

**Warrington**

# **Joint Strategic Needs Assessment (JSNA)**

**Adult Safeguarding**

**October 2019**

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## 1. Executive Summary

Adult safeguarding means protecting the rights of adults with care and support needs to live in safety, free from abuse and neglect.

The Care Act 2014 sets out a statutory framework for adult safeguarding and clarifies the roles and responsibilities of local authorities and other organisations. This includes the establishment of a local Safeguarding Adult Board (SAB) with the Local authority, Police and NHS CCG identified as the core agencies who must work with others to oversee and deliver effective local arrangements.

This chapter, with a focus on the needs analysis which will inform future planning and provision for adult safeguarding, has been informed by legislation, national policy, research and local information, including quantitative data collected as part of Safeguarding Adults Collection (SAC). In the main, the 2017-2018 SAC collection has been used to form a baseline, as this is the most recent with available national comparisons.

The JSNA will be used to safeguard adults most at risk and inform Warrington's multi-agency response to address the causes of the abuse.

### Summary of Key Issues

#### *Data Reliability:*

It is recognised that there are data reliability issues nationally due to inconsistent applications of adult safeguarding processes, in particular deciding if a reported concern is to become a Section 42 Enquiry. This inconsistency has resulted in a national dataset which should be interpreted with caution due to the wide variation in the reporting of Section 42 enquiries as part of the SAC return. Additionally, the datasets reported on as part of the SAC return have altered, meaning that trend analysis is very limited.

It is recognised that incidents of abuse and neglect are under reported, in particular types of abuse or settings which are less identified or visible. This includes Modern Slavery, Forced Marriage, Domestic Abuse affecting adults with care and support needs, Carer Abuse and risks less visible in communities such as street homeless, certain ethnic and religious groups and in adults own homes. This means that the data captured is considered an under reporting of prevalence.

#### *Key Risk Factors:*

In spite of the above, it is clear that age, gender and having a care and support need are key factors in determining the risk of abuse and neglect.

Section 42 enquiries are more likely to involve older people and more likely to involve females. A high proportion of adults involved in safeguarding situations also have an impairment of the mind which means that they lack the capacity to make key decisions regarding their care and treatment. The number of enquiries locally involving Black and Minority Ethnic (BME) groups is too small to provide meaningful information and is suppressed from publication. However, it has been recognised that despite a significant increase in 2018-2019, it is likely that BME groups continue to be under represented in the SAC data. As a result actions are in place to inform and support local communities and groups to report their concerns.

#### *Key Issues and Findings:*

- Assuming the 2017/18 enquiries rate remains constant, the number of S42 enquiries is set to increase by 60% by 2040 due to the predicted population increase of older people. This has

implications for resources if the current level and quality of service is to be maintained. The role of awareness raising and the contribution of prevention strategies will be key to limiting the number of Section 42 enquiries that are necessary to reduce the risks posed to adult with care and support needs in the future. A learning culture and ensuring that lessons learnt are identified from safeguarding enquiries and SARS will also help to protect adults and mitigate the risks of future harm.

- Some BME communities are underrepresented in the safeguarding data, as well as in their uptake of social care support.
- Carers can be proactively supported to help reduce and prevent the likelihood of safeguarding incidents and carer breakdown, through personalised and holistic approaches which fully address both the carer and cared for person's needs.
- There needs to be an adequate provision of advocacy including the provisions of advocates that are able to work with people who may have special communication needs. Planning to ensure that the commissioning of advocacy responds to new legislation, in the Liberty Protection Safeguards and increased demand should be undertaken.
- As approximately 50% of S42 enquiries are in relation to care settings, it is essential that there is a local focus on quality surveillance, performance monitoring and supporting improvement in relation to quality and safety.
- More work should be undertaken to help clarify local understanding of safeguarding in relation to concerns about the quality of care and to identify the most appropriate pathway.
- There is a need to ensure that there is adequate social support for victims of Modern Slavery. Specific provision within procurement and tendering processes should seek to ensure slave free supply chains with all eligible bodies publishing Transparency Statements that set out the steps taken to combat Modern Slavery.
- There is a need for a national/local agreement over the monitoring of specialist hospital facilities. This is particularly relevant in Warrington, due to the number of independent hospitals which are not commissioned by Warrington CCG and for which Warrington Borough Council is the relevant safeguarding authority. Safeguarding concerns in these establishments have prompted a number of statutory Safeguarding Adults Reviews (SARs) and other reviews by the SAB.
- A greater awareness and emphasis on prevention of safeguarding is required to address risks within homelessness and substance misuse services to ensure that services are able to address and meet a range of diverse needs including care and support needs.
- Close working between children and adults services is required in order to ensure that safeguarding issues affecting both adults with care and support needs and children are addressed comprehensively and efficiently. This not only affects transition into adulthood for children with longer term needs, but also when addressing serious and emerging concerns within the local community, such as the impacts of exploitation and organised crime for example in Modern Slavery, criminal and sexual exploitation, and cultural issues such as so called 'Honour' Based Violence and FGM and Forced Marriage. It will be important to ensure that there are clear and integrated pathways for agencies to work together to support victims and disrupt activities that target them

### Recommendations for future needs assessment work

- Awareness raising and prevention, including community awareness is key, particular work should be undertaken to identify communities who are less likely to access community and social services; as well as carers.
- There need to be increased awareness and robust recording of safeguarding risks and activity, in particular to reflect incidence of Domestic Abuse, Modern Slavery and Forced Marriage to inform future activity and provision.
- Further research and consideration of the size and scale of self-neglect and hoarding is required.
- Further examination of the national and local evidence of safeguarding risks and outcomes amongst adults experiencing homelessness, including those who are street homeless is required in order to ensure appropriate support.
- Further consideration of opportunities for prevention work around carer abuse.

### Recommendations for Commissioners

- Consideration of sufficiency of advocacy provision, to take into account in the provision of advocates that are able to work with people with a diverse range of needs including special communication needs; as well as the predicted increase in demand.
- To identify any gaps in provision and prepare for Liberty Protection Safeguards implementation in 2020.
- It should be a priority to ensure that safeguarding expectations are built into all contracts and performance monitoring arrangements.
- Specific provision within procurement and tendering processes should seek to ensure slave free supply chains with all eligible bodies publishing Transparency Statements that set out the steps taken to combat Modern Slavery.
- Commissioners of services for adults with care and support needs and their carer's, as well as services for victims of domestic abuse and those designed to combat homelessness and substance misuse must promote awareness of safeguarding within commissioned services including requiring robust contractual expectations to ensure that services are able to address and meet a range of diverse needs including care and support needs.
- More work should be undertaken to streamline and simplify responses to concerns arising in care settings, in order to ensure that there is an improved consistency and effectiveness of response and a clearer understanding of safeguarding.
- Consideration of the oversight, assurance and performance monitoring of specialist hospital facilities should be undertaken to ensure appropriate safeguarding mechanisms are in place.
- Commissioners and service providers also need to develop effective risk management plans for people receiving continuing support for self-harm to reduce the risk of future harm.

