Invitation to Quote – Safeguarding Prevention Pilots Evaluation

directors of adass adult social services

Background

The Making Safeguarding Personal (MSP) programme has been running since 2010. The Care Act (2014) guidance requires adult safeguarding practice to be person led and outcome focused, promoting the MSP approach.

One of the 6 key principles for safeguarding in the Care Act (2014) guidance is:

"Prevention - It is better to take action before harm occurs.

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

Prevention and Social Isolation

Prevention is described with respect to service quality and in relation to early intervention in service deterioration before any significant negative impact on people using the service is experienced. For instance, there are services for residential care homes, which respond to the very first indicators of quality concerns and then act to support the improvement of services to prevent scenarios in which citizens are at risk of harm. In this project, we are focusing on another type of prevention which relates to people being at risk due to social isolation. We start from the hypothesis that in every adult safeguarding scenario, had the citizen not been socially isolated, the citizen either: wouldn't have been at risk of abuse or neglect at all or would have been better able to protect themselves from that risk.

A significant culture change is already underway in adult safeguarding practice through implementing "Making Safeguarding Personal". A shift to prevention is a key part of the transformation agenda. Intervention relating to an individual's social isolation must also be tackled in an outcome-focussed and person-centred way to be successful. Making arrangements for someone to attend a day centre or indeed any social group will not help an individual who is frightened to leave home or doesn't feel comfortable in big groups. Working gently and patiently with the individual to find out what they want from life and connecting them to others through the achievement of that, is likely to be far more effective.

Times are tough and financial pressure across health and social care means funding for some initiatives to tackle social isolation is at risk. There is also a risk that whilst the benefits of prevention are well articulated in the Care Act (2014) guidance and well understood within the social care sector, insufficient funding is available to invest in innovative approaches. Risk appetite for taking new approaches is also impacted by the lack of evidence base in relation to how investment in tackling social isolation would reduce safeguarding incidences and save money to the public purse. Our view is that a twin track approach of developing that evidence base whilst promoting best practice in relation to the relevance of addressing social isolation within the context of the adult safeguarding agenda is a vital next step.

(Please see full report to the ADASS Executive Council: Prevention, MSP and Social Isolation (attached) for a fuller description of the purpose and intent relating to this piece of work).

Evaluation purpose and scope

The overarching objective of this work is to produce an evidence base showing how tackling social isolation can reduce the need for safeguarding intervention, and the relative effectiveness of different types of early intervention.

ADASS has an agreed position in relation to the approach required to address this. "Engaging and Empowering Communities – a shared commitment and call to action" (Think Local Act Personal (TLAP) November 2016)[1] evidences growing consensus relating to the need to build strong and inclusive communities and the role that social action, volunteering and other approaches can play in bringing about that change. Social isolation is mentioned as part of this approach but greater acknowledgement is needed nationally about the role this approach can play in reducing risk of abuse or neglect.

An evidence base needs to be created showing return on investment in cases where tackling social isolation has reduced cost to the state through reducing need for safeguarding intervention and related longer-term care and support.

The early MSP work involved testing and piloting and the same approach is being adopted to develop an evidence base and good practice ideas here regarding prevention, social isolation and safeguarding.

There has been a national call for pilot sites through ADASS for pilots or innovation sites to test a range of different approaches. These might include work that looks at the following:

a) Understanding what types of approaches / infrastructure is / are most effective in maintaining independence from services from the "developing social networks" perspective, focussed on managing and preventing risk of safeguarding intervention.
b) Consideration of how MSP practitioners ensure the need for social networks is considered in discussions about outcomes, particularly where citizens at risk are resistant to this.
c) An 'innovation site' might want to consider the production of guidance for councillors or the public, not just about how to look out for or spot people at risk and refer them but how to address issues of social connectedness that might prevent future risk of harm and support people to do this for themselves. Such awareness raising activity can simply increase referrals to social care, so this

[1] https://www.thinklocalactpersonal.org.uk/Latest/Engaging-and-Empowering-Communities-a-shared-commitment-and-call-to-action/

activity really adds value where combined with the development of approaches to tackle isolation.

d) The 'preparing for adulthood' agenda might be an area of focus for an 'innovation site'. Consideration of how social connectedness is considered in the journey towards greater independence for disabled/ looked after children/young people in terms of outcomes and what the impact is, is relevant.
e) Communities where people look after each other will also have a protective influence. Raising public awareness about what to look out for that should create cause for concern and how to address it, particularly through addressing social isolation rather than simply referring to social care to address it could add real value.

Specification

Work is now needed to take forward the evaluation to build the evidence base. The specification for this piece of work is as follows:

1) To articulate the scope of and objectives within the range of pilot and innovation sites.
2) To identify how success could be measured and over what period of time, in particular measures that relate to social return on investment, likely reduced use of safeguarding services/ interventions and improved outcomes for those at risk of harm.
3) To confirm any measures that will enable benchmarking across projects or at least identification of future preferred models.
4) To advise on the broad methodology/ options for future, more detailed evaluation.

