

CHSAB 2015/16 Strategic Consultation Report



Introduction

This report presents the findings of the consultation on the principles and aims of the Adult Safeguarding Strategy 2015-2020. The consultation ran from 23 Oct 2015 to 15 January 2016.

Background

The City and Hackney Safeguarding Adults Board is a multi-agency partnership which has statutory functions under the Care Act 2014. It is made up of leaders and senior representatives from organisations working across the City of London and the Borough of Hackney. These organisations include the local councils and social services, healthcare providers and commissioners, the Police, the Fire Brigade, local Healthwatch branches and representative of both community and voluntary providers and of people who use services.

The main objective of the Board is to assure itself that local safeguarding arrangements and partners act to safeguard adults at risk of abuse in the local areas.

Following the Care Act 2014, Safeguarding Adults Boards are required to publish a strategic plan that covers each financial year. The City and Hackney Safeguarding Adults Board (CHSAB) have developed a strategy for the next five years that will be reviewed annually.

As part of the strategy formed by the CHSAB, four principles that are intended to underpin all work undertaken by the board, and five aims for the 2015-2020 strategy have been suggested. There is a statutory requirement to consult with key stakeholders and the community before implementation. The CHSAB consulted on these principles and aims.

The Principles:

“All our learning will be shared learning – so that all relevant agencies have ownership and understanding of what the issues are locally.”

“We will promote a fair and open culture – a working environment is established within which professionals and people who use services feel safe to speak out. Local people will be active citizens who take responsibility for raising concerns if they are worried that someone is being harmed.”

“The skill-base of our frontline staff and managers will be continuously improving – systems are established whereby practitioners and managers are supported and enabled to continuously develop their skill-base in all partner organisations. The Board will have clearly identified training priorities.”

“We will understand the local complexity of safeguarding needs – systems are in place by which we can spot and respond to trends in need and in practice, through a combination of data collection and sharing and intelligence on the ground. The Board makes strategic links with key partners and other boards.”

The Aims:

Prevention – people at risk of abuse or neglect are able to protect themselves from harm and help each other.

Choice and Empowerment – people make informed decisions and choices, and manage the risks they take.

Listening and Engaging – using the views and experiences of people who use services, patients, carers and staff to improve and develop services across the partnership.

Standards and Accountability – people at risk of abuse or neglect using care and support agencies get safe and appropriate services that keep them safe and respect their dignity at all times.

Access and Protection – City and Hackney residents have fair and equitable access to all services across the safeguarding partnership.

Consultation Approach

The public consultation started on 23 October 2015 and ran until 15 January 2016.

Given the statutory requirement to consult with key stakeholders and local communities, corporate communication channels were used to ensure that stakeholders, residents and businesses across the two local authority areas were aware of the consultation.

The dedicated consultation page included the following information:

- A summary of the consultation
- A pdf of the consultation questionnaire
- An easy read version of the questionnaire
- An online version of the consultation questionnaire.

Targeted Activity

Wider promotional activity

Summary of methods used to inform, consult and involve stakeholders and wider public

- The information was made available on the online consultation platform, Citizen Space
- An overall summary document and questionnaire document were made available online and hard copies also printed for distribution in
- Articles in Hackney Today have publicised the consultation
- Staff members received details of the consultation (via email, intranet, Hackney Staff Headlines, Hackney Staff Newsflash, Staff Hackney Adult Safeguarding newsletter, manager cascade, etc)
- Community agencies were approached and sent information directly
- Text was provided for inclusion in agencies' own newsletters (e.g. the Learning Trust, Interlink, Hackney Healthwatch, City of London Healthwatch)
- #OurDay tweets
- Specific agencies and forums approached to help publicise the consultation include:
 - CHSAB partners
 - POhWER
 - The Big Do
 - CQC inspectors
 - London Ambulance Staff
 - Older People Reference Group Annual event
 - Older People's Patient Forum
 - Hackney Staff Headlines
 - Hackney Staff Newsflash
 - Hackney-contracted Registered Care providers
 - Hackney Providers Forum
 - Registered Care providers operating in the City
 - Hackney Ark
 - Hackney Resource Centre
 - Safeguarding in the City event
 - Age UK East London
 - Disability Back Up
 - Side by Side
 - Violence Against Women & Girls Forum
 - City & Hackney MIND
 - Hackney People First
 - Pace
 - Galop
 - Hackney Independent Forum for Parents/Carers of children with disabilities
 - Transition Health Outreach Team
 - Hackney Learning Trust
 - City Lit
 - City & Islington College
 - The Learning Trust
 - Hackney Community College
 - Healthwatch City of London
 - Healthwatch Hackney
 - Hackney Social Housing Providers
 - Hackney Community College
 - Healthwatch City of London
 - Healthwatch Hackney
 - Hackney Citizens Advice Bureau
 - Hackney Carers Centre
 - Albert Kennedy Trust
 - Stonewall
 - LGBT Jigsaw
 - HCVS safeguarding leads
 - Specific multi-agency HCVS consultation events
 - Hackney Refugee Forum
 - Hackney Health & Social Care Forums
 - Social Action for Health
 - Pause

Overall Results Analysis

The public consultation received 60 responses via the online and paper response mechanism.

In addition to these online and paper responses, the consultation was discussed at a number of focus groups and consultative forums in the community, attended by in excess of 250 participants. The responses from these were summarised on the day by a note taker or the facilitator and included as part of the consultation (see Appendix).

The consultation analysis will take account of the responses resulting from the focus groups and forums. Group and forum responses are incorporated into questions 1)b), 6)c), 7)c), 8)c), 9)c) and 12).

Interpretation of the data

Percentages in a particular chart will not always add up to 100%. This may be due to rounding. It is worth noting that the results are subject to sampling tolerances, and not all differences between sub-groups will be statistically significant. We need to exercise appropriate caution where a small group of respondents has been analysed. The questionnaire consisted of 12 questions, some of which were divided into several parts. Please see the appendix at the end of the report for details of the questions asked.

Profile of respondents

The majority of respondents 73.3% (44), were Hackney residents, while only 1 identified as a City of London resident. Those who indicated that they lived within Hackney were asked to provide their partial post code. Most respondents from within Hackney listed N16 as their postcode 21.7% (13) followed by 18.3% (11), who listed E5 as their postcode. One respondent from the City of London responded to the consultation.

The majority of respondents were female 61.7% (37). 26.7% (16) were male. 11.7% (7) did not answer.

71.7% (43) of the respondents said they were heterosexual, followed by 1.7% (1) who said they were bisexual and 1.7% (1) who said they were a lesbian or gay woman.

51.7% (31) of the respondents gave their ethnicity as White or White British, followed by 23.3% (14) who gave their ethnicity as Black or Black British. The remaining respondents are from various minority ethnic groups.

68.3% (41) of the respondents said that they did not have a disability, while 21.7% (13) said they did.

The highest proportion of respondents 50.0% (30) indicated that they held Christian beliefs, followed by those who stated having no religion 28.3% (17).

EXECUTIVE SUMMARY

The public consultation ran from 23 October 2015 to 15 January 2016, resulting in a total of 60 responses via online and paper completion surveys.

Support for principles of Adult Safeguarding Board

Respondents were asked whether they agreed with each of the proposed principles suggested by the Adult Safeguarding Report.

Principle 1: “All our learning will be shared learning – so that all relevant agencies have ownership and understanding of what the issues are locally.”

78.3% (47) thought that this first principle was the right principle for the CHSAB, with 13.3% (8) responding that they didn't know. Only 1.7% (1) indicated that they thought this first principle wasn't the right one for the CHSAB.

Of the comments left in support of this first principle, many felt that this principle would help to promote joint working and ensure that the Board and associated agencies had a local understanding of safeguarding issues.

Of those who expressed concerns about this principle, most sought more clarity on how this principle would work in practice.

Respondents who suggested ways in which that the CHSAB could achieve this aim suggested that the Board should hold meetings, conferences and training, as well as promote organisational links, including information sharing and using Information and Communications Technologies to promote information sharing.

Principle 2: “We will promote a fair and open culture – a working environment is established within which professionals and people who use services feel safe to speak out. Local people will be active citizens who take responsibility for raising concerns if they are worried that someone is being harmed.”

83.3% (50) thought that this principle was the right principle for the CHSAB to have, with 5.0 % (3) responding that they didn't know. Only 1.7% (1) indicated they thought this second principle wasn't the right one for the CHSAB.

Of the comments from respondents who felt that this was the right principle for the Board to have, most felt that this principle would allow the Board to promote service user input and allow vulnerable people to contribute and be protected. Some respondents also felt that this principle would encourage organisational transparency and accountability.

Of the respondents who expressed concerns about the principle, there were those who sought more clarity on the principle, as well as those who mentioned that the principle could be open to abuse.

Respondents suggested that, to promote a fair and open culture, the CHSAB should ensure that everyone is able to speak out and ensure that the Board engages with different communities and seek to represent different communities at Board level.

Principle 3: “The skill-base of our frontline staff and managers will be continuously improving – systems are established whereby practitioners and managers are support and enabled to continuously develop their skill-base in all partner organisations. The Board will have clearly identified training priorities.”

76.7% (46) of respondents thought that this principle was the right principle for the CHSAB to have, with 8.3% (5) indicating that they didn't know. Only 3.3% (2) of the respondents indicated that they thought this principle wasn't the right one for the CHSAB.

Most of the respondents that left comments in support of this principle stated that this principle would allow for joint working and service improvement. There were some who also felt that this principle would enable agencies to prevent abuse/better identify those at risk.

Of those who expressed concerns, some sought more clarity on the principle and others felt that it was important to consolidate existing knowledge and skills

There was a widely held view that, to improve staff skills, the Board should increase the proliferation of training, as well as make sure that service users' views are taken into account when considering appropriate staff training. It was also suggested that service users could be involved in training.

Principle 4: “We will understand the local complexity of safeguarding needs – systems are in place by which we can spot and respond to trends in need and in practice, through a combination of data collection and sharing and intelligence on the ground. The Board makes strategic links with key partners and other board.”

