**SAPB – 12th January 2012 – Agenda 7**

**Draft Safeguarding Strategy**

**2012 – 2015**

**Draft Safeguarding Strategy**

**Contents**

**Introduction:**

**Chair Forward**

**What Our Residents told the SAPB**

***Safeguarding is about real people and their lives***

Residents, through the Engagement Sub Group, identified four priorities and the outcomes that would make a real difference for their safety. These will be threaded through the strategy, and will underpin the work of the partnership*:*

* **Awareness** 
  + Information on ‘keeping safe’ is accessible and helps the individual to understand the risks they are taking and how to manage them.
  + At risk individuals are clear about where to get help.
  + All care/patient plans prominently display potential safeguarding issues/concerns.
* **Prevention** 
  + Professionals understand that seemingly innocuous incidents can escalate into really serious outcomes including death
  + Regular workers help to build up trust, get to know their clients and be in a position to identify safeguarding issues early.
* **People at risk of harm - develop their understanding and awareness** 
  + Training for service users and carers helps them understand that someone is taking advantage of them, can develop coping strategies on how to protect themselves.
  + Service users and carers are involved in the design and delivery of training sessions on safeguarding to professionals and other service users.
  + ‘Peer discussion groups’ helping people to talk to each other, learn about their experiences and share ideas on tackling abuse.
* **Respecting the dignity and welfare of patients/service users** 
  + The individual is:
    - Valued as a person, spoken to with respect and listened to with care.
    - Consulted as fully as possible – about treatment, possible health interventions and alternative outcomes and is confident that his/her views influence decisions taken.
    - Not neglected; feels no threat or danger from others; has no sense of loneliness or abandonment.

**Strategic Outcomes**

Across the Safeguarding Partnership, the outcomes that we will work towards over the next three years are:

1. Prevention – people at risk of harm are able to protect themselves from harm and help each other.
2. Personalisation - People make informed decisions, choices and manage the risks they take.
3. Respect - the dignity and welfare of patients and service users is respected
4. Engagement - the views and experiences of our service users has informed service improvement and developments across the partnership.
5. Standards - People at risk of harm using care and support agencies receive safe and appropriate services to a consistent standard.
6. Access - Camden people have fair and equitable access to all services across the safeguarding partnership.

Outlined below are what we expect to be different (the outcomes) of the strategy, and that the partnership will achieve as a result of the strategy, and how we will measure this impact. This will be underpinned by a development programme for the Board which will be monitored and reviewed.

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| 1. **STRATEGIC OUTCOME (Prevention) people at risk of harm are able to protect themselves from harm and help each other**. | |
| **LEAD SUB GROUP (S) – Communications/Policy, Learning and Development** | |
| **Aim**: to provide access to advice, information and training to help individuals at risk of harm ***protect themselves*** from harm. | |
| **Outcomes - what will be different?** | **Impact measure - evidence of progress** |
| Awareness Raising –local people are active citizens who take responsibility for raising an alert if worried that someone is being harmed. | Track alerts from local citizens – monitor impact before, during and after any campaign. |
| Awareness Raising - publicity campaigns focus on reducing financial abuse (i.e. through post office and bank staff) which is the most common form of harm for Camden residents. | Track alerts (as above) in relation to those linked to financial abuse Increase in alerts from Bank/Post Office Staff. |
| Users recognise when they are being harmed or are at risk of being harmed and take measures to stop the harm or prevent it happening– ensuring they are safe from harm and in control of their lives. | Training take up, changes to safeguarding alerts. Impact customer survey on new skills and confidence after training. |
| Informal carers are able to:   * Seek help if they are being harmed- to stop it. * Be involved as the cared for person’s advocate throughout the safeguarding process. * Prevent them from harming someone they care for. | Training take up  More alerts – informal carer as victim or as an alerter  Increase in carers who report that they have been included or consulted in discussions about the person they care for.  Reduce the allegations of abuse against informal carers from 39% currently not proven. |

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| 1. **STRATEGIC OUTCOME (Personalisation)** People make informed decisions, choices and manage the risks they take. | |
| **LEAD OFFICER** | |
| **Aim**: Enabling and encouraging individuals at risk of harm to make informed choices and manage any risks. | |
| **Outcomes – what will be different?** | **Impact measure – evidence of progress** |
| People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs. | People who receive self-directed support/direct payments involved in a safeguarding alert/referral are not over-represented. |
| Individuals are empowered to make informed decisions about the risks they are willing to take. | Through feedback from service users – engagement exercise. |
| Individuals are able to recognise when they are at risk of harm and know what to do to prevent the harm occurring. | Through feedback from service users – engagement exercise. |
| Support Brokerage agencies to provide appropriate information, advice and assistance to equip those using direct payments/personal budgets to be vigilant and protect themselves. |  |

