WORKING IN PARTNERSHIP WITH LOCAL PEOPLE AND

ENFIELD Council

NHS
Enfield
Clinical Commissioning Group

Barnet, Enfield and Haringey NHS Trust

Royal Free London NHS Foundation Trust

North Middlesex University Hospital NHS Trust

London Ambulance Service NHS Trust

ageUK

CareQuality Commission

METROPOLITAN POLICE
Working together for a safer London

LFB
LONDON FIRE BRIGADE

over 50s forum

One to One
People with Learning Difficulties Making Life Better
FOREWORD FROM THE CHAIR

I am pleased to be writing the foreword for the Enfield Safeguarding Adults Strategy. This is the third year I have been the Independent Chair of Enfield Safeguarding Adults Board. This is the third Strategy that the Board has produced. Each of them has described what we propose to achieve in the next 3 years. We carefully monitor our progress against the actions we have agreed.

For the next 3 years we are determined to ensure that we prevent abuse wherever possible and raise public awareness of what to do if abuse is suspected. Our priority is also to ensure we respond quickly and appropriately to allegations of abuse and secure a good outcome for the victims of abuse. We also want to ensure that all organisations who provide services are supported to provide the highest quality care and that staff are well trained. We will ensure that all organisations learn lessons when things do go wrong so mistakes are not repeated. We are going to fully involve all people who are the victims of abuse in the investigation and make sure that their wishes are taken into account when we work to protect them in future.

Much has been achieved over the last 6 years but there is always more we can do. The Care Act gives partner organisations new responsibilities and calls for a different approach to safeguarding adults where we work more in partnership with the adult at risk. Enfield Safeguarding Adults Board is a strong partnership and I would like to thank all partner agencies for their contributions to the Board and to this strategy.

This new strategy builds on the successes of the last 6 years. We have consulted widely with organisations and the public in Enfield and I would like to thank everyone who gave us their comments, they have all been taken into account in the production of this strategy. We aim to continue to prevent abuse by ensuring that many more people who live and work in Enfield know what to look out for and who to contact for advice and support.

Our action plan demonstrates that we are serious about measuring the difference we have made as a Board over the next 3 years.

This is a time of great challenge for all partner organisations in these times of austerity but we are determined to ensure as a partnership that safeguarding adults remains a high priority.

Thank you for your interest in this strategy. Together I hope we can ensure that our community and partner agencies do all we can to prevent abuse and reduce the harm caused when abuse does occur.

Marian Harrington
Independent Chair of the Enfield Safeguarding Adults Board
WHAT IS ABUSE?

Abuse is a violation of an individual’s human and civil rights by any other person or persons and is a crime.

Adult safeguarding applies to all adults who are over 18 years of age who have care and support needs, and who are experiencing, or are at risk of, abuse or neglect, and are unable to protect themselves.

An adult with care and support needs may be:

- An older person,
- A person with a physical or learning disability or a sensory impairment,
- Someone with mental health needs, including dementia or a personality disorder,
- A person with a long-term health condition,
- Someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living,
- A carer, providing unpaid care to a family member or friend.

Adult safeguarding applies whatever setting people live in, and regardless of whether or not they have mental capacity to make specific decisions at specific times.

An adult at risk could also include someone who does not receive community care services but because they have been abused or are at risk of being abused, they could become vulnerable. The adult may not be able to protect themselves against harm or abuse. Abuse can take many forms, including the following:

- Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions
- Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence
- Sexual abuse – including rape, sexual harassment, inappropriate looking or touching, subjection to pornography or sexual acts to which the adult has not consented or was pressured into consenting
- Psychological abuse – including emotional abuse, threats of harm or abandonment, humiliation, blaming controlling, intimidation, isolation or unreasonable and unjustified withdrawal of services or supportive networks
- Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult’s financial transactions, or the misuse or misappropriation of property, possessions or benefits
- Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use coercion and deceit
- Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion
Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home.

Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

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

OTHER TYPES OF ABUSE

The Domestic Abuse definition includes coercive control which is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Hate crime - A crime motivated by racial, sexual, or other prejudice.

Female Genital Mutilation – also known as female circumcision or female genital cutting, is defined by the World Health Organisation (WHO) as “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons”.

