

Voice of the Practitioner 'You Said, We Listened'

In Spring 2023, the 'Safeguarding Effectiveness Group' subgroup of the Salford Safeguarding Adults Board ('SSAB') created the first annual, wide-reaching, anonymous online survey to be sent out to individuals who **directly provide (or facilitate) care and support services** to adults at risk across Salford.

The survey involved both **quantitative and qualitative** questioning, and respondents included GPs, nurses and other healthcare workers, charity volunteers, social workers, care home staff, domiciliary care providers, emergency services personnel, housing officers and more.

The SSAB wanted to **listen to and learn** from the experiences of skilled and knowledgeable frontline staff about both what works well in practice and where they feel further safeguarding improvements could be made, so we can consider putting these into action.

Below are the main suggestions and comments made by practitioners for each area of the survey, and the corresponding responses from the Salford Safeguarding Adult's Board's partner agencies.

Internal Training

You Said: More advanced or in-depth in-house safeguarding training is needed for team managers, meeting chairs and more senior staff.

We Listened: "We provide all managers with half a day 'Safeguarding Chair' training which is provided by Ali Gardner, we run this annually. In addition, following feedback from the minute takers regarding inconsistent chairing "skills", we provided "chair skills training" to all managers using the same training company who provide our minute taking training to our admin staff. I am aware of the request for "in-house" training on our internal processes and have escalated this to the senior leadership team for support with either providing some training or identifying a suitable trainer within the organisation." **Team Manager - Workforce Development Team, Adult Social Care**

You Said: More 'real life' case examples throughout in-house training would be helpful.

We Listened: This has been noted and raised at multi-agency meetings for individual organisations to consider for their own future training planning. The SSAB will also be including case examples - where appropriate - in future multi-agency training.

You Said: Clarity of what does and doesn't qualify as a safeguarding enquiry, using case examples, would help you with the accurate submission of safeguarding referrals.

We Listened: "We're working on guidance on Safeguarding and different levels of potential harm. However I'm reluctant to include examples in it, as there's a risk that people pay too much attention to them. Good risk assessment is at the heart of Safeguarding and there's no substitute for a careful consideration of each case – what is the risk and does anything else need to happen to protect the person from that risk." **Principal Social Worker, Adult Social Care**

You Said: That over 30% of you hadn't had access to training on effective record-keeping from your organisation.

We Listened: "All our training, including our Section 42 enquiry training highlights the importance of good record keeping and provides guidance on this. We also have a "standards for care records" policy which has been shared and is available to staff but I will discuss the need for something more specific on this with our Learning and Development Officer." **Team Manager - Workforce Development Team, Adult Social Care**

"All NWS staff are mandated to complete ESR e-learning yearly in relation to 'Information Governance and Data security'. In addition all Paramedic Emergency Service staff are provided with induction training around the need to keep accurate and comprehensive records as part of the planned induction schedule on appointment to NWS.

All staff have access to the records management area of the intranet which is available to support staff's understanding and knowledge. NWS has a dedicated clinical audit team who are able to identify any trends and will feed this back into local areas for additional scrutiny." **Safeguarding Practitioner GM, North West Ambulance Service**

"All Mandatory training emphasises the importance of good effective record keeping in practice. This is also highlighted as part of Primary Cares annual safeguarding assurance process, which are supported with case file audits of GP records. There is also a Quality Assurance audit underway to review Primary Care referrals and how to enhance the quality of referrals." **Deputy Designated Nurse for Safeguarding Adults (Salford), NHS Greater Manchester Integrated Care**

"Our Level 3 mandatory training covers record keeping, as do levels 1 & 2. Our team do not deliver record keeping as a standalone training session, but any bespoke training does cover record keeping and the 7 Golden Rules of information sharing and recording of this. New staff who start in the care organisation undertake a preceptorship programme and the corporate induction also covers record keeping and data control. It is incorporated as well in the mandatory information governance training." **Named Nurse Adult Safeguarding, Safeguarding Team, Northern Care Alliance NHS Foundation Trust**

