

# Suffolk Adult Safeguarding Board

## Annual Report

2010 - 2011

## **Acknowledgement**

The 2010 - 2011 annual report has been produced following the submission and inclusion of contributions from members of the Safeguarding Board, the Quality Monitoring Team and the Business Development Team, without the assistance of whom, the compilation of this report would not have been possible.

This contribution from members of the Adult Safeguarding Board has been appreciated and demonstrates the support and commitment from across the multi-agency partnership.

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## 1. A welcome from our Chair and Portfolio Holder

Welcome to the 2010 - 2011 Adult Safeguarding report. Safeguarding is at the core of service to adults at risk and the service has been fully involved in the changes impacting across the whole of the adult care sector. Safeguarding remains a key priority for the county council and Adult and Community Services will continue to lead the response to make sure people remain safe and receive quality care services across Suffolk. The recent Law Commission report and ministerial announcements in response to the Winterbourne View investigation will place new requirements on the adult safeguarding board. We are confident that Suffolk is well placed to respond its new responsibilities.

The past year has been very successful for adult safeguarding. The improved quality monitoring and partnership working were recognised by the Care Quality Commission (CQC) and resulted in the service being rated as good. This deserved award has been further developed during the past twelve months. The additional front line practitioners have quickly become crucial in high risk cases. They have allowed greater support, consistent application of procedures and quicker resolution of safeguarding referrals.

The small Adult Safeguarding team could not achieve these successes without the full cooperation of partners and providers. The adult safeguarding board thanks all partners for their support and actions throughout the year and their contributions to this report. This has been particularly true with the sub group development in both health and major providers across the county. As funding across the public sector becomes tighter, reduced margins for providers who are already under financial pressure further increases the importance of high quality safeguarding services.

Safeguarding welcomes the Deprivation of Liberty and Mental Capacity Act responsibilities to the team. This will allow the joint development of these services and understanding and communication of the procedures.

Like all services, adult safeguarding is affected by the public sector spending pressures. The service has developed with less senior management resources through the commitment of the team and improved networks and influence. The current review of adult care and service integration with health must strengthen the Safeguarding function and the service will be fully engaged in the new service development process.

2011 - 2012 and beyond will be challenging times for all involved in adult safeguarding. We urge all people in Suffolk to report potential cases of abuse and keep adults at risk, safe across the county.



**Peter Tempest**

**Chair Adult Safeguarding Board**



**Cllr Colin Noble**

**Portfolio Holder Adult and Community Services**

## 2. Adult Safeguarding Board Membership

**Alan Keeley** Community Safety Unit Manager, ACS

**Andrew Scott** Deputy Director of Governance and Social Work, Norfolk and Waveney Mental Health NHS Foundation Trust

**Barbara Mclean** Director of Nursing and Quality, SMHP

**Cathy Moran** Director of Nursing, Great Yarmouth & Waveney Community Services

**Christine Tremlett** Supporting People Officer, ACS

**Dan Gaul** Head of Shelter and Safety, ACS

**Daphne Savage** Chief Executive, Age UK / Deputy Chair: Adult Safeguarding Board

**Dominic Nasmyth-Miller** Safeguarding Advisor for Mental Capacity and the Deprivation of Liberty Safeguards, ACS

**Geoff Meech** Operations and Partnership Manager, ACS

**Gavin Stone** Assistant Diocesan Secretary, Church of England

**Jacqui Martin** Chief Executive, Suffolk Family Carers

**Janet Elliott** Safeguarding Adults Lead, NHS Great Yarmouth and Waveney / Lead for NHS Continuing Healthcare NHS Great Yarmouth and Waveney

**Jayne Holmes** Deputy Chief Nurse, West Suffolk Hospital

**Julie Sadler** Senior Nurse / Safeguarding Vulnerable Adults Lead, Ipswich Hospital

**Mark Farley** Manager IMCA Suffolk

**Mary Hardman** Deputy Director of Adult and Older Persons Services, Great Yarmouth and Waveney PCT

**Mary Newman** Representative of the Suffolk Pensioners Association

**Nichola Burley** Adult Safeguarding Manager, Western and Eastern Areas, ACS

**Nicola Cottington** Acting Head of Adult Services, NHS Suffolk

**Paula Youell** Head of Adult Safeguarding, ACS

**Phil Embury** Assistant Chief Fire Officer

**Peter Tempest** Service Director, Independence and Well Being, ACS – Chair: Safeguarding Board

**Sara Fletcher** Deputy Director of Patient Safety and Clinical Quality, NHS Suffolk

**Sarah Wardley** Director, Public Protection, Norfolk and Suffolk Probation Trust

**Seb Smith** Adult Safeguarding Manager, Northern and Southern Areas, ACS

**Stuart McCallum** Detective Chief Inspector, Suffolk Constabulary

**Timothy Earl** Interim Head of Legal Services SCC

**Wendy Winchester** Adult Safeguarding Administration Manager, ACS

### 3. Local Developments and Key Achievements

2010 - 2011 has been a challenging but successful year for adult safeguarding in Suffolk. It has seen the development of the Board through wider partnerships with the new extended adult safeguarding team, integrating services and networks to keep adults at risk safe. At a time when financial uncertainty and public sector structural change has left many people at even greater risk, the service has provided a supportive professional framework for colleagues and families/carers to face and tackle abuse.

The new **Adult Safeguarding Senior Practitioners** and business support coordinators have now been in place for a year. The Adult Safeguarding Senior Practitioners have allowed a far more rigorous and consistent approach to investigations and a more timely review through area teams. They have become an essential source of professional support and guidance for practitioners; providing attendance at 122 strategy meetings for complex safeguarding situations between January and March 2011; equating on average to 9 strategy meetings per week.

The new members of staff have supported the auditing of work on a regular basis and have made sure that best practice is followed across all areas of the county.

In addition the team has been expanded to include the introduction of a Safeguarding Advisor for **Mental Capacity and the Deprivation of Liberty Safeguards** and as a consequence we are already benefiting from the integration with this area of work. A brief summary of the Mental Capacity Act 2005 and The Deprivation of Liberty Safeguards are provided on Page 12. Details regarding the development of both of these safeguards within Suffolk in 2010 – 2011 are also provided.

The case studies in Section 7 have been derived from actual cases which have occurred within practice in 2010 – 2011 and represent the involvement of a range of organisations represented by the safeguarding board. These case studies detail some of the complex situations in which adult safeguarding is involved and some of the outcomes that have been achieved. Additional case studies demonstrating some of the activity which has recently taken place can be accessed on the safeguarding website; [www.suffolkas.org](http://www.suffolkas.org)

The increased capacity at operational level has allowed the board and senior safeguarding team to expand the strategic networks and build new partnerships. It has been encouraging to note wider ownership and responsibility for adult safeguarding issues across a range of organisations.

The presentations to the Adult Safeguarding Board by Age UK, NHS Great Yarmouth and Waveney and Suffolk Community Health have demonstrated how adult safeguarding has been embedded in external organisations and that training and practice issues were being addressed and monitored; examples of these have been included within Appendix 2 and can be viewed on page 28 of this report.

Within 2010 - 2011 the Adult Safeguarding Board has expanded its range and scope of activity within its sub-groups.

The **Provider sub-group** has built on the excellent work of the provider reviews undertaken early in 2010. The meeting in September agreed that improved work with the acute hospitals was a key priority. Work has been progressed through the learning disability providers and Ipswich Hospital to develop a plan to prevent the potential abuse of customers with learning disabilities whilst in hospital care.

The establishment of the **Health sub-group**, comprising of the Adult Safeguarding Lead's for NHS Suffolk and NHS Great Yarmouth & Waveney have been a welcome addition to the board.

The purpose of the group is to provide '*a voice for health within the multi agency adult safeguarding arena*'. The group is currently developing robust systems and processes for safeguarding vulnerable adults and is working with all health organisations in order to ensure a joined-up approach. This Health Sub-Group which reports directly to the Adult Safeguarding Board is also participating in the Serious Case Review process to which details are provided below.

Plans for the future are to explore issues such as; Training and Education, the Prevent Agenda, consideration of Referral Data, Review of the Department of Health's Policy Guidance on the Role of Health Service Practitioners (2011), Clinical Governance and Adult Safeguarding.

In March 2010 members of the Adult Safeguarding Board formed the **Serious Case Review Sub-Group** in order to establish what lessons are to be learned from a serious case review which had commenced. This has been a key priority for 2010 - 2011 and the sub-group has coordinated training jointly with Children and Young People's Services to provide support for members of the safeguarding board and for its key partners.

The Sub-Group looked at the ways in which professionals and organisations have worked and the key areas for consideration have included:-

- What lessons have been learnt (both within and between agencies)
- How and within what timescales they will be acted on
- What is expected to change as a result; and improve intra-agency and inter-agency working and better safeguard and promote the welfare of vulnerable adults.

The Serious Case Review is in its final stages and it is anticipated that the learning outcomes that are identified will be made available in the summer 2011.

The **Communication sub-group** supports the coordination of events and activity regarding the promotion of safeguarding adults.

The group has updated the Communications Strategy which had been approved at the Adult Safeguarding Board Meeting in August 2010 and the terms of reference for the group have also been created and approved by members.

