Salford Safeguarding Adults Board

Salford Safeguarding Children Partnership

Briefing Document- Learning from Joint SAR/ CSPR

In 2023 a joint Safeguarding Adults Review (SAR) and Child Safeguarding Practice Review (CSPR) was undertaken by an Independent Reviewer.

The SSAB and the SSCP respect the right of the family to privacy and confidentiality. As such, the review cannot be published in full due to the sensitive content. This briefing aims to provide a summary of the key themes and lessons learned. The briefing also highlights resources that professionals can access to support continuous improvement and development.

About the Review

The safeguarding concerns regarding the family are in relation to:

- Domestic Abuse including coercive and controlling behaviour
- Neglect of the children
- Self-Neglect for the Adult
- Substance Misuse
- Physical Abuse
- Financial Abuse

What Worked Well

The Independent Reviewer highlighted areas of expected/good practice:

- Communication and Information Sharing was robust at times across the professional network.
- The review observed examples of reasonable adjustments being made to encourage engagement and to promote a shared understanding of the safeguarding concerns and known risk factors.
- Adaptations were made by single agencies in an attempt to manage presenting risks, tailored to the individual needs of the family.
- Professionals demonstrated cultural competence. The impact of cultural heritage upon the lived experience for the family was considered.
- Specialist support services were consulted with and accessed for the family.
- The unprecedented disruption caused the Coronavirus (Covid-19) Pandemic cannot be underestimated. However the ability of staff to adapt to new ways of working during this period is praiseworthy.
- There is evidence of assessment tools being used to inform holistic risk assessments.
- Concerns were discussed regularly within single agency “daily huddles” and consideration of escalation during these meetings was documented (District Nurses).
- There is some evidence of communication and information sharing between Children’s and Adults Social Care, however this could have been strengthened.

Key Learning From the Review

The review identified the following themes for practice and Organisational learning:

Theme 1- Professional Awareness of Cultural Influence

When a person moves to the UK from another country, their background and cultural heritage will influence their interpretation of the British way of life and British system. Whilst culture should never modify acceptable standards of care or amend a risk threshold, a person's culture must be recognised and understood by professionals in order for any support to be truly effective.

The review found that the use of interpreters to support the family was inconsistent. Even where foreign nationals speak English well, this does not guarantee that their comprehension of the English language is sufficient to understand the complexities of certain situations; particularly with regards to Medical and Social Care intervention. It is unsafe for professionals to ever assume that a full mutual understanding is being achieved without an interpreter. In addition to offering language assurance, an interpreter is often also able to act as a cultural liaison and can identify, for the provider, cultural or social factors that might impact the encounter. Best practice would see a brief pre-visit communications with interpreters asking for their input into the background of the individual with regard to cultural expectations.

To support professionals working with children and their families around issues pertaining to cultural competence, the SSCP has developed Cultural Consciousness practice guidance that can be accessed on the SSCP website.

Theme 2- The Impact of the Coronavirus (COVID-19) Pandemic

The timeframe under review was during the Pandemic. Direct, face to face, contact with the family from professionals reduced in accordance with Government Guidance. For professionals who continued to visit, lockdown unintentionally provided families with a valid reason to defer a visit if they wanted, by saying that a family member was feeling unwell or isolating. This affected the ability of professionals to identify emerging and escalating risks.

Post July 2021, some agencies continue to use telephone and/ or virtual communications. This makes it harder for professionals to engage with families and assess and truly understand developing risks.

Key Learning Point- Partner agencies who continue to use telephone/ remote consultation should ensure that there are robust procedures in place to enable a robust risk assessment to be undertaken where there are safeguarding concerns.

Theme 3- Professional Response to Neglect

Two issues of neglect were ongoing within the family; one regarding the parental neglect of the children and another regarding the self-neglect for the adult. Although recognised by the professionals involved, escalation of concerns was not timely, and there was often insufficient consideration of how one neglect issue could exacerbate the other.

Neglect is a cumulative process, and it is important for professionals to build up a picture of a family's circumstances to understand their lived experience. Assessment tools should be utilised at the earliest opportunity to support this process.

The review identified that there was ineffective handovers between Social Workers from different Children's Social Care teams. This resulted in a "start again syndrome" which impacted on overall risk assessment, and resulted in drift and delay. Had the Thriving Families Neglect Tool assessment commenced earlier it could have been used to measure progress, oust over-optimism, and reduce drift and delay for the children.

The review found that there were gaps in multi-agency risk assessment when neglect concerns escalated. Not seeking the intervention of the Police when home conditions deteriorated significantly, hindered appropriate intervention for the children at that time.

