Southwark Safeguarding Adults Partnership Board

Annual Report 2012-13

Foreword by the Chair of the Southwark Safeguarding Adults Partnership Board

This is my final introduction to a Southwark Safeguarding Adults Board Annual Report as after three years I came to the end of my tenure as independent chair of the Board at the end of September 2013.

In 2012/2013 considerable change has continued in the public sector as Clinical Commissioning Groups assume their new responsibilities whilst working together with local authorities on a new integration agenda against a background of continuing financial constraint, and all agencies seek to respond to the demands required by the enquiry into the scandal at Winterbourne View Hospital and the Francis Report into the deaths at Mid-Staffs Hospital.

The following report details the increasing safeguarding demand in Southwark and the work being undertaken in response. As you will see in the following pages the number of allegations of abuse made by adults at risk continues to rise year on year and this places considerable demand on the workforce.

A major task of the Board in 2013/2014 will be to develop thresholds to define what constitutes a safeguarding alert as opposed to issues of management and quality.

I hope you find this report both informative and encouraging.

I would like to take this opportunity to send my best wishes for the future to all who work in Southwark to respond to, and prevent abuse to adults at risk.

Yours sincerely

Terry Hutt
Chair of Southwark Safeguarding Adults Partnership Board

Safeguarding Adults: The National and Local Context

Introduction

The year ending March 2013 continued a period of change and increased demand for Health and Social Care Services, Clinical Commissioning Groups (CCG's) were developed in response to the Health and Social Care Act 2012. The Winterbourne View Concordat was published by the DH which contained a programme of work to be undertaken by all health and social care agencies to improve services for people with learning disabilities whose behaviour challenges services. The Francis Report into the failings at Mid-Staffs hospital was published with a list of recommendations to improve hospital care for older people central to which was compassion in care. The Care Bill continued to progress through parliament and a clearer picture began to emerge of the Government's approach to placing safeguarding adults on a statutory footing. The CQC published its report into the state of adult social care which found one in five nursing homes revealed safety concerns whilst more than 10% of inspections in residential home inspections uncovered problems with either safeguarding and safety, staffing, or care and support (CQC March 2013).

This report describes the actions taken locally to meet the safeguarding challenges demanded by these changes in legislation and recommended or required by the reports mentioned above. The report also includes an analysis of safeguarding alerts raised locally and their outcomes together with an overview of statutory assessments carried out under the auspices of the Deprivation of Liberty Safeguards of the Mental capacity Act 2005.

Southwark Clinical Commissioning Group (formerly Business Support Unit)

There is a long history of joint working arrangements for the provision of adult safeguarding across Health and Social Care in Southwark including good partnership working across wider agencies.

During 2012-13, as part national restructure of the NHS, Southwark Business Support Unit (BSU) was required to undertake a very detailed and robust authorisation process in order to become a clinical commissioning organisation. This authorisation process required the BSU to demonstrate that the right structures, systems and process were in place to support the transition to NHS Southwark Clinical Commissioning Group. During this process of authorisation the close working relationship with the Local Authority with regards adult safeguarding was maintained and embedded into the new safeguarding structures and reporting processes for the developing CCG.

These systems and process include:

- Establishing both the Adults Safeguarding Lead and a GP Clinical Lead within the CCG to work in partnership with the LA Safeguarding Manager who retains overall lead for adults safeguarding in Southwark

- GP Clinical lead and CCG Adults Safeguarding Lead confirmed as members of the Safeguarding Adults Partnership Board
- Development of NHS Southwark CCGs Adult Safeguarding Commissioning Strategy
- Specific work with the newly forming CCG Board to ensure that members understood their responsibilities for adult safeguarding
- Transition of the BSU Safeguarding Executive for both adults and children's to the NHS Southwark CCG Safeguarding Executive. This is well established and includes on its membership the LA Adults Safeguarding Manager and Adult Safeguarding Leads from the local Foundation Trusts at Kings, Guys and St Thomas' and the South London and Maudsley Trust.
- Development of robust reporting structure from the NHS Southwark CCG Safeguarding Executive to the Southwark Clinical Commissioning Board via Integrated Governance & Performance Committee and directly to NHS England via the Chief Nurse
- Development of a framework in partnership with the LA which provides assurance that the providers from which the CCG will commissions care are complaint with the CQC Essential Standards regarding adults safeguarding and have appropriate systems in place to safeguard adults within their care

The BSU and local authority worked in partnership during 2012/13 to address the concerns raised by the DH Winterbourne View Hospital Review December 2012. A joint action plan was developed and implementation continues to be overseen by a joint health and social care steering group which includes membership from all partners.

The local authority and BSU continued to work jointly during 2012/13 through the Senior Managers Safeguarding and Quality Group to identify key themes and priority areas within adult safeguarding and to provide strategic direction on addressing these areas.

NHS Southwark CCG successfully completed the authorisation process and was formed on 1st April 2013. As commissioners of heath care provision NHS Southwark are committed to ensuring that all contracted services have the appropriate systems in place to safeguard and are compliant with the safeguarding alerting processes in Southwark

Response to the Winterbourne Hospital Review and Concordat

As noted above the response to the DH Winterbourne View Hospital Review and its associated Concordat has been undertaken by a multi-agency steering group chaired by the Director of Adult Social Care. The group is initiating a programme of work to meet the demands of the Concordat beginning initially with reviews of all service users placed in hospital or assessment and treatment settings and then moving towards the ultimate aim of development of greater capacity locally to provide services that meet the needs of both children and adults with learning disabilities that challenge services. The foundations for this ultimate aim will be laid between April 2013 and June 2014.

(See Appendix 1)

Local Initiatives to Provide Compassionate Care to Hospital Patients

The Francis Report (2013) into the care at Mid Staffs Hospital between 2005 and 2008 concluded that the large number of deaths were due to the concentration on targets and the achievement of foundation trust status at the expense of maintaining compassionate values in the delivery of care. Locally, both Guys and St. Thomas's NHS Foundation Trust (GSTT) and King's College Hospital NHS Foundation Trust (KCH) have developed initiatives to ensure that some of their most vulnerable patients are treated with compassion and respect and that their special needs are not overlooked as they progress through their treatment pathway.

In response to the Dementia Care Strategy and subsequent Dementia Challenge issued by the Government GSTT has developed a highly successful training film package called Barbara's Story.

Barbara's Story was designed by GSTT and filmed by White Boat TV, a video communications agency, to raise the awareness of dementia among all Trust staff. The DVD is about an older person accessing hospital services and the difficulties experienced. It is delivered in the person's own words and thoughts.

The DVD has had a profound effect on staff of all grades. It has made people think more about their own practices and how this may affect the patient and more so about the impact on patients who are vulnerable. Many staff have now volunteered to support clinical areas in their free time because they have realised the importance of how the care that is delivered affects people and their experience of health care.

GSTT reports a noticeable shift in culture among a wide variety of staff and many of them have written to comment on this effect. The training has also highlighted the fact that many of the staff are carers themselves who care for someone with a dementia outside of work.

Approximately 11,000 Trust staff and students have completed the training. The Burdett Trust has awarded GSTT a grant to develop six more short films which will follow Barbara's journey through different aspects of her care as her health changes.

Barbara's Story was short listed for two awards at the International Visual Communication Awards in March and won a silver award for Best Direction and a gold award in the Best Internal Communication category.

During the last year KCH has continued to develop its patient passport for people with learning disabilities which outlines the patient's specific needs in relation to their disabilities and informs staff of any special measures that may need to be taken to ensure the patient receives appropriate levels of support whilst in hospital.

In response specifically to the Francis Report (2013) KCH has launched a 'listening exercise' called 'A Thousand Voices' where over the first six months of 2013-2014 senior managers will consult with 1,000 staff, patients and their families. KCH wants to hear their thoughts on whether they are getting their priorities right with patient care, where they can improve and whether King's is a place where staff and patients would feel happy for their family to receive care.

The above are just two of the examples the local hospital trusts are taking to ensure vulnerable patients' needs are properly met and that neglect is prevented.

Southwark Safeguarding Adults Partnership Response to the Care Bill

The Care Bill is still progressing through its parliamentary stages but the impact it will have upon safeguarding policy and practice is becoming clearer. Unlike Scotland there will be no statutory right of entry for social workers to a property where there is a belief that an adult at risk/vulnerable adult may be being abused. However, Safeguarding Adults Partnership Boards will be placed on a statutory footing with a mandatory duty upon partners to co-operate in the development of shared strategies for safeguarding adults and report to their local communities on their progress. Local authorities will continue to have the lead role in co-ordinating the Board and the minimum membership should consist of the police, the NHS and the local authority.

In future there will be a statutory duty for Safeguarding Adults Partnership Boards (SAPB) to arrange for there to be a review of any case in which an adult in the SAPB's area with needs for care and support (whether or not the local authority was meeting any of those needs) was, or the SAPB suspects that the adult was, experiencing abuse or neglect, and the adult dies or there is reasonable cause for concern about how the SAPB, a member of it or some other person involved in the adult's case acted. Each member of the SAPB will be required to co-operate in and contribute to the carrying out of the review with a view to identifying the lessons to be learnt from the adult's case, and applying those lessons to future cases.

There will also be a duty for each SAPB to produce an annual plan of how it intends to meet its safeguarding responsibilities. The plan will be required to be updated annually.

The Care Bill is expected to become law in the spring of 2014 and much of the detail of how it will be implemented is to be provided through guidance. However, Southwark has initiated a review of its SAPB and Safeguarding Team in order that the authority is best prepared to meet the new challenges the Care Bill will bring. The review is expected to report in June 2013 and implementation of its recommendations will continue through 2013/2014.

Quality in Residential and Nursing Care

As was mentioned in the introduction to this report, the CQC in its State of Care 2012/2013 report highlighted failings in the quality of residential and nursing care in England and whilst the prevalence of safeguarding alerts in Southwark is 20% of the total number of alerts raised (see Chart 8 Appendix 2) compared with 36% nationally (HSCIC 2013), Southwark SAPB and the local authority, as the lead commissioning agency, were sufficiently concerned that My Home Life a national charity that 'promotes quality of life for those living, dying, visiting, and working in care homes'

was commissioned to work with local home managers, and health and social care staff to improve the quality of care and life in local care homes. In February 2013 the SAPB held a stakeholders day attended by over 100 delegates to capitalise on the work carried out by My Home Life. As a result of the day working groups were set up to produce a quality improvement strategy for care homes in the borough.

The strategy will cover the following domains:

- Quality Assurance
- Integrated Working
- Safeguarding
- Workforce Development
- Working Together in the Future

The strategy will be developed by a partnership of the local authority, NHS, local providers and My Home Life. It is seen as being key to improving standards in local care homes and will be completed by early summer 2013.

