Improving Adult Safeguarding Practice

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#hello my name is...

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Me, Myself and I

Are you an employee?
Are you a system leaders?
Are you a clinician?
Are you a carers at home?

We are each a citizen who will, at times, find ourselves in the perfect storm of safeguarding
Safeguarding requires resilience
NHS Safeguarding Programme of Work

Designated Professionals & Named Practitioners
National & Regional Safeguarding Teams
National Safeguarding Steering Group

Working Groups / CRGs
- Mental Capacity Act
- Domestic Violence Bill
- Female Genital Mutilation
- Contextual Safeguarding Data
- Human Trafficking & Modern Slavery
- Looked After Children
- Sexual Abuse in Sport

National Networks
- National Network for DHPs
- Safeguarding Adults
- National Network SANN
- Maternity Safeguarding Network
- Named Safeguarding GP Network

Implementation Groups
- Independent Inquiry into Child Sexual Abuse (IICSA)
- Child Protection – Information Sharing (CP-IS)
- Working Togetherng
- Prevent
- Tackling Serious Violence
Reporting safeguarding concerns

- Reporting concerns ~ Providers ➔ local commissioner ➔ Designated Professionals ➔ Regional Safeguarding Lead for Safeguarding + Regional Chief Nurse for Quality
- NHS Safeguarding scrutiny ~ assurance, lessons learnt process & cascade
Safeguarding legal context

- Wood Report Feb 2014, 2018
- Child & Social Work Act 2017
- Working Together to Safeguarding Children August 2018
- Contest3 2017
- Domestic Abuse Bill 2018
- Human Rights Act 2005 – Fairness, Respect; Equality; Dignity; Autonomy; Staff Rights & Empowerment; Right to Life;
NHS Safeguarding Mandate

- The Paramountcy of the Child
  - CPIS
  - Working Together Local Safeguarding Plans

- Principles of Adult Safeguarding
  - Empowerment
  - Prevention
  - Proportionate
  - Protection
  - Partnership
  - Accountable
PREVENT within our NHS

PREVENT – stop people becoming terrorists and supporting violent extremism
- **Pursue** – stop terrorist attacks and citizens of noted interest
- **Protect** – strengthen overall protection against terrorist attacks
- **Prepare** – where we cannot stop an attack, mitigate its impact

The specific PREVENT objectives that relate to healthcare services are to:
- Support individuals who are vulnerable to being groomed into becoming terrorists, or are already being groomed by violent extremists
- Disrupt those who promote violent terrorism and support the places where they operate
- Address the grievances which radicalisers are exploiting
Contextual Safeguarding has many lenses

- The Voice of Victims & Survivors
- Adverse Childhood Experiences and beyond
- Think Family
- Independent Inquiry on Child Sexual Abuse (The Truth Project)
- Child Sexual Exploitation including Abuse
- Sexual Assault and Abuse Service Strategy
- Safeguarding within Health in the Justice System
- Trauma Informed Care
- Serious Violence, County Lines & Gangs
- Exploitation - sexual; financial, scams, coercion,
- Making Safeguarding Personal
- Armed Forces Safeguarding
- Modern Slavery & Trafficking
- FGM
- Sports Abuse
- DarkWeb

You can do anything, but not everything

Tackling Exploitation & Serious Violence

Carrying a knife could cost you four years in prison.

#LivesNotKnives
Mental Capacity

The new MCA will include 16 & 17 years olds.
Liberty Protection Safeguards

Liberty Protection Safeguards flowchart

1. Assessments needed. Where possible, past valid assessments can be relied on – otherwise assessments should be completed alongside care planning.
2. Medical assessment of mental disorder.
3. Arrangements proposed, and submitted in draft authorisation record, with assessments and results of consultation.
4. Independent pre-authorisation review arranged by Responsible Body. Can make further enquiries if required.
5. Authorised. Up to one year, can be renewed for up to one year and then up to three years after that. Can include conditions in authorised arrangements. Copy of authorisation record given/ sent to person and their representatives within 72 hours.
6. Not authorised (see next slide).

Information should be provided at appropriate points throughout the process.

It is believed that a deprivation of liberty is occurring or required to enable a person’s care or treatment.

Liberty Protection Safeguards process triggered

Responsible body identifies if an Independent Mental Capacity Advocate (IMCA) is required and if so appoints one, unless not having one is in their best interests. Note an IMCA is not required if there is a suitable appropriate person to support the person.

