

# Safeguarding Adults Executive Board

# ANNUAL REPORT 2019/20

Safeguarding is everyone's business



City of Westminster



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

# Hello everyone, my name is Shiv Kumar.

I am a member of both the Local Account Group and the Safeguarding Adults Reference Group. One day in March while thinking about how to stay positive during this pandemic, I took pen to paper and wrote the first poem below.



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## We'll meet again, a poem dedicated to all members of the Local Account Group (LAG)

We'll Meet Again and we will fly the flag, whether it be union or Lag.

We will meet again, don't know where and don't know when, but I know we will meet again one sunny day.

Bravest are the NHS staff, Social Workers, carers transport and keyworkers and volunteers, fighting Corona virus arrows without much PPE.

In line of their duty, their lives under the guillotine, so that we can live.

So few on the frontlines are fighting this Corona War for all of us.

Thousands of candles can be lighted with one single candle, and life of that single candle will not be shorted.

Happiness never decreases by being shared.

Health is the greatest gift,

Contentment is greatest wealth,

Faithfulness is best relationship.

It is during our darkest moments that we must focus to see light.

Nothing is impossible, the word itself says, I'm possible.

Omnipresent says, I am with you all the time, but you ignore me. If you are kind to the needy, I give you 100x.

Walk on, Walk on, with hope in your heart and you will never walk alone,

You never walk alone.

While you walk through the storm, don't be afraid of the dark, at the end of storm there's a golden sky and the silver song of lark.

Walk on through the wind, walk on through the rain.

Though your dreams be tossed & blown.

Walk on, walk on, with hope in your heart,

You will never, walk alone.

With hope sometimes out of nothing, comes out something.

You never, never walk alone.

Whatever our minds conceive and believe, it can achieve. Walk on with hope in your heart,

You never walk alone

My father always said, health is wealth.

Look after your health, wealth will follow.

We will meet again, I don't know when,

We will again, one sunny day.

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## Did you know?

Our “House” model has set the scene for our safeguarding adults’ journey for the last three years. It remains valued by our service users and experts by experience. The model continues to support the areas of work with a focus on the person at the centre of the process and their well-being.

# Foreword

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## I have great pleasure in introducing the Bi-Borough Annual Safeguarding report for 2019/20 on behalf of the Bi-Borough Adults Executive Safeguarding Board.

The board brings together representatives from across the public and voluntary sector to give focus and challenge to ensure that all adult public services are delivered as safely as possible across the two boroughs. Our role is to ensure that residents feel safe and protected; and free from harm, neglect and abuse.

Looking back over a year gives us the opportunity to lay out some of the safeguarding work that we wanted to prioritise over 2019/20 and gives an account of what we have been able to achieve. It is a chance to reflect on some of the real successes that have been delivered in tackling safeguarding concerns but perhaps much more importantly has helped to identify gaps that we still need to address and shape the work that we have taken forward in this current year.

A key priority for the year was to involve service users and residents in the work of the board so that they can influence how we tackle safeguarding from their point of view. We recognised too that they can play a pivotal role in raising awareness of safeguarding across the Bi-Borough communities. I would like to give a particular vote of thanks to the Local Account Group and the Safeguarding Adults Reference Group who have worked together with both councils, the fire service, the police and health partners to highlight some of the safeguarding concerns that they have become aware of in discussion with local residents. They showcased their work in Safeguarding Awareness Week in November 2019, a flavour of some of their work is detailed in the report.

The report also highlights some examples in which staff from different agencies have worked together to produce safer and better outcomes for those they work with. Good safeguarding practice often comes from joint working and learning from each other. The board and staff working behind the scenes have developed excellent learning and development programmes to support effective partnership working and I am grateful to them for their invaluable contribution.

It is of course of great significance that by February 2020 we became aware of the impending Covid-19 pandemic, although at that point we could not have foreseen how it would impact on all our lives. It was evident from the outset though that there was a clear focus across the two boroughs to put measures in place to mitigate wherever possible the impact of the virus on residents and in particular those who were the most vulnerable. Residents themselves and the voluntary sector played a very large part in helping others where they could. Living through the last six months has created unprecedented strain on residents, their families and those who continue to strive to deliver the best public services that they can. The lack of social contact, isolation, fear and economic pressure of course add to the complexity of delivering effective safeguarding services and checks. As we move forward, we need to remain committed to upholding excellent safeguarding practice whilst recognising that we have to find new ways of working and supporting those who need it most.



I look forward to working with you all over the coming months to face new safeguarding challenges and thank you again for the very real contribution that is being made across the Bi-Borough to create a safe community for everyone.

**Aileen Buckton**

# What does the Safeguarding Adults Executive Board do?

## Our Vision

### The strategic objectives and work of the board is based on the following vision:

People in Kensington and Chelsea and City of Westminster have the right to live a life free from harm, where communities:

- have a culture that does not tolerate abuse
- work together to prevent abuse
- know what to do when abuse happens

## Roles and Duties

The Bi-Borough Safeguarding Adults Executive Board (SAEB) is a partnership of organisations working together to prevent abuse and neglect, and when someone experiences abuse or neglect, to respond in a way that supports their choices and promotes their well-being.

The role of the board is to assure itself that local safeguarding arrangements and partner agencies act to help and protect adults in its area.

The boards' main objective is to assure itself that local safeguarding arrangements and partner organisations act to help and protect people aged 18 and over in the area who:

- have needs for care and support
- are experiencing, or at risk of, abuse or neglect
- (as a result of their care and support needs) are unable to protect themselves from either the risk of, or experience of, abuse or neglect regardless if the council are funding care or not.

## The Board is bigger than the sum of its parts

### Our Values and Behaviours

The board believes that adult safeguarding takes **courage** to acknowledge that abuse or neglect is occurring and to overcome our natural reluctance to face the consequences for all concerned by shining a light on it.

The Board promotes **compassion** in our dealings with people who have experienced abuse and neglect, and in our dealings with one another, especially when we make mistakes. The Board promotes a culture of learning rather than blame.

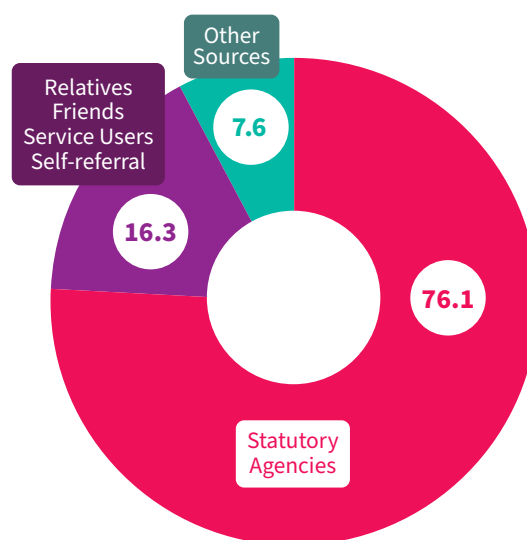
At the same time, as members of the Board, we are clear that we are **accountable** to each other, and to the people we serve in the two boroughs.

The board is responsible for overseeing and leading on the protection and promotion of an adult's right to live an independent life, in safety, free from abuse and neglect across Kensington and Chelsea and the City of Westminster.

## Safeguarding in numbers Kensington and Chelsea

### Who Raised the concerns?

- Each week the local authority received 15 safeguarding concerns, on average
- Just under half of the concerns were risk assessed and closed at the first stage in the safeguarding pathway
- Three out of four concerns were raised by statutory agencies

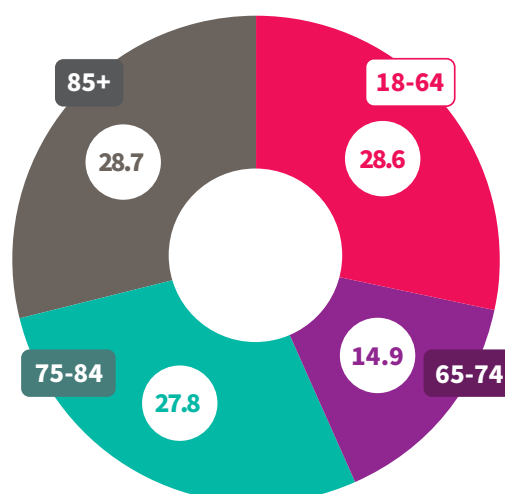


### Did you know?

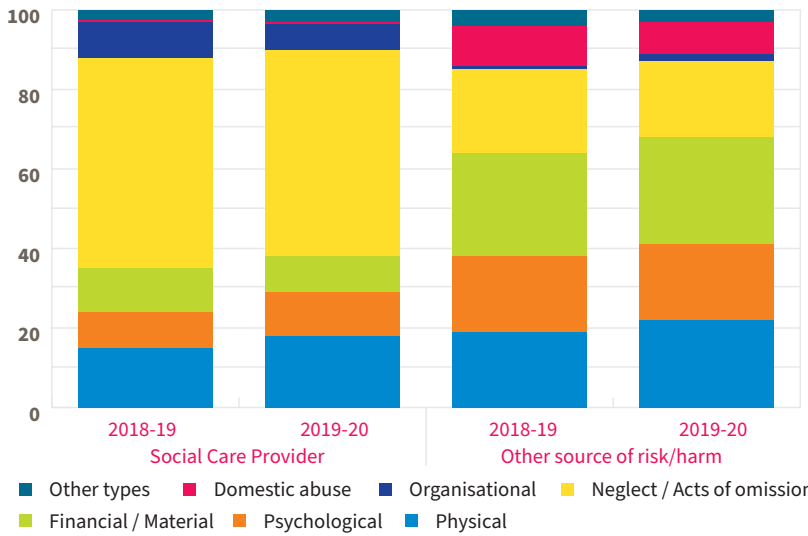
Other sources of referral include: banks, solicitors, Magistrates courts, Domestic Abuse services, Department of Work and Pensions, Victim support, Faith based groups, Housing Associations, Border Force agency, Outreach services, LGBT Groups

### Age profile of the adults at risk

- Over half of the adults at risk were aged 75 years or over
- Three out of ten of all concerns raised involved an assessment for mental capacity



### Frequency with which different types of harm were alleged

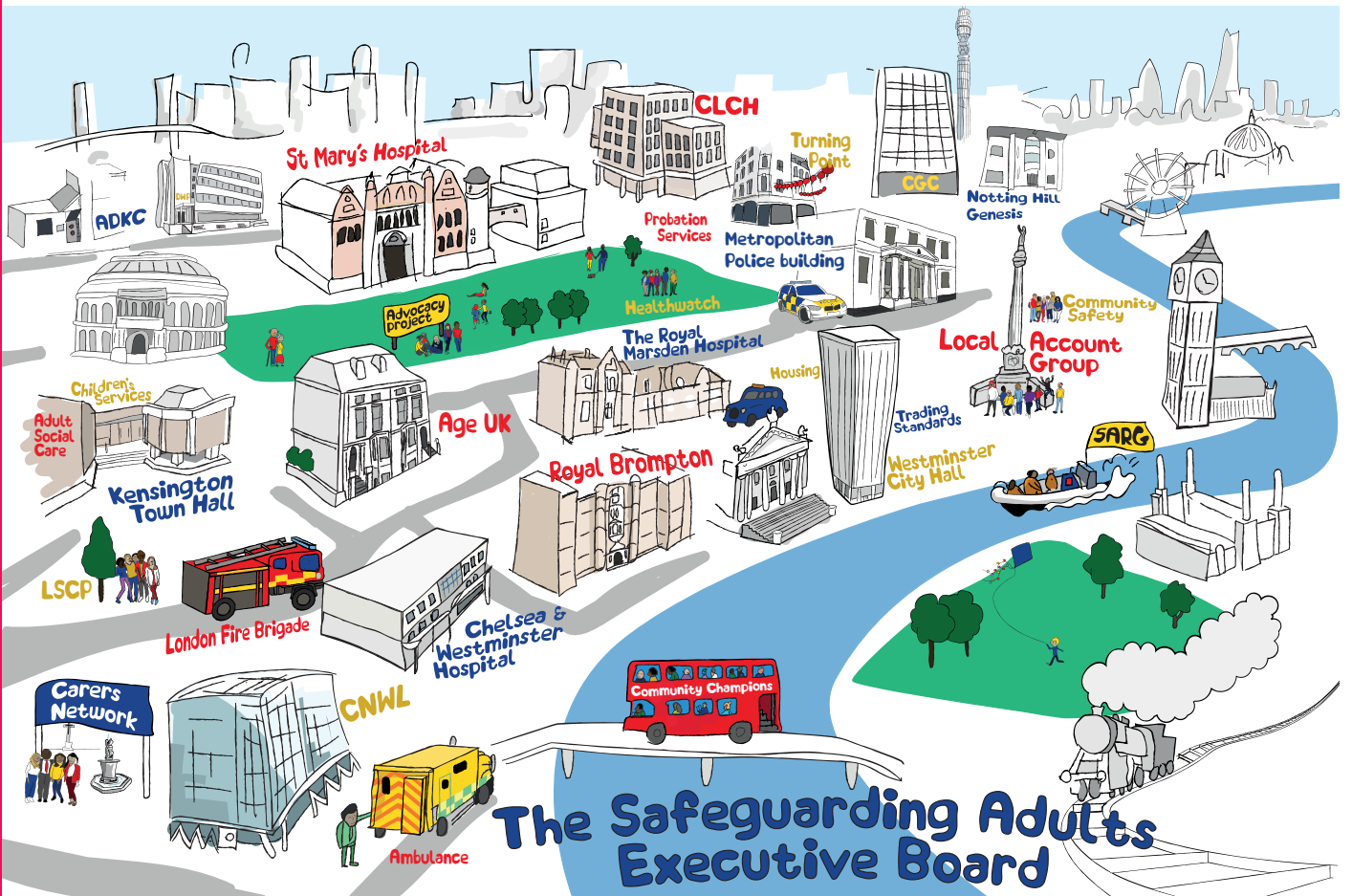
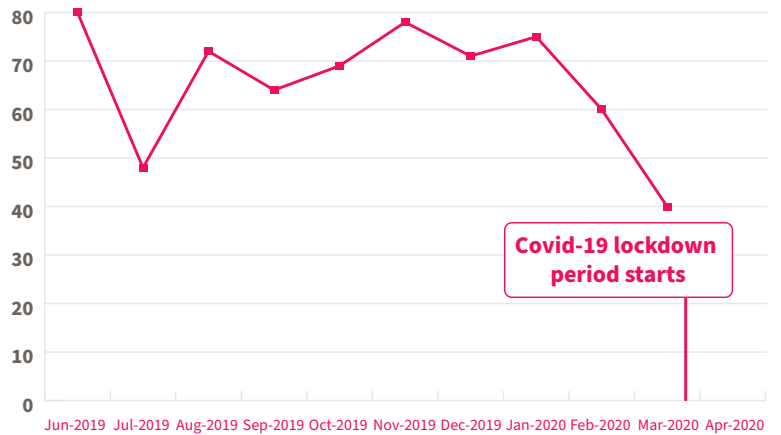


