APPENDIX 1

PEER REVIEW OF KENT COUNTY COUNCIL'S ADULT SAFEGUARDING SERVICES

by

ESSEX COUNTY COUNCIL

11th – 14th JUNE 2012

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Acknowledgments

The peer review group wishes to take this opportunity to thank Kent County Council for inviting us to undertake this piece of work on their behalf. We appreciated the openness and honesty of everyone we met. However, the task could not have been undertaken and completed without the help and support given to us by Nick Sherlock and his team, particularly Clare Kennedy, Elaine Ayriss and Louisa Raffa-Sparkes.

Introduction

Kent County Council invited Essex County Council to undertake a peer review of their adult safeguarding service. Essex was pleased to be able to accept the invitation and the peer review occurred the week of the 11th June 2012. The approach that was taken was more of a "critical friend" review and was, by no means, an inspection.

The peer review group consisted of:

Cllr Bill Dick – elected to Essex County Council in 1997. Chair of the Community and Older People Policy and Scrutiny Committee; vice-chair of the Development and Regulation Committee and Safeguarding champion.

Paul Bedwell – the manager of the Essex Safeguarding Adults Board support team.

Kim Spain – a qualified social worker who is currently working in Safeguarding Essex as a Safeguarding Consultant Practitioner.

Moira Rowland – a qualified social worker who is currently the Director of Independent Living Advocacy, an independent organisation that actively promotes the empowerment of disabled people. Moira is also active on the Essex Safeguarding Adults Board and the Safeguarding Adults Management Committee.

Stephen Bunford – a qualified social worker and operational service manager for Safeguarding Essex, the adult safeguarding service for Essex County Council.

The peer review looked at four themes (set out below) relating to adult safeguarding in Kent and the conclusion was that the vulnerable people of Kent are well served by a robust safeguarding service, and there is a safeguarding ethos that pervades all parts of Kent County Council. The peer review group found a few issues which Kent may want to consider and which are set out in this report.

We hope that this review will help continue and develop the relationship between Kent and Essex and we look forward to inviting representatives from Kent to Essex in the near future to be a "critical friend" to us.

Executive summary and conclusion

The overall conclusion of this peer review is that the vulnerable people of Kent are well served by Kent County Council and its safeguarding services.

Everybody we met knows, and understands, that safeguarding is everybody's responsibility; and it was apparent to us that safeguarding is a golden thread that runs throughout all parts of Kent County Council. There is a lot of good practice being undertaken in Kent, and there is an obvious passion amongst the workforce to deliver a quality service.

We looked at four themes:

- Outcomes for and the experiences of people who use services
- Leadership, strategy and commissioning
- Service delivery, effective practice, performance and resource management
- Working together

From the themes we have the following observations:

Examples of excellence:

- The Central Referral Unit
- The development of the safeguarding co-ordinators
- The safeguarding service
- The approach of the Kent and Medway Partnership Trust to risk management.
- The inclusion in Learning Disability services of the service user in the safeguarding process.
- The development of the SG1 form.
- Staff awareness across all of Kent County Council around safeguarding.
- The high profile and involvement of Cllr. Gibbens.
- The MCA/DoLS service.
- Partnership working with Medway and Health.
- The inclusion of safeguarding in the commissioning process.
- A robust performance reporting mechanism
- The internal and external auditing of files

There are some areas which Kent County Council may wish to consider:

1. The “golden thread” of safeguarding runs throughout all of Kent County Council but how does it link up? How are ideas and projects in different services shared and not duplicated? Where is the opportunity for safeguarding leads in each service to meet up and develop a joint approach (such as in training)?
2. Could elected Members have more involvement in safeguarding (e.g. attend the safeguarding training along with front line staff)?
3. How could the excellent work of KCC staff be more formally recognised by their organisation?
4. The safeguarding board appears to have lost direction and needs a more robust membership. It needs a clear business plan and a governance role. Could the Board, for instance, “own” the safeguarding guidelines, the SG1 form and the training and thus make safeguarding more inclusive of all partner agencies rather than belonging to Kent County Council.
5. Could there be a single children and adult’s executive safeguarding board with an independent chair, supported by a number of specialist sub-groups? This may make attending meetings easier for partner agencies such as the Police.
6. We saw very little evidence of active service user involvement in the safeguarding process (except in KMPT and Learning Disability services). We did not get the impression (except in KMPT and Learning Disability services) that safeguarding in Kent is person centred. At times safeguarding does seem to be process led.
7. Advocacy services say they feel under-valued by KCC and not treated as equal professionals by practitioners.
8. Providers felt that the approach to suspensions was unequal and at times unfair. They felt that KCC did not follow their own policy and procedures, so at times they did not know why there was suspension or if a safeguarding investigation had been completed.
9. The impression that both advocacy services and the providers gave was that they felt there was an unequal balance between them and KCC and there has developed, perhaps, a blame culture in regards to safeguarding.
10. Adult practitioners undertake safeguarding training about children but there was no evidence that children’s practitioners undertake adult safeguarding training?
11. There was not a sense that there was any joined up approach to safeguarding by children and adult services and therefore not a “think family” approach to safeguarding (for example if a children’s worker went into a situation and thought there was a vulnerable adult at risk would they know what to do?)
12. The SG1 and the AP1 are two separate forms and need to be merged. There does not seem to a public facing safeguarding referral form or visibility of publicity about safeguarding (for instance on only one occasion did we see a leaflet in any of the venues that we visited that promoted safeguarding).

