

Wolverhampton Safeguarding Adults Board

Annual Report 2013/2014



Wolverhampton Safeguarding Adults Board



Board Partners



Wolverhampton Homes



operating as Wolverhampton's Local Police & Crime Board

Staffordshire and
West Midlands
Probation Trust



WEST MIDLANDS FIRE SERVICE

The Royal Wolverhampton Hospitals **NHS**
NHS Trust



West Midlands Ambulance Service **NHS**
NHS Foundation Trust

NHS
Wolverhampton
Clinical Commissioning Group

Black Country Partnership **NHS**
NHS Foundation Trust



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Introduction

Welcome to the 2013/14 annual report of the Wolverhampton Safeguarding Adults Board. 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.

Although the stories of abuse and neglect that we see on our screens or read in the newspapers are depressing I believe that safeguarding adults is something the public are more aware of now than previously. The casual neglect and indifference of residents was for many years a hidden feature of institutional care. I suspect there is far less of it happening now but it is reported upon more.

It remains the job of Wolverhampton's Adult Safeguarding Board to make sure all the partner organisations work together to prevent abuse and also to protect people if they are harmed or exploited. The annual report tells you what has been achieved and what the plans are for the next 12 months.

In the past twelve months there have been substantial pressures on partnership working brought about in most instances by the contraction of public spending. There have been organisational changes affecting many agencies with a responsibility for adult safeguarding. Board membership has changed significantly which affects the continuity of our work as new managers take on new roles. Despite this I am delighted to say there are continuing signs of progress. There has been significant additional expenditure within West Midlands Police Service on adult safeguarding. Their new service with more trained experts in adult protection means that people at risk of significant harm will be supported by highly trained investigators who work in partnership with Council Social Care Services and the NHS. Finally, a major inspection of the Royal Wolverhampton Trust by the Care Quality Commission confirms generally high levels of care for the many patients of New Cross. All of this gives cause for some optimism but the challenges lead me to feel that we have not made as much progress as we all would have wished.

Nationally there continue to be scandals concerning the care of disabled and older people. There is more to do on staff training and picking up the early warning signs of poor care. Similarly there is more to do to protect the rights of those people who are so disabled and dependent that they cannot freely give informed consent to where and how they live. In the following pages you can learn more about what we are doing both separately and together to protect those people most at risk of being harmed. I welcome feedback and advice about what more we can do and how we can do it better.



A handwritten signature in black ink, which appears to read 'Alan Coe'.

Alan Coe - Independent Chair

Safeguarding Adults - Peer Review

In order to assess the effectiveness of the safeguarding adults arrangements in Wolverhampton and as part of a national programme of sector led improvement activity, the City Council invited the Local Government Association (LGA) to conduct a peer review of its safeguarding adults practices. The peer review team was made up of a number of experts from a variety of organisations from different parts of the country including an Elected Council Member, Senior Police Officer, Local Authority Adult Social Care Director and Health representative. The review which took place the week commencing 16th September 2013 highlighted a number of key strengths. The following are quotes from the feedback report which reflected positively on safeguarding arrangements;

- *Generally a positive picture with a key aspect being the strong partnership working arrangements in place based on good personal relationships;*
- *The Safeguarding Board is well led, the right partners are around the table and represented at the most appropriate level of seniority;*
- *The Safeguarding Board has a good understanding of its strengths and weaknesses and a well worked up action plan with clear priorities;*
- *Overall frontline practice seems to be good and is improving; and*
- *Wolverhampton Adults and Community's Directorate is well placed through its foundation on strong partnership working to make significant progress in the next 12 months.*

The review also provided some extremely helpful challenge and feedback in relation to **areas for development**; Detailed below are just a few of the headline recommendations from across the thematic areas:

Outcomes

- *Continue to move towards a change in focus from being process driven to being outcomes focused; and*
- *Review and evaluate the steps you have taken to include and respond to the voice of the user and carer in adult safeguarding.*

People's experience of safeguarding

- *Wolverhampton City Council website should be made more user friendly with regard to adult safeguarding; and*
- *Improve the timeliness of feedback and information to users and carers involved in safeguarding processes.*

Leadership

- *There is a need for development in members awareness, understanding and ownership of adult safeguarding;*
- *Review the political governance and scrutiny arrangements for adult safeguarding; and*
- *Ensure adult safeguarding is owned corporately.*

Service delivery & effective practice

- *The Safeguarding Board recognise training provision, delivery and evaluation is a priority for improvement; and*
- *Ensure effective information sharing across all areas.*

Working together – Safeguarding Adults Board

- *Focus on prevention and early intervention could be strengthened; and*
- *Maximise the opportunity for multi-agency training.*

An action plan was drawn up to help drive the areas identified as requiring development forward. The areas in the action plan were divided into 6 themes and these mirror closely the Priorities that the Board had already identified for the coming three years.

- Political and Corporate Governance
- Service User/Carers Voice and Experience
- Learning and development
- Think Family and Domestic Abuse Safeguarding
- Prevention and Early Intervention
- Social care and Health

The action plan was assigned to the respective leads/groups following its adoption by the Wolverhampton Safeguarding Adults Board. It was agreed that Community Directorate Management Team (CDMT) would own the action plan and receive quarterly updates on progress, which would also be shared with the Safeguarding Board. All actions have now been accepted by the respective leads/groups and progressed within respective work plans. The action plan continues to be scrutinised and evidence will be sought to ensure that activity of the plan has an impact on the outcome for service users.

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.

In October, the Children and Adult Safeguarding Boards had a joint awareness raising stand in the Wulfrun shopping centre, offering advice and information to members of the public, there have also been joint Domestic Violence and Forced Marriage Training sessions for both adult and children's services social workers, and two joint events for Faith groups and small voluntary organisations.

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. Previously, the Board endorsed five observers from governing bodies of member organisations to attend the open part of the Board meeting. This year due to organisational change in a number of partner agencies, we have said goodbye to several members and welcomed new people on to the Board.

The Board has four meetings per year; it also has one development event which usually takes place in March. This year there was also an extraordinary meeting to review the Board's priorities.

The development event this year focussed on reviewing and developing the Board's risk register aligning the risks to the new Board Priorities. The minutes of all the open part of the meetings can be found on the Councils' Safeguarding Adults webpage:

http://www2.wolverhampton.gov.uk/health_social_care_2/adult_social_care/protecting_vulnerable_adults/

It is expected that the work of the Board is reported back by members to their organisations using their internal governance structures.

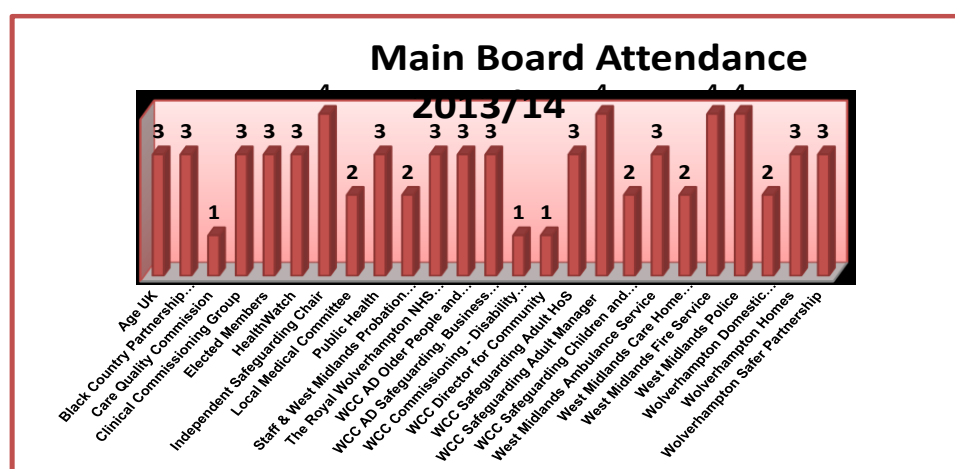
During the year the Government published the draft Care Bill. The Bill built on the finding of the Law Commission report and recommendations into the legal framework for adult social care

(including safeguarding). The Care Bill proposes, amongst other things, that Safeguarding Adults Boards (SAB) should be put on a statutory basis and to require Local Authorities to make (or cause to be made) enquires where an adult at risk in its area is or may be being subjected to abuse.

The new legislation will be implemented April 2015 but preparations are being made now on the main contents relating to adult safeguarding in order for us to be ready for the changes.

No Serious Case Reviews were requested or undertaken during 2013/14.

Attendance at Board meetings is detailed below.



Risk Register

In September 2013 the Board developed its first Risk Register; the Register identifies potential risks to the effective functioning of the Board and possible mitigating actions. Representatives of the Board attended a regional event to look at developing an agreed regional Board Risk Register, our model was felt to be an effective tool, it was adapted slightly and circulated across the West Midlands region as the suggested regional risk register tool.

At the Board development event in March, Board members looked at each of the Board's priorities and refreshed the Risk Register, this will be presented at the June 2014 Board and will then become a regular Board agenda item as the Risk Register needs to be a live document that is reviewed and updated on a regular basis. If you would like to view the Risk Register this is available on the following link:

<http://www.wolverhampton.gov.uk/article/2959/Safeguarding-Adults-Board-SAB>

How do we know if the Board is effective?

In 2013/14 the West Midlands adult safeguarding regional network developed an Annual Assurance document template. The Board adopted this Annual Assurance Tool in 2013 and agreed to use it in order for partners to undertake a self-audit to enable the Board to assess the effectiveness of local safeguarding arrangements.

This Partnership Annual Assurance document was developed based on the Department of Health's 6 key safeguarding principles (2011):-

- **Empowerment** - Presumption of person led decisions and informed consent
- **Protection** - Support and representation for those in greatest need
- **Prevention** - It is better to take action before harm occurs
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented
- **Partnership** - Local solutions through services working with their communities.
Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** - Accountability and transparency in delivering safeguarding.

This was the first time that the Partnership Self Audit tool was used in Wolverhampton. It provided partner agencies the opportunity to report on aspects of their safeguarding activity and also gave the Board opportunity for comment on areas of development

Response to Winterbourne View

The Safeguarding Board has received regular updates on progress made with regards to the local progress in relation to Transforming Care: A National Response to Winterbourne View Hospital

Winterbourne View, an independent hospital provided by Castlebeck Care, was featured in a Panorama documentary in 2011 and showed adults with learning disabilities and autism being assaulted and mistreated by staff. Initially brought to the attention of the TV programme makers by a whistle blower, an undercover reporter spent five weeks at Winterbourne View as a paid care worker and filmed his observations of systematic bullying, ill treatment and abuse of patients by staff.

All Local Authorities and Clinical Commissioning Groups were required to take action to transform the way services are commissioned and delivered to stop people being placed in hospital inappropriately, provide the right model of care, and drive up the quality of care and support for all people with behaviour that challenges.

This has included developing the register of people with learning disabilities and/or autism who are in NHS funded care. This register is being maintained within the Joint Commissioning Unit.

All of the people on this register have been reviewed jointly and in a manner which reflects best practice.

Further reviews were undertaken by the Community Learning Disability Team to ensure best practice with regards to the wider messages from Winterbourne - i.e. keeping people safe in services, particularly people in large-scale accommodation and people placed out of area. A

number of work streams have been developed out of this to ensure quality, to move people closer to home or into different environments where this has been appropriate.

The Board's Priorities 2013-16

In last year's Annual Report it was acknowledged that the working group structure was not as effective as the Board would like, attendance at the working groups had been inconsistent and at times problematic therefore early in this reporting year an extraordinary meeting was arranged to look at the Board's priorities and to consider possible alternative ways in which the Priorities could be delivered and who would be the most appropriate person to lead on each of the priorities. The meeting reviewed the progress made against the previous priorities and reviewed whether the priorities remained the same.

We recognised that the Board needed to support more innovative ways of implementing its priorities. This was due to the inconsistent attendance at working group meetings, in part caused by the reduction in capacity of many partner agencies as they struggle to do more with fewer resources, this includes doing more in partnership with other local Boards on a regional basis, getting more work done through time-limited Task and Finish groups, arranging virtual meetings and ensuring greater board leadership and oversight of the Board's work programme. It was agreed that each priority lead would report back to the Board during the coming year.

The Priorities for 2013-16 are: -

- **Priority One: Better Outcomes –**

Service User experience and involvement in safeguarding enquiries directs improved practice

- **Priority Two: Quality Assurance –**

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

- **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

- **Priority Four: Prevention-**

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

- **Priority Five: Communication and Engagement-**

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

- **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.

Summary of Board Progress against 2013-16 Board Priorities (Year 1)

Priority One: Better outcomes- Service User experience and involvement in safeguarding enquiries directs improved practice



(Priority Lead - Maxine Bygrave- Healthwatch)

Purpose:

- 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
- Ensure there are effective mechanisms for collating, analysing and responding to user feedback
- Ensure that we 'close the loop' by sharing how user feedback and experience has improved the way we work.

Achievements:

- We have clarified what needs to be done and agreed how it will be achieved. Our highest priority is 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.

Challenges:

- There was an initial challenge in gathering the level of information that partners collate following a review of the existing priority goals.
- WSAB partners hold a significant amount of information collated using existing user feedback mechanisms and there needs to be agreement on how this data can be used measure outcomes.

Priority Two: Quality Assurance- Ensure there are effective Multi-Agency Quality Assurance and Performance Management processes in place (Priority Lead- Susan C Marshall -Black Country Partnership Foundation Trust).

The Board agreed that this priority would be addressed on a regional basis by forming a Regional Black Country Quality Improvement Group; membership of the group was made up of safeguarding leads from Sandwell, Walsall, Wolverhampton and Dudley, police, health colleagues and chaired by representative from BCPFT.

Purpose:

- Develop multi-agency quality assurance process, including audits of shared cases, to ensure safeguarding practice is proportionate, effective and timely
- Explore feasibility of identifying adults whose circumstances may make them vulnerable to abuse
- Make sure that agency learning from the Domestic Homicide Review action plan is disseminated within WSAB Partner agencies
- 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.

Achievements:

- Review of both national and local serious case reviews; including domestic homicide reviews and the confidential Inquiry into the deaths of individuals with learning disabilities was undertaken to identify key trends and themes and identify any key actions for taking forward
- We are about to introduce a set of performance measures and will collate information for all partners on the board rather than just the Council.