The group have shared information about forthcoming events, communications and forums to enable adult safeguarding to be represented or for booklets to be made available for the events. Safeguarding articles have been published as a result in both Age UK and Suffolk Family Carers newsletters for their customers. Follow-up articles are planned and information will be published in newsletters for other member organisations to promote the awareness of adult abuse to staff and service users.

Following a period of consultation, involving both members of the public and professionals from a range of organisations, the Communication Sub Group have been instrumental in contributing to the new adult safeguarding website which was launched on 13<sup>th</sup> April 2011.

The responses received regarding the new website identified a number of recommendations which have, where possible, been incorporated into the new site. Gratitude is expressed to Age UK, Suffolk Family Carers and the Stowmarket Resource Centre for their help with the customer consultation.

The new site is now more accessible and friendlier to navigate; with information for the public, professionals and easy read information being easier to find. In addition, in partnership with the Health Subgroup, improvements have been made to the online referral system which now enables users to print or save a copy for their own records.

The site includes a comprehensive online resource directory containing a wide range of information relating to safeguarding vulnerable adults. This resource directory contains details about books, journals, training resources, links to research, support and further information.

The Adult Safeguarding website has retained the original address; [www.suffolkas.org](http://www.suffolkas.org)

During October 2010 the adult safeguarding management team carried out a *light touch Internal Safeguarding Review* using the same templates that CQC themselves used to evaluate services. The benefit of using such an approach is that as well as being able to compare performance against that achieved during the CQC inspection period, any areas internally that required further development were also identified.

20 safeguarding investigations which had been completed were scrutinised for the review, and of these 17 demonstrated a good or excellent standard of intervention and recording. This is a marked improvement on the position during our last 'live' inspection. Of the cases subjected to the audit, 90% were judged to be compliant with policy, and again this is a significant upturn on past performance. Where shortfalls were identified, learning has been made available to improve future practitioner performance.

This process will be repeated in October 2011 and confidence exists that internal safeguarding reviews provide an early warning system of any weaknesses in process or record keeping. The expectation is that the review will enable adjustments to be made internally rather than waiting for any shortfalls to be identified through an external evaluation.

On 4<sup>th</sup> January 2011 the **new advocacy service** for older people started which supports people throughout Suffolk with advocacy needs. The service is aimed at people over the age of 55 who are experiencing periods of disability or ill health and includes people that are vulnerable to abuse and/or neglect, those who lack capacity and those who have to make decisions about their care.

The Service provides free, issue based, time limited advocacy support which can be either Instructed (has the capacity to consent) or Non-Instructed (lacks the capacity to consent). The advocate will work in the client's best interest according to their preferences.

Advocacy is a process which involves gathering information, helping the client understand the situation and exploring the client's options to help them decide on a particular course of action.

The Advocacy Service accepts self-referrals and referrals from professionals, family members or others with the clients consent (consent is not required for non-instructed advocacy).

Leaflets and a Guide for Professionals regarding the Advocacy Service can be obtained from Age UK Suffolk; [www.ageconcernsuffolk.org.uk](http://www.ageconcernsuffolk.org.uk)

The Supporting Families Team and Adult Safeguarding Team have been working alongside Out and About, VoiceAbility and colleagues in the Hate Crime service to produce **Stay Safe Cards in Suffolk**.

The Stay Safe Card is a small card that people with additional needs can carry with them to support them to be safe in the community. Local facilities such as shops, pubs and leisure centres sign up to the scheme and display a Stay Safe window sticker, this indicates to anyone who carries a card that this is a safe place to go to ask for help. Staff at Stay Safe locations will be given training on the card and what they can do to support someone who comes into the facility with a Stay Safe Card and requires help.

As part of the preventative agenda for the Adult Safeguarding Board the Adult Safeguarding Team has contributed funds to this product to support the initial production of the Stay Safe cards. It is anticipated that these cards will be launched in Suffolk in the **S**ummer of 2011.

A key area of work which was not anticipated twelve months ago was the impact of the **public sector structural changes and the financial review**. Recent strategic imperative within Suffolk Constabulary to invest in serious sex offence investigation has necessitated a new structure within Public Protection Directorate which, (amongst other changes including Domestic Abuse), will provide a joint adult and child abuse investigation service.

Collaboration with Norfolk Constabulary will shape the future of this business area within the medium-term future. Adult and Community Services are undertaking a lean review of its access and assessment services which will impact on adult safeguarding.

Despite the significant budget and service challenges that are being faced across all sectors, it is very encouraging that all organisations are recognising the critical importance of adult safeguarding.

It is clear that in the future a greater onus will be placed on self regulation and monitoring through the county council. Good progress has been made to work with, and support providers in difficulty, to maintain quality services within residential care homes.

A specific example of the joint working that has recently occurred to maintain quality services at a time of significant challenge can be accessed within the case studies on the adult safeguarding website: [www.suffolkas.org](http://www.suffolkas.org)

Further working to maintain quality services within residential care has been the recent establishment of the **Residential Peer Review Project** which has devised processes to enhance the collaborative working between care homes in both the private and state sector.

This unique project which has been designed to raise the quality of the safeguarding of vulnerable older people in residential care, recognises and utilises the skills from both sectors.

The project, which is the first time that such a partnership has been developed, acknowledges that the protection of adults at risk is a shared goal and that significant benefits exist from the pooling of skills and resources.

The project has completed the pilot stage which looked at safeguarding within two care homes and has already identified an extensive list of good practice points to share.

The Project has established agreed aims and objectives which include;

- Improving standards of safeguarding within care homes through the sharing of best practice and access to support from the lead professionals.
- Equipping homes to respond to requests from Care Quality Commission to demonstrate that they have an effective safeguarding strategy.
- Providing homes with a safeguarding health check to identify at an early stage both good practice and areas for improvement.
- Integrating a preventative strategy into the protection of vulnerable adults.
- Identifying and sharing information regarding trends in adult protection, and to formulate responses to this information thereby moving safeguarding to a more proactive rather than a reactive and preventive response.
- Divesting autonomy to independent and Suffolk County Council sector care homes to manage their own investigations into non-criminal allegations of abuse.
- Improving timeliness and efficiency of response and lessons learnt.
- Identifying best practice and expertise - which could include named contacts shared within the county.

During 2010 - 2011 a range of Suffolk County Council **safeguarding policies** have been reviewed and updated with the intention of clarifying responsibilities, supporting professionals and informing members of the public. These include;

- The Adult Safeguarding Protocol
- The Forced Marriage Policy
- Notifiable Offences Protocol
- Vulnerable to Radicalisation procedures

In addition, a number of policies of the partner organisations have also been reviewed and these include those produced by both the Church of England in Suffolk (Diocese of St Edmundsbury and Ipswich) and Suffolk Family Carers.

These policies along with those previously produced by can be accessed on the adult safeguarding website; [www.suffolkas.org](http://www.suffolkas.org)

In February 2011, the **Health Service Ombudsman** reported on ten investigations into the NHS care of older people which had occurred nationally. A link to the report is included here:

<http://www.suffolk.gov.uk/CareandCompassionPHSO0114.pdf>

As a local response to the ombudsman's report, Suffolk has established a procedure for monitoring discharges from hospital or other agencies. This procedure includes joint protocols that have been designed to identify and monitor any poor discharges from hospital and to improve the monitoring of conditions and assessments of care needs.

The animated DVD, '**Say NO to abuse**' was launched at the Adult Safeguarding Conference in November 2009. Since the launch of the DVD, the Adult Safeguarding Team has been working with colleagues in the Supporting Families service to ensure that people with learning disabilities who access services have the opportunity to see the DVD.

The aim of this venture is to raise awareness of saying "no to abuse" and of highlighting concerns; by reporting where concerns exist for customers with learning disabilities.

Members of staff from across the Supporting Families service have nominated themselves to act as facilitators for showing the DVD to customers. Regular meetings have taken place over the last year with the facilitators and the lead Adult Safeguarding Manager in order to agree a process for the facilitation of the DVD and also to produce other literature that supports the process.

Due to the sensitive nature of the content of the DVD, a lot of thought has been given to the most appropriate way to facilitate the showing of the DVD, this has largely depended on the customer group and the knowledge that the facilitators have of those customers with whom they are working.

There have been 207 customers who have been supported through the Supporting Families Service to watch and learn from the DVD. This has resulted in one customer who has now taken on a facilitator's role in further sessions at the centre he attends. Day centre staff at Genesis have also been provided with the DVD and have supported 91 customers who attend with watching it.

Access to the DVD has not been confined to those customers specifically attending day services and in addition, staff working in the Community Support Teams have also shown the DVD to customers that they support on an individual basis.

In June 2011 an event is planned for care providers, at which they will be encouraged to support customers who do not access Suffolk County Council services to see the DVD. The learning regarding best practice that facilitators have gained in showing the DVD and in raising awareness will be shared at this event, alongside customers sharing their experiences of watching the DVD.

Despite the considerable challenges that exist for all partners of the safeguarding board at this time, the overall quality and scope of work through the adult safeguarding board was recently recognised by the **Care Quality Commission**. In 2010 the service progressed from adequate to good and this was achieved by working consistently to achieve better outcomes and safer services for adults at risk.

The whole system can be congratulated for working together to achieve this deserved recognition.

## **The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards**

### **The Mental Capacity Act 2005**

The Mental Capacity Act 2005 (MCA) provides a statutory framework for acting and making decisions on behalf of individuals who lack the mental capacity to do so for themselves.

