



**County Durham**  
**SAFEGUARDING ADULTS**  
**INTER-AGENCY PARTNERSHIP**

Annual Report **2011/12**

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**Foreword from Lesley Jeavons, Chair,  
County Durham Safeguarding Adults Board**

Welcome to the fourth annual multi agency safeguarding report.

As I reflect upon the progress the partnership has made during the last 12 months I am reminded of the significant achievements across the sector in continuing to deliver high standards of safeguarding activity.

The Safeguarding Adults Board recently saw evidence of this ongoing commitment to support vulnerable people at risk during its annual board development day. In developing our priorities for the forthcoming year the Board spent some time reviewing progress made during the previous 2 to 3 years.

I was delighted with the outcome of this reflective exercise given that our achievements in establishing sound safeguarding processes, ensuring the workforce is suitably trained to respond to safeguarding issues and achieving all of our safeguarding performance targets were evidenced.

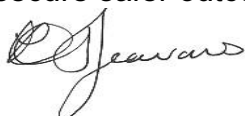
This has been achieved during a time of significant change particularly in relation to the NHS. The emergence of Clinical Commissioning Groups (CCGs) has enabled us to reflect on our engagement with primary care and we look forward to greater collaboration at a local level as a result.

The forthcoming transfer of Public Health to the Local Authority and the merging of Adults, Wellbeing and Health (AWH) and Children and Young People Services (CYPS) to form 'Children and Adults Services' will support us to work more collaboratively and continue to raise the profile of safeguarding adults and better influence the shape of local health and social care services to reflect its importance.

The shocking events at Winterbourne View last year reminded us all of the importance of our responsibilities in preventing and responding to neglect and abuse. The multi-agency partnership takes seriously its role in providing strong leadership to make safeguarding integral to care and it will continue to seek assurance that across the sector, systems and standards prevent abuse from happening. It is critical that in doing so we ensure people can be given the opportunity to be in control of their care and influence what happens in their lives, this will feature in our priorities for the forthcoming year.

Furthermore, following the publication of the Governments White Paper 'Caring for our future: reforming care and support' in July 2012, we look forward to operating within a revised statutory framework which places the Safeguarding Adults Board on an equivalent footing to local safeguarding children's arrangements.

Finally, thanks go to all staff working within the sector that support vulnerable service user's everyday during the course of their work. Their diligence and effort in attempting to secure safer outcomes for people is much appreciated.



Lesley Jeavons  
Chair of County Durham Safeguarding Adults Board

## **Introduction**

This annual report covers the key achievements and developments that have taken place during 2011/12

There are well established multi-agency Safeguarding arrangements in County Durham that were put in place in response to the 'No Secrets' guidance in 2000 and the Association of Directors of Adult Social Services ADASS National Framework of Standards.

There is a commitment from Durham County Council as the lead agency and its partner organisations to protect adults at risk from abuse and neglect, whether it is in their own home, in the community or whilst in receipt of services such as in care homes or hospitals.

The Safeguarding Adults Board (SAB) governs how safeguarding is delivered, based on the annual Business Plan and it is supported in that role by four sub groups that focus on specific areas of business, namely, policy and practice, performance and quality, communications and engagement and training.

## **Main Aims of the Board**

The main aims of the Board are:-

- To safeguard and promote the welfare of adults at risk in County Durham through inter-agency collaboration.
- To co-ordinate the safeguarding activity undertaken by each organisation represented on the board.
- To ensure the effectiveness of what is done by each organisation for that purpose.
- To promote public confidence in safeguarding systems and ensuring human rights are balanced with protecting the public from harm.
- To understand the nature of adult abuse and foster strategies that reduces incidence and effect.
- To give strategic direction to partner agencies and organisations across in relation to safeguarding activity.

(Taken from the SAB Terms of Reference)

## **Strategic Overview of Safeguarding Adults**

The Safeguarding Adults Board (SAB) continues to monitor performance in order to ensure that safeguarding is carried out to a high standard and in a timely fashion. Routine audits of practice are carried out to ensure compliance with procedures and there is a continued effort to obtain meaningful feedback from service users and carers following their involvement in the safeguarding adults process.

The Board has reviewed and updated its policy and procedures and improved arrangements for undertaking executive strategies. Chairs and minute takers were consulted and they have been issued with updated guidance. The Board has lead on a second regional awareness campaign comprising of an eight week radio campaign on Real and Smooth Radio and a ten week screening of awareness information in doctors' surgeries across the northeast provided by the life channel. Following consultation with service user groups we have reviewed our literature to reflect the feedback we have received

The SAB has had an unprecedented year in rolling out training, with more than 5000 attendances at various training events by people from partner agencies and the private and voluntary sector. Twenty training modules have been developed and the first three have received accreditation from Teesside University and will be delivered along side our standard free multi agency training. Trainers from all organisations are now using the SAB training evaluation form which will assist in ensuring consistency in the training that is being delivered. The SAB is working closely with the Local Authority work force development service to provide places for 25 students to participate in the accredited training modules as part of their post qualifying training.

## **Regional Perspective**

The Board has continued it's commitment to working with other Local Authorities by fully participating in the North East Regional ADASS group. The regional work also resulted in the creation of a website to complement the radio campaign as well as the development of a safeguarding video for the hard of hearing and the formulation of training standards across the region.

In addition, our own safeguarding risk threshold tool heavily influenced the development of a regional document. Following further review and revision we have modified our own tool in improve consistency between the two documents. This will result in a common set of standards being adopted to instigate safeguarding adult's procedures across the region.

## **Safeguarding Adults in County Durham**

### **Safeguarding Operations**

In line with a national trend, the rate of safeguarding referrals has been rising for a number of years; this year however, has seen an unprecedented 88% increase in the referral rate. The ongoing media attention fuelled by high profile cases such as Southern Cross and Winterbourne View has done much to shine the spot light on the safeguarding agenda. Growing awareness and sensitivity across the care sector has undoubtedly impacted on the volume of cases now been addressed through safeguarding.

The local implementation of a new Safeguarding Lead Officer (SLO) team has contributed significantly by dealing with 68 % of all referrals during this period as well as improving practice standards. The SLO team work closely with the safeguarding practice officers to identify problems and improve standards of care provision. Their introduction has provided significant support to team managers; who also act as lead officers; by enabling them to commit more of their own time to providing strong leadership to their teams

## **Personalisation**

Durham County Council continues to work towards mainstreaming self directed support as its core model for assessment and service delivery for adults in need of social care services. Self directed support enables people in need of services to have much more control over their assessment and care planning, and have greater choice and control over the services they receive to meet their assessed needs.

After working closely with service users, carers, providers and partner agencies, Durham County Council has reviewed and stream-lined its self directed support documentation and simplified its systems.

All eligible service users in County Durham are now advised of the value of the services to meet their assessed needs and can choose to manage this money themselves as a direct payment (arranging their own care and taking responsibility for paying the provider from their personal budget), or can ask staff to commission providers & manage their personal budget for them.

The Government target was for all Local Authorities to have at least 30% of eligible service users in receipt of a personal budget by March 2012. Durham County Council exceeded this target and continues to build on this success. As at end of June 2012, 50.1% of eligible service users in County Durham were in receipt of personal budgets.

Within self directed support, service users are offered the opportunity to develop their own person-centred care & support plan. Staff support service users to consider risks within this care & support plan, including any risk associated with their choice of provider/ service. Service users are also supported to consider contingency planning where safeguarding concerns are fully considered.

By offering people more choice and control over their care planning and service provision, Durham County Council has experienced an increase in the numbers of people choosing to manage their own personal budget via a direct payment. We have reviewed our procedures relating to direct payments, and has further developed the financial audit element of the Direct Payments service to ensure effective safeguards are in place to guard against financial mismanagement.

## **Deprivation of Liberty Safeguards (DoLS)**

The Deprivation of Liberty Safeguards (DoLS) came into force in April 2009 as an amendment to the Mental Capacity Act, 2005. They were introduced to protect the human rights of people who lack capacity and authorise their care in a registered care home or hospital. Deprivation of Liberty Safeguards may only be sanctioned when it is in the best interests of the vulnerable person. DoLS is an important and developing safeguard of the right to liberty of some of the most vulnerable people in our community.

Since implementation the number of referrals within County Durham has increased year on year and was over 150 in 2011/12, the third year of operation. The numbers of specially trained and authorised assessors has also been increased to cope with demand and includes social workers, nurses and occupational therapists.

