COVENTRY SAFEGUARDING ADULTS BOARD

Annual Report 2012/2013

Coventry Partnership

Working Together to Safeguard Adults

Board Partners

Coventry and Warwickshire NHS Partnership Trust

Coventry City Council

Staffordshire and West Midlands Probation Trust

Coventry NHS Teaching Primary Care Trust

University Hospitals Coventry and Warwickshire NHS Trust

NHS Coventry

West Midlands Police

Coventry Partnership
Towards a safer, more confident city

West Midlands Fire Service

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Foreword from the Chair

Welcome to the 10th Annual Report of Coventry Safeguarding Adults Board.

A lot has changed over the last 10 years since the Board was formed and we have made considerable progress making a real difference to people's lives. However, as high profile cases such as Steven Hoskin, Fiona Pilkington, Winterbourne View and Mid-Staffordshire prove, there is still much more that we need to make sure we do.

This annual report covers the Board's activities for the period April 2012 to March 2013. It describes the significant progress we have made over the last year and acknowledges the considerable challenges that continue in the year ahead.

The public sector funding squeeze presents the biggest challenge, requiring us to do more with less. In the face of austerity, it is vital that partner agencies are able to work together to make the best use of resources and safeguard the most vulnerable adults in communites.

The challenges we face have not lessened our ambition to achieve excellence in Coventry and safeguarding adults remains a top priority for Coventry City Council and all our partner agencies on the Safeguarding Adults Board.

Our vision is that everybody who supports people at risk of harm are able to prevent abuse happening, act swiftly when it does, and are able to achieve good outcomes for people who use our services.

Our vision for adult safeguarding
People are able to live a life free from harm, where communities and organisations:

- have a culture that does not tolerate abuse
- work together to prevent abuse
- know what to do when abuse happens

I would encourage you to take time to read the report to see what has been achieved and what our plans are for the coming year.

Brian M Walsh
Chair
Coventry Safeguarding Adults Board

Safeguarding is everybody's business

Coventry Safeguarding Adults Board believes that safeguarding is everybody's business. We believe that by working together across organisations and communities we can make a real difference in preventing and protecting against adult abuse.

The diagram above illustrates how safeguarding adults at risk is everybody's business. Although Coventry City Council has a lead responsibility, this is a shared responsibility amongst professionals, the public and each and every one of us.

But what does this mean in practice? We want to ensure that everyone in Coventry knows what adult abuse is and what to do if they suspect it.

What is safeguarding

Safeguarding describes a range of responses that seek to prevent or respond to abuse and neglect. It is an umbrella term for both 'promoting welfare' and 'protecting from harm'

Promoting welfare

Every person has a right to live a life that is free from harm and abuse. All of us need to act as good neighbours and citizens in looking out for one another and seeking to prevent isolation, which can easily lead to abusive situations and put adults at risk of harm.

If you provide a service to adults, this means acting in a caring, compassionate, and professionally competent manner. This is about giving adults you support as much choice and control as possible, treating them with respect at all times, and promoting their dignity to enhance their quality of life.

Protecting from harm

Alongside the responsibility to promote the welfare of the people we support, we also need to ensure that they are protected from harm or abuse. Adults at risk should be given information, advice and support in a form that they can understand; and their views and desired outcomes should remain central to safeguarding decisions about their lives.

What is important is keeping the safeguarding effort focused on working with the person being harmed, to support improvement in their safety and wellbeing.

What is abuse and who is at risk?

It is everybody's right to live in a safe environment, free from being threatened, intimidated, or abused. The feeling of being unsafe can occur in different ways and in different circumstances. Abuse can take several forms:

- Physical
- Emotional or psychological
- Sexual
- Neglect or acts of omission
- Financial – theft or fraud
- Institutional
- Discriminatory including hate crime

The definition of abuse is based not on whether someone's intention was to cause harm but on whether harm was caused, and on the impact of the harm (or risk of harm) on the individual.

Failing to act to prevent harm being caused to a person you have responsibility for, or acting in a way that results in harm to a person who relies on you for care or support, is also abuse.

Abuse and neglect can happen anywhere – in someone's own home or supported housing, a day centre, an educational establishment, and in residential or nursing homes, clinics and hospitals.

Safeguarding needs to be proportionate and balanced so that people's right to make choices and decisions about their own lives is respected and supported.

When does 'abuse' happen?

A vulnerable adult may be subject to abuse when they are neglected, persuaded to agree to something against their will or taken advantage of because they do not fully understand the consequences of their choices or actions. It can be a single act or repeated over time. It may be deliberate but it may also happen as a result of poor care practices or ignorance.

Anyone can come across an abusive situation Sometimes we come across potential abusive situations and we don't know whether to say something, stay silent, take action, or do nothing.

> "I am worried about my elderly neighbour. She is always giving money to her grandson and I think he sees her as a soft touch. Sometimes she leaves herself short but she doesn't want to complain in case he stops coming to visit".
>
> *Comment from a member of the public*

Sometimes we are unsure about what we have seen but fear that there is something 'not quite right' and we are not sure who to talk to about it.

> "I saw another member of staff hit one of our residents across the face. I was very shocked and told the Manager but she didn't take any action and when it happened again, I rang Social Services – it was very hard, but I'm glad I did now. The member of staff was dismissed and the residents seem much happier".
>
> *Comment from a carer in residential home*

Who is an adult at risk?

An 'adult at risk' is defined as an adult (a person aged 18 or over) who 'is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.

Jayesh was referred to Coventry's Harm Reduction Forum by his landlord following reports that he was a victim of 'mate crime'. He was extremely vulnerable because of his learning disability. He had been 'befriended' by a group of young men who were encouraging him to use cannabis and were taking money from him (financial abuse) and placing him at risk.

A co-ordinated multi-agency response was needed and appropriate referrals made to seek support from the Community Learning Disability Team, Police, Social Care and Age UK. The agencies worked together to support Jayesh and to reduce the risk factors. They secured his property, reduced the number of visitors and provided intensive support to prevent Jayesh from losing his tenancy. He was helped to look after his home and also to take better care of his health and personal hygiene. Age UK were made an Appointee for Jayesh to reduce the risk of financial abuse.

What is the Legal and National Framework?

There is, as yet, no specific legislation in England setting out definitions or statutory duties and powers of intervention. However, the new Care Bill does propose a number of measures that will strengthen adult safeguarding, including putting Safeguarding Adults Boards on a statutory footing and requirements for conducting Safeguarding Adult Reviews when an adult with needs for care or support has died and abuse or neglect is suspected.

There is a debate about whether more powers are needed to protect adults who have capacity. The government carried out a consultation alongside the Draft Bill to seek views on whether there needs to be a new power to make safeguarding enquiries where staff cannot gain access to a person with capacity who may be at risk of harm.

Although there is no specific legal framework for adult safeguarding at present, there is a range of criminal, civil and other powers and duties to support adult safeguarding including:

- The legal framework for care management
- The law concerning mental capacity and Deprivation of Liberty Safeguards
- Human Rights case law
- Guidance on information sharing
- Health and Safety legislation
- Domestic Crime and Victims Act 2004
- Equality and Diversity legislation
- Criminal Law

[1] 'No Secrets' March 2000 Department of Health.

About Coventry Safeguarding Adults Board

The Coventry Safeguarding Adults Board (CSAB) is a multi-agency partnership made up of statutory sector member organisations and other non-statutory partner agencies. The Board has strategic responsibility for the development, co ordination, implementation and monitoring of multi-agency policies and procedures that safeguard and protect vulnerable adults in Coventry.

Local Authorities have always been expected to lead adult safeguarding and the proposed legislation will formalise that as a duty. The Local Authority, Clinical Commissioning Group and Police are core members of the Board.

The Board is supported by a network of professional advisers and safeguarding leads. Through the partnership, the Board has access to a large network of health, housing and social care service providers from over 100 organisations in the statutory, voluntary and private sectors. The Board promotes the welfare of adults at risk and their protection from abusive behaviour. It provides strategic leadership for agencies providing services to adults at risk and seeks to ensure that there is a consistently high standard of professional responses to situations where there is actual or suspected abuse.

The Coventry Safeguarding Adults Board meets quarterly to lead and oversee progress towards an improved Coventry-wide safeguarding system, to develop multi-agency strategies and to monitor working practices and standards.

Board Priorities for 2013-2014

The Coventry Safeguarding Adults Board has agreed three key priorities for the coming year:

1. Responding, listening and acting on concerns (including learning lessons from reviews)
2. Continuing and strengthening multi-agency working
3. Reducing harm – (including preventing harm; recognising risk and harm; and dealing with it when it occurs)

These priorities will be underpinned by the cross cutting themes set out in the Department of Health's (DH) Statement of Policy.

Board Sub-Groups

Coventry Safeguarding Adults Board meets quarterly to provide strategic leadership and direction. In addition, a number of Sub-Groups are responsible for developing and managing the delivery of activity to achieve the Board's priorities.