Methodology

Prior to the visit the peer review group had access to a number of documents to help give an overview of the work being undertaken in Kent. These documents included:

- the Kent and Medway Adult Protection Policy
- the Positive Risk Management Policy
- Guidance for Completing the SG1 form
- the Adult Social Care Transformation Programme Blueprint and Preparation Plan
- the Adult Protection Performance Report
- Active Lives Now and Active Lives 2007-2016 the ten year vision for Kent's Adult Social Services
- KASS Good Practice Guidance for Staff Carrying Out Community Care Assessments
- Adult Safeguarding in Institutional Settings,
- plus a number of other documents.

The peer review group were also given a presentation by Andrew Ireland setting the context for Kent at the time of the visit.

During the visit the peer review group met with various focus groups, including representatives from other directorates within Kent County Council, senior managers, Cllr. Gibbens, the Safeguarding Board, Contracts and Commissioners, the Performance team, advocacy groups, social workers and Occupational Therapists, the Kent and Medway Partnership Trust, providers, and those involved with the Mental Capacity Act and Deprivation of Liberty Safeguards.

The peer review group also visited the Central Review Unit and the Safeguarding Awareness Week Learning Disability event, as well as the Learning Disability team at Kings Hill and Older People and Physical Disability Teams at Swale and Dover.

The reviewers had four themes which they considered throughout the visit. These being:

- Outcomes for and the experiences of people who use services
- Leadership, strategy and commissioning

- Service delivery, effective practice, performance and resource management
- Working together

The research, presentation, focus groups and various visits helped inform our view of safeguarding in Kent. However, we do acknowledge that during our visit we were only able to see a small amount of the work that is going on in Kent and some of our observations may be comments on things that are already known or being addressed.

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Review outcomes

Theme 1: Outcomes for and the experiences of people who use services[1]

Headline comments	Areas to consider	General suggestions
• KMPT and learning disability services have good service user representation in the safeguarding process. • Advocacy in the learning disability service is embedded in practice. • The MCA/DoLS in KCC is well developed, proactive and innovative.	• Advocacy groups, except learning disability ones, felt they were only used in safeguarding in order that a box could be ticked by KCC. They did not feel that they were considered to be professional and some felt patronised by practitioners, especially the safeguarding co-ordinators. • One mental health advocate stated their belief that 9 out of 10 people with a mental health issue did not raise a safeguarding concern when they had been abused because they felt they would be further stigmatised by KCC. This statement was supported by several other non-mental health advocates. However, our experience in looking at KMPT did not bear this statement out,	1.1 It became apparent that the advocacy groups are divided about their involvement with KCC and that some groups may have taken the opportunity to raise their individual grievances. However, the comment about 9 out of 10 service users with a mental health issue not raising safeguarding alerts does need to be explored. 1.2 The suggestion by the advocacy groups to have a review of advocacy in Kent with a view to developing a robust working together plan seems a good approach and one which could have benefits for all parties. It could also raise the profile of advocacy with practitioners. 1.3 Some advocacy groups said they did not know how to raise a safeguarding alert so perhaps some

[1] We acknowledge that we did not have an opportunity to talk to people who use services so the majority of our comments are based on views of advocates?

