Safeguarding Learning and Development Group Meeting Minutes- 10/05/2019

1) Introductions and Apologies

Chair: Adenike Owonaiye

Minutes: Susan Cairns

Attendees: Annie Ho (AH), Dorothy Amoyaw (DA), Wayne Connors, (WC) Martin Hampton (MH), Linda Dakare, (LD) Victoria Ogbonna (VO) and Felix Ugwumadu (FU)

Apologies: Kathryn Winter, Richard Boateng, Vanesa Taylor, Sian Philips, Robert Simpson and Eilis Woodlock

Presentation: Shabnam Ahmed (SW) – Modern Day Slavery

The Chair advised due to poor attendance, going forward she would no longer hold the meeting on Fridays and will change all the other scheduled meetings on Fridays to other days. The date of the next meeting will therefore be circulated later. .

There were a lot of apologises and some professionals had not responded to the invitation. The chair added it was important there was a representative from the team at this meeting and requested if you cannot attend then send someone in your place, to feed back to the team.

2) Structure/Adoption of last minutes and actions

The Chair advised there were not any actions from the previous minutes and thanked Martin Hampton for his presentation on "Hoarding" and the information given regarding resources available on that topic.

Looking back over the previous minutes the chair gave a presentation on 'Making good decisions under safeguarding enquiries' and the workflow review. The GP referral form was discussed, querying if they should they be using it? They were free to use it for complex cases to ensure information is collated and AO could send out the form again.

AH added she had recently attended a GP safeguarding training session where the CCG was promoting the form and stated they want adult social care to use it to ensure consistency of practice and to provide clear written details for their records. AH will discuss further with head of service.

MH: As feedback to his presentation, Martin mentioned that Recovery College presented a course on hoarding and that he was link professional between High Risk panel and integrated care MDT for cases on hoarding.

LD shared information on training on law which she attended and encouraged all to attend this wherever possible. There was information on the court of protection and report writing.

Action – GP referral form - AH to feedback after discussion with Head of Service

Discussion on Reports from Safeguarding Data

The Chair stated the Strategy and Change Team collate data which needs to be accurate in the forms and that should be feedback to the teams for example they have found if it's not

mandatory to complete the section then it is not completed or it is completed with the wrong selection from the drop down list which needs to be looked into.

The forms will change in future, however the data collated is important.

AH: It's easy in Mosaic to choose "not known" for example for ethnicity and Camden has high percentage of not known's in our annual reporting. We may not know the ethnicity or other category details for definite at the start of a concern, however as the case progresses that should be completed at a later date as more information is known about the person/family.

The statistics go back to NHS Digital data collection. It is important for local authorities to capture data on safeguarding activities in relation to specific protected characteristics of our service users. The "not known" category - can easily become our default position but AH reiterated - safeguarding data collection is important and that message should go back to teams.

Chair added that "Pending Enquiries" were another issue and social workers should start off enquiries as soon as the concerns are closed and not leave them pending. Camden has lowest conversion rates in progressing concerns to enquiries.

3) Training Session - SA- Presentation on Modern Slavery

SA: Stated that she is not an expert but interested in topic and completed the "train the trainer session" to help roll out the training for 3 sessions in Camden to the whole of council. SA found many police officers attended the first session and second sessions but there was a low turnout from Adult Social Care despite her encouragement. She would be turning the training into a web based training, for everyone to have access and this had been agreed by Sarah McClinton. Once SMT has a final check and it is signed off it will be available and it is an engaging session which will only will take one hour to complete; this presentation is a taster.

SA: Showed slides which contained images of people who were subjects of trafficking and part of a photographic exhibition. SA added we are all likely to be walking past people on the way to work, who have suffered being trafficked. She explained that we are first responders as a Local authority and have a role to play in ensuring that we understand our roles in acting on and reporting modern slavery. She informed about the helpline which is available if one requires further information or needs to provide information on modern slavery. (08000 121 700).

(*The slides are available to the professionals who attended the meeting).*

4) General discussion on training session

There was general discussion afterwards

SA reiterated that we are first responders and have a role. The Care Act 2014 recognises it officially as a type of safeguarding and if someone consents and we refer and there is a process. Many victims do not appear to as victims as they do not appear to have care and support needs at a first glance and many victims do not even see themselves as victims. The Modern Slavery Network completed a survey finding that everyone who had been a victim had later gone on to suffer PTSD.

AO: We should all consider how we can disseminate the information. It was a new category in the Care Act and there has only been very few referral's only 9 so far in the last year.