The Act is supported by a Code of Practice which provides guidance and information on how the Act is to be implemented on a day to day basis for anyone who works with or cares for people who lack capacity, including family members, friends and unpaid carers. In addition, professional staff who are involved in the provision of care and treatment for people are legally required to have regard to the Code of Practice when acting-on or making decisions on behalf of someone who lacks the capacity to make a decision for themselves.

The safeguards contained within the Act provide a framework for assessment and decision-making as well as defining a process regarding who should be consulted and the timescales for doing so. The Act explains that assessments of capacity are both time and decision specific and must relate specifically to each individual at a specific time and can not apply to more than one individual or to specific client groups as a whole.

Further details regarding the application of care provision relating to assisting people to making their own decisions, the assessment of capacity and making best interests decisions can be found in the MCA Code of Practice, a copy of which can be downloaded from the following website: [www.suffolk.gov.uk/mca](http://www.suffolk.gov.uk/mca)

### **The Deprivation of Liberty Safeguards**

The Government has added new provisions to the Act: The Deprivation of Liberty Safeguards (DOLS) which were implemented on 01 April 2009.

These safeguards focus on those in hospital or within care homes who for their own safety and in their own best interests need to be accommodated under care and treatment regimes that may have the effect of depriving them of their liberty, but who lack the capacity to consent.

The deprivation of a person's liberty is a serious matter and should not happen unless it is absolutely necessary, and these safeguards have been created to ensure that any decision to deprive someone of their liberty is made following defined processes and in consultation with specific authorities. Data regarding DOLS activity in Suffolk during 2011 – 2011 is provided within Appendix 4.

The DOLS are supported by a separate Code of Practice which supplements the Act and this along with additional information and guidance can also be downloaded from the website: [www.suffolk.gov.uk/mca](http://www.suffolk.gov.uk/mca)

Within Suffolk County Council staff-development continues to be provided in various formats for employees from both within and outside of the organisation. The content of these sessions is built upon the guidance provided by the Codes of Practice and also the emerging judgements from the Court of Protection. It endeavours to raise the delegates' level of awareness of the MCA and the DOLS, to clarify the statutory processes that are required to be adhered-to and to increase practitioner confidence in applying these safeguards within practice.

## 4. Regional and National Developments

### Regional Developments

Lead by the Association of Directors of Adult Social Services (ADASS) the **East of England Joint Improvement Partnership** (JIP) seeks to improve adult social care across the East of England through partnership working between Local Authorities with Adult Social Care responsibilities, partner organisations, the voluntary sector and people who use services and carers in the East of England.

In 2010 - 2011 there were nine JIP work streams including Adult Safeguarding which shares positive practice to improve learning and efficiency in adult social care across localities.

### National Developments

The **Vetting and Barring Scheme** remains under review. The main reason for the review was due to concerns that the scheme offered a 'blanket' approach which placed responsibilities on the State, opposed to the employers and individuals which may have lead to 'risk averse' behaviours.

In order for a more effective management of risk in protecting vulnerable people; two key changes have been made, which will impact on the use of Criminal Records Bureau disclosures.

The key changes include:

- The number of people considered to be working in a 'regulated activity' will be significantly reduced.
- Criminal Records Disclosures will become portable, with the employee owning their own CRB certificate, which may in time contain a photograph in a driving licence or passport format.
- The CRB certificate will have a unique code that an employer may register an interest in the applicant and check the number periodically for updates.
- It will remain the duty of the employee to inform their employer if they have been convicted of an offence since the commencement of their employment.

Further practical information regarding the scheme has been made available from February 2011 and can be found at: [www.homeoffice.gov.uk/publications/crime/vbs-report?view=binary](http://www.homeoffice.gov.uk/publications/crime/vbs-report?view=binary)

The current government guidance (**No Secrets, DoH 2000**) has been recently reviewed by the Department of Health. Work is currently underway to develop updated guidance with a possibility that there may also be related legislation introduced in late 2011. Further information regarding the No Secrets Review can be found at: [www.dh.gov.uk](http://www.dh.gov.uk)

In January 2011 the Government announced plans to make multi-agency Adult Safeguarding Boards mandatory by putting them on a statutory footing. The move was to strengthen local safeguarding leadership and address inconsistencies in the current operation of boards.

The **Law Commission** acknowledges widespread support for the reform of Adult Social Care and has publishing an analysis of the responses to its consultation on reforming adult social care law. The responses reveal widespread and strong support for the reform of adult social care law. Following the recent high profile national concerns raised relating to Winterbourne View Care Home the minister Paul Burstow has confirmed proposals will be brought forward to this summer. The Law Commission recommendations can be viewed at <http://www.justice.gov.uk/lawcommission/adult-social-care.htm>

The Commission as the government advisory body, is reviewing all of the law that enables services to be provided to older people, disabled people and those with mental health problems as it considers that the current framework, covered by more than 40 laws, is “outdated and flawed.”

It recognises that social care law has developed “piecemeal” since the National Assistance Act in 1948, that there are now over 40 separate laws and thousands of pages of guidance and that there should be a single piece of legislation so people are clear about their rights.

Frances Patterson QC the law commissioner leading the review, said she wanted existing laws and regulations “swept away” and replaced by a single adult social care statute, adding “our role is to produce a clear, consistent and comprehensive legal framework to reform the way adult social care is delivered across the county.” She added that the Law Commission also wanted to introduce a Code of Practice which local authorities would be required to follow “unless there was good reason not to”. The recommendations call for a duty for councils to assess the needs of carers, and say the NHS and local government should work more closely together.

The new provisions will reform social care delivery, providing clear and enforceable rights to individuals. The Commission is due to report to Government in July 2011; a white paper will follow toward the end of this year and will then become legislation in 2012. Updates from the Law Commission will be uploaded as they occur, to the adult safeguarding website; [www.suffolkas.org](http://www.suffolkas.org)

The Forced Marriage Unit (FMU) is a joint-initiative with the Home Office. In 2010 there were 1735 instances nationally where the FMU gave advice or support related to a possible forced marriage. There were 70 instances involving those with disabilities (50 with learning disabilities, 17 with physical disabilities and 3 with both)

New guidance has recently been launched by the Forced Marriage Unit; the **Forced marriage and Learning Disabilities Guidance** and has been produced to prevent people with learning disabilities being victims of forced marriage.

The guidance was developed in conjunction with learning disability charities; the Ann Craft Trust and the Judith Trust and is aimed at frontline workers and has been produced to help raise awareness of the issue, and support practitioners to identify the warning signs of this complex and often hidden practice.

The guidelines also set out the steps that practitioners should take when dealing with cases.

The guidance is available and can be downloaded at [www.fco.gov.uk](http://www.fco.gov.uk)

## 5. Safeguarding Performance and Activity in 2010 - 2011

The effectiveness of safeguarding work in Suffolk is managed by the performance and quality sub-group, and is overseen by the Adult Safeguarding Board.

The new recording tool, Care First 6, has now been embedded into practice. It includes mandatory fields for the inputting of critical data. Key pieces of information, such as the category of abuse that has been perpetrated, are now captured 100% of the time. A field has been added that gives an opportunity to the people that are being supported to record if they feel the intervention has been beneficial to them. This is expected to be a national indicator for next year.

The way in which the information is extracted from the data base has changed slightly in order to better reflect the work that is undertaken and this now allows for more meaningful trend analysis. One consequence of this is that the total numbers of the referrals for the period 2009 – 2010 has been revised downwards to 1720. Using the same data extraction methodology gives us a total of 2172 for the last reporting period.

### **Average Case Completion Time**

The average time taken to complete a safeguarding intervention is measured from the date a referral is received to the date that the safeguarding event is closed. This has remained within Department of Health timescales, which is 28 days, throughout the sample period. This is an impressive achievement given the improvements in data quality and customer inclusion that have occurred during the same period.

### **Table 1: Source of Referral.**

In the previous reporting period, 2009 – 2010 referrals from the police have accounted for around 22.2% of all referrals. This was a reduction from the period 2008 – 2009 and this downward trend has continued again with the figure for last year falling to 18.4%. This is a credit to the hard work social care and the police have done in filtering out “welfare referrals.”

There is also a greater, and more even, range of referral sources. This is welcome and aligns Suffolk more closely with other local authorities.

Source	2009 / 2010 %	2010 / 2011 %	Trend
Social care and care provider staff	34.9	32	↓
Health staff	14	19	↑
Self referral	3.4	3.6	↑
Family member	8.2	9.2	↑
Friend/ neighbour	3.4	5.3	↑
CQC	6.9	6.6	↓
Housing	2.8	1.3	↓
Education	0.1	0.4	↑
Police	22.2	18.4	↓
Other service user	0	0	→
Other	4.1	4.2	↑

**Table 2: Ethnic Group**

The table below shows a detailed breakdown of the ethnicity of the people who are the subject of safeguarding referrals. There have not been any significant changes over the two year reporting period, although in terms of gross figures some minority groups have shown a relatively large increase in their representation, for example those from within the 'any other Black background' category.

Some categories of ethnicity have no representation and this we be investigated shortly to determine whether this reflects the demographic nature of the population of Suffolk or is a factor which that requires further exploration.

Many of the records are so low that it is difficult to draw any meaningful conclusion without risking an elevation of the significance of these tiny data sets, and as such it is the range of backgrounds that is most illuminating and demonstrates the way in which we are now able to contact the communities within our region.