70.0% (42) respondents thought that this principle was the right principle for the CHSAB to have, with 13.3% (8) indicating that they didn't know. Only 5.0% (3) of the respondents indicated that they thought this principle wasn't the right one for the CHSAB.

There was a view among respondents who supported this principle that it was important because of the high level of diversity and complexity in local areas. There was also the view that this principle would allow for service improvement, shared learning and improved planning and reporting.

Of the respondents who expressed concerns about this principle, there were those who sought more clarity on the principle and how it could be implemented.

Respondents suggested that, in order to understand the various needs of the groups that make up our communities, the Board should seek to engage with community and cultural groups and minorities, and use service users to deliver training.

Do you think the Board should have different principles?

The largest proportion 28.3% (17) of respondents indicated that they thought the CHSAB shouldn't have different principles, with 26.7% (16) indicating that they didn't know. 15.0% (9) of the respondents indicated that they thought the CHSAB should have different principles.

Of those who thought that the Board should have different principles, some respondents thought that there should be a commitment to accountability, and that principles should be more specific and measurable, as well as being regularly reviewed and improved.

Support for Aims of Adult Safeguarding Board

Aim 1 – “Prevention – people at risk of abuse or neglect are able to protect themselves from harm and help each other.”

78.3% (47) of respondents thought that this aim was the right aim for the CHSAB to have, with 6.7% (4) indicating that they didn't know. Only 3.3% (2) indicated that they thought this aim wasn't the right one for the CHSAB to have.

Of the respondents who thought that this was the right aim for the board, there was the opinion that this aim would empower people to stop abuse, speak out about their experience and enable people to protect themselves. There was also the view that prevention reduces the need for more intensive/resource-heavy intervention and avoids the longer-lasting effects that result from abuse.

There was, however, a view among those who expressed concerns about this aim that some people may not be able to protect themselves.

Respondents thought that the Board should help to prevent people from abuse or neglect by raising awareness of policies and services and of what constitutes abuse, and also engage with vulnerable people, cultural and community groups.

When asked how the Board might be able to support people who might cause abuse or neglect, respondents suggested that the Board should try to offer support to them, both by engaging and listening to those people and helping to give them education, skills and training.

Aim 2 – “Choice and Empowerment – people make informed decisions and choices, and manage the risks they take.”

61.7% (37) of respondents thought that this aim was the right aim for the CHSAB to have, with 16.7% (10) indicating that they didn't know. Only 5.0% (3) of respondents indicated that they thought this aim wasn't the right one for the CHSAB to have.

Respondents who thought this aim was the right aim to have indicated that they thought it was a right for people to be able to make choices. They also suggested that by allowing people to make their own decisions, it would make those decisions more effective.

There was a view among those who expressed concern about this aim that some people may not be able to make their own choices.

When asked how the Board might help people to protect themselves from abuse or neglect while living the lives they choose, respondents suggested that the Board should raise awareness of what constitutes abuse and how to prevent it.

Aim 3 – “Listening and Engaging – using the views and experiences of people who use services, patients, carers and staff to improve and develop services across the partnership.”

85.0% (51) of respondents thought that this aim was the right aim for the CHSAB to have, with 1.7% (1) indicating that they didn't know and 1.7% (1) indicating that they didn't think this was the right aim for the CHSAB to have.

Of those who thought that this aim was the right one for the Board, there was a widely held view that care-users and carers are best placed to contribute to service development.

There was only one negative comment, which mentioned funding challenges making this aim irrelevant.

When asked how the Board might ensure that people's views are heard, most respondents suggested that the Board should undertake engagement in face-to-face contexts, such as in engagement groups. A significant proportion of respondents also suggested that it was important to show that follow-up actions from this type of engagement were accountable.

This theme centred on ensuring accountability of follow-up actions and the adequate reporting of people's views was also repeated when respondents were asked how the Board could ensure that people's views are used to improve services.

Aim 4 – “Standards and Accountability – people at risk of abuse or neglect using care and support agencies get safe and appropriate services that keep them safe and respect their dignity at all times.”

81.7% (49) thought that this aim was the right aim for the CHSAB to have, with 3.3% (2) indicating that they didn't think it was the right aim for the CHSAB to have.

Of those who thought this aim was the right one for the Board to have, most people mentioned that vulnerable people deserve for their dignity to be respected.

Those who expressed concerns about this aim sought more clarity on the aim.

When asked how the Board might ensure that care and support services keep people safe and respect their dignity, there was a widely held view among respondents that the Board should ensure adequate monitoring and accountability of services, contracts and carers. Some respondents also held the view that the Board should act to ensure the competency of care providers.

Among those who responded to the question of how the Board should hold individuals or organisations to account, there was a widely held view that sanctions, including contract cancellation and court action, should take place if necessary. There was also the view that the Board should be able monitor and investigate cases and carers.

Aim 5 – “Access and Protection – City and Hackney residents have fair and equitable access to all services across the safeguarding partnership.”

78.3% (47) of respondents thought that this aim was the right aim for the CHSAB to have, with 5.0% (3) of respondents indicating that they didn't know, and 1.7% (1) of respondents indicating that they didn't think it was the right aim for the CHSAB to have.

Of the respondents who thought that this aim was the right one for the Board, there was the widely held view that it's a right that all residents should have fair access to safeguarding services.

Of those who expressed concerns about this aim, two respondents suggested that this aim could be a challenge within current financial constraints.

There was a variation in responses to the question of how the Board should provide information about safeguarding and access to services. Different suggestions included, those who thought that this information should be shared in publications (newsletters and leaflets), in face-to-face events, and those who were keen to ensure that all information produced is in accessible formats (i.e. easy-read, translations, braille, audio etc.).

Is there anything else you would like to tell us about these strategic principles and aims?

There were no significant themes among the 9 responses that resulted from this question.

Is there anything else you would like to tell us about adult safeguarding in the City of London and/or in Hackney?

There were 22 respondents who commented on this question. Some of the responses included:

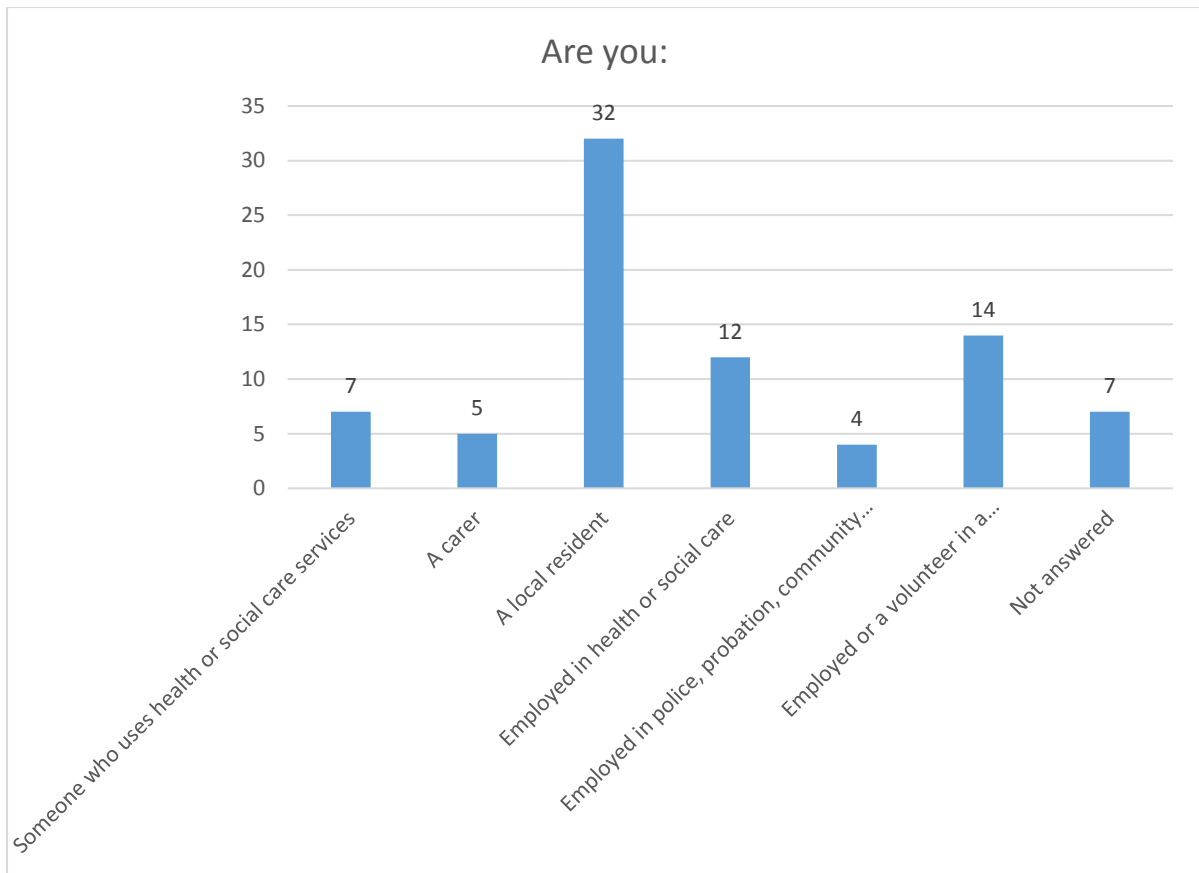
- Make it easy to report things anonymously if required. For example, the reportee might themselves be at risk.
- Try to produce a shorter and less repetitive questionnaire next time please – e.g. by including some well-informed service-user input!
- Thanks to all the people who work in health and social care in the toughest of circumstances and do their level best to do a good job.
- Make sure social care reviews are carried out regularly.

It would be good to develop a website on the model of the City and Hackney Safeguarding Children's Board that acts as a one stop shop for safeguarding adults in Hackney. It would also be good to develop a regular briefing on Safeguarding Adults that is designed for a wider audience including people with limited awareness of adult safeguarding but who should be engaged.