In addition to working with providers proactively to improve services the Southwark Safeguarding Partnership still responds robustly to instances of poor care and neglect and in 2012/2013 after many months of supporting the provider to improve withdrew support for a local home run by Abbey Healthcare with the result that the owner closed the home. A number of residents were found new placements and enjoy a better standard of care and quality of life than previously.

Safeguarding Statistical Analysis

A total of 533 safeguarding adults referrals that progressed to a safeguarding investigation were made in 2012/2013. This represents a 6.6% increase in investigations over 2011/2012. The total number is broadly comparable with the Southwark London Comparator Group (See Chart 1 Appendix 2). Nationally a 4% rise in referrals has been reported (HSCIC ibid) so both locally and nationally it can be seen that awareness of adult abuse is growing and being acted upon.

The number of referrals is split more or less 50/50 between people below the age of 65 and those over that age although as in previous years the statistics for the older elderly (38% of the total of the over 65 cohort) demonstrate that being more elderly, frail and dependent leads to a higher risk of abuse. (See Chart 4 Appendix 2).

As in previous years the most prevalent forms of abuse are physical 24.8% and financial 24.2% (See Chart 5 Appendix Two) whilst the majority of abuse (over 45%- Chart 8 Appendix Two) was recorded as taking place in the victim's own home compared with a nationally reported figure of 38% (HSCIC ibid) whereas, as stated earlier 20% of referrals related to alleged abuse in care homes compared with 36% nationally. 28.7% of alleged abuse was carried out by a partner or other family member whilst 31.8% of alleged abuse was carried out by a care professional (see Chart 8 appendix 2).

A total of 153 (30.1%) allegations were fully substantiated whilst 34 (6.7%) were partially substantiated (See Chart 12 Appendix 2) Research conducted for the SAPB has shown that of the cases concluded in 2012/2013, 59 or 10.6% of the total were allegations substantiated against professional carers (Lillistone 2013).
Compared with London Comparator boroughs Southwark has fewer uncategorised outcomes and has shown a rise in police action and/or criminal prosecution from 13 cases in 2011/2012 to 58 cases in 2012/2013. This is partly explained by the length of time safeguarding adults cases can take to come to court (a year between referral and court appearance is not uncommon), but it also indicates an increased awareness and willingness in the criminal justice system to prosecute adult abuse cases where criminality is involved.

Overall, as Appendix 2 shows, Southwark is very similar to its London Comparator Boroughs in terms of the prevalence and types of adult abuse but is responding robustly to allegations of abuse when they are made.

Mental Capacity Act/DoLS Activity 2012/2013

The Mental Capacity Act Deprivation of Liberty Safeguards (MCA/DoLS) came into effect on 1st April 2009.

This amended a breach of the European Convention on Human Rights and provided for the lawful deprivation of liberty of those people who lack the capacity to consent to arrangements made for their care or treatment in either hospitals or care homes, but who need to be deprived of liberty in their own best interests, to protect them from harm.

CCG's and local authorities (designated as 'supervisory bodies' under the legislation) have the statutory responsibility for operating and overseeing the MCA/DoLS whilst hospitals and care homes ('managing authorities') have responsibility for applying to the relevant CCG or local authority for a Deprivation of Liberty authorisation.

The legislation includes a statutory requirement for all care homes and hospitals as well as local authorities and CCG's to keep clear and comprehensive records for every person deprived of their liberty. This includes records of applications for authorisations, details of the assessment process, information about the relevant person's representative and the documentation related to termination of authorisation.

The Safeguarding Adults Team manages the Deprivation of Liberty Safeguards for both the local authority and Southwark CCG. In 2012-2013 the team processed a total of 36 DoLS applications of which 20 were authorised and 16 refused. The number of refusals for health settings reflects the fact that a number of referrals are made for people suffering from delirium who regain capacity within a few days and as a result are ineligible for a DoLs authorisation when assessed for a full standard authorisation but have been given an urgent authorisation lasting 7 days for their period of temporary incapacity by the hospital acting as the managing agent. Whilst the DH asserts that Southwark together with many other London boroughs should be processing twice as many applications, available data suggests that this is an average total for a London borough although at 14.1 applications per 100,000 of population

London's figures are the lowest in England. However, this may be accounted for by the relatively youthful demographic of London's population (HSCIC 2013).

Figure 1 : End of Year 2012/2013 Total for DoLS

	Requests Received (Urgent and Standard)	**Total Refused**	**Total Authorised**
Local Authority	27	10	17
CCG	9	6	3
Total	***36***	***16***	***20***

Priorities for 2013/2014

- Implement the recommendations of the SAPB and Safeguarding Service review to ensure requirements of the Care Bill are met when it is enacted in spring 2014

- Develop thresholds for determining safeguarding action

- Implement the Residential Services Improvement Plan when it is published and adopted.

- Develop and begin to implement a workforce development programme to ensure the Southwark Safeguarding Partnership has the necessary skills to combat adult abuse.

- Continue to develop the response to the Winterbourne View Hospital Concordat.

- Continue to improve Safeguarding Adults data collection to provide greater information to enable strategic decision making by the SAPB

- Survey service users to understand their experience of the safeguarding process

References:

Adult Social Care Statistics Team:

Abuse of Vulnerable Adults in England 2012-13. Provisional Report Experimental Statistics: Health and Social Care Information Centre 2013

Care Quality Commission:

The State of Health and Adult Social Care in England: HMSO 2013

Francis, Robert QC:

Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry: HMSO 2013

Lillistone, Jonathan:

Analysis of Safeguarding Alerts Where the Alleged Perpetrator is a 'Care Professional': report to the Southwark Safeguarding Adults Partnership Board 2013

APPENDIX 1
Winterbourne View Steering Group
NHS Southwark CCG and Southwark Council
Action Plan
April 2013

Work Area : Strategies and care pathways		
Aims/objective(s)	**Action(s)**	**When**
1.1 Challenging Behaviour pathway ▪ Better early intervention and support for service users and families to prevent escalation of CB and avert crisis ▪ Leadership and systemic approach across partner agencies to ensure capable environments for people to live in the community and avoid punitive long term consequences including a life in care homes as a result of incidents of challenging behaviour or offences ▪ Culture change across system driven by engagement and co-production with service users, parents and carers – need to listen and understand what help families need and key lessons for agencies from their perspective ▪ Build trust in services so that families feel able to ask for and accept help from services, preventing breakdown and crisis ▪ Better support for struggling families – Ensure access to respite and strengthen joint working between psychology/ behavioural support and residential respite services (Orient St)	▪ SLaM leading on mapping CB pathway, identifying where GSTT and LBS fit in. To identify/develop links with Forensic Pathway. ▪ SLaM proposals to inform a business case for enhancing local services via consultancy and support for families/parents/networks and crisis intervention ▪ LBS talking with CCG about a business case for health funding dedicated psychology and therapy provision for the Transition Team to enable MDT approach i.e. prevention, early intervention, and enablement.	Jan 2013 May 2013 April 2013

Work Area : Strategies and care pathways		
Aims/objective(s)	**Action(s)**	**When**
1.2 Autism pathway ▪ To provide assessment, support and information to adults with Autism and their families to enable them to live an ordinary life in the community and reduce or delay the need for services and avoid care home admission in crisis ▪ To publish an adult ASD strategy and ensure the JSNA reflects this priority given high prevalence in Southwark ▪ ASD training and awareness for health and social care staff including council front line workers with customer contact ▪ Establish a multidisciplinary health and social care community support team for adults with Autism to offer diagnosis, intervention and support for the growing numbers of people living with ASD in Southwark.	▪ Engage support from strategy/policy officers in LBS Children & Adult services to produce and publish the strategy ▪ Training underway ▪ CCG funding commitment given for health posts in the Autism Community Team ▪ Business case for Adult Autism community team to LBS Children and Adult Services SMT	April 2013 From March 2013 March 2013 May 2013

Work Area : Review and move people on from hospital placements/ settings		
Aims/objective(s)	**Action(s)**	**When**
2.1 Identify from SLaM, CCG, and LBS records the cohort of Southwark children and adults who need to be reviewed by 31 May 2013 and moved out of hospital settings by June 2014	▪ List of people agreed with record of reviews completed/ to be completed. List submitted for DH return including adults only – need to identify children for inclusion, if any.	April 2013
2.2 Undertake person centred outcome based reviews of all service users in health funded and joint funded placements and including inpatient MH wards, assessment and treatment including hospital placements, medium and low secure units, continuing care placements. To consider joint reviews for social care funded specialist placements where there is evidence of challenging health needs and/or challenging behaviour.	▪ Reviews all social care service users in residential care or supported living in and out of borough. Address quality/ safety issues and plan move ons ▪ Support social care service users to move on from residential care to SL/ own tenancies	First reviews completed Jan 2013 (then ongoing) Ongoing
2.3 To undertake person centred support planning with users and families to inform commissioning of accommodation and support in the community so that all service users in the cohort agreed with the DH move out of hospital settings by June 2014	▪ Joint health/ social care reviews of all health and joint funded placements (CHC, assessment & treatment, medium and low secure) ▪ Agree a common review protocol between SLaM, CCG, and LBS to ensure that reviews: ▪ Are person centred ▪ Are outcome based ▪ Focus on abilities rather than deficits ▪ Identify and facilitate independence choice and control ▪ Trigger access to independent	Underway – on target for completion by 31May 2013 April 2013

Work Area : Review and move people on from hospital placements/ settings		
Aims/objective(s)	**Action(s)**	**When**
	advocacy ▪ Provide a basis for person centred support planning ▪ Identify cohort of people in the community known to agencies who are seen to be at risk of admission/ placement and plan MDT person centred support (including those currently refusing to accept any services) ▪ Agree case management arrangements across health and social care for people who need to be moved out of hospital settings by June 2014.	May 2013 June 2013

Work Area : Quality Improvement and Quality Assurance Review		
Aims/objective(s)	**Action(s)**	**When**
3.1 Establish joint LD Care Quality Improvement Group to be led by LBS with representation from CCG, GST, SLaM to provide leadership, strategic direction, and commitment across the partnerships and to commission the support for providers to embed personalisation, choice and control and improve quality across the range of LD provision in Southwark. Purpose of Group is; ▪ To embed a culture of quality and improvement and accountability ▪ To work in collaboration with providers and users and carers to drive quality improvement and culture change ▪ To report into the Winterbourne View Steering Group to demonstrate better outcomes and quality ▪ To encourage innovation, creativity, and bespoke solutions for those with the most complex needs	Workplan to be produced but likely to include:- ▪ Adopt standards/ good practice re managing CB, communicate expectations, embed in service specs ▪ Guidance for staff ▪ Training and support for providers ▪ Strengthening links between providers and MDTs ▪ Quality assurance systems that ensure continuing improvement including audit and learning from incidents and complaints ▪ Identify options / models for engaging family carers in monitoring safety and quality – NDTi recommendations (eg Family Consultants, pwld employed to inspect services) ▪ Benchmark quality of placement providers ▪ RAG rating for providers to identify & address under performance/quality issues ▪ Staff competency framework re ASD & CB & personalisation ▪ Recruitment practices in providers. ▪ LBS to increase CMO capacity to jointly review placements with health	First meeting to be held in May 2013

Work Area : Quality Improvement and Quality Assurance Review		
Aims/objective(s)	**Action(s)**	**When**
	and social care and support quality assurance/improvements.	