Looking ahead, in April 2013 the responsibility for acting as supervisory bodies i.e. completing DoLS assessments and authorising or refusing DoLS applications in hospitals will transfer from the Primary Care Trusts to Local Authorities. While Local Authorities already hold this responsibility for care homes the addition of hospitals will mean that they assume sole responsibility for the administration of DoLS in all settings where it applies. In Durham we entered into early discussions with the PCT and from the summer of 2012 they will begin to work along side each other to ensure there is a smooth transition and handover of this responsibility.

## **The Safeguarding Adults Board and Sub Group Objectives**

The Safeguarding Adults Board has the following key objectives:

- To establish and maintain an effective, accountable county-wide Safeguarding Adults Board.
- To establish robust governance and accountability arrangements.
- To make strategic decisions concerning the development of key processes and systems.
- To create a sub group structure to support the Board's activity and agree resources and sub groups.
- To agree business planning and reporting mechanisms.

The Board is comprised of senior representatives from the following Agencies:

Durham County Council, Children & Adults Services  
County Durham and Darlington Community Health services  
NHS County Durham and Darlington  
Tees, Esk & Wear Valley Foundation NHS Trust  
County Durham & Darlington NHS Foundation Trust  
Durham Constabulary  
Prison Service  
National Probation Service  
Care Quality Commission  
Age Concern  
Victim Support

The four Sub Groups of the Safeguarding Adults Board meet 4 times per year. They carry out much of the development work on behalf of the Board and aim to achieve the following key objectives:-

1. **Performance & Quality** - Maintain performance compliance levels of referral to strategy timescales and the completion of investigation timescales
2. **Policy and Practice** - Establish a Safeguarding Operations Framework for Clinical Commissioning Groups
3. **Communications & Engagement** - Update safeguarding communications materials in respect of feedback received from service users and carers
4. **Training** – Create an infrastructure to support the accredited training



## **Reporting and Interface Arrangements**

The Board has interface arrangements with a number of Local Authorities, management teams across the council and partner agencies. There are also connections to a number of multi agency partnership groups such as the Local Safeguarding Children's Board and the Safer Durham Partnership.

For a Diagram of the multi agency interface arrangements (see appendix 1).

## **Working with the Local Safeguarding Children Board (LSCB)**

Strong links continue to be maintained between SAB and the LSCB with the chair of the SAB sitting on the LSCB and the Head of Children's Care services sitting on the SAB. Training opportunities are well established for both safeguarding boards and in 2012 training leads from both boards will be exploring areas of joint interest with a view to developing a more coordinated approach to training delivery.

## **Links to the Vulnerability Thematic Group**

The Chair of the Safeguarding Adults Board continues to chair the vulnerability group, the thematic sub group of the Safe Durham Partnership. The purpose of the group is to improve public confidence, improve the safety of vulnerable people and reduce incidents of the most serious harm. In the last year some examples of work that has taken place include: the development and implementation of the fire death protocol which seeks to reduce risk of fires, deaths, accidents and injuries by training front line staff to identify and refer residents who are known to have specific vulnerabilities; the production of a sexual violence marketing plan which will target key vulnerable groups with relevant marketing materials; and the delivery of a Hate Crime awareness raising campaign.

## **Links to Domestic Abuse**

Domestic abuse continues to be a significant issue in County Durham and structural arrangements are in place to deal with this issue through the Safe Durham Partnership. This partnership consists of the County Council, Police, Fire and Rescue, Probation and Health who all work together to tackle crime, disorder and other anti-social behaviour. As well as ensuring support is available to both victims and perpetrators, the Partnership were also given statutory responsibility in 2011 for the carrying out of Domestic Homicide Reviews.

## **Key Milestones Achieved: April 2011 – March 2012**

The following represents the key milestones achieved by the Board's thematic sub groups:

### **Performance & Quality**

- Sep 11 Further development of user feedback methodologies in conjunction with dedicated lead officer post holders to obtain regularly feedback about experiences of the safeguarding adults process.
- Dec 11 Performance compliance developed to improve standard of data entry in respect of mental health cases.
- Jan 12 The performance framework was modified in response to changing requirements.
- Mar 12 Maintained key performance compliance levels - over 90% referrals that result in strategy meetings take place within 5 working days. Over 75% of investigations are complete within 28 days.
- Mar 12 Some common Performance Indicators established for safeguarding within NHS partners.

### **Policy and Practice**

- May 11 Procedures revised with regard to executive strategies, domestic abuse and substance misuse.
- Sep 11 Findings from safeguarding case file audit used to communicate practice compliance issues to lead officers including the completion of practice briefings.
- Dec 11 The establishment of clear and robust processes to underpin the practice of four new dedicated Lead Officer posts.
- Feb 12 Developed a strategy for safeguarding adults for NHS Co Durham and Darlington aligned to the patient safety & quality strategy
- Feb 12 Contributed and responded to regional development work concerning the development of thresholds
- Mar 12 Ensure safeguarding adults principles are appropriately referenced in self directed support procedures & associated developments
- Mar 12 Establish strategic links between the Safeguarding Adults Board and Clinical Commissioning Groups
- Mar 12 Enhanced links between safeguarding and commissioning services including the adoption of new practice guidance.

## **Communications and Engagement**

- Apr 11 A range of awareness raising communication materials (including training communications) developed for partner agencies to use when delivering presentations.
- Aug 11 Links made with other strategic representative groups with a view to fostering collaborative work. (e.g. Partnership Board for Older Adults)
- Aug 11 Links formed with specialist services to engage in collaborative work and raise the profile of Safeguarding. (e.g. Trading Standards, Community Safety)
- Sep 11 Engagement with service users and carers involved in the safeguarding process via dedicated lead officer posts to ascertain feedback on the quality of service they received.
- Jan 12 A variety of communication materials developed and updated to promote safeguarding adults. The information is available on the SAB website which has also undergone improvements to make the range of information available more comprehensive. Go to [www.safeguardingdurhamadults.info](http://www.safeguardingdurhamadults.info)

## **Training**

- May 11 Practice improvement themes from safeguarding reviews disseminated into the delivery of training.
- Jul 11 Systems developed to support the roll out of accredited training.
- Jul 11 All service providers encouraged to use County Durham safeguarding training packages.
- Sep 11 Partner agencies increased their engagement in the delivery of core training.
- Sep 11 Development and implementation of a full package of training modules as identified in the Training Schedule.
- Dec 11 Local Authority staff targeted to receive 'Safeguarding Alerter' and 'Managing the Alert' training (level 1 and 2).
- Jan 12 Training events for service users and carers developed.
- Mar 12 The initial stages of accreditation for foundation, undergraduate and postgraduate training modules developed.

## **Key Actions: April 2012 - March 2013**

The following provides a summary of the key actions planned for development in 2012/13. These actions reflect the core business of the Safeguarding Adults Board's thematic sub groups. The Board provides governance in overseeing the progress of the sub groups and in making key decisions and providing strategic direction. Our Business Plan describes these key actions in more detail. A copy of the Business Plan 2012/13 can be made available on request by contacting the Safeguarding and Practice Development Manager. Please see contact details at the back of this document.

