

**COVENTRY  
SAFEGUARDING  
ADULTS BOARD  
ANNUAL REPORT  
2013 / 2014**



Coventry  
Partnership

Working Together to Safeguard Adults

# BOARD PARTNERS

Coventry and Warwickshire **NHS**  
Partnership Trust



Staffordshire and  
West Midlands  
Probation Trust 

Coventry **NHS**  
Teaching Primary Care Trust

University Hospitals  
Coventry and Warwickshire **NHS**  
NHS Trust

**NHS**  
**Coventry**



**WEST MIDLANDS FIRE SERVICE**

# CONTENTS

## PAGE

Foreword from the Chair	4
Safeguarding is everybody's business	5
What is safeguarding?	6
What is abuse and who is at risk?	6
What is the legal and national framework?	8
About Coventry Safeguarding Adults Board	9
Summary of priorities for 2014-2015	9
The work of the Board's Sub-groups	10
Key achievements during 2013-2014	10
Appendix 1 Structure of the Board	13
Appendix 2 Safeguarding Adults Report Annual Data	14

# FOREWORD FROM THE CHAIR



**“THE CARE MINISTER NORMAN LAMB, HAS REAFFIRMED HIS COMMITMENT TO PLACE ADULT SAFEGUARDING ON THE SAME FOOTING AS CHILDREN’S SAFEGUARDING, AND THE ENACTMENT OF THE CARE ACT GIVES THE ADULT SAFEGUARDING BOARD A FRESH IMPETUS TO REVIEW THE WAY WE WORK.”**

Welcome to the 11<sup>th</sup> annual report of Coventry Safeguarding Adults Board. It has indeed been a very busy year since the last annual report, and I am sure you will all be aware of the challenges that face all partner organisations in ensuring that we work together to protect vulnerable adults and keep them safe.

There have been high profile cases concerning adult abuse over the last year which readers will not have failed to notice.

At the time of writing this report, the case of Orchid View care home in West Sussex reinforces the need for all of us to be vigilant and attentive to the feedback we receive from adults about the services they receive. The Care Minister Norman Lamb, has reaffirmed his commitment to place adult safeguarding on

the same footing as children’s safeguarding, and the enactment of the Care Act gives the Adult Safeguarding Board a fresh impetus to review the way we work.

With the appointment of an Independent Chair for the Adults Safeguarding Board, and the imminent appointment of the new Chair of the Safeguarding Board for Children, there is a real opportunity to make sure that we learn from each other about safeguarding activity across children’s and adults’ services and do our very best to work closely together to ensure the safety of citizens in Coventry.

A handwritten signature in blue ink that reads "Brian M Walsh".

**Brian M Walsh**  
Chair, Coventry Safeguarding Adults Board

# SAFEGUARDING IS EVERYBODY'S BUSINESS



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

This diagram illustrates how safeguarding adults at risk is everybody's business. Although Coventry City Council has lead responsibility, this responsibility is shared by 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 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 what they want from their lives should remain central to safeguarding decisions about them.

It is important that work to keep adults safe focuses on working with the person being harmed to ensure that they stay safe and happy.

## WHAT IS ABUSE AND WHO IS AT RISK?

Everybody has the right to be safe and live their life free from threats, intimidation or abuse. People can be made to feel unsafe or threatened in a number of different ways, and in a variety of different circumstances.

- Physical abuse
- Emotional or psychological abuse
- Sexual abuse
- Neglect
- Financial abuse (for example theft or fraud)
- Institutional abuse (in a care home, for example)
- Hate crime or other forms of discrimination

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 person.

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 an individual's right to make choices and decisions about their own lives is respected and supported.



Promoting welfare

Protecting from harm

## 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.

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.

## 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'.



**'I THINK ONE OF THE ELDERLY GENTLEMEN I LOOK AFTER IS BEING ABUSED BY HIS SON. HE HAS BRUISES HE CAN'T EXPLAIN, AND I HAVE SEEN HIS SON BEING VERY VERBALLY AGGRESSIVE TOWARDS HIM. I AM VERY WORRIED.'**

*Comment from a home carer*

**'MY NEXT DOOR NEIGHBOUR HAS LEARNING DIFFICULTIES, AND I HAVE NOTICED A LOT OF PEOPLE COMING AND GOING WHICH IS NOT USUAL. I'M WORRIED MY NEIGHBOUR IS BEING TAKEN ADVANTAGE OF, BUT WHEN I ASK HER IF EVERYTHING IS OK, SHE SAYS IT IS. I REALLY THINK I SHOULD REPORT THIS TO THE AUTHORITIES BUT I'M NOT SURE WHO TO TALK TO.'**

*Comment from a member of the public*

## WHAT IS THE LEGAL AND NATIONAL FRAMEWORK?

The Care Act received royal assent in May 2014, and, amongst other changes, will usher in a range of measures designed to keep vulnerable adults safe. The Act is mostly due to come into force in April 2015, and will mean that:

- Local Authorities will have a statutory duty to have Safeguarding Adults Boards;
- Local Authorities will have a statutory duty to make, or cause to be made, enquiries when it is thought that an adult with care and support needs in its area, may be at risk of abuse or neglect;
- Serious case reviews will be mandatory when certain triggering situations have occurred and the parties believe that there is cause for concern over the way relevant parties worked together to safeguard an adult, and Boards will have the discretion to undertake reviews in other circumstances;
- Agencies will have a duty to co-operate over the supply of information;
- Local authorities will have a duty to fund advocacy for assessment and safeguarding for people who have substantial difficulty in being involved in the process and do not have anyone else to speak up for them;
- The power to remove people from insanitary conditions under section 47 of the National Assistance Act 1948 will be abolished;
- Existing duties to protect people's property when in residential care or hospital will be re-affirmed;
- There will be a duty of candour on providers of health or adult social care about failings in specified circumstances, and a new offence will be created of supplying false or misleading information, in the case of information they are legally obliged to provide.





# 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 adults at risk in Coventry.

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

Under the Department of Health “No Secrets” (2000) (1) guidance Local Authorities have responsibility to lead adult safeguarding. The new Care Act 2014 makes this a legal duty, and also means that the Local Authority, Clinical Commissioning Group and Police become statutory Board members.

## PRIORITIES FOR 2014–2015

The Board has agreed the following priorities for the next year:

### 1. PREVENTION

Raising awareness about adult abuse (and the thresholds for abuse) and communicating better with the public.

### 2. QUALITY

Continuing to focus on quality and auditing services to continually improve the way we work to improve the lives of vulnerable adults in Coventry.

### 3. CARE ACT 2014

The Board needs to ensure that this legislation is implemented effectively.

### 4. DOMESTIC VIOLENCE AND ABUSE

Working with the Coventry Police and Crime Board to ensure that knowledge and awareness of domestic violence is embedded in safeguarding adults work and those dealing with domestic violence recognise and respond to the needs of vulnerable adults.

### 5. SYNERGIES BETWEEN SAFEGUARDING BOARDS

Ensuring that it learns from and works effectively with, the Children’s Safeguarding Board.