Are you or a person you know at risk of or experiencing abuse? Please do not keep silent. Please ring the Enfield Adult Abuse Line where you will be listened to and your concerns taken seriously. Telephone: 020 8379 5212
CONTENTS

AIMS AND OUTCOME 5
SAFEGUARDING ADULTS IN ENFIELD 6
NATIONAL AND LEGAL DRIVERS FOR THE BOARD 10
CONSULTING WITH LOCAL PEOPLE 13
APPENDIX A: OUR ACTION PLAN 14
AIMS & OUTCOME

This strategy is about preventing and responding to the abuse of some of the most vulnerable people in Enfield. It is about ensuring adults at risk are supported, their dignity is respected and they can live free from harm and abuse. We believe that everyone who works, lives and visits Enfield can contribute towards making the borough a safer place.

Our priorities are that we work with local people and our partners to:

- **stop abuse** or neglect wherever possible;
- **prevent** harm and **reduce the risk** of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making **choices and having control about how they want to live**;
- **promote** an approach that concentrates on **improving life** for the adults concerned;
- **raise public awareness** so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in **accessible** ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- **address** what has caused the abuse or neglect.

We (the Safeguarding Adults Board) are responsible for assuring ourselves that local safeguarding arrangements and partners act to help and protect people in Enfield. From April 1, 2015 Safeguarding Adults Boards became statutory, which will have a positive effect on how we all work together to keep people safe.

We will achieve the following through our three year strategy:

1. Demonstrating across the partnership that people can access support at the earliest time to reduce or prevent the risk of harm (prevention)
2. Where it is identified that people are isolated and lonely and potentially at risk, **partners have agreed a pathway for facilitating support** (prevention)
3. Demonstrating work with people at risk of harming others (protection)
4. Demonstrating that everyone is supported to make decisions about keeping themselves safe (proportionate)
5. Ensuring Cabinet, Board and Executive level engagement across the partners in safeguarding adults (partnership)
6. Demonstrating that people are supported to achieve their outcomes (empowerment)
7. Demonstrating that the Safeguarding Adults Board fulfils its statutory responsibility (accountability)
8. Publishing our strategy and annual action plans (accountability)
SAFEGUARDING ADULTS IN ENFIELD

INTRODUCTION

We recognise the success of the delivery of this strategy is reliant on partners working together well. The Care Act 2014 has placed a duty on partners to co-operate and share information, but in addition to that the Board recognises we need to be clear on our vision and aims for the coming years so that we can achieve all we have set out.

It is often said that prevention is better than cure. We know that people are being harmed often by the very people they should trust. This strategy will help us to set out what we can do together to help stop abuse from happening in the first place.

We want to make sure that when harm does occur the care and support provided is person-centred and that adults at risk are able to maintain choice and control of their decisions. We want to enable people to resolve their circumstances, recover from abuse or neglect and realise the outcomes that they want. Where an individual might need assistance to make decisions we will ensure they have the necessary support to enable this.

Abuse is always wrong. We will take swift action when harm does occur and have a robust partnership response so that adults at risk, and others who may be affected by the abuse, are safeguarded. Our focus on prevention within this strategy will not be at the expense of action to stop and have regard to the consequences for those alleged to have caused harm.

People have complex lives and being safe is only one of the things they want for themselves. We believe professionals should work with the adult to establish what being safe means to them and how that can be best achieved.

OUR FAMILIES EXPERIENCE

A couple lived together and were visited by their adult son, who has issues with the use of alcohol. It was found by a visiting professional that the couple’s finances were being affected by the son taking money from his parents. In addition the couple felt frightened by his behaviour but did not feel able to say no due to pressure from the son. A safeguarding adults alert was raised and a social worker visited the couple to talk through what they would like to see happen and their aspirations for the future. It was made clear that they wanted, despite the abuse, to maintain a relationship with the son but with boundaries. The couple were provide with counselling which helped them work through their feelings about their son and how to feel empowered to say no. Community alarm was also put in place so that they could call for help when he came to the house but would not leave. Continued monitoring of the situation was put in place with effort to engage the son in alcohol abuse services.
WHAT IS SAFEGUARDING?

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent abuse and stop the experience of abuse or neglect.

WHY A LOCAL STRATEGY?