	but we do have to acknowledge the perception of the person who made the statement and the support that it received from others. • Advocates felt that the language used in safeguarding was too harsh – they would like, for instance, to talk about people at risk rather than vulnerable people. • Advocates said they believed that the service user felt excluded from safeguarding process and that the safeguarding process is done to them. • Advocates felt that there is a lot of work being commissioned by KCC which is duplicating that which already exists and there is no joined up working together plan – if there was they felt KCC could make efficiency savings without having a significant impact on service delivery. • Advocates felt that equality and diversity by KCC always focused on the same BME groups and would like KCC to consider other groups such as	work needs to be done on raising the profile of safeguarding in Kent and some focussed work on safeguarding training for advocacy organisations. 1.4 The work on people's safety developed by KMPT could be a way of developing the good work that already exists in Kent around risk assessment and management. 1.5 It is apparent that there is a lack of active service user involvement in some services in relation to the safeguarding process and service development. How does KCC know what the public, especially vulnerable adults, want from a safeguarding service? However, there needs to be caution that KCC does not develop a "professional" service user who ends up representing no-one but themselves. 1.6 We were unclear if there are regular meetings with the providers to discuss safeguarding issues and their training needs. If there isn't then this may help develop a more preventative approach to safeguarding.

	the Lesbian, Gay, Bisexual and Transgender community, the deaf/blind community and minority eastern European groups. • Outcomes of risk assessments are not defined or owned by the individual. The risks are those perceived by the professional. However, KMPT focuses on people's safety rather than risk and then a person's safety is defined by them and not the professional. • The prevention agenda was mentioned but people seem to focus on the process. Practitioners stated they felt they were loosing local links as the current safeguarding process appears to apportion blame which then causes them difficulties with the local providers. People want to move away from a blame culture in safeguarding. • Practitioners seem wary, except in KMPT and learning disability services, of actively engaging service users in the safeguarding process. In older	1.7 Carer's needs weren't obvious from the files we looked at, and was something that the advocates also mentioned. Could some work be done with carer's groups to gauge their views?

	people's services service user involvement does not seem to be considered as a matter of course. • Carer's needs were not obvious in the files we looked at or the discussions that we had. It is not obvious on how those needs are being assessed or considered in the safeguarding process. • Files were not as personalised as anticipated, except in learning disability services. • We did not see or hear anything that implied a noticeable approach to hate crime, forced marriage, honour based violence or that it was on the practitioner's agenda – although we acknowledge that some work is being done. • Service users are not copied into the notes of meetings held about them, and there was no explanation on the files as to why not or why no representative of the service user was present. • It was unclear how the public	

	knows about safeguarding Kent or the Safeguarding Board. • Advocates felt they were deliberately excluded from the Safeguarding Board.	

Theme 2: Leadership, strategy and commissioning

Headline comments	Areas to consider	General suggestions
• Cllr Gibbens has a high profile within the workforce and is known for his views on safeguarding. He is seen as very supportive. • Andrew Ireland is seen as supportive, innovative and has a vision for Kent that people appear signed up to. • Safeguarding is recognised by everyone as being everyone's responsibility, and there is evidence that it is the "golden thread" that runs throughout the organisation as a whole. This was confirmed by other services such as libraries and public health. • Staff appeared passionate about their work and there is a genuine desire to develop the	• The front-line staff have a lot of ideas but seem unsure how to progress them. • Staff feel unvalued for their efforts and mentioned that a previous rewards scheme had been discontinued. Staff do not necessarily want financial recognition. • There appears to be a gap between senior managers and front-line staff in discussions on developing the safeguarding service. • Whilst staff were aware of Cllr Gibbens there seemed little knowledge about the activities of other Members. • Members have safeguarding briefings but consideration could be given to combining this	2.1 Could an acknowledgment scheme be introduced which recognises effort? 2.2 Could backbench Members undertake more visits to providers and locality teams? 2.3 Could Members undertake safeguarding training along with practitioners? 2.4 Could a "universal" (e-learning?) safeguarding training package be developed which could then be rolled out across all directorates. 2.5 Could a more robust risk management forum be introduced where high profile cases are shared and discussed more widely? 2.6 Could each directorate have a

services. From the discussions it was obvious that staff had lots of ideas and wanted to share them. • All services were aware of Nick Sherlock and the work of his team. • There was evidence to show that there is accountability as well as responsibility attached to safeguarding. • It is evident that in terms of commissioning safeguarding is well considered.	activity with training for other staff groups • Locality teams are keeping separate local safeguarding databases which are not supported by IT. Practitioners and managers suggested that their spreadsheet was more reliable than SWIFT and when busy it was their spreadsheet which was completed before SWIFT entries made. This could lead to the loss of information and intelligence, particularly with regard to institutional cases. Is Kent confident that they know everything everyone is doing in regards to individual safeguarding cases? • Different directorates are all aware of safeguarding but there does not seem to be any joined up thinking or sharing of ideas or projects. • Different directorates appear to have developed separate safeguarding training. How can Kent be assured of a consistent message if this is the case? • People talk about risk but what	safeguarding champion and there be a corporate safeguards group that meets to share ideas, projects, concerns etc.? This could enhance the "golden thread" of safeguarding that runs throughout the organisation? 2.7 Could providers be more engaged with safeguarding through, perhaps a provider's sub-group of the safeguarding board?

