	£160
<b>TOTAL</b>	<b>£63,295*</b>

\*Factors contributing to an underspend include changes in the management structure in the local authority, part year costs for the new Independent SAB Chair and SAB Board Manager, and postponement in the recruitment of a SAB business support officer. The revised strategic plan for 2016/17 identifies a number of activities, such as the delivery of a multi-agency training programme, which will result in a more balanced financial position at the end of 2016/17. Partner agency contributions were carried forward into 2016/17.

The Board has agreed to carry forward the underspend for 2015/16, in part to ensure that it has the resources to meet the costs of any future Safeguarding Adult Reviews.

#### **f) Safeguarding Adults Board Membership 2015/16 (as of Q4)**

Mark Godfrey	SAB Independent Chair
Diane Jones	SAB Vice Chair, CCG Director Integrated Governance
Hannah Doody	RBG Senior Assistant Director, Adults & Older People Services
Andrew O'Sullivan	RBG Senior Assistant Director, Children's Social Care & Safeguarding
Andy Hill	RBG Head of Adult Safeguarding
Andrew Coombe	CCG Designated Adult Safeguarding Manager
Sally Howarth	RBG Pathways and Partnerships Manager, Housing Services
Ingrid Brown	RBG Principal Lawyer
Ray Seabrook	RBG Assistant Director, Community Safety
Sarah Moynihan	CQC Inspection Manager for Greenwich, Bromley and Bexley
Paul Hodson	Lewisham and Greenwich NHS Trust Safeguarding Adults Lead
Lisa Moylan	OXLEAS Head of Mental Health Legislation & Safeguarding Adults
Hany Wahaba	CCG GP Representative
Mike Balcombe	Police, Acting Detective Superintendent Crime & Operations Greenwich Borough
Joanne Munn	GAD Director (Greenwich Association of Disabled People)
Pauline O'Hare	PVI Development Officer, Greenwich Action for Voluntary Services
Gilles Cabon	Greenwich Inclusion Project (GRIP), Chief Executive Officer
Tony Travers	HMP Belmarsh, Head of Safer Custody
Darren Farmer	London Ambulance Service, Quality, Governance & Assurance Manager
Matt Herrington	London Fire Brigade, Borough Commander
Raina Parris	SAB Board Manager
Jason McCulloch	RBG Adults & Older People Services, Lead Commissioner

## 8. Partner agency safeguarding achievements

The Care and Support Statutory Guidance requires that the Royal Borough of Greenwich Safeguarding Adults Board (SAB) assures itself that local safeguarding arrangements and partners act to help and protect adults in its area. The SAB receives an annual submission from each partner agency (statutory and non-statutory) about the effectiveness of their safeguarding arrangements. These are summarised as follows:

### 8.1 Royal Borough of Greenwich Council

#### **Adult and Older People Social Care**

Adult safeguarding services are delivered through the Royal Borough of Greenwich. The Council owns the systems and processes from an initial concern raised to case conclusion and the recording of outcomes. There is a dedicated Adult Safeguarding Team situated within the Adults & Older People Services Directorate and made up of a Head of Adult Safeguarding (appointed January 2016), two safeguarding adults advisors (both qualified social workers) three specialist administrators (two full-time and one half-time), one DoLS co-ordinator, one DoLS assistant, and the Safeguarding Adults Board Manager. A proposal has been put forward to recruit from 1 April 2016 a safeguarding quality assurance officer who will be a qualified social worker.

Services are delivered in line with the London Multi-Agency Adult Safeguarding Policy and Procedures and all London Safeguarding Adult Boards are required to sign-up to the new policy and procedures by 1 April 2016. The Royal Borough of Greenwich Safeguarding Adults Board signed up to these on 23 March 2016. There was a good representation from the Royal Borough of Greenwich Safeguarding Adults Board at the launch of the policy and procedures at an event hosted by London ADASS in February 2016.

During 2015-16 Royal Borough of Greenwich Adult & Older People Services developed a local safeguarding protocol to further support the implementation of the London Multi-Agency Adult Safeguarding Policy and Procedures through the identification of appropriate local pathways to channel safeguarding concerns and enquiries. The new protocol was introduced on 1 April 2016. The protocol incorporates the six principles that underpin all adult safeguarding work as outlined in the London Multi-Agency Adult Safeguarding Policy and Procedures:

<b>Six principles that underpin all adult safeguarding work (London Multi-Agency Adult Safeguarding Policy and Procedures)</b>		
<b>Empowerment</b>	<b>Adults are encouraged to make their own decisions and are provided with support and information</b>	<b>I am consulted about the outcomes I want from safeguarding process and these directly inform what happens</b>
<b>Prevention</b>	<b>Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination</b>	<b>I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help</b>

<b>Proportionate</b>	<b>A proportionate and least intrusive response is made balanced with the level of risk</b>	<b>I am confident that the professionals will work in my interest and only get involved as much as needed</b>
<b>Protection</b>	<b>Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding</b>	<b>I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able</b>
<b>Partnership</b>	<b>Local solutions through services working together within their communities</b>	<b>I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation</b>
<b>Accountable</b>	<b>Accountability &amp; transparency in delivering a safeguarding response</b>	<b>I am clear about the roles and responsibilities of all those involved in the solution to the problem</b>

The Council's Adults & Older People Services developed and implemented *A Good Practice Guidance for Greenwich Adult Social Care* in January 2016. The guidance draws on the six safeguarding principles above and encourages engagement of person-centred approaches in line with Making Safeguarding Personal – this is about seeing people as experts in their own lives and working alongside them to ensure that the safeguarding response enhances their involvement, choice and control, as well as improving their quality of life, wellbeing and safety. During 2015/16, Adult Social Care established family group conferences and other restorative approaches, and also amended its safeguarding forms to better capture and record the outcomes people want from the start of the enquiry process through to case conclusion.

