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# Report of the Strategic Director of Adult and Community Services to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on 25th November 2014.

## Subject: Safeguarding Vulnerable Adults including the Bradford Safeguarding Adults Board Annual Report 2013/14

## Summary statement:

***At the end of the first full year in which the Safeguarding Adults Board has had an independent Chair, this report updates the Health and Wellbeing Board on a range of issues related to adult safeguarding, including challenges posed by the implementation of the Care Act 2014. The Safeguarding Adults Board Annual Report for 2013/14, published in November, has also been attached.***

1.

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**Portfolio: Adult Services and Health**

**Overview & Scrutiny Area:**

**Health & Social Care**

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

## 1. SUMMARY

1.1. This report updates the Health and Wellbeing Board on the SAB's Annual Report for 2013/14 and prominent issues for 2014/15. These include the Care Act implications, which will mean a greater focus on quality and outcomes for adult services, particularly in relation to adults at risk. Also, the prominence of child sexual exploitation on the national agenda has prompted closer collaboration between adult's and children's safeguarding in Bradford to promote better sharing of information and intelligence. Deprivation of Liberty Safeguards and the challenges posed by the Supreme Court ruling in March 2014 also have implications for safeguarding, as does the development of the Crisis Care Concordat and the forced marriage issues raised by the Anti-social Behaviour, Crime and Policing Act 2014.

## 2. BACKGROUND

2.1. The 2013/14 Bradford SAB report is the last in which such a report will be discretionary, rather than mandatory because of the requirements of the Care Act that come into force in April 2015. Some important steps have been taken in the past year.

2.2. On 1st April 2014 Bradford adopted the West Yorkshire Safeguarding Adults Procedures, which were written in partnership with the other 4 West Yorkshire councils. Implementation of the procedures has involved agencies working closely together to train over 350 staff, answer many queries and change how services are delivered. This meant a great deal of effort from all concerned, recognised in the Service Excellence Award, which the Implementation Group won at the end of the year.

2.3. A standing agenda item was introduced this year so that, at each meeting, issues from service users and their representatives are elicited. For example, an issue regarding hate crime was brought to the attention of the Board, leading to changes being made by Police and Adult and Community Services as a result. The Independent Chair of the Board, Jonathan Phillips, OBE, meets with the Safeguarding Voice Group (made up of people who have been adults at risk of abuse) twice a year to make sure he is updated on their issues. The Safeguarding Voice Group designed and distributed some banners about keeping safe and this relationship with the Board and its Chair will continue to develop over the coming year.

2.4. Each Board meeting now begins with a presentation on a safeguarding case to help remind Board members about why they meet and raises important points for consideration. For example, a case study on the prosecution of the owners and managers of a care home in a neighbouring authority led to an analysis of what lessons Bradford could learn.

2.5. Good quality information about how safe people are in Bradford is under development, so that the Board and partners can be confident that they are focusing

on where improvements really need to be made. This will be an important priority for the coming year.

2.6. The Annual Safeguarding Week, run jointly with the Safeguarding Children's Board, continues to be a successful and informative event.

2.7. Some changes have been made to the role of the Adult Protection Unit in 2014 to address the continuing rise in safeguarding alerts and provide better screening of these. These changes are intended to ensure that the most appropriate response is provided to individual circumstances and their impact will be monitored during the course of 2014/15. Some figures on safeguarding alerts and referrals are given at Appendix A.

## 3. OTHER CONSIDERATIONS

### The Care Act 2014

3.1. The law on services for people who need extra care or support was previously in a number of different Acts of Parliament. The Care Act, which will be implemented in April 2015, brings these together and also deals with some of the problems with the previous laws. It is intended to promote a social care system that provides care for those who need it, and which enables people to retain their independence and dignity.

3.2. The principles of the Care Act are:

- Promoting health & wellbeing
- Preventing people developing care and support needs wherever possible, but where they do have needs, dealing with these at an early stage to prevent them getting worse.
- Focusing on outcomes - what has changed for those who have received services
- Supporting families & carers
- Increasing the quality of care and support services
- Adult social care working more closely with other organisations – particularly with the NHS & housing
- Financial protection for the public
- Making it easier for people to move services or areas without arrangements being disrupted.

3.3. Adult safeguarding has been provided with a clear statutory framework in the Care Act. Local authorities must make enquiries under Section 42 if they believe an adult is, or is at risk of, being abused or neglected. Partners have a duty to cooperate in this. Local authorities must also set up a safeguarding adults board which includes key stakeholders. This board will carry out safeguarding adults reviews when people die as a result of neglect or abuse and there's a concern that the local authority, or its partners, could have done more.

3.4. The Act establishes six key principles for adult safeguarding:

- Empowerment - people being supported and encouraged to make their own decisions and informed consent.
- Prevention – taking action before harm occurs.
- Proportionality – providing the least intrusive response in relation to the level of risk presented.
- Protection – supporting and representing those in greatest need.
- Partnership – services working with communities to provide local solutions. Communities playing a part in preventing, detecting and reporting neglect and abuse.
- Accountability – all partners being accountable and transparent in the delivery of safeguarding services.

3.5. In preparation for the implementation of the Act, the SAB and its partners are undertaking a number of activities, described below:

- The role of the SAB, including terms of reference and expectations of members, is being reviewed. The SAB must publish a strategic plan containing details of how it will achieve its objectives and also an annual report on what it has done over the past year. In addition, the SAB must conduct safeguarding adults reviews, as necessary.
- Auditing current safeguarding procedures to ensure compliance with the guidance and regulation, including ensuring these promote a personalised response to individual safeguarding episodes.
- Reviewing the current arrangements and agreements for safeguarding adults reviews to ensure effective learning and improvement actions result.
- Developing a common agreement on confidentiality and setting out principles for information sharing.
- Clarifying expectations of SAB members in relation to safer recruitment.
- Delivering staff training on changes as a result of the Act and, in particular the application of personalisation, as described below.
- Designing and implementing an audit and monitoring process to ensure compliance with procedures, accountability and quality in relation to safeguarding adults arrangements. A more robust data set has been developed in order to support this and a practitioner forum has been set up to promote reflective practice in safeguarding.
- Linking the SAB with the Adult and Community Services quality assurance group; established to oversee and co-ordinate quality assurance in relation to the Act. This group will look at information from various sources to highlight concerns about quality of services, particularly where these may lead to risks to those people using them.

3.6. The Care Quality Commission (CQC) is the regulator for the providers of care and support, and works closely with the Council's Adult Protection Unit (APU). The CQC send out regular updates on inspection activity and incidence of non compliance with

quality standards. The APU add value by combining this information with local intelligence on safeguarding incidents and contractual problems with providers who are commissioned. This activity means that safeguarding concerns can often be resolved at an early stage, before they pose a significant risk.

3.7. A key theme running through the Care Act is personalisation of services to the individual. From a safeguarding perspective this is represented by the Making Safeguarding Personal (MSP) project. MSP is intended to drive a shift in culture and practice, informed by current evidence about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about seeing people as experts in their own lives and working alongside them to respond to safeguarding incidents in a way which elicits and works with their stated outcomes.

3.8. A number of local authorities have already piloted MSP and Bradford has used this learning to develop proposals for how MSP could be implemented in the District. At its most basic, our approach will involve a dialogue with adults at risk when safeguarding concerns are raised to establish their preferred outcomes from the intervention. At the end of the safeguarding episode, a further discussion will take place with the person to determine whether their expectations were met. Information will be collected from this to improve safeguarding interventions and create a cycle of improvement.

3.9. Implementing MSP will place further demands on stretched resources, but is generally seen by social work professionals and other practitioners as a good thing – reinforcing values, principles and exercising skills which were important in drawing them to their professions in the first place.

**Sexual Exploitation**

3.10. The SAB recently asked Paul Hill, Bradford Safeguarding Children Board Manager and a member of the SAB, to update the Board on issues relating to child sexual exploitation (CSE). This was in response to the links between CSE and the abuse of vulnerable adults – often, sexual exploitation does not stop at 18, but can continue into adulthood.

3.11. Following this discussion, plans are now established to promote closer working between staff involved in safeguarding children and those undertaking a similar job with adults at risk. These plans include:

- Adult Protection Unit (APU) staff sharing intelligence on sexual abuse of adults with the Police and Children's Social Care.
- Participation of APU staff in the co-located, multi-disciplinary Hub set up to deal with CSE cases.
- Links between case management systems in Children's and Adult's Social Care.

3.12. These plans will enhance the good work already being undertaken on sexual exploitation in Bradford and ensure both children and vulnerable adults are better

protected.

**Crisis Care Concordat**

3.13. The Local Authority is working with its partners in the NHS, Police, Public Health and the not-for-profit sector to redesign and improve the way that we respond to people who are in crisis due to mental health problems. This is being built around the work undertaken as part of the Crisis Care Concordat (CCC). The CCC is a directive from the Department of Health, which challenges local areas to review and redesign crisis services so that they meet the following principle:

*"that people in crisis because of a mental health condition are kept safe and helped to find the support they need – whatever the circumstances in which they first need help – and from whichever service they turn to first."*

3.14. The CCC has come from national concern about the care and treatment of people with a mental health problem in crisis. The main points of concern are:

- Too many young people being looked after in police stations following MH crisis - the aim of the CCC is that this should stop completely.
- Too many mentally unwell and vulnerable people being cared for in police cells for too long and variable access to appropriate places of safety such as S136 suites
- A lack of alternatives to hospital and acute care for people in crisis or distress.
- Services that are not available 24 hrs a day.

3.15. In Bradford and Airedale, we have a number of the issues that have caused concern nationally:

- We have specialist ward space for young people but they are not always available.
- We have two S136 suites but staffing pressures mean that they are not always able to be used.
- We have a multi agency crisis and intensive home treatment team but it has only had one staff member available overnight and some crisis response has been reduced because of this.
- We have a 24 hr Emergency Duty Service but they deal with safeguarding children issues as well and extra Approved Mental Health Professionals have only been available at the weekend and this can cause a delay on occasions.
- We have a Psychiatric Liaison Service in A+E but it is not multi agency and not available 24/7.
- We have not had investment in an alternative community crisis support service that is available 24/7.

3.16. These issues have meant that there has been growing concern about the number of people held in police stations and the length of time to an assessment in some

circumstances. The police have expressed concern about the time their officers have had to stay at the s136 suite or other places to care for a vulnerable or disturbed person.

3.17. The role of the CCC is to critically review these issues and produce a multi agency action plan that develops and improves local services.

3.18. There are four main parts to the CCC:

- Access to support before crisis point. 24 hour multi disciplinary support for people at risk of crisis; fast access to the professionals who will help; equality of access and support to the whole community with specific relevance to BME service users; parity of esteem with physical health.
- Urgent and emergency access to crisis care. Urgent response to mental health crises and the police; appropriate conveying to a safe place; speedy assessment that refers to crisis plans or advanced statements; appropriate contact with family and carers.
- The right quality of treatment and care when in crisis. The least restrictive and most appropriate support for people in crisis. Diversion from acute care or police station to safe places or appropriate community support when possible; Access to places of safety under Section 136 of the Mental Health Act 1983, when appropriate; appropriate access to an Approved Mental Health Professional (AMHP) or doctor or hospital bed if necessary;
- Recovery and staying well, and preventing future crises. Prevention of crisis through better planning and development of services that support people to avoid crisis. Use of crisis planning and advanced statements to avoid or improve the experience of crisis.

3.19. Multi agency action plans have been developed across the district to meet the requirements of the CCC. These plans include:

- The development of an integrated Crisis Care Pathway (CCP) that links all of the crisis response and support services so that people who approach any service can access support in a consistent and caring way. This pathway covers all ages and contains specific plans for young people under 18 so that they never have to be cared for in a police cell.
- The development of an integrated crisis response service (First Response) that is managed within the NHS mental health services but is jointly developed and staffed with the Local Authority. There will be integrated management of front line crisis support services so that First Response, Psychiatric Liaison, the duty AMHP service, the S136 suites and Intensive Home Treatment (IHT) services are part of the same crisis support and response service.
- The CCC working group is currently also exploring the possibility of developing alternatives to hospital so that there is effective support for people in crisis in addition to the IHT service. Examples of the services currently under consideration are MIND support services, the Shared Lives model, specialist residential care and access to housing support.

- These developments are bringing all agencies together to develop a positive vision for the future of crisis services.

**Deprivation of Liberty Safeguards (DoLS)**

3.20. The Deprivation of Liberty Safeguards (DoLS) came into effect 2009 as part of Mental Capacity Act (MCA) 2005. The MCA provides guidance to those people needing to make decisions for others on how to ensure they are acting in person's best interests and through putting the least possible restrictions on their rights and freedom of action. The MCA is typically concerned with those with severe learning disabilities, dementia or brain injuries, whereas the Mental Health Act is concerned with those with mental illness. Some people may be covered by both, so DoLS are intended to address the gap by providing a means of independently assessing whether people who lack capacity are being deprived of their liberty in their best interests. DoLS also provides a way of advising on reductions to restrictions on people's liberty.

3.21. The local authority is responsible for informing managing authorities (care providers and hospitals) about DoLS, processing DoLS applications, assessing individual cases and authorising deprivations which are in the person's best interest. The local authority is also responsible for taking cases to the Court of Protection where there are disagreements or uncertainties about the application of case law.

3.22. Following the Supreme Court judgement in P v Cheshire West and Chester Council and P and Q v Surrey County Council in March 2014, the test of deprivation of liberty was revised, dramatically widening its scope. The judgement impacts on local authorities and their partners in 3 ways:

- Increasing the number of DoLS applications. Applications must be processed by the Council, who must make arrangements to undertake a range of assessments, within given timescales, by appropriate people. This uses staff time for best interest assessments and budgets to pay for mental health and mental capacity assessments from doctors. Also, the Council is liable for the costs of Court of Protection applications to make decisions in difficult cases.
- Increasing the number of DoLS reviews. The maximum amount of time a deprivation can be authorised for is 12 months, therefore all cases must be reviewed within this timescale and reauthorised or discharged. Also, legal advice is for all supervisory bodies (Councils) to review any 'no deprivation' decisions made over the past three years, in case the judgement means that they could now be considered to be deprived. This is because it is the responsibility of the supervisory body to ensure managing authorities (care providers) are acting within the law.
- Advice and training. As supervisory body, the Council must ensure that all care providers are aware of the judgement and supported in making applications.

3.23. In Bradford, as in most other local authorities, the numbers of DoLS applications have gone up dramatically as a result of the judgment and are currently ten times the level of this time last year. This has placed the system under considerable pressure and required extra resources to be allocated to DoLS during a time of shrinking budgets. A multi-agency action plan is in place to help manage the increase with the following workstreams:

- Increasing numbers of Best Interest Assessors (BIAs). BIAs undertake the bulk of the assessment work on DoLS applications and must undertake a government approved course through specific universities in order to be able to do this. Local universities have worked with us to double the numbers of BIAs available to undertake assessments in addition to their other work. Also, 1.6 (full time equivalent) BIAs have been seconded to do assessments full time.
- Streamlining processes. Although some parts of the process are dictated by statute, there is some flexibility to make this more efficient, so more user friendly forms have been devised and a Business Process Review is planned.
- Triaging applications. DoLS applications are now being triaged to ensure that those where the person being deprived is most in need of an assessment are prioritized.

3.24. These actions are currently being reviewed and further actions will be undertaken to make the task more manageable. However, the numbers of applications are likely to remain at the current level unless there is a change in the law. The Law Commission are undertaking a review of DoLS, but this is not due to report until 2017 and it would take around 3 years from that point to change statute. In the meantime, the sector has made representations to government that this area of work amounts to a 'new burden' and should be additionally funded.

**Forced Marriage**

3.25. Safeguarding Week in October this year drew particular attention to the issues of honour crime and forced marriage. Jasvinder Sanghera, founder of Karma Nirvana, an organization which supports victims of honour crimes and forced marriages, gave an impassioned speech on these issues, which affect both children's and adults' safeguarding and case studies were used in the Member development sessions. This is an issue which the SAB intends to develop its response to over the coming year. For example, more work needs to be done to understand the vulnerabilities of adults with learning difficulties to forced marriage.

## 4. FINANCIAL & RESOURCE APPRAISAL

4.1. There are no financial issues pertaining to this report.

## 5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1. There are no significant risks arising out of the implementation of the proposed recommendations.

## 6. LEGAL APPRAISAL

6.1. There are no legal issues arising from this report.

## 7. OTHER IMPLICATIONS

### 7.1. EQUALITY & DIVERSITY

7.1.1. Disabled people are particularly vulnerable to hate crime. More work is required to understand and address the particular vulnerability of people with learning difficulties to forced marriage.

### 7.2. SUSTAINABILITY IMPLICATIONS

7.2.1. There are no sustainability implications arising from the report

### 7.3. GREENHOUSE GAS EMISSIONS IMPACTS

7.3.1. There are no greenhouse gas emissions impacts arising from this report.

### 7.4. COMMUNITY SAFETY IMPLICATIONS

7.4.1. Adult safeguarding and community safety are closely linked and this is reflected in shared representation between the SAB and the Community Safety Partnership and close joint working between the two.

### 7.5. HUMAN RIGHTS ACT

7.5.1. Safeguarding and, in particular, the Deprivation of Liberty Safeguards are heavily influenced by human rights legislation, but there are no specific implications arising from the recommendations.

### 7.6. TRADE UNION

7.6.1. There are no Trades Union implications arising from the report.

### 7.7. WARD IMPLICATIONS

7.7.1. There are no ward implications arising from the report

## 8. NOT FOR PUBLICATION DOCUMENTS

8.1. None.

## 9. OPTIONS

9.1. Not applicable

## 10. RECOMMENDATIONS

10.1. That the HWB has a themed meeting at least annually that looks at safeguarding issues across Adults and Childrens' Services as part of its responsibilities for the health and wellbeing of the district.