## BOARD SUB GROUPS

Coventry Safeguarding Adults Board has a number of sub groups who are responsible for developing and managing work to deliver priorities. The first of these is the Executive Group which meets every six weeks and manages the Board's performance overseeing actions agreed at Board meetings and taking urgent decisions that cannot wait until the next full meeting of CSAB. The following sub-groups sit under the Executive Group:

- Partnership and Practice Development
- Policy and Procedures
- Quality and Audit
- Serious Case Review
- Workforce Development
- Mental Capacity Act and Deprivation of Liberty Safeguards

Attendance at both Board and sub groups has been very good, and the work of the sub groups has delivered important improvements to protect vulnerable adults.

### The Partnership and Practice sub group has:

- Worked with service users and the Policy and Procedures sub group to produce two leaflets [http://www.coventry.gov.uk/downloads/download/729/safeguarding\\_adults\\_leaflet](http://www.coventry.gov.uk/downloads/download/729/safeguarding_adults_leaflet) (see Policy and Procedures below).
- Led five Champions' Group seminars, which focused on improving multi-agency working, and one Safeguarding Forum via the Champions' Group.
- The role of the Champions' Group was reviewed, and a new programme established for 2014 designed to widen the audience. As a result, four Champions' seminars are scheduled and four Safeguarding Fora. The first seminar in January 2014 was an adult safeguarding refresher course. It was a great success and was attended by 40 people from a wide range of agencies.

### The Policy and Procedures sub group has:

- Produced an easy read safeguarding awareness leaflet for people with learning disabilities working together with the Partnership and Practice Sub Group.
- Produced an information leaflet for people who are subject to safeguarding procedures [http://www.coventry.gov.uk/downloads/download/729/safeguarding\\_adults\\_leaflet](http://www.coventry.gov.uk/downloads/download/729/safeguarding_adults_leaflet)
- Finalised a large scale investigation procedure in conjunction with the West Midlands Regional Safeguarding Co-ordinators Network (this has yet to be published)

### The Quality and Audit sub group has:

- Commissioned and undertaken a multi-agency case file audit
- Reviewed key performance indicators, challenged poor performance and worked to better understand performance.
- Commenced a review of information-sharing protocols
- Initiated the development of a risk register

### The Serious Case Review sub group has:

- Completed a Serious Case Review and implemented all of the actions
- Contributed to a review of Serious Case Review methodology for the West Midlands
- Developed review processes for those cases which do not meet the criteria for a serious case review but would benefit from a multi-agency review

### The Workforce Development sub group has:

- Commissioned a Disclosure and Barring Service (DBS) referral briefing in March 14. The DBS delivered an update about the scheme to local employers.
- Commissioned a two-day Investigating Skills course. The feedback indicated that the course increased delegate confidence,

- knowledge and skills around interviewing, case conferences and the West Midlands Procedures,
- Commissioned a programme for managing officers, commencing with 'Chairing Skills in Safeguarding Adults'.
  - Ensured that when policies and learning and development activities are reviewed and updated, safeguarding is an explicit consideration.
  - Promoted the sharing of learning and development and quality assurance tools to promote best practice in safeguarding. An example of this is the use of 'learning logs' which encourage practitioners to demonstrate how they have put their learning into practice.
  - Delivered and planned a number of multi-agency events, using leads and champions to both promote learning and to model inter-agency commitment to working together.

## PARTNER CONTRIBUTIONS

### COVENTRY CITY COUNCIL

There has been a major drive to improve the Provider Escalation Panel. This is a monthly multi-agency meeting which monitors providers where there are emerging issues in terms of quality and performance. Improvements include better information sharing and a stronger focus on safeguarding, with more joint work with our partners, especially Health Commissioning and Clinical Support Unit, Care Quality Commission and Health and Safety.

### WEST MIDLANDS FIRE SERVICE

West Midlands Fire Service refreshed its safeguarding policies and procedures. This included the creation of a safeguarding pocket guide that has been issued to all staff. The service took a back to basics approach to safeguarding and the whole workforce attended a role-specific combined safeguarding adults, children and young people level one training session. Three of West Midlands Fire Service's Vulnerable Person's Officers have become Safeguarding Champions.

### WEST MIDLANDS POLICE

West Midlands Police established a Vulnerable Adult Hub that offers a single point of contact allowing the force to respond to referrals from partners for primary investigations to be completed before cases are passed through to Public Protection Teams. The Hub has been recognised as best practice and is based in Sandwell with a team of 14 officers.

The process to increase staffing levels in Public Protection to 800 from 480 began in June. West Midlands Police is the only force in the country to have a dedicated Vulnerable Adult Team, and it will be expanded to 25 officers, three support staff and four business support officers. A number of other forces are keen to learn from this best practice.

All sergeants and inspectors across the force, regardless of role, received a full day's training in vulnerable adult abuse; honour-based violence; female genital mutilation; human trafficking; child sexual exploitation; and child protection.

Multi-agency partners received a day's training on forced marriage, and Operation Sentinel, the Force's strategy to protect vulnerable people, focused on a different public protection issue each month and offered training to partners focusing on the victim's perspective.

### UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE

The Safeguarding Adult and Children Team has been running for a year, and is co-located giving significant benefits in terms of operational functionality and individual team support. The team now includes a Support Midwife and has additional administration support. This additional input has allowed it to incrementally improve the training compliance figures month on month throughout 2013/14 and will support the delivery of the 90% compliance target figure by September 2014.

The e-alert system has resulted in the team being able to respond promptly to the needs of at-risk individuals who attend University Hospitals Coventry and Warwickshire. This has meant that:

- Service users get rapid protection
- Staff supporting cases are aware of the risk factors and can get immediate support and advice from the safeguarding team.
- There is corporate assurance that at-risk individuals attending University Hospitals Coventry and Warwickshire receive timely, needs-assessed protection.

An example of the difference this has made is the ability to track and respond promptly to domestic violence and abuse referrals. All multi-agency risk assessment conference (MARAC) referrals are added to the system.

## COVENTRY AND WARWICKSHIRE PARTNERSHIP TRUST

The Trust reviewed and further developed its bespoke electronic safeguarding alert and referral form. Other key achievements included:

- The completion of safeguarding training and the development of safeguarding competence learning logs.
- The completion of the annual audit plan.
- Reviewing and developing staff guidance within the organisation in the form of a booklet about safeguarding adults.
- Reviewing and further developing safeguarding training at level 2 to include domestic abuse, stalking and harassment (DASH).
- 87% of trust staff received PREVENT health WRAP training.
- Developing a new Safeguarding Link Group for operational staff.
- Completing the relevant Local Safeguarding Board's Section 11 audits.
- Producing an annual safeguarding newsletter.
- Reviewing and refreshing/amending the following trust safeguarding policies:
  - Safeguarding adults policy
  - Safeguarding children policy
  - Section 75 safeguarding operational (for Coventry and Warwickshire Services)

- Sexual safety in in-patient settings,
- Clinical domestic abuse policy,
- Child protection supervision policy,
- Missing persons' policy.

