MANCHESTER
CITY COUNCIL

Manchester Safeguarding Adults Board Annual Report 2008/09

Deborah Russell
Head of Safeguarding
Adult Social Care

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Approvals
This document requires the following approval:

Role	***Name***
SRO	Manchester Safeguarding Adults Board

Reviewers
This document has been reviewed by:

Name	***Title***
Deborah Russell	Head of Safeguarding Adults
Nigel Hunt	Safeguarding Adults Co-ordinator
Michelle Gilbert	Safeguarding Adults Co-ordinator
MSAB	All members

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1 Introduction

This report covers the period from April 2008/09 and highlights the achievements and work undertaken in what was an exceptionally busy year. The number of safeguarding referrals has continued to grow, with 807 referrals received in Adult Social Care (compared with 466 in 2007/08). Additional resources have been prioritised for the Adult Social Care Safeguarding team, including the appointment of an interim Head of Safeguarding in August 2008, two additional safeguarding co-ordinators, one of which has been filled on a temporary basis, and further posts identified in the forthcoming restructuring of the department. The additional resources are greatly needed and will ensure that we can continue to improve the effectiveness and quality of the safeguarding work across the city.

2 Manchester Safeguarding Adults Board (MSAB)

The work programme for the year was developed at a MSAB development day in July and significant progress has been made in achieving those targets. The Business Plan for 2009/10 incorporates the issues that we are continuing to address. The Board has continued to meet bi-monthly. A programme of developmental workshops for MSAB members has been established on alternate months to ensure members are updated on safeguarding developments, and provides opportunities for MSAB members to network and develop effective working relationships.

A number of sessions to discuss the Department of Health (DoH) consultation document on 'No Secrets' were held. These discussions were collated, summarised and included in Manchester's response to the DoH consultation. The DoH has indicated that the national response has been substantial and further consultation has been delayed. It is expected that the new proposals for the national and local frameworks of adult safeguarding will be published in the Summer of 2009.

During the year a joint protocol on referrals has been agreed and implemented with the police.

2.1 MSAB Subgroups

The Workforce Development group continues to focus on ensuring all independent sector providers and partner agencies receive safeguarding training for their staff. During the year the police and NHS Manchester have been involved in training, making safeguarding training more widely available across partner agencies. A review of training content is proposed in forthcoming months, to involve the police in the design and delivery of training to develop investigative skills.

Criminal Justice subgroup is exploring ways of improving prosecution outcomes and support for vulnerable witnesses.

Advocacy working group has developed proposals for a safeguarding advocacy service, both to support people involved in safeguarding investigations as well as working preventatively with those considered particularly vulnerable to risk of abuse when opting for Individual Budgets. The implementation of these proposals is

currently underway with a view to establishing the new service during the next 12 months.

Serious Case Review
The MSAB has initiated its first Serious Case Review. This is a high profile case that sits just outside the criteria, but there are likely to be important lessons to be learnt both about the case and the process. The Board has appointed a retired police officer as the independent chair and author of the final report.

2.2 MSAB Membership

The Board is pleased to have appointed a GP representative to MSAB. This will facilitate the involvement of GPs in safeguarding awareness training and help to develop and strengthen effective inter agency working. Representatives from the Ambulance service, Fire and Rescue, the CPS, Probation service and Children's Social Care will join the MSAB in July 2009, ensuring that statutory partner agencies are appropriately represented.

The MSAB is advertising for an independent chair, following the departure of Caroline Marsh Strategic Director of Adult Social Care, who has left the Council to take up a new post. The introduction of a chair who is independent from member agencies will strengthen accountability and improve governance arrangements, and will be consistent with many authorities across the country.

2.3 Safeguarding Conference and Publicity Campaign

The Manchester Safeguarding Adults Board held a successful one day safeguarding conference in February to launch the start of a major publicity campaign. It was attended by over 170 delegates from a wide range of partner organisations, including Adult Social Care, Health, Police and voluntary organisations.

Presentations were from a number of nationally respected speakers including Gary Fitzgerald, Chief Executive of Action on Elder Abuse, who gave the keynote presentation. Local contributions included an outline of the new Deprivation of Liberty Safeguards, the police perspective in Safeguarding investigations, and a DVD focussing on a personal experience of Forced Marriage. The presentations were stimulating and thought provoking and raised interesting questions, which will form the basis of further debate.

The safeguarding publicity campaign conveys a simple message – report abuse. It has included posters, leaflets and information help cards. The press release included an endorsement by Joan Bakewell, and additional media coverage included adverts and press articles. Adverts were placed on bus sides and trams in the city, alongside posters in the city centre. Safeguarding awareness briefings have been arranged across the city including in libraries, GP practices and BME groups.

The multi-agency safeguarding policy has been revised and republished to coincide with this campaign.

2.4 Deprivation of Liberty Safeguards

The new Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) processes are located within the remit of the safeguarding team. A local authority/NHS Manchester project team collaborated to get the necessary processes and systems in place and staff appointed, to ensure these new statutory functions were implemented effectively from 1st April 2009. The Head of Safeguarding chairs the Supervisory Authority Panel and has delegated responsibility for local authority DoLS authorisations. The DoLS team manager and administrator posts are jointly funded by Manchester City Council and NHS Manchester. A full time Best Interest Assessor has also been recruited on a 6 month secondment. The work of the DolS team is reported to the MSAB.

3 Reports from MSAB members

3.1 Adult Social Care Safeguarding Team

In 2008/09 the team continued to support the development of safeguarding knowledge by running Level 2 training on investigation for care managers and social workers, and training for independent provider managers on safeguarding investigations. In addition the safeguarding coordinators have provided specific briefings to some GPs, to the specialist nursing home team, to NHS trainee managers and to social work students.

The Safeguarding Team has also delivered briefings to Care Services Improvement Partnerships (CSIP) conferences on personalisation and commenced a major piece of work to review the safeguarding aspects of the personalisation agenda, to ensure that safeguarding arrangements develop with the increased onus on service user autonomy and independence.

The Safeguarding Team continues to provide an Adult Social Care link to the Domestic Abuse Management Group (DAMG) and MARAC (the Multi agency Risk Assessment Conference), led by the police, which coordinates responses to high risk cases of domestic abuse. Experience of domestic abuse is a particular problem for some vulnerable adults, who may be at greater risk because of physically vulnerability or social isolation.

The Head of Safeguarding represents Adult Social Care on the Safeguarding Children Board, and has been a member of two serious case review panels. The learning for Adult Services from Children's serious case reviews, both locally and nationally, is particularly pressing and we're putting systems in place to ensure that this area of work is properly understood by the MSAB and appropriate actions implemented in practice across all partner agencies. Increasing our links with the MSCB and improving awareness of our responsibility to safeguard children is a key objective in the business plan for 2009/10.

3.2 Central Manchester Foundation Trust Safeguarding

Central Manchester Foundation Trust is actively participating in Safeguarding issues across the City of Manchester. The Trust works in partnership with Manchester City Council and all other agencies.

The Trust has two Lead Nurses who lead on the safeguarding of adults across the adult site of the Trust. They deal with cases referred via wards and departments in the hospital. A network of contacts has built up between them and Social Care to ensure that all cases are fully investigated and any actions taken as appropriate. They also provide education as required across the Trust on safeguarding issues.

The Trust runs mandatory training for all staff. Safeguarding children and safeguarding adults is discussed at all of these training sessions which are attended by all staff. Clinical staff receives a more in depth presentation. These presentations are done in association with the Child Protection Team in the Trust.

The Trust is currently pursuing a business case with the support of Senior Trust Executives to develop a Safeguarding Team. The proposal is to have an overall Safeguarding Lead for the Trust with a Lead Nurse for Safeguarding Children and a Lead Nurse for Safeguarding Adults. There would also be other team members included at a more junior level. The result of the business case has not yet been finalised and the MSAB will expects to know the outcome in 2009/10.

The Trust has also recently set up a Hospital Liaison Team with the Community Learning Disabilities Team to ensure cooperation between Community Teams and the Hospital Trust. This group is now in the process of recruiting membership across the Trust and from the Community and is currently setting up terms of reference.

3.3 University Hospital of South Manchester

As an organisation, UHSM has a lead person for safeguarding adults at Board level, with responsibility for monitoring and implementing safeguarding adults. The lead is the Chief Nurse, who is an executive board member; the operational lead is the Divisional Head of Nursing for Medicine. The Heads of Nursing are the designated Divisional leads. The organisation has a representative on the Trafford Safeguarding Adults Board as well as the Manchester Safeguarding Adults Board.

The Foundation Trust Policy, devised in 2007, is accessed via the organisation’s Intranet, and safeguarding incidents are highlighted through Complaints, PALs and the Hospital Incident Reporting System. The policy has clear procedures for reporting, as well as supporting people, through Safeguarding incident reporting. The Foundation Trust’s HR systems cover enhanced CRB checks, which include POVA. The organisation has attained Level 3 (highest level) of the NHS Litigation Authority (NHSLA) Standards for its policy. The policy is monitored through the organisation’s Clinical Governance Committee and the Heads of Nursing hold quarterly policy review meetings.

Safeguarding Adults is part of the induction programme for all new staff and plans for 2009/10 include further awareness raising sessions for nursing and medical staff.

As part of the NHSLA Standards, the organisation will audit and review its policy.

3.4 Pennine Acute Hospitals Trust

Pennine Acute Hospitals Trust recognises its statutory duty to ensure that vulnerable adults are protected and supported whilst receiving care and treatment.

The Trust has established a Safeguarding Adults Group which promotes best practice and ensures that policies and procedures within the Trust are robust, and that DoH guidance in relation to safeguarding is implemented. The Trust continues to work with partner agencies as a key member of the MSAB to promote the recognition and protection of vulnerable adults. Acute Hospital Trusts have been criticised for the care that they provide to older people and their failure to safeguard the privacy and dignity of this group of patients. Through training and the setting of care standards the Trust aims to provide care which promotes dignity and ensure that all patients are treated with respect. Nationally particular emphasis is being placed on the needs of patients with profound and multiple disabilities who, because of increasing life expectancy are more regularly accessing acute health care for conditions unrelated to their disability. In response to 'Healthcare for All, an independent inquiry into access to healthcare for people with learning disabilities' (DoH, July 2008) the Trust established a multi agency learning disability partnership group to address the lessons to be learned from the report. In February 2009 a week long event was held to raise staff awareness of the special needs of this group of patients and promote the learning package that has been developed to aid communication with patients and their carers. The Care Quality Commission have proposed the introduction of a new provider indicator for Acute Hospital Trusts – 'Access to healthcare for people with a learning disability'. The Trust will build on the work completed to date to ensure that clinical teams are well prepared and able to meet the needs of this very vulnerable group of patients.

3.5 Manchester Mental Health and Social Care Trust

Manchester Mental Health and Social Care Trust continues to be an active and committed partner to the work of the Manchester Safeguarding Adults agenda.

Safeguarding work is reported through to the Trust Board on a regular basis and the Trust has committed to adopt the policies and procedures of the Manchester Safeguarding Adult Board.

The development and launch of the Trust Clinical Risk Assessment tool has enabled the safeguarding agenda to become part of routine practice when risk assessing service users. As part of the checklist for staff, areas of vulnerability are identified including risk of physical, sexual and financial abuse.