10.2. That the HWB consider which safeguarding issues are priorities in relation to its objectives and specifies these issues be included in future reports.

## 11. APPENDICES

11.1. Appendix A – Safeguarding adults data analysis 2013/14

11.2. Appendix B - Bradford Safeguarding Adults Board Annual Report 2013/14

## 12. BACKGROUND DOCUMENTS

None

**Appendix A**

## Safeguarding Adults data analysis 2013/14

In 2013/14 the Adult Protection Unit (APU) continued to collate, monitor and analyse safeguarding adults (SA) data on behalf of the Safeguarding Adults Board (SAB). SA data was submitted via the online safeguarding alert form: www.bradford.gov.uk/makeanalert

The criteria for making safeguarding alerts are clearly set out in the Board's multi-agency policy and procedures. This document also guides the decision making stages of the safeguarding process. Safeguarding Co-ordinators are responsible for deciding which alerts are accepted as referrals and therefore become the subject of a multi-agency safeguarding adults process. In a number of cases this leads to the formulation of a protection plan involving the service user experiencing abuse (or their advocate if appropriate) and all the relevant organisations and agencies such as health, adult services and police. Referrals regarding care settings require the involvement of the care provider, the commissioners and the regulators. At times, service users experiencing abuse opt for no further assistance under safeguarding. Their wishes are respected provided that their decision does not put other service users at risk.

The following is a summary of the key safeguarding measures submitted to the Health and Social Care Information Centre (HSCIC) under Safeguarding Adults Return (SAR).

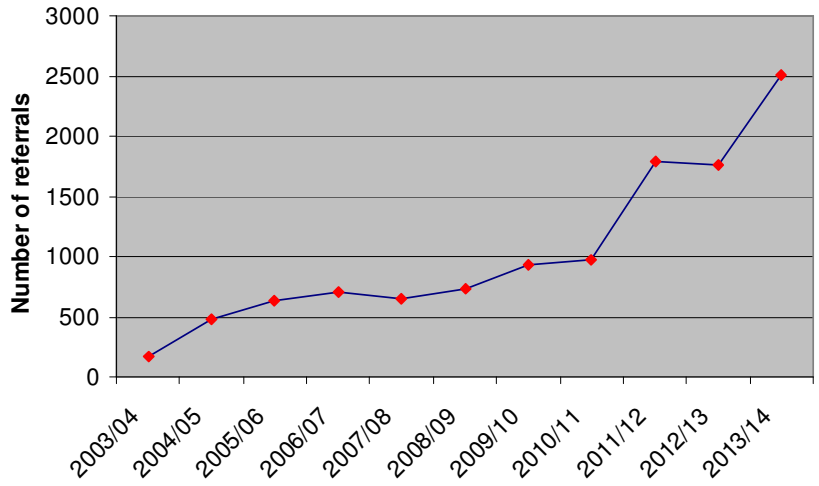
### Safeguarding Adults enquiries, alerts and referrals

Numbers of enquiries about safeguarding increase year on year and in 2013/14 the APU received 3339 of them.

Enquiries that meet the criteria become alerts. The number of alerts for 2013/14 was 2969. Some alerts are closed at this stage as not requiring further action under safeguarding adults procedures.

The remainder became referrals requiring further action. The number of referrals for 2013/14 was 2504.

## Comparison of referrals 2003 – 2014




Terms explained

**Enquiries -** all enquiries submitted via the online safeguarding form

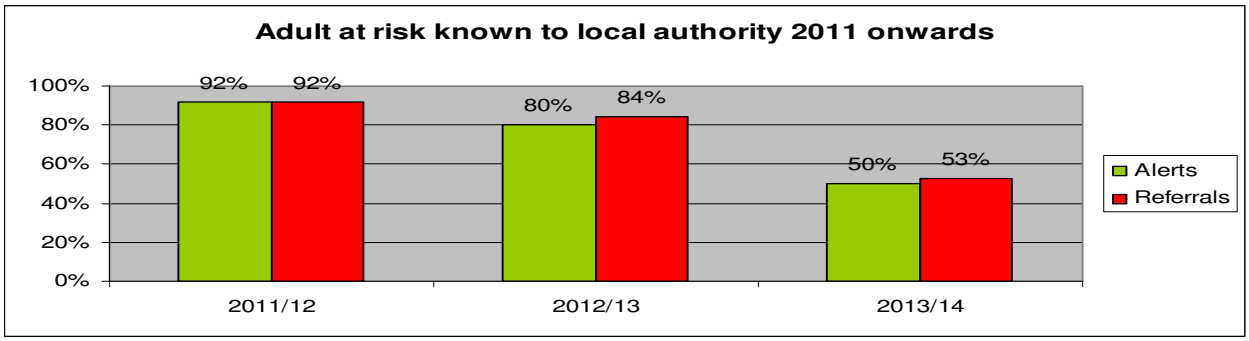
**Alerts** – enquiries related specifically to safeguarding adults issues

**Referrals** – alerts that are being taken through the safeguarding process

Bradford has an above average number of referrals in comparison to the England average.

## Known to Local Authority (LA)

In the Bradford District safeguarding adults work has been widely publicised for a number of years. This has contributed to an increase in the number of people previously not known to the Local Authority who received safeguarding adults support. In 2011/12 this group counted for only 8% of all alerts/referrals. In 2013/14 their numbers counted for 50% of all alerts and 47% of all referrals.

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Average for England in 2013/14 was 86% of adults known to LA and 14% for those not known to LA.

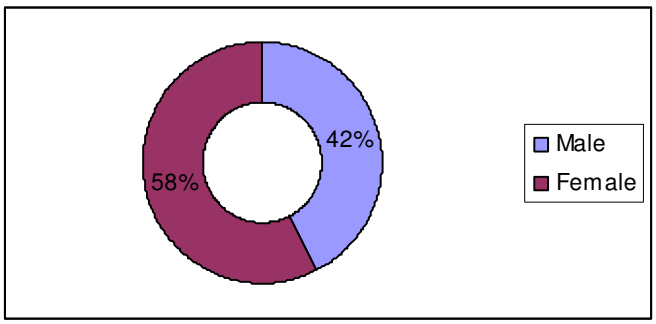
**Source of alerts**

The table below shows the source of alerts in last three years:

| Source | 2011/12 | 2012/13 | 2013/14 |
|---|---|---|---|
| Anonymous | 12 | 9 | 9 |
| CQC | 34 | 74 | 131 |
| Education/Training | 54 | 20 | 27 |
| Family member | 4 | 58 | 78 |
| Friend/neighbour | 1 | 14 | 13 |
| Health | 585 | 798 | 867 |
| Housing | 61 | 122 | 208 |
| Other service user | 1 | 12 | 14 |
| Police | 23 | 60 | 173 |
| Residential care staff | 552 | 454 | 447 |
| Self referral | 84 | 74 | 83 |
| Social care staff | 385 | 692 | 803 |
| Voluntary services | 21 | 14 | 41 |
| Not known | 84 | 0 | 0 |
| Other | 148 | 79 | 75 |
| | **2049** | **2480** | **2969** |

**Adults at risk of abuse**

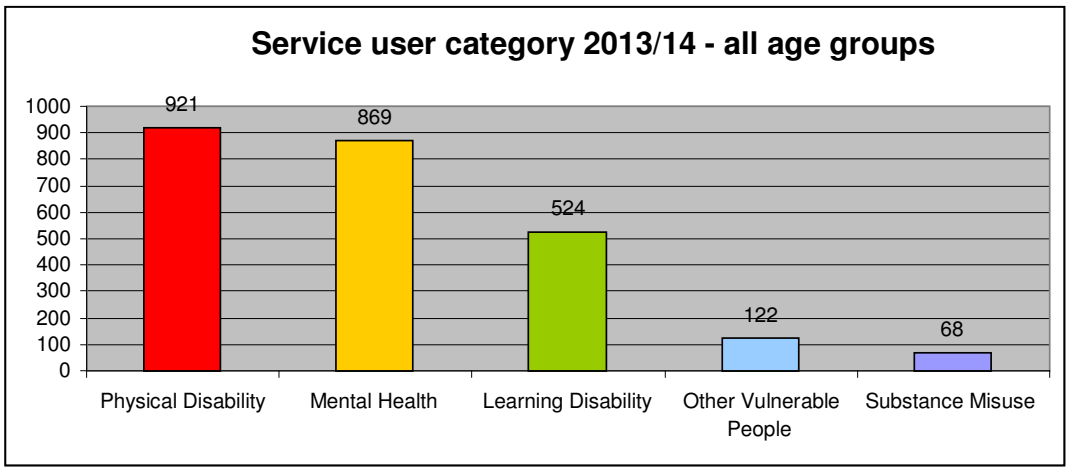
As in previous years women were more often reported as being at risk of abuse than men (58% and 42% respectively compared with 52% and 48% in 2012/13). This reflects the figures for England in 2013/14 where 60% of adults at risk were women.



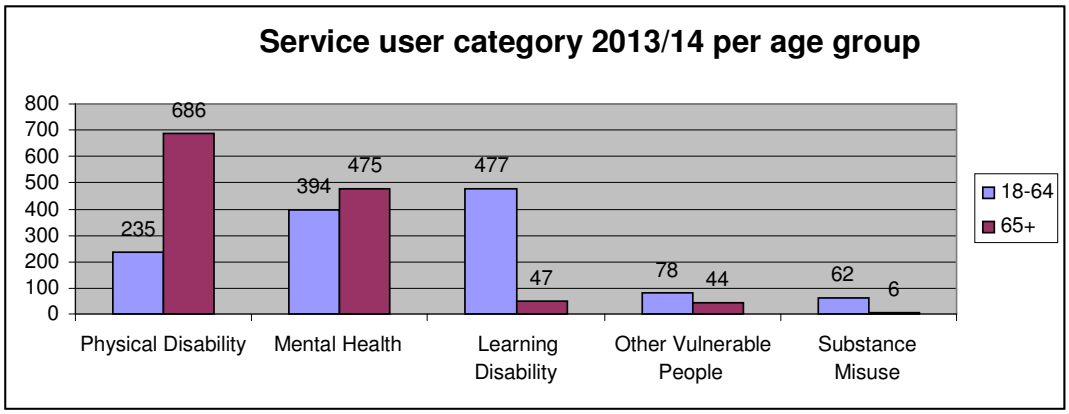

In terms of age, safeguarding referrals in 2013/14 were nearly equally split between people under and over 65. For England people over 65 accounted for 63% of all referrals.

In 2013/14 people with physical disabilities were most often reported to Safeguarding. This

category includes adults with sensory impairments and frail people. The chart below reflects client categories of adult at risk in the Bradford District. It also mirrors the current client category analysis for England.

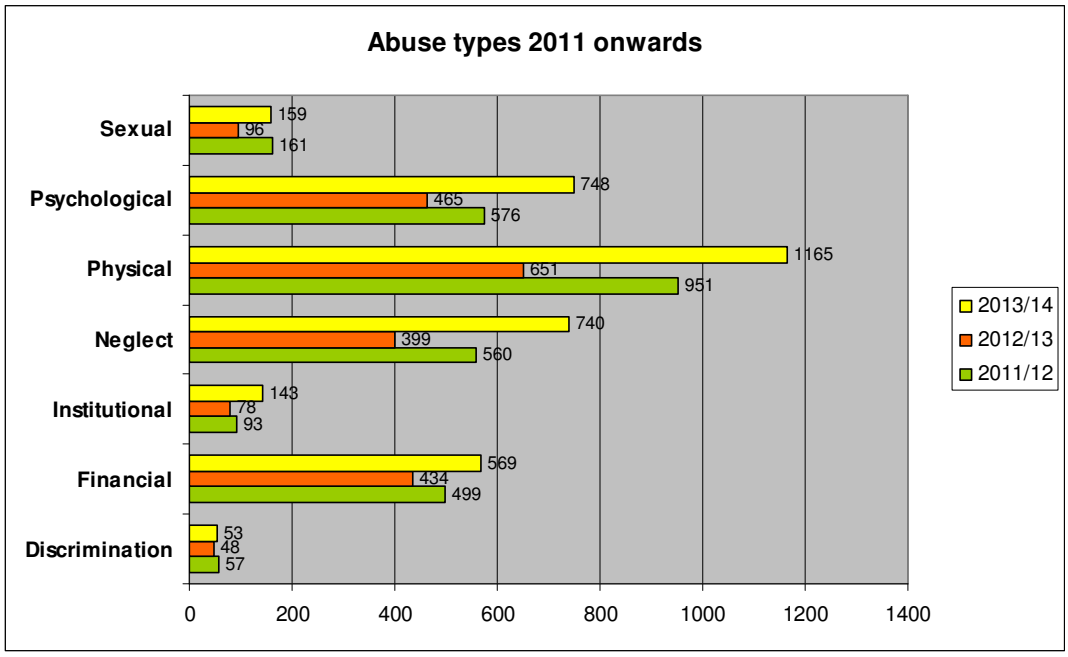



For the 18-64 age groups, people with learning disabilities were the largest proportion of referrals. For people over 65 the majority were service users with dementia (408).




**Type of abuse**

The following chart shows types of abuse reported in the last three years. 2013/14 saw a significant rise in physical, psychological and neglect categories. For England neglect was the most often reported type of abuse followed by physical and financial abuse.

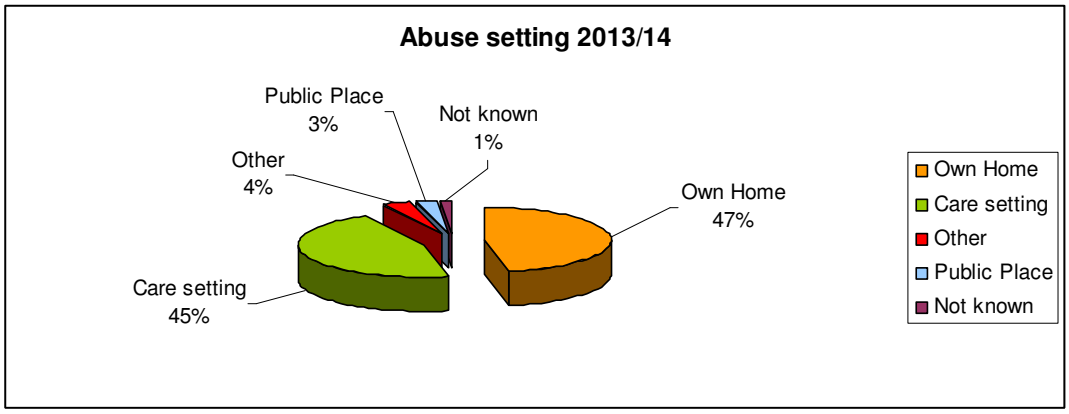



## Terms explained

**Abuse –** is a violation of an individual's human or civil rights by any other person/s. It can take many forms and includes deliberate and unintentional acts causing harm, endangering life or rights. Domestic violence, harassment or hate crimes are also forms of abuse.

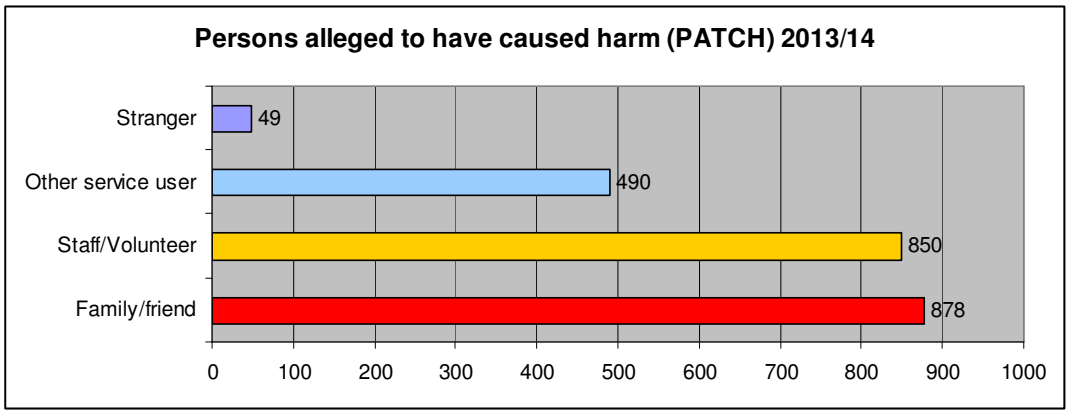
## Abuse setting

Adult abuse can take place in any setting. In 2013/14 most referrals concerned alleged abuse in the adult's own home. The figures for England reflect this: 42% of all referrals related to own home setting.



## People alleged to have caused harm

As there were more referrals for people in their own homes, the most people said to have caused harm were those from among their family and friends. This reflects the current national trend.



