

**Safeguarding Learning Development Group**  
**Monday 04/02/2020 10am – 12pm**  
**Training Room 1, 3rd Floor, Crowndale Centre, 218. Eversholt Street London; NW1**  
**1BD**

**1. Introductions and Apologies**

**Chair:** Helen Onslow (Lead Practitioner for Adult Safeguarding, ASC)

**Minutes:** Naima Omar (NO)

**Attendees:** Adenike Owonaiye (Previous lead practitioner), Izaliana Parente (Social worker, ASC), Paivi Salminen ( Islington Better lives), Barney Magee (Islington Better lives), Robert Simpson( social worker), Gill Davies (ICAS alcohol service), Archibald Gwashawvanha (Safeguarding lead KWS), Sandra Corrigan( C+I S.A.M) S. Phillips( Rethink), Sam Pepper (NCRRT Social worker), Martin Hampton (Integrated care social worker), Kathryn Winter (Social worker CLDs ), Lorraine Lloyd (C+I trust Camden Primary care), Mark Tucker (Camden Social worker), Patrick Hartigan (C+I Mental health social worker), Ekram Garad (Student social worker), Minaxi Patel (HCPT)

**Apologies:** Errol Wellington, Emily Van de Pol, Ellis Woodlock, Noel Geoghegan, Allison Arekion, Alwyn Davies, Jo Pollock, Maggie Fuller, James Gray, Faye Landy, Kathryn Maguire, Martin Mulligan, Ann Jumawan, Richard Boateng

Helen Onslow welcomed everyone to the meeting and introductions were made. The purpose of the group was explained again for any newcomers. The group shares and discusses learning and new developments in safeguarding practice, with practitioner lead bite-sized training sessions and guest speakers sharing information or learning on topics relating to their area of practice. Members attend as representatives of their teams and are asked to take learning and updates from this forum back to their teams.

**2 Structure/Adoption of last minutes**

Adenike Owonaiye went through the minutes from the last meeting and updated on actions.

- The minutes are being amended to include Kathryn Winter who was in attendance but missed off the record of attendees.
- At the last meeting there was a presentation from Lorraine Dorman on data collection, which discussed the mosaic workflow and recording accurately. The presentation has now been circulated to professionals.
- The concerns that the safeguarding practice guide is not as robust as it should be, as discussed at the last meeting, have been taken back to the ASC safeguarding service manager, Noel Geoghegan.
- At the last meeting police contact was discussed. Contact details have been circulated and practitioners are advised to make contact with the MASH police on the 9th floor who can provide information and the police referral forms.
- The concerns about SAMs feeling isolated in regards to making decisions have been discussed with the safeguarding service manager.
- The presentation from the training session on covert medication has been circulated.

- The issue raised by colleagues in the mental health service about accessibility to Mosaic are currently in the process of being resolved.
- The user acceptance test for new workflow discussed at the last meeting has been put on hold due to further changes in the workflow stream. There are ongoing meetings to develop the workflow, including shortening the concern episode. When the workflow is complete, training will be rolled out as needed to support practitioners with navigating the new system.
- The auditing programme was mentioned last time, including the audit between mental health and adult social care, and the peer audits starting in adult social care. This will be discussed further today.
- It was reiterated that participation from professionals is beneficial in this meeting and any ideas or suggested presentations to be discussed with Helen Onslow.

### **3 Presentation by Minaxi Patel (Strategy and Commissioning Manager) on Assessment and Safeguarding in the hostels pathway.**