**Did you know?**

Three out of ten enquiries involved a social care provider and the main abuse type was neglect and acts of omission. This in the main relates to care quality issues

### Number of safeguarding concerns received per month

In March 2020, when the official Covid-19 lockdown period started, there was a 40 per cent drop in concerns received. This then picked up in April 2020.



**The Safeguarding Adults Executive Board**

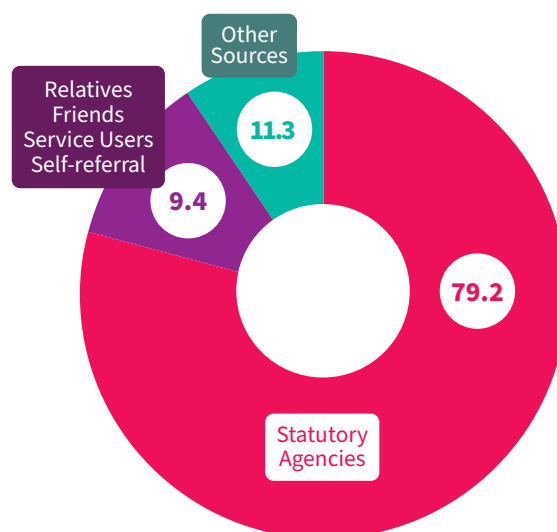


# Safeguarding in numbers

## Highlights Westminster

### Who Raised the concerns?

- Each week the local authority received 14 safeguarding concerns, on average
- Just under half of the concerns were risk assessed and closed at the first stage in the safeguarding pathway
- Eight out of ten concerns were raised by statutory agencies

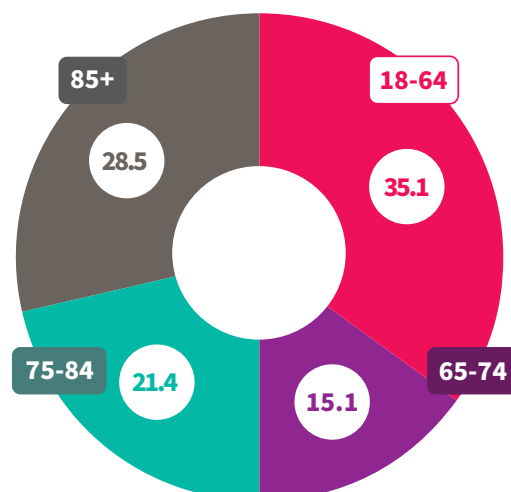


### Did you know?

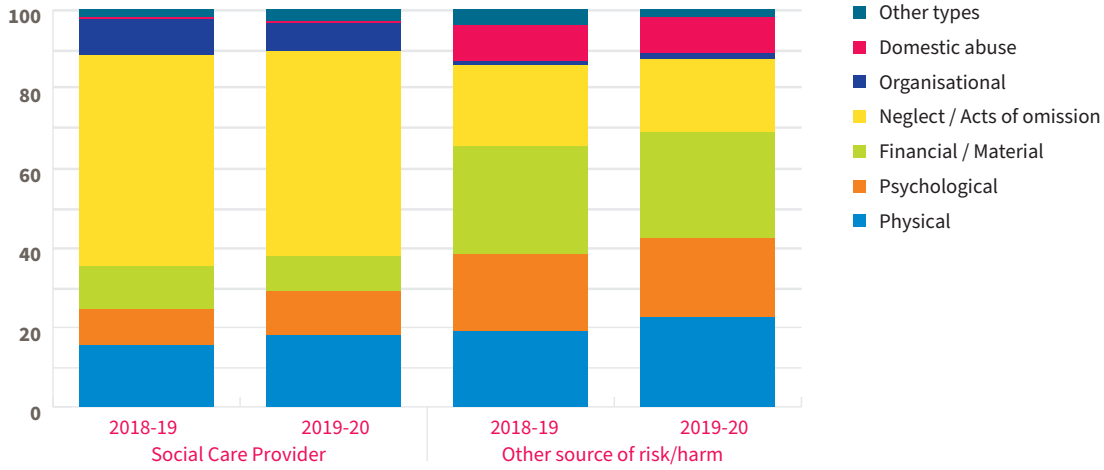
Other sources of referral include: Banks, Solicitors, Magistrates courts, Domestic Abuse services, Department of Work and Pensions, Victim support, Faith based groups, Housing Associations, Boarder Force Agency, Outreach services, LBGT Groups

### Age profile of the adults at risk

- Over half of the adults at risk were aged 75 years or over
- 80 per cent of enquires where the person lacked capacity they were supported by a family member or representative this is the same as the London average.
- 30 per cent or three out of ten of all concerns raised involved an assessment for mental capacity



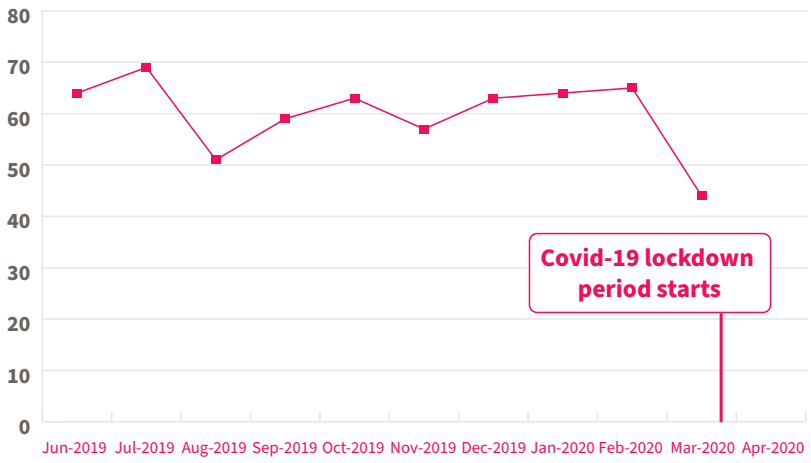
### Frequency with which different types of harm were alleged



**Did you know?**

Four out of ten enquiries involved a social care provider and the main abuse type was neglect and acts of omission. This in the main relates to care quality issues. This is lower than the London average.

### Number of safeguarding concerns received per month



In March 2020, when the official Covid-19 lockdown period started, there was a 29 per cent drop in concerns received. This then picked up in April 2020.

# Creating a healthy and safe community

Communities have a large part to play in preventing, detecting and reporting abuse and/or neglect. The Safeguarding Board believes in partnership work and local solutions with services working with their communities.

To achieve our aims and those of our communities we have collaborated with other Council departments to include our Community Safety Partners as well as worked with service user groups to truly co-produce events and local newsletters.

Our Community Engagement Group is a sub-group of the board and is co-chaired by Miles Lanham Safeguarding Lead Notting hill Genesis and Ben King Station Commander London Fire Brigade until earlier this year when Ritu Guha User involvement Project Manager Advocacy Project replaced Ben as Co- Chair.

## Did you know?

Did you know co-production – is an equal relationship between people who use services and people who provide services. They work together on all stages from designing services to making them happen.



**Miles Lanham** – Housing Operations Manager, Westminster & Bolney Notting Hill Genesis



**Ben King** – Station Commander London Fire Brigade



**Ritushree Guha** – User Involvement Project Manager

**In 2019/20 the group focused on tasks set out under the priorities ‘Making Safeguarding Personal’ and ‘Creating a Safe and Healthy Community’. With support of the Safeguarding Adults’ Reference Group (our service user group) and the Local Account Group members we were involved in a variety of initiatives, such as:**

## Safeguarding Adults' Reference Group (SARG) Service User Involvement - What we did

The Safeguarding Adults' Reference Group is made up of residents and service users across Kensington and Chelsea and Westminster. We are a group that include 'safeguarding experts by experience' as many of us have 'lived' experience of safeguarding.



The group is all about making safeguarding personal and making sure that local people have a voice in safeguarding to help try to reduce the harm to particular groups.

In 2019/20, we have focussed on training and raising awareness and have filmed a set of co-produced videos, which are being launched through the safeguarding newsletter.

In November 2019, we supported the first Bi-Borough National Safeguarding Adults Awareness Week



event and it was a huge success. The response to the event exceeded all expectations with over 200 people applying for 120 places. The aim of the event was to create a Bi-Borough event where we all focused on safeguarding adults – so we can be better, together.

We were delighted for the support from the following groups and organizations: London Fire Brigade, Kensington and Chelsea and Westminster City councils, Metropolitan Police and the Harmonious Choir who all contributed to make this event such a success.

*“The Bi-Borough National Safeguarding Awareness Event was very heart-warming with a real sense of community spirit”*

**Maria Stoeva spokesperson for the Safeguarding Adults Reference Group**



*“I am very pleased that the Community Engagement Group hosted this important event which raised awareness on ‘staying safe at home,*

*safeguarding adults and promoted mental health and wellbeing across the Bi-Borough. It is such a privilege to work with people who really care about what they do.*

*“Thank you to all the inspirational speakers and especially to the Harmonious Choir with their emotionally rewarding and uplifting singing”*

**Aileen Buckton, Independent Chair, Safeguarding Adults Executive Board**

*The event raised awareness of how residents can stay ‘Safe at Home’ and provided attendees with information on health and wellbeing. We launched a set of 4 national universal videos accessible to all, from our Safe at Home Programme. The videos have been co-produced by SARG and Local Account Group members.*

*“We have been involved in a variety of ways such as helping with the scripts, making sure the content is relevant for the audience and have also acted in them. These videos contain helpful guides on fire safety, scams and security issues in the home”.*

**Maria Stoeva**



## Creating a Safe and Healthy Community

The case study below demonstrates that training volunteers and service users in the community in what signs to look out for in adult abuse and neglect helps to build confidence and prevent abuse and neglect.



Safeguarding Train the Trainers program has been successfully growing from strength to strength. Particular thanks goes to **Ian Corpuz – Community Champions Project Coordinator** at the Abbey Centre in Westminster who continues to deliver the programme to volunteers. The case study below demonstrates what differences there has been to the outcome of the person at the centre of the abuse primarily because the Abbey Centre Volunteer attended a train the trainers Safeguarding programme. By attending the training, she felt confident in escalating a safeguarding alert, which made a positive outcome from the volunteers point of view as well as the Service User.

### Case Study

AL is a visually impaired elderly man, has other health conditions. Westminster City Council's Visual Impairment Rehabilitation Service made the referral by completing and emailing our referral form, from which we established that he needed support with the delivery of food and household toiletries.

Our Project Coordinator had a long in-depth conversation with AL to find out more about him and if there were any other issues with which he might need support once she received the completed referral form. She found out that AL had not been able to get out of his home for food for some time. He cannot cook his meals and most of the time he eats in a café due to his sight loss. We arranged for an emergency food parcel to include food that would be easy to prepare or ready meals and this was delivered to his home promptly.

We also determined that AL needed more regular support and company and arranged for a "befriending volunteer" to call him, agreeing a code word to be used by the volunteer during the initial telephone call so he would know the call was coming from the Abbey Centre and not a cold call or a scam. He was matched with a volunteer with whom he had things in common. This was conveyed to AL, so he knew who to expect to call. The volunteer called AL at agreed times and provided us with a breakdown of each conversation.

