

Wolverhampton Safeguarding Adults Board Annual Report 2014/2015



Board Partners



Wolverhampton Homes



operating as Wolverhampton's Local Police & Crime Board



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Introduction

Welcome to the 2014/15 annual report of the Wolverhampton Safeguarding Adults Board (WSAB). Anybody who has supported frail disabled or elderly relatives or neighbours will know all too well how vulnerable they can be to abuse or exploitation. This report is produced on behalf of the multi-agency Wolverhampton Safeguarding Adults Board and contains contributions from the wide range of agencies who are its members.

This year has seen a significant amount of work preparing for a change in the law in regards to protecting and supporting vulnerable people who are at risk of abuse or have been abused. From the 1st April 2015 the Government put the safeguarding of adults on an equal legal footing to that of children. The past year has been a time for preparing staff for this change and ensuring our policies and procedures reflect that. Many adults, unlike children, can choose to live in risky situations. Part of the job of the Board is to ensure staff and the public understand that although there is much they can do to support adults who may be at risk, there are times when we cannot insist they follow what to us might seem to be sound advice. It is and will remain a challenge.

Over the past 12 months we have done more work to prevent neglect and abuse. In particular we are reaching out to Faith Groups in the City to ensure that they are better aware of how to identify the signs of risk within their congregations and communities. Our main Social Housing providers have started their own safeguarding group to ensure there is a better understanding within housing providers of safeguarding issues and improve their response to it. We are also working more closely with GPs to ensure they also understand what they can do to support and protect their more vulnerable patients. People who have been assisted when at risk tell us that overall they feel much safer as a result of the intervention of those services that support them. Increased awareness of the law concerning mental capacity and deprivation of liberty has led to a massive increase in requests for assessments of people who may not have given consent for decisions to be made on their behalf or it could be argued their liberty is being compromised. This has been both a local and a national challenge.

There is more to do and this report outlines our priorities over the next 12 months and beyond. In particular I wish to highlight:

- Consulting with a wide range of local Citizens on our future plans to check what professionals believe are the main priorities are endorsed by local communities.
- Reviewing the effectiveness of the training that professionals use, ensure that all professionals are up to date and recommend improvements;
- Continuing to work with individuals at risk to ensure they feel safe and when they want us to intervene, improving the protection they are offered.
- Working with faith groups by targeting those who at present are unsure how and in what ways to protect those they know work and worship with.

It is encouraging that the numbers of incidents of safeguarding that are reported continue to rise as we believe this represents greater awareness and commitment by care professionals and the public to report concerns and intervene earlier to keep people safe. It is equally encouraging that the vast people who had been subject to a safeguarding intervention felt safer as a result of this.



Alan Coe - Independent Chair



National Developments

The Care Act 2014 sets out a clear legal framework for local authorities and other statutory agencies on how they should protect adults with care and support needs and who are at risk of abuse or neglect. New duties include the Local Authority's duty to make enquiries or cause them to be made, to establish a Safeguarding Adults Board; statutory members are the local authority, Clinical Commissioning Groups and the police. Safeguarding Adult Boards must arrange Safeguarding Adult Reviews (SARs) in circumstances where the defined criteria is met, publish an annual report and strategic plan. All these initiatives are designed to ensure greater multi-agency collaboration as a means of transforming adult social care.

Wolverhampton has remained committed to the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) Making Safeguarding Personal programme which aims to ensure the individual at the centre of any safeguarding concern has as much choice, power and control over how they are supported and protected. 2014/15 saw many more Local Authorities throughout England adopting the approach. In addition the approach can be clearly seen within the Statutory Guidance Safeguarding Adults section, which supports the implementation of the Care Act 2014.

The Supreme Court Judgement at the end of 2013-14 in relation to Deprivation of Liberty Safeguards (DoLS) widened and clarified the definition of deprivation of liberty. This has resulted in a significant increase in DoLS cases from hospitals and care homes nationally and locally. The judgement also widened the scope of DoLS to include adults living in the community requiring such cases to be put before the Court of Protection.

Regional and Local Developments

Throughout 2014-15 the Wolverhampton Safeguarding Adult Board was represented on the West Midlands Editorial Group, our safeguarding policies and procedures are used by all agencies and have been adopted by all 14 Safeguarding Adult Boards in the West Midlands region. They have been reviewed and revised to reflect the new government legislation and guidance.

Regional guidance has been developed in the areas of Self Neglect, Safeguarding Adult Reviews and Position of Trust. Work was undertaken to ensure that all the documents are both Care Act and Making Safeguarding Personal compliant. This is to secure a consistent approach to safeguarding adults across the West Midlands region.

A regional multi-agency Safeguarding Information Sharing Protocol (ISP) has also been developed and agreed by WSAB.

We have established a Housing Providers Safeguarding Forum which is a collaboration of social housing providers in Wolverhampton. It is an objective of the group and indeed the Board to receive assurances that social housing providers have robust policies and procedures in place around safeguarding and the aim is that this will ultimately be extended to private landlords and the private sector more generally. The Forum is chaired by Mark Henderson Director of Housing, Wolverhampton Homes.

In June 2014 we launched the new Safeguarding Adult DVD and workbook. The DVD features dramatized scenarios and an interview with the wife of a man who suffered abuse in an establishment in Wolverhampton. Copies of the DVD are available as a learning resource for care providers and agencies within the City. Please contact 01902 553218 if you are interested in receiving a copy.

The Structure and Work of the Board

The Wolverhampton Safeguarding Adults Board is well established and provides strategic leadership for adult safeguarding work and seeks to ensure there is a consistently high standard of professional response to situations where there is actual or suspected abuse.

The Board also oversees the effectiveness of the arrangements made by individual agencies and the wider partnership to safeguard adults from abuse. The remit of the Board is not operational but one of co-ordination, quality assurance, planning, policy and development. It contributes to the partnership's wider goals of improving the well-being of adults in the City.

Alan Coe has been the Board's independent Chair since 2011. In February 2013, Alan also became the independent chair of the Wolverhampton Safeguarding Children Board. There are many advantages of having the same chairperson for the two Boards. A joint chair helps improve ways of preventative working as many issues are common to both adults and children such as domestic violence, and we have seen a greater emphasis on developing joint approaches to recognising and tackling abuse.

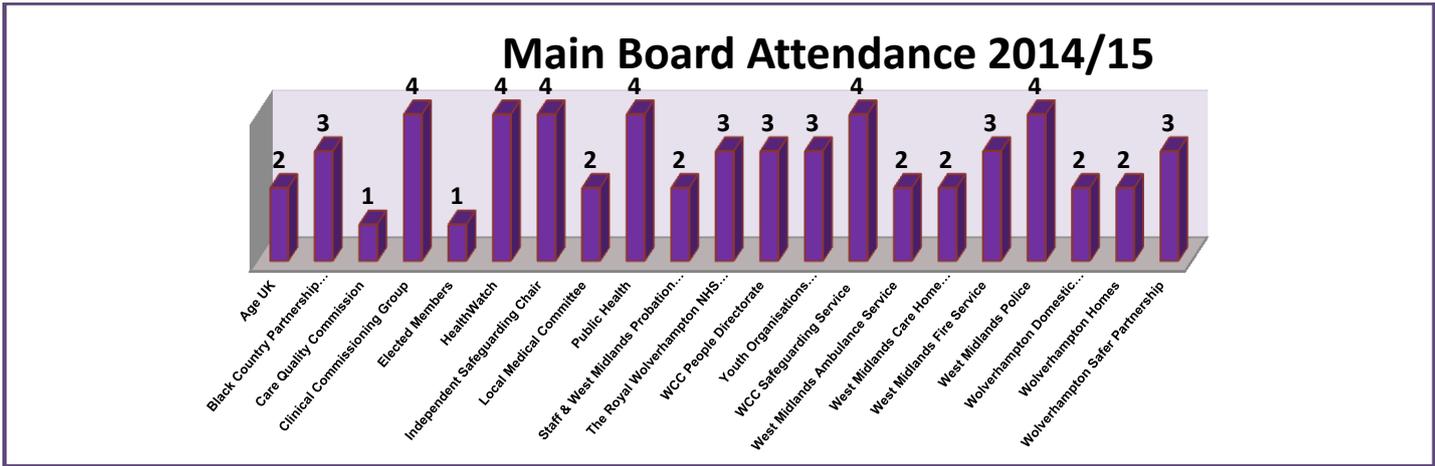
Currently, fifteen agencies are represented on the Board see Appendix 1 for list of Board members. It is agreed that the Care Quality Commission will attend and report on their activity at one Board meeting each year. The Board also has the support of an elected Council Member who attends meetings whenever he is able to do so and has participated in various adult safeguarding events.

The Board has four meetings per year; it also has one development event which usually takes place in March.

The development event this year focussed on preparations for the implementation of the Care Act and specifically reviewed the Board Priorities.

The minutes of all the open part of the meetings can be found on the Councils' Safeguarding Adults webpage: [Wolverhampton City Council - Safeguarding Adults Board \(SAB\)](#)

No Serious Case Reviews (now called Safeguarding Adult Reviews) were requested or undertaken during 2014/15.



The Board's Priorities

During 2014/15 we identified changes that we need to make to ensure the Safeguarding Board complied with the new legislation. This included developing a Board Constitution and Board Strategic Plan and the tightening of the Board's governance arrangements.

We have promoted the six principles that the Government expects local authorities, housing, health, the police and other agencies to follow and use for monitoring safeguarding arrangements into all Board work. The six principles are empowerment, protection, prevention, proportionality, partnership and accountability.



Summary of Progress against 2014/2015 Board Priorities

PRIORITY ONE: Better Outcomes

Service user experience and involvement in safeguarding enquiries directs improved practice

What did we want to achieve	What did we achieve.....
<p>Ensure that the feedback and experiences of local people, who have had contact or been involved in safeguarding processes, influence and improve the way safeguarding is delivered and received</p> <p>Ensure there are effective mechanisms for collating, analysing and responding to user feedback</p> <p>Ensure that we 'close the loop' by sharing how user feedback and experience has improved the way we work.</p>	<ul style="list-style-type: none"> ▪ Wolverhampton Safeguarding Board partners contributed detailed information on what they do already to get feedback from people who use their service. ▪ New questions introduced on Safeguarding forms to find out what outcome is required and whether it has been achieved, also whether the person would be willing to participate in focus groups to discuss experience. ▪ Safeguarding leaflets now available and have been reviewed by service users. It is essential to continue to promote and encourage feedback through a range of methods including raising concerns with people who the individual considers can be trusted ▪ Healthwatch Wolverhampton worked in partnership with a local GP, to launch a carers corner on their website. This portal provides information for carers and professionals and was developed to be an effective citywide resource. ▪ Safeguarding week in October 2014 provided the opportunity to feedback to the public and undertake community engagement to demonstrate the importance of prioritising Safeguarding in Wolverhampton. ▪ A Making Safeguarding Personal e-learning package was developed to support social work practitioners to identify different tools and methods of working with adults at risk, maximising their involvement and ensuring they are at the centre of the safeguarding episode and that their views are heard and acted upon

Priorities for 2015/2016

- The priority for this year is to develop improved mechanisms to gather feedback and furthering the commitment to 'making safeguarding personal'.
- To undertake an advocacy feedback project, establishment of a reference group, and implementation of the user experience framework.

PRIORITY TWO: Quality Assurance

Ensure there are effective Multi-Agency Quality Assurance and Performance Management processes in place

What did we want to achieve	What did we achieve.....
<p>Develop multi-agency processes, including audits of shared cases, to ensure safeguarding practice is proportionate, effective and timely</p> <p>Explore feasibility of identifying adults whose circumstances may make them vulnerable to abuse</p> <p>Make sure that agency learning from any Domestic Homicide Review is shared within WSAB Partner agencies</p> <p>Collate performance measures agreed by WSAB partner agencies, including those relating to service users' experiences, which gives it assurance that safeguarding processes are robust and make people feel safer.</p>	<ul style="list-style-type: none">▪ We now have a set of performance measures for all partners on the board to contribute to rather than just the Council▪ This information is presented at each Board. Partners are held accountable to meeting the needs of Safeguarding Board policies and procedures and provide assurance.▪ Developed a multi- agency audit framework▪ Domestic Homicide Reviews and Serious Case Reviews are a standing item on the Quality Assurance Committee agenda▪ Commissioned Service User Feedback project to commence September 2015

Priorities for 2015/2016

- Collate and analyse feedback from Service User Feedback project to ensure that safeguarding processes are robust and make people feel safer

PRIORITY THREE: Information Sharing

Improvements are made to how agencies can share personal information legally and ethically to enable adults to be protected from harm or unwarranted risk

What did we want to achieve	What did we achieve.....
<p>Ensure overall Wolverhampton Information Sharing Protocol (WISP) was adopted and embedded across partner organisations</p> <p>To develop an early warning system of information sharing between partner agencies</p>	<ul style="list-style-type: none">▪ Board agreed and signed off Wolverhampton Information Sharing Protocol▪ Survey of partner agencies undertaken to establish Partner organisations and front line staff's understanding of Information Sharing▪ Assessment of 'Netcall' product used to collate sensitive information held by different agencies to see if we can apply it here▪ Support in scoping/informing the development of a Multi-Agency Safeguarding Hub (MASH) which will ensure more effective information sharing in the future

Priorities for 2015/2016

- Developing Wolverhampton MASH and ensuring adult safeguarding is effectively contained therein
- Continuation of review of most appropriate early alert systems
- This priority will now be included in the new Governance Priority detailed in the Strategic Plan 2015-18

Case Study

David's Story

David was supported by the mental health team to monitor his mental health and prevent deterioration after he had had money stolen from him by a "friend" he had met online. The team also supported him to make changes to his social media site. His Housing Association provided him with added security to his front door. David decided to buy a small safe to keep his valuables in at home.

David has remained well and been able to continue with his life in his local community.



PRIORITY FOUR: Prevention and Early Intervention

There is a coherent inclusive approach by both Safeguarding Boards to community initiatives which protect disadvantaged groups

What did we want to achieve	What did we achieve.....
<p>Conduct a cross-agency audit to establish current delivery and gaps in service around prevention and early intervention.</p> <p>Progress ‘trigger thresholds’ work across agencies to identify vulnerable adults at risk before safeguarding adults risk threshold is met.</p> <p>Strengthen links to Public Health and extend use of the Joint Strategic Needs Assessment to inform strategic planning for adult safeguarding.</p>	<ul style="list-style-type: none"> ▪ An audit across partners has been undertaken across partners to identify current prevention and early intervention provision across the city. ▪ City-wide roll out of risk assessments which include risk to self, risk to others and a whole family assessment ▪ Development of multi-agency action plan protocol and dispute resolution process ▪ Development of joint working protocols between the children and adult safeguarding boards and other key strategic Boards ▪ Adoption of city’s Overarching Domestic Violence Protocol ▪ A review of the city’s Multi-Agency Risk Assessment Conference (MARAC) arrangements has been undertaken and an improvement plan developed.