In line with Care Act recommendations, the Principal Social Worker (Adults) undertook 11 Multi-Agency workshops on Domestic Abuse and the MARAC Process. Staff attended from Adult & Older People Services, Children's Services, Housing, NHS Trusts, Probation, and Education. A total of 160 members of staff were trained.

*Case Study 1 Adult Social Care: Woman A is a 58-year-old woman with extreme hoarding behaviours in her house to the extent that she was living in her car. She had medical issues compounded by her living conditions and environmental health were involved following complaints from neighbours. Adult Social Care at the Council worked with Woman A to understand how she had come to live in this situation. Prior to her hoarding disorder escalating, Woman A had had a successful career working as a civil servant retiring at the age of 55 and it was around this time that her mother died. She was also carer for a sister with a learning disability and mental health problems. These factors may have contributed to the escalation of her condition because of the acute stress her caring role was placing on her. Environmental Health were at the point of instigating legal action compelling Woman A to address the condition of her property. A Mental Capacity Act assessment was undertaken to determine whether Woman A was able to make an informed choice regarding using a specialist de-cluttering agency who would work with her in a person-centred way – the*

*outcome of the assessment confirmed the go-ahead for Woman A to work with this agency. The agency undertook a bespoke, person-centred, therapeutically-informed assisted intervention with her in order to reduce the trauma of letting go of her possessions. This work with Woman A proved successful in reducing the clutter in her accommodation.*

## **Children's Services**

The Senior Assistant Director is a member of the Royal Borough of Greenwich Safeguarding Adults Board and provides leadership across the Children's Services in relation to safeguarding adults. There is a strong commitment to practitioners adopting a 'think child, think parent' approach to their work so that they are able to recognise and respond to adult safeguarding issues. Practitioners visit children and their parents at home and this provides an opportunity to identify everyone in the household and consider whether there are any concerns about their welfare. It is recognised that as the new safeguarding adults procedures are developed and rolled out, the service must actively integrate procedures and practice guidance into day-to-day activity. The Head of Quality Improvement and Adult Safeguarding lead work on developing assurance around Children's Services staff being able to recognise and respond appropriately to adult safeguarding issues. This includes effective communication in relation to children's designated officers handling allegations against staff where there are concerns about vulnerable adults.

There is a strong commitment to work with Adult & Older People Services with shared priorities around tackling domestic violence and other forms of violence against women. Work is in place to strengthen transition arrangements for vulnerable teenage children who reach their 18th birthday and would benefit from robust safeguarding adult arrangements. There is recognition of the vulnerability of disabled people to abuse and exploitation. In practice, there is consideration to safety planning for adults at risk of harm as well as protecting children. A key priority is safeguarding care leavers. In the work to tackle gangs, Children's Services work closely with colleagues in Community Safety and Adult & Older People Services to protect vulnerable adults whose homes have been taken over by criminals. Police colleagues in the Multi-Agency Safeguarding Hub (MASH) look at all reports concerning vulnerable adults and link these to police reports about children. This supports effective joint work between Adult and Children's Services. Children's Services are working with Adult & Older People Services to make sure that young carers can access the advice and support they need, and proactively safeguard the child where their caring role is adversely affecting their health and development.

Children's Services are leading on pioneering innovative intervention with women who have had children taken from their care as part of a national pilot called Pause. An analysis of needs and risk has identified the co-presence of significant risk factors such as parental learning disability, mental ill-health, problems with substance misuse and high vulnerability to exploitation and abuse. The Troubled Families programme is located in Children's Services and its practitioners are able to identify vulnerable adults and respond to potential safeguarding issues. Staff based at the Point work with young adults up to the age of 24 and there are statutory responsibilities towards care leavers.

The Social Work Teaching Partnership has provided opportunities for adult and children's social workers to learn together and improve how they work together to safeguard children and vulnerable adults. Children's Services are committed to use and develop restorative approaches to resolving conflicts in family relationships.

Children's Services are committed to work with Adult & Older People Services commissioners to make sure that safeguarding vulnerable people is integrated into commissioning arrangements. In Children's Services standards reference is made to expectations around safeguarding vulnerable adults and children.

Case review activity gives consideration to adult safeguarding issues and identifies learning and improvement actions. Contributions are also made to Homicide Reviews.

Safer recruitment practice addresses the risk posed by individuals who may seek to harm vulnerable adults as well as children.

Children's Services play a lead role in the Royal Borough of Greenwich Safeguarding Children Board whose independent chair regularly meets with the chair of the Royal Borough of Greenwich Safeguarding Adults Board to identify opportunities for these bodies to work together on our shared safeguarding priorities.

### **Housing Services**

The Community Services Directorate is responsible for administering the authority's statutory responsibilities in providing accommodation and support services for those in housing need and other vulnerable persons and fulfilling its landlord function in respect of residential accommodation it owns/administers.

