

**Notes taken at the  
HERTFORDSHIRE COUNTY COUNCIL HOUSING AND  
SAFEGUARDING ADULTS CONFERENCE**

**on 18 September 2014**

**Notes from the workshop – table facilitated by Imogen Parry**

**1) What they learnt**

- Quiz very useful – getting some answers wrong helped me learn from the slides
- Need for our internal corporate safeguarding policy to integrate policy areas such as data sharing, the MCA, DoLS.
- Refresher of previous learning

**2) Areas for further clarification or training**

- Need more clarification on thresholds for making alerts
- Need more clarification on dealing with allegations that staff have abused – conflicting messages from ASC

**3) Barriers to partnership working in relation to safeguarding**

- The referral process is like ‘snakes and ladders’ – a mismatch between how things are supposed to happen and what it can be like in reality – eg being told that ‘we wait for more referrals from other people before we do anything’ or ‘ we need a mental health diagnosis before we can do anything’
- No feedback after referrals; no ability to talk to safeguarding staff or social workers – only the call centre staff or duty staff.
- Not treated as a professional – ‘you’re not a social worker so we can’t tell you anything’
- Self-neglect and hoarding aren’t dealt with in a multi-agency way
- Dual system of alarm monitoring installation – wasteful duplication of resources and confusing/unsafe for customers and families
- Discrepancy between declared preventative policy and cuts to Supporting People.
- Adult social care staff often intervene too late - if they’d intervened earlier a crisis could have been prevented

- No multi-agency policy on dealing with people who are unable to sign a tenancy agreement
- It's not constructive for social workers to tell us to evict tenants – there needs to be an improved partnership working attitude, policy and procedure
- Social housing tenants have increasingly complex needs – insufficient understanding or recognition of this by social workers
- Mental health staff diagnosis of 'personality disorder' not a mental health issue
- We have whip rounds in our office sometimes for basics for customers who no other agency will help
- Adult social care restructuring and staff changes break the relationships we've built

#### **4) Solutions**

- Ensure housing is part of the multi-agency information sharing protocol
- Ensure all adult social care staff watch the promotional video for the SCIE guide on Adult safeguarding for housing staff and read the section targeted at that audience (<http://www.scie.org.uk/publications/guides/guide53>)
- Ensure that housing staff are treated with more respect by adult social care staff and call centre staff
- Copy some of the best practice and local multi-agency structures in child protection work which currently seem to work better than those in adult safeguarding – eg apply the concept of a 'team around the child' to adults
- Ensure that housing staff are kept abreast of the outcome of an alert and are engaged with enquiries, strategy meetings and follow up. Ensure they can talk to staff allocated referrals.
- Arrange more front-line multi-agency fora to enable staff to learn about and understand each others' roles
- Make better use of volunteers
- Regarding housing engagement with the SAB, involve housing via each District – have a safeguarding subgroup in each

## Notes from the workshop – table facilitated by Elaine Cass, SCIE

### Learning points from the day and areas for further clarification and training

A lot of the information from the morning about the Care Act was not of great interest to the group. They would have preferred to have much more practical help about the 'how to' of adult safeguarding.

The MCA information was very helpful, it gave them more confidence.

The case study materials on SCRs was not of great use - they described a range of their own cases, they are aware of huge risks – the problem is that the current relationship with ASC does not enable them to address the risks appropriately. They would have preferred more time spent on resolving the partnership working issue.

### Barriers to partnership working

There is no real joint working unless ASC wants someone housed, and even then there is no understanding of the pressure on housing stock or that accommodation is not freely available.

The referral process is too centralised – it feels like “it’s going into a machine”.

ASC do not take referrals seriously. In one case a woman with health and social care needs was placed in a hostel and she was frequently brought back by the police – it was **5 months** before ASC accepted they needed to get involved.

There is a problem created by a 2 year limit on the provision of supported housing.

Evictions are extremely time consuming and expensive to the public purse. ACS are often happy for housing to go down this road even when they know they will have to rehouse them as a vulnerable adult after eviction. If the right support was provided this could be avoided.

Mental Health teams will not take safeguarding referrals unless the adult has consented. MH and Drug and Alcohol teams bicker over who should support someone rather than working together and with housing.

There is an issue about self-funders who refuse care services but are posing a risk to others. There needs to be something in place to help staff to know what to do in such cases.

