

# Manchester Safeguarding Adults Board

Annual Report 2009/10



MANCHESTER  
CITY COUNCIL

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## Abbreviations

BIA	Best Interest Assessors
DOLS (DoLS)	Deprivation of Liberty Safeguards
MARMAP	Multi Agency Risk Management and Assessment Process
MCC	Manchester City Council
MMHSCT	Manchester Mental Health and Social Care Trust
MSAB	Manchester Safeguarding Adults Board
SCR	Serious Case Reviews

## Foreword

*I became the Independent Chair of Manchester's Adult Safeguarding Board in December 2009 and I am pleased to present to you the annual report on the work of the Board in 2009/2010.*

*When I took over the Chair's role from the former Interim Director of Adult Services, I was immediately impressed by the work that the Board members had done to establish the Board, develop a 3 year business plan, create a multi agency safeguarding policy and develop many of the other building blocks for successful multi-agency safeguarding services led by an effective Adult Safeguarding Board.*

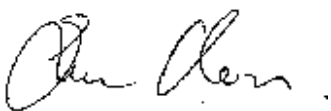
*My role has been to build on that legacy by strengthening the governance arrangements, strengthening the sub-group structure to include one which considers the need for Serious Case reviews and a performance sub-group to look at available data to support our understanding of what is occurring in Adult Safeguarding across the City. We also had the challenge for the Board of considering the findings of our first serious case review.*

*There are clearly significant challenges ahead for the Board and for all the agencies represented on it. The rising numbers of very elderly people in Manchester, the increasing numbers of adults with significant mental and physical impairments living in our communities, as well as greater public awareness and rightful intolerance about risks of abuse, are all creating significant resource pressures at a time of increasing constraints on public finance. These are the potential characteristics for the "perfect storm" of greater public expectation of need, over-reaching and overwhelming the capacity of the resources of agencies to meet the demand. However these pressures are also encouraging us to look at shared solutions to problems which may ultimately have the capacity to enable us to do our business in more effective and simpler ways.*

*In this context, the shared safeguarding conference, held with the Manchester Safeguarding Children Board in February this year at Gorton Monastery, was all about what adults and children's services could learn from each other about effective safeguarding by "Thinking Family". The Independent Children's Chair and myself are continuing the dialogue established by the conference to see if there are ways that the joint safeguarding agendas can be effectively developed together. It is important for the Board that the work that began at Gorton bears fruit in the coming year.*

*This Annual report sets out the context of Adult Safeguarding in the City and it shows the range and volume of work undertaken. The Board has achieved a lot this year but it also has much still to do to ensure that all Adults in Manchester are better protected.*

*Finally I would like to thank all those individuals and agencies who have worked so hard on this agenda. My personal thanks go to them, as well as my gratitude on behalf of the Board.*



Dr Sue Ross  
Independent Chair

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# Executive Summary



# Executive Summary

This report covers the period from April 2009 to the end of March 2010. It highlights the achievements and work undertaken in what was another exceptionally busy year and summarises the key findings of the annual safeguarding data. **It is important to recognise that the number of safeguarding referrals has continued to grow significantly, with 1641 referrals received in the Directorate Adults (compared with 807 in 2008/09). Of the 1641 referrals, 64.5% (1059) went on to the investigations stage.**

## Key Findings from the Annual Safeguarding Data 2009/10

### Referrals

- The proportion of female referrals has increased between 2008/09 (59.98%) and 2009/10 (62.34%) and a decrease is shown in the number of male referrals from 2008/09 (39.65%) to 2009/10 (37.60%).
- There has been an increase in the number of referrals for BME groups of 106% and an increase of 115% for all other groups where ethnicity has been recorded. Consequently the percentage of referrals from the BME community has remained relatively constant from 2008/9 to 2009/10 at just over 10%.
- Of all referrals in 2009/10, the largest number of referrals was from 511 people living in 24-hour care, followed by 430 people living alone, 180 people living in other accommodation and 166 people living in supported housing.
- People living in the family home has seen a 10.7% decrease of all referrals; this is largely due to changes in recording after October 2009 as family home is no longer a category in the Abuse for Vulnerable Adults Collection (Statutory returns in 2010/11), and MMHSCT continuing to use the old category.
- The largest source of referral had shifted to the Directorate for Adults Care Manager / Team Manager (9.6%) followed by Police (9.3%) and health professionals (9.2%).
  - Data on the source of referrals shows that all the major partners have seen significant increases in the number of referrals; the general public (which includes family members, other vulnerable adults, self referrals and volunteer/ friend/ advocate) are also becoming more aware of abuse and neglect with a 98% increase from 98 referrals in 2008/09 to 194 referrals in 2009/10.
  - The Directorate for Adults accounts for 12.4% of all referrals in 2009/10.
  - Housing, a new category in 2009/10, accounts for 4% of all referrals
  - Police has seen a 5.2% increase of all referrals
  - Health sector accounts for 16.3% and the Independent sector accounts for 12.1% of all referrals.
- In both 2007/08 and 2008/09, the largest number of referrals was physical and financial abuse. Data shows that in 2009/10, these two categories continue to represent the highest proportion of referrals with physical at 30.47% and financial 23.03%.
  - Of the 254 referrals of multiple alleged abuse, the largest underlying contributors are physical (66.5%), emotional/psychological (63%) and financial (57.9%).
  - Other family member continues to feature highly and more work is needed to mitigate the risk of abuse amongst families. Where other family members were the alleged

perpetrator, the largest causes of referrals were financial (30.1%), physical (23%), and multiple (20%).

## **Achievements of 2009/10**

- Additional resources have been secured for the local authority Safeguarding Team with the appointment of two additional safeguarding co-ordinators, and three social workers posts to be recruited in the restructuring of the Directorate for Adults.
- The MSAB have strengthened governance arrangements with an Independent Chair, Dr Sue Ross, appointed in September 2009, and extended membership to include representatives from the Probation Service, Fire Service, Crown Prosecution Service, Ambulance Service, Children's Services, and a GP representative.
- The MSAB has established an Executive group which is responsible for driving forward the business and monitoring the work programmes of the sub-groups to ensure delivery of its objectives and monitor outcomes for customers.
- The MSAB continued to work closely with the Manchester Safeguarding Children's Board (MSCB) to promote awareness and understanding of the responsibilities of all partner agencies to safeguard the children of vulnerable adults. In March 2010, the Board held a joint conference attended by 150 representatives and agencies working with the MSCB and MSAB.
- The MSAB agreed to develop a pilot project based on the Multi Agency Risk Management and Assessment Process (MARMAP) in Gloucester to improve safeguards in relation to people with mental ill health who pose a risk to others. The Manchester Mental Health and Social Care Trust played a lead role in the pilot, with the full support of the Police with some funding provided by the Crime and Disorder Reduction Partnership.
- The MSAB conducted its first Serious Case Review this year, and the Independent Chair of the serious case review panel, who was also the Independent Chair of a neighbouring safeguarding adults board in the North West, presented his report in January 2010. The findings and recommendations from the first Serious Case Review led to the establishment of the Serious Case Review Sub Group to consider applications for future Serious Case Reviews, and ensure the outstanding action plans are monitored. The MSAB is currently engaged in a number of Serious Case Reviews to date.
- The MSAB has completed the three-year Business Plan, Risk Register and the Training and Workforce Development Strategy for 2009-2010, which will support and inform safeguarding work in Manchester.
- The Directorate for Adults has been working jointly with partners in progressing with the Advocacy Programme and completed a review with NHS Manchester of all identified advocacy services available to the general public in Manchester. All current contracts have been reviewed with a view to incorporating the Advocacy Standards. Any Safeguarding Advocacy providers will have to incorporate the Manchester Standards and Toolkit into their approach, and all Advocates must have completed the recognised accredited training, which is being developed by the Directorate for Adults Workforce Development and Training team.
- Since the Mental Capacity Act 2005, Deprivation of Liberty Safeguards became effective in April 2009, the Deprivation of Liberty Safeguarding (DoLS) Team has handled over 90

applications for standard authorisations, and a further 92 DoLS formal detailed case enquiries in the first full year of activity. 33% of all assessments in Manchester result in standard authorisations, which contrast with Department of Health assumptions that around 25% of DoLS applications would result in authorisations. Manchester won a successful bid to undertake an audit to review the implementation of DoLS in the North West. The full report is now complete and published nationally on the Department of Health website.

### Investigations

- There has been an increase in the percentage of all investigations where there was no Police involvement, from 47.58% in 2008/09 to 55.90% in 2009/10.
- Substantiated investigations have decreased by 5.37%, 31.5% of all investigations in 2008/09 to 26.2% of all investigations in 2009/10. Conversely, unsubstantiated investigations increased by 2.1% and a new category, partly substantiated accounts for 4.1% of all investigations. The new category 'not determined/inconclusive' together with the previous category inconclusive, account for 16.1% of all investigations.
- The largest outcomes for victims are increased monitoring (24%), no further action: determined not a safeguarding issue (12.5%), other (10.5%), and risk management plan agreed (9.8%). Of the 277 substantiated investigations with outcomes recorded, the most common outcomes for victims are increased monitoring (32.9%), protection plan implemented (18.1%) and other outcomes (15.2%).
- The largest outcome for perpetrators after no further action (not safeguarding issue) (13.9%) were continued monitoring (13.4%), lack of victim's consent (10.5%) and perpetrator unable to be identified (8.2%).
  - Disciplinary action appears to be relatively consistent at 5.9% of all investigations in 2008/09 and 4.2% in 2009/10.
  - Exoneration, a new category included in 2009/10, accounts for 5.2% of all investigations. Of the 55 investigations where the outcome for perpetrator is exoneration, 87% of these were unsubstantiated allegations.
  - There has been an increase in the number of investigations where the Police have taken action from 1% of all investigations in 2008/09 to 6% of all investigations in 2009/10. Of the 277 substantiated investigations with outcomes for perpetrators recorded, the most common outcomes are continued monitoring (27.8%), Police action (9%) and Community care reassessment for increased/amended service and disciplinary action (6.9%)

### Performance recording

Overall, there has been a substantial improvement in recording in particular outcomes of investigations, reflecting the ongoing work to improve performance monitoring. Annual data has seen the following improvements:

- Police involvement recording improved from 85.1% in 2008/09 to 99.2% in 2009/10
- Outcome for investigations improved from 92.1% in 2008/09 to 99.4% to 2009/10
- Outcome for victims improved from 81% in 2008/09 to 95.8% to 2009/10; and
- Outcome for perpetrators improved from 68.8% in 2008/09 to 97.8% in 2009/10

There remain some data quality issues concerning recording in MiCare and work is underway to establish improved recording processes through the Directorate. The separate process for the Manchester Mental Health and Social Care Trust safeguarding activity continues to present

issues with recording compliance and performance monitoring. However, good progress is being made in improving recording and data quality across both organisations.

## Safeguarding Finance Activity

The Directorate for Adults has historically, as the lead agency for safeguarding, met the full costs of Manchester Safeguarding Adults Board activities. In January 2010, contributions had been received from NHS Manchester, GMP and Probation Services amounting to £35,000. Other partner agencies felt unable to contribute at that time.

Below are some of costs incurred in the safeguarding activities undertaken in Manchester:

Activity	Costs
<b>City-wide publicity campaign March – June 2009</b>	
Production of the multi-agency Safeguarding Policy	£3,454.18
Leaflets (£1,216 paid for by Promotion and Publicity)	£1,628.00
Posters	£855.46
Help cards	£296.00
Posters on buses, trams and city centre sites	£11,702.00
Press adverts (including Jobs Update and magazine)	£5,304.00
<b>Independent Chair of the MSAB</b>	
Ongoing cost of ongoing cost of Independent Chair of the MSAB at £500 per day plus expenses x 2 days per month	£15,000
<b>Serious Case Reviews</b>	
MSAB agreed to appoint an independent chair and independent author for the current Serious Case Reviews. Estimated cost for 4 x Serious Case Reviews	£48,000
<b>Safeguarding Training</b>	
The Directorate for Adults currently provides and funds safeguarding training across all sectors. This is an area that needs additional resources to ensure that all relevant staff receiving training appropriate to their needs, including refresher training. E-Learning packages have also been purchased to facilitate access to training. Approximate training costs for safeguarding activities are	£70,000
<b>Total expenditure for 2009-10</b>	<b>£156,239.64</b>

## Safeguarding Learning and Improvements

We continue to adopt a learning approach to all our safeguarding activities; this will ensure that we are not complacent and constantly seek to adapt our services or revise training/guidance as a result of safeguarding investigations and adopt best practice.

## Forward Look

We have ambitious plans to further improve our safeguarding work and practice in Manchester during 2010/11 including:

- Establishing the expanded safeguarding team and new structure
- Actively contributing to improving the quality of safeguarding practice and develop understanding including undertaking regular quality audits. The teams will be developing safeguarding practice forums for senior practitioners and will combine case discussion and professional practice/ research/guidance developments
- Development of an effective safeguarding risk assessment tool and establish its use across services, via MiCare where practicable
- Identifying the safeguarding issues raised by the personalisation agenda and develop an understanding of specific risk management requirements
- Improving engagement with mental health services to establish consistency of practice and improve quality of data collection
- Consideration of ways in which links with BME groups can be developed in order to strengthen safeguarding in these communities
- Using a Whole Family Approach (WFA) to initiate a common approach to safeguarding with Children's services
- Working with GPs and other primary healthcare services to develop locality links
- Developing mechanisms for seeking service user feedback on safeguarding service and demonstrating how safeguarding practice has been improved by feedback mechanisms
- Supporting delivery of Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (DoLS) service cross-agency development plan
- Ensuring the team maintains its expertise and makes this available to colleagues and partners; the team will achieve this through effective knowledge-sharing strategies, both internally, within Adults Directorate and with partner agencies. The team will regularly review national and local developments of best practice in Safeguarding/MCA/DoLS as an additional source of information to support quality improvement. We will continue to work with training teams to ensure safeguarding learning is responsive to the changing safeguarding/MCA/DoLS agenda.

# Annual Report 2009 - 2010

# Introduction

This report covers the period from April 2009 to March 2010 and highlights the achievements and work undertaken in what was an exceptionally busy year. The number of safeguarding referrals has continued to grow significantly, with 1641 referrals received in Adults (compared with 807 in 2008/09).

Additional resources have been prioritised for the local authority Safeguarding Team, including the appointment of two additional safeguarding co-ordinators, and three social workers posts identified in the restructuring of the Directorate for Adults. Safeguarding coordinators will be linked to city localities, broadly co terminus with Greater Manchester Police divisions, to strengthen community links and further develop effective inter agency working to safeguard and protect. The additional resources are greatly needed and will ensure that we can continue to improve the effectiveness and quality of safeguarding work across the city.

## 1 Manchester Safeguarding Adults Board (MSAB)

### 1.1 MSAB Membership and Revised Governance

The MSAB have strengthened governance arrangements with an Independent Chair, Dr Sue Ross, appointed in September 2009. She has a wealth of experience at Chief Executive/Director level in health and social care, across both adult and children's services. She plays a key role in taking the Board forward, strengthening the governance and accountability of partner agencies and ensuring that the profile of safeguarding in Manchester takes highest priority.

The MSAB has extended membership to include representatives from the Probation Service, Fire Service, Crown Prosecution Service, Ambulance Service, Children's Services, and a GP representative.