Challenges:

- At the last meeting held at the end of January representatives were present from each of the four Local Authority areas and the police, concerns were raised about the lack of representation from other agencies invited, who span all four areas and who should be represented on the group
- Due to poor attendance at the group and the departure of the Chair it was decided that the regional group would no longer meet and this priority will be addressed locally from 2014. A new local Quality and Performance group has now been set up.

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.



(Priority Lead- Mark Henderson – Wolverhampton Homes).

Purpose:

- Develop a robust Wolverhampton Safeguarding Adult Board Information Sharing Protocol that all Partner Agencies are signed up to.
- Agencies will have clear governance of information sharing around safeguarding

- Support the implementation of the 'Trigger Points' protocol and processes for adults who make frequent calls upon multiple services.

Achievements:

- Draft Safeguarding Adults Information Sharing Protocol developed to be adopted at June 2014 Board
- Discussion with partners held to gauge and gather support for an early safeguarding alert system. A system will be developed during 2014/15 which will minimise the risk of partner agencies being unaware of others concerns i.e. removes the surprise factor
- Established Housing Providers forum across all social housing providers operating in city. Includes social media 'yammer' site. This may prove to be a model for other agencies to follow i.e. children's board, schools etc.

Challenges:

- Dissemination of systems to frontline officers within large agencies and buy in from senior executives in driving forward

More widely

- Continues impact of welfare reforms
- Increasing levels of vulnerability.

Priority 4 – Prevention and Early Intervention -There is a coherent inclusive approach by both Safeguarding Boards to community initiatives which protect disadvantaged groups.



(Priority Lead Karen Samuel – Wolverhampton Safety Partnership)

Purpose:

- The focus for this priority is to develop a strategic approach to earlier intervention and prevention to adult safeguarding to reduce risk of safeguarding activity. This will include arrangements to progress 'trigger thresholds' work across agencies to identify vulnerable adults at risk before safeguarding adults risk threshold is met. It will also involve strengthening links to Public Health and extend use of the Joint Strategic Needs Assessment to inform strategic planning for adult safeguarding.

Achievements:

- An audit across partners is being undertaken to identify current prevention and early intervention provision across the city. Information from the annual assurance statement is being used to inform this picture.
- Potential indicators to monitor progress have been identified – these will be finalised following completion of the plan.

- Triggers work is being progressed through Priority 3 of the Priorities Action Plan with Mark Henderson as Lead; an update on the progress of this has been obtained.
- Information from the Joint Strategic Needs Assessment (JSNA) has been identified which could assist with safeguarding Prevention work. Public Health has been asked to assist with development and implementation of the resulting action plan.

Challenges:

- The shifting local infrastructure is likely to present some challenges in understanding what provision is in place and how services fit together; as many services are in the middle of significant change, it's unlikely the audit, when completed, will provide the clarity needed to shape our action plan.
- Taking account of the point above, the action plan will need to be subject to regular review to ensure it remains reflective of changing services and practice.
- Increasing demands placed on partners may result in some difficulties drawing together this initial picture and with securing and maintaining the required involvement of partners with shaping the action plan.
- The triggers threshold work will require an agreed IT platform through which partner data can be cross-referenced; there are likely to be some barriers across organisations about the introduction of an 'additional' system over and above those already in use.

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.



(Priority Lead- Stephen Dodd - Youth Organisations Wolverhampton (YOW)).

Purpose:

- Public/community groups are more aware of how to raise a concern
- Public/community groups are more aware of help and support available
- Public/community groups have more confidence in support available
- Public/community groups are more aware of safeguarding issues publicised
- Public/community groups are more engaged with safeguarding adults and children
- Information is more accessible and accessed more
- Safeguarding messages are more evidence - / need-based.

Achievements:

- Established a committed task and finish group with good representation
- Partnership working across both Adult and Children Boards
- Present at a Multi- Faith "Forgiveness" event raising awareness of safeguarding

- Delivered “Safeguarding in Faith” sessions, listening to faith groups and how we can all keep vulnerable people safe
- Delivered session on the changes to Disclosure & Barring Service (DBS) to faith groups and small voluntary organisations.

Challenges:

- It has been a challenge adapting to change and fewer resources within organisations
- Recognising that the focus needs to be realistic and not overly ambitious.

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



(Priority Lead- Lynne Fieldhouse- Royal Wolverhampton Trust).

Purpose:

- Adults can have confidence that processes have been followed to ensure where possible staff and volunteers pose no risk of harm
- Adults can have confidence that staff and volunteers are appropriately trained and skilled.

Achievements:

- Safeguarding Awareness training delivered to all staff and volunteers and opportunities are available to develop enhanced skills for those with specific role/responsibilities
- The organisations are assured that staff and volunteers have the required safeguarding competencies for their role
- Employers have robust procedures in place to ensure that all staff and volunteers are safely recruited so that unsuitable people are prevented from working with adults at risk
- The roles, responsibilities and lines of accountability of Organisations are clear so that staff understand what is expected of them and others.

This 3 year planned approach will on completion ensure the Board's workforce development framework is fully implemented by partner agencies and ensure the workforce of all partner agencies have undergone safe and robust recruitment processes and understand safeguarding issues as they relate to their role.

Drivers for this priority include:

- Statement of government policy on adult safeguarding 16/5/11 Principles Protection, Prevention, Accountability
- Care Quality Commission Outcome 7 - Safeguarding people who use services from abuse
- Care Quality Commission Outcome 12 – Suitability of staffing
- WSAB Workforce Development Adult Safeguarding Framework
- Helping employers make safer recruiting decisions. Govt. doc 2013.

Year 1 - 2013 Progress:

- Partner organisations/employers have a training plan/strategy/framework for their staff and volunteers
- Compliance to local training plans is monitored
- Training activity/risks are reported to Board via performance dashboard/exception reporting.



Case Study

Mrs X is an 80 year old woman who lives with her son Z in rented accommodation. Mrs X and Z are joint tenants. Mrs X is frail, has some mobility issues but independently manages her own personal care needs. Z has mental health needs and has some dependency on alcohol.

Mrs X presented at her GP surgery with facial injuries and alleged that her son had physically assaulted her. The GP was aware that there had been previous history of domestic abuse.

The GP raised a safeguarding alert and Mrs X also agreed to make a complaint to the Police. Mrs X agreed to emergency respite as a place of safety whilst she considered her longer term options. Halfway through the 2 week respite, Mrs X decided that she wanted to return home as she was missing her son. She also decided to withdraw her witness statement to the Police. All options available such as a Non-Molestation Order were explained and refused by Mrs X.

Mrs X was deemed to have the mental capacity to make decisions around her accommodation and keeping herself safe. She was able to identify and weigh up the risks to her safety in returning home. She did agree to a Protection Plan being put in place in order to minimise the risks of future harm.

The case was referred to Multi Agency Risk Assessment Conference and an urgent safeguarding case conference was arranged, Mrs X attended. The meeting was also attended by representatives from the Police, Mental Health Trust, Community Psychiatric Nurse and social workers from the Community Mental Health Team and the older person's team.

At the Case Conference, a Protection Plan was agreed and consisted of Police reassurance visits three times weekly, a SIG marker on the address so further calls to the Police would be treated as priority, weekly social work visits, telephone calls and opportunities to explore alternative accommodation. Z agreed to a forensic risk assessment and support in respect of his mental health needs and alcohol dependency. Z stated that at times he wanted to kill his mother. Z was referred for Anger Management. A Carelink alarm was put in place, and there was further exploration of day centre opportunities and further discussion regarding change of accommodation. Both parties agreed that one of them needed to move out but neither of them wanted it to be them.

Mrs X has been supported in viewing alternative accommodation types; sheltered and very sheltered housing and 24 hour residential accommodation. She has declined all these and also day care opportunities.

With the support and collaborative joint working of the two teams (Community Mental Health Team under 65 and Adult Care Team) Z's mental health is now stable and there have been less altercations. The level of risk of harm has now been reassessed as medium and some of the safeguards such as the Police visits have ceased.

The risks remain but they are balanced with Mrs X's capacitated desire to remain at home in the company of her son. The case remains open with a live Protection Plan and on-going case management.

Partner Achievements 2013/14

Wolverhampton Homes



Mark Henderson

: - What outcomes were set for the past year?

- To review adult safeguarding procedure by Quarter 4, 2014
- To provide awareness-raising sessions regarding safeguarding to all front line staff by Quarter 3 2013
- To develop a Housing Provider Safeguarding Group by Quarter 4, 2014
- Recruitment to Mental Health Support Officer (as part of Families in Focus Programme)
- Review of Tackling Domestic Violence procedure by Q3 2013
- Embed new working arrangements for Anti -Social Behaviour Team (WCC/ WH)
- Ensure Domestic Homicide Review/Serious Case Review reports are carried out efficiently and the opportunity to learn from such cases is not lost
- Attendance at Multi Agency Risk Assessment Conference.

To what extent were these outcomes achieved?

- Procedure reviewed Q3, 2013/14
- Awareness-raising safeguarding sessions rolled out (see below) Q3, 2013/14
- Meetings held to discuss the development of the Housing Provider Safeguarding Group – currently looking at the format of meetings to decide on best way to develop this initiative
- Recruitment to Mental Health Support Officer pending (Q2, 2014/15)
- Review of Domestic Violence procedure completed Q3, 2013/14.

What are the priorities going forward?

- Further promotion / awareness raising among staff of procedures. To this end we are holding a Focus Group on 11 June with staff from across the company to discuss their perception of the current arrangements and how we can make sure that where issues are identified they are responded to appropriately
- Further work around the development of the Housing Providers Safeguarding Group
- Review of Anti -Social Behaviour Team

- Awareness of issues for Lesbian Gay Transgender Bisexual (LGTB) community / staff
- Information for tenants around staff responsibility to identify and report any safeguarding issues they may come across as part of their work.

Training:

What training has been provided to staff?

Staff who have face to face contact with the public are trained to recognise abuse and how to report it. Dementia awareness raising sessions 2013 was also delivered to frontline staff.

281 front line staff attended the safeguarding awareness training 2013/14.

Is Safeguarding Adults training included as part of the new staff induction?

Reference is made to safeguarding during the induction programme for all new staff. It is not what could be called 'training' but it does highlight the responsibility staff have in this matter.

Is Domestic Violence, Forced Marriage and Honour Based Violence training delivered to staff?

How many people received this training during 2013/14?

Wolverhampton Homes delivered domestic violence training to staff in 2012/13.

How is this training audited to ensure awareness and understanding of staff?

- Number of referrals made and number reported on a regular basis in the equalities section of the Business Improvement Committee
- Training needs identified with each member of staff via 1-2-1's and yearly appraisal.

Service User Experience:

What information is available to service users regarding the safeguarding process?

There is a Web page outlining what anyone should do if they have concerns around safeguarding of adults. Following recent discussions had about safeguarding and raising the profile of this issue it has been agreed that we need to put information out to tenants about how we deal with issues and what staff have a responsibility to do. This has arisen due to a specific case we have dealt with recently what has given us the opportunity to look at the information we currently put out and led us to deciding it was not sufficient.

How do service users give feedback regarding safeguarding processes?

Generally, service users haven't given any feedback. However, the case referred to above has highlighted a gap in information we give to tenants about what we ask staff to do in terms of safeguarding. This has led to us deciding we need to do more awareness raising. This may lead to service users giving more feedback.

West Midlands Police



Tess Beckett

West Midlands Police are committed to engaging with our partners, providing a joint approach to safeguarding.

Achievements regarding Safeguarding Adults:

What outcomes were set for the past year?

- Development of a Vulnerable Adult Hub as a more effective way of receiving information about adults who may be at risk and acting upon it.

To what extent were these outcomes achieved?

- In January 2013 West Midlands Police responded to the National concern of vulnerable adult abuse by piloting a six month Vulnerable Adult hub a dedicated team of officers covering the Black Country. The pilot was continually reviewed; West Midlands Police and partners deemed the hub to be best practice. The hub offered a single point of contact to respond to referrals from our partners, primary investigations were completed. Due to staffing issues investigations were then passed to Local public protection teams to develop
- The hub has grown over the past 12 months; in September 2013 Birmingham local authority joined the workings of the hub with Solihull and Coventry joining in February 2014. The Vulnerable adult hub is now a force hub based at Sandwell. The team consist of 14 experienced Police Officers and four members of business support supervised by Detective Inspector Tess Beckett
- Service transformation review has been completed across the Force over the past 11 months. The staffing levels for public protection has almost doubled from 480 to 800. This change process will begin on 2/6/14 with experienced Police officers moving into public protection. The team will work 7 days a week 0800 – 2000 proving an excellent service to our most vulnerable members of the community
- The team have responsibility for all Vulnerable Adult Abuse and will retain all investigations under the public protection remit; incidents were previously passed to local officers once the primary investigations were completed. West Midlands Police can now provide continuity for victims with experienced vulnerable abuse officers responding to calls for service
- West Midlands Police are the only force in the country to have a dedicated vulnerable adult team; we have been approached by a number of other forces to see our best practice.