"All firefighters and support staff must undertake regular Information Governance training. Added to this GMFRS is introducing a new Safeguarding records system/process, due around April 2024. As part of this induction all staff will receive further training in relation to overall record keeping and maintenance of safeguarding referrals." **Fire Prevention Manager (Salford), Greater Manchester Fire and Rescue Service**

“Our Safeguarding Awareness training includes a section promoting the importance of keeping clear and accurate records in relation to disclosures, allegations and incidents. I’m currently amending our training, and this is a section that I have identified could be stronger. Our Safeguarding Adults template policy includes a section on Recording, which emphasises the need for thorough written records of all concerns, that are signed and dated. Further to this, when I review an organisation’s policy, I ask the organisation to provide specific details of where they record their safeguarding information e.g. do they use a particular form and, if so, where is this saved. This is to ensure that their policy is specific to their organisation, and a practical tool for their staff and/or volunteers.” [Safeguarding Development Worker, Salford CVS](#)

Policies and Processes

You Said:

1. That 50% of you didn’t know about Salford’s multi-agency ‘People in Positions of Trust’, or ‘PiPoT’, procedures.
2. That your knowledge of how to access your Complaints and Whistleblowing internal policies / procedures could be better.
3. That your confidence in knowing how to use your organisation’s Whistleblowing processes was particularly low.

We Listened: SSAB has acknowledged practitioner responses about awareness and confident use of Policies and Processes. The forward plan for 2024/2025 has ensured that action is taken around Policies and Processes relating to People in Positions of Trust and associated Whistleblowing and Complaint processes. The SSAB Guidance and pathway is currently being reviewed – a multi-agency training session will then be delivered. SSAB will seek assurance from partners that they have these Policies and Processes in place and then a multi-agency audit will be completed for assurance of this in Q3 2024/2025.

SSAB Training

You Said: That just over half of you had never attended any of the SSAB’s free learning events or training sessions.

We Listened: The SSAB will share these learning events on a wider level, including contacting agencies with central distribution lists to help us share the details of these.

You Said: That those of you who had attended SSAB training / learning events found the sessions to be a good reflective tool for safeguarding in your own roles, that they reinforced the importance of applying professional curiosity, information sharing / communicating with other agencies and using a person-centred approach when working with adults with care and support needs.

We Listened: The SSAB would like to thank practitioners for their positive feedback, which will be passed on to partner agencies.

Transitional Safeguarding

You Said:

1. Improvements to services were needed to better reflect the differing stages of emotional maturity between individuals.
2. More seamless processes for transitions were needed which are shared between adults and children's services, over a longer period, and including joint visits and conversations.
3. A clear Transitions Plan which can be provided to and discussed with children and their families as they approach transitions age would be of great benefit and could inform and guide them through the changes to expect in services, support, criteria, and financial contributions, signposting them to appropriate adult services and advice provisions where needed.
4. The creation of one single Assessment Pathway document may be more efficient
5. There are challenges with long waits for those young people moving to adult services to be assigned a named Care Coordinator.
6. There are gaps in Health Services, particularly in mental health pathways and in Autism Spectrum Disorder pathways, as 17-year-olds are deemed 'too old' for children's pathways, but 'not yet old enough' for Adult Social Care, creating risks.

We Listened: All feedback has been acknowledged and the strategy for Transitions and Transitional Safeguarding is currently under review. The SSAB Performance and Quality Officer is undertaking a Spotlight Report at the moment to gain insight into the current position in Salford and where areas can be strengthened. For further information about Transitions in Salford, you can access the current Policy and process here:

[Salford Multi Agency Transition Policy and Process \(partnersinsalford.org\)](https://partnersinsalford.org)

Carers

You Said:

1. There needs to be more carer support awareness made across the public in Salford.

We Listened: "We are currently reviewing the Carers Strategy, and this feedback can be included." Integrated Commissioning Manager, Salford City Council

2. That more flexible support needs to be available for carers who also work full/part-time.

We Listened: “Gaddum have flexible working arrangements in place, such as evening support.”
Integrated Commissioning Manager, Salford City Council

3. That there should be a clear multi-agency process for professionals to follow to share important updates about the needs of the ‘cared for’ adult with their carer(s).