MSAB has established an Executive group comprising the MSAB chair, Head of Safeguarding, Assistant Director Business and Quality Adults, senior representatives from MMHSC Trust, GMP and NHS Manchester. The MSAB Executive group is responsible for driving forward the business and monitoring the work programmes of the sub-groups to ensure delivery of its objectives and monitor outcomes for customers.

Members of the Board contribute to partnership groups including Manchester Safeguarding Children's Board (MSCB), Domestic Abuse Management Group, Dignity in Care Steering Group, Quality Board and the Crime and Disorder Reduction Partnership. This enables the MSAB to strengthen existing established networks within the wider council and with partner agencies, providing valuable opportunities to make strategic links and work collaboratively with colleagues / partners to ensure safeguarding has a cross cutting impact across services and that the wider safeguarding strategy for adults is effectively coordinated.

### 1.2 Safeguarding Children of Vulnerable Adults

The MSAB are working closely with the MSCB to promote awareness and understanding of the responsibilities of all partner agencies to safeguard the children of vulnerable adults. All members are kept updated on relevant issues, for example, how the care needs of vulnerable

adults (i.e., mental health, drugs, alcohol) impact on their parenting abilities, and new developments such as the common assessment framework (CAF) implementation.

The Board is working to embed the culture of responsibility, jointly led by both Strategic Directors of Adults and Children's Services, to safeguard children of vulnerable adults. In March 2010, the Board held a joint conference attended by 150 representatives and agencies working with the MSCB and MSAB. Speakers included the Government Office North West safeguarding leads, Deputy Chief Constable of Lothian and Borders Police, Tom Wood, talking about the Scottish experience since the introduction of the Adult Support and Protection Act. There were also a series of seminars covering Drug/Alcohol and safeguarding; Learning from Serious Case Reviews, safeguarding during transition, Multi-Agency Public Protection Arrangements (MAPPA), Forced Marriage, Think Family, and Mental Health.

This reflects the MSAB's commitment to work jointly with colleagues across and beyond the council, raising awareness of the safeguarding agenda, and contributing to corporate strategies such as 'Think Family', a strategy to ensure all services work better together to provide holistic support to families

## **1.3 MSAB Workstreams**

### **1.3.1 Policies, Procedures and Practices**

The MSAB has clear policies and procedures for dealing with allegations and investigations to ensure that Manchester continues to protect and prevent the abuse of vulnerable adults.

The Board has developed the Manchester Safeguarding Standard for all commissioned services across all partner agencies. The Manchester Safeguarding Standard will be part of all contracts with providers and further work is planned to achieve a joint standard with Manchester Safeguarding Children Board.

MSAB agreed to develop a pilot project based on the Multi Agency Risk Management and Assessment Process (MARMAP) in Gloucester to improve safeguards in relation to people with mental ill health who pose a risk to others. The Manchester Mental Health and Social Care Trust play a lead role in the pilot, with the full support of the Police. The Crime and Disorder Reduction Partnership agreed to provide some funding to support the project.

The Safeguarding Team have developed a safeguarding risk assessment tool and this is currently being piloted in central district to support risk identification on new cases. The evaluation of this pilot will be complete during 2010/11.

### **1.3.2 Information Sharing**

MSAB continues to share learning and experience from serious case reviews or safeguarding incidents to inform learning across all partners. Some members of the MSAB also sit on the MSCB and there is strong recognition of the importance of sharing learning from children's Serious Case Reviews (SCR) to benefit customers across adult services, particularly in Mental Health and Drug and Alcohol services where vulnerable adults are also parents.

To help us to work together in supporting children and parents, the MSAB and MSCB have adopted the Department for Children, Schools and Families (DCSF) Information Sharing guidance for practitioners to ensure effective inter agency communication.

### 1.3.3 Investigations

During 2009/10, 1059 investigations were completed in Manchester; of which 919 were completed by Manchester City Council's Directorate for Adults, and 140 completed by Manchester Mental Health and Social Care Trust.

The key points of the annual data are:

- Data shows an increase in the percentage of all investigations where there was no Police involvement, from 47.58% in 2008/09 to 55.90% in 2009/10. There has been an increase in the number of initial consultations with the Police in the initial stages of the referral and an increase in police leading investigations, which is consistent with the increase in Police action against the perpetrators.
- Substantiated investigations have decreased by 5.37%, 31.5% of all investigations in 2008/09 to 26.2% of all investigations in 2009/10. Conversely, unsubstantiated investigations increased by 2.1% and a new category, partly substantiated accounts for 4.1% of all investigations. The new category 'not determined/inconclusive' together with the previous category inconclusive, account for 16.1% of all investigations.

Some investigations have led to changes in services or a need to revise training and guidance. 50 investigations have resulted in counselling, guidance and training<sup>1</sup> being provided to support perpetrators. The two examples below demonstrate how safeguarding investigations have led to service improvements ensuring that customers continue to be safeguarded.

#### Example 1 - Financial

The provider had taken money from one service user to purchase a sofa for use in the communal area by all residents. A capacity assessment indicated that the service user did not have capacity to consent to this decision and it was not in their best interest.

Following investigation by the multi-disciplinary Learning Disability Team with input from a Community Nurse and Psychologist, the provider was obliged to reimburse the service user and to ensure that procedures for handling service user finances and possessions were revised, clarified and communicated to all staff. The investigation also highlighted some other concerns about the service user's health and well-being. She has subsequently moved to another service where she has made good progress and her quality of life has improved. As a consequence of this and other concerns about this provider, the organisation has been removed from the approved provider list.

#### Example 2 - Inappropriate relationship

The service provided rehabilitation services for substance misuse. An employee established an inappropriate relationship with a service user.

The outcome of the safeguarding investigation was that the alleged abuse of position by the worker was upheld and they subsequently left the agency.

On investigation, it was found that the organisation's code of conduct and supervision policies were insufficiently explicit about staff responsibilities, which complicated the disciplinary process. The organisation agreed to amend its policies. A second allegation of a similar nature was received about another worker. The greater clarity in policies allowed for a referral to the ISA to consider any implications for their continued registrations

<sup>1</sup> Appendix 10 (Guidance issued to all Staff (9) and Counselling / Training / Treatment (41))

### **1.3.4 Serious Case Reviews**

The MSAB conducted its first Serious Case Review this year and the Independent Chair of the serious case review panel, who was also the Independent Chair of a neighbouring safeguarding adults board in the North West, presented his report in January 2010. Although the case fell outside the SCR criteria, it raised important issues and presented an opportunity to test the procedures.

The SCR recommended the following actions:

- More work is needed to ensure GP surgeries are aware of the safeguarding process and SCR for adults. The GP representative is working with the Head of Safeguarding to develop a GP Engagement Plan in 2010/11 to include safeguarding training and guidance in relation to their responsibilities in the preparation of Internal Management Reviews and participation in SCRs
- The MSAB will consider how best to engage faith groups with MSAB to ensure they have appropriate awareness of safeguarding procedures.
- NHS Manchester to ensure there is a system in place to address and resolve issues of consent and information sharing at the beginning of any SCR.

The MSAB examined possible reasons why SCR referrals are not always being made where cases appear to indicate that the criteria are being met. It was acknowledged that agencies have internal processes for investigating deaths and serious incidents but it was acknowledged there is a need to consider how agencies are managing such cases, implementing recommendations and how these are reviewed. The MSAB has established a Serious Case Review Sub Group who will consider applications for Serious Case Reviews in future, and ensure that the resulting action plans are monitored.

### **1.3.5 Performance Monitoring**

The MSAB has continued work to develop a performance management framework. An action plan has been agreed by the Board including a dissemination plan outlining the responsibilities of partner agencies for disseminating information relating to agreed actions, within their own organisation. It is anticipated that MSAB will receive performance reports three times during the year. The MSAB Executive group is responsible for driving forward the business to ensure delivery of its objectives and monitor outcomes for customers. A performance sub group has been established to support performance monitoring.

### **1.3.6 Business Plan**

The MSAB Business Plan was approved by the Board in May 2009 indicating strategic objectives for the next three years and annual targets. The plan includes targets for individual partner organisations indicating how each organisation intends to contribute towards achieving overall MSAB targets. Statutory partners report annually on progress against targets.

### **1.3.7 Risk Register**

The risk register was completed with the support from the council's Risk Manager. The risk register was signed off by the Board in September 2009 with agreement that red and amber risks would be reviewed monthly, and all other risks reported quarterly on an exception basis. This responsibility rests primarily with the MSAB Executive.

### **1.3.8 Safeguarding Training and Workforce Development**

The training and workforce development sub group has agreed a strategic approach to the development and delivery of training for the period 2009 – 2012. The aims of strategy are to:

- agree a consistent approach to the development and delivery of training activities within and across the partner agencies represented on the board
- ensure that all staff and managers from the partner agencies represented on the Manchester Adult Safeguarding Board complete appropriate safeguarding training by April 2012
- evaluate and monitor the impact of all training delivery on improving safeguarding practice at individual, team and service level

The strategy reflects the outcomes of the audit of training across the lead partner organisations that was completed during the period April – October 2009 that indicated the priorities for training development and delivery should concentrate on;

- ensuring all staff and managers receive awareness, induction and introductory training within their role
- developing a common approach to safeguarding training for children and adults
- monitoring and reviewing training to reflect changes in legislation, policies and procedures, the learning from serious case reviews and the outcomes of quality assurance audits.

As a result of this strategic approach, we offered a total of 3262 training places in 2009/10 to organisations represented on the MSAB.

The range of courses included introductory courses on safeguarding and the Mental Capacity Act to a new two day investigative skills courses for staff leading investigations.

Working in partnership with the GP representative on the MSAB we are also developing an action plan to improve and increase the awareness of the staff in GP practices of safeguarding for Children and Adults. The first stage of this work was the delivery of an overview of safeguarding children and adults to representatives from over 80 GP practices in Manchester.

### **1.3.9 Communications and publicity**

The Communications and Publicity group was established during 2009/10 to develop a communications strategy to increase public awareness and the profile of Safeguarding across Manchester.

The key objectives of the Communications Strategy are to:

- Raise awareness about safeguarding and how to report concerns amongst Manchester residents
- Raise the profile of safeguarding issues amongst professionals and enhance their knowledge on what abuse is
- Develop staff understanding of MSAB policies and guidance across partner agencies
- Ensure all staff are fully aware of safeguarding and its importance
- Target vulnerable adults and their families / carers
- Increase the number of people reporting abuse
- Increase the number of professionals with safeguarding knowledge.

We are reviewing internal and external communication channels available to all partner agencies and identifying existing events such as Carers Week, Valuing Older People events

which can be used to publicise safeguarding. We are also making use of existing opportunities such as organisational bulletins and newsletters to raise awareness. National and international days such as World Elder Abuse Day, National Carers Rights Day, and International Day of Disabled People present further opportunities to raise awareness.

Data on the source of referrals (Section 3.1.3, Appendix4) shows that all the major partners have seen significant increases in the number of referrals; the general public (which includes family members, other vulnerable adults, self referrals and volunteer/friend/advocate) are also becoming more aware of abuse and neglect with a 98% increase from 98 referrals in 2008/09 to 194 referrals in 2009/10.

### **1.3.10 Criminal and Civil Justice**

The Criminal and Civil Justice sub group meets bi monthly and includes representatives from the Directorate for Adults, Legal Services, Probation and CPS. The group has examined cases where prosecution of perpetrators of abuse have been unsuccessful and with the assistance of CPS and legal services, has worked to identify lessons learned and required practice improvements to strengthen the likelihood of successful prosecutions. The group has also examined recent MCA DoLs High Court judgements and their implications for future practice. Data shows that 6.04% (64) of the 1059 investigations resulted in Police action for the perpetrators; this is an increase of 5.1% from 2008/09 (see Appendix 7, section 3.2.4).

The Prevent Strategy from the Department of Communities and Local Government outlines how we should be responding to a range of factors that can draw people into violent extremism or pull people away from it. The City Council is co-ordinating activity in partnership with Greater Manchester Police, the Counter Terrorism Unit, UK Border Agency and the NHS amongst others, and has organised joint training sessions for front line staff on how to recognise if someone could be at risk and what to do if they suspect this is the case.

Partner agencies are reviewing existing policies and mechanisms for working with vulnerable young people and adults to better understand and embed awareness of risks associated with violent extremism and radicalisation. Both the Manchester Safeguarding Adults Board and the Manchester Safeguarding Children Board have had presentations from the Channel Project and explored how to better manage and support individuals who are referred through the Channel Project (a multi agency risk management process led by Greater Manchester Police for identifying individuals referred from a wide range of sources considered to be vulnerable and at risk of radicalisation).

### **1.3.11 Safeguarding Advocacy**

During 2009/10, an Advocacy project has been commissioned to develop the advocacy services available for vulnerable adults across the city. Advocacy standards have been developed which will provide the benchmark for advocacy provision and ensure consistent practice. The objective is to provide safeguarding advocates who will be trained to the required standard and able to provide support to people involved in safeguarding investigations, as well as working in a preventative capacity with people who may be particularly vulnerable to abuse e.g. those in receipt of cash Individual Budgets.

The Directorate for Adults has been working jointly with partners in progressing with the Advocacy Programme and completed a review with NHS Manchester of all identified advocacy services available to the general public in Manchester.

All current contracts have been reviewed with a view to incorporating the advocacy standards. Any Safeguarding advocacy providers will have to incorporate the Manchester Standards and Toolkit into their approach, and all advocates must have completed the recognised accredited training which is being developed by the Directorate for Adults Workforce Development and Training team.

### 1.3.12 Deprivation of Liberty Safeguard (DoLS)

Since the implementation of DoLS as the final part of the Mental Capacity Act legislation in April 2009, progress reviews relating to the Deprivation of Liberty Safeguards activity have been reported to MSAB on a quarterly basis.

The DoLS Team receives applications, and also formal case enquiries from Managing Authorities (i.e.: care homes, care homes with nursing, independent hospitals and acute hospitals).

The DoLS team handled over 90 applications for standard authorisations and a further 92 DoLS formal detailed case enquiries in the first full year of activity (note: the formal Enquiries are not detailed in the tables below).

All applications must be assessed, and around 33% of all assessments in Manchester result in standard authorisations. This contrasts with Department of Health assumptions that around 25% of all applications would result in authorisations, as predicted in the Regulatory Impact Assessments undertaken in the period prior to the statutory implementation of DoLS.

The following tables evidence DoLS Assessments and Authorisations activity in the Local Authority and PCT from April 1<sup>st</sup> 2009 – March 31<sup>st</sup> 2010.

#### Local Authority

	Total number of assessments	Authorisations granted	Authorisations not granted	Mental Health total no. cases	Acute total no. cases	Statutory timescale exceeded
Local Authority (MCC)	62	26	36	N/A	N/A	0
NHS Manchester	30	9	21	11	19	0
<b>Total</b>	<b>92</b>	<b>35</b>	<b>58</b>	<b>11</b>	<b>19</b>	<b>0</b>

The volume of DoLS applications for standard authorisations generated within NHS Manchester has been higher than originally estimated. The proportionate split of NHS/LA assessments undertaken represents two-thirds local authority and one-third NHS Manchester as opposed to the 80/20 originally anticipated. This is likely to reflect the level of training and staff awareness in relation to DoLS processes within NHS Manchester managing authorities which comprise acute and independent hospital settings.

Responding to enquiries often involves the DoLS Team offering detailed advice and support to those organisations relating to their care practices with individuals, which may involve restrictions and restraints that may amount to deprivation of liberty. The DoLS Team provides an individual screening tool to assist Managing Authorities to determine if they wish to submit applications, therefore some enquiries result in applications for standard authorisations. We aim to increase the rate of enquiries being submitted as formal applications in future, as application rates remain below the Department of Health predictions.

