Bolton Council

Report to:	**EXECUTIVE MEMBER FOR ADULT SERVICES**		
Date:	**31 MARCH 2010**		
Report of:	**DIRECTOR OF ADULT AND COMMUNITY SERVICES**	**Report No:**	
Contact Officer:	**Jane Robinson**	**Tele No:**	7847
Report Title:	**Local Safeguarding Board Annual Report 2008-2009**		

Non Confidential: (***Non-Confidential***) This report does **not** contain information which warrants its consideration in the absence of the press or members of the public

Recommendations:

The Executive Member is requested to approve the Annual Report of the Local Safeguarding Adults Board 2010 and to share the report with key parties during 2010

Decision:

Signed:

Leader / Executive Member

Monitoring Officer

Date:

SUMMARY OF REPORT:

The Local Safeguarding Adults Board produces a report annually which reflects the work across partners in Bolton in protecting Vulnerable Adults.

The 2008-2009 report incorporates:

Post inspection activity following the small number of actions recommended by the Care Quality Commission Inspection in 2007:

- **Expansion of the Safeguarding team**
- **Inconclusive Investigation Outcomes**
- **Serious Case Reviews**

Safeguarding Board activity undertaken over the past year:

- **Development of an Adults At Risk Framework**
- **GM Police Force Wide Intelligence Network (FWINs)**
- **Mental Capacity Act 2005 & deprivation of Liberty Safeguards**
- **Independent mental capacity Advocate**
- **Partnership development**
- **Training activity**

The report was shared at the Safeguarding Conference held in Bolton 5 March 2010.

There are no staffing or financial implications arising from this report.

BACKGROUND INFORMATION:

Bolton Local Safeguarding Adults Board

Annual Report 2008-9

Bolton Vision | Safeguarding Adults Board

A Welcome from our Chair…

Welcome to Bolton's 2008-9 annual report of the Adult Safeguarding Board. This is my second year as Chair and I have witnessed improvement again due to the commitment of all involved in adult safeguarding in Bolton.
Personally, it is a privilege to be taking forward and leading our strong and committed partnership, which aims to protect and safeguard the most vulnerable adults in Bolton.

Over the last year, Bolton's safeguarding arrangements have been inspected by the Commission for Social Care (CSCI), now the Care Quality Commission (CQC). Bolton was awarded an "excellent" rating. The inspection highlighted our good working relationships, committed and skilled staff and partners and a clear vision for the future of safeguarding. At present, Bolton is the only Council in England which has been awarded this accolade and we should celebrate this success.
We also recognise that there is still much work to be done. This year we will launch a campaign to raise public awareness of safeguarding and introduce new approaches to help staff work better together. We await new guidance from the Government, which may result in the safeguarding board becoming a statutory body, similar to the children's arrangements. Overall, we are beginning to see the profile of safeguarding being raised, which will bring opportunities for us as well as increasing demands and expectations.

Please take time to read our report, so you better understand what we are trying to achieve and please feel free to offer your comments.
Finally, on behalf of the Board I would wish to take this opportunity to thank workers from all organisations for their continued commitment to safeguarding adults in Bolton.

Best Wishes
John Rutherford
Director of Adult & Community Services, Bolton Council
Chair of the Bolton Adult Safeguarding Board

SERVICE INSPECTION OF INDEPENDENCE WELLBEING AND CHOICE SEPTEMBER 2008

This inspection of Bolton Council services conducted by The Commission for Social Care Inspection had 3 core themes one of which was “People are Safeguarded.” The Inspection looked at how:-

- Bolton safeguards people against possible abuse
- Workers and managers in all sectors respond to, and manage risk
- Partnership working in Bolton, particularly The Safeguarding Adults Board
- Bolton ensures that what we do is effective and delivers good outcomes for vulnerable adults.

The Commission concluded that safeguarding of adults in Bolton was excellent. We are the first council to receive this top rating.

