



Barking and Dagenham
Safeguarding Adults Board
Revision to Strategic Plan 2019-22
Priorities for 2021 – 2022
with a view to 2022 – 2023 and beyond

“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 and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.”

Organisations should always promote the adult’s wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating ‘safety’ measures that do not take account of individual well-being, as defined in Section 1 of the Care Act.”

Care & Support Statutory Guidance, para 14.7 – 14.8

1. About Safeguarding

The Care Act 2014 set down for the first time a statutory basis for safeguarding vulnerable adults and the strategic framework that governs local partners' collaboration around adult safeguarding. The safeguarding duties apply to an adult who:

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

In relation to the first point, in particular, the absence of a requirement of formal identification of the care and support needs means that there must be an openness about when and how suspected abuse is responded to. Care and support needs may not be apparent, and the vulnerability of the adult at risk can be difficult to assess in the first instance. This applies equally to the strategic work of the Safeguarding Adults Board. There are many inter-related areas that cross into the work of the Safeguarding Adults Board, through the work of the children's safeguarding arrangements, the Community Safety Partnership and the Health and Wellbeing Board.

In terms of what 'abuse' may encompass, the Care Act Guidance is very clear on not limiting the definition to any particular set of presenting issues. A non-exhaustive, but illustrative list, may include:

- Physical abuse (assault, hitting, misuse of medication, restraint);
- Domestic violence (including coercive behaviours, physical or sexual assault);
- Sexual abuse (rape, indecent exposure, subjection to pornography or witnessing sexual acts);
- Psychological abuse (emotional abuse, threats of harm, controlling, intimidation, isolation);
- Financial or material abuse (theft, fraud, coercion about financial affairs, misuse of property);
- Modern slavery, human trafficking and forced labour;
- Discriminatory abuse (harassment, slurs relating to 'protected characteristics');
- Organisational abuse (neglect, poor care practice or abuse in an institution such as a care home);
- Neglect and acts of omission such as ignoring medical, emotional or physical care needs, or withholding the necessities of life, such as medication, adequate nutrition and heating;

- Self-neglect (neglecting to care for one's personal hygiene, health or surroundings, or hoarding).

Incidences of abuse may be one-offs, or represent patterns of behaviour; they may affect a single individual, or multiple people, whether at a single location such as a care home or across a wider community. It is essential, therefore, that there are the mechanisms in place to track incidences, understand the patterns, and 'join up the dots' where a series of incidents suggests a wider and more concerning trend.

2. The role of the Safeguarding Adults Board

The Safeguarding Adults Board brings together the main partners whose work is crucial to supporting people who are vulnerable to increased risk because of their care and support needs. The core statutory partners of the Safeguarding Adults Board are:

- The local authority, whose duty it is to convene the Board;
- The Clinical Commissioning Group, who are responsible for the commissioning and quality oversight of local health services;
- The local Police service.

The SAB is independently In Barking and Dagenham, it has been recognised that a much wider range of partners contribute to day-to-day work with vulnerable people. The Safeguarding Adults Board membership has therefore been expanded to include:

- The two major NHS providers of healthcare services to the community of Barking and Dagenham: North East London NHS Foundation Trust and Barking, Havering and Redbridge University Hospitals NHS Trust;
- The London Fire Brigade;
- The National Probation Service, London region.

There are three major requirements of a Safeguarding Adults Board, set out in the statutory framework:

- The requirement to set out a strategic plan, which is this document;
- The requirement to report annually on the performance of the local safeguarding systems, the conclusions of which have informed the development of this plan; and
- The requirement to hold a formal investigation (known as a Safeguarding Adults Review) where there is a case of death of someone from suspected abuse or neglect, or where there was abuse or neglect of great severity from which learning could and should be taken.

Every bit as important, however, is the role of the SAB in facilitating the cross-organisational flow of information and learning about safeguarding adults risks and trends, as well as ensuring that the practice of individual organisations is held up to some independent scrutiny from which learning and improvement can result. In Barking and Dagenham, the SAB has established two sub-committees to facilitate this sort of inter-agency collaboration:

- The Safeguarding Adult Review Group oversees the decisions about commissioning of SARs, as well as bringing together learning from other case review processes and monitoring delivery against recommendations in reports; and
- The Performance and Assurance Committee reviews the performance data about safeguarding adults, and co-ordinates quality assurance insight from agencies.