Work Area : Contracting and Brokerage of LD care Quality.		
Aims/objective(s)	**Action(s)**	**When**
4.1 To ensure that contracting and brokerage of all commissioned care for people with LD is of good or excellent quality and provides value for money, achieving safe services and promoting independence choice and control for all service users. 4.2 To identify opportunities for joint working between CCG and LBS to strengthen contracting and brokerage and obtain better value for money	▪ Produce and implement a common Out of Area Placement Protocol across LBS, CCG and SLaM to ensure safer placements in homes offering quality and value for money ▪ Revise specifications and contracts for A&T and specialist challenging behaviour placements. ▪ Agree a common spot residential contract to cover: ○ Open access for visitors ○ Personalised support ○ Positive behavioural support and restraint ○ Record Keeping ○ Risk assessment ○ Staff training ○ Access to independent advocacy ○ DOLS ○ Quality healthcare and support ○ GLTK standards and guidance ▪ Revise review/monitoring process to cover above, include pwld and families monitoring	

Work Area : Advocacy.		
Aims/objective(s)	**Action(s)**	**When**
• Ensure access to independent advocacy for all pwld but particularly to ensure quality advocacy for people who lack capacity, cannot communicate their needs easily eg non verbal, and those who are isolated from families, friends and communities. • To ensure that all staff offer access to advocacy where this would be of benefit to empower the service user • To make sure health and social care staff undertaking assessments and support planning with service users are supported by senior managers as required where there are difficult negotiations with providers and professionals within specialist placements and assessment and treatment eg psychiatrists, where we need to advocate on behalf of the service user to help move them to independent living	▪ Check quality and capacity within the Cambridge House spot contracting arrangements for supporting the anticipated volumes of people involved in this project ▪ Common review protocol, supervision ▪ Service managers and senior managers to be alert to need to support decision making and planning processes with families professionals and providers	April 2013

Appendix Two

Safeguarding Adults Datasets
Reporting Year: 2012-13

Safeguarding Referrals in 2012-13

Chart 1: Quarterly Safeguarding Referrals

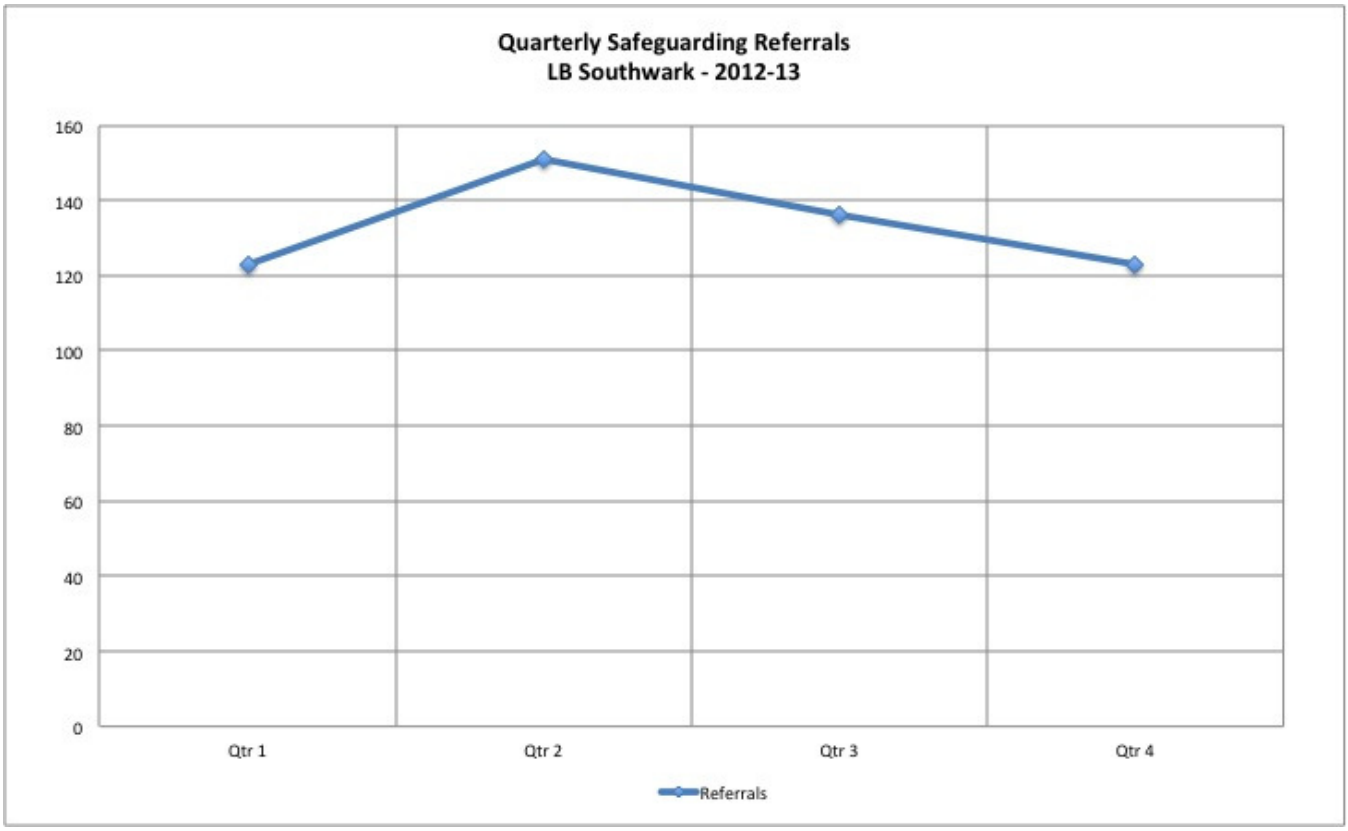

Figure 1.1: Quarterly Safeguarding Referrals

Quarter	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Grand Total
Total	123	151	136	123	533
%	23.1%	28.3%	25.5%	23.1%	100.0%

- 6.6% increase in total referrals over 2011-12
- Referrals broadly comparable with London Comparator Group

❖ *London Comparator Group: Brent, Camden Ealing, Greenwich, Hackney, Haringey, Hounslow, Islington, Lambeth, Lewisham, Merton, Newham, Tower Hamlets, Waltham Forest, Wandsworth*

- **Chart 2: Monthly Safeguarding Referrals**

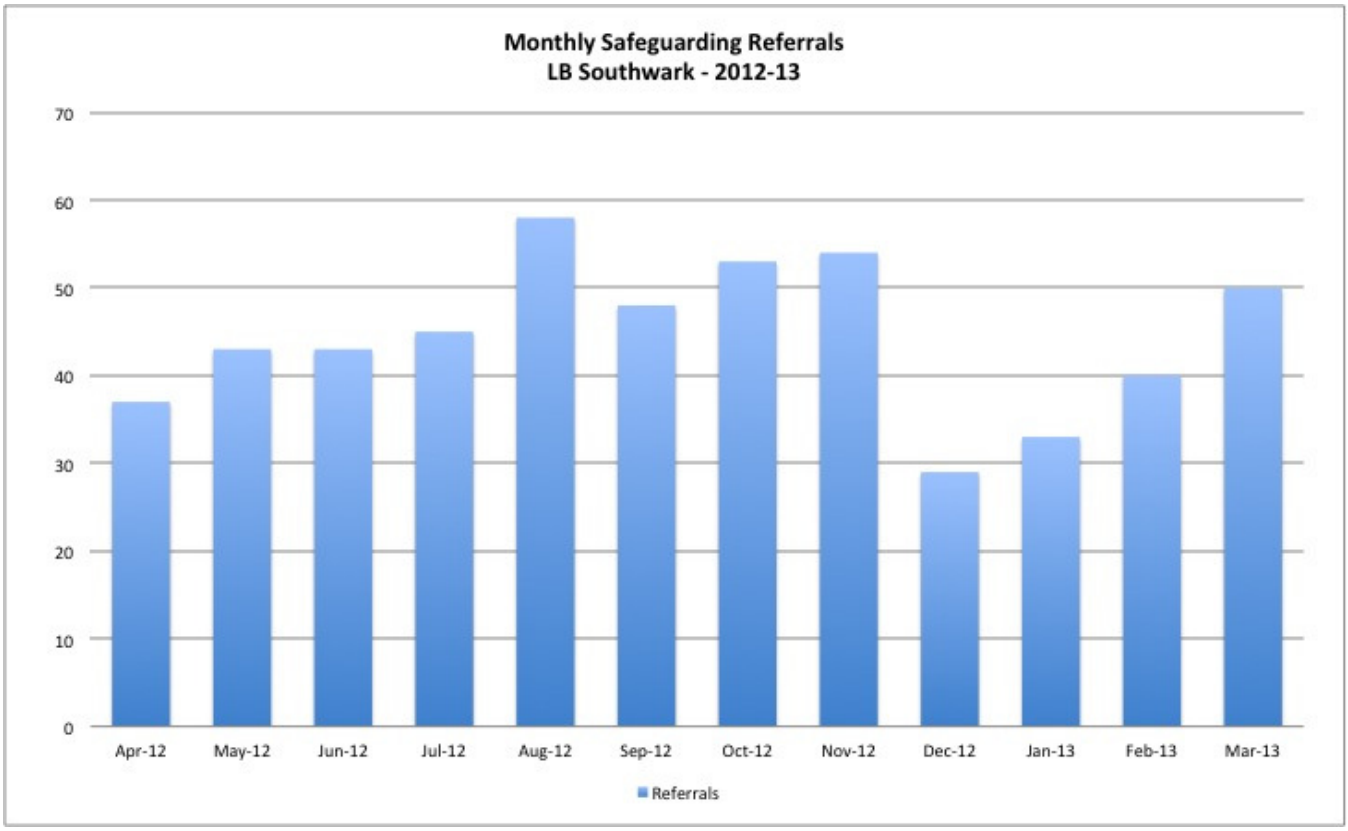

Figure 1.2: Monthly Safeguarding Referrals

Month	Total	%
Apr-12	37	6.9%
May-12	43	8.1%
Jun-12	43	8.1%
Jul-12	45	8.4%
Aug-12	58	10.9%
Sep-12	48	9.0%
Oct-12	53	9.9%
Nov-12	54	10.1%
Dec-12	29	5.4%
Jan-13	33	6.2%
Feb-13	40	7.5%
Mar-13	50	9.4%
Grand Total	**533**	**100.0%**