OVERALL RESULTS ANALYSIS

Are you...

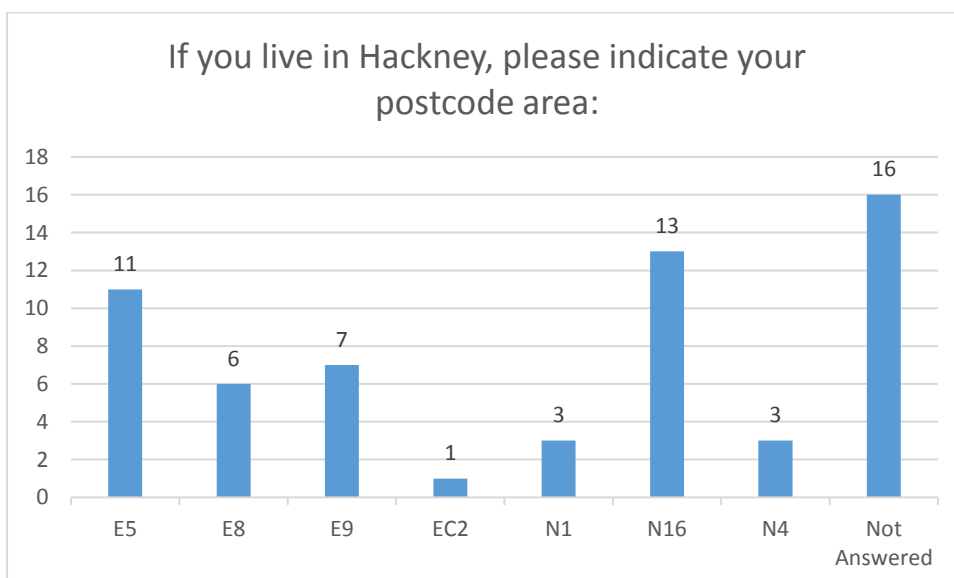
The majority of respondents 53.3% (32) to the consultation indicated that they were local residents, followed by 23.3% (14) who indicated that they were employed or volunteered in a community organisation or group.



Postcode Analysis

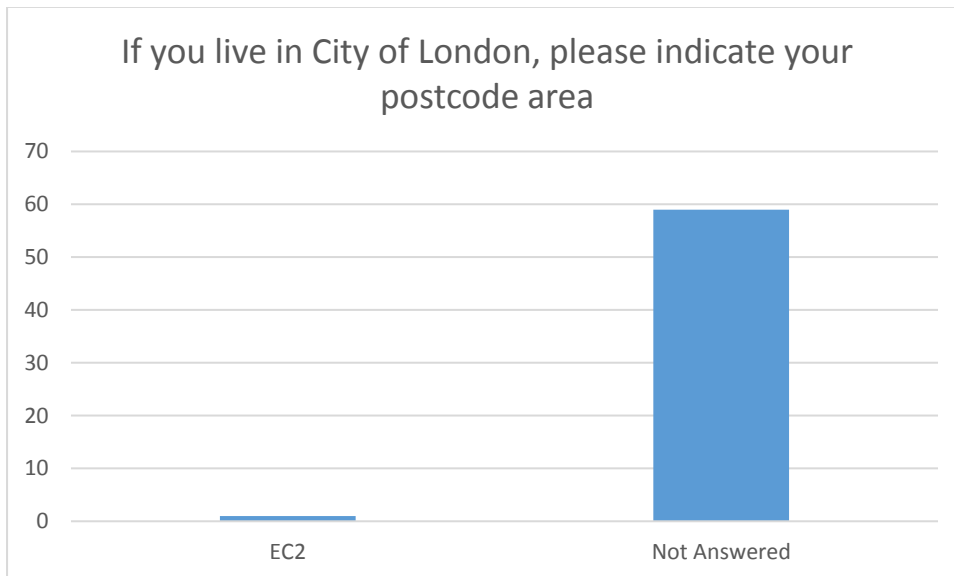
Hackney

Of the 60 respondents to the consultation, 73.3% (44) gave a Hackney postcode. The largest proportion of respondents 21.7% (13) to the consultation gave N16 as their postcode, followed by 18.3% (11) who gave E5 as their postcode.



City of London

Only one (1.7%) of the 60 respondents to the consultation gave a City of London postcode. This was EC2.

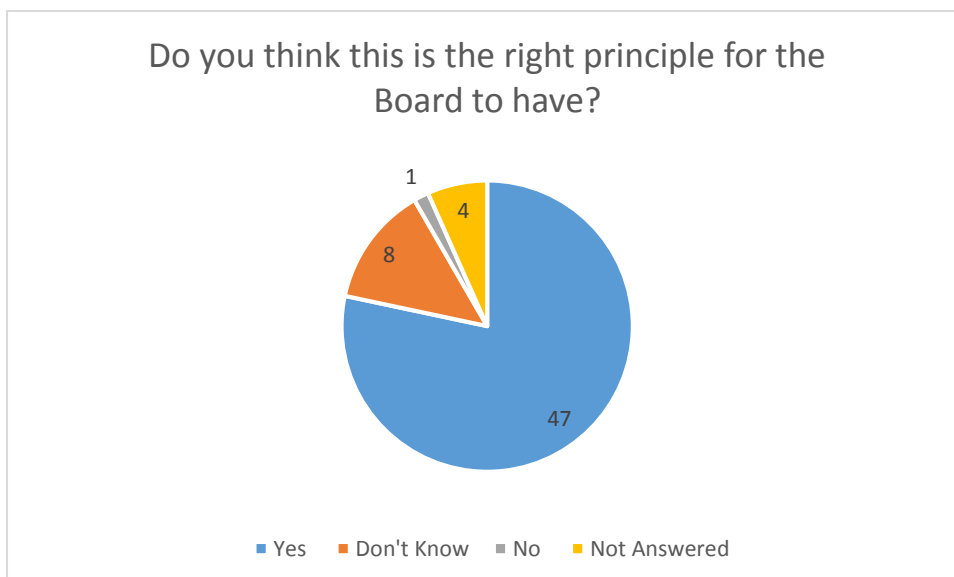


What do you think of the Board's strategic principles?

Principle 1: "All our learning will be shared learning – so that all relevant agencies have ownership and understanding of what the issues are locally."

1)a) Do you think this is the right principle for the Board to have?

78.3% (47) thought that this first principle was the right principle for the CHSAB, with 13.3% (8) responding that they didn't know. Only 1.7% (1) indicated that they thought this first principle wasn't the right one for the CHSAB.



1)b) Why?

33 respondents commented on why they thought that the first principle was/wasn't the right principle for the CHSAB to have.

The table below provides a thematic analysis of the comments by those who responded.

Positive themes mentioned	Total mentions
Promotes information sharing/joint working/learning from good practice	19
Ensures understanding of local issues	5
Prevents abuse	2
Promotes transparency	2
Miscellaneous positive	1
Negative themes mentioned	
Seeking clarity on principle	4
Expressing concern about achievability of aim	2
It presents confidentiality issues	1

1)c) What do you think the Board should do to help shared learning happen?

46 respondents commented on what they thought the CHSAB should do to help shared learning happen.

The table below provides a thematic analysis of the comments by those who responded.

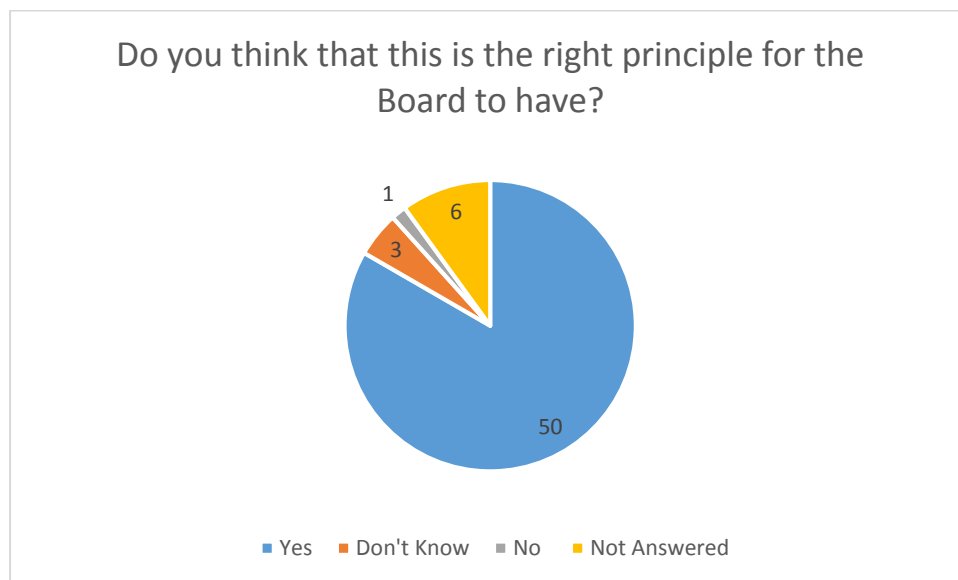
Positive themes mentioned	Total mentions
Meetings/conferences/training	22
Organisational Links/Information Sharing/IT facilitated information sharing	14
Listen to service users/seek input from service users	6
Accountability	5
Publicity/media/literature	4
Use a website	2
Ensure adequate resources	2
General awareness raising	2
Promote through community organisations/groups	2
Misc.	1
Negative themes mentioned	
Vague principle	1

These themes were echoed in the focus group. There was particular emphasis on ensuring that this shared learning could reach out to people in the community and making learning as accessible as possible.

Principle 2: “We will promote a fair and open culture – a working environment is established within which professionals and people who use services feel safe to speak out. Local people will be active citizens who take responsibility for raising concerns if they are worried that someone is being harmed.”

2)a) Do you think this is the right principle for the Board to have?

83.3% (50) thought that this principle was the right principle for the CHSAB to have, with 5.0 % (3) responding that they didn’t know. Only 1.7% (1) indicated they thought this second principle wasn’t the right one for the CHSAB.



2)b) Why?

