

Preventing and responding to abuse: Community Safety focus

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borrowing heavily from Gill Taylor's work on Radical
safeguarding for Research in Practice



Safeguarding Circle

“People with multiple needs face a combination of problems including homelessness, substance abuse, contact with the criminal justice system and mental ill health. They fall through the gaps between services and systems, making it harder for them to address their problems and lead fulfilling lives.”

- **Making Every Adult Matter Coalition**

164,000 people in England live with 2 or more needs, 85% of these have faced trauma in childhood. 8/10 are men and 90% live in single households. 85% are white, 6% are black, 4% Asian and 3% mixed.

- **Lankelly Chase Foundation, 2015**

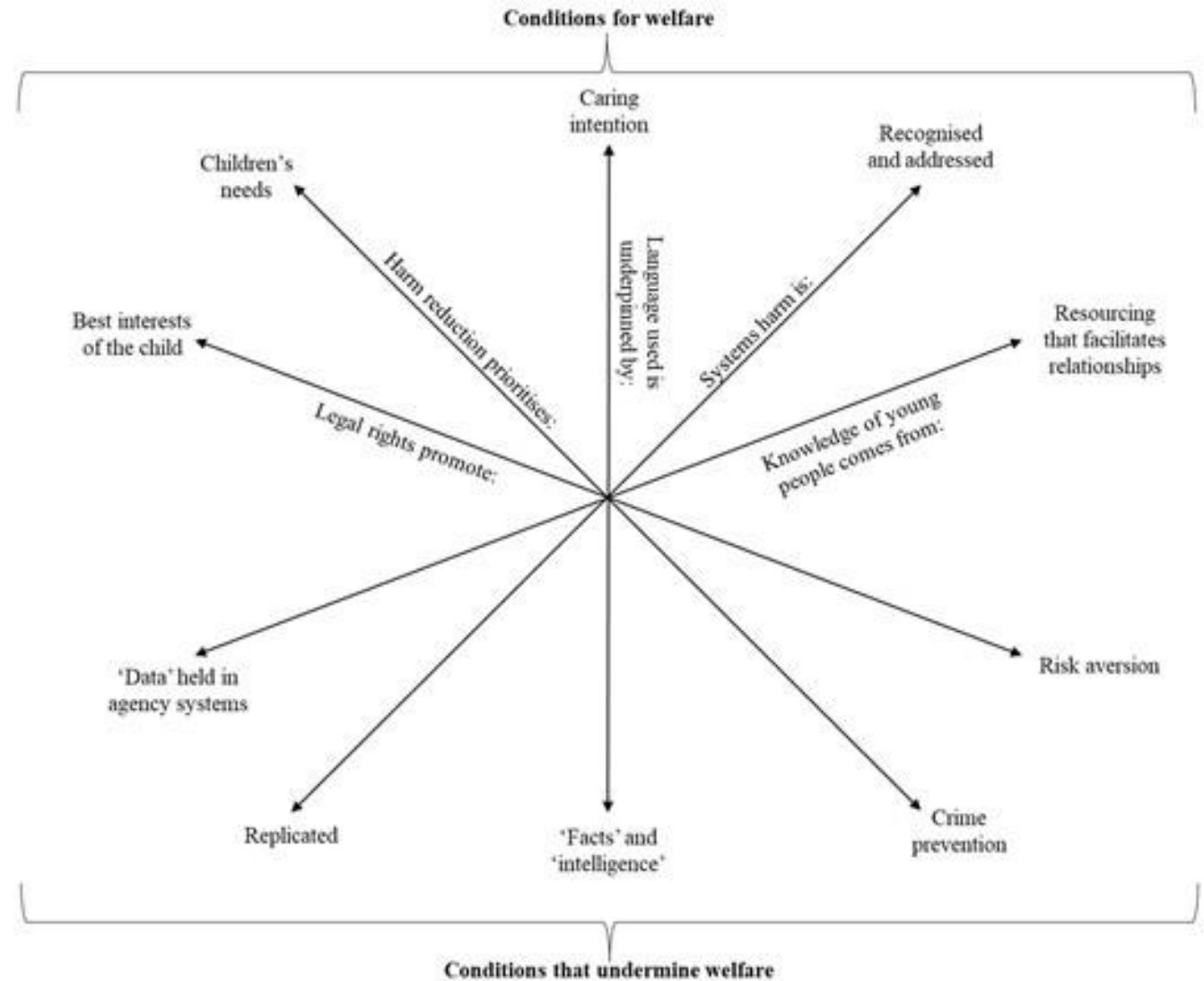
National
learning



Change models: Contextual safeguarding

Moving to a system approach that reflect s42 duties and away from a 'recognise and report' model of multi-agency practice requires socialisation of safeguarding into everyday practice.

It requires we develop organisational cultures to prevent and reduce risk recognising the intersectionality of people's needs and how our organisational priorities and practices can positively and negatively impact on wellbeing.



Jenny Lloyd, Molly Manister, Lauren Wroe, Social Care Responses to Children who Experience Criminal Exploitation and Violence: The Conditions for a Welfare Response, *The British Journal of Social Work*, 2023;, bcad145, <https://doi.org/10.1093/bjsw/bcad145>

In 2018 Islington Council completed research into severe multiple disadvantage in the area and found:

- 2nd highest prevalence of SMD in London (26.2/100k) 1.85 x the national average (n2,850 residents).
- Our system design is complex and targeted at only addressing single issues, often in isolation from other services. Pathways and eligibility for multi-agency/ disciplinary risk management forum aren't easily understood. Information isn't easily shared, and it doesn't assist practitioners to work creatively

In 2022 SHP completed a review of the impact of their fulfilling lives project setting out their achievements with adults experiencing SMD.