When AL did not answer the fourth call at the agreed time, the volunteer followed Safeguarding protocols that she learnt from attending Safeguarding training provided by the Abbey Centre, contacted us to say she had left a voice message promising to call back later, which was logged on our monitoring tracker. The volunteer called back later, but AL still did not answer. After another unsuccessful call first thing the following morning, a safeguarding alert was raised by telephone calling Westminster City Council's Visual Impairment Rehabilitation Service.

### Outcome

A district nurse attended AL's home and, finding him on the floor, called a paramedic. AL, who normally wears a medical alarm, was not wearing it and it was out of reach. He was admitted to hospital and in poor health. Westminster City Council's Visual Impairment Rehabilitation Service sent an update report to us and, along with AL's family, praised the volunteer for being so concerned and caring for AL's welfare.

### Follow up

We have remained in contact with the Visual Impairment Rehabilitation Service to monitor AL's progress while he was in the hospital and, when he was discharged, we resumed the delivery of food parcels and telephone support from the same volunteer, at his request. We hope we can help him to access more services and activities once the Abbey Centre reopens.

## Creating a Safe and Healthy Community

### Safer Westminster Partnership and Safeguarding Executive Board: Collaborative approach to reduce harm to older people who may also be victims of crime

The board is working closely with the Safer Westminster Partnership to look at what the prevalence is, and support needed for vulnerable older people who are victims of crime.

Kensington and Chelsea Community Safety are interested in the work being done in Westminster and would like to be included in discussions to see if there is the same need and to ensure that functions and processes are in place.

We have a multi-agency group of people in which we are exploring financial scamming and financial fraud and what we as a collaborative experience in supporting vulnerable adults.

#### This is what we know nationally

Many people may already know the dos and don'ts of financial fraud and scams – that no-one should ever contact them out of the blue to ask for their PIN or full password, or ever

make them feel pressured into moving money to another account. The trouble is, in the heat of the moment, it's easy to forget this or skim read texts and emails and not spot the giveaway signs.

Older people are more at risk of being victims of scams. Risk of financial abuse increases with age. It is estimated that 18 per cent of over 65's in the UK are at risk, this equates to nearly 6,000 residents in Westminster. Females and ethnic minorities are at a greater risk.

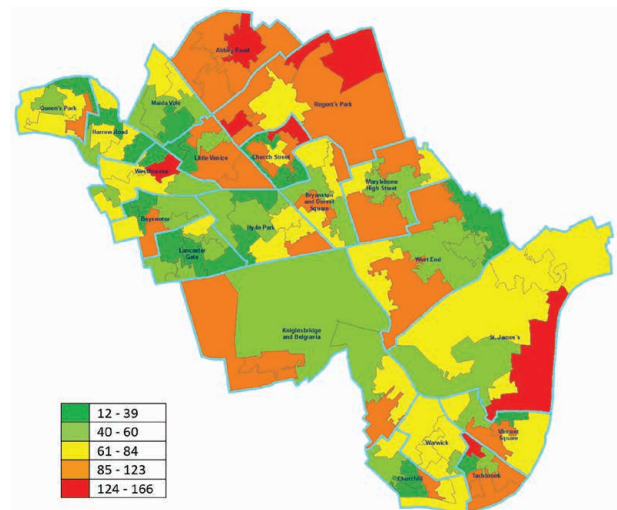
#### This is what we know in Westminster

Using this data can help us where to identify where to undertake targeted action. The maps below look at the location of Westminster's older residents.

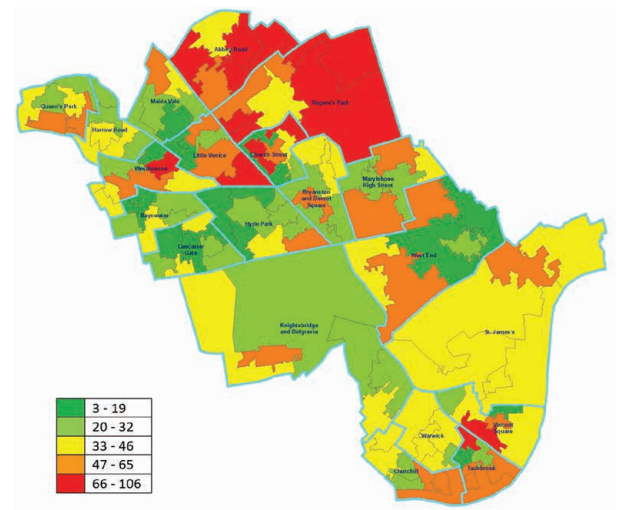
The largest proportion of elderly residents 65 plus live in the north east of the borough. 7.6 per cent in Regent's Park and 5.7 per cent in Abbey Road ward. This picture is more enhanced for older females, with Regent's Park having 8 per cent and Abbey Road 6.4 per cent.

The highest risk group are aged over 80.

#### 2019 mid-year population estimate of over 80's approx. 9,000



#### 2019 mid-year population estimate of female over 80's approx. 5,000

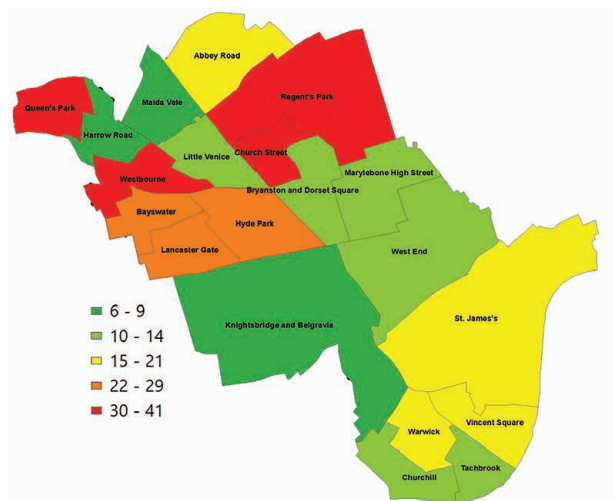


**9.3 per cent** of over 80-year-old females reside in Regent's Park and **7.9 per cent** in Abbey Road.

Single older households are also at an increased risk. The Office of National Statistics estimates the percentage of one person households in Westminster where the person is aged over 65 was **25.9 per cent in 2019** and this is likely to increase to **28.1 per cent by 2024**.

Other at risk groups are those living with dementia or cognitive decline. Public Health England data for 2019 estimates there are **4.6 people per 10,000 with dementia aged over 65 in Westminster**, this is slightly higher than the London average of 4.54.

## Number of Victims per Ward



This map relates to data sent to Westminster Trading Standards from the National Trading Standards Scam team. This is just one source of data relating to scams received by the Trading Standards team.

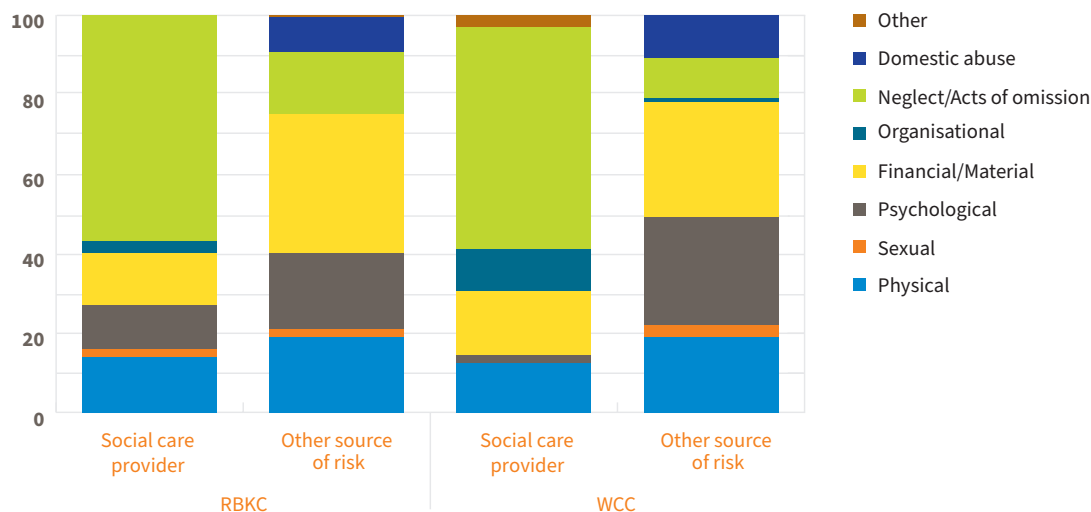
It shows that there is some correlation with the population age groups, with incidents concentrated in the north of the borough and also with areas of deprivation.

Safeguarding data for 2019/20 shows that if the source of the risk is not a social care provider then the biggest risk from other sources is financial and material abuse.

**The SAEB and Safer Westminster Partnership will continue to work together to improve identification of victims and repeat victims.**

**We are looking at who we need to target by having a raising awareness campaign and training in the most vulnerable wards and which voluntary groups and teams should be involved in this piece of work. This will be reported into next year's Annual Report**

**Where incidents occurred in the adult's own home, the frequency with which different types of harm were alleged, according to the source of risk, for s42 enquiries completed in 2019-20**



## Creating a Safe and healthy community

### Partnership working with our voluntary sector communities to Safeguard adults during the COVID-19 crisis

Each local authority has been asked to establish a Hub to support local residents who are self-isolating or whom are part of the 'shielding' cohort. The people who are shielding are determined by a narrow set of criteria that is based on pre-existing health conditions that place them at serious risk if they contract Covid-19. Age is not a factor.

The approach of the Safeguarding Adults Board to Adult safeguarding prevention in the Bi- Borough was to offer to work with both the formal and informal responders to COVID-19, and in particular for safeguarding in the context of what was a crisis in which neither statutory systems nor formal community organisations are in a position to meet all the immediate needs of the communities. The Board did this in a number of ways to include:

- Working closely with both councils to support the safer recruitment of volunteers for the hubs
- E-Learning programme made available on Adult Safeguarding for internal staff made up of non adult social care staff working in the Hubs and external volunteers
- Offering advice on Disclosure and Barring Service checks
- Flyers for volunteers around awareness raising of Safeguarding and Covid-19
- Bespoke training and support for unregulated services

Adults at Risk who are self-isolating may not be able to access support or escape abuse at times when they otherwise would. Self-isolating may see an increase of risk of harm. We know that social isolation is an increasing risk factor in relation to abuse and neglect. In particular, we know that incidences of domestic abuse, self-neglect and carer stress will increase with social isolation. With more people being asked to self-isolate or shield as a result Covid-19 this needed to be a key consideration when offering preventative interventions to all organisations.

#### **Priority Area for 2020-2021**

***We will continue to focus on identification of different or changing patterns of abuse manifesting during this Covid-19 pandemic to help others identify and report abuse . We will be paying attention to those living in regulated settings in particular care homes who may be particularly affected by Covid-19. We will also continue to monitor referrals from different ethnic backgrounds to identify gaps from which we can focus more targeted interventions.***



# What is Making Safeguarding Personal?

Making Safeguarding Personal is about having a conversation with people about how we might respond in safeguarding situations in a way that makes them feel involved, promotes choice and control of a given situation as well as aiming to improve quality of life, wellbeing and safety.

It is about seeing people as experts in their own lives and working alongside them with the aim of empowering them and enabling them to reach better outcomes of their circumstances and recovery.



**Empowerment** – People being supported and encouraged to make their own decisions and informed consent

## How do we know we are making a difference?

The charts below show how RBKC and WCC compare with London as a whole. They are based on Safeguarding Adults section 42 enquiries concluded in the year.

The London figures are based on s42 enquiries concluded in 2018/19. This is the most recent comparative data available. Because of Covid-19

the deadline for submitting 2019/20 data has been pushed back to September 2020. So, London data for 2019/20 is unlikely to be available until December 2020.

The figures for boroughs are based on s42 enquiries concluded in 2019-20 (i.e. in the following year)

### We ask the adult at risk what they want to achieve through the safeguarding enquiry, and this is recorded.

Across London as a whole the adult at risk (or a representative) was asked what they wanted to achieve through the enquiry in eight out of ten cases. In RBKC and WCC the proportion was slightly higher. Among those asked there was a significant proportion who, though asked, did not express any desired outcomes. This may have been because they were not asked as this could have increased risk for that person such as in a domestic abuse situation. Where the person did express a desired outcome, in the great majority of cases (over 90 per cent) the person was judged to have fully or partially achieved the outcome they wanted.

#### Where the adult at risk said what they wanted to achieve through the enquiry, whether they were judged to have achieved it

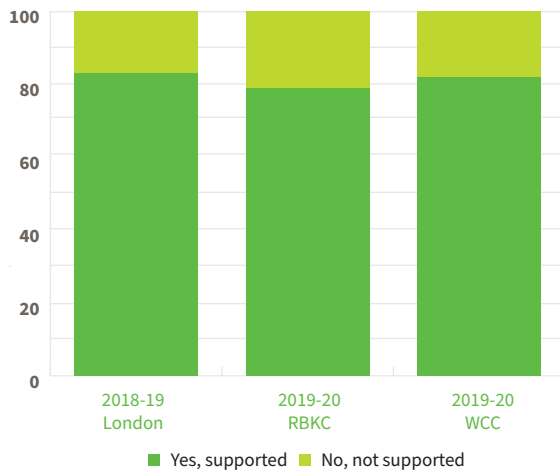


## We ensure that if the person lacks capacity to make decisions about the Safeguarding enquiry then they are supported to do so.