Objectives

The objectives are to:

1. Provide a methodology, in partnership with the pilot and innovation sites, so that evidence can be collected and collated to support (or not) the hypothesis that reducing social isolation is a protective prevention intervention for adult safeguarding risks;
2. Develop a programme of work that will support the pilot and innovation sites to evaluate the impact of the preventative interventions and assess the return on investment;
3. Compare and contrast the pilot and innovation sites in terms of effectiveness and efficiency; and
4. Make recommendations for the next stages of this work stream.

Deliverables

Deliverables	By
1. Methodology for collecting information from the pilot and innovation sites	November 2017
2. Consultation processes with leads from the pilot and innovation sites	December 2017
3. Progress reports	December 2017
4. Collation and analysis of the data from the pilot and innovation sites	January 2018
5. Report on the results of the pilot and innovation sites	March/April 2018

Bids

Your bid will show:

- how you intend to achieve the objectives
- a project timetable
- your experience, skills and qualifications relevant to the specification
- the amount of days you will need
- your daily rate/price

There is a fixed budget for this project, so this will be up for negotiation.

Parameters

- Oversight of the project will lie with the ADASS National Safeguarding Adults Policy Network which includes representatives from both ADASS and LGA
- Final report to be submitted to Helen Jones, presented to the ADASS National Safeguarding Adults Policy Network and reported to the ADASS Executive Council and the National SAB Chairs Network.
- Completion of the project and delivery of the final report to be within 6 months of starting the commission. **It is anticipated that the project will begin in October 2017.**

Essential Criteria for quotes for the work

Providers must be able to evidence:

- expertise in adult safeguarding strategy, policy and practice, particularly Making Safeguarding Personal
- expertise in collaborative research, including both qualitative and quantitatve evaluation.

Providers must submit CVs (of all those delivering the work), including day rates, VAT position, and details of availability to deliver the work in the required timescales.

Proposals to be maximum of 4 sides of A4.

This project will be procured by ADASS, and monitored by the ADASS National Adult Safeguarding Policy Network and LGA Care and Health Improvement Programme. The contract will be coordinated and monitored by ADASS staff.

Please email your proposal to: team@adass.org.uk by **close of play on 13th October 2017.**

Prevention, Social Isolation and Making Safeguarding Personal

Think Piece.

1 Introduction.

1.1 When "Prevention" is talked about in the context of adult safeguarding usually one of two things is meant.

1.2 Firstly, prevention is talked about with respect to service quality and the desire to intervene in service deterioration before a significant negative impact on people using the service is experienced. In Nottingham for instance, an early intervention service for residential care homes exists which responds to the very earliest indicators of quality concerns to support the improvement of services to prevent scenarios in which citizens are at risk of harm.

1.3 This think-piece however, focuses on the second type of prevention which relates to people being at risk due to social isolation.

It starts from the hypothesis that in every adult safeguarding scenario, had the citizen not been socially isolated, the citizen either:

wouldn't have been at risk of serious harm at all or would have been better able to protect themselves from the risk of abuse or neglect .

(A further possible hypothesis is that in every self- neglect scenario, had the citizen not been socially isolated they would have been less likely to self- neglect. Self neglect and the reasons for it are many and complex so this is not the focus of this paper. However it is a hypothesis that merits further consideration.)

1.4 For the purpose of clarity, it is worth pausing here to consider the relationship between loneliness and social isolation. “Loneliness” and “social isolation” are often used interchangeably but for the purpose of this paper, it is important to identify the difference.

Loneliness relates to the complex and usually negative and distressed feelings that arise when someone doesn’t have enough relationships or contact with other people (or believes that they don’t). It is a subjectively defined state. “Social isolation” is the objective state. A person can be socially isolated but not feel lonely. Some might choose to be socially isolated and be happy. Some might have lots of friends or be surrounded by others, but still feel lonely. As the charity Volunteering Matters note in their publication “Open the Doors to Citizen Engagement” (November 2016), this last point is particularly relevant to the residential care home context where loneliness can be endemic in spite of the shared living space.

A further point to consider is social exclusion. Someone who has experienced social exclusion for example due to discrimination or difference of any kind, may be more vulnerable to social isolation.

Whilst loneliness can cause significant distress and therefore is a societal problem, it is the objective fact of being socially isolated that impacts on safeguarding. This paper seeks to make the case that we need to take account of the social context within which safeguarding

activity sits if we are to effectively reduce the incidence of harm to some of our more vulnerable citizens.