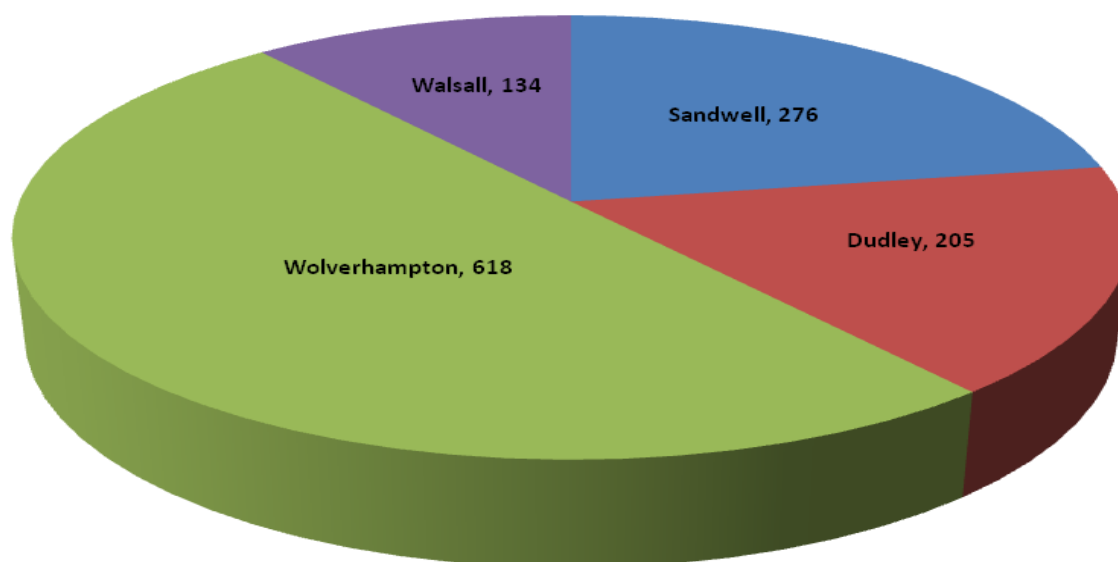
Training:

- West Midlands Police have completed the following training during this review period, all Sergeants and Inspectors across the force regardless of role have received a full days training in Vulnerable Adult Abuse, Honour Based Violence, Female Genital Mutilation, Human Trafficking, Child Sexual Exploitation, Child Protection
- All West Midlands Police officers have received mandatory training in Victims code, Child Sexual Exploitation, human trafficking, child protection, and new domestic violence procedures
- All frontline officers have received information about the hub, how to signpost and minimum standards of guidance training surrounding Vulnerable adult abuse
- In addition all vulnerable adult team officers have received training from the office of public guardian, The crown prosecution service, coroner's officers and have attended multi agency training on Domestic violence, Serious case reviews, Child Sexual Exploitation, Female Genital Mutilation, financial abuse and Winterbourne view
- During the past 12 months West Midlands Police have also completed Operation Sentinel, which focused on a different Public protection issue each month, offering training to partners and focusing on the victim's perspective
- Magistrates in the borough have been trained on the new domestic violence policy, bail offender management implications, domestic homicide review procedures and domestic violence protection orders
- West Midlands Police supervisors are required to dip sample incidents to seek the views of victims in how their incident was investigated and how we could improve with our service.

There have been 618 referrals that have been received from Wolverhampton that passed the threshold to be sent to the Police. The types of abuse being referred are physical, financial, sexual emotional and include S44 offences. The high level of referrals are evidence of increased awareness of adult safeguarding in the city.



VULNERABLE ADULT HUB REFERRALS - 01/04/13 TO 31/03/14



Royal Wolverhampton NHS Trust (RWT)



Lynne Fieldhouse

Achievements regarding safeguarding adults:

What outcomes were set for the past year?

- 1) The post of an independent domestic violence advisor (IDVA) which is externally funded was filled in October 2012 for a period of one year. The post holder is based in the Emergency Department receives Trust -wide referrals and undertakes an educational/awareness raising role across the Trust. The service has been well received.
- 2) Adult safeguarding training has been delivered by an independent training provider to staff. Staff have also received PREVENT training which is part of the Government's counter terrorism strategy. (PREVENT is 1 of the 4 elements of CONTEST, the government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism.)

- 3) Dignity Champions have been established across the organisation with a defined role. These have been established and their work contribution will be on-going.

To what extent were these outcomes achieved?

- 1) Having an Independent Domestic Violence Advisor (IDVA) was a 1 year pilot and this concluded October 2013, due to its success temporary funding was extended to end of May 2014.

The main aims of the project have been;

- To provide a main point of contact for domestic violence victims for crisis intervention and signposting
- To develop a referral system
- To raise awareness with healthcare staff and represent the Trust at Multi Agency Risk Assessment Conference (MARAC).

The success of the pilot and the perceived benefit to patients, families and staff has resulted in the Trust investing and recruiting to a substantive Independent Domestic Violence Advisor post.

- 2) The Trust has 7 accredited PREVENT trainers and has delivered training to 1,200 staff since May 2013. The training is mandated for new starters to the Trust.

Safeguarding Adults training as of March 2014:

- 99% compliance for 6,500 staff for basic awareness [level 1] training
- 78% compliance for 46 staff requiring level 2 training
- 70% compliance for the 13 staff requiring level 3 training
- An independent trainer was commissioned to deliver the level 2 & 3 training.

- 3) This has progressed with over 40 Champions identified who meet monthly. They present to communication forums and the Dignity agenda will form part of the Trust's service improvement agenda through a creating best practice work stream.

What are the priorities going forward?

1. To implement the training toolkit for PREVENT as outlined in the NHS Standard contract for 2013/14
2. To improve the care given in acute and community general settings to Learning Disability patients through education and clinical referral system
3. To improve the governance of data capture for safeguarding incidents in respect of compliance to the West Midlands Strategy and thematic analysis to influence care delivery
4. To incorporate the pertinent remedial actions identified by the Peer Challenge in September 2013 into the work schedule of the RWT Safeguarding Adult Group.

Training:

What training has been provided to staff?

- 99% compliance for 6,500 staff for awareness [level 1] training
- 78% compliance for 46 staff requiring level 2 training
- 70% compliance for the 13 staff requiring level 3 training.

Safeguarding Adults training is included as part of the new staff induction and 500 people have received Domestic Violence, Forced Marriage and Honour Based Violence.

Measures of success equal a reduction in inappropriate alerts for adult safeguarding, an increase in referrals to the Independent Domestic Violence advisor.

Service User experience:

What information is available to service users regarding the safeguarding process?

Leaflets including easy read available at clinic /ward level and at our patient information centres.

How do service users give feedback regarding safeguarding processes?

Non-specifically for the organisation but would be part of multi-agency feedback/user experience.

Black Country Partnership Foundation Trust

Achievements regarding safeguarding adults:

What outcomes were set for the past year?

- Review delivery of adult safeguarding training
- Ensure appropriate and additional resources within Adult safeguarding team
- Improve systems for recording Adult Safeguarding alerts
- Review policies and procedures
- Establish a Safeguarding Adults Committee
- Report Quarterly to Executive Board
- Develop methods to capture service user's experience of adult safeguarding.

To what extent were these outcomes achieved?

- Training plan in place. Adult safeguarding awareness at Induction. Mandatory training for all staff annually. Adult Safeguarding Training is delivered on a 3 year cycle to frontline staff
- Head of Adult Safeguarding recruited June 2013 and Lead Practitioner post recruited July 2013. Adult Safeguarding team now has 3 Whole Time Equivalent posts
- Incident Reporting System (DATIX) now used to capture Adult Safeguarding alerts. On-going development including staff training on system in place
- Policies and procedures for, Domestic Violence, Did Not Attend and Adult Safeguarding reviewed. West Midlands Policy and Procedures adopted as overarching policy for Adult Safeguarding
- Adult Safeguarding Forum terms of reference reviewed. Meets bi –monthly and reports to newly established Joint Children's and Adults safeguarding Committee
- Quarterly reports to Executive Committee now in place with first report in Quarter 4
- Capturing service user's experience of Adult Safeguarding remains an area for development internally though BCPFT has contributed through partnership working.

What are the priorities going forward?

- Development of workforce through training and awareness raising
- Building on Prevention strategy
- Capturing service user experience of Adult Safeguarding
- Deprivation of Liberty Supreme Court Judgement

- Improve partnership working local, regional and nationally
- Impact of Social Care Bill.

Training:

What training has been provided to staff?

- Adult Safeguarding awareness at Staff induction
- Adult Safeguarding level 1, Mandatory basic awareness training for all staff
- Adult Safeguarding level 2 training for staff who may be involved in raising an alert
- Adult Safeguarding level 3 training for staff who may manage the process
- PREVENT- Counter Terrorism.

Other awareness raising events have been provided by our local authority partners and staffs are encouraged to attend through advertising of events. For example:

- Domestic Violence
- Female Genital Mutilation
- Hate Crime.

Have all public facing staff completed Safeguarding Adults training / refresher training as required?
How many people received this training during 2013/14?

All staff attends mandatory training annually and attendance target is 95%.

Safeguarding Adults training is included as part of the new staff induction. Approximately 500 people have received Domestic Violence, Forced Marriage and Honour Based Violence training during 2013/14.

How is this training audited to ensure awareness and understanding of staff?

Measures of success equal a reduction in inappropriate alerts for adult safeguarding, an increase in referrals to the Independent Domestic Violence advisor.

Awareness raising is included in mandatory training and attendance was 88.9% of workforce as of March 2014.

How is this training audited to ensure awareness and understanding of staff?

Attendance records
Training evaluation feedback forms
Clinical supervision.

Service User experience:

What information is available to service users regarding the safeguarding process?

Trust website.
Local authority website.

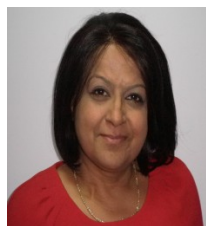
Posters and leaflets in clinical areas.

How do service users give feedback regarding safeguarding processes?

BCPFT takes patient experience very seriously and collects and monitors feedback from service users and carers about their experiences of their care. BCPFT recognises that capturing specific adult safeguarding is a priority for 2014/15

BCPFT is committed to working in partnership with the Adult Board to capturing and evaluating service user experience of Adult Safeguarding.

Wolverhampton Clinical Commissioning Group (CCG)



Manjeet Garcha

Achievements regarding safeguarding adults:

What outcomes were set for the past year?

CCG will meet its statutory requirements in

- Executive lead for safeguarding
- Named GP for adults safeguarding
- LMC lead for adults safeguarding
- CCG membership at WSAB
- CCG lead for key work streams to forge engagement, accountability and embed WSAB work into stakeholder core business
- Promote city wide safeguarding policy
- Complete education and training for GPs at Team W events with on- going events planned
- Strengthen safeguarding governance at CCG with clear reporting schedules and align with WSAB priorities
- Increase understanding of CCG role for MCA/DoLS

To what extent were these outcomes achieved?

The CCG has worked hard to achieve all of the above and adults safeguarding remains a key strategic priority for safeguarding all services we commission.

What are the priorities going forward?

Continue to strengthen, work closer with the Local Authority to ensure new responsibilities assigned due to Care Bill 2014 are met.

Training:

What training has been provided to staff?

CCG contracted providers have a statutory responsibility to provide training for all staff, these are monitored via the contract meetings and no breach has been reported.

Is Safeguarding Adults training included as part of the new staff induction?

All provider induction training for new staff is inclusive.

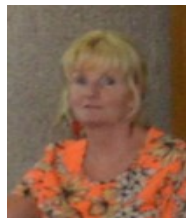
CCG funds a domestic violence support officer post, based in A&E. Audits are undertaken to review effectiveness of post. On merit of excellent work undertaken last year, referrals to MARAC and admissions avoidance another one full year has been funded.

Service User Experience:

What information is available to service users regarding the safeguarding process?

Safeguarding is now a standing agenda item on all locality and patient participation group meetings. I am awaiting the receipt of the new leaflets to distribute out across the City's practice participation groups, but members of public are sharing GP and safeguarding contact numbers.

West Midlands Care Association (WMCA)



Trisha Haywood

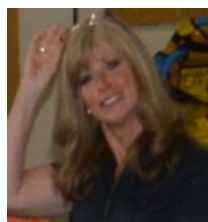
During the past year Adult Safeguarding has been high on the agenda in our Association meetings. Nearly every meeting has had a speaker to address changes in procedures, the responsibility of the individual home, thresholds for referral, procedure for reporting and how to investigate a safeguarding case. Homes feel comfortable communicating with the safeguarding team for advice and guidance.

Training continues to be a key aspect for all staff and we are looking forward to the launch of the new Safeguarding Adults training DVD.

The West Midlands Care Association (WMCA) has a representative on the Board who disseminates all information to the meetings and has attended board training, also took an active role in the Peer Review of Safeguarding arrangements in Wolverhampton.

WMCA is committed to working in partnership with the Safeguarding Board to ensure homes have timely access to all information training and guidance.

Wolverhampton Domestic Forum



Kathy Cole-Evans

Wolverhampton Domestic Violence Forum (WDVF) is an independent company and charity, and a membership organisation that over the last 20 years has brought together around 50-60 partner agencies to develop strategies and action plans to deal effectively with domestic violence in Wolverhampton. More recently, in line with the Government's Violence against Women and Girls Strategy and Action Plan, WDVF's multi-agency Executive Board agreed to extend its area of influence to develop local strategy work around sexual violence, forced marriage, honour based violence, and female genital mutilation, alongside domestic violence.

WDVF's priority areas of work include contributions towards statutory functions and city strategy priorities that are shown in the table below, all of which contribute to Wolverhampton's Violence against Women and Girls Strategy's outcomes which are:

Outcome 1: To reduce serious harm resulting from 'violence against women and girls' subject areas including homicide prevention

Outcome 2: To reduce the prevalence of 'violence against women and girls'

Outcome 3: To reduce the rate of repeat incidents for domestic violence

Outcome 4: To increase the rate of 'violence against women and girls' subject areas offences brought to justice.