Where the person was assessed as lacking capacity, in both RBKC and WCC in about eight out of ten enquiries the person was supported with their decision making by someone independent, for example an advocate, family member or friend, the same as the London average.

Where a person does not have a family member or a friend to support them then we use an Advocacy organisation to do this piece of work. Someone does not have to lack decisional making capacity to require an advocate they just need to have “Substantial Difficulty”

### Where the adult at risk was assessed as lacking capacity to make decisions relating to the safeguarding enquiry, whether they were supported to make decisions, for 42 enquiries concluded in the year



Advocacy plays an important role in getting the voice of the service user heard. A good example of work in a care home is considered below. This was completed by the Advocacy Project who stand proud of their work on safeguarding.

“We work closely with professionals at all levels, including sitting on a number of safeguarding groups and boards; we provide resources, including a safeguarding support line and support for families and carers; we run training for other organisations; and help develop best practice in the sector.

Sometimes we are asked to undertake major advocacy work on behalf of Care Homes; where funders, families and carers may have concerns for the residents. A good example of this work is outlined in the case study below”.

## Case Study

A local authority asked advocacy to provide support for 40 residents in a nursing home where there were concerns about the quality of care. A simple animation is used to illustrate the advocacy process.

### What happened next



Advocates visited the home and met with all residents who were identified as requesting or needing an advocate. Residents were provided with information about what standards they can expect in their care, which helped them to identify things they wanted to change.



Many residents had difficulties communicating their wishes or didn't have capacity to instruct an advocate. Advocacy worked with them using non-instructed advocacy. They worked collaboratively with the home and health and social care to support in addressing issues around person-centred care, communication, respect and dignity and restrictive practices.

All the residents were encouraged to join in new activities, which people very much enjoyed. The choice of activities reflected what the residents asked for. Staff became more engaged and

responsive with residents. Changes showed families and friends – including staff – that this was the residents' home.



### Positive outcomes

For example, one resident wanted to buy a scratch card every Saturday because that was important to him. Another example was one woman wanted to move home to live with her partner. By working with professionals, the advocate supported her to explore her options, and be actively involved in the decision about where she was to live.



Through the work at this care home, advocacy developed positive relationships with the other professionals involved as everyone worked closely to identify problems and find solutions. Residents were positive about the support they got from advocacy and the partnership as a whole.

## To what extent does the ethnicity of people involved in safeguarding reflect the ethnicity of people with care and support needs

### Ethnicity and Safeguarding:

The Safeguarding Executive Board is committed to equality diversity and human rights. We respect the ethnic, cultural and religious practices of people who use our services across the partnership. But we need to understand better to what extent does the ethnicity of people involved in safeguarding enquiries reflect the ethnicity of people with care and support needs?

Are we directing our resources in the right areas to ensure we are offering the same level of support to all our resident?

To answer this question, we would need to know the ethnic composition of everyone in the two boroughs who has care and support needs, rather than the ethnic composition of the general population.

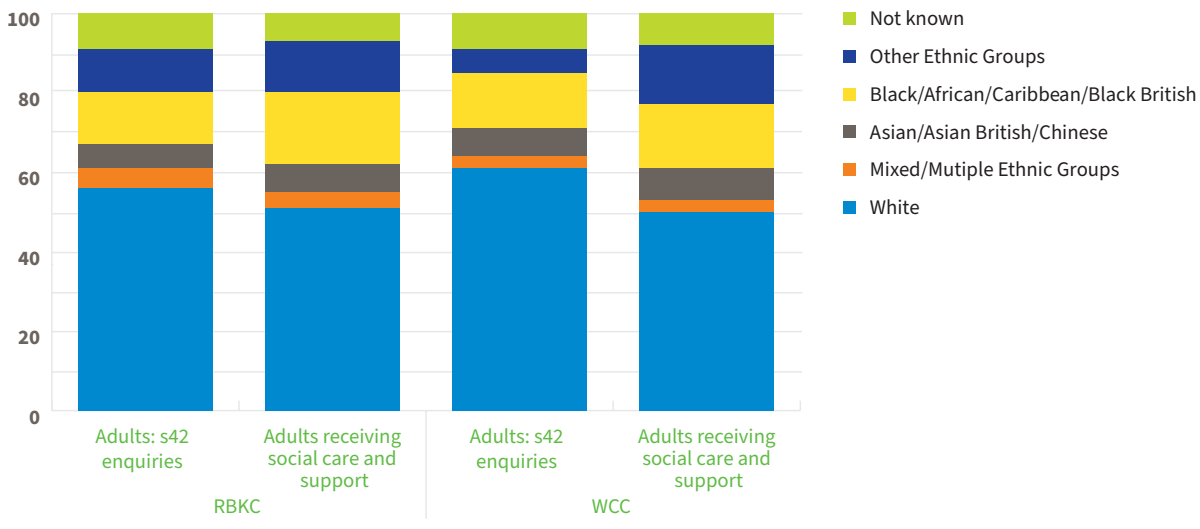
In the absence of such information the closest reference population we have is people known to adult social care. The chart above compares the ethnic profile of individuals who were involved in s42 enquiries which started in

2019/20 with the ethnic profile of adults who received social care and support during that time.

The comparison suggests that there is in both boroughs, among people involved in s42 enquiries, an over-representation of people who are white and an under-representation of people from some minority ethnic groups. In RBKC there would seem to be an under-representation in particular of people from Black communities and in WCC an under-representation of people from other ethnic groups which includes the Arab communities.

**Priority area for 2020-2021. We intend to explore this further in 2020-2021 by breaking down Section 42's by local wards; ethnicity and abuse types. We have already started working with our local communities to launch an awareness programme and increase the safeguarding referrals of people from the Black, Asian Minority Ethnic background.**

### A comparison between the ethnic profile of adults involved in s42 enquiries starting in 2019-20 and the ethnic profile of adults who received social care and support in 2019-20



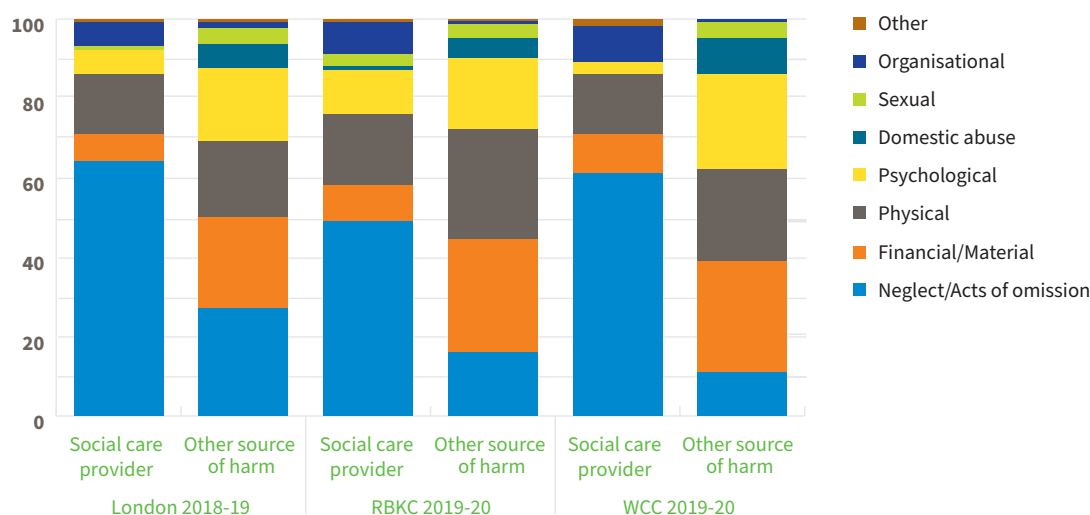
## Are we as a board addressing abuse in the right way?

Abuse is a violation of a person’s rights by someone else. The Care Act 2014 outlines a number of different types of abuses which we currently report on. The data below outlines the frequency with which different types of harm abuse were alleged which is was similar in both boroughs.

Neglect or acts of omission were more likely to be mentioned across London as a whole where the source of risk is a social care provider.

Neglect and Acts of omission normally relates to Social Care Providers. In 2020-2021 we will be working closely with our partnership to look at Care Home Resilience plans across the Bi-Borough. Working in close collaboration with local Care Homes and health partners at a Board level we are determined to ensure that each resident is getting high quality care in the most appropriate setting for their needs, with the appropriate levels of infection control and equipment in place.

### Frequency with which different types of harm or abuse were alleged, according to whether or not the source of harm was a provider or social care, for s42 enquiries concluded in the year



## Are we focusing our attention as the SAEB in the correct settings and in the right way

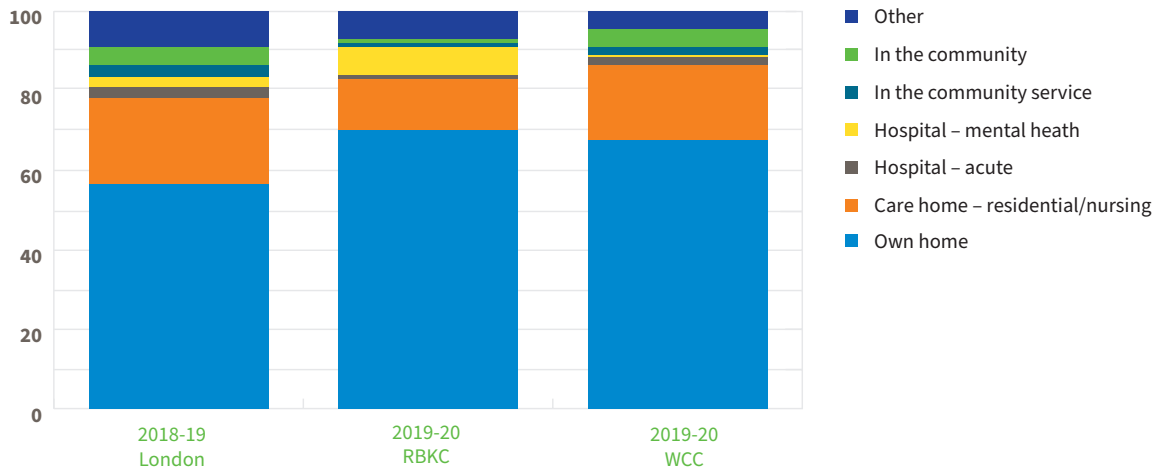
In RBKC and WCC about **seven out of ten** incidents which led to s42 enquiries occurred in the person’s own home. This compares with **just over five out of ten across London** as a whole.

In RBKC **74.1 per cent** of incidents occur in someone’s own home this is a year on year increase from **68.5 per cent in 2018/19**

In WCC in 2019/20 **66.7 per cent** of incidents occurred in someones own home this is a year on year increase from **61.9 per cent in 2018/19**.