Housing staff support adults at risk of abuse by working jointly with Adult & Older People Services, Community Safety and Oxleas colleagues to ensure that safeguarding responsibilities are incorporated in assessments and proceedings, and that the right housing related support services are commissioned for young adults, people with drug and alcohol problems, and women fleeing domestic abuse.

The Housing Service has a borough wide Tenant's Panel, local area Tenant's Panel and Tenant's Associations where tenants are able to contribute and participate in consultations and activities that inform housing needs.

Safeguarding activity includes:

- The Housing Options and Support Service achieved the Gold Standard in recognition of the quality of its services to homeless people
- A Homelessness Strategy (2014-19) which sets out priorities and plans to develop partnerships and integrate services in order to prevent homelessness, rough sleeping and better support for families and vulnerable people in housing need
- Delivery of a housing support service for older people provides targeted support to adults aged 55+ with a variety of support needs
- A dedicated Welfare Reform Team provide advice and support to those households negatively impacted by further welfare reforms
- A lettings scheme for private sector landlords offering grants, loans and other incentives in order to prevent homelessness and improve standards

- Work is on-going to further develop the existing substance misuse supported accommodation pathway to include more units and enable easier access for adults known to be rough sleeping.
- Housing Services involvement with environmental health colleagues, now part of same directorate concerning vulnerable adults and other households who have been victims of rogue landlords letting unsuitable property

### **Community Safety**

The Safer Communities Team leads on the Council's partnership work with the police and other keys partners from the Safer Greenwich Partnership to reduce the incidence and fear of crime, disorder and anti-social behaviour in the borough. This involves the development and monitoring of a number of community safety actions and activities. The team also directly commissions a number of services.

The Prevent Strategy is a part of the Government's overall counter-terrorism strategy. Prevent work is well established in the Royal Borough of Greenwich and has had a Home Office funded Prevent Co-ordinator as a member of its Safer Communities Team since 2012. The work is overseen by a Management Board which is chaired by the Royal Borough of Greenwich Director of Community Safety and Environment and convenes quarterly. Channel is the multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism.

During 2015/16, the Community Safety Team has supported the delivery of multi-agency training to improve the abilities of professionals in identifying individuals at risk of radicalisation. In addition, funding was provided by the Home Office for the Royal Borough of Greenwich to deliver a number of initiatives to reduce the counter-terrorism risk. These focused on:

- engaging Somali mothers to provide them with support and engage them in work to prevent their children being radicalised
- workshops for people from at risk communities to explore the dangers associated with travelling to conflict zones and to discuss grooming and radicalisation
- engaging young people from at risk communities in prevention work through football sessions
- the production of an interactive DVD to promote critical thinking amongst young people and to encourage them to discuss the dangers of being drawn in to extremism

In 2016/17 there is an objective to commission a Somali Youth Engagement Officer to carry out some key targeted preventative work with young people from that Community.

The Safer Communities Team promotes an understanding of Violence Against Women and Girls (VAWG) in the borough through the production and distribution of factsheets for professionals about the different elements of VAWG. During 2015/16, the team has continued to commission a number of Domestic Violence (DV) services, including a police domestic violence team which targets high risk domestic violence victims and perpetrators, a service for changing the behaviour of perpetrators, and a domestic abuse telephone line and website. It has also continued to lead on the production of materials for the borough's campaign to challenge social tolerance of domestic violence and the behaviour of perpetrators. It continues to chair the VAWG Strategic Partnership. Meetings of this partnership group have received presentations from members of the DVA User Group about their views of available DV

services in the borough. The team has also convened and supports the Multi-Agency Risk Assessment Conference (MARAC). This prioritises the safeguarding of victims and agrees multi-agency support plans. The MARAC continues to convene fortnightly.

In 2016/17 Community Safety will be working to ensure that DV has a clear profile in the forthcoming Alcohol Strategy and will also be working on refreshing the borough's DV strategy which ends in March 2017. The team will also be working with partners on obtaining funding for the IRIS programme in the local health service.

## **8.2 NHS Greenwich Clinical Commissioning Group (CCG)**

Greenwich Clinical Commissioning Group (CCG) is a statutory NHS body that brings together general practices to commission services for their registered and unregistered residents living in the area. The CCG is responsible for commissioning the majority of healthcare services for the residents of Greenwich, including community health services, acute hospital services and mental health services, for planning and ensuring that there is a range of healthcare providers able to deliver high quality care, and for monitoring their performance and challenging poor quality. NHS England is responsible for commissioning primary care services (including GPs), although the CCG also has a duty to improve the quality of primary care. Greenwich Clinical Commissioning Group has responsibility for ensuring that the organisations from which they commission services provide safe systems for safeguarding adults at risk of abuse or neglect.

Adult safeguarding is embedded within the Integrated Governance Directorate and maintains strong links with child safeguarding, quality and patient safety leads, and serious incident management for the organisation. A robust governance system is well established within the CCG to support the delivery of the safeguarding objectives and work plans, and to facilitate a co-ordinated approach to safeguarding across the local NHS system. The Joint Safeguarding Group (adult and child safeguarding) meets bi-monthly and is chaired by a safeguarding lead GP Executive. This group is accountable to the Quality Committee, which in turn is a sub-committee of the CCG Governing Body. The CCG meets its requirements to have a lead for adult safeguarding, the Mental Capacity Act, Deprivation of Liberty Safeguards and Prevent agenda through the Designated Adult Safeguarding Manager (DASM). The Chief Officer has accountability for safeguarding in the CCG, delegated through the Director of Integrated Governance.