3. Principles that inform adult safeguarding work

Six key principles were set out that underpin all adult safeguarding work, and they inform the work of the Barking and Dagenham Safeguarding Adults Board.

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.”*



4. Making Safeguarding Personal

Following substantial work undertaken by the Local Government Association and the Association of the Directors of Adult Social Services, a framework was drawn up to push improved practice around the personalisation of safeguarding. People using safeguarding services, stakeholders and practitioners reported that too much of the focus of safeguarding work was on process and procedure. People using safeguarding services wanted a focus on a resolution of their circumstances, with more engagement and control. In return, the Safeguarding Adult Board can find it difficult to assess the impact of safeguarding activity from this data alone. A broad community-level approach is also needed in order to establish safeguarding arrangements that respond to the context in which people live in Barking and Dagenham, and the risks that are prevalent in their lives. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals, with all of their differing preferences, histories, circumstances and lifestyles, and our processes must also be able to support our professionals to take the personalised approach needed.

5. Our Priorities for 2021 – 2022 (and with a view also to 2022 – 2023 and beyond)

Priorities	How will we work to implement these?	Assurance	Learning and Development	Delivery
1. Improving multi-agency partnership working to safeguard adults and their families	<p>Learning:</p> <ul style="list-style-type: none"> • Learning from SARs undertaken in Barking and Dagenham and across London and LeDeR reports. • Learning from the Safeguarding Peer Review. • Ensure alignment with children’s safeguarding and CSP - exploitation, forced marriage, domestic abuse and modern slavery. • Develop a multi-agency audit programme, building on the separate agencies processes and applying the learning. 			
	<p>Practice development:</p> <ul style="list-style-type: none"> • Develop practice around self-neglect, mental capacity, people’s exercise of their ‘rights to choose’, hoarding, restraint and restrictive practices. • Prepare as needed for changes in Liberty Protection Safeguards and Mental Health legislation. 			
	<p>Delivery:</p> <ul style="list-style-type: none"> • Board assurance around Making Safeguarding Personal (MSP), audits. • Prepare for the impact on safeguarding of NHS changes in local Integrated Care System and Clinical Commissioning arrangements. 			

<p>2. Safeguarding residents at risk during the pandemic</p>	<ul style="list-style-type: none"> • Quality of provision. • Assurance from care homes. • Increased demand on adult mental health. • Information sharing - regular updates on SAB agendas (Covid, LeDeR, SARs, Complex Cases Group). • Being alert to the workforce impacts of the pandemic and challenges across all partner organisations and assisting each other wherever appropriate and possible. • Being assured that safeguarding 'business as usual' processes are working effectively during the period. • Being alert to abuse and harm which is not visible, be quick to identify indications and communicate with others, ensure good practice response. 			
<p>3. Reducing inequality across the diversity of Barking and Dagenham's communities and developing safeguarding practice that meets the needs of the many different communities</p>	<ul style="list-style-type: none"> • Series of SAB workshops to inform developmental priorities to address the different needs of all Barking and Dagenham communities, including recognising issues raised by 'Black Lives Matters'. • Cultural safeguarding priorities (training, audit). • Mapping and audit of racial themes/demographics from SARs and complex cases. • Develop an effective process to engage with the personal experiences, and hearing the voices, of people with lived experience of safeguarding. 			

<p>4. Strengthening priorities across Adults, Children, Community Safety and Health and Wellbeing partnership working arrangements and the respective responsibilities and opportunities of the four partnership boards</p>	<ul style="list-style-type: none"> • Think Family approach. • Transitional safeguarding. • Pause Board – supporting vulnerable women. • Assurance from Community Solutions and the ‘front door’ around referrals and the role of NHS partners. • Preventing homelessness presentations in hospitals through earlier intervention, and supporting the needs of people with no recourse to public funds. • Develop plans for a stronger community-based and community-led offer for prevention of the escalation of social care needs in three key groups: disability, mental health and older people. To include stronger community-focused support around safeguarding intervention and reporting. • Strengthen and reinforce awareness of exploitation in all its possible forms and clarity of appropriate responses to cases which become known or suspected. • Strengthen training and awareness of generalist staff, including for example enforcement, caretakers and protectors of the public realm. • Build better community awareness of mental wellbeing through campaigns and other mental health preventive initiatives. 			
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