## Recommendations for Warrington WSAB

- Consideration of the assessment of Safeguarding awareness communication, engagement and media currently available across the partnership to assess any gaps and scheduling from partners of awareness campaigns should be planned over the year.
- Consideration as to how children and adults services work together, particularly during transitional periods and address serious and emerging concerns within the local community, for example the impact of exploitation and organised crime in Modern Slavery, criminal and sexual exploitation, and cultural issues such as so called Honour Based Violence, Female Genital Mutilation and Forced Marriage
- Warrington SAB should ensure that there is a robust framework in place to support agencies working with adults who are living a lifestyle that places them at risk and/or non-engaging.
- Warrington SAB should seek assurance regarding the recognition of Domestic Abuse in the context of safeguarding, particularly in relation to control and coercion and the use of the DASH assessment.

## 2. Introduction and Background

### 2.1 What is Adult Safeguarding?

Adult safeguarding means protecting an adult at risk's right to live in safety, free from abuse and neglect. It applies to adults with care and support needs who may not be able to protect themselves. It means organisations working together to prevent and to stop people facing the risk of or the actual experience of abuse or neglect.

The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- Address what has caused the abuse or neglect

Safeguarding adults differs from the safeguarding and protection of children in a number of ways, including different legislation. A key difference is that while there is a legal expectation that children are protected from physical or psychological damage, adults with mental capacity have a right to make their own choices, take risks, be free from coercion, and to make decisions about their own safeguarding plans. The adult's wellbeing is at the centre of safeguarding practice, and this includes respecting people's views and feelings about what they want to happen in response to any abuse or neglect.

## 2.2 Who does adult safeguarding apply to?

Under the 2014 Care Act, Adult Safeguarding only applies to an adult:

- With a care and support need, **and**;
- Who is experiencing or at risk of abuse or neglect, **and**;
- Is unable to protect themselves because of their care and support need.

An adult with care and support needs may be:

- An older person;
- A person with a physical disability, a learning difficulty or a sensory impairment;
- Someone with mental health needs, including dementia or a personality disorder;
- A person with a long-term health condition;
- Someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

This is not an exhaustive list, however provides some examples to illustrate the breadth of those who may be considered as having a care and support need. The Care Act guidance sets out criteria that can help to define a care and support need.

## 2.3 What can abuse or neglect look like?

Abuse and neglect can take many forms. Incidents of abuse may be one-off or multiple, and affect one person or more. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. Different types of abuse or neglect include:

### Physical Abuse

Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions;

### Domestic Abuse

Psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence;

### Sexual Abuse

Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting;

### Psychological Abuse

Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks;

### Financial or Material Abuse

Theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;

### Modern Slavery

Slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment;



### Discriminatory Abuse

Forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion;

### Organisational Abuse

Neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation;

### Neglect and acts of omission

Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating;

### Self-neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

## 2.4 The 2014 Care Act

The 2014 Care Act superseded 'No Secrets' (Department of Health, 2000) which had set out the code of practice for health and social services around the protection of adults. The Care Act set out a statutory framework for adult safeguarding and clarified the roles and responsibilities of local authorities and other organisations. The provisions in the Care Act supplement and reinforce other legislation including the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards 2009 which are also utilised in the safeguarding process.

The Care Act established statutory Adult Safeguarding Boards with the local Authority, Police and CCG identified as the core agencies who must work with others to oversee and deliver effective local arrangements. It also gave a statutory role to Local Authorities to undertake and coordinate safeguarding enquiries, known as section 42 enquiries. Through emphasising that the adult being safeguarded is central to the process, the statutory guidance underpins an approach known as 'Making Safeguarding Personal' (MSP). From 1<sup>st</sup> April 2015 all organisations involved in adult safeguarding were required to reflect the standards set out in the statutory guidance.

## 2.5 Warrington Safeguarding Adults Board (SAB)

Warrington Safeguarding Adults Board (WSAB) is the statutory strategic board established under the Care Act (2014) with responsibility for adult safeguarding arrangements. It has an independent chair. The key objective is for the SAB to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who are at risk of abuse and neglect; and are as a result of their care and support needs, unable to protect themselves. The Safeguarding Adults Board's scope includes the safety of patients in local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding prisoners and responsiveness of further education services.

The SAB has a statutory requirement to publish a strategic plan that shows how it will meet this objective and this must be both developed with local community involvement and also be evidenced based. The JSNA helps to underpin the strategic plan and priorities by presenting an analysis of data and evidence in order to identify key issues, trends, opportunities and gaps.

The Warrington Safeguarding Adults Board (WSAB) produces a report on an annual basis ([WSAB](#)) and provides accountability for its work to the Health and Wellbeing Board, reporting progress against its priorities.

Warrington SAB works to the following **Safeguarding Adults Principles** set out in the statutory guidance<sup>1</sup>:

**Empowerment:** People are supported and encouraged to make their own decisions and give informed consent;

**Prevention:** It is better to take action before harm occurs;

**Proportionality:** The least intrusive response appropriate to the risk;

**Protection:** Support and representation for those in greatest need;

**Partnership:** Support and representation for those in greatest need;

**Accountability:** Transparency in delivering safeguarding.

## 3 Who is at risk and why?

### 3.1 Key Risk Factors

Research into the incidence of abuse amongst adults living in the UK is limited and studies have historically been small-scale. In their report into the abuse and neglect, the National Centre for Research found that the way in which risk factors affect the likelihood of abuse is complex, and may be altered by the presence of other factors (National Centre for Research, 2007). However, the information available does identify, because of certain characteristics or situational factors, adults who have been disproportionately affected by abuse.

### 3.2 Age

Statistics published by NHS Digital confirm that Section 42 enquiries are more likely to involve older people, who constitute the majority of adults with care and support needs. There were 2,302 people per 100,000 adults aged 85 and above involved in enquiries that commenced in 2017-18; one in every 43 adults in this age group. In comparison the rate for the 18-64 age group was 116 per 100,000 adults, or one in every 862 of those aged 18-64. (NHS Digital, 2018).

The UK Study of Abuse and Neglect of Older People (National Centre for Research, 2007) found that one in 40 older people reported that they had experienced some form abuse in the 12 months prior to the survey being undertaken. The alleged abuser was often well known to the person being abused, such as family, friends or care workers. When the definition widened to include neighbours and acquaintances, and single rather than repeated incidents, those affected increased to one in ten older people.

The risk factors found to be associated with neglect included being female, being over the age of 85, suffering bad or very bad health or depression and the likelihood of already being in receipt of, or in touch with, services.

The risk of financial abuse increased for those living alone, those in receipt of services, those in bad or very bad health, older men, and women who were divorced or separated, or lonely.

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<sup>1</sup> Care and Support Statutory Guidance, Department for Health, October 2014

The risk of interpersonal abuse (physical, psychological and sexual abuse combined) was higher for women aged 66–74, men who felt lonely in the past week, and both men and women reporting three or more depressive symptoms. There was also a higher rate of interpersonal abuse reported by women who were separated or divorced. Perpetrators lived in the same household in two-thirds of the cases, and in two-fifths of cases the respondent was providing care for them.

According to the Social Care Institute for Excellence (SCIE, 2011a) self-neglect is reported mainly as occurring in older people, although it is also associated with mental ill health. Differentiation between inability and unwillingness to care for oneself, and capacity to understand the consequences of one's actions, are crucial determinants and professional tolerance of self-neglect as lifestyle choice is higher than when it accompanies physical/mental impairment.