## LEARNING LESSONS FROM SERIOUS CASE REVIEWS

After two cases highlighted the risks to vulnerable adults from the poor care of pressure ulcers, The Pressure Ulcer Protocol (PUP) has been revised, the new protocol implemented, and extensive training delivered to staff. This has resulted in a more consistent response to pressure ulcers and increased numbers of information checklists received from nursing staff which inform safeguarding decisions.

A series of multi-agency events to disseminate lessons learned from Serious Case Reviews are planned for next year. In addition, to raise awareness about adult safeguarding, there will be Safeguarding Champions' events and an event for providers.

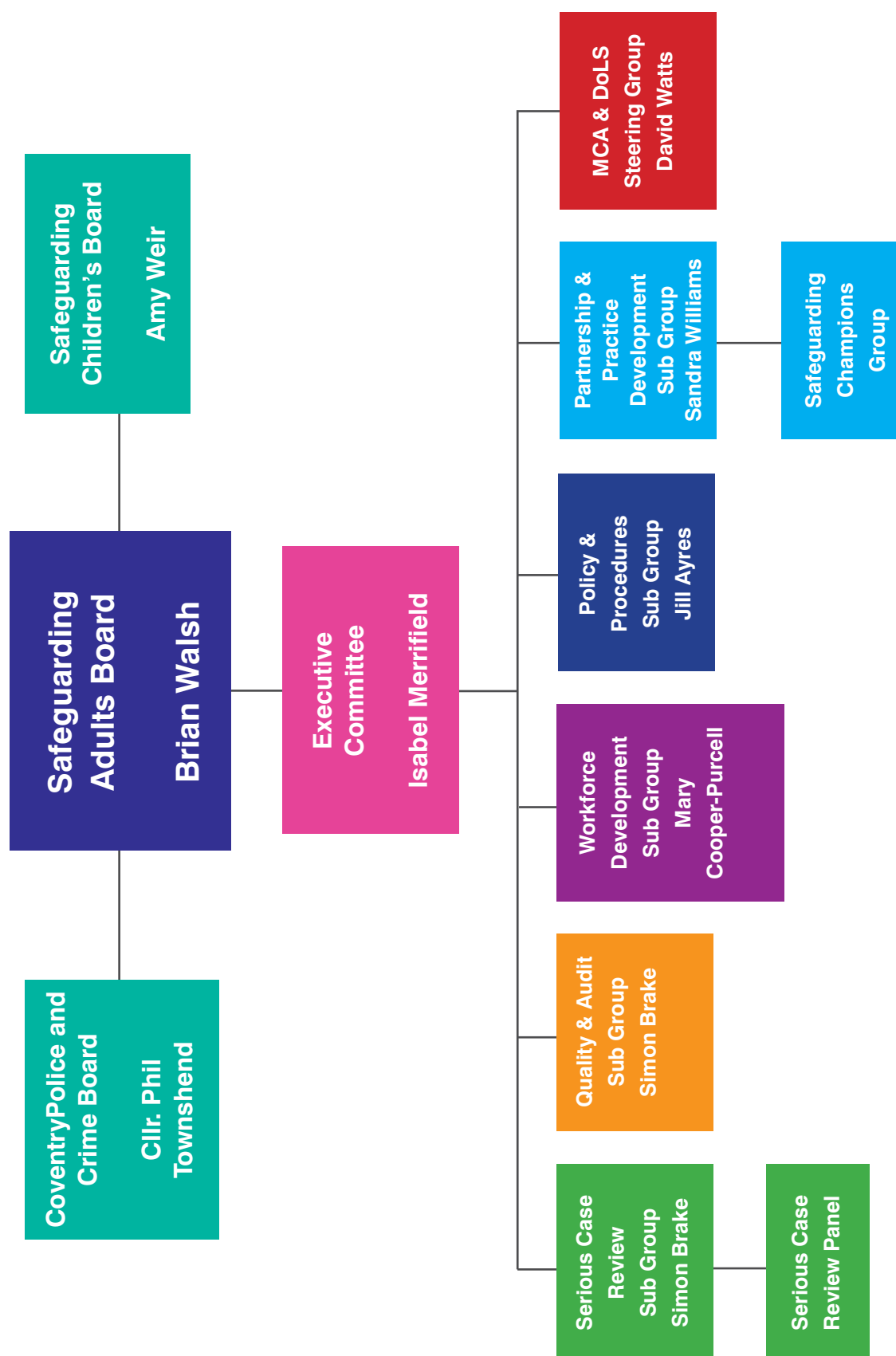
## CHALLENGES FOR THE YEAR AHEAD

At their annual development event in March 2014, Board members agreed the following issues were the challenges for the coming year.

- Raising standards with fewer resources
- Continuing to ensure that there is an appropriate and proportionate safeguarding response to pressure ulcers
- Achieving Care Act compliance
- Developing joined-up working across safeguarding services for children and adults
- Maintaining Organisational resilience, consistency and capacity around safeguarding leadership

Board members and the sub groups will continue to work during the year to mitigate these challenges.