WDVF priority areas of work	Outcomes	Comments
Developing & performance managing successive Wolverhampton Violence Against Women & Girls Strategy (VAWG) & Action Plans	Outcomes 1 - 4. Statutory function that enables multi-agency delivery against VAWG which is one of Safer Wolverhampton Partnership (SWP) Board's priority areas.	WDVF leads on VAWG at SWP Board and structures.
Domestic Homicide Reviews (DHR)	Outcome 1 Statutory function Home Office guidance-DV Forum should provide	WDVF provides independent challenge at DHR panels. WDVF is taking the chair for Wolverhampton's Standing DHR Panel. WDVF also leads on specific DHR

	independent challenge at DHR panels.	strategic recommendations on behalf of SWP WDVF contributes to DHR research.
Contribution to earlier intervention and safeguarding work for children and adults	Outcomes 1, 2 & 3 - City Strategy priorities to prevent serious harm /homicide, and reduction of looked after children.	WDVF's co-located team work jointly screening cases where children and pregnant women are identified, and twice weekly crisis intervention meetings of high risk of serious harm/homicide cases between fortnightly MARAC meetings.
VAWG training and awareness raising	Outcomes 1 - 4	- Delivering 1/4ly Safeguarding Board DV & VAWG training - Training on VAWG and the DASHH risk assessment model, e.g. to Adult & Children Social Workers, Housing Officers, West Midlands Police, Magistrates, etc.
Undertaking the governance of Multi-Agency Risk Assessment Conferences (MARAC)	Outcomes 1 & 4	- WDVF Executive Board has recently picked up MARAC governance to continuously improve MARAC arrangements in line with best practice and our recent self- assessment audit -WDVF has recently had some funding returned from WMP and is recruiting a MARAC Coordinator to focus on these improvements.
Awareness raising and institutional advocacy of violence against women and girls' issues and the coordinated community response model.	Outcomes 1-4.	-Institutional advocacy and participation at regional and local boards, scrutiny panels, strategic meetings, e.g. (Stephen Rimmer's) Strategic West Midlands DV Board, West Midlands CPS Scrutiny Panels, West Midlands CJ Board's Victim, Witness & DV Delivery Board and Black Country Area Delivery Group. - Developing and contributing to the development of strategic documents, policies, procedures, e.g. Wolverhampton's Over-arching DV Protocol, Wolverhampton VAWG Strategy & Action Plan, Wolverhampton's Forced Marriage Guidance Protocol - Institutional advocacy through

		examination of data across systems and organisations, e.g. the attrition rate and outcomes through the criminal justice system.
Developing and piloting recognised good practice	Outcomes 1-4	<p>Egs. - Investing in a pilot Independent Health DV Adviser at A&E, which is now being mainstreamed by the Royal Wolverhampton NHS Trust</p> <ul style="list-style-type: none"> - Continued employment of an Independent Criminal Justice DV Adviser through SWP funding - Continued employment of an Independent Sexual Violence Adviser through WDVf funding - Development of a pilot community based perpetrator programme through external foundation trust funding and WDVf reserves funding, but which needs sustaining - Chairing Specialist DV Court Steering Group
Contributing to developing work	Outcomes 1-4	<p>Egs. – Participating at West Midlands Police Domestic Abuse Offender Management Group to develop good practice and risk management around prolific and priority DV offenders/perpetrators aligned with MARAC and other arrangements</p> <ul style="list-style-type: none"> - Families in Focus Board - Families r First Steering Group, etc.

Challenges to and Progress with WDVf's work

The primary challenge to which WDVf is exposed is that the security of its core funding is currently under threat.

Over the last 2 years in addition to WDVf's statutory and city priority work, this mainline core funding has facilitated WDVf attracting a further £251k income from other local partnerships for example the Safer Wolverhampton Partnership, from external foundation trusts, and from other fund-raising activities and donations. This additional funding has enabled WDVf to re-invest in services such as a setting up and providing a community based perpetrator programme over the last 2 years, continuing to employ independent advocacy services through the criminal justice

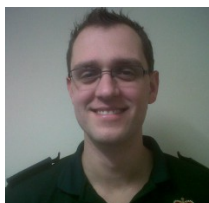
system for both domestic and sexual violence victims, employing and piloting an independent advocacy and training service at A&E, recruiting a MARAC Coordinator to drive best practice improvements in our safeguarding of victims at highest risk of serious harm and homicide, and other awareness raising activities, amongst a range of additional interventions without the Council's mainline core funding, it is highly likely that WDVf would not survive as an independent organisation, and in addition to the cost-effective work that it coordinates being lost, all the additional funding that WDVf attracts and re-invests would also cease to be in place.

As part of WDVf's management of the current reduced level of core funding, WDVf has recently been offered and accepted accommodation by and alongside Children's Social Care Duty Referral hub in the Civic Centre, and will provide specialist VAWG and DASHH risk assessment training to Social Care staff to assist in developing their new model of working.

Maintaining and marketing WDVf's independent status is acknowledged as an important element of WDVf's ongoing work since although based alongside Children's Social Care, it is imperative that WDVf maintains its independent status and its ability and need to provide challenge.

The Forum also contributes to the city strategy priorities. In particular in relation to domestic violence the most significant aspects of our activity are coordinating support, care, protection and safeguarding of the most vulnerable children and adults to improve their life chances, and providing support that enables people to be independent and seeking work in order to build their resilience and make them economically active. WDVf contributes to this priority area through its continuing development of a co-located multi-agency team that includes the Forum's Strategy Coordinator providing strategy and performance management, criminal justice Independent DV Adviser, Independent Sexual Violence Adviser, and seconded staff including a full time crisis intervention Independent DV Adviser from the Haven, and part time staff including a Senior Housing Officer, Adult Protection Police Officer, Child Protection Police Officer, Children's Social Worker, and Safeguarding Children's Nurse. Similarly for adults at high risk of serious harm and homicide, WDVf hosts twice weekly crisis intervention and safety planning meetings in between fortnightly MARAC meetings where the Independent DV Advisers and SV Adviser meet with Police and Housing staff to take the necessary steps to reduce the risks associated with these cases.

West Midlands Fire Service



Andy Proctor

Achievements regarding safeguarding adults:

What outcomes were set for the past year?

Ensure safeguarding of identified people at risk by satisfying statutory responsibilities for safeguarding children, young people and adults.

Personnel will receive safeguarding training for adults and children.

Personnel will receive Extremism and Terrorism awareness training.

Safeguarding alerts initiated by West Midlands Fire Service personnel

Representation on Safeguarding structures.

To what extent were these outcomes achieved?

All staff had awareness training around Adult and Child Safeguarding.

Safeguarding alerts successfully carried out including attendance at Serious Case Reviews.

Invitation and attendance at Safeguarding Boards across Black Country North.

What are the priorities going forward?

Further in depth awareness training of Adult and Child Safeguarding.

Training:

What training has been provided to staff?

Basic Awareness of safeguarding

Have all public facing staff completed Safeguarding Adults training / refresher training as required?
How many people received this training during 2013/14?

All Watches have either received or are booked to receive safeguarding training.

For all employees in the Vulnerable Person Officer Role they must receive this training before undertaking visits.

Safeguarding Adults training is not included as part of the new staff induction?

Domestic Violence, Forced Marriage and Honour Based Violence is not routinely training delivered to staff, certain watches do undertake ad hoc training in these areas. Training audited to ensure awareness and understanding of staff by staff completing a Questionnaire provided post training to test learning?

Wolverhampton City Council

Many parts of the council contribute towards helping adults who may be at risk of harm keep safe. This includes services as diverse as Trading Standards, the Council's workforce development services through to social work operational teams who undertake direct enquiries sometimes jointly with the Police when a concern about abuse is received. In April 2013 Public Health moved across to the City Council, and the Safeguarding service now sits under Public Health.

Public Health



Ros Jervis

Achievements regarding safeguarding adults:

What outcomes were set for the past year?

A priority for review was safeguarding pathways for adult drug and alcohol users. In 2013/ 14 the public health commissioning team worked with the new drug and alcohol provider, Recovery Near You [RNY] to build safeguarding pathways, policies and responses with regards to the new service model.

Recovery Near You report that;

- Staff are delivering a quality service to service users and have an understanding of the needs of vulnerable adults and the need to safeguard them. This is monitored through 1:1 and professionally facilitated group supervision
- Most of the staff within RNY were subject to TUPE from existing services within the city and all had come with experience, training and knowledge of adult safeguarding
- The main priorities for the service have been with pregnant service users; those experiencing mental health issues, dual diagnosis, domestic abuse and other vulnerabilities relating to their substance misuse i.e. homelessness or parenting concerns.

To what extent were these outcomes achieved?

- The focus of the service is such that all of the above issues present on an almost daily basis. The outcomes for RNY are around ensuring robust pathways are developed, implemented and followed. The maternity pathway has been recently amended and is being followed by all services within maternity and RNY. Mental health and dual diagnosis pathways have been drawn up and are there in principle. Additional work is being done with mental health leads.

What are the priorities going forward?

- Priorities for RNY are to ensure pathways within mental health are robust and being followed. Meetings are now set between leads of each service on a weekly basis and sharing information, good practice at team meetings is key.
- RNY has monthly designated safeguarding key worker lead meetings with the interim safeguarding manager and service manager to discuss those service users who have safeguarding, maternity and domestic abuse issues and what action is being taken.
- Priorities are to explore what can be done to achieve better outcomes for families and individuals. Weekly meetings take place with managers and staff to discuss those particular

service users who are high risk. This is so action plans can be set and maintained around risk issues and how other services may need to be involved. As a result multi-disciplinary teams are organised so that staff sit together and plan a joint working process.

Training:

What training has been provided to staff?

- Training around adult safeguarding has taken place with the NHS staff team. During their induction to the Birmingham and Solihull Mental Health NHS FT [BSMHFT] staff received this training. The remaining staff will be allocated on to this training either via the local safeguarding or via BSMHFT. This is currently been requested and RNY are awaiting confirmation of dates.

Have all public facing staff completed Safeguarding Adults training / refresher training as required?
How many people received this training during 2013/14?

- No, this has not happened. There have been a number of competing priorities for RNY and they have focused on child safeguarding as a service. Adult safeguarding will be a focused piece of work ensuring staff are trained and have refresher training.

Is Safeguarding Adults training included as part of the new staff induction?

- All new staff has access to a range of training for the 3 partnership organisations. Nacro provide a number of on line training which all staff can access, Aquarius has training which all staff can access as does BSMHFT.

Is Domestic Violence, Forced Marriage and Honour Based Violence training delivered to staff?
How many people received this training during 2013/14?

- This training has not been delivered to the current team as all of the staff that were part of TUPE had received domestic abuse training. Staff have had workshops regarding domestic abuse, completion of DASH and how to refer to MARAC. Priorities are for the staff team to have 1 day domestic abuse training from the Haven
- This has been approved and dates are pending.

Trading Standards

Trading Standards officers have provided training to the Adult Social work teams on how to spot victims of scams and rogue traders, what the Trading Standards service can do and how to contact them. They have also worked alongside social workers to undertake safeguarding enquiries this has led to a successful prosecution.

Case Study

“PAIR FINED FOR TARGETING ELDERLY IN MOBILITY CON”

This was an Express & Star newspaper headline back in April 2013. The owner of a Mobility company and his sales agent were fined **£6,809** in total, for selling unnecessary and overpriced mobility aids to elderly vulnerable people.

The case was heard before Wolverhampton Magistrates Court, where the judge described the sales agent as an ‘over-vigorous salesman’. He was working for A K, the sole director of Mobility Healthcare UK Limited on a commission only basis.

The pair had initially tried to sell a Halesowen couple, aged 90 and 91, a stair lift at a grossly inflated price of £4,550. During the sales pitch the salesman lied to Social Services, to prevent the Local Authority carrying out a free assessment. He pretended to be the consumer’s son, when the Authority called to arrange an appointment. Unfortunately the consumers did not have a son, only a daughter, who became suspicious

A separate issue was brought to the attention of Wolverhampton Trading Standards via a safeguarding referral, after awareness training had been delivered to front line staff, working in the community.

A concerned domiciliary carer and social worker had initiated a referral regarding potential financial abuse of a service user. A 74 year old Wolverhampton resident had been sold £12,000 worth of mobility equipment over a three month period; none of the equipment met the victim’s needs.

The two matters were combined and Wolverhampton Trading Standards took the lead.

The 74 year old Wolverhampton victim, who had a number of health issues and limited mobility, had previously purchased equipment from an unrelated company. 18 months later the victim was re-visited by the sales rep, who was now working for Mobility Healthcare UK Limited. A ‘friendship’ developed which enabled the salesman to get the victim to spend £12,000 on a range of mobility aids. The victim initially purchased a double mattress for an existing bed; was then persuaded to purchase a new electrical bed base, which required another additional mattress, then a reclining chair and finally it was discovered the victim had placed a deposit on a stair lift, which had not yet been fitted.

a number of agencies working together in innovative ways to gather sufficient evidence to bring a prosecution. The victim was not required to give evidence; the domiciliary carer provided a statement as did colleagues in Social Services. Occupational Health carried out a number of assessments on the victim and the equipment purchased which concluded the chair was the incorrect size, not allowing the victim to sit back fully, the electrical bed base and second mattress were unnecessary and the stair lift was totally unsuitable. The evidence provided by colleagues was sufficient to enable Trading Standards officers to prove the items purchased were unnecessary, which along with further evidence to show the items were overpriced, led to the successful prosecution.

Quality Assurance & Compliance Team

The Quality Assurance and Compliance team monitors the quality of care and support services accessed by adults and children of Wolverhampton. During the period 1st April 2013 – 31st March 2014 the team has carried out 236 visits to 58 individual adult social care services, including all primary and secondary domiciliary contracted care providers. The team is on course to visit all adult residential social care services in Wolverhampton on a two year rolling cycle. The team also gained responsibility for monitoring Children's residential services both in and out of city, and foster care provider organisations, achieving 54 visits to 43 individual services or providers between August 2013 – March 2014. The team has worked intensively with a smaller number of social care providers to improve their practice or to assist them with emergencies, for example where the registered manager resigns without notice. All registered social care services now have an allocated Quality Assurance & Compliance Officer to advise and support services toward the delivery of good quality care. The team is currently working on a revised risk management plan which will support more effective working with all providers of adult and children's social care in Wolverhampton or with placements made by Wolverhampton City Council.

Making Safeguarding Personal

In 2013/14 The Community Directorate took part in a national pilot project called '*Making Safeguarding Personal*' (MSP), set up by the Local Government Association and the Association of Directors of Adult Social Services.

The project was run across a number of councils in the UK, and had funding to run until around February 2014.

The purpose of the project was to ensure that where possible we deliver the safeguarding outcomes customers want (working in an outcome focused & person centred way). We need to focus on what the person wants to achieve as a result of our intervention, from the first contact, right through the process, and to look at the end with the person, as to whether they feel their desired outcome has been achieved. This is part of a national drive to make Adult Safeguarding work develop from being very process led to a more personalised approach by keeping vulnerable people safe.

As a first step, work was undertaken to refresh the electronic social care record CareFirst to ensure workers capture, record and monitor customer outcomes from the very outset of a referral to the close of the safeguarding investigation.

Relevant staff guidance was also developed to correspond with the new prompts on Carefirst which were uploaded onto Carefirst to help staff navigate their way through the process.

The introduction of these changes was to move away from the traditional process driven approach to adopting a more person centred approach, which may extend to including the wider family, friends and community network in helping the customer determine their outcomes i.e. '*what do they want to come out of a safeguarding referral/investigation?*'.