### 3.3 Gender

Women are found to be disproportionately affected by abuse than men - statistics published by NHS Digital reveal 59.3% of all safeguarding referrals in 2017/18 were concerning females (NHS Digital, 2018). This is similar to the proportions found locally. Warrington SAB has noted that the safeguarding gender ratio is similar to the elderly female to male population in 24 hour care.

Research undertaken by Women's Aid in 2008 drew out important links between domestic abuse and safeguarding. They found that people with disabilities are more vulnerable to this type of abuse and that they often faced additional difficulties in attempting to access support. While one in four women and one in 13 men are likely to experience domestic abuse during their lifetimes, the research indicated that women and men with disabilities are at increased risk of abuse - one in two disabled women have experienced domestic abuse compared with one in four of able bodied women (Hague et al, 2008).

### 3.4 Ethnicity

In their report, the Centre for Social Cohesion, found that so called 'Honour' Based Violence (domestic abuse, female genital mutilation, forced marriage and honour killings) was predominately practiced by certain BME communities, particularly in communities where the reputation and social standing of an individual is based on the behaviour and morality of its female members. It recognised that this type of abuse was far more prevalent against women, because of the cultural expectations attached to being female (Brandon and Hafez, 2008).

Between 2014 and 2016 there have been over 14,000 cases of "honour" based violence, forced marriage and FGM reported to the police in the UK (IKWRO, 2017). It is noted that as FGM is a form of abuse which is practised on girls when they are children, it is not primarily a focus of adult safeguarding, though it may be identified in adults, for example in health and maternity care services. As well as maternal health considerations, this can also prompt considerations regarding wider familial practices.

### 3.5 Adults with care and support needs

It is fundamental in this chapter to note that the adult safeguarding duty applies to adults with care and support needs. It is widely recognised that adults with care and support needs are at risk of all types of abuse and that this is often compounded by risk factors such as physical and learning disabilities, dependencies on others for their care, life styles and networks and being cared for in

institutional settings. Social isolation has been identified as a risk factor with adults with less family support or social contacts more likely to be abused. (SCIE, 2011a).

### *3.5.1 Learning Disability*

The literature consistently identifies people with learning disabilities as being at risk of all types of abuse with a conclusion that people with intellectual disabilities were more likely to be abused in a residential care setting than in their own home, and more likely to be abused in day service settings. The most frequently reported perpetrator was a member of staff. In contrast, sexual abuse was most commonly perpetrated by male service users, followed by family members. The conclusion was that this reflects the pattern of service provision and utilisation, with a lower proportion of people with intellectual disabilities living in their own homes compared with the other client groups (Cambridge et al, 2010). This research pre dates the context of the Transforming Care agenda which was the Government's response to the Winterbourne View abuse scandal, which set out to transform the commissioning of services for people with Learning Disabilities and Autism with challenging behaviours, including the focus on personalised care plans central to a shift towards community based support. Whilst this was primarily targeted at those in hospital care, it enhanced the pre-existing policy agenda to develop more personalised, local provision, to support adults with learning disabilities to live and achieve wellbeing within their own communities.

In Warrington, a high proportion of concerns relating to adults with learning disabilities are as a result of interactions between adults who are receiving shared care and support services. However there continue to be concerns raised regarding staff training, culture, skills and knowledge within services that support adults with learning disabilities.

### *3.5.2 Out of area placements*

A number of high profile enquiries, including Winterbourne View, have highlighted that additional vulnerability of those who are placed out of their home area, resulting in the Department of Health and Social Care's expectation that people should be placed locally wherever possible. (Transforming Care (Department of Health, 2012).

In a study into adult protection alerts, those placed out-of-area were found to disproportionately experience multiple types of abuse and also more likely to be recorded as experiencing neglect, discriminatory, institutional, psychological and sexual abuse and less likely to be recorded as experiencing financial abuse. They were also more likely to be recorded as abused in residential care homes, and mainly by staff than others (Beadle-Brown et al, 2006).

Warrington is a net importer of adults with care and support needs due to the high number of NHS and private specialist hospitals in the area as well as a significant number of independent care providers who offer placements to support adults with complex needs.

Locally we have undertaken a significant number of S42 enquiries and two SARs in relation to adults who were placed in Warrington, away from their home area. Increased vulnerability is a as result of a combination of factors such as increased complexity of need, distance from home, family and commissioner, lack of accountability for monitoring the provision, (as opposed to the individual placement) and access to advocacy are some of the issues that have been identified locally.

## *3.6 Domestic Abuse*

A significant proportion of safeguarding adults work relates to the abuse or neglect of people with care and support needs who are living in their own homes. Domestic abuse is perhaps most commonly thought of as violence between intimate partners, but it can take many other forms and be

perpetrated by a range of people. A high proportion of abuse identified in safeguarding investigations can therefore also be described as domestic abuse (LGA, 2015).

The 2016/17 Crime Survey for England and Wales reported that 20.1% of 16 to 59 year olds have been a victim of any domestic abuse since the age of 16, the percentage increased to 25.8% for women whilst being lower for men (14.4%). During the previous year 5.7% of 16 to 59 years old reported that they were a victim of domestic abuse, women were more likely than men to be a victim (7.3% of women and 4.2% of men). It should be noted that questions relating to intimate violence were not asked to people aged 60 years and above (ONS, 2017).

“Research into disabled women’s experiences has found that the effect of being both disabled and a woman places disabled women at significant and higher risk than women in the general population. More than 50 percent of disabled women in the UK may have experienced domestic abuse in their lives, and may be assaulted or raped at a rate that is at least twice that of non-disabled women. Another study looked at the prevalence and impact of domestic violence against men and women with severe mental illness. The authors found that compared to the general population, this group experienced a substantially increased risk of domestic and sexual violence, as well as higher prevalence of family violence and adverse health impacts following victimisation. This implies that professionals need be especially adept at addressing domestic and sexual violence experienced by this group” (pp14, LGA, 2015).

“A UK study of abuse and neglect of older people in 2007 found that the majority of perpetrators of interpersonal abuse in domestic circumstances were men, most of whom were themselves older people. The eldest women were found to be at greatest risk of neglect whilst men over 65 were more likely to experience financial abuse. Most perpetrators of financial abuse were younger people of both genders” (pp14, LGA, 2015). Our local intelligence, suggests that the type of domestic abuse and relationship to the perpetrator has a more varied pattern in safeguarding, with slightly more males affected who have care and support needs, than males generally and with abusers also including a wider range of relatives more often such as adult children and grandchildren.

“Whilst significant gender differences clearly exist, and there is strong research evidence and data about the abuse of women in partner relationships with men, it is not yet clear whether men with health and social care needs are more likely to be abused than men in the general population. Practitioners therefore need to be vigilant in all their work with potential male victims of domestic abuse” (pp14, LGA, 2015).

### 3.7 Modern Slavery

Modern Slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting (NHS England, 2017).

Modern Slavery by its very nature is largely a hidden crime, which means it is challenging to accurately measure its scale and nature. Victims are often unable to report their suffering or may feel too traumatised to do so even when the opportunity arises. In 2014, the Home Office estimated there were between 10,000 and 13,000 potential victims of Modern Slavery in the UK (HM Government, 2016).