The DoLS team works in partnership with other services such as the Police, Office of the Public Guardian (OPG), and the Official Solicitor on complex cases submitted to the High Court, and respond to frequent queries on regulation and the law as it relates to the implementation of the DoLS regulations, in addition to managing enquiries and advising on complex cases.

Manchester is committed to ensuring all relevant staff are familiar with, and trained in, the Mental Capacity Act and Deprivation of Liberty Safeguards. 'DoLS in Detail' training was delivered to 480 people between February 2009 to March 2010 including 331 staff from Managing Authorities, 40 NHS staff, and 109 practitioners across the Directorate for Adults. 24 staff (7 Council and 17 Managing Authority staff) have completed the eLearning module.

In addition to the original Best Interests Assessor (BIA) provision of one full-time lead BIA and two BIAs, who undertake this role as part of their substantive professional roles, the DoLS service has recruited and trained five additional best interests assessors (BIA's) from a variety of professional backgrounds including approved mental health professionals, psychologists and occupational therapists. This enables us to share and draw on specific expertise to ensure the best possible outcome for the customer. Statutory refresher training has been completed by existing BIA's, and Mental Health Assessors (MHA) are all trained and accredited. A programme of professional training and development has also been drawn up to ensure BIA's maintain up to date with legislative changes, case law and practice developments. MHA's and other practitioners such as Independent Mental Capacity Advocates receive their professional development updates to maintain their accreditation through their professional lead bodies.

Manchester's two Supervisory Bodies were included in a successful bid to the Department of Health, to undertake an audit to review the implementation of DoLS in the North West. The audit explored reasons for variations in activity levels and assessed the quality of assessments carried out. The full report is now complete and published nationally on the Department of Health website. It takes forward some examples of good practice. Comparative analysis across the North West shows that Manchester compares favourably in terms of actual volume of work carried out compared with initial estimates made prior to the implementation of DoLS.

The MCA Deprivation of Liberty Safeguards assessments involve some of the most complex and challenging cases relating to the most vulnerable people in the city. The work demands detailed knowledge of the legislation and requires completion of assessments within the statutory time scales. The continued positive performance of the Manchester joint DoLS service gives assurance that appropriate safeguards are in place to protect the best interests of the most vulnerable citizens.

## 2 Data Analysis

The presentation of this information is in two formats, in the main body, charts have been produced to illustrate data and compare information from 2008/09 with 2009/10. The data are provided in Appendices 1-15.

In 2009/10, the Directorate for Adults and Manchester Mental Health and Social Care Trust received a total of 1641 allegations of neglect or abuse of vulnerable adults, a significant 91% increase compared with 807<sup>2</sup> referrals in 2008/09. 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

<sup>2</sup> Safeguarding Annual Report 2008/09

CQC and the Directorate for Adults. 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 2009/10 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.

Customer Group	No of referrals 2009/10	No of referrals 2008/09
Older People	851	421
People with learning disabilities	216	140
People with mental health problems	266	126
People with physical and sensory disabilities <sup>3</sup>	266	84
People who use HIV/AIDS services		5
People who use drugs services		9
People who use alcohol services		22
Carers	2	
Other	40	
<b>TOTAL</b>	<b>1641</b>	<b>807</b>
<b>No of referrals by partner agencies</b>		
for people buying their own care		
made by NHS	220	170
made by Police	146	31
made by Housing	55	4
made by probation and Criminal Justice	5	3
made by Care Quality Commission (CQC)	5	3
<b>TOTAL</b>	<b>431 <sup>4</sup></b>	<b>211 <sup>5</sup></b>

Proportionately of all referrals by customer group, there has been a decrease in people with learning disabilities (17.3% in 2008/09 to 13.2% in 2009/10) and older people (52.2% in 2008/09 to 51.9% in 2009/10), and an increase in people with mental health needs (15.6% in 2008/09 to 16.2% in 2009/10) and for people with physical disability/sensory needs (14.9% in 2008/09 to 16.2% in 2009/10). Carers and Other categories including families, abuse or neglect, low income, and other vulnerable adult are new categories for inclusion as part of the statutory Abuse for Vulnerable Adults (AVA) returns (2010/11) and they comprise 2.5% of all referrals. Of the 1641 referrals, 140 were from Manchester Mental Health and Social Care Trust with the remaining 1501 from Manchester City Council's MiCare system.

<sup>3</sup> People with physical and sensory disabilities (2009/10) include people using HIV/AIDS, drugs or alcohol services

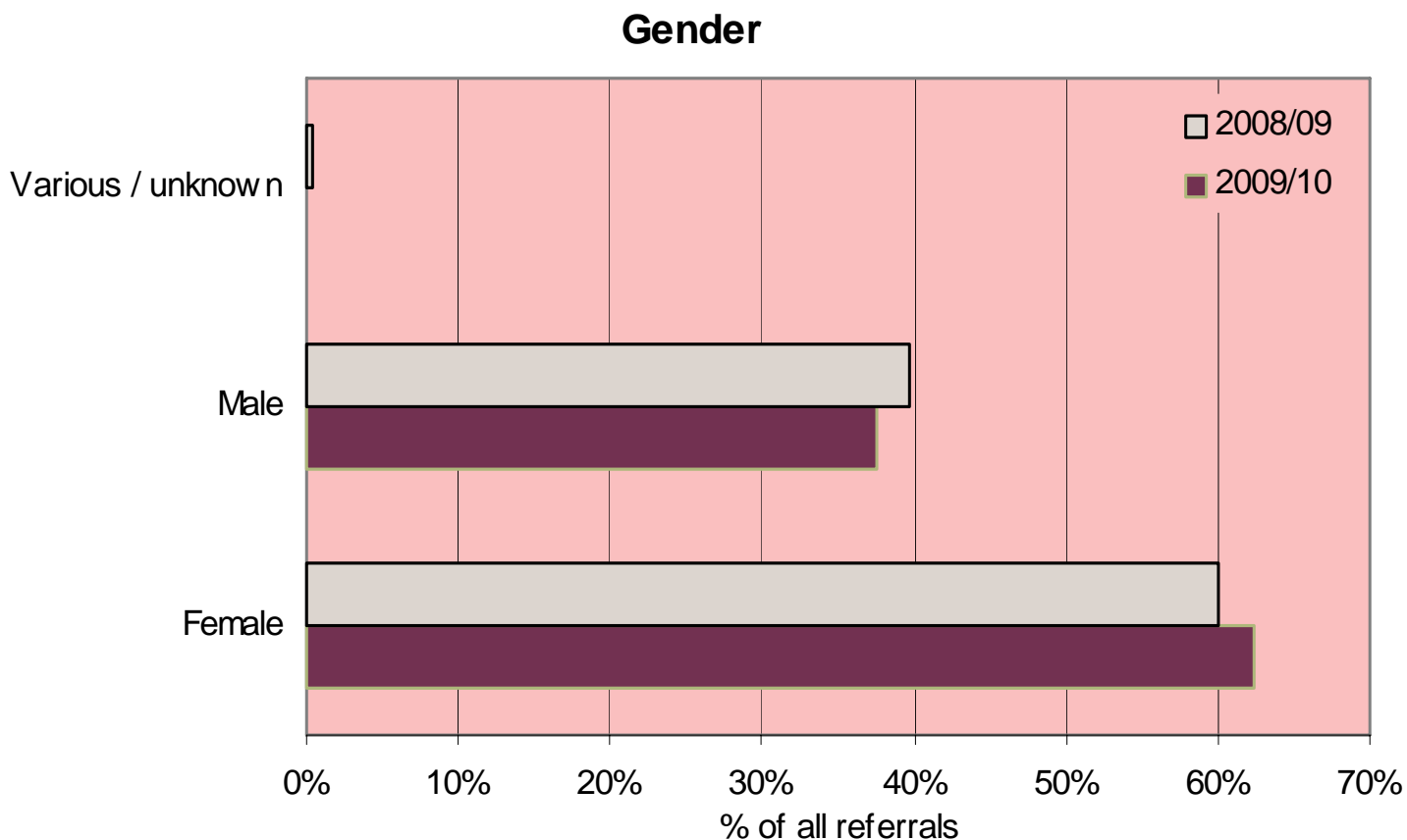
<sup>4</sup> Care Quality Commission Self-Assessment Survey 2009/10

<sup>5</sup> Care Quality Commission Self-Assessment Survey 2008/09

## Referrals

### Who was referred?

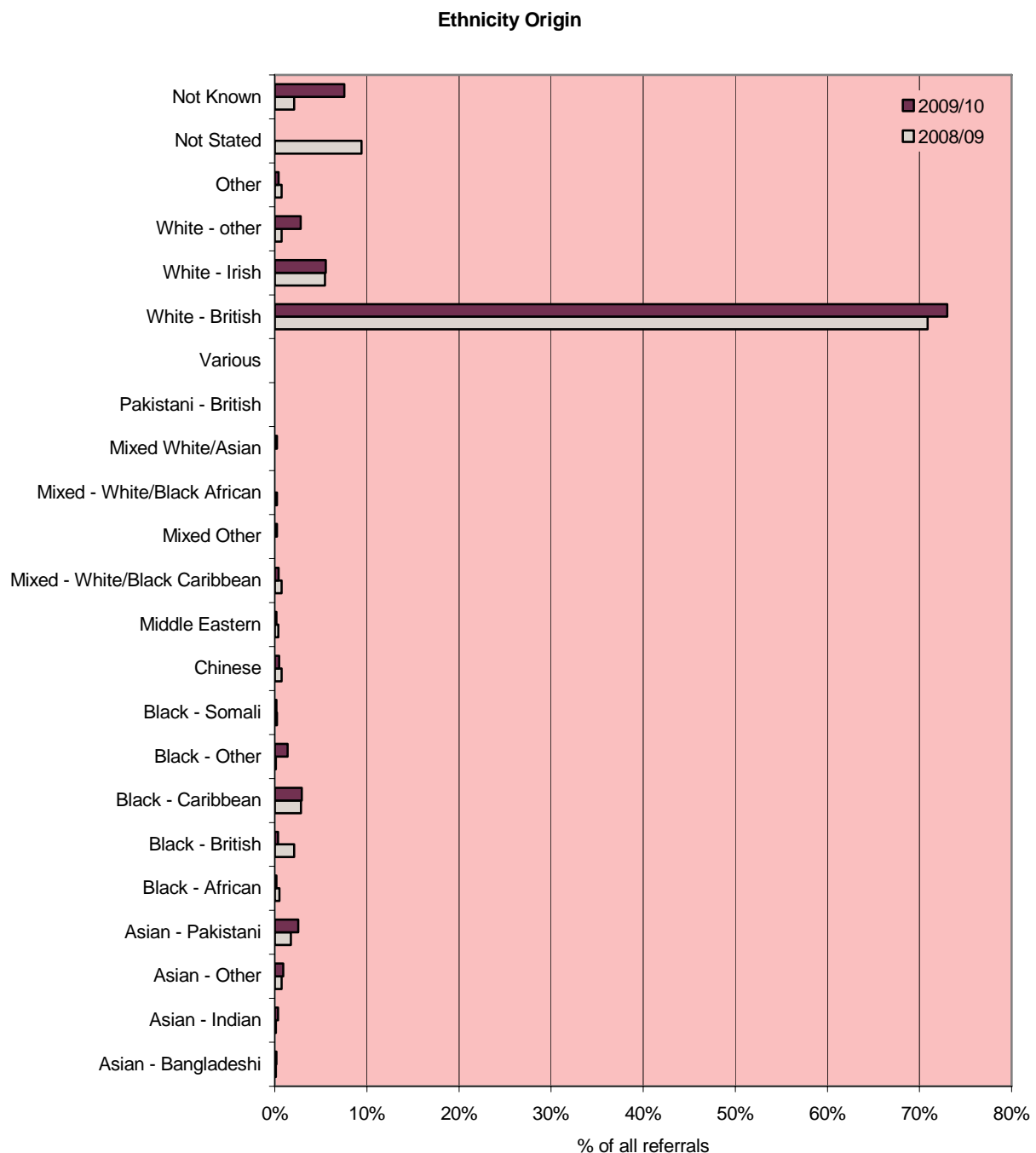
#### 2.1 Gender



The charts above show the breakdown of gender for all safeguarding referrals made in 2008/09 and 2009/10. The data shows that the proportion of female referrals has increased between 2008/09 (59.98%) and 2009/10 (62.34%) and a decrease is shown in the number of male referrals from 2008/09 (39.65%) to 2009/10 (37.60%).

The chart shows that the percentage of referrals who are recorded as Various / Unknown has decreased, suggesting that the recording of the data has improved since the last report. (See Appendix 1)

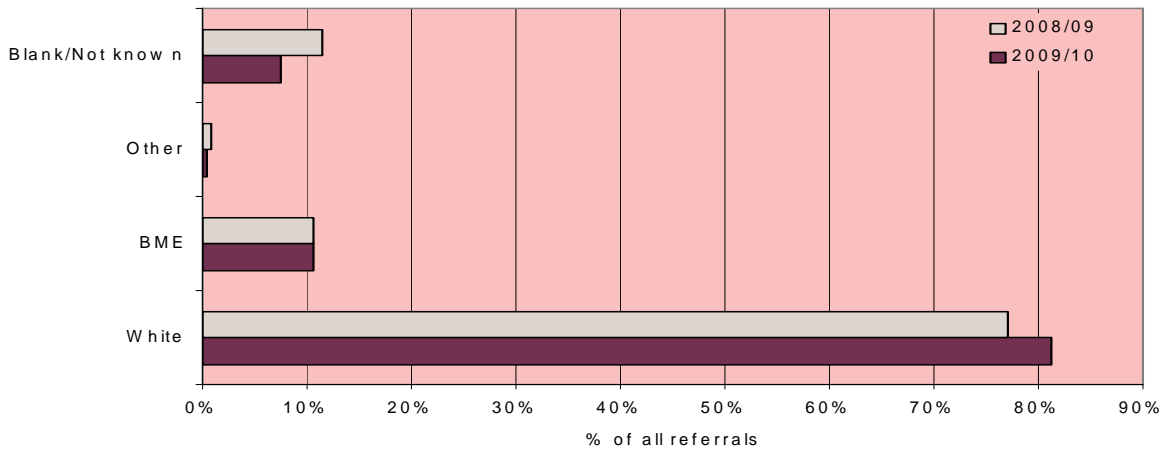
## 2.2 Ethnicity



The chart above shows the breakdown of ethnicity for all safeguarding referrals made in 2008/09 and 2009/10 (see Appendix 2).

The chart below shows that the number of referrals across all customer groups has increased since 2008/09, particularly in the white customer groups. The number of referrals for this group has seen a significant rise of 115% from 622 in 2008/09 to 1335 in 2009/10. The percentage of all referrals for the BME group remains consistent at 10.66% from 2008/09 to 2009/10. Please note that neither aggregated white or BME group include the category 'Other'.

