West of Berkshire Safeguarding Adults Board

Annual Report 2014-15

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Contents

1. Introduction

The West of Berkshire Safeguarding Adults Board (SAB) covers the three local authority areas of Reading, West Berkshire and Wokingham. It is a statutory mechanism for ensuring that there is a robust multi-agency safeguarding framework in place and for monitoring the effect this has on protecting adults.

Care Act 2014

With the introduction of the Care Act 2014, Safeguarding Adults is now based on a legal framework. The safeguarding provisions of the Care Act include:

- A requirement for all areas to establish a Safeguarding Adults Board to bring together the local authority, NHS and police to coordinate activity to protect adults from abuse and neglect.

- A duty for local authorities to carry out enquiries (or cause others to do so) where it suspects an adult is at risk of abuse or neglect.

- A duty for Local Safeguarding Adults Boards to carry out safeguarding adults reviews into cases where someone who experienced abuse or neglect died or was seriously harmed, and there are concerns about how authorities acted, to ensure lessons are learned.

- A new ability for Safeguarding Adults Boards to require information sharing from other partners to support reviews of cases or other functions.

A development session took place in June 2014 to ensure a shared understanding of the SAB's functions as outlined in the Care Act. Between June 2014 and March 2015, the Board undertook a self-assessment exercise which has served as a foundation for the Strategic Plan 2015-2018.

2. Key Achievements of 2014-15

- Independent Safeguarding Adults Board website.
- Board's Constitution and Memorandum of Understanding.
- Safeguarding Adults Review Panel and supporting guidance and processes.
- Participation in SCIE Learning Together training.
- Multi-agency Performance Indicator set.
- Joint Children's and Adults Safeguarding Conference on Domestic Abuse.
- Threshold Guidance document.
- Out of Area Reviews Guidance document.

Partner Contribution to delivery of the Board's Goals

Through single- and multi- agency initiatives and an ongoing commitment to the work of the subgroups, partner agencies have contributed to the delivery of the SAB's four goals, to embedding Making Safeguarding Personal and to the learning and development of the workforce. Highlights are presented below.

Goal 1 - Establish effective governance structures to align the Board to new statutory requirements, improve accountability and ensure the safeguarding adults agenda is embedded within other organisations, forums and Boards.

- Representation of all six funding partner agencies on the Governance Subgroup. Review of function and Terms of Reference of the Governance Subgroup.

- Promotion of safeguarding adults through representation of Board members on a range of local boards, forums and network meetings.

- Development of stronger links between operational safeguarding and care governance frameworks within the three Local Authorities, enabling earlier identification of emerging themes and concerns and proactive quality assurance intervention in line with the prevention principles of the Care Act.

- Care Act training delivered to adult social care front line staff, providers and forums, including information about the Board and its statutory responsibilities.

- Safeguarding adults embedded within the CCG provider contracts, supported by a quality assurance schedule through which key areas for safeguarding are monitored quarterly.

- Annual Safeguarding Audit and Action Plan monitored by the CCG for Health Care Providers include adult and children safeguarding.

- Development of stronger links between health and social care professionals through quarterly meetings of the Partnership Group.

- Quarterly meeting of the Berkshire Healthcare Foundation Trust (BHFT) Safeguarding Group feed into the Trust governance structure.

- Six monthly meetings of the Royal Berkshire Foundation Trust (RBFT) Strategic Safeguarding Committee, chaired by the Executive Director of Nursing, with external scrutiny provided by a Designated Professional for Safeguarding provides Board assurance including monitoring the annual safeguarding plan and managing emerging safeguarding issues and risks.

Goal 2 – Develop oversight of safeguarding activity and need in order to target resources effectively and improve safeguarding outcomes.

- Development of forms, templates and IT systems to improve collection and analysis of key safeguarding data. Information from a range of reports generated from case recording and referral information provides detailed operational data and contributes to strategic oversight.

- Improved links between some partner agencies' IT systems allow the efficient extraction of more meaningful and relevant information on safeguarding.

- Monthly audits of 10% of safeguarding enquiries focussing on quality, outcomes and the voice of the person, their family and advocate. Themes arising from audits inform training.

- Sharing of performance and practice development information at the Berkshire Health and Social Care Safeguarding Leads group, enabling early identification of and appropriate response to interagency issues.

- Implementation of the CCGs' self-assessment safeguarding tool for adults and children for contracted providers. 100% of commissioned health service providers submitted a completed self-assessment, establishing a base line for compliance which will continue to be built upon and monitored in 2015-2016.

- Identification of local issues that may develop into safeguarding by the Care Quality Intelligence Group which includes a range of partners, including the CQC and local health representatives.

- Oversight of performance of contracted provider health services provided by the CCG's quality schedule, which includes information from on-site visits and the views of patients.

- Production of the CCGs' supervision policy for staff working in Continuing Health Care with the aim of improving oversight, participation and collaborative working across health and social care.

- Joint assessment and quality visits by the Continuing Health Care Team and Local Authority colleagues aimed at improving oversight and outcomes for adults in residential and nursing care.

- Implementation of Quality Assurance framework and audit programmes to meet the requirements of the Care Act and Making Safeguarding Personal. Performance information reported to management teams, committees and Health and Wellbeing Board Boards.

Goal 3 - Raise awareness of safeguarding adults, the work of the SAB and improve engagement with a wider range of stakeholders

- Care Act and Safeguarding training include reference to the SAB and its statutory role, with a focus on multi-agency participation in learning from local reviews.

- Introduction of a health network meeting for independent and contracted providers, to increase awareness of the SAB across the independent sector.

- Further development and widening membership of local authority safeguarding forums.

- Better Care Fund established and implemented locally to transform integration between health and social care with a focus on people's wellbeing. Safeguarding processes and the role of the SAB highlighted in the local implementation document.

- Links established with the Independent Trauma Advisor Steering Group, (pan-Thames Valley group supporting a Police and Crime Commissioner funded pilot to identify and support victims of Modern Slaver), leading to improved understanding, identification and support for people identified as living in conditions of modern slavery. Multi-agency support for survivors of modern slavery, involving Berkshire Healthcare Foundation Trust, Thames Valley Police and the voluntary sector organisation, Rahab.

- Development of toolkit for Trading Standards Officers by Wokingham's prevention worker in conjunction with the Chartered Trading Standards Institute, to aid understanding of Adult Safeguarding and provide examples of good practice.

- Good outcomes achieved by the "Choice Champions" project, an initiative delivered by people who use services to raise awareness of personal budgets, safer recruitment and safeguarding. The Champions attended many community events, delivering their own presentation to a wide range of stakeholders.

- New awareness raising publicity material has been developed. Members of Wokingham's CLASP (Caring Listening and Supporting Partnership) supported the production of "easy read" formats for awareness raising publicity material. "Easy read" publicity material will be published in West Berkshire and Reading in the following year.

- Raising awareness of safeguarding issues by health commissioners through the quarterly Safeguarding Practice Lead meetings at local GP surgeries that include safeguarding topics, external speakers and shared learning.

Goal 4 - Ensure effective learning from good and bad practice is shared in order to improve the safeguarding experience and ultimate outcomes for service users.

- Establishment of a Safeguarding Adults Review (SAR) Panel, chaired by an Independent Chair.

- Development of Berkshire-wide Guidance for Multi-Agency Reviews of Serious Cases to ensure:
  - Processes for learning and reviewing are flexible, proportionate and open to professional and public challenge.
  - Local decision about what type of review is appropriate, dependent on the nature of the case and the agencies involved.
  - A culture of transparency and shared learning.

- Increased local capacity for carrying out safeguarding adults reviews through participation of 16 staff in a three-day SCIE Learning Together Foundation Training. Two members of staff attained lead reviewer accreditation with two more committed to achieving it in the following year.

- Following the completed Safeguarding Adult Review (SAR) in 2014, bespoke workshops held to share findings and encourage staff to reflect on implications for practice and learning. The findings informed safeguarding refresher training, giving attendees the most relevant and up to date knowledge.

- Development of a learning log by the West Berkshire forum to share learning from local and national reviews.

- Learning reports provided for CCG committee meetings, board meetings, GP forums and training events. Care Quality Commission inspection reports and other local intelligence shared with health commissioners.

- Information from audits used to improve practice. A feedback mechanism aligned with line management structures developed between community and safeguarding teams.

- HealthWatch Reading presented to the Board during 2014 as part of an initiative to help bring alive the service user's voice. The story of 'Dorothy' was presented, a case study from a project on delayed discharges, which highlighted her journey from falling in sheltered housing to eventually dying in a care home, with many failures in care and missed opportunities to support her.

Making Safeguarding Personal

Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. Locally, steps have been taken to develop person centred, outcome-focused practice, including:

- Sign up to the national LGA Making Safeguarding Personal project by the three Local Authorities.

- Review and amendment of level 1, 2 and 3 training to reflect the MSP agenda and promote broader understanding of duty of care and legal requirements.

- Revision of internal templates, forms and processes to support frontline workers and promote best practice to ensure that people have an opportunity to discuss the outcomes they want at the start of safeguarding activity and have follow-up discussion at end of safeguarding activity to see to what extent their desired outcomes have been met.

- Development of data collection forms to scrutinise how MSP has been approached, recording the results in a way that can be used to inform practice and provide aggregated outcomes information.

- Implementation of QA audit tool designed to evaluate application of the six principles and give direct feedback to workers and supervisors.

- Review of the *Safeguarding Children and Adults At Risk Policy* by the CCGs to include MSP.

- The Continuing Health Care team have supported LAs in quality assurance visits and safeguarding cases allowing a more personalised approach by clinicians who know their patients.

- Choice Champions have received training and aim to promote MSP in all aspects of partnership work.

Learning and Development Activities

The annual Joint Adult and Children's Safeguarding Conference, planned with the three West of Berkshire's Local Safeguarding Children's Boards, took place on Friday 26 September at Easthampstead Park in Wokingham. The conference was based on the theme of domestic abuse and was again a well-attended and thought provoking event where delegates also had the opportunity to learn about support services available locally.

- Review of the Workforce Development Strategy and publication of the updated version in April 2014 .

- Safeguarding training level 1, 2 and 3 reviewed and delivered to a wide range of stakeholders from various sectors with very positive feedback. Training data is included in section 5 below. Specifically, targeted training was delivered to providers

of concern to promote partnership working, engagement and compliance with the West of Berkshire safeguarding policy and procedures.

- Safeguarding Adults Train the Trainer programme reviewed to make the standards for the Level 1 Train the Trainer more robust and consistent in line with changes required to meet the Care Act. Train the Trainer programme offered to the independent sector to develop skills to deliver in-house training, to the SAB's agreed training standards. 10 delegates from the independent sector attended sessions in the reporting year. Quality assurance processes in place to ensure continued good practice.

- Royal Berkshire Hospital NHS Foundation Trust (RBFT) is the only Trust in the Thames Valley to have met Health Education England's target to train 75% of staff on the issues faced by patients with dementia by December 2014. As a result the Trust received £25k funding that has been used to employ a nurse to deliver level 2 dementia training. From April 2015, this additional training will be provided for staff who work frequently with patients who have dementia, including training in the simulation centre and e-Learning.

- Prevent awareness forms part of the level 1 training with the 1 hour WRAP training as part of the level 2 day. Additional WRAP (3) sessions delivered to Emergency Department staff.

- Reading BC contributed funding to the development of an e-learning safeguarding module through its partnership with Log onto Care, which is freely available across the sector.

- Mental Capacity task and finish group established by RBFT to identify which staff needed enhanced MCA training and agree structure and content of training. New awareness leaflet highlighting the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards published.

- Secured funding via the Mental Capacity Act innovations bid to deliver two focused conferences to promote application in practice of the MCA across partnership agencies in Berkshire.

3. Safeguarding Adults Reviews

Safeguarding Adult Reviews (SARs) are about learning lessons for the future. They will make sure that Safeguarding Adults Boards get the full picture of what went wrong, so that all organisations involved can improve their practice. Under the Care Act, each member of the SAB must co-operate in and contribute to the carrying out of a review.

In the past 12 months, the Board has undertaken and completed one Safeguarding Adult Review. The circumstances leading to this review had a devastating impact on the lives of the individual and her family, as well as all the carers and professionals involved.

An executive summary of the review is included as Appendix B. Partner agencies have cascaded the findings to staff and have considered how the learning can be embedded in their agency, leading to the development of action plans and also the delivery of workshop style learning sessions.

4. Priorities for 2015-16

Priority 1 - Establish effective governance structures, improve accountability and ensure the safeguarding adults agenda is embedded within relevant organisations, forums and Boards.

Priority 2 – Making Safeguarding Personal.

Priority 3 - Raise awareness of safeguarding adults, the work of the Board and improve engagement with a wider range of stakeholders.

Priority 4 - Ensure effective learning from good and bad practice is shared in order to improve the safeguarding experience and ultimate outcomes for service users.

Priority 5 – Co-ordinate and ensure the effectiveness of what each agency does.

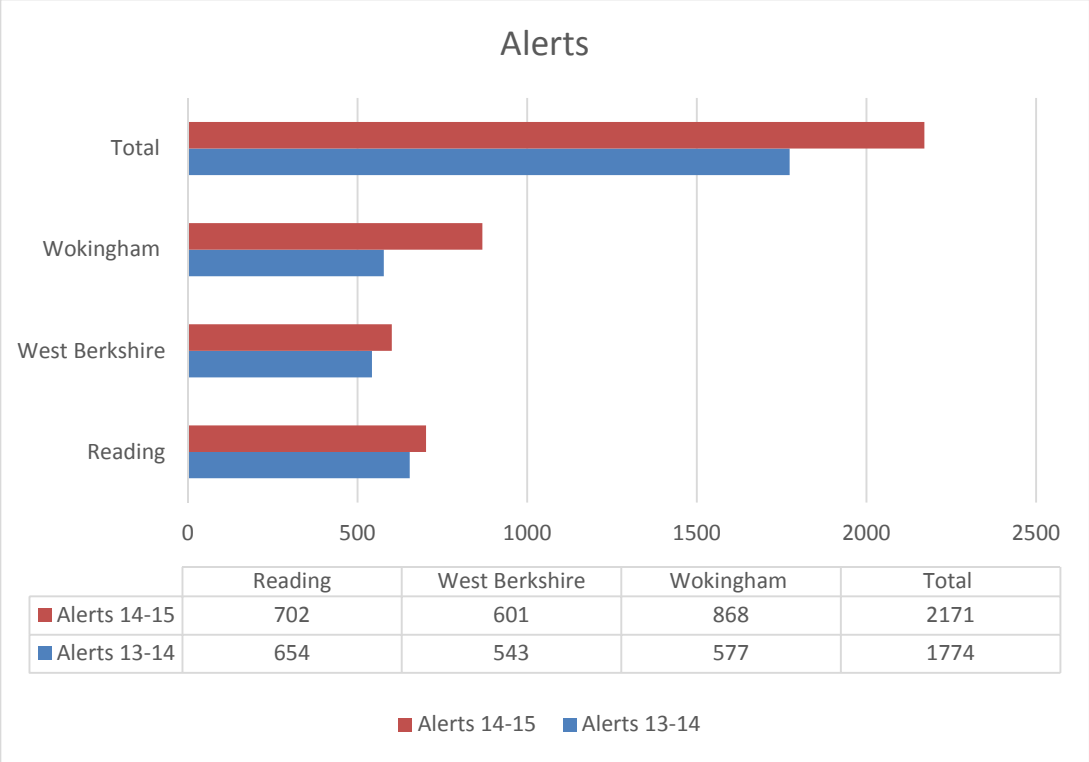
The Board's **Safeguarding Strategy 2015-18** is included as Appendix A. Further details about the way in which partner agencies will contribute to delivering these priorities can be found in the Business Plan 2015-16.

5. 2014-15 Combined Headline Data

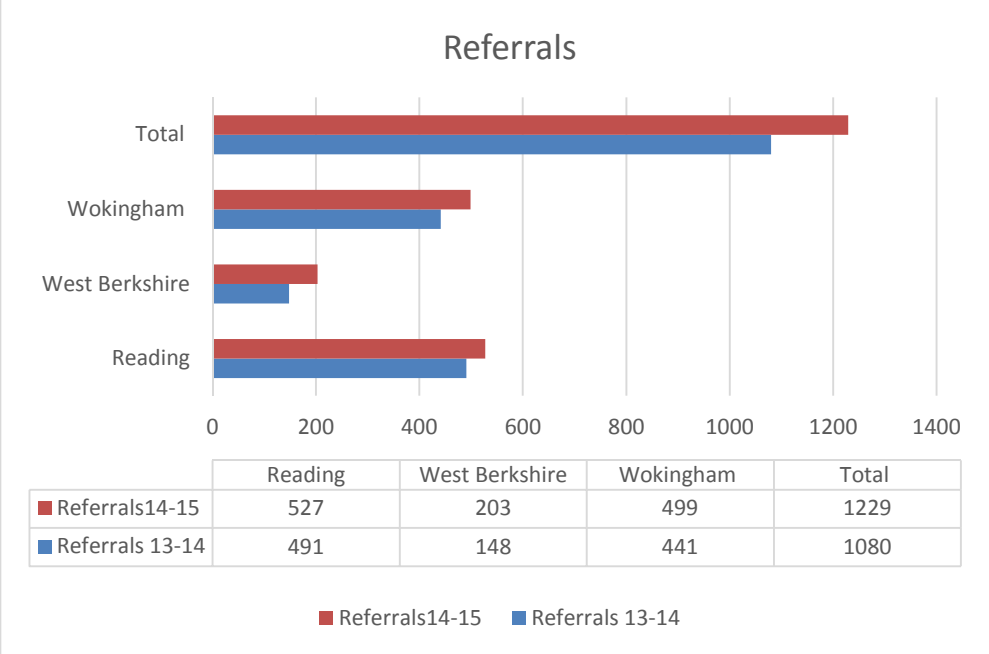
This report covers the year 2014-15, the last year before safeguarding adults became a statutory duty under the Care Act (2014). Much of the terminology used in this report, therefore, is no longer in use under current practices. Direct comparison with previous years cannot always be achieved due to changes in reporting requirements. However, it is envisaged with the introduction of new Safeguarding Adults Collection requirements for 2015/2016 greater consistency will be achieved.

Total no. Alerts and Referrals,

Last year, 2171 alerts were made, an 18 per cent increase on the previous year. 1229 referrals were made, a 12 per cent increase on the previous year.