The Coventry Safeguarding Adults Board Sub-Groups for 2012-13 were:

- Executive
- Partnership and Practice Development
- Policy and Procedures
- Quality and Audit
- Serious Case Review
- Workforce Development
- Mental Capacity Act and Deprivation of Liberty Safeguards Steering Group (from March 2013)

Summary of the Board's achievements for 2012-13

Board members were invited to say what they considered to be the main achievements last year. This is what they said:

Investing in safeguarding capacity at a time of reducing resources

- The appointment of a permanent Head of Adult Safeguarding at the Council and a number of safeguarding leads across partner agencies
- Reconfiguration of the Sub-Groups to provide more focused support to the Board's priorities
- Police Safeguarding Teams being established within the Public Protection Unit (PPU) in September 2011 which are now well embedded into the Police structure and take safeguarding referrals in relation to adults at risk

Improving Policy and procedures

- Development and implementation of the West Midlands Policy and Procedures in October 2012
- New Practice Guidance, including the 'Threshold Guidance' and 'People in Positions of Trust Guidance'
- The new Missing Persons Protocol provides a consistent response to adults at risk and children who are reported missing
- Improved multi-agency guidance for decision making processes for referring grade three and four pressure ulcers into safeguarding
- A new web-based Safeguarding Alert Form
- New guidance on reporting the death of individuals subject to Deprivation of Liberty Safeguards under the Mental Capacity Act (DoLS)
- New guidance developed on sexual relationships in learning disability and dementia
- Updated Managing Authority procedure guide

[2] 'Taken from Department of Health 'Statement of Government Policy on Adult Safeguarding' 16 May 2011

Learning lessons when things go wrong

- Work on serious case reviews to improve the process, and making sure that the views of relatives are listened to and taken on board
- The completion and reporting of an effective Serious Case Review and learning from this

Raising the profile of safeguarding adults and training staff to recognise risk and know how to respond

- A very successful Annual Conference in November 2012
- Safeguarding Training for staff and managers including the delivery of Thresholds training and Positive Risk Taking training
- The Fire Service have raised awareness of risk and vulnerability to fire with Health, Social Care and care provider staff
- A Safeguarding Champions Group has been established with 26 Champions identified from partner agencies
- Public facing web pages established for Mental Capacity Act and Deprivation of Liberty
- Training on Mental Capacity Act and Deprivation of Liberty delivered to staff across health, social care, the independent and voluntary sector

Good partnership working

- Partnership engagement e.g. West Midlands Fire Service work is “connected in a way not done before in Coventry”
- Strengthened relationships with the Care Quality Commission (CQC) at a local level

Greater focus on performance

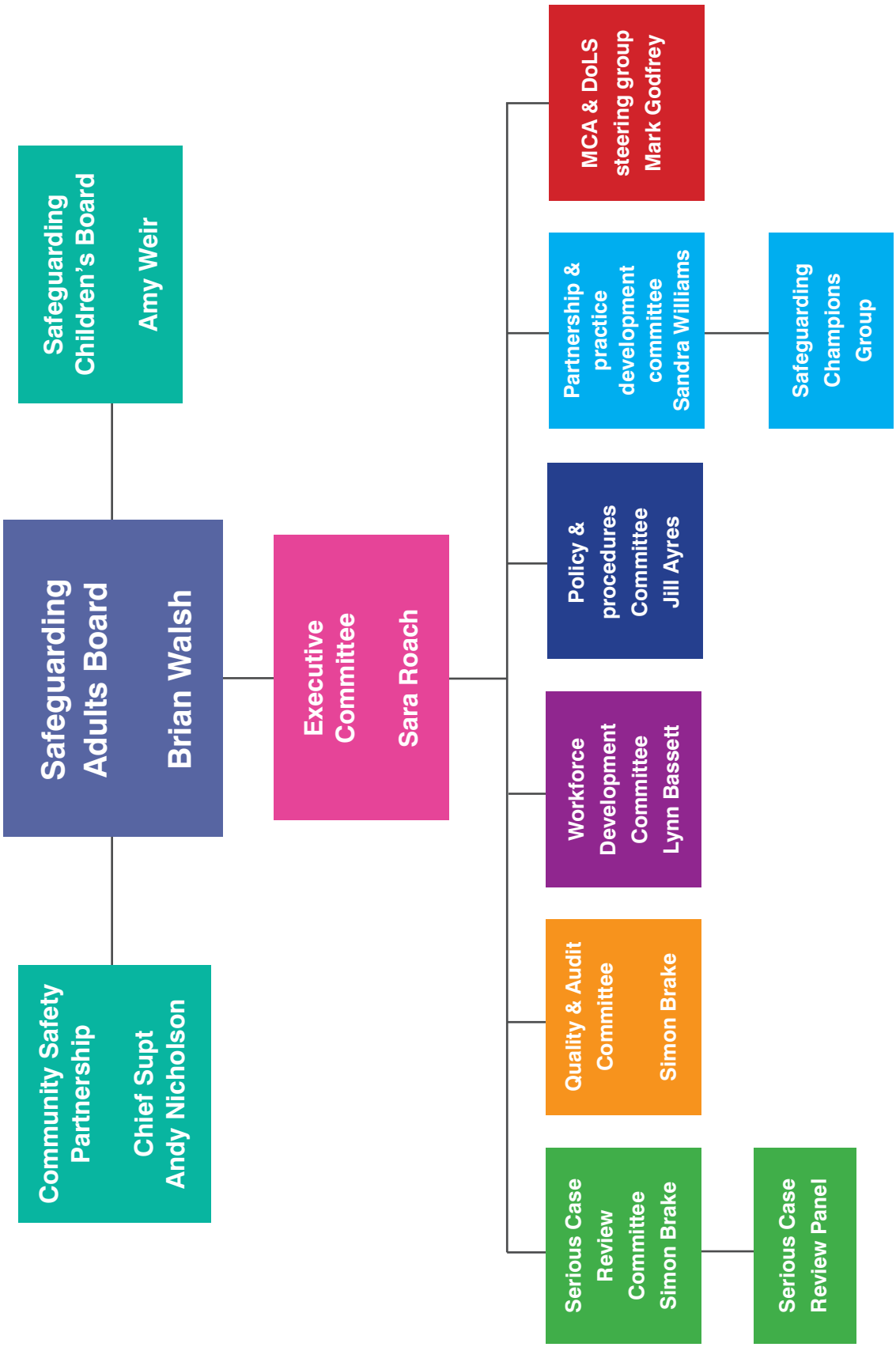
- Establishing Safeguarding Adults Development meetings within Older People and Physical Impairment Services and Mental Health and Learning Disability Services
- Introduction of a new outcome performance indicator to find out ‘does the individual feel safer as a result of the intervention/ services offered?’
- Commissioning and implementation of social care case file audit and Section 75 (mental health) audit
- Commitment to undertake an annual audit of the Safeguarding Adults Board

Challenges for the year ahead

These are what Board members see as the big challenges facing us in the year ahead:

- Financial constraints for all partner agencies which will require compromise and clarity when agreeing the priorities for the coming year(s)
- Agencies understanding each other’s current constraints and capacity and the need to balance agency priorities with partnership working
- Keeping up the momentum and maintaining performance at the same time as significant organisational change
- Needing to look at meeting structures and understand what we need to do instead of what is nice to do
- Continuing to put people at the heart of the safeguarding process

The Safeguarding Board Structure



Appendix 2- Membership of the Board (2013/14)

(as at 02.09.13)

Core Members (Quorum 4 core members including chair/vice chair)

Brian Walsh (Chair)
Executive Director of People, Coventry City Council

Jacqueline Barnes (Vice Chair)
Executive Nurse, Coventry & Rugby Clinical Commissioning Group (CCG)

Kobina Hall
Head of Probation, Staffordshire & West Midlands Probation Trust

Andy Pepper
Assistant Director - People Directorate, Coventry City Council

Mark Radford
Chief Nursing Officer, University Hospitals Coventry and Warwickshire NHS Trust (or Carmel McCalmont, Associate Director of Nursing, UHCW)

Andrea Simmonds
Local Area Liaison Officer – Coventry, West Midlands Fire Service

Kelly Starkey
Safeguarding Lead for Coventry, Warwickshire & Solihull, West Midlands Ambulance Service

Tracey Wrench
Director of Safety, Quality & Service User Experience, Coventry and Warwickshire Partnership NHS Trust

DCI Dean Young
Eastern Adult Investigation & Safeguarding, West Midlands Police

Link Members

Lesley Ann Edwards
Consortium of Social Landlords (CSL)

Helen Hipkiss
NHS England Patient Experience

Michelle McGinty
Head of Citizen Involvement, Carers and Partnerships, Coventry City Council (Learning Disability and Physical and Sensory Impairment Partnership Boards)

Lesley Ward
Compliance Manager (Central Region), Care Quality Commission (CQC)

Sandra Williams
Older People's Partnership Board & Chair Partnerships and Practice subgroup

Professional Advisors

Susan Harrison
Head of Safeguarding Adults, Coventry City Council

Jill Ayres
Safeguarding Adults Co-ordinator, Community Services, Coventry City Council

Penny Greenaway
Lead Nurse for Safeguarding Children and Vulnerable Adults, Coventry and Warwickshire Partnership NHS Trust

Margaret Greer
Named Nurse for Safeguarding Adults, University Hospital Coventry and Warwickshire NHS Trust

Julie Newman
Children's & Adults Manager, Finance and Legal Services, Coventry City Council

Simon Brake
Assistant Director, People Directorate, Coventry City Council & Chair Serious Case Review Panel, Serious Case Review subgroup, Quality & Audit subgroup

Mark Godfrey
Deputy Director, People Directorate, Coventry City Council

Mandie Watson
Head of Service, Community Safety Team, Coventry City Council

Jacqui Goode
Head of Service, Employee Development Unit (Social Care), Coventry City Council & Chair Staff Development Subgroup

Sara Roach
Deputy Director, People Directorate, Coventry City Council

Nigel Hart
Communications Officer, Coventry City Council

Observer

Cllr Patricia Hetherton
Elected Member, Coventry City Council & Health, Social Care and Welfare Reform, Scrutiny Board Vice Chair

Administrator

Nikki Hopkins
Safeguarding Adults Admin Officer, People Directorate, Coventry City Council

Appendix 3- Coventry Safeguarding Adults Board - Terms of Reference

Accountability

Individual members are accountable to the agencies they represent.

Members are responsible for ensuring that information about the multi-agency Policy and Procedures are disseminated to their own and related agencies.

Members are responsible for communicating and promoting Coventry Safeguarding Adults Board information through their internal governance systems and bringing back to the Board any relevant issues.

Each agency is jointly responsible for the implementation, endorsement, monitoring, evaluation and development of the Multi-Agency Coventry Safeguarding Adults Policy and Procedures.

Voluntary and independent sector agencies providing services on behalf of Health or the Local Authority are required to make their staff aware of the Multi-Agency Policy and operate within it. Contracts and service level agreements will clearly state that this is the expectation and that compliance will be monitored through inspection visits.

Members of the Board are responsible for monitoring the work of their sub-group representatives.

Remit

Clarify roles and responsibilities between agencies.

Develop and build on existing protocols for sharing information.

Disseminate information on the multi-agency Policy and Procedures.

Establish and implement procedures for the monitoring, evaluation and development of the multi-agency Coventry Safeguarding Adults Policy and Procedures.

