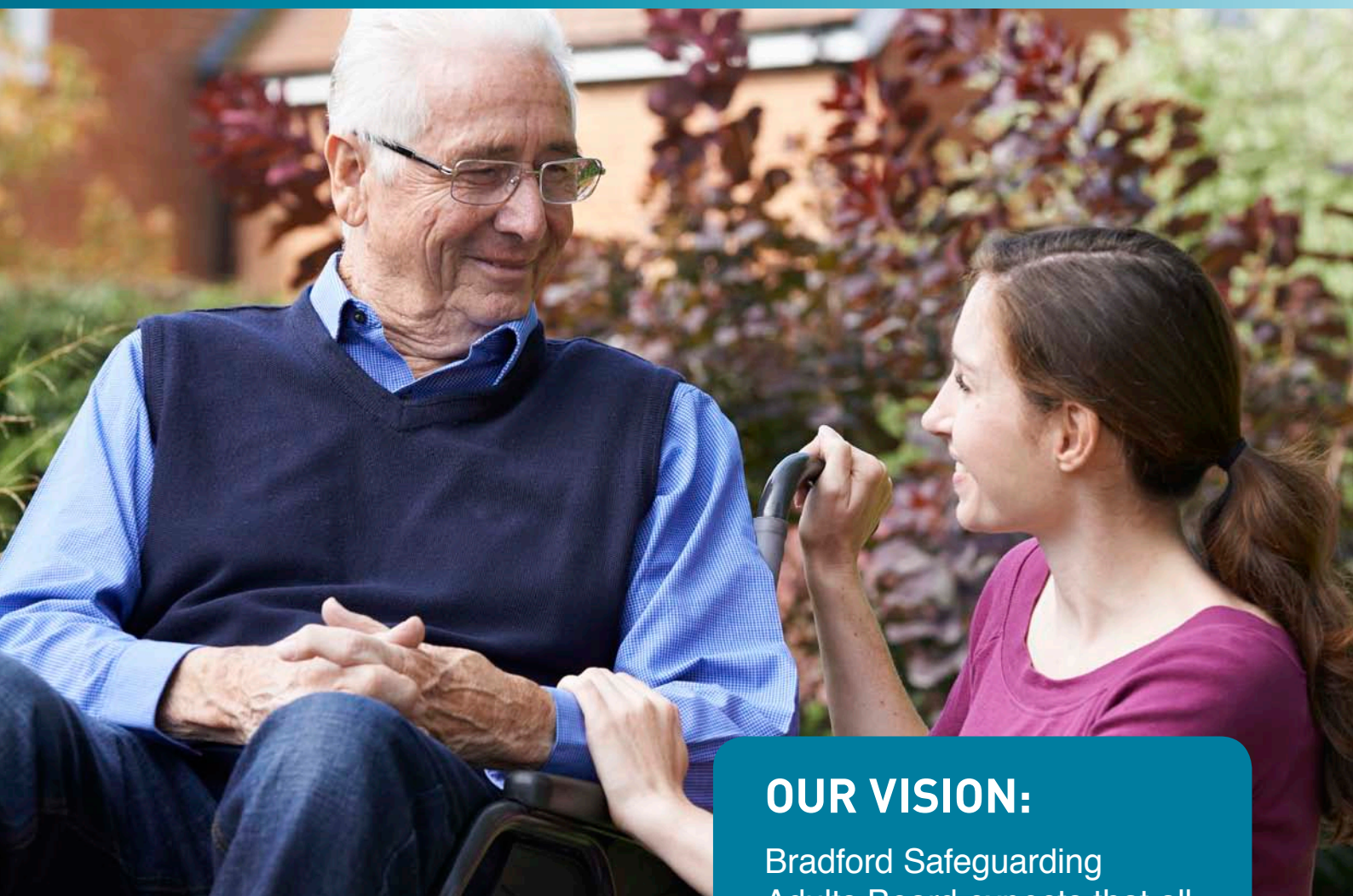


S A F E G U A R D I N G A D U L T S B O A R D

REPORT 2016-17



OUR VISION:

Bradford Safeguarding Adults Board expects that all agencies will work together to make sure that all those with care and support needs can live the best lives they can, without fear, and safe from abuse and neglect.



**SAFEGUARDING
ADULTS
BRADFORD**

Contents

Foreword by the Safeguarding Adults Board Independent Chair	3
What is Safeguarding?	4
Why do we have Safeguarding Adults Board (SAB)	5
Bradford Safeguarding Adults Boards Principles	6
Safeguarding Adults Review (SARS)	8
What have our Partners been doing?	10
Safeguarding Adults Board key work areas	21
SAB Financial Arrangements 2016/17	24
Appendix 1 – Safeguarding Adults Board Strategic Plan 2015/18	27
Appendix 2 – Examples of abuse	29
Appendix 3 – What to do if someone is being abused	31
Appendix 4 – Safeguarding Adults Board members 16/17	32
Appendix 5 – Safeguarding Adults Data Analysis 16/17	33

The wording in this publication can be made available in other formats such as large print and Braille. Please call 01274 431077.

Foreword

by the Safeguarding Adults Board Independent Chair



As an Independent Chair of the Bradford Safeguarding Adults Board I am delighted to commend the 2016/17 annual report to you. The report outlines the progress made in 2016/17 to safeguard and promote the welfare of adults at risk in Bradford.

The Board exists to hold all agencies to account for the work they do to safeguard adults at risk in Bradford. Safeguarding is a partnership activity which requires staff in all agencies, at all levels, volunteers, members of the public and families to work together to ensure that regardless of their residence, all adults at risk are protected from abuse.

The Care Act 2014 came into force in April 2015 and we have been operating under the auspices of the Care Act for two years. This legislation has placed safeguarding adults boards on a strong statutory footing, better placed both to prevent abuse and to respond to abuse when it occurs. All partners have remained committed to the safeguarding adults agenda and partnership working.

We continue to move forward with the principles of the Care Act and in particular Making Safeguarding Personal (MSP). We are also engaging positively with a diversity of cultures and communities and further work will be undertaken to promote the safeguarding of adults at risk. Going forward we will also engage with faith communities to involve and work alongside people with differing religious beliefs.

The West, North and York City Safeguarding Adults Consortium, consisting of Bradford, Calderdale, Kirklees, Leeds, North Yorkshire, Wakefield and York have begun the process re-writing of the Safeguarding Adults Procedures. The consortium has continued to work on the production of the procedures and are expecting a draft to be consulted upon through June and July 2017.

The Safeguarding Adults Board (SAB) has continued to work closely with a number of key statutory organisations such as the Clinical Commissioning Group (CCG), the Police, NHS England, Healthwatch and the Care Quality Commission (CQC).



This year the safeguarding service received a total of 3,279 safeguarding concerns and of these, 714 concerns progressed to a safeguarding enquiry.

Of the 3,279 concerns processed this year, 1,422 were with respect to male victims and 1,857 were in respect of female victims.

The SAB has continued to monitor the quality of the council's response to the Deprivation of Liberty Safeguards (DoLS). Following certain case law judgements, Bradford has experienced the same increase in work as the rest of the country and DoLS remains high risk and a high priority for the SAB.

Following the Mazars report into the response of Southern Healthcare NHS Trust's care of Connor Sparrowhawk, a young man with learning disabilities, the Safeguarding Adults Board asked Bradford's Health and Wellbeing Board to consider the issue of how we learn from unexpected deaths. I am pleased that this is now being addressed at senior level across Bradford. I hope that we will become more confident that we are learning lessons and putting them into practice when people with care and support needs die.

I would like to thank the Safeguarding Voice group for the excellent work they have done on revamping our safeguarding adults website pages which will go live later in 2017.

I would also like to place on record my thanks to the many staff, volunteers and family carers who work so hard all year round to make sure that people with care and support needs can live safe and happy lives.

Jonathan Phillips OBE
Independent Chair, Safeguarding Adults Board

What is Safeguarding

Safeguarding is about protecting people from abuse, preventing abuse from happening and making people aware of their rights.

Whose responsibility is it?

Safeguarding is everybody's responsibility, for example: members of the public, friends, neighbours, staff and carers.

What is adult abuse?

Abuse is when someone does or says things to another person to hurt, upset or make them frightened.

Adult abuse is wrong and can happen to anyone who is over 18 years of age. Abuse can happen anywhere and can be committed by anyone. Abuse can happen in many different ways - see Appendix 2 which explains these in more detail.

Who might be an abuser?

Anyone might be responsible for abuse, for example:

- a partner, relative or family member
- a friend
- an organisation, a paid carer or volunteer
- another service user
- a neighbour
- a stranger.

Where does abuse happen?

Abuse can happen anywhere, for example:

- in a person's own home
- in the street
- in a care home
- in a day centre or hospital.

Is abuse a crime?

Yes, abuse is a crime, for example:

- physical abuse
- sexual assault
- coercive or controlling behaviour
- harassment and stalking
- fraud and theft
- wilful neglect.

If you think a crime has been committed contact the police.

If you are not sure if it is a crime, contact one of the other organisations that can help – see **Appendix 3** for who to contact.

Read more about reporting adult abuse on our website – www.bradford.gov.uk/adult-social-care/adult-abuse/report-adult-abuse/

Who is at risk?

Adult abuse can happen to anyone aged over 18. Some adults find it harder to get help and may be more at risk of harm and exploitation, for example:

- people with a disability
- people with a mental health condition
- people with a temporary or long term illness or
- frail older people.

Other adults at risk could be carers such as partners, relatives or friends who can also get help if they are being abused.

If you are concerned about someone you know you can contact several organisations - see **Appendix 3** on how to report abuse.



Why do we have a Safeguarding Adults Board

The Safeguarding Adults Board (SAB) is a multi-agency partnership which has statutory functions under the Care Act 2014.

The main job of the Safeguarding Adults Board is to ensure that local safeguarding arrangements work effectively to ensure that adults at risk due to health needs, social care needs or disabilities are able to live their lives free of abuse or neglect.

The SAB is chaired by an Independent Chair and members are drawn from a range of different agencies. You can find a list of partners in **Appendix 4**.

Bradford SAB exists to ensure that local safeguarding arrangements and partners act to help and protect adults in the Bradford district who:

- have needs for care and support (whether or not these needs are being met)
- are experiencing, or at risk of, abuse or neglect
- as a result of their care and support needs, are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The Independent Chair is accountable to the Local Authority Chief Executive.

The SAB achieves its aims and objectives through a structured planning process, with the strategic plan informed by the SAB's vision and, in turn, informing the SAB detailed delivery plan.



SAB members have a duty to co-operate and the SAB itself must:

- publish a strategic plan that has been developed with local community involvement and working alongside Healthwatch
- publish an annual report on what it has done over the past year, detailing members' contributions to the strategy and how they have implemented personalisation in safeguarding
- conduct Safeguarding Adults Reviews (SARs)

The first strategic plan, for 2015-18, is intended to meet the first of these duties by drawing on a range of consultation activities, the experiences of the last year, self-assessment of the SAB by its members and the development day held on 6 May 2015.

The SAB strategic plan is supported by a detailed delivery plan which is informed by analysis of safeguarding activity data and performance information alongside the partners' self assessment exercise which is carried out each year. We also consult regularly with people who use our services and carers.

Empowerment

Adults are encouraged to make their own decisions and are provided with support and information.

What does this mean for the adult?

I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.

Prevention

Strategies are developed to prevent abuse and neglect that promote resilience and self-determination.

What does this mean for the adult?

I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.

Protection

Adults are offered ways to protect themselves and there is a coordinated response to adult safeguarding.

What does this mean for the adult?

I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.

The Care Act 2014 introduced six key principles that underpin everything the Safeguarding Adults Board does which are outlined below. They inform the 2015 to 2018 strategic plan which can be found in detail in Appendix 1.

Partnerships

Local solutions through services working together within their communities.

What does this mean for the adult?

I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.

Accountable

Accountability and transparency in delivering a safeguarding response.

What does this mean for the adult?

I am clear about the roles and responsibilities of all those involved in the solution to the problem.

Proportionate

A proportionate and least intrusive response is made balanced with the level of risk.

What does this mean for the adult?

I am confident that the professionals will work in my interest and only get involved as much as needed.

Safeguarding Adults Reviews

A Safeguarding Adults Review (SAR) is carried out when an adult at risk dies or has experienced serious neglect or abuse and there is concern that agencies could have worked more effectively to protect the adult.

A Safeguarding Adults Review is a multi-agency learning process. It aims to:

- identify and promote good practice
- encourage effective learning and
- make recommendations for future practice so that deaths or serious harm can be prevented from happening again.

Case Study: Castlevue

Castlevue is a large private care home which offers both residential and nursing care to its elderly residents. Early this year Bradford Safeguarding Adults Team received a number of safeguarding concerns from professionals visiting this home. The concerns raised included lack of attention to personal care and to changing medical conditions, slow responses to call bells and inadequate provision of fluids. The Care Quality Commission inspected Castlevue, finding similar issues and gave the home an 'inadequate' rating.