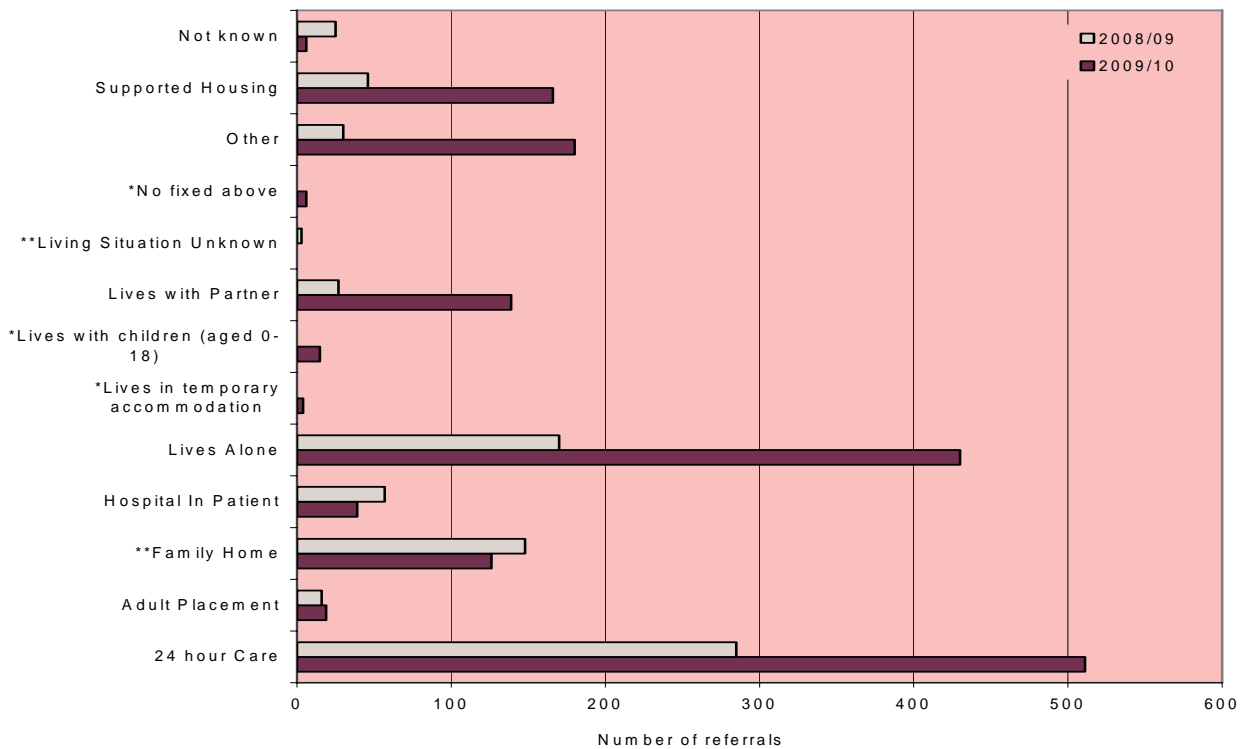
### Aggregate Ethnicity Origin



The ethnicity of 7.98% of referrals in 2009/10 is recorded as Other, Not stated or Not known. When compared to 2008/09 data, there has been an improvement in the number of referrals with ethnicity recorded, 12.27% in 2008/09 to 7.98% in 2009/10. Improvements will continue to be made when recording ethnicity in the initial referral stage to ensure that the needs of BME communities are understood and met.

### 2.3 Where were people living?

#### Living Situation



\*denote new category

\*\* denotes previous category

The chart above shows the living arrangements of people referred, comparing data from 2008/09 and 2009/10. Since the 2008/09 report, there have been three new categories added;

lives in temporary accommodation, lives with children (aged 0 -18) and no fixed abode. Due to changes in recording categories after October 2009, the report cannot make a direct comparison between the data as people who fall into these categories in 2009/10 may have been recorded under another category in 2008/09 (see Appendix 3)

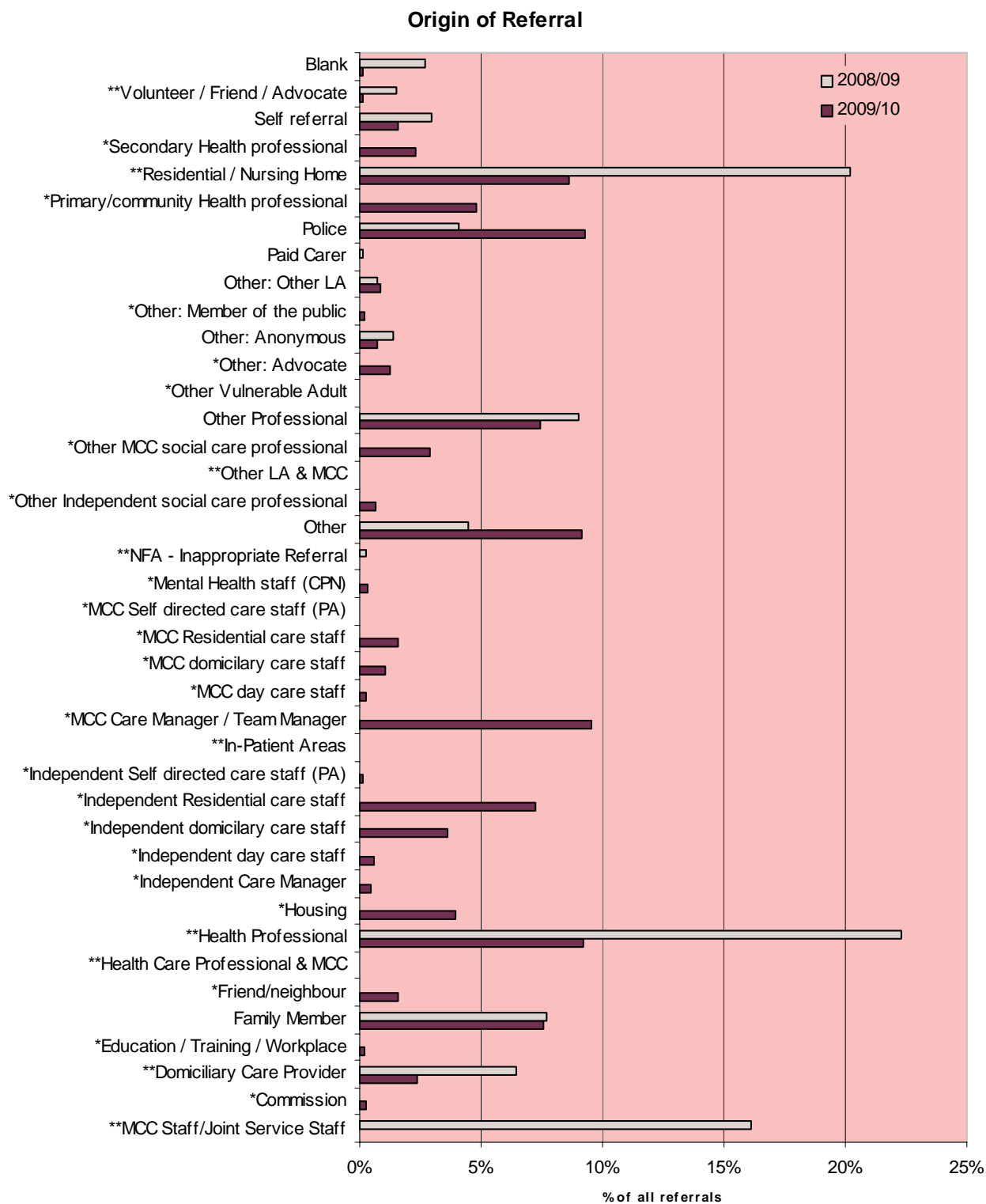
Of all referrals in 2009/10, the largest number of referrals was from 511 people living in 24-hour care followed by 430 people living alone, 180 people living in other accommodation and 166 people living in supported housing.

Proportionately of all referrals, the largest increase can be seen in referrals recorded as living in other accommodation (+7.3%), people living alone (+5.1%), people living with partner (+5.1%) and people living in supported housing (+4.4%). Conversely, despite the large number of all referrals are from people living in 24-hour care, of all referrals, 24-hour care has seen a 4.2% decrease.

People living in family home has seen a 10.7% decrease of all referrals; this is largely due to changes in recording after October 2009 as family home is no longer a category in the Abuse for Vulnerable Adults Collection (Statutory returns in 2010/11), and Manchester Mental Health and Social Care Trust continuing to use the old category. This could also explain the 7.3% increase of all referrals recorded as living in other accommodation as there is no appropriate category for people living in the family home if they do not live with children or their partner.

There was an improvement in cases where the person's living situation was recorded as 'Not Known' or 'Living Situation Not known' from 6 cases in 2009/10 decreasing to 28 cases in 2008/9. It is essential that recording continues to improve to ensure that full and accurate data collection is achieved in future collation.

## 2.4 Who made the referral?



\*denote new category

\*\* denotes previous category

The chart above shows the source of referrals recorded in 2008/09 and 2009/10. An additional 22 categories have been added which totals 43.01% of all recorded referrals in 2009/10; therefore, a direct comparison cannot be made with last year's data (see Appendix 4)

In 2008/9, the largest source of referrals was Care Providers (26.64%), health professionals (22.3%) and City Council / Joint service staff (16.11%). In 2009/10 the largest source of referral

had shifted to MCC Care Manager / Team Manager (9.6%) followed by Police (9.3%) and health professionals (9.2%).

When aggregating all Manchester City Council <sup>6</sup> as the sources of referrals to compare the City Council / Joint Service staff (16.11% in 2008/09), the City Council accounts for 12.4% of all referrals in 2009/10. It is not clear whether Housing, a new category in 2009/10, was included as City Council / Joint Service staff in 2008/09. Housing has seen a 4% increase as the source of all referrals in 2009/10.

The Police have seen a 5.2% increase of all referrals; this could be largely due to increased awareness of safeguarding practices as a result of training.

The decrease in referrals from Health care professionals from 22.3% in 2008/09 to 9.2% is largely due to the changes made after October 2010 when this category is no longer used, and is split into two categories, primary/community health professional and secondary health professional. Aggregating all these health professionals into one category shows that 16.3% of all referrals came from the Health Sector.

Please note the following definition for clarity:

- Primary/community health professional provides the care a patient receives at first contact with the health care system, usually involving coordination of care and continuity over time. e.g. GP, district nurses, caseworker
- Secondary Health professionals provide specialist services to whom a patient has been referred by primary care providers, e.g., audiologist, physiotherapist, psychologist, etc

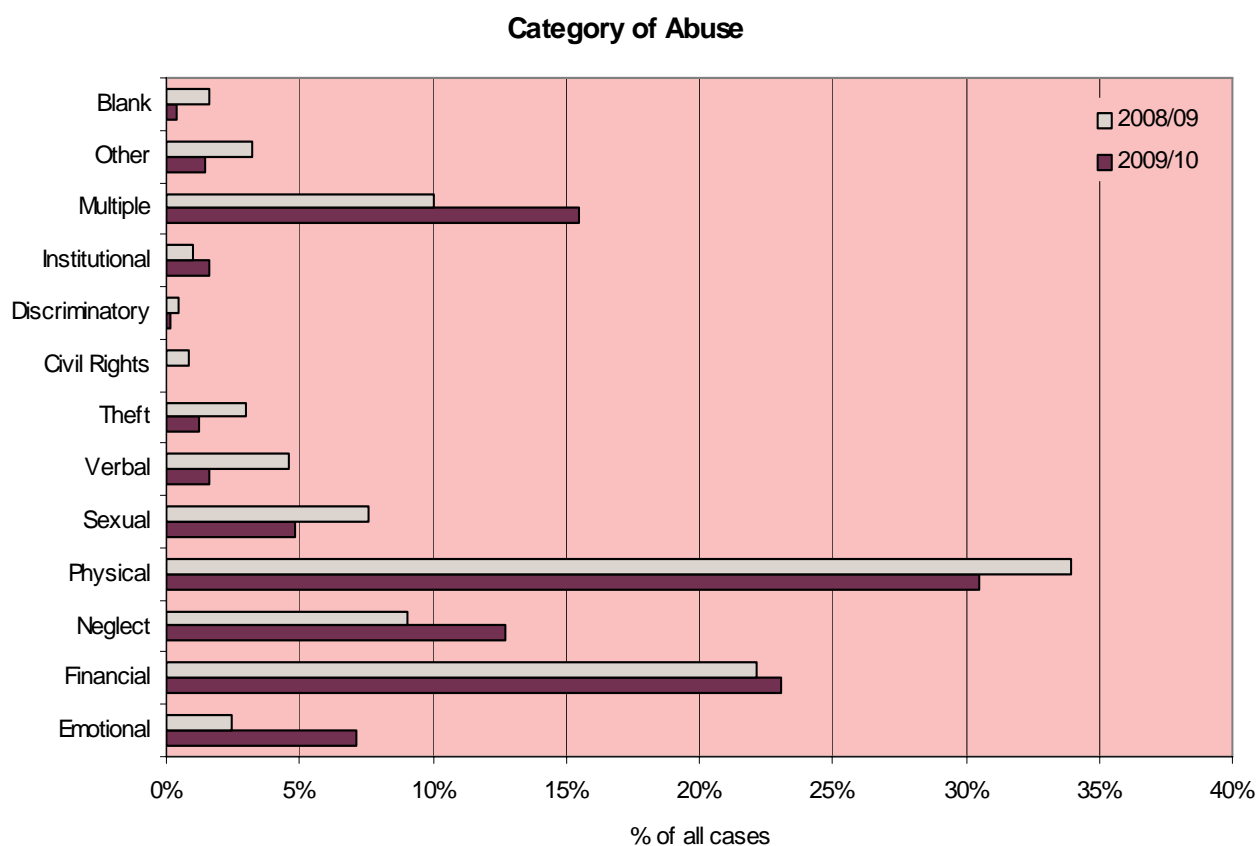
The chart shows that there has been a significant drop in the percentage of referrals made by Residential/Nursing Home (-11.6%) and Domiciliary Care provider (-4.1%), all of which contributed to the largest percentage of referrals in the 2007/08 and 2008/09 data. Due to changes in recording, the data is not comparable from 2008/09 to this year. Aggregating the referrals from the Independent sector in 2009/10 <sup>7</sup> shows that 12.1% of all referrals came from this sector. The Providers Forum continue to raise awareness amongst care providers of the importance of ensuring staff receive training in safeguarding and an estimated 65% of staff employed within independent sector's registered care services have had training on protection of adults whose circumstances make them vulnerable

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<sup>6</sup> MCC Care Manager/Team Manager, MCC day care staff, MCC domiciliary staff, MCC residential care staff and MCC self-directed care staff were included in aggregating the City Council / Joint Service Staff for 2009/10 for comparison

<sup>7</sup> Independent Care Manager, Independent day care staff, Independent domiciliary care staff, Independent Residential care staff and Independent Self directed care staff were included in aggregating the Independent Sector for 2009/10

## 2. 5 What type of abuse?



The chart above shows the category of abuse in which each referral was recorded. In both 2007/08<sup>8</sup> and 2008/09<sup>9</sup>, the largest number of cases was physical and financial abuse. Data shows that in 2009/10, these two categories continue to represent the highest proportion of cases with physical at 30.47% and financial 23.03%.

Although these percentages indicate a decrease in the number of physical abuse cases, the number of cases has in fact increased from 274 (2008/09) to 500 in 2009/10 (Appendix 6). The largest increase is seen in referrals of multiple abuse, up 5.4% from 2008/09, and Emotional/Psychological abuse, up 4.7% from 2008/09.

The table below details the type of abuse indicated for all 254 cases of multiple abuse.