	happens with high risk cases which could be a risk to the organisation? How is learning from the situation shared across the whole organisation? Risk issues appear to be kept local and within the specialisms. • The providers that we met expressed concern about their perception of poor communication between them and KCC. For instance when there is a safeguarding investigation which includes them they are not consistently told the outcome. • Providers mentioned that they feel the approach to suspensions of new placements is not always in line with the policy and at times is used too readily without ascertaining the full facts. Providers felt that at times they did not know why a suspension was being placed and did not receive appropriate communications from KCC, such as a formal letter either placing or lifting a suspension. • Providers said that they felt there were, at times, not treated	

	as equal partners in safeguarding investigations. • Providers said they would welcome more dialogue with KCC about how they can work together on safeguarding matters, especially in relation to preventing issues arising.	

Theme 3: Service delivery, performance and resource management

Headline comments	Areas to consider	General suggestions
• The development of the Central Referral Unit (CRU) is innovative and impressive. • The Performance Team produces good quality, user friendly reports which respond to the needs of the localities. • There are good safeguarding training opportunities across all the directorates. • The safeguarding co-ordinators are a good and valued resource and are well respected by their peers. • There is a robust approach to file audits using both internal and external reviewers. • Introduction of the SG1 form	• The safeguarding policy and guidelines seem to be considered as too long, difficult to read and out of date (although we saw evidence that they are regularly updated people did not seem to realise they had been updated). • The Dover team has developed a simplified practitioner's guide. It was unclear if this is replicated across the county. • There seems to be several routes for the public to make contact so how does Kent know what's where? There did not seem to be any central banking of data and different teams keep	3.1 Could the Dover initiative of developing a shortened practitioner's guide to the process be developed by practitioners for use across the whole county and all specialisms? 3.2 Is it possible for the Performance Reports to contain qualitative as well as quantitative data? 3.3 Could the SG1 form become an intrinsic part of the safeguarding guidelines, which in turn are "owned" by the Safeguarding Board and then adopted across Kent and Medway, thus making it easier for agencies that work across both areas? 3.4 Can the SG1 be more streamlined?

welcomed by everyone. • Good multi-agency approach to the challenges of MCA/DoLS • The victims of abuse who are involved in the safeguarding process get good support. • Training outcomes are evidenced in practice.	different types of spreadsheet. However, the CRU may address this. • Not all practitioners are aware of the Performance Reports or their purpose or potential use as development tools. Some practitioners see the reports as a chasing mechanism solely related to statistics and suggested that more qualitative data could be included, such as the number of complaints and compliments. • Practitioners and managers seem unclear on how Performance Reports are used for analysing service delivery. • Practitioners wanted the SG1 and AP1 merged into one document (we are aware that this is already being undertaken). • The SG1 is a complex form and appears to be trying to be too much in one form. Practitioners feel there is too much repetition on the form. • Some practitioners are concerned that the safeguarding	Does it meet the needs of the practitioner or the service? 3.5 There is no public facing part of the SG1. Could part of it be developed to enable the public to make referrals directly via email, internet etc.? How are service users being empowered to raise safeguarding concerns directly? 3.6 Could practitioners and safeguarding co-ordinators work more closely together and where the practitioner takes the lead – the safeguarding co-ordinator taking more of a mentoring role. This may help with succession planning if a co-ordinator leaves there are experienced staff to take on the role. 3.7 Could a risk matrix be developed that ensures that risks highlighted on the SG1 form are consistently assessed and which then reduces the individual subjectivity? 3.8 How do the safeguarding co-ordinators maintain and develop their safeguarding knowledge base if they are the experts? Do they have a peer group support network? Are they

	co-ordinators get the “best” cases (i.e. the more complex and challenging ones), which means that others do not get the experience for their own professional development. • The risk assessment on the SG1 has outcomes which appear subjective and inconsistent. It was unclear how the risk questions are assessed to formulate a decision on the level of risk and then what is to be done with that risk. • Most people felt that there are too many people involved in the sign-off process for the SG1. Questions were asked about if it was a good use of the Head of Service to sign of all SG1s and waiting for the final sign-off can lead to delays of several weeks which reflect badly in the statistics. Managers said they felt that the sign-off process made them feel not trusted and de-skilled. • Practitioner’s feel that Children’s Services are the “favoured” service but want closer working links with them to develop	actively engaged in any safeguarding research which promotes the good work being done in Kent?

	services, especially around transitions.	

