Safeguarding Learning Development Group

Monday the 9th of September, 2019, 10:3 0 – 12:30 Room 11.10 (11th Floor) at 5 Pancras Square, Kings Cross, London, N1C 4AG

1 Introductions and Apologies 10.30 – 10.40

Chair: Adenike Owonaiye (AO)

Minutes: Susan Cairns

Attendees: Rebecca Broadhurst (RB) Claire Taylor (CT)) Helen Egbelana (HE) Sahra Wellington (SW) Dorothy Amoyaw (DA) Silvia Gomez (SG) Sherifat Jato (SJ).

Apologies: Martin Hampton, Rachel Duffield, Wayne Connors, Lorraine Dorman, Rochelle Woodhead, Vanessa Taylor, Eilis Woodlock, Manju Reith, Katherine Winter, Robert Simpson

AO welcomed everyone and stated there were many apologies today and due to that one of the presentations would not take place and the one by Wane would be presented by Helen Egbelana.

2 Presentation by Lorraine Dorman (Strategy and Change) on data collection 10.40 – 11.00

 AO stated Lorraine Dorman had given her apologies. Lorraine had unfortunately taken ill.

3 Structure/Adoption of last minutes and actions 11.00 – 11.10

AO - Briefly discussed previous minutes.

The presentation regarding the principle of "Protection" from VO was not sent to AO to send out with the Minutes. She however commented that she sent out the presentations on Empowerment and Partnership by Shabnam Ahmed and Martin Hampton/Manju Reith.

Work flow review - Enquiry discussed – AO reported that the most recurring issue by care homes management and domiciliary care agencies is that practitioners do not provide feedback on the progress of the safeguarding enquiry and that sometimes these end but they are not notified.

AO further explained that there is a delay in the process of rolling out the new Concern and Enquiry workflow due to changes which are in relation to a new framework for decision making in safeguarding by LGA and ADASS, with a published guidance that has the implication for splitting the s42 enquiries into two sections. AO commented that it is believed that if this is rolled out now, it may need to be changed again in the future. This explains the delay in the completion of the workflow at the moment. AO promised to gather more information on this and feedback about when the new workflow design will be likely to be restarted.

Link attached:

https://www.adass.org.uk/a-framework-for-making-decisions-on-the-duty-to-carry-out-safeguarding-adults-enquiries

User Acceptance Test- AO reminded that only a few practitioners completed the Questionnaire to complete the UAT and urged members to complete this and send them out to Khalid Merghani. AO stated that she will circulate the link to get into the framework:

- MOSAiC test: http://svr-wfe-fwi02:7003/mosaic_dev/. (Please use your MOSAiC Live credentials to log in).
- 2. UAT Feedback Form

4) Training Session 11.10- 12.00

<u>Presentation on Principles of Safeguarding</u> - Accountability (Helen Egbelana on behalf of Wayne Connors – Outreach Officer)

Accountability 'I' Statement

• Presentation will be attached to minutes of the meeting

General discussion

AO posed several questions for the purpose of discussion. Including how can they consider accountability more purposefully? What are the difficulties with other professionals e.g. the police attending meetings which leads to complaints from clients and how can we help them be more accountable for their roles in safeguarding? What are the barriers preventing us being accountable and how could that be improved?

- Professionals agreed with the ideas within the presentation; to speak to the person, gain their consent and ensure they have a clear understanding of their role and what will happen next including the managers' roles and clear recording of information.
- An example was given; gaining consent from client who then doesn't want to discuss
 the issues e.g. sexual or physical abuse. It can take time to build a relationship with
 them and for them to consider what they want. However the social worker has to
 make informed decisions and respond in a timely way.
- The value of reflection our processes do not allow time for reflection.
- How can we help other people to be accountable? GP's and the police share information but have different processes which can create a conflict
- It can be difficult to get hold of police officers involved due to their shifts and other duties. Any difficulties with the police can be escalated to MASH on the 9th Floor.
- Does the Safeguarding Board ensure all other agencies are prioritising their accountability in disseminating information down to the frontline workers? How accessible are they?
- Finding information can be difficult especially when following up other people's work and it's important to record the correct contact information. Every worker needs to display accountability and take responsibility for recording within appropriate time frames
- Suggestion to utilise the Adult Safeguarding Practice Guide, (now available on desk tops) to store more information and keep things up to date such as a directory of people and key agencies; however, the information on Safeguarding is scanty and members felt that thy would require access to more detailed information on contact on the web as not everyone can access the 9th floor in 5 Pancras readily.