Category of abuse indicated	Number of cases where this type of abuse indicated	% of all referrals
Discriminatory	5	2.0%
Domestic violence	2	0.8%
Emotional / Psychological	160	63.0%
Financial	147	57.9%
Institutional	18	7.1%
Neglect	71	28.0%
Other (please state)	13	5.1%
Physical	169	66.5%
Restraint by staff	1	0.4%

<sup>8</sup> Safeguarding Annual Report 2007/08

<sup>9</sup> Safeguarding Annual Report 2008/09

Category of abuse indicated	Number of cases where this type of abuse indicated	% of all referrals
Sexual	35	13.8%
Theft	18	7.1%
Verbal	62	24.4%

This shows that the largest underlying contributors to these referrals continue to be physical (66.5%), emotional/ psychological (63%) and financial (57.9%).

As financial abuse is an area that could potentially increase due to the use of Individual Budgets, the Safeguarding Team has produced guidance for people to support them with their finance.

The number of referrals recorded as blank has decreased from 1.6% in 2008/09 to 0.4% in 2009/10, showing continuing improvement in performance recording. By recording the specific category of abuse it allows an accurate indication to where preventions need to be put in place in order to reduce certain types of abuse.

To assist in understanding the correlation between category of abuse and victim's living situation, the table below shows the most common types of abuse and living situation (see Appendix 12)

Permanent Living Situation	Financial	Neglect	Physical	Multiple
24hr Care	7.0%	20.0%	50.9%	4.1%
Adult Placement	5.3%	10.5%	47.4%	5.3%
Family Home	11.1%	12.7%	19.0%	19.8%
Hospital Inpatient	2.6%	10.3%	15.4%	0.0%
Lives Alone	42.6%	8.8%	12.1%	15.1%
Lives in temporary accommodation	25.0%	0.0%	25.0%	0.0%
Lives with children (aged 0-18)	26.7%	6.7%	20.0%	26.7%
Lives with partner	9.4%	11.5%	34.5%	20.1%
No fixed abode	16.7%	0.0%	16.7%	50.0%
Other	17.8%	7.8%	23.9%	21.7%
Supported Housing	35.5%	9.6%	22.3%	8.4%

For both categories of physical abuse and neglect, the large increase impacts mostly on older people (71%) living in 24-hour care. There were 366 older people living in 24-hour care. The table below shows detailed analysis of 366 referrals of older people living in 24-hour care; there were 202 referrals (55.2%) of physical abuse, and 79 referrals (21.6%) of neglect.

Abuse indicated	Number of Referrals
Emotional / Psychological	11
Financial	24
Institutional	10
Multiple (please state)	13
Neglect	79
Other (please state)	2
Physical	202
Sexual	23



The chart above shows the alleged perpetrator recorded, comparing data from 2008/09 and 2009/10 where data is available. Perpetrators were recorded under a total of 25 categories in 2009/10 in comparison to 12 in 2008/09 (see Appendix 6).

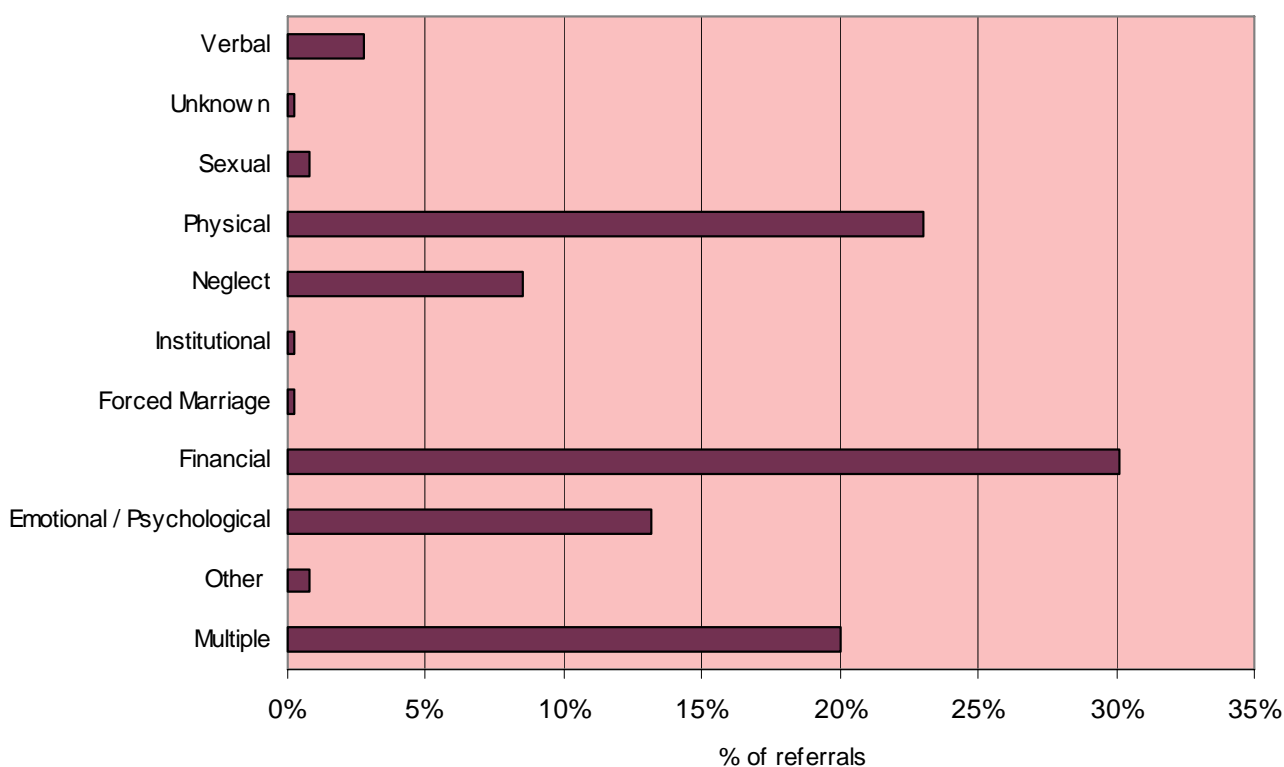
In 2008/09, the largest type of alleged perpetrators was paid carer (19.7%), other family member (19.6%), and other vulnerable adult (17.2%). In 2009/10, the largest type of alleged perpetrators was other family member (22.2%), other vulnerable adult (12.6%), other (11.8%) and neighbour/friend (9.6%).

The percentage of referrals in which a paid carer is the alleged perpetrator has seen the most significant decline in 2009/10, from being 19.7% of referrals in 2008/09 to 4.75%. This is due to the changes made to the categories after October 2009. A paid carer would be recorded as Independent or Manchester City Council Domiciliary care staff or Independent Self Directed care staff (PA) after October 2009. Together they would account for 10.1% of all referrals (or 165 referrals against 159 in 2008/09). This is largely due to the increase of staff in the independent sector who are trained in safeguarding vulnerable adults.

As domiciliary (home care) carers play a significant role in the care of vulnerable adults and supporting adults living in their homes, it is essential that they are continually assisted to access training in safeguarding vulnerable adults.

Other family member continues to feature highly and more work is needed to mitigate the risk of abuse amongst families. Detailed analysis (see Appendix 13 and chart below) shows that where other family members were the alleged perpetrator, the largest causes of referrals were financial abuse (30.1%), physical (23%) and multiple abuse (20%).

**Family member and Type of Abuse**



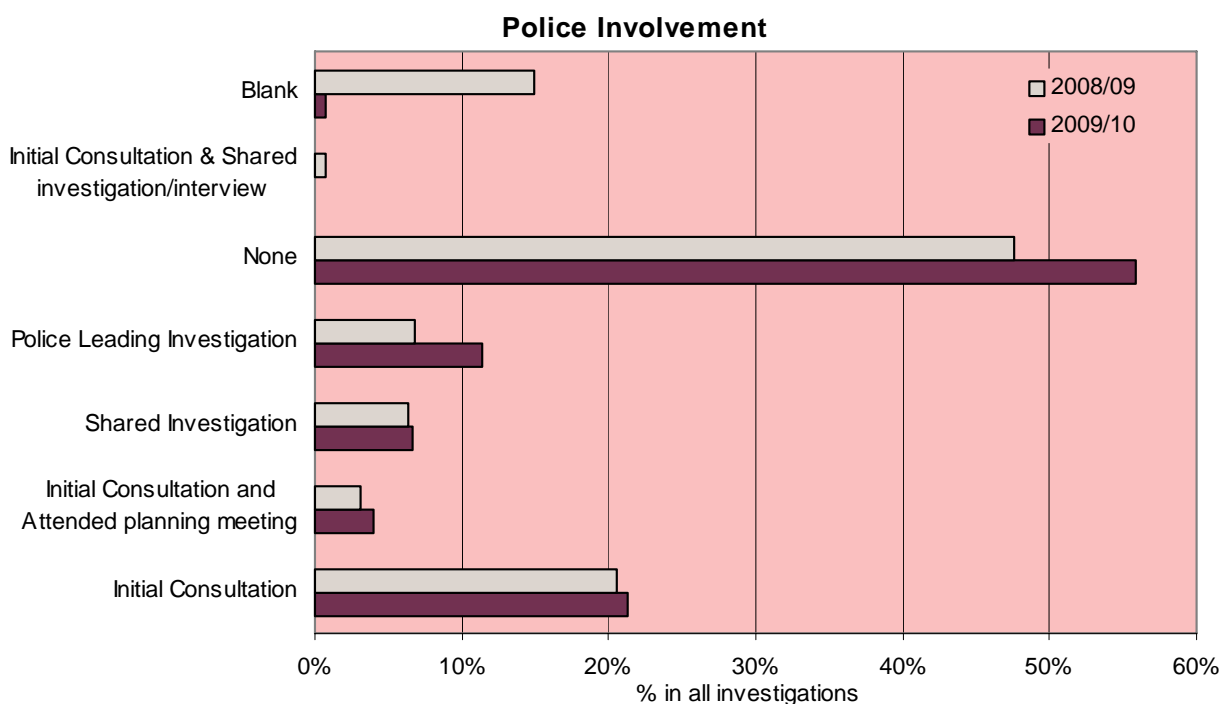
## 2.7 Investigation/Action Planning

Of the 1641 referrals, 1059 proceeded to the investigation/action planning stage.

Customer Group	Number of Referrals	Number of investigations	% of referrals proceeding to investigation
Carers	2	1	50.0%
People with Learning Disabilities	216	146	67.6%
People with Mental Health Needs	266	177	66.5%
Older People	851	524	61.6%
Other	40	32	80.0%
People with Physical Disabilities	266	179	67.3%
<b>TOTAL</b>	<b>1641</b>	<b>1059</b>	<b>64.5%</b>

Across all customer groups, the average rate of referrals proceeding to investigations is 64.5%. Please note that due to separate processes in data collation, it has not been possible to provide a complete dataset for the whole vulnerable adult journey from referral to investigation.

### 2.7.1 Who led the investigation?

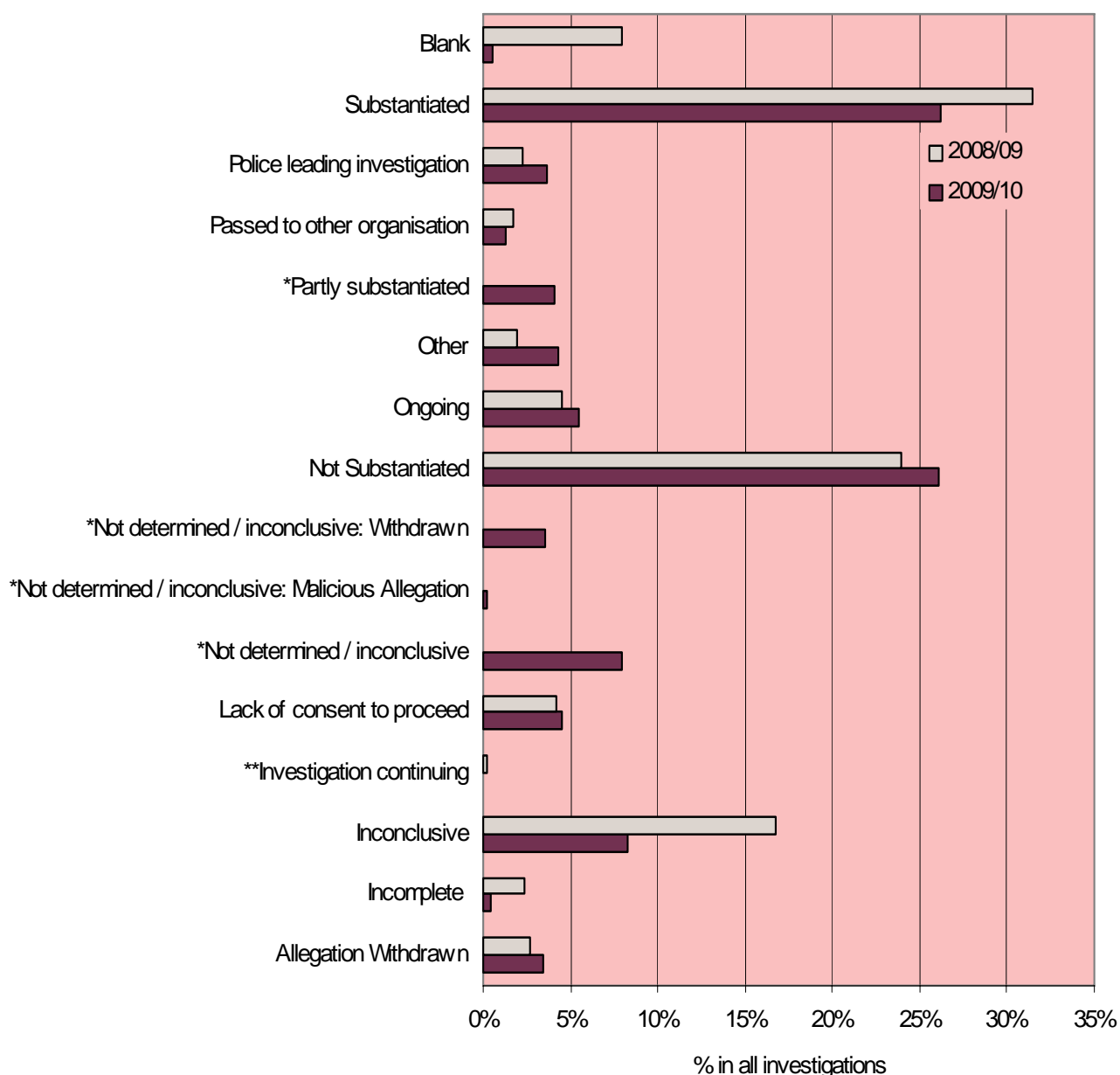


The chart above shows the levels of Police involvement in referrals in 2008/09 and 2009/10. Data shows an increase in the percentage of all investigations where there was no Police involvement, from 47.58% in 2008/09 to 55.90% in 2009/10. There has been an increase in the number of early consultations with the Police in the initial stages of the referral and an increase in Police leading investigations (see Appendix 8) which is consistent with the increase in Police action against the perpetrators (see Appendix 10).

There has been a substantial improvement in recording police involvement, from 14.9% in 2008/09 to 0.8% in 2009/10 reflecting ongoing work to improve performance recording.

## 2.7.2 What was the outcome of the investigation?

Investigation Outcome



\*denote new category

\*\* denotes previous category

The chart above shows the recorded outcomes from referrals in 2008/09 and 2009/10. Four new categories have been added to the outcomes; Not Determined/Inconclusive, Not Determined/Inconclusive – malicious allegation, Not Determined/Inconclusive – withdrawn and Partly Substantiated (see Appendix 9).