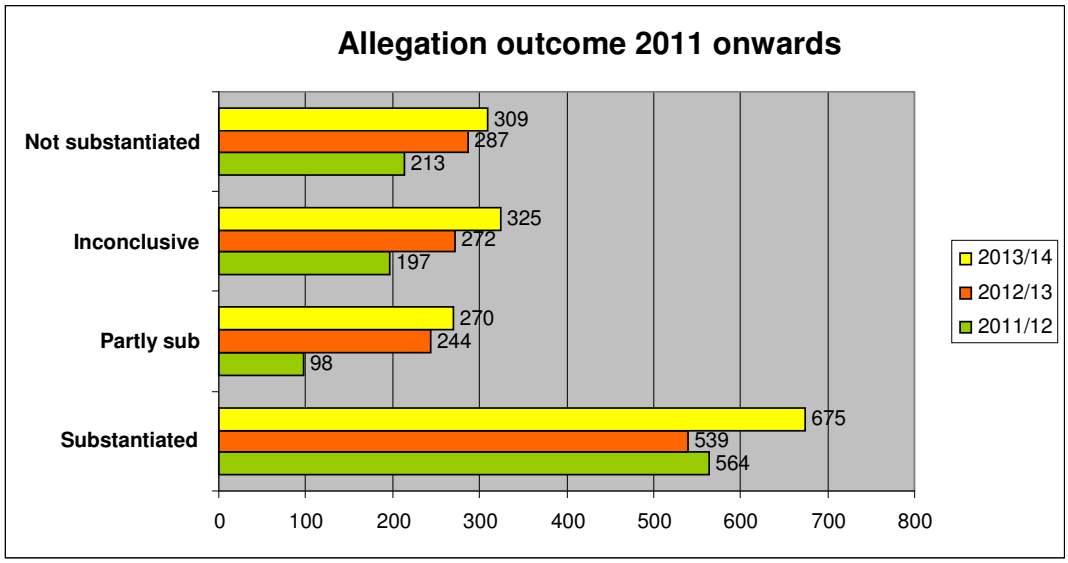

Terms explained

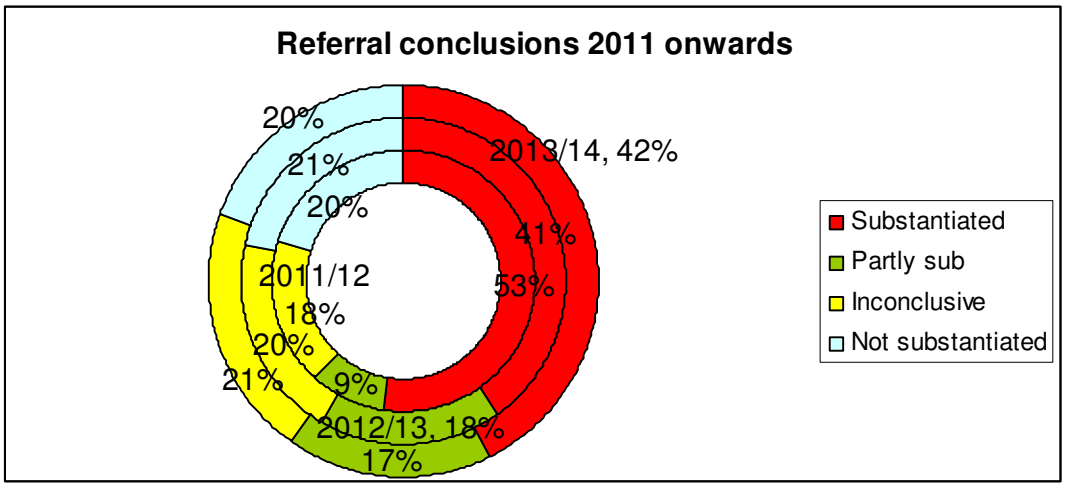
**Person alleged to cause harm (PATCH) –** an individual who is alleged to have caused or knowingly allowed the mistreatment of an adult at risk.

## Referral outcomes

As the chart indicates the number of referrals that were substantiated increased in 2013/14 and represented 42% of all referrals (1% more than in previous year). This is 10% higher than the current figure for England – 32%. The number of partially substantiated referrals came to 17% in 2013/14 (1% less than in previous year). This figure is 6% higher than the current average for England. The two groups combined accounted for 59% of all referrals, the same level as in 2012/13.

The number of inconclusive referrals rose by 1% on previous year to 21% whereas the not substantiated referrals were 1% lower than in 2012/13. This figure is on a par with neighbouring authorities. Allegations are closed as inconclusive when there is insufficient evidence to allow a conclusion to be reached. This may be for a number of reasons including the death of the adult at risk and/or person allegedly causing harm, inconsistencies in the account of events or no third party/independent evidence. The aim is to reduce, whenever possible, the number of inconclusive outcomes in order to ensure that the safeguarding process adds value to care and support of an adult at risk and that their protection plan/s better reflect the identified risks.




## Terms explained

**Substantiated –** cases where it was concluded that all the allegations made against the individual or organisation believed to be the source of the harm or neglect were believed to have happened "on the balance of probabilities".

**Partly Substantiated –** cases where there are allegations of multiple types of abuse being considered against an individual or organisation. "On the balance of probabilities" it was concluded that one or more, but not all, of the alleged types of abuse were proved.

**Inconclusive** – cases where there is insufficient evidence to allow a conclusion to be reached.

**Not substantiated** – cases where the allegations are not believed to have happened "on the balance of probabilities" as the alleged types of abuse are either unfounded, or disproved.

# Contents

# Foreword by the SAB Independent Chair

People are at risk because of the attitudes of society which tolerate poor care and fail to value the lives of disabled and older people. This can lead to neglect and cruelty. Some people are targeted because of their vulnerability and are subjected to hate crime or groomed by people who pretend to be friendly with them – called mate crime. Some are targeted by scammers. Sometimes people are abused in care settings. Others live in families struggling to provide the right kind of care and support.

The ways in which people experience abuse are many. Yet the abuse of power is a theme that runs through most if not all. Recent events such as the Savile enquiry have brought this to the forefront in a very powerful and shocking manner.

This is a momentous year for Safeguarding Adults. For the first time Safeguarding Adults is based on a legal framework and from April 2015 all councils will have to establish a Safeguarding Adults Board.

Bradford is in a good position to implement the new Care Act in relation to safeguarding and the Board will be working hard to make sure that its principles are central to how we work.

The Safeguarding Adults Board 2013/14 Annual Report outlines the work of the Board over the last twelve months and how partner agencies have worked together to improve the safety of adults at risk of abuse. The report contains details of how safeguarding has been promoted and developed through the Board and its Sub-groups throughout the year and how it intends to do so in future.

Some important steps have been taken in the past year. From 1st April 2014 Bradford now uses the West Yorkshire Safeguarding Adults Procedures. We have written them in partnership with the other 4 councils that make up West Yorkshire. Implementation of the procedures has involved agencies working closely together to train over 343 staff, answer many queries and change how services are delivered. This meant a great deal of effort from all concerned, which was recognised in the Service Excellence Award, which the Implementation Group won at the end of the year. This kind of close co-operation among agencies really makes a difference to the safeguarding of individuals across the District and we look forward to seeing more good work like this throughout the coming year.

The Board continues to have a close working relationship with people who use services. We have a standing item on our agenda so that issues can be raised. An important one about hate crime was brought to our attention this year and a number of changes were made by Police and Adult and Community Services as a result. I meet with the Safeguarding Voice Group – which is made up of people who use services - twice a year to make sure I am aware of their issues.

The Safeguarding Voice Group designed and distributed some great banners about keeping safe – which are in the report on page (Insert page number). I hope that this relationship will continue to develop over the coming year.

We now start each of our Board meetings with a presentation on a case. This really helps to remind us about why we meet and raises important points for us to consider. We looked at the prosecution of the owners and managers of a care home in a neighbouring authority and are thinking about what lessons we can learn.

We still have more to do to make sure that we have really good information about how safe people are in Bradford so we can be confident that we are focusing on where improvements really need to be made. This will be an important priority for the coming year.

This has been a year of enormous change for some of our partners particularly in the NHS and Probation. All Board members have had to grapple with making significant budget savings. Despite this, commitment to safeguarding adults remains high and I am grateful to colleagues for the work they put into the Board.

In October we ran our annual Safeguarding Week which we do jointly with the Safeguarding Children's Board. I hope to see you there and look forward to strengthening and deepening our links with colleagues.

Safeguarding adults who may be at risk is a vital and core part of the work of all agencies. In doing so we will keep a focus on:

> Awareness – making sure people recognise abuse and report it
>
> Prevention – helping people to keep themselves safe and ensuring that services and staff are of high quality
>
> Protection – when things go wrong making sure that victims are supported in the way they want to be and that we learn any lessons

I have now completed my first full year as Independent Chair and look forward to working with colleagues as we implement the Care Act.

**Jonathan Phillips OBE,** November 2014
Independent Chair Safeguarding Adults Board

(Insert photo of Jon)

# Working together locally

## Bradford Safeguarding Adults Board

The Bradford Safeguarding Adults Board is a multi-agency partnership that leads the development of safeguarding adults work in the Bradford District. The main purpose of the Board is to safeguard adults aged 18 and over and who are, or may be, eligible for community care services and because of their age, disability or illness are not able to effectively protect themselves from abuse or neglect.

Partners agree to:

- Work together to set standards to improve safeguarding adults at risk (also referred to as vulnerable adults) in the District
- Ensure multi-agency policies and procedures are in place and consistently applied
- Monitor performance and make improvements where required
- Promote engagement with the community to raise awareness of safeguarding

Membership includes representation from the main statutory agencies (Bradford Council, NHS organisations, Police, Probation and Fire Service), the housing sector and from independent and voluntary sector organisations. We also have service user representation at Board level as well as at our Sub-groups. A list of members of the Board in 2013/14 is included in Appendix 1 and the Board's structure and reporting relationships are set out in Appendix 2.

## Board Sub-groups

A number of Sub-groups support the work of the Board. They are accountable to the Board for progressing and delivering the priorities outlined in the Board's business plan.
The Sub-groups include:

- Delivery Group
- Improving Practice
- Performance and Quality Assurance
- Communications and Engagement
- Training
- Mental Capacity Act/Deprivation of Liberty Safeguards (DoLS)

The chairs of the Sub-groups are also members of the Board and the Board's Delivery Group which is responsible for coordinating the work of the Sub-groups and supporting the Board.

## Adult Protection Unit

The Adult Protection Unit is a team funded by contributions from some of the partner agencies on the Safeguarding Adults Board. The team is located in the Council's Adult and Community Services and carries out work on behalf of the Board.

This includes:

- Screening all enquiries and alerts regarding safeguarding
- Coordinating multi-agency responses to abuse and harm in care and domestic settings where paid staff are involved
- Supporting Safeguarding Coordinators to coordinate responses to abuse and harm in domestic or community based settings
- Providing advice and support to partner agencies and promoting best practice
- Monitoring the implementation of multi-agency policies and procedures
- Support to the Board and the Chair.

# Reports from Sub-groups

## Delivery Group

The Delivery Group acts as the Executive Committee for the Safeguarding Adults Board by monitoring the Board's business plan, formulating the Board agenda and making some decisions on behalf of the Board. It meets 4 times per year, usually a month before the Board meeting, and has senior manager representation from partner agencies. Chairs of the other Board sub-groups are also members of the group.

Over the past year, the Delivery Group has made improvements to the business planning and monitoring arrangements of the Board, which mean that the Board is able to deliver its role of supporting and promoting the safeguarding of adults at risk. For example, all Sub-groups now have responsibility for managing their section of the SAB business plan and reporting back on any obstacles to progress.

**Personalisation** continues to progress in Adult Social Care and the Delivery Group has been involved in planning a development day for board members on personalisation in safeguarding. This will be a key challenge to the Board and all its partners over the next year.

The Safeguarding Adults Board's 2013/14 business plan is included in Appendix 3.

## Terms explained

**Personalisation** is an approach to care which means that every person who receives support will have choice and control over the shape of support they receive. It puts people at the centre of their own care and support.

# Improving Practice

The Improving Practice Sub-group aims to support the development of safeguarding adults work across the Bradford District, by sharing new ideas and examples of good practice. We look at examples of adult protection cases, national guidance, reports and legislation, as well as linking in with local, regional and national networks.

In 2013/14 we met four times and had members from a range of organisations, including: the Adult Protection Unit, Adult and Community Services, National Health Service organisations, advocacy and the independent care home sector.

The Improving Practice Group worked, as part of a wider team, to help introduce new safeguarding adults procedures across West Yorkshire. In April 2013 we met with many of the staff who have safeguarding roles, to see what we needed to do together to make the new procedures work well in Bradford.

The group strengthened its links with the Hate Crime Alliance and had regular updates about hate crime work going on within the Bradford District. We believe that this is important as many people who experience hate crimes are unable to protect themselves because of disability or illness.

The Chair of the Improving Practice Group represented the Safeguarding Adults Board on the panel of an ongoing Domestic Homicide Review, which also had terms of reference relating to multi-agency safeguarding adults procedures. This followed a decision to undertake a shared review rather than have a separate Safeguarding Adults Serious Case Review.

One of the roles of the Improving Practice Group is to provide advice to individuals or organisations who are doing their own work on safeguarding adults issues. The group were very pleased to be able to support and share ideas from a member of staff who is interested in developing guidance and resource material about financial abuse.

The Improving Practice Group is looking forward to working with partners over the coming year. We will continue to think about how we can continue to support all the great safeguarding adults work that partners from all sectors are doing across Bradford District and the wider region.

# Performance and Quality Assurance

The Safeguarding Adults Board needs to know that the actions it puts in place are having a positive effect on the safeguarding of adults at risk. The Performance and Quality Assurance Sub-group has the task of doing this by designing ways of getting information on safeguarding and presenting this to the Board to help decision making. The work of the group can be summarised as follows:

**Performance management** - Defined as providing the evidence to show that the goals of the Board are being met in a consistent, effective and efficient manner

**Quality assurance** - Analysing the services provided to service users to identify and eliminate mistakes, defects, delays and costs. Quality assurance is aimed at services which are fit for purpose and right first time

In these tasks there is an overlap between the work of the Sub-group and the work of the Council's Adult and Community Services Directorate which has departmental performance and quality groups. Both SAB and ACS groups have the same chair to ensure performance management of safeguarding is consistent. A key achievement of the Performance and Quality Sub-group has been to define a set of measures by which safeguarding activity in the district can be measured. The group will use these measures to inform SAB of trends and pressures within the system, so that the SAB can then address them.

## Communications and Engagement

The current chair of the Sub-group is the Detective Chief Inspector, safeguarding lead for the Bradford Police District. The Sub-group comprises of membership from both statutory and non statutory agencies, all with a vested interest in developing the partnership response to Safeguarding Adults.

The Sub-group meets on a quarterly basis in a time frame which enables reporting into the Delivery Group, which monitors Sub-group activity on behalf of the Board.

The group works to SAB's business plan with the following key objective:
The development and implementation of a sustainable engagement plan that targets the public, hard to reach groups, services users and carers.

At present the business plan has six key action areas with identified lead officers, key milestone identification and ongoing monitoring through comments/ progress reports.

The following 6 action areas had been refreshed and have been prioritised for development for 2014/15:

1. **Safeguarding awareness** - To target and implement a Safeguarding Adults awareness programme for the general public, service users, hard to reach groups, staff and volunteers
2. **Hate Crime awareness** -Support the actions from the Bradford Hate Crime Action Plan in partnership with the Strategic Disability Hate Crime Action Group
3. **Increase reporting -** To raise awareness with key sector organisations where we have low reporting of safeguarding incidents
4. **User experience** - To gain an understanding of the experience of making an alert from the perspective of the general public, service users, staff and volunteers
5. **Engagement and involvement -** Support and develop a service user engagement group (known as the Safeguarding Voice Group). Ensure service user's views and voices are heard and acted on by the SAB
6. **West Yorkshire Procedures -** To ensure that the newly introduced West Yorkshire Procedures are appropriately publicised and ensure the roll out of publicity and awareness raising is co-ordinated.

The Sub-group continues to work on the above areas and has demonstrated excellent progress in awareness raising, engagement with public, service users and professionals alike.

The challenge for the Sub-group is to build on the awareness and communication messages and ensure the 'profile' of Safeguarding Adults improves. In support of raising the profile, there is recognition that newly introduced statutory regulation will assist, ensuring prioritisation of adult at risk issues.

Previously established events across the District will be revisited in the next 12 months to ensure the key message delivery is as strong as it can be and support safeguarding work across the adult population.

The following is a summary of the excellent communication and engagement work undertaken by group members:

**Holding stalls / information stands at events –** targeting different groups from young people, to older people, disabled people, staff & professionals, volunteers and the general public. This included conducting adult abuse surveys and ensuring information was available for people to take away:

- Easier Access Event
- Mental Health Act & Mental Capacity Awareness Day event for Senior Nurses, Doctors and Consultants at Bradford Royal Infirmary
- Healthy Living Event, at the Grange Park GP Surgery in Burley-in-Wharfedale
- Bradford Safeguarding Week - held information stalls at City Park on Launch day, in Hospitals, University & at various housing sites
- BME Community Event at Carlisle Business Centre
- Care Conference for first year students at Bradford University
- The Big Mad Experience 'Getting our Minds Together'
- Healthy Living Event
- International Women's Day
- World Social Work Day Event at Bradford University

**Safeguarding Voice Group**

Safeguarding VOICE was set up in 2011; it meets 6 times a year and works very closely with the Communication and Engagement Sub-group. The Group is made up of service users, carers and members of the public. Members of Safeguarding Voice share an interest in safeguarding adults work. Being part of this group gives people the opportunity to speak out about what's important to them - to have a voice.

Members ask questions and bring information to share. The aim is to listen to people's views and use their experience so that we can improve services.

Voice members give feedback and share their opinions on the Safeguarding Adults Board action plan. Over the past year the Sub-group has listened to the views and ideas of the Voice Group; they have influenced and had a say in the work we do. Speakers have been invited to the Voice meetings to talk to members on how they can stay safe. Topics covered included door step crime, scams, hate and mate crime.

**Raising awareness via publicity materials - banners**
Over the past year the Voice Group has worked extremely hard in their project work in producing new banners to be used at events.

The Voice Group was the start and finish group for this project. The fantastic idea of having two heads talking to each other came from them. One banner is focussing on the negatives, explaining what forms of abuse can happen and second banner portrays positive messages such as abuse can be stopped and where people can get help from.