The Trust provides awareness training to staff as part of its mandatory training programme and provides an additional one day training course for managers and senior practitioners on the investigative process. As part of the Governance component in the Key Skills for Managers training specific case studies have been used to reflect safeguarding adult issues and improve understanding of the processes and responsibilities that managers have.

Nick Blackledge, the Trust Mental Health Act Manager gave an overview of the new Deprivation of Liberty Standards at the Manchester Safeguarding Adults Board one day conference on adult abuse in February 2009.

The Associate Director Governance is currently reviewing the Trust Vulnerable Adults Policy in the light of practice and further guidance has been issued to

managers on aspects of policy that need to be improved. Part of the review will include better consultation and partnership working with service users.

Of the many cases that have been investigated over the year, both solely by the Trust, and in partnership with the police, one specific investigation led to charges under Section 38 of the sexual offences Act. The perpetrator received an 18 months custodial sentence and 6 months for perverting the course of justice. Following release, the perpetrator will be on the sex offenders register for 10 years

The Trust has contributed to the ongoing work of the MSAB, including leading the work on establishing the Serious Case Review protocol and establishing work with health representatives to consider the contribution of health organisations through the NHSLA process.

The NHSLA was established in 1995 as an external body to assess NHS Trust against a range of standards to promote good risk management and governance standards. One of the standards under the core set on Safe Environment is in relation to Safeguarding Vulnerable Adults. It was felt that this external monitoring is helpful to NHS Trusts who are part of the Safeguarding Board in terms of a performance management framework.

3.6 NHS Manchester

During the year NHS Manchester has used the opportunities presented by new national contracts for community health services to ensure that safeguarding adults is identified as a priority by community health provider organisations including Manchester Community Health, the Primary Care Trust (PCT)'s provider arm. Additionally, contracts between NHS Manchester and its major acute and mental health providers (Pennine Acute Hospitals NHS Trust, Central Manchester NHS Foundation Trust and University Hospitals of South Manchester NHS Foundation Trust, and Manchester Mental Health and Social Care Trust) have also now been concluded for 2009/10. All contracts include a requirement to adhere to the multi agency safeguarding adults policy. These contractual commitments will be monitored during the year by NHS Manchester through its routine contract arrangements and are part of the primary care trust's broader approach to improving service quality, enhancing patient experience and ensuring service safety.

NHS Manchester has also been working closely with Manchester Community Health to plan a review of the PCT's overall capability in safeguarding adults, and this will be completed during 2009/10.

3.7 Greater Manchester Police

Two Police representatives sit on the MSAB., one of whom is a member of the Workforce Development sub-group which is developing multi-agency training. GMP representatives have attended and contributed to safeguarding training.

Each City Division (A, B & C) have dedicated staff engaged on Adult Safeguarding. A single referral procedure has been implemented across the City Divisions.
GMP representative has been involved in evaluating the feasibility of adopting MARMAP (multi agency risk management and assessment process) model in

relation to adults with mental ill health who pose a risk to others, and have jointly presented proposals to the MSAB in support of a pilot. Proposal to implement a Pilot on the B Division based on the MARMAP protocol has been accepted.
A Referral Desk has been established on the B Division which is being developed to deliver the following,

- Consistency in decision making and providing resources to cope with demand
- Ensure information regarding domestic abuse, child protection and mental health are not assessed in isolation.
- Management of high risk cases at MARAC and MARMAP
- Recording and management of all referrals, internal and external
- All information regarding safeguarding Children and Young persons involved in gangs is recorded in line with guidance and policy
- Single point of contact to assist operational staff with investigative plans and risk assessment
- Single point of contact for partner agencies to refer safeguarding concerns.
- Meet recommendations made in Lord Laming's recent review "The Protection of Children in England - A progress report" specifically recommendation 20 on Interagency Working.

GMP is currently contributing to the first MSAB Serious Case Review and also presented at the MSAB Safeguarding Conference in February 2009.

3.8 Manchester Carers Forum

Manchester Carers Forum is represented on the MSAB and the Safeguarding Policy has been developed and adopted by our Board of Trustees. We have developed our organisational policy on Adult Safeguarding and this is to be presented to our next Trustee Meeting for their consideration and adoption. Following from this staff will be trained in the implementation of this policy. All of our staff have undertaken Adult Safeguarding Training.

3.9 Manchester Alliance for Community Care (MACC)

Safeguarding is everybody's business and the ultimate intention of safeguarding policies is to prevent abuse. These are the reasons why MACC participates in the MSAB and raises awareness of safeguarding issues within Manchester's Voluntary and Community sector (VCS).

Recognising that advocacy makes an important contribution to safeguarding, we are working with MASB members to explore and develop the involvement of independent advocacy in safeguarding work, both in a preventative capacity through the personalisation agenda and in the more specialist role to support individuals involved in safeguarding investigations.

We have held meetings and initiated debate within the VCS to discuss ways of improving safeguarding policies and procedures and how they work in practice within the sector.

MACC has also focussed on promoting the safeguarding training for VCS organisations and groups, through the Workforce Planning and Development Service.

3.10 Adult Social Care - Contracts

The Contracts Unit of the Adult Social Care Department of Manchester City Council plays a key role in the front line service end of Safeguarding Adults. Staff from the Contracts Unit work closely with the Adults Safeguarding Coordinator and Care Managers to ensure that potential Safeguarding concerns relating to external service providers are thoroughly investigated and that appropriate action is taken to ensure customer safety. This work covers all service areas such as care homes and domiciliary care services and relates to approximately 77% of social care services delivered to adults within the City of Manchester. The Contracts Unit has been involved in an extensive number of Safeguarding investigations throughout 2008/9 primarily relating to the aforementioned service areas, and has been able to impose sanctions such as breach of contract notices and suspension of service contracts for the failure of providers to safeguard adults to the standards expected by the Council.

The Contracts Unit has also been at the forefront of collecting data concerning the levels of service provider staff trained with applicable Safeguarding Adults qualifications and has mandated that all care home providers must have a minimum of 50% of their staff trained in order to qualify for a price variation payment for financial year 2009/10. It is the intention to keep increasing the required percentage rate until all providers reach the 100% mark. The Unit has further been involved in promoting the Manchester Dignity in Care agenda across the care home and domiciliary care sectors and a significant element of this concerns Safeguarding Adults. The Unit will continue to support providers in Manchester obtaining the Dignity in Care Award.

3.11 Workforce Planning and Development Report

During 2008/9 we have successfully established the multi agency workforce planning and development sub group. This group includes representatives from the key partner organisations and has enabled us to take a more strategic and coordinated approach to the development and delivery of a range of development activities designed to increase awareness and improve practice in all areas of safeguarding adults in Manchester.

A summary of the work of the group is outlined below;
During the period 1st April 2008 – 13th March 2009 we trained 2291 people - the training included;

- Awareness briefings on the Mental Capacity Act.
- Awareness briefings on Safeguarding Adults.
- Domestic violence awareness.
- Forced marriages.
- Safeguarding Adults – recognising and responding to allegations of abuse.
- Safeguarding adults - investigating allegations of abuse.

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- Supporting families of adult substance miss use.
- Train the trainers.
- Deprivation of liberty standards MCA 2005.

In addition to the delivery of this training, work has also been progressed in the following areas:

i. Completed an audit of the staff trained in the independent and voluntary sector that indicated over almost 60% of staff and managers in the sector had received appropriate safeguarding training.

ii. Reviewed the training programme to deliver training to staff in Greater Manchester Police and the NHS that has enabled us to:

- Deliver appropriate training to staff and managers in these organisations.
- Include safeguarding adults training within the NHS statutory and mandatory training framework.
- Ensure the investigative interviewing training includes key elements of police investigation and information gathering.

iii. Developed a joint approach to the development and delivery of safeguarding training for adults and children that has enabled us to:

- Ensure staff and managers from adult services will be able to access all safeguarding children's training course.
- Ensure staff from children's services will be able to access all adults safeguarding training courses.
- Ensure a joint approach to the development and delivery of e learning for children and adult safeguarding training.

To enable this work to progress effectively, both the Children's and Adults Workforce Development Sub Groups will have lead representatives on each group.

iv. Focused on developing new learning and development activity, and effective quality assurance, monitoring and evaluation of activity, has enabled us to;

- Provide detailed and accurate attendance figures for all training delivered.
- Submit Safeguarding Adults; level 1 Recognising and Responding to abuse for accreditation through EDI/Asset, a national training and qualification awarding body.
- Start a review of all training courses included in the current programme.
- Identify the need for training in the following areas;- induction for board members, guidance on leading serious case reviews and the introduction of an e-learning programme.

The work detailed above has laid the foundation for the workforce of the group during the next 12 months, which will also include the development of a joined up approach to the planning and delivery of safeguarding training for children and adults as a major priority.

4 Data Analysis

The presentation of this information is in two formats, in the text, charts have been produced to illustrate data and compare information from 2007/08 with 2008/09. The data are provided in Appendices 1-9.

In 2008/09 Adult Social Care investigated a total of 807 allegations of neglect or abuse of vulnerable adults, a significant 73% increase compared with 466 investigations in 2007/08. 211 of these allegations involved vulnerable adults known to key statutory partners (NHS, Police, Housing, Probation and Criminal Justice and Care Quality Commission (CQC) living in 24 hour care environments, principally care homes and nursing homes. Investigations into allegations have been run in conjunction with CQC and Adult Social Care. Investigations have also involved allegations made against paid carers from agencies providing support at home to vulnerable adults. The significant increase in the number of referrals in 2008/09 reflects the ongoing work of the Manchester Safeguarding Adults Board in increasing the availability of safeguarding awareness training for staff, improving the confidence of staff in applying the procedures, and in raising awareness about safeguarding adults through publicity initiatives.

With the exception of the Mental Health group, there has been a significant increase across all other customer groups in the number of referrals and investigations undertaken. In particular, Older People Services saw 190% increase, and Physical Disability services a 79% increase in the number of referrals. Older People represented 52% of all referrals, up from 30.7% in 2007/08. The mental health customer group saw a 13% reduction in the number of referrals. This is an area that will require more detailed analysis to determine the contributory factors. Initial findings suggest it is linked to system breakdown in data collation.