35 respondents commented on why they thought that the second principle was/wasn’t the right principle for the CHSAB to have.

Positive themes	Total mentions
It promotes service user input/allows vulnerable people to open up/protects vulnerable people	12
Misc. positive	7
Encourages transparency/accountability in organisations	6
Encourages people to be aware of their responsibility to get involved	2
Encourages information sharing/joint working	2

Makes it easier to address concerns/problems/criminal behaviour	2
Negative themes	
Unclear principle	2
Need to ensure professionals are able to share their concerns	2
The principle is open to abuse	1
Difficult to put into practice	1

2)c) What do you think the Board should do to promote a fair and open culture?

40 respondents commented on what they thought the CHSAB should do to promote a fair and open culture.

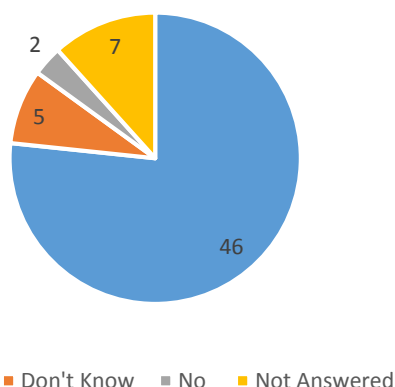
Themes mentioned	Total mentions
Ensure it is safe for people to speak out/Emphasise people's responsibility to contribute/ensure everyone is able to speak out	14
Ensure community engagement/representation on Board	7
Ensure organisation transparency/accountability/Monitor outcomes	6
Workshops/Events/Training/Speaking out groups	5
Misc. positive	5
Effective communication/marketing	4
Joint working/working with all stakeholders/multi-disciplinary working	4

Principle 3: “The skill-base of our frontline staff and managers will be continuously improving – systems are established whereby practitioners and managers are support and enabled to continuously develop their skill-base in all partner organisations. The Board will have clearly identified training priorities.”

3)a) Do you think this is the right principle for the Board to have?

76.7% (46) of respondents thought that this principle was the right principle for the CHSAB to have, with 8.3% (5) indicating that they didn't know. Only 3.3% (2) of the respondents indicated that they thought this principle wasn't the right one for the CHSAB.

Do you think that this is the right principle for the Board to have?



3)b Why?

32 respondents commented on why they thought this third principle was/wasn't the right principle for the CHSAB to have.

Positive themes mentioned	Total mentions
Promotes joint working/joint learning/service improvement	13
Misc. positive	5
Contributes to ability to identify those at risk/helps to prevent abuse	2
Enables staff members to raise awareness	2
Ensures employee retention	1
Negative themes mentioned	
Vague principle	4
Important to consolidate existing knowledge/skills	4
Important to also promote skill base of service-users/consult service-users about training	3
Irrelevant unless underfunding is tackled	1

3)c) What do you think the Board should do to improve staff skills so that you can be confident in the people who might work with you?

37 respondents commented on what they thought the CHSAB should do to improve staff skills.

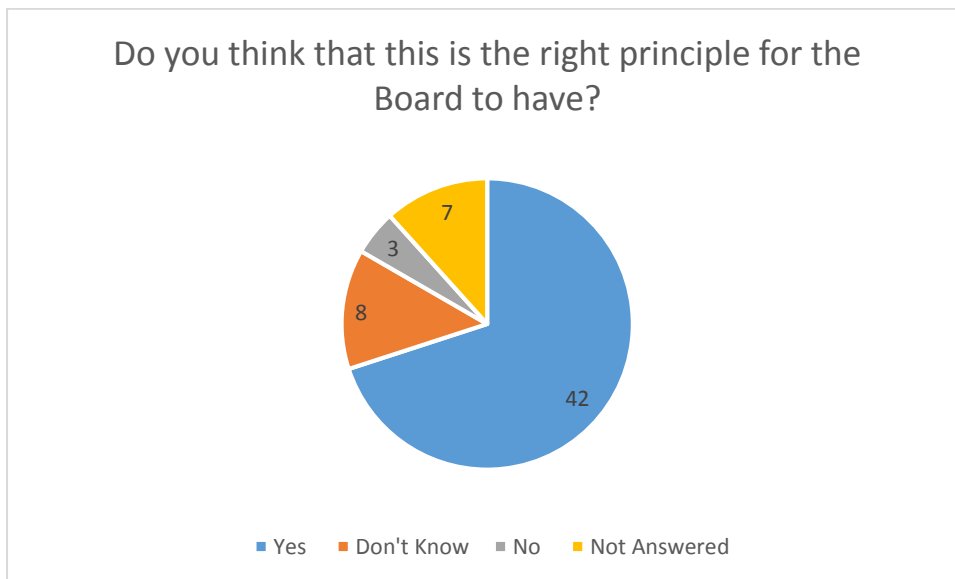
Themes mentioned	Total mentions
Training	14
Listen to the views of service users/involve service users in training	11

Monitoring of staff/appraisals/supervision/listen to frontline staff	5
Joint working/share best practice	4
Use different forms of communication - newsletters, online	2
Better pay and conditions	2
Safeguarding events/meetings	1
Ensure awareness of different backgrounds/cultures	1

Principle 4: “We will understand the local complexity of safeguarding needs – systems are in place by which we can spot and respond to trends in need and in proactive, through a combination of data collection and sharing and intelligence on the ground. The Board makes strategic links with key partners and other board.”

4)a) Do you think this is the right principle for the Board to have?

70.0% (42) respondents thought that this principle was the right principle for the CHSAB to have, with 13.3% (8) indicating that they didn't know. Only 5.0% (3) of the respondents indicated that they thought this principle wasn't the right one for the CHSAB.



4)b) Why?

28 respondents commented on why they thought this fourth principle was/wasn't the right principle for the CHSAB to have.

Positive themes mentioned	Total mentions
Misc. positive	5
Local areas are (culturally) diverse/complex	4

Promotes shared learning/service improvement	4
Allows for improved reporting/planning	3
Allows decisions to be as informed as possible	3
Negative themes mentioned	
Unclear principle/how to implement	6
Misc. negative	1

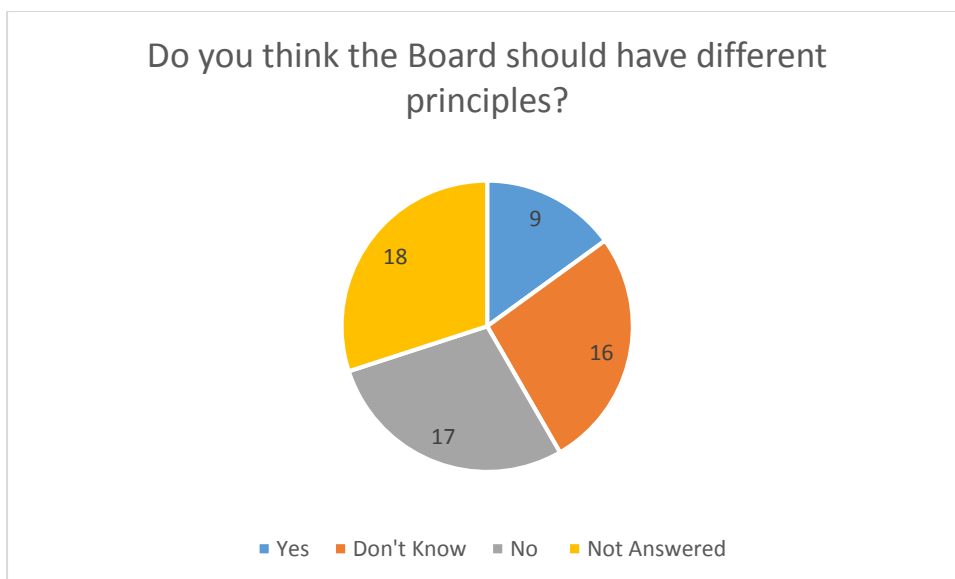
4)c) What do you think the Board should do to understand the needs of the various groups that make up our communities?

38 respondents commented on what they thought the CHSAB should do to understand the needs of the various groups that make up our communities.

Themes mentioned	Total mentions
Engage/consult with community groups and cultural groups/minorities/use service users to deliver training	22
Engage with service users	5
Engage with provider organisations/staff	4
Training for service users	2
Use new/creative methods to understand local communities	2
Provide information about services	1
Service users should deliver training	1
Engage with schools	1
Publicise safeguarding trends	1
Create shared governance across stakeholders	1
Research	1
Misc.	1

5)a) Do you think the Board should have different principles?

The largest proportion 28.3% (17) of respondents indicated that they thought the CHSAB shouldn't have different principles, with 26.7% (16) indicating that they didn't know. 15.0% (9) of the respondents indicated that they thought the CHSAB should have different principles.



5)b) If yes, please tell us what you think these should be and why?

17 respondents commented on what they thought additional principles should be.

Themes mentioned	Total mentions
Commitment to accountability	2
Principles should be more specific/more measurable	2
Principles should be regularly reviewed and improved	2
Commitment to working with other services where service-users don't meet safeguarding threshold	1
Commitment to supporting carers	1
Commitment to preserving dignity of vulnerable people	1
Commitment to Equity	1

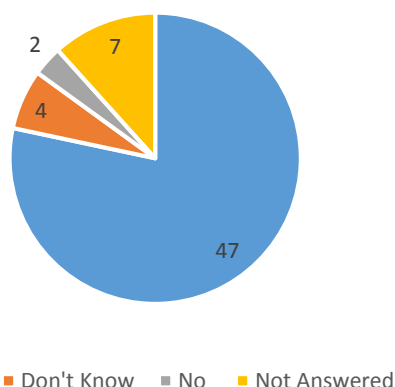
What do you think of the Board's suggested aims?

Aim 1 – “Prevention – people at risk of abuse or neglect are able to protect themselves from harm and help each other.”

6)a) Do you think this is the right aim for the Board?

78.3% (47) of respondents thought that this aim was the right aim for the CHSAB to have, with 6.7% (4) indicating that they didn't know. Only 3.3% (2) indicated that they thought this aim wasn't the right one for the CHSAB to have.