1.5 A significant culture change is already underway in adult safeguarding with the "Making Safeguarding Personal" approach which is person centred and outcome focussed. A shift to prevention is a key part of the transformation agenda. Intervention relating to an individual's social isolation must also be tackled in an outcome focussed and person centred way to be successful. Making arrangements for someone to attend a day centre or indeed any social group will not help an individual who is frightened to leave home or doesn't feel comfortable in big groups. Working gently and patiently with the individual to find out what they want from life and connecting them to others through the achievement of that, is likely to be far more effective.

1.6 Times are tough and financial pressure across health and social care means funding for some initiatives to tackle social isolation is at risk. There is also a risk that whilst the benefits of prevention are well articulated in The Care Act 2014 guidance and well understood within the social care sector, insufficient money is available to invest in innovative approaches. Risk appetite for taking new approaches might also be impacted by the lack of evidence base in relation to how such investment would reduce safeguarding incidences and save money to the public purse. This paper argues a twin track approach of developing that evidence base whilst promoting best practice in relation to the relevance of addressing social isolation within the context of the adult safeguarding agenda is a vital next step.

2 The relationship between safeguarding and social isolation.

Dr Adi Cooper, in a presentation on safeguarding and social isolation for The City of a London (unpublished, 2015) identified the following range of relationships between social isolation and adult safeguarding.

2.1 Social Isolation as a risk factor

Evidence exists from SCIE, academics and others that social isolation mean that someone can be more at risk of abuse or neglect.

• 'isolation can lead to abusive situations'

• 'isolation provides an opportunity for exploitation'

• 'people have less support, are less able to report concerns, lack someone 'to keep an eye on them'

• 'social isolation can mean someone is more likely to be financially abused'

E,g, Dublin research http://www.ucd.ie/news/2012/04APR12/300412-Report-Social-isolation-and-low-self-esteem-linked-to-elder-abuse-say-case-workers.html or https://academic.oup.com/ageing/article/42/3/292/24179/Elder-abuse-a-systematic-review-of-risk-factors-in

Further, lack of social inclusion as a form of neglect, can be experienced as harmful or abusive, for example lack of stimulation, activity, opportunities for social interaction and

community participation in a care home setting (SCIE (2012) Guide 46 Commissioning care homes: common safeguarding challenges)

2.2 Social Isolation as an impact factor

Social Isolation can be an impact factor when abuse is already a risk, happening or has happened. Being at risk from abuse may stop someone talking to others about what they are experiencing – because of shame, guilt, or embarrassment, e.g. scamming, domestic abuse. Going through a safeguarding enquiry might leave someone more socially isolated – from fear, anxiety, and suspicion of other people. Experiencing abuse or neglect may cause trauma, depression or other mental health issues that make it harder to connect with others.

2.3 Social isolation as a means of abuse

Abusers can take advantage of a socially isolated person or use social isolation to exert their power and enhance their control. For example: Domestic abuse can include preventing someone from having contact with others – their family, friends, etc.

Emotional abuse can include isolating the person from friends and relatives.

Undue influence or coercion and control is a new area to consider in adult safeguarding, and this could include isolating the person as a means of exerting power and control. 'Mate crime' occurs frequently when socially isolated people are targeted to be abused e.g. people with learning disabilities.

'Scamming' is as effective form of financial abuse when social isolated people are targeted to be conned.

https://www.adass.org.uk/media/5799/top-tips-financial-abuse-and-scams.pdf

Lack of social inclusion in care home settings can also be seen as a form of neglect.

(SCIE (2012) Guide 46 report on commissioning residential and nursing home care - Social isolation even when surrounded by others)

2.4 Self neglect.

Self neglect is now included in the Care Act 2014 definition of adult safeguarding. Social isolation can be both a cause and impact in this area and there are key issues for people who self neglect and hoard regarding trust and patterns of rejection of help and service refusal. When working with people who self neglect, practitioners need to understand the importance of relationship building in practice. The Public/private worlds of people who self neglect can bevery different and working through relationships, or building relationships and trust is the key to supporting people to improve their wellbeing and reduce risks. There are both risk to selves from failing to care for oneself and risks are to others e.g. fire risks from hoarding.

An analysis of Safeguarding Adults Reviews on self neglect showed that approximately 50% of the people in these reviews had lived alone

(SCIE Report 46 2011 Safeguarding Adults and self-neglect)

2.5 Social Isolation of Carers.

Social isolation is both a risk and an impact factor for people caring for others. Carers may be socially isolated because of their caring role and the impact it has on them. Carers may experience abuse from the cared for person and this increases their social isolation. Further, they may be unwilling or unable to talk about it. Carers may be abusive towards the cared for person and this increases both their social isolation – to not be 'found out'. So social isolation can be both a risk factor for carers abusing the cared for person as well as a risk factor for carers experiencing abuse or neglect by the cared for person

(see ADASS Carers and Safeguarding 2013)

as well as a risk for both carers and cared for person (see Carers and Safeguarding Adults, Central Bedfordshire http://www.centralbedfordshire.gov.uk/Images/Carers-and-Safeguarding-Adults_tcm6-33920.pdf

2.6 In addition to these five categories above (and whilst this is implicit it is worth stating explicitly), it is also the case that it might be a fear of isolation that prevents people from reporting abuse or a perpetrator. A sixth category may therefore be *Fear of Social Isolation* as a factor preventing safeguarding support or intervention. Relevant scenarios would include someone whose primary carer is perpetrating domestic violence against them or where a scammer is the only visitor to the house (who perhaps also displays acts of kindness as well as financially abusing the person).