Substantiated investigations have decreased by 5.37%, 31.5% of all investigations in 2008/09 to 26.2% of all investigations in 2009/10. Conversely, unsubstantiated investigations increased by 2.1% and a new category, partly substantiated accounts for 4.1% of all investigations.

There is an 8.5% decrease in investigations deemed as inconclusive from 16.7% in 2008/09 to 8.2% in 2009/10. The new category 'not determined/inconclusive' accounts for 7.9% of all referrals; if totalled with the previous category inconclusive, this would account for 16.1% of all investigations.

There has been a substantial improvement in recording the outcomes of investigations, from 7.9% in 2008/09 to 0.6% in 2009/10 reflecting ongoing work to improve performance recording.

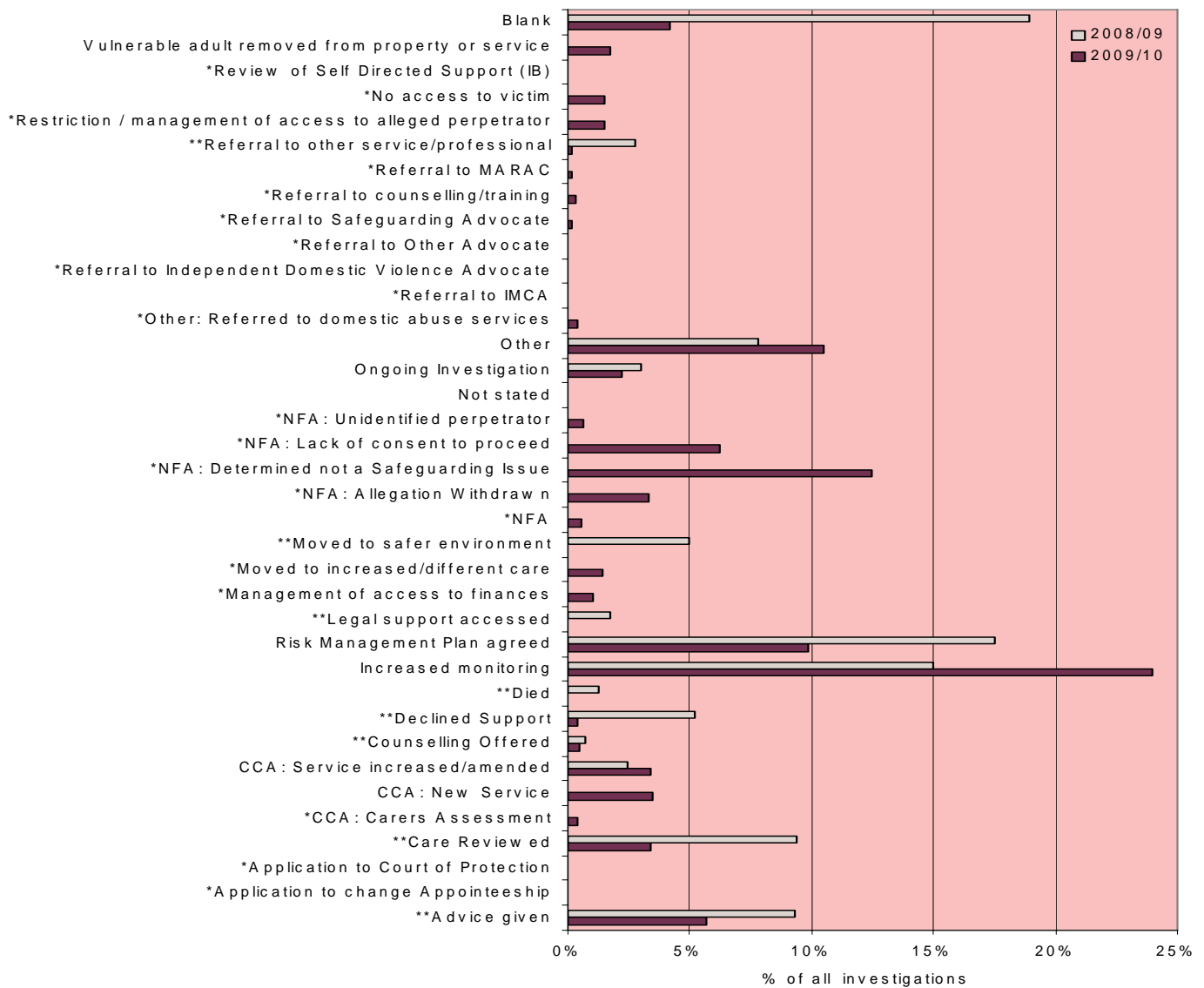
### 2.7.3 What were the outcomes for the victim



\*denote new category

\*\* denotes previous category

### Victim Outcome



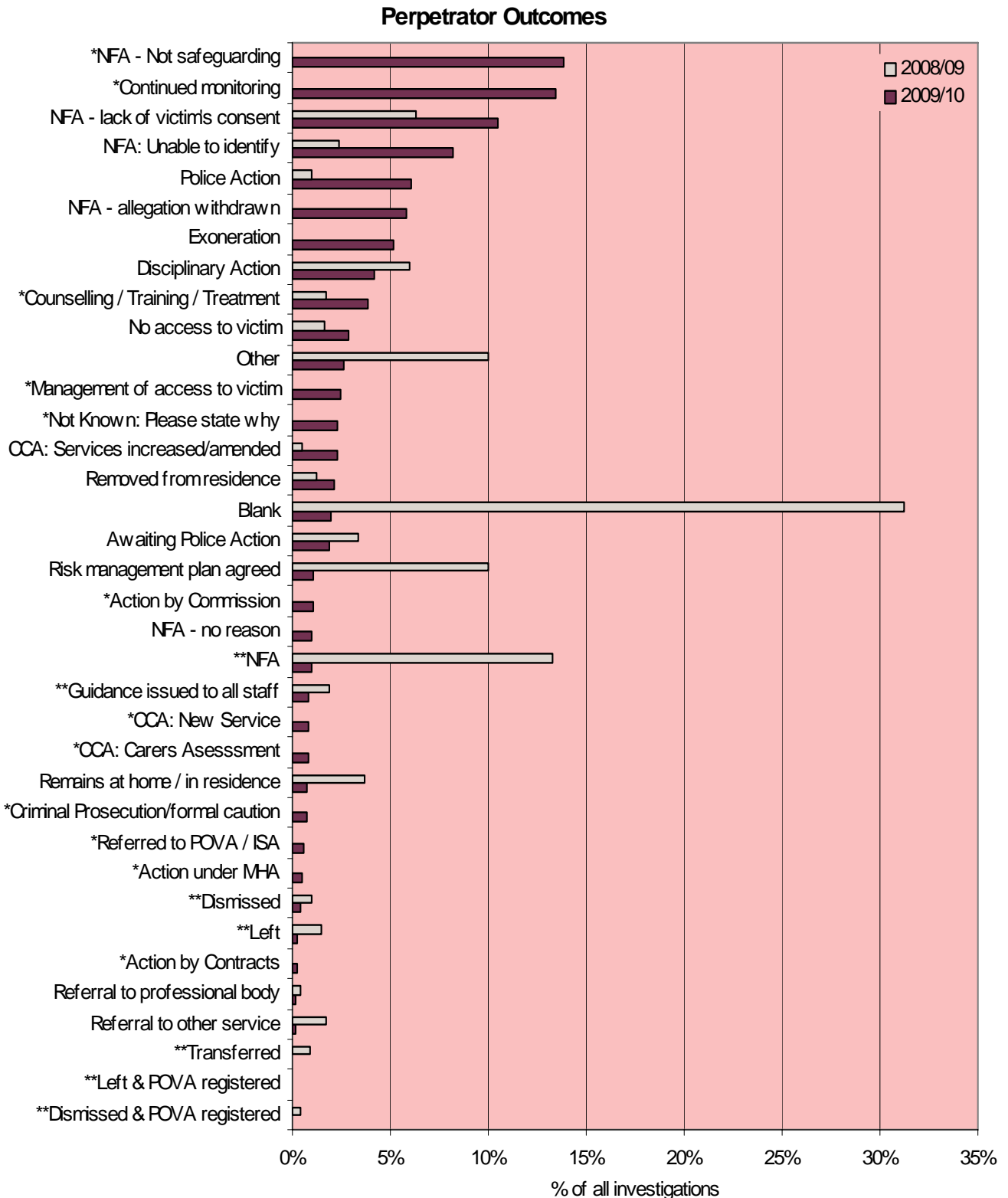
The chart above shows the recorded outcomes for victims from 2008/09 and 2009/10 referrals. Since the last report, new categories have been introduced. All the old categories used before October 2009 have seen a decline while new categories have seen an increase as a percentage of all investigations. Data between 2008/9 and 2009/10 are not directly comparable due to the changes in the category for recording brought in October 2009 and differences between MiCare and MMHSCT data recording.

The largest outcomes for victims are increased monitoring (24%), no further action: determined not a safeguarding issue (12.5%), other (10.5%), and risk management plan agreed (9.8%) (see Appendix 9). Similarly to 2008/09 results, a significant 9% increase can be seen in the number of victims whose circumstances are closely monitored after a Safeguarding referral with 254 vulnerable adults recorded as receiving increased monitoring.

There has been a substantial improvement of 14.8% in recording the outcomes of victims, from 19.0% in 2008/09 to 4.2% in 2009/10 reflecting ongoing work to improve performance recording.

The chart below details the outcomes for victim as a result of investigations being substantiated in 2009/10. Of the 277 substantiated investigations with outcomes recorded, the most common outcomes are increased monitoring (32.9%), protection plan implemented (18.1%) and other outcomes (15.2%) (see Appendix 11).

## 2.7.4 What were the outcomes for the perpetrators?



\*denote new category

\*\* denotes previous category

The chart above compares the recorded outcomes for perpetrators between 2008/09 and 2009/10 (where applicable). There are 14 additional categories added this year, therefore there is no comparative data from 2008/09 (see Appendix 10).

The chart shows a decline in the outcomes where previous categories were used before October 2009 and an increase in some of the new categories introduced in October 2009. The largest outcome for perpetrators after no further action (not safeguarding issue) (13.9%) were continued monitoring (13.4%), lack of victim's consent (10.5%) and perpetrator unable to identify (8.2%).

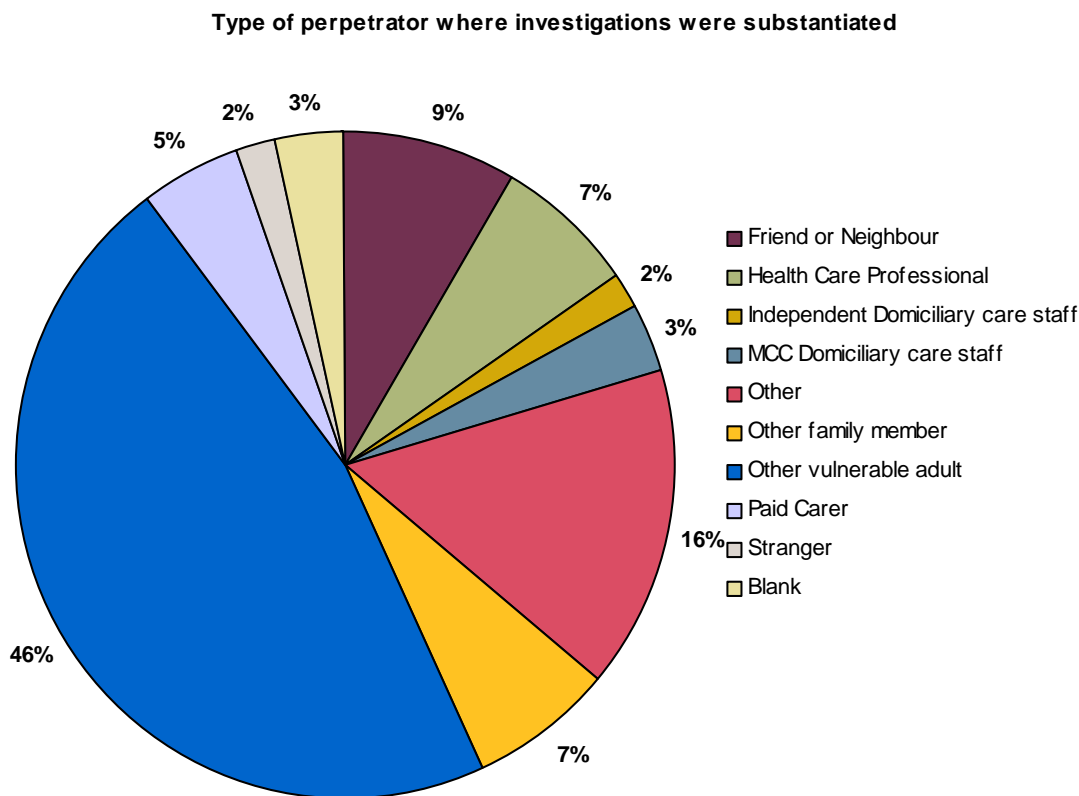
Disciplinary action for 2008/09 has been aggregated to include warning, suspended and disciplinary hearing, as these are part of the overall procedure for taking disciplinary action. Disciplinary action appears to be relatively consistent at 5.9% of all investigations in 2008/09 and 4.2% of all investigations in 2009/10.

Exoneration, a new category included in 2009/10, accounts for 5.2% of all investigations. Of the 55 investigations where the outcome is exoneration, 87% of these were unsubstantiated allegations.