# APPENDIX 1 - THE SAFEGUARDING BOARD STRUCTURE



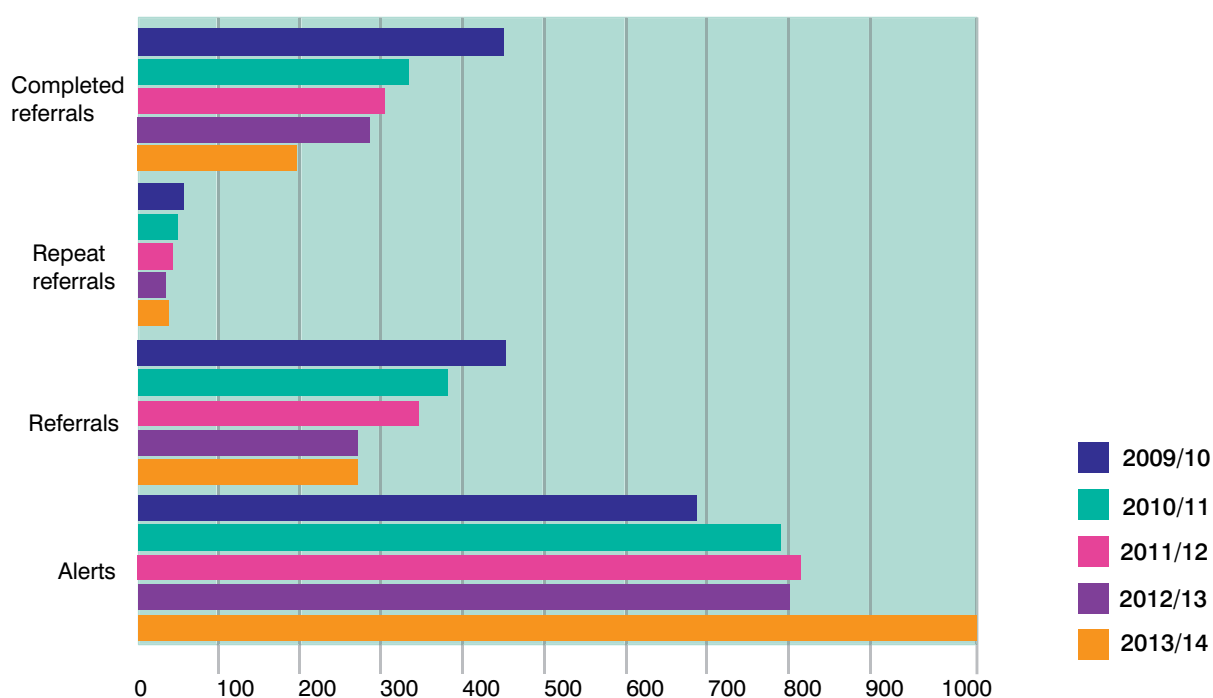
# APPENDIX 2 – SAFEGUARDING ADULTS ANNUAL REPORT DATA

The Board is reviewing its performance reporting approach to ensure it can monitor performance and assure itself that safeguarding is effective across the city. During the 2013/14 year, indicators were reported to Board regularly in line with the information presented below. The data is the end of year data and shows a comparison with previous years.

**Table 1 – Number of Alerts, Referrals and Completed Referrals for 2013/14 and comparison with previous years**

	Alerts	Referrals	Repeat referrals	Completed referrals
<b>2013/14</b>	1003	265	24	195
% difference (2012/13 - 2013/14)	24.60%	0.76%	4.35%	-32.01%
Value difference (2012/13 - 2013/14)	198	2	1	-92
<b>2012/13</b>	805	263	23	287
% difference (2011/12 -2012/13)	0.98%	-24.64%	-28.13%	-6.51%
Value difference (2011/12 -2012/13)	-8	-86	-9	-20
<b>2011/12</b>	813	349	32	307
% difference (2010/11 -2011/12)	3.20%	-7.45%	-6.25%	-11.73%
Value difference (2010/11 -2011/12)	26	-26	-2	-36
<b>2010/11</b>	787	375	34	343
% difference (2009/10 - 2010/11)	13.09%	-23.47%	-29.41%	-31.78%
Value difference (2009/10 - 2010/11)	103	-88	-10	-109
<b>2009/10</b>	684	463	44	452

**Chart 1 alerts/referral activity (2009/10 – 2013/14)**



In 2013/14 the numbers of alerts increased by 25%. Coventry's preferred methodology for benchmarking alerts is by using the median average which eliminates the large discrepancies in the minimum and maximum values across England. The result of 1003 is similar to the 2012/13 West Midlands median average rate of 1000.

**Table 2 - Alerts and referrals (2009/10 – 2013/14)**

	2013/14	2012/13	2011/12	2010/11	2009/10
Alerts	1003	805	813	787	684
Referrals	265	263	349	375	463
<b>% of alerts converting to referrals</b>	<b>26.42%</b>	<b>32.7%</b>	<b>42.9%</b>	<b>47.6%</b>	<b>67.7%</b>

The conversion of alerts to safeguarding referrals continued to fall for the fifth successive year. In 2010/11 concern was expressed that too many alerts went on to become referrals when this wasn't appropriate. Consequently, there was a concerted effort to ensure that appropriate and proportionate decisions were being made about which cases go into the process by the appropriate and consistent application of the Threshold Guidance. Feedback received from the Service is that there have been no examples of cases which should have been investigated and were not and therefore there is confidence that the Thresholds are being correctly applied.

### Completed referrals (2013/14)

The numbers of completed referrals have reduced from 287 in 2012/13 to 195 in 2013/14.

**Table 3 - Completed referrals (2013/14)<sup>1</sup>**

Primary client group	Alerts		Referrals		Repeat referrals		Completed referrals	
	Number	%	Number	%	Number	%	Number	%
Physical disability, frailty & sensory impairment	73	7.28%	11	4.15%	0	0.0%	4	2.05%
Mental Health Needs	59	5.88%	31	11.70%	2	8.33%	18	9.23%
Learning Disability	137	13.66%	72	27.17%	13	54.17%	52	26.67%
Substance Misuse	3	0.30%	0	0.00%	0	0.00%	0	0.00%
Other Vulnerable People	16	1.60%	1	0.38%	0	0.00%	3	1.54%
Older People	715	71.29%	150	56.60%	9	37.50%	117	60.00%
<b>Totals</b>	<b>1003</b>		<b>265</b>		<b>24</b>		<b>195</b>	

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

### Client category breakdown

The table above helps to break down table 1 by primary category type. 71.3% of total alerts and 56.6% of referrals are raised about older people which is relative to the size of the service area.

<sup>1</sup> All completed referral in the period are recorded irrespective of when the referral was made.

## Alerts by Age and Gender Breakdown (2013/14 only)

Coventry has more alerts and referrals for females than males, compared to the 2012 Mid-Year Estimate population; this is also the case when examined against the 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	146	50.7%	142	49.3%	288	48	41.7%	67	58.3%	115
Age group 65+	487	68.1%	228	31.9%	715	104	69.3%	46	30.7%	150
<b>Total Age groups</b>	<b>633</b>	<b>63.1%</b>	<b>370</b>	<b>36.9%</b>	<b>1003</b>	<b>152</b>	<b>57.4%</b>	<b>113</b>	<b>42.6%</b>	<b>265</b>

Age of client	Female		Male		Total clients (P7)	2012 Mid Year Estimate	Female	Male
	Number	%	Number	%				
18 - 64	1308	48.5%	1388	51.5%	2696	18-64	49.1%	50.9%
65+	3065	67.6%	1466	32.4%	4531	65 +	55.4%	44.6%
All ages	4373	60.5%	2854	39.5%	7227	18+	50.3%	49.7%

## Referrals by Ethnicity Comparison (2009/10 to 2013/14)

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

In 2013/14, 13% of safeguarding referrals were recorded for people in minority ethnic groups, which is an increase from 8.7% in 2012/13. The 2011 census reports that 23.8% of the 18+ population is from the minority ethnic community (compared with 14.5% in 2001 Census).