Do you think that this is the right aim for the Board?



6)b) Why?

30 respondents commented on why they thought this aim was/wasn't the right aim for the CHSAB to have.

Positive themes mentioned	Total mentions
Empowers people to stop abuse/speak out about experiences/enables self-protection	8
Misc. positive	7
Reduces need for more intensive/resource-heavy intervention/avoids the longer-lasting effects that result from abuse	6
Increases public awareness/understanding of abuse	2
Ensures that everyone is better protected	2
Personal testimony	1
Negative themes mentioned	
People may not be able to protect themselves	5
Unclear aim	1

6)c) How do you think we could help to prevent people from experiencing abuse or neglect?

41 respondents commented on how they thought the CHSAB could prevent people from experiencing abuse or neglect.

Themes mentioned	Total mentions
Raise awareness of what constitutes abuse/policies and services	17
Misc.	10

Engage with vulnerable people	8
Provide training	5
Provide forums/work with community groups	4
Monitoring of vulnerable people	3
Ensure adequate funding of care services/better pay and conditions for those working in sector	2
Monitoring of carers	1

Focus group participants echoed some of these themes, particularly in respect to raising awareness around abuse and safeguarding policies and services. Other themes mentioned centred around the suggestion that safeguarding services should be more reactive to cases, learning from previous cases to better enable preventative capacity. Respondents also mentioned that there should be increased awareness around cultural and societal groups, for example the increased risk of financial abuse for older people. Another prevalent view was that the Board should ensure that there is clarity around the threshold for safeguarding and the processes for referral.

6)d) How do you think we could support people who might cause abuse or neglect?

30 respondents commented on how they thought the CHSAB could support people who might cause abuse or neglect.

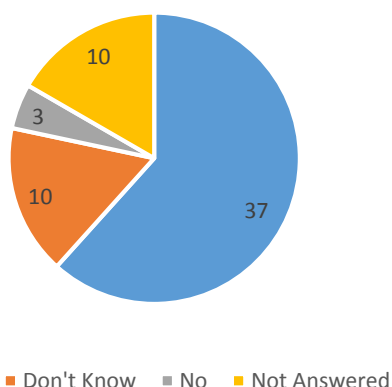
Themes mentioned	Total mentions
Offer support - listening/engaging with people who might cause abuse e.g. support groups, drop in centres, hot line, counselling	10
Offer support - skills/training/education to people who might cause abuse	9
Education in society/Raise awareness of what constitutes abuse	4
Punitive prevention/prosecution	4
Seek to understand underlying causes of committing abuse	2
Misc.	2
Enhanced monitoring/early interventions	1

Aim 2 – “Choice and Empowerment – people make informed decisions and choices, and manage the risks they take.”

7)a) Do you think that this is the right aim for the Board?

61.7% (37) of respondents thought that this aim was the right aim for the CHSAB to have, with 16.7% (10) indicating that they didn't know. Only 5.0% (3) of respondents indicated that they thought this aim wasn't the right one for the CHSAB to have.

Do you think that this is the right aim for the Board?



7)b) Why?

24 respondents commented on why they thought this aim was/wasn't the right aim for the CHSAB to have.

Positive themes mentioned	Total mentions
People have the right to make choices	9
People making their own decisions makes the decisions more effective	5
Misc.	5
Negative themes mentioned	
Not everyone is capable of making their own choices	3
Unclear aim	2

7)c) How do you think we can help people to protect themselves from abuse or neglect while living the lives they choose?

34 respondents commented on how they thought the CHSAB could help people to protect themselves from abuse or neglect while living the life they choose.

Themes mentioned	Total mentions
Raise awareness of what constitutes abuse/how to prevent it	11
Misc.	6
Engage with care-users/carers	4
Safety training for care users	4
Ensure that people feel that they are able to report abuse	3
Increased monitoring	3
Engage with perpetrators	2

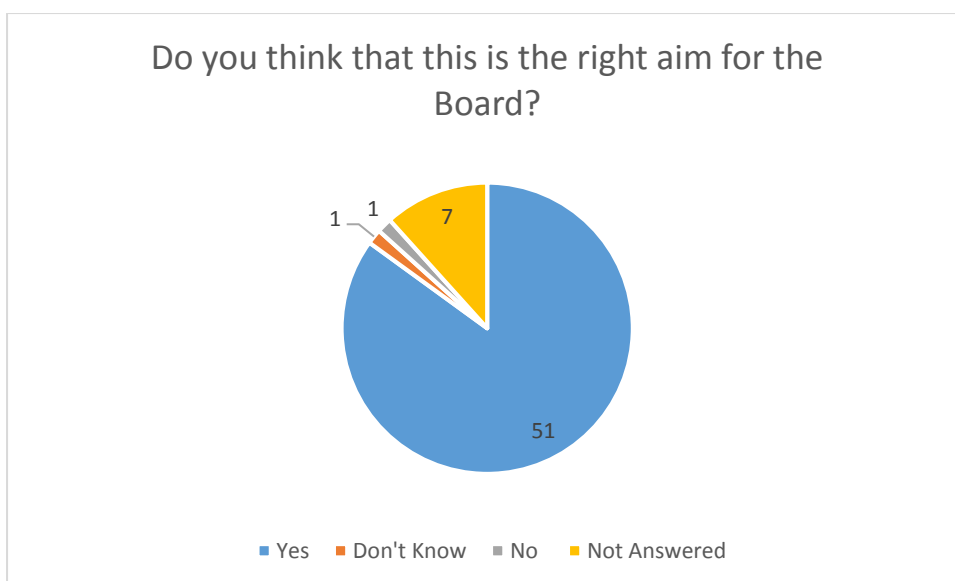
Community Engagement	1
Training/Better training and pay for carers	1
Punitive measures for perpetrators	1

There was the view among focus group participants that the Board should promote care-user centred learning and awareness so that care users are better able to make choices. This was mentioned alongside comments about raising awareness about abuse in communities and ensuring sensitivity around ethical and cultural issues, when considering how to ensure that people within certain groups are able to open up.

Aim 3 – “Listening and Engaging – using the views and experiences of people who use services, patients, carers and staff to improve and develop services across the partnership.”

8)a) Do you think that this is the right aim for the Board?

85.0% (51) of respondents thought that this aim was the right aim for the CHSAB to have, with 1.7% (1) indicating that they didn’t know and 1.7% (1) indicating that they didn’t think this was the right aim for the CHSAB to have.



8)b) Why?

31 respondents commented on why they thought this aim was/wasn’t the right aim for the CHSAB to have.

Positive themes mentioned	Total mentions
Care-users and carers are best placed to contribute to service development	18
Engagement is necessary	5

Should allow services to be more focussed/joined-up	2
Important for service-users to know that their views are valued	2
Misc.	2
Allows service to stay in touch with evolving needs	1
Negative themes mentioned	
Funding challenges make this aim irrelevant	1

There was the widely held belief in the focus groups/forums that more needs to be done to promote engagement in the City of London, where the demographic of the population means that there is more, as one respondent put it, 'collective passivity.' There was also the view that more training on Adult Safeguarding should be available, and that more meetings and focus groups should be set up to engage communities.

8)c) How do you think we can make sure that people's views are heard?

39 respondents commented on how they thought the CHSAB could make sure that people's views are heard.

Themes mentioned	Total mentions
Interactive engagement - engagement groups, group sessions/face-to-face contact	22
Ensure that follow-up actions are accountable	10
Misc.	4
Use a variety of communication methods/variety of information formats	3
Ensure that listening and engaging takes into account different groups' needs	3
Surveys/Questionnaires etc	3
Training - online training/face-to-face training	3
Ensure that agencies listen and engage	2

8)d) How do you think we can make sure that people's views are used to improve services?

28 respondents commented on how they thought the CHSAB could make sure that people's views are used to improve services.

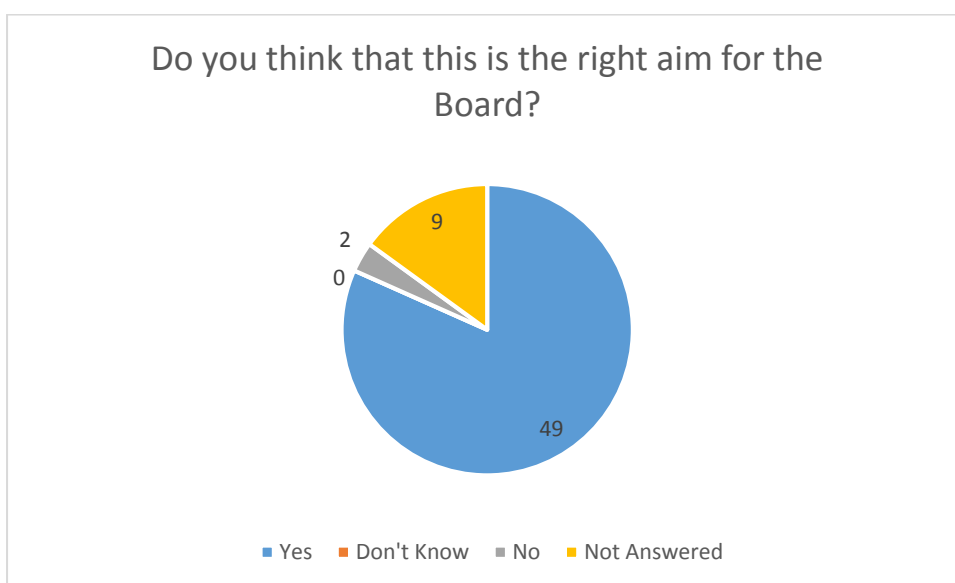
Themes mentioned	Total mentions
Ensure that follow-up actions are accountable/adequate reporting of views	14
Involve people at all stages/ensure people are represented	9

Represent views at Board level	3
Use groups/forums	2
Train service users so they can participate meaningfully	1
Misc.	1

Aim 4 – “Standards and Accountability – people at risk of abuse or neglect using care and support agencies get safe and appropriate services that keep them safe and respect their dignity at all times.”