As a consequence of the perceived risk to residents, a whole-service safeguarding process was set in motion. This involved key organisations working in partnership with the service provider to ensure improvements to the quality of care. During this time it was agreed that an embargo should be placed on new admissions to enable the home to focus on the care of its existing residents. Enquiries were made into each safeguarding concern with discussions of the findings and learning points taking place at multi-agency safeguarding meetings. The service drew up a comprehensive improvement plan, providing regular updates on progress made, whilst Bradford's health and adult social care bodies carried out independent monitoring visits.

The SAB is awaiting the publication of two SARs from 2015/16, one relating to a domestic homicide and one to a mental health homicide. Both of these cases are on-going and once they are published we will give consideration to the recommendations and publish an update.



Residents and relatives were involved in this process in a number of ways in order to make safeguarding personal. The service itself carried out its own consultations and all residents were reviewed by an external health or adult social care professional, a process which included speaking with relatives. In addition, members of the Safeguarding Adult Team visited the home to speak with residents and observe the approach and practice of care staff.

A number of months later, thanks to the commitment and hard work of the service and the external agencies, the quality of care has significantly improved and risk to residents reduced.

Names and identifying details have been changed to protect the privacy of individuals.

Case Study: Sameen

A safeguarding concern was received from a home care company regarding concerns for an older Asian lady whom they provide home care as a short term measures. Information is anonymised and we shall call this lady Sameen.

Sameen has recently moved to the local area having previously lived with her son. Due to his own ill health he was no longer able to care for her and extended family had arranged to support Sameen at their home. During this time Sameen became ill, which resulted in a hospital admission.

On discharge home care services were arranged as a short term measure. Up until this point care had been minimal and provided by family. This was something very new for Sameen. In addition she was now based upstairs and found the stairs very difficult and home care workers did not speak her language.

Information from them reported that workers had encountered some resistance from family in gaining access and were questioning if Sameen was socially isolated. Concerns were raised as part of the morning home care call in respect of the fluids found in her bed and were questioning if sexual assault had occurred. The main issue was that the service had not made Sameen aware of their concerns or spoken with her about the fact they wanted to report a safeguarding concern. This had been done without consent and without speaking with family members. It appeared from the situation presented that there was an element of strain between the home care service and family as there was issues regarding gaining access to the property at call times.

A contributing factor to the concerns were that information was limited from the workers as they did not speak the language and were making judgements about family from their own experience. From the limited information in the referral and initial information gathered, a joint visit with our access team, interpreting services and safeguarding team was arranged.

Sameen met the criteria for Section 42 enquiries due to her care needs and capacity would be considered as part of a planned



visit. Interpreting services were vital and as part of the initial arrangement to visit the dialect needed to be identified in order for services to be able communicate. Three female workers attended; access social worker, interpreting service worker and a representative from safeguarding.

During the meeting with Sameen and from initial conversations and information gathering it was determined that she had capacity and understood the staff's need to ask very personal and sensitive questions. The interview was conducted over two visits to the family home. The same workers were involved at each visit to provide continuity and to obtain consent from Sameen to continue the meetings.

Following information gathering there was no evidence to support sexual assault. Sameen reported the fluids found were residual creams and she had mentioned this to the district nurses when they had visited. Consent was gained to contact the district nurses. Following discussions with the district nurses it was confirmed that the fluid was the skin cream residue.

Sameen also spoke about her difficulties in communicating with the home care services and that they did not seem to understand. As an outcome from the safeguarding concern it was agreed that Sameen required assistance to increase her independence and this was addressed through the assessment process. In addition, Punjabi speaking home care workers were provided.

Names and identifying details have been changed to protect the privacy of individuals.

What have our Partners been doing...

Bradford Metropolitan District Council

During the year we have continued to operate in accordance with the Care Act national guidance and Bradford Safeguarding Adults Board are continuing to ensure partner agencies are implementing the Care Act locally. We have listened to what people want for themselves and made sure they have as much control as they can over and their lives and the decisions that affect them in relation to safeguarding. Making Safeguarding Personal (MSP) is a person centred approach which remains a high priority for Bradford and we continue to work in partnership with local communities and the general public to give them the chance to contribute to our vision and planning.

This year we have seen the arrival of a new Strategic Director, Health and Wellbeing, Bev Maybury and we are pleased to announce the appointment of a Principal Social Worker as recommended by the Care Act 2014, Revised Care and Support Guidance in which it is explained the role of the principal social worker is to ensure that lead practitioners and management decisions on care and safeguarding are challenged.

In December 2016 it was identified that the Adult Protection Unit (APU) had been holding a number of safeguarding adults cases which had not reached an outcome allowing the cases to be closed. It was decided to seek outcomes and subsequent closure of the 'backlogged' cases from April 2016.

After the deployment of additional staff, by April 2017 all cases dated between April 2016 and April 2017 had been cleared or allocated as necessary for ongoing interventions ensuring adults at risk were protected and safeguarded. Incoming cases are now triaged to ensure there are no high level interventions required. If a case requires further involvement then this is addressed immediately.

Safeguarding cases held between April cleared with no further intervention being required or signposted for further support.

Together with the Police and the Clinical Commissioning Group (CCG), the Local Authority have been discussing the possible implementation of a Multi-Agency Safeguarding Hub (MASH) through which all safeguarding concerns are reported to a central resource. It will be staffed with professionals from the three agencies. The idea is that professionals share information to ensure early identification of potential or significant harm and trigger interventions to prevent further harm.

MASH staff decide on the most appropriate intervention to respond to concerns raised. By working together agencies are able to share information and respond to a person's needs quickly and efficiently. Plans to implement a MASH are well under way and it is hoped that the system will become live in October 2017.

Domestic and sexual violence

Whilst domestic and sexual violence spans multiple disciplines; Adult Services, Children Services, Housing and Public Health, the Bradford Safer and Stronger Community Partnership has statutory responsibility for implementing Domestic Homicide Reviews:

- The Bradford Safer and Stronger Community Partnership agreed for the establishment of a new Strategic Board.
- The new structure places greater emphasis on steering the operational work of the Multi-Agency Risk Assessment Conferences (MARAC); making decisions regarding Domestic Homicide Reviews and overseeing the implementation of actions plans; identifying gaps in service provision and building new initiatives to ensure that work adapts and develops to the changing needs of the district.
- A new five year Strategy: The Bradford Domestic and Sexual Violence Strategy 2015 – 2020: A strategic response to ending 'violence against women and girls (VAWG)' and 'inter-personal violence against men'

- A whole family approach to safeguarding is the ultimate aim of the Domestic and Sexual Violence Strategic Board.
- A desire to look at the cross-overs of responsibility with The Bradford Safeguarding Adults Board and the Bradford Safeguarding Children's Board, with a view to greater cohesive approaches to safeguarding.

Housing

Housing plays a fundamental role in keeping people safe and free from harm and abuse. The Housing Service within Bradford Council makes an important contribution to safeguarding adults at risk in a number of ways. The Council's Housing Options team is often the first port of call for people fleeing domestic abuse, and under its Domestic Abuse Protocol the team provides specialist housing advice to these households. This protocol, drawn up in collaboration with partner agencies, aims to ensure victims of domestic abuse are given appropriate priority on the Council's Housing Register and are helped to access specialist support in the event they either need to move, or prefer to stay in their own home. During 2016/17, 740 households suffered from domestic abuse and received housing advice, assistance or homelessness support. Housing Options staff regularly attend MARAC to help address any housing issues identified for individual high-risk domestic abuse cases. The Domestic Abuse Protocol will be reviewed in 2017 as part of the full review of the District's Social Housing Allocations Policy.

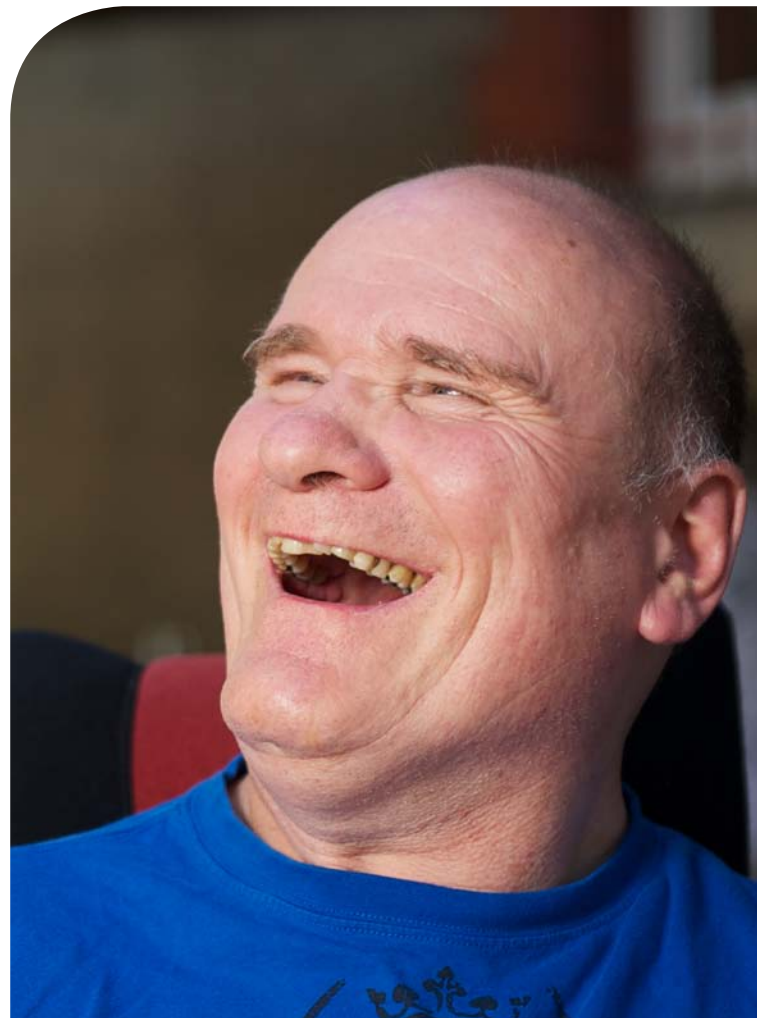
During 2016-17 the single gateway to Housing-Related Support (HRS) was launched. This gateway streamlines all access routes into HRS into one simple pathway, co-ordinated and administered by Housing Options. HRS is an important early intervention which can help to prevent the care and support needs of vulnerable adults escalating and by stabilising someone's housing situation, reduces the risk of them falling victim to abuse and exploitation. Since its launch in Spring 2016, 319 households have had HRS accommodation placements and 465 households have received HRS floating support services.

The Housing Options service continues to work collaboratively with other partner agencies to strengthen its response to safeguarding vulnerable adults. A specialist mental health social worker has been funded by Housing Options to enable the service to respond better to the housing and homelessness issues

faced by clients presenting with mental health issues, and/or leaving hospital. HRS services for clients with multiple needs (including mental health and substance misuse) have been re-commissioned this year, providing a housing safety net for those who would otherwise struggle to cope with living independently.

Supported housing exists to ensure that those with support needs can lead fulfilling lives in their own homes accessing universal services within the Bradford community. Whilst the services vary widely, they all play a crucial role in providing a safe and secure home for people to live independently.

The Council's Housing Operations Team provide both reactive and proactive services in relation to issues of disrepair and health and safety in people's homes. Environmental Health Officers work closely with many partner agencies, including the Fire Service, social workers and support workers when problems with poor quality or dangerous housing come to light. Housing Operations have an on-going role in supporting safeguarding partners, particularly in relation to self-neglect and hoarding issues, and will be working to refine and disseminate guidance on self-neglect over the coming year.



Safeguarding Adults

Bradford Policing District currently has two Vulnerable Adult Coordinators (VACs), who work within the Safeguarding Unit. They both manage a workload of ongoing cases whilst providing advice and support to officers and staff in all departments. They are also the conduit for all referrals from the Police to Adult Social Care and are the single point of contact for external agencies reporting to the police on all matters related to vulnerable adults.

The figures below have been compiled by the Coordinators throughout the year:

- 1244 NEW cases were referred to the Vulnerable Adult Coordinators over the year. This does not include ongoing cases they are working on or those for which they have given advice to officers.
- Approx. 80-85% of these resulted in a formal referral being made by Vulnerable Adults Coordinators to Adult Social Care.
- Approx. 120 AP1 (Adult Protection Alerts) were submitted this year. This number has declined since early 2016 when an agreement was made with Safeguarding Adults Team to phone ahead and discuss circumstances prior to submission.
- There has been a significant increase in Mental Health referrals over the last 3 months (approx. 55%).
- Dementia referrals to the older people's social work team have also increased in last 3-6 months. This is due to the "Stay at Home Policy" introduced in 2016. Approx. two dementia concerns are submitted each day, which includes repeat Missing Persons.
- The Vulnerable Adults Coordinators attended approximately 8 case conferences per month, either face to face and over the phone.
- Partner agency contacts, including Housing, GPs and Probation have also increased.