### **Performance & Quality**

- Modify performance framework in response to changing requirements.
- Maintain performance compliance levels in respect of referral to strategy timescales and completion of investigation timescales
- Monitor incidents of repeat safeguarding adults referrals pertaining to individual victims and report trends and concerns
- Further develop methodologies to obtain feedback for service users/carers regarding their safeguarding experiences
- Quarterly review of performance volume, trends and compliance
- Embed a performance indicator set for safeguarding within NHS/non NHS provider organisations
- Monitor the use of the intermediary scheme which supports vulnerable witnesses within the court processes
- Establish an annual performance data set across statutory partners
- Following the emergence of victim focussed outcomes in safeguarding, explore new methodologies for measuring success in achieving desired outcomes for victims
- Monitor the impact of implementing revised thresholds through the quarterly analysis of referrals and alerts

### **Policy and Practice**

- Develop a practical working solution to address financial abuse reported in care home settings
- Explore ways of improving joint working between police and social work staff in undertaking investigations
- Develop joint working between Safeguarding and Probation services to support vulnerable offenders
- Work collaboratively with voluntary sector organisations to identify aspects of their services that may help support to victims of abuse
- Implement revised threshold tool and monitor its use and impact on practice
- Explore the possibility of developing an accreditation scheme for personal support providers as part of the personalisation agenda
- Review the remit of the dedicated lead officer team and their criteria for intervention
- Explore how the prison service can engage in safeguarding adults
- Establish a Safeguarding Operations Framework for Clinical Commissioning Groups
- Carry out medication audits on all contracted domiciliary care providers in conjunction with the quality band process
- Reformat the safeguarding adults inter agency policies and procedures to make it more user friendly and internet compatible

## **Communications & Engagement**

- Update safeguarding communications materials in respect of feedback received from service users and carers
- Promote Safeguarding in the Clinical Commissioning Groups and GP surgeries
- Work with care homes to raise awareness of financial abuse
- Support the development of a regional information sharing protocol
- Promote links with service user and carer led groups with a view to developing more collaborative working
- Develop new survey for service users who have been involved in the safeguarding process to improve response rates and the quality of feedback on the service they received.
- Explore the options for working with carers/relatives causing harm or abuse to change their behaviour
- Make links with other strategic representative groups with a view to fostering collaborative work. (e.g. Partnership Board for Older Adults)
- Form links with specialist services to engage in collaborative work and raise the profile of safeguarding (e.g. Trading standards, Community safety)

## **Training**

- Develop a training programme to promote safeguarding awareness for the Clinical Commissioning Groups
- Develop sexual abuse training module
- Make accredited training available to regional Local Authorities.
- Develop Achieving Best Evidence (ABE) training in collaboration with Durham Constabulary.
- Provide links to College Network so students can use workbook together with lecturing staff (lecturing staff at East Durham Community College to receive tuition).
- Develop greater involvement from partner agencies in the core delivery of training.
- Create infrastructure to support the accredited training.

## **Perspectives of Key Partners**

The perspective of Durham County Council, is reflected through out this document as the lead agency. The following represents a brief summary of the developments that have taken place within the other key safeguarding adults partnership organisations.

### **Durham Constabulary**

Durham Constabulary has trained 80 uniformed officers from across their front line in order to have 'Safeguarding Champions' on each team. There have been four safeguarding champion events held since 2010 and at each event training and development in the protection of vulnerable adults has taken place. Awareness and improvements in the police response when dealing with vulnerable people has been evident with an increase in adult protection referrals over the past year and a marked improvement in information submitted.

Durham Constabulary continues to be one of the few in the country that has a dedicated 'Adult Abuse Investigation Team' staffed by detectives who carry out investigation into all offences committed against vulnerable adults by persons in a position of trust. The officers within the team' work closely with Integrated Team Managers and other partners to investigate allegations of abuse and have built up considerable expertise in adult protection.

All referrals are now considered by police officers working within the central referral unit (CRU) at police headquarters to ensure an appropriate response. The CRU work closely with representatives who have a team member within the unit.

### **Tees, Esk & Wear Valleys NHS Foundation Trust**

Our vision is to improve people's lives by minimising the impact of mental health or a learning disability and to be a recognised centre of excellence with high quality staff providing high quality services that exceed people's expectations

The Trust is a key partner agency on all the Local Safeguarding Adult Board's and subgroups that serve the Trusts geographical area. The commitment to partnership working remains a high priority

2011 -2012 has seen a number of key achievements both internal to the organisation and in partnership with the local Safeguarding Boards. This has included the Implementation of a skin damage protocol and participation in a successful joint media and Fire Brigade winter warmth campaign.

Internal key achievements include the development of systems to support incident recording and monitoring that includes Multi-Agency Public Protection Arrangements (MAPPA) and Multi-Agency Risk Assessment Conferences (MARAC). Key staff have also been trained to roll out anti-terrorism awareness sessions.

A Rapid Process Improvement Event (RPIW) has resulted in improved standards in managing safeguarding cases in Durham and has produced several standard processes to improve safeguarding activity.

## **County Durham and Darlington NHS Foundation Trust**

On the 1<sup>st</sup> April 2011, County Durham and Darlington Community Health Services merged with County Durham and Darlington Foundation Trust to become one organisation. The Trust provides integrated acute and community healthcare across Durham and Darlington. Services are provided in hospital, at home and in community settings. The merger will improve coordination of healthcare between hospital and community health services.

The Associate Director Patient Experience and Safeguarding was established to drive forward the strategic direction for the safeguarding adults agenda and is also the Trusts representative on the Safeguarding Adults Board. The Trust has taken a positive position by retaining the Safeguarding Adults Lead post which was previously within the Community Health Services structure and it is the safeguarding lead who is a member of the sub groups and is the nominated chair for the training sub group.

A new post of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Administrator has also been established to support the safeguarding adults lead with matters pertaining to the MCA & DoLS.

The newly merged Trust has harmonised the safeguarding adults and associated policies and procedures. These policies summarise and reflect the comprehensive standards and guidance contained within the agreed County Durham Inter-agency guidance. In addition to this the Trust established a robust method of ensuring compliance to standards set by the National Framework by initiating a regular process of auditing safeguarding alerts.

The Trust continues to be committed to delivering multi-agency training through the dedicated safeguarding adults trainer and lead for safeguarding adults. Basic awareness 'Alerter' training is included in the mandatory training schedule for all clinical staff.

The Trusts internal safeguarding adults group chaired by the Director of Nursing and Transformation will oversee the organisation wide coordination, prioritisation and development of safeguarding adult activity. The group will facilitate the recommendations set out by the Department of Health in its document Safeguarding Adults: The role of Health Services.

## **NHS Co Durham and Darlington**

As commissioners, NHS Co Durham and Darlington (NHS CDD) have oversight of the local health economy. NHS CDD seek assurances that providers of NHS care contribute to the safeguarding adult agenda and that they keep vulnerable adults safe.

The key achievements in relation to multi agency working are in the support to Primary Care on national and local issues which include; Implementation of 'Deciding Right', Support to Primary and Secondary Care for Deprivation of Liberty Safeguards (DoLS) and support to Serious Case Reviews

Health has been represented and has provided practical support on high profile cases which include the concerns arising from the abuse at Winterbourne View and the transfer of care from Southern Cross to other providers. Support has been provided on a range of medicines management matters to Adult Care and individual establishments with practical advice being offered at multi-agency executive strategy meetings. The service also liaises

with primary, secondary and strategic health authorities to ensure that any actions and/or notices are implemented within primary and community services.

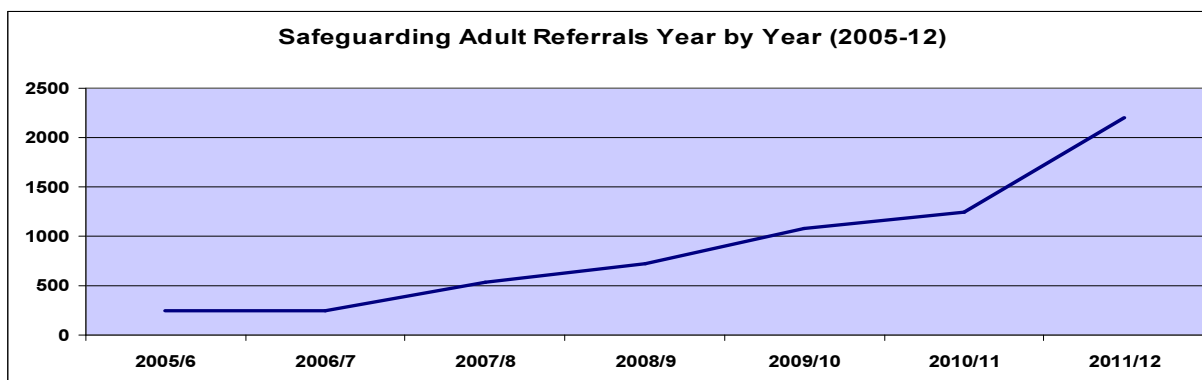
The Safeguarding Operating Framework which is currently being developed will describe the new arrangements for managing safeguarding in light of changes within Clinical Commissioning Groups.