April 2015 saw the introduction of the Care Act (2014), which for the first time placed adult safeguarding on a statutory footing. The NHS England Accountability and Assurance framework (2015) and the Care and Support Statutory Guidance (2015) set out the adult safeguarding requirements for the CCG and its commissioned services. In August 2015 the CCG Governing Body approved the joint Safeguarding Strategy 2015 – 2017: Adults, Children and Young People, followed by the approval of the Adult Safeguarding Policy in September, setting out how the CCG meets its corporate accountability for adult safeguarding and providing guidance to CCG employees and commissioned provider services on their adult safeguarding duties and responsibilities. On 10 March 2016, the Department of Health published the refreshed edition of the Care and Support Statutory Guidance. Changes to chapter 14 (safeguarding) include highlighting the need for practitioners to consider the need for criminal investigations and take advice if necessary; re-inforcing the prevention agenda; and strengthening the role of professional and practice leadership in adult safeguarding. The CCG will continue to monitor providers in 2016/17 to ensure that these changes are embedded in practice.

Safeguarding assurance is sought from main providers through a combination of safeguarding indicators collected through dashboards, quality and contract monitoring and relationships with provider safeguarding leads. Lewisham and Greenwich Hospitals Trust and Oxleas Trust provide safeguarding dashboards on a quarterly basis which provide assurance on safeguarding enquiries, training compliance, Deprivation of Liberty Safeguards applications and safer recruitment. For smaller providers such as care homes, the CCG continues to develop the Provider Assurance Monitoring System (PAMS) to provide assurance on safeguarding, quality and safety indicators. Following a review of activity in 2015/16, PAMS has been refined and will undergo a further launch in 2016/17.

Greenwich CCG is committed to continue to work in partnership with other agencies, both through their statutory role on the Royal Borough of Greenwich Safeguarding Adults Board (SAB) and through close working with agencies on safeguarding concerns and subsequent case conferences and action plans. Greenwich CCG is represented on the SAB by the Director of Integrated Governance, who also acts as the vice-chair of the SAB, and the lead Governing Body GP for adult safeguarding. The DASM represents the CCG on the SAB sub-groups, and chairs the Mental Capacity Act/Deprivation of Liberty sub-group. With support from the Care Homes Support Team and the Continuing Healthcare Team, the CCG continues to work in close partnership with the Royal Borough of Greenwich in responding to complex safeguarding concerns, particularly across the care home sector. The CCG continues to closely monitor the local health response to pressure ulcers in hospitals, care homes and in the community, and as a result of this scrutiny the number of grade 3 and 4 pressure ulcers continue to drop.

In late 2015, the CCG participated in a 'deep dive' review of adult and child safeguarding undertaken by NHS England (London). Overall the CCG received good assurance across most areas, with some areas for development which have been built into respective adult and child safeguarding work plans. Similarly, a separate KPMG audit of adult safeguarding within the CCG resulted in an overall rating of 'significant assurance with minor improvement opportunities'. Both reviews highlighted safeguarding assurance from smaller providers and training oversight as areas for further improvement, and actions have been put in place to achieve these.

### **8.3 Oxleas NHS Foundation Trust**

Oxleas is a provider of mental health, learning disability, and community health services across Greenwich, Bexley and Bromley.

The Oxleas Director of Nursing is the Executive Lead for safeguarding within the trust. The Trust works in partnership with Bexley, Bromley and Greenwich Local Authorities and whilst the Trust is not a statutory member of the Safeguarding Adult Boards, representatives from the trust attend the Boards and their sub groups. The Trust is represented at other multi-agency panels within the Boroughs including MAPPA, MARAC and Channel.

The safeguarding adult team within Oxleas has continued to develop. Oxleas Safeguarding Adults Committee meets bi-monthly and is responsible for monitoring practice in relation to safeguarding and mental health legislation, including the Care Act 2014, Mental Health Act 1983 and Mental Capacity Act 2005. Any risks identified in relation to safeguarding are reported to the Trust Quality Board via the Patient Safety Group. The committee promotes working in partnership with other agencies and is attended by representatives from the Local Authorities and CCGs.

## **Safeguarding activity during 2015/16 included:**

Working with the clinical transformation team to develop electronic recording of safeguarding activity. This work is ongoing.

Commissioning and delivery of face to face MCA workshops. Almost 500 staff have attended a workshop designed to update their knowledge of MCA and DoLS and to assist staff in considering how to apply their understanding of the legislation in their role.

Updating the safeguarding adults guidance for staff in line with the Care Act 2014 and the revised London Multi-Agency Adult Safeguarding Policy and Procedures.

Developing and recruiting to two new roles for the safeguarding team. A safeguarding systems and administration post and a safeguarding adults co-ordinator post.

Setting up of a mortality surveillance group to review all deaths of people known to services.

Updating the safeguarding awareness e-learning for non-clinical staff and the safeguarding adults awareness e-learning for clinical staff following the implementation of the Care Act 2014.

Producing a leaflet to raise awareness of 'Prevent' which has been delivered to all staff across the organisation.

The Human Resources team undertook an audit in relation to agency staff and pre-employment checks. The audit identified that the agency had not carried out appropriate checks on all of their staff and use of the agency was immediately ceased and other organisations were alerted to the findings.