In Warrington, agencies are developing their awareness of and responses to Modern Slavery in the local population, with a growing number of cases having been reported and referred to the National

Referral Mechanism. Warrington Anti-Slavery Network is linked to the local strategic safeguarding partnerships (SAB and WSP) and the Community Safety Partnership. A local protocol and pathway to support victims is in place and is informed by experience. In 2018 the numbers of cases from the Cheshire policing area reported into the National Referral Mechanism was 28. This included adults and children identified in Warrington. Victims in our area are predominantly linked with sexual exploitation and the drug trade, however there have also been cases where Forced Labour or Domestic Servitude was the alleged form of abuse.

In Warrington, partnership work focusses on raising awareness, and training to ensure a consistent and robust response to cases and to give direct support to victims in terms of emergency accommodation and welfare support and in some cases support to repatriate. Cheshire police in 2019 created a specialist Hidden Harm team who are at the forefront of this work in Warrington, working alongside partners in Warrington Anti Slavery network.

### 3.8 Carers

Carers are important partners in safeguarding because of the vital and every day role they have in supporting adults with care needs. They are often best placed to help protect against abuse, their unique knowledge about the cared for person can help ensure that risks are managed in a proportionate, positive and personalised way and maximise wellbeing. However due to the intensity of the relationship and particularly where other risk factors exist, such as stress, financial issues and isolation, there can be risks to both the adult with care and support needs and their carer. Professionals supporting adults with care and support needs should recognise the complex dynamics of a caring relationship and be aware of the pressure that carers may be under.

Research has identified that family carers were more likely to become perpetrators of abuse when the adult was isolated and that this was compounded by stress, substance abuse and mental illness of carers (SCIE, 2011a).

The Commission for Social Care Inspection (CSCI) found that many adults at risk are reluctant to do anything about abuse if family members are responsible, for fear of losing contact with their family (CSCI, 2008).

A study of more than 2,300 family carers (family member providing care to older relatives) in Ireland found that more than a third of family carers (36.8%) reported that they had engaged in potentially harmful behaviours towards their older family member in the 3 months prior to the survey (Lafferty et al, 2016).

Carers can be proactively supported to help reduce and prevent the likelihood of safeguarding incidents and carer breakdown, through personalised and holistic approaches which fully address both the carer and cared for person's needs.

### 3.9 People who Self-Neglect or Hoard

Self-neglect is an extreme lack of self-care, sometimes associated with hoarding, and may be a result of other issues such as addiction. The inclusion of self-neglect in the Care Act statutory guidance with regard to safeguarding focused attention on the issue, and led local authorities to develop new approaches to working with people. In some cases, where the adult has care and support needs, safeguarding responses may be appropriate, however the inclusion of self-neglect in statutory guidance does not mean that everyone who self-neglects needs to be safeguarded

## 4 The National Safeguarding Picture

On an annual basis Councils with Adult Social Services Responsibilities (CASSRs) are mandated to submit data to NHS Digital regarding information about adults at risk for whom safeguarding concerns were raised and where enquiries took place during the reporting period. This is reported through the Safeguarding Adults Collection (SAC). However, the data collected by NHS Digital is defined as being experimental statistics, the data collection tool has been amended on a number of occasions over consecutive years and limitations are in place regarding the interpretation and usage of the data due to local variation in how safeguarding activity is defined and reported (NHS Digital, 2018).

This section will therefore present the high level findings of the 2017/18 SAC submission, however further sections of this JSNA chapter will not compare national data to the Warrington SAC submission.

The following information has been sourced directly from the Safeguarding Adults report which was published in November 2018 NHS Digital.

### 4.1 Key Findings for England:

- 394,655 concerns of abuse were raised during 2017-18, an increase of 8.2% on the previous year.
- There were 150,070 safeguarding enquiries that started in the year; a decrease of 1,090 (0.7%) on 2016-17.
- The number of Section 42 enquiries that commenced during the year fell by 1.1% to 131,860 and involved 107,550 individuals. The number of other enquiries increased by 1.8% to 18,210 during the same period.
- Older people are much more likely to be the subject of a Section 42 safeguarding enquiry; one in every 43 adults aged 85 and above, compared to one in every 862 adults aged 18-64.
- The most common type of risk in Section 42 enquiries that concluded in the year was Neglect and Acts of Omission, which accounted for 32.1% of risks, and the most common location of the risk was the person's own home at 43.5%. In 68.5% of Section 42 enquiries a risk was identified and action was taken.

The full report can be accessed [here](#).

## 5 Level of need in Warrington

### 5.1 Expected level of need in Warrington

The following table presents the expected level of need in Warrington by key at risk groups if Warrington were to experience the same level of need as cited by national research and evidence.

*Table 1: Expected population at risk of abuse*

At risk group	Expected prevalence	Warrington population (2017)	Expected number at risk in Warrington
Age (older)	Aged 66+: 1 in 10 experience some form of abuse (NatCen, 2007)	36,170	3,617
Ethnicity	No specific expected prevalence rate for BME communities	-	-
Modern Slavery	Between 15.2 and 19.8 per 100,000 (all ages)	209,704 (all ages)	Between 32 and 42 residents of Warrington

## 5.2 Actual level of need in Warrington

The following analysis has been based on the Warrington SAC submissions for 2017/18. Some caution has been applied in the interpretation of the data and trend analysis, particularly as a new data system was introduced during 2017. Statutory submissions for 2017/18 required data extracts from two different data systems which recorded information differently.

### 5.2.1 Section 42 enquiry overview

During 2017/18 there were 303 Section 42 enquiries made in Warrington, this was a slight reduction from the previous year where there were 325. The slight decrease in the number of enquiries is most probably due to the change in the data capture system which allows for clearer identification of Section 42 enquiries undertaken.

Physical abuse was the most common type of abuse reported (37% of enquiries) followed by neglect (28%), emotional (15%) and sexual (6%).

In almost half (49.8%) of Section 42 Enquires the individual concerned lived in a care home, this is an increase when compared to the previous year (30.9%). Almost a quarter (24.8%) of enquiries was in relation to a person who lived in their own home, this was a substantial reduction when compared to the previous year (51.2%).