Chart 3: Safeguarding Referrals by Vulnerable Adult Categories

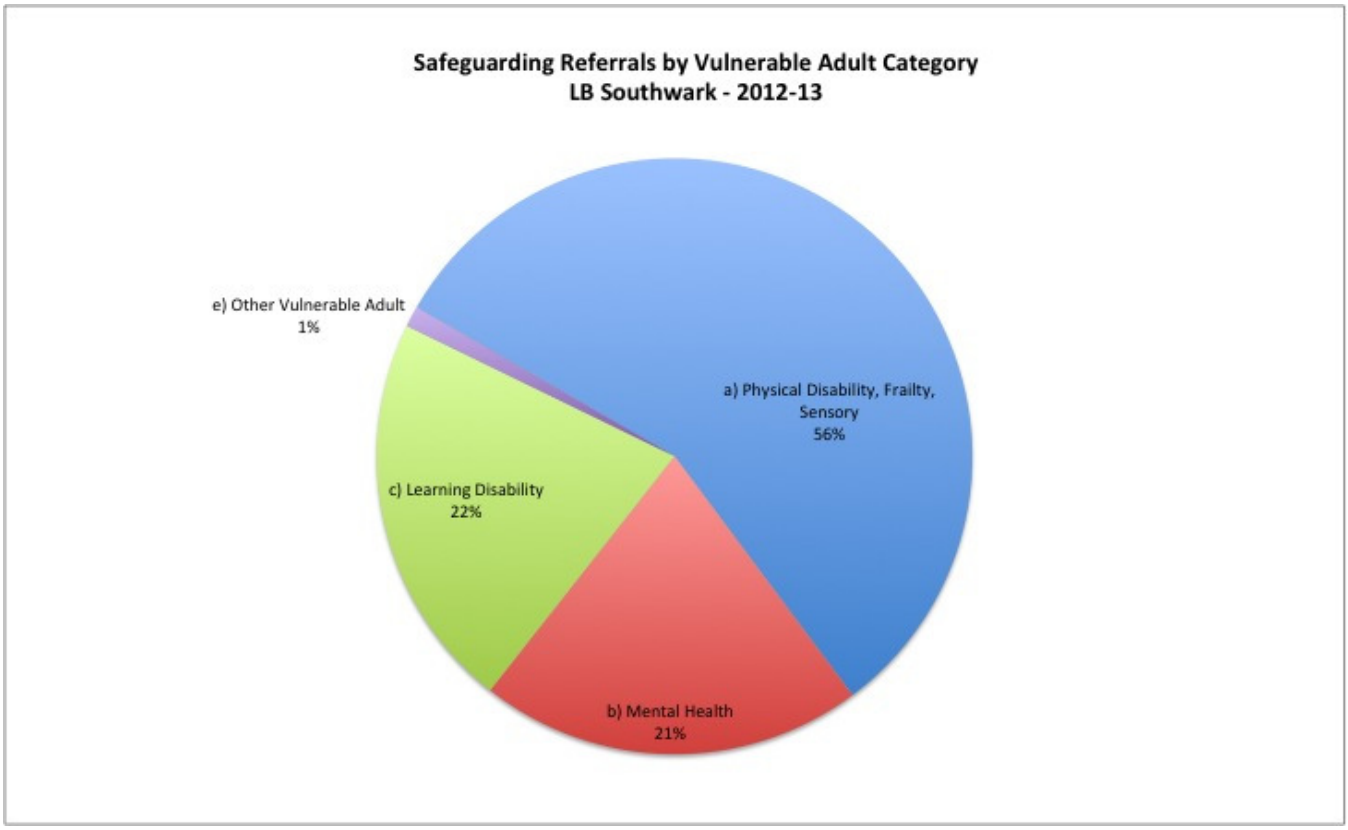

Figure 1.3: Safeguarding Referrals by Vulnerable Adult Categories

Vulnerable Adult Category	Total	%
a) Physical Disability, Frailty, Sensory	301	56.5%
b) Mental Health	111	20.8%
c) Learning Disability	115	21.6%
e) Other Vulnerable Adult	6	1.1%
Grand Total	533	100.0%

- Physical Disability, Frailty, Sensory includes older people
- Mental Health referrals increased by 11.7%
- Learning Disability referrals reduced by 13.5%

Broadly similar to London comparator group except fewer substance misuse referrals which are reflected in higher than average mental health referrals

Chart 4: Safeguarding Referrals by Age Group

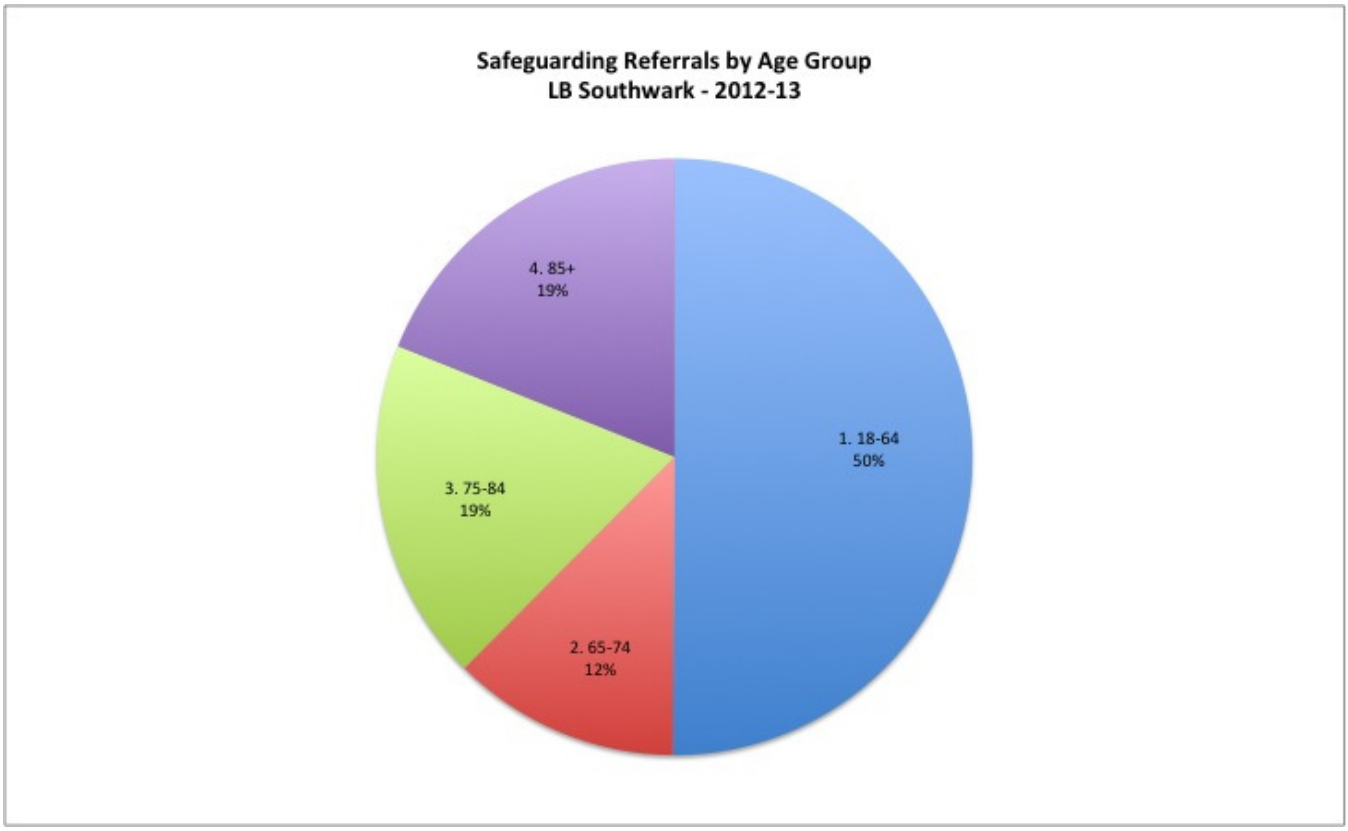

Figure 1.4: Safeguarding Referrals by Age Group

Vulnerable Adult Age Group	Total	%
1. 18-64	267	50.1%
2. 65-74	66	12.4%
3. 75-84	99	18.6%
4. 85+	101	18.9%
Grand Total	533	100.0%