There has been a focus on ensuring all staff receive regular and effective supervision.

The Trust has completed the annual Safeguarding Adults at Risk Audit Tool (SARAT). The results of the self-assessment have been presented to 'challenge events' at the Safeguarding Adult Boards. Areas of good practice identified by the audit were:

MCA Lead Clinician Role – a consultant psychiatrist was identified who can provide advice on MCA related matters to staff across the Trust. This clinician represents the Trust on the CQC advisory group for MCA & DoLS. The lead clinician chairs the Trust MCA Steering Group which this year has; reviewed and updated the MCA & DoLS policy, produced an admission guide for junior doctors 'assessing capacity to consent to informal admission for psychiatric treatment', led on a Trust wide audit in relation to MCA in practice, worked with the Trust communications team to record a short film for staff about the MCA.

Duty of Candour - Supporting an open and honest culture is a workstream within the Trust's sign up to safety campaign. Part of this includes a 'being open and duty of candour' policy, and further information is available for staff on the Trust intranet, including guidance on roles and responsibilities of nursing staff and duty of candour video.

In July 2015 Oxleas was ranked among the top ten in the Health Service Journal list of 100 best NHS organisations to work for in England. The 2014 NHS staff survey figures identified that staff rated Oxleas best in the country in five areas:

- Effective team working
- Effective appraisals
- Reporting errors/incidents
- Fairness of reporting incidents
- Not experiencing work related stress

Priorities for 2016/17 are:

Review all levels of safeguarding adult training to ensure that the Trust provides training in line with Safeguarding adults: roles and competences for healthcare staff - Intercollegiate Document.

To work with partner agencies to ensure that the principles of Making safeguarding Personal are fully embedded in all aspects of safeguarding practice from training through to section 42 enquiries.

Strengthening work in relation to people who experience domestic abuse, ensuring that the NICE quality standard is embedded into everyday practice for all staff across all disciplines and care sectors.

## **8.4 Lewisham & Greenwich NHS Trust**

Lewisham and Greenwich NHS Trust (LGT) is responsible for services at Lewisham Hospital, Queen Elizabeth Hospital in Greenwich, as well as a range of NHS community services in Lewisham and some services at Queen Mary's Hospital, Sidcup. Services are provided to more than 526,000 people living across the London boroughs of Lewisham, Greenwich and Bexley.

The Trust has worked in partnership with the local authorities and CCGs to ensure multi-agency safeguarding procedures reflect the requirements of the Care Act and the London Multi-Agency Adult Safeguarding Policy and Procedures and are embedded across all its services.

Adult Safeguarding is managed within the corporate nursing team with a reporting framework via the Trust's Adult and Children's & Young People Safeguarding Committee to the Integrated Governance Committee and the Trust Board. The Trust's Director of Nursing and Clinical Quality is the Executive Lead for Safeguarding. The Trust is also represented on the three borough's Safeguarding Adult Boards. Monthly and quarterly activity dashboards are completed to provide assurance on safeguarding activity undertaken by the Trust to multi-agency partners.

A key area of focus for the adult safeguarding team is training. The training programmes are reviewed yearly to reflect local or national changes to safeguarding adults at risk. Adult safeguarding training for all staff was introduced into the Trust induction in April 2014, ensuring all staff complete adult safeguarding training when they join. This training also includes 'Prevent'. At the end of financial year 2015/16 the Trust was reporting 84% compliance for clinical staff/staff that have contact with patients/service users. In 2016/17 additional training sessions will be provided on Deprivation of Liberty/Mental Capacity Training, Mental Health first aid and WRAP 3.

The Trust works in partnership with the Adults with Learning Disabilities Lead Nurse and Independent Domestic Violence Advocates. These members of staff for Greenwich are co-located with the Adult Safeguarding Team on the Queen Elizabeth hospital site. The Learning Disabilities Lead Nurse has been working on information videos for uploading onto the Trust internet site for service users. These have

covered having a blood test, taking of vital signs (blood pressure, temperature, oxygen saturations) and a chest x-ray. Work has commenced on a video tour of the hospital site, a hospital passport and top 5 tips for hospital staff supporting a patient with a learning disability.

Flagging systems on both sites are now in place to alert staff to involve the learning disabilities advisors if a patient is admitted. On the Queen Elizabeth site, the learning disability advisor is trialling the running of a daily report to identify adults with a learning disability that have passed through the Emergency Department.

The Independent Domestic Violence Advocate (IDVA) is also working with the IT department to introduce a flagging system for use in the Emergency Department where victims are often identified. There is already close partnership working between midwifery and the Advocate and a number of concerns are made from the service. In 2016/17 the IDVA wants to work more closely with Emergency Department and ensure that patients are identified and referred so that opportunities for intervention are not lost.

The Adult Safeguarding Team completed the yearly Adult Safeguarding Audit and Assurance Framework and have attended the local Safeguarding Board Challenge events. An audit of compliance with DoLS guidance has been completed and has highlighted a low usage on the Queen Elizabeth hospital site. This will be addressed as part of the work plan for 2016/17.

During 2015/16 the service has reviewed the Trust's Adult Safeguarding Policy to include responsibilities under the Care Act 2014. This is currently out for consultation prior to ratification. There has been a review and refinement of the reporting and meeting structure from the Adult Safeguarding Operational group to the Trust Board. The team also successfully bid for monies to purchase pagers that can be handed out to deaf service users and other users when they book into outpatients. The pager will vibrate when the patient is called for their appointment and ensures that they are not missed. As part of this the Trust has also purchased some e-learning deaf awareness training for staff.