It should be noted that Vulnerable Adult work is not restricted to victims of crime. The Police now make appropriate referrals for suspects, witnesses and any vulnerable adults in the household at Domestic Abuse incidents as a result of recommendations from a Domestic Homicide Review (DHR) in December 2015.

Domestic Abuse

Since April 2016 Bradford District has responded to 10,385 incidents of Domestic Abuse. This is an increase of 12% since the previous year. We have issued 17 Domestic Violence Protection Notices and worked with partners to investigate and consider 31 Clare's Law disclosures. The aim of this scheme is to give you a formal mechanism to make inquiries about your partner if you are worried that they may have been abusive in the past. You can find out more on the West Yorkshire Police website. (www.westyorkshire.police.uk/domesticviolence).

Alongside investigating the offences, the Police lead on a number of safeguarding and partnership processes across Bradford. These include the Daily Risk Assessment Meeting (DRAM), Multi-Agency Risk Assessment Conference (MARAC), and Offender Management procedures, in which information is shared with key partners and action plans implemented to safeguard victims and families. A staff member from Choices, a Domestic Abuse Perpetrator Programme, is co-located with our Domestic Abuse Unit, offering self-referrals to domestic abuse offenders and providing guidance and support to officers around the Conditional Caution process and directing offenders into their service.

Working in partnership with the Safeguarding Adults Board

The Police are central partners in both the Safeguarding Adults Board and the Domestic and Sexual Violence Strategic Board, and the various sub-groups reporting to these Boards.

Bradford Policing District has continued to look at enhancing the service it provides to the communities of Bradford as well as the Partners they work with. This has led to a significant investment of resources into Safeguarding in order for us to deal with the increasing demand and change of focus towards dealing with and prioritising vulnerability. It was highlighted in the 2015 – 2016 Safeguarding Adults Report that there was a "need to further improve our understanding of how other agencies work, and we could achieve this by taking best practice from Safeguarding Children". A multi-agency review has taken place between Adult Social Care, Health and the Police to look at how a Multi-Agency Safeguarding Hub

(MASH) can be implemented, in order to better share information, help formulate risk assessments and conduct joint investigations. This work has been signed off by the Safeguarding Board and is due to be implemented later in 2017. This is a positive step forward in the ability of partners to help safeguard adults within Bradford.

Investigations into adult safeguarding are allocated to the Safeguarding Teams, which contain Detectives who have received specialist training in securing and presenting best evidence, as well as interview training. Adult Safeguarding Coordinators provide a link between these specialists and the partner agencies, to ensure information is shared across all agencies.

Further dementia awareness training has been delivered in order to train front line staff.

The Communication, Engagement and Training Sub-Group is chaired by Superintendent Damien Miller. Bradford District Police are committed with the rest of the Safeguarding Adult Board partners to raise the awareness of Adult Safeguarding across the District, as well as ensuring that front line practitioners are receiving the appropriate training. How offences are committed against adults is constantly changing, therefore the training which is being delivered, needs to be up to date and delivered in a timely fashion, which is the purpose of the Sub-Group.

National Probation Service (NPS) – Safeguarding Adults Board Report

We are working with an increasing number of elderly offenders who have healthcare needs and are vulnerable, but also pose a high risk of serious harm to others through their offending behaviour. Bradford and Calderdale NPS are working closely with a range of partner agencies to manage our dual responsibility to meet these needs but also protect the public. In planning for the release of a vulnerable adult we would work with Housing, Healthcare, Adult Social Care, Community Psychiatric Nurses in order to provide a suitable care package for the highest risk offenders. If supervised accommodation is required as part of a risk management plan, then many of our Approved Premises have designated rooms for those with care needs. Any release plans are agreed via our Multi Agency Public Protection Arrangements (MAPPA)

Adult Safeguarding is part of the Bradford and Calderdale local delivery plan and the lead Senior Probation Officer for this area is responsible for providing regular updates to the management team and practitioners. Work is on going to review the referral process. In the coming months we aim to have a more formalised process in place and a system that enables us to monitor outcomes for those identified as adults at risk.

It is now a mandatory requirement that all staff attend the E-Learning and face to face NPS Adult Safeguarding training. A training log is kept by team managers and the Divisional Hub Business Partner to monitor training completed. In addition to this the majority of staff will have

completed the PREVENT awareness training and plans are in place to refresh and update this training. To enhance awareness of the increasing areas linked to adult safeguarding, Offender Managers also access Human Trafficking training, Domestic Violence Training and Children Safeguarding training which also encompasses child sexual exploitation. Information regarding modern slavery and hate crime has also been cascaded to staff to improve our practice with regards to identifying such issues.

The introduction of the NPS, National Process Management System, Excellence in Quality and Processes (EQUIP), has increased the accessibility of the practice guidance and material. This system allows the NPS to map adult safeguarding processes and all relevant documents such as The National Probation Service (NPS) Safeguarding Adults Policy Statement and supporting practice guidance can now be accessed via this system. All staff are required to access these documents and this is monitored regularly.

The annual Service User Feedback Survey showed that 85.8% of respondents in the Bradford and Calderdale cluster were satisfied with their experience of Probation and engage positively with the offender management process. This exceeds the national target set at 75%. In response to the survey a leaflet was produced for offenders outlining the results and responding to offender feedback.

The general function of NHS England is to promote a comprehensive health service to improve the health outcomes for people in England. NHS England discharges its responsibilities by:

- Allocating funds to, guiding and supporting Clinical Commissioning Groups (CCGs) and holding them to account.
- Directly commissioning primary care, specialised health services, health care services for those in secure and detained settings, and for serving personnel and their families, and public health screening and immunisation programmes.

The mandate from Government also sets out a number of objectives relating to safeguarding which NHS England is legally obliged to pursue.

NHS England's overall roles in terms of safeguarding are direct commissioning and assurance and system leadership as set out in the revised Safeguarding Vulnerable People Accountability and Assurance Framework published by NHS England in July 2015. <https://www.england.nhs.uk/?s=safeguarding+assurance>

NHS England ensures the health commissioning system as a whole is working effectively to safeguard adults at risk of abuse or neglect. NHS England is the policy lead for NHS safeguarding, working across health and social care, including leading and defining improvement in safeguarding practice and outcomes. Key roles are outlined in the Safeguarding Vulnerable People Accountability and Assurance Framework 2015. This role is discharged through the Chief Nursing Officer (CNO) who has a national safeguarding leadership role. The CNO is the Lead Board Director for Safeguarding and has a number of forums through which to gain assurance and oversight, particularly through the NHS England National Safeguarding Steering Group (NSSG).

NHS England Yorkshire and the Humber has an established Safeguarding Network that promotes an expert, collaborative safeguarding system. It meets on a quarterly basis and works in collaboration with colleagues across the north region on the safeguarding agenda ensuring that improvements are made across

the local NHS. During 2016/17 a CCG peer review assurance process was undertaken and themes from this process have influenced the commissioning of leadership training for safeguarding professionals and there are future plans for a national assurance tool for CCG's. Learning has also been shared across GP practices via quarterly Safeguarding Newsletters, a safeguarding newsletter for pharmacists has been in circulation across Yorkshire and the Humber and one for optometrists and dental practices is being scheduled.

During 2016/17 a review of current systems for recording safeguarding incidents and case reviews across the North Region was undertaken to support the identification of themes, trends and shared learning. The Yorkshire and the Humber process to jointly sign off GP IMRs, as CCGs responsibilities for commissioning of primary care services is increasing, has been adopted across the north of England region to ensure consistency.

NHS England North hosted a safeguarding conference on 10 December 2016 which included presentations on forced marriage, honour based abuse, Female Genital Mutilation (FGM) and domestic abuse and adult safeguarding. The conference aimed to provide level 4 training for healthcare safeguarding adults and children professionals and leads in the North region. A conference was held on 11 November in York for named safeguarding GPs in Yorkshire and Humberside attended by Bradford named GPs. It was well evaluated and plans for a north region named GP conference are in place for 2017/18.

NHS England has updated and is due to circulate the Safeguarding Adults pocket book which is very popular amongst health professionals and has launched the NHS Safeguarding Guide App and a North region safeguarding repository for health professionals.

NHS England North developed a Safeguarding Assurance Tool for use with CCGs across the North Region, which was implemented in 2016. Designated Nurses reviewed all action plans to identify key themes and trends across the North Region with a view to identifying common areas requiring support.



Learning Disability Mortality Review (LeDeR) involves:

- Reviewing the deaths of all people aged 4 to 74 (inclusive)
- Identify the potentially avoidable contributory factors related to deaths of people with learning disabilities
- Identify variation in practice
- Identify best practice
- Develop action plans to make any necessary changes to health and social care service delivery for people with learning disabilities.

A national database has been developed and anonymised reports will be submitted. This will allow, for the first time, a national picture of the care and treatment that people with learning disabilities receive.

The LeDeR Programme is not a formal investigation or a complaints process and will work alongside any statutory review processes that may be required.

The LeDeR Programme recognises it is important to capture the extent of personalised services, including the use of reasonable adjustments, choice and control and the well-being of people with learning disabilities. Good practice examples shared nationally.

Across NHS England North there are a number of priority areas which are designated by the Home Office, who fund two Regional Prevent Coordinator posts. These posts support the implementation of the Prevent Duty and ensure that Health embeds the requirements of the contest strategy and specifically Prevent into normal safeguarding processes. Funding to support this work was secured from the North Region Safeguarding budget which has facilitated a number of projects including supporting partnership working with the North East Counter Terrorism Unit, delivering a conference in October 2016 on 'Exploitation, grooming and Radicalisation' and an Audit of referrals to Prevent /Channel where Mental Health concerns are understood to be a contributing factor.

React to Red was launched on 1st February 2016 at the Pressure Ulcer Summit in Leeds. It is a bespoke training package for pressure ulcer prevention which is competency based and designed specifically for care home staff and care providers. During 2017/18 this work will continue to be a priority across NHS England North and will focus on embedding the programme as a quality improvement initiative using a focused approach co-ordinated by CCGs and robust evaluation by NHS England North. In Bradford this is being rolled out locally in collaboration with commissioners.

Clinical Commissioning Group (CCG)

There are three CCG's in the District:

- Bradford City CCG;
- Bradford District CCG and Airedale;
- Wharfedale and Craven CCGs.

They all work in close partnership and have a shared safeguarding team covering adults and children. The team includes a Domestic Violence Manager who works across the whole health economy and a named GP for Safeguarding Adults who supports the development of safeguarding practice across primary care.

Key achievements

The Continuing Health Care Team has provided information and support around personal health budgets to people with complex health needs

- The CCG has engaged with a wide variety of service user groups and patient networks, listening to patient stories and feedback about services in order to inform health needs assessments, local service developments and the wider commissioning process
- The Named GP for Safeguarding Adults has continued to raise awareness about the broad range of safeguarding issues affecting adults across the district, disseminating information and delivering updates for GP Practice Safeguarding Leads. This supports GPs to develop the skills and confidence needed to identify and enquire about signs of potential abuse at the earliest possible time
- The CCG has contributed to a number of multi-agency reviews into deaths of adults across the district. We have incorporated learning from Domestic Homicide Reviews, Mental Health Homicide Reviews and Safeguarding Adults Reviews into staff training and continue to work with practices and Information Technology providers to improve safeguarding record systems CCG has worked as part of the local Prevent and Channel arrangements, supporting partnership working with health services, including GP practices in order to protect adults at risk, particularly people with learning disabilities, autism or mental health problems. The CCG safeguarding team lead on the health section of the Local Prevent Action Plan and are supporting the roll out of Prevent training within GP practices
- The CCGs safeguarding team continues to have oversight of Serious Incidents within NHS funded services in order to identify potential safeguarding issues and advise on proportionate and timely responses to concerns
- Along with the CCG quality team we have worked closely with the Local authority to improve the support and monitoring of care homes
- We have provided training and expert safeguarding advice to organisations and practitioners across the whole health economy. This includes independent health providers such as GPs, dentists and pharmacists
- The CCG have worked as part of the local network to raise awareness and explore Health's contribution to Anti-Trafficking and Modern-Day Slavery agendas
- The Domestic Violence Manager organised tailored training for health staff who attend (Multi-Agency Risk Assessment Conference) (MARAC) to make sure they are up-to-date and able to work efficiently within the MARAC process in order to support risk management for people experiencing domestic abuse
- The Domestic Violence Manager is working with the local authority, NHS Trusts, police and voluntary groups to develop a multi-agency information sharing pathway for Forced Marriage Protection Orders
- The CCGs safeguarding team continue to co-deliver the 2-day Role of the Service Manager Training. This training is focused on practical aspects of safeguarding, leadership and local safeguarding procedures, in the context of making safeguarding personal and strong multiagency working.

During 2016 safeguarding week the BDCFT safeguarding team developed and delivered a multi-agency session focussing on 'making safeguarding personal' and how to work with an adult to facilitate the outcomes they want to achieve.

All safeguarding adult training sessions have been refreshed with the central message of 'making safeguarding personal' alongside an understanding of the issues of consent, mental capacity and the inclusion of advocacy.