## Safeguarding Activity in Durham

### Tables 1a & b (Referral Rates - All Safeguarding Adults Referrals)

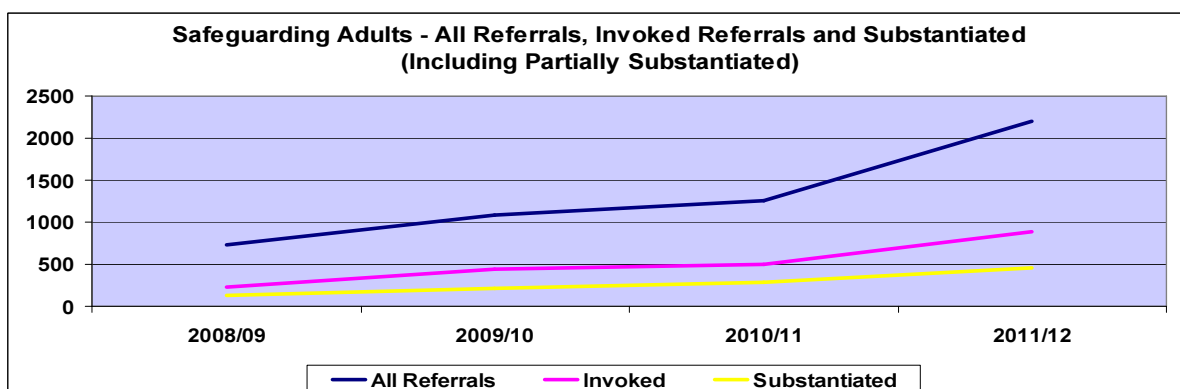
There has been a substantial increase in the rate of referral during 2011/12 on the previous year (88%). Increased media attention has heightened public and political awareness. In addition, better training and education and cases of suspected abuse and harm being identified and reliably reported all contribute to the year on year rise.



	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12
<b>Referrals</b>	248	245	534	726	1079	1250	2197

### Tables 2a & b (Referral Rates - All, Invoked and Substantiated)

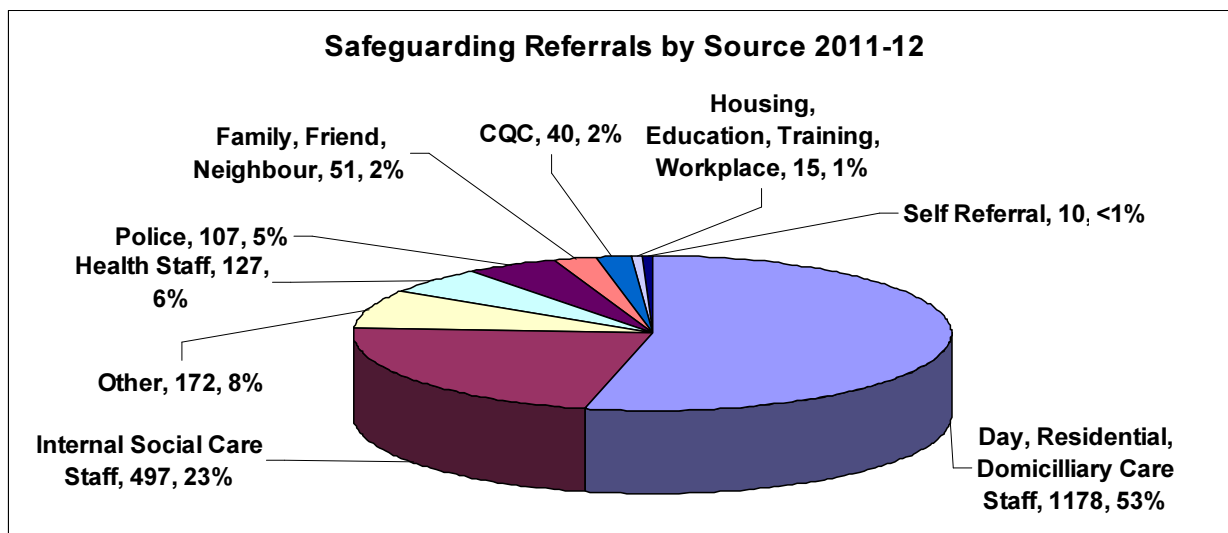
The percentage of invoked referrals (those that require multi-disciplinary investigations) has not risen as sharply as the overall rate of referrals received. Following on from initial decision making, 60% of safeguarding adult's procedures are not invoked. They are addressed by care management processes including direct follow up by providers. Of all invoked cases 82% resulted in follow up action for the victim including; reassessment, increased monitoring, applications to the court of protection and referral to advocacy or counselling. 84% of alleged perpetrators in invoked cases required further actions in respect of the perpetrator including; disciplinary action, criminal prosecution, action by CQC or counselling or training.



	All Referrals	Invoked	Substantiated	% Invoked	% of Invoked Substantiated	% All Substantiated
<b>2008/09</b>	726	227	125	31%	55%	17%
<b>2009/10</b>	1079	441	215	41%	49%	20%
<b>2010/11</b>	1250	502	283	40%	56%	23%
<b>2011/12</b>	2197	879	461	40%	52%	21%

### Tables 3a & b (Referral Source – where identified)

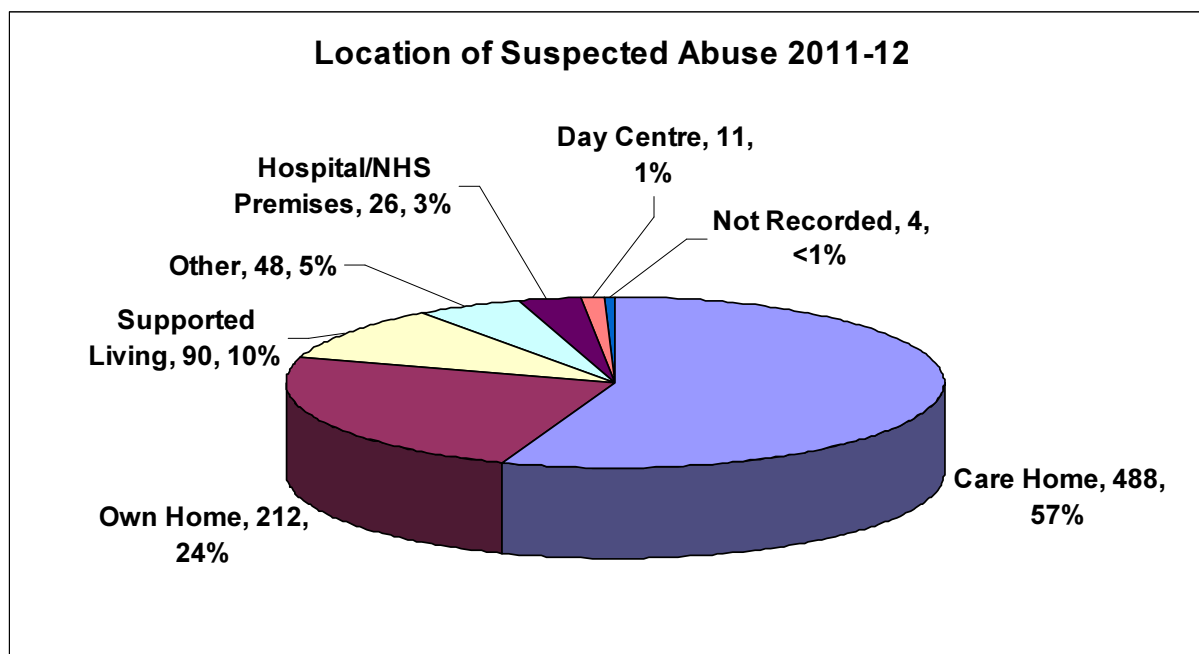
The majority (53%) of safeguarding referrals come from day care/residential care/domiciliary care staff and 23% from internal social care staff (staff who undertake assessments and care management). The growing number of referrals originating from care staff over a three year period is reflective of increasing awareness of staff in care settings to report all incidents of concern, including those of a minor nature. Such concerns are wide ranging, from general practice issues, residents lashing out at fellow residents, to serious acts of abuse.