Customer Group	No of referrals 2008/09	No of referrals 2007/08
Older People	421	145
People with learning disabilities	140	108
People with mental health problems	126	143
People with physical and sensory disabilities	84	42
People who use HIV/AIDS services	5	3
People who use drugs services	9	4
People who use alcohol services	22	21
TOTAL	**807**	**466**
No of referrals by partner agencies		
for people buying their own care		4
made by NHS	170	168
made by Police	31	12
made by Housing	4	6
made by probation and Criminal Justice	3	8
made by Care Quality Commission (CQC)	3	
TOTAL	**211**	

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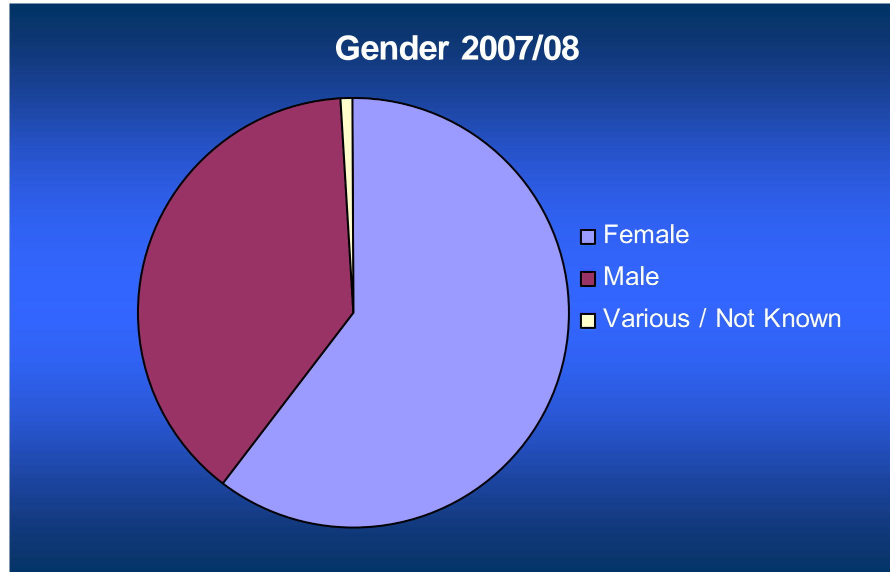
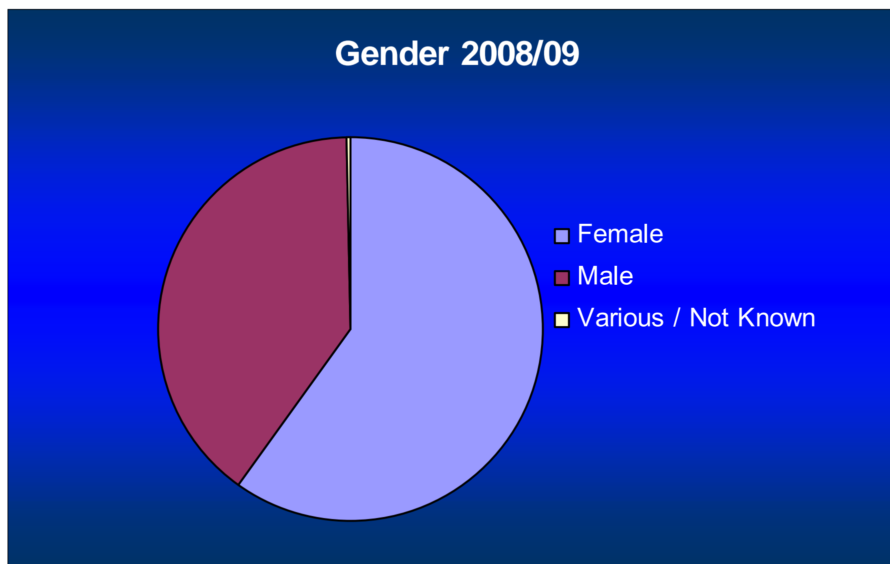
4.1 Gender

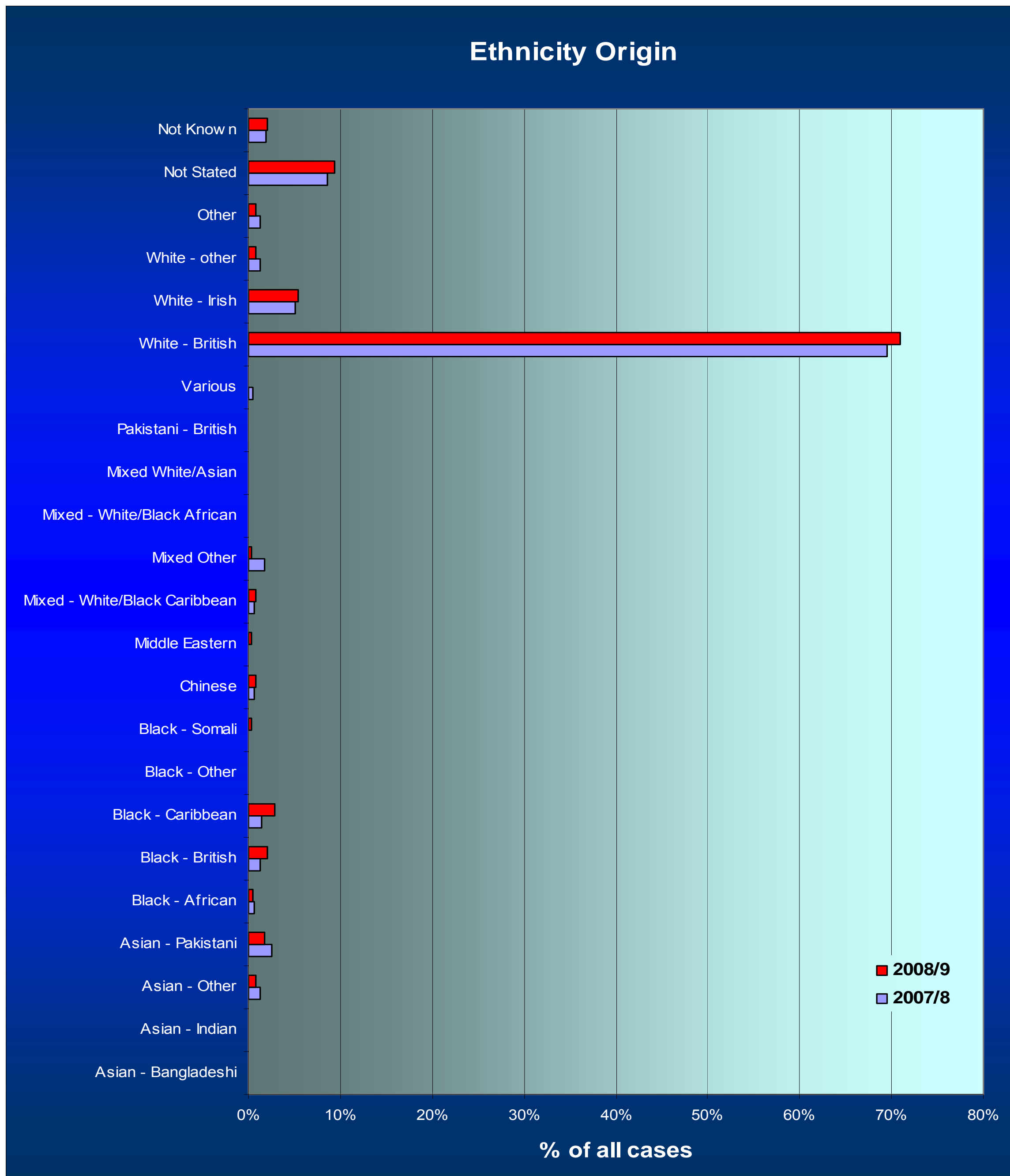




The charts above show the breakdown of gender for all safeguarding referrals made in 2007/8 and 2008/9. The data shows that the proportion of referrals from female clients remain consistent between 2007/8 (60.3%) and 2008/9 (60.0%). Conversely the percentage of referrals from male clients increased slightly from 38.8% in 2007/8 to 39.7% in 2008/9.

The largest change can be seen in the Older People's Services where there has been 186% increase for females, and 208% for males, with the referrals represented for older people collectively account for 52.4% of all referrals in 2008/9, which indicates a significant increase from 30.7% in 2007/8 (see Appendix 1).

4.2 Ethnic Origin

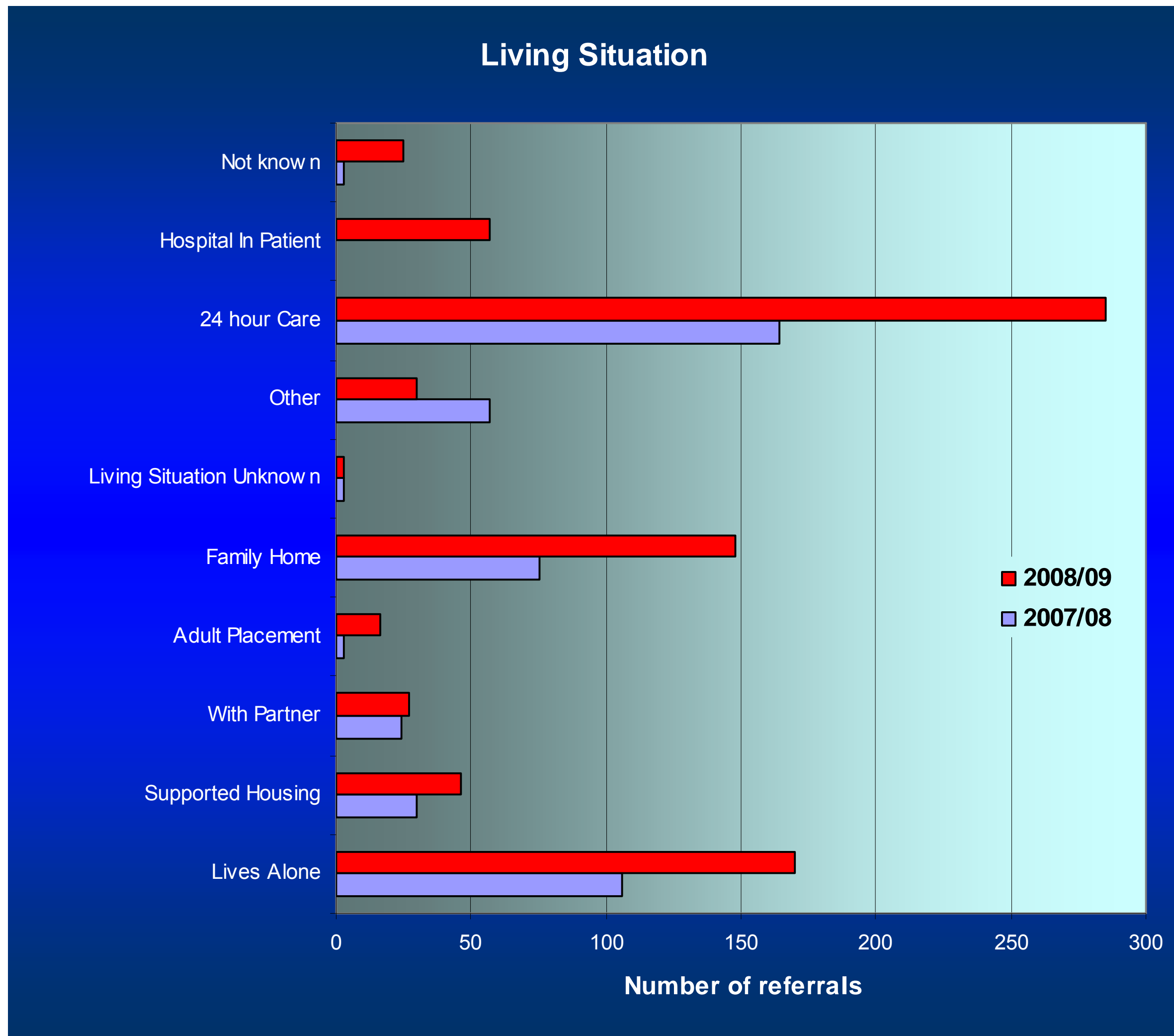


The chart above shows the breakdown of ethnicity for all safeguarding referrals made in 2007/8 and 2008/9. Data shows that while there has been an increase in referrals for the aggregated Black and Minority Ethnicity (BME) customer groups (including various), the proportion representing the BME group reduced from 12.23% in 2007/8 to 10.55% while the aggregated white group increased from 75.97% in 2007/08 to 77.08% in 2008/9 (see appendix 2).