The inspectors enjoyed meeting representatives from Council and its partner agencies. These are some of the ways we impressed them

- Safeguarding , risk management was seen as part of our core business,
- We work in partnership, and share information appropriately to safeguard people.
- Decision making and investigation work by managers and frontline staff is of a high standard,
- We have a number of initiatives that enable us to move swiftly and effectively to respond to suspicions of institutional abuse
- We work hard to support high quality and person centered practice.
- We believe that preventing abuse requires just as much energy as responding to it. As evidenced by work in developing community cohesion, promoting community safety, dignity in care initiatives, quality assurance initiatives.

1.1 The Commissions Key Recommendations

Improve access to advocacy for adults experiencing abuse particularly older adults

- Research why such a high proportion of investigations have inconclusive outcomes and develop training to assess any identified needs.
- Review our training strategy for volunteers
- Develop Serious Case Review Work

1.2 What we learned

The inspection provided us with an opportunity for

- A focused audit of what we have achieved
- Acknowledgement of our strengths
- Identification of what we want to improve on.

The recommendations made by The Commission were areas we had identified in our own self assessment.

The preparation phase reinforced our appreciation that Bolton has good partnerships within public, private and voluntary sector. The support and commitment to safeguarding was very apparent. We realized much of the unseen work by frontline workers who go the extra mile to enable and support some of the most vulnerable people in Bolton.

Post inspection we debriefed and identified further key areas we wished to develop to improve our safeguarding response:-

- Look at how we follow up victims, workers, families and services post investigation to ensure that safeguarding plans and recommendations are effective.
- Consider investigation recording and information sharing issues. Case work documentation is often held by different agencies .We would like to have it all in one place.
- The multiple definitions of "vulnerable adult" need shaping into a shared framework, so that all partners have a consistent and shared understanding of appropriate types of intervention and their role and responsibilities.

POST INSPECTION WORK

2.1 Expansion of The Safeguarding Team

The Transforming Social Care Agenda and requirements of Mental Capacity Act place new emphasis on the broad concepts of safeguarding, empowerment and considered risk taking. The challenging requirement to embed these concepts in every aspect of support, advice and service provision demanded an expansion of resources to support developments within Bolton.

The Safeguarding Team was fully established in November 2009 and consists of:-

- 2 Safeguarding Officers
- 1 Senior Practitioner
- 1 Lead Nurse Safeguarding
- 1 Administrator

2.2 Key Domains of Safeguarding Team Activity

- Raise Public and Professional Awareness- Prevention, Alert ,Response

We are developing Web and Intranet sites so that everyone can access up to date information in formats that are accessible and useful.

We are members of the Workforce Development Group and deliver training and briefings to partner agencies in all sectors.

- Quality Assurance – Improve Outcomes for Vulnerable Adults

The team provides post investigation monitoring of service providers to support the service improvements required and to listen to service users to establish whether they are feel safe and supported,. This work has established positive relationships with service providers who have used the team expertise to raise the level of awareness of safeguarding prevention and response.

- Performance and Quality Assurance

With the appointment of our administrator we are now in a position to set up data collection systems which will more efficiently identify risk themes, and evaluate outcomes. Our new investigation document(se below) has introduced a means to audit the progress of safeguarding referrals to completion of investigation.

- Specialist Skills

An advice line accessible to all partner agencies and occasionally members of the public. We deal with a range of safeguarding, Mental Capacity Act , risk management issues

Where necessary the team provides operational support to complex investigations, and chair Best Interest and Strategy meetings.

We participate in major policy development work, currently this is largely Bolton's preparations for delivering the transforming social care agenda.

2.3 Inconclusive Investigation Outcomes

Early research by Safeguarding Team indicated a level of uncertainty about recording investigation outcomes at final strategy meetings. It was established that "Inconclusive" had a variety of meanings:-no conclusion reached, or more commonly it meant an unwillingness to say whether abuse had occurred or not. This arose from a confusion about required burdens of proof and a lack of confidence in the robustness of evidence gathered by social care staff, who are more familiar with other approaches to the assessment of risk.

An independent consultant was commissioned to research this further and to improve processes to reduce this.

