

**Prevention Strategy**

**2020 - 2023**

V11 – November 2020

**Introduction**

This Prevention Strategy sets out the vision and commitment of RBSAB partners to a preventative approach which ensures that adults across the borough are helped to live healthy, active, independent lives, supported to self-care and manage any risks and helped to avoid or delay any need for long term health and social care services.

There is no single definition of preventative activity; it can range from wide-scale, whole population measures aimed at improving health, to more targeted, individual interventions designed to promote the safety, well-being and rights of adults which reduce the likelihood of, or opportunities for, harm to occur. It can also include measures to lessen the impact of caring on a carer’s health and well-being.

For the purposes of this strategy, our definition of prevention is:

* Effective prevention requires partnership working with individuals, professionals and service providers across the public, private, statutory, voluntary, community, independent, and faith sectors, working together to recognise the potential for, and to prevent, harm.

Effective prevention in safeguarding is not about paternalistic or risk adverse practice. Preventing abuse and neglect should occur in the context of person-centred support and Making Safeguarding Personal, empowering individuals to make choices and supporting them to manage risks. This should lead to services that people want to use, with the potential to prevent crises from developing. It is recognised that for some individuals, the context of their lives creates a complexity that only a multi-agency response will help prevent them from coming to harm.

The RBSAB Professional Decision Making Tool ensures that when concerns are raised they are addressed in a proportionate way. The Tool can be found at www.rbsab.org

An essential part of prevention is ensuring service users know everyone has the right to be free from abuse and ensuring where someone needs support in exercising this right, they can access appropriate support, including advocacy services. This needs to be reinforced through literature and day to day interactions, and there is a communications strategy which oversees this.

**The THRIVE Model**

The THRIVE model is a framework that describes how local organisations, who are part of “One Rochdale”, are working together differently to improve the health, care and wellbeing outcomes of the people of Rochdale. This includes prevention. The framework describes five groupings that should underpin our approach to supporting people during their life time:

**Thriving** - in order for people to thrive (as individuals and within their families and communities), we need to consider how their resilience can be strengthened, addressing the normal ups and downs of life within the context of their lives, empowering, enabling and supporting only where necessary.

**Getting Advice** - enabling people to easily access and connect themselves to support systems, groups and services. This will help people avoid developing needs for care and support by maintaining independence, good health and increased wellbeing.. This includes signposting to, for example, Our Rochdale - [Our Rochdale](https://www.ourrochdale.org.uk/kb5/rochdale/directory/home.page) which provides information on health, social care, childcare and family services within the borough or support from Community Connectors to access local services.

**Getting Help** - sometimes people need to access help and support from a trained worker to help them with their health, social care and wellbeing outcomes or broader outcomes such as housing, debt and benefits. These interventions or services are aimed at individuals who have an increased risk of developing needs, with the aim of helping to slow down further deterioration or preventing more serious ill health from developing. In order to identify those individuals most likely to benefit from such targeted services, screening or case finding is generally employed. Examples include NHS Health Checks and providing additional support to carers.

**Getting More Help** - some people may need to access more extensive long term or intensive help from specially trained practitioners in order meet their complex, urgent or specialist health or social care wellbeing needs. This stage will most often include a formal assessment of care and support and where needs are eligible to draw up a care and support plan detailing both formal and informal support. These interventions are aimed at minimising the effect of disability or deterioration in people with existing health conditions, complex care and support needs or caring responsibilities including supporting people to regain skills and reduce need where possible. Local authorities must provide or arrange services, resources or facilities that maximise independence for those who already have such needs. Examples include reablement and support to people with serious mental ill health.

**Getting Support to be Safe** - there are times when people may need help and support as there is a risk to themselves or others. Risk management and crisis can occur at any time but this would be in instances where there is a high level of concern for an individual or family. This can be for a baby, child, young person, adult, older person of any age or the whole family unit. There is likely to be a need for a multi-agency response to meet a need that despite interventions at a lower level being provided, needs are still present and concerns remain. This can also include situations where the individual or family routinely go into crisis but are not able to use or benefit from the support and services that have been offered, or where this help has not been able to make a difference. Services could include; safeguarding teams, crisis teams, social care and criminal justice teams.

The course of someone’s journey through prevention services is not necessarily a straight line with a person moving through the levels of preventative services in a successive way. For example, a person may still benefit from good quality information (Getting Advice) whilst they are in or being discharged from Intermediate Care (Getting More Help).

**The role of the Board**

The Care Act 2014 places a duty on local safeguarding adults’ boards to develop and implement a clear strategy around the prevention of abuse or neglect of adults. Six core safeguarding principles, as stated in the Care Act are:

* Empowerment
* Prevention
* Proportionality
* Protection
* Partnership
* Accountability

Prevention is one of the principles and as such forms a fundamental part of local adult safeguarding policy framework and arrangements.