Safeguarding really is everyone’s business and a local strategy is key to supporting our work with local people and with partners to ensure that adults who may be at risk are:

- safe and able to protect themselves from abuse and neglect;
- treated fairly and with dignity and respect;
- protected when they need to be;
- and able to easily get the support, protection and services that they need

Our strategy sets out where we want to get to and how we can evidence that we have achieved these aims.
ENFIELD SAFEGUARDING ADULTS BOARD

The main objective of the Safeguarding Adults Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area. The Board in Enfield has an independent chair and is made up of the following partners:

- Police
- Enfield Clinical Commissioning Group
- London Ambulance Service
- London Fire Brigade
- Enfield Healthwatch
- North Middlesex Hospital NHS Trust
- Royal Free London NHS Hospital Trust
- Enfield Local Authority
- Enfield Safer and Stronger Communities Board
- Age UK
- One to One Enfield
- Enfield Disability Action
- Barnet Enfield and Haringey Mental Health Trust
- NHS England
- Care Quality Commission

Additional partners may be co-opted onto the Safeguarding Adults Board in order to support the Board to effectively carry out its duties. The Board are here to assure and hold partners to account, but also recognise the need to facilitate interventions when the safety of adults is at serious risk.

The Board also wishes to acknowledge the contribution of related partnerships that maximise the impact of its work and to meet broader agendas. Some of the partnerships we work with include the Enfield Safeguarding Children Board and Health and Wellbeing Board; we have found a joined up approach is helping us moving forward to tackle issues such as Female Genital Mutilation and considering how to support adults who may have been the victim of child sexual exploitation or another form of abuse.
THE SAFEGUARDING PRINCIPLES

The Care and Support Statutory Guidance issued under the Care Act 2014 sets out six principles. These principles help us as a Board to set out how we will work together and with adults at risk of abuse.

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

“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

**Prevention** – It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

**Proportionality** – The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”

**Protection** – Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

**Partnership** – Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse.

“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

**Accountability** – Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

HOW WE WILL GET THERE

These 6 principles form the basis of our safeguarding adults strategy action plan, in which we set ourselves as a Board, the wider partnership and communities specific actions to prevent and respond to abuse. Our priority items identified through our consultation are set out in our plan found in Appendix A. Our full action plan which sets out responsible person, tasks to meet each objective and timeframe can be found on our website.

The Safeguarding Adults Board will agree annual action plans and as required new tasks identified throughout the delivery of this strategy will be included.
NATIONAL AND LEGAL DRIVERS FOR THE BOARD

Although protecting adults from abuse or neglect has been a priority for local authorities for many years, there has never been a single legal framework for adult safeguarding.

The Care Act 2014 sets out the first statutory framework for safeguarding adults and uses as its terms of reference the report of the Law Commission into adult safeguarding published in 2011.

Key elements of the Care Act are:

- Safeguarding Adults Partnership Boards on a statutory basis.
- Core membership of the Board to consist of the Local Authority, Clinical Commissioning Group and Police.
- Partners or organisations must provide information to the Board as requested
- Carry out Safeguarding Adult Reviews when someone with care and support need dies or is seriously injured as a result of abuse or neglect and there is concern that the local authority or its partners could have done more to protect them
- Annual Report and Strategic Plan for the Board to be published.
- Arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required

The Local Authorities has the lead to make enquiries, or ask others to make enquiries, when they think an adult with care and support needs may be at risk of abuse or neglect in their area and to find out what, if any, action may be needed.

This strategy has been developed to ensure that the requirements of the Care Act 2014 will be implemented with the support of the partnership and local communities.

MAKING SAFEGUARDING PERSONAL

In Enfield the adult at risk is the most important person in safeguarding; to be able to maintain their choice and control over their situation and have outcomes that not only make them feel safe, but contribute to their overall wellbeing.

Making Safeguarding Personal is to bring about more person-centred responses, which can be beneficial to people in safeguarding circumstances. It is about exploring with the adult at risk of abuse (and/or their representatives, advocates or Best Interest Assessors) the options that they have and what they choose to do about their situation. Our strategy is aimed at improving outcomes, which means asking the adult at risk what they want at the beginning and throughout the safeguarding intervention. It is important for the adult at risk and for those who support them that we ask at the end of the safeguarding process to what extent their outcomes have been achieved.
MENTAL CAPACITY ACT

The Mental Capacity Act (MCA) says that a person is unable to make a particular decision if they cannot do one or more of the following four things:

- understand information given to them
- retain that information long enough to be able to make the decision
- weigh up the information available to make the decision
- communicate their decision

The Mental Capacity Act is a law about making decisions and what to do when people cannot make some decisions for themselves. When people cannot make a decision for themselves, this is called lacking capacity.