Priorities for 2015/2016

- We will ensure there is a coherent inclusive approach by both Safeguarding Boards to reduce risk of harm to children, young people and adults.
- Partners work together to identify risks to children, young people and adults at the earliest point.
- Partners, clients and communities are aware of available prevention and early intervention support and how to access it.
- Recommended improvements in practice are embedded promptly.
- Easier access and awareness of specialist services across the city.
- Prompt multi-agency dissemination of learning from Serious Case Reviews/Domestic Homicide Reviews (SCR/DHR) for managers and front-line staff
- SCR/DHR overview forums to undertake sample auditing to ensure revised practice from is fully embedded
- Develop system for service user feedback regards prevention/early intervention improvements to be communicated to providers
- Implementation of Multi- Agency Risk Assessment Conference (MARAC) improvement plan
- Encourage reporting of hidden crimes

Case Study

Scam Mail victims – Partnership working

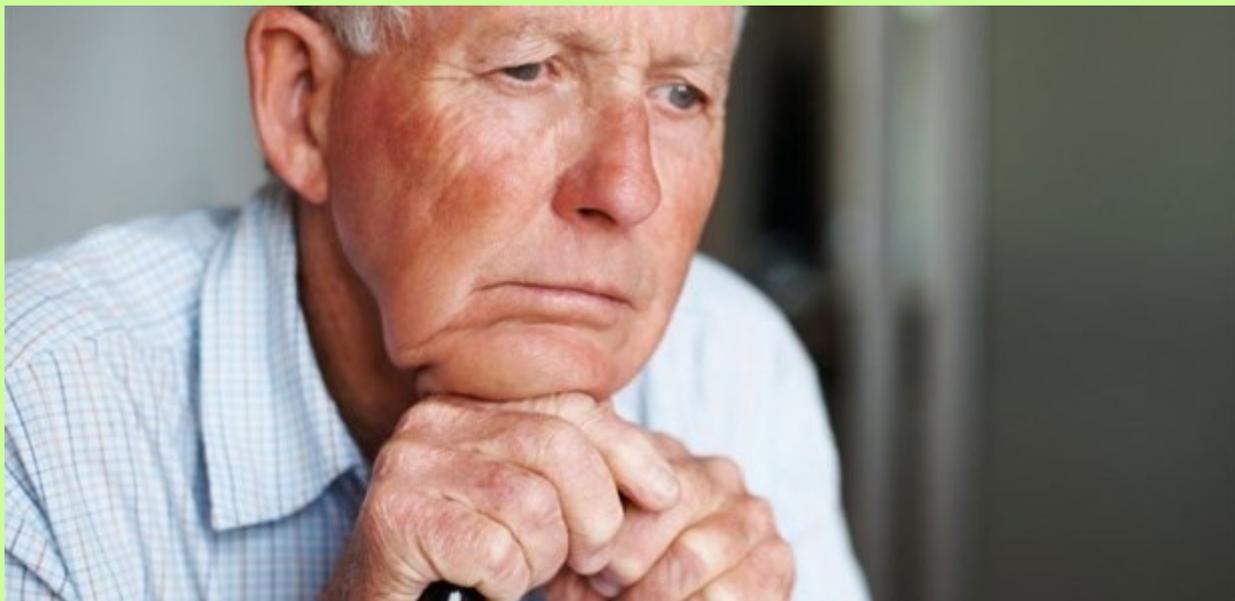
Wolverhampton Trading Standards have teamed up with the National Trading Standards Scams Team & Royal Mail to raise the profile on national scams. We will all have received some form of scam mail over the year, but what do we do with it

Most bin it, however a small percentage respond to that 'once in a lifetime opportunity' And once they have made that initial response their details end up on mailing lists, often referred to as 'Suckers Lists'. The deluge then begins with the victim gradually receiving more & more 'exciting opportunities to win prizes etc. As we know, the true prizes never materialise, but the victim can often get caught in a net of false hope that they will be the lucky winner.

Research has shown that the elderly, vulnerable and socially isolated are often the ones more likely to become scam victims,

Trading Standards Service receive details of scam victims identified by Royal Mail, /National Trading Standards Scams Team. Working with Adult Social Care background checks are conducted prior to personal visits being made to confirmed scam victims', where support and advice is given to help stop them handing over money for bogus lotteries, prize draws of clairvoyant scams in the future.

Alan's Story

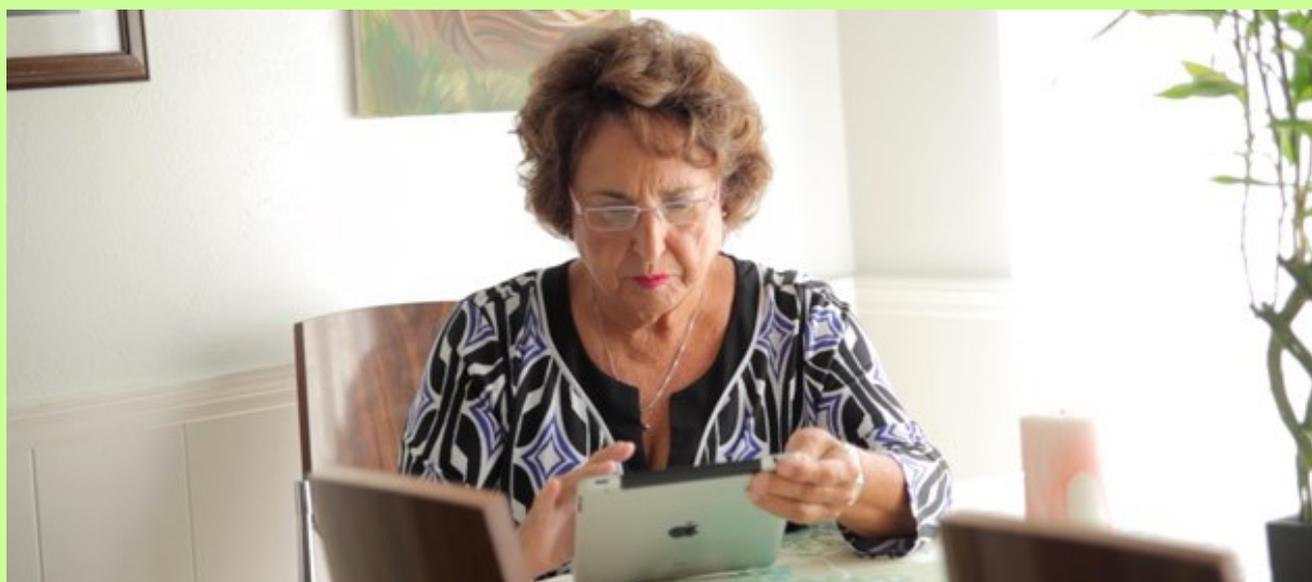


Alan, 70 years old, has always been keen on purchasing collectors sets from a wide range of magazines. However, when ill health prevented him from continuing to work, the catalogues with prize draws became his focus. Gradually he had been sending increasing amounts of money to companies all over the world believing he would be entered into a lottery with a

chance to win substantial amounts of money. After a number of visits to Alan, Officers were able to make him understand he had been the victim of scams.

We were able to have his name added to the Mail and Telephone Preference Service to reduce the volume of mail and phone calls he was receiving. We also fitted a call blocking device to allow calls to be screened. Since that first visit, Alan passed the scam mail over to Trading Standards. In three months he had received £150, letters from 20 different companies, along with as many associated telephone calls and sent money in the region of £480 just on eligibility fees for the various bogus prize draws.. Now he bins the scam mail & has continued with a call blocker. The money he sent to the scammers now goes into a 'holiday fund 'for himself and his wife.

Veronica's Story



Veronica suffers with poor health which prevents her from getting out much. Receiving post is an important part of her daily routine. Veronica had responded to many prize draws over the years and to date had not received that big win. She retained all the associated paperwork for each prize draw entered all neatly filed ready for the day of that big win. Officers were able to make Veronica understand she had been the victim of various scams, and agreed to the post being handed to Officers for disposal. Officers registered Veronica with the Mail Preference Service and the reduced volume of scam mail she still receives goes in the bin.

PRIORITY FIVE: Communication and Engagement

There is a consistent and co-ordinated approach to how the safeguarding message for both adults, young people and children is disseminated to all groups and communities

What did we want to achieve	What did we achieve.....
<p>The public and community groups are more aware of how to raise a safeguarding concern</p> <p>The public and community groups are more aware of what help and support is available and have more confidence in what is available</p> <p>The public and community groups are more aware of safeguarding issues publicised</p> <p>The public and community groups are more engaged with safeguarding adults & children</p> <p>Safeguarding information is more accessible and accessed more</p>	<ul style="list-style-type: none"> ▪ Improved our communication methods through the advice of specialists which is also informing a Communication Strategy ▪ A children and adult safeguarding website has been scoped and developmental work has started ▪ Held a week-long safeguarding campaign in the city centre ▪ Set up a programme of future campaigns ▪ Produced a new DVD on adult safeguarding to better inform staff and protect adults at risk

Priorities for 2015/2016

- Develop and maintain a shared public-facing safeguarding website and social media presence in conjunction with Wolverhampton Safeguarding Children Board for the public, staff and organisations

PRIORITY SIX: Workforce Development

The workforce of all partner agencies have undergone safe and robust recruitment processes and understand safeguarding issues as they relate to their role

What did we want to achieve	What did we achieve.....
<p>Adults can have confidence that processes have been followed to ensure where possible staff and volunteers pose no risk of harm</p> <p>Adults can have confidence that staff and volunteers are appropriately trained and skilled.</p>	<ul style="list-style-type: none">▪ A range of partner agencies were contacted and 7 organisations responded and provided initial benchmarking data regarding safeguarding training undertaken within their organisations informs what more we need to do in terms of multi-agency training to support this an▪ The four Black Country Safeguarding Boards gave commitment to a joint work programme to ensure more effective and efficient use of scarce resources

Priorities for 2015/2016

- To develop a training reporting mechanism to the Board on a yearly basis
- To pilot a cross-borough training needs analysis to further progress the collaborative work which the group can promote

Case Study

Maria's Story

A safeguarding alert was made regarding Maria, an older woman who has severe dementia. Concerns were raised by a neighbour who stated Maria lives with her daughter and grandson. The neighbour stated he could hear the daughter regularly shouting at Maria and believed she was frequently left alone and locked in the house.

Contact was made with the daughter and an advocate was allocated to support Maria. A case conference was held, Maria did not attend but the advocate attended on her behalf. Maria's daughter and grandson attended part of the meeting and a best interest decision was made regarding alternative care arrangements. Carer Support was offered to Maria's daughter as the main carer, all were in agreement with the support and care offered.



WSAB Strategic Priorities 2015/2018

From the 1st April 2015 every Safeguarding Adult Board must have a strategic plan which is consulted on with the local Healthwatch and community. These are our new strategic priorities under the new statutory arrangements. By this time next year our plan will have been shared with Wolverhampton's residents so that we can be confident that future priorities are shaped and owned by local people. We have reduced our overarching priority areas from six to five by amalgamating two related areas of work.

Effective Governance	We will develop the capacity of WSAB and its infrastructure to effectively deliver the core functions of the Board to help keep adults with care and support needs in Wolverhampton safe.
Performance & Quality	We will ensure that there are effective multi-agency quality assurance and performance management processes in place which will promote the welfare of adults with care and support needs and will hold partners to account.
Prevention	We will ensure there is a coherent inclusive approach by both Safeguarding Boards to reduce risk of harm to children, young people and adults.
Communication & Engagement	We will ensure there is a consistent and co-ordinated approach to how the safeguarding message for adults, young people and children is disseminated to all groups and communities in Wolverhampton, and we will ensure that we engage children, young people, families, adults and communities of all backgrounds and make up in the work of WSAB.
Workforce Development	We will ensure the workforce of all partner agencies have access to and have undergone robust training relevant to their role and understand how to apply it to their role.

Wolverhampton Safeguarding Adult Budget

For 2014/2015, the financial contributions for the work of the Board came from Wolverhampton City Council, Wolverhampton Clinical Commissioning Group, West Midlands Police. The total budget was £60,782, comprising of £30,889 Wolverhampton City Council, £15,000 Wolverhampton Clinical Commissioning Group and £ £14,873 West Midlands Police.

The contributions made by the above agencies have covered:

- the general expenses of Board business
- the work of the Independent Chair of the Board
- 9.25 hours per week for the Board Manager
- 18.5 hours for the Board Administrator
- the costs of multi- agency safeguarding training during 2014/15
- production of new Adult Safeguarding DVD and Workbook which was launched June 2014

Board Members Reports 2014/2015

Copies of individual Board Members reports relating to their respective organisation's safeguarding activity can be found at **Appendix 1**.

Safeguarding Performance Data 2014/2015

Appendix 2 provides a range of data to demonstrate safeguarding activity in Wolverhampton from all agencies; this data is collected by Wolverhampton City Council as the lead agency for safeguarding adults.

All data is scrutinised and used to inform prevention work and reviews of guidance and policy. Wolverhampton's data collection meets the requirements of the annual Health and Social Care Information Centre (HSCIC) Safeguarding Adults Return

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## Board Members Reports 2014/2015

### Wolverhampton Homes



Mark Henderson

#### **What were the agreed safeguarding objectives for 2014/15?**

The Care Act 2014 places adult safeguarding on the same footing as children's safeguarding. The Act is specific in its reference to the duties on housing providers and Wolverhampton Homes needs to respond appropriately to the safeguarding provisions contained within the legislation to ensure compliance.

The need to meet these requirements and also to ensure that both adult and children's safeguarding processes and procedures are well embedded will require on-going commitment from the company on a strategic and operational level, with financial resources needing to be identified, where necessary, to ensure effective management and legal compliance and accommodate staff training.

Agreement to raise awareness among tenants and service users generally in relation to safeguarding will need to be done in a sensitive manner, ensuring that information is provided in appropriate language and in relevant formats.

#### **Achievements against the above Objectives:-**

Information sharing – Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision to children and adults in relation to their safeguarding.

Awareness of safeguarding and improving our response to children and adults at risk – Raising awareness of our responsibility to respond to safeguarding issues when identified has been, and remains a priority.

#### **Improvement Plans where barriers have existed.**

A particular challenge remains with effective information sharing. Consequently we will be actively supporting the development of a Multi- Agency Safeguarding Hub (MASH) and will be members of the Operational and Strategic Group to see its development.

#### **Impact for Adults**

An increasing number of our customers display and present with safeguarding issues and we believe that a more informed and equipped workforce enables us to respond with effective interventions and referrals.

## **In relation to safeguarding adults, what are your priorities/objectives for 2015/16**

- a) Ensure Board and the company generally have an understanding of our duty in relation to the Care Act by providing appropriate training/awareness raising sessions.
- b) Continue to recognise that housing staff have a key role to play in safeguarding and promote this role at every available opportunity (e.g. Safeguarding Adult Board, Wolverhampton Information Sharing Group, Housing Provider Safeguarding Group, Early Intervention Board);
- c) In conjunction with partners, continue to research the potential for the development of either a real or virtual MASH to improve information sharing across and between partner agencies.
- d) Continue to learn from Domestic Homicide Reviews and Safeguarding Adult Reviews where appropriate and amend working practices as a result where necessary.

We believe that safeguarding has become more embedded within the Company, our Board and Senior Managers have received awareness training and made a commitment to ensuring that safeguarding is considered a priority and regarded as everyone's business.

