

Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

Northumberland had in place systems and process to ensure people were protected from abuse and neglect. Process and practice took into account the impact a persons protected characteristics may have in ensuring they were kept safe, and practice was adjusted accordingly. According to the Adult Social Care Survey 203/24, 76.09% of people in Northumberland who used adult social care services felt safe compared to an average 71.06% in England.

Arrangements for the safeguarding adults board were strong, with partners fully engaged in meetings and actions. There was a single Northumberland Children's and Adults Safeguarding Board. The decision to bring the 2 boards together was to ensure the whole life course of a person could be considered when looking at safeguarding concerns. The current chair was the Director of Children's Services, and the partnership was overseen by an executive which was comprised of the local authority, health trusts, ICB and police. The partnership board had a strategic plan which it reported against annually. The board had separate business groups for children and for adults, with working groups who reported to the executive. Senior leaders felt the approach mitigated the risk of a loss of focus in safeguarding adults whilst at the same time having regard to safeguarding risks across a person or family's life journey. There was an independent scrutineer who provided challenge to the board and led some of the business groups.

The board was responsive to the increasing complexity presented by safeguarding issues across the partnership. For example, they had improved the timing of responses to request for Safeguarding Adult Reviews (SAR's) so families were not waiting too long. Learning was also taken from rapid reviews to allow quick changes to be implemented. The board recognised the need to ensure the voice of people with lived experience needed to be better included to inform the work it did.

According to SACE 2023/24 90.54% of carers felt safe, which was above the average for England of 80.93%. The Northumberland Multi-Agency Safeguarding Hub (MASH) was effective in its work and impact. The MASH provided integrated children and adults services responses, with referral decisions made within a maximum of 8 hours through the team which included adult and children's services, police (including police civilian staff), education, CNTW, safeguarding health nurses, and domestic abuse workers. CNTW highlighted the local authority MASH was very effective and shared examples that had evoked a strategy meeting on the same day following a serious incident where all partners attended. Where there was a need, people were referred to a dedicated team for substance & alcohol needs, for specialist care and support. Co-location across services with genuine partnership working ensured robust and responsive risk-based decision making and safety planning, meaning people were safeguarded in the county.

Staff were skilled, with a focus on learning to inform and improve safeguarding practice in social work and occupational therapy. Staff took responsibility to understand if there was a need for bespoke learning in relation to emerging needs, and to learn from wider reviews shared by the Northumberland Safeguarding Children and Adults Partnership (NSCAP). The NSCAP had a practice learning sub-group to support the improvement of practices, embedding a learning loop from safeguarding reviews and leading on multi-agency audits of practice. Staff described the issues with housing, homelessness, particularly with people with substance misuse issues, dual diagnosis and fleeing from domestic abuse and worked closely with the VCS, to find support and safeguard people. Champions for domestic had been introduced into teams to help to support learning for the teams and provide safety and stability to people.

Teams shared learning with partners through contracts and commissioning, medicines optimisation involvement, discussion with the ICB, and providers. Domestic abuse champions had been developed within services to ensure it was fully recognised and understood in frontline safeguarding practice, demonstrating how staff worked with partners to ensure people were safe. An area that needs to be developed was the processes for going back to people with outcomes of referrals, including providers.

Responding to local safeguarding risks and issues

The Northumberland Children and Adults Safeguarding Partnership strategic plan set out the priority areas of focus and was reviewed annually. The thematic priorities included: risks outside the home such as trafficking and modern-day slavery; complex mental health; neglect (including self-neglect) which included hoarding and substance misuse. Other areas of focus included the Mental Capacity Act 2005 (MCA) and domestic abuse. More broadly, staff and leaders spoke of, and were aware of, safeguarding risk associated with the rural economy and isolated communities. The strategic plan outlined roles and strategic drivers to produce actions year on year.

The local authority took opportunities to learn from safeguarding incidents, even where these did not meet the threshold of SARs. For example, 2 previous learning reviews were focused on learning rather than blame. Themes from these reviews included, mental capacity, policies and procedures, lived experience, professional curiosity, identification of needs and vulnerabilities, and impacts of trauma.

Mental capacity had been a continued theme since a SAR in 2019 and the Mental Capacity Act continued to be a key area of work for the Northumberland Children and Adults Partnership NCASP. A working group had worked to embed learning and ensure the MCA was being appropriately applied by staff. We also heard from health partners the Head of Safeguarding linked in with NHCT, attending the safeguarding board with a council representative present to share learning through this and the Safety, Quality and Improvement committee to discuss any improvements and lessons learned.