The banners are now being utilised at events and have proved to be a real success.

(Design team to place photo of voice group with banners on this page and then also place the page no in the forward)

## Training

The aim of the Training Sub-group is to work on behalf of the Safeguarding Adults Board to provide, develop, promote and oversee the implementation of safeguarding training across the Bradford District. All partner agencies are invited to nominate a representative to attend the Training Sub-group and other members may be co-opted to support particular areas of work. The group has met 4 times in 2013/14 and has had good representation from partner organisations throughout the year.

**Key aspects of the group's work involve:**

- Supporting agency contribution of trainer time, venues and other resources to the rolling programme of training to enable costs to be kept to a minimum
- Supporting the review and development of multi and single agency training materials and packages, ensuring consistency of the training programme across the district
- Analysing data on staff attendance and the contributions made by different organisations
- Developing an e-learning programme to be used as an update for those who have completed the Recognising and Responding to Abuse Course (or their organisation's equivalent)

Safeguarding training plays a vital role in increasing awareness of adult abuse. It enables the participants to support and safeguard the people experiencing abuse as well as helping to prevent it. Our training programmes achieve this by targeting specific tiers of responsibility within services.

## Update on training courses:

**Role of the Adult Protection Unit** is a one day course aimed at student social workers, student nurses and primarily for anyone who is new to their workplace/job role and needs an understanding on the work of the Adult Protection Unit.
37 people attended this training in 2013/14.

**Recognising and Responding to Abuse (R&R)** is a one day multi-agency course offered to all front line staff across the District who work with or work around adults at risk of abuse. The course explains what adult abuse is and how people have a duty to report concerns. The course also addresses abuse in the context of social and health care settings and in the community. One of the key learning points for many is the need to keep their own practice under review and to challenge organisational practices that can some times lead to a lack of dignity and respect.

In 2013/14 584 people attended the training. This is a significant reduction from the 849 people who attended the course in 2011/12 and the 621 people who completed the course in 2012/13. Work is underway to understand the reasons for this trend.

**Role of Manager in Safeguarding Adults** is a two day course that recognises the key role played by service providers as partners in preventing abuse and responding to concerns when they arise. We have continued to provide the course for service managers from various service settings. These include hospital wards, care homes, resource centres, supported living and domiciliary care. This course currently includes a panel with representation from the Police, NHS and the Adult Protection Unit. Representation from other key agencies involved in safeguarding work is currently being sought.
119 people attended this course in 2013/14.

**Training for Trainers (T4T)** is a two day course.
10 new trainers attended this before starting in this role. These trainers come from a wide variety of backgrounds and work in many different settings, such as: supported housing, care homes, advocacy groups, hospitals, police and social work teams. They work in pairs, delivering safeguarding courses in different locations across the district.

The trainers' support group sessions keep trainers up-to-date with the latest developments in the fields of Safeguarding Adults and training delivery.

**Domestic Abuse and Older people** is a one day course aimed at anyone working with and supporting older people who have or are experiencing abuse.
This course has been attended by 21 people in 2013/14.

**Safeguarding Adults E-Learning Refresher Training Course**
Our new e-learning refresher course was developed throughout 2012 and was rolled out from September 2013. This course is primarily aimed at staff who have had previous training in safeguarding but who are in need of an update.
Since going live with this course, 134 people have applied for this e-learning training.

**Bespoke Training for Housing**
Over the past year, we were also pleased to run additional half day training sessions specifically aimed at people working in housing.
77 people from housing received bespoke safeguarding adults training in 2013/14.

**New training courses…**
New training courses were developed and implemented over the year in order to train and prepare staff to be able to appropriately implement the new West Yorkshire Procedures. These include:

**West Yorkshire Procedures Briefings** are 2 hourly sessions developed to update people on the new policy and procedures.
179 people have attended these in 2013/14.

**How to use the West Yorkshire Safeguarding Adult Procedures** is a one day training course that aims to give experienced staff a more in depth understanding of the safeguarding process.
119 people have attended this course in 2013/14.

**Interviewing Skills for Safeguarding Adults** is a one day course being run for staff who may need to carry out interviews as part of a safeguarding process
37 people have attended this course in 2013/14.

**5 day Safeguarding Adults Course** this 5 day course provides those professional social and health care staff, who are directly involved with the organising, arranging and delivery of the procedures, with a high level understanding of the adult safeguarding processes.
8 people have attended this course in 2013/14.

## Mental Capacity Act & Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act 2005, allows people to have restrictions placed upon them, but only if they are in a person's best interests. To stop this measure from being misused with these vulnerable adults, there is a need for extra safeguards - these are called the Deprivation of Liberty Safeguards. DoLS can only be used if the person will be deprived of their liberty in a care home or hospital. In other settings the Court of Protection may be requested to rule on whether a person can be deprived of their liberty.

Where a care home or hospital applies for a DoLS authorisation, an independent professional thoroughly assesses the situation and makes a recommendation on whether or not to approve the application. Previously, this decision-making responsibility rested with the NHS, via the old Primary Care Trusts, but was transferred to Local Authorities in April 2013. This transfer means that Local Authorities need to ensure that training of care providers and others on DoLS is kept up to date and that applications are processed, assessed and authorised in accordance with the Law. The Local Implementation Network, or LIN, provides a degree of independent scrutiny of this process on behalf of the SAB. During 2013/14, the group progressed the appointment of a Team Manager for DoLS and also a permanent Chair for the meetings. New terms of reference were agreed for the Group and a multi-agency panel was established to quality assure applications.

At the end of the year, a judgement of the Supreme Court greatly increased the number of people who will come within the remit of DoLS and this is expected to be a major challenge in the coming year.

# Key Achievements 2013/14

- Continued to develop, support and encourage the participation of the Safeguarding Voice Group in the development of adult safeguarding practice. Specifically, the direct involvement in the design and production of adult safeguarding materials, and changes to safeguarding practice
- Direct work with West Yorkshire Trading Standards SAFER project to raise awareness and 'target – harden' potential victims of scams, fraud and rogue workers. The SAFER project now participates in the two day managers safeguarding training sessions
- The successful planning, participation and involvement in the 2013 Safeguarding Week
- Continued to train a significant number of multi-agency staff across the district on all safeguarding adult training courses
- Designed and implemented Bradford's e-learning safeguarding adults refresher training course. This was achieved via a substantial amount of multi-agency work and met our need to establish a refresher course.
- Continued to develop the process for establishing and validating an evaluation tool for all safeguarding adults training courses
- Implemented financial abuse protocols and guidance
- Set up of the West Yorkshire Procedures Implementation Group (WYPIG). The task group was responsible for implementing the new Safeguarding Adults Policy and Procedures. Throughout the year extensive work has been done by WYPIG to ensure that these procedures were ready for implementation for 1st April 2014
- Developed a new West Yorkshire Procedures training plan, introduced and ran new training courses to help prepare for the implementation of the West Yorkshire Policy and Procedures. By end of March hundreds of individuals had participated in these sessions and many more are planned for the rest of 2014/15
- Jointly commissioned and implemented a specialist, 'high level' safeguarding training course along with Calderdale Council designed to promote an advanced level of training for adult safeguarding professionals
- Carried out an in-depth review of the ways that the Adult Protection Unit processes safeguarding alerts and supports those who make the alerts
- Established a joint research project working with the Social Work Faculty of Bradford University to obtain the feedback of people who have experienced an adult safeguarding process
- Offered a series of six Mind the Gap's Disability Hate Crime Workshops 'Real Voices Real Lives'. The workshops explored the complex issues around disability harassment and discrimination and were performed by learning disabled actors

Design team to place photo of mind the gap images (see t-shirts on photos)

# Future Priorities

- To ensure that the West Yorkshire Safeguarding Procedures are embedded in practice throughout Bradford by the member agencies of SAB
- To continue to deliver training in relation to the West Yorkshire Procedures
- To prepare for the Care Act and ensure that current practice reflects both the spirit and direction of the Act in relation to adult safeguarding. In particular, to develop a more personalised approach to safeguarding
- To actively take part in the planning, participation and involvement in our annual Safeguarding Week 2014
- To continue to work closely with service users in order to develop better ways of delivering Adult Safeguarding to ensure a high level of protection for those in most need

- To design high quality systems for measuring performance which the Adult Protection Unit, SAB partner agencies, and wider governmental bodies can use to better inform and target adult safeguarding practice
- To identify and establish contact with those groups and individuals (including 'difficult to reach' groups) from whom we currently receive lower levels of safeguarding adult alerts
- Support the actions from the Bradford Hate Crime Action Plan in partnership with the Strategic Disability Hate Crime Action Group

# Financial Arrangements

The co-ordination of Adult Safeguarding comes through the Adult Protection Unit, based within the Council's Department of Adult & Community Services, working on behalf of partners across the District.

The Unit is funded primarily by the Council, with contributions from the CCG's and the police. BDCT contributes a number of Safeguarding Adults Co-ordinators and other partners contribute to the work of the Safeguarding Adults Board Sub-groups. Social Workers and other health and social care staff are engaged in safeguarding activity as part of their core work on a day to day basis.

The work of the Safeguarding Adults Board and of the Adult Protection Unit was funded in 2013/14 by: Adult and Community Services (CBMDC), NHS Bradford & Airedale, Bradford District Care Trust and West Yorkshire Police.

Other partners provide in-kind contribution, by releasing their staff to be involved in the work of various Sub-groups and participate as trainers in various safeguarding adults training courses.

| | |
|---|---|
| Staff | £243,738.00 |
| Running Costs | £7,103.00 |
| Safeguarding Adults Board | £8,757.00 |
| Publicity | £570.00 |
| Total | £260,168.00 |

Developing more detailed budget, breaking down Adult Protection Unit and Safeguarding Adults Board funding is a priority for next year.

# Safeguarding Activity Highlights

In 2013/14 the numbers of online enquiries, alerts and referrals continued to increase showing that Safeguarding Adults continues to gain momentum in the District and is reaching the wider community. This is seen in the increasing number of adults at risk not known to the Local Authority referred to Safeguarding, 47% of referrals as opposed to 8% in 2011/12. The increasing involvement of the health and housing sectors meant that more adults at risk benefit from the safeguarding process.

The majority of reported instances of abuse related to physical abuse at 33%. Own home continued to be the most often reported abuse setting at 47%.The highest number of people said to have caused harm were those from among the family and friends of adults at risk at 39%. 59% of all allegations were either fully of partially substantiated.

Appendix 4 contains a further analysis breakdown of the Safeguarding Adults data.

# Reports from Partners

## Adult and Community Services (CBMDC)

The last year has been significant in view of the Board's decision to adopt and make preparations for the implementation from April 2014 of the West Yorkshire Procedures for Safeguarding Adults. Good safeguarding practice requires a skilled and confident workforce able to approach people when there are concerns in an open and honest way. They need to understand their role and the safeguarding process in order to support people at risk.

Implementing the changes is providing an opportunity to raise standards of practice as well as developing a consistent way of working across West Yorkshire. We have an extensive training programme planned through 2014/15 to familiarise staff with the changes in procedure and refresh their practice skills.

Work has continued to promote choice and control for individuals over their support both where there is a need for protection and in supporting all who need help to live independently. We want people to feel safer and where we become involved we want them to feel it has made a difference.

Another major issue this year has been the growing awareness of the rights of individuals with limited capacity to be supported in least restrictive ways. Our Best Interest Assessors implement the Mental Health Capacity Act 2005 in care and hospital settings. They ensure care is provided that promotes the individual's safety and well-being but minimises any loss of control over their lives. This helps to safeguard the freedom of some of our most vulnerable citizens. A Supreme Court decision at the end of the year in March 2014 will extend the application of this duty which is welcomed but will create additional work.

## Airedale NHS Foundation Trust

During 2013/2014 the Trust has continued to strengthen existing safeguarding arrangements and practices to ensure that vulnerable patients are kept safe.

The release of the Francis Report, the Winterbourne View Enquiry and Savile Report resulted in the Trust developing action plans to address any issues relevant to our Trust.

Significant work is also ongoing related to the care and management of our patients who suffer from dementia. The Trust was successful in a Department of Health bid for monies to enhance the healing environment for our patients who suffer from dementia. Our *Here to Care*

project has helped to support our work to improve the environment of care for our patients with dementia.

In August 2013 we also welcomed the visit from the Enter and View Team. This visit was prompted by Healthwatch wishing to take the opportunity to work with Airedale NHS Trust to look at a few concerns raised locally by the public in relation to the care of older people with a cognitive impairment on Ward 1. The purpose of the visit was to:

- Look at communication between staff, patients and family members of people with dementia and at dignity for all patients
- Work together with staff to look at ways of improving the experience of patients with dementia and other patients

The Trust is also actively involved in the **Government's PREVENT** initiative and has developed an Implementation Strategy which has been ratified by the Trust's Health and Safety Group and a training needs analysis.

The Safeguarding Adults Policy and Procedures were updated and approved by the Trust's Policy and Procedures Assurance Group in February 2014. The Policy includes clear guidance for all staff groups regarding the recognition of potential or actual concerns and actions required to be taken by them. We have also submitted an annual report to Airedale, Wharfedale and Craven Clinical Commissioning Group and completed a set of safeguarding standards to identify where we are in different aspects of safeguarding. We have also registered compliance with the CQC Safeguarding Standards. The policy was also updated to bring it in line with the NICE guidelines on Domestic Abuse.

The Trust has a Strategic Safeguarding Group which meets 6 times a year. The work of this group is supported by an Operational Group for Vulnerable Adults.
.
In addition, the Trust has signed up to the District Wide Health Strategy for Violence against Women and Young Girls and has completed an action plan to run in conjunction with this. The district wide work to update this plan began in March 2014.

We are actively involved in the MARAC (Multi Agency Risk Assessment Conferences). As an organisation we are signed up to the MARAC information sharing agreement.

It has been a year of ongoing change, opportunity, development and commitment. This work will continue as we embed our safeguarding systems throughout the organisation.

We remain solidly committed to the safeguarding agenda and partnership working.

## Terms explained

**Enter and View**
Healthwatch volunteers carry out visits to heath and social care services in our district. The visits happen if people tell Healthwatch that there is a problem with a service and when services have a good reputation so that lessons can be learnt and shared. Any publically funded service can be visited like care homes, hospitals, GPs and dentists.

## Terms explained

**Government's PREVENT** initiative aims are to stop radicalisation, reduce support for terrorism and violent extremism and discourage people from becoming terrorists.
It is concerned with early intervention, providing support and mentoring for those who may be vulnerable to violent extremist ideology.

## Bradford District CCG, Bradford City CCG and Airedale Wharfedale and Craven CCG

This will be the first report from the Clinical Commissioning Groups which formed in April 2013. Along with NHS England, the Clinical Commissioning Groups arrange NHS funded services on behalf of the people who live in the Bradford District.

There are three different CCG's covering the Bradford District.
These are;

- Bradford City CCG,
- Bradford District CCG and
- Airedale, Wharfedale and Craven CCG.

All three organisations work in partnership and have come together to form a shared safeguarding team covering adults and children. The team gives regular safeguarding updates to the CCGs Governing Bodies and executive groups, as well as and providing advice and support to CCG staff and the wide range of health providers across the district.

Staff are key in helping to prevent abuse and the safeguarding team has provided training to CCG staff to help them identify how they might recognise abuse, even though they may not have direct contact with service users or patients.

In October 2013, Dr S Khan, the named GP for Safeguarding Adults, joined the safeguarding team. As a family doctor, she brings new expertise, helping to provide GPs with training and advice about complex safeguarding adult cases.

As commissioners, the CCGs have clear safeguarding expectations of organisations that provide NHS funded services and specific safeguarding standards are in included in NHS contracts. Where there are concerns about health services, CCG staff from the Safeguarding, Quality and Continuing Care teams, attend multi-agency safeguarding meetings to make sure that health services are working together and with partners to protect people from abuse.

During the year, the CCG supported the work of the Safeguarding Adults Board, with attendance at board meetings and active membership of its Sub-groups. The CCG safeguarding team regularly provided training on behalf of the Safeguarding Adults Board and delivered briefings in preparation for the new West Yorkshire-wide multi-agency procedures.

The CCG also supported other safeguarding related programmes, including the Bradford District Violence Against Women and Girls Strategy and the national PREVENT initiative - which aims to stop people who are at risk of being radicalised from becoming terrorists.

Looking to the future, the CCGs and the safeguarding team will continue to work with healthcare providers and other stakeholders to drive forward Safeguarding Adults across the District.

## Bradford District Care Trust (BDCT)

During the past year BDCT has been collaborating with the Local Authority and other partner organisations on the implementation of West Yorkshire Safeguarding Adults Procedures. The Trust has seen this as an opportunity to develop practice and support staff in key safeguarding roles within BDCT. A new pool of employees has been identified who will act as Safeguarding Coordinators and Investigating Officers on top of their normal duties. These additional responsibilities are being recognised in job descriptions and workloads. Specialist training commissioned by the Safeguarding Adults Board will give these specialists a thorough grounding in safeguarding practice. Continued practice development is to be promoted though joint support groups with the local authority.

As the new procedures have implications for the practice of all Trust staff information about the changes has been disseminated across the organisation. Practice guidance and in house training has been modified, and staff have the option of attending special multi-agency briefings on the procedures.

In September Trust staff were once again actively involved in Bradford's Safeguarding Week: contributing to the programme by arranging special events and taking part in a variety of the sessions on offer.

BDCT made a total of 435 safeguarding alerts in 2013/14, half of which concerned domestic abuse. Staff are currently being encouraged to include more information on alerts about the views and wishes of the adult at risk, consistent with the strong emphasis of the new procedures and government policy on positive outcomes for the person. A staff guide on Hate Crime has also been written to promote higher levels of reporting of this form of abuse.