Steer and oversee the development and delivery of an action plan outlining future work programmes, services and resources required Ensure that multi-agency training and staff development is commissioned and delivered in a timely and effective way.

Co-ordinate the monitoring and audit of the multi-agency Procedures; identifying issues arising from investigations and scrutinising practice and procedures.

Frequency and Duration of Meetings

Meetings are held once a quarter and for a maximum of three hours.

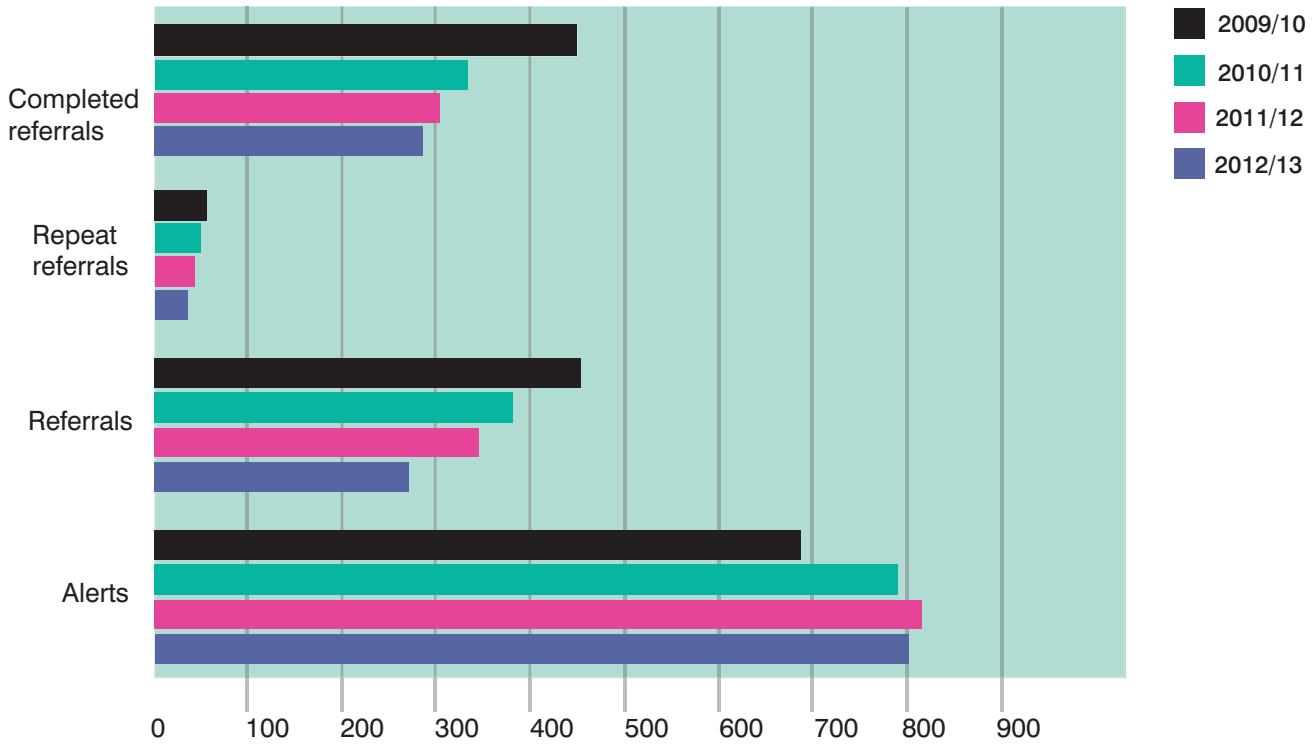
Appendix 4 - Performance

Safeguarding Adults 2012/13 end of year data and comparisons with previous years;

Table 1 - Number of Alerts, Referrals, Repeat Referrals and Completed Referrals for 2012/13 and comparisons with previous years

	Alerts	Referrals	Repeat referrals	Completed referrals
2012/13	805	263	23	287
% difference (2011/12 -2012/13)	-1.0%	-24.6%	-28.1	-6.5%
Value difference (2011/12 -2012/13)	-8	-86	-9	-20
2011/12	813	349	32	307
% difference (2010/11 -2011/12)	3.3%	-6.9%	-5.9%	-10.5%
Value difference (2010/11 -2011/12)	26	-26	-2	-36
2010/11	787	375	34	343
% difference (2009/10 - 2010/11)	15.1%	-19.0%	-22.7%	-24.1%
Value difference (2009/10 - 2010/11)	103	-88	-10	-109
2009/10	684	463	44	452

Chart 1 alerts/referral activity (2009/10 – 2012/13)



In 2012/13 the rate of alerts reported has plateaued. In previous years the strategic direction was to increase the alert rate, a measured view was taken for 2012/13 and a target range banding was introduced (797 to 883).

Table 2 - Alerts and referrals (2009/10 – 2012/13)

	2012/13	2011/12	2010/11	2009/10
Alerts	805	813	787	684
Referrals	263	349	375	463
% of alerts converting to referrals	32.7%	42.9%	47.6%	67.7%

The conversion of alerts to safeguarding referrals continues to fall. 32.7% of alerts reported in 2012/13 met the safeguarding threshold and instigated a referral. In 2011/12 it was 42.9%, 47.6% in 2010/11 and 67.7% in 2009/10.

The AVA Final Report 2011/12 produced by the NHS Information Centre for Health and Social Care reflects: *"…at council level the ratios of referrals to alerts varies greatly and suggest that some council's may have misunderstood the intended definitions of alerts and referrals".*

As a result no national comparisons have been drawn in this report.

Completed referrals (2012/13 only)

Completed referrals in the financial year (regardless of when the initial referral was made) have decreased slightly for all age groups compared with other years.

Table 3 - Completed referrals (2012/13)

Primary client group	Alerts		Referrals		Repeat referrals		Completed referrals	
	Number	%	Number	%	Number	%	Number	%
Physical disability, frailty & sensory impairment	53	9.0%	8	5.1%	2	20.0%	4	2.2%
Mental Health Needs	51	6.3%	28	10.6%	5	21.7%	28	9.8%
Learning Disability	92	11.4%	66	25.1%	6	26.1%	71	24.7%
Substance Misuse	4	0.5%	1	0.4%	0	0.0%	0	0.0%
Other Vulnerable People	15	1.9%	2	0.8%	0	0.0%	2	0.7%
Older People	590	73.3%	158	60.1%	10	43.5%	182	63.4%
Totals	805		263		23		287	

The number of completed referrals has exceeded the number of new referrals for the first time.

Client category breakdown

Table 3 above helps to break down table 1 by primary client group. 73.3% of total alerts and 60.1% of referrals are raised by Older People teams, which is relative to the size of the service area.

25.1% of Learning Disability clients had a safeguarding referral in 2012/13. 71.3% of Learning Disability alerts are converted to referrals (this continues from previous years to be a higher conversion than any other primary category group).

[3] All completed referral in the period are recorded in the AVA return irrespective of when the referral was made.

Alerts by Age & Gender Breakdown (2012/13 only)

Coventry continues to have more alerts and referrals for females than males, compared to the 2001 census data; this is also the case when examined against the total number of people receiving an adult social care service in Coventry.

Table 4 - Alerts and referrals by age and gender (2012/13)

	Alerts					Referrals				
	F	%	M	%	Total	F	%	M	%	Total
Age group 18 - 64	114	53.0%	101	47.0%	215	53	50.5%	52	49.5%	105
Age group 65+	396	67.1%	194	32.9%	590	107	67.7%	51	32.3%	158
Total Age groups	510	63.4%	295	36.6%	805	160	60.8%	103	39.2%	263

Total clients RAP (P7) 2012/13	Female Number	%	Male Number	%	Total clients (P7)
18 - 64	1210	47.3%	1350	52.7%	2560
65+	3650	67.5%	1754	32.5%	5404
All ages	4860	61.0%	3104	39.0%	7964

2001 Census	Female	Male
18-64	48.6%	51.4%
65 +	56.5%	43.5%

Referrals by Ethnicity Comparison (2009/10-2012/13)

Table 5 breaks down the number of referrals for the last four years by ethnicity.

In 2012/13, 9.5% of safeguarding referrals were recorded for people in minority ethnic groups; this is a decrease from previous years, 13.9% in 2011/12 and 11.9% in 2010/11.

In 2012/13, Coventry achieved the BME target for the number of adults aged 18-64 who had a safeguarding alert, however did not achieve the BME target for older people aged 65 plus.

[4] 2001 Census is still the latest version

Table 5 - referrals by ethnicity (2009/10 – 2012/13)

Ethnicity	2012/13		2011/12		2010/11		2009/10	
White British	230	95.8%	286	94.7%	310	92.5%	378	94.5%
White Irish	6	2.5%	11	3.6%	16	4.8%	13	3.3%
Any other White background	4	1.7%	5	1.7%	9	2.7%	9	2.3%
Total	240		302		335		400	
White and Black Caribbean	2	8.7%	4	9.5%	0	0.0%	2	3.2%
White and Black African	0	0.0%	0	0.0%	0	0.0%	1	1.6%
White and Asian		0.0%	1	2.4%	1	2.5%	1	1.6%
Any other mixed background		0.0%	0	0.0%	3	7.5%	0	0.0%
Indian	13	56.5%	13	31.0%	15	37.5%	22	34.9%
Pakistani	1	4.3%	3	7.1%	7	17.5%	8	12.7%
Bangladeshi	2	8.7%	2	4.8%	0	0.0%	1	1.6%
Any other Asian background	2	8.7%	8	19.0%	1	2.5%	9	14.3%
Caribbean	1	4.3%	7	16.7%	3	7.5%	7	11.1%
African	0	0.0%	3	7.1%	5	12.5%	1	1.6%
Any other Black background	0	0.0%	0	0.0%	2	5.0%	3	4.8%
Chinese	1	4.3%	1	2.4%	0	0.0%	0	0.0%
Any other ethnic group	1	4.3%	0	0.0%	2	5.0%	5	7.9%
Total	23		42		40		63	
Information not yet obtained	0		5		1		3	

Chart 2 - Percentage of BME referrals 2012/13

Source of Referral comparison 2009/10-2012/13

Social care staff and health staff continue to be the highest sources of safeguarding referrals with only minor fluctuations from previous years, in 2012/13, 45.6% of safeguarding referrals were from social care staff compared to 47.3% in 2011/12. Similarly in 2012/13, 24.7% of safeguarding referrals were from health staff compared to 26.4% in 2011/12. Coventry continues to reduce the number of "other" used for source of referral, from 5.4 % in 2011/12 to 1.5% in 2012/13.