2.7 Finally (and again it's implicit in earlier points but worth being explicit about here) the concepts of "friendlessness" and "social isolation" are sometimes used interchangeably in this context. There are of course people who "prefer their own company", find social interaction difficult or undesirable or find it difficult to trust others. Some will not open the door to others, let alone entertain the idea of social activity or friends. Some may make rational decisions not to have friends but that does not mean they should be socially isolated from the practical help and support (and where necessary the protection) that other people can offer in their lives. *Social isolation due to choice or inability to develop connections* is a particular theme with a level of complexity (including sometimes issues of mental capacity) that professionals need to be equipped to work with. Where someone has been socially excluded for all of their life (perhaps they were seen as " different" at school and ostracised), this may well compound the issues for them in terms of lack of connectedness.

2.8 This is a particular issue to think about in the context of Making Safeguarding Personal; (see below). If there is evidence that someone might be better protected from the risk of abuse if they were less socially isolated, but they make a clear choice to remain so, then the issue of defining what safeguarding outcomes they want will be both important and difficult, especially if there is a lack of mental capacity in respect of areas relevant to the risks and choices that they wish to make.

3 Making Safeguarding Personal, prevention and social isolation.

3.1 Making Safeguarding Personal (MSP), which has been referred to above, is a sector led initiative which aims to develop an outcome focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances.

3.2 The MSP temperature check (ADASS, 2016) recommended the need to take forward a preventative approach at local level : “Statutory organisations should enhance prevention of abuse by building a pathway from alerts and referrals into voluntary and community assets for lower levels of safeguarding intervention” Equally it recommends assurance should be sought about whether effective preventative mechanisms are in place :“ Local organisations (SABs) should develop a means of gaining a picture of what happens to safeguarding alerts that do not progress to a s42 enquiry” (ADASS, 2016).

3.3.A preventative approach that would reduce the number of people who are referred to local authorities for a safeguarding enquiry would enhance the MSP approach through ensuring that people are safe due to the protective factors that friendship and social connectedness provide in their lives. What's clear from the case example in the next paragraph is that this is also an agenda for the Children's social care agenda. In “Preparing for adulthood”, the issue of social connectedness can usefully be addressed as a preventative factor in the lives of those who might be more vulnerable to certain types of harm in adulthood.

3.4 John who has a learning disability was victimised by a couple of local people who lived in the vicinity of his home in supported living accommodation and “befriended” John. This resulted in a referral to Local Authority Safeguarding from the supported living workers due to the emotional and financial abuse that he experienced.

Historically, he might have been persuaded to move to a residential home where he would be “safe”. The Making Safeguarding Personal approach meant that his desire to stay living in his flat was acknowledged by the safeguarding social worker and plans were put in place for supported living workers to be more vigilant about his vulnerability in the local community. Support was provided that enabled him to be more assertive in reporting and defending himself from abuse.

If effective mechanisms existed across the country for socially connecting people that might be more vulnerable, then rather than being dependent on supported living workers to look out for him, John would have been effectively connected to people who could have been “good” friends in the neighbourhood where he lived as part of the response to the safeguarding referral. Furthermore, if those mechanisms consistently existed, the safeguarding scenario may never have occurred in the first place as his outcome “to have friends”, would have been addressed before he left the parental home and moved into independent living.

Friendship would have been a protective factor in his life, reducing the risk of others exploiting him.

3.5 The Care Act Guidance is clear in relation to the responsibilities of the SAB in driving the prevention agenda.

“14.139 Each SAB should:

…..develop preventative strategies that aim to reduce instances of abuse and neglect in its area….

14.140 Strategies for the prevention of abuse and neglect is a core responsibility of a SAB

and it should have an overview of how this is taking place in the area and how this work ties in with the Health and Wellbeing Board's, Quality Surveillance Group's (QSG), Community Safety Partnership's and CQC's stated approach and practice. This could be about commissioners and the regulator, together with providers, acting to address poor quality care and the intelligence that indicates there is risk that care may be deteriorating and becoming abusive or neglectful. It could also be about addressing hate crime or anti-social behaviour in a particular neighbourhood. The SAB will need to have effective links and communication across a number of networks in order to make this work effectively."