Ethnicity is not known for 12.27% of all referrals. Further work is needed to ensure that Manchester achieves a more comprehensive understanding of the needs of BME communities. Greater clarity and precision is needed to ensure there is

improved consistency in recording ethnic origin at the referral stage. This will require engagement with Contact Centre staff and professionals responsible for referrals and investigations, to emphasis the importance of gathering this information and recording details precisely and accurately. This links to the MASAB Business Plan strategic objective 1.5 Ensure Fair Access to Safeguarding.

4.3 Living Situation

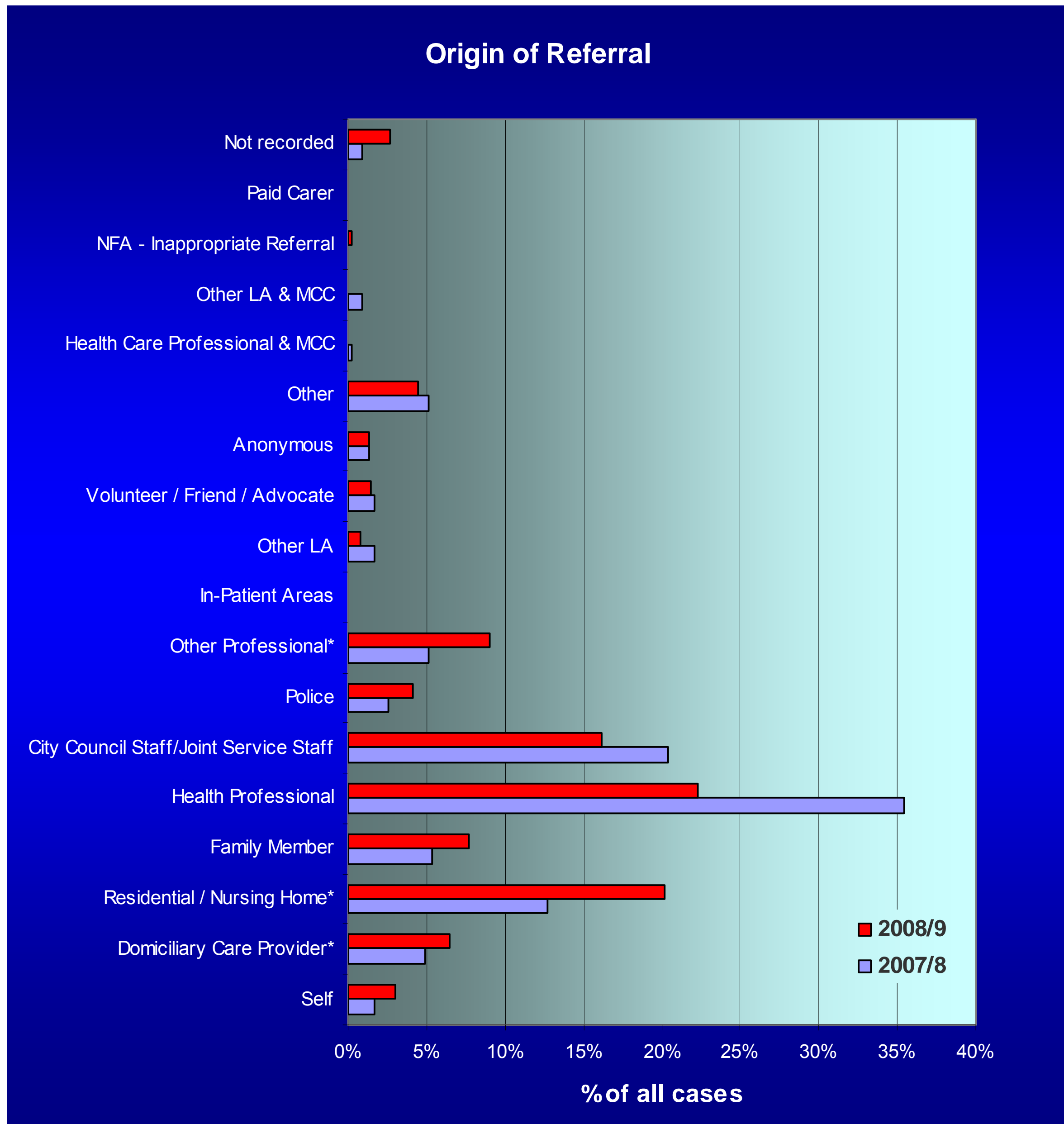


The chart above shows the living arrangements of people referred, comparing data from 2007/8 to 2008/9. There has been a significant increase in the number of referrals for people living alone (60%), people in family homes (96%), and 24 hour care (74%). There has also been a marked increase in hospital in-patient referrals (see appendix 3).

Of all referrals in 2008/9, there has been a 6.85% increase in the proportion of people living in hospital in patient arrangements. This is largely due to an increase in the number of mental health hospital in patient arrangements, but improved recording is also likely to be a factor. In 2007/8, 36.55% of all mental health referrals indication of living arrangements were recorded as 'other' which was significantly reduced to 3.17% in 2008/9. Conversely, hospital in patient referrals increased significantly from no referrals in 2007/8 to 46 referrals in 2008/9.

There was an increase in cases where the person's living situation was recorded as 'Not Known' or 'Living Situation Not known' from 6 cases in 2007/8 to 28 cases in 2008/9. It is essential that recording is improved to ensure that full and accurate data collection is achieved in 2009/10. The MSAB has established a performance monitoring sub group who will take this work forward.

4.4 Origin of Referral



The chart above shows the source of referrals recorded. There were an additional two categories in 2008/9 making up 0.37% of total referrals in 2008/9, however this is not significant enough to impact on direct comparison.

In 2007/8, the largest source of referrals was health professionals (35.4%) and City Council / Joint service staff (20.4%) and Care providers (17.6%).

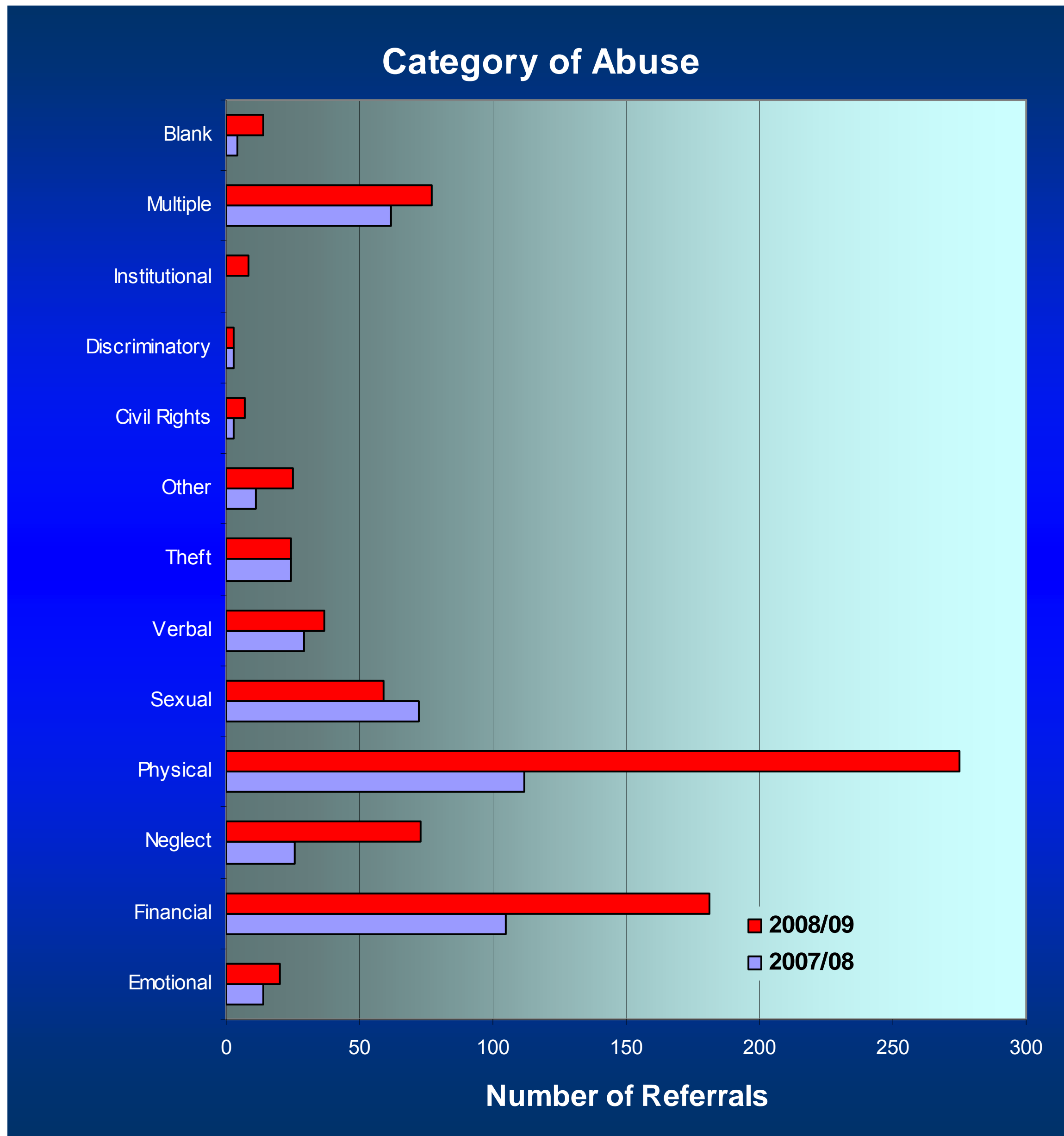
In 2008/9 the largest source of referral had shifted to Care Providers (26.64%) increased by 9.05% from 2007/8, followed by health professionals (22.3%) and City Council / Joint service staff (16.11%) (see appendix 4). The significant increase in Care Providers reflects the focussed work of the MSAB in increasing training provision to the independent and voluntary sector care providers. This has resulted in a 55% increase, from 5% [1] of staff employed in this sector having completed valid training in Safeguarding, to 60% [2] in 2008/9. The work of the Providers Forum in raising awareness amongst care providers of the importance of ensuring staff receive training in safeguarding, has also contributed to this improvement.

The new fee structure for care providers, implemented by Adult Social Care and effective from April 2009 will continue to impact positively on these figures. The fees payable to care homes are based on Care Quality Commission (CQC) ratings with additional payments based on whether homes are rated by CQC as adequate, good and excellent. To get the highest fee rates providers have to produce evidence that at least 50% of their workforce have undertaken valid safeguarding training within the last 3 years.

These pricing mechanisms emphasise the high priority placed by Manchester City Council on ensuring that customers continue to access high quality provision in the city and that appropriate safeguards are in place to protect them.

[1] Reported in CSCI Self-Assessment Survey 2007/8
[2] Reported in CQC Self-Assessment Survey 2008/9

4.5 Category of Abuse



The chart above shows the category of abuse in which each referral was recorded. In 2007/8, the largest number of cases were physical (24.03%) and financial (22.53%). There was a significant increase (144.64%) in the number of cases of physical abuse recorded from 112 cases in 2007/8 to 274 in 2008/9. This is also the largest representation of all cases, indicating a 9.92% increase, from 24.03% of all cases in 2007/8, to 33.95% of all cases in 2008/9. After physical abuse, the second highest rise in any of the categories is in neglect, which has risen from 26 cases in 2007/8 (5.58% of all cases) to 73 cases in 2008/09 (9.05% of all cases) (See appendix 5).