The development of a Housing Providers Safeguarding Group continues and a number of social housing providers commit to sharing knowledge and experiences through regular meetings and a social media 'yammer' site.

Our Director of Housing has been involved in national safeguarding events and used the opportunity to raise awareness and profile of work being undertaken by WSAB.

Furthermore Wolverhampton Homes is committed to multi agency working and will offer its full support to the WSAB in its attempts to ensure adults within the city are safe and where necessary protected.

## **West Midlands Police**



**Chief Superintendent Simon Hyde**

## **What were the agreed safeguarding objectives for 2014/15?**

West Midlands Police are committed to engaging with our partners, providing a joint approach to safeguarding those members of our community who are the most vulnerable.

In January 2013, West Midlands Police responded to the national concern of adults at risk of abuse by piloting a Vulnerable Adult Abuse Hub for a six month period. The pilot provided the basis for an established and dedicated team of officers covering the seven Local Authority areas of the West Midlands; the Adult at Risk Team is based at West Bromwich Police Station in Sandwell operating within the Public Protection Unit. Our objective for 2014 /15 was to strengthen and further develop the Team.

The Adult at Risk Team provides a point of contact for vulnerable referrals and work with partner agencies in regards to multi-agency strategy meetings, case conferences and information sharing. The team consists of 18 experienced police officers and four members of business support staff, supervised by three Detective Sergeants and a Detective Inspector. The team work 7 days a week between 08:00 – 20:00 providing a service both internally to West Midlands Police colleagues and externally to victims of abuse. The team are responsible for both safeguarding and investigating all vulnerable adult crime and non-crime incidents where the perpetrator is in a relationship with the vulnerable adult or a position of trust. The offences include:

- Domestic abuse
- Financial abuse
- Physical abuse
- Suspicious death
- Sexual offences committed against a vulnerable adult that has been committed by an offender who is a family members or in a position of trust or a vulnerable adults themselves.
- West Midlands Police adopts the 'No Secrets' definition of vulnerability, namely:
- A Vulnerable Adult is any person aged 18 or over who is or may be in need of community care services, by reason of mental, physical or learning disability, age or illness and is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or exploitation. The definition applies to people with mental health, sensory or other physical impairments, learning difficulties, frailty or confusion, who, as a consequence, are unable to protect themselves and are in need of community care.
- West Midlands Police are one of the only forces in the country to have a dedicated Adult at Risk Team and will work on average with 100 open incidents at any one time across the force area. These incidents can range in severity from low level crime through to high profile, complex investigations. Earlier this year the Adult at Risk Team were responsible for securing a conviction of a 23 year old care worker for the attempted murder of three elderly residents of a care establishment in the West Midlands. Adult at Risk Officers have received training from the Office of Public Guardian, the Crown Prosecution Service, Coroner's Office and have attended multi-agency training on domestic abuse, financial abuse and the Winterbourne View investigation.

#### **Achievements against the above Objectives:-**

All West Midlands Police officers and staff have completed comprehensive training in which safeguarding is paramount; the mission statement for West Midlands Police is 'to protect and serve'. All policies and guidance are easily accessible by all members of staff from any workstation within a police station and all staff have access to advice on-line. Safeguarding inputs form part of initial police training which are regularly updated on designated training days. In addition, Operation Sentinel is West Midlands Police's response to increasing the awareness of vulnerability for all frontline staff which has included the training of all supervisors in recognising vulnerability.

In March 2015, the Adults at Risk Team hosted a Social Care Awareness Event for partners, focusing on the concepts of 'best evidence' and 'criminal threshold' with the aim of improving assessment of concern. The event received positive feedback from partners who could take the learning back into their workplace in order to enhance their safeguarding procedures.

A comprehensive training plan with a layered approach has been put in place for the force in light of The Care Act. Whilst The Care Act is predominantly Local Authority driven, there are many aspects that can be supported within policing which are being linked and picked up through our 'WMP 2020' change programme around the 'Geared to Prevent Harm' strand of this five year programme of work. The training is not mandatory but will give West Midlands Police staff the knowledge to approach vulnerability with confidence.

The training plan consists of bespoke training for the Adults at Risk Team such as external speakers around Mental Capacity Act and dementia training, amongst others to provide them with enhanced knowledge enabling them to offer support and advice to others. There is also a front facing response and contact driven training through Continuous Professional Development days and we are working at a video box delivery with our Learning & Development Department. West Midlands Police are also arranging training sessions with Local Authorities to inform them of Criminal Threshold and Best Evidence to assist them when they are directing a Section 42 enquiry under the Care Act.

There is also a strand that is being developed with partners which assists care establishments professionalise themselves, thus preventing further harm. All the above is supported by West Midlands Police's internal web site and we are currently scoping a link to the external site for reference of Local Authority practitioners.

West Midlands Police have a force wide Review Team that reviews all cold cases, undertake Independent Management Reviews (IMRs) for any Serious Case Reviews involving children (SCRs), Domestic Homicide Reviews involving adults (DHRs) and Vulnerable Adult Serious Case Reviews. There is developing a work plan for disseminating learning from across the West Midlands.

Victims and witnesses are contacted through our dip sampling policy of which is governed through our 'Contact Counts' policy. The new 'Victims Code' ensures West Midlands Police understands the victim's perspective and how our service can be improved.

All West Midlands Police officers and staff are vetted to the required standards and is a requisite condition to their employment within West Midlands Police. DBS/Vetting is not renewed, however should an officer or member of staff breach the Police Code of Conducts or commits a criminal offence they will be subject internal disciplinary proceedings. Part of the proceedings is consideration as to the role/function carried out by the officer/member of staff and a full suitability and risk assessment is conducted. Officers or staff who are subject to gross misconduct proceedings can be removed from the workplace when the circumstances dictate.

West Midlands Police is committed to partnership working and offers attendance at all seven Local Safeguarding Adult Boards across the region. The Care Act states that attendees must be someone who can speak with authority, can commit resources and agree actions on behalf of their organisation and must be an 'Executive Member'. Each Local Policing Unit Commander has agreed for a member of their Command Team to be present at each Local Safeguarding Adult Board (LSAB), supported by a dedicated member of the Adults at Risk Team. Due to the

Adults at Risk Team servicing all seven Local Authority LSAB meetings, it is not possible to provide the same commitment to sub-group attendance. West Midlands Police 'match funds' the same donations to Adults Board that it does annually to each Local Safeguarding Children's Board across the force area.

In Wolverhampton there were 63 crimes in 2014/15 which carried the 'vulnerable adult' incident marker. There were 331 incidents that attracted the "VA" non- crime marker.

### **Challenges**

West Midlands Police are in a similar position to other partners in relation to future budgetary challenges. We are in a position where budgets are reducing at a level never seen before, technology is advancing and society is changing. At the end of summer 2014, West Midlands Police entered a partnership with Accenture to help us transform how we deliver policing across the West Midlands by 2020. This work will help us tackle the spending gap of £120 million over the next five years by allowing West Midlands Police to develop new ways of working supported by modern technology.

Complimentary to this work is a 'Zero Based Budgeting' exercise whereby the Public Protection Department will define service levels in line with the future financial outlook. Throughout both of these programmes of work, West Midlands Police will continual to consult with key partner agencies to maintain excellent working relationships.

## **Royal Wolverhampton NHS Trust (RWT)**



**Lynne Fieldhouse represented RWT to Dec 2014, Jane O'Daly Dec 2014 onwards**

The Royal Wolverhampton NHS Trust has undertaken a comprehensive assurance review of safeguarding in the year 2014-15, restructured the team and located them in the Corporate Division and recruited additional staff to work in the field of safeguarding adults and Domestic Violence.

All policies have been updated in the light of The Care Act 2014, case law in relation to DoLS and new policies are being developed to address issues of managing allegations against staff and Domestic Violence for example. An audit schedule has been developed and will be implemented over the coming year.

All training has been updated to address The Care Act 2014 and other developments and training compliance is monitored at the Trust Safeguarding Group. The Annual Report has been presented to the Trust Safeguarding Group and through the governance structure. Performance data is regularly reported through the governance structure at all levels and also in our regular meetings with the CCG.

A comprehensive work-plan is in place and progressing to timescales.

## Black Country Partnership Foundation Trust



Tabetha Darmon

### What were the agreed safeguarding objectives for 2014/15?

1. Data collection system and the monitoring of adult safeguarding activity;
2. Establishing a robust training programme for staff that is sustainable with existing resources;
3. Raising awareness within the organisation that Adult Safeguarding is everyone's business;
4. Increased activity within Domestic violence, e.g. Multi Agency Risk Assessment Conference (MARAC) and Multi- Agency Safeguarding Hub (MASH);
5. Capturing service user's experience of Adult Safeguarding.

### Achievements against the above Objectives:-

Our performance system Datix now collects all the Adult Safeguarding activity and other adult concerns; and are shared Trust wide through the introduction of an incident conference call every Tuesday. A review of all safeguarding incidents is still on-going and this data needs to be cross referenced with the information held by local authorities so a more structured system can be developed to ensure all information is captured in a timely manner. Safeguarding Adults Return, Annual Report, England 2013-14, experimental Statistics provides an annual national report (Appendix 3) Figures for 2014/15 are not available until October 2015. Reporting for the trust is in keeping with national averages and increased reporting expected to continue due to increased awareness and improved reporting systems.

There is a Safeguarding Training strategy in place for 2015/16. Monitoring and assurance is in place through a safeguarding dashboard. All staff received basic awareness of adult safeguarding training (Level 1) within the induction programme and the annual Mandatory training. Induction and mandatory training content and quality are audited annually with learning and development. There has been a significant investment in training for adult safeguarding level 2 and 3 adult, Domestic Violence and Deprivation of Liberty/Mental Capacity via external trainers. To enable training levels to be sustained beyond 2015 Train the Trainers has been commissioned. Our Local Authority partners also provide training in specific areas of Adult Safeguarding which are available for staff to attend as appropriate. The 4 Adult Safeguarding Boards have created a Regional Training Group to seek to develop collaborative training events.

Health WRAP training has been delivered to 208 frontline staff and awareness raising provided at mandatory and induction training days. Raising awareness has also been provided through the e-bulletin, intranet and attendance at local authority awareness raising events. Moving forward to 2015/16 BCPFT is further developing training in line with NHS England Competency framework.

1. This is being achieved within BCPFT from the training as stated above and also Safeguarding Teams engaging with the divisional teams for e.g. Safeguarding workshops and meetings. Additionally the Safeguarding Team uses e-bulletin to inform trust wide staff around new legislation, training, policies and much more.
2. The Multi Agency Safeguarding Hub (MASH) was launched in Sandwell on the 18th November 2013. Domestic abuse screening is incorporated into the MASH arrangements. All domestic abuse cases which have been reported to the Police are submitted to the MASH for multi-agency screening. This enables information to be shared by agencies which is used to assess the level of risk to adult and child victims and determine the most appropriate response. Agencies involved in MASH screening include Police, Children's Social Care, Sandwell Women's Aid, Housing, Health, Probation, Community Safety, Early Help, Adult Social Care and Education.
3. The Black Country Partnership Foundation Trust recognises the impact of domestic violence on its service users, whether they are the victim, perpetrator or children. Adult Safeguarding represents BCPFT at 2 MARACs, Sandwell and Wolverhampton. MARAC workload is increasing and this has been raised by many of the agencies attending. Wolverhampton MARAC now meets weekly as a result of the increases in activity. There is a raised awareness with agencies regarding Domestic violence and the role of MARAC and recent changes to the structure within West Midlands Public Protection Unit and the formation of a multi-agency shared hub (MASH) in Sandwell are possible contributing factors and this is being monitored.

### **Improvement Plans where barriers have existed.**

Following the Supreme Court judgement on 19 March 2014, health and social care staff must be aware of how to judge whether a person might be deprived of their liberty. It is clear that the intention of the majority of the Supreme Court was to extend the safeguard of independent scrutiny.

BCPFT have taken legal advice, and followed guidance from West Midlands Regional DoLS Group and the Care Quality Commission which are consistent in their interpretation and application.

An action plan to address the challenges that the legal Supreme Court judgement brings has been taken forward through the Quality and Safety Steering Group.

200 staff received DoLS/Mental Capacity Act awareness training between September and January. In addition local authority provided support and advice to individual teams.

BCPFT is engaged in a project in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards, the project is hosted by Birmingham South Central CCG and works across Sandwell and West Birmingham CCG.

The project aims to identify local, issues, barriers and challenges, as well as looking at creative ways to share and promote best practice and improve service delivery for people and patients who experience the Act.

BCPFT has got an implementation plan to ensure the requirements of the Care Act 2014 which came into effect in April 2015 are met.

### **Impact for Adults**

Adult Safeguarding team has evolved significantly in the past 2 years which evidences BCPFT commitment to keeping adults at risk safe from harm. The team is making a difference through

its engagement with teams across the organisation and externally through its partnership working with other agencies.

We have vacancies within the adult safeguarding team which we need to recruit to for Mental Capacity Act/Deprivation of Liberty (MCA/DoLS) Lead and Domestic Abuse Nurse, to ensure adults are safeguarded effectively.

### **In relation to safeguarding adults , what are your priorities/objectives for 2015/16**

- Implementation of the Care Act 2014, making adult safeguarding personal and capturing service user's experience of Adult Safeguarding.
- Continue to provide a robust training programme for staff that is sustainable with existing resources.
- Raising awareness within the organisation that Adult Safeguarding is everyone's business.
- Meeting the expectations of external partners through full participation in Adult safeguarding boards, Domestic Violence Forums and related sub groups.
- Increasing awareness and expertise for Deprivation of Liberty Safeguards and Mental Capacity Act.
- PREVENT: expected statutory requirements through the Counter-Terrorism and Security Bill. Action plan required to meet needs for PREVENT agenda.
- Action Plan required to reflect increase in activity with domestic violence e.g. MARAC and MASH.
- Improving practice through lessons learnt from Domestic Homicide Reviews and Serious Case Reviews.

### **Provide a statement on the effectiveness of the contribution made by your organisation/service to the Board and/or its committees?**

Senior Leadership presence within Safeguarding Adults Boards and sub-groups. Engagement with partner agencies in terms of information sharing and lessons learnt.

## **Healthwatch**



**Maxine Bygrave**

### **What were the agreed safeguarding objectives for 2014/15?**

The objective was to support collating information from other agencies about their methods of gathering feedback from service users in relation to vulnerable adults and the safeguarding process.

## **Achievements against the above Objectives:-**

We have clarified what needs to be done to get better information from people who have been at risk and who can tell us whether our intervention has made them feel safer, whether they feel they have been given choice and control and whether people have confidence that they are listened to. We are well on the way to getting that and we can make improvements based on the feedback we receive.

We have also ensured our staff understand sharing information with other agencies when adults may be at risk of harm.

## **In relation to safeguarding adults, what are your priorities/objectives for 2015/16**

The priority for this year is to develop improved mechanisms to gather feedback - mechanisms included questionnaires to service users during safeguarding process, review of user complaints from all agencies if they related to safeguarding, commitment to 'making safeguarding personal'.

Future plans also include advocacy feedback project, establishment of a reference group, and implementation of the user experience framework.