During any duty call to the BDCFT safeguarding team where there are safeguarding adult concerns staff are reminded to consider the 'making safeguarding personal' message.

BDCFT aims to ensure that all its staff regard safeguarding as a key responsibility and fully understand their role in preventing abuse as being the primary objective.

The BDCFT safeguarding team have a wide reach within the organisation to all its service areas from attendance at quality and safety meetings to supervision sessions with staff. The aim of this is to promote a safeguarding culture whereby service users remain of primary concern.

Safeguarding training now includes scenario based exercises which explore with staff, proportionate responses. The aim is to ensure that staff can consider their risk assessments to include the nature of the allegation and concern alongside the adult's desired outcomes.

BDCFT staff have access to information via the safeguarding page on the Trust intranet with details of how to raise a safeguarding concern. This includes a direct link to enable the concern to be raised. All new staff and volunteers to the organisation are given this information at induction and additionally staff are reminded about the safeguarding resource available at training sessions. All job descriptions for staff working in the organisation sets out individual responsibility for safeguarding practice.

The BDCFT safeguarding team attend the safeguarding Prevent meetings and the team also act as designated officers at Multi-Agency Risk Assessment Conferences (MARAC).

The safeguarding team facilitated a domestic abuse focus group attended by representatives

of BDCFT staff disciplines. This was to gain an increased awareness of staff experience of services and partnership working when supporting children, families and adults at risk who have, or who are experiencing the impact of domestic abuse. This highlighted impressive knowledge of domestic abuse and the impact of domestic abuse on both children and victims. The focus group model used proved successful and will be a useful model to replicate in the future.

The BDCFT safeguarding team has produced a domestic abuse newsletter which has been cascaded to all staff across the Trust via ecomms. The newsletter contains up to date practice guidance and contact numbers. The domestic abuse section of the BDCFT safeguarding website has been updated accordingly. A new domestic abuse package has been developed and is running throughout 2017 as part of BDCFT safeguarding team training programme. There is renewed emphasis on the impact of domestic abuse and the understanding of controlling behaviours and coercive control.

BDCFT has senior level membership at Safeguarding Adults Board (SAB) and have representation at all SAB Sub-groups. BDCFT safeguarding team are working closely with multi agency partners on implementing the making safeguarding personal agenda.

There are new arrangements for BDCFT and the Local Authority to work in partnership around the management of safeguarding concerns when relating to an adult that is known to our mental health services. BDCFT contribute to the initial enquiries at the request of the local authority and some staff have additional responsibility to undertake a formal enquiry if necessary. This has resulted in closer and positive relationships with the Local Authority.

There is firm commitment to safeguarding within BDCFT under the leadership of the Deputy Director of Nursing, Children's & Specialist Services. Safeguarding policies are current and Care Act compliant. Processes are in place to ensure that there is triangulation of complaints, serious incidents and risk and safeguarding, which contributes to staff learning and practice improvement.

There has been continued commitment to all the agendas of the Safeguarding Adults Board. The Trusts Chief Nurse or Deputy attends the Safeguarding Adults Board and representatives from the Safeguarding Adults team attend Sub-groups of the Board. The Named Nurse attends the Performance and Quality Improvement group and the Making Safeguarding Personal Group and one of the Safeguarding Specialist Practitioners attends the Mental Capacity Act and Deprivation of Liberty Safeguards Group.

The Safeguarding Adults team assist with the delivery of Multi Agency Safeguarding Adults training across the District, specifically the Role of the Service Manager training and the West Yorkshire Procedures training. There is also representation at the District wide Domestic and Sexual Violence Strategy Board and Sub-groups.

The team have established contacts within wider agendas such as Prevent and Human Trafficking and ensure they are up to date with issues relating to the district and that these are reflected in training.

Four members of staff within the Trust are identified as designated Officers for Multi Agency Risk Assessment Conference (MARAC) and ensure consistent research of information and attendance at MARAC meetings. There has been work undertaken to improve identification of patients experiencing domestic abuse and ensure they are aware of the services available within the district to offer assistance and support. This work has been focussed in the accident and emergency department and key lessons will be rolled out throughout the Trust.

Operational responsibility for patients with a Learning Disability now sits within the Safeguarding Adults Team with strategic oversight by the Assistant Chief Nurse for

patient experience. This has meant there is a single point of contact for other agencies who may be involved in the patient's care such as health facilitation teams and Independent Mental Capacity Advocates (IMCAs) and has ensured that if concerns are raised they are dealt with in a timely manner involving all relevant people. This has also meant that it has been identified that there is a need for a resources to engage with patients who have any form of cognitive impairment and an action plan has been devised regarding this and work commenced.

The Safeguarding Adults team have undertaken work within the Trust to ensure that all staff receive an appropriate level of training in relation to their roles and that the training is up to date and reflects the changes within legislation and practice. The Safeguarding Adults Team attended the planning meetings for Safeguarding Week 2016 and delivered training which was open to all professionals. Some of the training delivered during Safeguarding week was carried out in collaboration with the Safeguarding Children's Team and the Transition Nurses. This was specifically aimed at focussing on the differences in safeguarding patients who may be transitioning from children to adults. This was highlighted as an area of specific interest following discussion within the matrons safeguarding supervision meetings which the transition nurses regularly attend.

Our plan is to continue to build on the progress made, to ensure all aspects of Safeguarding are embedded within our staff and organisational culture. We will achieve this by continuing to work with partners to ensure a consistent approach to safeguarding concerns. We have audited some areas and where there is not significant assurance of our processes changes have been made to address these and will be monitored to ensure effectiveness.

Airedale NHS Foundation Trust

There has been continued commitment to all the agendas of the Safeguarding Adults Board

The Safeguarding Team are highly visible within the Trust and they work closely with clinical and non-clinical teams to ensure that staff support the patient in making decisions.

Key work areas:

- Bespoke training sessions are undertaken with clinical teams using case studies with a focus on identifying the outcomes that the person at risk wishes. We have built upon lessons learned from investigations and enquiries
- We continue to run training sessions with clinical teams to increase knowledge and awareness related to recognising and responding to abuse, this supplements formal teaching and learning
- Safeguarding Level 1 training is a 3 yearly mandatory requirement for all staff and volunteers who deliver Trust Services. This is delivered either face-to face, or via a workbook. At the end of 2016/17, Trust staff were compliant with: Dementia Awareness (including Privacy & Dignity standards) 91.94%; Mental Capacity Act 89.91%; Safeguarding Adults 91.53%
- We now have a Clinical Supervision framework for Safeguarding Adults
- There is a bi-annual audit related to Deprivation of Liberty Safeguards (DoLS) within clinical settings together with a review of the assessment of Mental Capacity and best interests decision-making tool that is used
- We have now increased the capacity within the safeguarding team to cope with the ever increasing safeguarding agenda. The additional post supports the team and provides further support for colleagues in clinical areas
- We have reviewed the terms of reference for our safeguarding governance structures
- The Strategic Safeguarding Group (Adults and Children) is chaired by the Director of Nursing. The purpose of this group is to oversee and monitor the Trust's statutory responsibilities in relation to the safeguarding agenda. Membership of this group includes the Designated Professional Safeguarding Adults Airedale Wharfedale and Craven CCG
- The Operational Group for Vulnerable Adults is chaired by the Consultant Geriatrician and co-chaired by Senior Nurse Safeguarding Adults and reports to the Strategic Group. The purpose of this group is to oversee and monitor operational safeguarding practice across the trust with senior colleague representation from each clinical group.

West Yorkshire Fire and Rescue Service (WYFRS)

During the 2016/17 period a review of the Safeguarding arrangements has been undertaken. This review has seen a change in the process and reporting requirements within the Organisation. It was prompted as part of our overall change in Prevention Strategy ensuring that the reporting of concerns is made even more robust and accountable without burdening staff with excessive paperwork or process. Part of the review has focussed on training. This will be refreshed over the next year using the updated e-learning package and face-to-face training by the Safeguarding Leads from each District. It will be performance managed through annual reviews of each team within the organisation.

Whilst WYFRS is a reporting organisation within the Safeguarding Framework our employees are encouraged as far as is reasonably practicable to support the individual at risk. Our reporting structure and policy arrangements dictate that the individual is consulted with any referral to partners and as to what future involvement they may wish to have with services.

The review of our Safeguarding procedures and policy is ensuring that we are responding to reports of abuse accordingly. WYFRS has a proactive reporting procedure and has a strong and positive approach to ensure that reports are dealt with as soon as they are raised. Strong relationships with partner agencies and care providers ensure that reporting pathways are followed.

Safeguarding Adults Board key work areas 2016/17

Communications and Engagement 2016/17

The Communication, Engagement and Training Sub-group supports the work of the Safeguarding Adults Board by developing, promoting, delivering, reviewing and evaluating Safeguarding Adult communication and engagement strategies and training across Bradford District.

The group met four times in 2016/17 with attendance from Adult Social Services, NHS Trusts, the independent care home sector and the voluntary sector. There have been changes in representation from some organisations and from October 2016 there is a new Chair (Police) and Vice Chair (CCGs) of the group. The terms of reference and membership have been reviewed over the last few months following the merging of the Communication and Engagement group and the Training Task Group.

Having an effective communication and engagement strategy enables both professionals and the public to have an increased awareness of safeguarding issues across the District.

The Voice Group - What you told us...

The Safeguarding Voice Group, with membership made up of service users, carers and members of the public continues to undertake crucial work to raise awareness and meet the group's aims:

- listen to people's views and experiences of safeguarding adult issues and work
- help the SAB towards improving services and how things are done to safeguard adults better in the district
- help people speak up, have a voice and keep everyone safe.

Making Safeguarding Personal / Conference

Some of the key areas that the Voice group has been involved in include the Making Safeguarding Personal Conference in May 2016, which the members attended.

The regional Making Safeguarding Personal Conference was held on 19th May 2016 at Margaret McMillan Towers, Bradford, hosted by Bradford Safeguarding Adults Board. The event was contributed to by regional Safeguarding Adults Board partners and ADASS.

Safeguarding Week 2016

Bradford District was proud to celebrate its fifth annual multi-agency Safeguarding Week in October 2016 that showcased a wide range of learning and development opportunities primarily for practitioners. Safeguarding Week was again a 'real success' with over 80 organised events hosted across the District. This demonstrated great partnership working amongst the Safeguarding Adults, Children and Domestic Abuse Boards. Many other partners, services, young people and service users got involved by organising and delivering events throughout the week.

During Safeguarding week a campervan was commissioned to travel across the District to engage with people, to find out what they already knew about safeguarding and to identify what else the Safeguarding Adults and Children's Boards can do to safeguard people better. A feedback report with key action points is currently being drafted, this is expected in the summer of 2017 to inform the next Safeguarding week.

To celebrate five years of Safeguarding Week, the 'Reflections and Going Forward' event was hosted at Bradford College at the end of the week. We were delighted to welcome Nazir Afzal (Chief Executive, Police & Crime Commissioners for England & Wales) who addressed Leadership in Safeguarding, the Real Safeguarding Stories project was launched, and people got to watch the 'Vox Pop' comments which reflected on the week and made everyone think about what we need to do going forward.



Real Safeguarding Stories

Real Safeguarding Stories was launched in autumn 2016 www.realsafeguardingstories.com. The website encompasses all areas of Safeguarding including adults, children and domestic abuse. Since the launch, over 20 films on the website has had over 3000 visits, 2,500 users and 10,000 page hits within just four months, from across the UK. The online service is free to access for all users. The films can be used to support training and development.

In the Bradford region, Real Safeguarding Stories have been used to:

- Enable Councillors to use them at community events to raise awareness of safeguarding issues
- Training at the Mothers Union in child sexual exploitation
- Training for taxi drivers and operators in CSE and the night-time economy
- Barnardo's training programme with hotels and B&Bs highlighting CSE issues
- Bradford Council staff inductions
- Social Workers training
- Used as part of Bradford's 'Recognising and Responding' Safeguarding course, which is available to all public and private sector organisations in the area
- Part of the induction for West Yorkshire Trading Standards staff
- Used by West Yorkshire Trading Standards community workshops
- Incorporated into West Yorkshire Trading Standards' Partner Training

for frontline professionals in the care industry, West Yorkshire Fire Service, and West Yorkshire Police.

- Bradford College use the videos as part of the student awareness programme including permanent access on their intranet system
- The CSE videos had such an impact at one Children's Residential Home, led by Barnardo's, that there are plans for delivering further training in more Children's Homes for staff
- Community Awareness Event in Keighley in responding to CSE
- The Police, Sexting training and awareness for students in schools across Bradford District.