- Minaxi Patel is a part of the strategy and commissioning team. They commission single homeless hostels in Camden
- Minaxi gave a brief outline of the services they provide as part of the homelessness strategy or rough sleeping service. The service provides supported accommodation for single homeless people; men and women who have a connection with Camden.
- The service provides 16 hostels and 643 beds. Most of the hostels provide support 24 hours; however, they do not provide care or medical support.
- Hostels provide tailored support around a variety of issues and will refer to other agencies as needed. The main presenting issues are around substance misuse, mental health, domestic violence and physical health.
- 68% of clients have mental health support needs, 49% have physical health support needs, 48% drug related support needs and 29% have alcohol related support needs. Over 100 of the clients have all four support needs.
- Once individuals address their support needs the plan is to help them move to independent accommodation. The individual needs to be able manage independent living and support will be provided.
- Expectations are for individuals to be on the pathway for two years. However it was reported that there is a growing cohort of individuals who have been on the pathway for three- five years or more and feel institutionalised in the hostel system.
- There are a number of safeguarding concerns raised throughout the year; roughly between 60/70 the past few years - about a third of those are self-neglect cases, and the others are physical abuse and financial abuse.
- The self-neglect cases are complex individuals. Generally when staff at the hostel get to the point of raising a safeguarding concern, it's because they no longer know how to support the person.
- There has been work around reviews of deceased individuals in the pathways. There is a lot of focus generally around deaths of homeless people.at the moment.
- There is concern as there has been a big jump in deaths in the pathway in the last year – 17 deaths last year compared with 9 in each of the previous two years. Figures for this year look to be similar - around the 17/20 mark.
- Minaxi discussed the SAR in Newham following the death of a homeless person in 2018. Practitioners are recommended to read the findings. Many of the issues raised

and recommendations made are also relevant to Camden so there is learning to take on board. There hasn't been a SAR of a homeless death in Camden to date.

- The recommendations from SAR most relevant to the client group living in the hostels includes a more proactive investigative response to safeguarding, to move away from crisis intervention to prevention, including completing timely coordinated assessments and earlier assessment, and the value of working with assertive outreach teams.
- Minaxi also stressed the need for feedback to hostel staff on referrals so they know what actions are going to be taken next and who is responsible.

#### Group discussion:

- Discussed the difficulties of caring for people who are anti-social or aggressive, and the need for systems and mechanisms for dealing with clients that are difficult to find and assess who have fluctuating capacity due to mental impairment or substance misuse.
- Rethink advised that in terms of referrals to advocacy, they are receiving referrals late in the process or last minute, rather than at the start of the safeguarding process. Advocates should be involved earlier so the individual is being heard and they can help the individual engage with the process and negotiate the system they have found themselves involved with, which may improve engagement.
- Professionals mentioned the issue of service users ping ponging between services, particularly challenging clients, while support staff at hostels are left struggling to cope. Practitioners don't always feel they have enough training or the skill set to manage specialist concerns, such as substance misuse – need more training. Also difficulties in getting appropriately trained carers for care packages. This needs to be raised with commissioners to ensure more specialised care agencies are sourced.
- Islington Better Lives practitioners reported they have in house training is provided every quarter which covers issues such as substance misuse and domestic violence – can be provided to any front line services who work with their clients.
- Alcohol services practitioners stated they can offer advice and support to other professionals when needed, and are happy to meet to make links and network and get some advice from services.
- Discussed the role of professionals meetings in risk management. Multi agency meetings may not resolve things but can be helpful in ensuring everybody is doing what they possibly can to support the individual and documenting this.
- Safeguarding meetings have been beneficial and helpful in sharing information where there is multi-agency involvement. Discussed that using the safeguarding route more as a helpful way of getting professionals together to share knowledge and jointly manage risks.
- Discussed the use of the high risk panel in discussing vulnerable individuals who don't engage with any services, eg where there are safeguarding concerns around self neglect and issues such as substance misuse.
- Substance misuse practitioners advised there is also a high risk panel within the mental health trust which can be utilised for service users under C&I.
- Discussed the use of chronologies to get a view of how many times an individual has come to the attention of professionals and different agencies. Highlighted by SARs.