## **Provide a statement on the effectiveness of the contribution made by your organisation/service to the Board and/or its committees?**

A designate member from the Healthwatch Board has been identified and they regularly attend meetings and share information especially around our Enter and View programme which is one of our statutory functions.

## **Safer Wolverhampton Partnership**



Karen Samuels

**The Safer Wolverhampton Partnership did not set any objectives for 2014/2015.**

## **In relation to safeguarding adults, what are your priorities/objectives for 2015/16**

### **Domestic Homicides – Shared Learning**

It is proposed to host a shared Serious Case Review/Domestic Homicide Review learning event in the autumn of 2015 to disseminate findings and facilitate change within front-line services, and to ensure prompt dissemination of learning from future reviews.

### **Prevent duty**

Building on work completed so far, following successful delivery of a Channel and Prevent safeguarding awareness event held in March 2015, which alerted organisational safeguarding leads to the vulnerabilities linked to Prevent and arrangements for referring individuals needing support), a key focus for 2015/16 will be on embedding changed practice following introduction of the Prevent duty arising from the Counter Terrorism and Security Act 2015.

## **Violence Against Women and Girls (VAWG)**

Develop a revised VAWG strategy focussing on domestic and sexual violence, honour based violence, forced marriage and female genital mutilation which will reduce the risks to vulnerable adults and families and highlight areas where WSAB oversight is needed.

## **Provide a statement on the effectiveness of the contribution made by your organisation/service to the Board and/or its committees?**

The strengthened link between WSAB and Safer Wolverhampton Partnership enables us to collectively drive forward areas of shared responsibility. This relationship has worked well for 2014/15 and will be formalised during 2015/16 to embed that practice.

The additional focus SWP is putting into VAWG and domestic abuse in particular has a significant impact upon safeguarding adults and protecting families.

## **Wolverhampton Clinical Commissioning Group (CCG)**



**Manjeet Garcha**

## **What were the agreed safeguarding objectives for 2014/15?**

### **Implementation of the Care Act 2014**

- Empowerment – presumption of person led decisions and informed consent
- Prevention – it is better to take action before harm occurs
- Proportionality – proportionate and least intrusive response appropriate to the risk presented
- Protection – support and representation for those in greatest need
- Partnerships – local solutions through services working with their communities
- Accountability – accountability and transparency in delivering safeguarding

Incorporate safeguarding into provider contract schedules.

Improve MCA/DOLS training across the health and social care sector

Improve outcomes for patients and service users in nursing and residential homes, identify safeguarding and strengthen reporting and mechanisms for monitoring key themes

Develop a schedule of quality visits.

The Counter Terrorism and Security Act 2015 (CTSA 2015) seeks to place a statutory duty on NHS organisations, under S24, to have “due regard of the need to prevent people from being drawn into terrorism”. This becomes statute in July 2015.

Develop monitoring/audit tools for provider education and training specific to adults safeguarding at appropriate levels

Develop CCG safeguarding training at minimum level 1 for all staff as part of mandatory annual updates.

Instill a recognition that safeguarding is everyone's business from board down.

**Achievements against the above Objectives:-**

The CCG has reviewed its internal processes for recording all requests for safeguarding enquiries and information regarding safeguarding concerns, and has utilised the Datix system to capture this (since February 2015).

The West Midlands Multi Agency Policy and Procedures for the protection of adults with care and support needs in the West Midlands has been revised in line with the new statutory legislation and is currently in a working draft format.

Development of local practice guidance

As now required by law we now have a Designated Adult Safeguarding manager who will oversee our approach to adult safeguarding.

Agreed quality schedules into contracts for 2015/16

MCA/DOLS training across Black Country in collaboration with NHSE and Walsall CCG

Close working with LA to identify homes with safeguarding concerns via wider working and via Root Cause Analysis of avoidable pressure ulcers

Schedule of quality visits completed in 14/15, improvement plans in place and large scale strategy meetings have improved quality and safety of care

CCG PREVENT Strategy and web page in operation

Contribute to Domestic Homicide Reviews monitor action plans and provided primary care awareness sessions at Team W event

Monthly monitoring of provider education and training target v plans to ensure all staff are accessing appropriate training according to their individual role.

**Improvement Plans where barriers have existed.**

Improved collaboration with wider agencies to address barriers. Improved communication.

**In relation to safeguarding adults, what are your priorities/objectives for 2015/16**

Continue and build on the work above

Contribute to the Board's Strategic Plan 2015/18

Contribution to the MASH

Improved guidance on DASM role to ensure CCG is well placed

**Provide a statement on the effectiveness of the contribution made by your organisation/service to the Board and/or its committees?**

The CCG Governing Body are assured that WCCG are compliant of their statutory duties regarding safeguarding adults and provide a high level of oversight of the quality and safety matters of safeguarding and vulnerable adults across the City.

The Wolverhampton Safeguarding Adults Board is assured that the CCG is committed to ensuring that its providers provide a safe system that safeguards all adults at risk of abuse and neglect, as set out in the Care Act 2014.

## **West Midlands Care Association (WMCA)**



**Trisha Haywood**

### **What were the agreed safeguarding objectives for 2014/15?**

During 2014/2015 West Midlands Care Association continued to support and encourage members to work on previous objectives in relation to training re: DOLs and Safeguarding

The manager and team members of WCC Safeguarding have been regular speakers at our meetings, offering advice and clarification for homes, keeping us informed of changes and the specific parts care homes need to prioritise.

Employment and Recruitment remained a key item on our agenda as prioritised by the CQC.

### **Achievements against the above objectives?**

Attendance at WMCA Meetings to hear presentations on the Care Act and especially the changes to safeguarding under this act were excellent.

The issue of References under the Employment and Recruitment objective remains a problem, many organisations refusing to give more than a generic reference confirming dates of employment.

### **Improvement Plans where barriers have existed**

The major barrier for WMCA Wolverhampton branch has been the removal of funding for training to homes, so this is having to be sourced and funded by homes themselves.

There is some training available re: DOLs during July, August & September 2015.

## Impact for Adults

Care Homes and their staff having an increased knowledge of safeguarding, DOLs and should translate to a greater understanding by staff on which will enrich their day to day working practice with service user.

### **In relation to safeguarding adults, what are your priorities for objectives for 2015 / 2016?**

The Care Act - Understanding thresholds.

New Safeguarding Policy - Referral pathways, MASH, POWE HUB.

### **Provide a statement on the effectiveness of the contribution made by your organisation/service to the Board and/or its committees?**

WMCA Director for Wolverhampton attends the safeguarding board meetings, facilitates two way information sharing, ensures that changes are passed onto members and facilitates key speakers to come to WMCA meetings to inform / advise members.

We support national safeguarding days e.g. Elder Abuse.

## Wolverhampton Domestic Violence Forum (WDVF)



Kathy Cole-Evans

### **How does your agency demonstrate its commitment to safeguarding adults and the work of the Board in relation to the following areas?**

#### **a. TRAINING - Promoting, delivering and evaluating single agency & multi-agency training**

Our funding contract, policies, procedures, and practice demonstrates that generic safeguarding training is mandatory for front line staff, as is training for subject specific safeguarding elements, for example Prevent training, etc.

Wolverhampton Domestic Violence Forum (WDVF) has continued to deliver subject specific safeguarding training around Violence Against Women and Girls, for example Domestic Abuse Stalking, Harassment and Honour Based Violence, Risk Assessment training to Children and Adult Social Workers and newly qualified workers, Family Support Workers, Housing Options and Wolverhampton Homes staff; Multi-Agency Risk Assessment Conference (MARAC) training to 30 agencies; Training and coaching around Domestic Homicide Reviews.

#### **b. POLICY AND PROCEDURES – embedding policy and procedure in practice**

Relevant policies and procedures are discussed with staff at team meetings, and raised at the multi-agency WDVF Executive Board to be embedded into practice in different organisations.

WDVF is instrumental in developing multi-agency subject specific policies and procedures, for example Wolverhampton's - Over-Arching Domestic Violence Protocol, Multi-Agency Risk Assessment Conference (MARAC) and Information Sharing Protocol, and was a key partner in developing the first joint adult and child Forced Marriage and Honour Based Violence Protocol together with the two Safeguarding Boards.

These policies and procedures are embedded by partners who are held accountable through inclusion of policy requirements through Section 11 and other Safeguarding audit processes, and the Domestic Homicide Review Standing Panel.

**c. COMMUNICATION – sharing all relevant information with the workforce**

Information is cascaded with WDVF and partner agency staff electronically, and specific items are discussed at WDVF team meetings with a view to identifying if and how WDVF procedures and practice needs to change.

**d. IMPROVING QUALITY– single agency audit, supervision, Section 11**

Due to the nature of our work, every person referred to our service is risk assessed using the national risk model, which identifies any safeguarding adult and children concerns. Supervision of our Independent Domestic Violence Advisers is undertaken by the Strategy Coordinator/General Manager, these staff also receive external clinical supervision for their caseloads. Processes such as Multi-Agency Risk Assessment Conferences (MARAC) that WDVF coordinates and provides governance around are externally audited. The latest audit is wholly positive around all aspects including governance, commitment, attendance, adult and children support, and correct application of criteria.

**e. CONTRIBUTING TO PERFORMANCE MANAGEMENT– supplying performance data and commentary**

WDVF provides Violence Against Women and Girls data and commentary to the Quality and Performance sub-groups to both Safeguarding Boards. WDVF also contributes to and attends quality and performance sub-group meetings to critically analyse, develop, and refine performance dashboards for the Boards. WDVF provides update reports to the Boards from WDVF multi-agency Executive Board.

**What were the agreed safeguarding objectives for 2014/15?**

Increase first time reporting of Violence Against Women and Girls

Reduce the prevalence of Violence Against Women and Girls

Reduce repeat Violence Against Women and Girls incidents

Increase Violence Against Women and Girls offences brought to justice

Reduce serious harm from Violence Against Women and Girls including homicide prevention

**Achievements against the above Objectives:-**

Increase in reporting of domestic violence, sexual violence, forced marriage, and honour based violence

Increase in the number of children identified in families suffering domestic violence and jointly screened

Increase in Violence Against Women and Girls offences brought to justice

Increase in Multi-Agency Risk Assessment Conference (MARAC) referrals and joint action plans to reduce those at highest risk of serious harm and homicide

Overwhelmingly positive external audit of MARAC arrangements in terms of governance, commitment, attendance, adult and children support, coordination, and correct application of criteria

### **Improvement Plans where barriers have existed.**

Safer Wolverhampton Partnership has agreed a funding plan for 2015/16 for resources:

- for multi-agency training and awareness raising around Violence against Women and Girls subjects, including female genital mutilation for which there have been no reports to West Midlands Police
- a resource to raise external funding around Violence Against Women & Girls
- increase capacity for Independent Domestic Violence Advisers to meet demand for victims & their children at high risk of serious harm/homicide
- improvements to governance and operation of the Barnardo's joint screening of children and pregnant women in domestic violence cases
- embed learning from domestic homicide reviews

### **Impact for Adults and their Families**

Increase in identification of victims of Violence Against Women and Girls and their children, and signposting and provision of early help and support, and child in need and protection services leading to:

- reduced repeat victimisation
- reduced serious harm
- increased reporting and help-seeking

### **In relation to safeguarding adults, what are your priorities/objectives for 2015/16**

Increase first time reporting of Violence Against Women and Girls

Reduce the prevalence of Violence Against Women and Girls

Reduce repeat Violence Against Women and Girls incidents

Increase Violence Against Women and Girls offences brought to justice

Reduce serious harm from Violence Against Women and Girls including homicide prevention

### **Provide a statement on the effectiveness of the contribution made by your organisation/service to the Board and/or its committees?**

WDVF continues to be committed to safeguarding adults and children. Our Strategy Coordinator attends and contributes to Board meetings as a professional adviser to the Board and away day events, and attends sub-group meetings both as a standing member and to make specific contributions – eg with new policies and procedures. WDVF ensures that information is cascaded from the Board into our organisation and to our partners, as well as providing

information, guidance, and advice around Violence Against Women and Girls subjects to the Board and its sub-groups.

## West Midlands Fire Service

WEST MIDLANDS FIRE SERVICE

**How does your agency demonstrate its commitment to safeguarding adults and the work of the Board in relation to the following areas?**

**f. TRAINING - Promoting, delivering and evaluating single agency & multi-agency training**

All personnel receive on-going safeguarding training. Radicalisation training has also been delivered to all staff in Wolverhampton in the last year delivered by WMP. Sessions are evaluated. Vulnerable Persons Officers (VPOs) receive higher level training in safeguarding and also attend additional more specific training in areas such as drugs and alcohol awareness and mental health.

**g. POLICY AND PROCEDURES – embedding policy and procedure in practice**

WMFS has an embedded Standing Order Safeguarding Policy 17/12 which lays out the responsibilities of staff in relation to the protection of children, young people or adults with whom they come into contact through **their work and details the reporting mechanism and procedures.**

**h. COMMUNICATION – sharing all relevant information with the workforce**

Information is conveyed to all personnel via WMFS Intranet, Routine Notices, email, various meetings, communication briefings and management briefings.

**i. IMPROVING QUALITY/ SERVICE USER EXPERIENCE– single agency audit, supervision, annual assurance statement etc**

WMFS's The Plan 2015 – 18 sets out the priorities of the organisation over the rolling three year period. The priorities, objectives and outcomes set out in The Plan are informed by our Community Safety Strategy which sets out in detail how we will meet our legal responsibilities to provide an efficient and effective fire and rescue service. The Community Safety Strategy provides the risk analysis and tells us what resources we need and where they are required in order to reduce risk to our community through the delivery of prevention, protection and response services. Following a serious incident (fire death or injury) a Serious Incident Review is undertaken and any learning from this is conveyed to all staff and departments.

**j. CONTRIBUTING TO PERFORMANCE MANAGEMENT– supplying performance data and commentary**

WMFS provides, periodically, data on the work it undertakes – number of Home Safety Checks carried out and number of VPO visits made.

**What were the agreed safeguarding objectives for 2014/15?**

Further and on-going training around safeguarding and extremism.

## **Achievements against the above Objectives:-**

Safeguarding and extremism training was carried out for all personnel.

## **Improvement Plans where barriers have existed.**

A plan to offer more support to VPOs to ensure they are able to keep the most vulnerable people safer and healthier in their own homes.

Going forward, and as a result of the Comprehensive Spending Review, operational staffing is at a minimum and all on duty crews are now always available to attend incidents (previously they were 'off the run'. This is now not an option and means that attendance at community events or training will be carried out 'on the run' and if a 999 incident occurs then they will have to respond to the emergency.

## **Impact for Adults**

WMFS's Service Delivery Model sets out the 5 minute attendance time for category 1 incidents (risk to life or property). Whilst attendance at incidents is the priority, our prevention work and work with vulnerable people will continue to be carried out by support staff and operational personnel when available.

## **In relation to safeguarding adults, what are your priorities/objectives for 2015/16**

Reduce number of accidental fires in dwellings by targeting our most vulnerable working with the voluntary sector and other partner agencies.

Delivery and support of national DCLG and CFOA campaigns that are aligned to local risk, priorities and objectives.

All staff will engage with partners and citizens to develop and support healthy and sustainable communities by championing healthy lifestyles through exercise and reduction in obesity.