The data for this table is drawn from our Strategy Events' field in order to minimise the potential for any cross validation errors.

Ethnicity		2009 / 2010	2010 / 2011	Trend
<b>White</b>	White British	1512	1908	↑
	White Irish	8	12	↑
	Traveller of Irish Heritage	0	0	→
	Gypsy / Roma	0	0	→
	Any other White background	66	46	↓
<b>Mixed</b>	White and Black Caribbean	8	6	↓
	White and Black African	0	0	→
	White and Asian	0	0	→
	Any other mixed background	4	3	↓
<b>Asian or Asian British</b>	Indian	0	4	↑
	Pakistani	0	0	→
	Bangladeshi	4	7	↑
	Any other Asian background	8	12	↑
<b>Black or Black British</b>	Caribbean	0	8	↑
	African	4	4	→
	Any other Black background	4	8	↑
<b>Other Ethnic Groups</b>	Chinese	4	1	↓
	Any other ethnic group	9	5	↓
<b>Not stated</b>	Refused	0	0	→
	Information not yet obtained	89	148	↑
<b>Total</b>		1720	2172	↑

**Table 3: Referrals Received Broken-down by Customer Group**

There has been little change in this data set, but there is a more even distribution of customer groups. Again, this is an indication of the way in which the safeguarding service is better able to communicate with, and support, the whole population of Suffolk.

The number of 'unknowns' is a function of the position in the process where we have extracted the data. This produces consistency in terms of total figures, and does not affect the proportion of client categories listed. At the conclusion of the safeguarding process, the nature of the underlying vulnerability is identified within all cases.

Customer Group	2009 / 2010	2010 / 2011	Trend
Asylum seekers	0	1	↑
Carer	32	37	↑
Frail and/or temporary illness	352	465	↑
Learning Disabilities	368	493	↑
Mental health - dementia	136	184	↑
Mental health - other	244	209	↓
Physical Disabilities	428	437	↑
Sensory disability - deaf/blind	0	9	↑
Sensory disability - hearing impairment	16	17	↑
Sensory disability - visual impairment	20	29	↑
Substance Misuse	4	14	↑
Welfare benefits	4	4	→
Unknown	116	273	↑
<b>Total</b>	<b>1720</b>	<b>2172</b>	<b>↑</b>

**Table 4: Abuse Type**

The most significant change over the reporting period has been in the level of deprivation recorded as the primary type of abuse. This reflects a better understanding of the statutory footing that this type of harm has been afforded.

We have separated type of abuse into 'younger' and 'older'. From this we have been able to conclude that that neglect is much more prevalent in the over 65 age group, as is financial abuse. For younger people there is a disproportionately higher risk of sexual abuse.

Our aim is to develop responses to the information we have collected that targets our preventative strategies' at the right client group. An example of this is the use of Stay Safe Cards for younger people with a learning disability and better advice for older people as to how best to protect their money and other finances.

Physical abuse is of shared concern for all client groups, although within each, the type of physical abuse is often observed to be different.

<i>Nature of alleged abuse by percentage: All ages</i>	2009 / 2010	2010 / 2011	Trend
Deprivation/Neglect - Adults	12.5	18.9	↑
Discriminatory Abuse - Adults	0.5	0.2	↓
Financial/Material Abuse - Adults	24.7	24.8	↑
Physical Abuse - Adults	23.6	25	↑
Psychological/Emotional Abuse - Adults	33.3	25	↓
Sexual Abuse - Adults	5.4	6.1	↑
Unknown	0	0	→

<i>Nature of alleged abuse by percentage: 18- 64</i>	2009 / 2010	2010 / 2011	Trend
Deprivation/Neglect - Adults	9.6	13.4	↑
Discriminatory Abuse - Adults	1.2	0.4	↓
Financial/Material Abuse - Adults	20.4	20	↓
Physical Abuse - Adults	28.7	28.3	↓
Psychological/Emotional Abuse - Adults	31.1	27.8	↓
Sexual Abuse - Adults	9	10.1	↑
Unknown	0	0	→

<i>Nature of alleged abuse by percentage: 65+</i>	2009 / 2010	2010 / 2011	Trend
Deprivation/Neglect - Adults	14.9	23.9	↑
Discriminatory Abuse - Adults	0	0	→
Financial/Material Abuse - Adults	28.4	29	↑
Physical Abuse - Adults	19.4	22.1	↑
Psychological/Emotional Abuse - Adults	34.8	22.6	↓
Sexual Abuse - Adults	2.5	2.4	↓
Unknown	0	0	→

### Abuse of Vulnerable Adults – Statutory Return

Suffolk County Council has a duty to make an annual data return to the Information Centre, the government body that collects social care statistics. This return, known as the AVA (Abuse of Vulnerable Adults), is usually needed in May of each year and refers to the previous April-to-April twelve month reporting period.

This year, the return has been delayed until July 2011 due to technical difficulties experienced by the Information Centre in collecting the data in a properly formatted manner.

This confirms Suffolk's view that the collection of safeguarding data, nationally, is very much a work in progress. Suffolk will continue to work closely with our colleagues in the Information Centre, and in other local authorities, to develop a reporting framework that allows effective national comparisons to be made. Our aim is to provide a platform for developments in practice that will better protect adults at risk.

## **6. Training and Service Development in 2010 - 2011**

### **Training Plan: 2010 / 2011**

A wide ranging training programme has continued to be offered in 2010 - 2011 across the whole care sector, to ensure; early identification of abuse, improved understanding of the referral process, better management of referrals and maintenance of safe systems during investigations.

Within 2010 – 2011 training and service development has been provided in various forms. These include; specialist tailored courses, formal courses commissioned by Adult and Community Services and the on-going informal support which has been provided by members of the safeguarding service to staff teams, service users and provider agencies to promote awareness of safeguarding issues and consistency within the processes.

### **Commitment from Service Providers**

The Adult Safeguarding Board welcomes the high priority given to safeguarding training by service providers in Suffolk. During this time of financial challenge the board recognises the commitment to mandatory training and staff development .

### **Specialist training**

The Adult Safeguarding Team continues to have excellent working relationships with Suffolk Police. Joint training between Adult Services and Suffolk Police is highly regarded within both professions and continues to be delivered on a needs led basis.

During 2011, police officers who have existing qualifications in Child Abuse Investigation will receive 'conversion' training, enabling experienced Detective Constables and their supervisors to undertake investigations in both child and adult abuse cases

### **County wide training**

The Adult Safeguarding Service and the Safeguarding Children's Board are working with the Police Crime Training Department to develop a training programme targeted at all police staff that have contact with the public.

The training will focus on vulnerable groups, ensuring police staff are able to identify and report abuse, as well as take appropriate action to safeguard the most vulnerable within our community.

## Adult and Community Services – Commissioned Training

The framework for safeguarding training which commenced in September 2009 has continued to provide for delegates; an understanding of abuse, the awareness of the signs and symptoms of abuse and the roles and responsibilities of those who witness or are informed that abuse is suspected or has occurred.

Further specialist training has been commissioned to raise levels of understanding regarding Serious Case Reviews. Additionally in undertaking Joint Investigations in which a focus is placed on developing mutual comprehension of the complimentary roles of the police, social care and other agencies when a potential crime has been committed.

### Safeguarding Training – 01 April 2010 to 31 March 2011

Course & target audience	Number of Courses	SCC Staff	PVI Staff	Health Staff	Police Staff	Total Attendees
1/2 day course for carers - all sectors	51	100	505	/	/	605
1/2 day course for carers via Induction	20	54	171	/	/	225
1 day course for provider managers – all sectors	12	22	136	3	/	161
“Telephone” safeguarding - CSD and business support	3	25	/	/	/	25
Access & partnership staff (day 1)	13	209	0	/	/	209
Joint Investigation Training (10 day)	1	6	/	/	8	14
Serious case review training (1 day)	1	8	/	3	3	14
<b>Totals</b>	<b>101</b>	<b>415</b>	<b>812</b>	<b>6</b>	<b>8</b>	<b>1241</b>

Throughout 2010 – 2011 the evaluation forms from the delegates at all of the training courses have been very positive and have demonstrated that those attending had through participation an increased understanding of the determination of risk, vulnerability and the seriousness of abuse.

Following the ½ day Training Course for Carers, West Suffolk College was commissioned to conduct a Training Impact Assessment. The outcome of which was a sample of managers were contacted by telephone concluded that over 90% of them, felt that the carers training had provided a positive impact within their workplace.