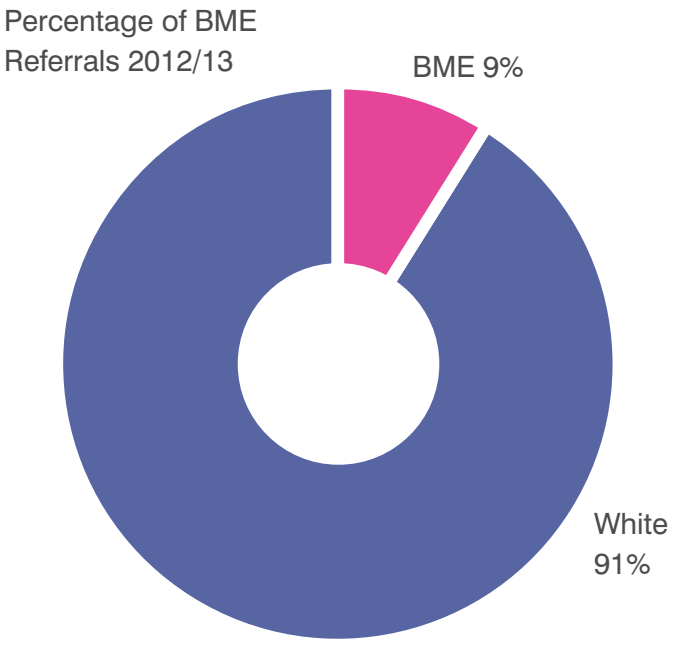
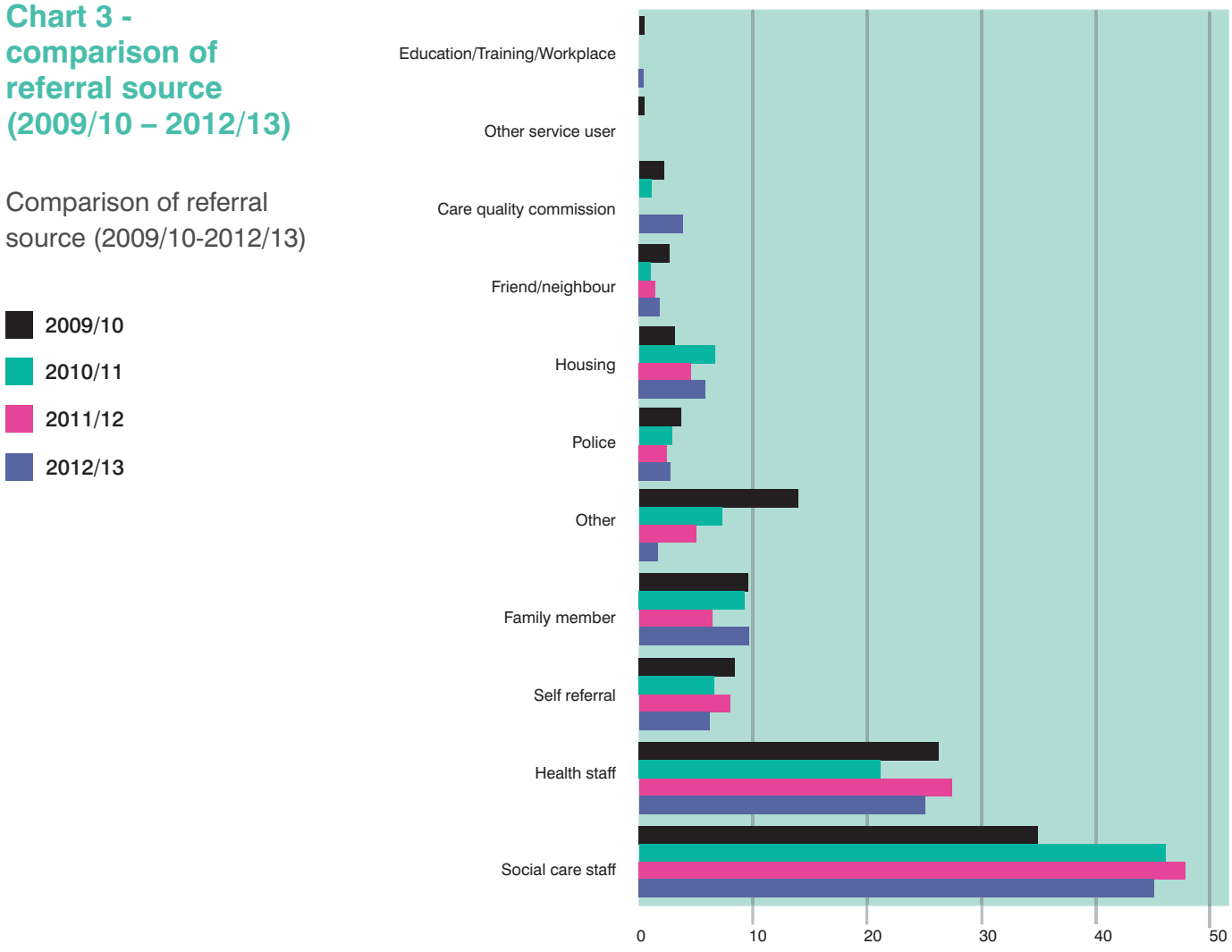


Table 6 - source of referral comparison (2009/10-2012/13)

Source of Referral	2012/13	%	2011/12	%	2010/11	%	2009/10	%
Social Care Staff	120	45.6%	165	47.3%	173	46.1%	159	34.3%
Health Staff	65	24.7%	92	26.4%	80	21.3%	119	25.7%
Self-Referral	17	6.5%	28	8.0%	25	6.7%	39	8.4%
Family member	26	9.9%	24	6.9%	36	9.6%	45	9.7%
Friend/neighbour	4	1.5%	3	0.9%	2	0.5%	7	1.5%
Other service user	0	0.0%	0	0.0%	0	0.0%	1	0.2%
Care Quality Commission	8	3.0%	0	0.0%	2	0.5%	7	1.5%
Housing	14	5.3%	13	3.7%	22	5.9%	13	2.8%
Education/Training/Work-place	1	0.4%	0	0.0%	0	0.0%	1	0.2%
Police	4	1.5%	5	1.4%	7	1.9%	14	3.0%
Other	4	1.5%	19	5.4%	28	7.5%	58	12.5%
Overall Total	263	100.0%	349	100.0%	375	100.0%	463	100.0%

Chart 3 - comparison of referral source (2009/10 – 2012/13)



The tables below break down the referral source for social care and health staff to understand more clearly where in each area the sources are coming from.

Table 7 - referral source – social care and health staff

Social Care Staff (CASSR & Independent)	2012/13	%	2011/12	%	2010/11	%	2009/10	%
Domiciliary Staff	38	31.7%	48	29.1%	44	25.4%	32	20.1%
Residential Care Staff	56	46.7%	52	31.5%	63	36.4%	54	34.0%
Day Care Staff	9	7.5%	21	12.7%	15	8.7%	12	7.5%
Social Worker/Care Manager	10	8.3%	24	14.5%	41	23.7%	30	18.9%
Self -Directed Care Staff	0	0.0%	0	0.0%	0	0.0%	1	0.6%
Other	7	5.8%	20	12.1%	10	5.8%	30	18.9%
Total	120		165		173		159	

Health Staff	2012/13	%	2011/12	%	2010/11	%	2009/10	%
Primary/Community Health Staff	26	40.0%	49	53.3%	43	5.4%	61	51.3%
Secondary Health Staff	35	53.8%	32	34.8%	22	2.8%	55	46.2%
Mental Health Staff	4	6.2%	11	12.0%	15	1.9%	3	2.5%
Total	65		92		80		119	

Referrals by alleged abuse type comparison 2009/10-2012/13

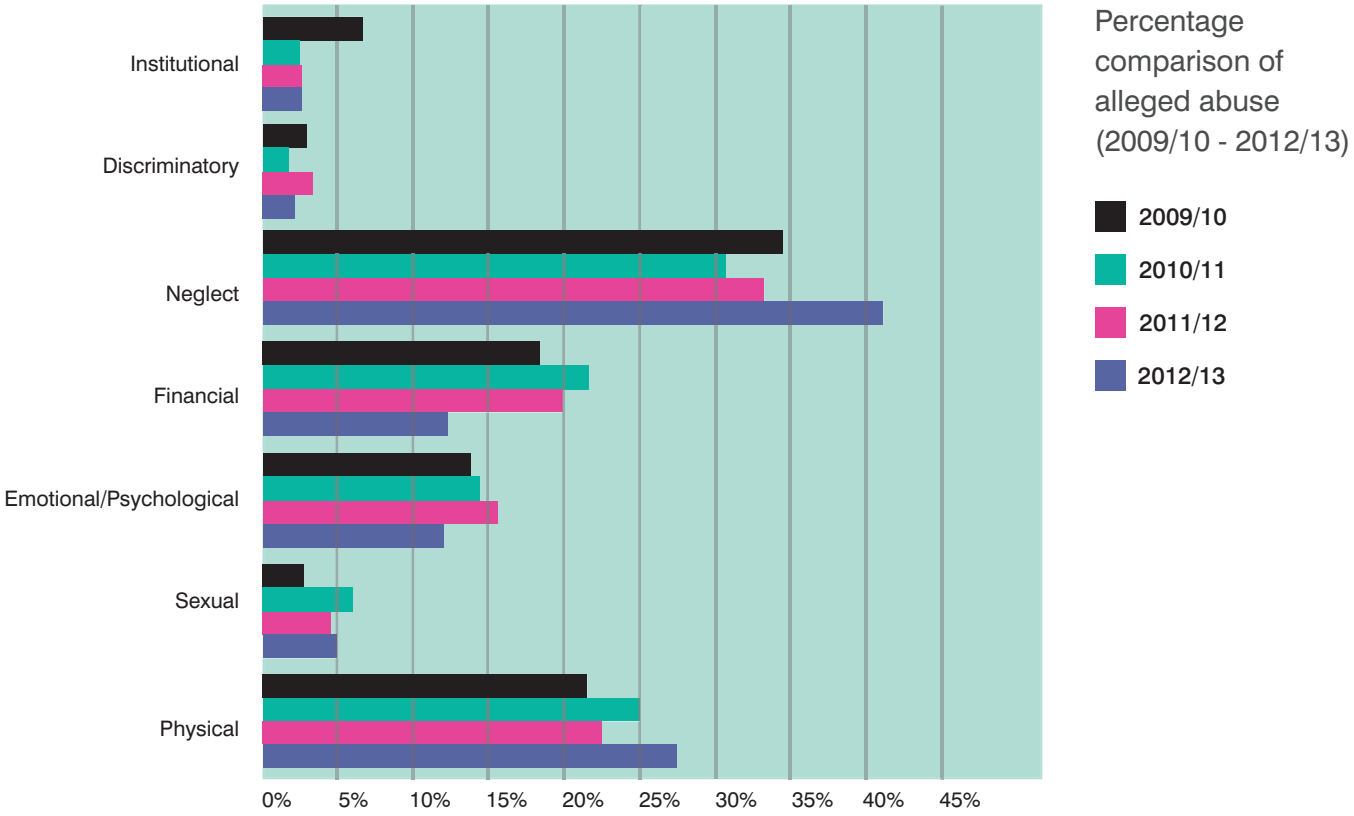
Neglect continues to be Coventry's main safeguarding abuse type and accounts for over a third of all abuse referrals (40.9% in 2012/13). Similarly physical abuse follows the same pattern, and continues to be the second main abuse type (27.0% in 2012/13).