4. The challenging financial environment and the financial case for tackling social isolation.

4.1 The report from TLAP " Engaging and Empowering Communities" (TLAP November 2016) highlights a range of examples of where there has been social return on investment when money is invested in building community capacity.

There is still though an evidence gap in relation to the impact investment in tackling isolation can have, particularly in relation to reducing cost to functions and services that deal with safeguarding of adults.

4.2 "Engaging and Acknowledging Communities" was produced following a National Leaders Seminar in June 2015 where key public leaders met to agree a shared narrative about the importance of engaging and empowering communities for achieving good health and wellbeing. Simon Stevens, the CE of NHS England said at the event that national agencies can and should create the opportunities for success.

4.3 With the future funding of social care now being entwined with the successful delivery of Sustainable Transformation Plans, it is of concern that whilst guidance refers to "preventative , primary and community based care" and the need to develop " new relationships with patients and communities", it is not sufficiently explicit about the need to take account of the growing evidence base for community capacity building.

With shrinking Local Authority budgets and financial pressures in the NHS there is a significant risk that the focus on developing capacity that could significantly prevent dependency is lost and services that addressed social isolation, (particularly for people with more complexity in their life) cease to exist.

5 Effective change will require three key changes.

5.1 WORKFORCE. Firstly, a culture change is needed so that every practitioner, professional or voluntary worker who makes contact with a citizen sees it as their core business to consider whether they are socially isolated, is equipped to respond both in terms of skill and resource, and does respond appropriately.

5.2 INFRASTRUCTURE Secondly, unless there is capacity to connect people and tackle isolation then the cultural change identified at 5.1 will not have significant impact. Whilst there will always be small neighbourhood initiatives (coffee mornings etc) that play an important part, without the capacity to support attendance for those who are more socially anxious or the skill to support social engagement for those who are more disabled by society or have greater complexity in their circumstances or needs, initiatives such as social

prescribing and community navigating will be fruitless. The key critical success factor is enhancing the person's confidence and social skills in order that they can reduce their social isolation in the longer term, as appropriate to their wellbeing. Consideration also needs to be given to the fact that not everyone connects to others in terms of geography. People may wish to connect with others in terms of belief (e.g.religion or politics) , identity (e.g. sexual orientation or disability), particular life experience (e.g. survivor of domestic violence) or hobbies and interests. For some connectedness might come through IT rather than face to face contact. For many this contact may need to be facilitated rather than signposted. This requires personalised and outcome focussed solutions for each individual.

5.3 COMMUNITY AWARENESS Finally, there is a greater role for all citizens to play in being the eyes and ears in our communities to ensure that people at risk of abuse or neglect are safe. Tackling social isolation is not just about creating friendship networks but about people looking out for each other (including those they don't know). Raised awareness amongst the public about social isolation and safeguarding, what to look out for and how to respond could help reduce risk of harm further. Raising awareness in communities about safeguarding has always been a prevention focus for Safeguarding Adults Boards; this approach would take it a step further. A community asset or strength based approach is central to this aspect of the work.

6 Some proposals for next steps.

This thought piece was presented at the ADASS Spring Seminar during two workshops on May 9th 2017. The ideas and proposals were welcomed and changes have been made in response to some very useful comments.

6.1 STRATEGY The "Engaging and Acknowledging communities" piece evidences growing consensus relating to the need to build strong and inclusive communities. Social isolation is mentioned as part of this approach but greater acknowledgement is needed nationally about the role this approach can play in reducing risk of harm. One approach would be to bring together like- minded organisations to develop a strategy to raise awareness of the social value and value for money of investing in tackling social isolation to reduce the incidence and levels of of safeguarding risks.

6.2 EVIDENCE An evidence base needs to be created showing return on investment in cases where tackling social isolation has reduced cost to the state through reducing need for safeguarding intervention, longer term care and support.

6.3 GUIDANCE Best practice guidance could be produced with advice for Safeguarding Adults Boards, councillors, practitioners, communities and good neighbours on tackling social isolation. An initial piece could be completed before the work identified in 6.2 is complete with a reviewed document containing more evidence completed at a later date.

6.4 AWARENESS Creating communities where people look after each other will also have a protective influence. Raising public awareness about what to look out for that should create cause for concern and how to address it, particularly through addressing social isolation rather than simply referring to social care to address it could add real value.

6.5 TESTING/ PILOTING In the same way that the early MSP work involved testing and piloting, this approach could be adopted to develop an evidence base and good practice ideas here.

Pilots and testing in innovation sites should cover a range of different approaches and could include work that looks at the following:-

6.5.1 Understanding what types of approaches / infrastructure is / are most effective in maintaining independence from services from the " developing social networks " perspective, focussed on managing and preventing risk of safeguarding intervention..