9)a) Do you think that this is the right aim for the Board?

81.7% (49) thought that this aim was the right aim for the CHSAB to have, with 3.3% (2) indicating that they didn't think it was the right aim for the CHSAB to have.



9)b) Why?

28 respondents commented on why they thought this aim was/wasn't the right aim for the CHSAB to have.

Positive themes mentioned	Total mentions
Misc.	9
Vulnerable people deserve for their dignity to be respected	6
Accountability	4
It ensures people feel safe	2
Negative themes mentioned	
Comments to consider	4
Unclear aim	2
Funding concerns	1

9)c) How do you think we can make sure that care and support services keep people safe and respect their dignity?

31 respondents commented on how they thought the CHSAB can make sure that care and support services keep people safe and respect their dignity.

Themes mentioned	Total mentions
Monitoring/accountability of service/contracts/carers	12
Ensuring competency of care providers	6
Listening to care users	4
Training and learning for both carers and service providers	3
Reward those who contribute	3
Ensure people are treated equally irrespective of ethnicity/gender/socio-economic profile etc.	2
Misc.	1

Many of the themes mentioned by focus group respondents were similar to those highlighted in the formal consultation, including ensuring monitoring of carers and services (see Appendix).

9)d) When this does not happen, how do you think we should hold individuals or organisation to account?

27 respondents commented on how, in the event of care and support services not keeping people safe or respecting their dignity, the CHSAB can hold these services to account.

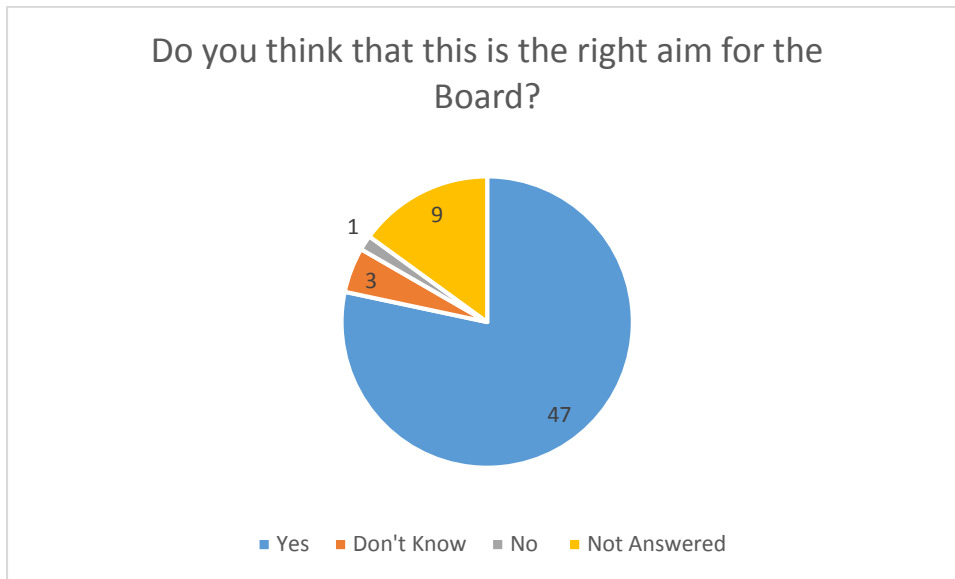
Themes mentioned	Total mentions
Sanctions (contract cancellation/court action)	14
Monitoring/accountability/investigation	9
Misc.	3
Learn from inadequate services/working with organisation to improve services	2
Training	2

Aim 5 – “Access and Protection – City and Hackney residents have fair and equitable access to all services across the safeguarding partnership.”

10)a) Do you think that this is the right aim for the Board?

78.3% (47) of respondents thought that this aim was the right aim for the CHSAB to have, with 5.0% (3) of respondents indicating that they didn't know, and 1.7% (1) of

respondents indicating that they didn't think it was the right aim for the CHSAB to have.



10)b) Why?

24 respondents commented on why they thought this aim was/wasn't the right aim for the CHSAB to have.

Positive themes mentioned	Total mentions
It's a right that all residents have fair access to safeguarding services	13
Misc.	2
It protects vulnerable people	1
It empowers people to have a choice of services	1
Ensures that access isn't discriminatory	1
Restricting access to services could put people at risk	1
Access to services needs to be simplified	1
Negative themes mentioned/Comments to consider	
This could be a challenge with current financial constraints	2
Points for consideration	2

10)c) How do you think we can make sure that everyone in our communities has access to the Board's services?

28 respondents commented on how they thought the CHSAB can make sure that everyone in our communities has access to the boards' services.

Themes mentioned	Total mentions
------------------	----------------

Advertising/promotion/write to care users	6
Group meetings	4
Ensure that communication is accessible for different people/translation/easy read	4
Ensure people are aware of how the Board works	3
Information Sharing among organisations/community groups	3
Education	2
Ensure that services are accessible to all	2
Be representative of community	1
Financial constraints	1
Misc.	1

10)d) How should the Board provide information about safeguarding and access to services?

27 respondents commented on how they thought the CHSAB should provide information about safeguarding and access to services.

Themes mentioned	Total mentions
Publications - newsletters/leaflets	7
Ensure that information is accessible (in format e.g. easy read, translations, braille, audio)	6
Face-to-face meetings/events	5
Media promotion	5
Advertising	4
Using existing care providers to promote services (GPs,	3
Through community/religious organisations/groups	2
As many possible means of communication	2
Raise general awareness	1

11) Is there anything else you would like to tell us about these strategic principles and aims?

9 respondents made further comments about the proposed strategic principles and aims of the CHSAB.

There were no significant themes among the 9 responses that resulted from this question.

12) Is there anything else you would like to tell us about adult safeguarding in the City of London and/or in Hackney?

There were 22 respondents who commented on this question. Some of the responses included:

- Make it easy to report things anonymously if required. For example, the reportee might themselves be at risk.
- Try to produce a shorter and less repetitive questionnaire next time please – e.g. by including some well-informed service-user input!
- Thanks to all the people who work in health and social care in the toughest of circumstances and do their level best to do a good job.
- Make sure social care reviews are carried out regularly.

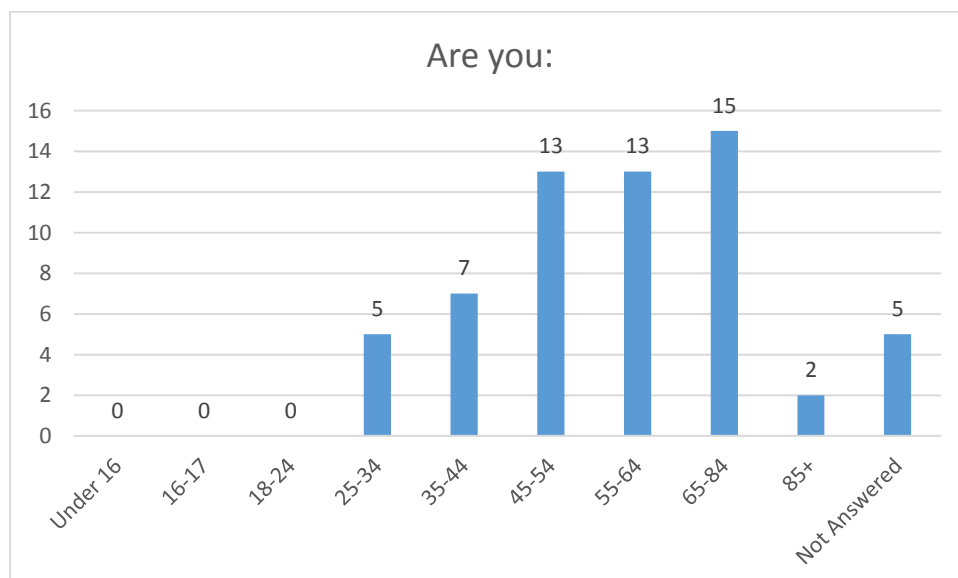
It would be good to develop a website on the model of the City and Hackney Safeguarding Children’s Board that acts as a one stop shop for safeguarding adults in Hackney. It would also be good to develop a regular briefing on Safeguarding Adults that is designed for a wider audience including people with limited awareness of adult safeguarding but who should be engaged.

Focus group participants emphasised the necessity of joined-up working when there is more than one agency involved in safeguarding work, that the Board should be more informal and approachable and that non-statutory staff should be more involved in the safeguarding process.

PROFILE OF RESPONDENTS

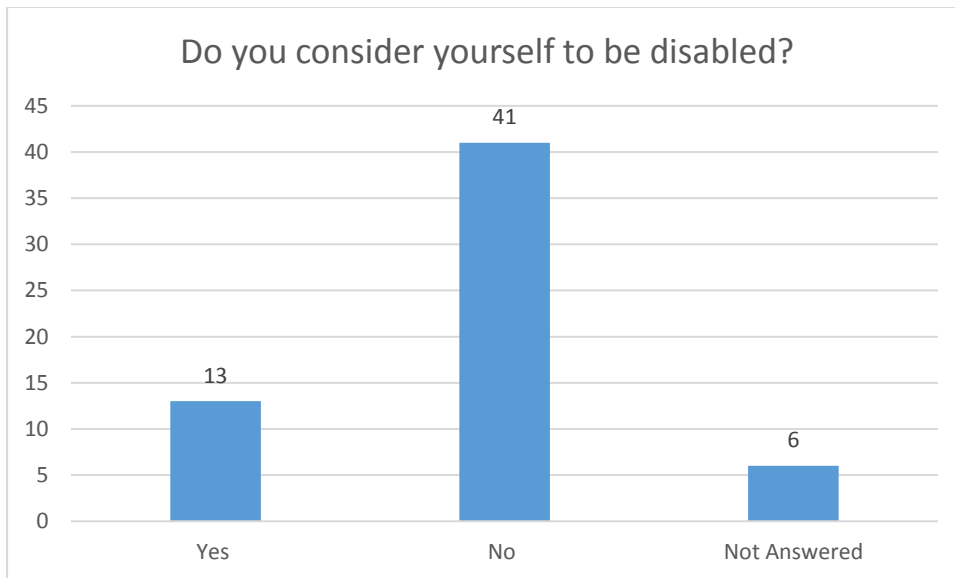
Age

The highest proportion of respondents 25.0% (15) were in the 65-84 age group. This was followed by respondents in the 45-54 and 55-64 age groups (both 21.7% (13 each)).