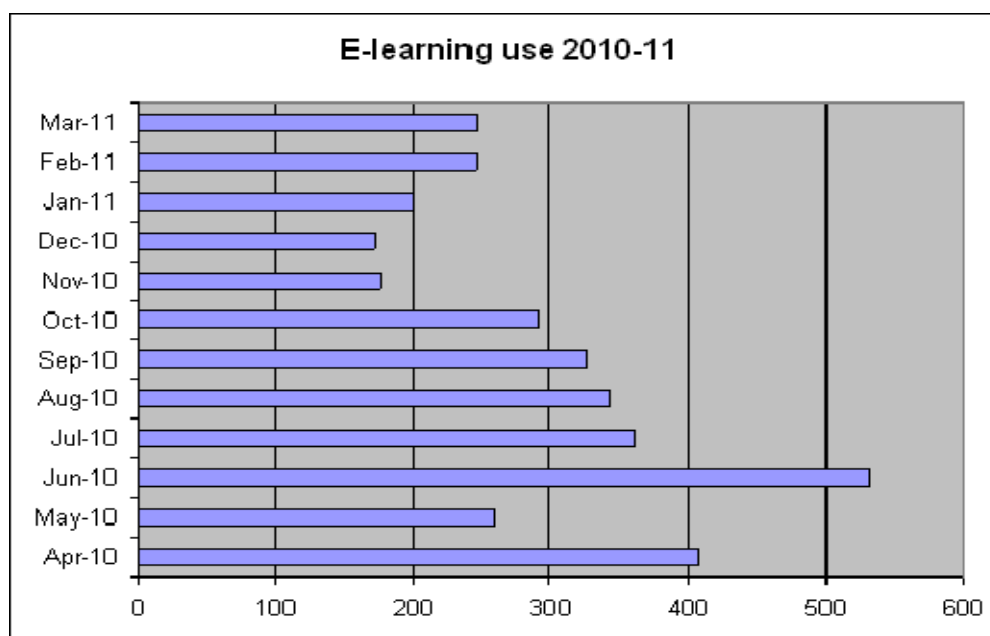
Through adjusting the location of the delivery of the Safeguarding Courses for Private Sector carers where a minimum of 10 members of staff attend, there has been an noticeable increase in the demand for places on these courses, as this has enabled more staff to be released to attend.

## Adult Safeguarding E-learning Training Programme: 2010 – 2011

The adult safeguarding e-learning training programme is available to all and is designed to provide a basic awareness of adult safeguarding. Access to this free course is via the adult safeguarding website: [www.suffolkas.org](http://www.suffolkas.org)

Within 2010 – 2011, the course has been completed by individuals and professionals from the private, voluntary, independent and statutory organisations across the spectrum of customer groups that are represented by Adult and Community Services.

The table provided demonstrates the continued popularity of the course where the numbers attending have ranged from 175 to 520 per month.



## Training and Staff Development Activity: 2011 - 2012

For 2011 – 2012 the adult safeguarding training programme has recently been updated and endeavours to provide staff development which will;

- Maintain and deliver the same level of safeguarding training for carers and managers within the provider services.
- Explore a train-the trainers' model for basic carers safeguarding training which may be more cost effective in the longer term.
- Develop and deliver a second day of safeguarding training for those social workers who will take an active role in investigating.
- Offer Qualifications and Credits Framework (QCF) accreditation to employers at a cost of £60 per person.

## 7. Case Studies

The case studies provided here are based on real cases that have arisen in practice during 2010 - 2011. Each study has been fictionalised and where required specific details have been removed in an attempt to prevent any individuals who are represented from being identified. Further case studies have been collated and can be accessed on the adult safeguarding website: [www.suffolkas.org](http://www.suffolkas.org)

### **Mrs. D's Story**

Mrs. D is aged 78. She does not have any relatives and lives in a flat within a housing complex, for adults aged over 55 years. Mrs D has been diagnosed with dementia, has a crumbling spine and a few years ago was fitted with a pacemaker. She has been recently discharged from a Memory Clinic and now receives assistance from a private care agency three times a day.

Mrs. D shares her flat with Mr. C who is aged 99 years. She refers to him as her lodger although he describes Mrs. D as his live-in partner.

Mrs B previously cleaned for Mrs. D and had recently become her friend. She was concerned that Mr. C regularly asks Mrs. D for money and is often verbally abusive; he is known to be a regular gambler.

Mrs. B contacted Age UK Suffolk Advocacy Service and enquired whether the service would be able to support Mrs. D as she had concerns regarding her care needs and considered whether any possible safeguarding issues existed.

Based on the information from Mrs. B regarding possible emotional abuse, financial neglect and financial abuse, the Advocacy Service submitted an adult safeguarding referral. At the same time the care agency also submitted an adult safeguarding referral as they had seen Mr. B going through Mrs. D's jewellery box without her present and that he had also taken her to the bank to withdraw money from her account without any identifiable reason.

Practical daily concerns were also identified which included that Mrs. D did not have access to her bank account or small amounts of cash to pay for services nor did she have a clear understanding which services she was paying for by direct debit.

In addition, Mrs. D informed the service that she had a lot of pain in her back and feet and that she needed more pain killers. During the period of investigation, Mr. C was admitted to hospital. His needs subsequently deteriorated and he was assessed to require a level of personal care which could not be supported within independent living.

The advocate contacted Customer First and made sure a social worker had been allocated. A member of staff from the Memory Clinic, who had been involved previously, assisted Mrs. D to sort out her finances and to safeguard her from future financial abuse. Mrs. D's medication was reviewed by her GP, issued by the pharmacy in a dossett box and administered by her carers.

Despite her diagnosis of dementia, Mrs. D had the capacity to make a number of decisions; including the decision to return home, with an increased care package and to visit a solicitor with Mrs. B to discuss applying for a Lasting Power of Attorney – Property and Affairs.

An application has now been submitted to the Court of Protection and Mrs. B will be appointed as Mrs. D's attorney to make decisions on her behalf regarding financial matters should she lose the capacity to do so in the future.

Although it was felt that there was insufficient evidence to take formal action against Mr. C the adult safeguarding process across multi-agency working was identified to make significant improvements in the situation of a vulnerable adult.

## Miss A's Story

Miss A had previously been a resident at a nursing home for adults which had recently closed.

Following the closure of the home, Miss A moved with another female resident into the home of one of the carers from the residential care home. The carer assumed financial control for both Miss A and the other service user and claimed to treat them both as members of her family.

Miss A is aged 24 years and has a learning disability and related mobility problems. Paramedics were initially called to the home address after assistance was sought to help Miss A out of the bath. A police officer was subsequently contacted once at the location, after it emerged that Miss A had been stuck in the bath for 26 hours.

An Adult Safeguarding Investigation was jointly instigated with Adult Community Services and the Police to look at; the circumstances that existed, whether criminal offences had occurred or if any safeguarding action needed to be put in place to protect Miss A and the other service user.

A joint visit was made to the carer's home where the situation was found to be chaotic with the carer speaking over everyone and not allowing Miss A the opportunity to speak. The carer identified a number of minor breakages around the home to which she attributed the damage to the two elderly service users. With regarding to the incident to which the paramedics were called, the carer stated that she had been preoccupied with the welfare of her dog and assumed that Miss A was being difficult and could have removed herself from the bath. The carer claimed to have made Miss A comfortable within the bath but gave contradictory information as to why she had not called for assistance.

The carer claimed that Miss A had told her not to call the paramedics as she did not want the emergency services to see her naked however she did accept that that the decision to leave Miss A in the bath for 26 hours had been unacceptable. The carer informed the safeguarding investigation that she had not had any official training as a carer despite having previously assisted her own mother, the owner of Miss A's former nursing home.

Arrangements were made for Miss A to be spoken to at a day care centre away from the carer. At the day care centre she described being stuck in the bath and how the carer ignored her, had taken her dog for a walk and used the computer in another room whilst she remained in the bath.

Miss A described how the carer swore at her and on occasions got her to do cleaning tasks around the home which she was physically unable to achieve. Miss A stated she was afraid she would get in trouble from the carer by speaking to the authorities and gave the overall impression of being frightened of the carer.

Miss A was assessed to not have the mental capacity to make the decision regarding the future care that she required and a best interests decision was made for her to temporarily transfer into respite care whilst a long term decision was made regarding her future care needs. An independent Mental Capacity Advocate (IMCA) was appointed to consider the available options.

Miss A's statement of complaint was obtained on DVD at the Police Victim Care Centre and as a result an offence of ill treatment and neglect of a person lacking capacity was recommended – Section 44 of the Mental Capacity Act 2005.

The carer was formally interviewed by the police where she accepted that she had been neglectful in her care of Miss A. After consultation the carer was cautioned for the above offence.

The best interests decision identified a permanent placement in local residential home, in which Miss A has moved, made new friends and was informed of the outcome of the investigation.

## Mr and Mrs. T's Story

Mrs. T is an elderly customer, who had lived in her own home with her husband. Following a severe stroke which severely restricted her mobility, Mrs. T was supported by a care package in which she received three care visits each day to assist with personal care; including hoisting, and toileting. In addition she attended a day centre which enabled her to have a day out of the family home and provided her husband with a break from the caring role

Concern had been expressed by her domiciliary carers that Mr. T was either not allowing them to assist his wife or was instructing them to transfer her in techniques which were not supported by their training methods. Due to his intimidating nature and physical presence, the carers considered their safety within the home environment was compromised. Throughout the period of involvement, Mr. T was frequently uncooperative with the care plan and overtime increasingly restricted the carers entry to the family home or on rare the occasions when he allowed them into the home, he had already provided the care himself.

Significant concern existed that Mr. T was handling his wife in such a way that her health was at risk. These risks included bruising from rough and inappropriate handling which occurred from his failure to use the hoist which had been provided to ensure appropriate safe transfers. In addition, bruising was evident which was attributed to him inserting her dentures and through him feeding her roughly. Concern also existed that her weight was reducing significantly to such a degree that it was considered that her life could be at risk.

A number of safeguarding meetings were held following the receipt of safeguarding referrals from both the domiciliary carers and the carers at the day centre. These identified the noticeable changes to Mrs. T's physical appearance that she was no longer attending the day centre and that Mr. T was now refusing carers all entry to the property.