Wolverhampton Safeguarding Adult Budget

For 2013/2014, the financial contributions for the work of the Board came from Wolverhampton City Council, Wolverhampton Clinical Commissioning Group, West Midlands Police and Black

Country Partnership Foundation Trust. Contributions from partner agencies (not including the City Council) amounted to £27,950.

The contributions made by the above agencies have covered the general expenses of Board business, the work of the Independent Chair of the Board and specific pieces of work including:

- The printing of leaflets, Board Annual Report and Executive Summary
- The costs of multi- agency safeguarding training during 2013/14
- Financial contribution to the Safeguarding Peer Review
- Production of new Adult Safeguarding DVD and Workbook (To be launched June 2014).

The Wolverhampton Domestic Violence Forum has delivered Domestic Violence training sessions in lieu of financial contribution.

In preparation of the Board becoming statutory in April 2015, in accordance with the Care Act 2014 a dedicated Safeguarding Board budget will be established and the Board will receive regular updates on the budget position.

Training/Workforce Development

Wolverhampton City Council:

The Council's Workforce Development Team and Adult Safeguarding Unit produced a training plan for 2013/14. Further development activity was commissioned from the specialist providers already working with Wolverhampton City Council. This ensured that there was consistency and continuity based on the evaluation of the programmes previously commissioned.

Below is a summary of the training attended by internal and external workforce in Wolverhampton during 2013/14. All Council workers who may come into contact with adults at risk have learning opportunities to help them understand and recognise what abuse is and how to respond should they come into contact with people that are experiencing abuse. The attendance at some sessions has been very disappointing and will be taken into consideration when finalising the 2014/15 training plan, a time when learning methods must be cost effective for all agencies.

Safeguarding Adults: Recognising & Reporting x 2 sessions

1 October 2013 9:30-12:30 x 25 places **20 attended**

1 October 2013 1:30 – 4:30 x 25 places **7 attended**

Safeguarding Adults: Provider Managers

11 October 2013 9:30 – 4:30 x 25 places **20 attended**

In addition the following e-learning modules are available:

Introduction to Adult Safeguarding for Social Workers

The Role of the Social Worker in Adult Safeguarding

Legislation and Partnership Working

Safeguarding for Adult Service Workers

Safeguarding for Non-Adult Service Workers

Deprivation of Liberty Safeguards

Dementia Awareness

Domestic Violence (Adults)

E learning -

In total 73 accessed

Domestic Violence & MARAC

40 attended (Full)

Making Safeguarding Personal

10/4/14

19 attended

14/4/14

18 attended

Work now needs to take place on a training needs analysis for internal and external staff to give a better picture of the further needs in relation to awareness raising, part of this process will need to include helping providers understand the benefits of using the DVD or e learning for this purpose. In addition the benefits of the use of the Learning Hub, in particular blended learning needs to fully explore. In particular the opportunities for the whole of the internal workforce and better links with Children's Safeguarding service.

A new Safeguarding DVD and work book has been commissioned this includes scenarios and will be launched at an event in June 2014.



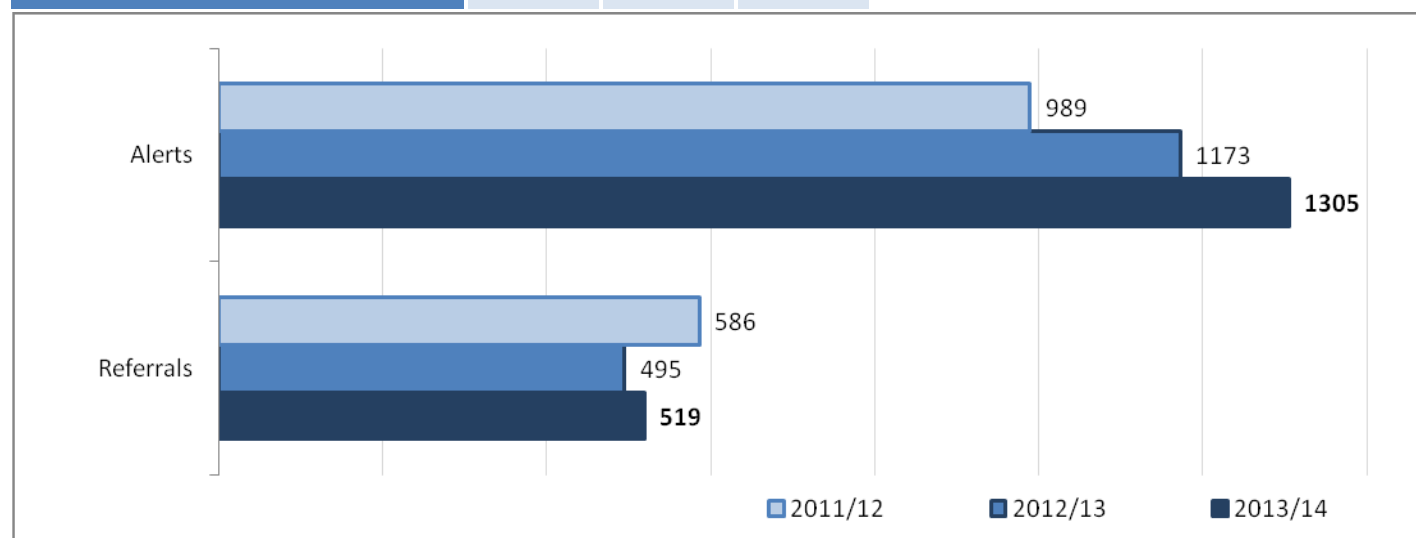
Safeguarding Adults Activity 13/14

The total number of alerts received this year was 1350, a marked increase from last year which totalled 1173.

It is unclear why there has been such an increase in the number of alerts, although there has been an increase every year for the last three years. It may be attributed to the increased public awareness through media coverage and locally through safeguarding awareness raising sessions delivered by the Safeguarding Team and partner organisations.

Alerts and Referrals

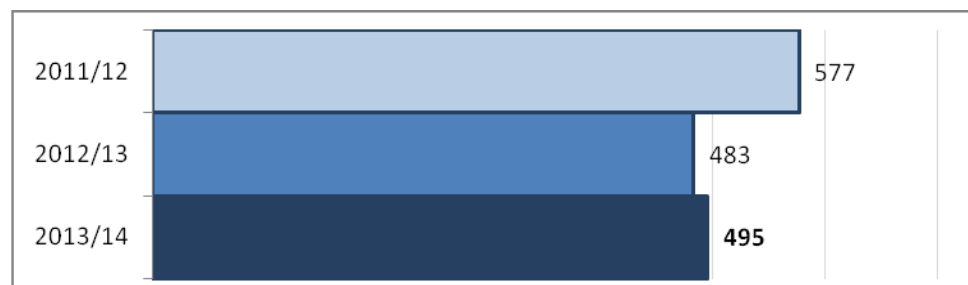
	2011/12	2012/13	2013/14
Alerts	989	1173	1305
Referrals	586	495	519
Referrals as a % of Alerts	59%	42%	40%



Of the 1350 alerts received, 519 lead to a safeguarding investigation; the others were deemed to be either inappropriate or once further information had been gathered did not require a safeguarding investigation. This decrease can be attributed to the application of the threshold guidance which was implemented in January 2013 and the revised questions on the CareFirst questionnaires which are completed by social care managers on receipt of all alerts.

Completed Referrals

	2011/12	2012/13	2013/14
Completed Referrals	577	483	495



The number of completed referrals generally follows the number of referrals in the year. This figure does not show any points of concern.

Alerts and Referrals by Age and Gender

	Alerts				Referrals			
	Female	%	Male	%	Female	%	Male	%
Age 18-64	275	51%	261	49%	89	54%	75	46%
Age 65+	462	66%	242	34%	223	66%	114	34%
Total	737	59%	503	41%	312	62%	189	38%

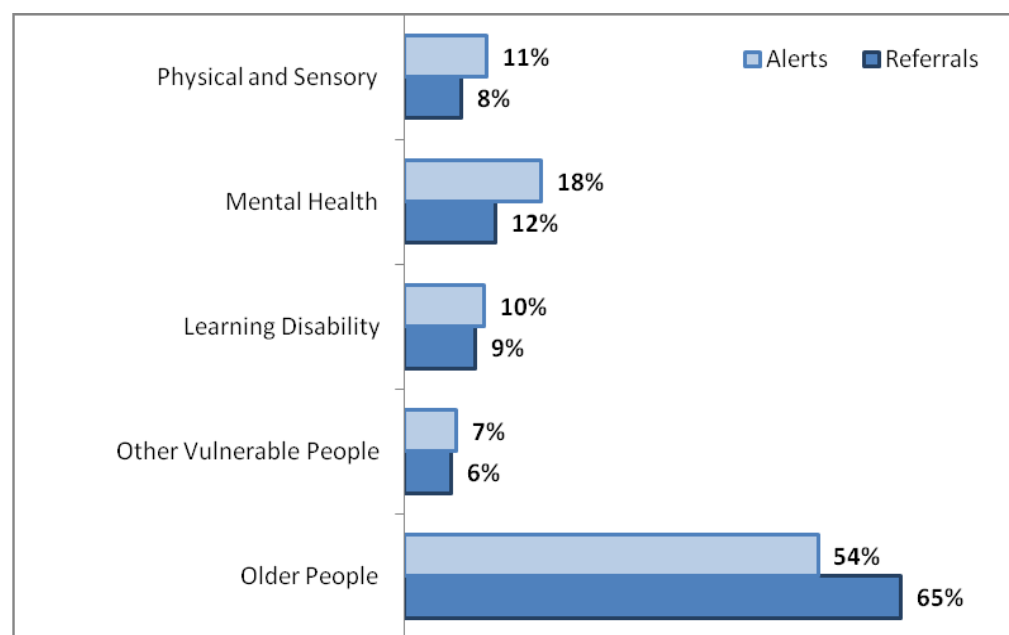
The above graph shows the proportion of alerts and the proportion of referrals

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

Alerts and Referrals by Primary Client Group

The report has broken down the Primary Client Group to include the category of older people. Of the total number of alerts received, over 57 % were for people aged over 65 years of age regardless of their care needs. This highlights the fact that older people are more at risk of abuse than any other Primary Client Group. Nearly 60% of the total number of alerts were for women, but the highest number of alerts (66%) were for women aged 65+. Therefore women over the aged of 65 years are more at risk of abuse than any other client group

	Alerts		Referrals		% of Alerts that proceed to Referral
	Number	%	Number	%	
Physical and Sensory Disability	140	11%	39	8%	28%
Mental Health	234	18%	62	12%	27%
Learning Disability	136	10%	48	9%	35%
Other Vulnerable People	89	7%	32	6%	36%
Older People	707	54%	337	65%	48%



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.

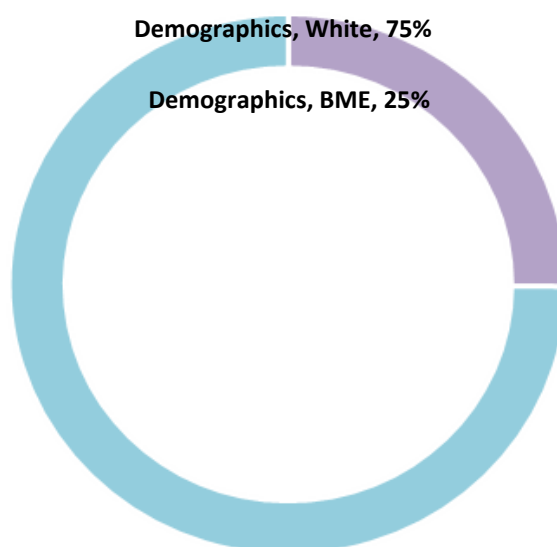
Referrals by Ethnicity – 18-64

	2011/12		2012/13		2013/14		Demographics
	Number	%	Number	%	Number	%	
White	132	74%	91	71%	117	73%	75%
Asian	20	11%	19	15%	25	16%	15%
Black	19	11%	16	12%	14	9%	6%
Mixed	3	2%	3	2%	1	1%	2%
Other	4	2%	0	0%	3	2%	2%

The table above 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 anomaly is that there is an over representation of referrals for Black clients. This can be explained by the fact that Black clients are also over-represented in the proportions of service users although this anomaly has decreased from previous years implying that ethnicity is not an influencing factor in safeguarding investigations.

18-64 Referrals by Ethnicity

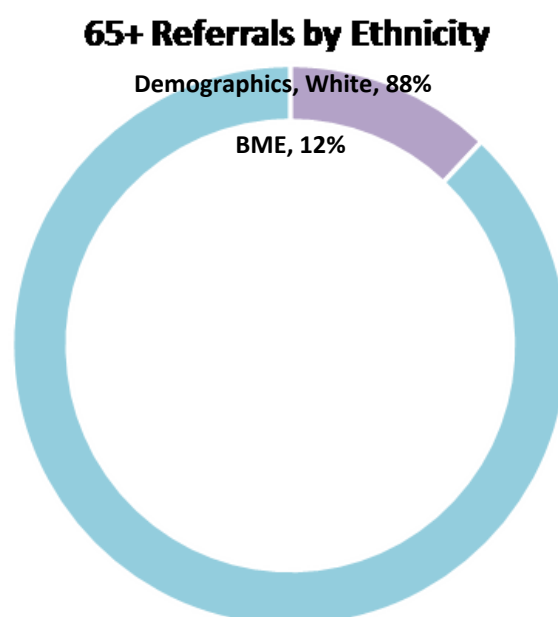


Referrals by Ethnicity – 65+

	2011/12		2012/13		2013/14		Demographics
	Number	%	Number	%	Number	%	
White	340	88%	260	82%	284	86%	88%
Asian	19	5%	23	7%	17	5%	7%
Black	27	7%	31	10%	30	9%	4%
Mixed	0	0%	0	0%	0	0%	0%
Other	0	0%	2	1%	1	0%	0%

The table above 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 has decreased marginally from the 2012/13 result.