## **Provide a statement on the effectiveness of the contribution made by your organisation/service to the Board and/or its committees?**

Working with our partners will enable us to target communities and individuals who are more at risk from safety related issues at home, including fire. We will respond to issues such as healthier living, anti-social behaviour and safer business premises, through a multi-agency approach enabling us "To Make West Midlands Safer".

## West Midlands Ambulance Service



**Andy Proctor**

West Midlands Ambulance Service NHS Foundation Trust (WMASFT) has continued to ensure the safeguarding of all vulnerable persons remains a focal point within the organisation and the Trust is committed to ensuring ALL persons within the region are protected at ALL times.

West Midlands Ambulance Service NHS Foundation Trust serves a population of 5.36 million people covering an area of more than 5,000 square miles made up of Shropshire, Herefordshire, Worcestershire, Warwickshire, Staffordshire and the Birmingham, Solihull and Black Country conurbation.

The safeguarding team provides expert evidenced based clinical leadership on all aspects of the safeguarding agenda. The team have a responsibility for the development of systems and processes, working with partner agencies in line with local and national standards and legislation.

**All Staff** are required to act at all times to safeguard the health and well-being of children and vulnerable adults. All operational staff within WMASFT are issued key rings with the Safeguarding Referral line number and are expected to carry them whilst on duty. All staff and volunteers are expected to be able to recognise and respond to safeguarding concerns.

### **General Overview**

#### ***The Referral Process***

A single point of contact (SPOC) was created in July 2009. It was designed so that crews can make safeguarding referrals quickly and efficiently to a single point without the need for unnecessary paper trails and complex processes. All staff working within the SPOC have received training in both safeguarding adults and children.

### **Achievements**

All members of the safeguarding team have attended multi-agency safeguarding education with the Local Safeguarding Boards. Study days have included identification of sexual exploitation, female genital mutilation, serious case reviews and safeguarding law updates during 2014/2015.

The safeguarding team provide support to the Education & Training Department for delivering safeguarding training. In 2014/2015 training programmes were developed for Ambulance Support Officers (ASO's) and Emergency Operation Centre (EOC), Call Handlers and Dispatchers and the Head of Safeguarding gave an update on safeguarding, the child death process and domestic homicides.



**a. TRAINING - Promoting, delivering and evaluating single agency & multi-agency training**

The council delivered the following programme of safeguarding training over the course of 2014/15:

| <b>Course name</b>                                                                 | <b>Number completed</b> |
|------------------------------------------------------------------------------------|-------------------------|
| Basic Safeguarding Awareness Level for Adults and Children and Awareness Level CSE | 970                     |
| DoLs                                                                               | 220                     |
| Domestic Violence (Adults)                                                         | 210                     |
| Domestic Violence (Children)                                                       | 120                     |
| Introduction to Adult Safeguarding for Social Workers                              | 15                      |
| Legislation & Partnership Working for Social Workers                               | 6                       |
| Multi-Agency Forums for Social Workers                                             | 6                       |
| Safeguarding for Adult Social Care Workers                                         | 176                     |
| Sexual Abuse                                                                       | 27                      |
| Role of the Social Worker in Child Protection                                      | 10                      |
| Role of the Social Worker in Adult Safeguarding                                    | 7                       |
| MCA / DoLs Face to Face attended                                                   | 120                     |
| Marac Face to Face attended                                                        | 38                      |
| Care Act Implications for Safeguarding Face to Face Briefings                      | 50                      |
| Making Safeguarding Personal – e-learning                                          | 72                      |

Evaluation of face to face delivery of Safeguarding and the Care Act training:

|                                |     |
|--------------------------------|-----|
| Overall increase in knowledge  | 10% |
| Overall increase in skills     | 9%  |
| Overall increase in confidence | 8%  |

**b. POLICY AND PROCEDURES – embedding policy and procedure in practice**

Following the recommendations arising from the Adult Safeguarding Peer Review conducted by the Local Government Authority (LGA) in September 2013 the council updated its Constitution; this now provides clarity of roles and responsibilities of individual Members and officers within the council, in terms of their specific duty to safeguarding adults.

The council also produced a specific guide to safeguarding adults for Councillors to help raise their awareness of the types and symptoms of abuse, legislative requirements and local points of contact.

The council's Safeguarding Service has continued to be instrumental in driving the development of the regional West Midlands Safeguarding Adults Policy and Procedures to reflect the requirements of the Care Act 2014, in readiness for April 2015. The Safeguarding team has been developing local Practice Guidance, which reflects the requirements of the Care Act and will help support staff with new ways of working which came into force April 2015.

The council's CareFirst system has also been updated to ensure electronic records enable practitioners to capture/record information in line with the changes introduced by the Care Act 2014 and MSP.

Wolverhampton has also continued its commitment to the LGA's Making Safeguarding Personal (MSP) agenda, ensuring practitioners adopt an outcomes focused and person centred approach when dealing with incidents of safeguarding. MSP training was delivered to frontline practitioners and an e-learning package developed, which was made mandatory for all ASC staff.

The council's Adult Disability Team also developed the role of Advanced Social Work Practitioner who has responsibility for receiving and responding to safeguarding alerts and monitoring the progress of referrals and investigations. Liaison with the Police and other key agencies is an imperative part of this role.

**k. COMMUNICATION – sharing all relevant information with the workforce**

Staff briefing sessions have been delivered to the children's and adult's workforce to share key learning from serious case reviews.

Safeguarding newsletters have also been developed and circulated across the council to help raise safeguarding awareness and share key learning from serious case reviews; provide examples of case studies and insights into specific areas of safeguarding work undertaken by safeguarding staff.

A series of workshops facilitated by Research in Practice for adults (RiPFA) have also been provided to staff from across Adult Social Care to brief them on the implications of the Care Act 2014; and requirements for implementation with effect from April 2015. These have been further reinforced through mandatory on-line training provided through the council's Learning Hub.

**I. IMPROVING QUALITY/ SERVICE USER EXPERIENCE– single agency audit, supervision, annual assurance statement etc**

A pilot case file audit process was rolled out across the Directorate as part of the newly developed Quality Assurance Framework to assess the quality of safeguarding practice and compliance with the West Midlands Safeguarding Policy and Procedures. The process involved both strategic and operational staff completing one audit per month using newly developed audit tools and safeguarding standards.

A total of 81 case files were audited over a three month period of which 70% were found to be of a good/excellent quality, suggesting that safeguarding standards were being consistently met by practitioners.

The case file audit tools and corresponding quality standards will now be reviewed to reflect the changes introduced by the Care Act 2014; and the revisions to the local policy and procedures before being reintroduced across the Directorate. Any areas of underperformance will be shared with Workforce Development to inform future training provision.

The council's Place Directorate have established a 'Safeguarding Partnership Forum' which involves strategic and operational representation from across Regulatory Services i.e. Licensing, Private Sector Housing, Wolverhampton Homes and Fleet Management. The forum meets on a bi-monthly basis and looks to raise safeguarding awareness, identify possible resolutions to complex scenarios and improve referral pathways between services and share learning from good practice.

The Quality Assurance and Compliance team have been relocated out of the Safeguarding Service to Commissioning to provide increased assurance of internal/external provider services and help better inform future commissioning decisions.

### **What were the agreed safeguarding objectives for 2014/15?**

#### **Training Objectives**

- Mandatory Safeguarding Adults, Safeguarding Children and Child Sexual Exploitation Awareness level e-learning for all employees
- Delivery of Councillor Safeguarding awareness level face to face sessions
- Workforce Development Leads to meet across the Black Country (Dudley, Walsall, Sandwell & Wolverhampton) to plan for some joint delivery in 2015 / 2016
- Launch of Safeguarding Adults DVD & Workbook to internal employees and external providers – copies of DVD one per establishment
- Care Act Safeguarding face to face sessions in preparation of implementation April 2015 for internal employees and external providers
- e-learning Care Act Awareness raising available for internal employees and external providers
- Develop Safeguarding Against Violent Extremism e-learning module for launch in 2015

### **In relation to safeguarding adults, what are your priorities/objectives for 2015/16?**

1. Ensure the principles of the Care Act and Making Safeguarding Personal are embedded in social work practice.
2. Develop a Safeguarding Forum for staff within other directorates and sections of the Council to ensure best practice is disseminated.
3. Promote awareness and commitment to safeguarding vulnerable people within the City through the Council's Corporate Plan.
4. Increase awareness, reporting and recording of domestic violence.
5. Undertake review of commissioned services in line with personal choice agenda.

## APPENDIX 2

### Safeguarding Performance Data 2014/2015

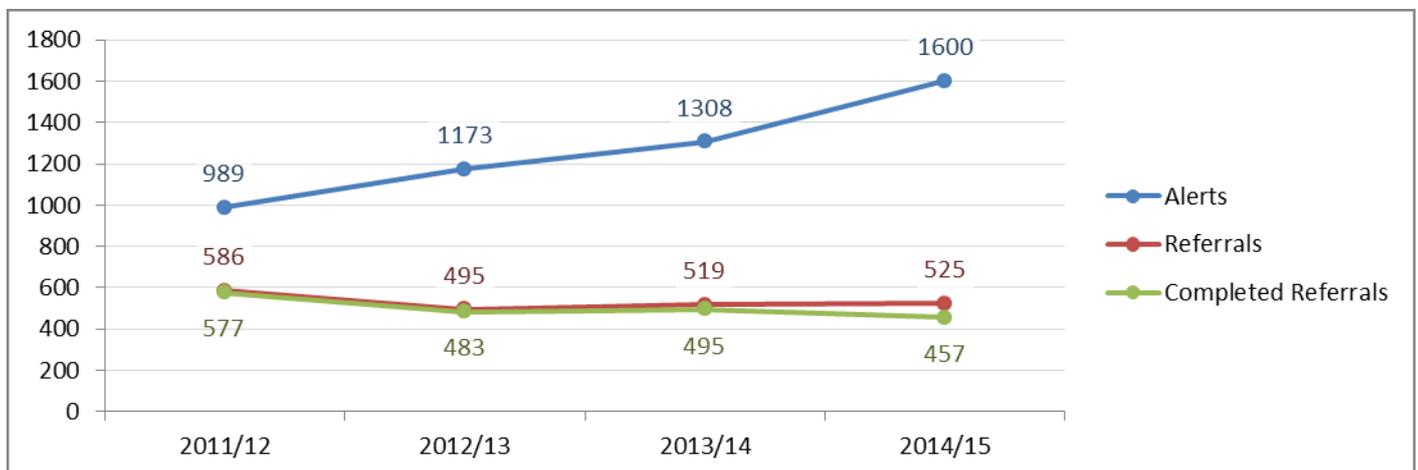
This section details a range of data to demonstrate safeguarding activity in Wolverhampton from all agencies. The majority of data is collected by Wolverhampton City Council as the lead agency for safeguarding adults, but this year includes data from other agencies to demonstrate their commitment to safeguarding adults and is taken from the Boards Performance Report. (Appendix 2) It tells us that there is a greater number of initial alerts suggesting greater public and professional awareness of safeguarding. This is encouraging. Secondly the figures provide evidence that for the vast majority of people who have been subject to multi-agency safeguarding intervention felt safer as a result of this,

All data is scrutinised and used to inform prevention work and reviews of guidance and policy. Wolverhampton’s data collection meets the requirements of the annual Health and Social Care Information Centre (HSCIC) Safeguarding Adults Return

#### Alerts and Referrals

The number of alerts has risen significantly from 1308 in 2013/14 to 1600 in 2014/15. The number that precede to referral has not increased. This decreased conversion from alert to referral suggests that the increase in referrals is due to either cases that are not safeguarding related or do not meet the threshold for investigation.

|                            | 2011/12 | 2012/13 | 2013/14 | 2014/15 |
|----------------------------|---------|---------|---------|---------|
| Alerts                     | 989     | 1173    | 1308    | 1600    |
| Referrals                  | 586     | 495     | 519     | 525     |
| Referrals as a % of Alerts | 59%     | 42%     | 40%     | 33%     |
| Completed Referrals        | 577     | 483     | 495     | 457     |



## Alerts and Referrals by Age and Gender

The charts below show the proportion of alerts in the centre circle and the proportion of referrals in the outer band.

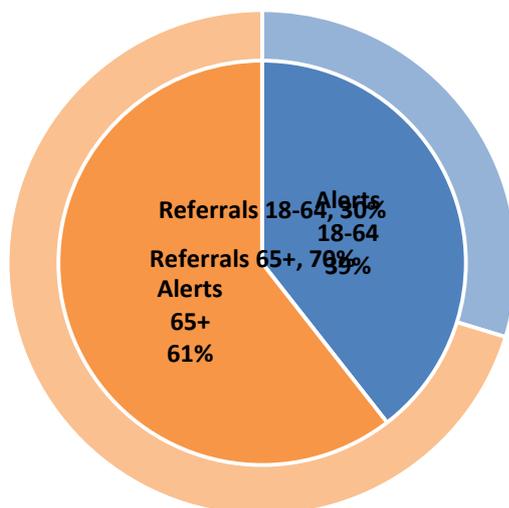
The alerts / referrals by age shows that 39% of alerts received relate to adults aged 18-64 although only 30% of referrals relate to the same age group. This shows that, in general, referrals for the 18-64 age group are less likely to be investigated or, conversely, that referrals for the 65+ age group are more likely to be investigation. This suggests that more alerts for 65+ age group are correct and suitable for investigation whereas alerts for the 18-64 age group are more likely to be inappropriate or not safeguarding issues.

The alerts referrals by gender breakdown does not differ by a significant amount and indicates that gender does not affect the likelihood of investigation.