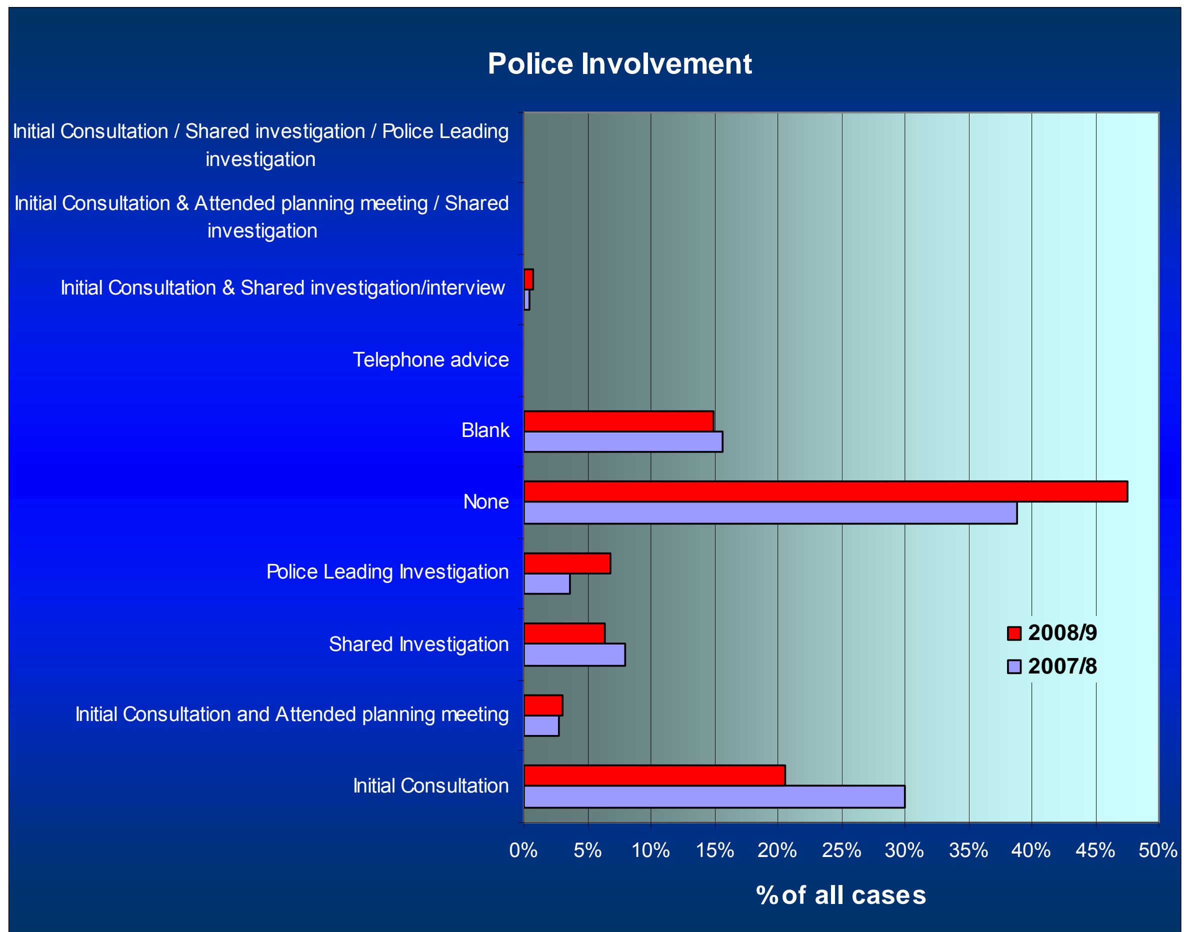
To assist in understanding the correlation between category of abuse and victim's living situation, the table below shows the three most common types of abuse and living situation.

Living Situation	Physical	Neglect	Financial
24hr Care	155	37	30
Family Home	48	16	26
Lives Alone	21	11	75
Adult Placement	3	1	2

For both categories of physical abuse and neglect, the large increase impacts mostly on older people and those living in 24 hour care. 135 of the 155 cases of physical abuse, and 32 of the 37 cases of neglect involved older people living 24 hour Care. Financial abuse is more prevalent for older people (39 cases) and people with physical disabilities living alone (29 cases).

These findings suggests that further work is needed to engage with providers of 24 hour care home, to focus on preventative strategies including improved staff training in manual handling of older people, dealing with aggression and challenging behaviour in vulnerable adults', and pressure care.

4.6 Police Involvement



The chart above shows the levels of police involvement in referrals in 2007/8 and 2008/9. Data shows a 112.15% increase in the number of cases where there was no police involvement or data was not recorded, from 181 in 2007/8, to 384 in 2008/9. As a proportion of all cases, data shows that Police leading investigation has increased by 3.17%, from 3.65% of all cases in 2007/8, to 6.82% of all cases in 2008/9. Whilst the number of cases with initial consultation has increased from 140 to 164, this represents a decrease of 9.47%, from 30.04% of all cases in 2007/8, to 20.57% of all cases in 2008/9.

Where cases of physical abuse, neglect, sexual and financial abuse were reported, the need to refer to the police may be obvious and consequently staff may be less likely to seek an initial consultation with the police. The reduction in initial consultations could also be a consequence of the improved police referral system introduced in 2008/9 and associated guidance from the Police that has increased awareness of the threshold for police involvement. Conversely, social workers and care managers' limited experience in securing successful prosecutions, or the frequently protracted criminal justice processes may result in a reluctance to engage the police. Customers themselves are often reluctant to go down the route of criminal prosecution. The MSAB criminal justice sub group is focussing on these issues.

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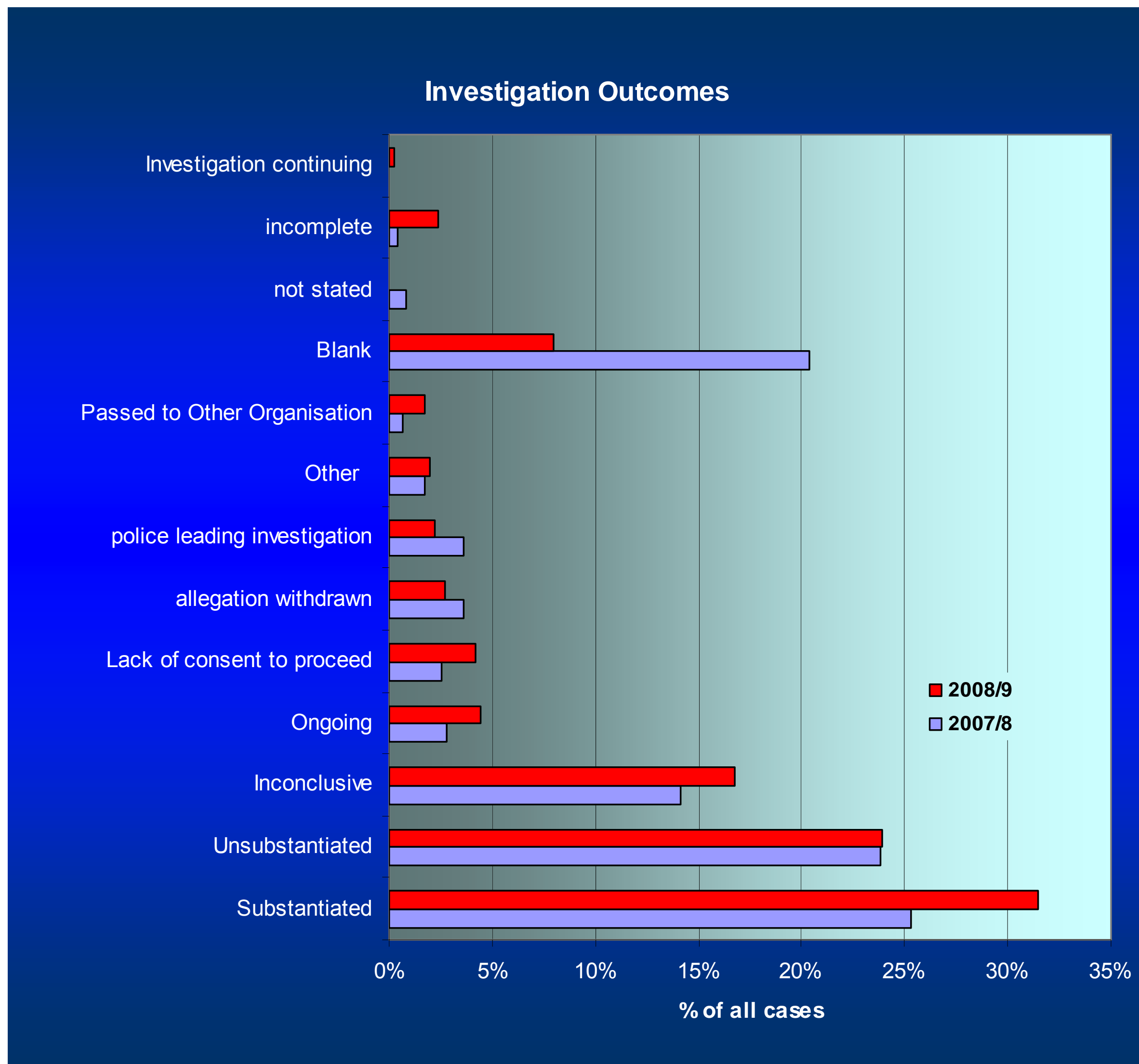
The following table shows the category of abuse indicated in 2008/9 where police involvement has been indicated as 'none' against the 3 most common perpetrator types i.e. other vulnerable adult, paid carer and family member. Where the main perpetrator is another vulnerable adult or family member/carer there is least likelihood of the victim seeking police involvement or this being seen to be the most appropriate outcome.