- Discussed involving the CCG more in regards to severe physical health, mental health and substance misuse issues - they offer support providing advice and linking with GPs. To send out information who to contact.
- Discussed the issue of moving people in the hostel pathways on – there's a risk of clients being institutionalised and just moving from one service to another. It takes a lot of time and work to evict somebody with support needs.
- Minaxi advised of Camden Housing First, an intensive support service specifically designed to support people with complex needs to move to independent living. This service is aimed at individuals who have been in the hostel pathway system for under 3 years and are unlikely to be able to manage independent accommodation themselves but would be able to manage accommodation with long term support in place.

**Action:** AO to circulate information about CCG and who to contact

**Action:** HO to circulate Newham SAR document with recommendations

**Action:** MP to circulate the list of hostel services.

#### **4) Training session on safeguarding practice auditing - Helen Onslow & Adenike Owonaiye**

##### **(Presenting the audit form- good practice in completing safeguarding Concerns and Enquiries. (Including general discussion))**

- Adult social care have introduced a programme of peer auditing of safeguarding practice. Managers have been auditing pieces of work from other teams. One audit has been completed so far on the theme of psychological abuse, the next audit is currently in progress on self-neglect.
- AO and HO presented the audit form used for auditing safeguarding practice and went through the 13 areas of practice assessed, describing what is being looked for each of these areas, as well as giving feedback on how the sample performed in the first audit.
- Particular issues were highlighted around consent and application of the mental capacity act, while practice around involving the service user and making safeguarding personal was positive.
- HO will share the audit tool and the report from the first audit for information.
- The purpose of the audits is to highlight examples of good practice and to ensure those are shared, share recommendations, and use it to tailor training. Looking at reviewing the audit process and how practitioners can be more involved.
- It was confirmed that the audits are mainly focused on the s.42 enquiry and that the same audit tool is used for joint partnership audits.
- It was highlighted in the audit that the input from SAMs needs to be improved. It was discussed that SAMs have a lot of responsibility in decision making which raises the issue of how we can support SAMs. It was noted that CANDI offer a SAMS forum to discuss issues and get input and advice. Discussed whether to have a one off session for SAMs forum if professionals would find this useful.

**Action:** HO to circulate audit form presented at the meeting and report.

## **5) Lead Practitioner Update**

- Adult Social Care is currently revising the safeguarding workflow in Mosaic. Will be asking for volunteers when it's ready for testing live from approx April 2020.
- Advised that CANDI are implementing a safeguarding workflow of their own into Care Notes and will be using this going forward instead of recording in Mosaic. The local authority will reportedly be able to extract data from this. Until this is live, C&I workers to continue to record in Mosaic as usual.
- Discussed that the recent changes to the ASC workflow are in response to ADASS guidance on making decisions on the duty to carry out safeguarding adults enquiries. The ADASS guidance will be circulated for info.
- Under the Section 42 duty, there are two parts - s.42.1 is about the concern raised, and s.42.2 is the enquiry. The concern should just be a decision making tool as to whether to make further enquiries and should be brief.
- Camden currently has a low conversion rates with regards to converting concerns into enquiries when compared with other local authorities. This is not reflective of the actual work happening due to information being recorded in the wrong area ie too much recorded under concern rather than under enquiry. This has come to the attention particularly in areas such as modern day slavery and domestic abuse, where the actions being taken to safeguard, such as referring clients to appropriate agencies, are recorded and closed at concern stage which is then not captured in data reporting. The concern is decision making - any actionable plan should be under enquiries. It was advised to consider recording actions in the enquiry section before closing a safeguarding workflow.
- It was reported that a new SAR has been published by Camden's safeguarding board in Jan 2020 - 'UU'. This related to serious self neglect and hoarding and made 5 recommendations, including noting how a section 42 enquiry would have helped bring professionals together and how the mental capacity act could have been utilised more.

**Action:** HO to share ADASS guidance and UU SAR report.

## **6 General Discussion/ Group feedback**

- It was queried whether, after completing a section 42, a separate mental capacity assessment needs to be completed or whether this can be covered in the s.42 enquiry. It was advised that a mental capacity assessment should be completed separately and documented.

## **7 AOB/Close of Business**

- N/A