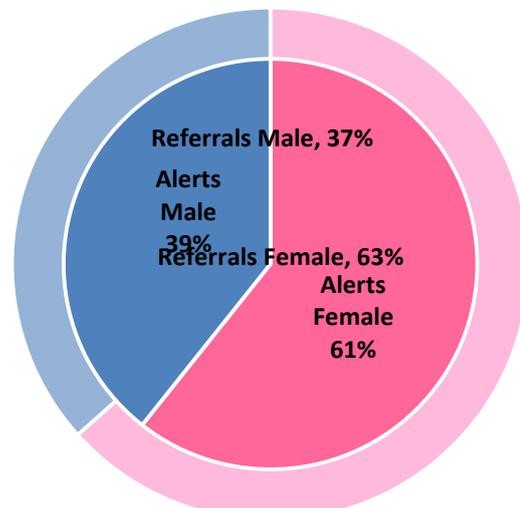
|           | By Age     |            |
|-----------|------------|------------|
|           | 18-64      | 65+        |
| Alerts    | 606<br>39% | 929<br>61% |
| Referrals | 152<br>30% | 359<br>70% |

|           | By Gender  |            |
|-----------|------------|------------|
|           | Male       | Female     |
| Alerts    | 604<br>39% | 931<br>61% |
| Referrals | 187<br>37% | 324<br>63% |

Alerts / Referrals by Age Group



Alerts / Referrals by Gender

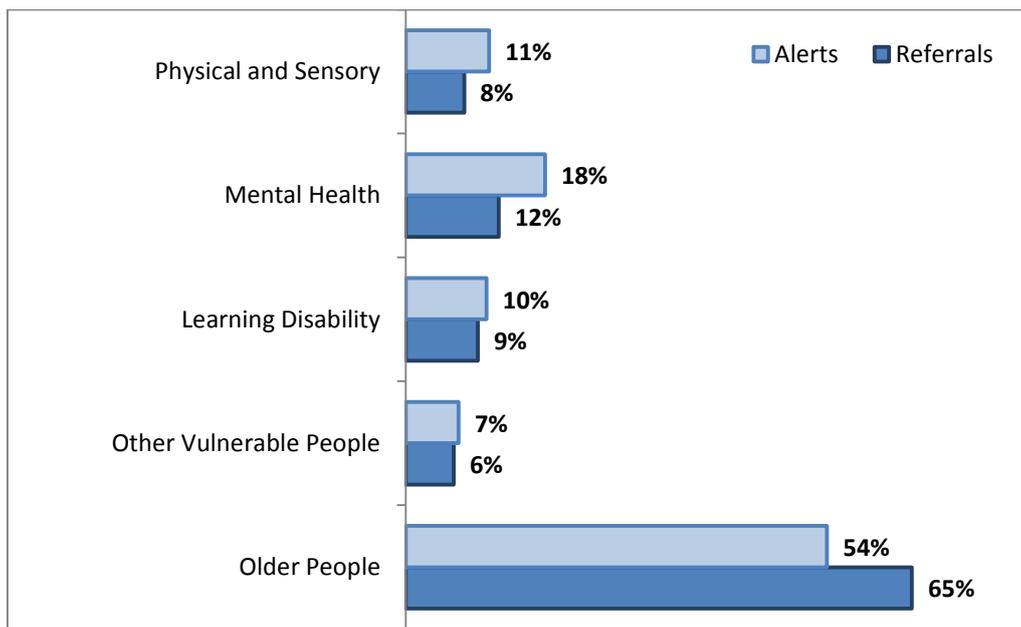


### Alerts and Referrals by Primary Client Group

Alerts and referrals by Primary client group does not show any significant causes for concern. As previously noted in the age breakdown the older people category is more likely to proceed to investigation.

The only point which shows a discrepancy is that of the Mental Health primary client group. Although 18% of alerts relate to Mental Health only 12% of referrals are for Mental Health clients. This again, implies that there is either concerns being raised that are not safeguarding issues relating to Mental Health clients or part of this may be due to the complexity of Mental Health cases.

|                                 | Alerts |     | Referrals |     | % of Alerts that proceed to Referral |
|---------------------------------|--------|-----|-----------|-----|--------------------------------------|
|                                 | Number | %   | Number    | %   |                                      |
| Physical and Sensory Disability | 163    | 11% | 32        | 8%  | 28%                                  |
| Mental Health                   | 226    | 18% | 66        | 12% | 27%                                  |
| Learning Disability             | 157    | 10% | 47        | 9%  | 35%                                  |
| Other Vulnerable People         | 119    | 7%  | 20        | 6%  | 36%                                  |
| Older People                    | 933    | 54% | 360       | 65% | 48%                                  |

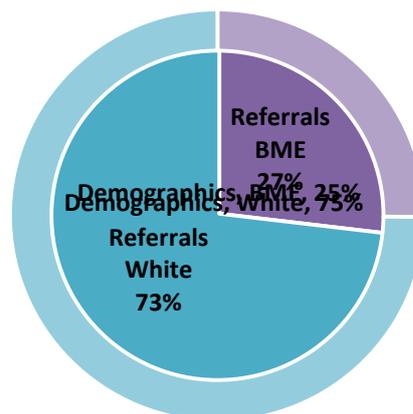


### Referrals by Ethnicity – 18-64

The table below provides figures and the chart to the right shows the proportion of referrals in the centre compared with the demographic breakdown of Wolverhampton in the outer ring. Ideally both inner and outer should match.

The breakdown of referrals by ethnicity for the 18-64 age group show that investigations broadly matched the local authority demographic. The biggest anomalies are that there is an over representation of referrals for Black clients and a smaller under representation of Asian clients. This can be explained by the fact that these over and under representations are generally true of the service user demographic.

18-64 Referrals by Ethnicity



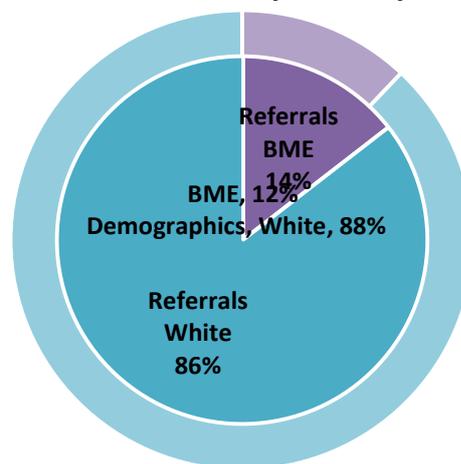
|       | 2012/13 |     | 2013/14 |     | 2014/15 |     | Demographics |
|-------|---------|-----|---------|-----|---------|-----|--------------|
|       | Number  | %   | Number  | %   | Number  | %   |              |
| White | 91      | 71% | 117     | 73% | 109     | 71% | 75%          |
| Asian | 19      | 15% | 25      | 16% | 16      | 10% | 15%          |
| Black | 16      | 12% | 14      | 9%  | 18      | 12% | 6%           |
| Mixed | 3       | 2%  | 1       | 1%  | 6       | 4%  | 2%           |
| Other | 0       | 0%  | 3       | 2%  | 4       | 3%  | 2%           |

### Referrals by Ethnicity – 65+

The table below provides figures and the chart to the right shows the proportion of referrals in the centre compared with the demographic breakdown of Wolverhampton in the outer ring. Ideally both inner and outer should match.

The breakdown by ethnicity for 65+ shows that again the figures broadly match the local authority demographic. The biggest anomaly is again that black clients are over represented but as before this is also true of the service users. This discrepancy continues to decreased year on year.

65+ Referrals by Ethnicity



|       |  | 2012/13 |     | 2013/14 |     | 2014/15 |     | Demographics |
|-------|--|---------|-----|---------|-----|---------|-----|--------------|
|       |  | Number  | %   | Number  | %   | Number  | %   |              |
| White |  | 260     | 82% | 284     | 86% | 300     | 85% | 88%          |
| Asian |  | 23      | 7%  | 17      | 5%  | 26      | 7%  | 7%           |
| Black |  | 31      | 10% | 30      | 9%  | 23      | 7%  | 4%           |
| Mixed |  | 0       | 0%  | 0       | 0%  | 1       | 0%  | 0%           |
| Other |  | 2       | 1%  | 1       | 0%  | 1       | 0%  | 0%           |

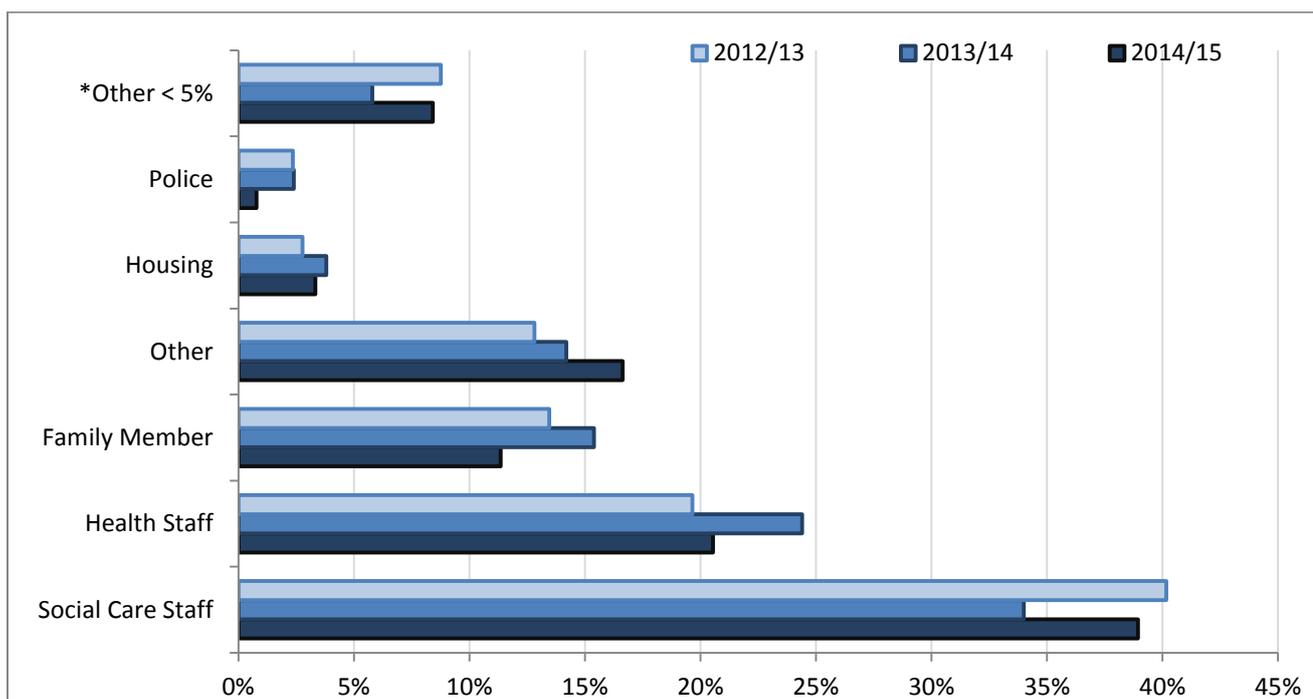
### Sources of Referral

In 2014/15, as in previous years, the highest percentage of referrals came from Social Care Staff with 39% followed by a further 21% of referrals from Health Staff.

The proportion of referrals from 'Other' sources has increased to 17% which suggests that there may be other unlisted sources which could be added to the possible options.

\*Sources marked with a \* have less than 10% of referrals in all years and have been combined in the bar chart.

|                                                 | 2012/13    |     | 2013/14    |     | 2014/15    |     |
|-------------------------------------------------|------------|-----|------------|-----|------------|-----|
|                                                 | Number     | %   | Number     | %   | Number     | %   |
| Social Care Staff                               | 179        | 40% | 170        | 34% | 199        | 39% |
| Health Staff                                    | 92         | 20% | 122        | 24% | 105        | 21% |
| Self Referral*                                  | 9          | 2%  | 3          | 1%  | 4          | 1%  |
| Family Member                                   | 61         | 14% | 77         | 15% | 58         | 11% |
| Friend / Neighbour*                             | 9          | 2%  | 7          | 1%  | 3          | 1%  |
| Other Service User*                             | 0          | 0%  | 0          | 0%  | 2          | 0%  |
| Care Quality Commission*                        | 17         | 4%  | 16         | 3%  | 33         | 6%  |
| Housing                                         | 13         | 3%  | 19         | 4%  | 17         | 3%  |
| Education / Training / Workplace Establishment* | 3          | 1%  | 3          | 1%  | 1          | 0%  |
| Police                                          | 11         | 2%  | 12         | 2%  | 4          | 1%  |
| Other                                           | 56         | 12% | 71         | 14% | 85         | 17% |
| <b>Overall Total</b>                            | <b>450</b> |     | <b>500</b> |     | <b>511</b> |     |

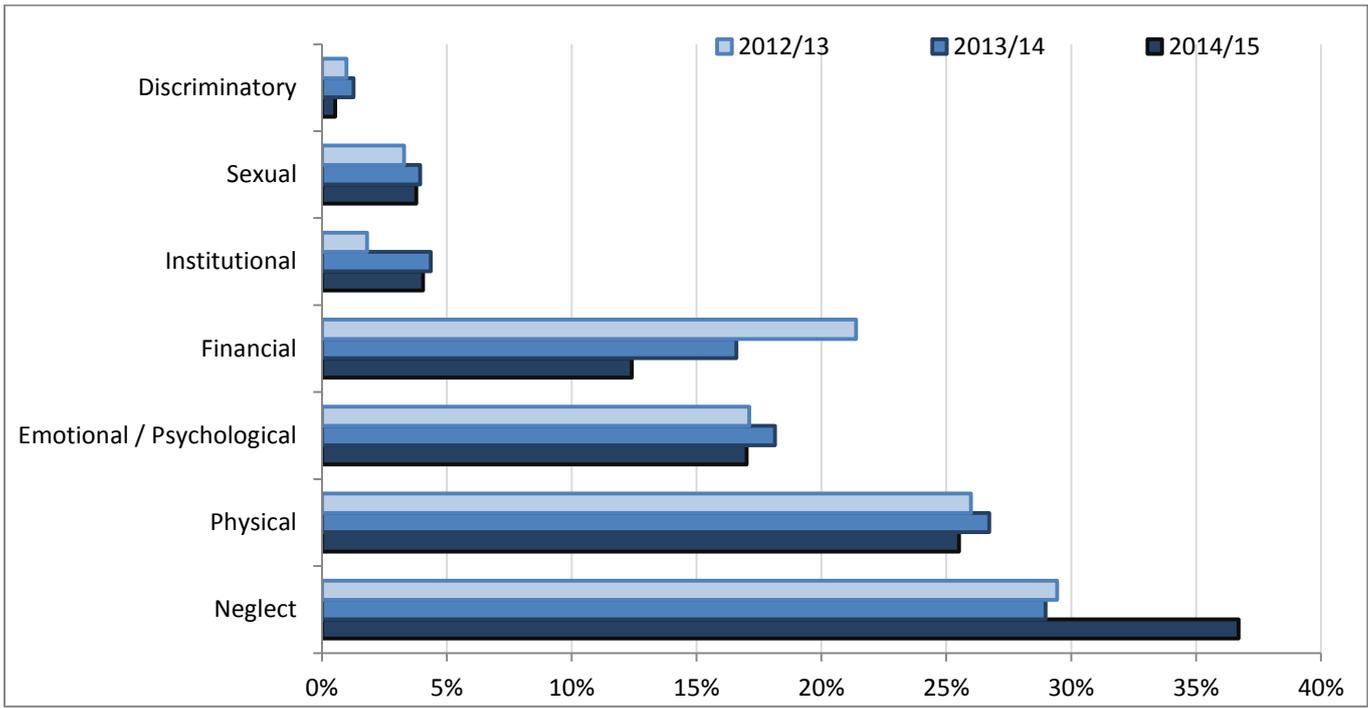


### Referrals by type of Alleged Abuse

Referrals may contain more than one type of alleged abuse and therefore the numbers are greater than the number of referrals.