The Trust has now approved its safeguarding strategy 2014 -2017, with a vision to ensure that safeguarding and promoting the welfare of adults and children is embedded in every aspect of the organisation's work. Bi monthly meetings of the Safeguarding Forum, chaired by the Deputy Director with responsibility for safeguarding, will continue to drive this agenda across the Trust.

Priorities for the coming year include:

- A further annual audit of the quality of safeguarding alerts made by BDCT
- Continued work with the local partnership on the implementation of the West Yorkshire procedures
- Commencing work on the forthcoming Bradford Health Economy Strategy for Tackling Domestic and Sexual Violence 2014 -19

## Bradford Teaching Hospitals NHS Foundation Trust (BTHFT)

One of the key achievements for Adult Safeguarding within BTHFT is the collaborative event that was held in the Sovereign Lecture Theatre in June 2013. BTHFT hosted speakers from BDCT and Bradford, Airedale, Craven and Wharfedale Clinical Commissioning Group to debate and discuss both the Mental Health Act and Mental Capacity Act and Deprivation of Liberty Safeguards. The event was attended 111 delegates by from BDCT and BTHFT. It evaluated extremely well and contributed to a greater awareness and understanding of the complex interaction between the safeguards to protect adults who are vulnerable and at risk.

Existing hate crime strands include disability, race or ethnicity, religion or belief, sexual orientation, and transgender identity. A further event was held in October 2013 as part of the District-wide safeguarding week, with presenters from Bradford People First, the Sophie Lancaster Foundation, and the Police. This event was held in order to raise awareness of existing hate crime strands but also provide an opportunity for Sylvia Lancaster on behalf of the Sophie Lancaster Foundation to present a moving account of both herself and her daughter's life shattering experience as a victim of hate crime. The Sophie Lancaster Foundation is working towards having 'alternative subcultures' added to the reportable hate crime strands.

Further bespoke training has been delivered in relation to Personality Disorder awareness, Domestic Violence and Independent Mental Capacity Advocacy with support from outside speakers.

New policies and procedures have been developed and updated for the Mental Capacity Act and Deprivation of Liberty Safeguards, and the procedures for working with the Mental Health Act within an acute hospital setting. Additionally, a Safeguarding Adults webpage on the Foundation Trust intranet has been enhanced, providing an easily accessible source of information for staff on all aspects of Adult Safeguarding, including Mental Capacity Act and Deprivation of Liberty Safeguards, Mental Health Act, Domestic Violence, and PREVENT (the national counter terrorism strategy). The website also provides information on how to make an alert to the Local Authority Safeguarding Unit, along with a link to their online alert reporting system. Adult Safeguarding activity has reflected a year on year increase of 20% from 2012-2013 to 2013-2014.

Following the CQC inspection in 2013 BTHFT briefed the Safeguarding Board on key issues affecting older and disabled people and provided assurance that they were being addressed.

BTHFT has worked closely with a local care provider to ensure that patients who are detained under the Mental Health Act have a positive experience of acute care when accessing services at BTHFT.

Domestic violence and abuse is a complex issue that needs sensitive handling by a range of health and social care professionals. It affects families which include children and vulnerable adults. Joint working within BTHFT that has included Children's Safeguarding and the Safeguarding Midwife has resulted in a more robust alerting mechanism. This ensures that front line staff are aware of support mechanisms to support victims and their families. Further work is planned to work alongside the District-wide Violence and Against Women and Girls Manager to ensure further support mechanisms.

## Domestic Abuse Partnership

The Domestic Abuse Partnership sits strategically within the remit of the Bradford Community Safety Partnership. Membership of the Partnership includes statutory, voluntary and community agencies. Updates from the Sub-group include:

- The Bradford Violence Against Women and Girls Strategy 2011 – 13 has now expired. The 'Bradford Domestic and Sexual Violence Strategy 2014 – 2019: A strategic response to ending violence against women and girls (VAWG) and inter-personal violence against men' is currently in draft format

- Bradford Council has the lead for implementing Domestic Homicide Reviews (DHRs). DHRs were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004) and came into force 13th April 2011. The purpose of a DHR is to establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims and to ensure that any lessons learned are implemented. Bradford Community Safety Partnership has completed 1 DHR and is currently carrying out 6 DHRs. Lessons learned from the DHRs are implemented during the DHR process, with further briefings delivered across the district after completion of the DHR

During 2013/14 there was an 8% increase in the number of domestic violence incidents reported to the police (n=10,467), with 82% of victims being women and 6% being over 60 years of age. The percentage of incidents where children were present decreased from 37.6% in 2012/13 to 36.5% in 2013/14.

## Multi-Agency Risk Assessment Conferences (MARAC)

The MARAC process is facilitated by Bradford Council, with funding contributions made by West Yorkshire Police, Bradford CCGs and the Home Office. MARACs are multi-agency information sharing meetings aimed at supporting victims at high risk of serious assault or injury. Within the MARAC process, agencies use a common Risk Identification Checklist (RIC) to assess whether victims meet the MARAC high risk threshold and a safety plan is developed to improve safety for victims and their children. In 2013/14 there were 657 MARAC cases discussed.

In October 2013, Co-ordinated Action Against Domestic Abuse (CAADA**)** revisited the Bradford MARAC. The feedback report from CAADA commented that, the Bradford MARAC meetings were were well planned and very well attended with appropriate representation from: the police; mental health services; children's services; education services and health services. The chair was very good at identifying risks which helped in good action planning. Some of the actions agreed included managing perpetrators, consideration in each case was given to all adults, including staff, who were recognised to be at risk from the perpetrator and action planning reflected this. Children were identified and appropriate actions were taken to safeguard those children. It was encouraging that all schools receive feedback from MARAC. The recognition of risk to children and safeguarding action planning was particularly positive.

The MARAC Coordination has worked well to ensure that there is a good partnership buy-in to MARAC and therefore to embed the MARAC processes very well in Bradford. This demonstrates multi-agency working at it's best.

## West Yorkshire Police

Bradford Police provide an effective response to the management of Safeguarding Adults delivered through three main Operating Units.

The Bradford District Safeguarding Unit is a dedicated department working in partnership with statutory and non statutory agencies to safeguard victims of crime who by their very nature are vulnerable.

The Unit works to safeguard vulnerable children and adults alike and is staffed by a team of Police Officers and support staff who are trained to effectively safeguard the most vulnerable members of the District.

In relation to Safeguarding Adults, a small team of officers working under experienced Police supervisors are committed to working with partner agencies to identify where criminal offences have been committed against adults who are at risk of abuse. These victims are readily identified as 'adults at risk' and the Police will assume the lead responsibility to investigate these matters and bring those responsible to justice. Working alongside the Adult Protection Unit within the Local Authority, effective safeguarding will also be undertaken.

Also situated within the Safeguarding Unit are teams of officers responsible for managing criminal investigations involving adults who are subject to offences of rape and serious sexual assault and those adults who are 'sex street workers' and often become victims of serious crime. Whilst many of the victims in this area are not within the remit of the Safeguarding Adults Policy & Procedures, there are clear areas of vulnerability which result in the need for effective investigation being undertaken with the Safeguarding Unit by specially trained Police officers.

Within Bradford there is a dedicated Domestic Violence Unit which is charged with investigating all reported offences of domestic abuse. Similarly to rape and vice related matters, these victims do not often attract a category of 'adult at risk' but there are nevertheless elements of vulnerability which need to be addressed. The Domestic Violence

Unit has an identified Lead Police Inspector who is the co-chair of the MARAC process, the partnership group which addresses risks to those victims of domestic abuse.

The Bradford Community Safety partnership contains Police Officers who co-ordinate the investigations of reported hate crime, including that involving victims with learning and other disabilities which makes those individuals vulnerable. The investigation of these reported crimes are managed through Crime Investigators working within the 6 Partnership Ward Areas for the Bradford District.

Within each of the 3 areas of business for Safeguarding Adults, there are structures and processes in place to enable effective partnership working and manage the risks to the vulnerable.

Accepting there are specialist officers addressing most areas of crime relating to vulnerable adults, there is a clear recognition that safeguarding is everyone's business and awareness raising continues with Police Officers and Police staff on an ongoing basis.

## West Yorkshire Probation Trust (WYPT)

WYPT in Bradford is fully represented on both the Bradford Safeguarding Children Board (BSCB) and the Safeguarding Adults Board (SAB). We contribute to Safeguarding Adults through attendance/reporting to MARAC's for known or previously known perpetrators.

WYPT is the lead agency for MAPPA (Multi-agency Public Protection Arrangements) promoting and coordinating the effective monitoring and management of risk across a wide range of statutory/voluntary "duty to co-operate" partners. Some of these high risk offenders will pose defined threats to vulnerable adults.

WYPT delivers the domestic abuse programmes to perpetrators of domestic violence when sentenced by the Courts. This includes liaison with victims to ensure that the victim's safety is taken into account and that the offender is safely managed in the community.

In 2013 WYPT signed off its own Policy and Guidelines in respect to Safeguarding Adults: this makes the Trust fully compliant with the Boards' policies and guidance. As a stand-alone Policy, this is binding upon WYPT staff, enhancing our work in contributing to the assessment and management of risks posed by those who present a risk to vulnerable adults, and helping to reduce the risk for future potential victims.

As a service we keep data on MAPPA referrals, MARAC referrals and maintain a system of alerts for specific categories of concern relevant for Adult Safeguarding, i.e. MAPPA, MARAC, Domestic violence perpetrators, Domestic violence victims, those with mental health vulnerabilities and 'vulnerable adults'.

Under Victim's' Charter, the views of vulnerable victims, where they consent, are canvassed and then fed into the Parole process and are taken into account in setting the terms and conditions for conditional release for serious offenders. Whilst this is a discrete and private activity, it has the potential to be a rich source of information about victim's perceptions.

The Government's Transforming Rehabilitation Programme effective from 1/6/14 means that WYPT has dissolved and there are now two organisations, National Probation Service and West Yorkshire Community Rehabilitation Company delivering probation services within Bradford. In future, both will engage with the Safeguarding Adults agenda.

## West Yorkshire Fire & Rescue Service

West Yorkshire Fire & Rescue Service (WYFRS) as an active part of the Bradford Safeguarding Adults Board is committed to identifying and working with vulnerable adults across Bradford District to prevent any accidental injury or death through fire. We are fully committed to playing an active role in safeguarding vulnerable adults and as such we have an active 'Safeguarding Children and Vulnerable Adults Policy'. Since the policy and associated

procedures were established in 2012 they have proven to be an effective way of reporting concerns. These internal procedures mirror the West Yorkshire Safeguarding Procedures and allow for effective and timely reporting of any concerns and issues. All WYFRS frontline staff in Bradford have completed training to enable them to identify and respond to safeguarding concerns under the new procedures which will be implemented from 1st April 2014.

To allow us to identify and safeguard vulnerable people in their homes we run a pro-active Fire Prevention programme. This programme is based around collaborative working with key partners who will refer vulnerable adults to us in order for us to carry out visits, called Home Fire Safety Checks, and employ the appropriate interventions. These interventions are provided free of charge and range from smoke detection to fire resistant bedding and throws.

From 1st April 2013 until 31st March 2014 10,000 Home Fire Safety Checks were carried out across Bradford District, meeting with 26,127 people within their homes. Within these visits 3,532 households had 1 or more person aged 65 years or above as the main householder. 11,897 smoke detectors and 266 specialist alarms for the deaf were fitted in these properties.

There is a range of other risks that present when we visit properties and within the Bradford District the following risk factors were highlighted:

- 948 properties where a person was identified as having a disability which would compromise their escape
- 161 properties where hoarding was present
- 432 properties where a person presented as having issues around mental health
- 77 properties where a person identified as being a drug user
- 153 properties where alcohol was a risk factor

Directly correlating to these interventions there was almost a 10% reduction in the numbers of dwelling fires across the District against 2012/13 figures.

## Yorkshire Ambulance Service (YAS)

YAS serves more than 5 million people and we are constantly developing new and more effective ways of carrying out our core services which are: 999 communications, Accident and Emergency, NHS 111 Telephone Advice Service and Patient Transport.

Safeguarding adults and children is everyone's responsibility and in order to assist this, YAS has a highly dedicated and experienced Safeguarding Team which consists of: a named professional for adults, a named professional for children, a safeguarding practitioner for adults and children (12 month secondment) and a head of safeguarding.

Safeguarding Adults and Children Training outlines types and signs of abuse, factors contributing to abuse and patterns of abuse. The course covers information sharing, consent, including capacity and best interest decisions (MCA 2005) as well as a professional's role in safeguarding and ways of reporting. Safeguarding Adults Training is delivered through face to face classroom delivery, YAS NHS Trust Statutory & Mandatory Training Workbook and distance learning and via e-learning. The training looks at local and regional safeguarding policies, domestic violence, forced marriage, honour-based violence, PREVENT (the national counter terrorism strategy) amongst other topics. In 2013/14 over 95% of YAS employees completed the Adult Safeguarding Level 1 Training. YAS also disseminate and promote Multi-agency Safeguarding Training across the YAS region.

YAS continues to lead the way in developing best practice for safeguarding in UK ambulance services though the National Ambulance Safeguarding Group (NASG). This group allows safeguarding managers to work together on common issues, share knowledge and experience and compare information between ambulance trusts. The group provides peer support, group supervision and the opportunity for benchmarking, sharing practice and lessons learned.

YAS developed a bespoke safeguarding self- assessment tool, which was used to peer review safeguarding processes in all other ambulance trusts in England and Wales during 2013/14. Peer reviews have been completed and progress reported to the Ambulance Quality Governance and Risk Directors (QGARD) group at quarterly meetings. YAS was reviewed by a team from North East Ambulance Service on 19/06/13. A thematic analysis will be provided to QGARD during 2014/15 to highlight relevant issues for safeguarding in the ambulance sector.

The NASG also developed a national ambulance specific distance learning workbook for Safeguarding Adults to level 3 during 2013/14. This will be circulated to all relevant UK ambulance staff when completed to assist with advancing knowledge and compliance levels. During 2013/14 the YAS Head of Safeguarding stepped down as the chair of NASG after establishing and chairing the group since 2009.

Through audit and case review, it was identified that many adult safeguarding alerts being made by YAS staff were not related to cases of abuse or neglect but where the attending staff identified a need for social care support. In 2013-14 the YAS Named Professional for Safeguarding Adults established a pilot project in the Leeds area where staff can contact social care directly to notify them of a patient who may require support. A social care professional will then contact the patient to arrange an assessment.

**YAS Safeguarding Alert rate 2008 to 2014 (year on year reporting)**

YAS Safeguarding Adults Alerts to Social Care across Yorkshire (made by A&E crews) for 2013/2014:

| | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
|---|---|---|---|---|---|---|
| Adults | 233 | 623 | 1094 | 1949 | 3111 | 4401 |

On review YAS has shown an upward trend in reporting of safeguarding alerts, this is due to an increased awareness of safeguarding policies, procedures and practice.

YAS commits to the ongoing development and refinement of policies and procedures to underpin robust and effective practice.

**Design Team: PLEASE SPREAD THESE CASE EXAMPLES ACROSS THE REPORT – PLEASE PLACE IN A FANCY BOX**

# Case Examples

## Case Example 1 - Reducing Risks

Three brothers live together with their elderly mother. David is profoundly deaf and communicates using British Sign Language (BSL) and has Obsessive Compulsive Disorder (OCD), he can become very aggressive and has in the past screamed and shouted for over 24 hours. He maintains total control of his brothers and is abusive towards them. John is partially deaf, has OCD and health issues. Luke has a learning and physical disabilities as well as health issues. They have a sister who lives next door and she is the carer for the elderly mother and the three brothers. The mother has no control of any behaviours at home despite support and input from multi-agency services.

These interventions have not worked as there is a genuine unwillingness for the family to change. The brothers have capacity to make the decision on where they live. However professionals believe that these brothers cannot live in harmony with very high risks of harm to Mum, John and Luke.

Luke complained of assault by David to the Police. It was agreed by the safeguarding professionals that David needed some time away from the family home, time to assess and try to identify why these behaviours continued. Respite was offered for 4 weeks in a specialist unit out of area for deaf people. Whilst the placement went well, once David returned home the violence and aggression started again and increased. The Police became involved again.

Once again David agreed to a temporary move and very quickly settled into his new environment. The biggest change was that he had communication and peers who he was able to associate with in BSL.

This case has taken time to get to a point where there appears to be a suitable outcome where all family members have had risks significantly reduce. David in turn has found new opportunities to develop skills and take advantage of new experiences.

***Names and other details have been changed to protect people's confidentiality***

## Case Example 2 – Speaking out

Imran experiences long term mental health problems. On routine review of his care needs at his residential home it was discovered a worker employed by another agency, who had previously worked with Imran and whom Imran trusted as his "friend" was in possession of Imran's post office card and PIN number.

Imran told his Mental Health Care Officer that he was worried about owing £2,500 to the care home for his contribution towards his care fees as he did not have the enough money to pay it.

A safeguarding alert was made and the Police were informed. When interviewed the worker could not provide a satisfactory explanation as to why he was still in contact with Imran and he was challenged about being in possession of the card and PIN number, which he knew to be in breach of policy and procedures.

He was also unable to provide documentation with regards to money withdrawn from the account or explanation of how and why the debt to the care home had accrued. At this point it was very clear that Imran had been exploited both emotionally and financially.

Further investigation revealed that a large amount of money could not be accounted for and the worker was charged with Fraud by abuse of position of trust and subsequently pleaded guilty to theft of £7000 and he was given an 8 months prison sentence for his offence.