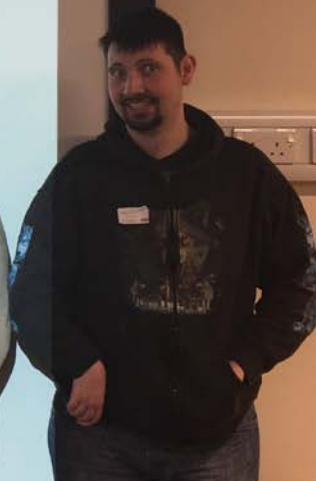
Working with people in the communities

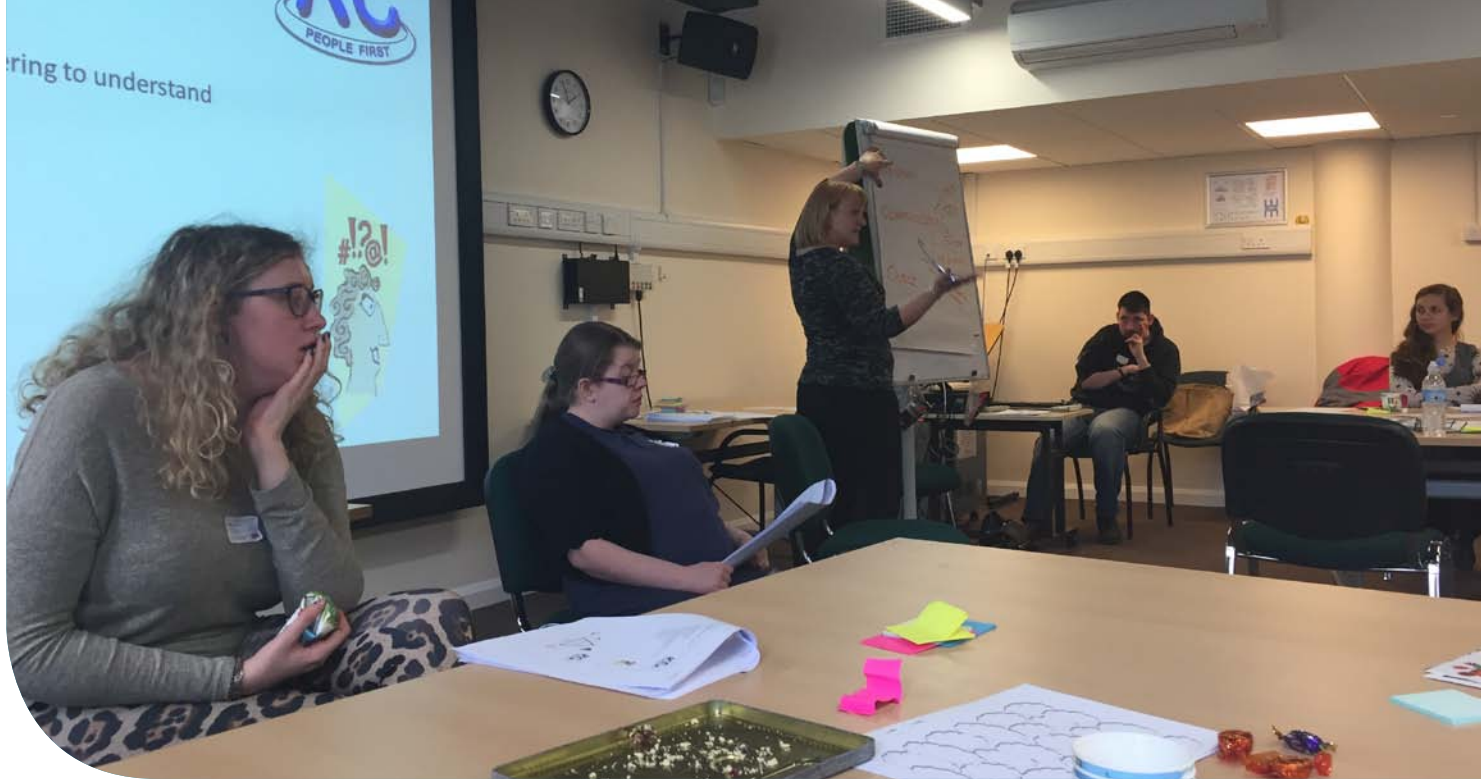
To raise general awareness of adult Safeguarding and to maximise opportunities to engage with both staff and the general public we held information stalls at the following places:

- Newly Elected Members Event at City Hall
- Making Safeguarding Personal Conference at Margaret McMillan Towers
- Nursing celebration event at Cedar Court
- #LoveBradford world record attempt at City Park
- Age UK Bradford & District's Young at Heart event at Bradford Hotel
- Remploy and Barclays Bank Fraud event Howard House, Bradford City Centre
- Interfaith Week 2016: Faith conference at University of Bradford
- Assistive Technology Event at Mercure Bradford Bankfield Hotel
- Disability Access Day at Barclays Bank

The Jabberwocky Problem

*'Twas brillig, and the slithy toves
Did gyre and gimble in the wabe;
All mimsy were the borogroves,
And the mome raths outgrabe*





Training

Safeguarding training is one of the crucial ways to raise awareness in the prevention of abuse and neglect. Our training courses target different audiences of practitioners to enable a wide range of multi-agency staff that have varying roles and responsibilities to recognise and know how to respond to abuse and neglect.

In an on-going response to the implementation of the Care Act (2014) multi agency training is updated accordingly to reflect emerging issues such as Human Trafficking and Modern Day Slavery, Making Safeguarding Personal and radicalisation to inform practice.

To support the awareness raising of Human Trafficking and Modern Day Slavery the group continue to support and facilitate the delivery of briefing sessions delivered by the Police. Further partnership working is progressing with the Children's Safeguarding Board and the Human Trafficking Network to enhance current training.

The Bradford District Safeguarding Adults Training Directory 2016/17 was successfully launched in April 2016. The training directory was developed to enable a wider audience of health, social care and related services staff and volunteers to access information about available multi-agency safeguarding training.

The two trainer development days have been well attended, with a variety of issues addressed and updated, including Making

Safeguarding Personal, The Safer Project delivered by Trading Standards, Information Sharing and Coercive Control. Further developmental work is planned in partnership with the Safeguarding Children's Board and the Domestic Violence Board to enhance and streamline the process of trainer recruitment and development and quality assurance processes.

Training April 2016 -March 2017

The multi-agency training partnership continues to develop and strengthen. The two Trainer Support days (April and December) were both extremely well attended. West Yorkshire Police delivered training on Coercive Control and latterly People First Keighley and Craven delivered a session on Making Safeguarding Personal. These events support trainers to keep current and to get to know other trainers.

West Yorkshire Police are delivering multi-agency briefings to front line staff on Human Trafficking and Modern Day Slavery, 108 people have attended so far.

This remains an unprecedented and challenging time in Safeguarding Adults and the Communication, Engagement and Training Sub-group look forward to working in partnership with the Safeguarding Adult Board to deliver and promote the key safeguarding messages across Bradford District.

Performance Quality and Improving Practice (PQIP) Sub board in 2016/17

Whilst the primary function of the Performance Quality and Improving practice Sub-group is to provide the Safeguarding Adults Board with informative and meaningful analysis of the safeguarding data, that enables the Board to drive improvements in practice across Bradford, the group also takes lead in other areas of work as follows:

SAB Self-Assessment 2016

The SAB Self- Assessment process was distributed to partners and collated for analysis September 2016. There were responses from the following partners:

- Bradford Teaching Hospitals Trust
- Airedale Hospitals Trust
- NHS England
- Bradford, Airedale, Wharfedale and Craven Clinical Commissioning Group
- National Probation Service
- Adult Social Care
- Bradford District Care Foundation Trust
- West Yorkshire Police

Work was undertaken to draw together the responses to review strengths and weaknesses to present to the full Safeguarding Board. The next stage of the process was to invite each partner to attend a Panel interview to discuss their self-assessment. Each partner was asked to provide evidence of the areas they had indicated as strength and discuss actions

they were taking to work towards areas of weakness. The final stage will be to present a report to the Safeguarding Adults Board.

Safeguarding Adults Review's (SAR's) Protocol

The SAR's Protocol has been updated and strengthened in light of the changes in the Care Act and the widening of the procedures to incorporate North Yorkshire and York. It will continue to be reviewed due to expected launch of the new West, North and York Procedures later in 2017.

Systemone – IT Systems Update

Systemone was introduced into Adult Social Care in August 2016 with the view that the modules for Safeguarding Adults and DoLS would follow. The introduction of Systemone will enable better integrated ways of working with health colleagues, with enhanced possibility of sharing essential information within a single environment. There have been a number of delays due to ensuring the structure of the module captures all the necessary information to respond to National Data requirements as well as for the Safeguarding Board and the Care Act 2014 Making Safeguarding Personal.

SAB Financial Arrangements 2016/17

Salary costs	158607.87
Travel - Service Users	275.84
MSP Conference	1021.75
Safeguarding Week 2016	576.00
Safeguarding Adults Event – Age UK	50.00
Printing/Proofing/stationary	1470.89
Safeguarding Event (Elected Members and Partners)	424.00
Membership AEA	52.00
Expenditure	162478.35
Local Authority	97,171.35
West Yorkshire Police	11,699.00
Health	53,608.00
Income	162478.35

Mental Capacity Act (MCA) Local Implementation Network (LIN) Sub-group of SAB Report April 2016 - 2017

The group commenced the year by updating the terms of reference. We have linked with the Local Care Homes Association and a provider representative is now invited to the MCA Sub-group. The Sub-group has representation at the monthly Regional Mental Capacity Act Meetings which in turn has representation at the National Meetings which enables us at our local level to be kept updated with developments, possible legal changes, etc.

In Bradford we have now got 47 trained Best Interest Assessors and 13 in training to use for DoLS purposes. The quality of work carried out by our Mental Health Assessors is of a really good standard and it is now a rare occurrence for us to have any conflict in relation to the Mental Capacity Act and Mental Health Act interface.

Bradford District Foundation Care Trust has done some good work supporting Carers in relation to Mental Capacity issues and this was fed back to the National Mental Capacity Forum as a significant achievement. The local Clinical Commissioning Group have showcased some of their Mental Capacity Act Work at the National Mental Capacity Action Day. The Local Authority has delivered training as part of Safeguarding Week which was well received by a variety of professionals from statutory, voluntary and private sector. As a group we have been pooling together our training materials and resources and reviewing how we deliver training in relation to the Mental Capacity Act and who is receiving the training and identifying any gaps.

Bradford Council takes part in organising the Regional Conferences for Best Interest Assessors and Mental Health Assessors of which there are 4 Conferences a year. We use these to ensure our staff working within the field of Deprivation of Liberty Safeguards are kept updated with legal changes and practice developments. We have kept abreast of relevant case law and continue to evolve, for instance in relation to covert medication – professionals now scrutinise decision making in relation to this whereas previously this was generally left to the GP. Each representative from the sub-group feeds back significant changes and developments to their organisation.



The Local Authority is still struggling to meet the consistently high demand placed on its DoLS Service and unfortunately there is still a significant waiting list. The Association of Directors of Adult Social Services (ADASS) issued a guidance suggesting that Local Authorities may choose to carry out “soft touch” Assessments for DoLS purposes as an interim measure. Bradford decided not to use this suggestion preferring to carry out comprehensive quality Assessments.

The Local Authority has gone out to tender for a Relevant Persons Representative (RPR) Service. This is a significant positive move. The Local Authority has also created some new key positions – Principle Social Worker and MCA Lead which can only benefit the Sub-group and raise the profile of Mental Capacity across the district further.

Safeguarding Adults Board key work areas – moving forward

Areas of Focus for 2017 – 2018

- The Bradford Safeguarding Adults Board is to continue with its Strategic Plan and revisit its priorities inclusive of meeting its statutory responsibilities.
- Developing and improving upon our performance reporting to ensure it is fully reflective of multi-agency working and development of thematic audits that are supportive of a preventative agenda.
- The Safeguarding Adults Board to continue its work in listening to the voice of adults and carers to inform its work with a planned Safeguarding Adults week.
- A key safeguarding principle is the empowerment and proportionality of adults to express what they would like to happen and the outcomes they would like to achieve. The Bradford Safeguarding Adults Board will continue to develop an ethos of 'Making Safeguarding Personal' to ensure adults maintain choice and control about how they would like to live their lives.
- The Safeguarding Adults Board will continue to embed the empowering ethos of the Mental Capacity Act and the Deprivation of Liberty Safeguards within safeguarding arrangements.
- The Safeguarding Adults Board will work with all partners and with the full involvement of people using services, to be assured that people are supported to feel safer and be safer, when they are at risk of, or experiencing abuse or neglect.
- The Safeguarding Adults Board will work jointly with communities, agencies and other strategic partnerships, to make sure that everyone meets their obligations and makes the best use of available resources to tackle abuse and neglect of adults at risk.
- The Safeguarding Adults Board will ensure that there are effective arrangements to share good practice and learn from Safeguarding Adults Reviews.
- The Safeguarding Adults Board will continue to strengthen the relationship with the Health and Wellbeing Board, Healthwatch, Children's Safeguarding Board, Domestic Abuse Partnership and other key partners.
- A new strategic plan will be prepared for 2018 to 2021 during the year.



Introduction

The Care Act 2014 came into force in April 2015 and is underpinned by six principles.