This work has resulted in a pilot safeguarding investigation document, which provides a framework for coherent and systematic collation and recording of information relating to each safeguarding case. Built into the document are key points where a manager must review and justify decisions and finally sign off the investigation with a clearly recorded and evidenced outcome.
An Investigation Practice Tool Kit to assist fieldworkers responsible for coordinating safeguarding casework is also under development.

This pilot is currently running in Adult Social Care – using Carefirst 6 Caseworkers and managers are receiving support and training to use the framework. This support activity is highlighting further areas of skill and policy development required to improve the standard of our investigations.

Discussions have begun with the Mental Health Trust with a view to developing this tool within their data base.

Additionally the consultant is providing some specialist investigation skills training to Social Care/Mental Health fieldworkers in order to improve their competence at gathering reliable evidence.

2.4 Serious Case Reviews

Bolton's Safeguarding Board is developing a lessons learned framework. In the absence of a national adults framework the delivery of an effective Serious Case reviews protocol to correspond to that of Children's Safeguarding is proving challenging.
Bolton's Safeguarding Adults Board has agreed a framework that draws on the learning of safeguarding cases at a number of levels including serious cases. The resulting protocol will be put to the Board for approval at the Spring Board Meeting

NEW SAFEGUARDING BOARD ACTIVITY

3.1 Development of An Adult at Risk Model

The need for this has arisen from the realization that

- Many adults at risk fall outside the No Secrets definition of vulnerability, but do have difficulty in protecting themselves against exploitation or harm. These adults typically use services in The Supporting Housing Sector, are known to primary care mental health services or are Young People Leaving Care, It is felt that these adults would benefit from a coordinated safeguarding intervention – despite being ineligible for assessment or services from Adult Social Care.
- Some adults who fall under the No Secrets definition of vulnerability (Notably those who have capacity to determine how they wish to safeguard themselves) do not need or sometimes want the full multi agency response coordinated by Adult Social Care. What they need is timely and proportionate responses by appropriate professionals who are best placed to support and advise.
- There is sometimes inconsistent application of the No Secrets procedures because of uncertainty amongst professionals who are trying to balance responsibilities to safeguard against adults rights to self determination, privacy and respect for family life. We also realize that in the complex world of services to adults there is need to better understand and communicate the powers and duties of partner agencies in order to achieve improved safeguarding responses.

The purpose of the Adult at Risk Model is to establish a framework for a shared understanding of risk, vulnerability and intervention in Bolton. The framework intends to establish a basis for a shared and coherent dialogue between adults at risk, the professionals who support them and between agencies. We see the framework as a starting point for such conversations rather than an definitive solution to some of the dilemmas.

The work on the framework has already begun these conversations and has started to unpick some of areas where we need to improve our understandings of partner roles and responsibilities.

We intend to launch the final draft version in March 2010.

3.2 Greater Manchester Police Force Wide Intelligence Network (FWINs)

The police code incidents to indicate whether there are "welfare concerns" relating to individuals with whom the police have had contact. In October the safeguarding team agreed to work with the police to look at the range of concerns and possible risks presented.

The sharing of such information provides a means to cross reference risk indicators and opportunity to follow up where appropriate with support to safeguard people who may need this.

3.3 Analysis

In the period 11 October 2009 – 11 December 2009 183 FWINs were received by Safeguarding Adults Team

41% concerned people known to Mental Health or Social Care Services
8% required new referrals to Mental Health/Social Care
49% concerned people who we regard as mental/health Social care business
51% concerned people not regarded as mental health/social care business

Identified significant neglect/abuse concerns prompting a No Secrets safeguarding enquiry, one of which also involved safeguarding children.

Mental health/Social care found the FWIN provided useful assistance to the understanding of risk and need in current cases.

The FWINS identifying repeat call outs to police has triggered increased monitoring of people known to adult Social Care/mental heath Services or have caused us to consider the need to follow up to establish more clearly whether the person wants/needs assistance.

Case Study

In a 2 week period FWINs identified numerous attendances by police to a particular vulnerable adult. Follow up enquiries evidenced that the adult had also had several contacts with The Accident and Emergency Department, Ambulance Service, and Primary Health Services. Conversations with the family indicated that they and the adult were facing difficulties over and above what the above services were currently aware of. Each service was responding to each contact by the adult but without knowledge of the bigger picture, or a collective risk analysis.