The type of abuse breakdown remains relatively similar for most types of abuse. The main exceptions are that the proportion of cases with Neglect has increased significantly from 29% to 37% and the proportion with financial abuse has fallen to 12%. The increase in cases of neglect may in part be due to better recording as multiple items can be recorded against each investigation.

|                                  | 2012/13    |            | 2013/14    |            | 2014/15    |            |
|----------------------------------|------------|------------|------------|------------|------------|------------|
|                                  | Number     | %          | Number     | %          | Number     | %          |
| <b>Neglect</b>                   | <b>179</b> | <b>29%</b> | <b>206</b> | <b>29%</b> | <b>272</b> | <b>37%</b> |
| <b>Physical</b>                  | <b>158</b> | <b>26%</b> | <b>190</b> | <b>27%</b> | <b>189</b> | <b>26%</b> |
| <b>Emotional / Psychological</b> | <b>104</b> | <b>17%</b> | <b>129</b> | <b>18%</b> | <b>126</b> | <b>17%</b> |
| <b>Financial</b>                 | <b>130</b> | <b>21%</b> | <b>118</b> | <b>17%</b> | <b>92</b>  | <b>12%</b> |
| <b>Institutional</b>             | <b>11</b>  | <b>2%</b>  | <b>31</b>  | <b>4%</b>  | <b>30</b>  | <b>4%</b>  |
| <b>Sexual</b>                    | <b>20</b>  | <b>3%</b>  | <b>28</b>  | <b>4%</b>  | <b>28</b>  | <b>4%</b>  |
| <b>Discriminatory</b>            | <b>6</b>   | <b>1%</b>  | <b>9</b>   | <b>1%</b>  | <b>4</b>   | <b>1%</b>  |
| <b>Overall Total</b>             | <b>608</b> |            | <b>711</b> |            | <b>741</b> |            |

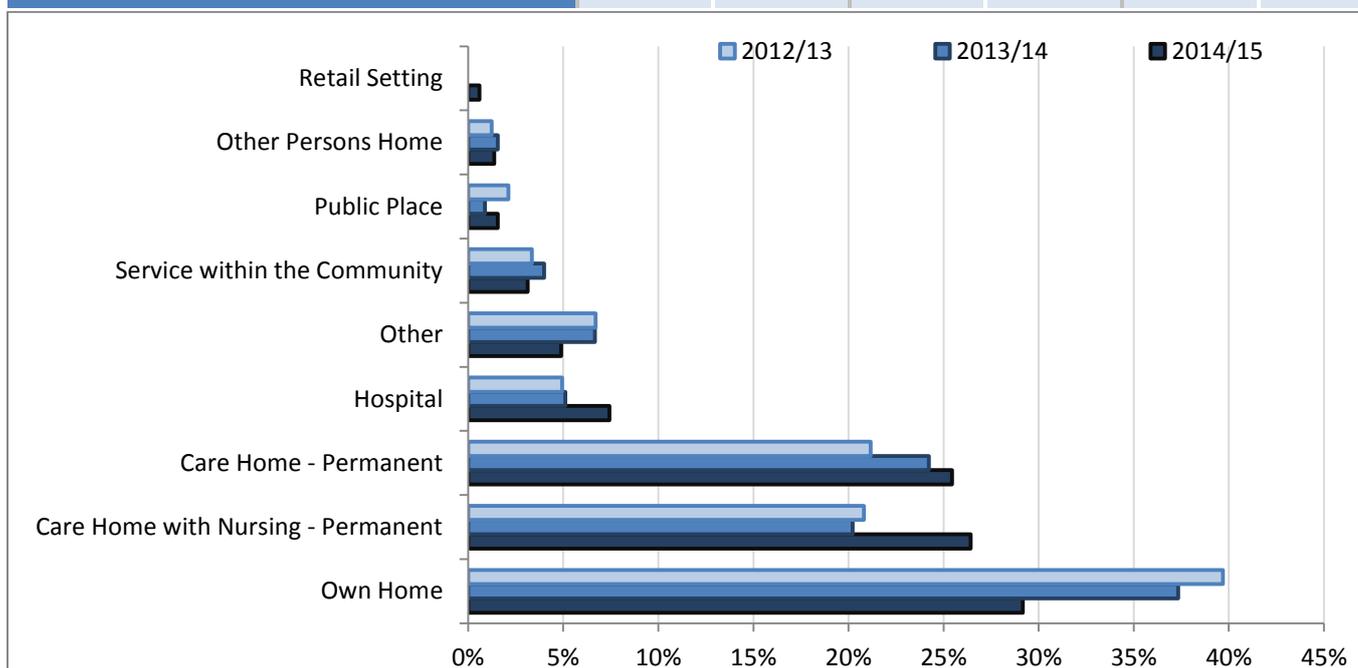


### Location of Alleged Abuse

The most common location of abuse is care homes with 51% of all referrals relating to a residential or nursing care home. The second most common location is the person at risk of harm's own home with 29% of referrals.

The most significant changes this year are that the proportion of referrals relating to care homes continues to increase whilst the proportion of referrals around the persons own home continue to fall. This suggests that, given the increased number of alerts, there continues to be increased awareness of safeguarding resulting in more cases from care homes being referred.

|                                    | 2012/13 |     | 2013/14 |     | 2014/15 |     |
|------------------------------------|---------|-----|---------|-----|---------|-----|
|                                    | Number  | %   | Number  | %   | Number  | %   |
| Own Home                           | 225     | 40% | 168     | 37% | 149     | 29% |
| Care Home with Nursing - Permanent | 118     | 21% | 91      | 20% | 135     | 26% |
| Care Home - Permanent              | 120     | 21% | 109     | 24% | 130     | 25% |
| Hospital                           | 28      | 5%  | 23      | 5%  | 38      | 7%  |
| Other                              | 38      | 7%  | 30      | 7%  | 25      | 5%  |
| Service within the Community       | 19      | 3%  | 18      | 4%  | 16      | 3%  |
| Public Place                       | 12      | 2%  | 4       | 1%  | 8       | 2%  |
| Other Persons Home                 | 7       | 1%  | 7       | 2%  | 7       | 1%  |
| Retail Setting                     | 0       | 0%  | 0       | 0%  | 3       | 1%  |

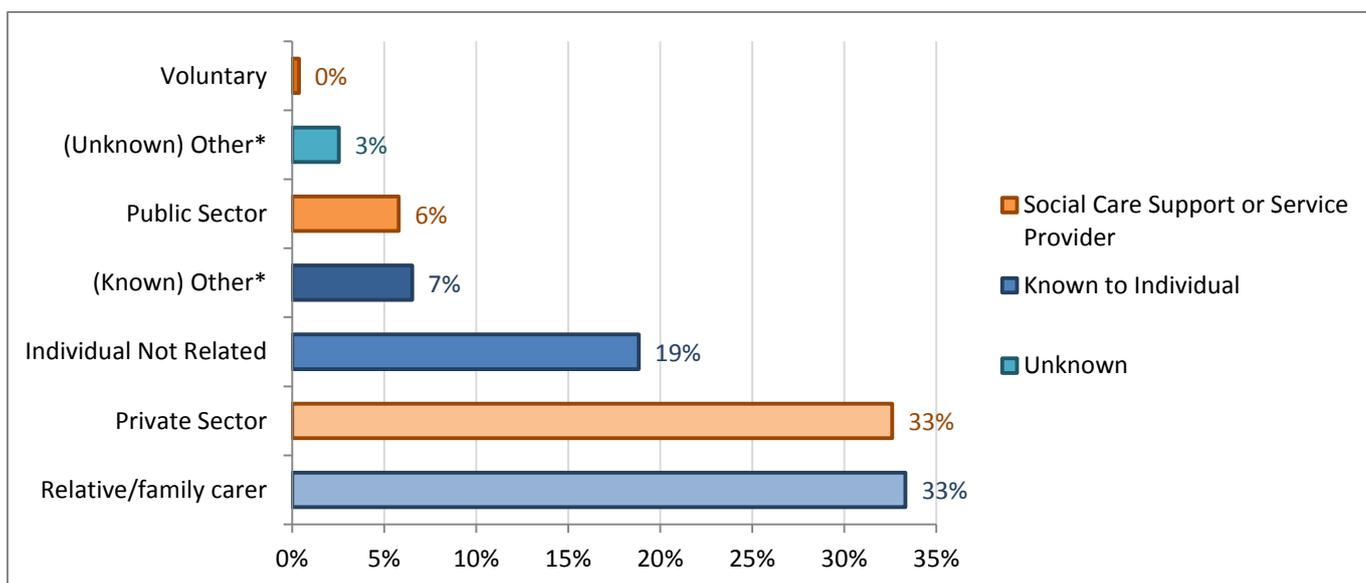


## Relationship with Person Suspected of Causing Harm

The relationship data has changed significantly in this year's return and therefore it cannot be directly compared to previous data.

Where the relationship is recorded the two most common people alleged to be causing harm are relatives / family carers or private sector staff who account for 33% of all referrals each. The figures show that in 97% of cases the person alleged to be causing harm is known to the person at risk of harm.

|                                         |                         | 2014/15    |     |
|-----------------------------------------|-------------------------|------------|-----|
|                                         |                         | Number     | %   |
| Social Care Support or Service Provider | Private Sector          | 90         | 33% |
|                                         | Public sector           | 16         | 6%  |
|                                         | Voluntary               | 1          | 0%  |
| Known to Individual                     | Relative / Family Carer | 92         | 33% |
|                                         | Individual Not Related  | 52         | 19% |
|                                         | Other*                  | 18         | 7%  |
| Unknown to Individual                   | Other*                  | 7          | 3%  |
| <b>Overall Total</b>                    |                         | <b>276</b> |     |



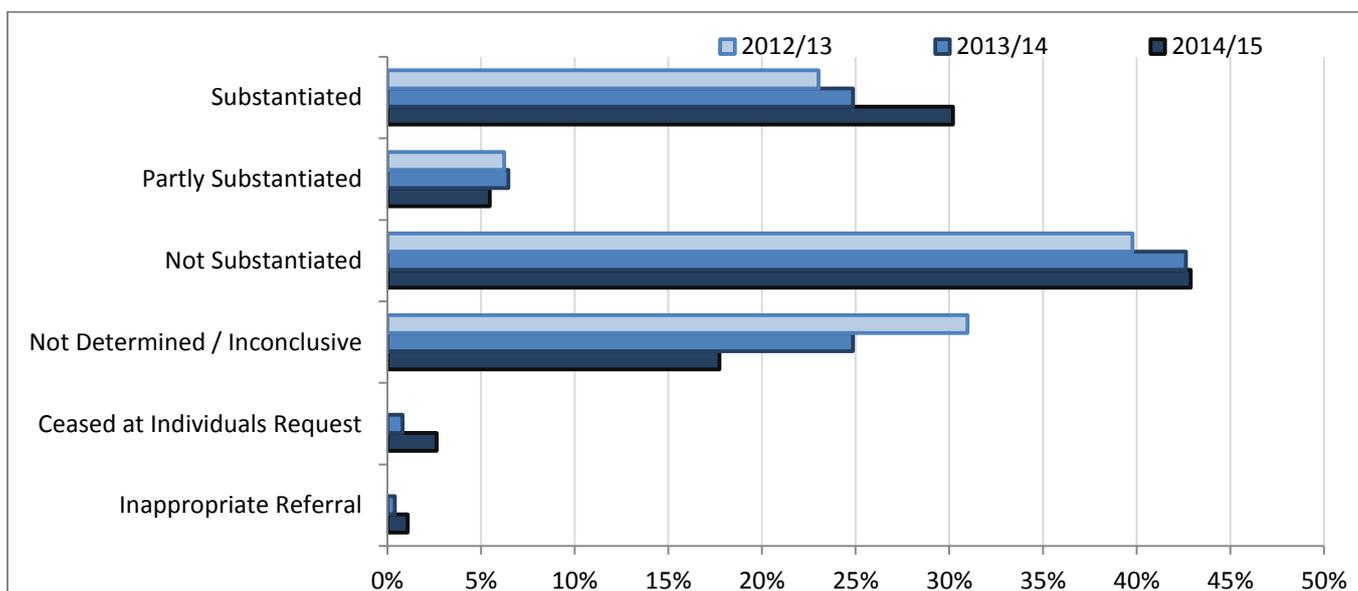
### Case Conclusion

In 2014/15 30% of cases were substantiated and 5% were partly substantiated.

The overall proportion of substantiated or partly substantiated has increased marginally from 2013/14 from 32% to 35%.

The proportion of cases not determined has decreased from 25% to 18% which suggests that investigations are more likely to arrive at a conclusion although at least part of this increase may be due to a small increase in the portion that ceases at the individuals request.

|                                      | 2012/13    |            | 2013/14    |            | 2014/15    |            |
|--------------------------------------|------------|------------|------------|------------|------------|------------|
|                                      | Number     | %          | Number     | %          | Number     | %          |
| <b>Substantiated</b>                 | <b>107</b> | <b>23%</b> | <b>123</b> | <b>25%</b> | <b>138</b> | <b>30%</b> |
| <b>Partly Substantiated</b>          | <b>29</b>  | <b>6%</b>  | <b>32</b>  | <b>6%</b>  | <b>25</b>  | <b>5%</b>  |
| <b>Not Substantiated</b>             | <b>185</b> | <b>40%</b> | <b>211</b> | <b>43%</b> | <b>196</b> | <b>43%</b> |
| <b>Not Determined / Inconclusive</b> | <b>144</b> | <b>31%</b> | <b>123</b> | <b>25%</b> | <b>81</b>  | <b>18%</b> |
| <b>Ceased at Individuals Request</b> | -          | -          | <b>4</b>   | <b>1%</b>  | <b>12</b>  | <b>3%</b>  |
| <b>Inappropriate Referral</b>        | -          | -          | <b>2</b>   | <b>0%</b>  | <b>5</b>   | <b>1%</b>  |
| <b>Overall Total</b>                 | <b>465</b> |            | <b>495</b> |            | <b>457</b> |            |

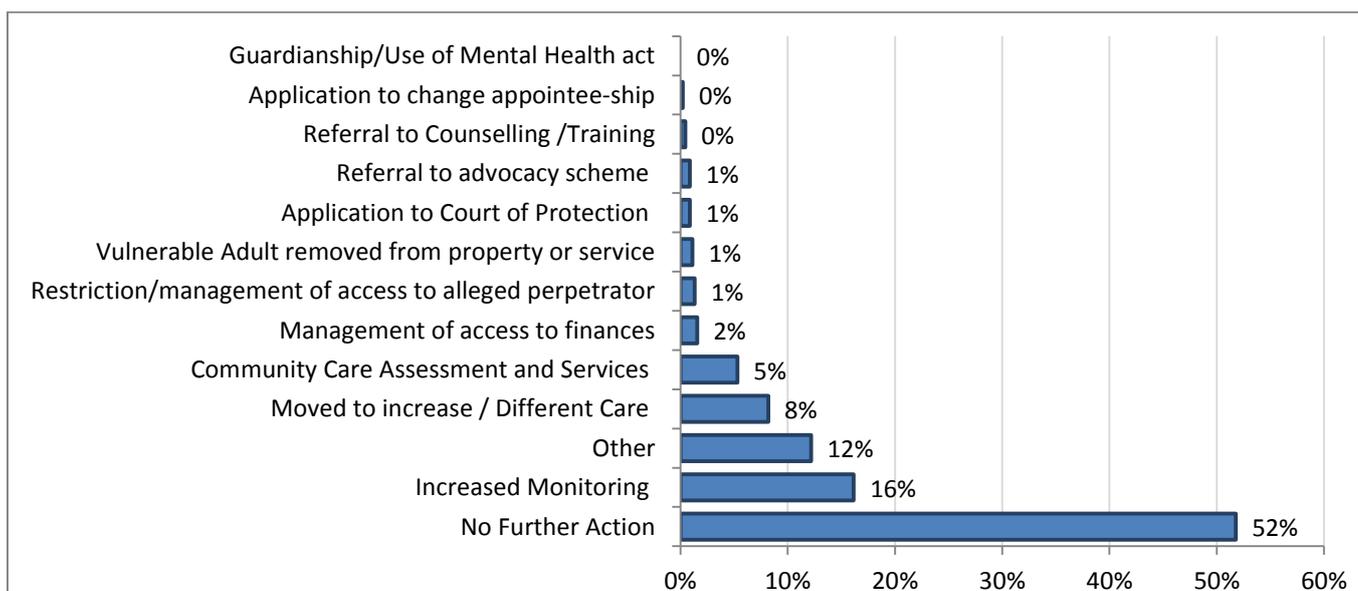


### Outcomes for the Person at Risk of Harm

The proportion of cases where the outcome was 'No further action' ended at 52% which is only a marginal increase from the 2013/14 result of 51%. This is largely expected due to the high proportion of unsubstantiated cases along with the possibility that the investigation itself is likely to have an impact on reducing or negating the risk of future abuse.