Pressure ulcers are responsible for 19.2% (25 of 130) of Coventry's neglect cases in safeguarding. In 2012/13 there were 210 alerts regarding pressure ulcers, of those, 25 went on to become a safeguarding referral.

Table 8 - referrals by alleged abuse type comparison (2009/10-2012/13)

Alleged abuse	2012/13	%	2011/12	%	2010/11	%	2009/10	%
Physical	86	27.0%	98	22.3%	114	25.2%	124	21.5%
Sexual	16	5.0%	21	4.8%	26	5.7%	17	2.9%
Emotional/psychological	37	11.6%	67	15.2%	67	14.8%	82	14.2%
Financial	39	12.3%	88	20.0%	97	21.4%	106	18.4%
Neglect	130	40.9%	146	33.2%	138	30.5%	200	34.7%
Discriminatory	5	1.6%	13	3.0%	5	1.1%	12	2.1%
Institutional	5	1.6%	7	1.6%	6	1.3%	36	6.2%
Total	318		440		453		577	

Chart 4 – type of alleged abuse (2009/10 – 2012/13)



Alleged abuse types (2012-13 only)

Neglect is the main abuse type across all primary client groups apart from mental health, where neglect cases constitute 18.8% (9 of 48) cases. Emotional/psychological (25.0%) and physical (22.9%) represent key abuse types for people falling under the mental health primary category.

Older People's services (aged 65 and over) recorded neglect, physical and financial as key abuse themes, 51.7% safeguarding referrals were as a result of neglect, an increase of 27.0 percentage points from 2011/12. 28.2% were as a result of physical abuse and 12.6% from financial abuse.

Neglect and physical are the main abuse types recorded for people within physical disability, frailty & sensory impairment primary category (55.6% attributed to neglect and 22.2% to physical abuse). This is a change from 2011/12 where neglect and financial abuse were the two main abuse categories.

Similarly to 2011/12, the main abuse types recorded for people with learning disabilities is neglect and physical (31.0% attributed to neglect and 28.6% to physical).

Table 8 – referrals by alleged abuse type comparison (2009/10-2012/13)

Nature of alleged abuse (2012/13)	Physical disability, frailty & sensory impairment		Mental Health Needs		Learning Disability		Older People (65+)	
	Number	%	Number	%	Number	%	Number	%
Physical	2	22.2%	11	22.9%	24	28.6%	49	28.2%
Sexual	0	0.0%	7	14.6%	6	7.1%	3	1.7%
Emotional/psychological	1	11.1%	12	25.0%	16	19.0%	8	4.6%
Financial	1	11.1%	9	18.8%	4	4.8%	22	12.6%
Neglect	5	55.6%	9	18.8%	26	31.0%	90	51.7%
Discriminatory	0	0.0%	0	0.0%	5	6.0%	0	0.0%
Institutional	0	0.0%	0	0.0%	3	3.6%	2	1.1%
Total [1]	9	100%	48	100%	84	100.0%	174	100%
Of which included multiple types of abuse	1		17		17		14	

[1] Excludes client categories Substance Misuse and Other Vulnerable people

Location of Alleged Abuse comparison 2009/10-2012/13

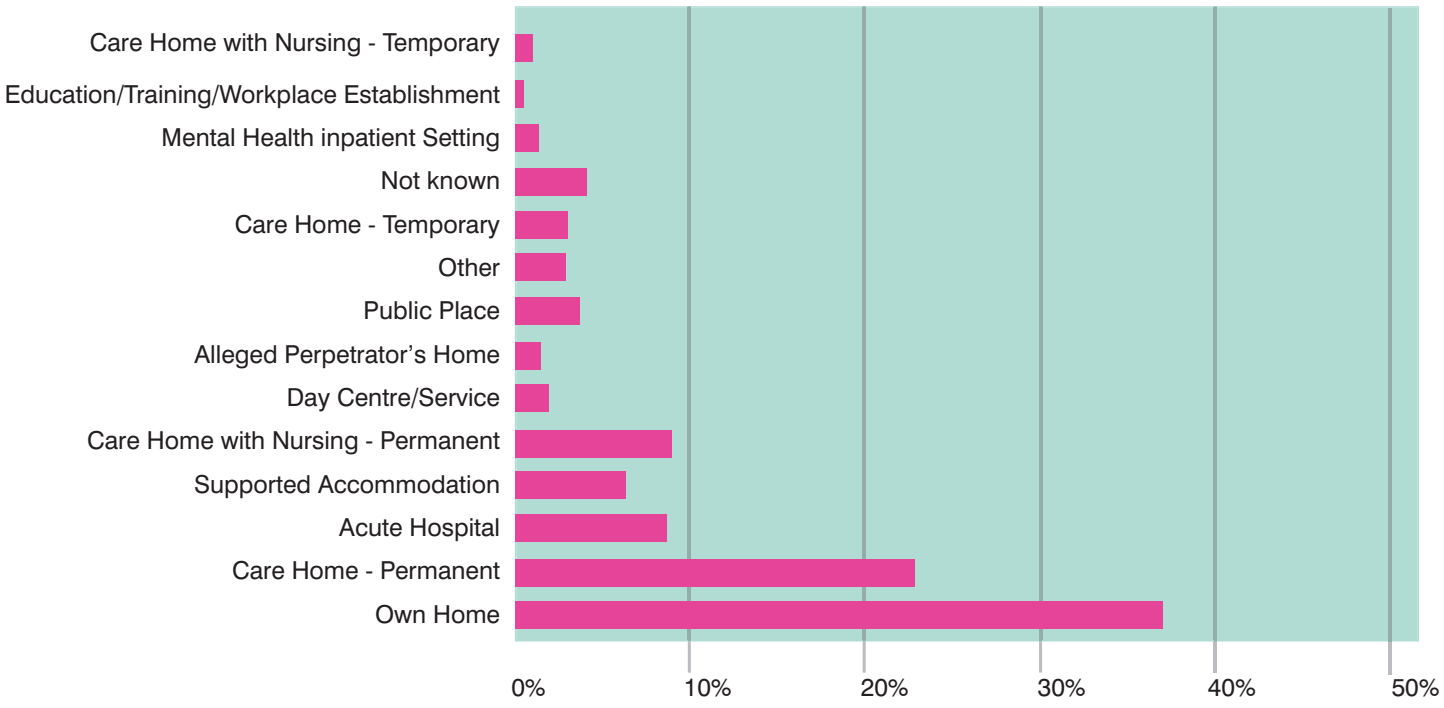
In Coventry victim's homes and care homes are the most common places for abuse to take place.

In 2012/13, 36.1% of abuse took place in the victim's home and 22.8% occurred in care homes. There has been a 15 percentage point drop in the number of safeguarding referrals which were reported in the victim's home.

Table 10 – location of alleged abuse (2009/10 – 2012/13)

Location alleged abuse took place:	2012/13 Number	%	2011/12 Number	%	2010/2011 Number	%	2009/2010 Number	%
Own Home	95	36.1%	175	50.1%	160	42.7%	254	46.9%
Care Home - Permanent	60	22.8%	56	16.0%	78	20.8%	94	17.3%
Care Home with Nursing - Permanent	24	9.1%	17	4.9%	20	5.3%	26	4.8%
Care Home - Temporary	6	2.3%	6	1.7%	7	1.9%	13	2.4%
Care Home with Nursing - Temporary	3	1.1%	0	0.0%	2	0.5%	6	1.1%
Alleged Perpetrators Home	3	1.1%	14	4.0%	9	2.4%	16	3.0%
Mental Health Inpatient Setting	3	1.1%	2	0.6%	2	0.5%	2	0.4%
Acute Hospital	23	8.7%	22	6.3%	25	6.7%	37	6.8%
Community Hospital	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Health Setting	0	0.0%	0	0.0%	0	0.0%	2	0.4%
Supported Accommodation	15	5.7%	18	5.2%	38	10.1%	29	5.4%
Day Centre/Service	4	1.5%	17	4.9%	6	1.6%	3	0.6%
Public Place	11	4.2%	9	2.6%	9	2.4%	17	3.1%
Education/Training/Workplace	1	0.4%	1	0.3%	0	0.0%	2	0.4%
Other	6	2.3%	7	2.0%	6	1.6%	11	2.0%
Not Known	9	3.4%	5	1.4%	13	3.5%	30	5.5%
Total	263		349		375		542	

Chart 5 – abuse by location 2012/13



Referrals by type of service funding, age and primary client group of vulnerable adult (2012/13 only)

Overall the majority of Coventry's safeguarding referrals received are from people in receipt of Council commissioned services (70%), a similar picture to 2011/12 (68%). 12% of safeguarding referrals came from people who were not known to social services.