We Listened: “This is something that the Impact and Implementation Network could lead on, to encourage all agencies to provide appropriate updates to carers.” Principal Social Worker, Adult Social Care.

4. That encouraging informal care puts pressure on untrained people, and the consequences and effects of this on the carer needs to be considered.

We Listened: “We are reviewing our guidance and processes around carers’ assessments. We should be supporting carers to offer the level of care that they feel able to provide. The Care Act requires us to discount any support being provided by a carer when assessing a person’s level of need.” Principal Social Worker, Adult Social Care

5. That there are long waiting lists for contact and Carers Assessments in Salford.

We Listened: “Following a challenging period, Adult Social Care is now fully staffed, which will start to impact on waiting times. Demand for Adult Social Care is actively managed so that we can provide prompt support to the people who need it the most. The carers’ assessment process is being streamlined so that carers can access support more quickly.” Principal Social Worker, Adult Social Care

6. A 24/7 Carers Helpline staffed by experienced professionals would be helpful.

We Listened: “One of our priority areas relates to the digital offer for carers. We are currently looking into an app that can provide 24/7 peer support.” Integrated Commissioning Manager, Salford City Council

7. That professionals need to ensure that carers have the opportunity to speak to them away from the ‘cared for’ person.

We Listened: This will be fed back to the commissioned provider, Gaddum, and the SSAB will share this information with professionals in our next newsletter.

Domestic Abuse

You Said:

1. That more awareness and support for elder victims of domestic abuse in Salford was needed

We Listened: “Support is available for older victims via the commissioned service – [Safe in Salford](#).”

It was recognised through [SAR Irene](#) (learning event Nov 2022) locally, and it is also recognised nationally, that more needs to be done to raise awareness of domestic abuse in older adults.

Domestic Abuse and older adults training has been developed and this will be delivered from April 2024. This is also recognised in the domestic abuse communications plan. Campaigns such as the '16 days of action against domestic abuse' includes images of older people."

Tackling Domestic Abuse Board (TDAB)

2. Every agency would benefit from having a Domestic Abuse champion / lead

We Listened: "All relevant agencies are represented at the Tackling Domestic Abuse Board (TDAB) and act as lead for their organisation. In Children's Services, the Domestic Abuse Operational Lead has introduced Domestic Abuse Champions and intends to do the same within Adult Services as part of the development of the Domestic Abuse Adults sub-group."

Tackling Domestic Abuse Board (TDAB)

3. That the provision of free and swift mental health support / counselling for Domestic Abuse victims/survivors would improve their wellbeing and quality of life.

We Listened: "The commissioned domestic abuse service has implemented a mental health lead who is place based. All domestic abuse survivors do have access to free counselling which is facilitated by Salford University." Tackling Domestic Abuse Board (TDAB)

4. That easier / clarity on 'Safe in Salford' referrals without a DASH would be helpful, as it is not always easy to do via phone for those who do not work face-to-face with adults.

We Listened: "A DASH (Domestic Abuse Stalking and Harassment tool) is a necessity when making a referral to Safe in Salford to give reassurance that risk has been explored appropriately. The service will accept a partner agency DASH attached to the referral form, if it has been completed within 48 hours of an incident and no further abuse has occurred. The reason for this is to reduce re-traumatisation. To give clarity on the importance of DASH, it is advised that all staff attend training on DASH and MARAC training on the [SSCP multi-agency training programme](#)." Tackling Domestic Abuse Board (TDAB)

5. That more consideration is needed for the methods available to make victims safe – e.g. victims being moved to temporary accommodation when they don't want to leave their homes, rather than the removal of perpetrators.