**One of the priority areas for the SAEB in 2019/20 will be to explore best practice with adults who self-neglect including those who hoard. We will be looking at case examples across the partnership and at published Serious Care Reviews (SCRS) and Safeguarding Adults Reviews (SARS) to support revised guidance in the dilemmas and challenges to supporting this client group.**

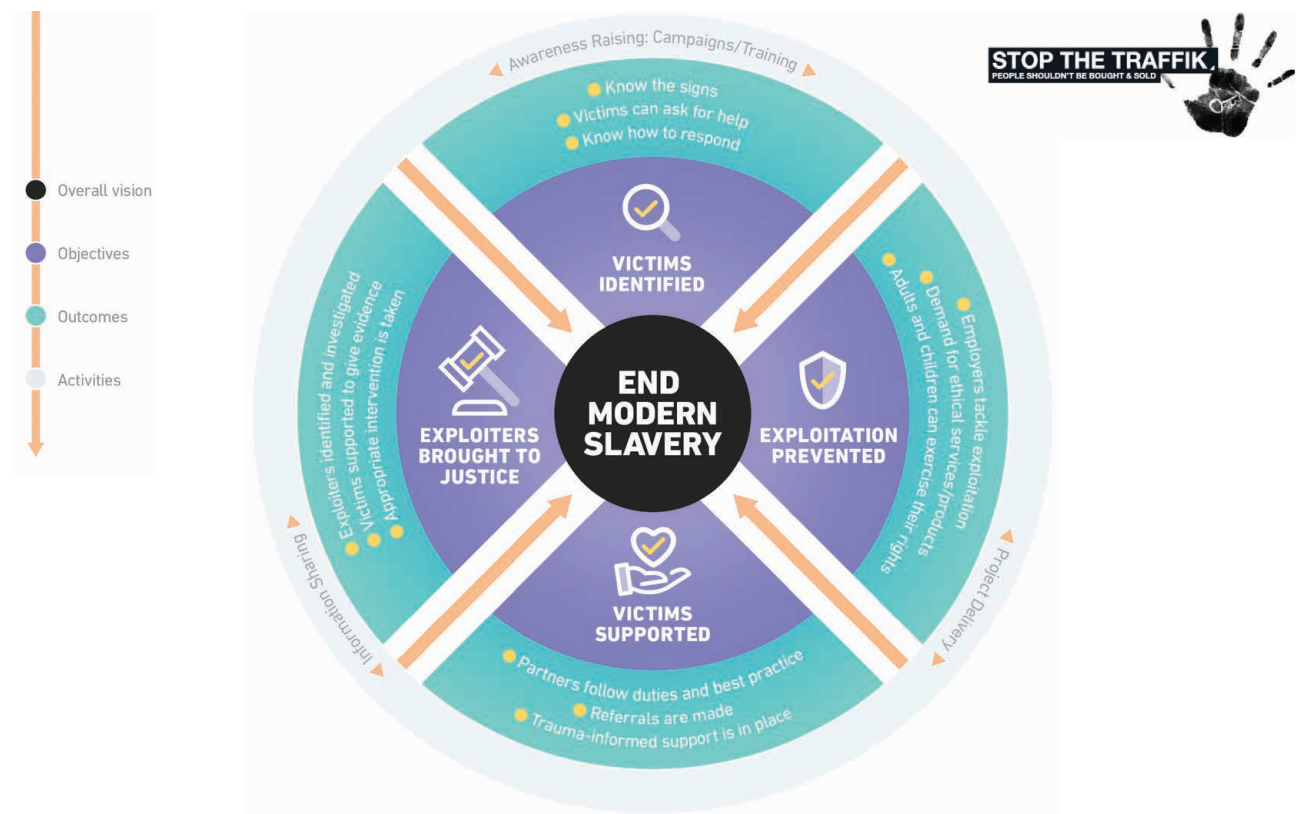
### The different settings where incidents occurred, for s42 enquiries concluded in the year



### Other abuse types: Modern Slavery and Exploitation as a safeguarding concern

Modern Slavery is an umbrella term for human trafficking and servitude and is used when somebody is forced or coerced into doing something and another person gains from this exploitation. Modern slavery affects people of all ages, genders and nationalities. Perpetrators may be organised crime gangs or individuals who spot an opportunity to take advantage of a person’s vulnerability.

### Modern Slavery & Exploitation Coordinated Community Response



**Modern Slavery can include; Sexual Exploitation** – Prostitution, Lap dancing/strip clubs, (child/extreme) pornography) **Labour Exploitation** – Domestic Work, garment industry, shellfish industry, catering, agriculture and construction

Over 10,000 individuals were identified as victim/survivors of modern slavery in the UK last year, 2019/20, and it is estimated that thousands more are trapped in exploitation, unable to access support.

Both councils have continued to strengthen their coordinated community response to tackling modern slavery and exploitation. Safeguarding data is collected on Modern Slavery cases which come to our attention.

The coordinated community response recognises that modern slavery is everyone's business and Safeguarding plays an important part of this response where the adult may have care and support needs. Our multi-agency partnership group developed the theory of change below which sets out how we developed case conferences for Modern Slavery cases. One of the projects we have been delivering under Victims Support is multi-agency case conferences to provide tailored wrap-around support for victims/survivors who are homeless.

WCC local authority made 18 referrals (five adults, 11 children; two age unrecorded) to the NRM in the period from April 2019 to March 2020, compared with eight referrals (two adults, six children) during the same period the previous year. Whilst the numbers remain small, this is still a significant increase (125 per cent overall)

The Passage and Westminster City Council worked together to support eight victims/survivors last year, providing emergency bed spaces and support. Funding was granted by the Ministry of Housing, Communities and Local Government to expand the project and The Passage day care centre for homeless people in Westminster now has a dedicated Victim Navigator to support victims of modern slavery who are homeless.

RBKC local authority made 11 referrals (three adults, eight children) to the NRM in the period from April 2019 to March 2020 compared with seven (one adult, six children) referrals during the same period the previous year. Whilst the numbers remain small, this is still a significant increase (57 per cent overall).

Safeguarding representation is involved to consider if the person is eligible for a Section 42 response and to support decision making in cases such as where mental capacity and advocacy considerations are needed to be made. Making urgent safety plans with non-statutory partners is part of the role safeguarding plays and we need to keep in mind those people who decline help may be controlled and coerced. Our front-line staff particular in the Information and Advice Services are trained to be first responders and make referrals to the *National Referral Mechanism* or to support the person to make other safety plans.

You can learn the signs of modern slavery at [www.stophetraffik.org/spot-the-signs/](http://www.stophetraffik.org/spot-the-signs/)

Help and advice is available 24/7 via the Modern Slavery Helpline: **08000 121 700**.

We also have a local directory of survivor support services [www.angelou.org/human-trafficking](http://www.angelou.org/human-trafficking)

# Leading, Listening and Learning

The board is open to new ideas and areas of development and we want to learn from cases that went wrong from within our communities and from other disciplines. We took forward recommendations for further work from the recent Peer Challenge and hold each to account and learn when things could have gone better.

## Deprivation of Liberty Safeguards (DoLS)

### Andy Seymour – DoLS Manager

- The trend of DOLS requests received and processed has stabilised over the Bi-borough and remains at around 1000 per year. Nationally, all Supervisory Bodies are seeing a stabilisation of requests.
- All referrals were triaged using the Adult Directors of Adult Social Care DoLS risk tool. 79% of the referrals were urgent or renewal requests and were taken forward. This year we have focused on removal of a growing back log of triaged DoLS referrals which were rated medium.



We received **1030** DoLS referrals in 2019-20

**213** Medium Priority

**817** High Priority

**25%** of DoLS referrals come from the Acute Hospital

- The number of DoLS applications completed of the adult population for Kensington and Chelsea and City of Westminster and its peer group reports that the area is slightly below average per 100,000 head of population below average for 2018/19 at a combined

figure of 378. Data is not yet available for the year 2019/20 due to delay in reporting due to Covid Outbreak.

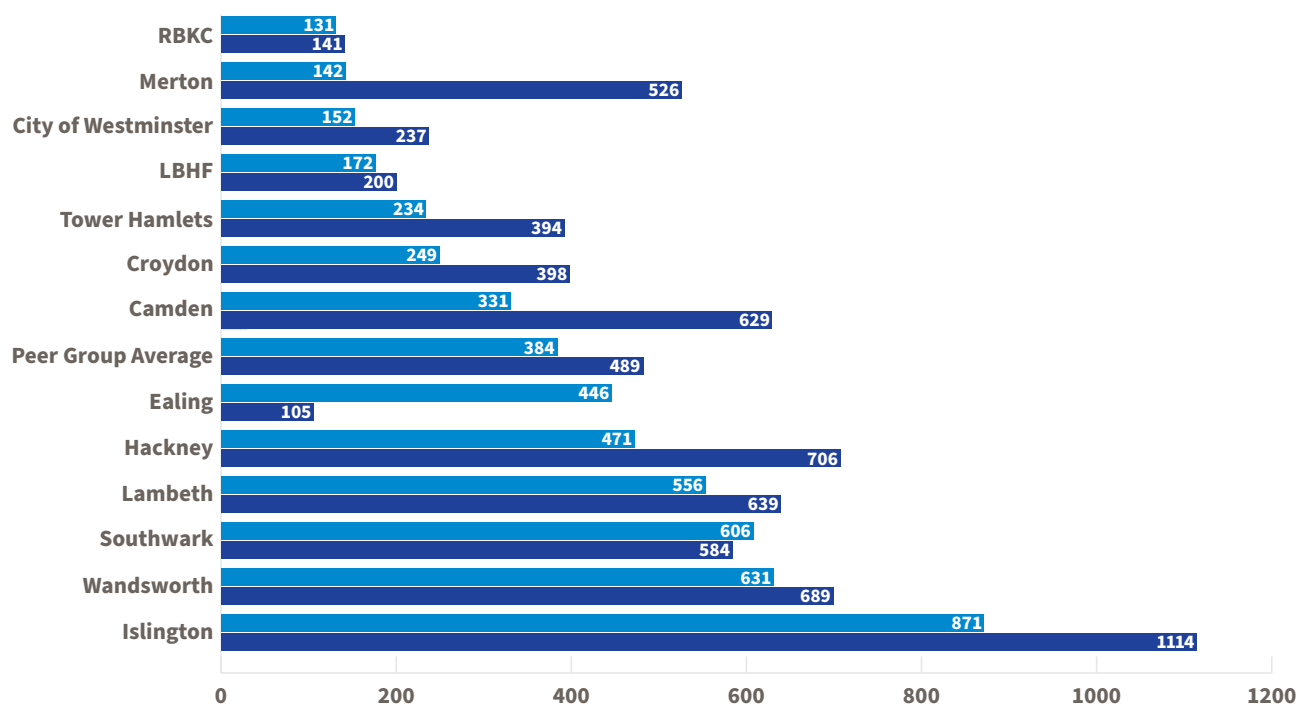
- The new data will include the removal of the backlog which was completed in 2019/20 and will put the Bi-Borough well above average across its London Peer Group.

#### Details of the back-log removal are discussed below.

- The Peer Review findings in March 2019 stated that Deprivation of Liberty safeguarding team was skilled and experienced. However, it also stated that a review of the arrangements for medium risk of Deprivation of Liberty safeguarding referrals ought to be completed.
- To help in addressing the outstanding assessments the DoLS team begun work on a data cleansing exercise of approximately 1,300 assessments. We worked closely with our health and Adult Social Care commissioning colleagues to support managing authorities, to include hospitals and privately arranged placements, to supply the DoLS team with accurate DoLS data which is then cross referenced with the records we hold.



## Number of DoLS application completed per 100,000 of the adult population for Westminster City and RBKC, and its peer group for the reporting period 1 April 2017 to 31 March 2019



An application is considered to be 'complete' in the reporting period 1 April 2017 to 31 March 2019, when enough information has been gathered to enable a decision to either grant or not grant the application to take place and the relevant form has been completed and signed by the relevant person at the Local Authority, irrespective of when it was received.

- The DOLS team are often not informed if a person passes away or moves on from the establishment they are staying in, this gave a more accurate view of exactly how many DOLS assessments outstanding over the Bi boroughs.
- We are now pleased to report that a backlog of 600, post data cleanse, outstanding assessments have now been cleared. We are grateful for the dedication and hard work of all our colleagues in helping us achieve this milestone.

Since the end of March 2020 there is now no Deprivation of Liberty Safeguard referrals backlog. The DoLS team will now be supporting the completion of all DoLS referrals and sign offs in real time.

This is the result of a successful joined up piece of partnership work that enabled us to adopt a multi-disciplinary approach, drawing on the skills of Independent Best Interest Assessors and Best Interest Assessors employed in the roles of Social Worker, Nurse and Occupational Therapist by the Bi- boroughs and the local Clinical Commissioning Group.

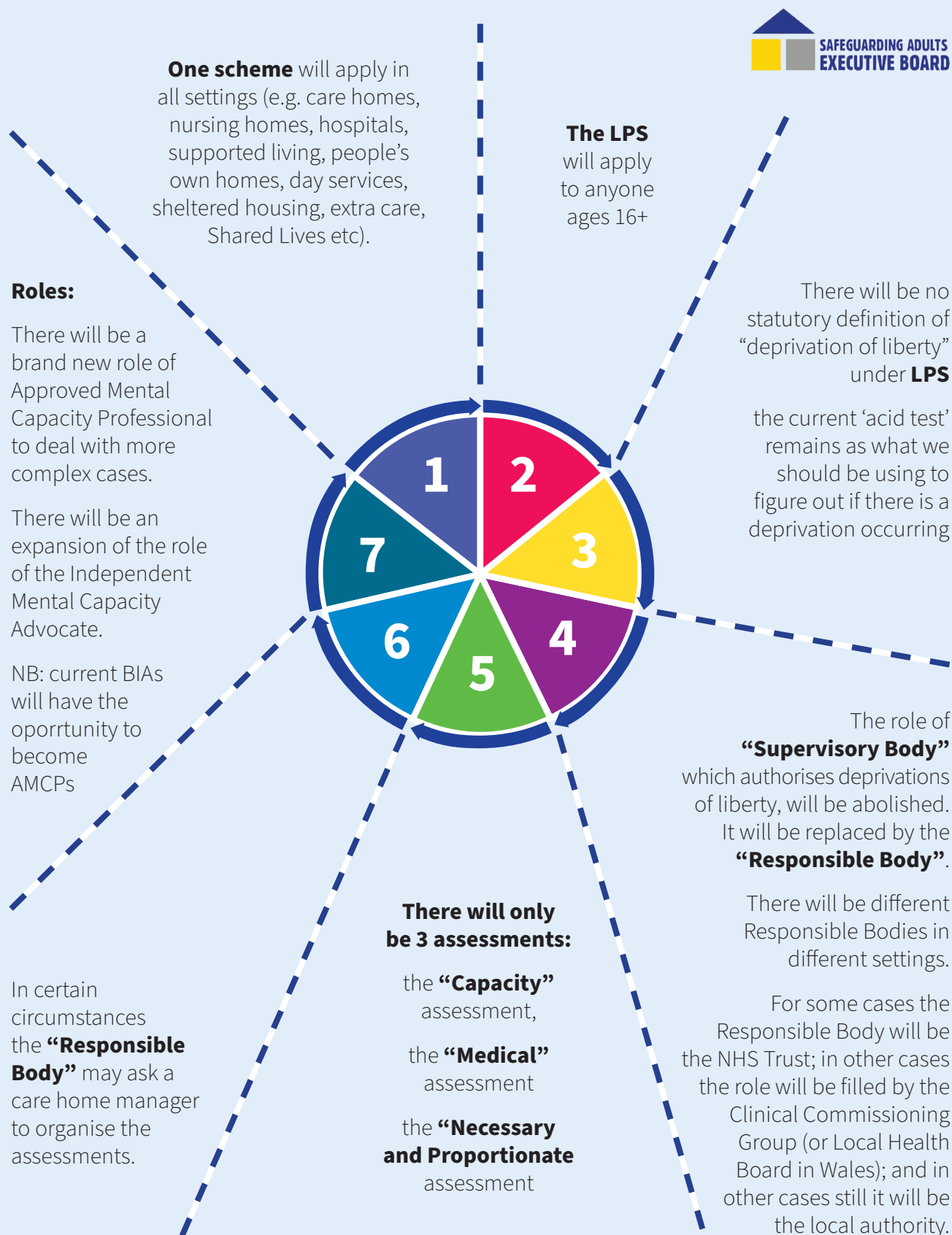
### Note

Liberty Protection Safeguards (DOLS replacement) has been put on hold until April 2022, by the Department of Health and Social Care. This has provided an opportunity for the Bi-Borough to look at DOLS in the community in greater detail.