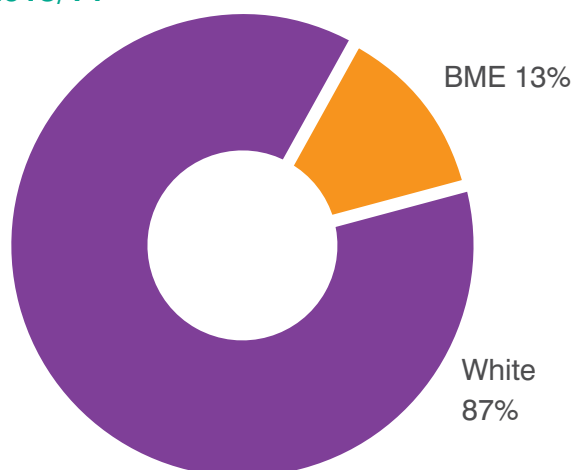


**Table 5 - referrals by ethnicity (2009/10 – 2013/14)**

Ethnicity	2013/14		2012/13		2011/12		2010/11		2009/10	
White British	213	93.4%	230	95.8%	286	94.7%	310	92.5%	378	94.5%
White Irish	9	3.9%	6	2.5%	11	3.6%	16	4.8%	13	3.3%
Any other White background	6	2.6%	4	1.7%	5	1.7%	9	2.7%	9	2.3%
<b>Total</b>	<b>228</b>		<b>240</b>		<b>302</b>		<b>335</b>		<b>400</b>	

White and Black Caribbean	1	2.9%	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%	0	0.0%	1	1.6%
White and Asian	1	2.9%	0	0.0%	1	2.4%	1	2.5%	1	1.6%
Any other mixed background	2	5.9%	0	0.0%	0	0.0%	3	7.5%	0	0.0%
Indian	4	11.8%	13	56.5%	13	31.0%	15	37.5%	22	34.9%
Pakistani	4	11.8%	1	4.3%	3	7.1%	7	17.5%	8	12.7%
Bangladeshi	1	2.9%	2	8.7%	2	4.8%	0	0.0%	1	1.6%
Any other Asian background	3	8.8%	2	8.7%	8	19.0%	1	2.5%	9	14.3%
Caribbean	6	17.6%	1	4.3%	7	16.7%	3	7.5%	7	11.1%
African	2	5.9%	0	0.0%	3	7.1%	5	12.5%	1	1.6%
Any other Black background	1	2.9%	0	0.0%	0	0.0%	2	5.0%	3	4.8%
Chinese	1	2.9%	1	4.3%	1	2.4%	0	0.0%	0	0.0%
Any other ethnic group	8	23.5%	1	4.3%	0	0.0%	2	5.0%	5	7.9%
<b>Total</b>	<b>34</b>		<b>23</b>		<b>42</b>		<b>40</b>		<b>63</b>	
Information not yet obtained	3		0		5		1		3	

**Chart 2 - Percentage of BME referrals 2013/14**



**Source of referral comparison 2009/10 to 2013/14**

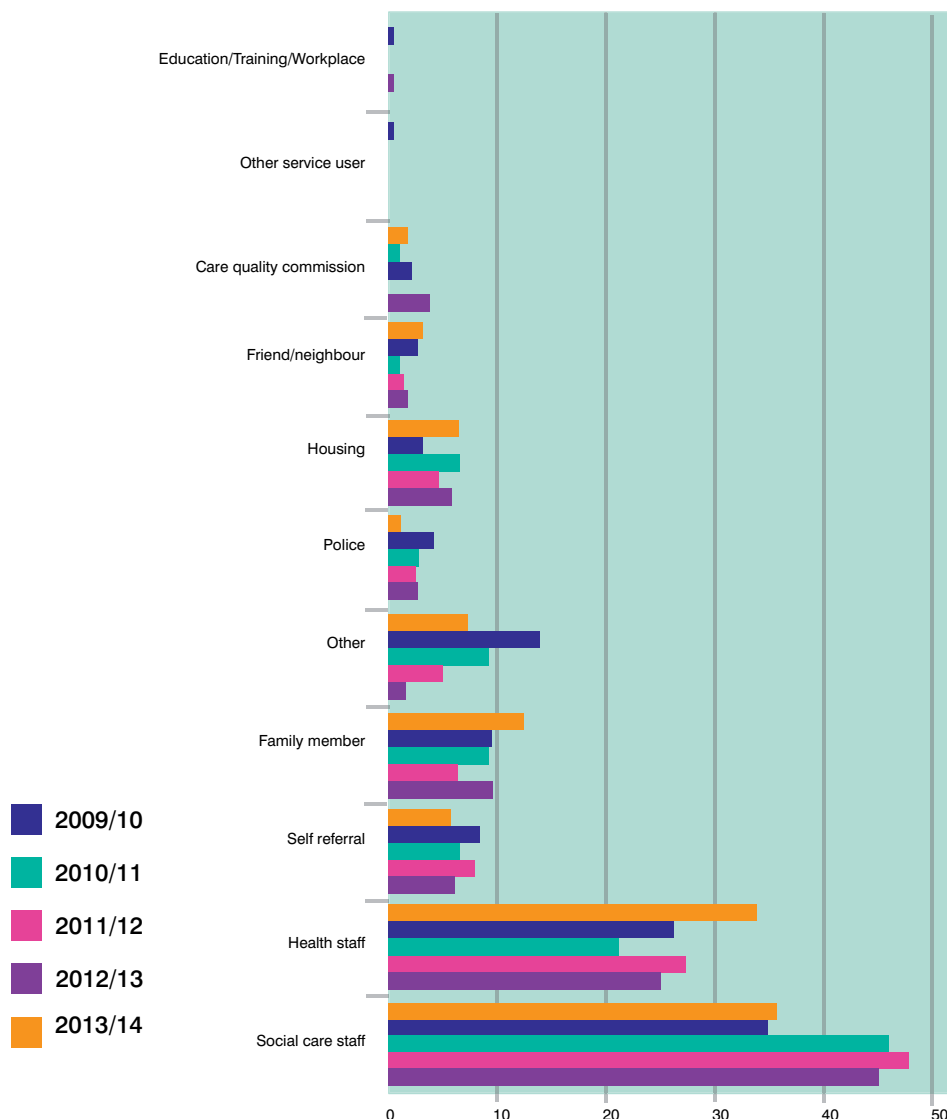
Social care staff and health staff continue to be the highest sources of safeguarding referrals. This is to be expected as they will have the most contact with vulnerable adults. There has been an increase in health staff referrals in 2013/14. This is encouraging as it shows increasing awareness and action in respect of adult safeguarding.

**Table 6 – source of referral comparison (2009/10 to 2013/14)**

Source of Referral	2013/14		2012/13		2011/12		2010/11		2009/10	
Social Care Staff	93	35.1%	120	45.6%	165	47.3%	173	46.1%	159	34.3%
Health Staff	89	33.6%	65	24.7%	92	26.4%	80	21.3%	119	25.7%
Self-Referral	14	5.3%	17	6.5%	28	8.0%	25	6.7%	39	8.4%
Family member	30	11.3%	26	9.9%	24	6.9%	36	9.6%	45	9.7%
Friend/neighbour	5	1.9%	4	1.5%	3	0.9%	2	0.5%	7	1.5%
Other service user	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%
Care Quality Commission	3	1.1%	8	3.0%	0	0.0%	2	0.5%	7	1.5%
Housing	15	5.7%	14	5.3%	13	3.7%	22	5.9%	13	2.8%
Education/Training/Workplace	0	0.0%	1	0.4%	0	0.0%	0	0.0%	1	0.2%
Police	2	0.8%	4	1.5%	5	1.4%	7	1.9%	14	3.0%
Other	14	5.3%	4	1.5%	19	5.4%	28	7.5%	58	12.5%
<b>Overall Total</b>	<b>265</b>	<b>100%</b>	<b>263</b>	<b>100%</b>	<b>349</b>	<b>100%</b>	<b>375</b>	<b>100%</b>	<b>463</b>	<b>100%</b>

