

MANCHESTER SAFEGUARDING ADULTS BOARD

ANNUAL REPORT

2008/9

KEY ISSUES

Number of referrals

Increased by 73% in past year from 466 – 807. Reflects work of MSAB to increase the availability of safeguarding training for staff and raising awareness about safeguarding through publicity initiatives.

Customer group

Older People represented 52% of all referrals. The number of referrals for older people was up by 190% from 07/08. Physical Disability referrals rose by 79%. Mental Health service referrals reduced by 13%. This needs further scrutiny but is likely to be linked to data collection issues.

Living Situation

74% increase in referrals involving people living in 24hour care. 211 referrals involved vulnerable adults known to statutory agencies living in 24 hour care settings. 60% increase in referrals involving people living alone and 96% increase in those living in family home. The number of referrals from hospital in patients rose from 3 in 07/08 to 57 in 08/09

Ethnicity

Increase in referrals from aggregated BME groups but decrease from 12.23%-10.55% in proportion of referrals representing BME group. Further work needed to achieve more comprehensive understanding of the needs of BME communities in Manchester (links to MSAB business plan strategic objective).

Source of referral

Care Providers are the largest source of referrals increased (26.64%). This increase reflects the focussed work of the MSAB in increasing training provision to the independent and voluntary sector care providers, resulting in 55% increase in staff employed in this sector having completed valid safeguarding training.

Type of Abuse

Physical abuse is the most frequently reported abuse, followed by financial. This increase impacts mostly on older people and those living in 24 hour care.

Financial abuse is more prevalent for older people (39 cases) and people with physical disabilities living alone (29 cases).

Findings suggests further work needed to engage with providers of 24 hour care, focusing on preventative strategies e.g. improved staff training in manual handling of older people, dealing with aggression and challenging behaviour in vulnerable adults, and pressure care.

Police Involvement

As a proportion of all cases, police leading the investigation has increased from 3.65% of all cases in 2007/8 to 6.82% in 2008/9.

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.

Outcomes

Substantiated allegations increased from 118 cases in 2007/8, to 254 2008/9 (15%). This indicates more appropriate referrals due to an increased awareness of signs and symptoms of abuse, and effectiveness of the investigation processes, reflecting the skills and experience of staff conducting investigations.

Outcomes for victims

Significant increases in monitoring victims' circumstances from 26 in 2007/8 to 121 in 2008/9, 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.

Increase 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 is particularly apparent in Olders People's and Physical Disability services. Ongoing work to increase the availability of advocacy support for people involved in safeguarding investigations will seek to address this issue.

Outcomes for perpetrators

Where cases were substantiated 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%) 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 emphasises the need to ensure appropriate staff training and case monitoring.

Where investigations substantiated - the most common outcomes for perpetrators are risk management plan agreed and suspension.

Of the 25 cases where perpetrators suspended, 23 were paid carers, reflecting the need for continuing work with domiciliary care providers in relation to safe recruitment and safeguarding awareness, and monitoring of Personal Assistants as a result of individual budgets being mainstreamed in 2008/9.