	Reading	West Berkshire	Wokingham	Total
Alerts 14-15	702	601	868	2171
Alerts 13-14	654	543	577	1774



	Reading	West Berkshire	Wokingham	Total
Referrals14-15	527	203	499	1229
Referrals 13-14	491	148	441	1080

Referrals by Age and Primary Client Group

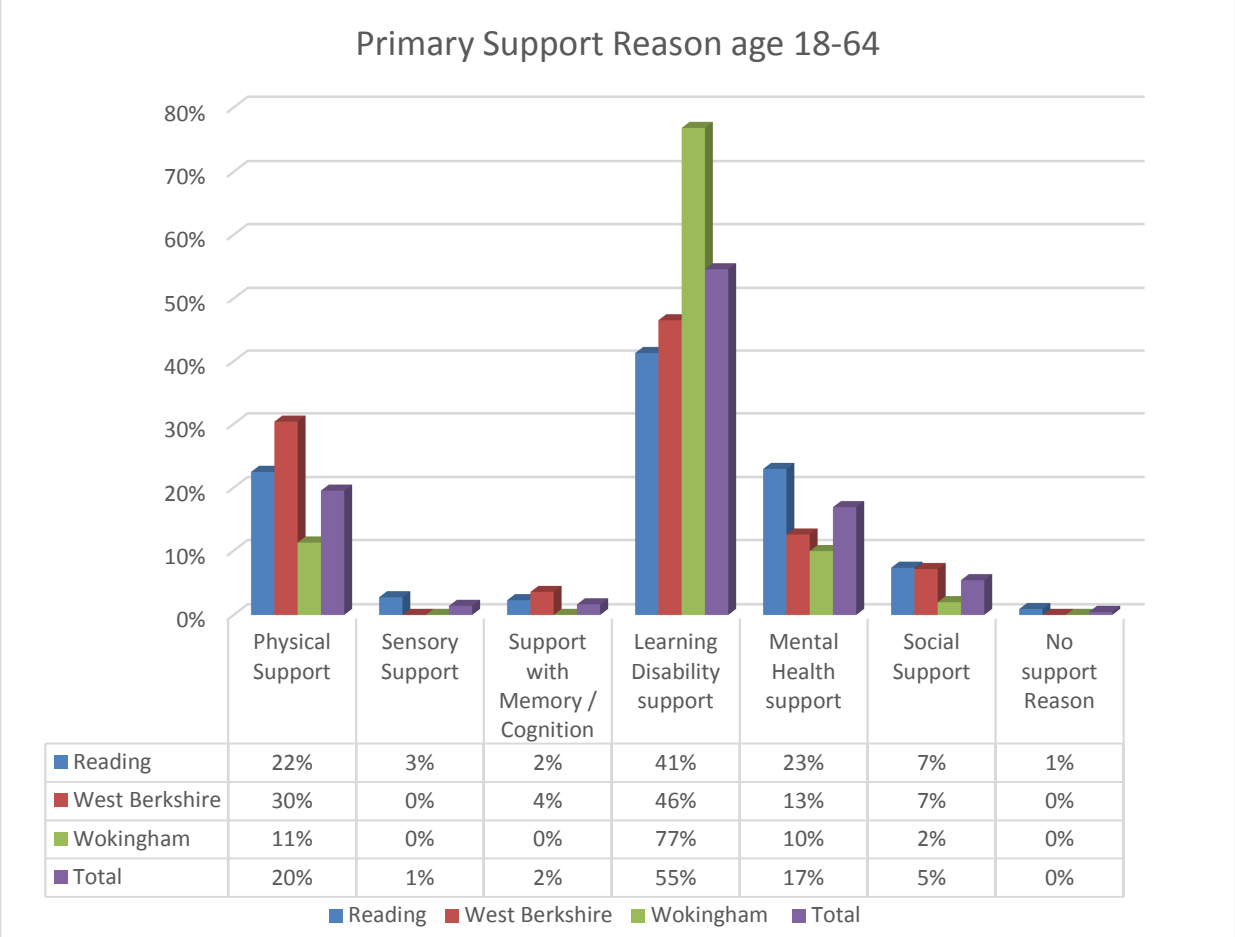
For the first time in 2014-15, data were collected on Primary Support Reason. This classification focusses on the main reason that a person requires social care services at any particular time and provides a better description of the impairment impacting on the individual's quality of life and creating a need for support and assistive care. It may not be related to any underlying health conditions.

The tables below shows the breakdown of individuals with referrals by Primary Support Reason and Age.

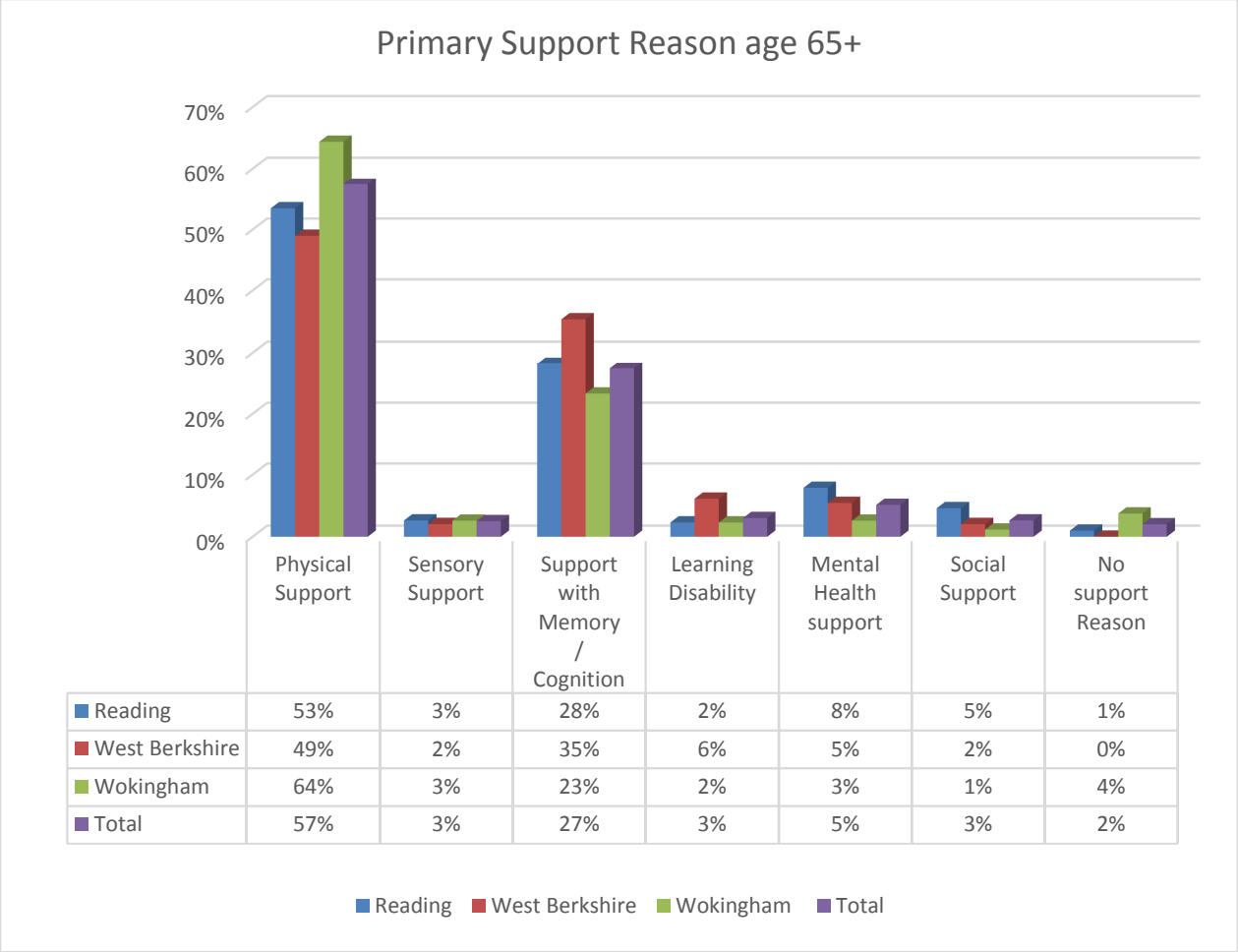
At 55 per cent, Learning Disability accounts for the majority of cases involving individuals aged between 18 and 64, with Physical Support next at 20 per cent.

In the 65 plus age group, Physical Support accounts for the majority of cases with 37 per cent of individuals, and those with support needs for memory / cognition next at 18 per cent.

Trends are largely in line with last year, although additional categories have been included for 2014-15 making direct comparisons difficult especially for Mental Health data.



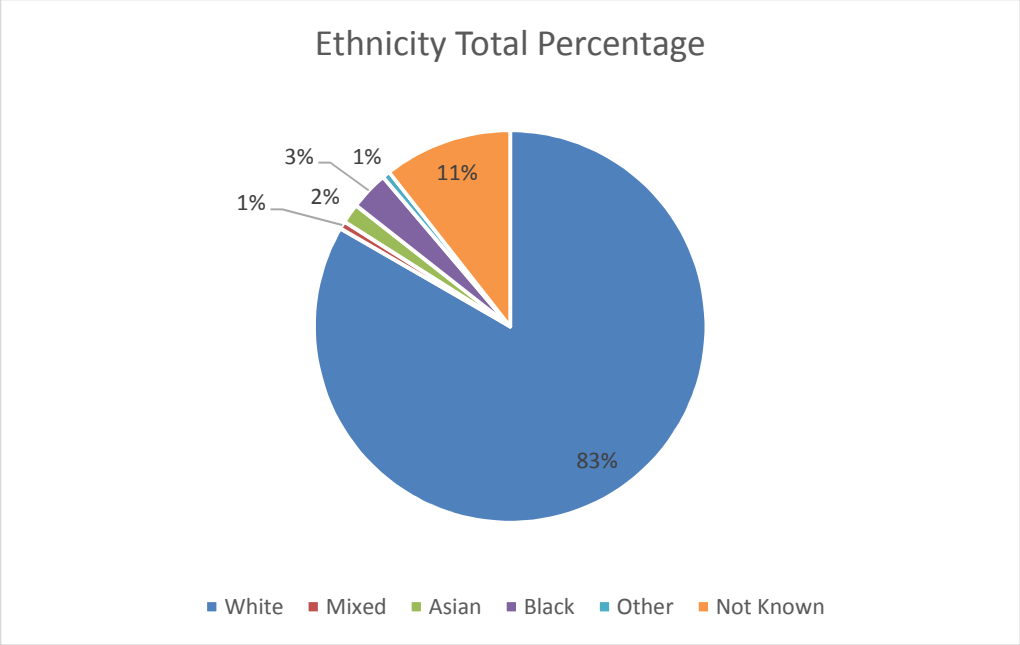
	Physical Support	Sensory Support	Support with Memory / Cognition	Learning Disability support	Mental Health support	Social Support	No support Reason
Reading	22%	3%	2%	41%	23%	7%	1%
West Berkshire	30%	0%	4%	46%	13%	7%	0%
Wokingham	11%	0%	0%	77%	10%	2%	0%
Total	20%	1%	2%	55%	17%	5%	0%

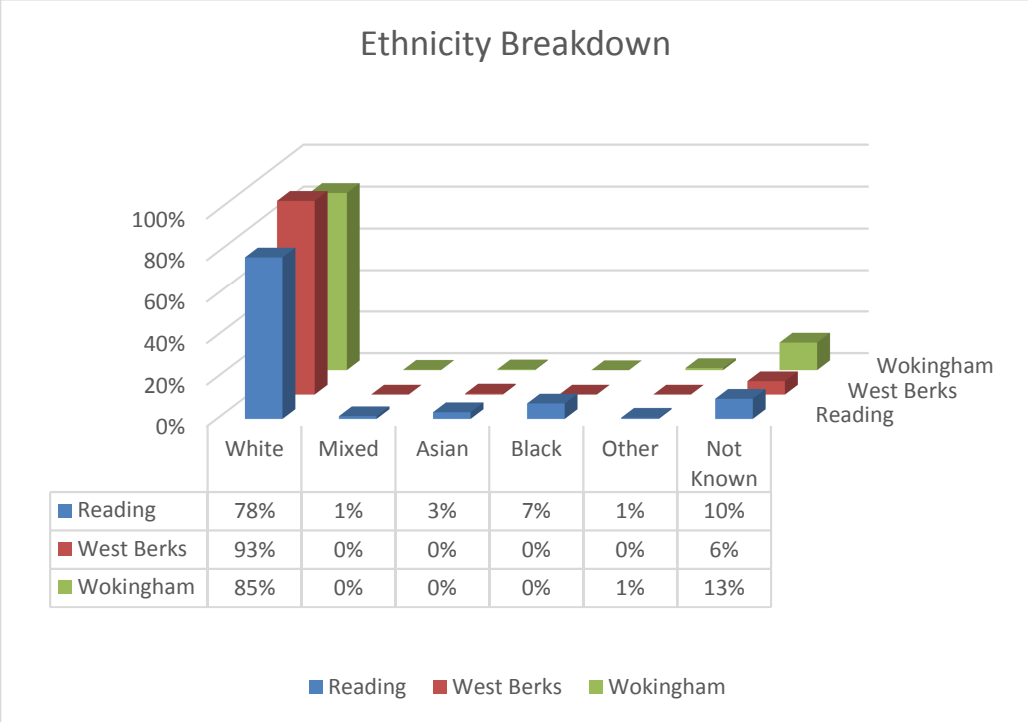


	Physical Support	Sensory Support	Support with Memory / Cognition	Learning Disability	Mental Health support	Social Support	No support Reason
Reading	53%	3%	28%	2%	8%	5%	1%
West Berkshire	49%	2%	35%	6%	5%	2%	0%
Wokingham	64%	3%	23%	2%	3%	1%	4%
Total	57%	3%	27%	3%	5%	3%	2%

Referrals by Ethnicity

The charts below show how many referrals there were for individuals from different demographic categories in 2014-15. We aim to reduce the number of cases where ethnicity is categorised as *Not Known* in future years.

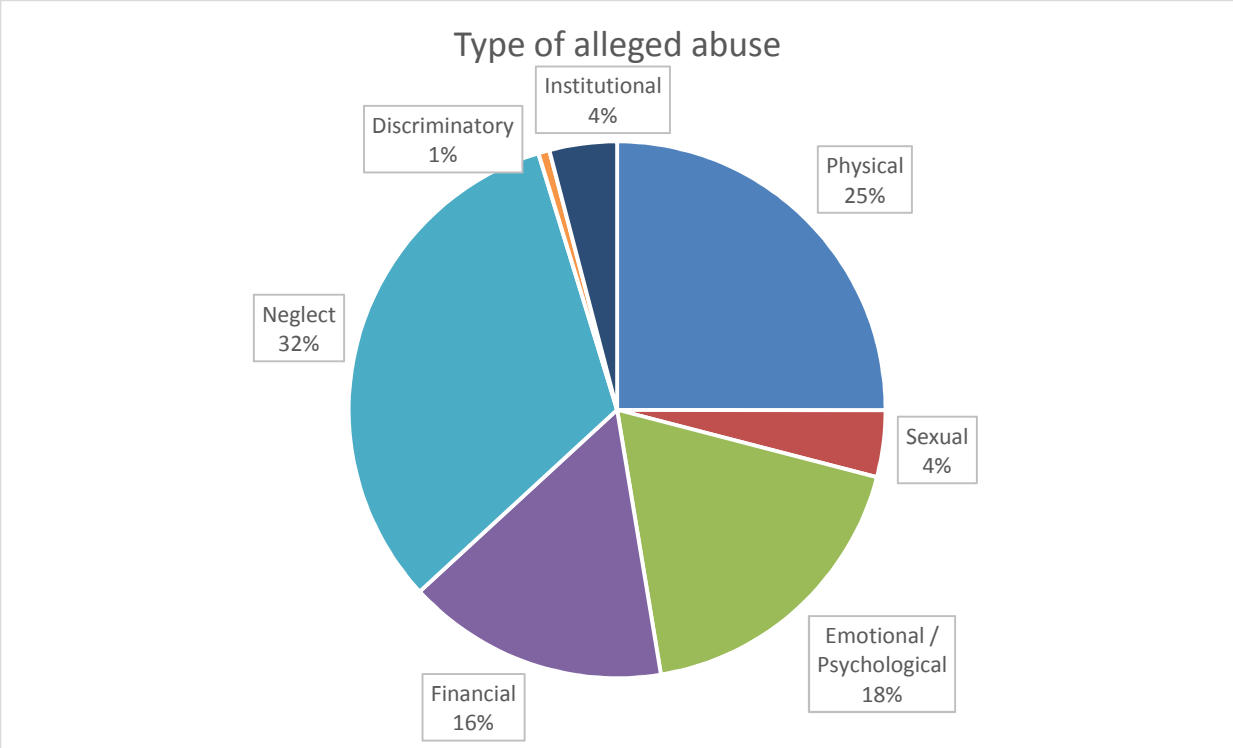


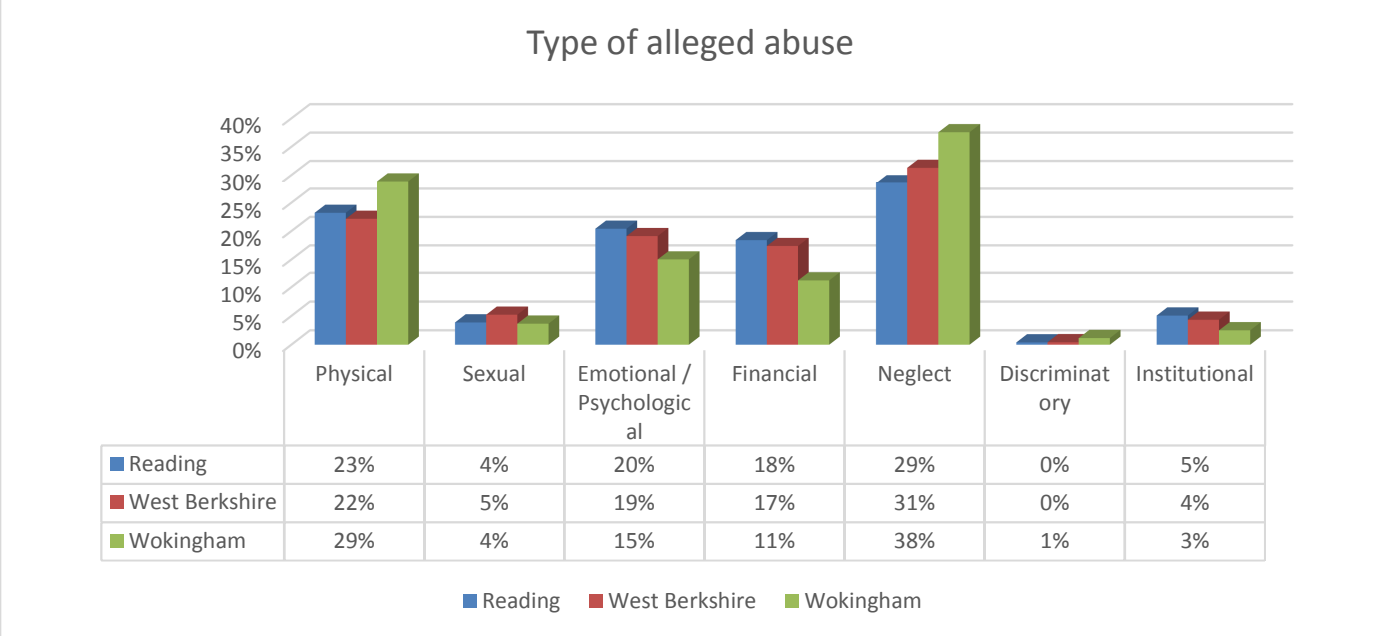


	White	Mixed	Asian	Black	Other	Not Known
Reading	78%	1%	3%	7%	1%	10%
West Berks	93%	0%	0%	0%	0%	6%
Wokingham	85%	0%	0%	0%	1%	13%

Type of Alleged Abuse

The most common type of alleged abuse was neglect and acts of omission, which accounted for 32 percent of allegations, followed by physical abuse with 25 percent. This is in line with national trends for the year. In the previous year the most common type of alleged abuse locally was physical abuse (27 per cent) followed by neglect (26 per cent.) Financial abuse has dropped by 3 per cent from last year and emotional and psychological has dropped by 2 per cent.