The NSCAP Chair highlighted that despite there being no SARs in the last 2 years, SARs which did not meet the threshold had learning which was shared through mechanisms such as the 7 Minute guides which went to all staff. Feedback from staff described this way of learning as effective. As of February 2024, 2 new cases had met the SAR criteria but were pending review. Senior leaders told us this reflected the renewed and improved approach of the board.

Responding to concerns and undertaking Section 42 enquiries

The MASH and wider staff groups worked effectively to keep people safe. The local authority had a dedicated triage team who oversaw all safeguarding referrals awaiting initial review. All referrals were reviewed and triaged within a 24-hour timescale and safety plans were reviewed on the same working day by a safeguarding manager. Decisions were recorded by safeguarding managers with the exception of cases already open to the learning disability and mental health teams, who would record their own decisions. This approach provided consistency and clarity in decision making as to what constituted a section 42 safeguarding concern and when enquires were needed. Also, the approach meant there were no outstanding safeguarding referrals waiting for initial review or any delay on Section 42 enquiries awaiting allocation.

Safeguarding Concerns and Section 42 investigations were benchmarked against Local Government Association (LGA) and ADASS guidance frameworks. All safeguarding referrals went through the MASH, which dealt with both children's and adult's safeguarding, and decisions on referrals were made within 24 hours.

The MASH had been recognised regionally and nationally by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) as best practice for its management high level of risk and harm to children and adults at risk within Northumberland. Processes were embedded and the team was co-located with a variety of systems within the team so risks could be assessed and managed within strict timelines.

12 respondents to the provider survey said they were asked by the local authority to carry out investigations into safeguarding allegations they raised with them. Feedback on safeguarding reported issues with a lack of understanding and knowledge of small providers, the majority of providers reported they did receive feedback and learning was shared following a referral or MASH case.

They felt the MASH and safeguarding team were thorough and experienced. However, some providers said the local authority did not consistently receive feedback on safeguarding issues, which meant that they did not always know the outcome of the issue.

The total number of DoLS applications awaiting allocation in the last 12 months to the point of data submission by the local authority was 899. There were 583 Deprivation of Liberty Safeguards (DoLS) applications outstanding. This included 11 care home applications awaiting allocation and 467 hospital applications awaiting sign-off. The median waiting time for review/allocation with 12 months was 19 days. The maximum waiting time in the last 12 months was 209 days and the target timescale was 14 days. There were also several Section 21A challenges where people who were subject to DoLS challenged an urgent or standard DoLS authorisation. This meant there was a risk of people in Northumberland who were being deprived of their liberty, which had implications for their human rights.

In response, an external provider had been commissioned through the market sustainability fund to support the delivery of best interest assessments (BIA) until the end of March 2024. A BIA competency framework had been put in place to support BIAs to be completed by trusted assessors in community teams and further training for new assessors was also in place.

Overall, there were processes for managing risk in place but there were gaps in understanding the experiences of people who had concerns and enquiries made on their behalf. It was acknowledged by the local authority that they did not consistently feedback to providers who had made safeguarding referrals.

Making safeguarding personal

There was strategic priority and focus on making safeguarding personal in Northumberland. A 'Making Safeguarding Personal Toolkit' had been distributed and embedded within frontline teams to support best practice and support people to identify their desired outcomes.

In 2021-2022 the NCASP annual report identified the need to focus on hearing the voices of people who used services, and this was a continued area for development. An example of this was safeguarding enquiries for young people and the challenge for all to recognise the young person's voice and their ability to make their own decisions. National data from Power BI Safeguarding Adults' Collection indicates that 98.45% of individuals lacking capacity were supported by an advocate, family or friend in Northumberland, higher than in England where 83.12% of people were supported in this way.

There was clear process guidance for the MASH in reviewing safeguarding concerns and promptly completing section 42 enquiries. This included guidance on making safeguarding personal, the use of advocates and safeguarding threshold guidance.

In December 2023, through the NCASP 83% adults or representatives were asked if their desired outcomes for keeping safe were met and 100% expressed their outcomes were at least partially or fully met, a positive indicator for making safeguarding personal. Work on safeguarding people in the context of their protected characteristics (for example learning disabilities through advocacy) was shared. It was acknowledged by senior leaders this was an area needing to be further developed in response to all protected characteristics.