Responsible body arranges assessments and completes consultation – involving care home manager to where appropriate.

Mental capacity assessment

Assessments must be conducted by someone with appropriate experience and knowledge, who will also check that Schedule AA1 applies.

Not authorised (see next slide).

The person does not wish to challenge the authorisation.

The person wishes to challenge the authorisation.

The person or their representative (Independent Mental Capacity Advocate or Appropriate Person) can challenge the authorisation through the Court of Protection.

Consultation with the person and everyone interested in the person's welfare (see list in Schedule AA1 paragraph 23 (2)) is ongoing. Consultation is undertaken by someone on behalf of the responsible body where authorisation is under Schedule AA1 paragraph 18, or by the care home manager where authorisation under paragraph 19.
Liberty Protection Safeguards

It is clearly crucial for the NHS at all levels to be involved in the implementation:

- Local impact assessments and joint working between NHS Hospital Trusts, CCGs and Local Authorities.
- Calibration of training to particular demands on different staff.
- All alongside core MCA awareness, especially given that the main MCA Code is also being revised.

An overview available at:

http://www.mentalcapacitylawandpolicy.org.uk/lps-where-are-we-and-where-are-we-going/
Self Neglect

Self-neglect can be a result of:
• a person’s brain injury, dementia or other mental disorder
• obsessive compulsive disorder or hoarding disorder
• physical illness which has an effect on abilities, energy levels, attention span, organisational skills or motivation
• reduced motivation as a side effect of medication
• addictions
• traumatic life change.
Advanced Statements & Lasting Power of Attorney

This could include:

• how they want any religious or spiritual beliefs they hold to be reflected in their care
• where they would like to be cared for – for example, at home or in a hospital, nursing home or hospice
• how they like to do things – for example, if they prefer a shower instead of a bath, or like to sleep with the light on
• concerns about practical issues – for example, who will look after their pet if they become ill
Making Safeguarding Personal

- a broader participation strategy
- accessible information to support participation of people in safeguarding support
- a focus on qualitative reporting on outcomes as well as quantitative measures
- advocacy
- person-centred approaches to working with risk
- policies and procedures that are in line with a personalised safeguarding approach
- strategies to enable practitioners to work in this way, by looking at the skills they need and the support they are getting to enable this shift in culture.
Safeguarding at population level

Create a multi-agency approach
Spearheading the implementation of a strategic direction for sexual assault and abuse services

**STRATEGIC FOCUS AND CORE PRIORITIES**

- Supporting victims and survivors to recover
- Supporting victims and survivors to heal
- Supporting victims and survivors to rebuild their lives

**Core Priorities**

- Strengthening the approach to prevention
- Ensuring an appropriately trained workforce
- Promoting safeguarding and the safety, protection and welfare of victims and survivors
- Involving victims and survivors in the development and improvement of services
- Introducing consistent quality standards
- Driving collaboration and reducing fragmentation
Data, Dialogue, Decisions

- Trauma Informed Practice, Think Family, Contextualised Safeguarding
- People to Populations
- Targeted Resource at Local and Regional Level
- Protection to Prevention

EVERY VICTIM DESERVES A VOICE
All commissioned care organisations have a duty, if not contractual obligation, to share aggregated population data. Every practitioner must seek informed consent to share their concerns. If the client declines, the practitioner may still use clinical prerogative and choose to share for reasons of reasonable and lawful public safety or the client’s own health and well-being.

The practitioner must record their decision to share after the client has declined, in the patient’s record, as per Registration body & GDPR.
NHS Safeguarding & Data Sharing

GDPR

Article 5
1. Processing data shall be:
a. Processed lawfully, fairly and in a transparent manner in relation to the data subject

Article 6
1. Processing shall be lawful only if and to the extent that at least one of the following applies:
a. The data subject has given consent to the processing of his or her personal data for one or more specific purposes…
   (f) processing is necessary for the purposes of the legitimate interests pursued by the controller or by a third party, except where such interests are overridden by the interests of fundamental rights and freedoms of the data subject which require protection of personal data, in particular where the data subject is a child.

Although, Article 6(1)(f) does not apply to processing carried out by public authorities in the performance of their tasks, in sharing information with DBS the Trust would not fall foul of this caveat as the information is shared for the DBS function rather than that of the Trust.