Source of Referral	2008-9		2009-10		2010-11		2011-12	
	Number	%	Number	%	Number	%	Number	%
Day, Residential, Domiciliary Care Staff	335	46%	503	47%	601	48%	1178	53%
Internal Social Care Staff	246	34%	296	27%	305	24%	497	23%
Other	15	2%	22	2%	107	9%	172	8%
Health Staff	39	5%	92	9%	128	10%	127	6%
Police	34	5%	66	6%	47	4%	107	5%
Family, Friend, Neighbour	51	7%	96	9%	39	3%	51	2%
CQC	0	<1%	0	<1%	8	1%	40	2%
Housing, Education, Training, Workplace	6	1%	4	<1%	10	1%	15	1%
Self Referral	0	<1%	0	<1%	5	0%	10	<1%
<b>Total</b>	<b>726</b>		<b>1079</b>		<b>1250</b>		<b>2197</b>	

## Tables 4a & b (Location of Abuse – where procedures were invoked)

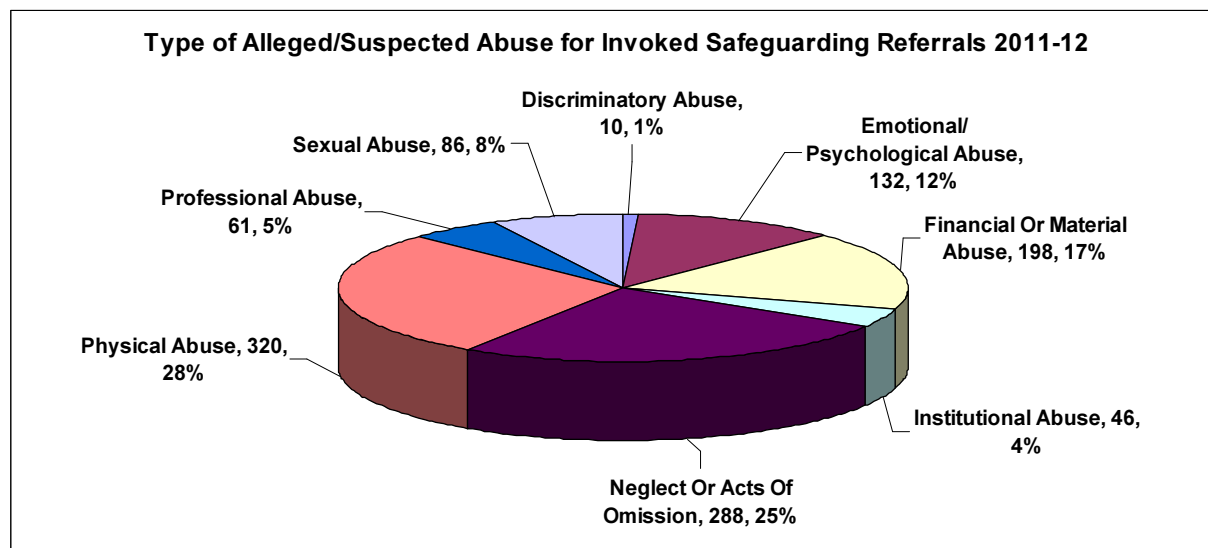
The growth in referrals for care homes and supported living services reflects the efforts made by Durham County Council to raise awareness and standards linked to reporting safeguarding incidents. Consequently the majority of safeguarding referrals pertain to care homes and typically are referred by personnel working in the care services themselves. This is a positive trend and it is on the increase as indicated by table 3b above.



Location	2008-9		2009-10		2010-11		2011-12	
	Number	%	Number	%	Number	%	Number	%
Care Home	100	44%	189	46%	253	50%	488	56%
Own Home	69	30%	118	29%	155	31%	212	24%
Supported Living	14	6%	20	5%	18	4%	90	10%
Other	30	13%	54	13%	52	10%	48	5%
Hospital/NHS Premises	9	4%	17	4%	21	4%	26	3%
Day Centre	4	2%	10	3%	2	<1%	11	1%
Not Recorded	2	1%	0	0%	1	<1%	4	<1%
<b>Total</b>	<b>228</b>		<b>408</b>		<b>502</b>		<b>879</b>	

## Tables 5a & b (Type of Abuse - Where procedures were invoked)

Financial or material abuse, neglect or acts of omission and physical abuse continue to account for the majority of types of recorded abuse. Reports of physical abuse have dropped from 27% to 22% of all referrals in respect of the previous year. Neglect or acts of omission have increased when comparing with the previous year, from 19% to 23%, as has financial or material abuse, from 20% to 23%. In the main, types of abuse for referrals have remained at similar levels to the previous year.

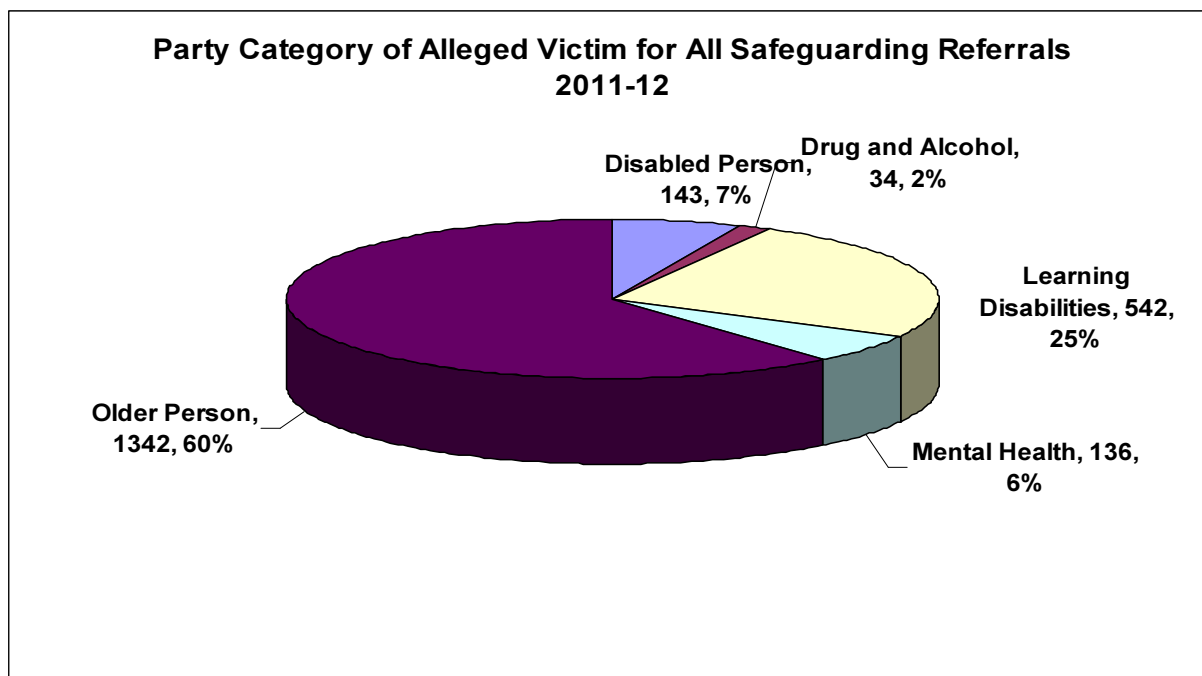


Type of Abuse	2008-9		2009-10		2010-11		2011-12	
	Number	%	Number	%	Number	%	Number	%
Discriminatory Abuse	1	<1%	3	<1%	8	1%	10	1%
Emotional/Psychological Abuse	24	10%	64	13%	78	13%	132	12%
Financial Or Material Abuse	47	19%	105	21%	145	23%	198	17%
Institutional Abuse	30	12%	47	10%	46	7%	46	4%
Neglect Or Acts Of Omission	44	18%	93	19%	140	23%	288	25%
Physical Abuse	70	29%	136	28%	135	22%	320	28%
Professional Abuse	0	0%	8	1%	18	3%	61	5%
Sexual Abuse	27	11%	38	8%	52	8%	86	8%
<b>Grand Total</b>	<b>243</b>		<b>494</b>		<b>622</b>		<b>1141</b>	

**N.B. There may be more than one abuse type per referral.**

## Tables 6a & b (Victim Category - of all referrals)

There has been no marked percentage change in the types of alleged victims when compared with the previous year. Older persons remain the largest category of referral; however this is expected as they represent the largest social care client group. Following development work with staff working with people with substance misuse problems, a significant rise in referrals linked to drug and alcohol resulted.