6.5.2 How MSP practitioners ensure the need for social networks is considered in discussions about outcomes, particularly where citizens at risk are resistant to this.

6.5.3 An 'innovation site' might want to consider the production of guidance for councillors or the public, not just about how to look out for or spot people at risk and refer them but how to address issues of social connectedness that might prevent future risk of harm and support people to do this for themselves. Such awareness raising activity can simply increase referrals to social care, so this activity really adds value where combined with the development of approaches to tackle isolation.

6.5.4 The 'preparing for adulthood' agenda (see paragraph 3.3 above) might be an area of focus for an 'innovation site'. Consideration of how social connectedness is considered in the journey towards greater independence for disabled/ looked after children/young people in terms of outcomes and what the impact is, is relevant.

***May* 2017**

Pilot Sites for Prevention and MSP Initiatives:

Nottingham City Council (Julie Sanderson, Head of Adult Safeguarding):
Loxley House, Nottingham, NG2 3NG
email:Julie.sanderson@nottinghamcity.gov.uk / tel: 0115 8764771
1. To review case studies in supervision to identify:
- Could the safeguarding have been prevented or minimised if there had been an early intervention?
- What factors can you explore to reduce social isolation?
- What stopped you resolving social connectivity?
- Could other agencies have done more?
- Safeguarding forms to be adapted to include question 'Has social isolation contributed to the incident(s) of abuse occurring?'

2. Connectivity:
The team and looking at connecting citizens who have had similar experiences of abuse who have capacity and are in agreement – scoping how they can set up a model to do this appropriately.
3. Neighbourhood Links:
Linking with neighbours where appropriate, balancing confidentiality and consent to better connect people and manage risk. Following the Team meeting, the following case example illustrated how the discussion empowered a Social Workers in the team.

Leeds City Council (Cath Roff, Director of Adults and Health):
Civic Hall, Calverley Street, Leeds, LS1 1UR
e-mail: cath.roff@leeds.gov.uk / tel: 0113 3783875
West Yorkshire trading standards …… social worker involved.
In the team …… legacy of training the trainers course…. Train ten voluntary sector organisations and then they train others …. Awareness raising…. Policy sent alerts…. Also going to social work area officers. PCCS.
Tracey Ward, is our Social Worker –tracey.ward@wyjs.org.uk.
WYFEAT was formally created in October 2017, supported by funding from the West Yorkshire Office of the Police and Crime Commissioner, to bring together a task force of various agencies to address the financial abuse of vulnerable people in relation to scams, frauds and doorstep crime across West Yorkshire. Comprising Trading Standards professionals, a Detective Constable and a qualified Social Worker, the team aims to detect and investigate incidents of financial abuse, including victims of scams, frauds and doorstep crime, and to identify and support victims and potential victims, undertaking effective safeguarding to prevent repeat victimisation.

Norfolk City Council (Helen Thacker, Head of Safeguarding):
Level 8, County Hall, Martineau Lane, Norwich, NR1 2DH
e-mail:helen.thacker@norfolk.gov.uk / tel: 01603 222206
Qualitative review of a random sample of safeguarding and non-safeguarding cases where social isolation was thought to be a factor
This project would look at a sample of cases from our electronic database where people have been referred to ASSD for support and social isolation is a factor, plus a sample where people have been referred to ASSD for a safeguarding assessment and social isolation is a factor. We would look at outcomes for those people and consider whether earlier intervention could have led to a different outcome. Our suggested plan would be:

a) Request two samples of cases from the electronic database for a 6 month period (eg January to June 2017)

i) Cases with a Care and Support referral opened in that timeframe, that contains any of the following words or phrases and that led to an assessment or review:

isolated / lonely / unbefriended / on his/her own / no family / family live away / hasn't seen anyone / estranged / the only person

ii) Cases with a safeguarding referral opened in that timeframe, that contains any of the above words or phrases, that led to a safeguarding assessment.

b) We will commit to carry out a quality assurance-type review of a total of 50 cases (25 safeguarding and 25 Care Act), addressing the following questions.

Cases with a care and support referral
As part of the assessment, was the social isolation addressed? If so how? If not, why not? What was the outcome? Have there been any further referrals/safeguarding referrals? Had there been any previous safeguarding referrals? Was social isolation a factor in these?

Cases with a safeguarding referral
Was social isolation a factor leading to the abuse? Could anything have been done differently/could ASSD have intervened earlier with the person to prevent or reduce the social isolation? Could partners have intervened earlier to prevent or reduce the social isolation? After the incident, was the social isolation addressed? If so how? If not, why not? What was the outcome? Have there been any further referrals/safeguarding referrals?
We would also like to explore whether through doing this, we could profile the factors that lead to social isolation or increase risk.
The aim of the proposal would help understand the difference we could have made had we focused on tackling the isolation at an earlier point in the safeguarding/support journey.