- Broadly similar to London comparator group

Chart 5: Safeguarding Referrals by Type of Abuse

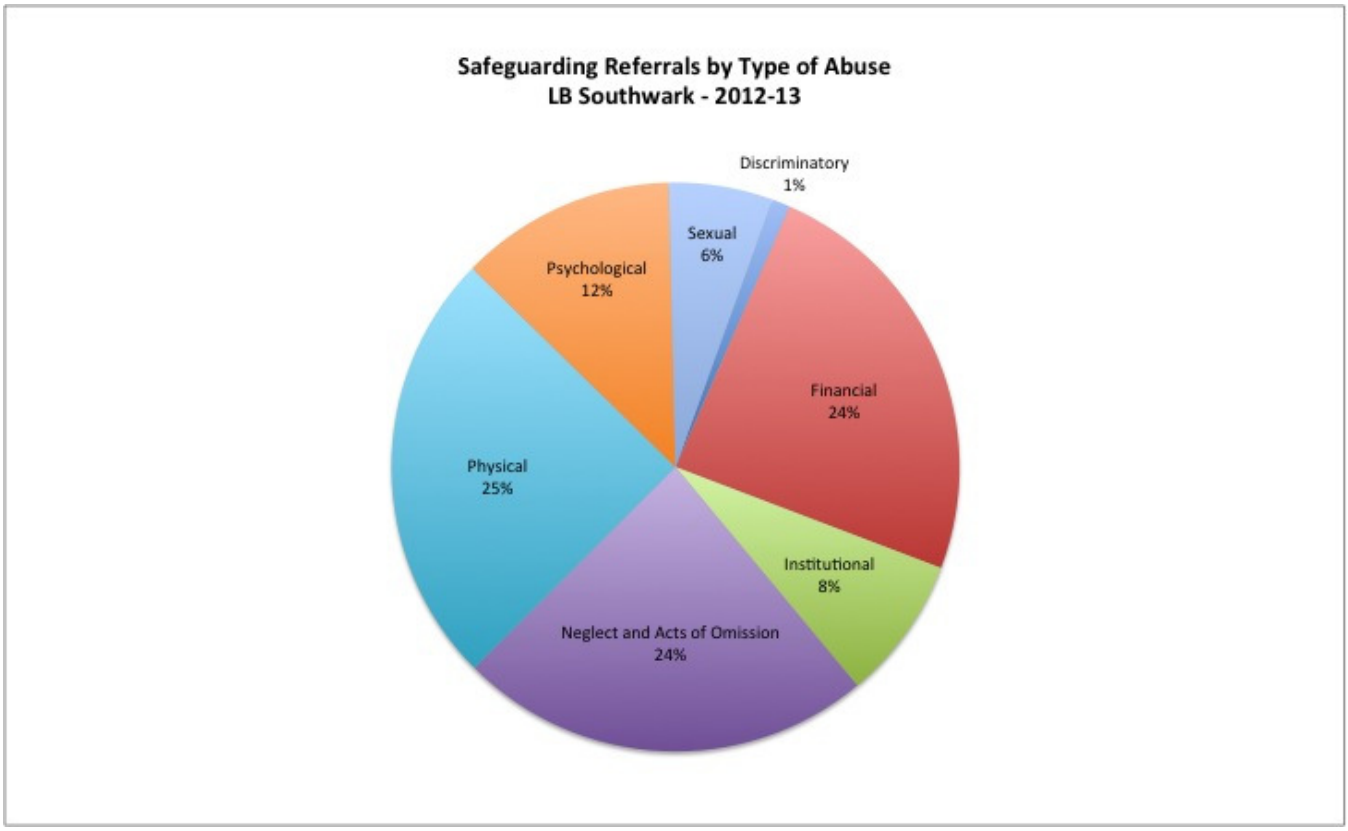

Figure 1.5: Safeguarding Referrals by Type of Abuse

Alleged Abuse Type*	Total	%
Discriminatory	7	1.0%
Financial	163	24.2%
Institutional	55	8.2%
Neglect and Acts of Omission	159	23.6%
Physical	167	24.8%
Psychological	83	12.3%
Sexual	40	5.9%
Grand Total	**674**	**100.0%**

*Please note each referral can contain 1 or more alleged abuse types

- As in previous years physical, financial, and neglect and acts of omission were the most prevalent abuse types.

Chart 6: Safeguarding Referrals by Ethnicity

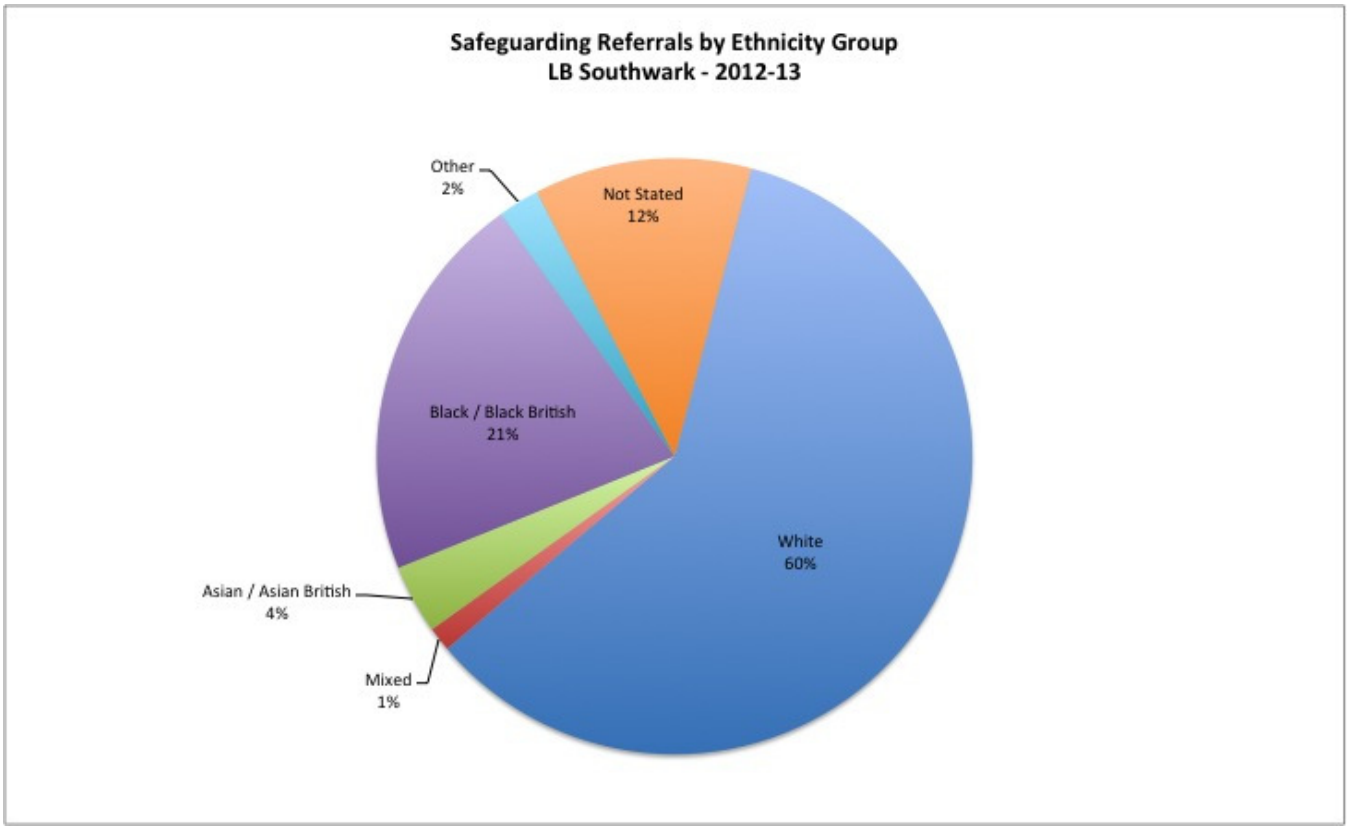

Figure 1.6: Safeguarding Referrals by Ethnicity

Ethnicity of Vulnerable Adult	Total	%
a) White: British	280	52.5%
b) White: Irish	22	4.1%
e) White: Any other White background	16	3.0%
h) Mixed: White and Asian	6	1.1%
i) Mixed: Any other Mixed background	1	0.2%
j) Asian / Asian British: Indian	2	0.4%
k) Asian / Asian British: Pakistani	2	0.4%
l) Asian / Asian British: Bangladeshi	3	0.6%
m) Asian / Asian British: Any other Asian background	13	2.4%
n) Black / Black British: Caribbean	46	8.6%
o) Black / Black British: African	24	4.5%
p) Black / Black British: Any other Black background	43	8.1%
r) Other Ethnic Groups: Any other ethnic group	12	2.3%
s) Not Stated: Refused	1	0.2%
t) Not Stated: Information not yet obtained	62	11.6%
Grand Total	**533**	**100.0%**

- These figures are comparable with the overall ethnic break down of the borough (cf London Councils London Facts)

Chart 7: Safeguarding Referrals by Alleged Abuse and Vulnerable Adult Group

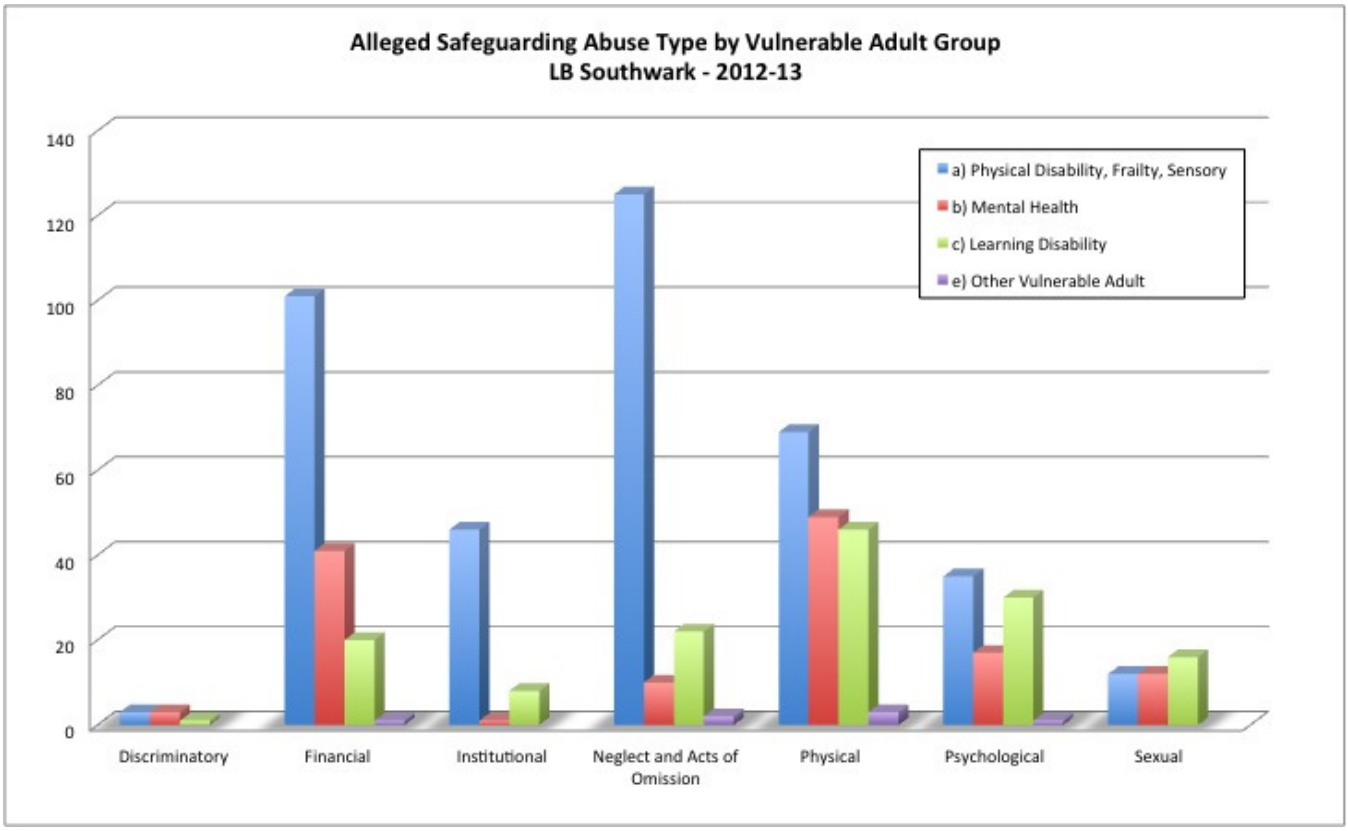

Figure 1.7: Safeguarding Referrals by Alleged Abuse and Vulnerable Adult Group

Abuse Type*	a) Physical Disability, Frailty, Sensory	b) Mental Health	c) Learning Disability	e) Other Vulnerable Adult	Grand Total	%
Discriminatory Abuse	3	3	1		**7**	**1.0%**
Financial	101	41	20	1	**163**	**24.2%**
Institutional Abuse	46	1	8		**55**	**8.2%**
Neglect and Acts of Omission	125	10	22	2	**159**	**23.6%**
Physical	69	49	46	3	**167**	**24.8%**
Psychological	35	17	30	1	**83**	**12.3%**
Sexual	12	12	16		**40**	**5.9%**
Grand Total	**391**	**133**	**143**	**7**	**674**	**100.0%**
%	**58.0%**	**19.7%**	**21.2%**	**1.0%**	**100.0%**	