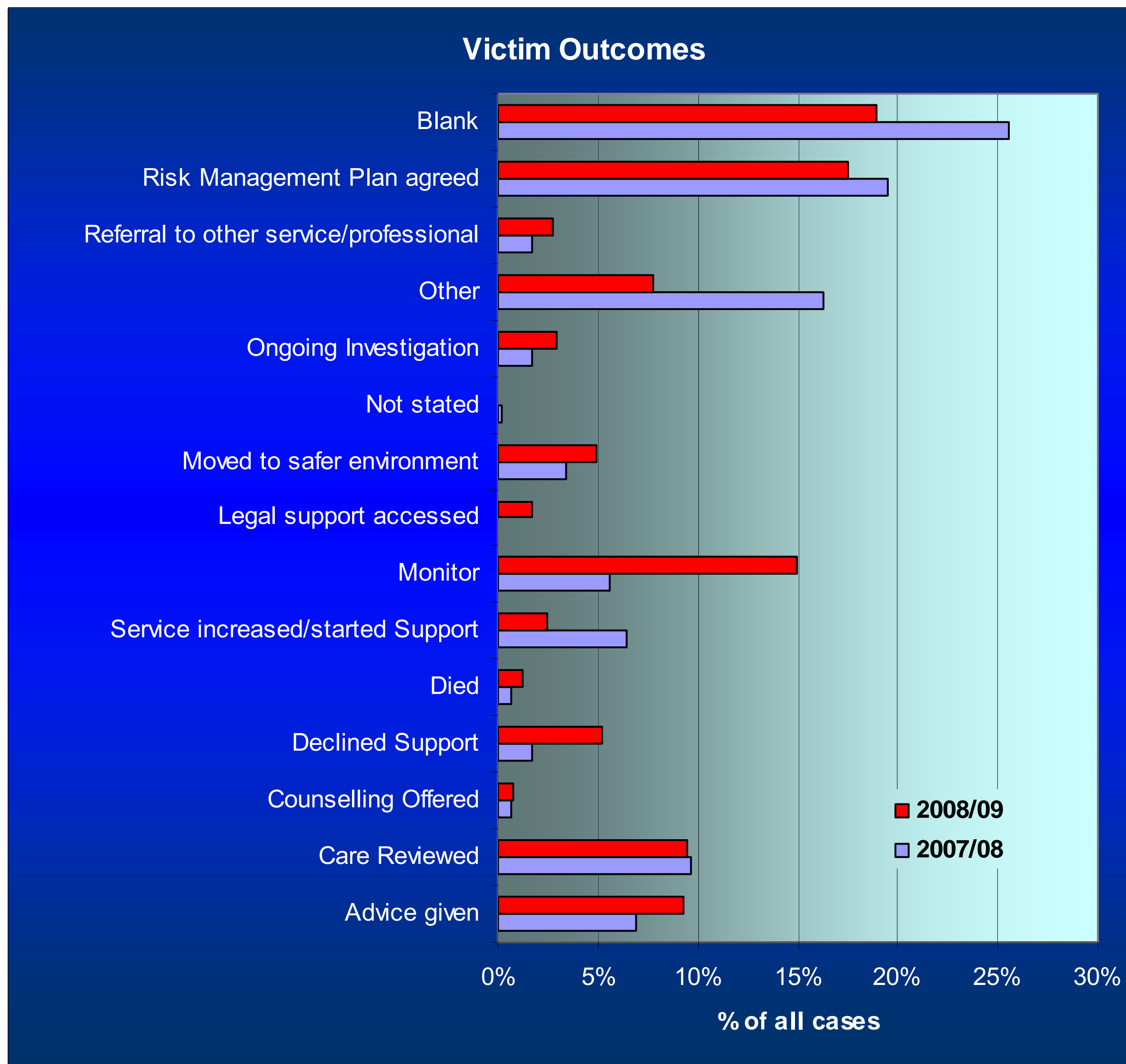
Category of Abuse	2008/9	Other Vulnerable Adult	Paid Carer	Family Member & Family (Carer)
Physical	**156**	81	29	20
Financial	**66**	0	5	28
Neglect	**49**	0	19	9
Multiple (Please state):	**33**	3	6	13
Verbal	**23**	0	9	10
Sexual	**20**	6	1	2
Other (Please state):	**13**	4	0	3
Emotional	**8**	0	0	4
Theft	**6**	0	0	1
Institutional	**2**	0	0	0

4.7 Investigation Outcomes



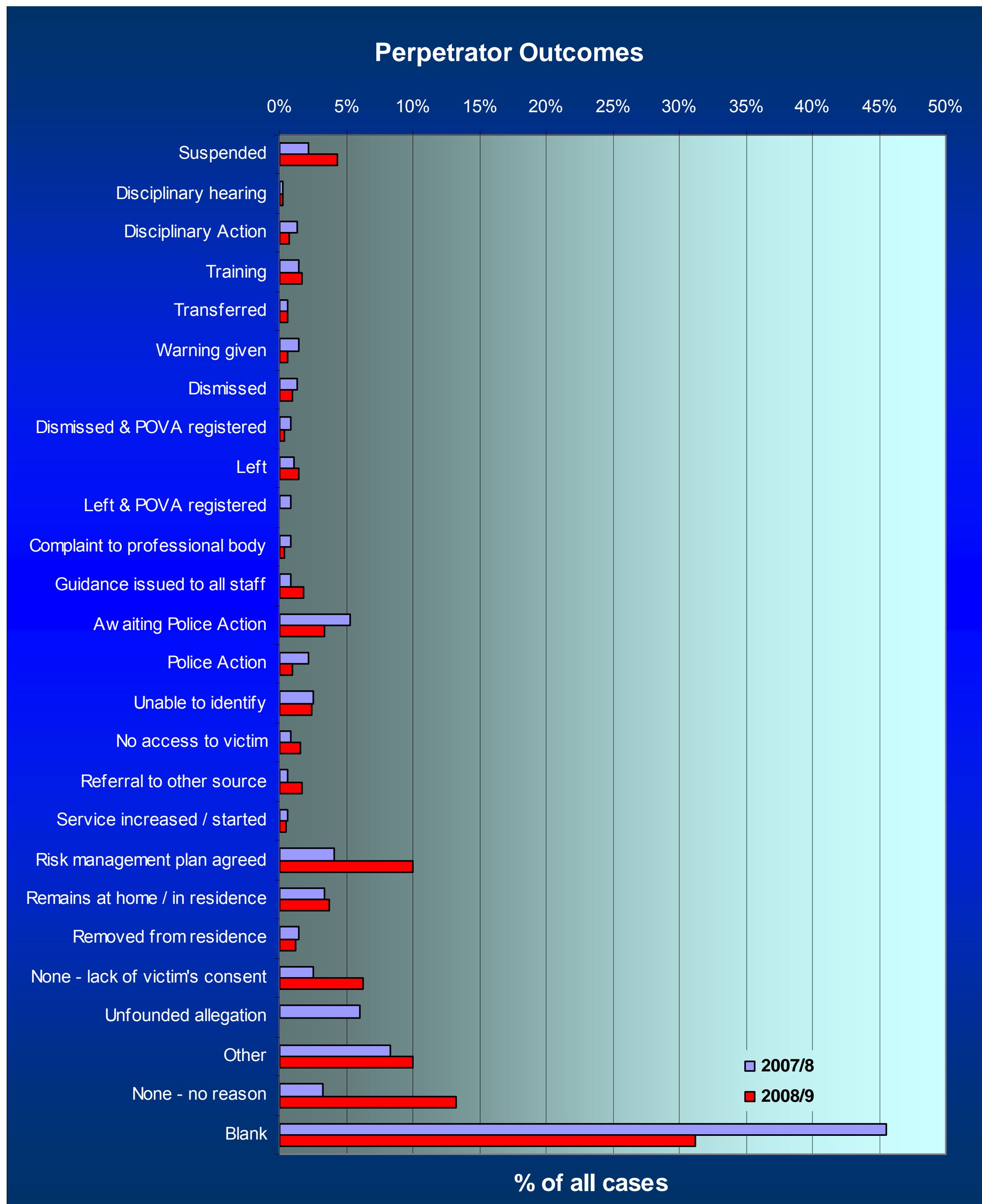
The chart above compares the recorded outcomes arising from referrals in 2007/8 and 2008/9. The number of substantiated allegations increased by 63.56%, from 118 cases in 2007/8, to 254 2008/9. This remains the largest representation of all cases with an increase of 6.15%, from 25.32% of all cases in 2007/8, to 31.47% of all cases in 2008/9. This indicates increased awareness of signs and symptoms of abuse resulting in appropriate referrals, and the improved effectiveness of the investigation processes, reflecting the skills and experience of staff conducting investigations. Although the number of allegations that are recorded as unsubstantiated has increased from 111 in 2007/8 to 190 in 2008/9, proportionately of all cases, this has slighted increased by 0.10% from 23.82% of all cases in 2007/8 to 23.92% of all cases in 2008/9 (see Appendix 7).

4.8 Outcomes for Victims



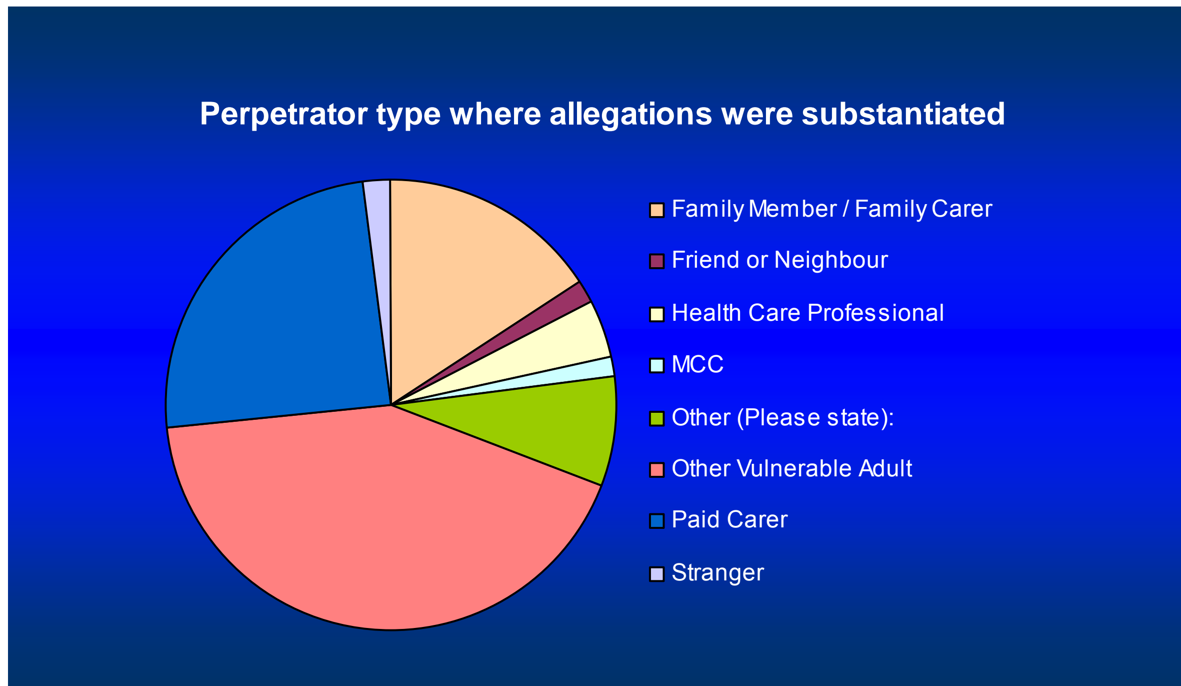
The chart above shows the recorded outcomes for the victims arising from referrals in 2007/8 and 2008/9. Significant increases can be seen in monitoring victims' circumstances from 26 in 2007/8 to 121 in 2008/9 (365% increase), 15 victims were supported to access legal support in 2008/9 compared to none in 2007/8, and 40 victims were also moved to safer environment in 2008/9 compared to 16 in 2007/8 (150% increase). Conversely, there has been a reduction in the number of cases where services increased/started support, from 30 cases in 2007/8 to 22 cases in 2008/9 (33 decrease). There is an increase (notably amongst older people and people with physical disability) in the number of cases where the victim has declined support, from 1.72% of all cases and 5.11% of all cases in 2008/9 (see Appendix 8). Ongoing work to increase the availability of advocacy support for people involved in safeguarding investigations will seek to address this issue – it will be interesting to review this next year.