Running parallel to the concerns for the children, were the concerns regarding adult self-neglect. Health professionals supporting the adult struggled to gain access and advice offered was not effectively followed. The review acknowledged good practice in respect of Health Professionals discussing the escalating concerns during "daily huddle" meetings.

The Northern Care Alliance Non Concordance Process applies to all care organisations across the NCA. It is designed to support staff and recipients of care in situations where a person who has mental capacity is making unwise decisions about their health and social care needs, which places them at significant risk of harm. Under the process, issues or concerns that continue to arise during the delivery of the negotiated care plan can be escalated, but the review found no evidence of a suitable escalation with regards to the adult concerned.

Managing the balance between protecting adults at risk of self-neglect against their right to self-determination is challenging for everyone. The SSAB has local resources in relation to self-neglect to support practitioners. The guidance has a key emphasis on early intervention with the multi-agency partnership approach, to ensure that there is a comprehensive assessment of the adults needs, capacity and risks.

Key Learning Point- It is essential that all professionals are familiar with Neglect Assessment Tools which can be used to support professionals to gain a clear picture of what is happening in in a family home.

To support practitioners in recognising and responding to neglect, there is a repository of resources available for practitioners to access on the SSCP Website. In response to the findings from this review, the SSCP has hosted two Neglect Conferences to partners, and a dedicated session to promote the Thriving Families Assessment Tool. These will be repeated later in the year and can be accessed through the SSCP website training page.

In response to the review, Children's Social Care have progressed work to raise awareness and to improve understanding of child protection statutory processes, and the roles and responsibilities of all professionals, as detailed within Working Together to Safeguard Children (2023) statutory guidance. A 7 minute briefing has been developed by the SSCP in relation to Strategy Meetings, to ensure that all agencies have a clear understanding of their roles and responsibilities as part of this process.

Key Learning Point- Consideration of the self- neglect pathway for adults, may have prompted a safeguarding enquiry under Section 42 of the Care Act (2014). The Care Act (2014) statutory guidance has included self-neglect as a category under adult safeguarding. Section 42 enquiry under self-neglect and the decision on whether a response is required under safeguarding should always be assessed on a case by case basis. Information about Self Neglect can be accessed on the SSAB website.

If you have concerns that an adult with care and support needs may be "self- neglecting" which is impacting on their health and wellbeing, or putting themselves at risk, please report this to Adult Social Care using the online portal.

The Non Concordance pathway has since evolved, and the care plan now offers a step by step guide to escalation processes including when to refer to the high Risk Advisory Panel.

Theme 4- Inter and Multi Agency/ Partnership Working and Think Family

A key finding from the review was the disconnect between the Children's Social Workers.

Key Learning Point- Allocating children in the same family to separate social workers, diluted professional vision and understanding of the individual children's current lived experience. Future practice must ensure consideration of the family's individual circumstances prior to allocation.

Opportunities were missed to engage support in a timely way because practitioners did not consistently apply the Think Family approach, and when they did, multi-agency meetings were untimely with ineffective representation and review. In the absence of thorough oversight, supervision, and direction, this went unchallenged.

There were missed opportunities for professionals working with the adults to share concerns with Children's Social Care and vice versa. The same can be said for information sharing between Health Professionals and across the professional network. Social Care Professionals contributing to the review shared frustrations about how limited access across different strands of Social Care's software hindered their ability to understand who was involved with the family and check each other's records.

In response to the review, the SSCP and SSAB have developed THINK FAMILY Practice Guidance that can be accessed on the Website. The guidance reinforces that children's practitioners have a responsibility to safeguard adults who may be at risk, and that adults practitioners have a responsibility to safeguard children. There is also a joint good practice event planned to support practitioners to adopt and embrace this approach in their work.

Theme 5- Professional Curiosity

Key Learning Point- More professional curiosity could have supported professionals to better understand family members and tailor support to their individual experiences and needs.

Good safeguarding practice demands professional curiosity and respectful uncertainty. There is no clear definition of professional curiosity, but it is expected within the British Association of Social Work Professional Capabilities Framework[1] that those entering social work education and the profession will: '*apply imagination, creatively and curiosity to practice'.* However, in line with Safeguarding is Everyone's Business, all professionals from all agencies must consistently employ professional curiosity within their work and all practitioners are required to question and challenge the information they receive, identify concerns, and make connections to enable a greater understanding of a person's situation.

Further to asking questions, a component of professional curiosity is triangulating information from different sources to gain a better understanding of individuals. Also, to gain a better understanding of a person, professional curiosity should be had into a person's history and where required, case notes should be consulted. Amongst the reasons history is important is the identification of past trauma and Adverse Childhood Experiences.