*Please note each referral can contain 1 or more alleged abuse types

- As in previous years people with learning disabilities (PWLD) raise more alerts concerning sexual abuse than other groups
- Proportionately (PWLD) suffer a greater frequency of abuse than other groups

Chart 8: Location of Abuse – Victim aged 18-64

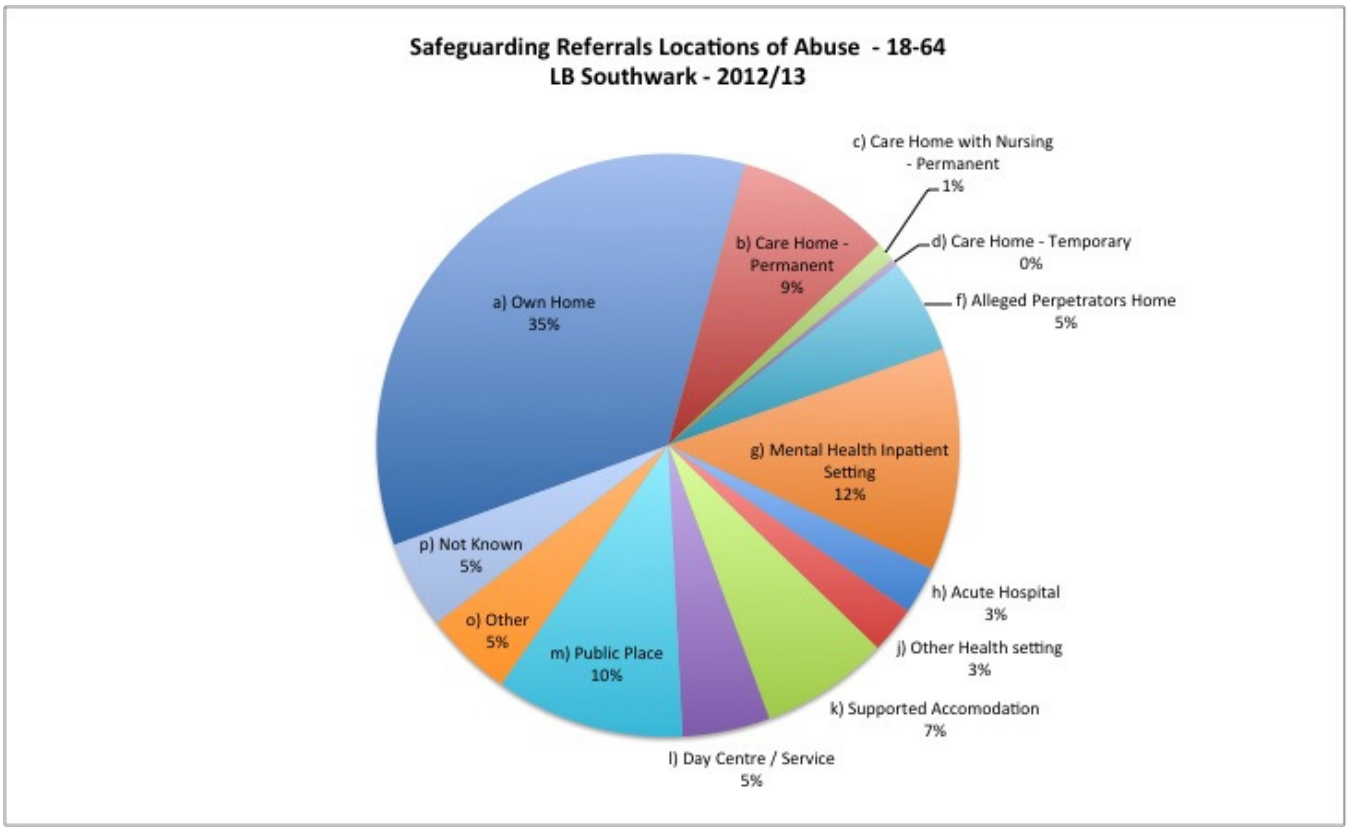

Chart 9: Location of Abuse – Victim aged 65+

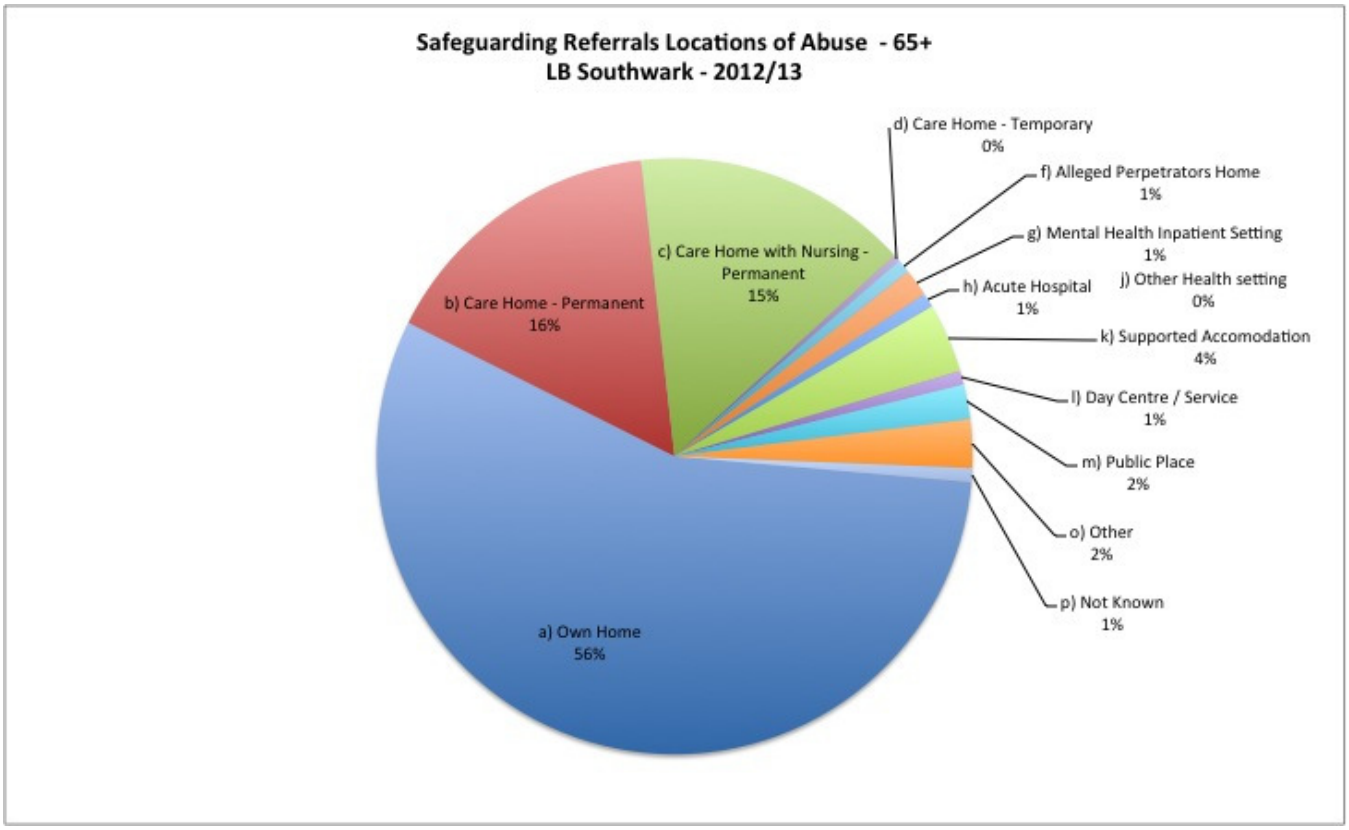

Figure 1.8: Location of alleged abuse by age group

AVA Abuse Location	1. 18-64	2. 65-74	3. 75-84	4. 85+	Grand Total	%
a) Own Home	93	39	54	56	242	45.4%
b) Care Home - Permanent	23	7	19	16	65	12.2%
c) Care Home with Nursing - Permanent	3	6	15	19	43	8.1%
d) Care Home - Temporary	1			1	2	0.4%
f) Alleged Perpetrators Home	14	1		1	16	3.0%
g) Mental Health Inpatient Setting	33	2	1	1	37	6.9%
h) Acute Hospital	7	1	1		9	1.7%
j) Other Health setting	7				7	1.3%
k) Supported Accommodation	19	2	5	3	29	5.4%
l) Day Centre / Service	13	1		1	15	2.8%
m) Public Place	28	2	2	1	33	6.2%
o) Other	13	4	1	2	20	3.8%
p) Not Known	13	1	1		15	2.8%
Grand Total	**267**	**66**	**99**	**101**	**533**	**100.0%**
% of Total	**50.1%**	**12.4%**	**18.6%**	**18.9%**	**100.0%**	

Reported location of abuse in Southwark is very similar to the London Comparator Group

Chart 10: Safeguarding Referrals by the Relationship of the alleged perpetrator to the victim