The MCA protects people’s basic human right to live the lives that they choose as far as they are able. This strategy is about integrating the principles of the MCA into care planning and practice to transform the experience of adults with care and support needs.

ONE PERSON’S EXPERIENCE OF THE DEPRIVATION OF LIBERTY SAFEGUARDS

An individual with a severe learning disability and sight impairment lived in a care home where he stayed for his safety under a Deprivation of Liberty Safeguard. This individual was not allowed to access certain areas of the home during periods in the evening, which was felt by professionals to restrict his choice and control and having the same freedoms as one is entitled to. Working with the care home the policies were changed, so that this individual was able to access the kitchen in the evening and contribute to this placement feeling more like a home. The outcome meant that others living in the care home also had more choice and control over their environment and activities they can undertake.
DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

The Deprivation of Liberty Safeguards are for people in a hospital or care home, who for their own safety and in their own best interests, need to receive care and treatment that may have the effect of depriving them of their liberty, but who lack the capacity to consent to these arrangements.

Deprivation of Liberty Safeguards are the way to give people the protection they need when they are being cared for or treated in ways that deprive them of their liberty.

The deprivation of a person’s liberty is a serious matter and should not happen unless it is absolutely necessary. These safeguards have been created to ensure that any decision to deprive someone of their liberty is made following defined processes and in consultation with specific authorities.

Enfield’s strategy has been developed to ensure not only compliance with the DoLS, but that we can go further to prevent abuse and harm through identifying those who lack capacity and may be at risk.

ADVOCACY

The local authority must involve people in their assessments and in planning and checking their care and support.

If people find it difficult to be involved and there is no-one else to speak for them, the local authority must find that person an independent advocate.
CONSULTING WITH LOCAL PEOPLE

Working with our local communities is important to help make sure everyone can access help and support if they are at risk and they can recognise abuse and report this. Often friends and family are good at noticing when people might have been abused or are in services where they are not safe. People who live, work and study in Enfield are important partners in helping to raise awareness, knowing how to protect people and how to report abuse. We actively seek views of service users or their representatives to ensure we hear what their views and experiences are, what we do well and where we can make improvements.

It’s important that people feel listened to and are able to state what outcomes they want from the outset of any safeguarding processes and that they are involved throughout.

We want to make sure:

- People are aware of safeguarding and know what to do if they have a concern or need help
- Recognise abuse when it takes place
- Know who to contact in case of abuse
- Feel listened to and are able to say what they want
- Are involved and maintain choice and control
- People are communicated with clearly
- People are aware of risks and maintain choice and control over their circumstances
- People feel and are safer as a result of safeguarding action being taken

This strategy has been written with the direct contribution of the service users, carers, and local residents which have responded to the consultation. Full results on the consultation can be found at www.enfield.gov.uk. Suggestions by those who responded have been included in the Board’s action plan, and include for example:

- A number of people wanted more access to CCTV and panic alarms, so we have included this in our Board’s action plan at quarterly meetings
- Many people wanted a single hotline to report abuse and that this can be done confidentially. In Enfield we have the Adult Abuse Line (tel: 020 8379 4432), so we know that we have to publicise this much more so everyone is aware it exists.
- One person stated that ‘no patient on any hospital ward should ever die, or even suffer, from dehydration or malnutrition… the common factor in all these scenarios is that they involve basic care and not high tech nursing.’ The partnership is looking at how we can challenge dehydration by scoping the issue and gaining assurances from providers and commissioners that this issue is being addressed

We will review our Board action plan on a yearly basis and continue to seek the views of service users, carers and local residents for issues that matter to them most.
APPENDIX A:

OUR SUMMARY ACTION PLAN

KEY PRIORITY 1: EMPOWERMENT

PEOPLE BEING SUPPORTED AND ENCOURAGED TO MAKE THEIR OWN DECISIONS AND INFORMED CONSENT

The Partnership will develop strategies for management of self neglect, hoarding and honour based violence and domestic abuse which enables adults to have choice and control.

The Board will assure itself that adults at risk are involved strategically in safeguarding and through to involvement in individual cases.