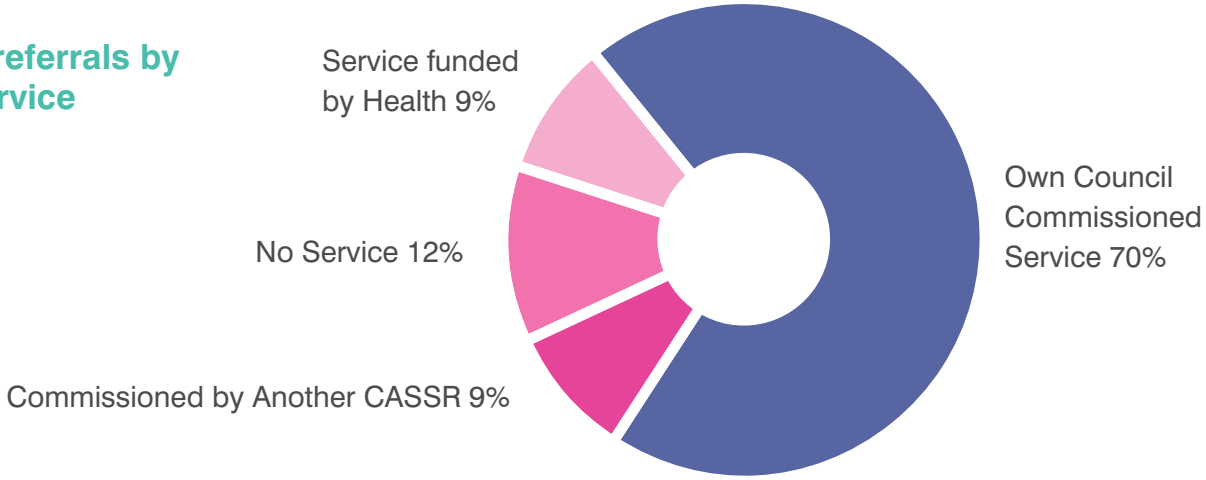
There has been a drop in the percentage of people being referred into the safeguarding process who were not known to social services. Significantly in 2011/12, 58.3% of people referred into the safeguarding process with mental ill health did not receive social care services compared with 18.8% in 2012/13.

Table 11 – referrals by type of service funding

Type of Service	Physical disability, frailty & sensory impairment		Mental Health		Learning Disability		Older People 65+	
	Number	%	Number	%	Number	%	Number	%
Own Council Commissioned Service	6	75.0%	15	46.9%	61	88.4%	107	66.5%
Commissioned by Another CASSR	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Self-Funded Service	0	0.0%	3	9.4%	1	1.4%	20	12.4%
Service funded by Health	1	12.5%	8	25.0%	5	7.2%	18	11.2%
No Service	1	12.5%	6	18.8%	2	2.9%	16	9.9%
Total[1]	8		32		69		161	

[1] Excludes client categories Substance Misuse and Other Vulnerable people

Chart 6 – referrals by type of service



Alleged Perpetrator Relationship comparison 2009/10-2012/13.

In 2012/13 social care staff and family members were named as the main alleged perpetrators within the safeguarding process, 40.3% were social care staff up 4.2 percentage points from 2011/12) and 17.5% (a drop of 3.1 percentage points) were named family members). This is a repeated theme for the previous four reporting years.

The option of "not known" being selected for the alleged perpetrator continues to reduce from 9.5% in 2011/12 to 7.6% in 2012/13.

Table 12 - relationship of alleged perpertrator

Relationship of alleged perpertrator	2012/13		2011/12		2010/11		2009/10	
	Number	%	Number	%	Number	%	Number	%
Partner	20	7.6%	17	4.9%	27	7.2%	32	7.0%
Other family member	38	14.4%	61	17.5%	65	17.3%	89	19.4%
Health Care Worker	23	8.7%	26	7.4%	24	6.4%	33	7.2%
Volunteer/ Befriender	0	0.0%	1	0.3%	1	0.3%	0	0.0%
Social Care Staff	106	40.3%	126	36.1%	105	21.3%	178	38.8%
Other professional	6	2.3%	17	4.9%	14	3.7%	15	3.3%
Other Vulnerable Adult	25	9.5%	28	8.0%	36	9.6%	16	3.5%
Neighbour/Friend	13	4.9%	22	6.3%	27	7.2%	19	4.1%
Stranger	8	3.0%	16	4.6%	12	3.2%	6	1.3%
Not Known	20	7.6%	33	9.5%	51	13.6%	53	11.5%
Other	4	1.5%	2	0.6%	13	3.5%	18	3.9%
Total	263		349		375		459	

Alleged Perpetrator Relationship (2012/13 only)

Of the social care staff identified as the alleged perpetrator, 65 were named residential care staff, 31 were home care staff, 1 was a day care staff member and 9 were reported in other establishments.

Chart 7 – Perpetrator: breakdown of social care staff

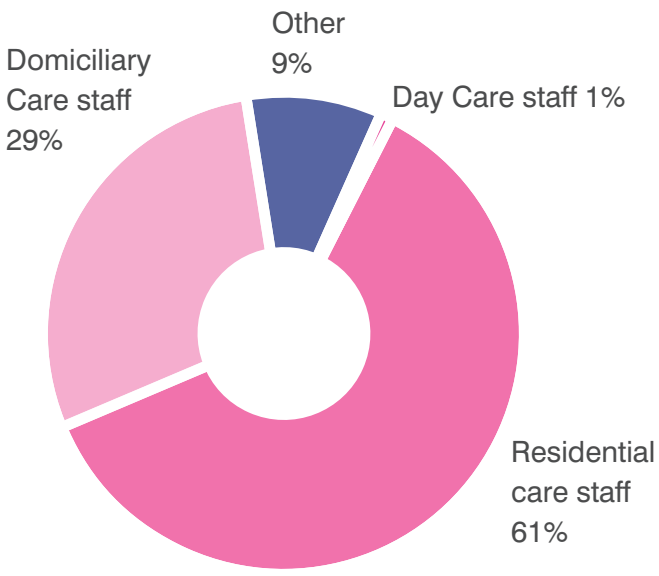


Table 13 - relationship of alleged perpertrator by client group

Relationship of alleged perpetrator by client category [1]	Physical disability, frailty and sensory impairment		Mental Health Needs		Learning Disability		Older People aged 65+	
	Number	%	Number	%	Number	%	Number	%
Partner	2	25.0%	6	21.4%	0	0.0%	11	7.0%
Other family member	0	0.0%	6	21.4%	10	15.2%	21	13.3%
Health Care Worker	1	12.5%	2	7.1%	2	3.0%	18	11.4%
Volunteer/ Befriender	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Social Care Staff	5	62.5%	6	21.4%	30	45.5%	65	41.1%
Other professional	0	0.0%	0	0.0%	1	1.5%	5	3.2%
Other Vulnerable Adult	0	0.0%	0	0.0%	8	12.1%	17	10.8%
Neighbour/Friend	0	0.0%	3	10.7%	6	9.1%	4	2.5%
Stranger	0	0.0%	1	3.6%	5	7.6%	2	1.3%
Not Known	0	0.0%	3	10.7%	1	1.5%	15	9.5%
Other	0	0.0%	1	3.6%	3	4.5%	0	0.0%
Total	8		28		66		158	

[1]Excludes client categories Substance Misuse and Other Vulnerable people

Case conclusion comparison 2009/10-2012/13

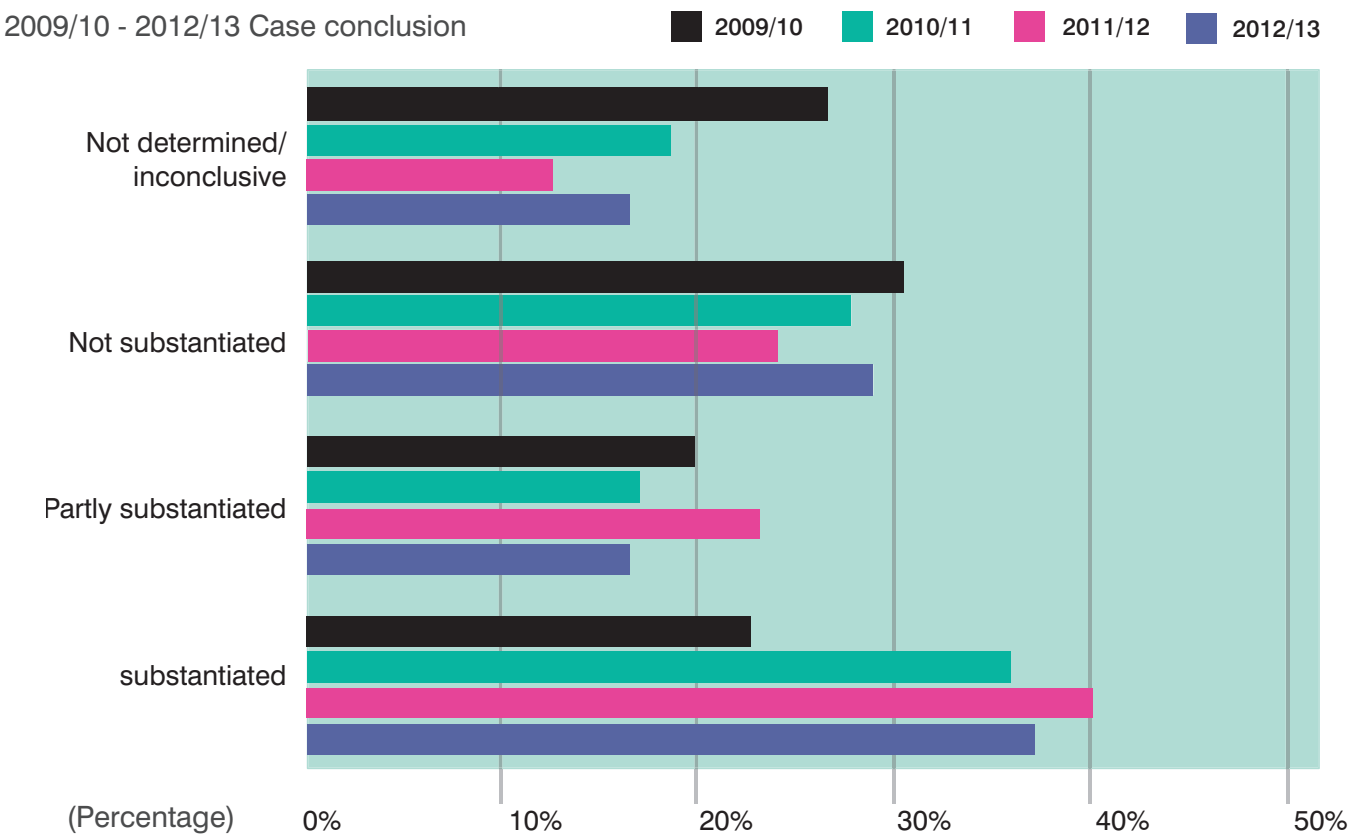
Contradictory to previous years, substantiated and partly substantiated case conclusions have not continued to increase but have retracted more in line with 2010/11 results.