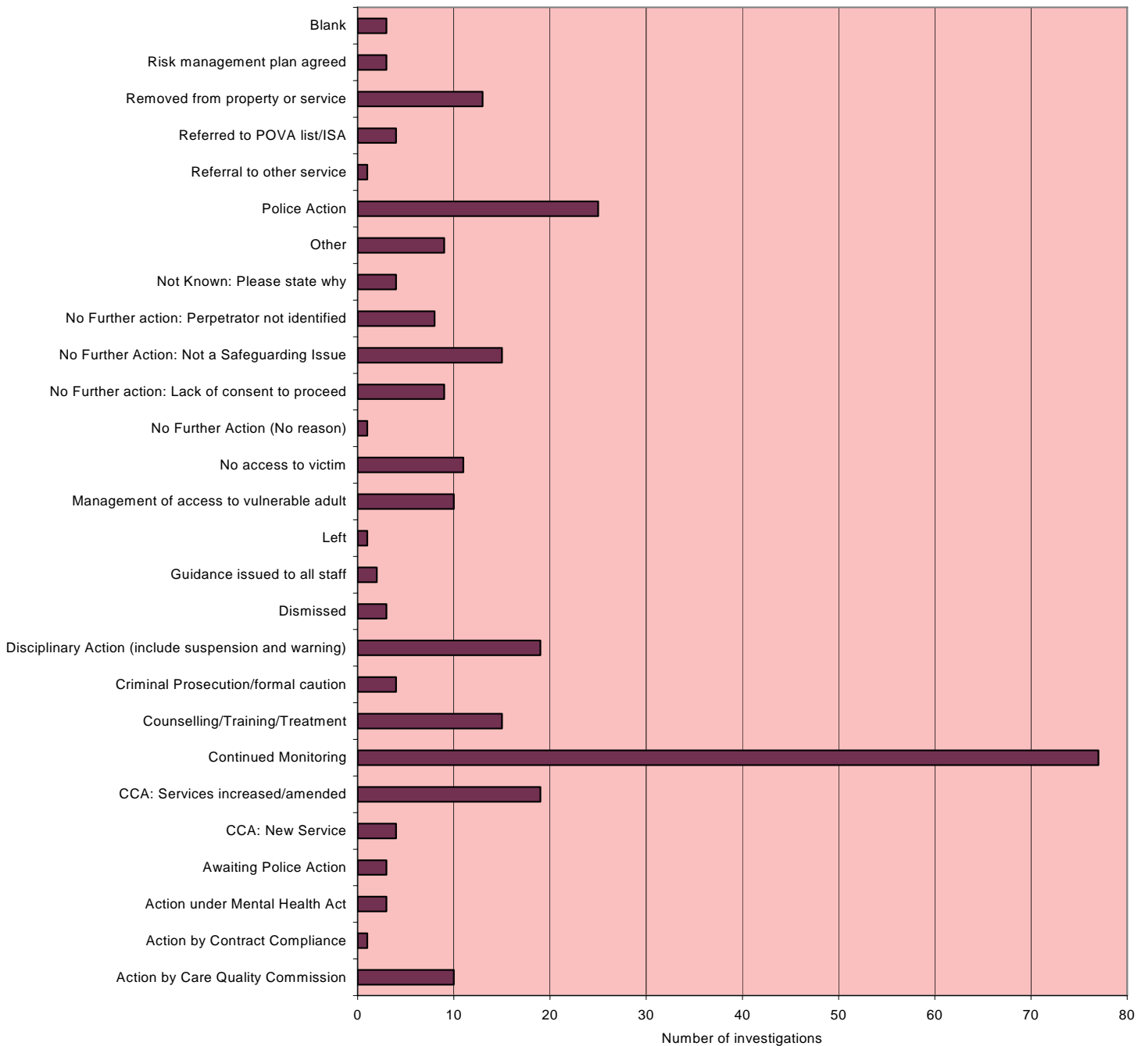
There has been an increase in the number of investigations where the Police have taken action from 1% of all investigations in 2008/09 to 6% of all investigations in 2009/10. This ties in with the ongoing work to improve criminal and civil justice links with safeguarding vulnerable adults.

As shown in the chart, there has been a significant improvement in the number of investigations with outcome for the perpetrator recorded (from 68.8% of investigations recorded in 2008/09 to 98% recorded in 2009/10).

Further analysis is provided in the chart below, which shows the category type of perpetrator where investigations were substantiated (see Appendix 14). Please note that 2009/10 data is not directly comparably as the number of matched investigations (58) is too small to give a representative analysis. Of the 58 investigations, the most common type of perpetrator remains other vulnerable adults (46.6%) followed by other type at 15.5%.



### Outcome for Perpetrators where investigations were substantiated



2008/09 data suggests that other vulnerable adults are the most common type of perpetrator (40.2%) followed by paid carer (23.3%) and family member/family carer (14.9%) (See appendix 13).

The chart below shows the outcomes for perpetrator as a result of investigations being substantiated. Of the 277 substantiated investigations with outcomes recorded, the most common outcomes are continued monitoring (27.8%), police action (9%) and community care reassessment for increased/amended service and disciplinary action (6.9%) (see Appendix 15).

# Appendices

# Appendices

## Additional Notes:

### Abbreviations

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

CCA	Community Care Assessment
NFA	No further action
IM	Increased Monitoring

Due to changes to recording categories as a result of Abuse of Vulnerable Adults (AVA) returns: for 2009/10 dataset, new fields highlighted in red. Grey fields are fields no longer used in 2009/10.

## Appendix 1 – Gender

2008/09

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

2009/10

Gender	Total	LD	MH	PD	OP	Carers	Other
Female	1023	109	150	150	591	0	23
Male	617	107	115	116	260	2	17
Not recorded	1	0	0	0	0	0	0
<b>Total</b>	<b>1641</b>	<b>216</b>	<b>266</b>	<b>266</b>	<b>851</b>	<b>2</b>	<b>40</b>

## Appendix 2 - Ethnic Origin

2008/09

Ethnic Origin	Total	LD	MH	OP	PD	Carers	Other
Asian - Bangladeshi	1	0	1	0	0		
Asian - Indian	1	0	1	0	0		
Asian - Other	6	0	1	0	5		
Asian - Pakistani	13	10	0	1	3		
Black - African	4	0	1	1	2		

Black - British	17	2	5	5	5		
Black - Caribbean	23	6	4	13	0		
Black - Other	1	0	1	0	0		
Black - Somali	2	2	0	0	0		
Chinese	6	0	4	1	1		
Middle Eastern	3	0	3	0	0		
Mixed - White/Black Caribbean	6	0	3	0	3		
Mixed - White/Black African	0	0	0	0	0		
Mixed Other	2	0	2	0	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	89	78	321	84		
White - Irish	44	3	6	28	7		
White - other	6	0	0	4	2		
Other	6	0	1	4	1		
Not Stated	76	21	13	38	4		
Not Known	17	7	2	5	3		
<b>Total</b>	<b>807</b>	<b>140</b>	<b>126</b>	<b>421</b>	<b>120</b>		

## 2009/10

Ethnic Origin	Total	LD	MH	OP	PD	Carers	Other
Asian - Bangladeshi	3	0	0	1	2	0	0
Asian - Indian	6	0	2	3	1	0	0
Asian - Other	15	2	4	6	2	0	1
Asian - Pakistani	42	11	5	13	9	0	4
Black - African	3	0	3	0	0	0	0
Black - British	6	0	6	0	0	0	0
Black - Caribbean	48	3	3	37	5	0	0
Black - Other	23	8	4	6	5	0	0
Black - Somali	3	0	0	2	0	0	1
Chinese	8	0	0	7	1	0	0

Middle Eastern	3	0	0	2	1	0	0
Mixed - White/Black Caribbean	7	4	0	0	1	0	2
Mixed - White/Black African	0	0	0	0	0	0	0
Mixed Other	4	2	0	1	1	0	0
Mixed White/Asian	4	3	1	0	0	0	0
Pakistani - British	0	0	0	0	0	0	0
Various	0	0	0	0	0	0	0
White - British	1198	166	170	645	198	1	18
White - Irish	91	4	19	56	12	0	0
White - other	46	0	4	35	6	0	1
Other	7	1	4	0	2	0	0
Not Stated	0	0	0	0	0	0	0
Not Known	124	12	41	37	20	1	13
<b>Total</b>	<b>1641</b>	<b>216</b>	<b>266</b>	<b>851</b>	<b>266</b>	<b>2</b>	<b>40</b>

### Appendix 3 - Living Situation

2008/09

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

2009/10

Living Situation	Total	LD	MH	OP	PD	Carers	Other
24-hour Care	511	39	74	366	27	0	5

Adult Placement	19	8	4	6	1	0	0
Family Home	126	18	22	59	21	1	5
Hospital In Patient	39	6	23	8	1		1
Lives Alone	430	19	67	231	105	1	7
Lives in temporary accommodation	4	0	1	0	3	0	0
Lives with children (aged 0-18)	15	2	1	3	8	0	1
Lives with Partner	139	9	17	69	40	0	4
Living Situation Unknown							
No fixed above	6	0	0	1	2	0	3
Other	180	32	25	77	36	0	10
Supported Housing	166	83	27	31	22	0	3
Not known	6		5				1
<b>Total</b>	<b>1641</b>	<b>216</b>	<b>266</b>	<b>851</b>	<b>266</b>	<b>2</b>	<b>40</b>

## Appendix 4 - Origin of Referral

2008/09

Referral	Total	LD	MH	OP	PD	Carers	Other
Domiciliary Care Provider*	52	21	0	23	8		
Family Member	62	12	5	41	4		
Health Care Professional & MCC	0	0	0	0	0		
Health Professional	180	11	97	58	14		
In-Patient Areas	0	0	0	0	0		
MCC Staff/Joint Service Staff	130	24	2	44	60		
NFA - Inappropriate Referral	2	0	0	0	2		
Other	36	20	5	11	0		
Other LA & MCC	0	0	0	0	0		
Other Professional*	73	16	9	35	13		
Other: Anonymous	11	4	1	5	1		
Other: Other LA	6	0	4	2	0		
Paid Carer	1	0	0	1	0		
Police	33	11	0	19	3		
Residential / Nursing Home*	163	7	0	154	2		
Self referral	24	7	1	9	7		

Volunteer / Friend / Advocate	12	3	1	6	2		
Blank	22	4	1	13	4		
<b>Total</b>	<b>807</b>	<b>140</b>	<b>126</b>	<b>421</b>	<b>120</b>		

## 2009/10

Referral	Total	LD	MH	OP	PD	Carers	Other
MCC Staff/Joint Service Staff	0						
Commission	4	0	1	3	0	0	0
Domiciliary Care Provider*	39	6	6	25	1	0	1
Education / Training / Workplace	3	2	0	1	0	0	0
Family Member	124	9	5	89	16	0	5
Friend/neighbour	26	3	1	19	2	0	1
Health Care Professional & MCC	0						
Health Professional	151	9	94	35	12	0	1
Housing	65	13	8	20	23	0	1
Independent Care Manager	8	2	2	3	1	0	0
Independent day care staff	10	4	0	6	0	0	0
Independent domiciliary care staff	59	10	2	36	9	0	2
Independent Residential care staff	119	6	27	83	2	0	1
Independent Self directed care staff (PA)	2	1	1	0	0	0	0
In-Patient Areas	0						
MCC Care Manager / Team Manager	157	30	9	67	51	0	0
MCC day care staff	4	1	0	3	0	0	0
MCC domiciliary care staff	17	3	0	12	2	0	0
MCC Residential care staff	26	1	3	19	3	0	0
MCC Self directed care staff (PA)	0						
Mental Health staff (CPN)	5	1	0	4	0	0	0
NFA - Inappropriate Referral	0						
Other	150	34	17	67	24	0	8
Other Independent social care professional	11	3	1	6	1	0	0
Other LA & MCC	0						
Other MCC social care professional	48	14	2	21	9	0	2
Other Professional*	122	28	19	49	25	0	1

Referral	Total	LD	MH	OP	PD	Carers	Other
Other Vulnerable Adult	1	0	0	1	0	0	0
Other: Advocate	21	3	1	9	7	0	1
Other: Anonymous	12	2	2	5	2	1	0
Other: Member of the public	3	1	1	0	0	0	1
Other: Other LA	14	1	1	6	5	0	1
Paid Carer	0						
Police	152	6	26	71	36	1	12
Primary/community Health professional	79	10	6	47	14	0	2
Residential / Nursing Home*	141	10	16	108	7	0	0
Secondary Health professional	38	2	6	26	4	0	0
Self referral	26	1	5	10	10	0	0
Volunteer / Friend / Advocate	2	0	2	0	0	0	0
Blank	2	0	2	0	0	0	0
<b>Total</b>	<b>1641</b>	<b>216</b>	<b>266</b>	<b>851</b>	<b>266</b>	<b>2</b>	<b>40</b>

Note:

Red text (new category introduced for the AVA collection)

Grey text (previous category)

## Appendix 5 - Category of Abuse

2008/09

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

2009/10

Category	Total	LD	MH	OP	PD	Carers	Other
Emotional	117	16	14	65	19	1	2
Financial	378	46	56	196	74	0	6
Neglect	209	23	6	149	28	0	3
Physical	500	72	79	277	59	1	12
Sexual	79	15	25	26	8	0	5
Verbal	26	5	6	14	0	0	1
Theft	20	0	4	11	5	0	0
Civil Rights	0	0	0	0	0	0	0
Discriminatory	2	0	1	0	1	0	0
Institutional	26	8	2	13	2	0	1
Multiple	254	28	64	90	64	0	8
Other	24	1	7	9	6	0	1
Blank	6	2	2	1	0	0	1
<b>Total</b>	<b>1641</b>	<b>216</b>	<b>266</b>	<b>851</b>	<b>266</b>	<b>2</b>	<b>40</b>

## Appendix 6 - Who were the alleged perpetrators

2008/09

Category	Total	LD	MH	OP	PD	Carers	Other
Family (carer)	40	9	7	18	6		
Friend or Neighbour	50	6	12	15	17		
Health Care Professional	44	1	25	12	6		
MCC	10	6	1	1	2		
Other	58	9	18	25	6		
Other Family Member	158	9	23	91	35		
Other Vulnerable Adult	139	12	21	103	3		
Paid Carer	159	43	3	94	19		
Stranger	19	0	1	8	10		
Unknown	79	19	9	41	10		
Volunteer	1	0	1	0	0		
Blank	50	26	5	13	6		
<b>Total</b>	<b>807</b>	<b>140</b>	<b>126</b>	<b>421</b>	<b>120</b>		

2009/10

Category	Total	LD	MH	OP	PD	Carers	Other
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Category	Total	LD	MH	OP	PD	Carers	Other
Family (carer)	63	3	17	34	9	0	0
Health Care Professional	48	2	19	25	1	0	1
Independent Self Directed Care Staff	2	0	0	2	0	0	0
Independent Care Manager /Team Manager	3	0	0	2	0	0	1
Independent Day Care staff	4	2	0	1	1	0	0
Independent Domiciliary care staff	78	26	5	37	9	0	1
Independent Residential care staff	114	13	3	86	10	0	2
Independent Social Care staff other	7	4	0	3	0	0	0
MCC Care Manager / Team Manager	3	1	0	1	1	0	0
MCC Day Care Staff	1	0	1	0	0	0	0
MCC Domiciliary care staff	7	0	0	4	3	0	0
MCC Residential care staff	13	3	0	8	1	0	0
MCC Social Care staff other	5	1	0	4	0	0	0
Neighbour / Friend	157	10	35	66	39	0	7
Not known: Unable to identify	114	12	19	59	23	1	0
Other	194	32	35	84	39	0	4
Other family member	365	30	47	202	73	1	12
Other professional	15	6	1	6	2	0	0
Other Vulnerable Adult	206	41	45	115	3	0	2
Paid Carer	78	13	7	48	10	0	0
Partner	78	7	7	30	30	0	4
Stranger	71	7	17	31	12	0	4
Volunteer / Befriender	5	2	1	1	0	0	4
Blank	10	1	6	2	0	0	4
<b>Total</b>	<b>1641</b>	<b>216</b>	<b>266</b>	<b>851</b>	<b>266</b>	<b>2</b>	<b>40</b>

Note:

Red text (new category introduced for the AVA collection)

Grey text (previous category)

## Appendix 7 - Police Involvement

2008/09

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

2009/10

Police Involvement	Total	LD	MH	OP	PD	Carers	Other
Initial Consultation	226	34	53	80	48	0	11
Initial Consultation and Attended planning meeting	43	6	10	18	7	0	2
Shared Investigation	70	8	14	29	17	0	2
Police Leading Investigation	120	28	12	53	24	1	2
None	592	70	86	339	82	0	15
Telephone advice	0	0	0	0	0	0	0
Blank	8	0	2	5	1	0	0
Initial Consultation & Shared investigation/interview	0	0	0	0	0	0	0
<b>Total</b>	<b>1059</b>	<b>146</b>	<b>177</b>	<b>524</b>	<b>179</b>	<b>1</b>	<b>32</b>