5) Lead Practitioner Update

Feedback on Customer Outcomes and workflow review

AO: The outcomes need to be completed in Mosaic to reflect what people are saying. We need to complete people's outcomes in the episodes. She explained that in the new workflow, the outcomes box has been removed from the Concern episode and inserted into the Enquiry only. This is in consideration that outcomes may not be established at the concerns stage. She also mentioned that the new workflow will provide an avenue for outcomes to be re-evaluated for change. AO **s**tated that this puts people at the centre were they are empowered and consulted to make own decisions on safeguarding enquiries.

She stated that the work flow review has not been finalised yet but it is hoped that the Concern workflow will be completed soon and review will commence on the Enquiry Episode. She noted that it is of utmost importance that the principles of safeguarding are being applied in our safeguarding work. Once the workflow is out AO will attend team meetings to go through the changes.

6 Service Manager Update

Brief Presentation on Making safeguarding Personal- Annie Ho

Training has been rolled out but wanted to remind the group about this

Statistics return show there is a slight increase in 2017/18 of people who are asked what their desired outcome was. With 60 % being asked but that left 40 % who were not asked.

MSP is important but it is more than asking the person what their desired outcomes are; it is also ensuring they are involved throughout the process, at the beginning, in the middle and at the end. For example, one of the questions in the MSP toolkit is how clients feel about being listened to – a lot, some of the time or all of the time and that will be measured.

Discussed the balance between "empowerment" and the "right to choose" querying was it possible to have that balance for example with people who self-neglect. There is a shift in culture and practice it is not process driven and will involve engaging with people, it's person centred and outcome focussed.

The Department of Health brought this about when consultation showed at the end of safeguarding process clients felt they had come out worse off for example losing a relationship and that was a challenge for us.

In 2014 another evaluation report queried what good outcomes were and majority of responses indicated the outcome of maintaining key relationships and staying safe.

The six statutory principles have "I" statements attached to them to reflect what the principles mean to the people who use the service. All six principles had an "I statement" published by the Department of Health. (See examples in slides).

- **Update on the Liberty Protection Safeguards (LPS)**

  (Slides are available)

AH Overview

LPS will replace DOLS and is a hot topic of current time. Lots of information will come out soon and we have been advised not to deliver training until the code of practice is finalised.

The Mental Capacity amended bill is awaiting royal consent and the increase in applications for DOLS was the driver for the law to change. DOLS standard authorisations currently apply only to care homes and hospitals; deprivation in other settings have to be authorised through the Courts. The House of Lords scrutiny report was another main driver for DOLS to change.

It is critical of the poor application in practice of MCA by social care and especially health professionals.

In the amended bill, the LPS will reduce from 6 assessments to 3; mental capacity, medical assessment to determine mental disorder, and necessary and proportionate assessment (details of which are not out yet).

Assessments will be part of mainstream assessment and care planning for person. The new process will be relying on existing assessments and is a clear message that everyone is implementing and complying within our work. The Local Authority and NHS will be Responsible Bodies in authorising LPS.

Previously DOLS were only issued for 1 year in new system for people with long term stable conditions that would change to between 1 and 3 years.

People will be supported by an appropriate person there is duty to consult with carers and families and if the person objects an independent AMCP (Approved Mental Capacity Professional) would be appointed to review proposed arrangements.

It will extend to a wider range of setting including community settings, and also to 16-17 year-olds.

There will be a LPS code of practice and the MCA Code of Practice will be updated

AH will work with local partners, including hospital trusts and CCGs who will authorise LPS. Other areas of work include children's services in relation to LPS for 16 – 17 year olds, commissioning IMCA services as well as work force development and training on this issue.

- **Slides are available.**

AO: Stated that she would encourage staff to consider 'I' statements for each specific piece of safeguarding work. AO had delivered training with home care providers around safeguarding incorporating the principles and would run another session in the near future. She suggested that each principle could be looked at the next session and explored for example by someone in the meeting taking one principle and discussion on this at the next session, and giving suggestions for applying them in practice. It was agreed that the six principles will be allocated to a representative of each team and researched upon to present at the next meeting.

AH also suggested applying it to a real case.

The following agreed to take one principle each;

MH - Partnership

LD – Prevention

SA - Empowerment

Chair - Proportionality

WC - Accountability

VO - Protection

SA also mentioned the use of family group conferencing a strengths- based practice that fits in with training and she would be completing a Doctorate in this and safeguarding fits nicely with this and is a key area.

Next Meeting: **TBC**