**Chart 3 – comparison of referral source (2009/10 to 2013/14)**

Comparison of referral source (2009/10-2012/13)



The table below breaks 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)	2013/14		2012/13		2011/12		2010/11		2009/10	
Domiciliary Staff	20	21.5%	38	31.7%	48	29.1%	44	25.4%	32	20.1%
Residential Care Staff	37	39.8%	56	46.7%	52	31.5%	63	36.4%	54	34.0%
Day Care Staff	4	4.3%	9	7.5%	21	12.7%	15	8.7%	12	7.5%
Social Worker/Care Manager	10	10.8%	10	8.3%	24	14.5%	41	23.7%	30	18.9%
Self-Directed Care Staff	1	1.1%	0	0.0%	0	0.0%	0	0.0%	1	0.6%
Other	21	22.6%	7	5.8%	20	12.1%	10	5.8%	30	18.9%
<b>Total</b>	<b>93</b>		<b>120</b>		<b>165</b>		<b>173</b>		<b>159</b>	

Health Staff	2013/14		2012/13		2011/12		2010/11		2009/10	
Primary/Community Health Staff	36	40.4%	26	40.0%	49	53.3%	43	5.4%	61	51.3%
Secondary Health Staff	47	52.8%	35	53.8%	32	34.8%	22	2.8%	55	46.2%
Mental Health Staff	6	6.7%	4	6.2%	11	12.0%	15	1.9%	3	2.5%
<b>Total</b>	<b>89</b>		<b>65</b>		<b>92</b>		<b>80</b>		<b>119</b>	

### Referrals by alleged abuse type comparison 2009/10 – 2013/14

Neglect remains the most common abuse type at 42% in 2013/14, with physical (21%) and financial (16%) which is the same order as in 2012/13. This is a different order to the 2012/13 England averages that identified that Physical (28.4%) and

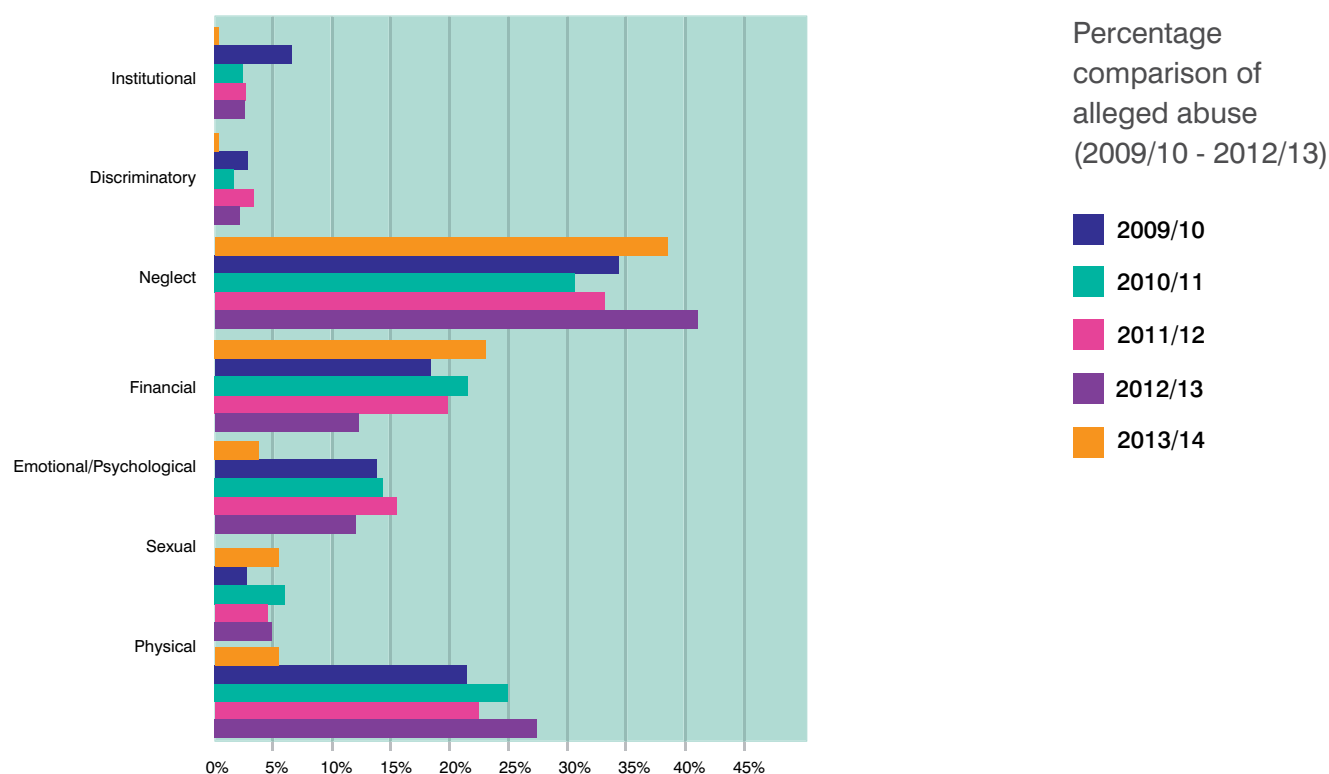
Neglect (27.5%) followed by Financial (18%) were the most common abuse types. This same order is consistent with 2012/13 West Midlands and Similar councils benchmarking.

In 2013/14 there were 255 alerts regarding pressures ulcers of those 31 (12%) went onto a safeguarding referral.

**Table 8 – referrals by alleged abuse type comparison (2009/10 – 2013/14)**

Alleged abuse	2013/14		2012/13		2011/12		2010/11		2009/10	
Physical	54	21.3%	86	27.0%	98	22.3%	114	25.2%	124	21.5%
Sexual	16	6.3%	16	5.0%	21	4.8%	26	5.7%	17	2.9%
Emotional/psychological	27	10.6%	37	11.6%	67	15.2%	67	14.8%	82	14.2%
Financial	41	16.1%	39	12.3%	88	20.0%	97	21.4%	106	18.4%
Neglect	107	42.1%	130	40.9%	146	33.2%	138	30.5%	200	34.7%
Discriminatory	2	0.8%	5	1.6%	13	3.0%	5	1.1%	12	2.1%
Institutional	7	2.8%	5	1.6%	7	1.6%	6	1.3%	36	6.2%
<b>Total</b>	<b>254</b>		<b>318</b>		<b>440</b>		<b>453</b>		<b>577</b>	