	Physical	Sexual	Emotional / Psychological	Financial	Neglect	Discriminatory	Institutional
Reading	23%	4%	20%	18%	29%	0%	5%
West Berkshire	22%	5%	19%	17%	31%	0%	4%
Wokingham	29%	4%	15%	11%	38%	1%	3%

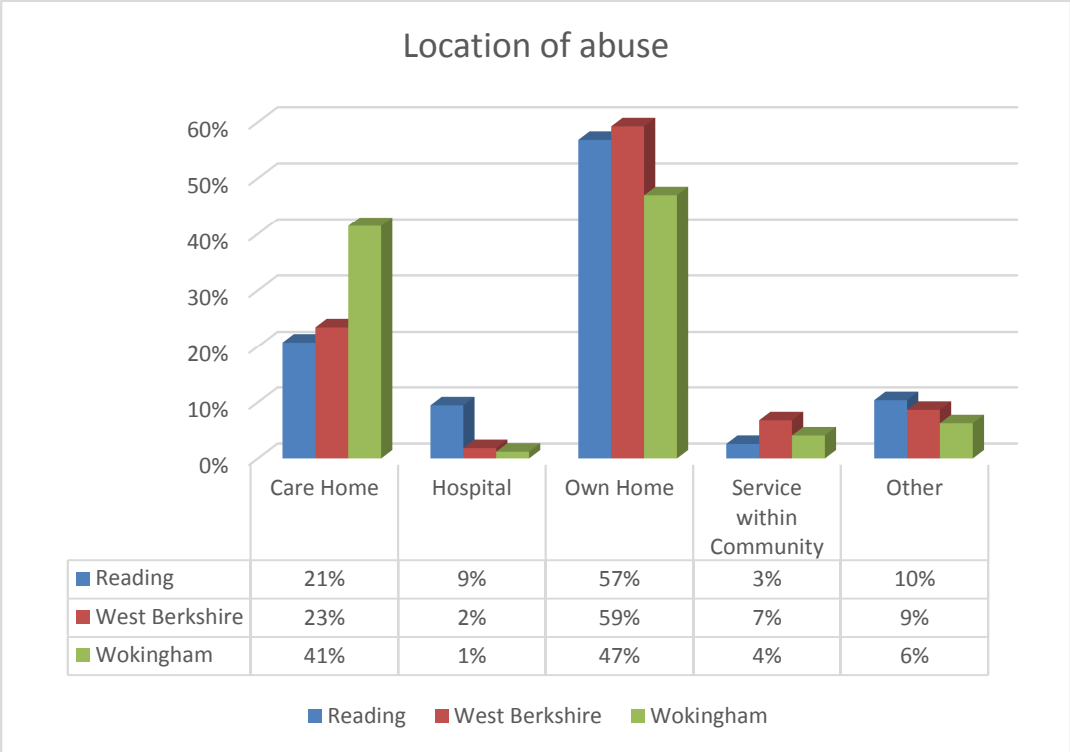
West Berkshire data in the table above includes 27% multiple types of abuse and Reading 27% multiple types of abuse. No examples of multiple types of abuse were recorded in Wokingham.

From 2015-16 four new voluntary categories will be added to this section of the national data collection (domestic abuse, sexual exploitation, modern slavery and self-neglect). Some

of these new categories may have been previously recorded under one of the other categories, so this is likely to impact on comparable data next year.

Location of Abuse

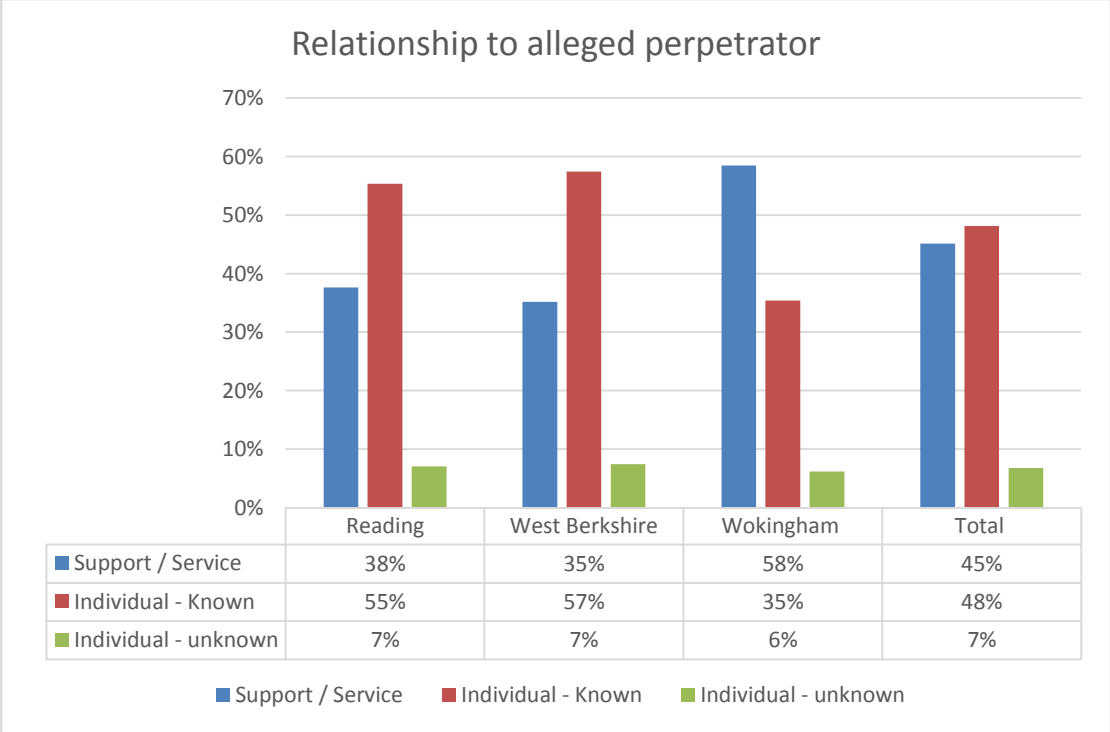
Data taken from completed referrals shows that the location of risk was most frequently the home of the adult at risk (54 per cent of allegations in total) or in a care home (29 per cent). Nationally, although the pattern is the same, the margin between these two locations is narrower, with the home of the adult at risk 43 per cent and care home 36 per cent.



	Care Home	Hospital	Own Home	Service within Community	Other
Reading	21%	9%	57%	3%	10%
West Berkshire	23%	2%	59%	7%	9%
Wokingham	41%	1%	47%	4%	6%

Relationship of Alleged Perpetrator to Vulnerable Adult

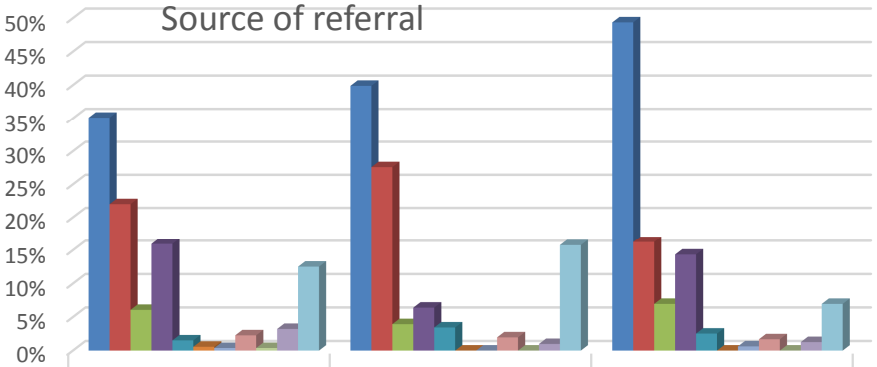
The source of risk was most commonly someone known to the adult but not providing a support service, accounting for 48 per cent of referrals. Someone providing support service was the source of risk in 45 per cent of referrals and for the remaining 7 per cent the source was someone unknown to the individual. This is largely in line with the national trend. The pattern in Wokingham is different to the other two areas.



	Reading	West Berkshire	Wokingham	Total
Support / Service	38%	35%	58%	45%
Individual - Known	55%	57%	35%	48%
Individual - unknown	7%	7%	6%	7%

Source of Referral

In 2014-15, 42 per cent of referrals were reported by social care staff (compared to 46 per cent in the previous year) and 21 per cent were from health care staff (compared to 17 per cent in the previous year.) Trends across all other sources are very stable.

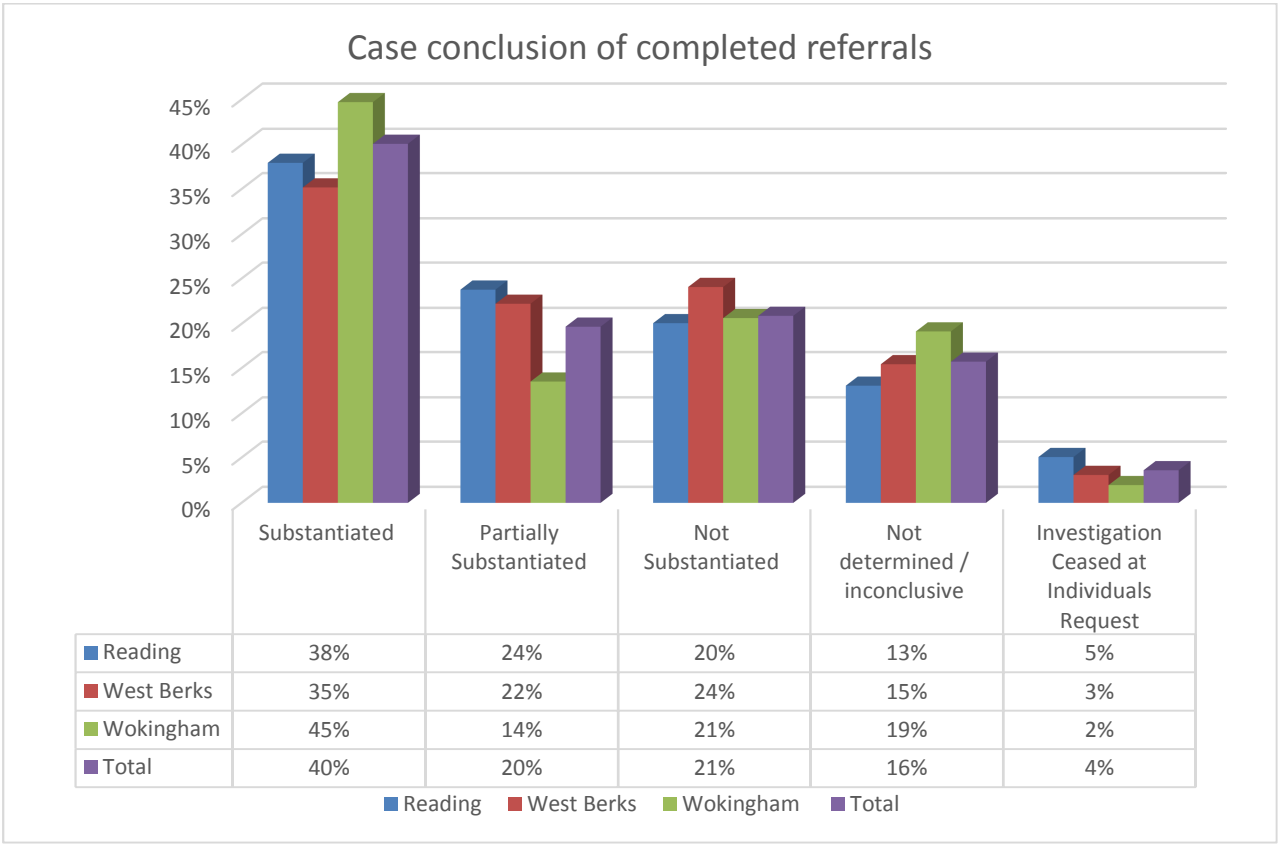


	Reading	West Berkshire	Wokingham
Social Care	35%	40%	49%
Health	22%	28%	16%
Self-referral	6%	4%	7%
Family Member	16%	6%	14%
Neighbour Friend	2%	3%	3%
Other service user	1%	0%	0%
CQC	0%	0%	1%
Housing	2%	2%	2%
Education training workplace	0%	0%	0%
Police	3%	1%	1%
Other	13%	16%	7%

Case Conclusion of Completed Referrals

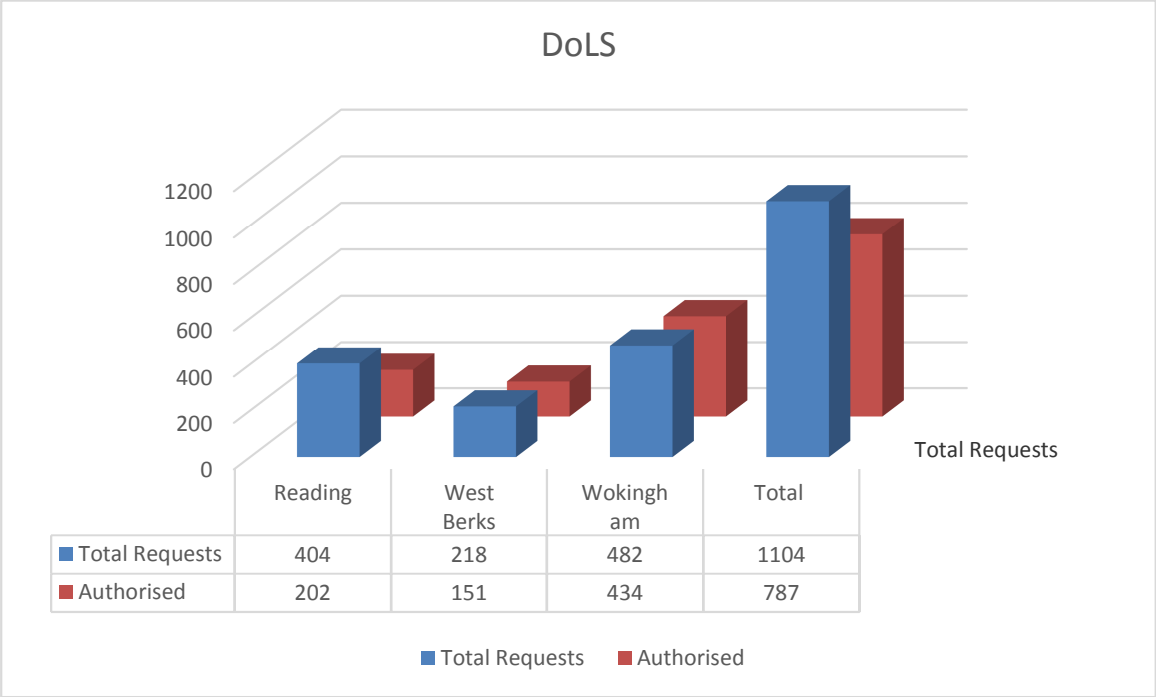
A case conclusion is the outcome of the investigation for a concluded referral and is categorised as Substantiated, Partly Substantiated, Inconclusive (or Not Determined) or Not Substantiated. The decision around substantiation is based on the 'balance of probabilities'. If an allegation of abuse can be proved on the balance of probabilities then it can be categorised as substantiated.

The table below shows the case conclusions for concluded referrals in 2014-15. There has been little change in the proportion of cases in each category from the previous year in the West of Berkshire. The allegations in over 40 per cent of cases were fully substantiated compared to 30 per cent nationally. 20 per cent of cases were partially substantiated compared to 10 per cent nationally and 21 per cent not substantiated, compared to 29 per cent nationally. Nationally, 22 per cent of cases were categorised as inconclusive, compared to 16 per cent locally.



	Substantiated	Partially Substantiated	Not Substantiated	Not determined / inconclusive	Investigation Ceased at Individuals Request
Reading	38%	24%	20%	13%	5%
West Berks	35%	22%	24%	15%	3%
Wokingham	45%	14%	21%	19%	2%
Total	40%	20%	21%	16%	4%

Deprivation of Liberty Safeguards (DoLS)



	Reading	West Berks	Wokingham	Total
Total Requests	404	218	482	1104
Authorised	202	151	434	787

During 2013-14, the total number of requests across the three areas was 27, with 13 of these applications authorised. The dramatic rise in applications is as a result of the Supreme Court's judgement in March 2014 which suggests that the definition of a deprivation of liberty is wider than previously thought.

Safeguarding Adults Training Activity

From 1st April 2014 to 31st March 2015

	Number of staff attended training in 2012-13, per sector						
Reading Borough Council	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**	**Your PVI Delivered**	
Level 1	75	253	0	0	0	134	
Level 1 Refresher N/A							
Level 1 E-learning							
Level 2	26	45	1	0	1	73	
Level 3	4	29	0	0	2	35	
Advanced refresher	11	3	0	0	0	14	
Level 1 Train the Trainer	1	13		0	0	14	
RBC Total	**117**	**343**	**1**	**0**	**3**	**270**	**734**
West Berkshire Council	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**	**Your PVI Delivered**	
Level 1	55	80		0	6	188	
Level 1 Refresher	46	61	1	0	0	0	
Level 1 E-learning	65	88		0	0	0	
Level 2	8	5		0	0	0	
Level 3	3	2		0	0	0	
Level 1 Train the Trainer	0	0	0	0	0	0	
WeBC Total	**177**	**236**	**1**	**0**	**6**	**188**	**608**
Wokingham Borough Council	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**	**Your PVI Delivered**	
Level 1	93	74	1	0	0	87	
Level 1 Refresher N/A					0	0	
Level1 E-learning N/A					0	0	
Level 2	60	24	3	0	6	0	
Level 3	12	0	1	0	0	0	
Level 1 Train the Trainer	0	0	0	0	0	0	
WoBC Total	**165**	**98**	**5**	**0**	**6**	**87**	**361**
Berkshire Healthcare NHS Foundation Trust	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**		
Level 1	318	0	0		1		
Level1 E-learning	709	0	0	0	0		
Level 2	46	0	0	0	0		
BHFT Total	**1073**				**1**		**1074**
Royal Berkshire Hospital NHS Foundation Trust	**Staff**	**PVI**	**BHFT**	**RBH**	**Others**		
Level 1	0	0	0	0	0		
Level 1 E-learning	0	0	0	0	0		
Level 2	0	0	0	0	0		
RBH Total	**0**	**0**			**0**		
West Berkshire CCG	**Staff**	**PVI**	**BHFT**	**RBH**	**Others**		
Level 1	0	0	0	0	247	GPs	
Level 1 E-learning	18	0	0	0	0	CCG	
Level 2 (if deliver?)	0	0	0	0	0		
West Berks CCG Total	**18**	**0**	**0**	**0**	**247**		

6. Appendices

Appendix A

Strategy for Safeguarding Adults in the West of Berkshire 2015-2018

Commitment by the West of Berkshire Safeguarding Adults Board

The West of Berkshire Safeguarding Adults Board is a partnership committed to working together to ensure that adults who may be at risk are:

- Able to live independently by being supported to manage risk;
- Able to protect themselves from abuse and neglect;
- Treated with dignity and respect; and
- Properly supported by agencies when they need protection.