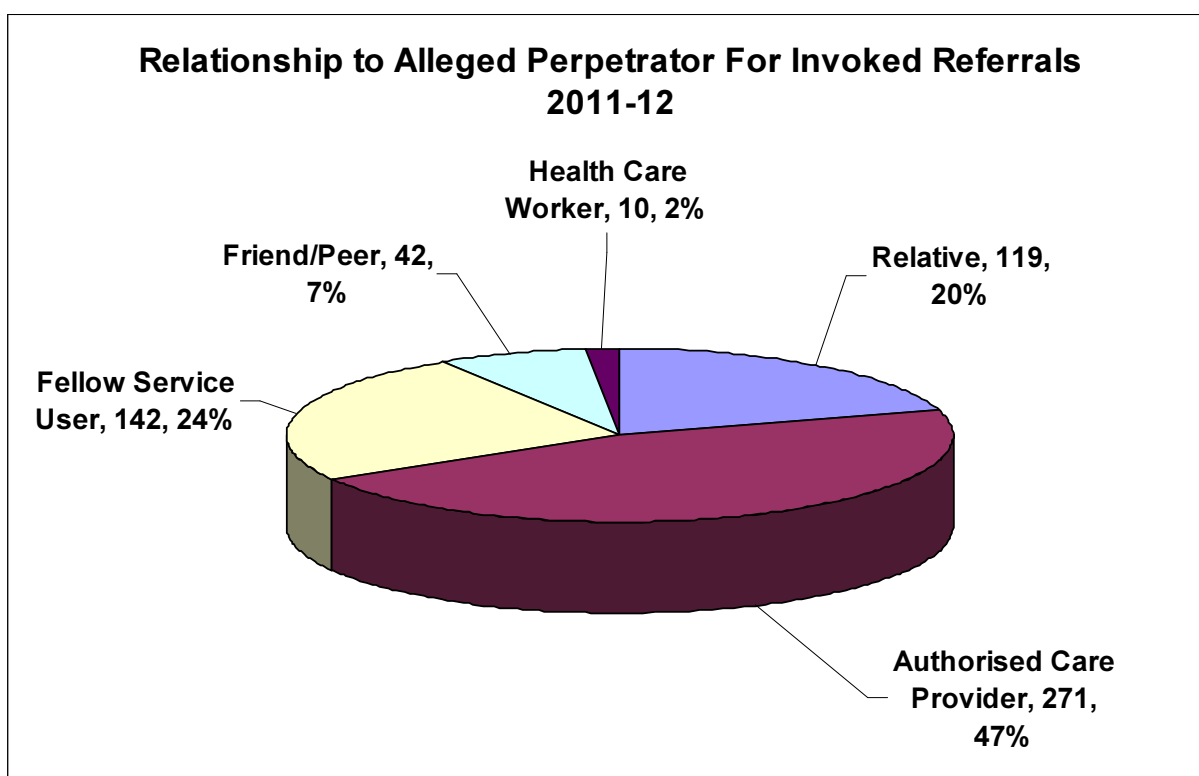


Party Category	2008-9		2009-10		2010-11		2011-12	
	Number	%	Number	%	Number	%	Number	%
Disabled Person	70	10%	99	9%	100	8%	143	7%
Drug and Alcohol	3	<1%	6	1%	3	<1%	34	2%
Learning Disabilities	169	23%	267	25%	275	22%	542	25%
Mental Health	29	4%	32	3%	79	6%	136	6%
Older Person	455	63%	675	62%	792	64%	1342	60%
<b>Grand Total</b>	<b>726</b>		<b>1079</b>		<b>1249</b>		<b>2197</b>	

## Tables 7a & b (Perpetrator Category)

There is no marked change in the types of alleged abuser from the previous year. It is the persons that are in closest contact with the service user e.g. friends, relatives and authorised providers that attract the majority of allegations. The overall volume of referrals, from care providers continues to rise and this is due to a better awareness of abuse, increased publicity and a zero tolerance approach which has been adopted by all partner agencies.

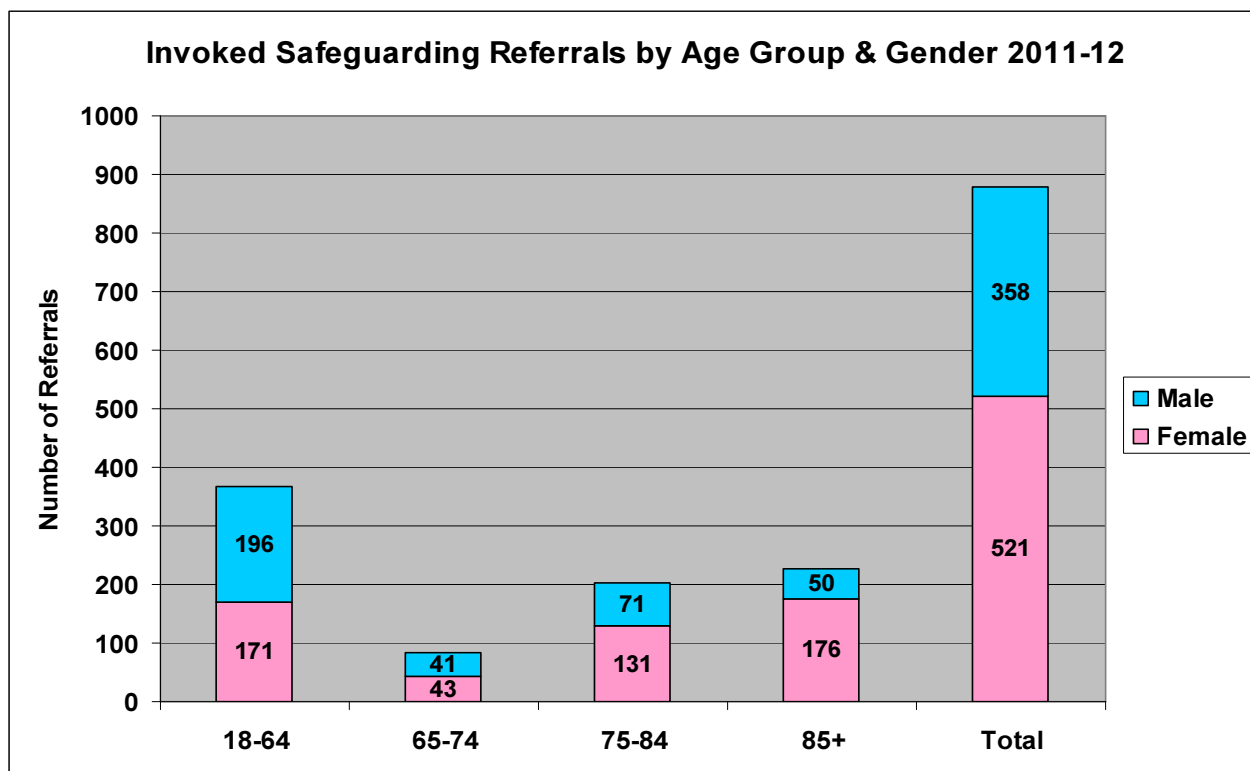
NB Category names have changed since 2009/10 to conform with Department of Health return definitions 2010/11. For example, the term 'carer' may have previously been used to define paid care workers and unpaid carers. Reducing and simplifying the available categories has provided improved clarity and consistency in this area.



Relationship Type	2008-9		2009-10		2010-11		2011-12	
	Number	%	Number	%	Number	%	Number	%
Relative	21	18%	70	27%	93	28%	119	20%
Authorised Care Provider	52	44%	109	43%	152	46%	271	47%
Fellow Service User	20	17%	33	13%	42	13%	142	24%
Friend/Peer	14	12%	35	14%	26	8%	42	7%
Health Care Worker	11	9%	8	3%	18	5%	10	2%
<b>Grand Total</b>	<b>118</b>		<b>255</b>		<b>331</b>		<b>584</b>	

## Tables 8a & b (Age and Gender)

The overall percentage of alleged male and female victims remains similar to previous years, with a 39% and 61% split, respectively. In the age range 18 – 74 the percentage of referrals is evenly split. However, in the 75 - 85+ age range this changes considerably with a higher percentage of female clients dominating this age group. This is unsurprising as older people have a prevalence of dependency and women tend to live longer than men.