4.9 Outcomes for Perpetrators



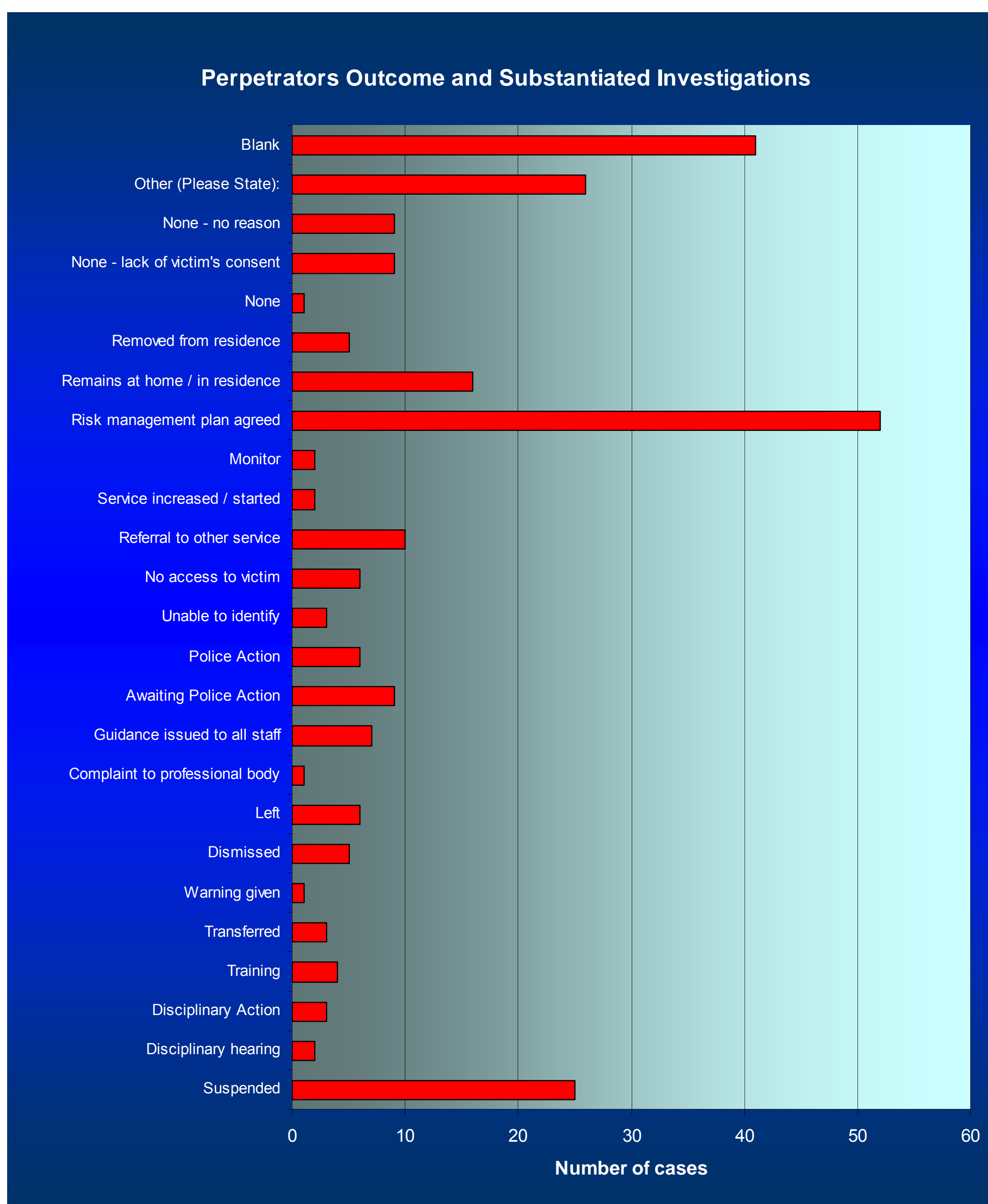
The chart above compares the recorded outcomes for perpetrators between 2007/8 and 2008/9. The chart shows that the most common outcomes, where data is recorded, are none – no reason (13.26%), other outcomes (10.04%), risk management plan agreed (10.04%) and lack of victim's consent (6.33%). Work needs to be undertaken to refine this aspect of data collection to clarify the outcome categories and ensure precise and accurate recording. This should include reference to a carer's assessment for a perpetrator who is not receiving a service at the time of the investigation.

Further analysis is provided in the chart below which shows the category type of perpetrator where cases were substantiated.



Data suggests that other vulnerable adults are the most common type of perpetrator (40.16%) followed by paid carer (23.3%) and family member/Family Carer (14.96%) (see appendix 10). This highlights the need for safeguarding risk assessments in these circumstances, and the need to ensure that other vulnerable adults, family members, and carers are properly supported in carrying out caring responsibilities. For both NHS and Adult Social Care, this is a timely reminder to ensure staff are trained appropriately and ensure appropriate case monitoring.

The chart below shows the outcomes for perpetrator as a result of investigations being substantiated. Of all cases with outcomes recorded, the most common outcome are risk management plan agreed (20.47%), other outcomes (10.24%) and suspension (9.84%) (see Appendix 11).



Further analysis provided in the table below of those perpetrators suspended, also shows that 23 of the 25 cases were paid carers. This reflects the need for continuing work with Domiciliary Care Providers in relation to safe recruitment and safeguarding awareness, and in particular, monitoring of Personal Assistants as a result of individual budgets being mainstreamed in 2008/9. Other vulnerable adults involved have a risk management plan agreed to prevent abuse and neglect to the victim.

Perpetrator category	Suspended	Risk Management Plan Agreed
Health Care Professional	1	1
Other Vulnerable Adult	1	47
Paid Carer	23	2

5 Appendices

Abbreviations Note :

MH People with Mental Health needs
LD People with Learning Disabilities
PD People with Physical Disabilities
OP Older People

Appendix 1 - Gender

2007/08

Gender	Total	MH	LD	PD	OP
Female	281	98	64	22	97
Male	181	47	41	47	46
Not recorded	4	0	3	1	0
Total	**466**	**145**	**108**	**70**	**143**

2008/09

Gender	Total	MH	LD	PD	OP
Female	484	71	78	57	278
Male	320	54	62	62	142
Not recorded	3	1	0	1	1
Total	807	126	140	120	421

Appendix 2 - Ethnic Origin

2007/08

Ethnic Origin	Total	OP	LD	MH	PD
Asian - Bangladeshi	1	1	0	0	0
Asian - Indian	1	1	0	0	0
Asian - Other	6	0	1	5	0
Asian - Pakistani	12	2	5	3	2
Black - African	3	0	0	2	1
Black - British	6	0	0	5	1
Black - Caribbean	7	4	0	3	0
Black - Other	1	0	0	1	0
Black - Somali	1	1	0	0	0
Chinese	3	1	1	1	0
Middle Eastern	1	0	0	1	0
Mixed - White/Black Caribbean	3	1	0	2	0
Mixed Other	8	0	0	8	0
Mixed White/Asian	1	0	1	0	0

Ethnic Origin	Total	OP	LD	MH	PD
Pakistani - British	1	0	0	1	0
Various	2	0	1	0	1
White - British	324	108	85	88	43
White - Irish	24	9	1	8	6
White - other	6	2	2	1	1
Other	6	2	1	1	2
Not Stated	40	8	5	15	12
Not Known	9	3	5	0	1
Total	**466**	**143**	**108**	**145**	**70**

2008/09

Ethnic Origin	Total	OP	LD	MH	PD
Asian - Bangladeshi	1	0	0	1	0
Asian - Indian	1	0	0	1	0
Asian - Other	6	0	0	1	5
Asian - Pakistani	13	1	10	0	3
Black - African	4	1	0	1	2
Black - British	17	5	2	5	5
Black - Caribbean	23	13	6	4	0
Black - Other	1	0	0	1	0
Black - Somali	2	0	2	0	0
Chinese	6	1	0	4	1
Middle Eastern	3	0	0	3	0
Mixed - White/Black Caribbean	6	0	0	3	3
Mixed - White/Black African	0	0	0	0	0
Mixed Other	2	0	0	2	0
Mixed White/Asian	0	0	0	0	0
Pakistani - British	0	0	0	0	0
Various	0	0	0	0	0
White - British	572	321	89	78	84
White - Irish	44	28	3	6	7
White - other	6	4	0	0	2
Other	6	4	0	1	1
Not Stated	76	38	21	13	4
Not Known	17	5	7	2	3
Total	**807**	**421**	**140**	**126**	**120**

Appendix 3 - Living Situation

2007/08

Living Situation	Total	PD	OP	LD	MH
Lives Alone	106	38	35	7	26
Supported Housing	30	3	2	12	13
With Partner	24	5	9	2	8
Adult Placement	3	2	0	1	0
Family Home	75	12	18	26	19
Living Situation Unknown	3	1	0	1	1
Other	57	4	0	0	53
24 hour Care	164	5	76	58	25
Hospital In Patient	1	0	0	1	0
Not known	3	0	3	0	0
Total	**466**	**70**	**143**	**108**	**145**

2008/09

Living Situation	Total	PD	OP	LD	MH
Lives Alone	170	57	78	15	20
Supported Housing	46	8	9	19	10
With Partner	27	6	7	4	10
Adult Placement	16	5	0	10	1
Family Home	148	26	80	28	14
Living Situation Unknown	3	1	1	0	1
Other	30	9	3	14	4
24 hour Care	285	5	229	32	19
Hospital In Patient	57	1	4	6	46
Not known	25	2	10	12	1
Total	**807**	**120**	**421**	**140**	**126**

Appendix 4 – Origin of Referral

2007/08

Referral	Total	MH	LD	PD	OP
Self	8	3	0	3	2
Domiciliary Care Provider*	23	0	13	2	8
Residential / Nursing Home*	59	6	17	1	35
Family Member	25	3	3	3	16
Health Professional	165	120	14	7	24
City Council Staff/Joint Service Staff	95	0	34	35	26
Police	12	0	5	2	5

Referral	Total	MH	LD	PD	OP
Other Professional*	24	4	3	9	8
In-Patient Areas	0	0	0	0	0
Other LA	8	4	2	1	1
Volunteer / Friend / Advocate	8	1	2	2	3
Anonymous	6	0	1	3	2
Other	24	3	8	2	11
Health Care Professional & MCC	1	0	1	0	0
Other LA & MCC	4	0	4	0	0
Not recorded	4	1	1	0	2
Total	**466**	**145**	**108**	**70**	**143**

2008/09

Referral	Total	MH	LD	PD	OP
Self	24	1	7	7	9
Domiciliary Care Provider*	52	0	21	8	23
Residential / Nursing Home*	163	0	7	2	154
Family Member	62	5	12	4	41
Health Professional	180	97	11	14	58
City Council Staff/Joint Service Staff	130	2	24	60	44
Police	33	0	11	3	19
Other Professional*	73	9	16	13	35
In-Patient Areas	0	0	0	0	0
Other LA	6	4	0	0	2
Volunteer / Friend / Advocate	12	1	3	2	6
Anonymous	11	1	4	1	5
Other	36	5	20	0	11
Health Care Professional & MCC	0	0	0	0	0
Other LA & MCC	0	0	0	0	0
NFA - Inappropriate Referral	2	0	0	2	0
Paid Carer	1	0	0	0	1
Not recorded	22	1	4	4	13
Total	**807**	**126**	**140**	**120**	**421**