London Borough of Hackney (John Binding, Head of Safeguarding Adults):
Hackney Service Centre, 1 Hillman Street, Hackney, London, E8 1DY
e-mail:John.Binding@Hackney.gov.uk / tel: 020 8356 1481
The London Borough of Hackney and its partners are keen to be engaged in developing a pilot around a preventative approach to reducing loneliness and isolation to residents by means of the ADASS initiative and via peer engagement with other boroughs. This is in the context of the evolution of a preventative to safeguarding within the MSP model. This would involve an evaluation. We would envisage this development to be linked to an existing initiative, "Connect Hackney", funded through Big Lottery funding which was secured two years ago for a project to reduce and prevent social isolation of Hackney citizens aged 50 plus.

The above initiative has been led by City and Hackney Together, a wholly owned subsidiary of Hackney Community Voluntary Service (HCVS). The project was developed in consultation with older people, supported by a survey of almost 600 older Hackney residents, and informed by a cross-sector partnership of voluntary and community groups,

local authority, health sector and other public sector staff. Outcomes that are expected include increased numbers of isolated older people engaging in meaningful and enjoyable activities which result in new friendships, sustained networks, improved resourcefulness, more confidence and thus, ultimately, a better quality of life. This project is now two years into its implementation.

We are now at an exciting stage where we would be looking to expand this approach to other vulnerable people in the borough, whilst also seeking to identify the achievements of the identified outcomes for the project. We believe that the opportunity presented by working with other boroughs to create / explore additional approaches is very timely for the borough. Additionally, the City & Hackney Safeguarding Adults Board (CHSAB) has identified devising a preventative approach to safeguarding as one of its objectives for this year. A number of CHSAB commissioned Safeguarding Adults Reviews have identified a causative link between social isolation and vulnerability which further promotes the need for this work.

We believe that we already have a base-line from which to work that has already provided some learning. We are enthusiastic about sharing this, and given the current review stage of this, we would be keen to benefit from a peer borough approach to expanding this.

Lincolnshire County Council (Dr Sarah Chaudhary, Public Health Programme Officer):
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e-mail:sarah.chaudhary@lincolnshire.gov.uk / tel: 01522 552276
Strategic (long term) objective
To locate safeguarding within a coherent, person-centred prevention strategy that promotes health, well-being and community connectedness across Lincolnshire. To ensure safeguarding works in complement with other sectors and prevention programmes, including Making Every Contact Count, Social Prescribing and Self-Care.
To achieve this long-term objective, maximise its effectiveness and responsiveness to local needs we will initially focus on the following narrower aims;
Primary Outcome
• To reduce need and demand for adult safeguarding services

Tactical outcomes
• To gain greater definitional clarity around the concept and scope of 'social isolation'
• To conduct a thorough analysis of local safeguarding alerts and referral data in order to understand the key causes of and commonalities across referrals; to establish whether, to what extent and how social isolation affects safeguarding incidents in Lincolnshire
• To use the findings from this process to develop a localised, targeted approach to the delivery of personalised safeguarding prevention initiatives in line with MSP

City of London (Chris Pelham - Assistant Director, Anna Grainger – Interim Head of Adults, Ian Tweedie – Team Manager Adults, Mark Davison – Commissioning Lead and Adam Johnstone – Strategy Officer):
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Loneliness in the City

Loneliness is a growing social issue which can have a significant impact on physical and mental health. Whilst loneliness can affect anyone, certain groups have been found to be

more at risk. Within the City of London ("The Square Mile") a small number of people (LGBTQ and Bangladeshi women) were found to be more at risk of loneliness than others in a recent piece of research commissioned by the Corporation into loneliness.
It may be more problematic in the City of London due to an increasingly older population; with a higher than average life expectancy and lower levels of deprivation. There are a large proportion of people who live alone. A number of data sources have been combined to produce these geographic and demographic estimates of numbers of people affected by loneliness in the Square Mile.

What works to reduce loneliness?

Evidence reviews by Cattan and White and the National Institute of Health Research have found that the interventions with the greatest potential to reduce loneliness are groups targeted at people with something in common and with a specific activity in mind. They also found that an asset based approach was more effective. This means involving participants in the design and delivery of services in order to harness the skills, knowledge and connections already present within a community.

However, many such peer-led activity and interest groups already exist and yet loneliness persists. A piece of ethnographic research the Corporation commissioned concluded that although some City residents recognised they felt lonely, they also felt a sense that something was holding them back from engaging in the community life they knew existed on their doorstep. Therefore the City is looking to develop the 'community connector' role to help people identify, set up and/or participate in a group with the aim of building social cohesion, combatting loneliness and developing assets in the community.