The Safeguarding Adults Board and its partners will achieve the above commitment through the delivery of the following strategic priorities and objectives:

Priority 1 - Establish effective governance structures, improve accountability and ensure the safeguarding adults agenda is embedded within relevant organisations, forums and Boards.

Objective 1.1 Develop oversight of the quality of safeguarding performance.

Outcomes for 2015-16 include:

a. Quality Assurance Audit used for cases across social care teams who carry out safeguarding investigations will assure staff, managers, elected members and the community that all investigations are carried out to a high standard and comply with legislation in terms of quality and timeliness.
b. Safeguarding Forums will encourage group conversation and reflective practice.
c. Royal Berkshire Hospital Foundation Trust multidisciplinary adult safeguarding clinical governance committee established with responsibility for oversight of clinical performance.
d. Quality performance measures developed by Protecting Vulnerable People Senior Managers in Thames Valley Police to review size of current investigations, workloads and themes.
e. Internal quality assurance framework will give direct feedback to staff and managers, inform on-going training and development needs, improve practice around standards in line with Berkshire safeguarding policy and improve staff recording.

Objective 1.2 Have in place an effective framework of policies, procedures and processes for safeguarding adults.

Outcomes for 2015-16 include:

a. Review of Adult Safeguarding Policy in response to the Care Act 2014 will provide assurance that compliant policies and processes are in place across agencies.
b. Review of the new operational process for Individual and Organisational safeguarding investigations and the Safeguarding Team duties in Reading Borough Council will allow amendments to be made based on real issues that have occurred.
c. Berkshire Healthcare Foundation Trust and Royal Berkshire Hospital Foundation Trust Mental Capacity Act Policies will provide clarity concerning the MCA, including training to support knowledge, audit of practice and interdependency with other policies.
d. Review of current practice and gap analysis report and action plan in response to report on *Jimmy Saville NHS investigations: Lessons Learnt, Feb 2015*, will provide additional assurance and clear lines of accountability concerning the lessons learnt in other organisations.

Priority 2 – Making Safeguarding Personal

Objective 2.1 The views of adults at risk, their family/carers are specifically taken into account concerning both individual decisions and the provision of services.

Outcomes for 2015-16 include:

a. Programme of external information and support planned for providers and service users in West Berkshire Council will ensure the Making Safeguarding Personal agenda is central to their understanding when raising safeguarding concerns.
b. The views of adults at risk and their family/carers will be reviewed as part of the Quality Assurance Audit in Reading Borough Council.
c. Achieve, as a minimum, bronze level compliance with the Making Safeguarding Personal programme in Reading Borough Council.
d. Safeguarding Forum meetings will provide service users and their representatives with an opportunity to share their views in a safe environment.
e. Audit of individual patient journeys by Royal Berkshire Hospital Foundation Trust will identify good practice and gaps, improve learning, and ensure patient focused actions.
f. Duty of Candour is applied to safeguarding investigations within Berkshire Healthcare Foundation Trust.
g. Feedback as a result of the implementation of the fire safety guide for adults used to identify good practice and gaps by Royal Berkshire Fire and Rescue Service.

Priority 3 - Raise awareness of safeguarding adults, the work of the Safeguarding Adults Board and improve engagement with a wider range of stakeholders

Objective 3.1 Raise awareness of safeguarding adults and the work of the Board within all organisations.

Outcomes for 2015-16 include:

a. Redeveloped Safeguarding Adults Forum in West Berkshire with renewed focus on membership and action planning to reflect the priorities of the Board, will increase awareness and understanding across the professional sector.

b. Links developed from staff intranets to Safeguarding Adults Board's website.
c. Awareness raising of safeguarding adults and improved communication to improve learning and practice.
d. Review of feedback systems within adult social care and joint health and social care teams in Wokingham to improve practice.

Objective 3.2 Increase public awareness of safeguarding adults and the work of the Board.

The Board has a Communication Strategy which outlines its aims and objectives for clear communication, its target audiences, the types of information it needs to share and the methods of communication. In addition, outcomes for 2015-16 include:

a. Launch of the Safeguarding Adults Board website.
b. Review and update safeguarding literature and promotional material to raise awareness amongst services users, families and the public.

Priority 4 - Ensure effective learning from good and bad practice is shared in order to improve the safeguarding experience and ultimate outcomes for service users.

Objective 4.1 Continue to ensure staff receive appropriate and effective level of safeguarding and other relevant training.

Outcomes for 2015-16 include:

a. Events to embed learning from reviews of significant incidents will ensure staff have various opportunities to access learning outside of the formal training programme.
b. Partners contribute to the work of the Learning and Development Subgroup and support peer observations and reviews of training across the area.
c. Improved safeguarding knowledge, competence and confidence within Royal Berkshire Hospital Foundation Trust workforce through a review of safeguarding training and a Strategy and Training Plan for 2015/16.
d. Training requirements for Berkshire Healthcare Foundation Trust reviewed in light of the Care Act.
e. Content and intentions of the Royal Berkshire Fire and Rescue Service's 'Adult At Risk' and associated 'Memorandum of Understanding' documents are understood by staff and partners.

Objective 4.2 Improve mechanisms to critique good and bad practice and share learning more widely.

Outcomes for 2015-16 include:

a. Maximise learning from reviews of significant incidents across the partnership using the Learning Together model.
b. Development of the operational Care Quality Intelligence Partnership Group and the strategic Care Quality Board in West Berkshire to identify good and bad practice and share

learning.

c. Quality Assurance Audits used in Reading to critique practice in order to ensure all investigations are carried out to a high standard which complies with legislation in terms of quality and timeliness.
d. Opportunities for sharing learning, concerns and best practice in a safe environment via Reading's Safeguarding Working Group and Forum will increase staff confidence in their practice.
e. Safeguarding practice included in Royal Berkshire Hospital Foundation Trust CQC peer review of wards/units will enable testing of knowledge and practice and targeted improvement.
f. Royal Berkshire Fire and Rescue Service embed 'Fatal Fires and Near Misses' process and associated communications for staff and partners.
g. Good and bad practice used to inform safeguarding training in Royal Berkshire Hospital Foundation Trust so that it is more relevant and supports staff development.

Priority 5 – Coordinate and ensure the effectiveness of what each agency does

Objective 5.1 Challenge staff and organisations where poor practice is identified.

Outcomes for 2015-16 include:

a. In West Berkshire, improved information sharing processes between teams, operational and strategic groups, to co-ordinate opportunities to challenge poor practice.
b. Improved information sharing between Safeguarding and Contract and Commissioning teams in Reading to support timely identification of potential organisational abuse and appropriate action.
c. Performance information collected and submitted by partners will be understood by Board members and used to inform planning.
d. Processes are reviewed to ensure pathways and responsibilities are clear and agreed by all parties in Wokingham.
e. Evidence from external reviews in Wokingham is used to improve service design.

Objective 5.2 Develop the role of the Forums to provide feedback on the effectiveness of what each agency does.

Outcomes for 2015-16 include:

a. Redeveloped and well-attended Safeguarding Adults Forums across all three localities, with functions and actions aligned with the Board's priorities.
b. Through the Forums, opportunities for feed-back by organisations and service users will ensure that practice is aligned to what works best for partners and service users.

Key actions in support of the strategy:

- Awareness raising and communication of key information to the public and professionals.
- Workforce planning by all member agencies to meet the demands of safeguarding work and develop the necessary knowledge and skills at all levels. Each organisation to have in place a training strategy.

- Collection and analysis of annual safeguarding performance data by the relevant agencies.
- Governance arrangements in place in each member organisation to monitor the standards of practice to safeguard vulnerable adults from abuse. These arrangements will include: formal links between the Board, senior managers and Local Authority Members; regular audits; clear responses to local and national incidents and inquiries; quality assurance process and data to inform forward planning and service development; information dissemination; prevention and intervention.
- Prevention is key: there is a clear programme of work to reduce the risk of abuse/neglect across the range of settings.
- The inclusion of safeguarding in commissioning strategies and in contracts.
- Continually updating policy and procedures in line with national and local developments both within safeguarding and in other key agendas.
- Carrying out Safeguarding Adults Reviews and acting on them.
- Development of services capable of responding to those who have been abused or are at risk of abuse or neglect, or those who are perpetrators of abuse or neglect.
- Engagement with the whole range of stakeholders including service users and carers.

Implementation and Monitoring

Implementation of this Strategic Plan will be achieved through the work of the Subgroups and through delivery of the actions in the Business Plan.

An annual Business Plan has been developed which gives detail about how the priorities of this Strategic Plan will be implemented. The Business Plan includes key actions that partner agencies have committed to delivering in the next year.

Progress against the Business Plan will be reported to the Safeguarding Adults Board at six monthly intervals and the Annual Report will provide an overview of achievements and any areas for further development.

Although the Strategic Plan is a three-year plan, it will be reviewed on an annual basis and updated where necessary.

Glossary:

BHFT – Berkshire Healthcare Foundation Trust

CQC – Care Quality Commission

MCA – Mental Capacity Act

RBFT – Royal Berkshire Foundation Trust

RBFRS – Royal Berkshire Fire and Rescue Service

SAB – Safeguarding Adults Board

SE ADASS – South East Association of Directors of Adult Social Services

Further information about how partner agencies will contribute to the delivery of this Strategic Plan can be found in the Business Plan 2015-16.

Appendix B

Learning from Safeguarding Adults Reviews - The Case of Ms F

1. Purpose of the Safeguarding Adult Review

Safeguarding Adult Reviews (SARs) are about learning lessons for the future. They will make sure that Safeguarding Adults' Boards get the full picture of what went wrong, so that all organisations involved can improve their practice.

Organisational systems are complex. Therefore findings are not presented as recommendations but as a series of problems and puzzles for consideration and local prioritisation.

A case review plays an important part in efforts to achieve safer and more effective systems. Consequently, it is necessary to understand what happened and why in the particular case, and go further to reflect on what this reveals about gaps and inadequacies. Case Review findings say something more about local agencies and their usual patterns of working. They exist in the present and potentially impact in the future. **The six findings are presented in section 4 below.**

It is important that local agencies review the findings from a Safeguarding Adult Review and consider what changes can be made in local processes and practices to prevent such a case reoccurring.

2. Succinct summary of case

Ms F was a woman of 22 at the time of her death. She had a baby removed and adopted in 2010 and she was not open to any service until just before her death, with the exception of her GP, when she was referred to Adult Social Care by the Police. She subsequently died of sepsis in May 2013. Other members of the household were well known to many services in Reading including Antisocial Behaviour and the Police, both as victims and perpetrators.

3. Appraisal of professional practice in this case – a synopsis

Various members of Ms F's household were well known separately as individuals to agencies for many years and many appropriate interventions were offered to them prior to the period under review and during it. The focus of these services was around the tenancy, in particular the state of the property and rent arrears, as well as the impact of anti-social behaviour on neighbours. **The differing drivers for services are explored further in Finding 2**.

This cycle of intervention and engagement is explored in Finding 2.

It is notable that for much of the review period, professional engagement was focused on other individuals in the family unit of which Ms F was a part, without specific interventions for her. It is also notable that the strong interdependency between members of the family went unrecognised, although this is not unexpected given that adult assessments are about individuals only. **This is explored in Finding 6.**

Prior to the period under review the case has some unique aspects. The treatment of another member of the family led to the first case that Reading Borough Council took to the Court of Protection on grounds of neglect, and one of the first Deprivation of Liberty Safeguards that was carried out on another member. Neither of these people forms part of the family unit during the

period under review but the historical background is significant. **The consequences of historical knowledge is explored further in Finding 6**

Ms F gave birth in 2010 but her baby was removed because of concerns of neglect and subsequently adopted in December 2011 and the case closed by Children's Services. Following this, Ms F had no subsequent support, with the exception of her GP who had prescribed anti-depressants. This was standard practice at the time. Since then the importance of support following removal and adoption of children has been recognised, and has led to the establishment of the Future Families Project.

In February 2012, the Police were called to the household after Ms F had reportedly attempted to cut her wrists with a knife. The Police response was compassionate and well-judged: they took Ms F to A&E away from the chaotic home situation.

After this event, no further services were requested or provided to Ms F in her own right until May 2013. Between February 2012 and March 2013 professionals from a number of different agencies attended the family home, largely as part of plans to implement an eviction on the grounds of antisocial behaviour and rent arrears. Ms F was present during all of these visits, but usually as a 'background' member of the household: most interventions were targeted at her mother, as she was the tenant, and mother's partner who had a diagnosed learning disability.

The Review Team has considered carefully whether any of these professionals could have picked up at any earlier stages that Ms F, or any other members of the family were at risk, and this is discussed below. However, in general it seems that there were no reasons why visiting professionals would have singled Ms F out within the family. Ms F appeared articulate and had a reasonable level of cognition compared to other individuals living in the household. **The impact that an individual's presentation can have on assessments of vulnerability is further discussed in Finding 5.**

The Police were called to the house on numerous occasions during the review period following alleged ASB or domestic abuse and drunken behaviour.

ASB visits were made at intervals during the Review period for the clear purpose of reducing anti-social behaviour. The ASB Officers were concerned about the vulnerability of the family as a whole, and in October 2012 contacted Safeguarding Adults to check if any household members were known to ASC because of concerns about their possible vulnerability. Whilst ASB were beginning to prepare the case for eviction, the Rents Section of Housing had already gained a possession order from the Courts for substantial arrears. This had been suspended as the household had undertaken to pay back arrears. The Neighbourhood Officer did not act effectively as the conduit between the Rents Team and ASB to pull the two eviction processes (via ASB and via rent arrears) together. This was in part due to the blurring of the role of Neighbourhood Officer and ASB Officer in terms of antisocial behaviour for Council tenants at the time. Roles have been subsequently defined.

It was not until ASB formally approached the Council's Legal Team to begin the Court process in June 2012 that they became aware that the tenant was already being taken through the eviction process due to substantial rent arrears. The current reorganisation of Housing to bring the Recovery Team into the Department rather than remain in Finance should prevent this dislocation occurring.

At the same time Recovery Officers continued to try to engage the tenant using a variety of methods including phone calls and visits as well as standard letters. There is a strange effect of the Court process that Council Officers have to repeat attempts to engage and support tenants time and again because they know that the Court will refuse the eviction unless they can prove over time that the actions have not been effective by citing non-payment of arrears, state of the property, or ASB. In order to evict, the ASB Team had to establish a large body of evidence of extreme behaviour as well as the poor state of the property. They also have to prove that they have tried to provide support to vulnerable tenants. **This is explored further in Finding 2**

In December ASB visited the house. They noticed that Ms F looked unwell and advised her to contact her GP. This was appropriate and above expected standards.

ASB contacted Safeguarding Adults again in December 2012 to discuss their concerns about family member's vulnerability as the eviction process was continuing. They were aware that a person with a Learning Disability (the tenant's partner) was living in the house but they were concerned about the tenant and her sister. They had no concerns about Ms F. This led directly to a series of joint visits between ASB and Community Learning Disability Team (CLDT).

The decision by CLDT to assess both the tenant and her partner was above expected standards. Historical knowledge indicated that only one household member was potentially eligible for community care support but consideration was given that the tenant's needs may have changed over the time. **See Finding 4 for further exploration of this.**

CLDT and ASB joint visits and attempts to engage were tenacious and beyond what would have been expected and were made as a genuine effort to support the family. During the visit when they were given entry, Ms F was sitting on the sofa, but it was the only furniture in the room. On that occasion in February Ms F's mother volunteered that she thought Ms F was unwell and she was advised to contact the GP and ask her to visit. This was appropriate given that both women had mobile phones, and from medication on the table it was clear that Ms F was in contact with her GP.

In February 2012, ASB took the case to the ASB Multi Agency Panel (MAP), a panel established in order to agree eviction of tenants who may have implications for other agencies. This was the only forum where there was a wider discussion of needs of the family as a group rather than individuals. The Review Team felt multi agency discussion would have been helpful much earlier. There is no structure to support this but a multi-agency strategy meeting could have been convened. MAP is not designed to take a holistic view of alternative actions, although this did in fact occur e.g. the decision to refer Ms F, her mother and aunt to the ASC Risk Enablement Panel (REP). REP is designed to examine 'stuck' cases and is used for individuals who don't necessarily reach community care criteria but who are high risk or resource intensive. In fact the referral did not take place and in any case was too late to impact on the subsequent eviction.

It is notable that the referrals to REP were INDIVIDUALS not as a family group. Ms F again does not feature as being of concern compared to others. **See Findings 1 and 2 where there is consideration of panel use, Finding 5 which explores innate bias and Finding 6 which explores the impact of assessment of individuals only**.

In May 2013 the Police were called to the house due to a neighbour dispute. During this visit, the Police Officer became concerned about Ms F because she appeared unwell. There was appropriate practice in recognition and referral of Ms F to ASC by the Police via the Protection of Vulnerable Adults Unit. It took almost 24 hours for the referral to be passed to Adult Social Care which was appropriate as the Police Officers attending had no reason to suspect the severity of Ms F's illness.

However, this meant that referral was sent late on a Friday afternoon prior to a Bank Holiday and was not picked up by the Single Point of Contact in ASC until the following Tuesday morning, below acceptable standards. The system for receipt of police referral has since been changed.

Once the referral had been triaged it was swiftly passed appropriately to CLDT as they knew the household. Because the referral was not marked as urgent, CLDT appropriately researched the household. It was appropriate to include a nurse as part of the joint visit that same afternoon given the nature of the referral. It was luck that the nurse was male and that Ms F's mother assumed he was a GP and allowed them access into the house. They chose not to insist on a physical examination due to the distress of Ms F but obtained permission to contact Ms F's GP.

The GP had Ms F flagged on the system as having LD which was incorrect but it meant she acted swiftly to make a home visit that evening, above appropriate standards. She called paramedics who took Ms F to hospital.

Safeguarding alerts made by paramedics and acute hospital staff, and the subsequent multi-agency safeguarding investigation adhered to the Berkshire Safeguarding Adults' Policy and Procedures.

Staff at RBH made every effort to understand Ms F's wishes and responded to these despite being understandably shocked at Ms F's physical condition. There was a strong multi-agency communication and joint working throughout the time period around the criminal investigation.

The efforts by Housing Needs to develop a supportive relationship and to ensure that the tenant understood the eviction process were above the expected standards particularly when the remaining family members were living in temporary accommodation.

What is notable was that the eviction process continued in parallel throughout the criminal investigation. To some extent officers were constrained by the statutory framework within which they operate but nevertheless the Review Team were surprised that the process continued. The death of her daughter coupled with the criminal investigation would have had a considerable impact on the tenant's ability to comply with the process.

Findings

FINDING 1

In Reading, the Multi-Agency Pathway for non-engagement is not consistently followed, with the consequence that multi-agency perspectives and resources are not brought to bear when previously-managed risk becomes less controllable.

SUMMARY

Reading has substantial numbers of adults who are either vulnerable or at risk, and who do not engage with services. Whilst this Safeguarding Adults Review was under way, the Safeguarding Adults' Partnership revised and re-launched an existing pathway to try and increase the likelihood of professionals, led by a senior practitioner, thinking collectively about possible new solutions in each instance of non-engaging adults where risk starts to increase. If practitioners and their managers are not familiar with the pathway, it cannot drive improvements.