We will ensure children and young people are aware of adults at risk and who they can speak to if they have concerns.

Board partners to provide assurances that they can achieve requirements of ‘Making Safeguarding Personal’.

Empowerment Outcomes we expect to see and report on:

Guidance available that supports staff to deal with specific safeguarding issues with adult at risk central to interventions and support

Evidence of service user, carer and patient engagement at strategic board level, in partner organisation safeguarding development, and through to the safeguarding adults process

Data show that children and young people have information, understanding and feel able to report concerns

All partners are working to the ethos of Making Safeguarding Personal and have action plans that demonstrate deliverance.

KEY PRIORITY 2: PROTECTION

SUPPORT AND REPRESENTATION FOR THOSE IN GREATEST NEED

Safeguarding Adults Board will meets its statutory requirement as set out by the Care Act 2014

The Board will clarify the surveillance and community alarm options for adults at risk and their representatives and have assurances this in within legal parameters

Partners on the Board will facilitate intervention on the issue of dehydration and hold providers to account for implementation

Protection Outcomes we expect to see and report on:

There is a Safeguarding Care Act Implementation Group which reports and is accountable to the Board

Surveillance or community alarm options are set out and we are able to report back on uptake

Through quality checks we can evidence that dehydration interventions are being appropriately implemented by care providers
KEY PRIORITY 3: PREVENTION

IT IS BETTER TO TAKE ACTION BEFORE HARM OCCURS

Our local health economies will be monitored and have indicators that ensure people are kept safe from abuse.

Board will have partnership data through an integrated performance report from the Police, Local Authority and CCG.

The Board will develop and deliver on creating pathways of support for those isolated and at increased risk of abuse and exploitation.

Prevention Outcomes we expect to see and report on:
Partnership demonstrates through Board and Quality Assurance Groups that we are acting on data to prevent harm.

Board meetings have partnership data report which informs trend and theme analysis to support performance risk prediction.

Partnership approach to identifying isolated individuals who we can evidence are able to access support from across services.

KEY PRIORITY 4: PROPORTIONALITY

THE LEAST INTRUSIVE RESPONSE APPROPRIATE TO THE RISK PRESENTED

The Board will support strategic discussions around the Multi-Agency Safeguarding Hub (MASH) for adults at risk, to ensure information sharing and cooperation in line with the Care Act.

We will seek service user feedback from those who have been harmed to improve practice.

Board will facilitate pathway programme in place for people at risk of harming others.

Proportionality outcomes we expect to see and report on:
Our recording can inform practice and provide aggregated outcomes for the SAB.

Feedback from adults at risk confirm that they feel safe and have a positive experience of care and support.

People at risk of harming others access support to prevent harm or prevent repeat abuse.
KEY PRIORITY 5: PARTNERSHIP

LOCAL SOLUTIONS THROUGH SERVICES WORKING WITH THEIR COMMUNITIES. COMMUNITIES HAVE A PART TO PLAY IN PREVENTING, DETECTING AND REPORTING NEGLECT AND ABUSE.

Develop a quality assurance framework for the Board to embed learning culture across the partnership

Partners will provide assurance to the Board that their service provision is in line with the Dignity Standards

We will strengthen the partnership between Board and the voluntary sector

Partnership outcomes we expect to see and report on:

The Board has set out how it will quality assure itself & partners, with a timetable in place and activities underway

We can look at the strategic plans of partners on the SAB and find evidence of safeguarding adults

Voluntary sector report feeling more engaged with safeguarding through the SAB and evidence of more joined up activities as reported in the annual report.

KEY PRIORITY 6: ACCOUNTABILITY

ACCOUNTABILITY AND TRANSPARENCY IN DELIVERING SAFEGUARDING

Board will set out its arrangements for peer review and self-audits

Board will assure itself that decision to proceed under safeguarding and decisions to prosecute are transparent

Carry out Safeguarding Adults Reviews (SAR) were there is a statutory obligation and ensure learning is widely disseminated

Accountability outcomes we expect to see and report on:

Board has evidence of how it has been audited against statutory requirements and action plans in place to address gaps

We can evidence number cases which went to prosecution and access to justice system

SAR included in annual report and wider learning across the partnership with action plans in plan
If you would like to speak to somebody about this strategy document please contact the Development Manager – Safeguarding Adults on 020 8379 4432.