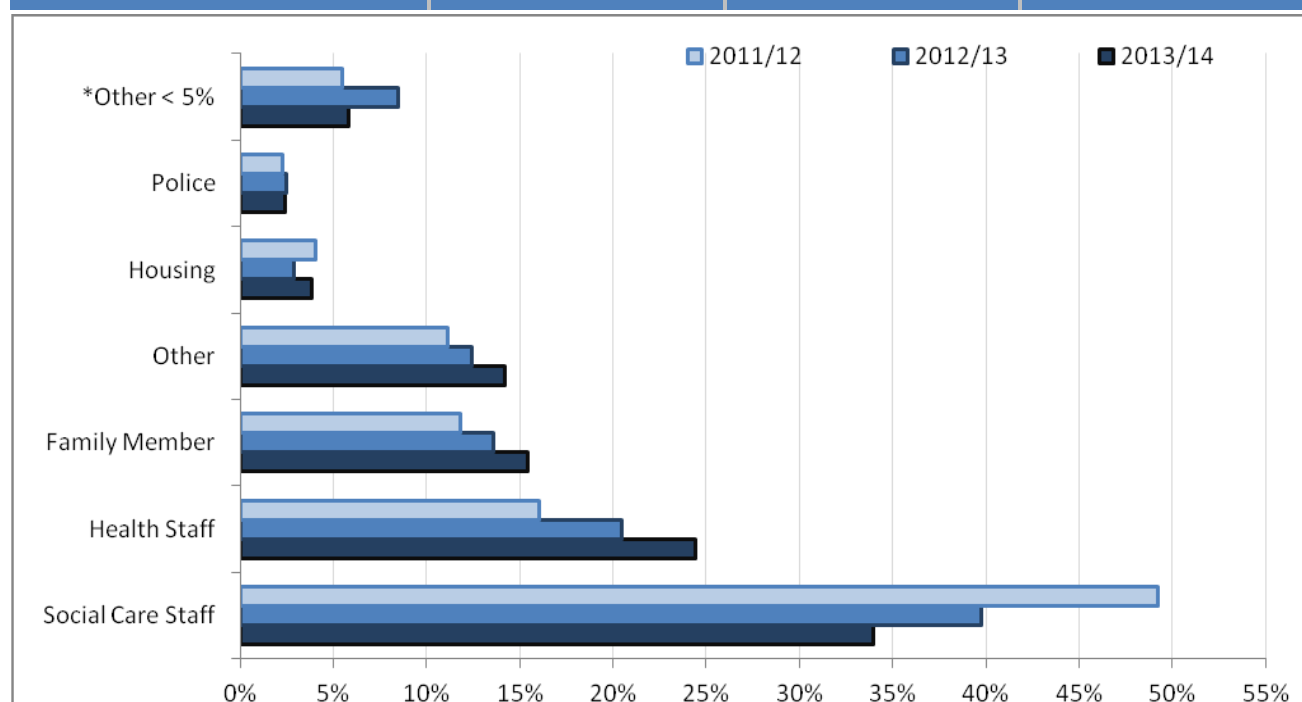


Sources of Referral

In 2013/14, as in previous years, the highest percentage of referrals came from Social Care Staff with 34% although this figure continues to fall year-on-year. The fact that this proportion is decreasing but the overall number of referrals is unchanged suggests that more referrals are coming from other sources outside the authority due to an increase in public and professional awareness. This is particularly true of Family Members and Health staff.

The proportion of referrals from 'Other' sources has increased to 14% which suggests that there may be other unlisted sources which could be added to the possible options.

	2011/12		2012/13		2013/14	
	Number	%	Number	%	Number	%
Social Care Staff	279	49%	179	40%	170	34%
Health Staff	91	16%	92	20%	122	24%
Self-Referral*	2	0%	9	2%	3	1%
Family Member	67	12%	61	14%	77	15%
Friend / Neighbour*	11	2%	9	2%	7	1%
Other Service User*	0	0%	0	0%	0	0%
Care Quality Commission*	14	2%	17	4%	16	3%
Housing	23	4%	13	3%	19	4%
Education / Training / Workplace Establishment*	4	1%	3	1%	3	1%
Police	13	2%	11	2%	12	2%
Other	63	11%	56	12%	71	14%
Overall Total	567		450		500	

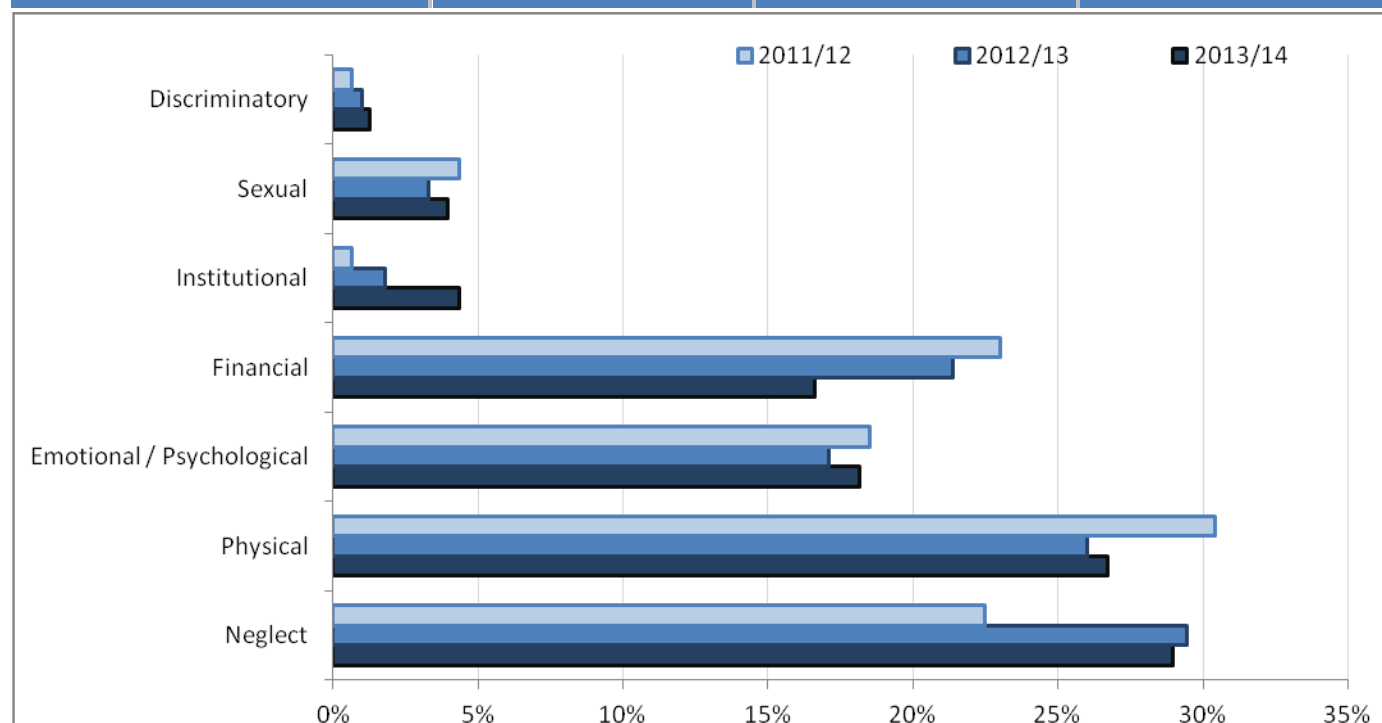


*Sources marked with a * have less than %5 of referrals in all years and have been combined in the bar chart.

Referrals by type of Alleged Abuse

For the second year since reporting, neglect has been the highest category of abuse. It may be possible to attribute this increase to the large number of safeguarding investigations regarding institutions where neglect is reported to be the main type of abuse. The main change in the data over the last 3 years is that the proportion of financial abuse has fallen continually from 23% to 17% whilst at the same time institutional abuse has increased from 1% to 4%. The increase in institutional abuse is likely to be due to an increased public awareness of neglect in care homes, due primarily to press coverage.

	2011/12		2012/13		2013/14	
	Number	%	Number	%	Number	%
Neglect	176	22%	179	29%	206	29%
Physical	238	30%	158	26%	190	27%
Emotional / Psychological	145	19%	104	17%	129	18%
Financial	180	23%	130	21%	118	17%
Institutional	5	1%	11	2%	31	4%
Sexual	34	4%	20	3%	28	4%
Discriminatory	5	1%	6	1%	9	1%
Overall Total	783		608		711	

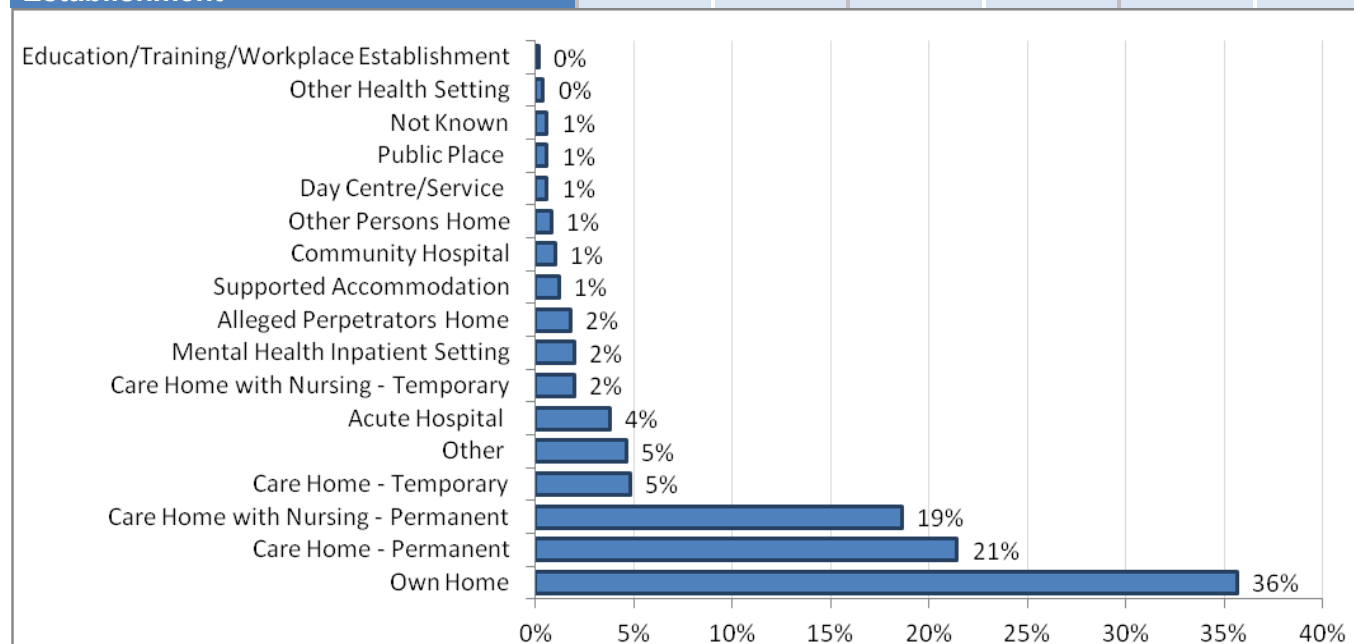


Referrals may contain more than one type of alleged abuse and therefore the numbers are greater than the number of referrals.

Location of Alleged Abuse

This year the most common location of alleged abuse is again in the persons own home, whilst at the same time the proportion of alleged abuse in permanent residential and care homes has increased and if allegations of abuse in care homes, nursing homes and temporary placements are combined they are significantly higher than in the persons own home.

	2011/12		2012/13		2013/14	
	Number	%	Number	%	Number	%
Own Home	225	40%	168	37%	178	36%
Care Home - Permanent	102	18%	86	19%	107	21%
Care Home with Nursing - Permanent	89	16%	82	18%	93	19%
Care Home - Temporary	18	3%	23	5%	24	5%
Other	24	4%	19	4%	23	5%
Acute Hospital	13	2%	13	3%	19	4%
Care Home with Nursing - Temporary	29	5%	9	2%	10	2%
Mental Health Inpatient Setting	3	1%	4	1%	10	2%
Alleged Perpetrators Home	7	1%	7	2%	9	2%
Supported Accommodation	16	3%	15	3%	6	1%
Community Hospital	12	2%	6	1%	5	1%
Other Persons Home	-	-	-	-	4	1%
Day Centre/Service	3	1%	3	1%	3	1%
Public Place	12	2%	4	1%	3	1%
Not Known	11	2%	10	2%	3	1%
Other Health Setting	1	0%	1	0%	2	0%
Education/Training/Workplace Establishment	2	0%	0	0%	1	0%



All other locations of abuse are reported above but the numbers are generally too small to draw any meaningful conclusions.

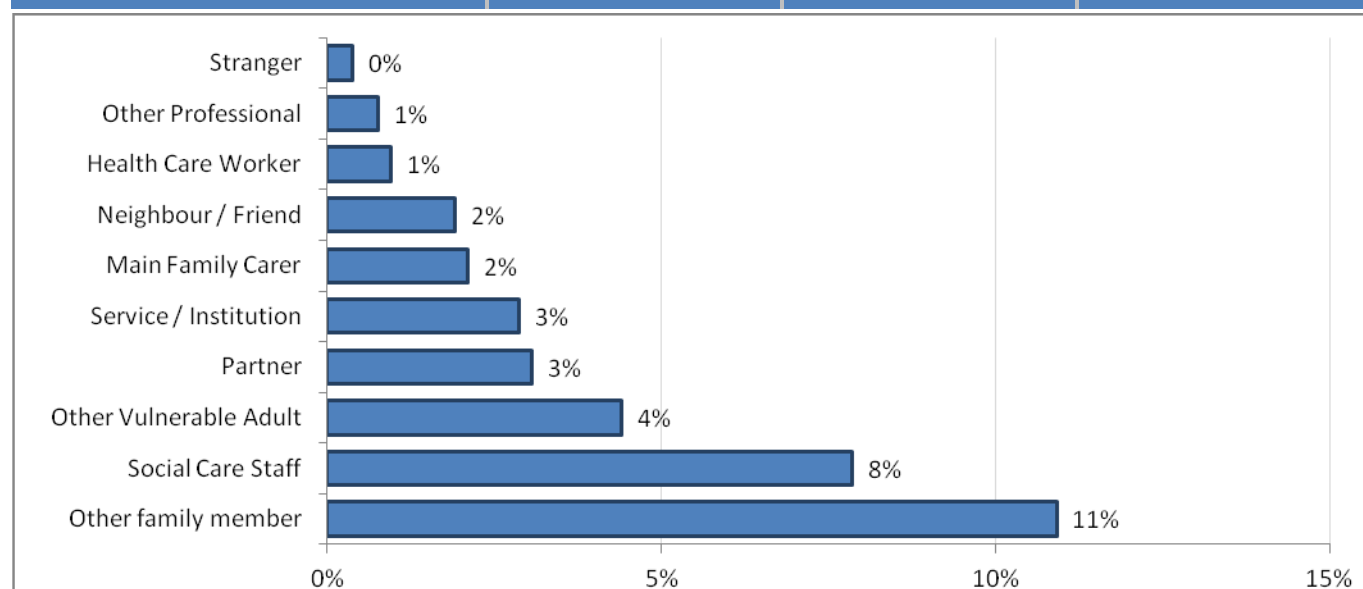
Relationship with Person Suspected of Causing Harm

The data shows that the number of referrals where the alleged abuser was not known has increased to 65% from 54%. This may suggest that either more work is required to identify persons suspected to be causing harm or that awareness has increased so that reports of safeguarding concerns are now being made without knowing the identity of the person suspected to be causing harm. The not known category has been excluded from the chart to clearly show the remaining categories.