Questions

- How do practitioners view the issue of non-engagement? How much of a block and a risk is it to the local safeguarding adults' system?
- What attempts have there been to tackle the safeguarding risks that can come with non-engagement?
- How can the development of the Multi-Agency Safeguarding Hub promote earlier professionals' meetings?
- How do we empower practitioners to make decisions about service users?

FINDING 2

Assessment tools cannot predict the impact of the eviction process, which results in years of preventative work being swept aside in response to a crisis

SUMMARY

Numbers of evictions are growing nationally and there is insufficient understanding of the impact of eviction on vulnerable adults. This is particularly concerning because despite recognition that the boundaries between antisocial behaviour and safeguarding are blurred, it is hard to find any analysis of existing assessment tools and how they can predict the effects of eviction on adults with vulnerabilities.

Questions

- Do Board members know of any examples of assessment tools that can help predict the impact of eviction on vulnerable adults?
- How will the Care Act 2014 be implemented, particularly around prevention?

What can be done to encourage multi-disciplinary assessments in line with the practice seen in the case at the centre of this Review?

FINDING 3

When agencies with different drivers are all working with a complex family, managerial panels do not always have their intended effect and vulnerabilities get lost

SUMMARY

The Review Team examined the role of the various managerial panels in Reading. For many cases these are working effectively to manage risk. However some agencies are either referring too late or not at all which means that safeguarding risks are not being anticipated and managed, and this is a heightened risk if certain panels receive the bulk of their referrals from the agency that convenes them.

Questions

- How can agencies ensure that workers refer early to panels?
- Are the criteria for referral clearly understood?
- Could referral sources to each of the panels listed above be explored, to see if the patterns mean that some cases are not being referred at all?

How can the use of panels improve joint working between agencies?

FINDING 4

Are chaotic childless families losing out because there are fewer tools or mechanisms such as the Troubled Families initiative for professionals to use compared to when a child is present, leading to less alternatives for those adults?

SUMMARY

The risk in the safeguarding system is that when professionals in adult services are focussed on individuals (as set out in Finding 6), and in addition, lack the resources that come with programmes like Troubled Families, those professionals are more likely to struggle with services and solutions for the chaotic childless families, who according to the Case Group, are becoming an ever larger cohort within their caseloads.

Questions

- What learning from the Turnaround Families programme can be transferred across to vulnerable adults without children, whose antisocial behaviour is problematic for all agencies?
- Do agencies think a 'think family' approach is important?
- How can we reconcile the tension between focus on the service user and consideration of their wider family's needs, particularly in complex situations?

FINDING 5

Young and assertive service users are less likely to be seen as vulnerable, even in the face of known risk factors, and this has the consequence that crises are missed.

SUMMARY

The way some individuals present may preclude their being judged as vulnerable. Ms F had particular vulnerabilities due to events in her life, and for professionals working with adult service users, it is a complex task to assess what different sorts of vulnerabilities lie behind the way in which young and assertive service users present. Understanding and responding to those vulnerabilities might reduce the risk of a distressing crisis for that young person in the future.

Questions

- When do you have to intervene?
- How can we ensure a shared understanding of what constitutes vulnerable?
- Do workers understand the impact of obesity on Mental and physical health?
- How can we skill staff up to allow them to differentiate between 'vulnerability' they perceive but cannot use to ensure support through Adult Social Care?
- Do practitioners understand the impact of situational incapacity?

FINDING 6

Assessment for adults is about individuals, without scope for focussing on co-dependent needs, which means services struggle to understand patterns of need and behaviour amongst co-dependent groups of adults.

SUMMARY

Assessment is a crucial opportunity to understand the world of an adult service user, and most families have interdependencies of some kind which it could be fruitful for assessment to explore. Doing this consistently, perhaps considering what approaches have been effective in children's services, enables professionals to understand risks that otherwise are not made transparent.

Questions

- How can we provide young people with a self-protection strategy when they live in chaotic household?
- How can staff balance being inquisitive about households and being driven by the process of individual assessment?
- Should agencies begin to map adult households with multiple needs in the same way as the troubled Families Programme has mapped households with children?

Appendix C

Membership of Board and Subgroups

The Safeguarding Board itself is made up of senior managers from a wide range of partners and agencies. As in previous years, attendance at the Board has been high. The Board is made up of representatives from the following agencies:

- Berkshire Healthcare Foundation Trust
- Berkshire West Clinical Commissioning Groups
- Emergency Duty Service
- HealthWatch Reading
- Joint Legal Services
- Reading Borough Council
- Royal Berkshire Fire and Rescue Service
- Royal Berkshire NHS Foundation Trust
- South Central Ambulance Trust
- Thames Valley Community Rehabilitation Company
- Thames Valley Police
- National Probation Service
- West Berkshire District Council
- Wokingham Borough Council

Membership of subgroups in 2014-15

Partnership and Best Practice Subgroup

The Partnership and Best Practice Subgroup assists the Board in promoting good quality safeguarding practice.

Sylvia Stone (Chair)	Kathy Kelly - CCG	Sarah O Connor - WBC
Natalie Madden (minutes)	Sue Brain - WBDC	Jo Wilkins – RBC
Elizabeth Rhodes – RBFRS	Elizabeth Porter – RBFT	Cathy Haynes - BHFT

Performance and Quality Subgroup

The Performance and Quality Subgroup oversees performance of adult safeguarding activity in the West of Berkshire, highlighting the effectiveness and risks of key processes and practices.

Natalie Madden (Chair and minutes)	Jessica Higson - RBFT	Nailah Mukhtar - WBDC
Debbie Ferguson – RBC	Kathy Kelly - CCG	Sairah Parkar - WBC
Sarah O'Connor - WBC	Michelle Tenreiro Perez – RBC	

Governance Subgroup

The purpose of the Governance Subgroup is to ensure the Board has robust governance arrangements, with clarity of purpose and public accountability.

June Graves – WBDC (Chair)	Michelle Tenreiro Perez – RBC	Natalie Madden (minutes)
Kathy Kelly – CCG	Patricia Pease – RBFT	Nancy Barber –BHFT
Suzanne Westhead - RBC	Sarah O'Connor – WBC	

Communication and Publicity Subgroup

The Communication and Publicity Subgroup supports the messages that safeguarding is everyone's business and that good communication is the responsibility of all partners sitting on the Safeguarding Adults Board.

Sylvia Stone - SAB (Chair)	Sarah O'Connor –WBC	Natalie Madden – SAB (minutes)
Nikki Malin – BHFT	Peta Stoddart- Compton - WBDC	Kathy Kelly – CCG

Learning and Development Subgroup

The purpose of the Learning and Development Subgroup is to develop, implement, review and update the multi-agency Workforce Development Strategy for the protection of adults at risk. The aim of this Strategy is to provide an effective, coordinated approach to learning in order to support all agencies to prevent abuse and respond to safeguarding concerns with timely, proportionate and appropriate action.

Eve McIlmoyle – RBC (Chair & minutes)	Kathy Kelly - CCG	Catherine Haynes - BHFT
Jo Wilkins – RBC	Natalie Madden – SAB	Edwin Fernandes – WBC
Neil Dewdney – WBDC	Sue Brain – West Berks Council	Elizabeth Porter – RBFT
Stefan McLaughlin - TVP	Johan Baker - Wokingham BC	Kathy Gonzalez-Atowo – BHFT
Joy Baker – Bracknell & Wokingham College (PVI rep)		

Reading Borough Council Safeguarding Adults Annual Summary 2014/15

Performance Data

This summary is based on the data used to collate the SAR (Safeguarding Adult Return) for 2014/15 and previous SAR/AVA (Abuse of Vulnerable Adults) returns for earlier years.

Please note this is provisional data as the final results have not yet been published (as at Sept 15).

The figures in this summary do not match the SAR submission but is based on the same data. The SAR looks at individuals rather than individual safeguarding incidents. In order to conduct a fair comparison to previous results, the data reported below is looking at incidents too.

From 2015/16 the SAR is changing to the SAC (Safeguarding Adults Concerns) and will be looking at slightly different things and the terminology will be changing, from Alerts and Referrals to Concerns and Enquiries.

Volumes

Reading only began recording "Alert only" cases from 2012/13 prior to this all safeguarding incidents were recorded as a Referral.

The figures below are looking at Alerts and Referrals started in period (1st April – 31st March) and Closed Referrals are referrals ended during the period regardless of when they started.

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Alerts only	-	-	-	87	163	175
Referrals	219	523	668	538	491	527
Total	219	523	668	625	654	702
Closed Referrals	225	532	662	539	451	513

- Alert Only -
    - Numbers have increased slightly on last year, but are almost double what was recorded in 2012/13. We think this increase is due to better recording and better understanding of what constitutes a safeguarding referral.
- Referrals -
    - Numbers of actual referrals have shown a slight increase this year (approx. 6%).

- The total of alert only's and referrals in period has shown a steady increase over the last 3 years - 625 in 12/13, 654 in 13/14 and 702 this year (approx. 6.8% increase on last year's total.

- These total figures work out at approx. 54 reports per month in 13/14 and 58 per month this year.

- The percentage of Alerts which go on to become referrals had reduced since 12/13 and this year remains at the same level - 86% in 12/13, 75% in 13/14 and 75% this year.

- Closed Referrals –

  - The percentage of completed referrals of all referrals is 91% for 13/14 and 97% for 14/15 indicating better use of documentation.

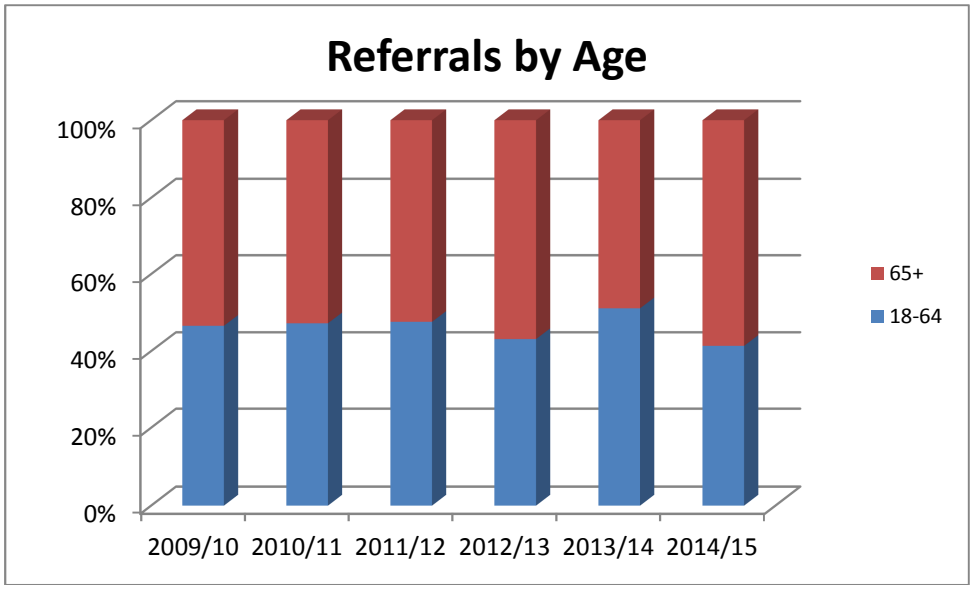
Referral Data

The next set of tables look at referrals received in the year broken down into different categorisations.

- Age Grouping

  - Last year was the first time the 18-64 group had more referrals than the 65+. This year it has reverted back to the norm.

Numbers by Age	2012/13		2013/14		2014/15	
	No's	%	No's	%	No's	%
18-64	232	43%	251	51%	218	41%
65+	306	57%	240	49%	309	59%
Total	**538**		**491**		**527**	



- Gender

    - The trend for this has remained the same – there is a higher proportion of referrals for females than males, with percentages this year matching last year's figures.

Percentages - Gender	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
M	-	44%	38%	40%	44%	44%
F	-	56%	62%	60%	56%	56%
Total	**0%**	**100%**	**100%**	**100%**	**100%**	**100%**

- Ethnicity

    - Again the continuing trend with ethnic origin is mostly white (78%) – percentages are not much different to previous years.

    - However the "not known" percentage is creeping up and may need to be monitored.

Percentages - Ethnicity	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2001 Census (ONS)
White	78%	82%	77%	80%	79%	78%	75%
Mixed	3%	1%	1%	1%	2%	1%	4%
Asian	6%	7%	6%	5%	5%	3%	14%
Black	5%	5%	5%	7%	6%	7%	7%
Other	2%	1%	0%	1%	0%	1%	1%
Not Known	6%	4%	12%	6%	7%	10%	
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

    - We can see that Asian residents are under represented by 11% when compared to the data from 2011 Census, however the 10% of referrals whose ethnic identity is not known significantly hampers the reliability of performance information in this area.

- Client Group / Primary Support Reason

The categorisations for 14/15 have changed to previous years as the reports are now looking at Primary Support Reasons which makes direct comparison to previous returns much harder.

    - However we have seen that most remain in the Physical Support Category 41%.

Percentages - Support Reasons	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
PDFS (incl sensory **pre** 2014/15)	61%	46%	45%	57%	47%	41%

Sensory Support						3%
MH (incl Dementia **pre** 2014/15)	9%	24%	25%	20%	24%	15%
Support with Memory/Cognition (new 2014/15)						17%
LD	22%	23%	22%	19%	24%	19%
Subs Misuse	0%	3%	5%	1%	3%	
Social Support (New 2014/15)						6%
Other Vulnerable	7%	4%	3%	4%	1%	
No Support Reason (new 2014/15)						1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

- Repeat Referrals

This looks at the number of repeat referrals as a percentage of all referrals received in the period.

Referrals are counted regardless of the incident so it could be the same incident being re-referred or different incidents involving the same safeguarding adult.

Percentages - Repeat Referrals	2010/11	2011/12	2012/13	2013/14	2014/15
Percentage	12.5%	15.4%	19.5%	16.5%	9.9%

  - The numbers of repeat referrals have been dropping which potentially demonstrates more effective resolution and risk management of issues reported.

- Source of Referral

The table below looks at the source of referrals i.e. who raised the concern.

Source of Referral	2010/11	2011/12	2012/13	2013/14	2014/15
Social Care	**34.8%**	**32.6%**	**33.5%**	**37.7%**	**35.1%**
Health	**12.6%**	**22.6%**	**16.5%**	**22.0%**	**22.0%**
Self Referral	15.3%	12.1%	10.2%	10.2%	6.1%
Family Member	17.8%	15.1%	16.4%	14.9%	15.9%
Friend/Neighbour	2.9%	3.9%	4.3%	1.8%	1.5%
Other Service User	0.8%	0.0%	0.2%	0.6%	0.6%
CQC	0.6%	0.4%	0.2%	0.8%	0.4%
Housing	4.2%	3.9%	5.8%	5.7%	2.3%
Education/Training/Workplace	0.0%	0.4%	0.2%	0.4%	0.4%
Police	3.1%	4.2%	5.8%	2.4%	3.2%
Other	8.0%	4.6%	7.1%	3.5%	12.5%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

- Most years the figures have remained fairly settled although for this year we can see a slight dip in Self Referrals from 10% to 6%, and a significant rise in "Other" referrals from 3.5% to 12.5%, which may be a recording issue but may need monitoring.

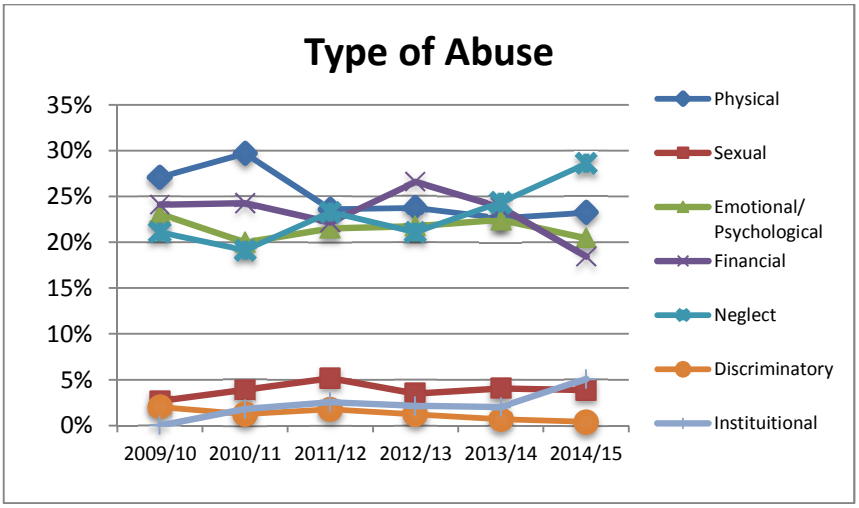
Closed Referral Data

The new SAR for 13/14 and 14/15 return looks at closed referrals during the period for the next tables (most of these would've come from cases opened in previous year's results which may skew the comparison a little.

- Abuse Types

Percentages - Abuse Types	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Physical	27%	30%	24%	24%	23%	23%
Sexual	3%	4%	5%	3%	4%	4%
Emotional/ Psychological	23%	20%	22%	22%	22%	20%
Financial	24%	24%	22%	27%	24%	18%
Neglect	21%	19%	23%	21%	24%	29%
Discriminatory	2%	1%	2%	1%	1%	0%
Institutional	0%	2%	3%	2%	2%	5%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

- The top 4 remain the same. Last year however the top 4 had very similar percentages (22-24%) this year they cover a much larger range (19-29%):
  - Neglect (29%)
  - Physical (23%)
  - Emotional/Psychological (20%)
  - Financial (19%)
- Financial abuse has been declining over the last 3 years – from 27% in 2012/13 to 18% this year.
- Neglect has increased over the same 3 year period from 21% in 2012/13 to 29% this year.
- Organisational abuse has more than doubled from 2% to 5% from last year reflecting, we believe, an improved identification and investigation process. This increase is also reflected in Location of Abuse information which is also showing increases in Care Home (Res/Nurs) and Hospital location percentages and Alleged Perpetrator statistics showing an increase in abusers from Social Care Support.



- Location of Abuse

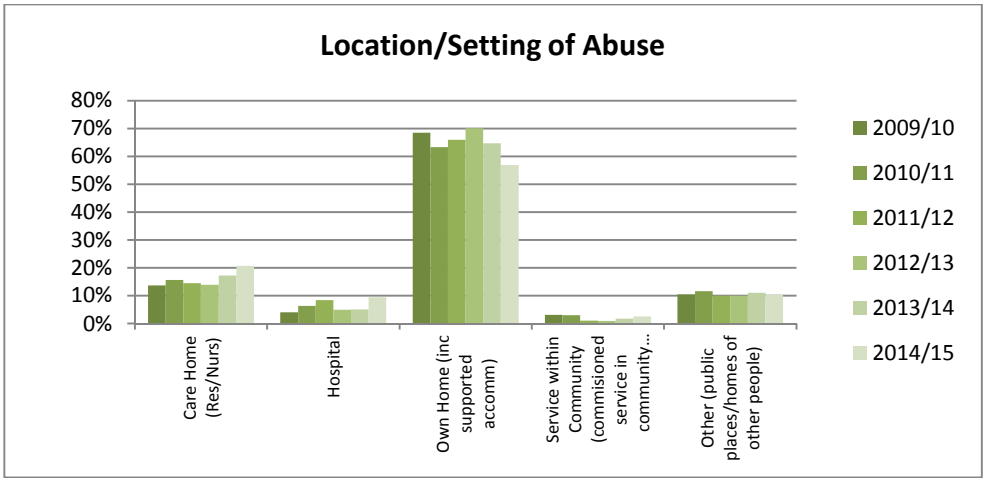
The categorisations for this option were reduced for SAR 13/14, so we have mapped previous year's options into the reduced options.