In 2012/13, 38.0% of safeguarding referrals completed were substantiated (2.1 percentage point drop from 2011/12) and 16.4% were partly substantiated (7.4 percentage point drop from 2011/12).

Table 14 – case conclusion comparison (2009/10 – 2012/13)

	2012/13		2011/12		2010/11		2009/10	
	Number	%	Number	%	Number	%	Number	%
Substantiated	109	38.0%	123	40.1%	126	36.7%	106	23.5%
Partly Substantiated	47	16.4%	73	23.8%	57	16.6%	90	19.9%
Not Substantiated	83	28.9%	73	23.8%	96	28.0%	138	30.5%
Not Determined / Inconclusive	48	16.7%	38	12.4%	64	18.7%	118	26.1%
Total	287	100.0%	307	100.0%	343	100.0%	452	100.0%

Chart 8 – case conclusion comparison (2009/10 – 2012/13)



Case conclusion (2012/13 only)

Table 15 below looks at case conclusions by client category.

In 2011/12 the learning disabilities primary client group had the highest substantiation rates compared to other primary categories, although this is still the case in 2012/13, there has been an 8.8 percentage point decrease (65.1% in 2011/12 and 56.3% in 2012/13).

In 2012/13 safeguarding referrals within the mental health primary category have the lowest substantiation record (17.9% cases not substantiated). 39.3% completed cases were not determined or inconclusive.

Table 15 – case conclusion (2012/13)

Age Group/Primary Client Group [1]	Substantiated		Partly Substantiated		Not Substantiated		Not Substantiated		Total Completed Referrals
	Number	%	Number	%	Number	%	Number	%	Number
Physical disability, frailty & sensory impairment	2	50.0%	0	0.0%	1	25.0%	1	25.0%	4
Mental Health Needs	8	28.6%	4	14.3%	5	17.9%	11	39.3%	28
Learning Disability	40	56.3%	6	8.5%	17	23.9%	8	11.3%	71
Older People (65+)	59	32.4%	37	20.3%	60	33.0%	26	14.3%	182

[1] Totals excludes primary categories Substance Misuse and Other Vulnerable People (3 completed referrals - skewed data set)

Outcomes of completed referral - Victim comparison 2009/10-2012/13

The option of 'no further action' selected as an outcome for the safeguarding victim continues to reduce (15.9% in 2012/13 from 17.0% in 2011/12, 18.6% in 2010/11 and 42.1% in 2009/10).

The number of "increased monitoring" and "community care assessment and services" safeguarding outcomes has continued to increase in the last four reporting years.

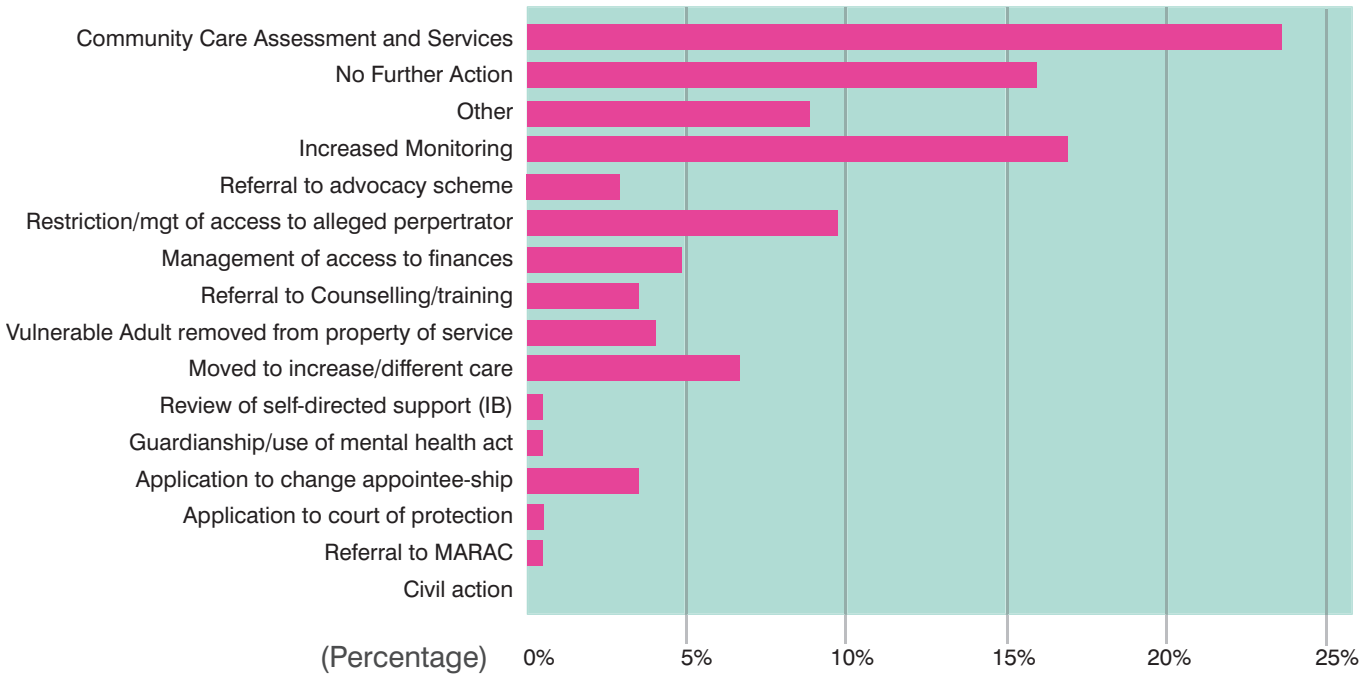
The option of "other" selected as a safeguarding outcome has dropped by 8.1 percentage points this year from 17.0% in 2011/12 to 8.9% in 2012/13.

Table 16 – outcome of completed referral (2009/10 – 2012/13)

Outcome of Completed Referral*	2012/13		2011/12		2010/11		2009/10	
	Number	%	Number	%	Number	%	Number	%
Increased Monitoring	88	16.6%	81	16.2%	93	15.9%	75	9.6%
Vulnerable Adult removed from property or service	19	3.6%	19	3.8%	17	2.9%	18	2.3%
Community Care Assessment and Services	123	23.3%	111	22.2%	125	21.3%	126	16.2%
Civil Action	0	0.0%	0	0.0%	2	0.3%	2	0.3%
Application to Court of Protection	2	0.4%	2	0.4%	5	0.9%	0	0.0%
Application to change appointee-ship	15	2.8%	3	0.6%	3	0.5%	3	0.4%
Referral to advocacy scheme	17	3.2%	16	3.2%	40	6.8%	22	2.8%
Referral to Counselling / Training	17	3.2%	22	4.4%	6	1.0%	12	1.5%
Moved to increase / Different Care	33	6.2%	16	3.2%	35	6.0%	54	6.9%
Management of access to finances	26	4.9%	25	5.0%	28	4.8%	25	3.2%
Guardianship/Use of Mental Health Act	2	0.4%	3	0.6%	4	0.7%	4	0.5%
Review of Self-Directed Support (IB)	2	0.4%	5	1.0%	10	1.7%	8	1.0%
Restriction/management of access to alleged perpetrator	52	9.8%	28	5.6%	31	5.3%	27	3.5%
Referral to MARAC	2	0.4%	0	0.0%	0	0.0%	0	0.0%
Other	47	8.9%	85	17.0%	78	13.3%	75	9.6%
No Further Action	84	15.9%	85	17.0%	109	18.6%	328	42.1%
Total	529		501		586		779	

*includes multiple outcome per referral

Chart 9 – outcomes for victims 2012/13



Acceptance of Protection Plan – Victim comparison 2009/10-2012/13

This information relates to the number of victims who accepted a protection plan.