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| 1. **STRATEGIC OUTCOME (Respect) - the dignity and welfare of patients and service users is respected** | |
| **LEAD OFFICER** | |
| **Aim**: Developing a relationship of trust that enables the person at risk of harm to enjoy physical safety and feel secure | |
| **Outcomes - what will be different?** | **Impact measure - evidence of progress** |
| Individuals are valued, spoken to with respect and listened to with care. | User Engagement and Feedback  Collection of information from the profile of complaints in a year  Record in care and patient plans of service user’s views and decisions – case auditing to evidence. |
| Service users are consulted as fully as possible – about treatment, possible health interventions and alternative outcomes and are confident that his/her views influence decisions taken. |
| Is not neglected; feels no threat or danger from others; has no sense of loneliness or abandonment as a result of the safeguarding. |

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| 1. **STRATEGIC OUTCOME Engagement - the views and experiences of our service users has informed service improvement and developments across the partnership.** | |
| **LEAD SUB GROUP (S) Engagement/Communications** | |
| **Aim**: That service users can see that their feedback on their experiences and views have influenced how we as a partnership deliver our service to people at risk of harm. | |
| **Outcomes - what will be different?** | **Impact measure - evidence of progress** |
| People at risk of harm know they have helped us improve the service we offer to people at risk of harm. | Mechanism for feeding back to service users –covering ‘what you told us, what we did with that information’. |
| Partners and staff understand what works well and what needs to change to improve service user experience. | All partners to inform staff via internal mechanisms. Need to measure staff understanding via a staff consultation.  QA audit feedback (rolling programme) |
| Safeguarding developments reflects engagement with local citizens and responds to concerns. | Delivery against Engagement Group’s Annual Strategy. |

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| 1. **STRATEGIC OUTCOME Standards - People at risk of harm using care and support agencies receive safe and appropriate services to a consistent standard.** | |
| **LEAD SUB GROUP (S) Quality Assurance/Policy, Learning and Development** | |
| **Aim**: Those providing direct assistance to people at risk of harm such as care and health services adhere to a clear set of ‘safeguarding protocols and standards’, to ensure that their staff do not harm their service users. | |
| **Outcomes - what will be different?** | **Impact measure - evidence of progress** |
| Procedures provides clarity for all agencies | Pan-London procedures incorporated into the self-assessment annual audit for Safeguarding |
| Contracts include safeguarding, compliance is monitored and improvements made where required. | Audits and reports to Quality Assurance Sub Group |
| Individual service users directly employing care services themselves (in particular personal assistance) to be advised and supported by support brokerage on safe recruitment practice and standards of care | Low numbers of incidents of abuse from personal assistances |
| Action taken in relation to any organisation not providing a safe service in relation to adult protection | Audits and reports to Quality Assurance Sub Group - supported with progress against any improvement plans |

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| 1. **STRATEGIC OUTCOME (Access) Camden people have fair and equitable access to all services across the safeguarding partnership.** | |
| **LEAD SUB GROUP (S) Policy, Learning and Development/Quality Assurance** | |
| **Aim**: To encourage and enable people who have being harmed to come forward and seek help and ensure equality of access across partners | |
| **Outcomes - what will be different?** | **Impact measure - evidence of progress** |
| Criminal investigations for abuse of at risk adults result in a convictions across service user groups and abuse types | Increase the numbers of cases the police are involved with that the CPS passes on for hearing. With a particular focus on learning disability and mental health service users.  Monitor positive actions from the police in the cases they are involved in. Promote awareness of their success as a deterrent to potential abusers.  Police attendance at various community/service user forums and events – to build up a positive relations and trust. |
| Where successful prosecutions occur, reoffending is prevented. | Identify information needs and mechanisms regarding released offenders accessing probation services to improve communication and to monitor reoffending rate |
| Hate and “mate” crime in relation to adults at risk are better understood and Camden takes a co-ordinated approach to tackling it. | * TBC |
| Abuse is reported from across the partnership, and people from all communities are aware of safeguarding and how to report it | Increased alerts from:   * Local GPs * Community Health services * Fire Service   Monitoring of outcomes for equality groups (ethnicity, gender, age, disability, sexuality and faith) |