Percentages - Location/Setting	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Care Home (Res/Nurs)	14%	16%	15%	14%	17%	21%
Hospital	4%	6%	8%	5%	5%	9%
Own Home (inc supported accomm)	68%	63%	66%	70%	65%	57%
Service within Community (commissioned service in community setting)	3%	3%	1%	1%	2%	3%
Other (public places/homes of other people)	11%	12%	10%	10%	11%	10%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

- Most alleged abuse occurred in "Own Home" (57%) although this is decreasing year on year since 2012/13.

- Alleged Abuse in Care Homes and Hospital locations has shown an increasing trend over the same period from 14% in 2012/13 to 21% this year in Care Homes and from 5% in 2012/13 to 9% this year for Hospitals.

This may not mean that more abuse is occurring within these institutions but may just be that recording/reporting of incidents has improved.



- Action under Safeguarding

This is a new question which was added to the SAR from 2013/14.

Percentages - Risk Action	2013/14	2014/15
No further action under Safeguarding	54%	21%
Action Taken - Risk Remains	8%	9%
Action Taken - Risk Reduced	32%	55%
Action Taken - Risk Removed	6%	15%
Total	**100%**	**100%**

- Last year we were concerned that 54% were recorded as “no further action” even though we were confident action would’ve been taken. We think this was a lack of understanding within the teams. This has decreased significantly to 21% this year, evidence of improved training and process changes therefore making more skilled staff.

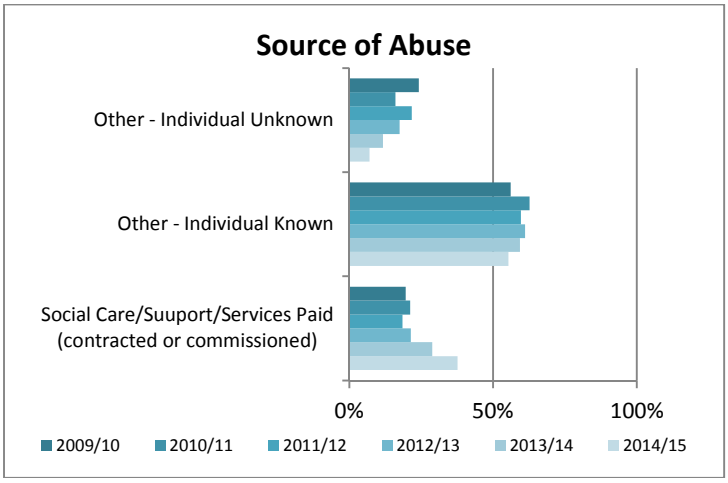
- “Risks Reduced” has increased significantly from 32% last year to 55% and “risk removed” has also increased from 6% to 15% this year.

- Source of Abuse

These options have been reduced for SAR (13/14) so we have mapped previous year’s options into the reduced listing for easier comparison. However there are 2 graphs at the end of this section looking at the options in a bit more detail.

Percentages - Source of Risk	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Social Care/Support/Services Paid (contracted or commissioned)	20%	21%	19%	21%	29%	38%
Other - Individual Known	56%	63%	60%	61%	59%	55%
Other - Individual Unknown	24%	16%	22%	17%	12%	7%

Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

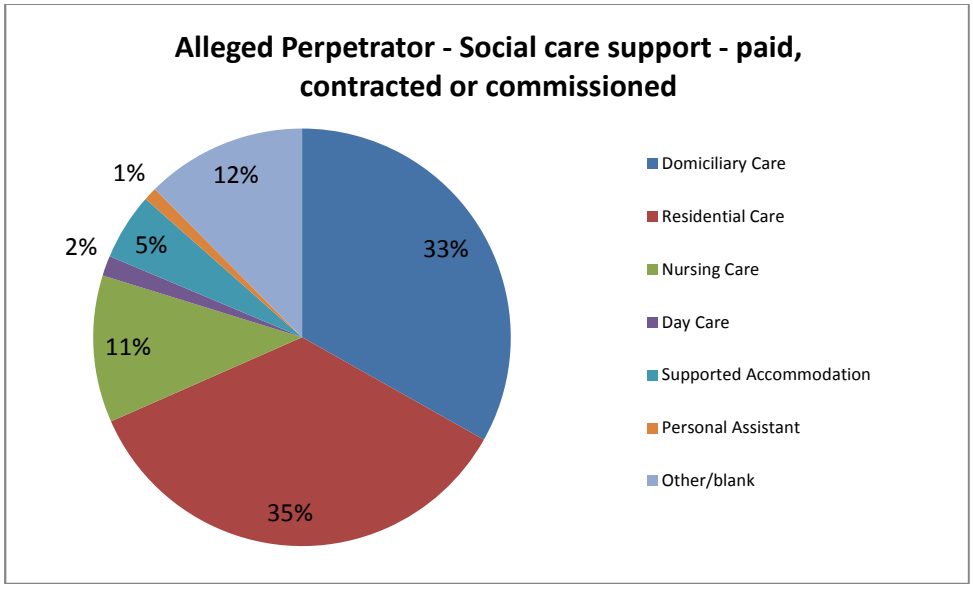


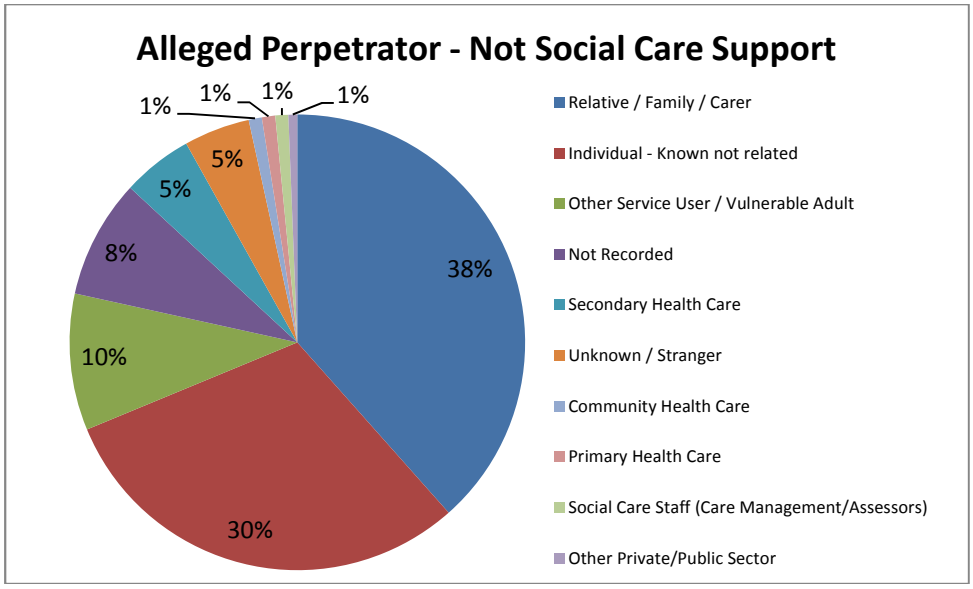
- The majority of alleged abusers are – known individual (55%) as in previous years, although this is showing a declining trend.

- Social Care/Support/Services Paid – has been increasing over the last 4 years from 19% in 2011/12 to 38% this year, which links in with the increase we have seen in care home abuse.

- Unknown Individual – has been decreasing over the last 4 years from 22% in 2011/12 to 7% this year. This is an improving picture which provides evidence of more consistent and tenacious work by our staff.

Below are two graphs breaking down the relationship of the alleged perpetrator in more detail.





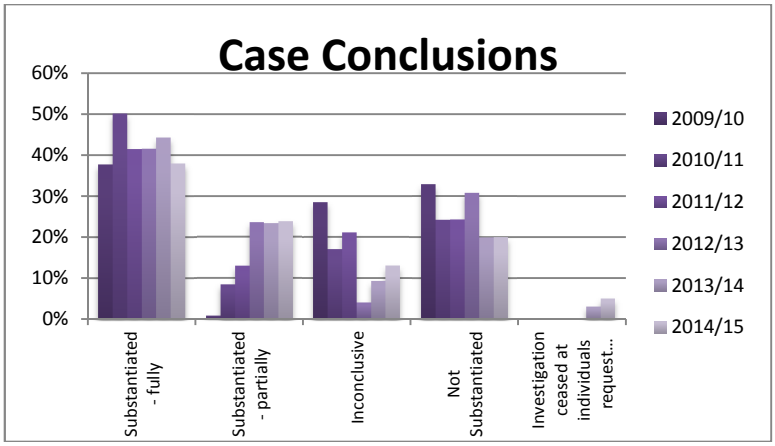
- Case Conclusion

This is no longer being counted in the return after this year. From next year we will be looking at Making Safeguarding Personal outcomes.

Percentages - Case Conclusions	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Substantiated - fully	38%	50%	42%	42%	44%	38%
Substantiated - partially	1%	8%	13%	24%	23%	24%
Inconclusive	28%	17%	21%	4%	9%	13%
Not Substantiated	33%	24%	24%	31%	20%	20%
Investigation ceased at individuals request (new for 13/14)	0%	0%	0%	0%	3%	5%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

- Most cases were Substantiated fully (38%) although this is a decrease on last year's 44%.

- Inconclusive has increased over last 3 years from 4% in 2012/13 to 13% this year.

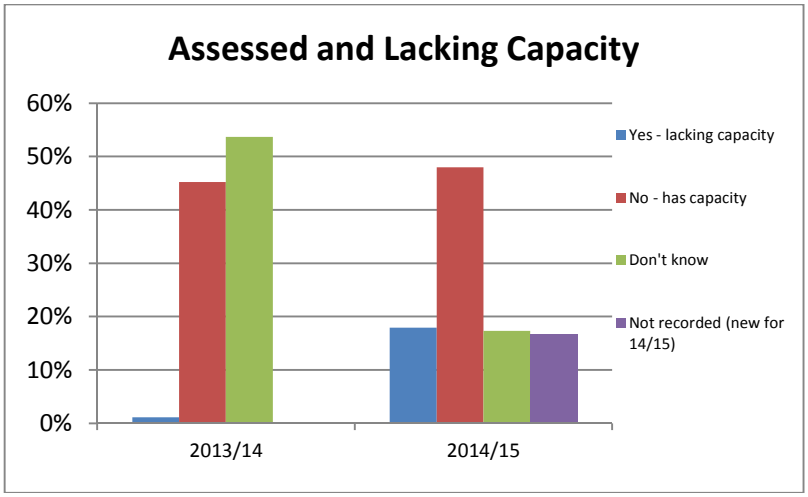


- Capacity

This is a new question added to the SAR from 2013/14. Not Recorded is a new categorisation added for this year (14/15).

Percentages - Capacity	2013/14	2014/15
Yes assessed and lacking capacity	1%	18%
No not assessed - has capacity	45%	48%
Don't know	54%	17%
Not recorded (new for 14/15)		17%
Total	**100%**	**100%**

- Most recorded as “Having Capacity” – 48%, similar to last year.
- Those lacking capacity has increased from 1% to 18% - we believe this to be better recording and understanding of this question from when it was introduced last year.
- “Don’t knows” decreased significantly from 54% last year to 17% (although an additional 17% were not recorded at all this year).
- We expect this picture will continue to improve next year as renewed training on MCA takes effect.


Assessed and Lacking Capacity
60%
50%
40%
30%
20%
10%
0%
2013/14
2014/15
Yes - lacking capacity
No - has capacity
Don't know
Not recorded (new for 14/15)

Appendix E

West Berkshire Council Safeguarding Performance Executive Summary

1. Performance in 2014/2015 (based on SAR statutory reporting)

The data is sourced from the statutory SAR (Safeguarding Adults Return) for 2014/15. This is still provisional data as the DoH have not published the final cut and includes all episodes of alerts and referrals.

It should be noted that the data provided below for SAPB reports on safeguarding episodes to allow comparison with previous years reporting.

The data published in the SAR only reports on client numbers and can therefore not be directly compared.

With the introduction of the new SAC (Safeguarding Adults Collection) for 2015/16, and the SAB dashboard there will be greater consistency.

1.1 Volume of Episodes for Safeguarding Adults

The overall number of alerts and referral episodes has increased by 12% (707 in 2013/14 to 804 in 2014/15).

Alerts saw an increase in volume of 10% on the previous year (601 compared to 543 in 2013/14)

Referrals have increased by 19% in 2014/15; this is as a result of a higher number of alerts but also a higher conversion rate of alert to referral (34%). A higher alert to referral conversion rate suggests improved recording of alerts requiring referral stage 2 investigations.

Completed referrals as a percentage of all referrals was 82% this year compared to 76% last year.

Number of alerts, referrals and completed referrals over past 3 years

(includes repeat referrals)

	Alerts	Referrals	Total	Concluded Referrals	% Alerts leading to Referral
2012-13	630	202	832	176	***32%***
2013-14	543	164	707	125	***30%***
2014-15	601	203	804	167	***34%***
% increase from previous year	***10%***	***19%***	***12%***	***25%***	

Completed referrals are the number of referral and strategy meeting forms that have been closed within the reporting period. The completed referral total is often different from the total number of referrals because it can include those referrals opened in the previous reporting year that then end in the current reporting year.

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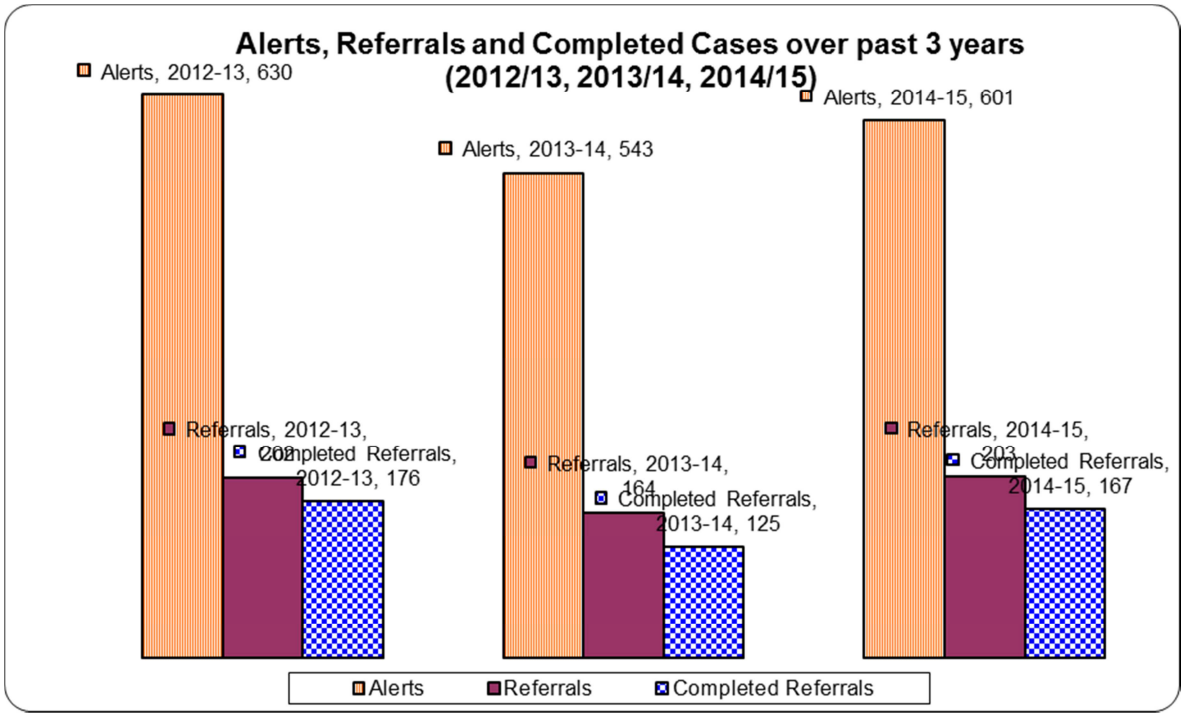


1.2 Alerts and Referrals by Age, Client Group and Gender

	2013/14			
Alerts and Referrals	18 - 64	65 and over	Total	%
Physical Disability	41	255	296	*42%*
Mental Health (excluding dementia)	50	35	85	*12%*
Dementia	4	161	165	*23%*
Learning Disability	83	5	88	*12%*
Other (inc Vul People and Substance Misuse)	30	43	73	*10%*
Total	208	499	707	
	29%	71%		

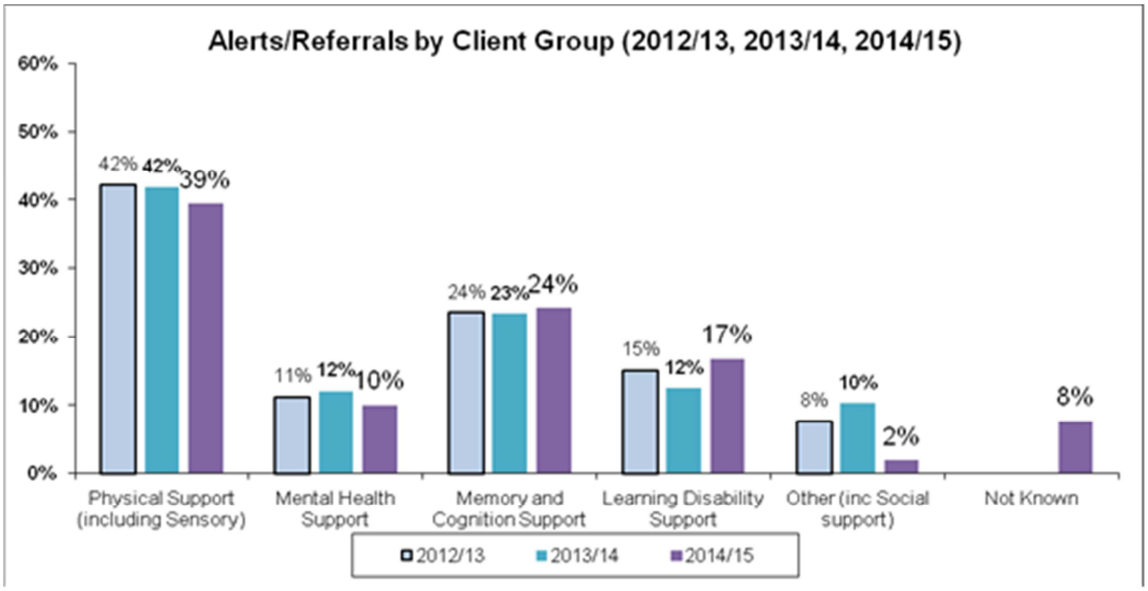
	2014/15			
Alerts and Referrals	18 - 64	65 and over	Total	%
Physical Support (including Sensory)	52	257	309	*39%*
Mental Health Support	38	41	79	*10%*
Memory and Cognition Support	5	185	190	*24%*
Learning Disability Support	109	22	131	*17%*
Other (inc Social support)	8	7	15	*2%*
Not Known	6	54	60	*8%*
Total	218	566	784	
	28%	72%		

Changes in statutory reporting means that we no longer report on 'Client group' and now report in relation to 'Primary Support Reason'. This distinction can be seen in the tables above.