### Possible solutions

- Direct contact to the safeguarding team or for safeguarding referrals to other teams – not through the call centre. All staff should have a direct line number available. (Many LAs do this by issuing credit card sized referral info)
- Allocated workers to contact (on an area basis or HA basis??)
- There used to be an ASC Housing Liaison Officer – worth reinstating?
- Joint training (to include MH)
- Information sharing protocol in place, agreed and available for all to see

- Regular multi agency meetings
- Representation to the SAB through a housing safeguarding forum
- Learn from children's services – they do have multi-agency meetings, joint visits and joint working
- Joint working protocol to include the process after a safeguarding referral is received from housing including:
  - A conversation between referrer and safeguarding professional (not blocked by call centre staff)
  - A direct contact in the safeguarding team (call centre refuse to give contact names or numbers)
  - Notification when assessment has taken place
  - Inclusion in meetings and support plans
  - Feedback to referrer on what progress is being made at regular intervals
  - Feedback on outcome

## **Notes from the workshop – table facilitated by Sue Garwood**

### **1) What they said they learnt**

- a) That many of the problems and issues were common to all
- b) The relevance of the MCA to the housing sector and that assessing capacity is not a medical thing
- c) “Video” vs “snapshot” perception of housing is not universally applicable – the diversity of the sector

### **2) Further learning needed**

- a) Going through local safeguarding policies and procedures with staff from all relevant agencies to enable more effective joint working
- b) More help/guidance on how to challenge with clarity on who to contact

### **3) Barriers**

- a) Insufficient resources across all agencies, including housing, so more difficult for housing to fill in gaps left by ASC and be proactive
- b) Inadequate assessments in response to referrals
- c) Some social workers withholding information quite unnecessarily
- d) Applying thresholds inappropriately and not signposting elsewhere
- e) Senior managers in housing orgs not being in touch with front-line realities

### **4) Possible solutions**

- a) Mandatory joint training to facilitate mutual understanding
- b) Build up professional relationships and use existing networks e.g. attending regional Housing LIN meetings
- c) Multi-agency forums to supplement informal good working relationships at all levels in organisations
- d) Integrated team model as piloted in Norwich – find out more from
- e) Make use of Care Act to assert right at least to signposting
- f) If all else fails find a way to talk to councillor with ASC portfolio
- g) Managers understanding and therefore supporting staff better

## Notes from the workshop

Housing providers want safeguarding training for all staff.

Housing providers making alerts want access to meeting relevant professionals if not picked up by safeguarding.

Standards from SAB re training expectations for staff at all levels.

Housing providers want to know where to go/who to go to when there is a need to challenge non acceptance of a safeguarding alert or wish to escalate a concern.

Have senior staff looked at Housing related serious case reviews. A barrier exists if safeguarding not owned by senior staff.

Lack of feedback from safeguarding.

1. Is it accepted.
2. Acted on.
3. Outcomes. So don't know if need to try different avenue/solution.

Liaison meetings/Local forums. Issues faced. Local/District/Safeguarding Leads, HA's etc.

Expectations from SAB re provider policy/procedure.

Consider MCA/DOLS subgroup on board.

Afraid of taking risk, getting something wrong, puts people off reporting.

## Notes from the workshop

### Information Sharing

- Constant communication
- Embarrassed to ask – seen as not knowing.
- Different local authorities, different problems – County Council contracts with care providers. Hiding behind protocols not sharing information.
- Data protection interpretation.
- Different IT systems.

### Thresholds

- Ask why – challenge, ask for explanation and discussion.
- Get guidance on meeting needs – MASH helpful.
- Need named people – directories.
- Need knowledge of what is out there including voluntary sector.
- Sub group meet monthly where you can refer concerns.
- Resources – need similar to child protection “windscreen” useful tool in assessing and action.

### Problems with Diagnosis

- Have to offer support.
- May be seen as coercion.
- Refer to floating support
- Role for investigating further.

### Solutions

- Constant group meetings
- Not meetings for meetings sake.
- Clarification on who to contact
- Change responsibility for sharing information.
- Hillingdon have 10 day protocol for giving information.
- Make more universal protocols.

## Notes from the workshop

### Useful

Care Act Implications – five things landlords might need to do

### Issues

Herts and London Borough – Call Centre

No response back from See and Solve – further enquiries not always happening. Feedback would be helpful.

### Suggestions

Getting to know your events – link named people.

Team by team phone numbers/team managers.

Coaching.

### Issues

General housing providers don't always know what to do/where to go for advice/help with tenants who are struggling/have issues.

Homeless young people and care leavers – approach/protocols.

HCPA – housing providers invited to be involved.

### Solutions to issues

Holding everyone to account.

Separate housing board – report back to main Hertfordshire Safeguarding Adults Board.

Adult Safeguarding Forum – should be for every Borough to raise high level safeguarding cases. A uniform approach would be good. It would be useful to have different agencies, come together to discuss cases

4 events in 2015 – Quadrants – share what we do.