We Listened: "The Domestic Abuse Act requires the Local Authority to deliver a [Domestic Abuse Safe Accommodation Strategy](#) to ensure that victims of domestic abuse are provided with specialist support in safe accommodation. Sanctuary is available which provides target hardening of properties to enable survivors to remain safely in their own homes. There are three specialist Domestic Abuse Homelessness Prevention Officers, partly co-located with Safe in Salford, who are able to explore housing options with victims that include remaining safely in their home." Tackling Domestic Abuse Board (TDAB)

6. That consideration needs to be given to accessible temporary accommodation for those experiencing Domestic Abuse who have care and support needs, as a lack of accessible options often results in adults being placed in residential care homes.

We Listened: The Salford City Council Temporary Accommodation Service confirmed that they do not place any adults in Salford into residential care homes. We have asked Adult Social Care to confirm if this is a process they follow and to provide us with clarity (including frequency if this is the case), and we are awaiting a response.

7. More support is needed for the families of victims and perpetrators.

We Listened: “There is literature being created by the commissioned service (Safe in Salford) for family members impacted by domestic abuse. There is also an open day being planned for 2024 for family members to attend. The commissioned service is also looking at adapting the group ‘Indigo’ to be accessible to family members impacted by domestic abuse. Indigo is a support programme for people affected by domestic abuse. There is national literature available for family members, some examples:

[What Are The Effects Of Domestic Violence On The Family? | BetterHelp](#)

[Managing the impact of domestic violence - Family Action \(family-action.org.uk\)](#)” Tackling Domestic Abuse Board

8. Consistency to offer support, strong multi-agency working, information sharing and communication could be improved when domestic abuse is suspected or known.

We Listened: “Within adult services we have developed Domestic Abuse practitioner’s guidance, engagement pathway, resources and tools to improve consistency. There is [monthly training available](#) to all adult social care staff on the above. We have developed a domestic abuse adult sub-group to launch in April that will support more effective multi-agency working in response to issues already identified. We have developed a [domestic abuse online toolkit](#) with evidence based / quality assured resources which are accessible on the SSCP website.

All Adult Social Care staff now have access to the Domestic Abuse Operational Lead for support on complex domestic abuse cases, claire.baddley@salford.gov.uk” Tackling Domestic Abuse Board (TDAB)

Self-Neglect

You Said:

1. It would be great to have a regular, multi-agency panel in Salford where practitioners can discuss cases that may not be deemed as high-risk or complex, but would benefit from discussion

We Listened: The Principal Social Worker and Head of Service for Social Work Standards, Quality and Safeguarding in Adult Social Care, has said that that this suggestion for a new multi-agency discussion panel or forum will be considered at the next multi-agency Impact and Implementation Network meeting.

2. That more consistent, robust pathways / processes are needed for adults who do not attend (or are not brought to) healthcare appointments, to ensure that these are followed up by hospitals and GP practices.

We Listened: “A GM Guidance document around this was created and disseminated to Practices some time ago. Again, not something we can mandate but should it come out as learning across GM, I suspect the GM Named GP Group would lead on that.” Assistant Director Safeguarding and Quality/ Designated Nurse SG Adults (Salford), NHS Integrated Care Board

3. That training is needed to provide clarity on self-neglect in those with mental capacity, and the support available to those who need help but cannot access Social Care as they do not have defined care and support needs.
4. Dedicated self-neglect leads, advisors or champions within each agency or organisation would be beneficial.
5. Better connections could be built between agencies and specialist organisations such as Hoarders Helping Hoarder.
6. More low-level services are needed to assist adults at risk to help prevent self-neglect.
7. There needs to be the resource available for professionals to be able to build long-term relationships, trust and engagement with adults with care and support needs who Self-Neglect, along with access to psychological support.