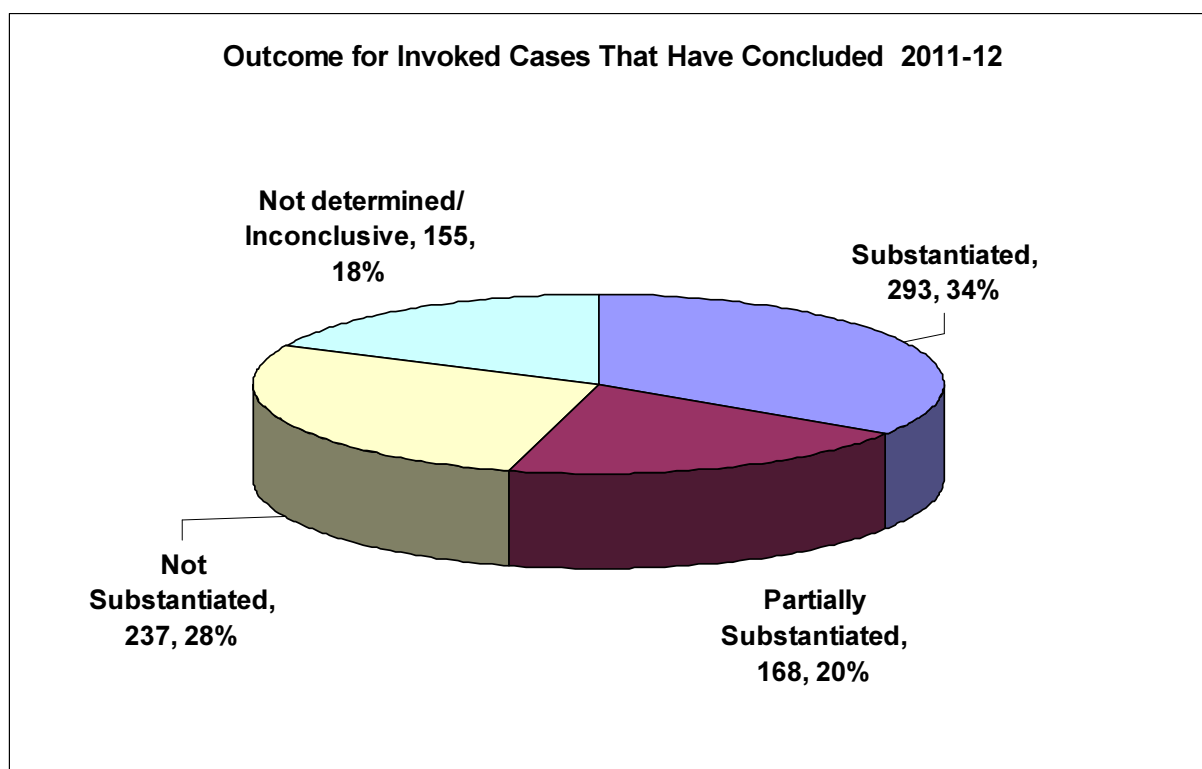


Age Group	2008-09		2009-10		2010-11		2011-12	
	Female	Male	Female	Male	Female	Male	Female	Male
18-64	133	127	224	209	246	217	171	196
65-74	57	26	78	58	77	65	43	41
75-84	118	65	187	91	173	108	131	71
85+	133	54	169	63	258	102	176	50
<b>Total</b>	<b>441</b>	<b>272</b>	<b>658</b>	<b>421</b>	<b>754</b>	<b>492</b>	<b>521</b>	<b>358</b>

## Tables 9a & b (Outcomes)

54% of invoked cases were substantiated or partially substantiated which represents a slight decrease from the previous year. In these cases there are a variety of interventions that can and do take place to protect individuals including ongoing professional support, revisions to care/protection plans, advocacy and counselling interventions.

There are many reasons why the remaining cases (46%) are determined as not substantiated or inconclusive which include malicious/ false allegations and insufficient evidence following completion of an investigation. Where it is required, ongoing support is provided to those people who need it.

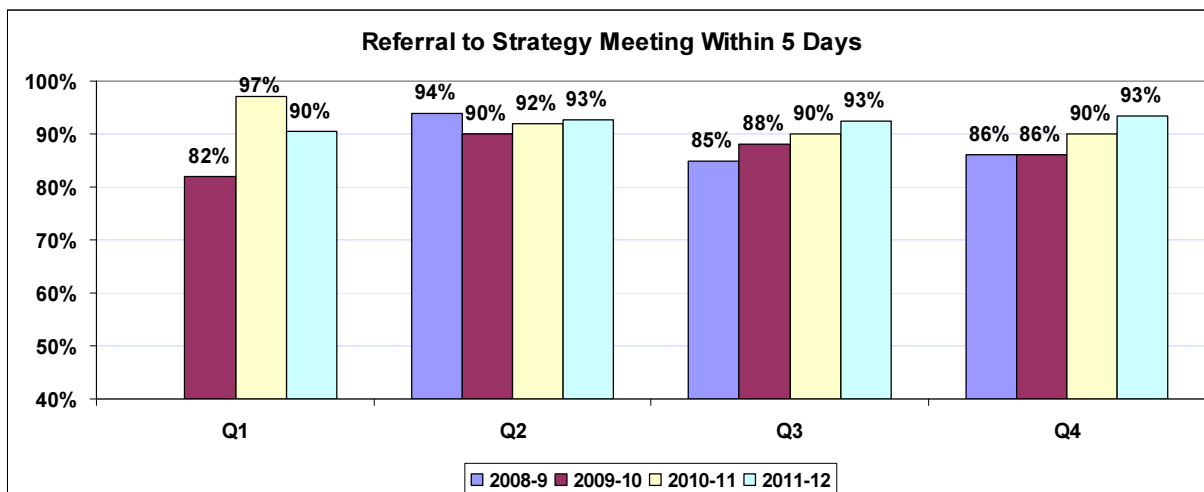


Outcome	2009-10		2010-11		2011-12	
	Number	%	Number	%	Number	%
Substantiated	184	45%	194	38%	293	34%
Partially Substantiated	31	7%	89	18%	168	20%
Not Substantiated	86	21%	114	23%	237	28%
Not determined/ Inconclusive	110	27%	105	21%	155	18%
<b>Grand Total</b>	<b>411</b>		<b>502</b>		<b>853</b>	



## Tables 10a & b (Local Performance - Strategy Meetings)

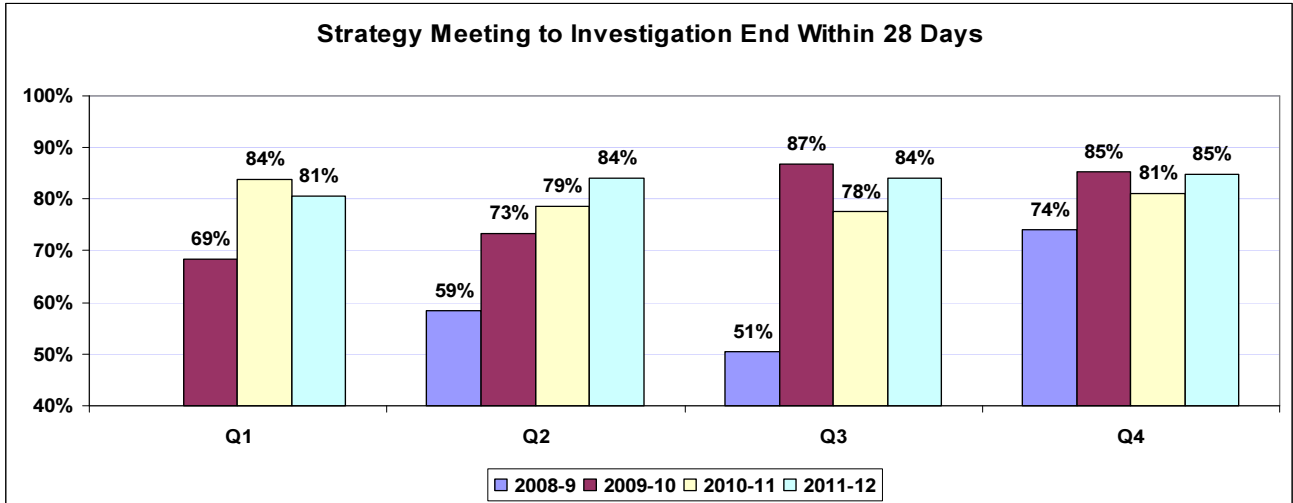
During 2011/12 the number of referrals that progressed to strategy meeting stage within 5 days ranged between 90% and 93% with an overall average of 92%. This is above 2011/12's target level of 90% and maintains the overall level of performance seen in 2010/11. Sustaining this response rate represents an exceptional high standard of response to referrals, particularly when the rate of referral increase is taken into consideration.