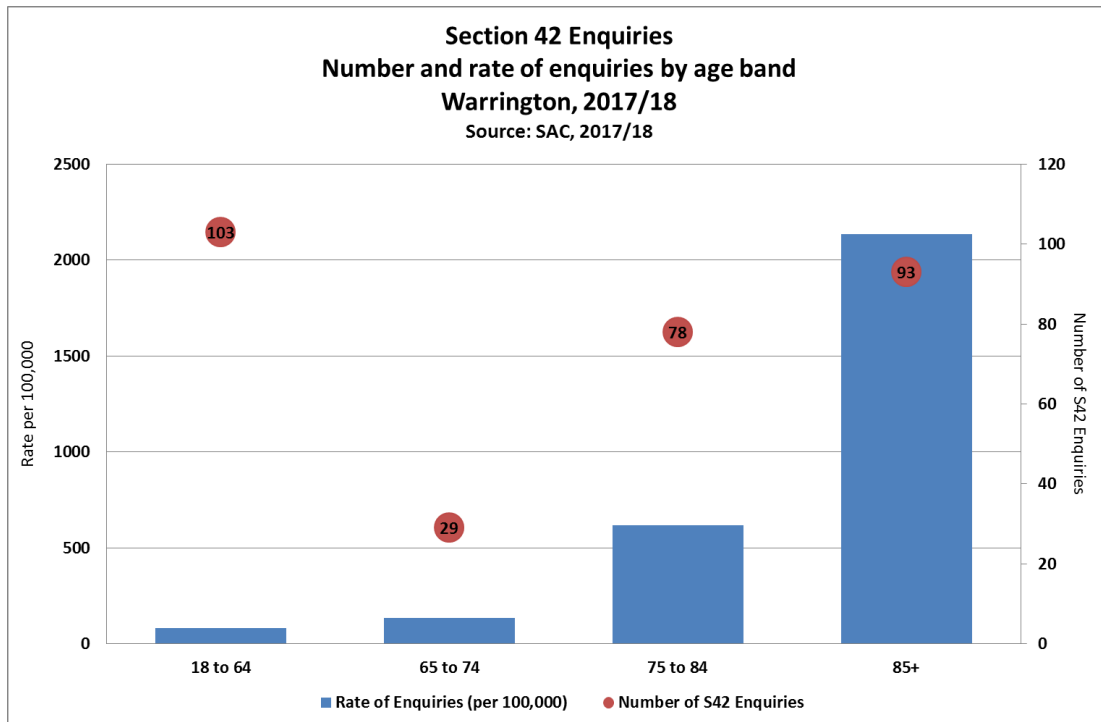
In two thirds of cases (66.1%), the concern about risk had been confirmed and action had been taken, this percentage was lower than the previous year (84%). Where risk had been identified (272 assessments), the risk had either been reduced or removed in 94.5% of risk assessments, a substantial increase from the previous year (86.9%).

### 5.2.2 Age

The largest numbers of Section 42 enquiries were for those aged 18 to 64 years (103), followed by those aged 85 and above (93), 75 to 84 years (78) and 65 to 74 years (29). However, when taking into account the size of the population, the rate of Section 42 enquiries conducted in Warrington increased substantially with age, as presented in the following chart. For those aged 18 to 64 years the rate of Section 42 enquiries was 81 per 100,000 population or 1 in every 1,231 adults in this age group, this increased to 2,134 per 100,000 population for those aged 85 years and above, this equates to 1 in every 47 adults in this age group. Section 42 enquiries are statistically more likely to involve older people.



Figure 1 Number and Rate of Section 42 by age group

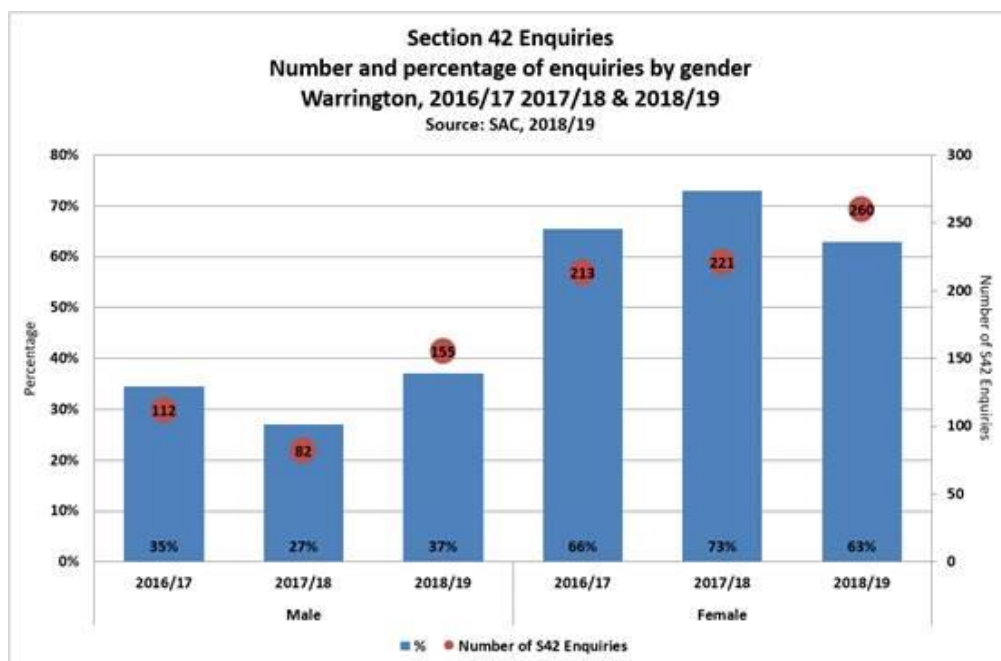


### 5.2.3 Gender

Nationally and locally the evidence confirms a higher proportion of females are likely to be involved in Section 42 enquiries when compared to males. During 2017/18 there were 221 Section 42 enquiries for females (73%) and 82 for males (27%) which was a greater disparity than previous years and the national picture as shown in the following chart. It was identified that there had been a significant reduction in the number of male enquiries (112 enquiries) and this led to the SAB requesting a more detailed investigation into the gender imbalance.

Further examination provided assurance that safeguarding concerns that involved males had been progressed appropriately. It was also identified that the safeguarding gender ratio was very similar to the elderly female to male population in 24 hour care. Subsequently it has been noted that the most recent data (2018/19) is close to previous and national ratios, with a female/male ratio of 63% female, 37% male. It is evident that the gender ratio overall in safeguarding enquiries, nationally and locally is weighted towards females.

Figure 2: Number and Rate of Section 42 Enquiries by Gender



#### 5.2.4 Ethnicity

The number of Section 42 enquiries involving individuals from BME groups is too small to provide meaningful information and is suppressed from publication. However, having previously identified that BME groups were under represented in the SAC data, a number of actions are in place to inform and support local communities and groups to report their concerns. It is noted that the latest data demonstrates a significant increase in the proportions of people from a minority ethnic group in the SAC data locally from 2% (2017/18) to 4.3% (2018/19).

#### 5.2.5 Primary Care Need

When examining the primary care need of the individuals involved in Section 42 enquiries, almost two fifths (38%) had physical support needs, this was a reduction when compared to the previous year (46%). Those with mental health support needs accounted for almost one third (32%) of enquiries, an increase when compared to the previous year (23%). A large increase in the number and proportion of Section 42 enquiries were seen for individuals with a primary care need of memory and cognition, 15% of enquiries during 2017/18 compared to 7% the previous year.

#### 5.2.6 Advocacy

There is a statutory expectation that adults who are at risk are supported to have a voice and participate in the safeguarding process. Where the adult has substantial difficulty in participating and does not have a representative, there is a statutory requirement that an independent advocate will be appointed to support them. As numbers of adults with memory and cognition needs increase, this need is also increasing. In 2018 – 19 Warrington Borough Council commissioned over 6,000 hours advocacy from the local advocacy hub, Speak Up. This included 2,542 hours Care Advocacy 1205 hours IMHA advocacy, 1,131 hours representation for adults subject to Deprivation of Liberty Standards and smaller amounts of advocacy for informal in patient support and IMCA advocacy. About 20% of care act referrals (73) were for safeguarding advocacy, of this the main types of abuse were physical abuse and financial abuse.