During 2016/17 the team will be focusing on the 6 key principles of adult safeguarding, mental capacity and Deprivation of Liberty Safeguards. Work will also be undertaken with respect to modern slavery. The Trust is also working on much more closely integrating the work of the Adult and Children & Young People's Safeguarding Teams.

## **8.5 Metropolitan Police Service (MPS)**

The investigation of crimes against adults at risk by the MPS is in accordance with the MPS Safeguarding Adults at Risk Standard Operating Procedures.

Where the police are the lead investigating agency they will work with the local authority and other partner agencies to ensure that identified risks are acted on and that a risk management protection plan is agreed at an early stage. The MPS host the Greenwich Multi-Agency Risk Assessment Conference (MARAC) which takes a collaborative approach in addressing those domestic violence cases which present the highest safeguarding risk.

The MPS have a designated lead officer who is a Detective Chief Inspector and is a member of the Royal Borough of Greenwich Safeguarding Adults Board and is responsible for delivering training and raising awareness across the borough. The Community Safety Unit has appointed a champion as a single point of contact to monitor and review all reactive criminal investigation pertaining to vulnerable adults, and adopting a multi-agency approach with relevant stakeholders to prosecute offenders, achieving legal orders that debar the offenders from contacting the vulnerable adults.

During 2015/16, the MPS in Greenwich have continued to deliver borough wide vulnerable adult awareness campaigns, and have undertaken direct work with the Royal Borough of Greenwich Adults & Older People Services to identify clearer pathways for those with mental health issues to access services, including support to the development of stronger links between the MPS and those with autism in the borough and this work will continue to be promoted in 2016/17.

The creation of the Adult Domestic Abuse Perpetrator Programme (ADAPP) with the National Probation Services has seen an increase in joint approaches to managing offender behaviours with improved information sharing having a direct impact in the better informing of post release conditions and in preparing pre-sentence reports.

Significant work has taken place with the Council in 2015/16 to develop a joint understanding in taking forward new responsibilities under the Care Act 2014 in regards to the associated offences and processes. This includes targeted training provided through the Council to the Community Safety Unit who deal with all adult care police investigations.

## **8.6 Greenwich Action for Voluntary Service (GAVS)**

Greenwich Action for Voluntary Service (GAVS) exists to provide a strategic leadership role in representing and building the capacity of the voluntary, community and faith sector in the Royal Borough of Greenwich. GAVS ensures voluntary and community organisations (VCOs) working and/or based in the borough are given good guidance to keep adults safe from harm as well as training and support to recognise and report abuse of adults at risk. There are at least 2 voluntary sector representatives on the Royal Borough of Greenwich Safeguarding Adults Board, including the learning and development sub-group.

GAVS provides Safeguarding Adults at Risk training to member organisations at least once a year and the effectiveness of training is measured via feedback forms and the monitoring of safeguarding enquiries from the voluntary sector.

GAVS takes general guidance around safeguarding from a variety of national sources e.g. SCIE. This information is then distilled for local use so that advice can be provided to member organisations of legal and other social care related developments – this is done via 1-1 support and weekly and bi-monthly electronic updates. Guidance is also sourced via the Royal Borough of Greenwich Safeguarding Adults Board which is well linked in nationally. Within the context of the Care Act 2014, GAVS is spreading awareness of the legal obligation of all VCOs to have a Safeguarding Adults Policy in place in order to ensure that adults who use their services and activities are kept safe.

The GAVS Safeguarding Adults at Risk Policy is reviewed annually. A key achievement this year, in partnership with the Royal Borough of Greenwich Safeguarding Adults Board Manager, is the creation of 2 new Care Act Compliant Safeguarding Adults at Risk policies recommended for adoption by VCOs based in Greenwich. One is for staffed VCOs, the other a shorter practical version for small volunteer-led organisations. GAVS have been working closely with the Royal Borough of Greenwich Safeguarding Adults Board following the board Challenge event in February to design a project working with local VCOs to increase good safeguarding practice. This project is likely to include one-to-one work with VCOs to explain the new procedures.

## **8.7 London Fire Brigade (LFB)**

The LFB approach to Safeguarding Adults and promoting wellbeing is explicitly reflected in its guidance principles and strategic plans. The LFB Safety Plan 5 details an extended four-year commitment to improve the safety of Londoners and includes: plans to reduce fires amongst vulnerable groups, such as those living in sheltered housing; to lobby for the wider use of sprinklers; to introduce charges for

repeat false fire alarm call outs; and to continue to deliver a comprehensive programme of home fire safety visits each year.

All LFB employees are required to instigate an alert or raise a concern to the Royal Borough of Greenwich Adults & Older People Services dependent on their role in the reporting process. The LFB Safeguarding Adults Policy clearly outlines employee responsibilities and accountabilities.

Safeguarding activity in the year included:

- All LFB staff have been required to undertake safeguarding training
- Secure email system fully implemented within the LFB to staff groups that are required to raise concerns with Social Services departments
- The LFB within the Royal Borough of Greenwich have carried out 3,983 home fire safety visits of which 94% (3153) were aimed at priority people/places, ensuring we are targeting those most at risk of having a fire

Priorities for next year include:

- Increasing the number of home fire safety visits by 10% on our annual commitment
- Targeting at least 80% of these visits at priority people and places
- Working with partners to identify the most vulnerable in the community to target home fire safety visits at.

