8.2 Safeguarding adults and older people

The *No Secrets* guidance has been used to develop and implement multi-agency policies and procedures to protect vulnerable adults from abuse\(^1\). Since the implementation of the Care Act 2014 from 1 April 2015, the Safeguarding Adults Board has been a statutory body with responsibility for ensuring the development and implementation of local safeguarding adult’s policies and procedures to protect adults at risk from abuse or neglect. The London Borough of Barking and Dagenham is one of the three statutory members of the Safeguarding Adults Board together with the Clinical Commissioning Group and the Police.

‘Adults at Risk’ are not a homogenous group but rather individuals who, because of certain vulnerabilities or circumstances, are disproportionately likely to be victims of abuse. The work of the Safeguarding Adults Board is to ensure that agencies involved with individuals who may be at risk of abuse or neglect because of their vulnerability work together to prevent or reduce the risk of harm. In doing this the needs of all of our different communities and groups in the Borough will be met, enabling them to retain independence, wellbeing, choice and ultimately live a life free from abuse and neglect.

There is limited research about abuse of adults but it is estimated that 140,000 adults in the UK who are frail, have a disability or are mentally ill are abused or neglected each year. It is believed that abuse of adults is significantly under-reported. In a borough the size of Barking and Dagenham we would expect to see around 1,500 reports a year. Table 8.2.1 shows that the number of reports was increasing year on year; however 2014/15 shows a decrease and a change in the trend.

<table>
<thead>
<tr>
<th>Number of reports to the Local Authority</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>720</td>
<td>1,119</td>
<td>1,369</td>
<td>1,537</td>
<td>1,367</td>
</tr>
</tbody>
</table>

Source: Adult Social Care data London Borough of Barking and Dagenham, 2015

Partner agencies, including statutory, third sector and private providers continue to work towards increasing the number of reports that are received by the borough in acknowledgement that abuse of adults is believed to be under-reported. Local data indicates there are low levels of self-referrals across the groups, which will be addressed in the next phase of the ‘iCARE’ communication campaign. Younger people, those with learning disabilities, substance misuse issues, and mental health issues appear to be under-represented in the statistics. It is expected that there will be an increase in referrals where carers may be the victims of abuse, as the national definition of ‘Adult at Risk’ has expanded to encompass carers through the Care Act. It is widely recognised that individuals with learning difficulties or complex needs (such as mental health issues or drug and alcohol dependency) are at heightened

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\(^1\) *No secrets*: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, Home Office and Department of Health, 2000
risk because they face additional barriers in disclosing abuse and neglect. National research by Women’s Aid indicated that women with disabilities or a limiting illness are more likely to experience intimate partner violence. Women with disabilities are also twice as likely to be assaulted or raped as women without disabilities.

Of the alerts received in 2014, 64 were progressed to investigation. After investigation the outcomes were:

- 40 fully substantiated
- 8 partially substantiated
- 11 not substantiated
- 5 inconclusive

**Ethnicity**

Abuse and neglect can happen to anyone regardless of race or ethnicity. Barking and Dagenham has a growing BME community which is broadly reflective of the combined age breakdown across groups. We also recognise that ‘Adults at Risk’ may be more vulnerable to race related offences as they may be seen as an easier target.

Our strategic partnership (Safeguarding Adults Board) response, to date, has recognised that public information needs to be accessible; we have done so by producing specialist resources in easy read formats. However, there is a growing body of work which needs to be promoted in relation to increasing the dialogue with BME groups to ensure that the services we commission are accessible to all BME groups. We are currently engaging with groups representing the BME communities to get these messages out. Table 8.2.2 below further emphasises that those safeguarding alerts that were progressed to referral are predominantly from those who identify themselves as white and the numbers of other ethnic groups are low.

**Table 8.2.2: Ethnicity of individuals for whom alerts were progressed to a strategy meeting or investigation**

<table>
<thead>
<tr>
<th>ASIAN</th>
<th>BLACK</th>
<th>MIXED</th>
<th>OTHER</th>
<th>WHITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>27</td>
<td>4</td>
<td>2</td>
<td>240</td>
</tr>
</tbody>
</table>

**Definition of alerts and referrals**

An alert is the first contact from an individual, organisation or provider that there is potentially a safeguarding concern/risk. The alert is screened to establish the nature of the concern and the outcome be no further action or progressed to referral at this point. The decision to take no further action is usually made if the alert is a low risk which does not warrant safeguarding intervention and can be resolved effectively by a caseworker, provider or carer. If progressed to a referral it has been established that the concern is a safeguarding risk and will go through the safeguarding adult’s procedure to a strategy discussion/meeting where a decision is made whether or not to proceed to investigation.
Gender and sexual orientation