### *5.2.7 Modern Slavery*

In 2018-19 the numbers of Modern Slavery cases from the Cheshire policing area reported into the National Referral Mechanism was 28. This includes adults and children identified in Warrington.

Victims in our area have been mainly linked with sexual exploitation or the drug trade, however there have also been cases where Forced Labour or Domestic Servitude was the alleged form of abuse. In Warrington, the most common nationalities that have been identified have been Romanian and Vietnamese, however a number of different countries of origin have been present in the statistics, including British.

Further details cannot be included due to the small number of cases.

### *5.2.8 Domestic Abuse*

Domestic abuse-related incidents and crimes recorded by the police are included in the Public Health Outcomes Framework (PHOF) indicator dataset. During the most recent time period where data is available (2017/18), Cheshire Constabulary had a substantially lower rate of recorded incidents and crimes (11.9 per 1,000 population aged 16 years and above) when compared to both England (25.0 per 1,000) and the North West (25.0 per 1,000). If Warrington were to experience the same prevalence of domestic abuse as quoted in national research, it is expected that there would be approximately 6,850 victims of domestic abuse in Warrington. Based on data provided by Cheshire Constabulary, approximately 15% of domestic abuse victims have reported the incident(s) to Police.

At a more local level, Warrington Borough Council have obtained and analysed Warrington specific domestic abuse data. Whilst the data does not capture whether victims have care and support needs, analysis by age band showed that approximately 4% of victims were aged 65 years and above (this was seen for both Warrington and across Cheshire). The number of reported victims aged 65 years and above in Warrington was 41; a substantial increase of 64% when compared to the previous year (25), a 31% increase was seen across Cheshire. (Caution should be used when interpreting these findings as they are based on relatively small numbers).

Warrington SAB has commissioned specific work in this area that has led to a desk top review of statutory safeguarding data. From two three month samples taken in the years 2017-18 and 2018-2019 that involved incidents identified as domestic abuse; the following trends have been identified:

- The majority of victims are female; males are more likely to be identified in the 18 – 24 age group and the 65 -84 year old age group.
- The predominant care and support need is Mental Health.
- In up to half of cases the abuse has not been categorised as domestic abuse.
- In younger age groups the most likely person of interest (POI), person alleged to be responsible for the abuse, is a parent.
- Between the age of 25 and 64, the POI is most likely to be a male partner. For the older age groups, there are a range of POI of each gender, including partners, children, grandchildren, nephews and siblings.

Tentative conclusions from the study are:

- Social workers may not always be recognising Domestic Abuse, or Coercive & Controlling behaviour as this, or may not be recording the information as Domestic Abuse.
- There appeared to be an under representation of sexual abuse in the samples

- The type of abuse is different between males and female POI
- The type of abuse varies depending upon the age of the victim
- MSP is not present in every safeguarding risk assessment
- There is an under use of DASH (Domestic Abuse, Stalking & Honour based Violence assessment)

## 6 Projected service use and outcomes

It could be estimated that the number of older adults at risk of abuse would increase by almost 2,000 older people over the next 25 years in Warrington, due to the expected increase in older populations. (Research findings that approximately 1 in 10 adults aged 66 and above stated they had experienced some form of abuse over the previous year) This is presented in the table below.

*Table 2: Projected population at risk of abuse*

	2020	2025	2030	2035	2040
Projected 66+ population	38,179	41,968	47,346	52,479	55,994
Projected population at risk	3,818	4,197	4,735	5,248	5,599

It is very difficult to predict future safeguarding need based on patterns of reported abuse over recent years. This is partly due to changes in data collection methods and definitions of data required to be submitted to NHS Digital on an annual basis. However, if the rate of Section 42 enquiries recorded in Warrington during 2017/18 were to remain constant, the number of reported cases would be expected to increase by approximately 60%, due to the projected increases in older populations, as presented in the table below.

*Table 3: Projected number of Section 42 enquiries*

	2020	2025	2030	2035	2040
Projected 18-64 population	127,356	127,192	125,643	124,256	124,203
Projected number of enquiries (18-64)	103	103	102	101	101
Projected 65-74 population	21,777	21,942	25,602	28,043	26,920
Projected number of enquiries (65-74)	30	30	35	38	37
Projected 75-84 population	13,945	16,652	17,557	18,111	21,420
Projected number of enquiries (75-84)	86	103	109	112	133
Projected 85+ population	4,674	5,881	7,209	9,224	10,107
Projected number of enquiries (85+)	100	125	154	197	216
<b>Projected number of enquiries (Total)</b>	<b>319</b>	<b>361</b>	<b>399</b>	<b>448</b>	<b>486</b>

## 7 Evidence of what works

### 7.1 NICE Guidelines

The National Institute for Health and Care Excellence (NICE) have produced a number of guidelines relating to adult safeguarding as presented below. NICE are currently in the process of developing new guidelines for adults in care homes, an expected date of released has not yet been confirmed.

- Domestic violence and abuse: multi-agency working ([PH50](#));
- Domestic violence and abuse ([QS16](#));

- Violent and aggressive behaviours in people with mental health problems ([QS154](#));
- Domestic violence and abuse: how services can respond effectively ([LGB20](#));
- Home care: delivering personal care and practical support to older people living in their own homes ([NG21](#));
- Managing medicines in care homes ([SC1](#));
- Older people in care homes ([LGB25](#));
- Managing medicines for adults receiving social care in the community ([NG67](#))

## 7.2 Increasing awareness of reporting abuse in the community

Public awareness campaigns can make a significant contribution to the prevention of abuse. They are more effective if backed up by information and advice about where to get help and training for staff and services to respond. According to Commission for Social Care Inspection (CSCI), raising public awareness of abuse is one of the building blocks for adult protection. They recommended that local authorities need to do more to, 'raise the profile of every citizen's right to be free from abuse' (p12, SCIE, 2011b).

CSCI identified a number of good examples from their study of local authorities running high-profile public campaigns – for example, a mail shot to 90,000 households – to raise awareness of abuse and what can be done about it. Public awareness campaigns need to be linked with information on where to go for help. CSCI also highlighted the need to educate society about 'how to recognise and respond to abusive and harmful situations' (p12, SCIE, 2011b).

## 7.3 Increasing awareness and prevention of domestic abuse

The following text has been sourced directly from 'Prevention in adult safeguarding: A review of the literature':

*"Public awareness campaigns are particularly highlighted in the prevention of domestic violence (Leander, 2002) and elder abuse (Ansello and O'Neill, 2010; Kalaga and Kingston, 2007). However, it is not always clear that there is evidence that they work to prevent abuse in practice. Several authors suggest that public awareness campaigns work better when backed up by other interventions, for example training of staff (see Leander, 2002; Hester and Westmarland, 2005).*

*Kalaga and Kingston (2007) identify public awareness campaigns to be effective in the primary prevention of domestic violence and physical abuse. They note the success of the Scottish Executive domestic abuse publicity campaign which has been evaluated annually. Leander (2002) also advocates public awareness campaigns in preventing domestic violence, although crucially, backed up by the training of healthcare staff to recognise and respond to it."*

## 8 Target Population/ Service user views

Service user views are collected through the Making Safeguarding Personal initiative which aims to develop an outcomes focus to safeguarding work. The following outcome focussed questions are asked: 'Was the individual or individual's representative asked what their desired outcomes were?' And 'Did the person or their representative feel that the desired outcomes were achieved?'