The Rochdale Borough Safeguarding Adults Board (RBSAB) will have an overview of the prevention work taking place in its area and will maintain links with other strategic forums and plans to ensure this work ties in with their work. These include links with the Strategic Place Board, Rochdale Borough Safeguarding Children Partnership (RBSCP), the One Rochdale Health and Care Board and the Rochdale Community Safety Partnership.

This strategy has been refreshed to take account of the Covid-19 pandemic in 2020, and the recognition of closer working across organisations, and wanting to build on that to help enhance prevention of abuse and neglect in the Rochdale borough.

This strategy provides an overarching principles for the prevention and early intervention in safeguarding. Member organisations are invited to use this framework to inform the development of local plans and guidance to support this work.

The strategy is underpinned by the crime prevention measures aimed at the whole community including mainstream criminal justice and victim support services. This requires effective links between a full range of services including adult safeguarding arrangements, Community Safety Partnership and children’s services, and organisations should ensure that the principles of wellbeing, adult safeguarding and prevention are directly linked into commissioning, contract and procurement activity.

Prevention, in the context of adult safeguarding, usually means one of two things:

* Prevention in relation to service quality and early intervention to prevent services deteriorating before a serious negative impact on an individual occurs.
* Prevention which relates to people being at risk of social isolation.
* This includes looking at the whole person, their environment and their life circumstances.

**Social Isolation**

The Social Care Institute of Excellence (SCIE) has indicated that social isolation means that a person can be at a greater risk of abuse or neglect, in that isolation can lead to abusive situations; it can provide an opportunity for exploitation; that people have less support and are less able to report abuse; and that the isolation can mean that someone is more likely to be financially abused. The more isolated and unconnected people are, the more they are vulnerable and unsafe.

Preventative work is being undertaken as part of the [Rochdale Borough Locality Plan](https://www.hmr.nhs.uk/policies-plans-and-reports/rochdale-transformation-programme) which is overseen by the local Strategic Place Board.

Resources are in place in the Rochdale Borough to address social isolation and connect individuals to their communities. This strategy seeks to capitalise on and develop services that help to reduce social isolation. These include:

* There are numerous organisations in the borough providing a variety of services, all of which can be found in the online directory of Services “Our Rochdale”.
* Reducing social isolation within care homes and supported living.
* Community Connectors and Children‘s Connectors
* Transition from children’s to adult services – early and comprehensive identification
* Adult care strengths-based assessment style that aims to “connect individuals to their networks and communities”.

The work above links to other strategies to address:

* Community Cohesion Place Team and a work-stream on Community responders (post COVID response)
* Coercion and control and the corresponding duties (Domestic Abuse strategy)
* Self-neglect leading to psychotherapeutic interventions (Self neglect and Hoarding Strategy)
* Recognition of high and shared demand and the need to bespoke solutions (PSR strategy)
* Supporting local areas to deliver betted co-ordinated services. (Making Every Adult Matter - MEAM)

Effective change to reduce social isolation has four key elements:

1. Encouraging every professional or voluntary worker who makes contact with an individual to see it as their core business to consider whether the individual is socially isolated. The professional or volunteer is equipped to respond both in terms of skill and resource, and responds appropriately.
2. Enhancing the person’s confidence and social skills so they can reduce their social isolation in the longer term, as appropriate to their wellbeing. Consideration needs to be given to the fact that not everyone connects to others in terms of geography – this is especially the case in later life. 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.
3. Recognising that Rochdale Borough residents have a part to play in being the eyes and ears in our local community 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. A community asset or strength based approach is central to this aspect of the work.
4. Prevention includes the features of Good Help. By this we mean that people have the opportunity to have help with practical, emotional and educational or rehabilitative support so that they have a clear sense of purpose and take action which improves their life circumstances.

**Key Messages**

* Prevention means addressing failed and repeat demand through a client-engaged, problem-orientated partnership approach with effective sharing of information developing bespoke responses for individuals and families. Examples include:
  + Intervention in addressing adverse childhood experiences (ACEs) to prevent individuals progressing to needing more care and support services later in life
  + Effectively addressing repeat demand on services
* Responses need to be strength-based in order for people to develop self-efficacy so that people are empowered and their voices heard. Their circumstances and life experiences must be taken into consideration when decisions are being made about the support they need.
* A well trained workforce operating in a culture of zero tolerance of abuse, and the understanding Adverse Childhood Experiences (ACEs), using trauma informed approaches and the implementation of professional curiosity is essential to effective prevention.