Women are more likely to be victims of abuse than men. Research by Women’s Aid in 2008\(^2\) also drew out important links between domestic abuse and safeguarding. The research revealed that people with disabilities are more vulnerable to domestic violence and will often face additional difficulties in attempting to access support. While 1 in 4 adult women and 1 in 13 adult men will experience domestic violence during their lifetimes, findings from the research found that vulnerable women and men are at increased risk of abuse: 1 in 2 disabled women have experienced domestic abuse compared with 1 in 4 of non disabled women.

Any ‘Adult at Risk’ can be a victim of abuse regardless of sexuality. However, gay, lesbian, bisexual and transgender ‘Adults at Risk’ are likely to face additional concerns around homophobia and gender discrimination. They may also be concerned that they will not be recognised as victims or believed and taken seriously. Abusers may also be able to control their victims further through the threat of ‘outing’. It is important that vulnerable adults who are lesbian, gay, bisexual or transsexual are represented in the safeguarding procedures, and training of professionals is critical to ensure consistent recording of service user’s sexual orientation to better understand the risks that lesbian, gay, bisexual and transsexual people face.

Supporting adults at risk

In the past Barking and Dagenham (led by the Safeguarding Adults Board) used the Protecting Adults at Risk: London multi-agency policy and procedures (Pan London Protocols) to safeguard adults from abuse\(^3\). These policies and procedures have been reviewed in light of the Care Act 2014 and will be launched in September 2015. The Safeguarding Adults Board will adopt the revised policy and procedures and ensure their implementation at a local level. The policy and procedures provide the framework for the borough to investigate and respond to allegations of abuse or neglect against, or involving, ‘Adults at Risk’ in order to prevent reoccurrence of escalation. Investigations continue to be led by the police when they are criminal inquiries and by the Local Authority when they are non criminal. Figures 8.2.1 and 8.2.2 show the monthly rates of alerts and referrals in the last two years.

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The Partnership has a robust governance structure in place through The Barking and Dagenham Safeguarding Adults Board, with an independent chair.

**Gaps in knowledge**

Currently, the data collected is predominantly social care data; partner agencies’ data is not always successfully captured. The Safeguarding Adults Board is developing a performance monitoring framework and it is hoped that data will be available for 2015/16 for all organisations on the Safeguarding Adults Board. This will be a multi agency performance framework, which will help to gain a clearer picture of our gaps in identifying and supporting adults at risk. It is known that our understanding of the manifestations of abuse is better for older people than it is for some of the other at risk groups. The issues and repercussions for different ethnic
groups are also poorly understood, and further work is needed with local faith and BME groups to gain better insight.

The borough also identifies the need to increase referrals from service users and is launching an ICARE campaign in October 2015 encouraging victims to report abuse directly to the council.

In the coming year the priorities for the Safeguarding Adults Board include:

- Improving the effectiveness of the Board;
- Putting the person at the centre of adult safeguarding by ensuring that their outcomes are met and that their views inform practice;
- Learning from safeguarding adult reviews;
- Raising public awareness of adult safeguarding;
- Improving understanding and appropriate use of the Mental Health Act and Deprivation of Liberty Safeguards;
- Working with the Children’s Board to develop safeguarding strategies that recognize the safeguarding needs of vulnerable adults, children and young people, within families.

During 2014 the Safeguarding Adults Board took action to ensure that it was able to meet the new statutory requirements of the Care Act. The already strong partnership working of the Board had prepared it well for this development and future work will continue to strengthen the Board.

**Recommendations for Commissioners**

Commissioners have a key role in ensuring that multi agency capacity is sufficient to ensure that safeguards are effectively monitored and embedded across the borough.

Commissioners have a key role in ensuring that providers are working in adherence with the revised London procedures, and that practice in the services is regularly reviewed by commissioning authorities.

Joined up working across health, social care, providers and the criminal justice agencies (including with Children’s Safeguarding approaches) is needed to ensure that each element of the safeguarding adults’ jigsaw is fit for purpose.

Commissioners need to ensure that support, advice, advocacy and information is readily available for service users, and their carers, to ensure that, as they take on more responsibility for their own packages of care, they know how and who to raise concerns with.