As a result, there will be additional training for practitioners and managers around DOLS in the community and Liberty Protection Safeguards, which will assist practitioners and managers, across the two boroughs to deepen their understanding of the new safeguards and developing best practice in these areas.

The Mental Capacity (Amendment) Act 2019 received the Royal Assent on 16th May 2019. The purpose of the Act is to abolish the Deprivation of Liberty Safeguards (DoLS) and to replace them with a completely new system, the Liberty Protection Safeguards (LPS). This system will apply to England and Wales only.

## The 7 main points of the LPS are:



## Safeguarding Adult Reviews

The Care Act 2014 states that the board must conduct a safeguarding adults review in accordance with Section 44 of the Act. The reviews are about learning together and improving how adults are protected from abuse and neglect.



**Catherine Knights** Director of Quality Central and North West London NHS Foundation Trust  
Co-Chair of the Safeguarding Adults Case Review Group.



**Trish Stewart** Associate Director of Safeguarding Central London Community Healthcare NHS Trust  
Co-Chair of the Safeguarding Adults Case Review Group.

This year we have focused on a number of areas of work: reviewing how we learn from safeguarding adult reviews and ensuring that we can demonstrate how this is embedded into front line practice; reviewing our own internal processes and systems for referrals and ensuring we are accountable for decisions we make throughout the process.

### What we have learnt from Mr X

The Mr X Safeguarding Adult Review was reported in last year's report. This year we can demonstrate the learning into practice which occurred after we delivered three workshops for multi-agency front line staff. The following findings of the Mr X SAR are addressed using examples in day to day practice in the following areas.

- 1. Manage violence and aggression of staff by patients and family/carers**
- 2. To always "think family" where there is a parent-carer of an adult child living with other younger children**
- 3. Robust Managerial oversight for complex case work**

**The Mr X SAR findings said:** Manage violence and aggression of staff by patients and family/carers

**Community London Central Health Trust did:** Tackling unacceptable Behaviour Week 15th – 19th July 2019

The Central London Community Health (CLCH) Care NHS Trust ran a campaign of events to raise awareness about unacceptable behaviour, during July 2019. The aim of the campaign was to; reduce the frequency of unacceptable behaviour shown towards staff whilst undertaking CLCH their role. The campaign was designed to raise issues expressed by CLCH staff when put in a difficult situation with a service user and or unpaid carer.

**I'm Jacqueline, a District Nurse Team Leader.**

**I'm here to help you**

**I'm not a target**

**Our staff are not targets for unacceptable behaviour.**

Being rude, aggressive, threatening or violent; as well as commenting on appearance, race, sexuality or disability are all unacceptable.

We will not hesitate to withdraw services from those who behave in this manner.

*“One of the hardest things to face as a target at work, is the sense of utter loneliness. Your co-workers and bosses want to look good and will not stand up for you.”*

In conclusion tackling unacceptable behaviour campaign raised awareness of the organisations commitment to ensuring its staff have a safe working environment and recommendations were identified to improve the management of unacceptable behaviours in the following areas:

- 1. Tackling unacceptable behaviour should form part of induction**
- 2. Training on unacceptable behaviour should be mandatory**
- 3. Awareness Week for unacceptable behaviour should be annual event**
- 4. Providing of more resources e.g. posters should be made**

### The Mr X SAR findings said:

To always “think family” where there is a parent-carer of an adult child living with other younger children



**The Local Safeguarding Children’s Board and the Safeguarding Adults Executive Board did:** Safeguarding Survey and 7 mins learning for all staff

A survey was commissioned jointly by Adult and Children’s Services on Think Family. The survey was circulated to around twenty agencies, with 275 responses. The questions were based around an understanding of Think Family as a practice tool.

## Safeguarding in Drug and Alcohol Wellbeing Service • DAWS • Think Family in action



### By Elizabeth Odigie

Safeguarding Family and Women’s Services Manager  
Drug and Alcohol Wellbeing Service



The Drug and Alcohol Wellbeing Service is a community-based substance use and wellbeing social enterprise, commissioned to provide services to local residents in the Boroughs of Kensington and Chelsea, Hammersmith & Fulham and the City of Westminster. Safeguarding remains a key focus for the service, with risk management and safety planning at the forefront of all the services on offer from clinical provisions through to family and women’s work. In-keeping with this focus and with a view to expanding on the community services on offer, the Open DAWS Women’s service was commenced in 2019 as a way of reducing the barriers women face in accessing services, which in conjunction with the DAWS

Family and Carers Service, supports much of the work being carried out in addressing the ‘toxic trio of risk’ internally and within the local community, utilising a Think Families approach and trauma-informed practice. Through this, there is acknowledgement that a multi-agency way of working and use of partnerships are the key ways of supporting clients holistically whilst increasing recovery capital. Therefore, continued involvement in community forums including the Team Around the Family Hub, Early Help Panel (to name a few), on-site satellites and joint working with other agencies have enabled progress for clients accessing the DAWS service and raised awareness for the wider community.

## 1 What do we mean by 'Think Family'?

A Think Family approach refers to the steps taken by children's, young people's and adult's practitioners to identify wider family needs which extend beyond the individual they are supporting.

For example, in relation to safeguarding, if you work primarily with adults, you should still consider the safeguarding needs of children, and if you work mostly with children, you should still consider the needs of vulnerable adults.

Safeguarding is everyone's responsibility!

## 2 Why do the LSCP and the SAEB want to raise aware-ness of the Think Family approach?

The LSCP and the SAEB for RBKC/ WCC want to ensure that frontline practitioners and managers understand and apply a 'Think Family' approach in their work.

This is as a result of the learning that emerged from a recent Safeguarding Adults Review (SAR) involving an adult with care and support needs who present-ed with severe neglect.

The household also comprised of several younger siblings under the age of 18.

## 3 Key Learning Points from the Safeguarding Adults Review included:

- To always consider 'Think Family' approach where there is a parent-carer of an adult-child living with other younger children
- Importance of following No Access Policy
- Importance of escalation to safeguarding teams and regular supervision
- Managing aggressive patients and family towards staff

## 7 What the LSCP and SAEB will do next?

The results of the survey have been considered by the partnerships and will help shape further joint learning opportunities to ensure that frontline practitioners and managers can continue to work in partnership across both the children's and adults' workforce in social care, police, health and the voluntary sector.



## 4 Think Family Survey Results

The LSCP and SAEB conducted a Think Family Survey late last year to gauge how well understood a Think Family approach was by frontline practitioners and managers across our workforce. The survey was completed by 278 workers. Participants responded to a number of questions, including: *How confident would you say you feel about implementing the Think Family approach in your work?* 28% responded 'very confident' 36% responded 'somewhat confident' 11% responded 'not so confident' 15% responded 'not at all confident'

## 6 Think Family: what should practitioners do?

- Think about the family's needs and all staff involved with the family so we can work together.
- Make sure information is shared appropriately according to the level of risk and the need for people to understand any difficulties.
- Escalate your concerns to appropriate levels of line management if you are not being listened to or heard.

## 5 Think Family: what should practitioners do?

The LSCP and SAEB would like to encourage frontline practitioners to:

- Consider the needs of the whole family and be responsive to those needs.
- Consider all the factors of everyone in the home, and frequent visitors, including things like poverty, use of drugs, alcohol, domestic abuse, and mental ill health, which may impact upon all the family.

- Managers were more confident around Think Family, than frontline staff. Staff had strong feelings that Think Family was being used, it improves response from the families.
- Need to implement appropriate training and try to ensure good working practices with other agencies as there was a lack of confident in implementing Think Family.

A seven-minute briefing has been produced on Think Family and further work will be taking place to embed into Adult Social Care Practice.

## Case Study

**Mr X Findings Said:** Robust Managerial oversight for complex case work.

**Partnership response from People involved:** GP, District Nurses (DN), DN manager who had known Ms PD for around six years, Senior Case Manager (My Care, My Way), Senior Occupational Therapist (Community Independence Service), Social Worker (Adult Social Care) and teams of dedicated Care Workers from the succession of Care Providers.

This case study covers the last 15 months of Ms PD's life and provides an insight into the intensive partnership working between colleagues in Health and Social Care. The team consistently demonstrated compassion and willingness to go that extra mile in their care for Ms PD, a person with complex needs and a personality disorder. She either would not or could not weigh up the consequences of her decisions to refuse care and support on a regular basis, which then lead to extreme self-neglect and ultimately her death at the age of 65.

*“As the allocated Social Worker, I was fully supported by both my Team Manager and Head of Service”*

As Ms PD's condition deteriorated through her withholding consent for several weeks at a time to be washed or have her incontinence pad changed, the risk to her health and wellbeing escalated rapidly. As a consequence of Ms PD's severe self-neglect there was a build-up of faeces in her bed and on the floor, which led to fly larvae being found in her bed, on her body and within open wounds.

In spite of the extremely poor environmental conditions in Ms PD's room, which presented a risk to her health and all those who visited her, our Health and Social Care colleagues continued to respect Ms PD's past and present wishes, feelings, beliefs and values by delivering the care she needed at the pace she was willing and able to accept. It was heart-warming to hear our colleagues speak about Ms PD with such respect,

whilst at the same time speaking of their feelings of helplessness at her refusal to see the risk she was putting herself at by refusing personal care and investigations into the extreme pain she advised that she was experiencing.

In response to these increased risks, magnified due to Ms PD being restricted to bed and her refusal for many years to sit out of bed due to her fear of hoists. The Health and Social Care team, consisting of colleagues from Community London Central Health Trust CLCH, Clinical Commissioning Group CCG and the Council, met via the Risk Assessment Planning Protocol organised and chaired by the Adult Social Care Head of Service to devise strategies to mitigate the risks of Ms PD skin breakdown and sepsis.

**Family's engagement with Health and Social Care was inconsistent, nonetheless, they were invited to meetings and the Social Worker maintained regular contact to obtain their views and to keep them informed of progress.**

At the point when Ms PD was assessed by the social worker to lack capacity to make informed decisions regarding her care, an application was made to the Court of Protection with CCG and CLCH joined as parties to these proceedings.

Ms PD only felt able to accept on the fourth meeting to transfer over to a new mattress as her existing mattress was deflating. Each attempt required co-ordinated planning between our Health and Social Care colleagues to ensure there were colleagues with the appropriate skillset, who Ms PD trusted, to transfer her to a new mattress via a Slide Board.

**Ms PD's personality disorder demanded patience and a co-ordinated approach to her care, and this required good communication between the colleagues in the team.**

Ms PD sadly passed away, but there is no doubt that the Health and Social Care Team did their best to improve her life, but she was regrettably either unable and/or unwilling to accept this help.

## Reviewing our own internal processes for Section 44 referrals and ensuring we are accountable for decisions we make throughout the process

The SAB must arrange a safeguarding adults review when an adult in its area dies or there is a near miss as a result of abuse or neglect and there is concern that partner agencies could have worked more effectively to protect the adult.

We have been working on the process and practice to deliver different types of Safeguarding Reviews under a Section 44 of the Care Act in order to maximise on the learning for front line staff across the partnership. We realise that learning takes time and cannot be a one size fits all approach.