**Chart 4 – Type of alleged abuse for referrals (2009/10 – 2013/14)**



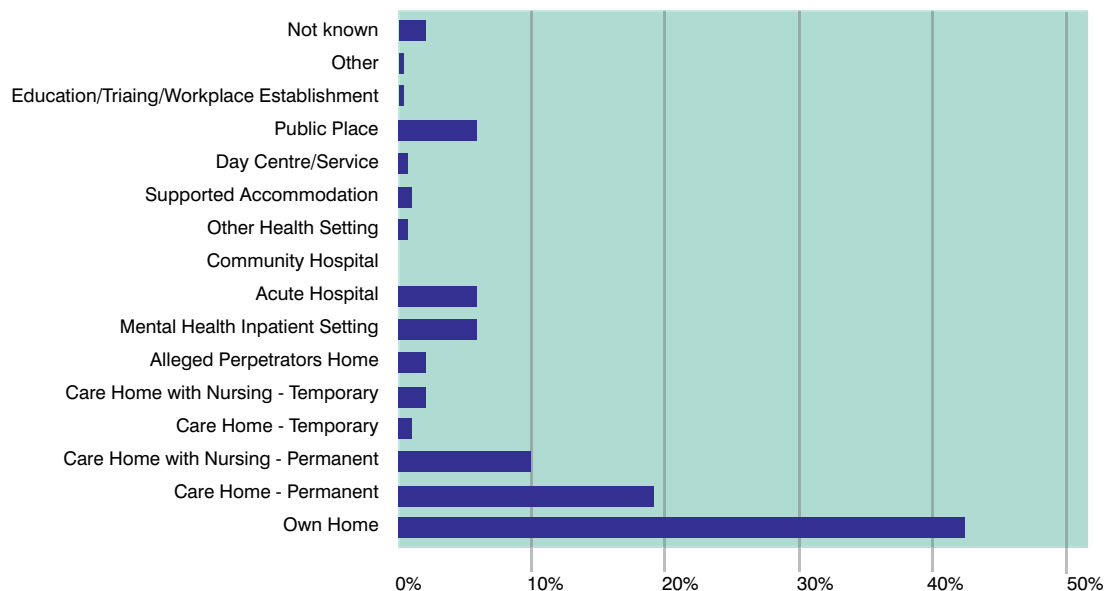
**Location of Alleged Abuse comparison 2009/10 – 2013/14**

**Table 9**

Location alleged abuse took place:	2013/14 Number %		2012/13 Number %		2011/12 Number %		2010/2011 Number %		2009/2010 Number %	
Own Home	111	41.9%	95	36.1%	175	50.1%	160	42.7%	254	46.9%
Care Home - Permanent	51	19.2%	60	22.8%	56	16.0%	78	20.8%	94	17.3%
Care Home with Nursing - Permanent	27	10.2%	24	9.1%	17	4.9%	20	5.3%	26	4.8%
Care Home - Temporary	3	1.1%	6	2.3%	6	1.7%	7	1.9%	13	2.4%
Care Home with Nursing - Temporary	6	2.3%	3	1.1%	0	0.0%	2	0.5%	6	1.1%
Alleged Perpetrators Home	6	2.3%	3	1.1%	14	4.0%	9	2.4%	16	3.0%
Mental Health Inpatient Setting	14	5.3%	3	1.1%	2	0.6%	2	0.5%	2	0.4%
Acute Hospital	14	5.3%	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%	0	0.0%
Other Health Setting	2	0.8%	0	0.0%	0	0.0%	0	0.0%	2	0.4%
Supported Accommodation	5	1.9%	15	5.7%	18	5.2%	38	10.1%	29	5.4%
Day Centre/Service	3	1.1%	4	1.5%	17	4.9%	6	1.6%	3	0.6%
Public Place	15	5.7%	11	4.2%	9	2.6%	9	2.4%	17	3.1%
Education/Training/Workplace	1	0.4%	1	0.4%	1	0.3%	0	0.0%	2	0.4%
Other	1	0.4%	6	2.3%	7	2.0%	6	1.6%	11	2.0%
Not Known	6	2.3%	9	3.4%	5	1.4%	13	3.5%	30	5.5%
<b>Total</b>	<b>265</b>		<b>263</b>		<b>349</b>		<b>375</b>		<b>542</b>	

In Coventry victim's homes and care homes are the most common places for abuse to take place. In 2013/14, 41.9% of abuse took place in the home and 19.2% occurred in care homes.

**Chart 5 - abuse by location 2013/14**



**Alleged Perpetrator Relationship comparison 2009/10 – 2013/14**

Over the five year period the most common alleged perpetrator relationship was social care staff followed by other family member.

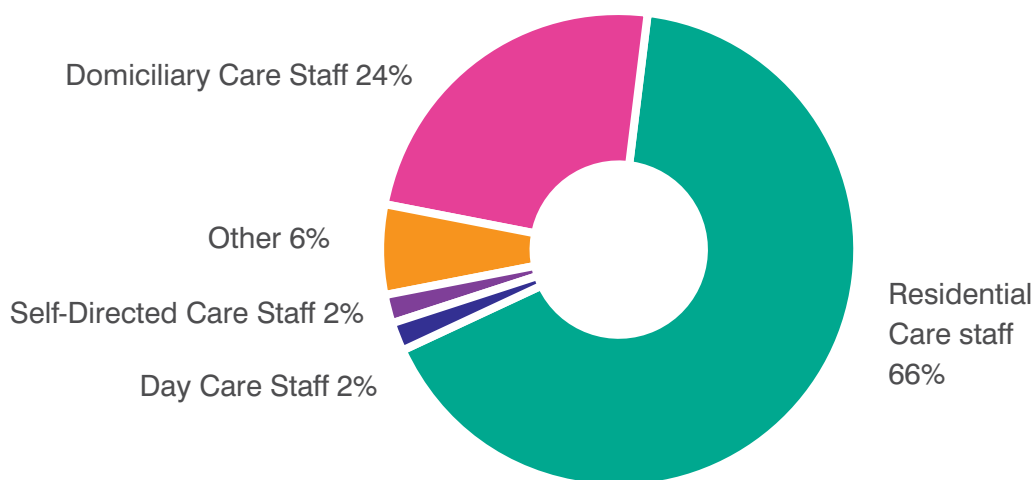
**Table 10**

Relationship of alleged perpetrator	2013/2014		2012/13		2011/12		2010/11		2009/10	
Partner	21	8.0%	20	7.6%	17	4.9%	27	7.2%	32	7.0%
Other family member	29	11%	38	14.4%	61	17.5%	65	17.3%	89	19.4%
Health Care Worker	4	1.5%	23	8.7%	26	7.4%	24	6.4%	33	7.2%
Volunteer/ Befriender	1	0.4%	0	0.0%	1	0.3%	1	0.3%	0	0.0%
Social Care Staff	121	46.0%	106	40.3%	126	36.1%	105	21.3%	178	38.8%
Other professional	14	5.3%	6	2.3%	17	4.9%	14	3.7%	15	3.3%
Other Vulnerable Adult	22	8.4%	25	9.5%	28	8.0%	36	9.6%	16	3.5%
Neighbour/Friend	26	9.9%	13	4.9%	22	6.3%	27	7.2%	19	4.1%
Stranger	4	1.5%	8	3.0%	16	4.6%	12	3.2%	6	1.3%
Not Known	20	7.6%	20	7.6%	33	9.5%	51	13.6%	53	11.5%
Other	3	1.1%	4	1.5%	2	0.6%	13	3.5%	18	3.9%
<b>Total</b>	<b>265</b>		<b>263</b>		<b>349</b>		<b>375</b>		<b>459</b>	