During 2017/18 295 service users were asked these questions (see table 4 for responses), over two thirds of respondents (67.1%) stated that yes they were asked and outcomes were expressed. However, one in 10 (10.5%) respondents stated either 'no' or 'don't know'. Of those who responded yes to the first question (198) over four fifths (84.8%) believed that their desired outcomes had been fully achieved, whilst 9% reported that they were partially achieved.

Table 4: Responses to Making Safeguarding Personal (2017/18)

<b>Was the individual or individual's representative asked what their desired outcomes were?</b>	<b>Total</b>	<b>Percentage (%)</b>
Yes they were asked and outcomes were expressed	198	67.1%
Yes they were asked but no outcomes were expressed	66	22.4%
No	25	8.5%
Don't know	6	2.0%
Not recorded	0	0.0%
<b>Total</b>	<b>295</b>	
<b>Did the person or their representative feel that the desired outcomes were achieved?</b>	<b>Total</b>	<b>Percentage (%)</b>
Fully achieved	168	84.8%
Partially achieved	18	9.1%
Not achieved	12	6.1%
<b>Total</b>	<b>198</b>	

## 8.1 The National ASCOF Statutory Survey

The Adult Social Care Outcomes Framework (ASCOF) is a national survey that measures how well care and support services achieve the outcomes that matter most to people. Data from 2018-19 shows that the proportion of service users that feel safe has reduced from three quarters last year to two thirds this year. However, the proportion of people who use services who say that those services have made them feel safe and secure has increased by 1.5% to a rate of 87.5%.

## 9 Unmet needs, service gaps and opportunities for commissioners

### 9.1 Section 42 Enquiries

It is recognised that there are issues nationally with regards to inconsistent applications of adult safeguarding processes, in particular deciding if a reported concern is to become a Section 42 Enquiry. Additionally, the datasets reported on as part of the SAC return have altered year on year meaning that trend analysis is very limited.

The local SAC return for 2017/18 has identified:

- Section 42 enquiries are more likely to involve older people, 1 in every 47 adults aged 85 and above living in Warrington were involved in a concern of abuse, whereas this increased to 1 in every 1,231 adults aged 18 to 64. This finding is also reflected nationally;
- Section 42 enquiries are more likely to involve females;
- The number of enquiries involving BME groups is too small to provide meaningful information and is suppressed from publication.

Population projections predict there will be an increase in the number of Section 42 Enquiries over the coming 25 years. Assuming the 2017/18 enquiries rate remains constant, the number of enquiries is likely to increase by approximately 60% by 2040 through population increases alone. In addition increased reporting of concerns would also inflate the level of concerns. This has implications for resources if the current level and quality of service is to be maintained. The role of awareness raising and the contribution of prevention strategies will be key to limiting the number of Section 42 enquiries that are necessary to reduce the risks posed to adult with care and support needs in the future.

Whilst a large proportion of safeguarding concerns relate to care settings, the importance of regulation and contract monitoring to assure standards of care will continue to be key. A learning culture and ensuring that lessons learnt are identified from safeguarding enquiries and SARS will also help to protect adults and mitigate the risks of future harm.

### 9.2 Modern Slavery and Forced Marriage

It is recognised that the numbers of cases which present in both these forms of abuse are a significant under representation of what are by nature hidden crimes. Limited local data is available regarding Forced Marriage. In the case of Modern Slavery, whilst cases are documented and tracked, further awareness raising, training and bespoke pathways to support victims and disrupt criminal activity are required until approaches are consistent and mainstreamed. The current arrangements regarding Modern Slavery are making progress in achieving these aims. Further work is required to, develop and embed pathways and to integrate approaches across adult and children's services, as well as working with local and regional businesses to address risks and the transparency of supply chains.

### 9.3 Domestic, Carer abuse and Neglect

It is known there is an under reporting regarding domestic abuse and carer abuse. Awareness raising amongst carers and professionals of the risks can help to identify risks and needs earlier, particularly in cases where a lack of knowledge and understanding and/or carer strain is impacting. Greater awareness amongst professionals to appropriately identify domestic abuse in adult safeguarding situations, is also required, particularly in relation to coercion and control and financial abuse.

### 9.4 Self-Harm, Self-Neglect and Hoarding

Where adults are engaging in self harm, self-neglect and hoarding, they may not always be considered to have care and support needs and a safeguarding investigation may not be deemed appropriate or proportionate to the risks. However in order to establish the level of risk and the most appropriate approach to supporting the adult, effective multi-agency working is required. Learning from cases has identified barriers to following guidance in relation to the use of professional meetings in these situations, particularly where adults are non-engaging with services; as well as the sharing of information.

The SAB should ensure that there is a robust framework in place to support agencies working with adults who are living a lifestyle that places them at risk and/or non-engaging. Commissioners and service providers also need to develop effective risk management plans for people receiving continuing support for self-harm to reduce the risk of future harm.

There also needs to be increased oversight and awareness around the prevalence of safeguarding risks and outcomes for adults experiencing or facing homelessness, particularly the street homeless, where local data is sparse.

### 9.5 Advocacy

Whilst local levels of advocacy are higher than similar areas, they need to meet demand including the provisions of advocates that are able to work with people who may have special communication needs. Commissioning plans need to reflect the demand arising from new legislation as well as the implications arising from predicted through population growth and trends around levels of dementia; as well as an increased general knowledge of the public around this issue.

Provision and type of advocacy will become a pressing concern for commissioners in relation to the implementation of the Liberty Protection Safeguards, which is due to replace the Deprivation of Liberty Safeguards from October 2020. Whilst a Code of Practice is not yet established, the numbers

of people eligible for the scheme will be significantly higher than currently and all will require staff to take on the role of representatives. Plans to re-tender the local advocacy contract from December 2020, must take these factors into account.

### 9.6 Out of area placements

Individual placements should be regularly reviewed by commissioning authorities to ensure the needs of adults are being met. With out of area placements the oversight and assurance of the both placement and the overall provision is more challenging. This can include a lack of clarity around responsibility or because of difficulties with multi agency collaboration and communication. This has an impact on Warrington residents who are placed out of area and also on adults placed by other commissioning authorities in our area. There can also be a similar issue within Warrington when local commissioners do not have contracts with a service.

The JSNA shows that there is a significant risk in Warrington where the safeguarding duty applies in relation to the care and treatment of adults placed her from other areas.

Warrington SAB has escalated concerns about the regulation and monitoring of non NHS hospitals to NHSE and CQC and received responses. In the Cheshire and Merseyside region, there has been a positive development in 2019, to help clarify monitoring arrangements, however the increased vulnerability of these adults remains a concern.

### 9.7 Transitional Care

Close working between children and adults services is required in order to ensure that safeguarding issues affecting both adults with care and support needs and children are addressed comprehensively and efficiently. This is the case in traditionally recognised areas such as transition into adulthood for children with longer term needs, but also when addressing some of the serious, emerging concerns within the local community, such as the impacts of exploitation and organised crime for example in Modern Slavery, criminal and sexual exploitation, and cultural issues such as so called Honour Based Violence and FGM and Forced Marriage. It will be important to ensure as they are developed that there are clear and integrated pathways for agencies to work together to support victims and disrupt activities that target them.