Despite many discussions with the professionals involved in her care, Mr. T was not prepared to adjust his techniques or allow others to support his wife. Due to the stroke Mrs. T had an impaired functioning of her brain, and as a consequence a mental capacity assessment was undertaken and concluded that she was unable to determine the risks that were presented to her by her husband providing the entirety of her care. An IMCA was instructed to try to determine the available options which existed and from these, which Mrs. T would have chosen, should she have had the capacity to do so. Unfortunately the IMCA too was denied access to the property.

As concern escalated for Mrs. T's safety; a controlled response was planned for her to be taken to a local care home as a place of safety. This was to be for a short period to accurately assess her care needs, to consider the options available, to reassess her capacity outside of the family home and to make a best interests decision should she be deemed to not have the capacity to make the decision regarding the nature, location and the environment of the care that she was assessed to receive. Despite the anxieties which existed regarding the transfer, Mr. T did not object and the Court of Protection application was put on hold.

Whilst in the care home a DOLS application was submitted but this was not authorised as it was concluded that Mrs. T was not being deprived of her liberty through the care arrangements.

The IMCA considered the range of options which existed which may assist her including; an assessment by the Speech and Language Team, visits from her domiciliary carers who had supported her at home and from her previous colleagues when she worked in a local shop, for her husband to have access to his wife within the care home and for an application to made to the Court of Protection for a Deputy to manage her Property and Affairs.

The recommendation that Mrs. T should remain at the residential care home was supported by the decision-maker where she remained, and continues to live and where she is settled and receives regular visits from her husband and her friends.

## 8. Adult Safeguarding Business Plan 2011 - 2012

<b>Protecting vulnerable people is a corporate priority for Suffolk County Council</b> <b>The adult safeguarding objectives have been developed from the Adult and Community Services Priorities for 2011 - 2012</b>	
<ul style="list-style-type: none"> <li>• Deliver the savings targets for 2011 – 2012</li> <li>• Create integrated care commissioning and development processes with the NHS in Suffolk which will deliver better commissioning outcomes and reduce high cost demand</li> <li>• Contribute to the planning for the transfer of public health responsibilities to SCC and the Health and Wellbeing Board in Suffolk.</li> <li>• Review and establish all staffing structures and lean systems reviews and supporting workforce development, to deliver the changes.</li> </ul>	
<b>Objectives:</b>	<b>Work streams:</b>
<b>1. Undertake further development with Board members to ensure high quality governance of safeguarding arrangements</b>	a. ASB Governance Review
<b>2. Develop partnerships to achieve wider knowledge of best practice</b>	a. Increase with inter-faith groups b. Increase wider community engagement including BME groups c. Increase engagement with Community Mental Health Trusts d. Increase engagement with voluntary and community groups e. Develop training programmes to support best child safeguarding practice within adult services.
<b>3. Review of adult safeguarding agenda</b>	a. Review of policy for the serious case reviews. b. Review of safeguarding agenda in line with new statutory duties following Law Commission report and Winterbourne View investigation c. Consider implication of lean review for safeguarding d. Actively respond to national and local government strategies

<p><b>Protecting vulnerable people is a corporate priority for Suffolk County Council</b>  <b>The adult safeguarding objectives have been developed from the Adult and Community Services Priorities for 2011 - 2012</b></p> <ul style="list-style-type: none"> <li>• Develop and modernise to deliver quality and safe services within the resources available and to ensure that adult safeguarding remains a priority.</li> <li>• Increase the momentum for personalisation.</li> </ul>	
<b>Objectives:</b>	<b>Work streams:</b>
<b>1. Further develop quality assurance systems</b>	<ul style="list-style-type: none"> <li>a. Provider sub-group development</li> <li>b. Performance and quality sub-group development</li> <li>c. Regular case audits</li> </ul>
<b>2. Support the national developments for Adult Safeguarding</b>	<ul style="list-style-type: none"> <li>a. Implement the Law Commissions recommendations and anticipated Code of Practice</li> </ul>
<b>3. Support prevention and personalisation agendas for Adult Safeguarding</b>	<ul style="list-style-type: none"> <li>a. Financial abuse</li> <li>b. Young adults with additional needs</li> <li>c. Transitions</li> <li>d. Institutional abuse</li> <li>e. Dignity in care</li> </ul>
<b>4. Listen and learn from customer views</b>	<ul style="list-style-type: none"> <li>a. Analysis / learning from CF6 customer views</li> <li>b. Incorporating learning from customer views into training</li> <li>c. Further development regarding raising customer awareness</li> </ul>

## **Appendix 1. The Role and Objectives of the Safeguarding Board**

The Suffolk Adult Safeguarding Board is an inter-agency forum which meets every three months and promotes the protection of vulnerable adults from abusive behaviour (membership of the Board is detailed in Section 2 of this report). It achieves this aim by developing, implementing, monitoring and evaluating procedures and practice models which will encourage the prevention, detection and reporting of abuse in all its forms.

The focus of the Board is to facilitate effective inter-agency collaboration and cooperation at all levels of safeguarding work and it is a catalyst for promoting good practice and innovation. It provides a strategic overview of the adult safeguarding work programme to ensure a consistent professional response to abuse of vulnerable adults.

The Board also has a key role in raising awareness amongst all staff, care providers, customers, family carers and residents of Suffolk as to what constitutes abuse, how to respond and what actions to take to prevent abuse from re-occurring.

The work of the Board focuses on five interlocking approaches to decrease the risk of abuse of vulnerable adults:

- Partnership working with vulnerable adults to promote awareness, assertiveness and empowerment; for example through the DVD's "Say Something" and "Say No to Abuse".
- Screening out and preventing abusers from coming into contact with vulnerable adults.
- Developing policy and procedures and identifying best practice for staff and provider services.
- Providing training opportunities to ensure staff awareness of their roles and responsibilities in recognising and responding to abuse.
- Monitoring the effectiveness of adult safeguarding policies and practice.

The Board and Safeguarding Services are represented on a range of community safety forums including: Domestic Violence, Homeshield, Multi-Agency Risk Assessment Conference, Multi-Agency Public Protection Arrangements, Crime Reduction Partnership, Safer Recruitment, Independent Safeguarding Authority, Hate Crime, Emergency Duty Service, Crown Prosecution Service, and Children's Safeguarding Board.

## Appendix 2. Establishing Safeguarding Governance in Practice

The 2010 - 2011 Business Plan placed a requirement on the members of the Adult Safeguarding Board to ensure that safeguarding governance is established within their particular organisation.

The following reports reflect the introduction of safeguarding governance or the review of existing procedures that have occurred, within the reporting period, by a selection of the organisations represented on the Board.

### **NHS Suffolk Primary Care Trust**

NHS Suffolk is the Primary Care Trust (PCT) for the county of Suffolk (excluding Waveney) and cares for a population of around 600,000. We make sure that people in Suffolk are well-served by hospitals and community healthcare, and that they receive the treatment they need, where and when they need it. NHS Suffolk aims to improve health and wellbeing. We work with local authorities and other partners to reduce health inequalities and help to develop sustainable communities.

NHS Suffolk commissions healthcare from 'providers' such as Ipswich Hospital, West Suffolk Hospital, Suffolk Mental Health Partnership Trust and Suffolk Community Healthcare. In order to ensure that governance is robust NHS Suffolk has incorporated Adult Safeguarding into its contracts with each of the above organisations.

Contracts specify that each organisation must provide a full adult protection service for adults within their care; throughout all clinical areas. Also that safeguarding vulnerable adults from abuse and promoting the welfare of adults is an integral part of the care that is offered. The contracts make it clear that providers are responsible for the care, welfare, and protection of vulnerable adults and must:

- Have a policy of zero tolerance of abuse;
- Be conversant with Adult Safeguarding Board (November 2008) Adult Safeguarding Policy and Operational Guidance;
- Have their own internal safeguarding policy consistent with the Adult Safeguarding Board (November 2008) Adult Safeguarding Policy and Operational Guidance;
- Have safe recruitment practices;
- Ensure that they have sufficient staff training programmes to make certain that all staff know what to do if they have any concerns or receive a disclosure from whatever source.
- The Provider should be conversant with information contained on the Suffolk ASB website at [www.suffolkas.org](http://www.suffolkas.org)

The contracts in place are designed to ensure that a robust and consistent process is in place throughout all health providers.

The Adult Safeguarding Lead's for NHS Suffolk and NHS Great Yarmouth and Waveney have set up a Health Adult Safeguarding Sub-Group. This met for the first time on 20<sup>th</sup> October 2010. The purpose of the group is to provide 'a voice for health within the multi agency safeguarding adult framework'.

The group is currently developing robust systems and processes for safeguarding vulnerable adults and is working with all health organisations in order to ensure a joined up approach. This Health Sub-Group is also participating in the serious case review process. The Health Sub-Group reports directly to the Adult Safeguarding Board.

## **NHS Great Yarmouth and Waveney Primary Care Trust**

NHS Great Yarmouth & Waveney (NHS GY&W) is committed to the protection of vulnerable patients from abuse. The organisation has appointed two Safeguarding Adults Leads, Janet Elliott for the Commissioning arm of the organisation and Walter Lloyd-Smith for Community Services.