*Case Study 2 LFB: Woman B had mental health problems and would not engage with agencies for support. When the fire crew attended a fire in her flat, they found Women B burning documents in her bedroom. This was not the first time and she was well known to neighbours; she also admitted to having done a similar act on her landing outside the flat. The fire crew noticed that there were two children living in the property and were concerned about their safety and wellbeing. They recognised that the most appropriate way to help Women B and her children was to make a referral to Social Services. The referral highlighted that the two children had been subject to a previous child protection plan which had just ended. Our intervention led to the children being put under protection plan and Women B finally engaging with Social Services.*

*Case Study 3 LFB: Man A is 78 years old and lives alone in his maisonette within a block of flats. A contractor working in the building found Man A outside his flat with his front door open and noticed smoke coming from inside so called the fire brigade. The fire had been caused by Man A accidentally turning on the hob which was covered in newspapers and other combustible items. The fire crew were concerned that Man A may be starting to become forgetful as he stated that there'd been a previous fire in his kitchen. Man A's risk is exacerbated by his hoarding behaviour and inability to look after himself. The fire crew conducted a Home Fire Safety Visit to reduce the risk of fire. However, they recognised that the most appropriate way to help Man A was to raise a safeguarding concern to the Social Services and signpost him to the other relevant agencies.*

## **8.8 London Ambulance Service NHS Trust (LAS)**

The London Ambulance Service NHS Trust is the mobile arm of the health service; its main role is to respond to emergency 999 calls. All LAS staff in whatever setting and role are front line in preventing harm or abuse occurring and in taking action where concerns arise. It is every staff member's duty to report any safeguarding concerns following the appropriate LAS procedure.

In 2015/16 LAS referred 127 adult safeguarding concerns to the Royal Borough of Greenwich.

LAS has dedicated staff to manage the administration of safeguarding concerns placed by ambulance staff, to receive and action requests for information from safeguarding professionals and contribute to Safeguarding Adult Reviews. Local ambulance complex management representatives participate in safeguarding related meetings across London.

## 9. Glossary of Terms & Abbreviations

**ADASS** – Association of Directors of Adult Social Services

**BME** – Black and Minority Ethnic

**DoLS** – Deprivation of Liberty Safeguards

**CCG** – Clinical Commissioning Group

**LGT**- Lewisham and Greenwich NHS Trust

**LFB** – London Fire Brigade

**MAPPA** – Multi-Agency Public Protection Arrangements

**MARAC** – Multi-Agency Risk Assessment Conference

**MCA** – Mental Capacity Act

**SAR** – Safeguarding Adults Review

### **Abuse**

Abuse is the breaching of someone's human and civil rights by another person or persons. It may be a repeated or single act, it can be unintentional or deliberate, and can take place in any relationship or setting. It includes: physical harm, sexual abuse, emotional and psychological harm, neglect, financial or material abuse, and harm caused by poor care or practice or both in institutions such as care homes. It may result in significant harm to, or exploitation of, the person being abused.

### **Association of Directors of Adult Social Services (ADASS)**

A membership organisation for directors of adult social services – local authority departments that arrange social care, protection and wellbeing for people who need it.

### **Adult at risk**

Anyone aged 18 years or over who may be unable to take care of themselves due to age-related frailty, visual or hearing impairment, severe physical disability, learning disability, mental health problems, substance misuse or because they are providing care for someone else and therefore may be at risk of harm and serious exploitation.

### **Concern**

A concern is when the local authority is first told that an adult at risk may have been abused, is being abused, or might become a victim of abuse. Anyone can raise a concern: professionals, family members, adults at risk and members of the public.

### **Care Quality Commission (CQC)**

Independent regulator of health and care services in England. CQC inspects providers such as hospitals, dentists and care homes to ensure the care they provide meets government quality and safety standards.

## **Channel**

Part of the Prevent Strategy, the Channel process is a multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism.

## **Greenwich Clinical Commissioning Group (CCG)**

Groups of GPs which from April 2013 have led the design and buying of local health and care services that local communities need, including: urgent and emergency care; community health; mental health and learning disability services.

## **Commissioners**

People who purchase services, often from voluntary and independent sector organisations, to provide health and care services.

## **Deprivation of Liberty Safeguards (DoLS)**

The government law and code of practice that ensure special protection is given to people who cannot make a decision ('lack capacity') to consent to care or treatment (or both) that will be given in a care home or hospital and that stops them doing what they want to do ('deprives them of their liberty'). The hospital or care home has to get special permission to give the care or treatment and must make decisions that are in the person's 'best interests'.

## **Direct Payments**

Funds made directly available to people assessed as being eligible to receive support from adult social care services. Customers can only use Direct Payments to purchase services that meet their needs as identified in an assessment. Direct Payments give customers more flexibility, choice and control; they can choose who supports them and how the support is provided.

## **Enquiry**

After a concern has been screened a safeguarding enquiry may be undertaken into any alleged abuse.

## **Hate crime**

Any incident that is a criminal offence and that the victim thinks was motivated by hostility, prejudice or hatred towards their disability, ethnicity, religion, sexual orientation, or transgender identity. It includes: name calling, bullying, harassment, spitting, physical attacks, domestic abuse, graffiti, and emails and text messages.