***Names have been changed to protect people's confidentiality***

## Case Example 3 – Offering support to carers can make a big difference

Betty is 78 years old has mental health problems. Betty was referred to Adult and Community Services by a professional who had witnessed Betty being subjected to verbal abuse by her daughter. There were also concerns raised about the daughter physically abusing Betty after she had disclosed this information to a worker at the day centre she attended. Betty lives at home with her son who has a mild learning disability and they have lived together all of their lives.

A social worker visited Betty on numerous occasions at different times and in different settings to ascertain her views on the matter. Betty was able to make an informed decision and denied the allegations that were made.

Adult Protection strategy meetings took place to discuss the allegations and to put together a plan to help safeguard Betty.

A discussion took place with the daughter who admitted shouting at her mother previously. However, she denied physically hurting her mother. The daughter also said that she was not only the main carer for her mother but the main carer for two other family members too.

After this information was disclosed, it became apparent that the daughter was struggling to care for her mother on her own. Services were increased to provide additional carer relief. The social day centre was increased from once to three times a week, and staff at the day centre were made aware of the safeguarding concerns raised and therefore continued to monitor the situation.

Betty was also referred to a Befriending Service on one of the days that she was not at the day centre and a health worker from the medical centre visited frequently to monitor Betty's health needs.

Family were encouraged to get a telephone line installed which they have done, and Careline is now installed so that Betty has a point of access in an emergency/risk situation.

Providing the above support has resulted in Betty being able to remain living happily in her own home which she has always wanted to, ensured that other professionals are involved and all that carer strain on the daughter has been reduced.

All agencies are now aware that if they have any concerns are raised or if they notice Betty withdrawing or failing to attend services in the future then this needs to be reported.

***Names have been changed to protect people's confidentiality***

## Case Example 4
## Taking a holistic approach may well tell the full story

In a period of just 12 weeks the Adult Protection Unit received seven different alerts about a nursing home. Each of these alerts was from different sources and contained what on initial view would be different concerns and incidents, seemingly unrelated.

When the Safeguarding Coordinator looked at all the alerts in more detail a number of issues were highlighted. It was found that the residents in the home looked unkempt and that their personal hygiene was being neglected. In some cases the health condition of some residents was deteriorating and this was not being addressed. There were also concerns about poor care practices, including how case notes were recorded and there was a breakdown in communication in particular with relatives of the residents within the home.

When these issues were all coupled together it became increasingly apparent that there was a common theme within this home and its service. The decision was then taken to look at concerns collectively with partners, such as the CQC, under the full safeguarding procedures'.

During the investigation, it was identified that the concerns all related to residents who were relatively new to the service. The issues were linked to how new residents were being assessed when they first arrived at the home. The process needed clarity to help staff implement better care plans for new residents. The home also recognised that its staff needed ongoing training on how to implement plans and develop good working relationships quickly with families of new residents.

At the multi-agency meeting the outcomes for the individuals concerned were agreed. Actions were set for the home to improve their service for new residents, which they accepted as their responsibility and thereafter any potential or future risks were reduced.

This case clearly demonstrates just how important it is for people to make those alerts and report any concerns they may have, however minor they may think they are. The Adult Protection Unit is then able to look at these alerts as a collective rather than in isolation. In this case, if this had not been the approach, the outcome would have been very different.

Design team please place this case example on page about 'Adult Protection Unit' if you can thanks.

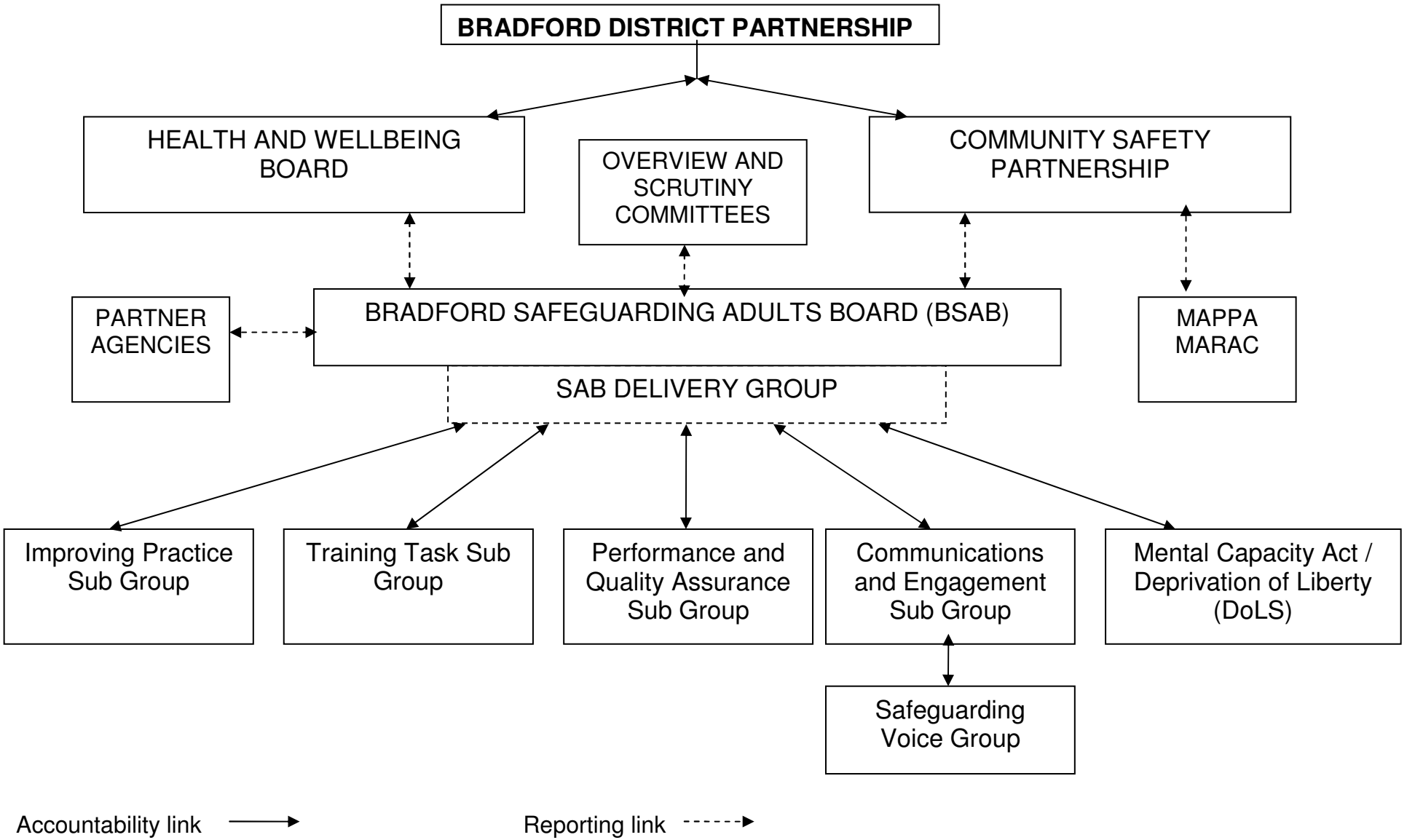
***Names have been changed to protect people's confidentiality***

## Appendix 1 - Members of the Safeguarding Adults Board 2013/14

| Organisation | Representative |
|---|---|
| Independent Chair | Jonathan Phillips |
| CBMDC<br>Department of Adult and Community Services | Janice Simpson, Director Adult and Community Services |
| West Yorkshire Police<br>and<br>Deputy Chair | Terence Long, Detective Chief Inspector |
| CBMDC<br>Department of Adult and Community Services | Bernard Lanigan, Assistant Director - Integration & Transition<br><br>Mark Nicholas, Service Manager (Safeguarding and Performance Management)<br><br>Operational Services – tbc<br><br>Robert Strachan, Senior Adult Protection Coordinator |
| Yorkshire Ambulance Service | Janine Waters, Named Professional for Safeguarding Adults |
| Bradford District, Bradford City and Airedale, Wharfedale and Craven CCGs | Nancy O'Neil, Director of Collaboration<br><br>Matt O'Connor, Head of Safeguarding (Adults) |
| Airedale NHS Foundation Trust | Elaine Andrews, Assistant Director for Patient Safety<br><br>Noel McEvoy, Named Nurse for Safeguarding |
| Bradford Teaching Hospitals Trust | Sally Scales, Acting Chief Nurse<br><br>Gail Harney, Safeguarding Lead |
| Bradford District Care Trust | Nicola Lees, Deputy Chief Executive and Director of Nursing BDCT<br><br>Cathy Woffendin, Deputy Director of Nursing and Specialist Services |
| West Yorkshire Fire and Rescue Services | Thomas Rhodes, District Prevention Manager<br><br>Nazir Hussain, District Prevention Assistant |
| National Probation services | Billy Devenport, Operational Manager |

| | |
|---|---|
| In Communities | Harry Whittle, Director of Estate and Support Services |
| Independent sector | Konrad Czajka, R.N.H.A.<br>Irene Jest, Area Manager |
| NHS England | Sue Cannon, Director of Nursing and Quality West Yorkshire Area Team |
| Stonham Housing | Sheree Bosco, Senior Client Services Manager |
| Alzheimers Society | Paul Smithson, Support Services Manager |
| Choice advocacy | David Rosser, Director |
| Hanover (Housing) | Tom Brown, Head of Operations Extra Care |
| Healthwatch | Andrew Jones, Healthwatch Project Manager |
| Safeguarding Children's Board | Paul Hill Bradford Safeguarding Children's Board Manager<br>Frank Hand |
| Strategic Disability Partnership /Arthritis care group | Gill Bowskill, SDP Representative |
| CBMDC<br>Department of Environment and Sport | Val Balding, Community Safety Partnership, Domestic Abuse Partnership |
| **Sub-group Representatives** | |
| Chair, Delivery Group | Bernard Lanigan, Assistant Director - Integration & Transition |
| Chair, Training Task Sub-group | Noel McEvoy, Named Nurse for Safeguarding |
| Chair, Improving Practice Sub-group | Matt O'Connor, Head of Safeguarding (Adults) |
| Chair, Performance and Quality Sub-group | Mark Nicholas, Service Manager (Safeguarding and Performance Management) |
| Chair, Communications and Engagement Sub-group | Terence Long, Detective Chief Inspector |
| Chair, MCA/ DOLS Sub-group | Mark Nicholas, Service Manager (Safeguarding and Performance Management) |

# Bradford Safeguarding Adults Board Structure and reporting relationships



**Bradford and District Safeguarding Adults Board**
**Business Plan as at March 2014**

| **Delivery Group – oversee and support the progress of each Sub Group's action plan and report to SAB** | | | | | |
|---|---|---|---|---|---|
| **Action** | **Start date** | **Sub Group & Lead** | **Key milestone(s)** | **Target /Review date** | **Comments / progress/ evidence** |
| D1 To ensure approval of and compliance with the Board's Information Sharing Agreement | June 2013 | Delivery Group **Service Manager S&PM** | • Information Sharing Agreement to be revised<br>• Presentation to the Board for agreement and sign off | July 2014 | • Exploring the possibility of developing protocol with Bradford Safeguarding Children's Board<br>• Still in progress – Action carried forward to 2014-15 plan |
| D2 Identify shared work streams with the Safeguarding Children's Board and the Community Safety Partnership | June 2013 | Delivery Group **Service manager S&PM**<br><br>**Fred Bascombe** | • Representation from SAB at the Safeguarding Children's Board and Community Safety Partnership<br>• Participation in shared work streams | March 2014 | • Joint Practitioner sessions have been established<br><br>• Still in progress – Action carried forward to 2014-15 plan |
| D3 With the Carers Partnership design an action plan based on the ADASS paper 'Carers and Safeguarding Adults – Working Together to Improve Outcomes' | June 2013 | Delivery Group<br><br>**Rob Strachan** | • Development of the Action Plan<br>• Develop a task and finish group within the Delivery Group<br>• Endorsement of the plan by SAB<br>• Monitoring delivery of the plan | March 2014 | **Action Completed** |

| | | | | | |
|---|---|---|---|---|---|
| D4 Design a SAB event to examine the impact of personalisation and personal budgets on safeguarding | June 2013 | Delivery Group **Service Manager S&PM** | • A facilitated event to explore risks and opportunities | Nov 2013 | • Event planned for September 2014<br>• Still in progress – Action carried forward to 2014-15 plan |
| D5 Review SAB membership & make recommendations for change and ways of holding members to account | June 2013 | Delivery Group **Service Manager S&PM** | • Report to SAB | Nov 2013 | **Action Completed** |

| **Communications and Engagement – the development and implementation of a sustainable engagement plan that targets the public, hard to reach groups, users of services and carers** | | | | | |
|---|---|---|---|---|---|
| **Action** | **Start date** | **Sub Group & Lead** | **Key milestone(s)** | **Target /Review date** | **Comments / progress/ evidence** |
| C1 SAFEGUARDING AWARENESS<br>To target and implement a safeguarding adults awareness raising programme for:<br>• the general public<br>• service users<br>• hard to reach communities such as Black Minority Ethnic (BME) groups<br>• Staff & volunteers<br><br>To educate people on safeguarding and to empower them on how to make an alert | Jan 2014 | C&E | • Identify opportunities to target general public, service users and their families<br>• Consult with BME groups in order to identify opportunities to engage<br>• Speak to colleagues in Children's Services to understand lessons already learned<br>• Once the above are known, develop a plan<br>• Monitor and evaluate | Ongoing 2014 / 2015 | • A number of activities and initiatives have taken place to raise awareness across the Bradford District during the year. Contact has been made with the Equality and Diversity for West and South Yorkshire and Bassetlaw Commissioning Support Unit to discuss how we can raise awareness with South Asian communities<br><br>• Still in progress – Action carried forward to 2014-15 plan |
| C2 HATE CRIME AWARENESS<br>Support the actions from the Bradford Hate Crime Action Plan in partnership with the Strategic Disability Hate Crime Action Group:<br>• Increasing awareness of hate & mate crime<br>• Increase the reporting of hate crime and hate incidents | Jan 2014 | C&E<br>Lead: Darryl Smith | • Produce publicity materials poster/leaflet<br>• Produce Hate Crime Newsletter<br>• Develop, offer and run a training programme for different audiences | Oct 2014 | • Several Hate Crime Awareness workshops have taken place across the year. Each session was aimed at different groups.<br><br>• Still in progress – Action carried forward to 2014-15 plan |

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| C3 INCREASE REPORTING<br>To raise awareness with key sector organisations where we have learnt reporting is low e.g.<br>• Housing<br>• Police<br>• Education | Jan 2014 | C&E<br>Lead: Terry Long<br><br>Rob Strachan | • Identify champions<br>• Provide champions with information & training<br>• Work with champions to develop and implement an awareness campaign | October 2014 | • Contact has been made with each group specified and meetings have been arranged to discuss how each organisation can progress awareness raising around the reporting of safeguarding issues<br><br>• Still in progress – Action carried forward to 2014-15 plan |
| C4 USER JOURNEY<br>To gain an understanding of the experience of making an alert from the perspective of:<br>• general public<br>• service users<br>• staff & volunteers | Jan 2014 | C&E | • Agree on a process to identify people's experience of making an alert through the:<br>- On-line form<br>- Adult Protection Unit<br>- Access Team<br>• Identified issues to be reported to appropriate groups | October 2014 | • Work has been carried out with the Voice group, who have worked through and evaluated the on-line alert form. Review of the on-line reporting system is being undertaken<br><br>• Still in progress – Action carried forward to 2014-15plan |
| C5 ENGAGEMENT & INVOLVEMENT<br>Support and develop a service user engagement group (known as the Safeguarding Voice Group). Ensuing service users' views and voices are heard and acted on by the Safeguarding Adults Board | Jan 2014 | C&E<br>Lead: Sheree Bosco<br><br>Neena Punnu, Sue Haddock | • Organise and run regular meetings<br>• Take issues from C&E to Safeguarding Voice<br>• Provide feedback from the meetings to C&E<br>• Increase membership so that the group is fairly represented | Ongoing Action | • A service user engagement group – The Voice has been established and they have met several times over the year. Working with SAB to improve publicity and awareness around safeguarding in Bradford. They have been involved in a number of events where they have assisted the Adult Protection Unit in engaging with other service users. Other work continues<br><br>• Still in progress – Action carried forward to 2014-15 plan |
| C6 WEST YORKSHIRE PROCEDURES<br>To ensure that the West | Jan 2014 | C&E<br>Lead: Robert Strachan | • Develop media and publicity strategy and materials for rollout of | April 2014 | • A work group was set up to progress and plan for the implementation of |

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| Yorkshire Procedures are appropriately publicised<br><br>To ensure roll out of publicity and awareness raising is coordinated | | Neena Punnu | WYPs.<br>• Review safeguarding literature/posters etc. to reflect WYPs<br>• Each agency to plan awareness raising | | the new West Yorkshire Procedures. The group worked together to ensure that appropriate training was in place for staff and also developed and reviewed current working documents in line with the requirements of the new procedures. Work is still ongoing to bring ICT systems and processes in line<br><br>• Still in progress – Action carried forward to 2014-15 plan |
| **Improving Practice – assure the quality of practice and decision making in relation to improving outcomes for individuals and the safeguarding process, engaging with practitioners to do so. Developing good practice guides for practitioners and managers in all organisations in relation to – first contact/access; assessment/diagnosis; support/care planning and review.** | | | | | |
| **Action** | **Start date** | **Sub Group** | **Key milestone(s)** | **Target/ Review date** | **Comments / progress/ evidence** |
| I1 To contribute to the delivery of the Welfare Reforms Action Plan with particular to addressing issues around financial abuse | June 2013 | Improving Practice<br><br>**Matt O'Connor** | • Ensure any changes to practice are highlighted as a result of issues relating to welfare reforms – likely increase in financial abuse, neglect etc.<br>• Consider and plan for any training/development needs | Jan 2014 | **Action Completed** |
| I2 To supervise and ensure that the West Yorkshire Procedures are absorbed and reflected in safeguarding practice throughout Bradford (by Safeguarding Co-ordinators and other professionals). Ensure that | June 2013 | Improving Practice<br><br>**Matt O'Connor** | • Plans in place for dissemination<br>• Team and organisation action plans in place to ensure procedures are embedded | Jan 2014 | • This action will progress in line with Action C6 as above<br><br>• Action ongoing through a task and finish group in 2014-15 |