- Empowerment – the presumption of person-led decisions and informed consent
- Prevention – the idea that it is better to take action before harm occurs
- Proportionality – providing the least intrusive response appropriate to the risk presented
- Protection – providing support and representation for those in greatest need
- Partnership – delivering local safeguarding solutions through services working with their communities
- Accountability – being clear about who is responsible for safeguarding interventions and holding them to account.

In order to promote these principles, the Act and its statutory guidance outlined the duties of local authorities, statutory partners and the Safeguarding Adults Board. SAB members now have a duty to co-operate and the SAB itself must:

- Publish a strategic plan each year, developed with local community involvement and working alongside Healthwatch
- Publish an annual report on what it has done over the past year, detailing members' contributions to the strategy and how they have implemented personalisation in safeguarding
- Conduct Safeguarding Adults Reviews under Section 44.

This first strategic plan for 2015-18 is intended to meet the first of these duties; drawing on a range of consultation activities, the experiences of the last year, self-assessment of the SAB by its members and the development day held on 6th May 2015.

Bradford Safeguarding Adults Board

Bradford Safeguarding Adults Board exists to ensure that local safeguarding arrangements and partners act to help and protect adults in the Bradford district who:

- have needs for care and support (whether or not these needs are being met) and;
- are experiencing, or at risk of, abuse or neglect and;
- as a result of these care and support needs, are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The SAB has an Independent Chair and members drawn from a range of different agencies, including the Police, NHS and voluntary and community sector. The SAB is accountable to its statutory members and the Chair is accountable to the local authority Chief Executive.

The SAB realises its aims and objectives through a structured planning process, with the strategic plan informed by the SAB's vision and, in turn, informing the SAB business plan.

Our Vision

“Bradford SAB expects that all agencies will work together to make sure that all those with care and support needs can live the best lives they can, without fear, and safe from abuse and neglect.”

In order to achieve its vision, the SAB and its members will be aspirational about empowerment and express values of respect for individuals. The Safeguarding Adults Board will endeavour to have a learning culture and to identify, promote and celebrate good safeguarding practice with other Boards and organisations.

Moving Forward

The strategic plan will be reviewed annually and progress will be outlined in the SAB Annual Report. As public spending continues to reduce, the demands on the health and social care system increase and integration between the NHS and local authority social care develops, it is important to ensure that the SAB strategic priorities are up to date and relevant. This will help the SAB to continue in its key role to help and safeguard adults with care and support needs.

Strategic Plan for 2015/18

1. Empowerment and Proportionality:

In partnership with communities and local organisations the SAB will work to support people to make their own safeguarding decisions, whilst acting in a proportionate way to protect those who can't make decisions for themselves.

To do this the SAB will work with its partner agencies to:

- 1.1 Be assured that 'Making Safeguarding Personal' is implemented across Bradford and that agencies empower people to achieve the safeguarding outcomes they want.
- 1.2 Ensure that SAB and services in Bradford have fully embedded the empowering ethos of the MCA within safeguarding arrangements.
- 1.3 Ensure the range of locally available independent advocacy supports the empowerment of adults at risk.
- 1.4 Make sure that it incorporates service user and carer perspective by creating opportunities to listen to their stories.

2. Prevention and Protection:

The SAB will work with all partners and with the full involvement of people using services, to be assured that people are supported to feel and be safer, when they are at risk of, or experiencing abuse or neglect.

To do this, the SAB will work with its partner agencies to:

- 2.1 Raise the profile of SAB's activities with communities and organisations who are less aware of adult safeguarding
- 2.2 Be assured that support to carers is helping prevent carer stress and abuse or neglect

- 2.3 Help people who have experienced abuse or neglect to be more resilient and to feel and be safer in the future
- 2.4 Identify ways in which individuals may be better protected by working with people who have caused abuse.

3. Partnerships and Accountability:

The SAB will work jointly with communities, agencies and other strategic partnerships to make sure that everyone meets their obligations and makes the best use of available resources to tackle abuse and neglect of adults at risk.

To do this the SAB will work with its partner agencies to:

- 3.1 Cooperate with other strategic partnerships to prioritise and coordinate work streams that affect adults at risk, including frauds/scams, forced marriage, violent extremism and sexual exploitation
- 3.2 Strengthen local arrangements to identify and monitor care settings where there may be increased risks of abuse and neglect
- 3.3 Be assured that local safeguarding arrangements support effective interagency working and information sharing
- 3.4 Be assured that there are effective arrangements to share good practice and learn from Safeguarding Adults Reviews
- 3.5 Strengthen assurance that all partners contribute appropriately to local safeguarding work and have effective arrangements which are consistent with local multiagency safeguarding adults policy and procedures
- 3.6 Strengthen relationship with the Health and Wellbeing board, Children's Safeguarding Board, Domestic Abuse Partnership and other key partnership bodies.

Appendix 2

Examples of abuse

Physical abuse:

Physical abuse is causing physical pain, injury or suffering to someone else.

Some examples of physical abuse include:

- hitting
- slapping
- pushing
- kicking
- burning
- not giving someone their medication, or too much medication or the wrong medication
- the use of illegal restraint for example, where someone holds another person by forcing them down
- inappropriate physical sanctions like locking someone up in a room or tying them to furniture

Sexual abuse:

Sexual abuse is when someone does sexual things to another person who does not want it happening to them or may not understand what's happening.

Some examples of sexual abuse include:

- forcing someone to have sex against their will, which is known as rape
- sexual assault
- touching
- making sexual remarks
- making someone take part in sexual acts, like made to watch sexual activity or films
- sexual exploitation

Psychological abuse:

Psychological abuse is also known as emotional abuse. This is when someone says and does bad things to upset and hurt someone else.

Some examples of psychological abuse include:

- humiliating
- blaming
- controlling
- intimidating
- harassing
- verbal abuse
- bullying and cyber bullying

- isolating
- threatening to harm or abandon (leave someone in need)
- coercion
- stopping someone from seeing other people e.g. their friends and family
- stopping someone to have access to services or support

Financial and material abuse:

Financial and material abuse is when someone takes someone's money or things without asking.

Some examples of financial and material abuse include:

- theft, which is stealing money, benefits or things
- fraud
- misuse of a person's property or things
- internet scamming
- Putting pressure on someone to change their financial arrangements, such as wills, property or inheritance
- misuse of any lasting power of attorney or appointeeship

Neglect and acts of omission:

Neglect is when someone says they are going to help someone by giving them care and support but they do not.

Acts of omission is when someone ignores situations when someone else is being neglected.

Some examples of neglect include:

- leaving someone alone for a long time
- ignoring medical or physical care needs
- failing to provide access to the right health or social care services
- withholding medication, not giving adequate nutrition or heating

Organisational abuse:

Organisational abuse is when any form of abuse is caused by an organisation. It can include neglect and poor practice within a specific care setting such as a hospital or care home, or where care is given to someone in their own home.

Self-neglect:

Self-neglect is when someone does not take care of themselves properly. This can put their safety, health and well-being in danger.

Some examples include when someone:

- does not keep clean
- does not look after their own health
- does not clean where they live
- lives in hoarding conditions by keeping lots of things around them

Discriminatory abuse:

Discriminatory abuse is when someone says or does bad things to someone else because they are different to them.

People are treated unfairly because of their:

- race or religion
- gender, gender identity or sexual orientation
- age
- disability

Some examples of discrimination include:

- harassment
- verbal abuse
- physical and psychological abuse
- hate incidents or hate crime

Mate crime:

Mate crime is a form of disability hate crime.

It happens when someone pretends to be a friend and then uses, manipulates or abuses the person.

Domestic violence and abuse:

Domestic violence and domestic abuse happens between people in relationships or family members. It is a pattern of behaviour which involves violence or other abuse by one person against another.

Some examples of domestic violence include:

- emotional abuse / psychological abuse
- physical abuse
- sexual abuse
- financial abuse
- honour based violence
- forced marriage
- female genital mutilation

Modern slavery:

Modern Slavery is slavery that happens today. Slavery is when someone is forced to work or do other things they do not want to.

It's a growing problem that can happen to men, women and children. People are treated like slaves; they are forced and tricked into a life of abuse.

It's treating people in an inhumane way. This means when someone is cruel, does not have compassion and they can make people suffer.

Modern Slavery can take many forms some examples include:

- trafficking people where the traffickers are the slave masters
- forcing someone to work, they can be made to work for free in a shop, in a factory or even sell sex
- forcing someone to be a domestic slave and not letting people have their own life

Appendix 3

What to do if someone is being abused

What should I do if I think someone is being abused?

If you have been told or notice abuse or neglect:

- Ensure the immediate safety and welfare of the adult and any other person at risk
- If urgent attention is needed for health or safety dial 999
- If a crime needs to be reported call the police on 101 or you can call Crimestoppers on 0800 555 111
- Preserve any evidence
- Accurately record the incident, any action or decisions. Make sure you sign it and add the date and time.

If you or someone you know has been abused, contact:

The Police

- For emergencies 999
- For non-emergencies and advice 101
- Crimestoppers on 0800 555 111.

The Police and Crimestoppers are both open all day and night.

Bradford Council

If you think an adult is at risk of abuse or you are worried that someone might be abused raise your concern at: www.bradford.gov.uk/makeanalert

If you are unable to complete the online form call the Adult Protection Unit on 01274 431077
Monday to Thursday: 8.30am to 4.30pm
Friday: 8.30am to 4pm

Out of Hours Emergency Duty Team

Telephone 01274 431010 (outside office hours)
Monday to Thursday: 5pm to 7.30am
Friday to Monday: 4.30pm to 7.30am

What do we do when we receive a concern?

When the concern is received we must first find out if the person is facing such a risk. Sometimes we find that there is no abuse or neglect; sometimes people do not want any help to stop what is happening to them but in most cases health, social care, police and other agencies work together to help the person live a safer life.

If the abuse is within a care setting we work with the care provider, the service commissioners and the regulators CQC to ensure it is stopped.

Advocacy Services in Bradford District

What is advocacy?

Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain the services they need. Advocates and advocacy schemes work in partnership with the people they support.

There are many Advocacy Services that can help. More information can be found from this link: www.bradford.gov.uk/adult-social-care/living-independently/advocacy

Other organisations

There are many other organisations that can help and offer support.

Find out more from www.bradford.gov.uk/adult-social-care/adult-abuse/organisations-that-can-help/

Appendix 4

Safeguarding Adults Board members 16/17

Safeguarding Adults Board - Partner Organisations 16/17:

- Independent Chair
- City of Bradford Metropolitan District Council – Department of Health and Wellbeing
- City of Bradford Metropolitan District Council – Department of Housing
- City of Bradford Metropolitan District Council – Department of Environment and Sport
- West Yorkshire Police
- Yorkshire Ambulance Service NHS Trust
- Bradford District, Bradford City and Airedale, Wharfedale and Craven CCGs
- Airedale NHS Foundation Trust
- Bradford Teaching Hospitals Foundation Trust
- Bradford District Care Foundation Trust
- National Probation Services
- In-Communities
- Independent Sector
- NHS England
- Alzheimers Society
- Choice Advocacy
- Hanover (Housing)
- Healthwatch
- Strategic Disability Partnership /Arthritis Care Group
- Bradford People First
- Police and Crime Commissioners

Safeguarding Adults Board - Sub-groups:

- Delivery Group
- Training Sub-group
- Performance, Quality and Improving Practice
- Communications and Engagement Sub-group
- MCA/ DoLS Sub-group
- Stonham Housing

Appendix 5

Safeguarding Adults Data Analysis 16/17

This report presents information about adults at risk for whom safeguarding concerns/enquiries were opened during 2016/17. It also contains case outcome details for safeguarding enquiries which concluded during the reporting period. The closed enquiries include those generated within the 2016/17 reporting period and those prior to it. This report is based on the statistical data provided to NHS Digital as part of the yearly Safeguarding Adults Collection (SAC).

In 2016/17 queries to the Safeguarding Adults Team continued to be made, as in previous years, via the online form www.bradford.gov.uk/makeanalert. The number of all queries decreased by 5% (from 4,504 to 4,256) in comparison to 2015/16. The queries that did not directly relate to safeguarding adults cases were closed and passed on to the more appropriate service where necessary.

The queries assessed as safeguarding adults related, became safeguarding adults concerns. There were 3,279 concerns (a decrease of 5% on previous year from 3,457 to 3,279). The concerns were checked against the criteria set out in the West Yorkshire Safeguarding Adults Policy and Procedures. Those that met the criteria, progressed onto the next stage – enquiry. 714 Section 42 enquiries were instigated in 2016/17, a decrease of 22% on the previous year (911).