<b>Referral to Strategy Meeting Within 5 Days</b>				
	<b>2008-9</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>
<b>Q1</b>	N/A	82%	97%	90%
<b>Q2</b>	94%	90%	92%	93%
<b>Q3</b>	85%	88%	90%	93%
<b>Q4</b>	86%	86%	90%	93%

**Tables 11a & b (Local Performance- Investigations)**

Cases where investigations ended within 28 days of the strategy meeting taking place ranged from 81% to 85%, giving an overall average of 83.5%. Again, this performance is above the current target level of 75%. This represents further improvement to the rate of case closures linked to the investigation completion target. Cases that take longer to complete are more complex in nature and may include the management of ongoing risks or the pursuit of criminal investigations.



Strategy Meeting to Investigation End Within 28 Days				
	2008-9	2009-10	2010-11	2011-12
Q1	N/A	69%	84%	81%
Q2	59%	73%	79%	84%
Q3	51%	87%	78%	84%
Q4	74%	85%	81%	85%

## **Conclusion from the Safeguarding and Practice Development Manager**

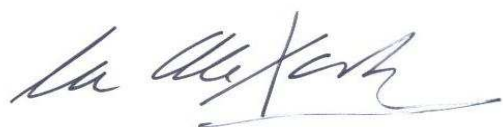
2011-2012 has been an extremely challenging and interesting year for adult safeguarding. The growing concerns reported in respect of Southern Cross Health Care and the exposure of Winterbourne View Hospital televised by the BBC on Panorama has resulted in heightened public, media and political awareness.

The effectiveness of regulation through the Care Quality Commission (CQC) was questioned in Parliament and after a period of review regulatory reform has followed. CQC have now launched a strengthened inspection model resulting in a return to annual inspections which are based on government standards. Enforcement actions follow when these standards are not met and there is increased transparency in respect of actions taken with details appearing on the CQC website. In addition CQC has improved processes it has in place to deal with calls from whistleblowers.

The Safeguarding Adults Board has reflected on this developing landscape throughout the year and has been assured by the strength of the partnership locally and the robust governance arrangements surrounding operational practices. A review of the number of Executive Strategies has shown a significant drop in services requiring this level of investigation due to serious safeguarding concerns. The number of Executive Strategies dropped from 24 in 2010/11 to 16 in 2011/12. This indicates improvements to the standard of care delivery in the independent sector.

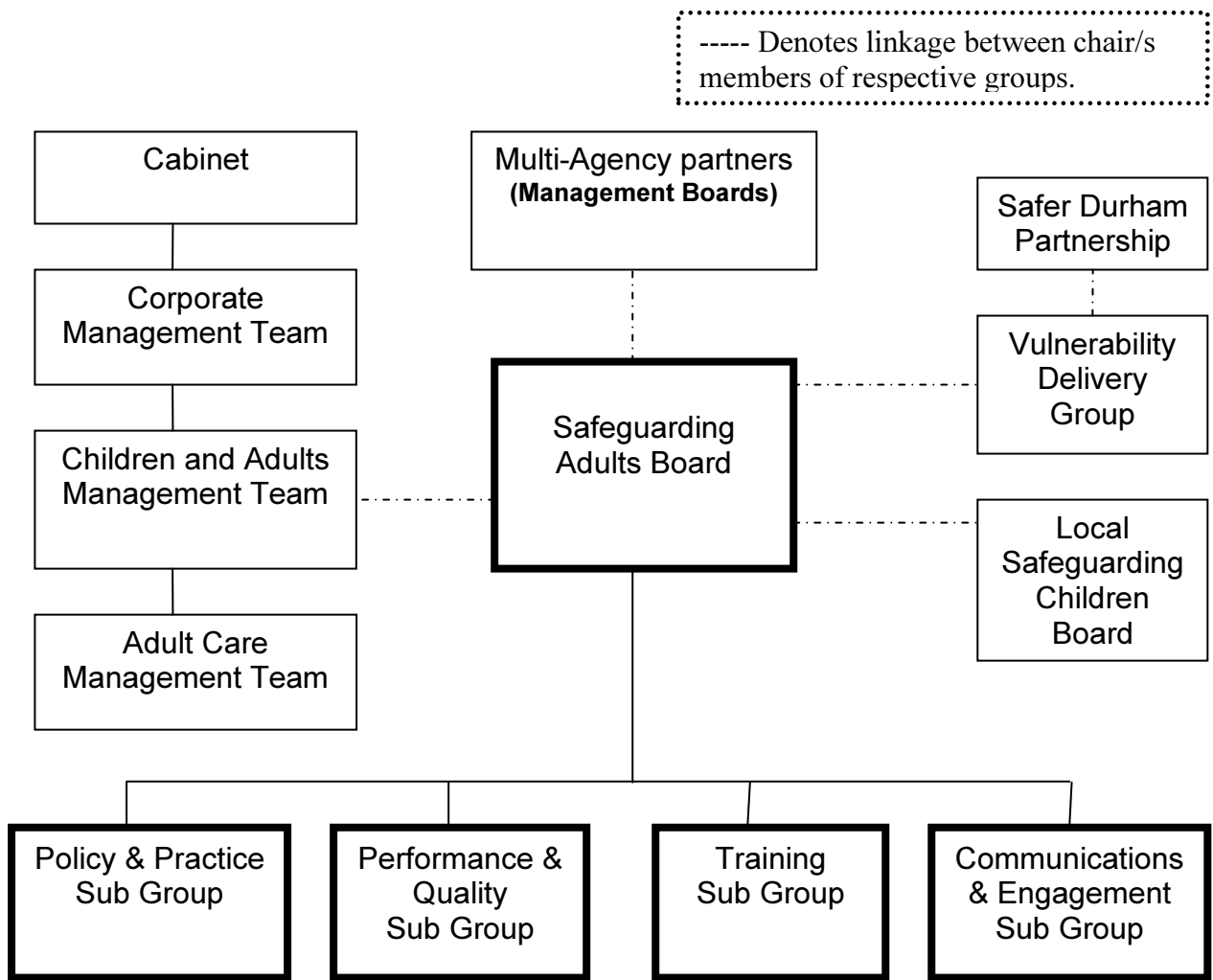
Several of the key developments this year have focused on further strengthening safeguarding processes; particularly those that engage with care providers. This includes a strengthening of links between safeguarding and commissioning services, resulting in the development of practice guidance to enhance information sharing and joint working approaches. Another positive step has been the development of a dedicated team of Safeguarding Adults Lead Officers who work along side Practice Officers and work exclusively with care homes and other 24 hour care providers. Basing these officers in the Safeguarding and Practice Development Team ensures there is a consistency of practice and of interventions as both teams of staff share a common focus and are managed in a single service area. This has been key to establishing growing expertise in this vital area of work.

The continuing rise in safeguarding adults' referrals appears to reflect the national and regional trend. In Durham we face many of the same challenges as Safeguarding Adults Boards up and down the country. The economic climate will continue to present significant challenges to the delivery of health and social care; particularly those services that support the most vulnerable. The government has now confirmed its intention to place Safeguarding Adults Boards on a statutory footing. This will help ensure this highly important agenda retains its high status across health, social care, law enforcement and regulatory sectors.



**Lee Alexander**

Reporting and Interface Arrangements



The Board and its sub groups have undertaken a significant amount of work in the past year with progress being made across all functional areas.

**Abbreviations / Glossary of Terms**

**ADASS** - Association of Directors of Adult Social Services (formerly ADSS)

**CCG** - Clinical Commissioning Group

**CQC** - Care Quality Commission (Formerly CSCI)

**CRB** - Criminal Records Bureau

**CRU** - Central Referral Unit (Police)

**CYPS** - Children and Young People's Service

**DOH** - Department of Health

**DOL** - Deprivation of Liberty

**NHS** - National Health Service

**ISA** - Independent Safeguarding Authority

**LA** - Local Authority

**LSCB** - Local Safeguarding Children Board

**MAPPA** - Multi-Agency Public Protection Arrangements

**MARAC** - Multi-Agency Risk Assessment Conference

**MCA** - Mental Capacity Act

**PCT** - Primary Care Trust

**RIEP** - Regional Improvement and Efficiency Partnership

**SAB** - Safeguarding Adults Board

**TEWV** - Tees, Esk and Wear Valley

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