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| practice results in timescales and processes are being followed | | | | | |
| I3 To ensure that the Winterbourne and Francis reports and recommendations are reflected in current practice within Bradford | June 2013 | Improving Practice<br><br>**Rob Strachan** | • Identify key outcomes that the group wants to achieve<br>• Agree responsibility for outcome areas<br>• Design and implement action plan<br>• Report progress to SAB | Feb 2014 | **Action Completed** |
| I4 To work with the Adult and Community Services Support Options/Direct Payments and Continuing Health Care Team to review and develop safeguarding processes within personal budget arrangements ensuring that risk is managed | June 2013 | Improving Practice<br><br>**Rob Strachan** | • Agree and adopt appropriate safeguarding arrangements.<br>• Report to SAB | Nov 2013 | • Discussions have taken place and a work plan has been implemented to ensure that risk is considered during the application and implementation role of the Direct Payments Tteam. Work is still ongoing<br><br>• Still in progress – Action carried forward to 2014-15 plan |
| I5 To review the format of the Safeguarding Adults Procedures with regard to access by the public and professionals to ensure they are user friendly and to review guidance for Safeguarding Co-ordinators | June 2013 | Improving Practice<br><br>**Rob Strachan** | • Ongoing work with West Yorkshire to agree/develop uniform West Yorkshire Safeguarding Procedures<br>• Delivery Group to receive regular updates on progress towards uniform West | Nov 2013 | • Progression has been made towards a uniform set of procedures across West Yorkshire. A regional project group has been meeting to agree details<br><br>• Still in progress – Action carried forward to 2014-15 plan |

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| | | | Yorkshire Procedures<br>• Review results of process mapping against current procedures | | |
| I6 To determine Bradford's role in the work currently being carried out on safeguarding thresholds regionally/locally and make suitable recommendations to SAB | June 2013 | Improving Practice<br><br>**Matt O'Connor**<br><br>**Rob Strachan** | • Process map the alert pathway<br>• Implement the agreed thresholds within the multi-agency procedures<br>• Agreement of alert thresholds<br>• Report to SAB | March 2014 | • Regional project group set up and first meeting held in July 2013<br><br>• Still in progress – Action carried forward to 2014-15 plan |
| I7 Oversee the feedback from the Project Management Group re:- recommendations for dealing with workflow with the APU and wider implications | June 2013 | Improving Practice<br><br>**Rob Strachan** | • Review & revise workflows<br>• Implement training on any changes | Oct 2013 | • Business process review undertaken to map the work of the Adult Protection unit and review the implications any changes to systems would have for partners<br><br>• Action plan has been drawn together from process mapping so far and is being monitored by the Improving Practice Sub Group<br><br>• Still in progress – Action carried forward to 2014-15 plan |

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| I8 To increase links with the co-located Police and Council Anti-Social Behaviour and Neighbourhood Team | June 2013 | Improving Practice **Rob Strachan** | • Review current information sharing pathways and referral systems<br>• Identify possible areas of improvement and recommend changes to protocols or ways of working | March 2014 | • Regular attendance at the Anti Social Behaviour Group and improved collaboration between the Police, Local Authority and NHS<br>• Still in progress – Action carried forward to 2014-15 plan |
| I9 To prepare for the Care and Support Bill with regards to safeguarding practice and structures within Bradford | June 2013 | Improving Practice **Matt O'Connor** | • Understand implications and plan for any changes<br>• Report to SAB | March 2015 | • Awaiting final bill to develop and implement action plan<br>• Still in progress – Action carried forward to 2014-15 plan |
| I10 To review the range of options for Serious Case Reviews | June 2013 | Improving Practice **Matt O'Connor** | • Develop and implement a refreshed process for Bradford<br>• Report to SAB | Nov 2014 | • Work plan on this item moved backwards into 2014-15 due to prioritising work on the West Yorkshire Procedures<br>• Still in progress – Action carried forward to 2014-15 plan |

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| I11, In partnership with the Strategic Disability Partnership and Community Safety Partnership develop and implement a Hate Crime action plan | June 2013 | Improving Practice<br><br>**Matt O'Connor** | • Research, consult and draft action plan<br>• Plan to be agreed by SAB, SDP and CSP and implemented<br>• Safeguarding Boards and Community Safety Partnerships should ensure that accessible information and advocacy services are available to enable disabled people to understand and exercise their rights | March 2014 | • Action plan being updated by the Hate Crime Action Group following the recent manifesto for change 'Out in the Open'<br><br>• Still in progress – Action carried forward to 2014-15 plan |

| **Training Task Group – focus on developing training for 'front line' practitioners in partner organisations and within care and support provider organisations to support the work of the Improving Practice Sub Group. Produce an audit plan that aims to help individuals build their resilience and skills to protect themselves** | | | | | |
|---|---|---|---|---|---|
| **Action** | **Start date** | **Sub Group** | **Key milestone(s)** | **Target/ Review date** | **Comments / progress/ evidence** |
| T1 Develop a quality control system for assuring SAB that the messages are being understood by training course participants, are subsequently reflected in practice, and that the right groups are being targeted and trained | June 2013 | Training Task Group<br><br>**Noel McEvoy**<br><br>**Sally Griffin**<br><br>**Helen Hart** | • Benchmark current control systems<br>• Identify gaps, including how to assess training impact on practice<br>• Implement an action plan to ensure new systems are put in place<br>• Report progress to SAB | March 2014 | • Task and finish group set up to identify and develop and appropriate method of evaluation that is fit for purpose<br><br>• Action reviewed and work is ongoing in 2014-2015 |
| T2 Ensure staff are trained in implementing the West Yorkshire Procedures | June 2013 | Training Task Group<br><br>**Noel McEvoy**<br><br>**Rob Strachan** | • Design and implement training plan<br><br>• Completion of the initial programme of training by April 2015 | Dec 2013 | • Action has been picked up and will be monitored by the West Yorkshire Procedures Implementation Group<br><br>• Still in progress – Action carried forward to 2014-15 plan |

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| T3 Commission where appropriate or design and implement training courses for safeguarding practitioners which are accredited, linked to career progression, and reflecting the investment in personal development and specific safeguarding roles | June 2013 | Training Task Group<br><br>**Service Manager S&PM**<br><br>**Rob Strachan** | • Collaborate with training and development staff to design an action plan<br>• Implement training for all staff | Oct 2013<br><br>March 2014 | • Action reviewed and work is ongoing in 2014-2015 under the West Yorkshire Procedures Training Action Plan |
| T4 To continue to examine the possibility of developing regional standards for training across the Yorkshire region | June 2013 | Training Task Group<br><br>**Noel McEvoy** | • Agree training standards across the region | March 2014 | • Agreement for action to be removed as regional work identified that this could not be attained |
| T5 Continue to develop an e-learning package to provide safeguarding refresher training for staff and awareness training across the health and social care sector | June 2013 | Training Task Group<br><br>**Neena Punnu** | • Plan to implement and disseminate | March 2014 | **Action Complete.** |

| MCA/DoLS | | | | | |
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| **Action** | **Start date** | **Sub Group** | **Key milestone(s)** | **Target/Review date** | **Comments / progress/ evidence** |
| M1 Appoint new Chair for MCA/LIN group | June 2013 | **MCA/LIN** | • to identify Service Manager Lead who will then have the role of chairing the MCA/LIN | March 2014 | **Action Complete** |
| M2 Continue to develop appropriate training for Managing Authorities and other partners | June 2013 | **MCA/LIN** | • Revise training in relation to relevant legislation<br>• Deliver training to practitioners<br>• Deliver training to Managing Authorities | March 2014 | • 'E' Learning package developed along with a 1 day training course each month<br>• Still in progress – Action carried forward to 2014-15 plan |
| M3 Continuous development of DoLS Assessors based on developing law | June 2013 | **MCA/LIN** | • Identify further BIA courses | March 2014 | • Training and development ongoing through local forums and specific directed training<br>• Action reviewed and work is ongoing in 2014-2015 |

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| M5 Quality Assurance feedback from professionals and service users' representatives | June 2013 | **MCA/LIN** | • Scope ways of being able to obtain this feedback | March 2014 | • Still in progress – Action carried forward to 2014-15 plan |
| M6 Develop ways to involve and engage with service users and families | June 2013 | **MCA/LIN** | • Scope means of involving and engaging with service users and families<br>• Plan involvement and engagement activity | March 2014 | • Still in progress – Action carried forward to 2014-15 plan |

| **Performance and Quality Assurance – design and implement a structure to gather 'soft intelligence' and develop a quality audit process and a small suite of key performance indicators to report to the Board. Develop a process for the Board to be assured that lessons are being learned and improvement plans are developed as appropriate** | | | | | |
|---|---|---|---|---|---|
| **Action** | **Start date** | **Sub Group** | **Key milestone(s)** | **Target date** | **Comments / progress/ evidence** |
| P1 Design a system of case file audits in Adult and Community Services and Bradford District Care Trust teams to evaluate practice and compliance with safeguarding procedures | June 2013 | P and QA<br><br>**Service Manager S&PM** | • Design a case file audit tool<br>• Discussions with Care Trust about current arrangements Mechanisms are in place to ensure feedback to P and QA about safeguarding practice issues based on file audits | March 2014 | • Case file sampled and audits carried out. Development of this process with the Local Authority is ongoing<br><br>• Still in progress – Action carried forward to 2014-15 plan |
| P2 Design a safeguarding data set alongside the new national return to meet the requirements of a whole system performance management framework | June 2013 | P and QA<br><br>**Service Manager S&PM** | • Agree scope of data set required<br>• Agree and implement data set report | August 2013 | **Action Complete** |

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| P3 Create a 'virtual' quality assurance team to review and monitor the quality of directly provided and commissioned services so that they meet essential quality, dignity and safeguarding standards | June 2013 | P and QA<br><br>**Service Manager S&PM** | • Design a quality assurance toolkit<br>• Design processes and systems to support toolkit<br>• Utilise the roll out of the Bradford Quality Assessment Framework (BQAF) and Quality Accounts in Health<br>• A scoping meeting to be arranged in order to look at joint commissioning response (Health and Adult Social Care) | March 2014 | • Roll out of BQAF is continuing<br><br>• Still in progress – Action carried forward to 2014-15 plan |
| P4 Analyse safeguarding alerts & referrals in a systematic way to establish trends or patterns in referrals | June 2013 | P and QA<br><br>**Service Manager S&PM** | • Design monitoring toolkit<br>• Ongoing analysis of safeguarding and other related data to establish trends and patterns<br>• Systematic screening of alerts & referrals into the Adult Protection Unit | Nov 2013 | • Lean Sigma project commenced to review the safeguarding adults systems and processes<br><br>• Updates of the electronic form and data management systems ongoing<br><br>• Still in progress – Action carried forward to 2014-15 plan |
| P5 Critically appraise the value of current IT and data gathering intelligence systems with a view | June 2013 | P & QA<br><br>**Service** | • Appraisal report with recommendations to SAB<br>• Ensure Systmone meets | March 2014 | • Work is being carried out to scope the possible integration |

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| to making specific recommendations to SAB for the development of IT that is 'fit for purpose' and fully integrated | | **Manager S&PM** | the requirements of recording safeguarding information | April 2015 | of current ICT systems with Systmone<br><br>• Still in progress – Action carried forward to 2014-15 plan |
| P6 Pulling together all of the above, develop performance monitoring and quality control systems which can assure SAB of the validity of safeguarding within Bradford, but which can also provide safeguarding practitioners and partner agencies with useful, relevant and appropriate information in order to inform and support best practice | June 2013 | P & QA<br><br>**Service Manager S&PM** | • Design a whole systems performance management framework for safeguarding based on the triangulation of activity, outputs & PIs and outcomes in terms of the impact on individuals and families / carers<br>• Report performance quality assurance and analysis of trends to SAB<br>• Ensure that service users have a central role to play in the performance management of the safeguarding process | March 2014 | • Still in progress – Action carried forward to 2014-15 plan |

Appendix 4 -

# Safeguarding Adults data analysis 2013/14

In 2013/14 the Adult Protection Unit (APU) continued to collate, monitor and analyse safeguarding adults (SA) data on behalf of the Safeguarding Adults Board (SAB). SA data was submitted via the online safeguarding alert form: www.bradford.gov.uk/makeanalert

The criteria for making safeguarding alerts are clearly set out in the Board's multi-agency policy and procedures. This document also guides the decision making stages of the safeguarding process. Safeguarding Co-ordinators are responsible for deciding which alerts are accepted as referrals and therefore become the subject of a multi-agency safeguarding adults process. In a number of cases this leads to the formulation of a protection plan involving the service user experiencing abuse (or their advocate if appropriate) and all the relevant organisations and agencies such as health, adult services and police. Referrals regarding care settings require the involvement of the care provider, the commissioners and the regulators. At times, service users experiencing abuse opt for no further assistance under safeguarding. Their wishes are respected provided that their decision does not put other service users at risk.

The following is a summary of the key safeguarding measures submitted to the Health and Social Care Information Centre (HSCIC) under Safeguarding Adults Return (SAR).

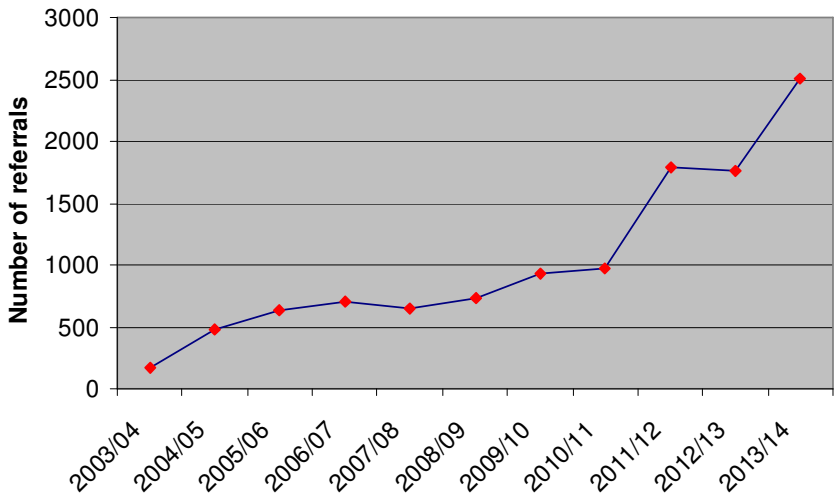
## Safeguarding Adults enquiries, alerts and referrals

Numbers of enquiries about safeguarding increase year on year and in 2013/14 the APU received 3339 of them.

Enquiries that meet the criteria become alerts. The number of alerts for 2013/14 was 2969. Some alerts are closed at this stage as not requiring further action under safeguarding adults procedures.

The remainder became referrals requiring further action. The number of referrals for 2013/14 was 2504.

**Comparison of referrals 2003 – 2014**



## Terms explained

**Enquiries -** all enquiries submitted via the online safeguarding form

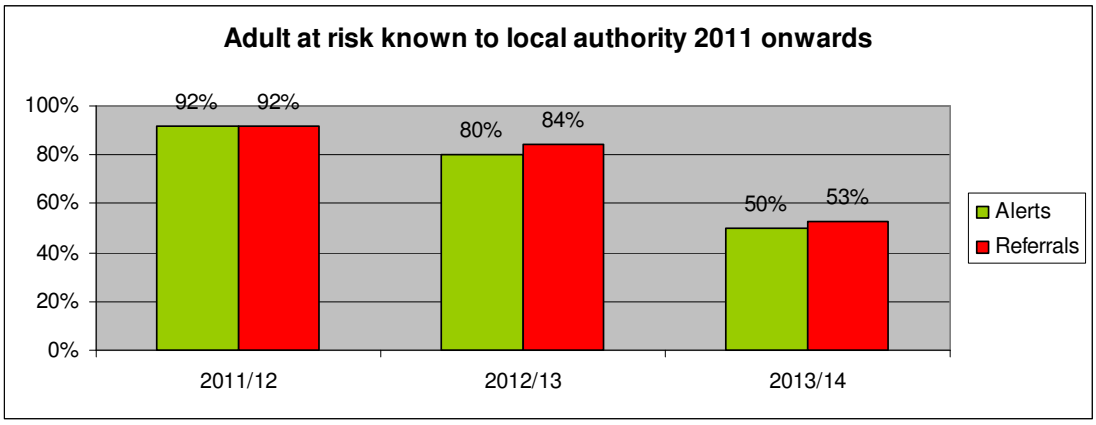
**Alerts** – enquiries related specifically to safeguarding adults issues

**Referrals** – alerts that are being taken through the safeguarding process

Bradford has an above average number of referrals in comparison to the England average.

## Known to Local Authority (LA)

In the Bradford District safeguarding adults work has been widely publicised for a number of years. This has contributed to an increase in the number of people previously not known to the Local Authority who received safeguarding adults support. In 2011/12 this group counted for only 8% of all alerts/referrals. In 2013/14 their numbers counted for 50% of all alerts and 47% of all referrals.