The Safeguarding Team convened a meeting of key managers of appropriate adult and child services which resulted in a coordinated support and management plan for the adult and family members.

The family wrote a letter of appreciation

The high percentage of referrals not regarded as Social Care/Mental Health core business requires further analysis. The perception is that a significant proportion of these people exhibited concerns due to alcohol or drug intake, or low level mental health issues. FWINs highlight the need for more consistent and shared interpretations of vulnerability and response to risk which will begin to be addressed by the Adult at Risk Model.

THE MENTAL CAPACITY ACT 2005 AND DEPRIVATION OF LIBERTY SAFEGUARDS

The Mental Capacity Act has established a framework for supporting people who may lack the capacity to make decisions for themselves about their care, health or finances.
The Deprivation of Liberty Safeguards (DOLS) came into effect on 1st April 2009 provides a statutory framework to safeguard adults who lack capacity and may need to be deprived of their liberty to receive appropriate care and treatment.

Preparation and ongoing work for implementation of DOLs has been led by The Safeguarding Team and has resulted in:-

- Bolton Council and Bolton PCT both have DOLS panels who endorse the Authorisation to Deprive a Person of their Liberty or endorse the decision not to Grant and Authorisation, the respective panels (DOLS PCT Panel & Bolton Council Supporting Independence Panel) are able to and have made additional conditions to an Authorisation. When an Authorisation has not been granted the Panels ensure that any recommendations are relayed back to the appropriate fieldwork agency.
- A team of 8 trained Best Interest Assessors (BIA) five of whom are also Approved Mental Health Professionals (AMHP). Mental Health Assessors (Section 12 Doctors) have been sourced from GMW on a case by case basis.
- Fostering a positive network with Salford to access independent DOLS Assessors for people living in care homes managed by Bolton council.
- Providing awareness training to key managers and front line staff in Residential Homes, the NHS Trusts, and Adult Social Care
- Providing specific support and guidance to managers and staff
- Updating our Multi Agency Mental Capacity Practice Guide and formalizing The Section 75 Agreement between the Council and The Primary Care Trust to explain and underpin the requirements of a very complex process.
- Advising staff and families with queries about the process and offering practical support
- Coordinating and administrating what is a time intensive and bureaucratic process and reporting to The Department of Health.

4.1 DOLS Activity April – December 2009

Requests for Authorisations	4 Bolton Hospital	
		4 Residential Care Homes
Outcomes of Requests	1 Authorisation (Bolton Council) made which has now ceased	
		1 Authorisation in place (Bolton PCT0

The requests for Bolton Council have been submitted by both Private Care Homes (3) and in-house providers (1). The requests for Bolton PCT have all come from the NHS Royal Bolton Hospital, 3 from Acute Wards and 1 from a Psychiatric in Patients Ward.

The activity in Bolton has been lower than the Department of Health projected activity. This has been largely replicated across the Northwest region registering a total of 24% of the projected Department of Health activity.

However the recorded activity demonstrates the robust nature of Bolton's operational management arrangements for Deprivation of Liberty Safeguards. We have a streamlined process for both Supervisory Bodies i.e. Bolton Council & Bolton PCT through the Safeguarding Adults Team.
The pathways have enabled us to deal with requests for authorization efficiently and effectively.

- All 8 requests have all been urgent
- 7 requests were responded to within the required timescales
- 1 request needed an extension of 7 days
- A referral has been made to North West Advocacy Services to provide an Independent Mental Capacity Advocate 39D (IMCA) to support the person's representative who is currently subject to a Deprivation of Liberty Authorisation.

Deprivation of liberty safeguards in practice has built upon positive multi-agency/multi-disciplinary practice and ensured positive outcomes for the individuals The safeguards determine that they are in receipt of a package of support that is in their best interests (compliant with Mental Capacity Act) and is delivered in the least restrictive way.