## 10 Recommendations for future needs assessment work

### Recommendations for future needs assessment work

- Awareness raising and prevention, including community awareness is key, particular work should be undertaken to identify communities who are less likely to access community and social services; as well as carers.
- There need to be increased awareness and robust recording of safeguarding risks and activity, in particular to reflect incidence of Domestic Abuse, Modern Slavery and Forced Marriage to inform future activity and provision.
- Further research and consideration of the size and scale of self-neglect and hoarding is required.



- Further examination of the national and local evidence of safeguarding risks and outcomes amongst adults experiencing homelessness, including those who are street homeless is required in order to ensure appropriate support.
- Further consideration of opportunities for prevention work around carer abuse.

### Recommendations for Commissioners

- Consideration of sufficiency of advocacy provision, to take into account in the provision of advocates that are able to work with people with a diverse range of needs including special communication needs; as well as the predicted increase in demand.
- To identify any gaps in provision and prepare for Liberty Protection Safeguards implementation in 2020.
- It should be a priority to ensure that safeguarding expectations are built into all contracts and performance monitoring arrangements.
- Specific provision within procurement and tendering processes should seek to ensure slave free supply chains with all eligible bodies publishing Transparency Statements that set out the steps taken to combat Modern Slavery.
- Commissioners of services for adults with care and support needs and their carer's, as well as services for victims of domestic abuse and those designed to combat homelessness and substance misuse must promote awareness of safeguarding within commissioned services including requiring robust contractual expectations to ensure that services are able to address and meet a range of diverse needs including care and support needs.
- More work should be undertaken to streamline and simplify responses to concerns arising in care settings, in order to ensure that there is an improved consistency and effectiveness of response and a clearer understanding of safeguarding.
- Consideration of the oversight, assurance and performance monitoring of specialist hospital facilities should be undertaken to ensure appropriate safeguarding mechanisms are in place.
- Commissioners and service providers also need to develop effective risk management plans for people receiving continuing support for self-harm to reduce the risk of future harm.

### Recommendations for Warrington WSAB

- Consideration of the assessment of Safeguarding awareness communication, engagement and media currently available across the partnership to assess any gaps and scheduling from partners of awareness campaigns should be planned over the year.
- Consideration as to how children and adults services work together, particularly during transitional periods and address serious and emerging concerns within the local community, for example the impact of exploitation and organised crime in Modern Slavery, criminal and sexual exploitation, and cultural issues such as so called Honour Based Violence, Female Genital Mutilation and Forced Marriage

- Warrington SAB should ensure that there is a robust framework in place to support agencies working with adults who are living a lifestyle that places them at risk and/or non-engaging.
- Warrington SAB should seek assurance regarding the recognition of Domestic Abuse in the context of safeguarding, particularly in relation to control and coercion and the use of the DASH assessment.

## 11 Key Contacts

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## 12 References

Beadle-Brown, J., Cambridge, P., Mansell, J., Milne, A. (2006) Exploring the incidence, risk factors, nature and monitoring of adult protection alerts [Accessed on: 14/09/2017] [Available at: [https://www.kent.ac.uk/tizard/research/documents/Adult%20Protection%20Alerts%20RF4\\_Nov%2006.pdf](https://www.kent.ac.uk/tizard/research/documents/Adult%20Protection%20Alerts%20RF4_Nov%2006.pdf)]

Brandon, J., and Hafez, S. (2008) Crime of the community: Honour based violence in the UK [Accessed on: 14/07/2017] [Available at: <http://civitas.org.uk/pdf/CrimesOfTheCommunity.pdf>]

Cambridge, P., Beadle-Brown, J., Milne, A., Mansell, J., Whelton, B. (2010) Patterns of risk in adult protection referrals for sexual abuse and people with intellectual disability. Pp118-132, Vol 24, Issue 2, Journal of Applied Research in Intellectual Disabilities

Care Act 2014 (2014) The National Archives [Accessed on 14/19/2017] [Available at: <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>]

Commission for Social Care Inspection (2008) 'Raising voices: Views on safeguarding adults,' London: CSCI

Department of Health (2000) No Secrets [Accessed on 14/09/2017] [Available at: <https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care>]

Hague, G., Thiara, RK., Magowan, P., Mullender, A. (2008) Making the links: disabled women and domestic violence [Accessed on: 14/19/2017] [Available at: <http://www.equation.org.uk/wp-content/uploads/2016/02/EQ-LIB-127.pdf>]

HM Government (2016) 2016 Report of the Inter-Departmental Ministerial Group on Modern Slavery [Accessed on 13/10/2017] [Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/559690/Modern\\_Slavery\\_IDMG\\_Report\\_2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/559690/Modern_Slavery_IDMG_Report_2016.pdf)]

IKWRO (2017) 53% rise in “honour” based violence cases reported to the police since the criminalisation of forced marriage [Accessed 31/01/2019] [Available at: <http://ikwro.org.uk/2017/11/violence-criminalisation-marriage/>]

Khalifeh, H., Johnson, S., Howard, LM., Borschmann, R., Osborn, D., Dean, K., Hart, C., Hogg, J., Moran, P. (2014) Violent and non-violent crime against adults with severe mental illness [Accessed on: 14/09/2017] [Available at: <http://www.rcpsych.ac.uk/pdf/BJP-2014-147843.pdf>]

Lafferty, A., Fealy, G., Downes, C., Drennan, J. (2016) The prevalence of potentially abusive behaviours in family caregiving: findings from a national survey of family carers of older people. Age and Ageing 2016; 0: 1-5

Local Government Association (2015) Adult safeguarding and domestic abuse [Accessed on 12/10/2017] [Available at: <https://www.local.gov.uk/sites/default/files/documents/adult-safeguarding-and-do-cfe.pdf>]

Mental Capacity Act 2005 (2005) The National Archives [Accessed on 14/09/2017] [Available at: <http://www.legislation.gov.uk/ukpga/2005/9/contents>]

National Centre for Research (2007) Abuse and neglect of older people: Secondary analysis of the UK prevalence study

NHS Digital (2018) Safeguarding adults: Annual report, England 2017-18 Experimental Statistics [Accessed on 31/01/2019] [Available at: <https://files.digital.nhs.uk/33/EF2EBD/Safeguarding%20Adults%20Collection%202017-18%20Report%20Final.pdf>]

NHS England (2017) Modern Slavery [Accessed on 13/10/2017] [Available at: <https://www.england.nhs.uk/ourwork/safeguarding/our-work/modern-slavery/>]

Office for National Statistics (2017) Crime in England and Wales: year ending March 2017 [Accessed on 12/10/2017] [Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingmar2017#police-recorded-domestic-abuse-rises-due-to-recording-improvements>]

Social Care Institute for Excellence (2011a) Self-neglect and adult safeguarding: Findings from research

Social Care Institute for Excellence (2011b) Prevention in adult safeguarding: A review of the literature [Accessed on: 13/10/2017] [Available at: <https://www.scie.org.uk/publications/reports/report41/files/report41.pdf>]