We Listened: The SSAB will ensure that the suggestions and feedback made by practitioners relating to Self-Neglect are considered in the forthcoming review of the Multi-Agency Self-Neglect Policy. This will include guidance on supporting / signposting adults with mental capacity or no defined care and support needs (as per the Care Act 2014) who Self-Neglect, guidance for organisations on having Self-Neglect Leads, and a multi-agency training session where relevant Self-Neglect organisations can present to multi-agency attendees to raise awareness of the specialist support available. When this work has been completed, the SSAB will communicate across the partnership regarding the relaunch. Keep your eyes open!

Challenges

You Said:

1. There is inadequate communication to referrers following a safeguarding referral, and also to involved agencies with safeguarding enquiry outcomes.

We Listened: Adult Social Care confirmed there are forthcoming changes to their system which will update referrers when decisions about safeguarding are made. In the meantime, it is the responsibility of the team leading the safeguarding to keep referrers informed. If there are any issues regarding non-feedback to referrers, please communicate this to Adult Social Care so this can be escalated.

2. There is a lack of clarity around how referrals qualify as a Safeguarding Enquiry.

We Listened: Adult Social Care are working on guidance on Safeguarding and different levels of potential harm.

3. There is an abundance of confusing, undefined abbreviations and acronyms used in multi-agency safeguarding written communications, assuming that all agencies know the operating acronyms of each other.

We Listened: The SSAB have developed a webpage of key multi-agency acronyms as a tool to help with wider learning. The SSAB are also including a 'glossary' in all Assurance Outcome Report documentation.

4. Some organisations do not provide / allow enough time and resource for practitioners to take part in lengthy / time-consuming Safeguarding Enquiries

We Listened: This has been noted and will be fed back to agency safeguarding leads.

5. There is a lack of information sharing between agencies when safeguarding Salford adults.

We Listened: The SSAB have created a resource page on the SSAB website to help practitioners and agencies with information sharing: [Information Sharing and Confidentiality | Salford Safeguarding Adults Board](#). We are also currently working with Adult Social Care and Salford City Council's Information Governance team to create and arrange an online-based training briefing session about multi-agency information sharing in safeguarding that all Salford agencies will be welcomed to attend.

Good Practice in Salford Safeguarding

You Said:

1. The Care Coordinators in Primary Care really help.

We Listened: "Care Coordinators are roles employed directly from individual Practices and as such isn't something that the ICB would have any jurisdiction over other than what we do around sharing good practice via GP SG Leads meetings." Assistant Director Safeguarding and Quality/ Designated Nurse SG Adults (Salford), NHS Integrated Care Board

"The Care Co-ordinator role is a position that is created and recruited to by individual practices, and therefore their scope of practice will vary depending on what the practice feel they need. We did have a session at GP leads a few months ago where practices shared their experiences of Care Coordinators and how they can benefit a practice. There was a positive response from a lot of practices but it will be down to individual practices to decide whether to employ one."

GP Lead Adult Safeguarding (Salford), NHS Integrated Care Board

2. We have a quickly accessible referral process.
3. 'Safe in Salford' has helped and improved things immensely.
4. We work very much as a team and support one another, and the wider community, by taking all reports seriously.
5. Each time I have witnessed a team leader across the teams chair a meeting, I keep being continually impressed by the extent of their leadership, and feel it is a 'safe pair of hands'.
6. We have a new process for capturing information regarding safeguarding figures.
7. We have access to online training, and easy access to our line manager to discuss safeguarding concerns.

8. We have robust Protection Plans that are understandable to everyone.
9. Building trust, working at the persons own pace, listening and advising and producing a plan together to meet goals is a foundation to an effective partnership.

We Did: The above good practice has been shared with the partners that sit on the SSAB and members of the Implementation and Impact Network.