Theme 4: Working together

Headline comments	Areas to consider	General suggestions
• The joint Safeguarding Board with Kent and Medway evidences a joined up approach to safeguarding. • The Safeguarding Board is multi-agency (e.g. Police, Health, KCC etc.) • The CRU is a good example of working together (Police, Children's, Adults and Health). • Practitioners feel there is good engagement across the different agencies. • There appears to be a strong safeguarding ethos across all agencies and a willingness to work together. • Providers appear happy with the safeguarding training that they can access. • Providers are included in the MCA/DoLS work and training.	• Practitioners did not seem to know there was a Safeguarding Board, and those that did know about it did not know what its role and function is. The Board seems "invisible" to outside organisations. • Representation on the Board needs to be more inclusive of providers, service users, voluntary groups, and district and borough councils. • The Safeguarding Board needs a robust public business plan. It also needs strategic aims as at the moment seems to lack direction. • The Board is currently seen as an extension of KCC and not independent. If this continues then there is a risk that Medway may not want to continue being a part of it. • The Board has no governance	4.1 Kent has a unique opportunity to review the Safeguarding Board and perhaps consider a single executive safeguarding board that covers both children and adults with an independent chair. 4.2 The Safeguarding Board should "own" the safeguarding guidelines and SG1 form and hold all partner agencies to account for safeguarding. It could develop a formal governance function. Also the Board would not be seen as an extension of KCC, which in turn may encourage others to be more actively engaged in its work. 4.3 The Board needs a business plan by which it can be held to account by partner agencies and the public. 4.4 The Board should consider how it can assure itself safeguarding systems in Kent are effective. A S11 type self assessment audit tool could be

	role. • There does not seem to be enough public facing information or a communication strategy that informs the public about safeguarding, what it is or how they are being safeguarded. • The Board needs to know what is happening and how well safeguarding is being delivered across Kent and Medway. It needs to highlight areas to be developed or addressed (such as Honour Based Violence, domestic abuse etc.) • Practitioners feel there is a lack of public information about safeguarding in Kent. • The safeguarding process in Kent appears not to have active service user involvement (except in mental health and learning disability services). • It was unclear how service user feedback on their safeguarding experience informs service development or delivery. • Provider's felt excluded from safeguarding.	considered. 4.5 The Board needs to possibly look at ways of raising the profile of safeguarding in Kent and Medway and look at how it informs the public about services before they actually need them. This would extend the ethos of safeguarding being everyone's responsibility and not just the remit of KCC. 4.6 The work of the mental health and learning disability service on service user involvement and engagement in safeguarding should be looked at by other services, especially older people's services. 4.7 Could there be a provider's sub-group of the safeguarding board? 4.8 How are housing organisations engaged in safeguarding and the Safeguarding Board?

APPENDIX 1

Appendix A

During the visit a number of mutual topics came up which people may want to discuss further. Below are some names and contact details of people in Essex who may be able to useful to contact to discuss these topics further:

Contacts:

- Adult safeguarding (including Risks & Issues reporting, the Corporate Safeguards Leads Group, adult Local Authority Designated Officer (LADO) pilot and the Notifiable Offences pilot) – Stephen Bunford (email: Stephen.bunford@essex.gov.uk)

- Adult Safeguarding Board – Paul Bedwell (email: paul.bedwell@essex.gov.uk)

- Advocacy and service user involvement in safeguarding – Moira Rowland (email: mrowland@ilaessex.co.uk)

- AskSal telephone helpline – Wesley Jarvis (email: Wesley.jarvis@essex.gov.uk)

- The Essex Prison Project – Kim Spain (email: kim.spain@essex.gov.uk)

- The MCA/DoLS Service – Ania Smith and/or Stephen Bunford (email: ania.smith@essex.gov.uk)

- Practitioners Safeguarding and Risk Bulletin – Wesley Jarvis (email: Wesley.jarvis@essex.gov.uk)

- The Essex Complexity Forum (for Children and Adults) – Sean Lowe (email: sean.lowe@essex.gov.uk)

Service user feedback – Elaine Archer (email: Elaine.archer@essex.gov.uk)

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