In line with Section 42 of the Care Act, a safeguarding enquiry is instigated where a local authority has reasonable cause to suspect that an adult in its area:

- has needs for care and support (whether or not the authority is meeting any of those needs) and
- experiencing, or is at risk of, abuse or neglect and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

In such cases, the Local Authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

At the enquiry stage a Safeguarding Adults Risk Co-ordinator gathers and reviews all the available information regarding the alleged abuse. Where appropriate, a safeguarding plan is drawn up involving all the relevant organisations and agencies involved in the case such as health, adult services, police and advocates. If the abuse is within a care setting, work is with the care provider, the commissioners and the regulators to ensure it is stopped. In some cases, service users experiencing abuse do not want any help to stop what is happening to them.

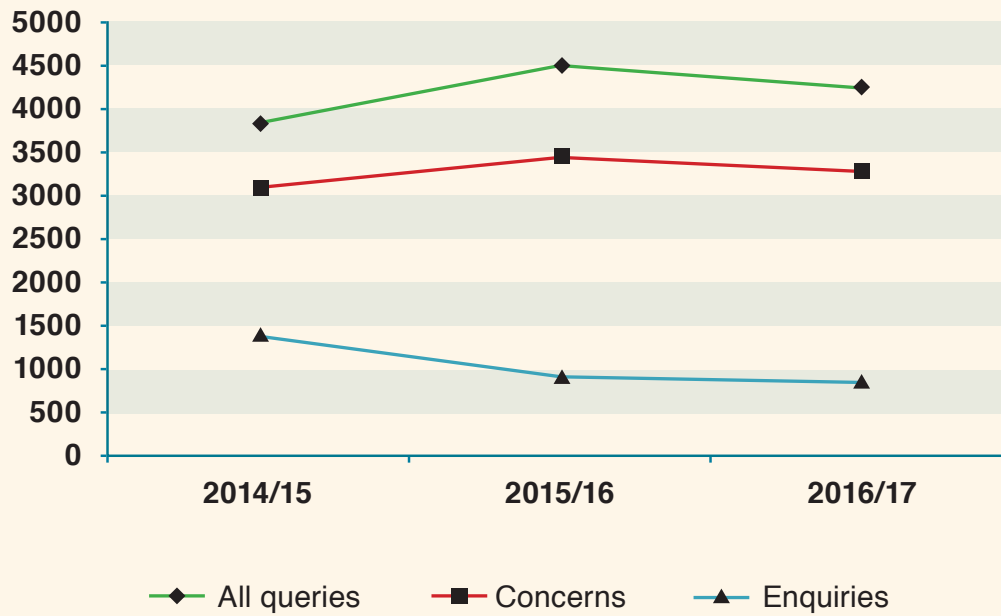
Their wishes are respected as long as their choices do not put other people at risk of abuse.

A safeguarding concern is where a council is notified about a risk of abuse, which instigates an enquiry under the local safeguarding procedures.

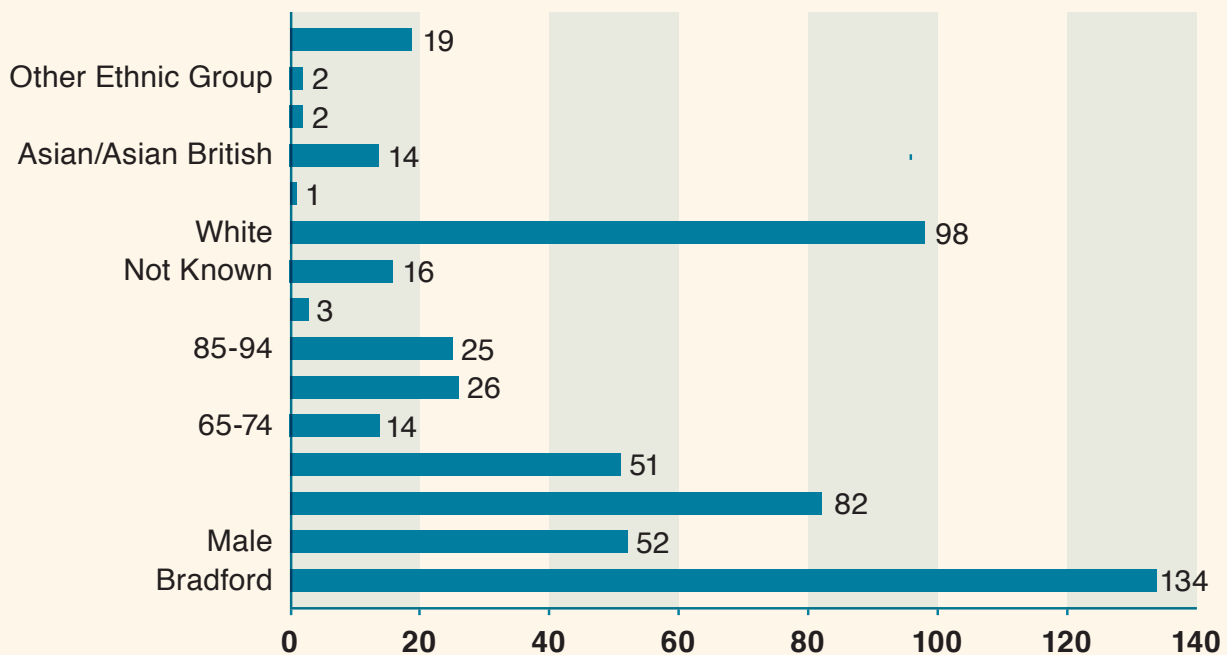
As seen in the following chart, the number of referrals in 2016/17 has dropped in comparison to 2015/16. This is due to the stringent implementation of the West Yorkshire Policy and Procedures introduced in April 2014. Based on the criteria set out in the procedures, we continued to improve our triage system ensuring that low-level safeguarding adults concerns were dealt with quickly and more consistently than in previous years. This enabled us to focus on the more complex cases requiring the use of the safeguarding process.

In 2016/17 the Bradford District averaged 134 Section 42 Enquiries per 100,000 population.

Levels of queries, concerns, enquiries 2014 - 2017



Number of individuals with Sec 42 Enquiries per 100,000 population

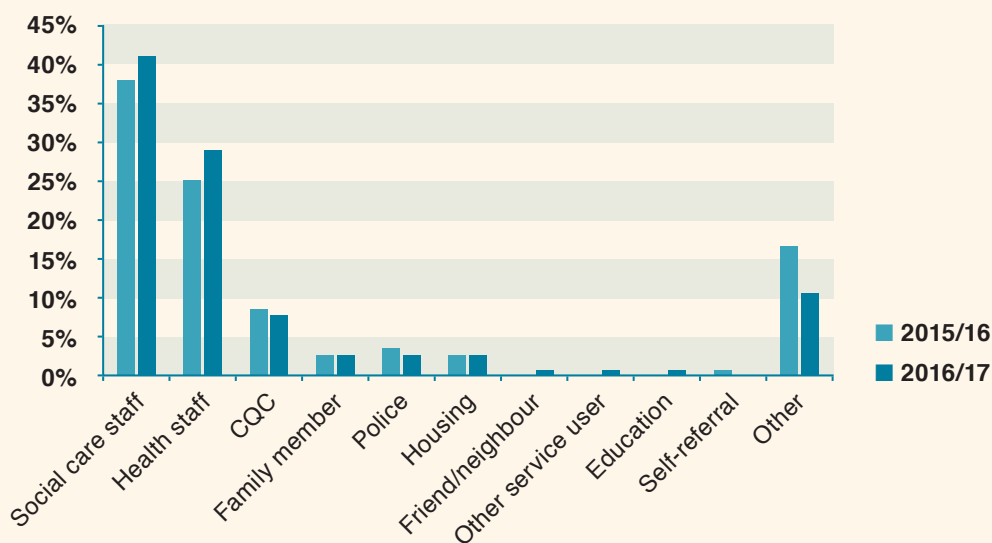


Source of enquiries

As the table/chart below indicates, safeguarding enquiries come from a variety of sources. As in previous year the highest proportion of enquiries are made by social and health care staff. During 2016/17 we continued to develop links with health care providers. There was a 4% increase in enquiries made by health staff. The number of enquiries made by general practitioners doubled in comparison to 2015/16.

Social care staff	294
Health staff	205
CQC	56
Family member	24
Police	21
Housing	19
Friend/ neighbour	7
Other service user	7
Education	3
Self-referral	2
Other	76
Grand Total	714

Source of Section 42 Enquiries

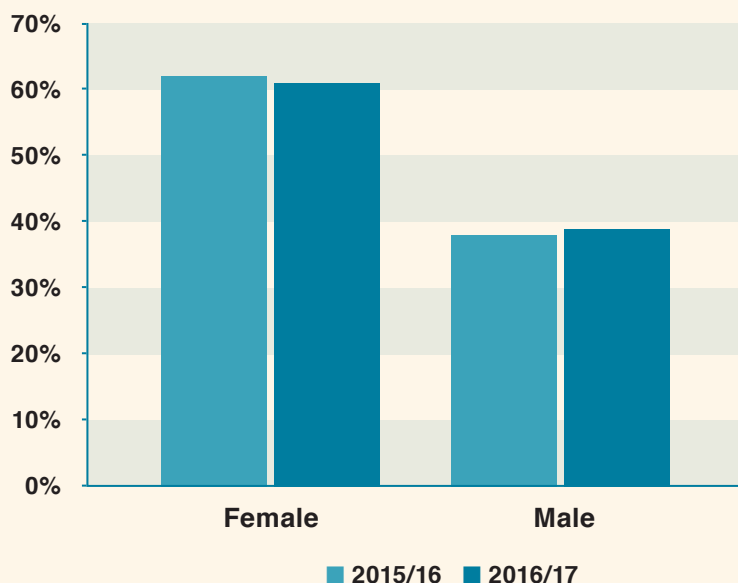


Adult at Risk – gender

Of the 714 Sec 42 enquiries processed this year, 278 (39%) were with respect to male victims and 436 (61%) were in respect of female victims. Proportionally Bradford District population consists of: 49% males and 51% females.

Gender	Enquiries
Female	436
Male	278
Grand Total	714

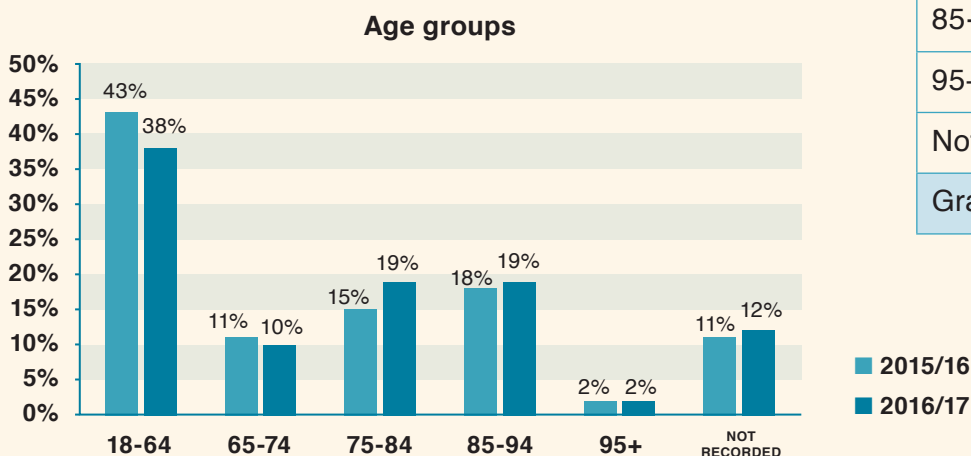
Gender comparison



Adult at Risk – age group

In 2016/17 there were 5% less adults at risk in the 18-64 age group than in 2015/16. 50% (359) of individuals at risk were aged 65 or over – 4% more than in 2015/16.

Age	Enquiries
18-64	271
65-74	74
75-84	137
85-94	133
95+	15
Not recorded	84
Grand Total	714

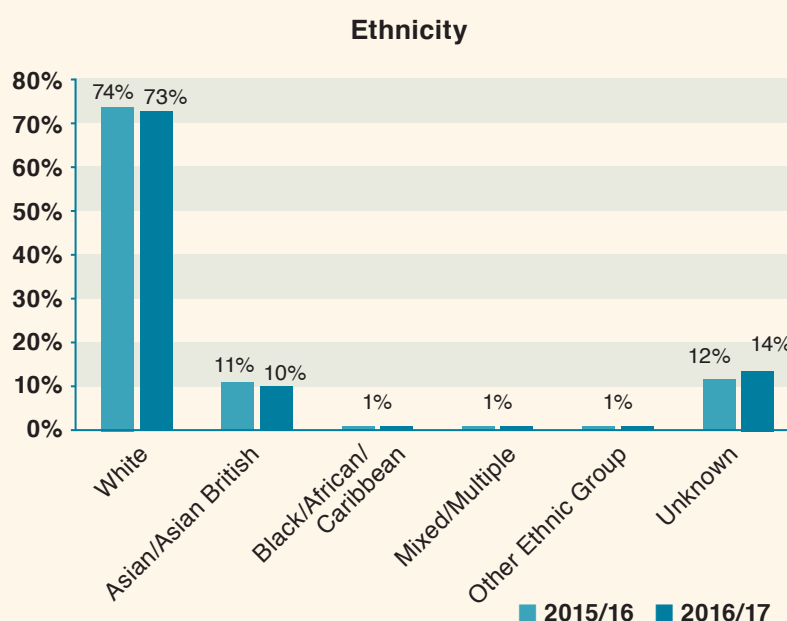


Adult at Risk – ethnicity

The individuals of White ethnicity made up 73% (519) of the individuals with enquiries. This is 9% more than the percentage of the population in the District who identify themselves as White: 64%. Individuals of the Asian ethnic group made up 10% (74) of Section 42 enquiries, compared with 21% for the whole District.