## **Health and Wellbeing Board**

Forums that bring together key health and social care leaders, to work in a more joined-up way to reduce health inequality and improve local wellbeing. They listen to local community needs, agree priorities and encourage health and social care commissioners to work better together to meet local needs.

## **Healthwatch**

Organisations that started work in April 2013 to give patients a voice when decisions are made about their care and when services are being commissioned.

## **Mental Capacity Act 2005 (MCA)**

A law that supports and protects people who may be unable to make some decisions for themselves (people who 'lack capacity') because of a physical or mental disability, or ill-health. It includes a test professionals can perform to tell whether someone can make a specific decision at a specific time. It covers how to act and make decisions on behalf of people who cannot make some decisions for themselves – often decisions about health care, where to live and what to do with money.

An Independent Mental Capacity Advocate (IMCA) is a type of advocacy that was introduced by the Mental Capacity Act 2005 to give certain people who lack capacity the right to support from an IMCA. IMCAs ensure their clients' wishes are represented and help them get information and make specific decisions. The NHS and local authorities must make IMCAs available from independent organisations.

## **Multi-agency public protection arrangements (MAPPA)**

Process by which responsible authorities, such as criminal justice or social care, work together to manage violent and sexual offenders in order to protect the public.

## **Multi-agency risk assessment conference (MARAC)**

A multi-agency specialist meeting that shares information on the highest risk domestic abuse cases, focuses on the victim's needs and develops a safety plan for each victim. It is part of a coordinated community response to domestic abuse.

## **Not determined/inconclusive**

One of the four categories under which a social worker can record the outcome of a safeguarding case/investigation. A case is 'not determined/inconclusive' when it cannot be recorded against any of the other outcome categories. For example, if an investigation is missing vital evidence, perhaps because the victim or perpetrator has died. It is expected that this category be used relatively infrequently.

## **Not substantiated**

One of the four categories under which a social worker can record the outcome of a safeguarding case or investigation. A case is 'not substantiated' when none of the allegations can be proved on the balance of probabilities, for example, there is not enough evidence to support the allegations or there is evidence disproving them.

## **Outcome**

This is the result of the safeguarding case or investigation. It includes the four categories: not substantiated, partially substantiated, substantiated and not determined/inconclusive that a case can be recorded under. It also includes the results for both the alleged victim and the alleged perpetrator, that is, whether a protection plan was offered, what was included in it (such as community care assessment, application to CoP, police action against the perpetrator, service improvement requirements in a care home), and whether this was taken up.

## **Partially substantiated**

One of the four categories under which a social worker can record the outcome of a safeguarding case or investigation. A case is 'partially substantiated' where some but not all of the allegations are proved on the balance of probabilities, for example, if physical abuse could be proved, but there was not enough evidence to prove neglect.

## **Partner agencies**

Organisations that are members of the SAB.

## **Pressure ulcers**

A type of injury that breaks down the skin and underlying tissue. Pressure ulcers range from patches of discoloured skin (grade 1) to open wounds that expose bone (grade 4). They are caused when skin is put under pressure for a period of time. People with ageing skin or poor mobility (for example, who are restricted to lying in bed or sitting) are more likely to suffer from pressure ulcers. They are also known as 'bedsores' or 'pressure sores'.

## **Prevent**

Part of the government's counter-terrorism strategy to stop people becoming terrorists or supporting terrorism. See the government website for more information.

## **Restorative approaches**

Restorative approaches aim to meet victims' and offenders' needs, rather than just punishing offenders. Victims take an active role by helping offenders understand the harm and damage they caused. Victims encourage offenders to take responsibility for their actions, repair the harm and avoid future crime.

## **Safeguarding adults**

All work that enables adults at risk to retain independence, wellbeing and choice and to stay safe from abuse and neglect.

## **Safeguarding strategy**

A document that lays out the steps Royal Borough of Greenwich SAPB will take between 2012 and 2015 to keep adults at risk in Royal Borough of Greenwich safe, improve our safeguarding practice, investigate suspected abuse and protect people who have been harmed.

## **Safeguarding Adult Review (SAR)**

A SAR is undertaken when there are potential concerns about the way partners have worked together in a case where an adult known to agencies dies or suffers significant harm. A SAR identifies lessons to learn about how partners should improve how they work. It is not an inquiry into how an adult died or was harmed, nor does it duplicate police work.

## **Service providers**

Organisations that deliver services, such as health and social care services.

## **Service user**

A person who is a user of a service particularly used in relation to those using social care services.

## **Substantiated**

One of the four categories, under which a social worker can record the outcome of a safeguarding investigation. A case is substantiated when there is enough evidence to prove all of the allegations of abuse on the balance of probabilities.

## **10. Contact Information**

If you are worried that an adult at risk in the Royal Borough of Greenwich may be being abused, or could be harmed or exploited contact:

Adults and Older Peoples Services

Royal Borough of Greenwich

Phone: 020 8921 2304 (9am to 5pm) or 020 8854 8888 (out of hours).

Email: [aops.contact.officers@royalgreenwich.gov.uk.cjsm.net](mailto:aops.contact.officers@royalgreenwich.gov.uk.cjsm.net)

If you feel immediate help is needed from one of the emergency services, call 999.

The phone number for non-urgent calls to the police is 101.