Table 17 – acceptance of protection plan (2009/10 – 2012/13)

Acceptance of Protection Plan	2012/13		2011/2012		2010/2011		2009/2010	
	Number	%	Number	%	Number	%	Number	%
Accepted	106	91.4%	159	87.4%	106	76.8%	154	59.2%
Did not accept	10	8.6%	23	12.6%	32	23.2%	106	40.8%
Total	116		182		138		260	

Chart 10 – comparison of protection plans (2009/10 – 2012/13)

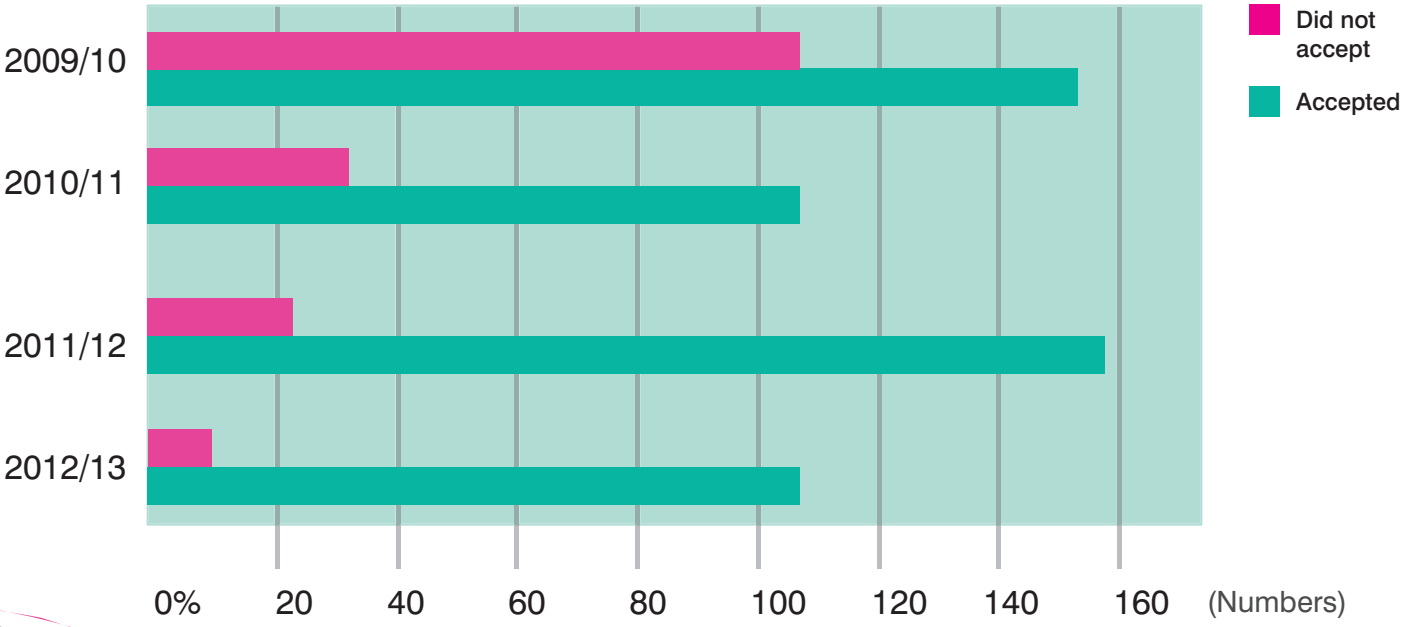


Table 18 – acceptance of protection plan (2012/13)

Acceptance of Protection Plan (2012/13)	Physical disability, frailty and sensory impairment		Mental Health Needs		Learning Disability		Older People 65+	
	Number	%	Number	%	Number	%	Number	%
Accepted	0	0.0%	9	90.0%	47	94.0%	49	89.1%
Did not accept	0	0.0%	1	10.0%	3	6.0%	6	10.9%
Total	0		10		50		55	

[1] Totals excludes primary categories Substance Misuse and Other Vulnerable People (3 completed referrals - skewed data set)

Outcome of completed referral – Alleged perpetrator/ organisation/ service comparison 2009/10-2012/13

No further action continues to be the most common outcome of a completed referral (this option is selected if there is no apparent action required against the perpetrator).

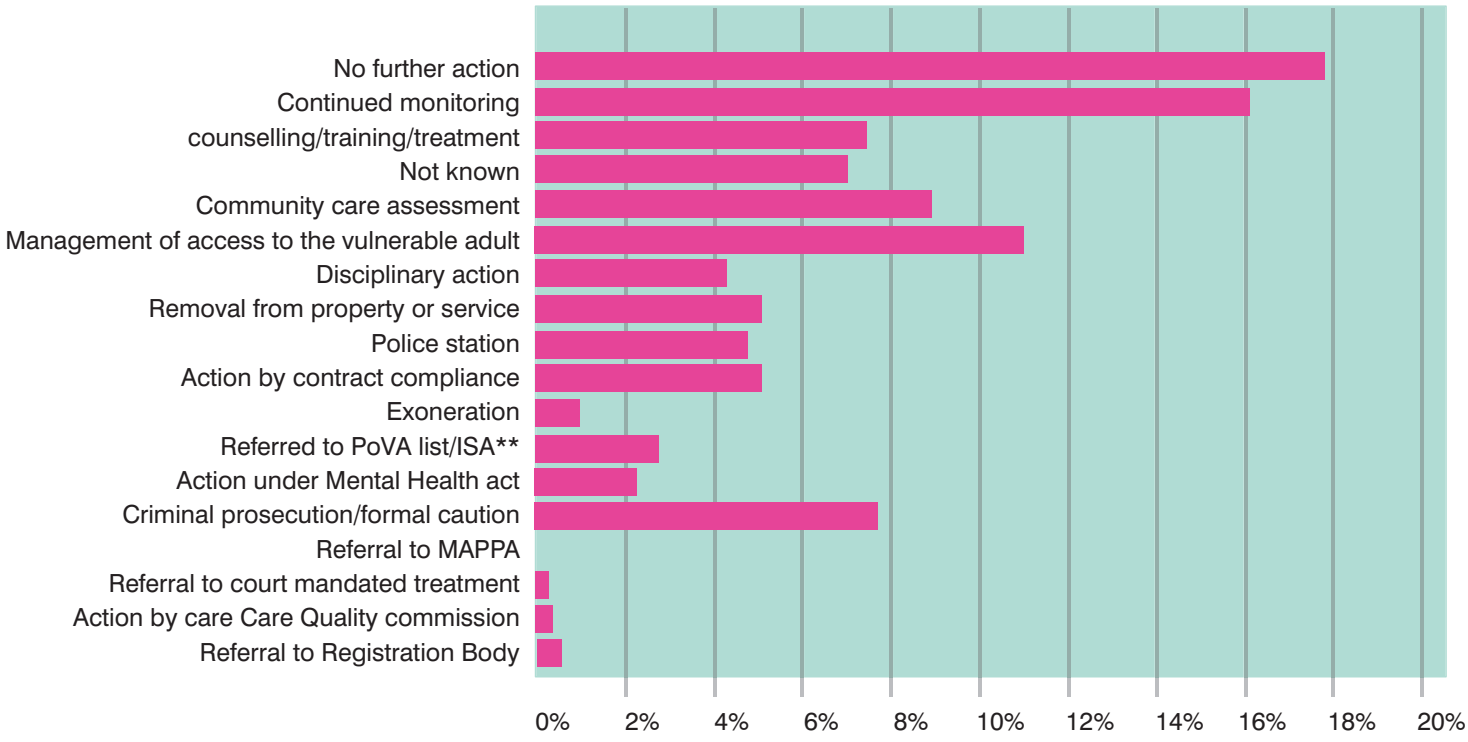
In 2010/11 Coventry changed its use of "no further action" to meet the AVA guidelines; this has had a direct impact on the use of "not known".

Table 19 – outcome of completed referral (2009/10 – 2012/13)

For Alleged Perpetrator/ Organisation/Service	2012/13		2011/12		2010/11		2009/10	
	Number	%	Number	%	Number	%	Number	%
Criminal Prosecution / Formal Caution	34	7.8%	1	0.2%	2	0.4%	5	1.5%
Police Action	19	4.4%	20	4.9%	16	3.5%	12	3.6%
Community Care Assessment	38	8.8%	25	6.1%	48	10.5%	39	11.7%
Removal from property or Service	20	4.6%	21	5.1%	22	4.8%	9	2.7%
Management of access to the Vulnerable Adult	47	10.8%	24	5.9%	21	4.6%	7	2.1%
Referred to PoVA List /ISA**	12	2.8%	6	1.5%	10	2.2%	3	0.9%
Referral to Registration Body	2	0.5%	0	0.0%	7	1.5%	4	1.2%
Disciplinary Action	18	4.1%	23	5.6%	20	4.4%	19	5.7%
Action By Care Quality Commission	1	0.2%	0	0.0%	2	0.4%	8	2.4%
Continued Monitoring	70	16.1%	71	17.3%	89	19.5%	37	11.1%
Counselling/Training/Treatment	32	7.4%	71	17.3%	11	2.4%	37	11.1%
Referral to Court Mandated Treatment	1	0.2%	0	0.0%	0	0.0%	0	0.0%
Referral to MAPPA	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Action under Mental Health Act	9	2.1%	2	0.5%	3	0.7%	1	0.3%
Action by Contract Compliance	21	4.8%	15	3.7%	3	0.7%	3	0.9%
Exoneration	3	0.7%	8	2.0%	0	0.0%	0	0.0%
No Further Action	77	17.7%	89	21.7%	90	19.7%	134	40.2%
Not Known	30	6.9%	34	8.3%	112	24.6%	15	4.5%
Total	434		410		456		333	

[5] All completed referral in the period are recorded in the AVA return irrespective of when the referral was made.

Chart 11 – outcome for perpetrator (2012/13)



All text, tables and graphs taken from Coventry City Council: Abuse of Vulnerable Adults (AVA) Return 2012/13 (June 2013)

Glossary of terms and abbreviations

ACC	Assistant Chief Constable
ACPO	Association of Chief Police Officers
AVA	Abuse of Vulnerable Adults
CCC	Coventry City Council
CCHS	Coventry Community Healthcare Services
CQC	Care Quality Commission
CQUIN	Commission for Quality and Innovation
CRCCG	Coventry & Rugby Clinical Commissioning Group
CSAB	Coventry Safeguarding Adults Board
CSL	Consortium of Social Landlords
CWPT	Coventry & Warwickshire Partnership NHS Trust
DHR	Domestic Homicide Review
DoLS	Deprivation of Liberty Safeguards
IMCA	Independent Mental Health Advocate
LPU	Local Policing Unit
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference
OCU	Operational Command Unit
OSCA	Outstanding Achievement Awards
PPU	Public Protection Unit
SAB	Safeguarding Adult Board
SAC	Safeguarding Adults Coordinator
SCR	Serious Case Review
SWMPT	Staffordshire & West Midlands Probation Trust
UHCW	University Hospital Coventry & Warwickshire NHS Trust
VLE	Virtual Learning Environment
WMFS	West Midlands Fire Service

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Telephone: 024 7683 2346
e-mail: safeguarding.adults.team@coventry.gov.uk