Factors such as complexity of case and repeating themes come into play. Other learning processes require review as we learn more from the cases which are discussed in the Safeguarding Adults Case Review Group.

Updates from the Learning Disabilities Mortality review group indicated that themes coming out of completed reviews included:

- Documentation around Mental Capacity and Best interest sometimes missing or poorly recorded
- Delays in diagnosing and treating serious medical conditions
- Urgent /proactive treatment not being delivered in line with clinical guidelines and diagnosis and treatment of serious medical conditions
- Issues seem to be greater when dealing with urgent care within an acute hospital

The consequences are that people with Learning Disabilities are encountering delays in diagnosis and treatment of serious medical conditions

### A Learning Disabilities case

Does not meet the criteria for S44 though work was done regards this near miss?

Mr N was admitted to an Acute Medical Hospital in January 2020 and treated for Sepsis on account of a urinary Tract Infection and Aspiration Pneumonia he was treated with IV antibiotics. He was discharged with oral antibiotics. The following day he became unresponsive after having choked on some breakfast. The paramedics manually removed the chewed breakfast and took Mr N to hospital where he was assessed for a Naso-gastric Tube.

He was incredibly unwell and very much fighting for his life. A safeguarding sec. 42 was raised as it was felt his initial discharge was unsafe, and questioned whether Mr N would be in the same position, should he have remained an inpatient with access to appropriate therapies to fight infections.

There are concerns in a number of areas which was deemed a near miss.

1. That Mr N was unsafely discharged and as a result, was re-admitted one day later with very significant health concerns which could lead to risk to life
2. That in relation to the lack of communication between hospital and the provider during the first hospital admission and subsequent discharge this attributed to poor provision of specialist liaison and reasonable adjustments.

Both the discharge itself and communication issues with the provider were looked into to establish if anything could have prevented Mr N's serious health deterioration and re-admission to hospital.

The Section 42 enquiry revealed that Mr N presented at the hospital without a Hospital Passport with his personal details and did not have a review of his difficulties in swallowing which ought to have been done under a SALT assessment.

It was concluded that Mr N did not receive appropriate reasonable adjustment and specialist liaison during his initial admission and his carers were not empowered to advocate for their client.

We have been exploring these themes using a thematic review approach of several cases with repeating themes and had a focus session on Learning Disabilities cases in which very similar findings were discussed with our Acute Hospital partners.

The Safeguarding Case Reviewed Group reviewed several cases in 2019/20 but did not conclude any cases in the year.

## Violence Against Women and Girls (VAWG) and Adult Safeguarding

### Partnership Working

The relationship between the SAEB and the VAWG board is one of equal partners underpinned by a joint working protocol.

The VAWG and SAEB will be jointly accountable for developing plans to prevent violence against women and girls, including domestic abuse and modern day slavery (as defined by the Care Act 2014). These will be led and overseen by the VAWG partnership apparatus.

Approximately 200 cases per year across the Bi-Borough are considered by adult safeguarding processes where domestic abuse is a significant feature. Of these, 10 per cent will be high risk and require the support of the, Multi-Agency Risk Assessment Conference, MARACs.

There is a sometimes complex and symbiotic link between those experiencing domestic violence or elder abuse and their carers, either as victims or perpetrators. These complexities can impact upon assessment and interventions of practitioners across disciplines. This is an emerging area of work in which we want to maximise learning from having joint reviews and audits.

The SAEB Safeguarding Adults Case Review Group supports the SAEB in discharging its statutory duties in regard to Safeguarding Adults Reviews (SARs) and undertakes a programme of case audits to inform organisational and professional development.

Similarly, the VAWG board via the Risk and Review Operational Group supports the respective Community Safety Partnerships to fulfil their statutory duties in regard to managing the processes for establishing Domestic Homicide Reviews (DHR) and implementing their learning and recommendations.

On occasion the SAR and DHR processes may be undertaken simultaneously. The processes for these reviews have been established by Government and are separate. However, shared learning will be considered as the reviews are undertaken to maximise benefit from participating organisations

There are opportunities to formalise the statutory DHR and SAR joint arrangements through a shared protocol which makes explicit the roles, responsibilities, accountabilities and processes for joint statutory reviews.



Throughout 2019/20 Safeguarding Adults has supported the review of DHR processes locally. A DHR task and finish group has been put together to refine this process and ensure that learning from all DHRs are streamlined, the accountability process is strengthened, key learning 'themes' are identified, and a clear protocol is put in place.

**An outcome from this group has been a thematic action plan drawn up from findings from local DHR's over the past three years. Theme 8 is related to Adult Safeguarding which will be worked on in the coming year.**

## Thematic Action plan DHR group

- To raise awareness of the prevalence of familial abuse (+ older people) as a form of domestic abuse.
- To effectively communicate to partners thresholds for victims to access support and how this aligns with Care Act obligations.
- Carers Assessments to include a question around domestic abuse. (how it is asked)
- Think Family when the Victim of abuse is also the main carer for an elderly person

**16**  
**DAYS OF**  
**ACTIVISM**  
To end violence against women

h&f  
KENSINGTON AND CHelsea  
City of Westminster

**Programme of events 2019**

25 November is the United Nations Day for the Elimination of Violence against Women. Partners across Hammersmith & Fulham Council, the Royal Borough of Kensington and Chelsea and the City of Westminster are organising a series of events to celebrate 16 Days of Activism leading to 10 December International Human Rights Day.

**OPEN TO ALL**  
**Her Story, Her Justice: Domestic abuse survivors and the criminal justice system**  
Monday 11 November, 5.30-8pm  
Advance are holding their annual review which will focus on best practice models in relation to domestic abuse survivors and how they experience the criminal justice system. The key note speaker will be Nicola Jacobs, Domestic Abuse Commissioner. Click here to book £2

**OPEN TO ALL**  
**Hospitals and Human Rights**  
29 November  
Charing Cross Hospital  
1st Floor, Main Building  
4 December  
Hammersmith Hospital  
Main Reception  
9 December  
St Mary's Hospital  
Reception, Queen Elizabeth  
Queen Mary Building  
Imperial Healthcare Trust are holding stalls from 10.30am to 2.30pm across their hospitals to raise awareness of violence against women and human rights.

**OPEN TO ALL**  
**Training: 1 of sexual**  
Wednesday 4  
9.30am-1pm  
Kensington T.  
This free training Solace Women's understanding of law and how it has been affected by. To book, contact g.bogdan@sol

**OPEN TO ALL**  
**Blooming Strong coffee morning**  
25 November, 10am-12 noon  
Kensington Town Hall  
Committee Room 1  
Venue tbc Hammersmith & Fulham  
Join Standing Together as they celebrate the strength of women who have survived male violence or supported someone who has, with a coffee morning fundraiser. Services can also nominate women to receive a Blooming Strong award to celebrate the strength of women experiencing and surviving male violence against women and the strength of women supporting them. Send nominations by 18 November to [advisingstandingtogether.org.uk](mailto:advisingstandingtogether.org.uk)  
We will also be distributing flowers across all three boroughs over the lunchtime of 25 November, if you would like to join us use the same email address above.

**OPEN TO PROFESSIONALS ONLY**  
**Annual Violence Against Women and Girls Conference: What does justice look like for survivors?**  
Monday 2 December, 9.30am-1pm  
Kensington Town Hall  
Small Hall  
Join us for our annual conference which this year will focus on so called 'harmful practices' and what justice looks like for survivors. The half day conference will include special guest speakers, workshops and opportunities to learn about how we can better support those affected by abuse. Click here to book £2

**OPEN TO PROFESSIONALS ONLY**  
**Workshop learning from homicides**  
Monday 9 De  
Venue tbc  
The three borough number of days. We are determine create this does workshop is also an inspiring pr  
To book, contact shabana.khan@

Is someone at home harming you or making you feel afraid?

If you are worried about domestic or sexual abuse at home we are here for you.

The Angelou Support Service is available to provide help for anyone aged 13 or above.

**For help call:**  
**0808 801 0660**  
Monday, Tuesday, Thursday and Friday: 10am - 4pm  
Wednesday: 10am - 4pm and 6pm - 9pm  
Translators are available

24-hour National Domestic Abuse Helpline:  
**0808 2000 247.**

In an emergency call 999.

City of Westminster  
angelou  
THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

# Jargon Buster

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There is a lot of safeguarding jargon in health and social care and we are committed to busting it. This is Our Safeguarding Jargon Buster using plain English definitions of the most commonly used words and phrases in this annual report

**Abuse:** Harm that is caused by anyone who has power over another person, which may include family members, friends, unpaid carers and health or social care workers. It can take various forms, including physical harm or neglect, and verbal, emotional or sexual abuse. Adults at risk can also be the victim of financial abuse from people they trust. Abuse may be carried out by individuals or by the organization that employs them.

**Accountability:** When a person or organization is responsible for ensuring that things happen and is expected to explain what happened and why.

**Adult at risk:** An adult who is in need of extra support because of their age, disability, or physical or mental ill-health, and who may be unable to protect themselves from harm, neglect or exploitation.

**Advocacy:** Help to enable you to get the care and support you need that is independent of your local council. An advocate can help you express your needs and wishes, weigh up and take decisions about the options available to you. They can help you find services, make sure correct procedures are followed and challenge decisions made by councils or other organizations.

**Best interests' decision:** Other people should act in your 'best interests' if you are unable to make a particular decision for yourself (for example, about your health or your finances). The law does not define what 'best interests' might be but gives a list of things that the

people around you must consider when they are deciding what is best for you. These include your wishes, feelings and beliefs, the views of your close family and friends on what you would want, and all your personal circumstances.

**Carer:** A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help. This is distinct from a care worker, who is paid to support people.

**Co-production:** An equal relationship between people who use services and people who provide services. They work together on all stages from designing services to making them happen.

**Covid-19:** The formal name given to the current outbreak of coronavirus. It is an infectious illness that may be mild or severe that is caused by a coronavirus. It usually causes a fever, cough and shortness of breath, and may progress to pneumonia and respiratory failure. The word comes from coronavirus plus disease, and the 19 refers to 2019, the year the disease was first identified in China.

**Deprivation of Liberty Safeguards:** Legal protection for people in hospitals or care homes who are unable to make decisions about their own care and support, property or finances. People with mental health conditions, including dementia, may not be allowed to make decisions for themselves, if this is deemed to be in their best interests. The safeguards exist to make sure that people do not lose the right to make their own decisions for the wrong reasons.

**Domestic Homicide Review (DHR):** A multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves



### **Learning Disabilities Mortality Review**

**(LeDeR):** A national research programme looking at why people with learning disabilities often die at a younger age than other people. LeDeR reports to NHS England on the main causes of these deaths and on how they could be prevented.

**Liberty Protection Safeguards:** In July 2018, the Government published a Mental Capacity (Amendment) Bill, which passed into law in May 2019. It replaces the Deprivation of Liberty Safeguards (DoLS) with a scheme known as the Liberty Protection Safeguards (although the term is not used in the Bill itself)

**Making Safeguarding Personal (MSP):** It means that you are asked what you want to do about the incident of abuse and how you may be supported in making yourself safe. It helps you to take control and it gives you choice.

**Mental capacity Act 2005:** A law that is designed to protect people who are unable to make decisions about their own care and support, property or finances, because of a mental health condition, learning disability, brain injury or illness. Mental capacity is the ability to make decisions for yourself. The law says that people may lose the right to make decisions if this is in their best interests.

**Near Miss:** Something that is not supposed to happen and is prevented before harm is caused.

**Pandemic:** Outbreaks of a particular disease all over the world, or a very large part of it, at the same time. It does not relate the severity of the disease itself.

**Self-harm:** The most common form of self-harm involves cutting of the skin using a sharp object. Self-harm is primarily a coping strategy and can provide a release from emotional distress and enable an individual to regain feelings of control. It can be a form of self-punishment for feelings of guilt. It can also be a way to physically express feelings and emotions when individuals struggle to communicate with others.

**Think Family:** A Think Family approach is the steps taken by practitioners to identify wider family needs which extend beyond the individual they are supporting.

# What the board will be working on in 2020/21



## The Board will continue to be guided by what people are telling us is important to them.

We continue to work in the coming year on the themed areas below.

1. Culture of Learning: What difference is the board making
2. Regulated services, Care Homes and Domiciliary Care: Care Home resilience planning with a Covid-19 lens
3. Community Safety Partnership: Crime and vulnerable adults
4. Who is our community what voices do we not hear: Working with diverse communities?
5. Mental Capacity Act and best interests in the community
6. Housing and Safeguarding: Hoarding and self-neglect
7. Quality Assurance: How do we have a board hold our partners to account

# Appendices

## Who is the Safeguarding Adult Executive Board?

### Membership and tasks

Section 43 Schedule 2 of the Care Act 2014 outlines local authorities' responsibilities to set up a Safeguarding Adults Board (SAB). We have a mix of statutory partner membership and other members whom we consider have the right skill and experience to support local needs.