Article 9
Art 9 of GDPR sets out that processing of special categories of personal data is prohibited but this prohibition does not apply if, inter alia, the processing is necessary for reasons of substantial public interest (Art 9(2)(g). The GDPR principle of processing under “substantial public interest” is supplemented by provisions within the DPA 2018 as follows:

Data Protection Act 2018.
S10 (1)(b) makes provision about processing personal data set out in Art 9 (1) in reliance on one of the exceptions set out in Art 9(2). Art 9(2)(g) covers processing under substantial public interest.
S10(3) sets out that processing meets the requirement in point (g) of Art 9(2) for a basis in the law of the UK or part of the UK only if it meets a condition in Part 2 of Sch 1 to the DPA 2018.
NHS Safeguarding & Data Sharing

Safeguarding Digital Strategy - Our journey from Data to Dialogue and Decisions

August 2019

The landscape of safeguarding changing:
Our SAAF has been updated to take account of new Reforms, evolving system commissioning infrastructures, partnerships plans and the Long Term Plan 2020 prevention priorities.

We need Contract Levers to enhance Schedule 32 (Safeguarding) of the standard NHS Contract to build safeguarding data that is analysed and reported to regions for national safeguarding assurance.

September 2019

We have launched a Prevent Tableau Dashboard housed on our FutureNHS online Community of Practice.

The next datasets to be consolidated into a Tableau Dashboard will be CPIS and FGM by November 2019.

We are exploring the data flow from our existing datasets into the National Commissioning Data Repository (NCDR) with a view of automating or semi-automating data collection.

September 2020

Safeguarding aggregated data will now be building up on our Tableau Dashboard. This will allow system leaders to begin reviewing local trauma informed practice; contextual safeguarding in communities and other dynamic local safeguarding challenges.

December 2020

As we grow and develop the safeguarding dataset, our partners in community safety (police), local authority and PHA are keen to add their local data so that the wider system leadership have dialogue about prevention and disruption of safeguarding incidences.

April 2020

Safeguarding Commissioning Assurance Toolkit will be launched at the national safeguarding conference including:
- Our Contextual Safeguarding Dashboard
- Safeguarding shared atlas of learning on FutureNHS
- Standardised Tracker for Serious Incidents and Learning From Deaths where safeguarding is highlighted.

December 2019

Our Safeguarding Commissioning Assurance Toolkit (currently being tested in the Midlands, East of England and South East regions) will provide a narrative around the data by evaluating twice a year local assurance processes from CCGs and their providers.

This toolkit will feed into the regional Safeguarding Annual reports and blended with the contextual safeguarding dataset.
For children, all protective strategies operate through one or more of the following processes:

- by altering the child's perceptions of, or exposure to, risk of harm
- by reducing the cumulative effect of risk factors compounding each other
- by helping the child improve her/his self-esteem and self-efficacy
- by creating opportunities for change
- seasonal safeguarding
- Avoid pinches becoming punches
Adverse Childhood Experiences

Defining Adverse Childhood Experiences and their prevalence among adults in England from: Bellis et al, 2014

Child maltreatment
Verbal abuse 17.3%
Physical abuse 14.3%
Sexual abuse 6.2%

Childhood household included
Parental separation 22.6%
Domestic violence 12.1%
Mental illness 12.1%
Alcohol abuse 9.1%
Drug use 3.9%
Incarceration 4.1%

We should note ‘cumulative harm’
Shit Life Syndrome ~
http://publichealthy.co.uk/good-intentions-but-the-right-approach-the-case-of-aces/
Trauma Informed Care

Person with problems, not a patient with an illness

What happened to you?

Living legacy of trauma
- Decreased concentration
- Nervous system dysregulation
- Numbing
- Hopelessness
- Decreased interest
- Depression
- Addictions
- Insomnia
- Shame/self-loathing
- Hyper-vigilance/mistrust
- Social anxiety/panic attacks
- Nightmares/flashbacks
- Chronic pain
- Irritability
- Eating Disorder
- Suicidality/self-harm
Strengths Based Approach

- Person is unique
- Person as an expert
- Collaboration
- Focus and language creates their reality
- Authentic relationships built on their story

What matters to you?
Supporting safeguarders keep updated

NHS Safeguarding app*

Downloaded over 420,000 times
Reach 1,600,000 (02/075/2019)
Average daily use: 350 times

*Available on Apple and Android devices
What can you do?

- Be curious & ask the question
  - What happened to you?
  - What matters to you?
  - How can we help make you thrive?
- Avoid retraumatising
- Find pragmatic solutions for disclosure
- Create a social movement
Find out more

Visit:

www.england.nhs.uk/ourwork/safeguarding

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