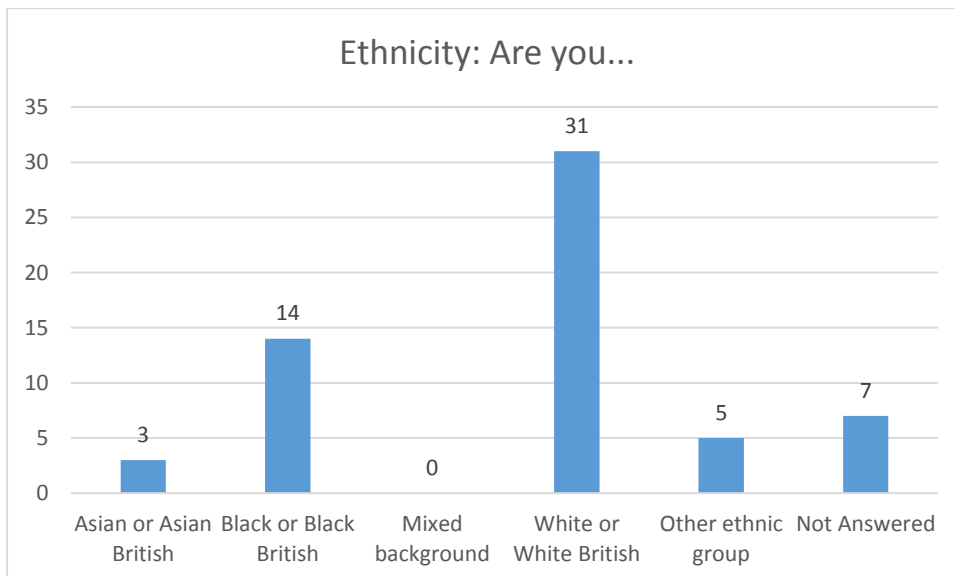
Disability

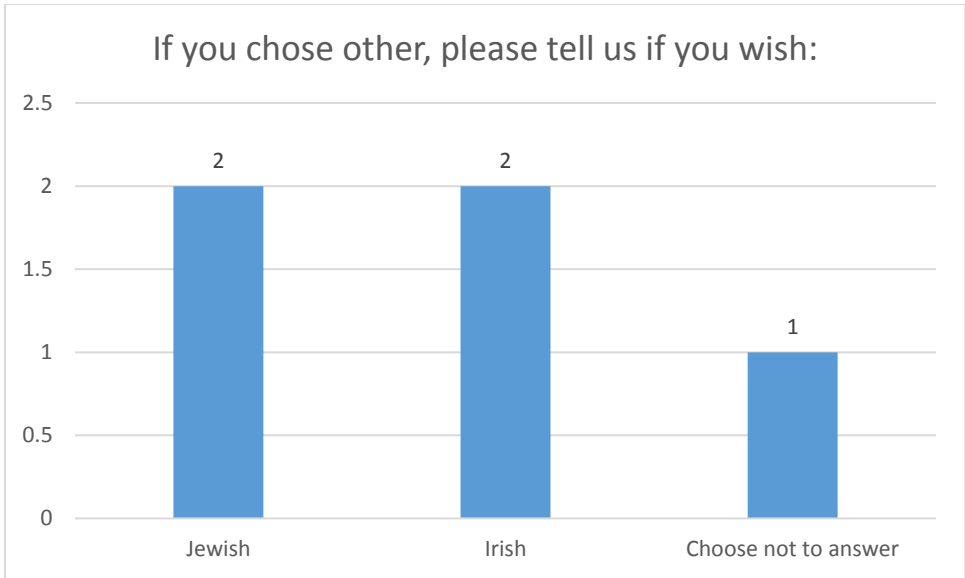
68.3% (41) of the respondents said that they did not have a disability, while 21.7% (13) said they did.



Ethnicity

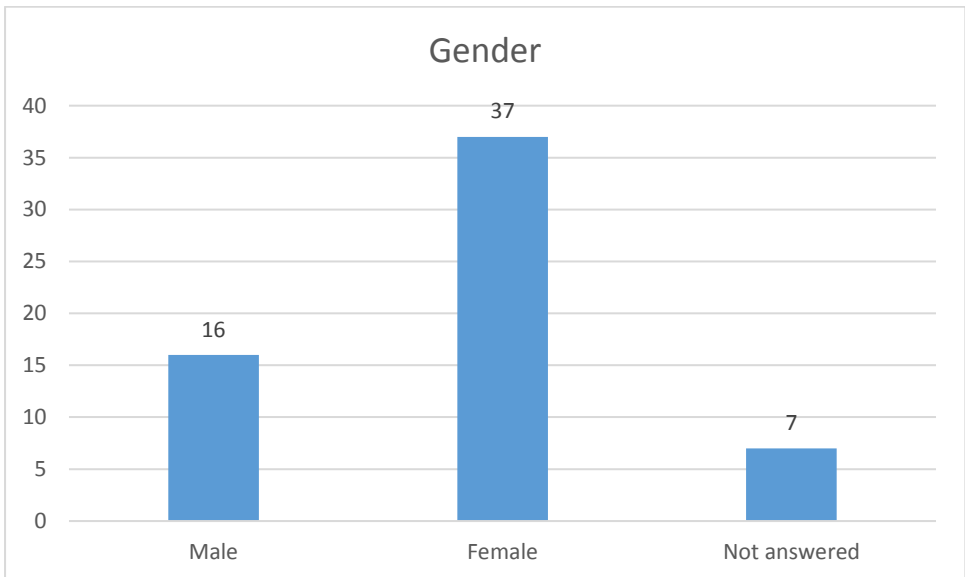
51.7% (31) of the respondents gave their ethnicity as White or White British, followed by 23.3% (14) who gave their ethnicity as Black or Black British. The remaining respondents are from various minority ethnic groups.





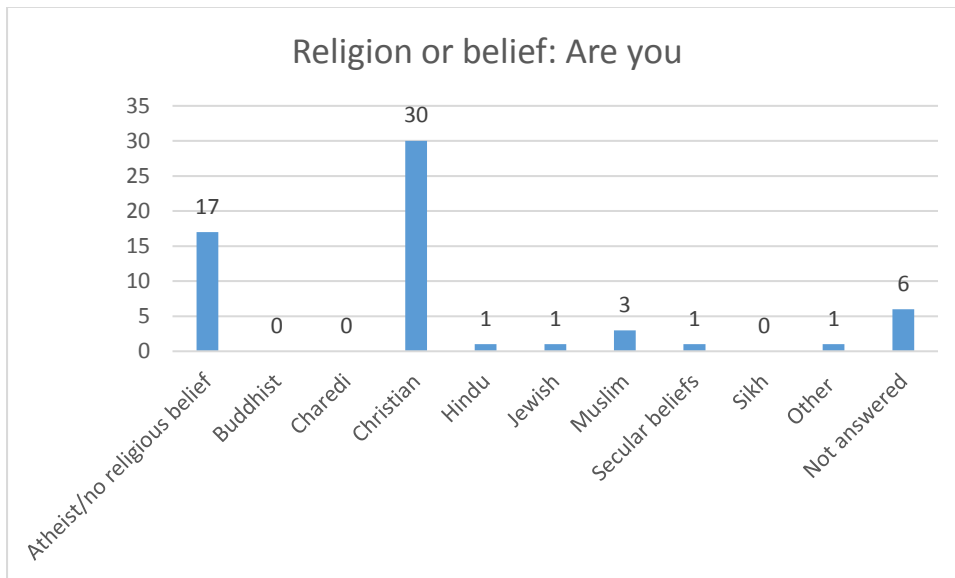
Gender

The majority of respondents were female 61.7% (37). 26.7% (16) were male. 11.7% (7) did not answer.



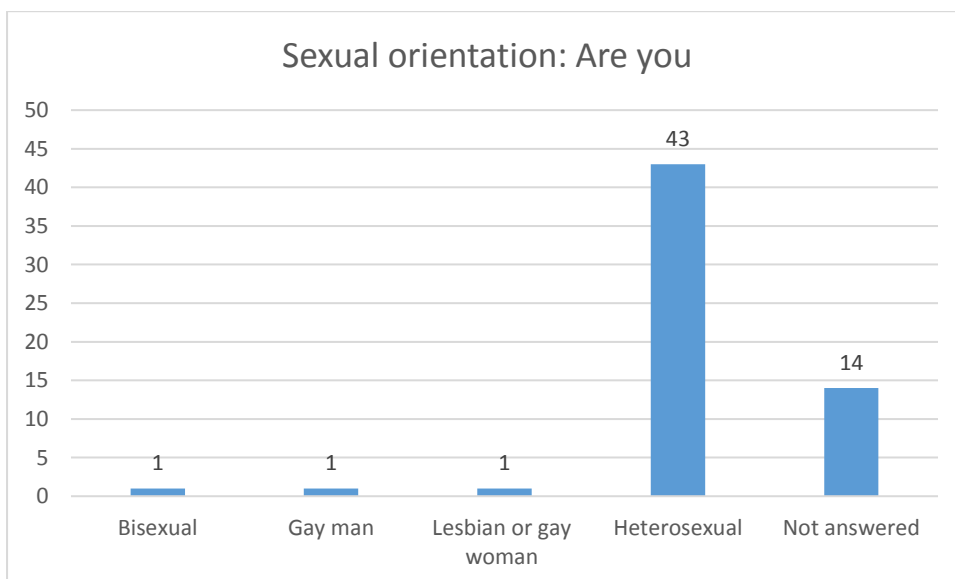
Religion

The highest proportion of respondents 50.0% (30) indicated that they held Christian beliefs, followed by those who stated having no religion 28.3% (17).