In 2014/15:

Client Primary Support reason

- The highest percentage of alerts and referrals were in the physical support category which remains static compared to the previous year category of 'physical disability'.
- There has been an increase in the percentage of alerts / referrals from learning disability clients this year (17% compared to 12% in the previous year).
- The number of alerts/referrals by clients with a PSR of Memory and Cognition (previously under dementia) has increased – the proportion increased from 23% to 24%)



Age Group

- The number of alerts/referrals by age group 18-64 (28%) and 65+ (72%) has remained relatively static this year.

Gender

- The overall number of alerts/referrals by gender remains static, 40% male and 60% female.

	2013/14		
Alerts and Referrals	**Female**	**Male**	**Total**
18 - 64	111	97	**208**
65+	316	183	**499**
Total	**427**	**280**	**707**
	60%	40%	

	2014/15		
Alerts and Referrals	**Female**	**Male**	**Total**
18 - 64	121	101	**222**
65+	360	222	**582**
Total	**481**	**323**	**804**
	60%	40%	

1.3 Repeat Referrals

Referrals are classed as repeat referrals when they involve a separate incident about the same vulnerable adult within the same reporting period. A low level of repeat referrals can demonstrate effective resolution and risk management of issues.

The repeat referral rate this year was 11.3% compared to 9.8% in the previous year. A target of 8% or below was set for 2014/15 and although this has not been achieved, there is continued monitoring around the numbers of repeat referrals.

Further analysis of the repeat safeguarding referrals shows that this relates to a small number of individual that fall into three broad categories.

1. Chronic, multiple allegations where, for example a person with capacity continues to act unwisely with their finances and they prove difficult to engage / help or where a carer and cared for person continue to live together by choice but the carer has their own health or other problems that generate multiple expressions of concern.

2. Repeat referrals for the same incident are being reported by different agencies

3. Repeat referrals that are entirely unrelated, for example, the behaviour of a daughter towards her mother when visiting her in her care home and a minor assault on the mother by another resident of the care home.

Number of repeat referrals by age band of vulnerable adult

	18 - 64	65 - 74	75 - 84	85 and over	Total	% Referrals that are Repeats
2012/13	5	0	5	10	**20**	***9.9%***
2013/14	5	2	6	3	**16**	***9.8%***
2014/15	4	5	8	6	**23**	***11.3%***

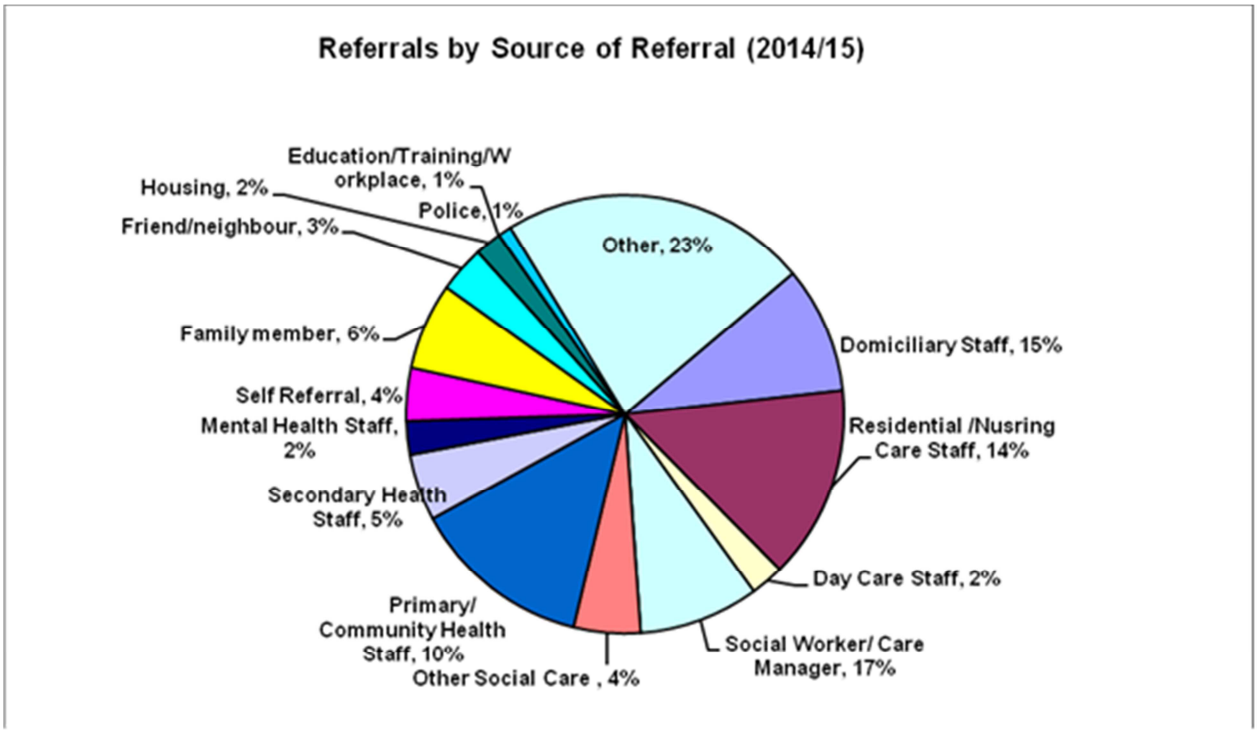
Analysis of those repeat referrals on a monthly basis ensures patterns and trends are identified and acted upon at the earliest opportunity. However, it is recognised this is not a particularly useful measure of overall performance because of the uncontrollable nature of the client group. As a result, the Department of Health has decided this measure is no longer required from April 2015 and therefore it will not feature in future reports.

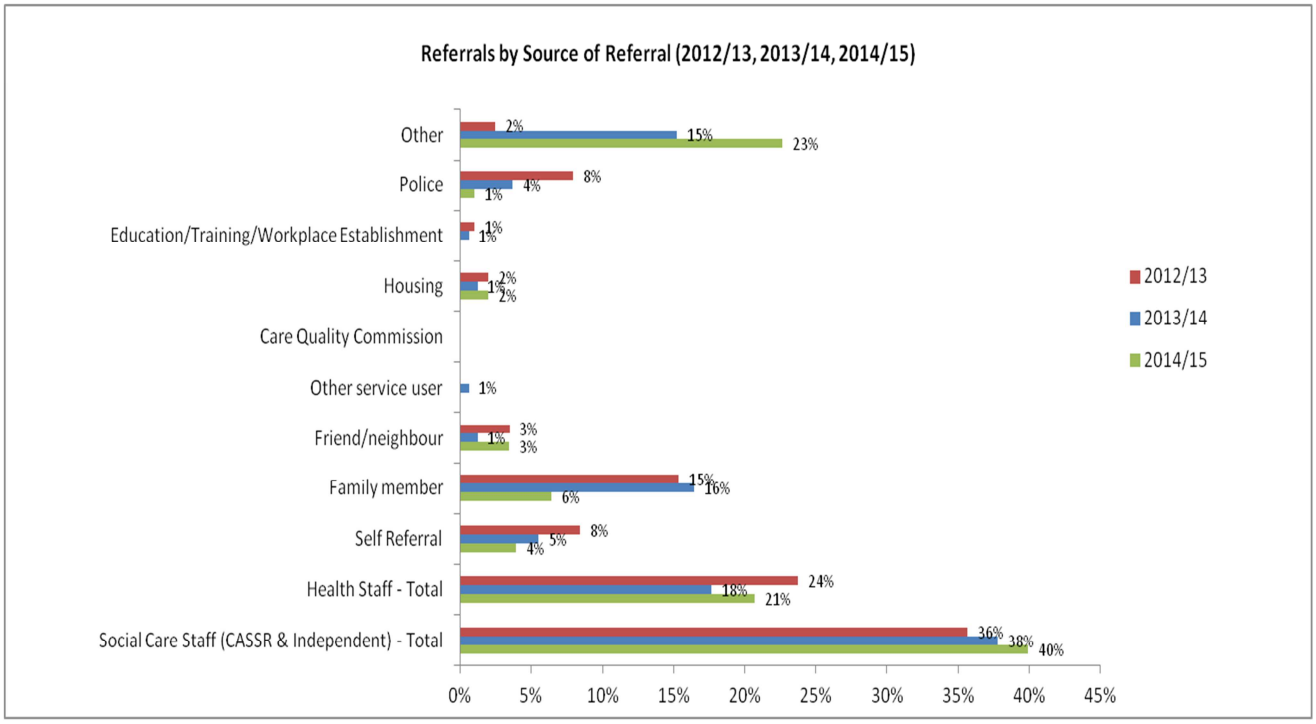
1.4 Referrals by Referrers/Source of Referral (who reported the concern)

This year, there has been an increase in the number of referrals where the abuse was reported by Social Care staff (40% compared to 38% in the previous year) and a significant increase in the number of referrals reported by other sources (23% compared to 15% in the previous year). This increase may indicate that there is a wider awareness of safeguarding within the community.

The number reported by self, family, friends and neighbours has decreased this year (14% compared to 23% last year) and our referrals from the Police have also decreased from 4% to 1% this year. The referrals from Housing have increased to 2% from 1% last year.

	Referrals	2012/13	2013/14	2014/15	2012/13	2013/14	2014/15
Social care staff	Social Care Staff (CASSR & Independent) - Total	72	62	81	36%	38%	40%
	of which: Domiciliary Staff	15	21	19	7%	13%	9%
	Residential /Nusring Care Staff	35	14	29	17%	9%	14%
	Day Care Staff	5	5	5	2%	3%	2%
	Social Worker/Care Manager	9	18	18	4%	11%	9%
	Self -Directed Care Staff	0	2	0	0%	1%	0%
	Other	8	2	10	4%	1%	5%
Health staff	Health Staff - Total	48	29	42	24%	18%	21%
	of which: Primary/Community Health Staff	23	18	27	11%	11%	13%
	Secondary Health Staff	19	6	10	9%	4%	5%
	Mental Health Staff	6	5	5	3%	3%	2%
Other sources of referral	Self Referral	17	9	8	8%	5%	4%
	Family member	31	27	13	15%	16%	6%
	Friend/neighbour	7	2	7	3%	1%	3%
	Other service user	0	1	0	0%	1%	0%
	Care Quality Commission	0	0	0	0%	0%	0%
	Housing	4	2	4	2%	1%	2%
	Education/Training/Workplace Establishment	2	1	0	1%	1%	0%
	Police	16	6	2	8%	4%	1%
	Other	5	25	46	2%	15%	23%
	Total	202	164	203			





1.5 Referrals by Alleged Abuse Type and Multiple Abuse

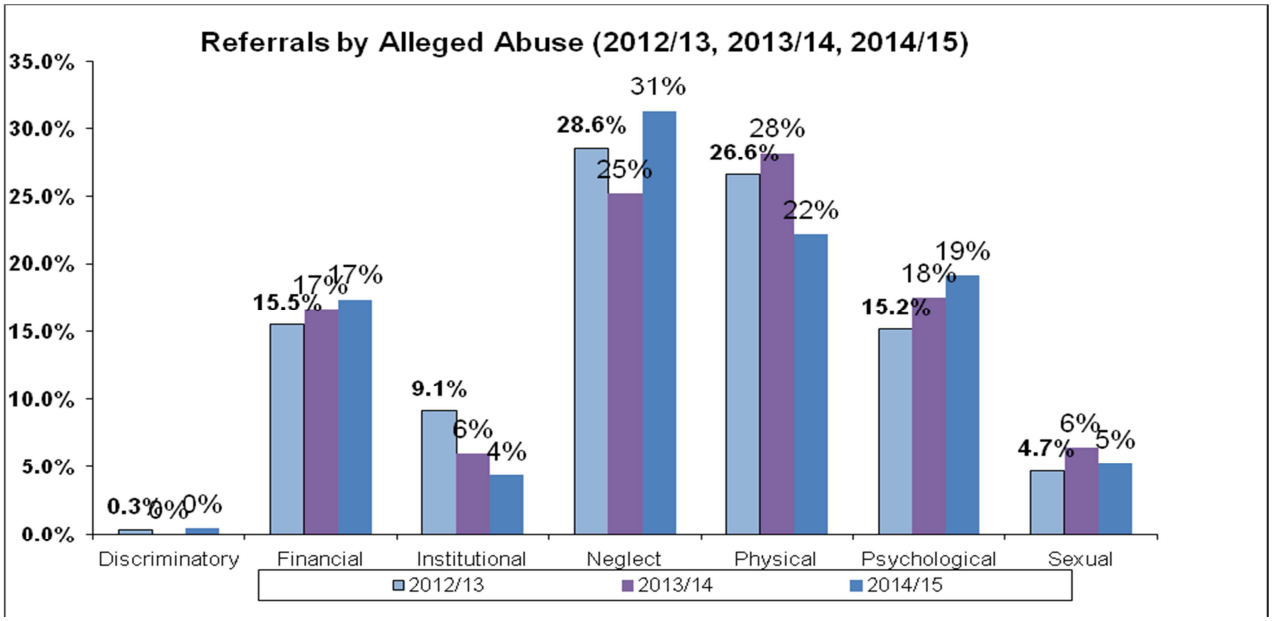
- Referrals reporting neglect has increased (31% this year compared to 25% in the previous year)
- Alleged psychological abuse has increased (19% psychological compared to 18% last year).
- Financial abuse has remained static at 17%
- Referrals reporting alleged institutional abuse has decreased this year (4% institutional compared to 6% last year)
- Physical abuse has also decreased from 28% to 22% in 2014/15

The two most prevalent types of abuse are **neglect** and **physical abuse,** closely followed by financial and psychological abuse. This is the same as the trend indicated in previous years.

Cases which recorded multiple abuses increased from 30% to 31% in 2014/15, indicating that there are a high number of referrals received by safeguarding which have an increased complexity (% calculated as a proportion of referrals started in the reporting period).

Number of Referrals by alleged abuse type

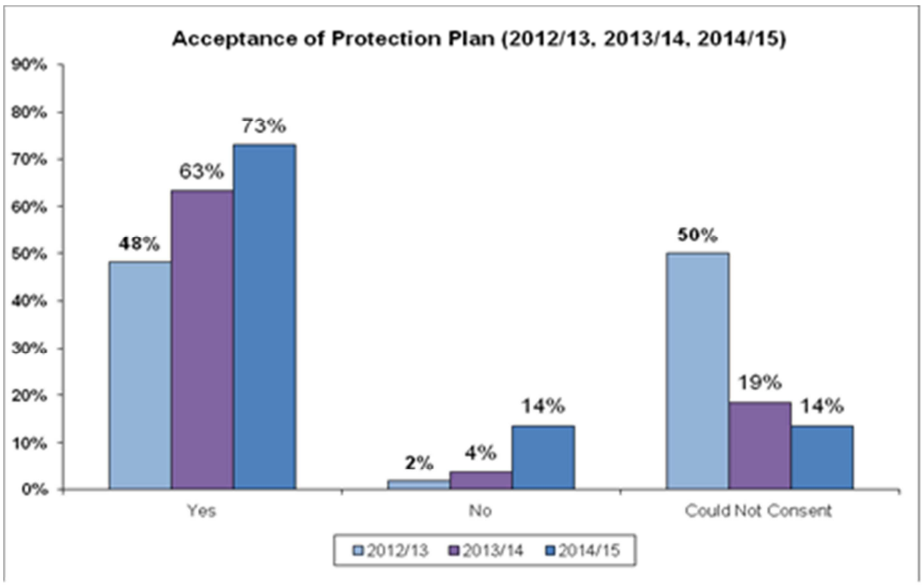
Referrals	2012/13	2013/14	2014/15	% 2012/13	% 2013/14	% 2014/15
Discriminatory	1	0	1	***0.3%***	***0%***	***0%***
Financial	46	39	40	***15.5%***	***17%***	***17%***
Institutional	27	14	10	***9.1%***	***6%***	***4%***
Neglect	85	59	72	***28.6%***	***25%***	***31%***
Physical	79	66	51	***26.6%***	***28%***	***22%***
Psychological	45	41	44	***15.2%***	***18%***	***19%***
Sexual	14	15	12	***4.7%***	***6%***	***5%***
Total Abuse	297	234	230			
Of which:- Multiple	69	50	63			



The percentage of protection plans accepted by those with the capacity to consent is shown below. This demonstrates the level to which the adult at risk engages with the safeguarding process.

Acceptance of Protection Plan (completed referrals where plan offered)

Acceptance of Protection Plan?	*2014/15*	2013/14	2012/13
Yes	86	62	78
No	16	6	3
Could Not Consent	16	30	81
Total Plans	**118**	**98**	**162**
84.31% of protection plans offered where there was capacity to consent were accepted			



Theoretically, a high percentage indicates a high level of service user involvement in the risk management and decision making process in line with best practice for service user engagement. However, it is important to note that the numbers are small and so therefore can have a significant impact on the overall % figure. It is also important to note that not all successful safeguarding interventions result in a protection plan being offered and accepted.

With the new SAC return, protection plans will no longer be reported on and there is a move towards reporting on outcomes

Appendix F

Wokingham Annual Performance Report 2014-15

Executive Summary

Annual Performance Report 2014-15 Safeguarding Adults At Risk

Performance in 2014/2015 is based on SAR statutory reporting.

The data provided within this report is sourced from the Safeguarding Adults Return (SAR) for 2014/2015. The data is currently provisional pending Department of Health release of final publication.

Data provided within this report is for the purpose of the Safeguarding Adults Board to enable comparison with previous years reporting. Direct comparison cannot be achieved due to changes in reporting requirements however it is envisaged with the introduction of new Safeguarding Adults Collection requirements for 2015/2016 greater consistency will be achieved.

Volume of episodes for Safeguarding-Alerts and referrals

(Alerts are safeguarding concerns received by the Local Authority; Referrals are episodes which progressed into a Safeguarding investigation.)

Alerts and referrals

There were 868 alerts received by Wokingham Borough Council in 2014-15. 57% of these alerts progressed on to a referral (499 out of 868 alerts progressed to a part 2 investigation). There were 408 individuals who received a safeguarding referral in 2014-15.

Referrals increased by 13% in 2014-15 (499 compared to 441 referrals in 2013-14). The number of repeat referrals increased from 15% in 2013-14 to 18% this year.

	2012-13	2013-14	2014-15
Alerts		577	868
Referrals	812	441	499
Individuals who had referral	558	373	408
% of repeats	31%	15%	18%

Gender

61% of referrals started in the year were for females and 39% were for males. As with the previous year there were more referrals for females than males.

Age groups

The table below shows age groups for individuals referred in 2014-15 and the previous year. Following last year's trend there were more referrals from individuals aged 65 years or over than 18-64.

In 2014-15, 71% of referrals were from people aged 65 years or over. This is an increase from the previous year where 62% of referrals were from the 65+ age group.

Age band	2013-14	*% of total*	2014-15	% of total
18-64	143	38%	117	29%
65-74	31	8%	36	9%
75-84	81	22%	98	24%
85-94	106	28%	131	32%
95+	12	3%	23	6%
Age unknown	0	0%	3	1%
Grand total	373		408	

Ethnicity

85% of all individuals with referrals started in period were of white ethnicity and 2% were of other ethnic groups. 13% did not have any ethnicity recorded.