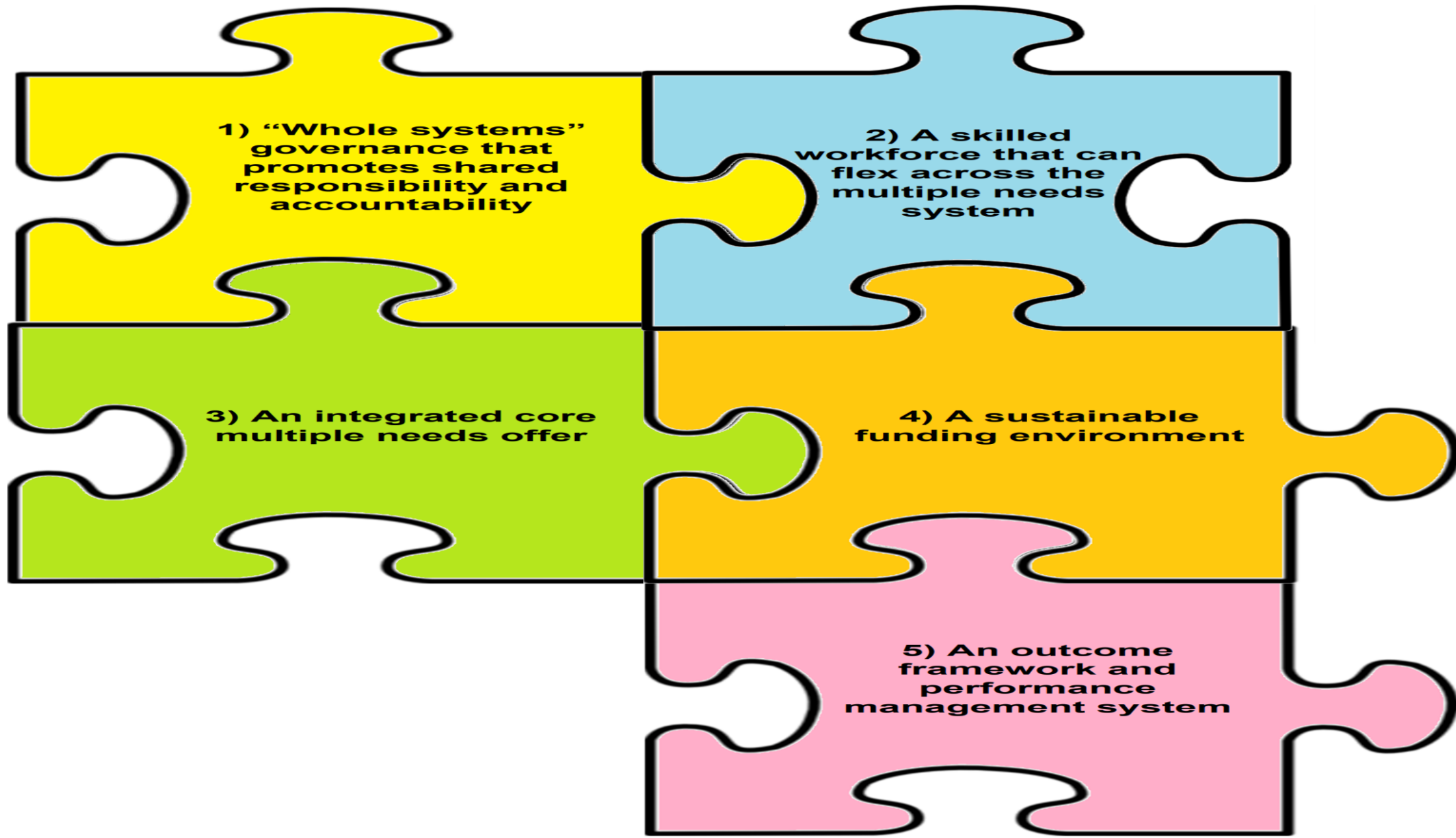
In 2023 a rapid review into SMD and Community safety identified tensions in community relations where safeguarding issues arise, particularly for residents not engaging purposefully with traditional offers of social care, substance misuse or health interventions. The report identified some positive factors, but also weakness in our current delivery models.

Local learning



What we've learned: core components to enable reform

Achieving our ambition for reform and fulfilling our design principles requires five core components:



Commissioned following the death or serious harm of several residents known to services and experiencing serious ASB. Starting this month and will extract the thematic learning through multi-agency learning events with experts by experience, front-line practitioners and senior leaders to understand:

- Are organisations working well together to implement effective plans to prevent escalation of mental health needs and reduce abuse or neglect?
- Do plans address intersectionality of need? Are they co-produced?
- Are enforcement actions, sanctions and exclusions avoided where possible and contingency plans agreed across disciplines to support adults at risk?
- What enables services to take a harm reduction approach?
- Are we truly trauma-informed? Does this consider wider wellbeing obligations to communities?
- How do we support practitioners to be creative and collaborate, including with informal support networks and communities?
- What should the governance oversight and organisational support for frontline look like?

This will report in April 2024

ISAB: Thematic SAR



Thinking about your practice or your organisation

- Do you use public health or harm reduction approaches in your daily practice?
- How does an understanding of 'safeguarding' influence your views on mental capacity, the person's view of the impact of abuse, exploitation, neglect on their wellbeing?
- Are there opportunities to engage with MDT or peer panels to explore risk and radical ways to reduce this
 - For the individual
 - For the Community?
- Who should be involved in reflective conversations about harms that professional interventions can have- how do we balance those risks against the risks of doing nothing?





Q&A