The largest proportion of known persons suspected to be causing harm is 'Other Family Member' at 11%, followed by 'Social Care Staff' at 8%. This broadly matches previous year's trends and is generally expected as these people are likely to have most contact with the vulnerable adults.

'Service / Institution' and 'Main Family Carer' are new relationship types for 2013/14 and are showing a relatively large proportion of people fall into these categories.

	2011/12		2012/13		2013/14	
	Number	%	Number	%	Number	%
Not Known	416	73%	253	54%	338	65%
Other family member	57	10%	80	17%	57	11%
Social Care Staff	26	5%	55	12%	41	8%
Other Vulnerable Adult	28	5%	10	2%	23	4%
Partner	16	3%	19	4%	16	3%
Service / Institution	-	-	-	-	15	3%
Main Family Carer	-	-	-	-	11	2%
Neighbour / Friend	10	2%	11	2%	10	2%
Health Care Worker	3	1%	17	4%	5	1%
Other Professional	3	1%	3	1%	4	1%
Stranger	0	0%	2	0%	2	0%
Overall Total	568		471		522	



Case Conclusion

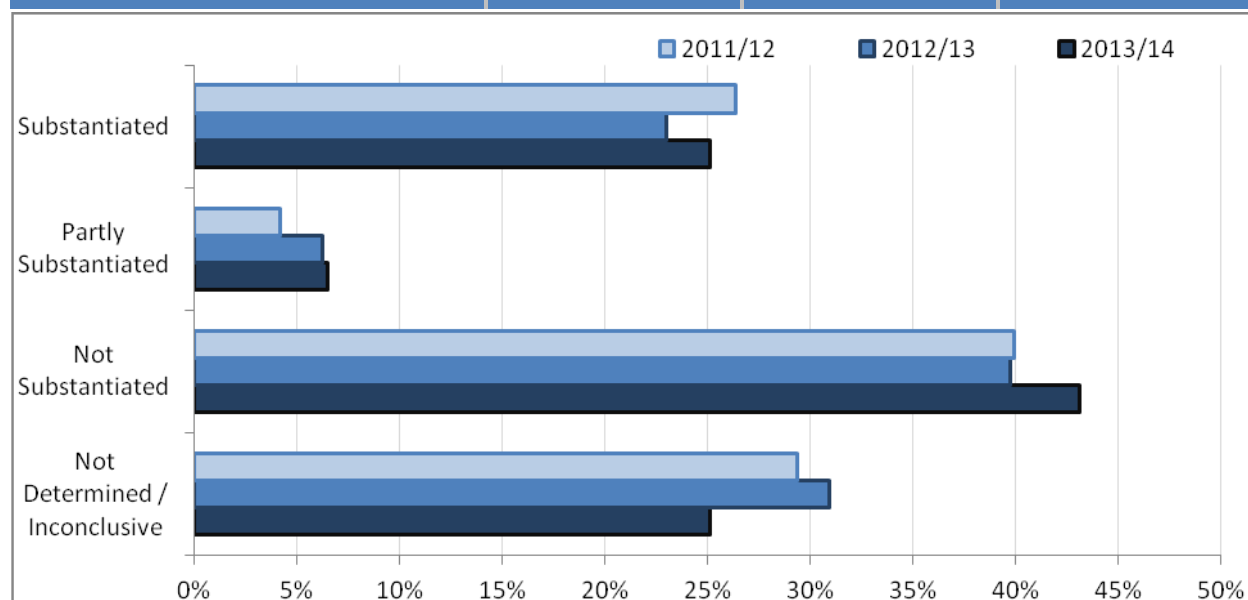
In 2013/14 25% of cases were substantiated and 7% were partly substantiated.

The overall proportion of substantiated or partly substantiated has increased marginally from 2012/13 from 29% to 32%.

The not substantiated figure has also increase from 39% to 43%. This is not necessarily a bad result as the proportion of not determined has decreased at the same time meaning that while less cases are resulting in a safeguarding 'success' in relation to substantiation of claims, there are less cases with an uncertain outcome.

'Ceased at Individuals Request' and 'Inappropriate Referral' are new outcomes recorded in 2013/14 and are not counted towards the results.

	2011/12		2012/13		2013/14	
	Number	%	Number	%	Number	%
Substantiated	150	26%	107	23%	123	25%
Partly Substantiated	24	4%	29	6%	32	7%
Not Substantiated	227	40%	185	39%	211	43%
Not Determined / Inconclusive	167	29%	144	31%	123	25%
Ceased at Individuals Request	-	-	-	-	4	-
Inappropriate Referral	-	-	-	-	2	-
Overall Total	568		465		495	

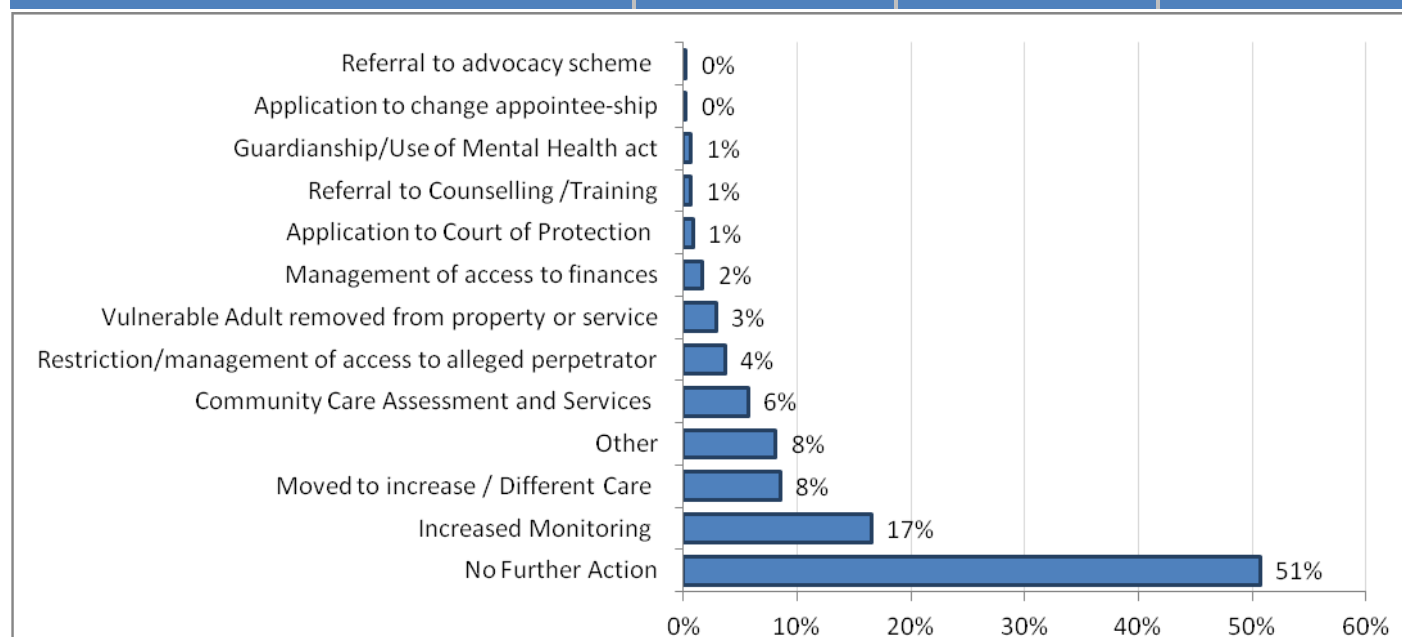


Outcomes for the Person at Risk of Harm

The proportion of cases where the outcome was 'No further action' ended at 51% which is only a marginal increase from the 2012/13 result of 50%. 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 17%. All of the outcomes remain relatively static over all three years.

	2011/12		2012/13		2013/14	
	Number	%	Number	%	Number	%
No Further Action	312	55%	234	50%	251	51%
Increased Monitoring	99	17%	85	18%	82	17%
Moved to increase / Different Care	29	5%	43	9%	42	8%
Other	50	9%	37	8%	40	8%
Community Care Assessment and	31	5%	22	5%	28	6%
Restriction/management of access to	14	2%	11	2%	18	4%
Vulnerable Adult removed from property	10	2%	7	2%	14	3%
Management of access to finances	9	2%	8	2%	8	2%
Application to Court of Protection	3	1%	7	2%	4	1%
Referral to Counselling /Training	3	1%	1	0%	3	1%
Guardianship/Use of Mental Health act	1	0%	1	0%	3	1%
Application to change appointee-ship	6	1%	5	1%	1	0%
Referral to advocacy scheme	0	0%	3	1%	1	0%
Overall Total	568		465		495	

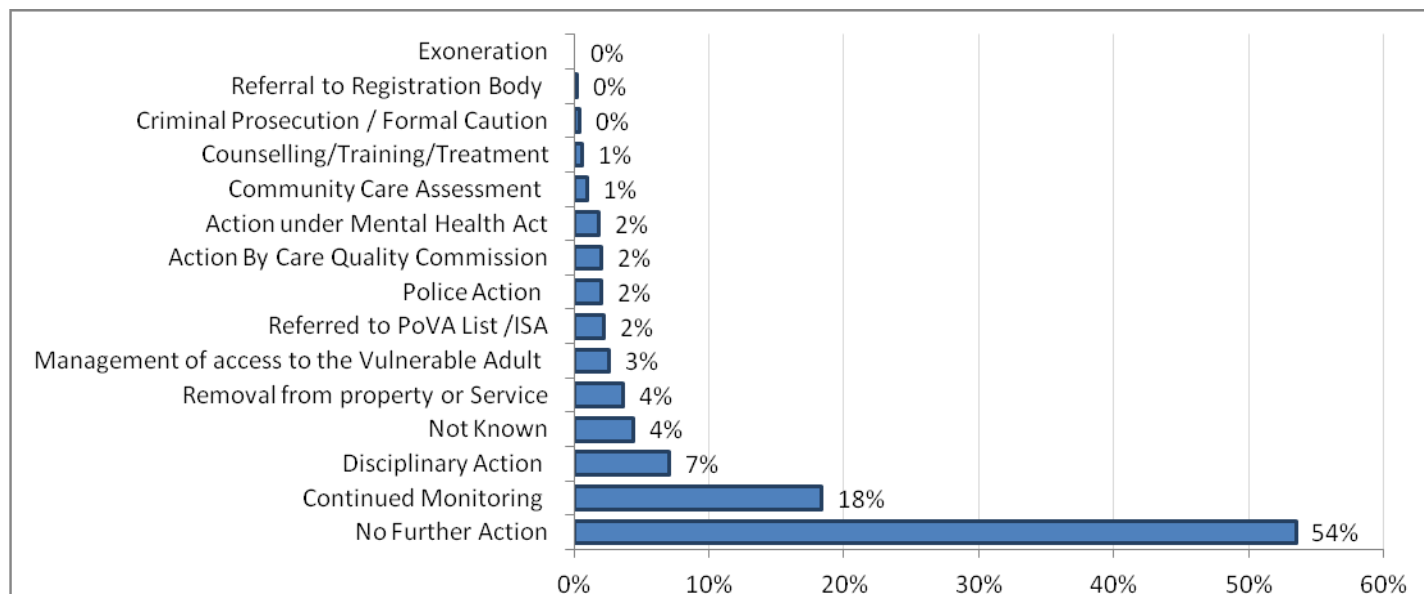


Outcomes for Person Alleged to be Causing Harm

The proportion of cases where the outcome for the person alleged to be causing harm was 'No Further Action' remains high at 54% but is an improvement on the 2012/13 result of 59%. 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 18% of outcomes in 2012/13. All of the outcomes remain relatively static over all three years.

	2011/12		2012/13		2013/14	
	Number	%	Number	%	Number	%
No Further Action	320	56%	273	59%	265	54%
Continued Monitoring	86	15%	84	18%	91	18%
Disciplinary Action	15	3%	14	3%	35	7%
Not Known	30	5%	23	5%	22	4%
Removal from property or Service	32	6%	12	3%	18	4%
Management of access to the Vulnerable Adult	17	3%	11	2%	13	3%
Referred to PoVA List /ISA	4	1%	12	3%	11	2%
Police Action	13	2%	7	2%	10	2%
Action By Care Quality Commission	6	1%	0	0%	10	2%
Action under Mental Health Act	4	1%	2	0%	9	2%
Community Care Assessment	2	0%	6	1%	5	1%
Counselling/Training/Treatment	18	3%	4	1%	3	1%
Criminal Prosecution / Formal Caution	2	0%	6	1%	2	0%
Referral to Registration Body	0	0%	3	1%	1	0%
Exoneration	13	2%	7	2%	0	0%
Action by Contract Compliance	6	1%	1	0%	0	0%
Overall Total	568		465		495	



Were the Expectations of the Adult at Risk Achieved?

This year a new question has been included throughout the safeguarding documentation which is to capture the expected outcomes of the adult at risk of harm, and whether the expected outcomes have been achieved. The results show that, where deemed applicable, the expectations of the client are fully achieved in 86% of safeguarding investigations and at least partly achieved in a further 7% of cases.

