

Safeguarding Empowerment Strategy 2012 - 2014

Bracknell Forest Safeguarding Adults Partnership Board

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Foreword by the Chair of the Safeguarding Adult Partnership Board

The Bracknell Forest Safeguarding Adults Partnership Board (the board) has responsibility for providing strategic leadership for adult safeguarding issues across the borough. The Board's membership comes from statutory agencies such as Bracknell Forest Council's Adult Social Care and Health Department, Thames Valley Police, NHS Berkshire, Berkshire Healthcare NHS Foundation Trust and Thames Valley Probation, as well as the local LinkS, Carers UK, Community Safety Partnership, Bracknell Forest Voluntary Action, Berkshire Care Association and the 3rd sector. The Board has identified the development and implementation of this empowerment strategy is a key aim for 2012 -2013.

Empowerment is about supporting people to protect themselves from harm and supporting people to be in control of their own lives. The board believes that all local residents should be free to live a life free from abuse or neglect and it is therefore vital that all agencies work together to ensure that those at risk of not being able to exercise control over their lives are empowered and where needed supported to take control of their lives.

The Board is committed to achieving the goals set out in this strategy and will work collaboratively with all agencies to ensure that Adult Safeguarding really is *everybody's business*

Glyn Jones

Director Adult Social Care and Health

Bracknell Forest Council

Chair of the Bracknell Forest Safeguarding Adults Partnership Board

Introduction to the strategy

In 2000 the Department of Health issued guidance (titled No Secrets) on the arrangements that should be in place at a local level to protect 'vulnerable adults' from abuse or neglect. In 2009 the Government launched a consultation on the review of No secrets, a key outcome of this review was the need to develop systems and practice that enable adults at risk to protect themselves from abuse or neglect.

If people are to protect themselves from abuse, they need to:

- ❖ Be aware of what abuse is,
- ❖ be informed about their rights
- ❖ Have the skills and resources to be able to deal with abuse or neglect.
- ❖ Have the information and confidence to take action

The Board fully support the principle that all individuals have the **right** to make their own choices about how to live **their** life. Furthermore it is the role of organisations charged with supporting people who may be at risk of abuse or neglect to enable them to make informed choices wherever possible. The Board fully endorses the principle that where people do not have the mental capacity to make their own choices the principles of the Mental Capacity Act will be used to guide and support 'best interest' decision making on the individuals' behalf.

Prevalence of adult abuse

There is no nationally accepted methodology for determining the prevalence of adult abuse; this is in part due to the broad definition of an adult at risk and the fact that a number of disabilities are 'hidden' therefore it is difficult to identify adults at risk. The Berkshire Adult Safeguarding good practice guidance and manual defines an adult at risk as:

"Adult at Risk is a person who is 18 years or over and who is or may be in need of, community care or health care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation".

Therefore the most reliable data relating to adult safeguarding work in Bracknell Forest is taken from Bracknell Forest Annual Safeguarding Adults report. This provides statistical information regarding the number of referrals received by Bracknell Forest Council's Adult Social Care and Health (ASC&H) Department. The following table illustrates the number of referrals received by ASC&H since 2007.

	2007/2008	2008/2009	2009/2010	2010/2011
Number of people with a physical disability, frailty or sensory impairment supported by Adult Social Care	2530	2510	2445	2187
Number of people within this group who were the subject of a safeguarding referral	46	127	80	76
Number of people within this group subject to a safeguarding referral as a % of all the people supported	2%	5%	3.2%	3.5%
Number of people with mental health issues supported by Adult Social Care	907	953	892	780
Number of people within this group who were the subject of a safeguarding referral	6	28	17	10
Number of people within this group subject to a safeguarding referral as a % of all people supported.	0.60%	3.0%	2%	1%
Number of people with a learning disability supported by Adult Social Care	299	290	317	315
Number of people within this group who were subject to a safeguarding referral	25	59	49	41
Number of people within this group subject to a safeguarding referral as a % of all people supported	8%	20%	15%	13%
Number of people who's primary category is not recorded or is recorded as other, supported by Adult Social Care	5	7	2	12
Number of people with this group subject to a safeguarding referral	0	0	1	2
Number of people within this group subject of a safeguarding referral as a % of all people supported	0%	0%	50%	17%
Number of safeguarding referral (total)	77	214	117	129
Of those, the number that are repeat referrals	Data not collected during this period	Data not collected during this period	17 (data only collected from October 09-March 10)	12 (full 12 months reporting)