Where Authorisations have been granted then the individual and their representative are able to challenge that decision through the Court of Protection (i.e. Legal redress).

4.2 Independent Mental Capacity Advocates

Bolton commissions its IMCA Service from North West Advocacy Services
Bolton has referred to use an IMCA for a range of needs when an adult lacks capacity and decisions need to be made about

- where they live
- whether they need to receive serious medical treatment,
- where there are significant safeguarding concerns and there is no family or friend to speak on their behalf,
- to assist a persons representative (if needed) when a DOLS Authorisation has been granted

4.3 We have used the IMCA 36 times December 2008 - December 2009

- Change of Residence 9
- Serious Medical Treatment 6
- Care Review 3
- Safeguarding 14
- Inappropriate referrals 4 (i.e. when an IMCA does not have the power to become involved)

Case Study - Serious Medical Treatment

An adult with autism and dementia was no longer able to feed himself or make decisions about his health care. The clinical staff needed to consider whether to insert a PEG tube to assist the patient with feeding and nutrition.
The Therapy Team Leader and Learning Disability Liaison Nurse at Bolton Hospital referred to the IMCA.

A Best Interests Conference involved the Clinical, Nursing Staff from the hospital, his Carers, the IMCA and other parties to consider the complexities of the patients condition and his options for treatment. It was decided a PEG was the best option for the patient.

The IMCA stayed involved throughout the process and continued to be involved after the mans discharge, as it was possible that he would be required to change residence if his present carers were no longer able to manage his care once the PEG had been inserted.

In order to further promote the appropriate use of IMCAs in Bolton, North West Advocacy Service has visited several teams in Adult Social Care, Mental Health and Hospital Services throughout 2009 to enhance their understanding of the IMCA role and pathways of referral. They will continue this activity in 2010.

4.4 Mental Capacity and Safeguarding

The Mental Capacity Act (2005) has an increasing relevance for safeguarding and protecting peoples rights to make decisions for themselves where they are able This can have very different out comes as can be seen by the two case studies below.

Case Study - Adults Living with Risk

A vulnerable adult had agreed to a short term residential care placement, post discharge from hospital to allow time for the family and services arrange a move to more suitable supported tenancy. The adult had physical and mental health difficulties in addition to a known resistance to accepting assistance when at home.

Within days the adult requested to go home, despite the risks to safety, health and wellbeing perceived by all services and his family.

A case conference was held involving the family.(The adult declined to attend). It was established that the adult had capacity to understand the risks of returning home to unsuitable accommodation and non acceptance of support. The adult decided to return home the next day accepting minimal support that would only marginally reduce the risks.

Case Study – Balancing Needs

An adult living at home receives numerous services to keep safe and healthy and lives with an elderly main carer. This carer needed a break and without it may have been unable to continue the caring role. The adult who was assessed as not having the capacity to make a decision about her care or treatment, clearly did not want to leave home.

Health and Social care professionals worked together with the carer and used the Mental Capacity Act principles framework to consider all options for providing respite care. The resulting plan was one that determined that the adult would go to residential care home for a shortest possible period of respite. This was the least restrictive option that was practicable having balanced both the adults and carers needs.

Whilst the Deprivation of Liberty Safeguards do not cover such respite situations, the MCA framework proved an invaluable tool to work through decision making, and demanded that the respite was properly reviewed.. The period of respite was invaluable to the elderly carer.

NHS staff need to have the skills to determine what to do when a patient is unable to consent to treatment. A series of workshops have been planned using a theatre company to equip NHS staff with the skills to undertake mental capacity assessments and know how to determine best interest decisions. The training will be offered to staff across the health economy.

SAFEGUARDING ACTIVITY IN THE NHS

The national consultation (report (2009) on 'No Secrets' gave three main messages for the NHS:

- The NHS is struggling to 'own' safeguarding as a concept
- Leadership needs to be clarified
- Engagement of all parts of the NHS is vital

Prior to April 2009 operational safeguarding work in The Greater Manchester Mental Health Trust, NHS Bolton and The Hospital Trust was led by senior staff as a part of their existing job roles. Their significant contribution served to highlight the need for a dedicated resource to carry forward safeguarding within the health sector in Bolton.

