

Safeguarding Adults Performance Report

April 2011 – March 2012

Introduction:

1. This is the performance report of adults safeguarding activity in City of York Council for the year ending March 2012. Previous performance reports have reported on activity between October and September (2009 -10 and 2010 -11). This report will bring the reporting in line with other performance reports for the Council. It does however mean that equivalent year on year trends will not always be available within this report.

SECTION 1. : Information about the victim and their circumstances

	Alerts	Referrals	Repeat referrals	Completed referrals
Under 65	225	75	4	61
Over 65	465	136	7	129
Total	690	211	11	190

Number of alerts and referrals

In 2010-11 we received 429 alerts, so this year has seen a 61% increase in the number of alerts.

In previous years we have not monitored the number of alerts which became referals needing investigation.

The number of referrals probably gives a stronger indication of the level of safeguarding risk within the community for vulnerable adults.

Data from the Information Centre for 2010-11 shows that our rate of alerts per 100,000 population was roughly the same as the England average. Last year the average number of referrals for England was similar to the number of alerts. Our lower number of referrals may indicate a good awareness among professionals or it may indicate issues with Safeguarding thresholds.

The highest number of alerts and referrals continue to be recieved regarding people over 85. Of the 690 alerts 242 (35%) concerned people over 85.

Ethnicity

	Alerts		Referrals		referra	Repeat referrals		eted Is
	Under		Under	Over	Under	Over	Under	Over
	65	65	65	65	65	65	65	65
White British	183	384	65	114	4	5	57	106
White Irish	5	0	2	0	0	0	1	0
Gypsy/Roma	0	0	0	0	0	0	0	0
Other White	8	43	3	14	0	0	2	14
White and Black Caribbean	0	0	0	0	0	0	0	0
White and Asian	0	0	0	0	0	0	0	0
Other mixed background	0	0	0	0	0	0	0	0
Indian	0	9	0	3	0	2	0	3
Pakistani	0	0	0	0	0	0	0	0
Bangladeshi	0	0	0	0	0	0	0	0
Other Asian	0	1	0	0	0	0	0	0
Caribbean	0	0	0	0	0	0	0	0
African	0	0	0	0	0	0	0	0
Other Black background	0	0	0	0	0	0	0	0
Chinese	1	0	0	0	0	0	0	0
Other ethnic group	1	0	0	0	0	0	0	0
Refused	2	0	0	0	0	0	0	0
Not yet obtained	19	27	3	5	0	0	1	6

York's population is changing rapidly, with an estimated 11% of the population now likely to be from minority communities. This is an area the Safeguarding Board agreed we need to monitor.

Population numbers for minority communities in York continue to be lower in the older age groups, who are more likely to be the subject of safeguarding alerts and referrals. It is estimated there were 3 people over 85 of mixed ethnicity in 2010, 11 people of Asian origian over 85, 6 of Chinese origin and no Black or Black British over 85 (Projecting Older People Population Information System)

http://www.poppi.org.uk/index.php?&PHPSESSID=mjcf3l8dt6gk31 77f3vn73jhr0&areaID=8301&np=1 (accessed 20/5/12).

Based on these age sensitive population figures Safeguarding activity in York is still broadly in line with our diverse communities.

Source of referral by customer groups

	Under 65					Over 65	Total
	Physical disability and sensory impairment	Mental health needs	Learning Disability	Substa nce misuse	Other		
Social care staff	12	1	21	0	2	69	105
Of which:							
Domiciliary Care	3	0	4	0	0	18	25
Residential Care	2	0	2	0	2	36	42
Day Support	1	0	4	0	0	2	7
Care Manager	2	1	1	0	0	7	11
Self Directed Support staff	1	0	0	0	0	0	1
Other	3	0	10	0	0	6	19
Health staff	2	7	3	0	0	18	30
Of which:							
Primary and community	1	2	2	0	0	8	13
Secondary	0	0	0	0	0	6	6
Mental Health	1	5	1	0	0	4	11
Self	1	0	0	0	0	2	3
Family	1	0	3	0	0	19	23
Friend or neighbour	0	0	0	0	0	2	2
Other service user	0	0	0	0	0	1	1
CQC	1	0	2	0	0	3	6
Housing	3	0	0	0	0	0	3
Education/Training/Wo rk	2	0	1	0	0	0	3
Police	1	1	1	0	0	3	6
Other	2	0	6	0	2	16	26
Total	25	9	37	0	4	136	211

Family members are making increasing numbers of safeguarding referals. CYC continues to receive relatively low numbers of alerts from the wider community including education, training, workplace, friends and neighbours. No referrals have been received again this year in respect of people with substance misuse related needs, and this is now subject to joint consideration with the Council's Drug and Alcohol commissioners.