Whilst the number of reported incidents of adult abuse has fluctuated during the period of reporting, the board recognises that with an ageing population and the increased desire of people to remain in their own homes, the need for a coherent and joined up strategy that works across all local partners is needed. Therefore the Board is setting out this strategy to empower individuals to make informed choices, and where safeguarding concerns do become apparent to be at the centre of the assessment and protection planning process. The Board is also prioritising the need to reduce the number of repeat safeguarding referrals for a person, thereby ensuring that people are supported to (wherever possible) be empowered and supported to keep themselves safe the first time concerns are identified.

Aims of the strategy

The strategy has two main aims

1. To empower all Bracknell Forest residents who may be at risk of abuse or neglect (now or in the future) to be aware of their rights and where to receive help, support and advice.
2. To reduce the number repeat safeguarding referrals.

How will we empower people?

In this strategy we have identified the goals we wish to achieve, what the board will do to meet these goals and by when and how we will measure their impact.

❖ Goal 1 - Information and advice

All Bracknell Forest residents will have access to accurate, up to date and accessible information about 'staying safe'. The range of information will cover services, organisations and groups that are able to provide support, information and advice regarding staying safe and who to contact for help and support.

❖ Goal 2 -Increased awareness of abuse and neglect

Increase the public's awareness of adult safeguarding. An awareness raising campaign aimed at particularly vulnerable groups will be developed and implemented. This will highlight adult safeguarding issues, and the support available to people should they feel they need it.

❖ Goal 3 -Putting the individual at the centre of the development and implementation of their safeguarding plan

To involve individuals (wherever possible) in their safeguarding plan. Thereby empowering the individual to identify what they want to achieve from the safeguarding process

❖ Goal 4 Supporting people who lack mental capacity.

Where individuals lack the mental capacity to make the decision about their own lives the principles of the Mental Capacity Act and the code of practice will be followed consistently by all agencies and organisations.

❖ Goal 5 - The use of advocacy

Where individuals require or request an independent advocate to support them during the development and implementation of their safeguarding plan they will be provided with one. All independent advocates will be aware of the principles of safeguarding and work in the persons best interests.

❖ **Goal 6 – Building individuals confidence and resilience**

Where appropriate, support will be offered to individuals to enable them to access services and/or support to build or develop their assertiveness skills and confidence. This will enable individuals to feel more confident and comfortable to say “No” to others in circumstances where they feel uncomfortable.

Next Steps.

The Board will implement the strategy as set out in the implementation plan, progress against the plan will be monitored via the Board and this will form part of the Board’s annual report which will be presented to the executive/management committee of each member organisation.

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Goal 2 - Increased awareness of abuse and neglect	Tasks	Lead	Timescale	Outcomes / Outputs
<p>Increase the public's awareness of adult safeguarding. An awareness raising campaign aimed at particularly vulnerable groups will be developed and implemented. This will highlight adult safeguarding issues, and the support available to people should they feel they need it.</p>				

Goal 3 - Putting the individual at the centre of the development and implementation of their safeguarding plan	Tasks	Lead	Timescale	Outcomes / Outputs
<p>To involve individuals (wherever possible) in their safeguarding plan. Thereby empowering the individual to identify what they want to achieve from the safeguarding process</p>				

Goal 4 - Supporting people who lack mental capacity	Tasks	Lead	Timescale	Outcomes / Outputs
<p>Where individuals lack the mental capacity to make the decision about their own lives the principles of the Mental Capacity Act and the code of practice will be followed consistently by all agencies and organisations.</p>				

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