In April 2009 a full time Safeguarding Lead Nurse Consultant was appointed to support these senior staff in their safeguarding work. The Nurse Consultant has a remit across the health economy to promote fuller engagement by NHS staff, to promote leadership in safeguarding at every level and to facilitate a cultural shift in attitudes about safeguarding adults. These are lofty ideals and will take time to achieve but some progress has been made in recent months.

5.1 NHS Ownership of Safeguarding

There is already in existence of number of NHS staff across the organisations that have championed safeguarding and established good working practices. This is now being built on to ensure that the NHS in Bolton is engaged in safeguarding at every level.

To facilitate this, an extensive training programme has been initiated by the Safeguarding Adults Lead Nurse to take key safeguarding messages out to teams across NHS Bolton and GMW. This work has complemented what has been already achieved in the hospital by the Senior Nurse for Older People.

Organisation	**Number of staff trained 2008/9**
NHS Bolton	323
Greater Manchester West	171
Royal Bolton Hospital	1532

This training has been delivered to teams within their work environment and whether that is a hospital ward, health centre or Walk in Centre it has enabled staff to think about safeguarding in the context of their everyday work.

For safeguarding to become embedded in an organisation it needs to be 'on the agenda'. There are now regular reports provided to the NHS Bolton Safety Committee and Service Provision meetings to ensure that managers are aware of new developments in safeguarding adults in Bolton and nationally. Within the Hospital quarterly reports are provided to The Governance and Quality Committee. GMW provides regular reports to The Trust Safeguarding Adults Committee which reports to The Clinical and Social Care Governance Committee. The Health Economy Safety Meeting also includes safeguarding within its remit ensuring that lessons learnt are shared across the health economy.

5.2 NHS Engagement in safeguarding

Increased awareness of safeguarding should lead to more referrals by NHS staff concerned about vulnerable people. The safeguarding team Advice Line has received an increase in the number of enquiries from NHS staff regarding both safeguarding concerns and issues related in the Mental Capacity Act.

Case Study

A patient disclosed sexual abuse in a therapy session, but was very apprehensive of the possible consequences of reporting this to any other person, so did not give the therapist permission to share the information with other agencies.

The therapist recognized the risks to the adult and used the safeguarding team advice line as a confidential means to establish what options might be available for the patient. This consultation enabled the therapist to give the patient information about what to expect from services which could investigate, provide health advice or support with safety issues which helped relieve the patient's anxieties about reporting the abuse to another agency. The patient and therapist then discussed the consequences of various options. The patient then made an informed choice about what help to access

Both NHS Bolton and GMW are now using electronic incident reporting systems and this is currently being adapted to be used as a means to report safeguarding concerns. Royal Bolton Hospital has a pro forma for logging safeguarding concerns.

5.3 NHS Leadership in Safeguarding

It has been widely acknowledged that leadership needs to be developed within the NHS at all levels to ensure that safeguarding adults is an essential requirement in the delivery of quality healthcare. In Bolton there is good representation at Executive and Operational Level within the LSAB from across the health economy.

The Mental Health Trust and the Hospital both have a Safeguarding Adults Forums which bring together senior managers to address safeguarding concerns. NHS Bolton has recently started a similar group to reflect the good practice within the NHS in Bolton.

The Safeguarding Adults Lead Nurse work is directed by a steering group comprised of two Assistant Directors and a Senior Manager from the NHS provider organizations, to ensure that developments in safeguarding are shared across the NHS sector in Bolton.

SUPPORTING INDEPENDENCE PANEL

The panel comprises of Safeguarding Team Members, and Heads of Service from Adult Social Care and The Mental Health Trust. It meets monthly and on demand.

The panel supports Bolton's commitment to enabling vulnerable adults to exercise their choice to live independently, be involved in decisions about their lives and choice of support systems.