To ensure that no undue bias was given to any one group, we analysed the number of safeguarding adults concerns and confirmed that these were made up of a similar proportion of ethnic groups. The lower number of enquiries re the Asian population, when compared to the overall population, may be contributed in part to cultural and language differences, which may make the reporting of abuse more challenging. The SAB will look at developing closer ties with community groups in order to identify and remove any barriers preventing people from identifying and reporting abuse.

Ethnicity	Enquiries
White	519
Mixed/multiple	3
Asian/Asian British	74
Black/African/Caribbean/Black British	10
Other Ethnic Group	7
Unknown	101
Grand Total	714



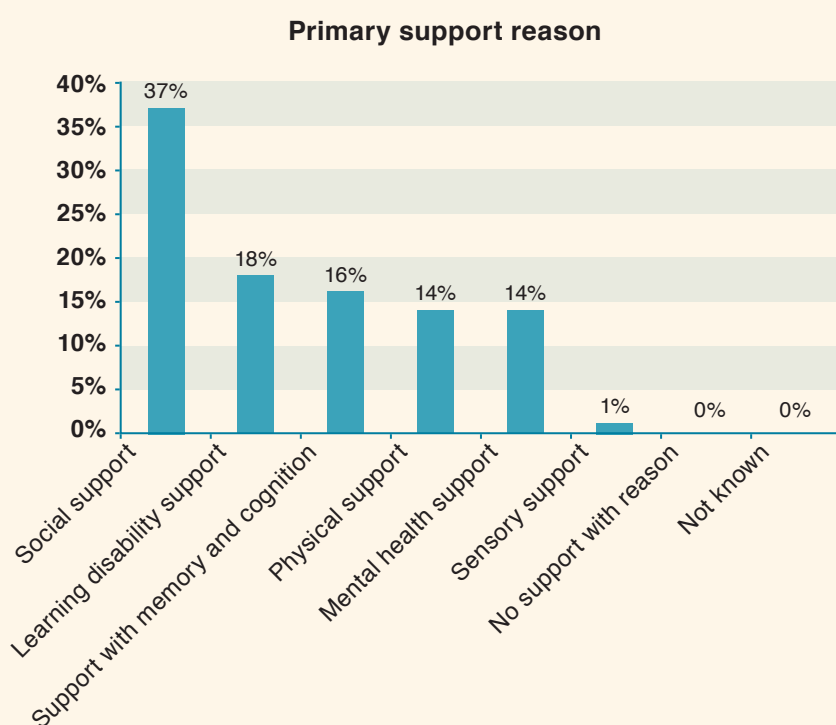


Adult at risk – primary support reason

The Primary Support Reason (PSR) classification, introduced in 2014-15, focusses on the main reason that a person requires social care services at any particular time. PSR describes the circumstances impacting on the individual’s quality of life and indicates a need for support and assistive care. It may or may not be related to an underlying health condition.

In 2016/17 people with social support needs were most often reported to Safeguarding, at 37% (263). Adult at risk with learning disability support needs were 18% (132), support with memory and cognition counted for 16% (114) of the enquiries.

(Please note: Comparative information cannot be provided for the below chart as last year’s data was categorized differently to this year)



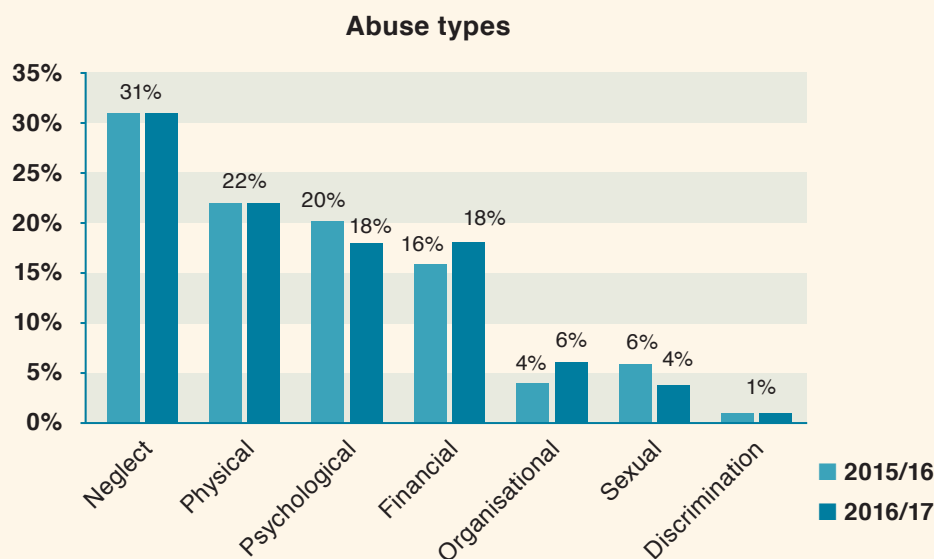
Social support	263
Learning disability support	132
Support with memory and cognition	114
Physical support	101
Mental health support	97
Sensory support	7
Grand Total	714

Type of abuse

Abuse is a violation of an individual's human or civil rights by any other person or persons. It can take many forms as presented in the chart below and includes behaviour that deliberately or unknowingly causes harm or endangers life or rights. Domestic violence, harassment or hate crime are all forms of abuse.

One enquiry can include multiple types of abuse, location or source of risk.

For 2016/17 enquiries, there were 1,079 types of abuse. Of these, the most common type was neglect and acts of omission, which accounted for 31% (332) of risks, followed by physical abuse with 22% (238). These figures are similar to 2015/16 data.



Neglect	332
Physical	238
Psychological	199
Financial	189
Organisational	60
Sexual	47
Discrimination	14

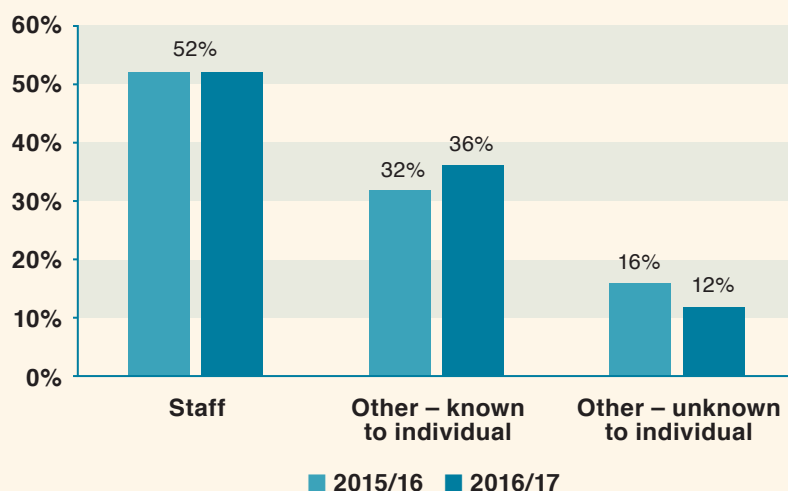


Source of harm

Source of harm is an individual who is alleged to have caused or knowingly allowed the mistreatment of an adult at risk. For 2016/17 enquiries, the social care support category (staff) accounted for 52% (372) of the enquiries. Those known to the adult at risk, i.e.: family members and friends/neighbours were the source of harm in 36% (259) of enquires.

Nationally, in previous years, the trend was reversed, with more family member/friends being report as the source of harm. In the Bradford District, the focus of safeguarding adults work has been mainly on care providers and staff. In 2017/18 specific plans will be in place to raise awareness of safeguarding adults among general population and service user groups. In time this should lead to an increase of enquiries regarding family/friends source of harm.

Source of risk

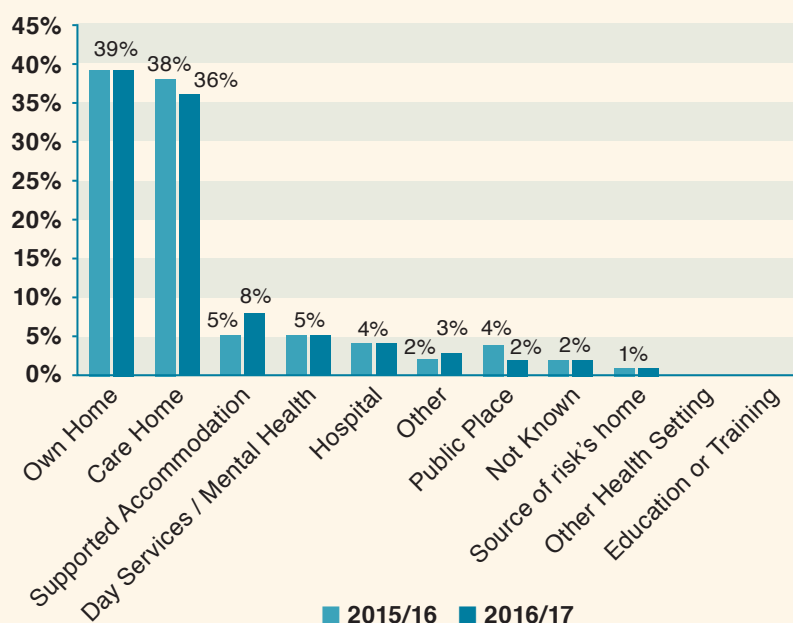


Social Care support	372
Other – known to individual	259
Other unknown to individual	89
Grand Total	720

Abuse location

The location of alleged abuse was most frequently the home of the adult at risk 39% (276) or in a care home 35% (253). This follows the national trend from previous years.

Location



Own Home	276
Care Home	253
Supported Accommodation	58
Day Services/Mental Health Inpatient Setting	37
Hospital	27
Other	19
Public Place	17
Not Known	11
Source of risk's home	7
Other Health Setting (include Hospice)	3
Education or Training or Workplace Establishment	3
Day Centre or Service	3
Grand Total	714

Enquiry conclusions

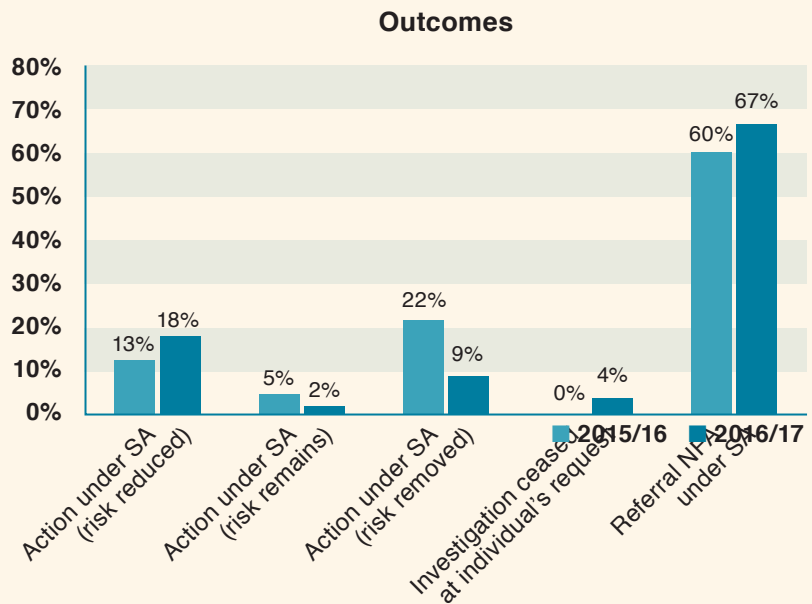
Following a safeguarding enquiry a decision is taken regarding whether actions need to be taken as a result.

In 2016/17 no further action was taken other than the safeguarding enquiry for 67% (361) of enquiries. In those cases all the necessary steps to safeguard an adult at risk had been taken and risk was being managed effectively. As a result processes other than safeguarding were deemed more appropriate as a way forward. Hence, further involvement of the Safeguarding Adults Team was deemed unnecessary following the conclusion of the Strategy stage.

In the remaining 29% (161) specific protection plans were agreed in order to manage, reduce or eliminate the risk. For cases where further action was taken, the risk was reduced for 18% (99) of enquiries. For the remaining cases where further action was taken, the risk was completely removed in 9% (50) of cases. The proportion of enquiries where the risk remained was 2% (12).

4% (21) of enquiries ended at the adult at risk's request.

Outcomes of all (older and current) enquiries closed in 2016/17	
Action Under Safeguarding - Risk Reduced	99
Action Under Safeguarding - Risk Removed	50
Investigation ceased at individual's request	21
Action Under Safeguarding - Risk Remains	12
Referral but No Further Action Under Safeguarding	361
Grand Total	543



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