The SSCP have developed a 7 Minute Briefing in respect of professional curiosity to support reflection across the partnership. Professional curiosity also features within the "Engaging with Families" practice guidance that essentially reminds practitioners of the importance of working "with" families and how to collaborate with families who find it more difficult to engage with professionals.

Professional curiosity is a recurring theme in most Safeguarding Adults Reviews and is an essential part of social work practice. For further advice and guidance please visit the Adults Safeguarding Policies and Procedures on Professional Curiosity (www.trixonline.co.uk).

Theme 6- Professional Consideration of Domestic Abuse

Key Learning Point- Professionals working with individuals affected by domestic abuse must be aware of (and look for) early signs that abuse may be occurring, and rather than waiting for a disclosure should ensure opportunities to disclose abuse are provided.

From September 2024, Salford will implement the "Safe and Together" model of practice. The Safe and Together model has three key principles - keeping a child safe with the non-offending parent, working in partnership with the non-offending parent - so removing a victim blaming approach and recognising the victim/survivor's strengths as a parent, and thirdly intervening with a perpetrator to hold them accountable for their patterns of behaviour rather than putting all the onus on a victim to keep their child safe. The training of the model will begin in the early spring of 2024 with the aim to change the culture of how multi-agency practitioners respond to domestic abuse from the very early outset.

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[1] (PCF, 6) (British Association of Social Workers, 2018 p.26)

Domestic Abuse Practice Guidance has been created to support practitioners to understand the pathway for engaging with families impacted by domestic abuse. The guidance provides information about services, tools and procedures to follow when engaging with families across Salford.

Key Learning Point- The Domestic Abuse, Stalking, Harassment and Honour Base Violence Assessment (DASH) is being used by some professionals routinely, but not yet by practitioners in all other agencies. This risks ineffective risk identification and management of domestic abuse, thereby enhancing the future risk for victims of domestic abuse.

Multi Agency training in relation to Domestic Abuse is available for all professionals who work with children and adults in Salford. The training provides an overview of the DA practice guidance, mandatory DA assessment tools, internal processes, specialist service offers and referral pathways.

Theme 7- Agency awareness and compliance with The Equalities Act (2010)

The Equality Act (2010) legally protects people from discrimination in the workplace and wider society. It replaces previous anti-discrimination legislation with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it is unlawful to treat someone.

The Equalities Act (2010) notes that public services and private businesses must make "reasonable adjustments" so that disabled people can access their services.

The law protects people from experiencing discrimination in respect of "protected characteristics". These include:

- Age
- Gender
- Being married or in a civil partnership
- Being pregnant or on maternity leave
- Disability
- Race, including nationality, ethnicity or cultural origin
- Religion or belief
- Sex
- Sexual orientation.

Everyone should be protected from discrimination:

- At work
- In education
- As a consumer
- When using public services
- When buying or renting a property
- As a member or guest of a private club or association

People are also protected from discrimination if:

- You are associated with someone who has a protected characteristic, for example a family member or a friend
- You have complained about discrimination or supported someone else's claim.

Theme 8- Voice of the family members and their Lived Experience

Key Learning Point- Care/ Support planning was affected as a result of no professional gaining a vital understanding of the lived experience of the family members.

Although there were multiple professionals who were in contact with the family, the review found that there was a collective lack of understanding of the true lived experience of the family members.

The observations of professionals coming into contact with the children should have been used to assist understanding of their lived experiences. Because of their young age, professionals needed to rely on thorough scrutiny to understand what life was like for the children, and triangulate this will reflections of what the children were seeing, hearing and experiencing on a regular basis. When a child is unable to verbally articulate their wishes and feelings, recording observations and interactions with caregivers is very important.

The SSCP website has supporting guidance and practice tools to assist practitioners in capturing Children's wishes and feelings during an assessment process. Recording the child's voice does not only refer to what children say directly, but to many other aspects of their presentation. It means understanding their lived experience from their perspective. Understanding the child's world is vitally important to inform risk assessments.

Under the Safeguarding Principles (empowerment, prevention, proportionality, protection, partnership and accountability) and Making Safeguarding Personal (MSP), the voice of the adult is essential in every area of social care. It is important that adults feel empowered, supported and encouraged to make their own decisions.

The SSAB believe that it is important that adults are able to share their experiences so that we can learn and improve practice. Adults should be encouraged to provide feedback and can do so via a range of methods. For further information, please visit the SSAB website.

Next Steps

Following the review, a Joint Multi Agency Action plan has been developed, to improve safeguarding practice approaches going forward.

For more information about upcoming learning events please visit the websites:

SSCP- www.safeguardingchildren.salford.gov.uk

SSAB- www.safeguardingadults.salford.gov.uk