Bolton recognizes that whilst promoting choice and independence we must build in safeguards to reduce the possibility of avoidable harm and unnecessary risk.
The panel has been established to support Families, Vulnerable adults and Professionals who wish to discuss situations in which vulnerable adults which seem be living with or exposed to an unreasonable level of risk.

The Panel is also The Local Authority (Supervisory Body) executive decision making body which scrutinizes all requests for Deprivation of Liberty Authorisations for adults who are unable to make their own decisions about their care and treatment in residential homes or in hospital.

Case Study

A Care Manager and a Team Leader presented SIP with the situation of a vulnerable adult who lacked capacity make decisions about care or treatment. The adult was in hospital and needed high levels of support on discharge. The adults family were divided about where or how the adult should be cared for. The most vocal family members were advocating a care plan which the Care Manager evidenced in his detailed assessments would carry an unacceptable level of risk, and was therefore felt not to be in the adults best interests. There had been numerous multi disciplinary meetings with the family which had not resolved disagreements and it was recognized that to further prolong the adults stay in hospital was unacceptable. SIP determined that a Senior Manager from Adult Social Care would chair a formal Best Interest Conference with the family. If this did not resolve matters the Senior Manager would be in a position to determine whether the Local Authority needed to refer the decision to the Court of Protection.

SAFEGUARDING IN BOLTON COLLEGE

The college welcomes people with a wide range of vulnerabilities and this year has promoted the safeguarding message with a suite of Be Safe Posters which are visible everywhere. These relate to Forced Marriage, Bullying and Harassment, and Abuse, these posters signpost people to the safeguarding team and pastoral staff within college.

Staff training on safeguarding is mandatory regardless of role to date 455 staff have been trained including governors, designated officers, managers tutors and support staff

SAFEGUARDING WITHIN THE HOUSING SECTOR

Safeguarding is one of 5 mandatory core objectives within the Supporting People Programme. Every service in Bolton funded by the Supporting People Grant is expected to evidence at least the minimum standard and to have an action plan to go beyond the minimum.
Services not achieving the minimum standard are subject to intense supervision by Bolton's Supporting People Team until the standards are sufficiently met. When necessary another provider will be sought.
Bolton's Supporting people Team have developed a Notifiable Incidents Policy where all issues of safeguarding, perceived abuse, significant injury or death are logged monitored and reviewed.

Bolton at Home plays a lead role in the planning and delivery of housing focused safeguarding training to all partner agencies (including domestic violence, MAPPA approaches) within Bolton Community Homes Partnership which includes a range of housing services, landlords and organization. .

There is an integrated approach to risk assessment and management, which includes consideration of both vulnerable adults who cause risk as well as those who are potential victims of abuse.

The Successful Tenancy Plan (Step) across all the housing stock enables a focus on identifying the needs of vulnerable tenants to ensure they are offered the most appropriate assistance to aid the success of their tenancy.

The newly developed Tenancy Sustainment Model has been successful in supporting young adult tenants and includes initiatives to promote safeguarding interests. This model may be expanded to include other vulnerable groups.

THINK FAMILY;- IMPROVING THE LIFE CHANCES OF FAMILIES AT RISK.

Bolton established a Think Family Team in January 2009, one of 15 national pathfinders tasked with finding innovative ways to support vulnerable families. Within such families there are often multiple and complex safeguarding issues affecting children and adults there is often a significant impact on people outside the household, and these situations usually demand high levels of input by a range of council, health and criminal justice agencies. The Think Family Team is a multi agency team (children's and adults services) who support such vulnerable families in a more coordinated and effective way.

To date Bolton's Think Family Team have worked with 30 such families.

Case Study

The parents of a young child who is the subject of a child protection plan are struggling to care for the child. Both parents have long standing alcohol problems, there are signs of domestic abuse in their relationship, one of the parents has a learning disability. Relationships with the neighbours have broken down due to high number of noise disturbance. The Think Family Team has worked together with the Childs Social Worker to safeguard the child and to give the parents every chance to fulfil their parental responsibilities and rights, and to safeguard neighbours rights to a peaceful life.