The main outcome after this is 'Increased Monitoring' at 16%. All of the outcomes remain relatively static over all three years.

|                                        | 2012/13    |     | 2013/14    |     | 2014/15    |     |
|----------------------------------------|------------|-----|------------|-----|------------|-----|
|                                        | Number     | %   | Number     | %   | Number     | %   |
| No Further Action                      | 234        | 50% | 251        | 51% | 234        | 52% |
| Increased Monitoring                   | 85         | 18% | 82         | 17% | 73         | 16% |
| Other                                  | 37         | 8%  | 40         | 8%  | 55         | 12% |
| Moved to increase / Different Care     | 43         | 9%  | 42         | 8%  | 37         | 8%  |
| Community Care Assessment and          | 22         | 5%  | 28         | 6%  | 24         | 5%  |
| Restriction/management of access to    | 11         | 2%  | 18         | 4%  | 6          | 1%  |
| Vulnerable Adult removed from property | 7          | 2%  | 14         | 3%  | 5          | 1%  |
| Management of access to finances       | 8          | 2%  | 8          | 2%  | 7          | 2%  |
| Application to Court of Protection     | 7          | 2%  | 4          | 1%  | 4          | 1%  |
| Referral to Counselling /Training      | 1          | 0%  | 3          | 1%  | 2          | 0%  |
| Guardianship/Use of Mental Health act  | 1          | 0%  | 3          | 1%  | 0          | 0%  |
| Application to change appointee-ship   | 5          | 1%  | 1          | 0%  | 1          | 0%  |
| Referral to advocacy scheme            | 3          | 1%  | 1          | 0%  | 4          | 1%  |
| <b>Overall Total</b>                   | <b>465</b> |     | <b>495</b> |     | <b>452</b> |     |

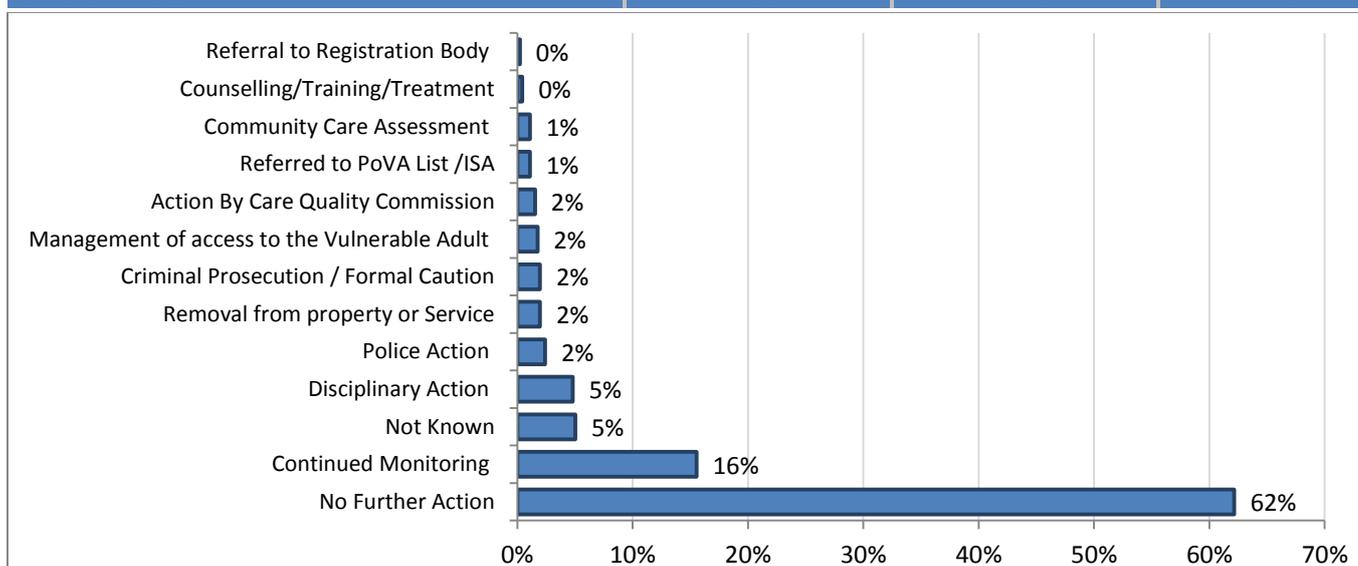


### Outcomes for Person Alleged to be Causing Harm

The proportion of cases where the outcome for the person alleged to be causing harm was 'No Further Action' remains high at 62%. This is largely expected due to the high proportion of unsubstantiated cases along with the possibility that the investigation itself is likely to have an impact on reducing or negating the risk of future abuse.

The most common action taken is 'Continued monitoring' with 16% of outcomes in 2014/15. All of the outcomes remain relatively static over all three years.

|                                              | 2012/13    |     | 2013/14    |     | 2014/15    |     |
|----------------------------------------------|------------|-----|------------|-----|------------|-----|
|                                              | Number     | %   | Number     | %   | Number     | %   |
| No Further Action                            | 273        | 59% | 265        | 54% | 284        | 62% |
| Continued Monitoring                         | 84         | 18% | 91         | 18% | 71         | 16% |
| Not Known                                    | 14         | 3%  | 35         | 7%  | 23         | 5%  |
| Disciplinary Action                          | 23         | 5%  | 22         | 4%  | 22         | 5%  |
| Police Action                                | 12         | 3%  | 18         | 4%  | 11         | 2%  |
| Removal from property or Service             | 11         | 2%  | 13         | 3%  | 9          | 2%  |
| Criminal Prosecution / Formal Caution        | 12         | 3%  | 11         | 2%  | 9          | 2%  |
| Management of access to the Vulnerable Adult | 7          | 2%  | 10         | 2%  | 8          | 2%  |
| Action By Care Quality Commission            | 0          | 0%  | 10         | 2%  | 7          | 2%  |
| Referred to PoVA List /ISA                   | 2          | 0%  | 9          | 2%  | 5          | 1%  |
| Community Care Assessment                    | 6          | 1%  | 5          | 1%  | 5          | 1%  |
| Counselling/Training/Treatment               | 4          | 1%  | 3          | 1%  | 2          | 0%  |
| Referral to Registration Body                | 6          | 1%  | 2          | 0%  | 1          | 0%  |
| Exoneration                                  | 3          | 1%  | 1          | 0%  | 0          | 0%  |
| Action by Contract Compliance                | 7          | 2%  | 0          | 0%  | 0          | 0%  |
| Action under Mental Health Act               | 1          | 0%  | 0          | 0%  | 0          | 0%  |
| <b>Overall Total</b>                         | <b>465</b> |     | <b>495</b> |     | <b>457</b> |     |

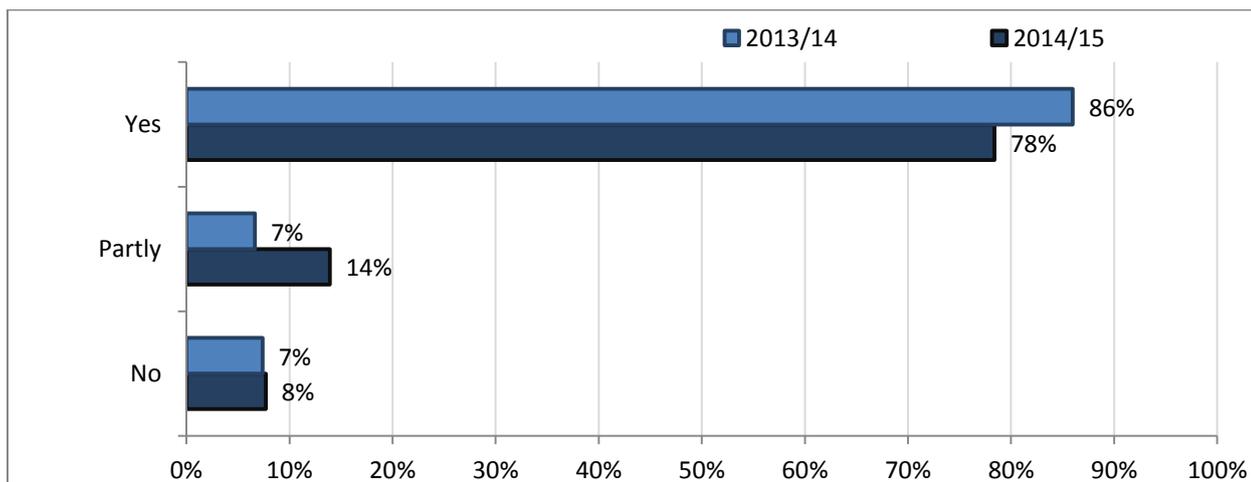


### Were the Expectations of the Adult at Risk Achieved?

The results show that in 92% of cases the person at risk of harm's outcomes are at least partly met. This result appears to be very good and shows that the large majority of safeguarding investigations result in a satisfactory outcome for the adults at risk.

However, it should be noted that 184 cases (40%) are not measured as the outcome was recorded as not applicable. Much of this is where the client is unaware of the safeguarding issue or unable to comprehend the fact that they were at risk. These cases have not been included when calculating the results and may require further investigation.

|                                    | 2013/14 |     | 2014/15 |     |
|------------------------------------|---------|-----|---------|-----|
|                                    | Number  | %   | Number  | %   |
| Yes, expectations were achieved    | 233     | 86% | 214     | 78% |
| Expectations were partly achieved  | 18      | 7%  | 38      | 14% |
| No, expectations were not achieved | 20      | 7%  | 21      | 8%  |
| Not applicable                     | 213     | -   | 184     | -   |
| Overall Total                      | 495     |     | 457     |     |



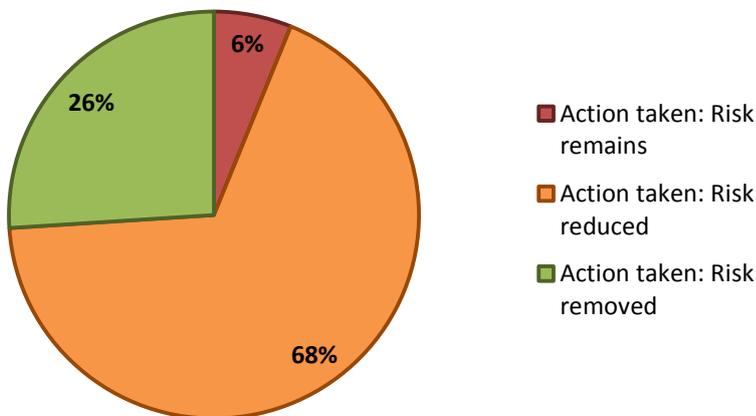
### Was the risk reduced or removed

This is a new indicator for 2014/15.

The result shows that in 94% of all cases where action is taken the risk is at least reduced with 26% of cases having the risk removed altogether. This is a very positive result and shows that safeguarding has been extremely effective.

However, it should be noted that in 56% of cases no action was taken under safeguarding which is primarily due to immediate steps already being taken by other parties, such as care homes, to remove the risk before the safeguarding investigation is completed.

|                            | 2014/15 |     |
|----------------------------|---------|-----|
|                            | Number  | %   |
| No action taken            | 250     | -   |
| Action taken: Risk remains | 12      | 6%  |
| Action taken: Risk reduced | 133     | 68% |
| Action taken: Risk removed | 51      | 26% |
| Overall Total              | 446     |     |



## Deprivation of Liberty Safeguards Summary

The Mental Capacity Act 2005 - Deprivation of Liberty Safeguards came into force in England and Wales in April 2009. The Safeguards provide legal protection for those vulnerable people who are, or may become, deprived of their liberty in a care home or hospital, within the meaning of Article 5 of the European Court of Human Rights, whether placed under public or private arrangements.

The Board monitors the numbers of DoLS referrals and authorisations so as to be assured Wolverhampton is meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards especially following the Supreme Judgement on 19th March 2014.

The number of DoLS requests received in 2014-15 is significantly higher than in previous years following the Supreme Court Judgement on 19th March 2014.

Due to a ten-fold increase, there are a high number of assessments and authorisations outstanding. All DoLS requests are screened and urgent requests, including those in hospital and those where there seems to be doubt or controversy, are prioritised. Cases where people are in a care home where they have been for some time and there is no controversy are not given a high priority. Additional resources have been allocated for 2015 to significantly reduce the number of unallocated requests for assessment.

| Year                 | 2011/12      | 2012/13      | 2013/14      | 2014/15       |
|----------------------|--------------|--------------|--------------|---------------|
| No. of new Referrals | 53 referrals | 74 referrals | 75 referrals | 427 referrals |

## **APPENDIX 3**

### **Wolverhampton Safeguarding Adult Boards Partner Organisations - Members & Their Representatives 2014/15**

Alan Coe – Independent Chair

Chief Supt Simon Hyde/DI Julie Woods — West Midlands Police

Tabetha Damon — Black Country Partnership NHS Foundation Trust

Manjeet Garcha – Wolverhampton Clinical Commissioning Group

Dawn Williams — Wolverhampton City Council, Head of Service Safeguarding & Quality

Sandra Ashton-Jones—Wolverhampton City Council, Adult Safeguarding and Quality Service

Lynne Fieldhouse/Jane O'Daly —Royal Wolverhampton Trust

Karen Samuels — Wolverhampton City Council, Safer Wolverhampton Partnership

Jamie-Ann Edwards/Jas Pejetta — West Midlands Probation Service

Mark Henderson — Wolverhampton Homes

Kathy Cole-Evans — Wolverhampton Domestic Violence Forum

Councillor Steve Evans — Wolverhampton City Council

Sarah Norman/Linda Sanders — Wolverhampton City Council, Strategic Director

Brian Pearce/Kate Houghton — West Midlands Fire Service

Andy Proctor — West Midlands Ambulance Service

Fiona Davis — Wolverhampton City Council, Legal Services

Trisha Haywood — Wolverhampton Branch, West Midlands Care Association

Anthony Ivko — Wolverhampton City Council, Service Director Older People

Susan Spencer — Age UK

Dr Miles Manley — Local Medical Council

Payal Patel – Care Quality Commission

Ros Jervis - Public Health

Maxine Bygrave – Wolverhampton Healthwatch

Stephen Dodd – YOW (Youth Organisations Wolverhampton)

Councillor Ian Claymore – Wolverhampton City Council