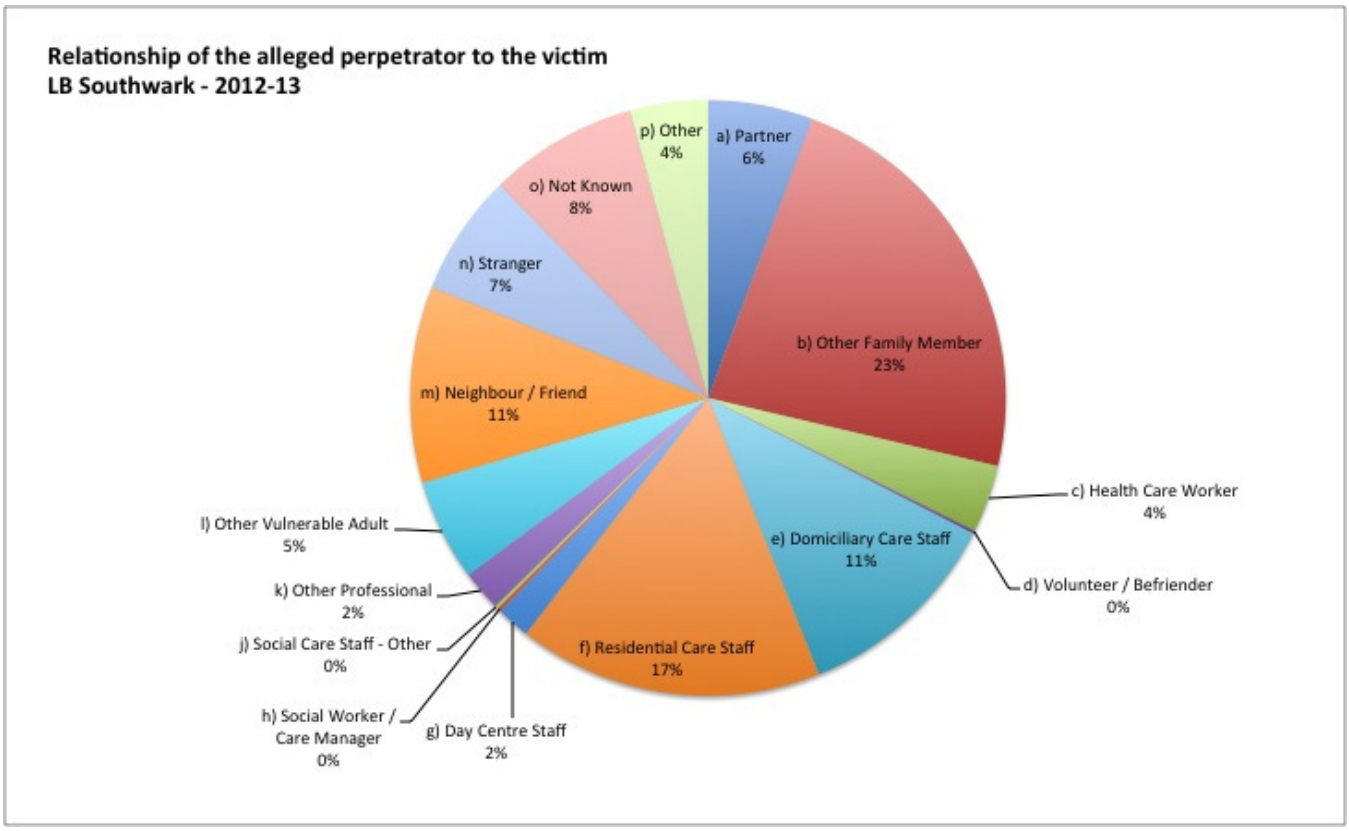

Figure 1.9: Safeguarding Referrals by the Relationship of the alleged perpetrator to the victim

Perpetrator Relationship	Total	%
a) Partner	31	5.7%
b) Other Family Member	125	23.0%
c) Health Care Worker	20	3.7%
d) Volunteer / Befriender	1	0.2%
e) Domiciliary Care Staff	62	11.4%
f) Residential Care Staff	90	16.5%
g) Day Centre Staff	10	1.8%
h) Social Worker / Care Manager	1	0.2%
j) Social Care Staff - Other	1	0.2%
k) Other Professional	12	2.2%
l) Other Vulnerable Adult	30	5.5%
m) Neighbour / Friend	58	10.7%
n) Stranger	36	6.6%
o) Not Known	44	8.1%
p) Other	23	4.2%
Total	**544**	**100%**

Safeguarding Case Completions

Chart 10: Safeguarding Referrals by Case Conclusion and Vulnerable Adult Category

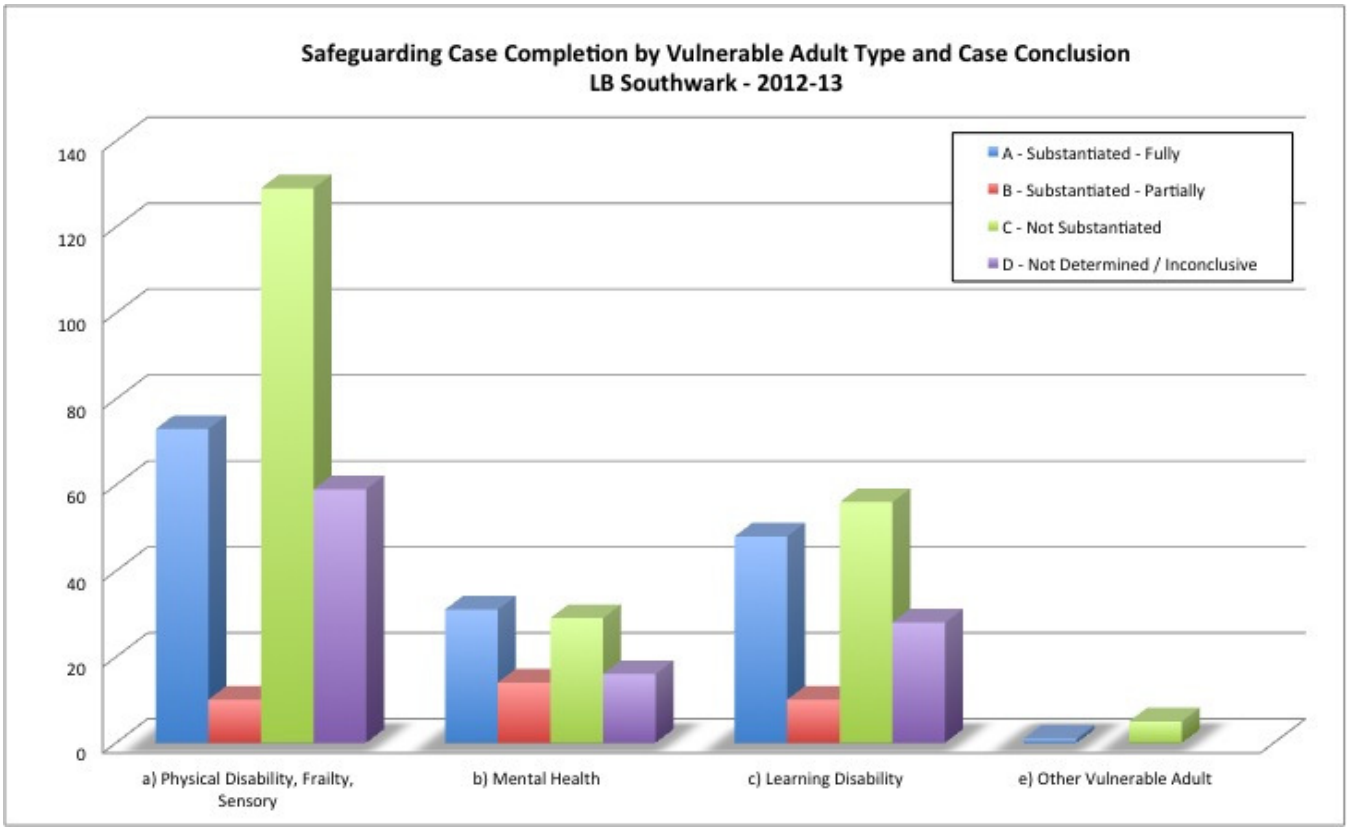

Figure 2.1: Safeguarding Referrals by Case Conclusion and Vulnerable Adult Category

Case Conclusion	a) Physical Disability, Frailty, Sensory	b) Mental Health	c) Learning Disability	e) Other Vulnerable Adult	Grand Total	%
A - Substantiated - Fully	73	31	48	1	153	**30.1%**
B - Substantiated - Partially	10	14	10	0	34	**6.7%**
C - Not Substantiated	129	29	56	5	219	**43.0%**
D - Not Determined / Inconclusive	59	16	28	0	103	**20.2%**
Grand Total	**271**	**90**	**142**	**6**	**509**	**100.0%**
%	**53.2%**	**17.7%**	**27.9%**	**1.2%**	**100.0%**	

- Numbers of cases substantiated are very similar to the London Comparator Group
- Numbers of cases not substantiated are higher than the London Comparator Group
- Numbers of cases not determined/inconclusive are lower than the London Comparator Group

Chart 11: Safeguarding Referrals by Case Conclusion and Age of Victim

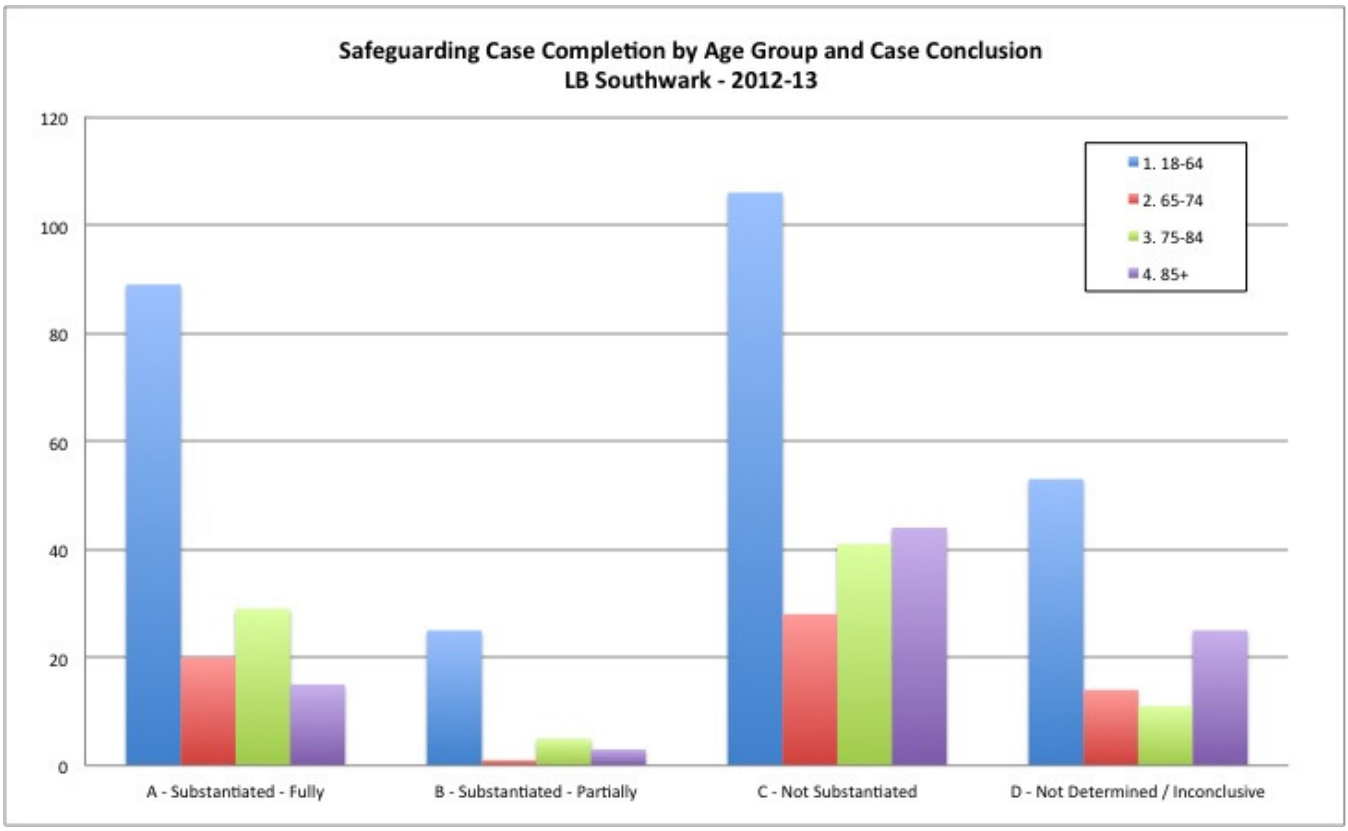

Figure 2.2: Safeguarding Referrals by Case Conclusion and Age of Victim

Case Conclusion	1. 18-64	2. 65-74	3. 75-84	4. 85+	Grand Total	%
A - Substantiated - Fully	89	20	29	15	**153**	**30.1%**
B - Substantiated - Partially	25	1	5	3	**34**	**6.7%**
C - Not Substantiated	106	28	41	44	**219**	**43.0%**
D - Not Determined / Inconclusive	53	14	11	25	**103**	**20.2%**
Grand Total	**273**	**63**	**86**	**87**	509	**100.0%**

