

BRIEFING NOTE

Agenda Item no. 6

TO: Overview and Scrutiny
DATE: 12th July 2012

RE: ADULT SAFEGUARDING

Purpose

This report is to update the Overview and Scrutiny Panel on the work being undertaken to safeguard adults at risk of harm in Walsall

Adult Safeguarding

Adult Safeguarding is a key responsibility of the Director of Adult Social Services and the role of ensuring safety is shared with other partner agencies such as the police and the health service. Co-ordination and strategic direction is through the Walsall Adult Safeguarding Partnership Board (the Board). The Board has an Independent Chair and members of the Board are from police, health, fire service, mental health services, children's services, commissioners, voluntary sector and the college. One of the fundamental principles of safeguarding work is that it should be undertaken in partnership with other relevant agencies. Walsall currently has an Adult Safeguarding policy and procedures and the Board has agreed that these will shortly be updated by the incorporation of the Pan West Midlands Adult Safeguarding policy and procedures, which have been jointly developed by all the West Midlands local authorities. .

There are national guidelines for Adult Safeguarding: 'No Secrets' (published in 2000 – reviewed 2009) and standards published by the Association of Directors of Adult Social Services (ADASS). Following the Law Commission review of social care legislation in 2010, the government proposed legislation to put Adult Safeguarding on a similar statutory basis to Children's Safeguarding. A White Paper is expected very shortly.

The work of safeguarding adults falls broadly into two areas:

- the investigations of concerns about individual adults at risk who may have been harmed, whether in their own home or in residential care
- the wider role of promoting Adult Safeguarding awareness and working in areas under the broader safeguarding umbrella, such as domestic abuse, hate crime, community safety and substance misuse

The definition of abuse of individual adults at risk is:

'... a violation of an individual's human and civil rights by any other person or persons which may result in significant harm.'

For the purpose of collecting national statistics on adult abuse, it is divided into the following categories:

- physical
- sexual
- psychological/emotional
- financial and material

- neglect and acts of omission
- discriminatory
- institutional.

In relation to individual concerns, during the year 2011/12 the directorate dealt with 784 referrals. The concerns ranged across all types of abuse in broadly the following proportions:

Type of abuse	% of referrals
Physical	35
Sexual	5
Emotional	14
Financial	18
Neglect	24
Institutional	3

Just under two thirds of referrals concerned people over the age of 65 with a significant proportion of concerns in other client groups being about people with a learning disability with smaller numbers about people with mental health needs and those with a physical disability.

The process of carrying out investigations into allegation of abuse is undertaken as far as possible in partnership with the adult at risk, and it is important that people are encouraged to make their own choices and decisions about the process of the investigation and the final outcome. The Adult Safeguarding Board had identified what people can expect if they need help from adult safeguarding:

- We will work together to reduce the risks to your safety and well being and to keep you safe
- We will work together to help you if you are harmed
- We will take notice of what you tell us about what you want to happen and try to do what you want
- You will know who does what job and how to get hold of all the people who work in adult safeguarding
- You will have the chance to tell us what you think worked well and what could be better and we will take notice of what you say
- If we can't do something you have asked for, we will tell you why not

In addition to responding to allegations of abuse or neglect, adult safeguarding is also responsible for ensuring that, where people lack capacity, all decisions are taken in their best interests in line with the Mental Capacity Act 2005 (MCA), and that all hospitals and residential/nursing homes are compliant with the MCA safeguards on detaining people in the home or hospital. This requires an assessment to be made under the Deprivation of Liberty Safeguards to ensure that, where it is necessary for a home or hospital to prevent someone from leaving, it is in their best interests.

The Adult Safeguarding Unit (ASU) also undertakes large scale investigations into residential or nursing homes where there are concerns about issues of abuse that affect all the residents. These are always carried out in close co-operation with internal colleagues and external partner agencies such as health.

Safeguarding is not just about protecting individuals from harm, there is a wider safeguarding agenda and the ASU has a key role in working alongside partners to address issues such as hate crime, domestic abuse, safer communities and health and well being for adults at risk. The development of personalisation and the growth of individual budgets has presented opportunities to take a positive approach to risk. When people have the chance to commission their own services or employ personal assistants, it is important to assess the potential for abuse, but also to promote the opportunity for people to be in control of their own lives by identifying measures to limit the risks as far as possible.

We are also active in raising awareness of abuse of adults at risk and the safeguarding services available. The ASU are active in using a wide range of approaches to raise awareness and regularly give presentations to community groups and attend local events to promote safeguarding services. We have found that many people and organisations had little or no idea about adult safeguarding and the support available for people experiencing abuse or neglect, or what steps to take if they are concerned. The requests for our information sharing and awareness raising sessions are increasing and we are currently doing 3 or 4 sessions a week.

We are hoping to deliver a wider publicity campaign in the near future.

Adult abuse does not have the high public profile of child abuse, although recent high profile cases such as Winterbourne View have begun to attract public attention. However, there is still much to be done before people are as willing to report concerns about adults or even to recognise when people are being harmed.

Recommendations

The committee are asked to note the contents of this report

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