**Principles**

* Prevention in safeguarding should be broadly defined and includes all individuals as well as those who have care and support needs. It covers all settings.
* Prevention needs to take place in the context of person-centred support and personalisation, with individuals empowered to make choices and supported to manage risks. This should include the use of strength based approaches as part of support planning to ensure individuals know how to keep themselves safe.
* Prevention covers all ages and includes recognising the complexities facing a young person when they are transitioning to adulthood.
* Agencies recognise that ACEs and multiple disadvantages1 can effect an individual’s ability to keep themselves safe and are actively promoting trauma informed approaches.
* People who do not have any identifiable ACEs but who are struggling to cope, or who are socially isolated or lonely would benefit from support.
* Service users and their families, friends and carers should be actively encouraged to participate in developing solutions to challenges they may be facing. ‘Coproduction’ is an approach which enables the individual to influence the support and services they receive (or when groups of people get together to influence the way services are designed, commissioned and delivered). This approach contributes to developing the resilience of individuals and helps promote self-reliance and independence.
* Prevention services are informed by people with lived experience.
* Effective prevention requires good partnership working and a multi-disciplinary approach adopted across local services.
* Robust risk management (undertaken within the context of positive risk taking) is an important tool in effective prevention and early intervention.
* Staff have the appropriate knowledge and training to methodically problem-solve with individuals and families, and training strategies reflect this.

**How we will achieve this**

Local services are encouraged to undertake a range of activities aimed at promoting general wellbeing and maintaining independence as a means of eliminating or reducing the individual’s vulnerability to potential exploitation, abuse or neglect.

‘Wellbeing’ is a broad concept and includes personal dignity, physical and mental health and emotional wellbeing, protection from abuse and neglect and social and economic wellbeing. All partners will have a wellbeing strand within all their strategies. These strategies need to include elements of prevention safeguarding.

Specific activities to prevent exploitation, abuse or neglect

We want to ensure that vulnerability factors and potential risks are used as part of an initial assessment.

* Identifying vulnerability factors and potential risks as part of any professional assessment and addressing these as part of the planning process.
* Sharing information and professional viewpoints when undertaking risk assessments.
* Agencies are aware of the services that support all residents to prevent them feeling isolated and lonely, so that all residents can access them.
* Using accessible ways and support to help people understand the different types of abuse and its prevention including what to look out for and the steps to take if abuse is suspected and providing people with information about sources of independent information, advice and advocacy.
* Ensuring the person is able to access support and services to help them recover from the abuse or neglect they have experienced and are able to access restorative approaches to help future resilience. This approach will also help build future resilience.
* Reviewing individuals lived experiences lead to service improvement.

**Priorities**

1. Demonstrating that all agencies have systems in place for early identification of vulnerability factors leading to effective and timely interventions.
2. Ensuring that training, methodology and toolkits are in place for prevention, and to help people to recover from abuse and traumatic experiences that have affected their wellbeing.
3. Demonstrate that local approaches evidence good quality partnership working at a grass-roots level through co-location, multi-agency meetings and the deployment of assertive workers who are listening and identifying problems at an early stage to address them.

**Outcomes**

It is envisaged that the strategy will lead to the following outcomes:

1. People are able to access support for their needs at the earliest opportunity before they escalate.
2. There is a support offer to help people recover from abuse or traumatic events that have affected their wellbeing.
3. Stay safe campaigns and other prevention work is informed by local knowledge, experience, demographics, feedback, data and research.

The principles of wellbeing and adult safeguarding which are set out in this strategy are embedded within local commissioning, contract and procurement activity

1. A greater awareness amongst professionals of how to recognise vulnerabilities that may lead to abuse or neglect, and can utilise effective intervention methods.
2. Practitioners routinely promote people’s independence and wellbeing in addition to responding to crisis when they do occur.
3. People with lived experience report they have been well supported.

**Evaluation**

1. Reduction in the number of repeat referrals to agencies, and in failure demand2
2. Identify individual case studies which look at the impact on services pre/post support offer
3. Multi-agency case file audits to demonstrate improvements in outcomes
4. Voices of adults report good outcomes and people with lived experience validate those outcomes.
5. Strategies across the partnership evidence how they include safeguarding prevention.

We are very keen to hear what you think of our plans and would welcome your thoughts and ideas on what further actions you think would help us to continue to improve our planning. If you would like to comment, make a suggestion or would just like more information you can contact us by emailing: [rbsb.admin@rochdale.gov.uk](mailto:rbsb.admin@rochdale.gov.uk)

**Appendix 1**

**Definitions**

Multiple Disadvantage

Indicators of multiple disadvantage include more than one of:

- Homelessness

- Substance misuse

- Mental health

- Domestic abuse

- Criminal justice

We also identify compounding factors such as:

- Persistent and extreme poverty

- Disability / long term condition

- Historic CSE

- Adverse Childhood Experiences

- Adult Criminal exploitation

- Survival sex

- No positive support network

Failure Demand

Failure demand is demand caused by a failure to do something or do something right for the adult.

*This strategy is based on an original created by Hampshire Safeguarding Adults Board and is used with their kind permission.*