This has been done by providing

- Direct daily support/contact to the child
- Mediation services to assist the parents resolve their mutual relationship difficulties and improve relations with their neighbours.
- The necessary expert support for each parent to address their drinking
- Support to improve parenting skills.

The outcome for one parent seems positive. This parent is responding to the assistance offered and there is evidence that the drinking and responsible parental attitude to the child are all improving.
The outcome for the second parent is more uncertain. The ability or willingness to change behaviour is much more difficult. The consequences of no change are being made plain to this parent.

RESPONDING TO ABUSE AND NEGLECT

In the period April 2008 – 31 March 2009 we recorded 260 formal safeguarding investigations. As can be seen from the charts below the majority concerned adults using provider services. This a great concern to The Safeguarding Board and Quality in Care group within the Transforming Social Care work stream is due to report on key findings in spring 2010. *(See appendix 1).*

It should also be noted that care services are subject to various forms of formal and informal monitoring and review arrangements e.g. Client individual reviews, visits by family and various professionals, contract monitoring which pick up concerns. The Safeguarding Board is aware that vulnerable adults at home do not necessarily have the same level of monitoring, the resistance to disclosing about family or friends is known to be higher than disclosures against professionals, as such safeguarding issues in domestic settings are likely to be under reported.

Case Study

A safeguarding enquiry began with concerns about the behaviour of a professional toward a vulnerable service user. This enquiry involved the NHS Trust, Adult Social Care, The Care Service and Greater Manchester Police and The Care Quality Commission. As the enquiry progressed a number of other concerns about the standards of care within the service. The enquiries identified a number of essential areas of professional practice that required improvement in order for service users to be supported safely and with dignity.

Fieldworkers, The Safeguarding Team and Contracts Officers from Adult Social Care have worked with The NHS Trust and the Care Provider to deliver on these improvements. Whilst it is the Care Provider who is responsible for delivering the required standards of care the statutory services in Bolton are willing to act in a supportive role to ensure this happens. The managers of this service are now willing and confident to consult and seek advice when needed.

This monitoring and support will continue for many months until everyone is satisfied that the care is safe and dignified for service users.

Financial abuse continues to follow the national trend and be the highest type of abuse reported. It is often difficult to establish whether a person has or has not been abused.

Case Study

Vulnerable adult living in a sheltered housing scheme. The Housing Support Officer identifies concerns about unpaid bills, and claims by the adult that money is missing. Enquiries cannot establish the latter but does highlight the need for financial safeguards as the adult is confused about money matters and is therefore felt to be at risk of exploitation. Working with the adult and family who visit regularly an appointee is decided and a system of household accounting and weekly budgeting is established, the staff from the Housing scheme assist with this. This helps the adult maintain independence with safeguards built in.

TRAINING AND WORKFORCE DEVELOPMENT

Staff Training Undertaken October 2008 – December 2009

Topic	Attendance
Deprivation of Liberty Safeguards General Awareness	425
Deprivation of Liberty Specialist Awareness	137
Mental Capacity Act Awareness	1500
Safeguarding Awareness	491
Safeguarding Specialist	121
Safeguarding & Doorstep Crime Awareness	155

Within the above figures it is relevant to note that 159 people were trained from the voluntary sector as part of our plan to develop awareness within the voluntary sector

In addition to these formal training sessions The Safeguarding Team and professional lead nurses within NHS Trusts have delivered training sessions to team meetings and provider services on specific elements of safeguarding, the new investigation document and The Mental Capacity Act. This has been an effective, and efficient means of training delivery as it is highly responsive to team needs and avoids cumbersome administrative arrangements.

11.1 Training Plan 2010 onwards

This is currently under development and will be published in March 2010.

A recent audit has recognized the need to provide those charged with the responsibility for coordinating and managing safeguarding strategies with increased depth of understanding. This is reflected in the 2010 training plan

TRANSFORMING SOCIAL CARE

This agenda for change is currently under development. Within Bolton there are several work streams in which safeguarding perspective is seen as a vital component. The safeguarding team are represented in:-

- The Core Project Group
- Quality in Care
- Service Brokerage
- Assessment and Review

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Safeguarding Adults Team
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