## Appendix 8 - Investigation Outcomes

2008/09

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

2009/10

Investigation Outcome	Total	LD	MH	OP	PD	Carers	Other
Allegation Withdrawn	36	0	10	18	5	0	3
Incomplete	5	0	2	2	1	0	0
Inconclusive	87	5	37	31	12	0	2
Investigation continuing	0	0	0	0	0	0	0
Lack of consent to proceed	48	0	14	13	15	0	6
Not determined / inconclusive	84	14	7	45	13	0	5
Not determined / inconclusive: Malicious Allegation	2	0	0	1	1	0	0

Not determined / inconclusive: Withdrawn	38	4	1	23	9	0	1
Not Substantiated	276	44	37	151	37	1	6
Ongoing	58	9	16	18	13	0	2
Other	46	5	9	26	6	0	0
Partly substantiated	43	11	5	19	8	0	0
Passed to other LA	0	0	0	0	0	0	0
Passed to other organisation	14	0	3	8	3	0	0
Police leading investigation	39	8	4	13	13	0	1
Substantiated	277	46	31	152	42	0	6
Blank	6	0	1	4	1	0	0
<b>Total</b>	<b>1059</b>	<b>146</b>	<b>177</b>	<b>524</b>	<b>179</b>	<b>1</b>	<b>32</b>

Note:

Red text (new category introduced for the AVA collection)

Grey text (previous category)

## Appendix 9 - Outcomes for Victims

2008/09

Victim Outcome	Total	LD	MH	OP	PD	Carers	Other
Advice given	75	8	22	38	7		
Care Reviewed	76	24	12	37	3		
CCA: Service increased / started Support	20	6	1	8	5		
Counselling Offered	6	1	5	0	0		
Declined Support	42	1	1	26	14		
Died	10	1	0	8	1		
Increased monitoring	121	15	20	84	2		
Increased monitoring: Risk Management plan agreed	141	14	31	65	31		
Legal support accessed	14	10	3	1	0		

Victim Outcome	Total	LD	MH	OP	PD	Carers	Other
Moved to safer environment	40	5	2	25	8		
Not stated	0	0	0	0	0		
Ongoing Investigation	24	10	0	9	5		
Other	63	14	0	38	11		
Referral to other service/professional	22	1	0	14	7		
Blank	153	30	29	68	26		
<b>Total</b>	<b>807</b>	<b>140</b>	<b>126</b>	<b>421</b>	<b>120</b>		

## 2009/10

Victim Outcome	Total	LD	MH	OP	PD	Carers	Other
Advice given	60	6	37	8	8	0	1
Application to change Appointeeship	1	0	0	1	0	0	0
Application to Court of Protection	1	0	0	1	0	0	0
Care Reviewed	36	13	15	4	4	0	0
CCA: Carers Assessment	4	0	0	4	0	0	0
CCA: New Service	37	6	2	19	8	0	2
CCA: Service increased/amended	36	10	7	12	7	0	0
Counselling Offered	5	0	3	1	1	0	0
Declined Support	4	0	1	1	2	0	0
Died	0	0	0	0	0	0	0
Increased monitoring	254	38	33	149	26	0	8
Increased monitoring: Risk Management Plan agreed	104	21	33	50	8	0	1
Legal support accessed	0	0	24	0	0	0	0
Management of access to finances	11	0	0	10	1	0	0
Moved to increased/different care	15	0	0	12	3	0	0
Moved to safer environment	0	0	0	0	0	0	0
NFA	6	0	1	3	0	0	2
NFA: Allegation Withdrawn	35	1	2	20	10	0	2
NFA: Determined not a Safeguarding Issue	132	7	13	94	14	1	3
NFA: Lack of consent to proceed	66	2	3	29	26	0	6
NFA: Unidentified perpetrator	7	1	0	5	1	0	0

Victim Outcome	Total	LD	MH	OP	PD	Carers	Other
Not stated	0	0	0	0	0	0	0
Ongoing Investigation	23	7	3	1	11	0	1
Other	111	27	3	49	28	0	4
Other: Referred to domestic abuse services	4	0	1	3	0	0	0
Referral to advocacy Scheme: IMCA	1	0	0	1	0	0	0
Referral to advocacy scheme: Independent Domestic Violence Advocate	1	0	0	0	1	0	0
Referral to advocacy scheme: Other Advocate	1	1	0	0	0	0	0
Referral to advocacy scheme: Safeguarding Advocate	2	0	0	0	2	0	0
Referral to counselling/training	3	0	0	2	1	0	0
Referral to MARAC	2	0	0	1	1	0	0
Referral to other service/professional	16	0	0	0	2	0	0
Restriction / management of access to alleged perpetrator	16	2	4	7	3	0	0
Restriction / management of access to alleged perpetrator: No access to victim	16	1	0	12	3	0	0
Review of Self Directed Support (IB)	1	0	0	0	1	0	0
Vulnerable adult removed from property or service	18	2	2	7	5	0	2
Blank	44	1	23	18	2	0	0
<b>Total</b>	<b>1059</b>	<b>146</b>	<b>177</b>	<b>524</b>	<b>179</b>	<b>1</b>	<b>32</b>

*Note:*

Red text (new category introduced for the AVA collection)

Grey text (previous category)

## Appendix 10 - Outcomes for Perpetrators

2008/09

Perpetrator Outcome	Total	LD	MH	OP	PD	Carers	Other
Awaiting Police Action	27	6	0	8	13		
Disciplinary Action	6	2	1	2	1		
Disciplinary hearing	2	1	0	1	0		
Dismissed	8	1	3	3	1		
Dismissed & POVA registered	3	0	0	2	1		
Guidance issued to all staff	15	5	1	9	0		

Perpetrator Outcome	Total	LD	MH	OP	PD	Carers	Other
Left	12	10	0	0	2		
Left & POVA registered							
NFA – lack of victim’s consent	51	0	2	23	26		
NFA – unfounded allegation	0	0	0	0	0		
NFA – unable to identify	19	5	0	6	8		
No access to victim	13	8	0	3	2		
None – no reason	107	19	0	85	3		
Other	81	18	0	47	16		
Police Action	8	1	0	3	4		
Referral to other service	14	0	0	14	0		
Referral to professional body	3	1	0	1	1		
Remains at home / in residence	30	1	0	27	2		
Removed from residence	10	2	2	5	1		
Risk management plan agreed	81	6	9	63	3		
Service increased / started	4		1	1	2		
Suspended	35	3	1	23	8		
Training	14	4	1	8	1		
Transferred	7	0	2	5	0		
Warning given	5	0	1	3	1		
Blank	252	47	102	79	24		
<b>Total</b>	<b>807</b>	<b>140</b>	<b>126</b>	<b>421</b>	<b>120</b>		

## 2009/10

Perpetrator Outcome	Total	LD	MH	OP	PD	Carers	Other
Action by Commission	11	0	1	5	0	0	0
Action by Contracts	3	0	0	3	0	0	0
Action under MHA	5	1	1	3	0	0	0
Awaiting Police Action	20	9	2	2	6	0	1
Community Care Assessment: Carers Assessment	9	1	0	8	0	0	0
Community Care Assessment: New Service	9	2	1	3	2	0	1
Community Care Assessment: Services increased/amended Service increased / started	24	9	3	9	2	0	1
Continued monitoring	142	14	15	104	6	0	3

Perpetrator Outcome	Total	LD	MH	OP	PD	Carers	Other
Counselling / Training / Treatment	41	7	2	28	2	0	2
Criminal Prosecution/formal caution	8	2	0	4	2	0	0
Disciplinary Action	44	10	8	16	9	0	1
Disciplinary hearing							
Dismissed	4	0	2	2	0	0	0
Dismissed & POVA registered							
Exoneration	55	7	23	21	2	0	2
Guidance issued to all staff	9	5	2	1	1	0	0
Left	3	0	0	0	3	0	0
Left & POVA registered	0	0	0	0	0	0	0
Management of access to victim	26	1	5	17	3	0	0
NFA	10	1	4	3	2	0	0
NFA - allegation withdrawn	62	4	10	30	15	0	3
NFA - lack of victim's consent	111	4	25	38	35	0	9
NFA - no reason	10	2	5	1	2	0	0
NFA - Not safeguarding	147	11	8	103	23	1	1
NFA: Unable to identify	87	9	32	30	15	0	1
No access to victim	30	4	4	17	5	0	0
Not Known: Please state why	24	3	2	14	3	0	2
Other	28	9	3	8	7	0	1
Police Action	64	12	7	18	26	0	1
Referral to other service	2	1	0	0	1	0	0
Referral to professional body	2	0	0	1	1	0	0
Referred to POVA / ISA	6	0	0	4	2	0	0
Remains at home / in residence	8	2	1	3	2	0	0
Removed from residence/service	23	7	0	15	1	0	0
Risk management plan agreed	11	3	3	2	3	0	0
Suspended							
Training (included with counselling and treatment)							
Transferred							
Warning given							
Blank	21	1	6	11	3	0	0
<b>Total</b>	<b>1059</b>	<b>146</b>	<b>175</b>	<b>524</b>	<b>184</b>	<b>1</b>	<b>29</b>

Note:

Red text (new category introduced for the AVA collection)

Grey text (previous category)

Change from 2008/09:

- Disciplinary Action includes: Suspended, Disciplinary Hearing, Warning given, Dismissed, Dismissed & POVA registered.
- Left, Left & POVA registered is not used.
- Training now includes: Guidance issued to all staff, training, counselling and treatment.

## Appendix 11 - Outcomes for Victims where investigations were substantiated

Outcome for Victims	Number of investigations	% of 277 substantiated investigations
Advice given	2	0.7%
Care reviewed	11	4.0%
CCA: New Service	11	4.0%
CCA: Services increased/amended	14	5.1%
Counselling Offered	3	1.1%
Increased monitoring	91	32.9%
Increased monitoring: Protection Plan Implemented	50	18.1%
Moved to increased/different care	6	2.2%
No further action (NFA)	1	0.4%
NFA: Determined not a safeguarding issue	11	4.0%
NFA: Lack of consent to proceed	2	0.7%
NFA: Unidentified perpetrator	1	0.4%
Ongoing investigation	3	1.1%
Other	42	15.2%
Referral to IMCA	1	0.4%
Referral to Independent Domestic Violence Advocate	1	0.4%
Referral to Safeguarding Advocate	2	0.7%
Referral to MARAC	2	0.7%
Restriction / management of access to alleged perpetrator	6	2.2%
No access to victim	7	2.5%
Unknown	3	1.1%
Vulnerable Adult removed from property or service	7	2.5%

Note:

Red text (new category introduced for the AVA collection)

Grey text (previous category)

## Appendix 12 - Type of abuse and living situation

Permanent Living Situation	Number of referrals	Financial	Neglect	Physical	Multiple
24hr Care	511	36	102	260	21
Adult Placement	19	1	2	9	1
Family Home	126	14	16	24	25
Hospital Inpatient	39	1	4	6	0
Lives Alone	430	183	38	52	65
Lives in temporary accommodation	4	1	0	1	0
Lives with children (aged 0-18)	15	4	1	3	4
Lives with partner	139	13	16	48	28
No fixed abode	6	1	0	1	3
Other	180	32	14	43	39
Supported Housing	166	59	16	37	14
<b>Total (excluding unknown)</b>	<b>1635</b>	<b>345</b>	<b>209</b>	<b>484</b>	<b>200</b>

Note:

Red text (new category introduced for the AVA collection)

Grey text (previous category)

## Appendix 13 - Type of abuse where alleged perpetrator is other family member

Abuse indicated	Number of referrals	% of all referrals
Multiple	73	20.0%
Other	3	0.8%
Emotional / Psychological	48	13.2%
Financial	110	30.1%
Forced Marriage	1	0.3%
Institutional	1	0.3%
Neglect	31	8.5%
Physical	84	23.0%
Sexual	3	0.8%
Unknown	1	0.3%
Verbal	10	2.7%
<b>Total</b>	<b>365</b>	<b>2.7%</b>

## Appendix 14 - Type of perpetrators where Investigation outcome is substantiated

Type of Perpetrator	2009/10	2008/09
Family Member / Family (carer)	0	38
Friend or Neighbour	5	4
Health Care Professional	4	10
MCC	0	3
Independent Domiciliary care staff	1	0
MCC Domiciliary care staff	2	0
Other (Please state):	9	19
Other Family Member	4	0
Other Vulnerable Adult	27	102
Paid Carer	3	59
Stranger	1	5
Unknown/Blank	2	14
<b>Total</b>	<b>58</b>	<b>254</b>

*Note:*

Red text (new category introduced for the AVA collection)

Grey text (previous category)

## Appendix 15 - Perpetrators Outcomes where Investigation outcome is substantiated

Outcome for Perpetrator	2009/10	2008/09
Action by Care Quality Commission	10	0
Action by Contract Compliance	1	0
Action under Mental Health Act	3	0
Awaiting Police Action	3	9
Community Care Assessment: New Service	4	0
Community Care Assessment: Services increased/amended	19	2
Continued Monitoring	77	2
Complaint/referral to professional body	0	1
Counselling/Training/Treatment	15	4
Criminal Prosecution/formal caution	4	0
Disciplinary Action (include suspension and warning)	19	31
Dismissed	3	5
Guidance issued to all staff	2	7
Left	1	6

Outcome for Perpetrator	2009/10	2008/09
Management of access to vulnerable adult	10	0
Management of access to vulnerable adult: No access to victim	11	6
No Further Action (No reason)	1	10
No Further action: Lack of consent to proceed	9	9
No Further Action: Not a Safeguarding Issue	15	0
No Further action: Perpetrator not identified	8	3
Not Known: Please state why	4	0
Other	9	26
Police Action	25	6
Referral to other service	1	10
Referred to POVA list/ISA	4	0
Remains at home / in residence	0	16
Removed from property or service	13	5
Risk management plan agreed	3	52
Transferred	0	3
Blank	3	41
<b>Total</b>	<b>277</b>	<b>254</b>

Note:

Red text (new category introduced for the AVA collection)

Grey text (previous category)

## Appendix 16 - Manchester Safeguarding Adults Board Members, July 2010

Name	Organisation	Role
Dr Sue Ross	Manchester Safeguarding Adults	Independent Chair
Deborah Russell	Manchester City Council	Head of Safeguarding
Nathan Atkinson	Manchester City Council	Head of Supplier Management
Paul Cassidy	Manchester City Council	Assistant Director, Customer Support
Liz Treacy	Manchester City Council	
Dominic Hyland	Ashcroft Surgery	GP
Tim Kyle	Probation Service	Assistant Chief Executive
Peter Oliver	University Hospital of South Manchester	Governance Manager
Steve Sheridan	Greater Manchester Fire Service	Deputy Borough Commander, Manchester South Borough
Joanne Royle	NHS Manchester Community Services	Associate Director
George Devlin	Manchester City Council	Head of Workforce & Development
Pauline John	Manchester Mental Health and Social Care Trust	Associate Director of Governance
Craig Harris	Commissioning NHS Manchester	Deputy Director
Jane Barcoe	Age Concern	Deputy Chief Executive

Dave Williams	Carers Forum	Project Manager
Gail Heath	MCC	Head of Housing Strategy
Hazel Chamberlain	Central Manchester Foundation Trust	Head of Safeguarding
Mary Duncan	MACC	
Liz Bruce	Manchester City Council	Strategic Director Adults
Fionnuala Stringer	Manchester City Council	Assistant Director, Strategy and Commissioning
Sarah Watson	Manchester City Council	Manchester Adult Education Service
Linval Hermitt	North West Ambulance Service	
Sue Langley	University Hospital of South M/C	Head of Nursing
Julian Snowball	Greater Manchester Police	Superintendent