To reflect the key priority to ensure the safety, well-being and protection of vulnerable adults in its care NHS GY&W launched its Adult Safeguarding Strategy in December 2009 (updated in March 2011). There is an Operational Policy for community services staff. In June 2010 all community services staff were issued with the referral protocol and supporting information in the form of a diary card. Clauses have been built into all contracts to ensure that providers of care adhere to the strategy and the Operational Policy for Suffolk County Council as lead agency.

Recruitment policies are in accordance with the Independent Safeguarding Authority's Vetting & Barring Scheme. 348 staff completed mandatory safeguarding training during the year and between January and March 2011, 80 staff have received a new joint children and adults safeguarding course.

Responding to guidance from the Department of Health on Clinical Governance & Adult Safeguarding (2010), NHS GY&W has been working intensely to ensure adult safeguarding becomes fully integrated into NHS systems for reporting both incidents and serious incidents.

Operation Safe, Lowestoft: this innovative preventative partnership scheme links a district nurse team with a Police Community Support Officer (PCSO) from Suffolk Constabulary to improve services to vulnerable adults. Building on the success of a sister scheme in Great Yarmouth, a pilot in Lowestoft found very positive results. Work is now underway to extend the scheme to cover the whole of Lowestoft.

It has been a busy year for the adult safeguarding workstream, which has seen the Safeguarding Leads continue as active partners on both Norfolk and Suffolk Safeguarding Boards, and in which Janet Ellis acts as Joint Chair of the NHS subgroups. Work continues to ensure that health staff actively support local authority colleagues and the police in their work to safeguard vulnerable adults.

## **Suffolk Community Healthcare**

Within Suffolk Community Healthcare (SCH) the Safeguarding Sub Group oversees all adult and child safeguarding responsibilities, reviewing ongoing work and training in both areas. This group is part of the organisational clinical governance structures and monitors progress against the SCH Adult Safeguarding Action Plan.

There has been a concerted effort within SCH over the last year to raise the profile of adult safeguarding, and the uptake of training and numbers of referrals have increased. All clinical staff and managers are required to access adult safeguarding training three-yearly, either a two hour face to face session delivered by the Practice Development Team or through an e-learning package which also takes approximately two hours. All other staff must access adult safeguarding training once at induction.

SCH has taken opportunities to learn through incidents and has introduced processes to ensure recommendations and experiences are shared throughout the organisation. Clinical incidents involving vulnerable adults are subject to Root Cause Analysis investigations and feedback is provided through the dissemination of the report findings and face-to-face staff meetings.

## **Suffolk Mental Health Partnership Trust**

Over the year 2010 - 2011, Suffolk Mental Health Partnership Trust has made a big commitment to embedding safeguarding in the culture of the organisation. An adult safeguarding group was set up in January 2010 and training is rolling out across the Trust with the ultimate goal of training all staff in safeguarding.

Throughout the year, one-day safeguarding training days have been taking place at the rate of two or three per month with between 12 and 23 participants each time. As the year ended, more than 89 per cent of staff took part in safeguarding adults training. The training is pitched at an introductory level so it is suitable for all staff, from cleaners to consultants. It is delivered in house within a classroom setting and also via e-learning.

The Trust's adult safeguarding group aims to ensure clinicians have an open and supportive forum in which to share issues and solutions. It also provides a focal point for contact with other agencies such as Suffolk County Council, housing and education.

Over the past year, the group has looked at a wide range of issues including referral procedures, clinical supervision, performance monitoring and serious cases. A practitioner's guide for adult safeguarding from referral was also produced.

## **Suffolk Constabulary**

Adult Safeguarding is rightly taken very seriously by Suffolk Constabulary and the governance of this business area has recently changed with the responsibility for Public Protection across both Norfolk & Suffolk resting with Suffolk's Assistant Chief Constable Gary Kitching. A joint Head of Protective Services for both counties is presently Suffolk's Detective Chief Superintendent Stewart Gull QPM and the Head of the Public Protection Directorate in Suffolk is Detective Superintendent Alan Caton.

The Constabulary is represented at the Adult Safeguarding Board by Detective Chief Inspector Stuart McCallum, who also oversees the three police Victim Care Centres (VCC's) which contain operational staff who have received specialist training in order to interview vulnerable victims and witnesses. At these Victim Care Centres the police have facilities to secure evidence from witnesses by means of DVD recording and Adult & Community Services staff also work from these premises across the county and true partnership working is put into practice as a result.

Child Abuse investigators working from these VCC's are due to receive Adult Safeguarding 'conversion' training in mid-2011, being co-delivered in partnership between Safeguarding and Constabulary trainers, with a view to increasing the capability of specialist officers in relation to crimes committed against vulnerable adults in particular.

The Constabulary has changed processes around referrals about Adult Safeguarding in 2011 and this has seen a colleague dedicated to reviewing them and holding strategy discussions with Social Care colleagues, leading to more consistency around thresholds and decision-making and further safeguarding vulnerable adults.

Protecting vulnerable people in our county remains a priority for Suffolk Constabulary and this will continue to be effective as we work closely with partners across the agencies.

## **Diocese of St Edmundsbury and Ipswich - Church of England in Suffolk**

2010 saw the continuation of the developing working partnership between the Diocese of St Edmundsbury and Ipswich (Church of England in Suffolk) and the Suffolk Adult Safeguarding Board.

The Assistant Secretary of the Diocese (who also acts as the Bishop's Safeguarding Officer) maintained membership of the Adult Safeguarding Board and, in particular, made contributions to its Governance sub-group.

Reciprocally, an Adult Safeguarding Manager was appointed to the Bishop's Safeguarding Panel to advise directly on issues relating to the many potentially vulnerable people the Church seeks to serve in communities throughout the county.

The online e-learning training programme was made available to the many volunteers working on behalf of an Anglican parish with those classed vulnerable and plans were made for a pilot training event for Clergy and other parish officers to take place in May 2011.

The diocese explored ways in which it might provide opportunities for the board to engage in broader ecumenical and multi-faith dialogue, most notably through the Chaplaincies facilitated in hospitals and educational institutions.

We look forward to furthering these, and other potential new partnership working opportunities, in the coming months and years.

## **IMCA - Suffolk**

Within 2010, IMCA-Suffolk through its management arrangements with Optua, has reviewed its robust policy on safeguarding adults. The policy sets out clearly the procedures which are required to be taken in the event of abuse being witnessed, suspected or disclosed.

There is clear guidance for staff in the following roles; Support Staff, Managers, Senior Managers and the Chief Executive. Where concerns are identified they must be reported to the Service Manager who will ensure accurate records are made and if there is clear evidence of criminal activity or the client is in immediate danger must inform the police of the matter.

The Manager in consultation with the Chief Executive and Mark Farley must then refer the matter to the Vulnerable Adult Protection Committee via Customer First.

The Service Manager or Chief Executive must then report the incident to the Care Quality Commission within 24 hours. The Chief Executive will keep a record of any allegations of abuse together with details of investigations and outcomes.

Optua's policy is produced alongside the Vulnerable Adult Protection Committee inter agency policy 2008. As well as the Adult Safeguarding Policy, Optua also has staff guidance to work in conjunction of the policy and a Whistle Blowing Policy.

Optua's policies are reviewed annually at a policy review group of Senior Managers.

There is a clear structure for staff training from induction to Senior Managers level in all services which is refreshed bi-yearly, so staff remain vigilant to the signs of abuse, are aware of their responsibilities around safeguarding the vulnerable people who use our services, as well as being clear on the procedures they should follow in the event of abuse being witnessed or alleged. In addition to the recent review of the policy, staff have been updated on the processes by Mark Farley who is also available to offer advice and has attended staff meetings.

## Suffolk Family Carers

Suffolk Family Carers works with family carers of all ages with the aim being to help Family Carers live fuller lives this also includes in a safe way. Suffolk Family Carers (SFC) have worked closely with the Safeguarding Board and area teams for some years, this has been an extremely positive working partnership.

2011 has seen Suffolk Family Carers continue to update, formalise and ratify with our own Board our safeguarding policies, procedures and protocols. Throughout the year the relationship with the locality teams has been extremely positive, dealing with referrals swiftly, advising our teams on situations which may be unclear to ensure that they are supported, to enable safeguarding issues to be taken extremely seriously so that they are built into the fabric of the organisation.

The SFC Internal Safeguarding Steering Group is an internal working group that oversees and drives forward the implementation of the SFC Safeguarding policy, training development of staff, protocols, procedures and action plans and enables our teams to come together for peer support on the safeguarding agenda as well as to receive up to date information from the County's safeguarding team. This steering groups membership is a cross section of employees from both Adult Services and Children's within SFC. Members include the Chief Executive, Safeguarding Trustee representative, Project Managers and front line staff and other invited individuals as required.

The steering group oversees a robust safeguarding action plan for the whole organization and has ensured that the following safeguarding systems are in place;

- Terms of Reference for the steering group (review date April 2012)
- Suffolk Family Carers Safeguarding Action Plan (ongoing)
- Equality Impact Assessments for both Adult and Children's Safeguarding Policy (to be ratified by Trustees date June 2011)
- Ongoing training needs review for all Suffolk Family Carer employees through the recorded internal training log (ongoing reviews)
- Standard article within SFC newsletter sent out to family carers in Suffolk who we are in contact with covering types of abuse and the contact details to Customer First and Out of hours contacts for any person that has concerns

In addition SFC monitors safeguarding referrals through;

- The completion of a Safeguarding Referral Log
- Partnership working with Suffolk County Council Safeguarding Teams
- SFC Representation at: the Safeguarding Board, SCC Safeguarding Communication Group and Safeguarding Locality Meetings

Although Suffolk Family Carers will be going through organisation change in the next year it continues its commitment to the safeguarding agenda both internally and externally.