Appendix 5 – Category of Abuse

2007/08

Category	Total	MH	LD	PD	OP
Emotional	14	9	2	2	1
Financial	105	28	11	29	37
Neglect	26	0	2	3	21
Physical	112	19	43	10	40
Sexual	72	51	15	3	3
Verbal	29	9	6	5	9
Theft	24	2	7	8	7
Other	11	3	1	3	4
Civil Rights	3	3	0	0	0
Discriminatory	3	3	0	0	0
Institutional	1	1	0	0	0
Multiple	62	17	20	7	18
Blank	4	0	1	0	3
Total	**466**	**145**	**108**	**70**	**143**

2008/09

Category	Total	MH	LD	PD	OP
Emotional	20	3	4	6	7
Financial	179	26	25	41	87
Neglect	73	2	11	6	54
Physical	274	28	48	26	172
Sexual	61	26	17	10	8
Verbal	37	3	8	7	19
Theft	24	5	8	0	11
Other	26	1	4	7	14
Civil Rights	7	4	1	1	1
Discriminatory	4	0	0	4	0
Institutional	8	1	1	0	6
Multiple	81	26	10	10	35
Blank	13	1	3	2	7
Total	**807**	**126**	**140**	**120**	**421**

Appendix 6 – Police Involvement

2007/08

Police Involvement	Total	MH	LD	PD	OP
Initial Consultation	140	41	21	35	43
Initial Consultation and Attended planning meeting	13	8	4	0	1
Shared Investigation	37	5	6	13	13
Police Leading Investigation	17	6	7	4	0
None	181	64	34	14	69
Blank	73	21	31	4	17
Telephone advice	1	0	1	0	0
Initial Consultation & Shared investigation/interview	2	0	2	0	0
Initial Consultation & Attended planning meeting / Shared investigation	1	0	1	0	0
Initial Consultation / Shared investigation / Police Leading investigation	1	0	1	0	0
Total	**466**	**145**	**108**	**70**	**143**

2008/09

Police Involvement	Total	MH	LD	PD	OP
Initial Consultation	166	49	33	29	55
Initial Consultation and Attended planning meeting	25	8	10	2	5
Shared Investigation	51	3	10	19	19
Police Leading Investigation	55	7	17	10	21
None	384	52	34	36	262
Blank	120	7	30	24	59
Telephone advice	0	0	0	0	0
Initial Consultation & Shared investigation/interview	6	0	6	0	0
Initial Consultation & Attended planning meeting / Shared investigation	0	0	0	0	0
Initial Consultation / Shared investigation / Police Leading investigation	0	0	0	0	0
Total	**807**	**126**	**140**	**120**	**421**

Appendix 7 – Investigation Outcomes

2007/08

Investigation Outcome	Total	MH	LD	PD	OP
Substantiated	118	31	19	23	45
Unsubstantiated	111	35	23	7	46
Inconclusive	66	22	8	25	11
Ongoing	13	2	8	1	2
Lack of consent to proceed	12	2	1	3	6
allegation withdrawn	17	14	0	1	2
police leading investigation	17	6	10	1	0
Other	8	3	0	0	5
Passed to Other Organisation	3	2	0	0	1
Blank	95	28	33	9	25
not stated	4	0	4	0	0
incomplete	2	0	2	0	0
Total	**466**	**145**	**108**	**70**	**143**

2008/09

Investigation Outcome	Total	MH	LD	PD	OP
Substantiated	254	24	39	29	162
Not Substantiated	193	24	47	23	99
Inconclusive	135	36	27	18	54
Incomplete	19	13	0	1	5
Withdrawn	0	0	0	0	0
Investigation continuing	2	0	2	0	0
Lack of consent to proceed	34	7	2	6	19
Passed to other LA	0	0	0	0	0
Ongoing	36	6	12	6	12
Passed to other organisation	14	3	0	4	7
Police leading investigation	18	5	3	4	6
Blank	64	3	5	18	38
Allegation Withdrawn	22	4	2	3	13
Other	16	1	1	8	6
Total	**807**	**126**	**140**	**120**	**421**

Appendix 8 – Outcomes for Victims

2007/08

Victim Outcome	Total	MH	LD	PD	OP
Advice given	32	22	7	1	2
Care Reviewed	45	6	4	1	34
Counselling Offered	3	1	1	1	0
Declined Support	8	1	0	3	4

Victim Outcome	Total	MH	LD	PD	OP
Died	3	0	0	1	2
Service increased/started Support	30	15	6	4	5
Monitor	26	9	3	10	4
Legal support accessed	0	0	0	0	0
Moved to safer environment	16	0	6	5	5
Not stated	1	0	1	0	0
Ongoing Investigation	8	0	5	0	3
Other please state	76	4	21	10	41
Referral to other service/professional	8	1	1	1	5
Risk Management Plan agreed	91	27	16	22	26
Blank	119	59	37	11	12
Total	**466**	**145**	**108**	**70**	**143**

2008/09

Victim Outcome	Total	MH	LD	PD	OP
Advice given	75	22	8	7	38
Care Reviewed	76	12	24	3	37
Counselling Offered	6	5	1	0	0
Declined Support	42	1	1	14	26
Died	10	0	1	1	8
Service increased/started Support	20	1	6	5	8
Monitor	121	20	15	2	84
Legal support accessed	14	3	10		1
Moved to safer environment	40	2	5	8	25
Not stated	0	0	0	0	
Ongoing Investigation	24	0	10	5	9
Other	63	0	14	11	38
Referral to other service/professional	22	0	1	7	14
Risk Management Plan agreed	141	31	14	31	65
Blank	153	29	30	26	68
Total	**807**	**126**	**140**	**120**	**421**

Appendix 9 – Outcomes for Perpetrators

2007/08

Perpetrator Outcome	Total	MH	LD	OP	PD
Awaiting police action	25	3	9	3	10
Disciplinary action	6	0	3	2	1
Dismissed	6	2	1	3	0
Dismissed + pova registered	4	0	2	2	0
Left	5	0	1	3	1
Left + pova registered	4	0	0	3	1
No access to victim	4	0	0	3	1
None - lack of victim's consent	12	1	0	2	9
Other	39	0	15	15	9
Police action	10	1	4	4	1
Referral to other source	3	0	1	2	0
Suspended	10	2	0	5	3
Risk management plan agreed	19	0	6	13	0
Training	7	1	1	4	1
Transferred	3	0	1	2	0
Unable to identify	12	0	2	6	4
Blank	212	129	41	31	11
Remains at home / in residence	16	0	5	8	3
Removed from residence	7	2	2	2	1
Service increased/started	3	0	1	2	0
Unfounded allegation	28	0	0	28	0
Compliant to professional body	4	0	1	0	3
None - no reason	15	0	5	0	10
Warning given	7	3	3	0	1
Guidance issued to all staff	4	1	3	0	0
Disciplinary hearing	1	0	1	0	0
Total	**466**	**145**	**108**	**143**	**70**

2008/09

Perpetrator Outcome	Total	MH	LD	OP	PD
Awaiting police action	27	0	6	8	13
Disciplinary action	6	1	2	2	1
Dismissed	8	3	1	3	1
Dismissed + pova registered	3	0	0	2	1
Left	12	0	10	0	2
Left + pova registered	0	0	0	0	0
No access to victim	13	0	8	3	2
None - lack of victim's consent	51	2	0	23	26
Other	81	0	18	47	16
Police action	8	0	1	3	4
Referral to other service	14	0	0	14	0
Suspended	35	1	3	23	8
Risk management plan agreed	81	9	6	63	3
Training	14	1	4	8	1
Transferred	7	2	0	5	0
Unable to identify	19	0	5	6	8
Blank	252	102	47	79	24
Remains at home / in residence	30	0	1	27	2
Removed from residence	10	2	2	5	1
Service increased/started	4	1		1	2
Unfounded allegation	0	0	0	0	0
Compliant to professional body	3	0	1	1	1
None - no reason	107	0	19	85	3
Warning given	5	1	0	3	1
Guidance issued to all staff	15	1	5	9	0
Disciplinary hearing	2	0	1	1	0
Total	**807**	**126**	**140**	**421**	**120**

Appendix 10 – Perpetrators where Investigation outcome is substantiated

Perpetrator Type	Total
Family Member / Family (carer)	38
Friend or Neighbour	4
Health Care Professional	10
MCC	3
Other (Please state):	19
Other Vulnerable Adult	102
Paid Carer	59
Stranger	5
Unknown	14
Total 2008/9	**254**

Appendix 11 – Perpetrators Outcomes where Investigation outcome is substantiated

Perpetrator Outcome	Total
Suspended	25
Disciplinary hearing	2
Disciplinary Action	3
Training	4
Transferred	3
Warning given	1
Dismissed	5
Left	6
Complaint to professional body	1
Guidance issued to all staff	7
Awaiting Police Action	9
Police Action	6
Unable to identify	3
No access to victim	6
Referral to other service	10
Service increased / started	2
Monitor	2
Risk management plan agreed	52
Remains at home / in residence	16
Removed from residence	5
None	1
None - lack of victim's consent	9
None - no reason	9
Other (Please State):	26
Blank	41
Total 2008/9	**254**

Appendix 12 - Manchester Safeguarding Adults Board – Members May 2009

- Allan Calvert, Head of Assessment and Care Management, Adult Social Care, Manchester City Council (MCC)
- Chris O'Gorman, Associate Director, Joint Commissioning, NHS Manchester
- Dave Williams, Manager, Manchester Carers Forum
- Deborah Russell, Head of Adult Safeguarding, Adult Social Care, MCC
- Dominic Hyland, GP, Ashcroft Surgery
- Fionnuala Stringer, Assistant Director, Adult Social Care, MCC
- George Devlin, Head of Learning and Development, Adult Social Care, MCC
- Helena Dennett, Regulation Manager, CQC
- Jan Didrichsen (Chair), Interim Director, Adult Social Care, MCC
- Jane Barcoe, Deputy Chief Executive, Age Concern Manchester
- Jaya Graves, vOP Board member
- Jeff Arnold, Detective Chief Inspector, Greater Manchester Police
- Jerry MacSweeney, Lead Nurse, Central Manchester Hospitals NHS Trust
- Joanne Royle, Associate Director, Manchester Community Health, NHS Manchester
- Kevin Rogers, Crown Prosecution Service, Branch Crown Prosecutor
- Lisa Dunn, Lead Nurse, Central Manchester Hospitals NHS Trust
- Mark Roberts, Superintendent, Greater Manchester Police
- Mary Duncan, Project Manager, Manchester Alliance for Community Care
- Michelle Gillbert, Safeguarding Adults Coordinator, Adult Social Care, MCC
- Nathan Atkinson, Commissioning and Supplier Manager, Adult Social Care, MCC
- Nigel Hunt, Safeguarding Adults Coordinator, Adult Social Care, MCC
- Paul Cassidy, Assistant Director, Adult Social Care, MCC
- Pauline John, Associate Director of Governance, Manchester Mental Health and Social Care Trust
- Steve Taylor, Assistant Director Nursing, Pennine Acute Trust
- Mandy Bailey, Chief Nurse, University Hospital of South Manchester
- Susan Triggs, Assistant Director, Housing Services, MCC
- Tim Kyle, District Manager, Manchester Probation Service
- Hanif Bobat, Joint Chair, Manchester Race and Health Forum