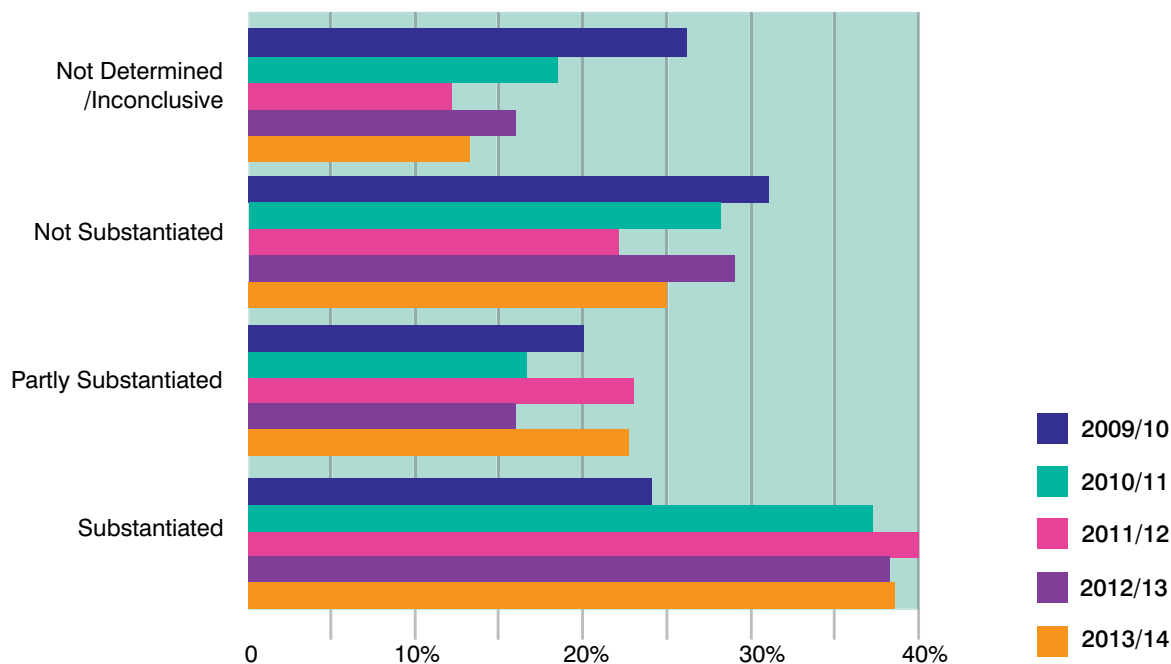
**Alleged Perpetrator Relationship (2013/14 only)**

Of the 121 social care staff identified as the alleged perpetrator, 80 were named residential care staff, 29 were home care staff, 3 were day care staff members, 2 were self-directed support staff and 7 were reported in other establishments.

**Chart 6 – Perpetrator: breakdown of social care staff in 2013/14**



**Chart 7 - Case conclusion comparison (2009/10 to 2013/14)**



**Table 11 – case conclusion comparison (2009/10 to 2013/14)**

	2013/14		2012/13		2011/12		2010/11		2009/10	
Substantiated	72	36.9%	109	38.0%	123	40.1%	126	36.7%	106	23.5%
Partly Substantiated	42	21.5%	47	16.4%	73	23.8%	57	16.6%	90	19.9%
Not Substantiated	48	24.6%	83	28.9%	73	23.8%	96	28.0%	138	30.5%
Not Determined / Inconclusive	26	13.3%	48	16.7%	38	12.4%	64	18.7%	118	26.1%
Investigation creased at individuals' request	7	3.6%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Total</b>	<b>195</b>	<b>100%</b>	<b>287</b>	<b>100%</b>	<b>307</b>	<b>100%</b>	<b>343</b>	<b>100%</b>	<b>452</b>	<b>100%</b>

In 2013/14, 58.4% of cases were substantiated or partially substantiated compared with 54.4% in 2012/13 which is a higher than the 2012/13 England average of 43%. Coventry has a lower percentage of cases where a conclusion could not be determined (13% for 2013/14) compared with the England 2012/13 average figure of 27%. This suggests that only those cases that meet the threshold are going onto referral/further investigation.

**Table 12 - Result of Action Taken to support management of risk (2013/14 only)**

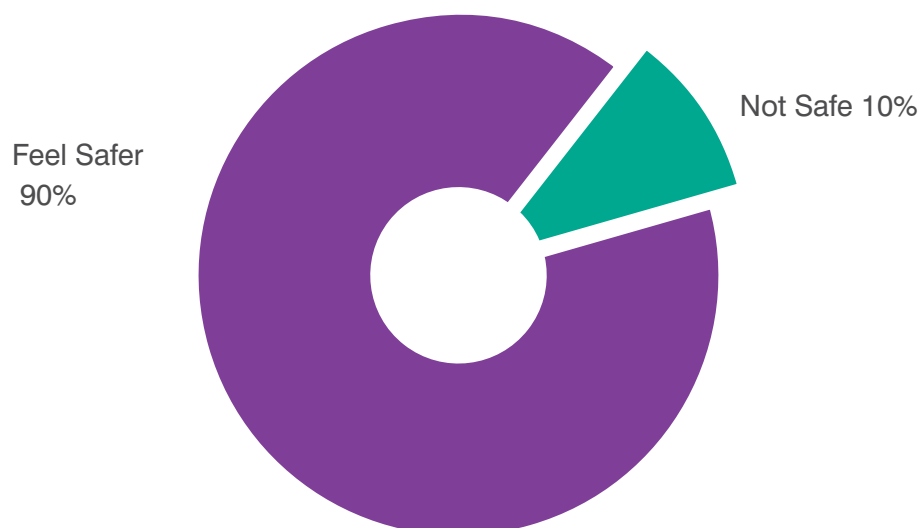
Result of Action Taken to Support Management of Risk	Social Care Support or Service paid, contracted or commissioned	Other		Total	
		Known to Individual	Unknown / Stranger	Number	%
Where 'No Further Action Under Safeguarding'	8	5	2	15	7.7%
Where 'Action Under Safeguarding'					
Risk Remains	4	10	3	17	9.4%
Risk Reduced	46	44	12	102	56.7%
Risk Removed	28	28	5	61	33.9%
TOTAL 'Action under Safeguarding'	78	82	20	180	100%

Out of the 195 completed referrals, 15 (7.7%) resulted in no further action under safeguarding.

163 (90.6%) of referrals which resulted in action under safeguarding, resulted in the risk being removed or reduced.

**Chart 8 Percentage of completed safeguarding referrals where the adult at risk feels safer (2013/14 only)**

90% of people felt safer after the completion of the safeguarding referral during 2013/14.



This report is available online at:  
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