Primary support reason

For 2014-15 we have changed from the previous categorisation of primary client group (PCG) to primary support reason (PSR) so there are no direct comparisons with last year. The majority of people who had a referral in 2014-15 had a primary support reason of physical support or learning disability support. 48% of referrals were for individuals who had a primary support reason of physical support.

Primary support reason	Individuals	% of total
Physical support	197	48%
Sensory support	8	2%
Support with memory and cognition	69	17%
Learning disability support	99	24%
Mental health support	17	4%
Social support	6	1%
No support reason	12	3%
	408	

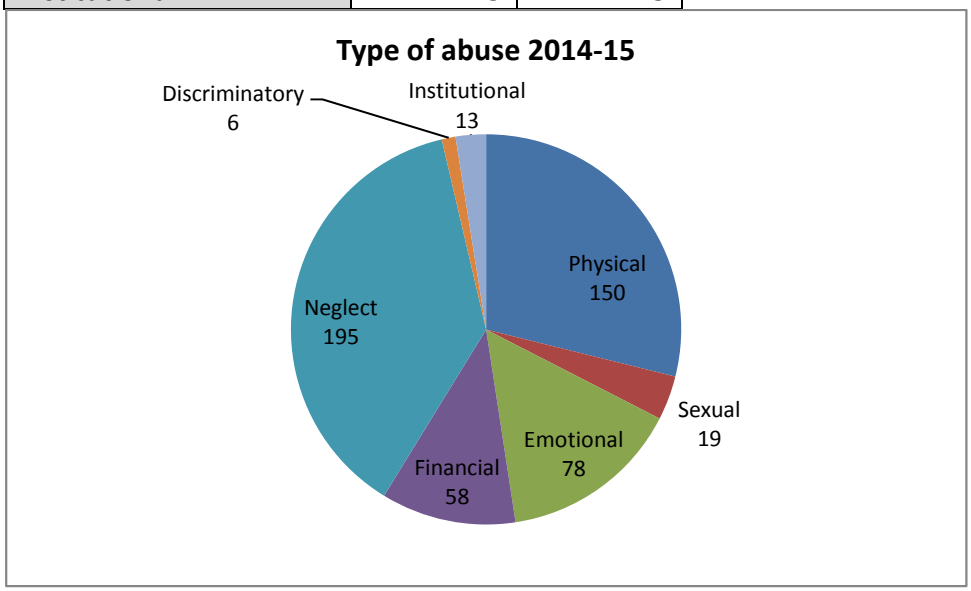
Reported health conditions

There were 11 people who had a safeguarding referral in 2014-15 with a reported health condition of Autism or Asperger's syndrome.

Type of alleged abuse

Referrals	2013-14	2014-15

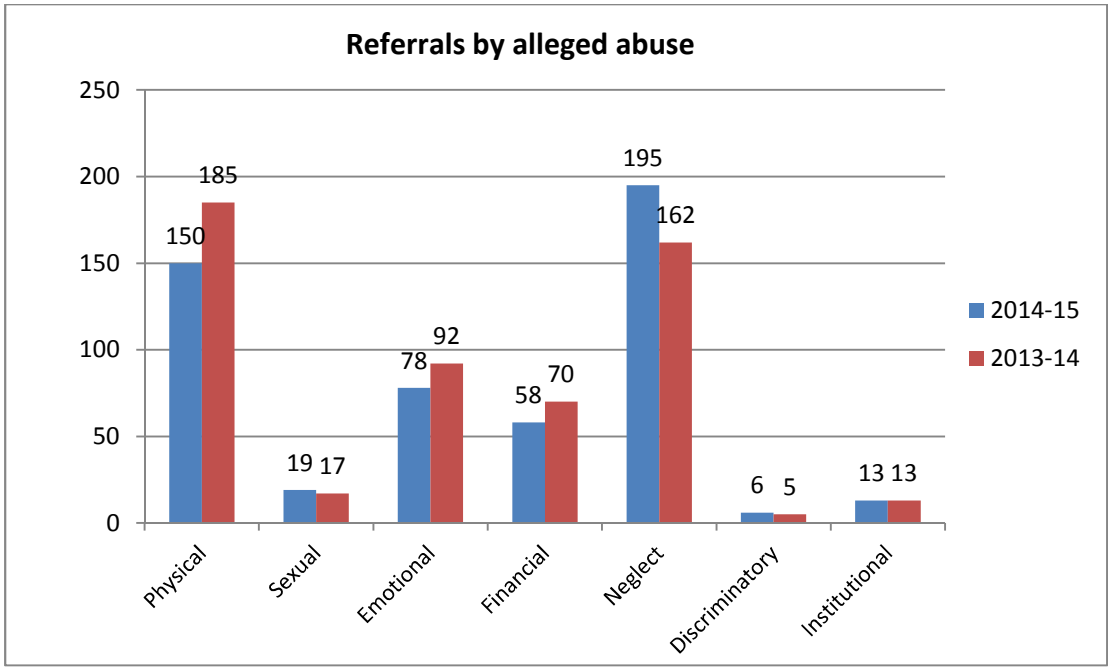
Physical	185	150
Sexual	17	19
Emotional/Psychological	92	78
Financial	70	58
Neglect	162	195
Discriminatory	5	6
Institutional	13	13



As with previous years the highest levels of alleged abuse remain in the physical and neglect categories.

- Referrals for physical abuse have decreased by 19% from previous year.
- Referrals for neglect have increased by 20% from previous year.

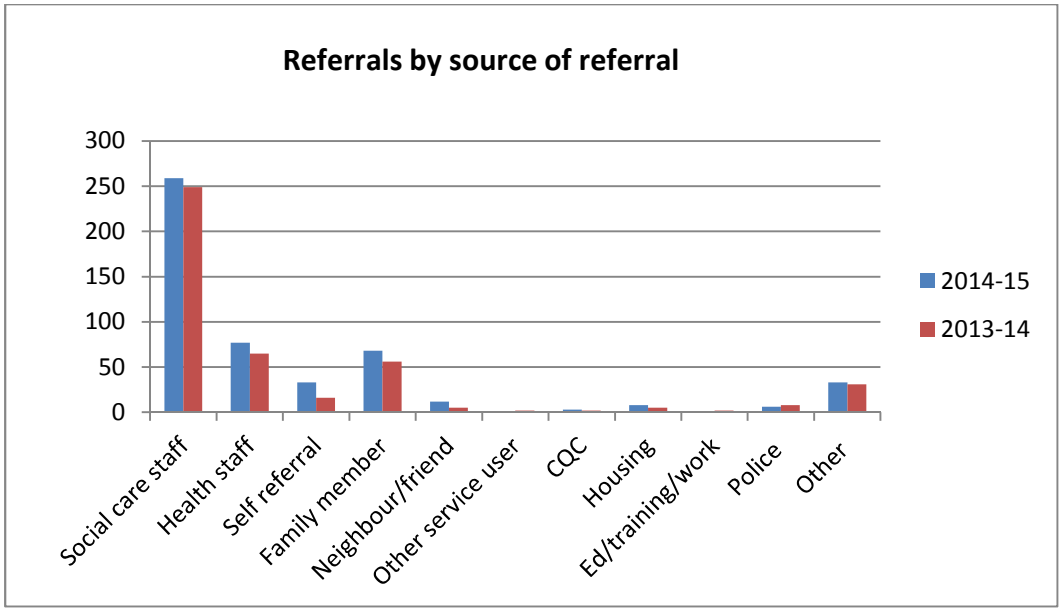
From 2015-16 four new voluntary categories will be added which will be domestic abuse, sexual exploitation, modern slavery and self-neglect. This may impact comparable data as some of these new categories may have been previously recorded under one of the other categories.



Referral Source

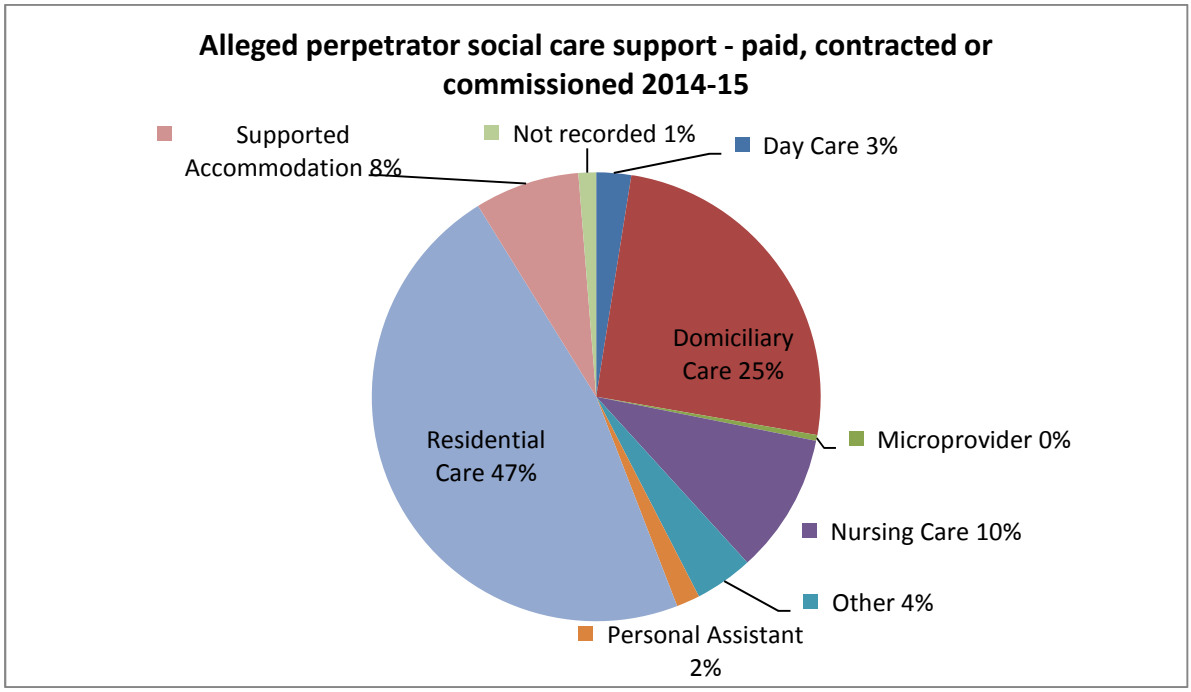
In 2014-15 52% of referrals were reported by social care staff and 15% were from health care staff. The number of self-referrals has increased this year (7% compared to 4% in 2013-14) showing an increasing awareness and leading to self-reporting of perceived abuse.

	Referrals	2013/14	2014/15
Social Care Staff	Social Care Staff total (CASSR & Independent)	249	259
	Of which: Domiciliary Staff	37	48
	Residential/ Nursing Care Staff	155	139
	Day Care Staff	12	21
	Social Worker/ Care Manager	25	25
	Self-Directed Care Staff	2	3
	Other	18	23
Health Staff	Health Staff - Total	65	77
	Of which: Primary/ Community Health Staff	41	38
	Secondary Health Staff	10	21
	Mental Health Staff	14	18
Other sources of referral	Self-Referral	16	33
	Family member	56	68
	Friend/ Neighbour	5	12
	Other service user	2	0
	Care Quality Commission	2	3
	Housing	5	8
	Education/ Training/ Workplace Establishment	2	0
	Police	8	6
	Other	31	33
	Total	**441**	**499**

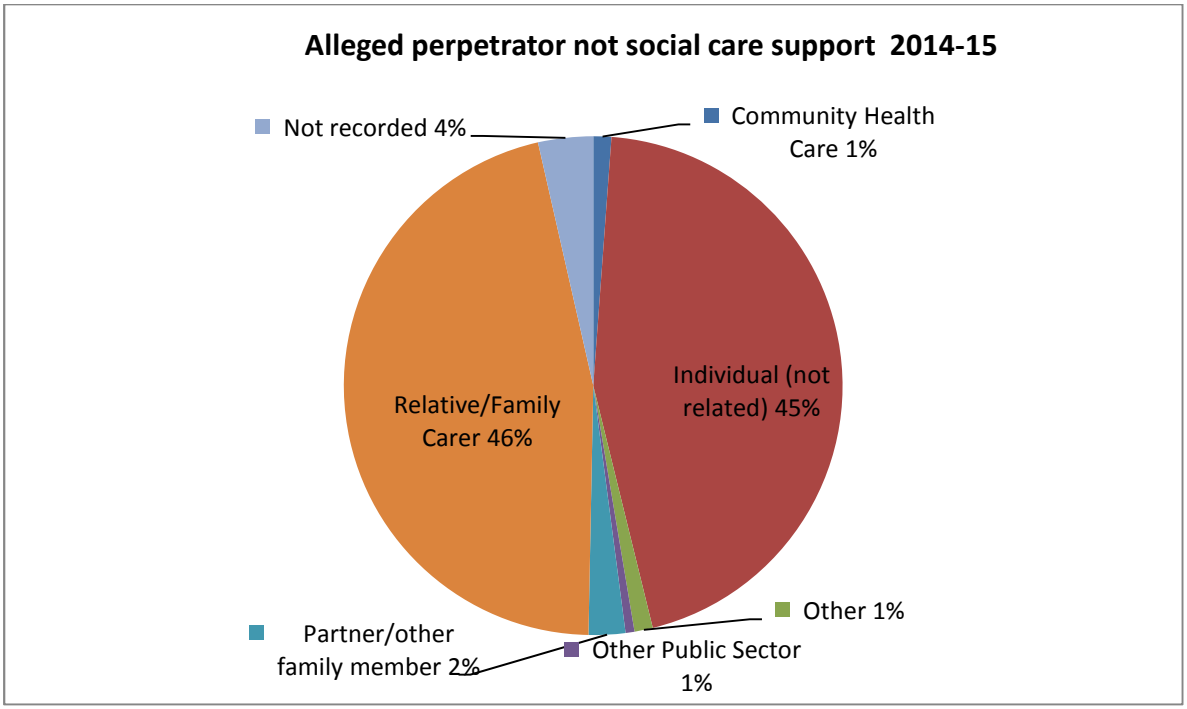


Alleged perpetrator

The chart below shows the service type where the alleged perpetrator was social care support and refers to any individual or organisation paid, contracted or commissioned to provide social care support.



The following chart shows where the alleged perpetrator was not paid, contracted or commissioned social care support.



Location of alleged abuse

The table below shows the location the alleged abuse was reported to have taken place for 2014-15. As with previous years the main locations where the alleged abuse took place was in the persons own home and care home.

Location of abuse	2013/14	2014/15
Care home	195	172
Hospital	6	5
Own home	166	195
Community service	38	17
Other	40	26

Case conclusions and outcomes

There were 407 concluded referrals in 2014-15.

The table below shows case conclusions for 2014-15 by result.

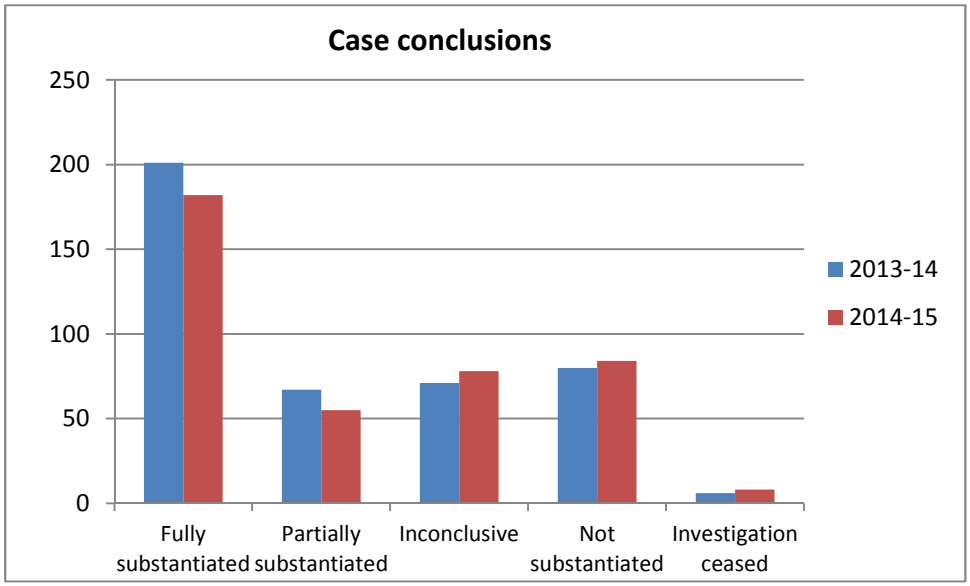
Result	2013/14	2014/15
Action Under Safeguarding: Risk Reduced	333	265
Action Under Safeguarding: Risk Removed	40	46
Action Under Safeguarding: Risk Unchanged	14	20
No Further Action Under Safeguarding	38	76
Total	425	407

In 2014-15, in 65% of referrals risk to the individual was reduced as a result of action taken.

The majority of cases in 2014-15 were fully substantiated. However this is a decrease from last year's figures (45% of cases were fully substantiated in 2014-15 compared to 47% last year).

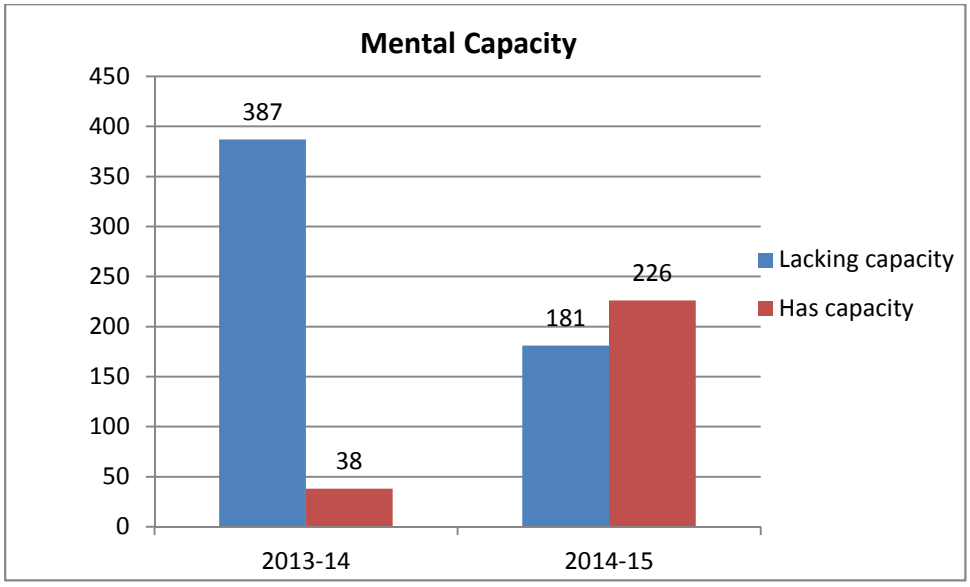
Conclusion	2013-14	2014-15
Fully substantiated	201	182
Partially substantiated	67	55
Inconclusive	71	78
Not substantiated	80	84
Investigation ceased	6	8

The chart below shows that the number of cases not substantiated has increased slightly from 19% last year to 21% in 2014-15.



Mental capacity

Of the 407 concluded referrals in 2014-15, there were 181 referrals where the individual lacked capacity.



Of those lacking capacity in 2014-15, 76% of individuals were provided support by an independent advocate, friend or family member. This is an increase from 32% last year, it is likely that is a result of focused training and awareness raising of requirements under the Mental Capacity Act 2005.