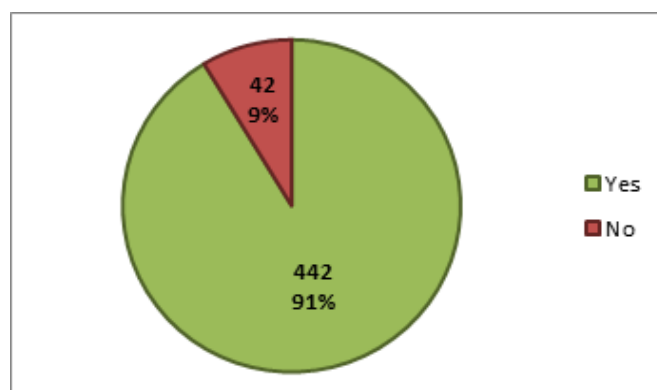
This result appears to be very good and shows that the large majority of safeguarding investigations result in a satisfactory outcome for the adults at risk. However it should be noted that 213 cases (43%) are not measured as the outcome was recorded as not applicable. Much of this is where the client is unaware of the safeguarding issue or unable to comprehend the fact that they were at risk.

	2013/14	
	Number	%
Yes, expectations were achieved	233	86%
Expectations were partly achieved	18	7%
No, expectations were not achieved	20	7%
Not applicable	213	-
Overall Total	495	

Feedback given to the Alerter

This year a new question was introduced at the start of the safeguarding process and at the end to capture whether feedback was given to the person raising the Alert.

Was feedback given to the Alerter?		
Yes	442	91%



No	42	9%
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In 2013/14

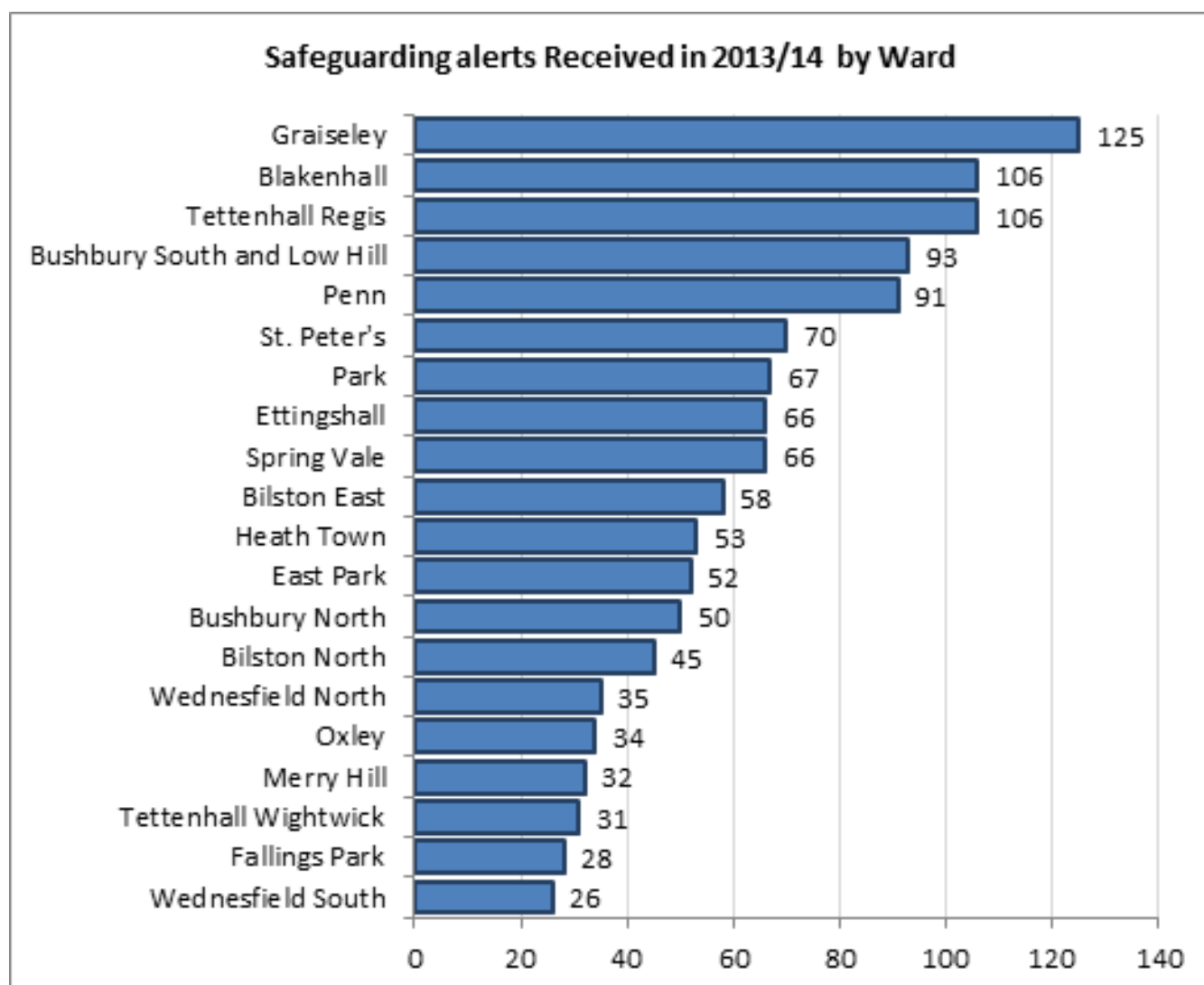
The Safeguarding Team chaired 36 Large Scale Strategy Meetings of which 10 were Initial and 25 were Reviews and 1 was an Outcomes meeting. These meetings are held when there are a number of concerns relating to a care service and there may be implications for a number of service users.

The Safeguarding Team chaired a total of 57 Case Conferences of these 57 22 were Initial and 35 were Reviews.

Service Users attended 12, Family attended 11, and an Independent Mental Capacity Advocate (IMCA) attended 1

For all alerts received in 2013/14 the breakdown is as follows:

Ward	Alerts	% of Alerts
Bilston East	58	4.7%
Bilston North	45	3.6%
Blakenhall	106	8.6%
Bushbury North	50	4.1%
Bushbury South and Low Hill	93	7.5%
East Park	52	4.2%
Ettingshall	66	5.3%
Fallings Park	28	2.3%
Graiseley	125	10.1%
Heath Town	53	4.3%
Merry Hill	32	2.6%
Oxley	34	2.8%
Park	67	5.4%
Penn	91	7.4%
Spring Vale	66	5.3%
St. Peter's	70	5.7%
Tettenhall Regis	106	8.6%
Tettenhall Wightwick	31	2.5%
Wednesfield North	35	2.8%
Wednesfield South	26	2.1%
Invalid or Out of Area	58	-
Deceased	22	-

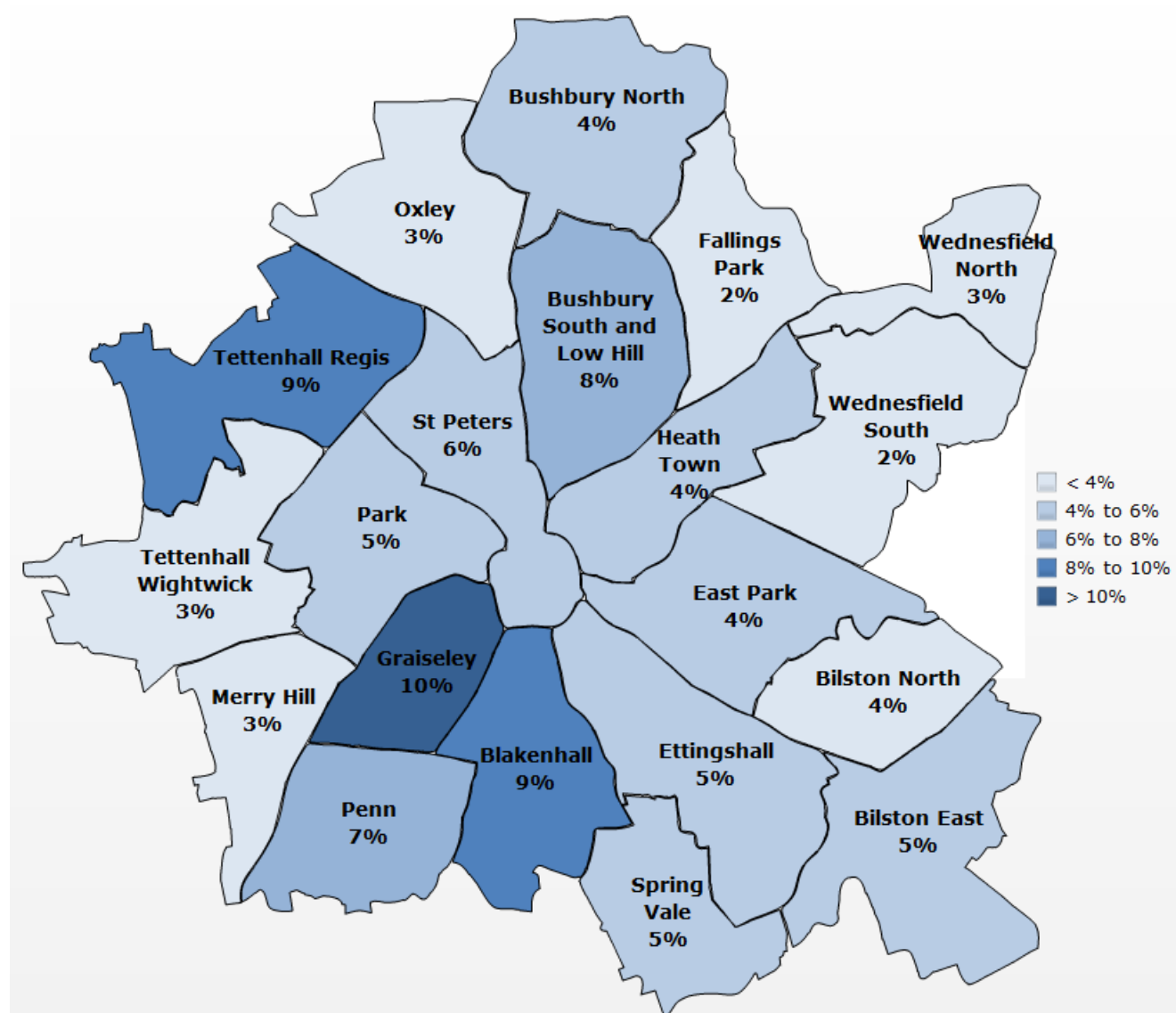


The table below shows the total number of DoLS applications and the number of authorisations granted or not. This is broken down by hospital and care home.

	Managing Authority	Total No.of DoLS applications from 1 st April 2013- 31 st March 2014	Authorisation Granted	Authorisation Not Granted
Wolverhampton	Care Homes	63	47	16

Wolverhampton	Hospitals	12	7	5
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Map showing the proportion of Alerts by Ward in 2013/14



Definitions of terms used in this document:

Alert: This is when a concern is passed to the Local Authority, also known as an SA1

Referral: This is an alert which goes on to be investigated by the authority in relation to a safeguarding concern, also known as an SA3.

Completed Referral: This is when an investigation is concluded, also known as an SA5.

Case Study

A safeguarding referral was raised in respect of a young woman with a profound learning disability who lived at home with her sister and her sister's family.

The allegation was that the sister roughly handled her using excessive and inappropriate restraint, that she was not properly clothed and that the food with which she was provided was second rate. It was also suggested that she was excluded from family life and was made to feel that she was not a full and valuable member of the family.

The sister was a person who did not want to engage with agencies and presented many obstacles and challenges.

Intensive multi-agency work was undertaken within the safeguarding process. The patience and skill of the social worker, combined with the full commitment and dedication of the care agency and the input of occupational therapy and community nursing have ensured that there is a detailed and comprehensive Protection Plan and Health Plan and that the young woman is safeguarded and closely monitored. She has been able to remain in her family environment which was felt by all, including an independent advocate, to be in her best interests.



FEEDBACK FORM

Can you please help by providing us with feedback on the content of this report. You may wish to print off this page and return this in the post to:

Safeguarding Service, Priory Green Building, Whitburn Close, Pendeford, Wolverhampton, WV95NJ

or alternately contact the Safeguarding Adult Team on 01902 553218/553259 to give verbal feedback.

To improve the report next year, can you please specify what areas you would like included:

WHO CAN I TELL MY CONCERNS TO?

To make a referral ring Adults Social Care Services on 01902 551199.

If you would like any advice before contacting the number above, please ring 01902 553218.

In an emergency, ring 999.



Appendix 1

Wolverhampton Safeguarding Adult Boards Partner Organisations - Members & Their Representatives 2013-14

Alan Coe – Independent Chair

DCI Martin Hurcomb/ Sgt Tess Beckett—**West Midlands Police**

Susan C Marshall—**Black Country Partnership NHS Foundation Trust/Mental Health, Wolverhampton PCT**

Manjeet Garcha – **Wolverhampton CCG**

Dawn Williams—**Wolverhampton City Council, Children's and Young Peoples Service**

Penny Darlington/Sandra Ashton-Jones—**Wolverhampton City Council, Adult Safeguarding and Quality Assurance Service**

Lynne Fieldhouse —**Wolverhampton Primary Care Trust/Royal Wolverhampton Hospital Trust**

Karen Samuels— **Wolverhampton City Council, Crime and Community Safety**

Neil Appleby—**West Midlands Probation Service**

Mark Henderson—**Wolverhampton Homes**

Kathy Cole-Evans—**Wolverhampton Domestic Violence Forum**

Councillor Steve Evans—**Wolverhampton City Council**

Sarah Norman—**Wolverhampton City Council, Director of Community**

Joy Blakeman/ Adam Jones—**West Midlands Fire Service**

Kathy Roper— **Wolverhampton City Council, Housing Support and Social Inclusion/Commissioning Younger Adults**

Julie Ashby-Ellis/ Kelly Starkey/ Andy Proctor —**West Midlands Ambulance Service**

Fiona Davis—**Wolverhampton City Council, Legal Services**

Trisha Haywood—**Wolverhampton Branch, West Midlands Care Association**

Emma Bennett—**Wolverhampton City Council, Health and Wellbeing**

Anthony Ivko/ Helena Kucharczyk—**Wolverhampton City Council, Adult Social Care and Housing Support/Information Management**

Susan Spencer—**Age UK**

Dr Miles Manley/—**Local Medical Council**

Lisa Thacker – **Care Quality Commission**

Ros Jervis - **Public Health**