Nature of Abuse

Nature of abuse	Under 65	Over 65	Total
Physical	33	57	90
Sexual	9	4	13
Emotional/Psychological	31	32	63
Financial	18	25	43
Neglect	13	57	70
Discrimination	2	0	2
Institutional	5	7	12

Table 6: Location of Abuse

	18 - 64	65-74	75-84	85	Total
Own home	31	14	28	26	99
Care Home - residential	6	4	7	15	32
Care home nursing	1	1	12	18	32
Care homes temporary	0	0	3	3	6
Alleged perpetrators home	1	0	0	0	1
Mental health inpatient setting	1	0	0	1	2
Acute hospital	0	0	0	0	0
Other health setting	0	0	0	0	0
Supported Accommodation	20	0	0	0	20
Day Service	2	0	0	0	2

Public Place	7	0	0	0	7
Education/	1	0	0	0	1
Training/Work					
Other	3	0	0	0	1
Not Known	2	0	0	2	4
Total	75	19	50	67	211

The low number of referals in health settings may reflect the previous arrangements whereby each agency was required to respond to their own referrals. This may change this year with the new protocol whereby all referrals are overseen initially by the Council's new Safeguarding Team.

Section 2. : Information about the alleged abuser

Relationship of Alleged Perpetrator to Victim

	18-64	65-74	74-84	85+	Total
Partner	5	4	3	1	13
Other family	11	6	8	13	38
member					
Health care worker	2	0	0	3	5
Volunteer/befriender	0	0	0	0	0
Social Care staff Of which:	19	7	19	29	74
Domiciliary Care Staff	7	3	7	11	28
Residential Care staff	5	4	12	16	37
Day support staff	0	0	0	1	1
Care Management	0	0	0	0	0
Self Directed Support staff	0	0	0	0	0
Other	7	0	0	1	8
Other professional	0	0	0	0	0
Other vulnerable adult	12	0	8	8	28
Neighbour/friend	6	1	1	2	10
Stranger	3	0	1	1	5
Not known	7	1	9	2	19
Other	10	0	1	8	19
Total	75	19	50	67	211

Professionals accounted for 35% of the total alleged perpetrators, a slight increase on last year. Alleged abuse within the family has decreased this year, but the number of other vulnerable people alleged to be the perpetrator has increased from 1% in 2010 -11 to 13% last year.

Section 3: Outcomes following safeguarding investigation

This data set is taken from cases that have been through an investigation and have been concluded. It does not take account of safeguarding issues alerted to CYC which have been dealt with at an earlier (assessment) stage in the process.

The number of cases reaching a conclusion has risen to 190 (90%) of referrals.

Oubot								
		Substantiated	Part	Not	Not			
			substantiated	substantiated	determined			
					inconclusive			
	Phys Dis, and	12	4	2	2			
	Sensory Impairment							
18-	Mental Health	5	1	0	2			
64	Learning Disability	18	5	6	3			
	Substance Misuse	0	0	0	0			
	Other	1	0	0	0			
Over	65-74	5	3	2	4			
65	75-84	26	6	11	6			
	0ver 85	38	7	9	12			
Total		105	26	30	29			

Substantiated Abuse

Outcomes for the Abused Person

A total of 55 referrals ended in No Further Action (28%) in 2011-12. This was a reduction from the previous year of 44% and is in line with the number of unsubstantiated or not determined outcomes.

Outcomes for Alleged Perpetrators

For 2011 -12, following investigations CYC took no further action against 63% of perpetrators. This is in line with the previous year. Whilst this is a higher percentage than the number of unsubstantiated or undetermined outcomes, it is not expected that action would necessarily be taken against all alleged perpetrators.

Acceptance of Protection Plan

Only 10% of Protection Plans were signed off as accepted by the customer last year, which must give rise to concerns. At worst this is an indication that we do not have Protection Plans in place. Alternatively it indicates we are not documenting the completion of the safeguarding process adequately, or that we are not engaging the vulnerable adult sufficiently in the safeguarding process. This has to be addressed during the coming year.

Section 4: Conclusions

The number of alerts and referrals continue to grow within the City, but with lower referrals than the England average. We need to ensure our training and awareness programmes continue to raise understanding of safeguarding and the process to follow where there are concerns. We will monitor more closely the decisions taken not to respond to alerts.

It will be helpful to consider with health colleagues how best to understand the low level of referrals within health settings, including whether there is any work that should be undertaken with PALS/Complaints staff.

We need to work with our drug and alcohol commissioners to make sure there is a shared understanding of safeguarding within drug and alcohol services.

With a continuing high level of alleged perpetrators in care homes we intend to support preventive work in care homes to improve the quality of care in homes to reduce the need for safeguarding interventions.

We need to understand why so few Protection Plans are signed as agreed by customers, and increase the numbers that are agreed.