### The statutory members of the Safeguarding Adults Executive Board:

- The Bi Borough Executive Director of Adult Social Care and Health
- The Chief Nurse and Director of Quality, Caldicott Guardian, NHS North West London Collaboration of Clinical Commissioning Groups (NWL CCGs)
- BCU Commander of Central West, Chief Superintendent, Metropolitan Police

### ***An example of the development of close multi-agency partnership working with the NHS for the benefit of people with a learning disability.***

*A young woman with learning disabilities and mental health problems was admitted via A+E after being rescued from her burning flat. She had a known history of setting fires and self-harm. She was taken to our intensive care unit and then transferred to St Charles' once she was medically fit. Close communication with Westminster Learning Disability Partnership enabled us to identify her whilst still in the emergency department and provide background information to the hospital. Psychiatry Liaison, Westminster Learning Disability Partnership and community mental health were all involved to ensure her safety and care once she had left our trust.*

There are senior representatives on the Board, from the following organisations:

- London Fire Brigade
- Imperial College Healthcare NHS Trust
- Chelsea and Westminster Hospital Foundation NHS Trust
- The Royal Marsden NHS Foundation Trust
- Central London Community Healthcare Trust
- Central North West London NHS Foundation Trust
- Community Rehabilitation Company (CRC)
- National London Probation Service
- Council staff from Children's Services, Community Safety, Housing, Trading Standards and Adult Social Care
- Local councillors
- Mind
- Genesis Notting Hill Housing

- Public Health Community Champions Programme
- Royal Brompton and Harefield HNS Foundation Trust
- Healthwatch
- Local Account Group

Board members could be the senior ‘go to’ person in each of these organisations or services with lead responsibility for adult safeguarding.

They bring their organisations’ adult safeguarding issues to the attention of the board, promote its priorities, and disseminate lessons learned throughout their organisation.

The board can use its statutory authority also to assist members in addressing barriers to effective safeguarding that may exist in their organisation, and between organisations.

This will require the SAB to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in ‘Making Safeguarding Personal’. It should also concern itself with a range of issues which can contribute to the wellbeing of its community and the prevention of abuse and neglect, such as:

- the safety of people who use services in local health settings, including mental health
- the safety of adults with care and support needs living in social housing
- effective interventions with adults who self-neglect, for whatever reason
- the quality of local care and support services
- the effectiveness of prisons in safeguarding offenders
- making connections between adult safeguarding and domestic abuse
- Supporting transition arrangements between Children and Families and Adult Social Care.

### ***The safety of people in local health settings is important to us***

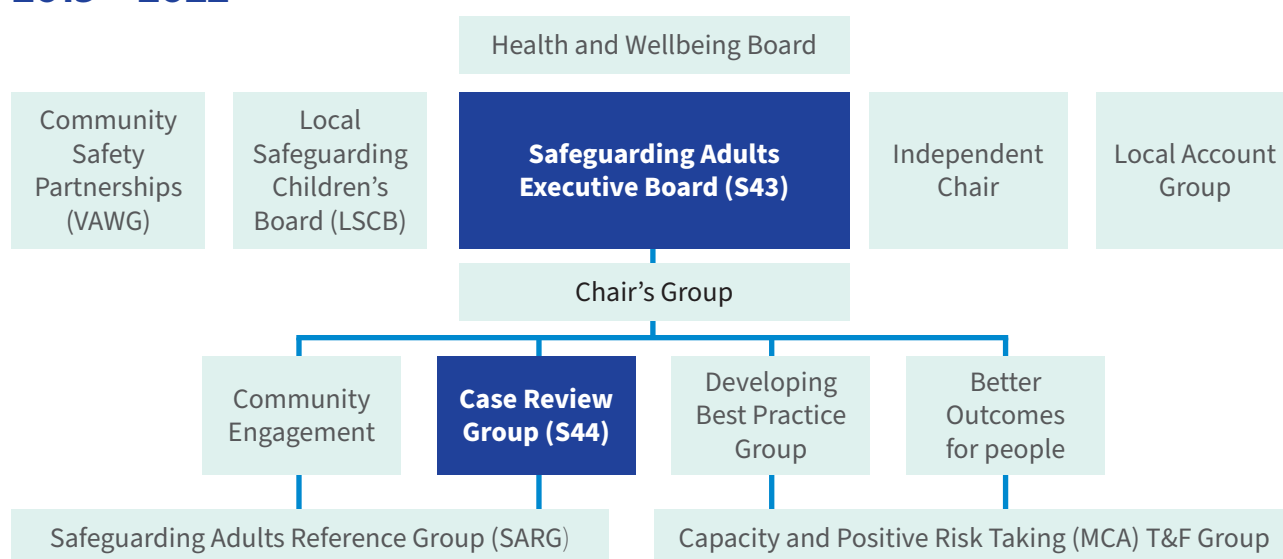
*A man in his 60s with learning disabilities was the subject of a prolonged safeguarding investigation. Several admissions for aspiration pneumonia gave rise to a view of unsafe discharges. After many discussions with a learning disability provider and good partnership working with professionals, involvement of our speech and language service, a better eating plan was developed and carers were taught how to feed him correctly to avoid aspiration and reduce future admissions. This case was considered by the case review group and included with similar cases to show the learning from joint working and information sharing across agencies.*

# How the Safeguarding Adults Executive Board works

## 3. Structure and Substructures.

The board may request members to take particular actions. This should be specified in the terms of reference and through clear structures and governance arrangements. The governance arrangements can be seen below.

### The Safeguarding Adult Executive Board and Work-Streams 2019 – 2022



The SAB should agree, record and regularly review:

- the roles and responsibilities of each member or partner, organisation or individual
- how the SAB is resourced
- how the SAB should operate
- any subgroup structures
- any task-and-finish groups

#### Did you know?

The SAEB has two different service user groups.

The Local Account Group who support the development of the Board at a strategic level and the Safeguarding Adults Reference Group who are service users by experience.

## Financial Contributions

Most of the funding for the board comes from the Local Authorities. However, we are grateful to; The North West London Collaboration of Clinical Commissioning Groups (NWL CCGs) contribution of £20,00.00 per borough per year and the Mayor's Office for Policing and Crime who provide an annual contribution of £5,000 to each borough for the local safeguarding adult board.

Also, for the fourth year running, the London Fire Brigade has contributed £1,000 per borough, to be shared between the Safeguarding Adults Board and the Local Safeguarding Children Board.

The money is a welcome contribution to the on-going costs towards raising the awareness of Adult Safeguarding in our communities via events and promotional materials such as videos .It is also used to support the

We are grateful for the number of organisations who chair the subgroups of the board from the following organisations:

- Central North West London NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- Central London Community Healthcare Trust
- The Royal Marsden NHS Foundation Trust
- London Fire Brigade
- Metropolitan Police
- Notting Hill Genesis Housing
- The North West London Collaboration of Clinical Commissioning Groups (NWL CCGs)

commissioning of Safeguarding Adult Reviews which is discussed in the Listening Learning section of this annual report.

We also acknowledge the value of the work of the subgroups which are all Chaired by senior members of the Board. The Sub-group Chairs are integral to supporting the workings of the Board and delivery of the business plan. Attendance is very good and members are committed and work hard to progress the board's priorities and to ensure that people are safeguarded.

## Links to other boards and partnerships

The board works effectively with other boards and partners including:

- Local Safeguarding Children Boards (LSCBs)
- Community Safety Partnerships (CSPs)
- Violence Against Women and Girls (domestic abuse forums)

This approach enables overarching strategies such as making safeguarding personal and think family to be linked into the work of the wider Safeguarding communities. However, we recognise that further work is required in this area to ensure greater collaboration and will be next year looking at how other boards interface with each other to include the Health and Wellbeing Board.

Work reported on includes:

1. Joint *Think Family Survey* with Local Children's Partnership – Findings in the Leading Listening Learning section
2. Working with Community Safety Partnerships Elder Abuse and Crime -Findings found in the Leading Listening and Learning section



# What the Board worked on in 2019/20 Business Plan

The outcome of the peer review provided key messages on what is working well and areas for consideration. These have been taken forward to inform the board Business Plan for 2019/22.

| Making Safeguarding Personal   | Leading Listening and Learning  | Creating a safe and healthy community  | Governance   |
|--|---|--|--|
| <p><b>Think Family:</b> To jointly raise awareness and develop guidance and tools</p> <p><b>Transition Group:</b> Joint workshops with operational staff to develop sound pathways for young adults into adult services which are relevant to need this may mean statutory or voluntary organisations.</p> <p><b>SAEB and LSCB:</b> Joint Board Event to review work and share experiences</p> <p>Lead group or agency<br/>LSCB<br/>SAEB</p> | <p><b>Liberty Protection Safeguards:</b> Help prepare SAEB Partnership for LPS (Postponed till April 2022)</p> <p><b>Multi-agency Quality Assurance:</b><br/>Partnership Audit of Mental Capacity Audit practice</p> <p><b>Partnership awareness Sec.44 pathways</b></p> <ul style="list-style-type: none"> <li>• Homeless and Roughsleeping implications for Safeguarding</li> <li>• London Fire Brigade</li> <li>• LeDer Reviews</li> </ul> | <p><b>Prevention “Raising Awareness of Safeguarding”:</b><br/>Increasing service users by experience involvement in SAEB activity</p> <ul style="list-style-type: none"> <li>• Co-designed events for seldom heard service user groups</li> <li>• Multi-agency leaflets -Review</li> <li>• Train the Trainer-Refresh</li> <li>• Strategic involvement in shaping the board strategy</li> </ul> <p><b>Lead group or agency</b></p> <ul style="list-style-type: none"> <li>• Community Engagement group</li> <li>• Safeguarding Adults Reference Group</li> <li>• Local Account Group</li> </ul> | <p><b>Governance review:</b></p> <ul style="list-style-type: none"> <li>• Legal Indemnity Insurance</li> <li>• Membership review</li> <li>• Finance review</li> <li>• Service User Engagement</li> <li>• Review Our Values</li> <li>• Cycle of Quality Assurance function</li> </ul> <p><b>Lead group or agency</b></p> <ul style="list-style-type: none"> <li>• SAEB</li> </ul> |
| <p><b>Variability in referral rate across partnership:</b><br/>Consistency in responses Bi-Borough Board to align local practice and pathways</p> <p><b>Lead Group</b></p> <ul style="list-style-type: none"> <li>• Better Outcomes for People</li> </ul>  | <p>Developing good partnerships practice around managing risk and defensible decision making</p> <p><b>Lead group or agency</b></p> <ul style="list-style-type: none"> <li>• Liberty Protection Safeguards</li> <li>• Safeguarding case reference Group</li> </ul>  | <p><b>Advocacy</b></p> <ul style="list-style-type: none"> <li>• Re-commissioning</li> <li>• Workforce development</li> <li>• Public Awareness</li> </ul> <p><b>Lead group or agency</b><br/><b>ASC Commissioning</b></p>   | <p><b>IT systems and Information Sharing</b></p> <ul style="list-style-type: none"> <li>• Statement from the SAEB to reinforce obligations</li> <li>• Focus on best practice in recording</li> </ul> <p><b>Lead group or agency</b></p> <ul style="list-style-type: none"> <li>• Better Outcomes for People</li> </ul>   |



## Safeguarding Awareness Week Community Engagement Group

**19 November 2019**

**14.00 – 16.30 Small Hall, Kensington Town Hall, W8 7NX**

### **NETWORKING EVENT**

**This networking event hosted by the Safeguarding Adults Executive Board is open to all residents, staff and service providers. Presentations will start promptly at 2:30pm and will include:**

**Staying 'Safe at Home'  
Safeguarding Awareness**

**National  
Safeguarding  
Adults Week 2019**

**18<sup>th</sup> to 24<sup>th</sup> November 2019**

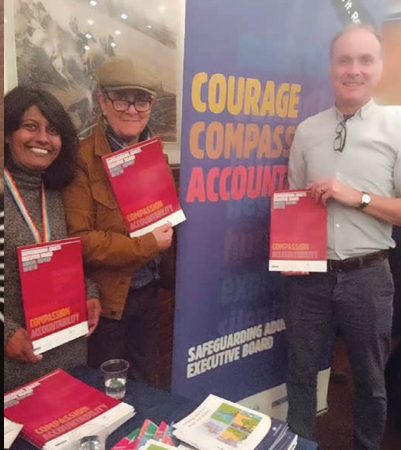
People in the Royal Borough of Kensington and Chelsea and Westminster City Council have the right to live a life free from harm where communities:

- have a culture that does not tolerate abuse
- work together to prevent abuse
- know what to do when abuse happens





**Almost 5 million older people aged 65+ believe they have been targeted by scammers. People defrauded in their own homes are 2.5 times more likely to die or go in to residential care within a year.**



mistreated?  
bullied?  
hit?  
neglected?  
hurt?  
exploited?  
silenced?

Don't ignore it. Report it.

Kensington and Chelsea

T 020 7361 3013

E [socialservices@rbkc.gov.uk](mailto:socialservices@rbkc.gov.uk)

Westminster

T 020 7641 2176

E [adultsocialcare@westminster.gov.uk](mailto:adultsocialcare@westminster.gov.uk)