Chart 12: Safeguarding Case Outcomes – Vulnerable Adult

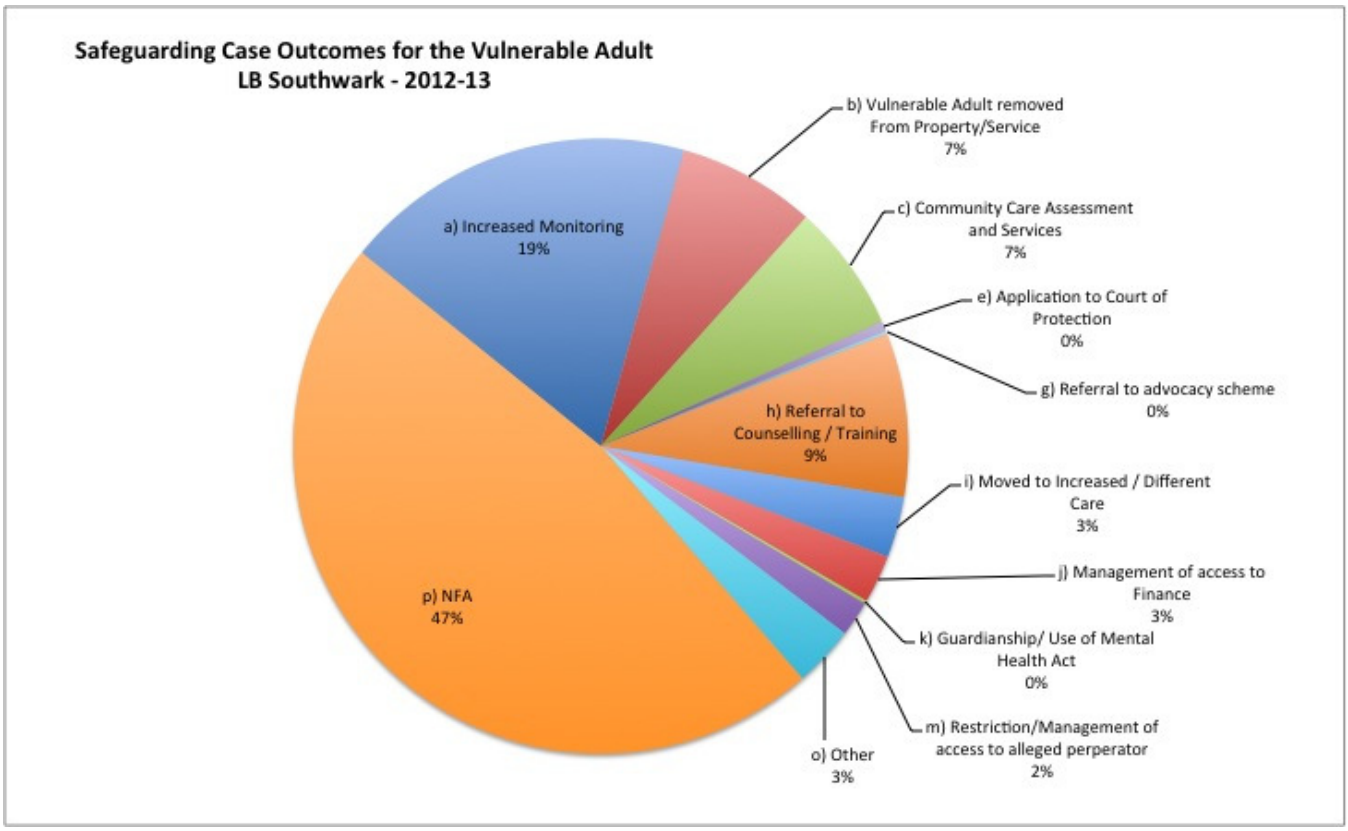

Figure 2.3: Safeguarding Case Outcomes – Vulnerable Adult

Case Outcomes for Victim *	Total	%
a) Increased Monitoring	110	18.5%
b) Vulnerable Adult removed From Property/Service	43	7.3%
c) Community Care Assessment and Services	40	6.7%
e) Application to Court of Protection	3	0.5%
g) Referral to advocacy scheme	1	0.2%
h) Referral to Counselling / Training	51	8.6%
i) Moved to Increased / Different Care	19	3.2%
j) Management of access to Finance	15	2.5%
k) Guardianship/ Use of Mental Health Act	1	0.2%
m) Restriction/Management of access to alleged perperator	11	1.9%
o) Other	19	3.2%
p) NFA	280	47.2%
Grand Total	593	100.0%

*Please note each completed referral can contain 1 or more outcomes for the victim

- There are a larger number of 'no further action' outcomes in Southwark than London Comparator Boroughs

Chart 13: Safeguarding Case Outcomes – Alleged Perpetrator

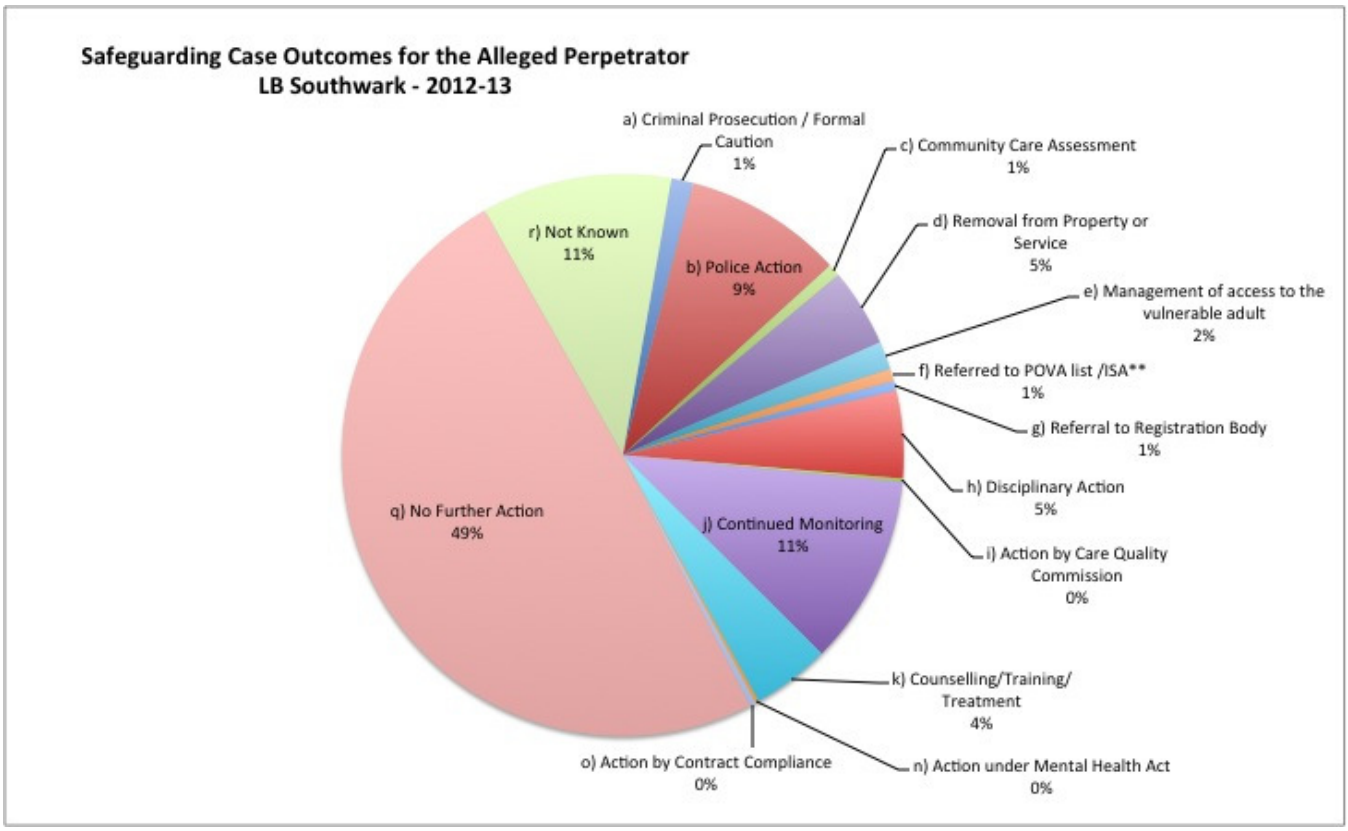

Figure 2.4: Safeguarding Case Outcomes – Alleged Perpetrator

Case Outcomes for the Alleged Perpetrator *	Total	%
a) Criminal Prosecution / Formal Caution	7	1.3%
b) Police Action	51	9.2%
c) Community Care Assessment	4	0.7%
d) Removal from Property or Service	25	4.5%
e) Management of access to the vulnerable adult	9	1.6%
f) Referred to POVA list /ISA**	4	0.7%
g) Referral to Registration Body	3	0.5%
h) Disciplinary Action	28	5.0%
i) Action by Care Quality Commission	1	0.2%
j) Continued Monitoring	61	11.0%
k) Counselling/Training/Treatment	25	4.5%
n) Action under Mental Health Act	1	0.2%
o) Action by Contract Compliance	2	0.4%
q) No Further Action	274	49.3%
r) Not Known	61	11.0%
Grand Total	556	100.0%

*Please note each completed referral can contain 1 or more outcomes for the alleged perpetrator.

- Southwark has fewer uncategorised outcomes than London Comparator Boroughs