Safeguarding and loneliness/social isolation

City of London adult social care works closely with City Police and Trading standards to promote educating people about safeguarding and scams. People are often reluctant to report or accept that they have been the victim of a scam although there have been a number of incidents of fraud reported. It seems that it is easier to target people who are isolated socially. Recent analysis nationally concluded that the largest growing group likely to be scammed, particularly online were males between 20 and 30 living in London. City has done some campaigning to raise awareness of scams.
In addition, mate crimes are likely to be committed against those who are isolated (crimes committed against the vulnerable by people posing as their friends).

The Corporation has drawn up a far reaching action plan to reduce social isolation by developing a website and resources to highlight issues and also identify social groups/activities that people can access. There will be community connectors in place to support people in researching what is needed, understanding people's needs and accompanying them to groups where necessary, amongst other issues.

Measurement of the success of the plan is likely to be against self-reported outcomes of reduction in isolation and increase in happiness with social life. It is anticipated that by reducing social isolation there will be a corresponding decrease in safeguarding enquiries and incidents of people who are isolated. Measurement could also focus on an increase of awareness of safeguarding issues within the identified particularly lonely groups (LGBTQ and Bangladeshi women).

Nottingham's study looks specifically at existing safeguarding concerns and seeks to identify whether social isolation was a factor, the Corporation's strategy is more about reducing isolation for a much broader cohort in the hope that abuse etc. is then prevented (as is hoped for in Nottingham's example of John in 3.4).

The social isolation action plan is available separately which contains more details. Work is ongoing with housing colleagues in Asset Based Community Development and tenancy organisations which may also be of interest to other local authorities as a model of joint working.

It should be noted that City work closely with Hackney social care who are also interested in the pilot. N.B. As City is relatively small in comparison with the other participants it can make identification of individuals easier therefore sample numbers may not be significant enough or too person identifiable. It might be preferable that we measure the impact and methodology of the social isolation action plan whilst also looking at general awareness-raising of safeguarding linked to this.

North Lincolnshire Council (Vicky Allonby - Head of Mental Health and Disability, Karen Pavey – Assistant Director of Adults):
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Social Isolation / MSP
• To gather data and intelligence as to those factors which may contribute to social isolation ie loss, poor physical health, mental illness, low morale, being a carer, geographic location, communication / transport difficulties so that staff can develop any preventative strategies before concerns are raised in safeguarding
• For practitioners to develop an understanding of what types and approaches to social isolation are the most effective particularly in relation to Safeguarding Cases cases brought to our Safeguarding solutions panel.
• For the team and practitioners to explore alternative cost effective ways to reduce social isolation and not just referrals to hubs etc – alternatives could include quick telephone calls, safe and well chats, computer based activities, communication via other methods such as email, skype, texting, are there any websites which offer
• Liaising with external agencies such as Age UK, VANL and exploring alternatives
• To explore further training for frontline practitioners to help them identify adults who may be at risk of, of suffering from social isolation
• To help staff recognise the differences between an adult who is socially isolated and lonely
This intelligence gathering could take place over three months and collation of the data will directly inform the training developed for staff.
Measurement of impact would be in relation to numbers of safeguarding concerns received where the adult at risk is considered to be socially isolated (link to assessment).
Number of repeat referrals.
End of process questionnaire could be adapted to include information around adults perception of the support offered and whether this has had an impact on them – do they feel less socially isolated / lonely?
Do practitioners have a better understanding?

Camden Council (Sarah Murphy – Lead Practitioner ASC, Cath Millen – Principal Social Worker, Sarah McClinton – Director of Adult Social Care):

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Camden adult social care proposal for a pilot on prevention, MSP and social isolation

Using a strengths based approach across adult social care and the wider council is a key theme of Camden's draft strategy for 2018-2023. Practitioners will use strengths based practice to focus on prevention, early intervention, short term support in a crisis and longer term support for those with complex high level needs. Reducing social isolation will run through all of these interventions.

From November 2017 we will be rolling out the "three conversations" strengths based model through a series of pilots with the aim that all of our adult services will be consistently using a strengths based approach which focuses on peoples strengths and assets, relationship building and community based practice by November 2018.

We propose a three month pilot which sits within our strengths based work and focuses on the prevention of safeguarding concerns and enquiries through the reduction of social isolation – achieved by focusing on what people can and want to do and what they can do with support, linking people into any informal networks of support that they might have and/or into Camden's extensive voluntary and community sector, thus reducing social isolation. In addition to linking people into existing networks we will also support people to develop their own friendships and circles of support.

The pilot will include data collection as practitioners will be reporting daily on all of their interactions with the people they work with and the outcomes achieved. They will also report on what the interaction and outcome would likely to have been using a traditional care management approach on order to provide a comparison.

We will evaluate outcomes through data collection and a selection of case audits. We will also be able to draft guidance on the strengths based approach as it relates to MSP, prevention and social isolation. Depending on our findings, we may amend our safeguarding workflow to include a section on social isolation.