Average for England in 2013/14 was 86% of adults known to LA and 14% for those not known to LA.

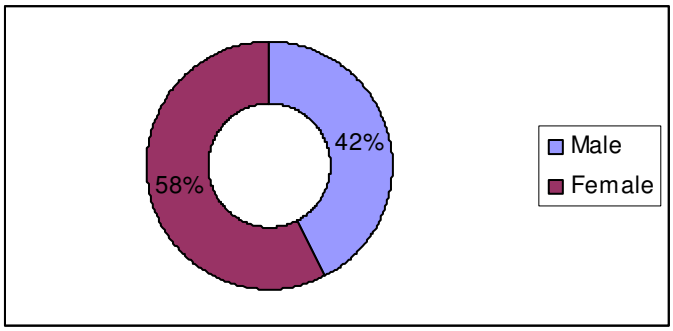
## Source of alerts

The table below shows the source of alerts in last three years:

| Source | 2011/12 | 2012/13 | 2013/14 |
|---|---|---|---|
| Anonymous | 12 | 9 | 9 |
| CQC | 34 | 74 | 131 |
| Education/Training | 54 | 20 | 27 |
| Family member | 4 | 58 | 78 |
| Friend/neighbour | 1 | 14 | 13 |
| Health | 585 | 798 | 867 |
| Housing | 61 | 122 | 208 |
| Other service user | 1 | 12 | 14 |
| Police | 23 | 60 | 173 |
| Residential care staff | 552 | 454 | 447 |
| Self referral | 84 | 74 | 83 |
| Social care staff | 385 | 692 | 803 |
| Voluntary services | 21 | 14 | 41 |
| Not known | 84 | 0 | 0 |
| Other | 148 | 79 | 75 |
| | **2049** | **2480** | **2969** |

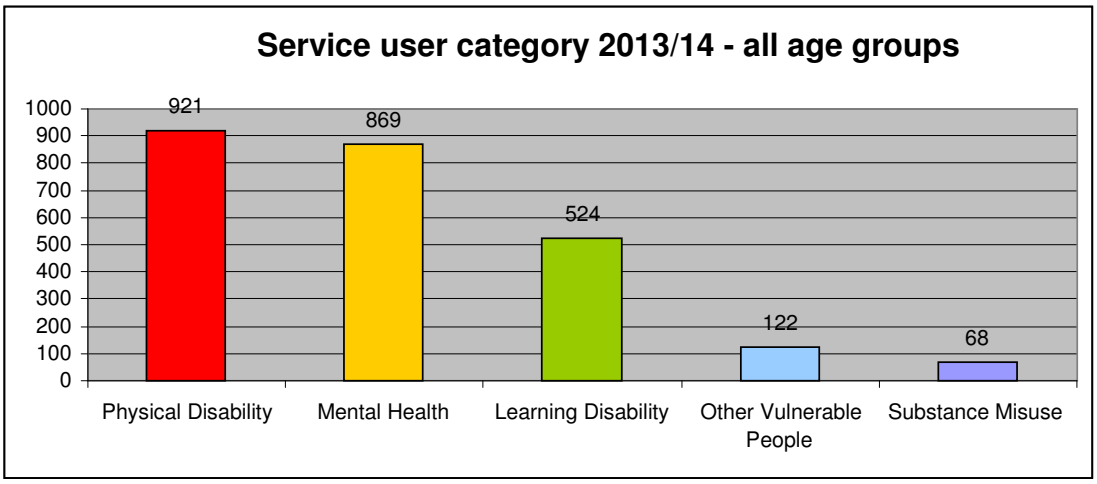
## Adults at risk of abuse

As in previous years women were more often reported as being at risk of abuse than men (58% and 42% respectively compared with 52% and 48% in 2012/13). This reflects the figures for England in 2013/14 where 60% of adults at risk were women.

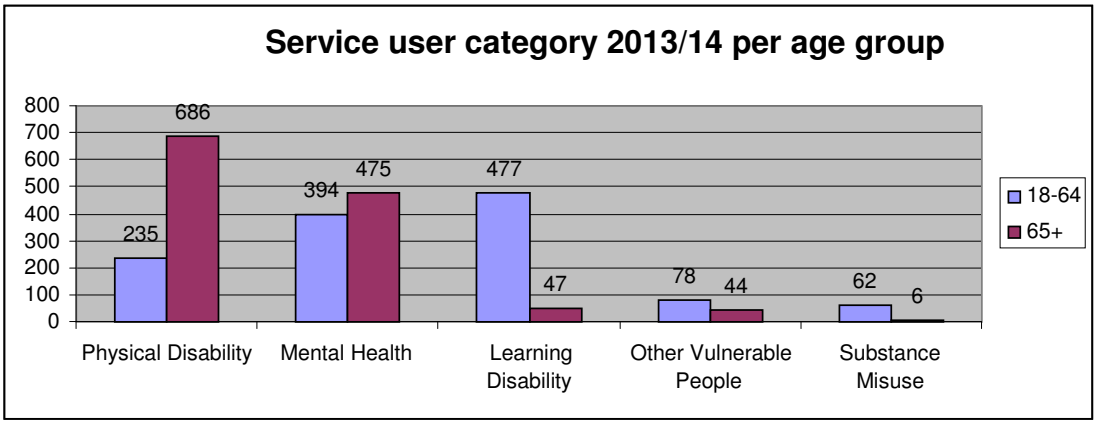



In terms of age, safeguarding referrals in 2013/14 were nearly equally split between people under and over 65. For England people over 65 accounted for 63% of all referrals.

In 2013/14 people with physical disabilities were most often reported to Safeguarding. This category includes adults with sensory impairments and frail people. The chart below reflects client categories of adult at risk in the Bradford District. It also mirrors the current client category analysis for England.

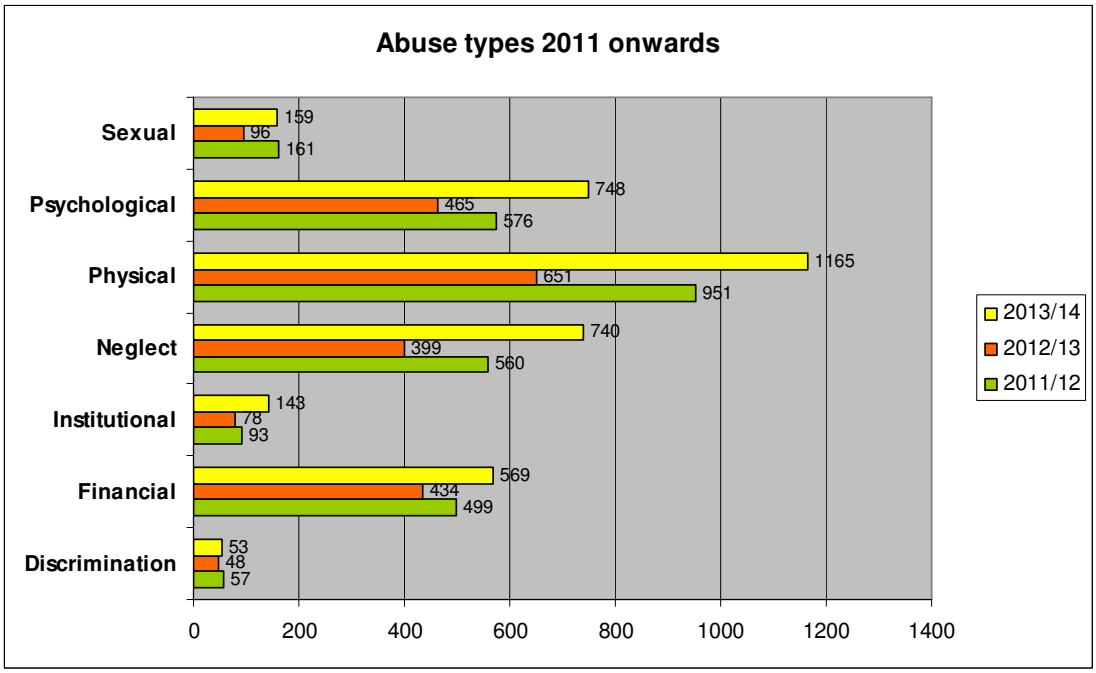



For the 18-64 age groups, people with learning disabilities were the largest proportion of referrals. For people over 65 the majority were service users with dementia (408).



**Type of abuse**

The following chart shows types of abuse reported in the last three years. 2013/14 saw a significant rise in physical, psychological and neglect categories. For England neglect was the most often reported type of abuse followed by physical and financial abuse.

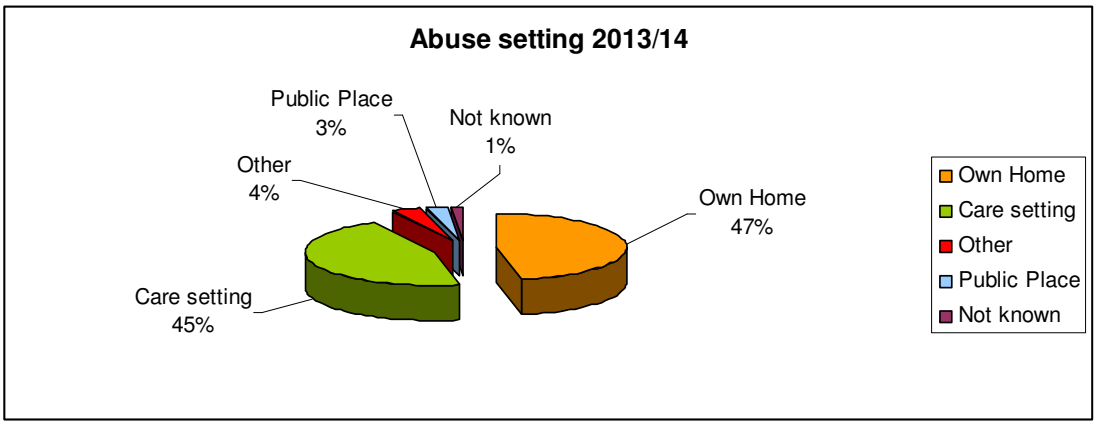



## Terms explained

**Abuse –** is a violation of an individual's human or civil rights by any other person/s. It can take many forms and includes deliberate and unintentional acts causing harm, endangering life or rights. Domestic violence, harassment or hate crimes are also forms of abuse.

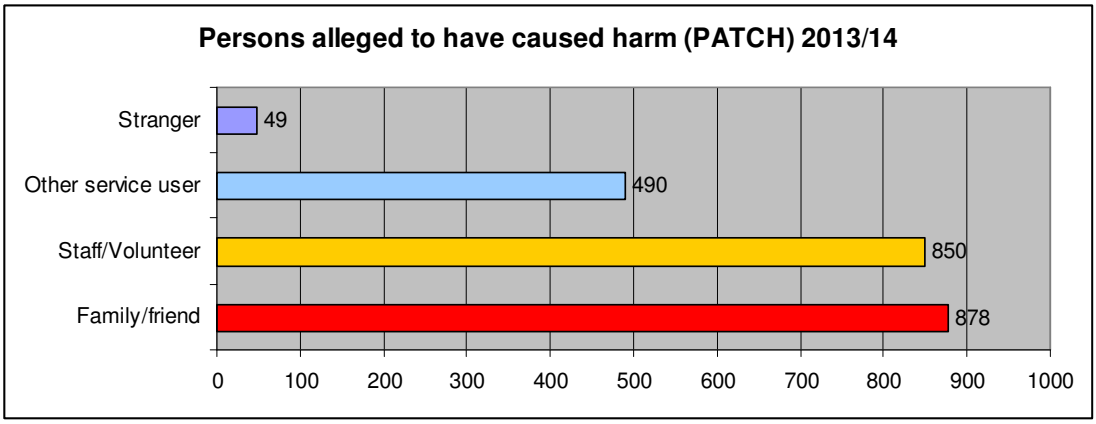
## Abuse setting

Adult abuse can take place in any setting. In 2013/14 most referrals concerned alleged abuse in the adult's own home. The figures for England reflect this: 42% of all referrals related to own home setting.



**People alleged to have caused harm**

As there were more referrals for people in their own homes, the most people said to have caused harm were those from among their family and friends. This reflects the current national trend.



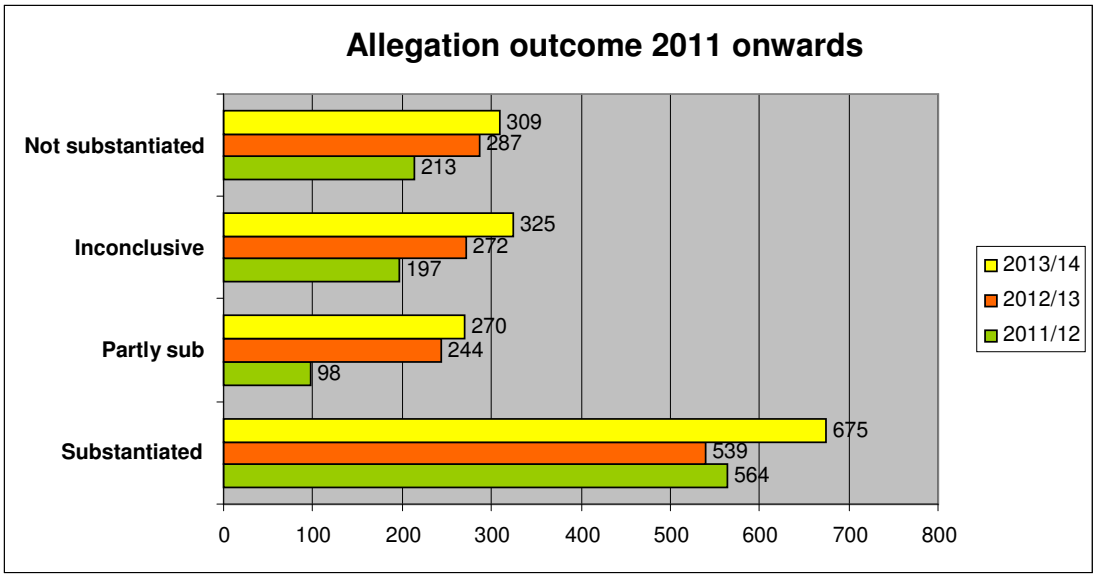

## Terms explained

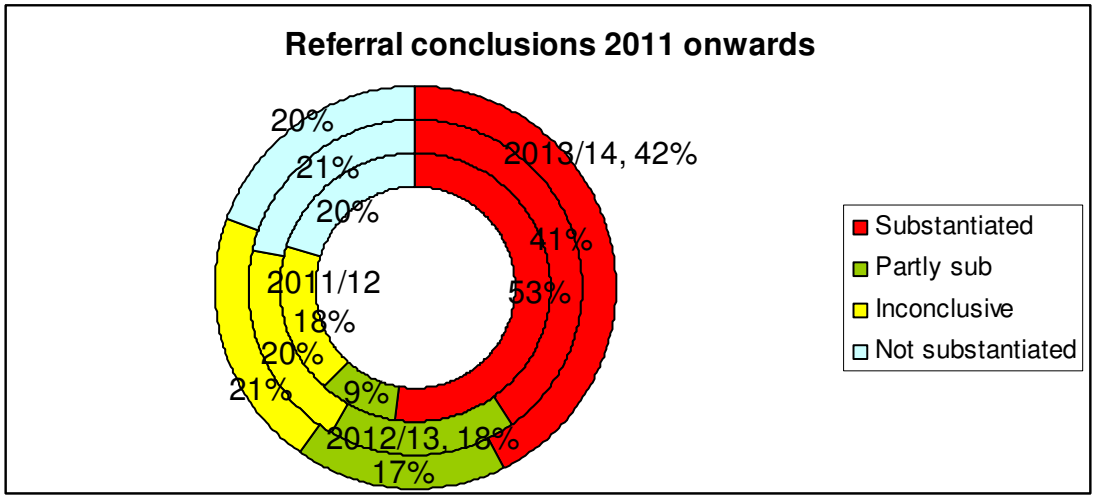
**Person alleged to cause harm (PATCH) –** an individual who is alleged to have caused or knowingly allowed the mistreatment of an adult at risk.

## Referral outcomes

As the chart indicates the number of referrals that were substantiated increased in 2013/14 and represented 42% of all referrals (1% more than in previous year). This is 10% higher than the current figure for England – 32%. The number of partially substantiated referrals came to 17% in 2013/14 (1% less than in previous year). This figure is 6% higher than the current average for England. The two groups combined accounted for 59% of all referrals, the same level as in 2012/13.

The number of inconclusive referrals rose by 1% on previous year to 21% whereas the not substantiated referrals were 1% lower than in 2012/13. This figure is on a par with neighbouring authorities. Allegations are closed as inconclusive when there is insufficient evidence to allow a conclusion to be reached. This may be for a number of reasons including the death of the adult at risk and/or person allegedly causing harm, inconsistencies in the account of events or no third party/independent evidence. The aim is to reduce, whenever possible, the number of inconclusive outcomes in order to ensure that the safeguarding process adds value to care and support of an adult at risk and that their protection plan/s better reflect the identified risks.




## Terms explained

**Substantiated –** cases where it was concluded that all the allegations made against the individual or organisation believed to be the source of the harm or neglect were believed to have happened "on the balance of probabilities".

**Partly Substantiated –** cases where there are allegations of multiple types of abuse being considered against an individual or organisation. "On the balance of probabilities" it was concluded that one or more, but not all, of the alleged types of abuse were proved.

**Inconclusive** – cases where there is insufficient evidence to allow a conclusion to be reached.

**Not substantiated** – cases where the allegations are not believed to have happened "on the balance of probabilities" as the alleged types of abuse are either unfounded, or disproved.