Sexual Orientation

71.7% (43) of the respondents said they were heterosexual, followed by 1.7% (1) who said they were bisexual and 1.7% (1) who said they were a lesbian or gay woman.



CONCLUSION

Residents were largely supportive of each of the principles proposed for the Adult Safeguarding Board. Support for each principle was as follows:

- Principle 1: “All our learning will be shared learning – so that all relevant agencies have ownership and understanding of what the issues are locally.” – **78.3% of respondents thought that this principle was the right one for the Board.**
- Principle 2: “We will promote a fair and open culture – a working environment is established within which professionals and people who use services feel safe to speak out. Local people will be active citizens who take responsibility for raising concerns if they are worried that someone is being harmed.” – **83.3% of respondents thought that this principle was the right one for the Board to have.**
- Principle 3: “The skill-base of our frontline staff and managers will be continuously improving – systems are established whereby practitioners and managers are supported and enabled to continuously develop their skill-base in all partner organisations. The Board will have clearly identified training priorities.” - **76.7% of respondents thought that this principle was the right one for the Board to have.**
- Principle 4: “We will understand the local complexity of safeguarding needs – systems are in place by which we can spot and respond to trends in need and in proactive, through a combination of data collection and sharing and intelligence on the ground. The Board makes strategic links with key partners and other boards.” – **70% of respondents thought that this principle was the right one for the Board to have.**

Support for each aim was as follows:

- Aim 1: “Prevention – people at risk of abuse or neglect are able to protect themselves from harm and help each other.” – **78.3% of respondents thought that this aim was the right one for the Board to have.**
- Aim 2: “Choice and Empowerment – people make informed decisions and choices, and manage the risks they take.” – **61.7% of respondents thought that this aim was the right one for the Board to have.**
- Aim 3: “Listening and Engaging – using the views and experiences of people who use services, patients, carers and staff to improve and develop services across the partnership.” – **85.0% of respondents thought that this aim was the right one for the Board to have.**
- Aim 4: “Standards and Accountability – people at risk of abuse or neglect using care and support agencies get safe and appropriate services that keep them safe and respect their dignity at all times.” – **81.7% of respondents thought that this aim was the right one for the Board to have.**
- Aim 5: “Access and Protection – City and Hackney residents have fair and equitable access to all services across the safeguarding partnership.” – **78.3%**

of respondents thought that this aim was the right one for the Board to have.

Next Steps

The City and Hackney Adults Safeguarding board will consider the results of the consultation before deciding on firm principles and aims to implement.

Appendix

The following appendix contains responses gathered by the CHSAB business support team a number of focus groups and consultative forums in the community, attended by in excess of 250 participants. These events were variously attended by people who use services, carers, people working for the support providers and representatives of community and voluntary service providers working across Hackney and the City of London.

Feedback from facilitated discussions and group work with people attending these events has been compiled across the following areas of the consultation questionnaire.

Principle 1 – Shared Learning (Answers and suggestions to question 1)

- Who are the relevant agencies?
- How will learning be shared?
- There will be a requirement for different learning styles for different staff and volunteers.
 - Graphics
 - Easy read
 - Different languages
 - Packs for community leaders to deliver messages
 - Don't turn shared learning into more paper.
- Talks and visits from professionals to discuss issues and raise awareness.
- Safeguarding drama's, letting people realise their experiences
- Learning around empowering victims
- Shared learning should reach out to people in the community
- Train community members
- Carry out spot checks (NSPCC etc)
-

Aim 1 – Prevention (Answers and suggestions to question 6)

- Agencies should be reactive when cases are reported
- Agencies should be proactive (identify possible victims and taking action before it's too late)
- Agencies should support the victim to break the cycle of abuse and neglect.
- Agencies should know how much they need to do to support the victim.
- Agencies should identify learning from current cases for next time
- Agencies should use a plan to identify learning (e.g. what pathways were followed, what actions were set and what did/didn't work as a result)
- Paid street mentors for vulnerable adults who can be trusted and carry out regular checks on people.
- Publicising all the services on offer

- sWider than just the services in the community – reaching out to the wider community (not just in the form of leaflets) e.g. community champions or easy read guides and word of mouth.
- Providing knowledge of what Safeguarding Adults means outside of the statutory services and how or what to do.
- Managing people’s expectations – letting them know what can and can’t be done.
- Learn from the Children’s sector – people who refer in should know what is happening.
- Clarity on what thresholds are – who we refer victims to and when – early intervention.
- Address taboos of what expectations are in terms of neglect e.g. would a mosque refer on? Would they know that they need to?
- Make sure that other people in the community are educated to be vigilant
- Spread the word!
- Where does ‘Prevent’ fit in with adults/vulnerable older people i.e. post 25
- Statutory partners need to engage with communities and community based organisations to help overcome fear and stigma around Adult Safeguarding and reporting.
- More sessions for older people at risk of financial abuse.
- Fraud awareness initiatives
- Information about peoples’ rights for older people
- Educate people about stigma concerns and family pressures
- Monitoring cases of financial abuse
- Training won’t solve some people’s situations – a person could be targeted by people taking advantage of their culture.
- Raising awareness
 - Posters in different languages
 - Lunch clubs
 - CVS safeguarding champions
 - Support group
 - Case studies/examples
 - Advice line / Hotline (24/7)
- Understanding challenging cultural practice
- Understanding care and support needs
- Organisational culture of being aware of and responding to safeguarding alerts
- Better publicity about safeguarding in the third sector
- Applying safeguarding criteria on the ground
- Work with agencies so they know when to refer a case (MARAC)
- Confirm if consent is needed from a domestic violence victim to take action.
- Support to have a clear understanding of safeguarding/care act criteria in practice (including thresholds for safeguarding alerts)
- Knowledge of new policies and procedures
- Open Workshops

- Agencies need to be aware of cultural differences
- Clear criteria on how to deal with emergency cases
- What can the safeguarding adult team do? What can people expect?

Aim 2 – Choice and Empowerment (Answers and suggestions to question 7)

- Awareness is stage 1, but then it's about taking action
- Ethical and cultural issues need to be recognised as a factor (for example male dominance in relationships.)
- It needs to be recognised that some people don't like speaking to the council or historical experiences could prevent them from speaking up.
- Victim counselling – teaching victims how to say no.
- Listen to the victim first rather than focusing on solutions – they know their lives best
- Develop a forum where people can speak about their experiences
- Helping victims to get their experiences out in the open and understand the issues.
- Forums for staff and volunteers to speak about experiences with cases and provide peer support
- Provide Information and advice
- Introduce a helpline and monitor the calls
- Through the community and engagement subgroup
- Informative meetings with select organisations
 - St Mungo's
 - Hackney Migrant Centre
 - St Mary's Church
 - Halkevi
 - Alevi Cultural Centre
 - Secular Islamic Centre
- Feedback forms
- Safeguarding leads training
- Reps for younger/older people and mental health service users feeding into the SAB
- Make effort to reach into the community
- Work with community organisations
- Work with faith organisations
- Use Fraud Advisory Panel (FAP) Services
- FAP and CVS should work together
- Training and development for staff regarding vulnerable adults. Staff in:
 - Libraries
 - Community associations and centres
 - GP surgeries and Medical Centres
- Provide information for library users
- Education - Give people the skills to protect themselves

- Increase public awareness
- Listening
- Sign-posing services
- Training for support professionals
- Having the right services available
- Treating each situation as individual
- Keep dialogue/communication open.
- Inform the community about different law and legislation

Aim 3 – Listening and Engaging (Answers and suggestions to question 8)

- Focus groups' views sought on how to develop services
- Adult safeguarding notes well integrated not worked out
- Training on adult safeguarding / or make this readily available
- Some agencies aren't aware of what to do if they identify a vulnerable adult
- Clearly defined ages for children/adult social services – there is currently an age gap where services overlap in some cases (e.g. mental capacity)
- New legislation incorporating case reviews
- Voluntary agencies need to be on the Sub-Committee board – there is need for wider representation.
- There is a need for Community & Voluntary Sector (CVS) in the City of London
 - There is a need for a network of voluntary organisations in the City specifically.
- Need for training to be equipped to train staff on how to compose reports and make judgement calls.
- Collective Passivity – poor response from organisations/general public in City of London. In Hackney, there was a better turnout and greater participation
- CoL has a small catchment area with excellent services but very low engagement
 - Abundance of 'second homes' leads to work/home mentality (people would engage more in their permanent home area)
- More community meetings in the City
- More convenient meetings
 - Time – beyond office hours
 - Location – access
 - Topics (Perhaps a programme of short meetings on specific topics)
- Information and concerns being fed back to local authorities
- Consultations at development stage.

Aim 4 – Standards and Accountability (Answers and suggestions to question 9)

- Knowing who is accountable and taking action if they don't do what is required of them (9c & 9d)
- Have named positions across the board of agencies (9c)
- Have 3/6 month reviews with the person receiving money on behalf of a service user
- Train community workers from different ethnic groups
- Recruit staff with people skills – some people are only interested in the money
- Recurring late visits can cause standard of care to deteriorate.

Question 12

- There is an issue with professional hierarchy vs other staff in integrated services (a lot of arrogance and snobbery)
- People can “miss” things if not working in partnership with other agencies/staff. This could lead to gaps in information.
- Non statutory front line staff need perseverance to be heard by professional/statutory agencies.
- Professional/Statutory services are recruiting new social workers with the same old ways and ideas.
- Social Workers need to look at the positives of the person not just their needs.
- Social worker approach needs reinvention.
- The board should be informal:
 - Not in suits or sitting at the top table
 - Members should mingle with other professionals
- Lack of communication back after raising alerts and concerns
- Non statutory staff are not included or inspected in the safeguarding process and the should be
- There needs to be more available training for all staff