• There should be more joined up working at different levels so that information is filtered down appropriately.

AO Action - to put more information into the Adult Safeguarding Practice Guide and feedback at next meeting.

(ADDENDUM- Nikki to attach the information request to police which was recently obtained by Service manager, AH. This is the appropriate form for use to request information from the police).

Discussion on SAM's roles in relation to Accountability-

- The Safeguarding Adult Managers (SAM) Work alone most of the time and members
 of the panel/meeting do not see the decision making as that of the whole members of
 the enquiry meeting. This makes SAMs feel isolated at times and the burden of
 decision-making is left to them which should not be the case. Other agencies also
 need to be accountable.
- SAMS need supportive supervisions from their line managers.
- A SAM shared sometimes SAMs feel the pressure to close down cases when there is lack of a consensus for closure or outstanding tasks, creating an impact on accountability in practice.
- There is not a lot of information filtering down from the Safeguarding Board and social workers do not necessarily feel the presence of a board.
- AO- Safeguarding cannot always get to the root cause, despite a concerted investigation and support to Adults at Risk (AAR). The emphasis should be on getting things right for the AAR and recording analysis appropriately. It's about making Safeguarding personal and not necessarily struggling to get the getting the 'right' answers. A clear rationale for leaving case open is important.

AO Action – A SAM's forum could be considered every 3 -4 months to share experiences and support each other and to ensure others are accountable. AO to discuss this with the service manager and feed back to team next time.

AO Action to take this information up to the service manager to escalate to the board. Board.

- The professionals discussed the value of using this forum to discuss one or two
 difficult cases per session and support one another. However this is not the main
 purpose of the group and Social workers should not use the SLDG forum for a
 substitute for a high risk panel or complex case discussion forum.
- Cases are usually discussed with line managers and triangulated with safeguarding leads where there is a need to.

Presentation on Principles of Safeguarding - Prevention (Linda Dakare) (Not present)

Action to be presented at the next SLDG meeting.

Presentation on Principles of Safeguarding - Proportionality (Adenike (Nikki) Owonaiye)

- Slides will be attached to minutes of the meeting
- Best Interests Check list was distributed

.

General discussion (Members' contributions)

- Discussed an example case; the client didn't want the care worker and wanted someone else – they don't want to share information with the opposite sex. It can take time to build a relationship how can we balance staffing and resources in proportionality?
- The time allocated to each case to gain information is not enough.
- Mental Health can be quite paternalistic at times as the level of interventions can be intrusive, making decisions for people. This is struggle and a health led mentality.
- Challenge to be proportionate with other professionals and meeting their expectations. This happens when there were safeguarding concerns prior to them going into hospital for example the safeguarding may be due to deterioration in mental health
- Everything links up and needs to empower people to make the right decision.
- SAMS need a rationale to work with and the risk analysis is important. In Mosaic social workers do not always go into risk analysis form and this weakens the strengths of the analysis.
- Training in mental capacity would help new members to understand the principles of the Mental Capacity Act better and equip them with the ability to use them better.
- New starters should not be given cases with mental capacity until they have attended training in this area
- No principle of Safeguarding can be used in isolation or to the exclusion of others.

Action - AO to offer HE some training in Mental Capacity and support ASO's and Outreach workers to be skilled up in completing mental capacity assessments. This will be a date towards the end of November.

-AO to bring issues of concern by workers to the attention of the Safeguarding Adults Service manager.

5) Lead Practitioner Update 12.00 – 12.15

Workflow Review - has been put on hold for now.

Update on ASC/CIFT Audit - Action to be carried over to next meeting and will be ongoing.

Update on involvement of Mental Health Service - Mondays and Fridays are not good days for hospitals to attend these meetings.

The Mental Health service practitioners would like shared involvement so that meetings can be held in the MH offices/premises as well.

AO - The Peckwater Centre will be venue for next venue for the SLDG Meeting that will hopefully take place on a Wednesday - date to be confirmed.

6 AOB/Close of Business

None.