### Appendix 3. Progress regarding the Business Plan 2010 - 2011

Objective	Action(s) Required	Actions Completed
<p>1. Develop prevention and personalisation agendas for Adult Safeguarding</p>	<p>a. Promote customer knowledge of safeguarding through publicising DVD's and work with groups such as Learning Disabilities Partnership Board</p> <p>b. Engage with Chaotic Lifestyles Pilot</p> <p>c. Use new national targets for referral numbers to review local referral processes and focus activity on key areas of urgent and/or serious concern.</p>	<p>Day Activities Manager for Learning Disabilities Services and Head of Adult Safeguarding have reported to the Learning Disabilities Partnership Board regarding guidance published on Forced Marriage and Learning Disabilities</p> <p>Supporting families services and an Adult Safeguarding Manager have identified facilitators within Suffolk County Council services to run awareness raising sessions with the use of the say NO to abuse DVD.</p> <p>New Adult Safeguarding website with easy read pages.</p> <p>Development of the Stay Safe cards in Suffolk.</p> <p>Adult Safeguarding Manager representation on the Including Everyone subgroup of the Learning Disabilities Partnership Board.</p> <p>Nominated ASSP attends and represents the safeguarding service at the monthly Chaotic Lifestyles Pilot and the Risk Management Panel.</p> <p>Currently no national targets however comparisons with other counties indicate that Suffolk receives approximately the average amount of referrals.</p> <p>Joint Improvement Partnership guidance on benchmarking for Adult Safeguarding has been fed into the Adult Safeguarding Board Governance Group.</p>

Objective	Action(s) Required	Actions Completed
	<p>d. Further engagement with Suffolk Carers to plan ways of reducing referrals where main carer is alleged perpetrator</p> <p>e. Review Safer Recruitment pack</p> <p>f. Promote take up of free CRB checks and promote community safeguarding champions</p> <p>g) Work with Children and Young People services to ensure safe transition to adult services for those at risk due to their lifestyle or care needs</p> <p>h) Work with Age Concern to develop improved procedure to prevent financial abuse</p>	<p>Carefirst 6 allows for data to collecting concerning numbers of all edged perpetrators who are family carers.</p> <p>Adult Safeguarding representation at Suffolk Family Carers Safeguarding Group.</p> <p>Review of the Safer Recruitment pack completed by Head of Service.</p> <p>Free CRB checks are promoted through the Direct Payments Team, Suffolk Independent Living and individual practitioners.</p> <p>Promoted through the mainstream personalisation agenda.</p> <p>Pilot of the Risk Management Panel to identify those individuals leaving CYP services but would not always meet the transitions team criteria.</p> <p>Financial abuse procedures reviewed by Age UK and Adult Safeguarding Team.</p> <p>Adult Safeguarding attendance at the Older Persons Partnership Board.</p> <p>Work has developed with FIAS Team with a view to that team taking on low level financial abuse investigations.</p>



Objective	Action(s) Required	Actions Completed
	c. Support quality assurance development through Joint Improvement Partnership framework	ASMs attended JIP workshop to consider development of performance indicators and appropriate data collation for adult safeguarding.
3. Undertake further development with Board members to ensure high quality governance of safeguarding arrangements	<p>a. Development of sub-groups will give more opportunities for Board member involvement</p> <p>b. Review of Locality Committees to consider possible local role/contributions from Board members</p> <p>c. Review Board membership as in 6 below</p> <p>d. Ensure that all relevant training opportunities are cascaded to Board members. Training and Communications groups to progress.</p>	<p>P and Q sub group well established.</p> <p>Provider subgroup's held throughout the year.</p> <p>Communication subgroup now up and running.</p> <p>Health subgroup now up and running.</p> <p>Task and Finish ASB Governance Group completed</p> <p>This has now been completed and new proposal is to be implemented in May 2011.</p> <p>Manager of IMCA-Suffolk has joined as a new Board Member.</p> <p>Information regarding training forwarded to each board member by the Adult Safeguarding Administration Manager. Training details also uploaded to the adult safeguarding website.</p>

Objective	Action(s) Required	Actions Completed
	<p>e. Ensure Board members report back to senior management meetings to confirm safeguarding governance is embed within their organisation</p> <p>f. Include future delivery plans in update reports to Board by partner agencies</p>	<p>Conformation provided from board members where safeguarding governance has been established into each organisation – examples have been included within Appendix 2.</p> <p>Board members to continue to carry forward the requirement that each organisation updates and reviews their safeguarding governance.</p>
<p>4.Develop partnerships to achieve wider knowledge of safeguarding best practice</p>	<p>a. Discussion with faith group Board Member(s) to plan framework for inter-faith discussions of safeguarding issues</p> <p>b. Undertake research to identify best practice in engaging with black and minority ethnic communities on safeguarding issues – use work by Eastern Region Joint Improvement Partnership as appropriate</p> <p>c. Continue to promote safeguarding literature in a range of languages and target as appropriate (link to Communications Strategy)</p>	<p>Adult Safeguarding Manger completed work with Diocese and adult safeguarding. Training to be delivered in the near future.</p> <p>Adult Safeguarding manager attends the Bishops Safeguarding Panel.</p> <p>Forced Marriage and Vulnerable Adult guidance developed.</p> <p>Adult Safeguarding team joined up working with Hate Crime Service and Policy developed regarding Radicalisation.</p> <p>Further research in this area to be carried forward for the Business Plan 2011 - 2012.</p> <p>Adult Safeguarding leaflet continues to be available in various languages</p>

Objective	Action(s) Required	Actions Completed
	<p>d. Ensure better training for Community Mental Health Teams (CMHTs) and ensure their active local engagement with Adult Safeguarding Senior Practitioners</p> <p>e. Support wider community engagement through district councils, and major voluntary organisations</p> <p>f. Support wider community engagement through district councils and major voluntary organisations.</p> <p>g. Continue development of joint working with Children and Young People and NHS colleagues</p>	<p>Various meetings with SMHP partners have taken place however there remains a lack of clear guidance as to the roles of social workers in CMHTs. Contact with ASMs and ASSPs by these teams though has been improved.</p> <p>CMHT representation on the Locality Committees.</p> <p>Adult Safeguarding team attendance at SMHP Safeguarding Board.</p> <p>Protocol and training developed for CMHT staff but not yet embedded.</p> <p>Joint safeguarding training with CYP services for all County Councillors and also through engagement with the local voluntary organisations</p> <p>Achieved through the set-up of the Health subgroup.</p> <p>Achieved through the set-up of the Risk Management Panel</p> <p>Joint Adult and Children’s Safeguarding Independent Safeguarding Authority Roadshows completed across the county.</p>

Objective	Action(s) Required	Actions Completed
	<p>h. Engage with practice based commissioning groups to develop improved understanding and awareness within GP practices.</p>	<p>Adult Safeguarding Senior Practitioner worked with Health Safeguarding lead to deliver training to all surgeries in the Lowestoft and Beccles area.</p> <p>Development of Operation Safe in the North Locality.</p> <p>To be further address through the Health Subgroup.</p>
<p>5. Carry out further development of the Dignity Agenda</p>	<p>a. Promote dignity awards through Provider sub-group and provider forums</p> <p>b. Adult Safeguarding Senior Practitioners to ensure that their local provider services identify a dignity champion</p> <p>c. Disseminate good practice examples from both eastern region and nationally through team meetings and other forums.</p>	<p>Dignity Agenda is promoted through provider forums, and is included on the recent development of the provider peer review template.</p> <p>The Dignity in Care awards were presented at a Conference specifically held for care providers.</p> <p>Encouragement for individual homes to have in-house Dignity in Care Awards.</p> <p>Each ASSPs has signed-up as a dignity champion to promote the dignity in care agenda and reinforce the 10 Dignity Challenges when working with provider services.</p> <p>Researched Essex’s report following receiving an Excellent.</p> <p>Adult Safeguarding Team representative attended Regional Dignity in Care Network Event.</p> <p>Supporting Families Dignity in Care training and peer review process across the service has been shared at provider subgroup.</p>

Objective	Action(s) Required	Actions Completed
	<p>d. Ensure that Contracts and Care Quality Monitoring Teams highlight importance of dignity in provider services through their contract monitoring processes and specifications.</p> <p>e) Specifically support the dignity agenda in health settings</p>	<p>This is included as standard information in the reports that the team produce following any provider visit.</p> <p>Changes in timescale have not allowed for this to take place in year 2010 - 2011 but will be carried forward to 2011 - 2012.</p>
<p>6. Listen and learn from customer views</p>	<p>a. Review Board membership and consider lay membership</p> <p>b. Improve current level of recording of customer views on Care First 6 from 40% to 100% by end of 2010/11, through Adult Safeguarding Senior Practitioner scrutiny and training.</p> <p>c. Develop critical analysis and case audit processes to ensure the safeguarding service learns from the best practice examples and high standards are consistent across all teams.</p> <p>d. Use new team level management information to monitor local performance.</p>	<p>Manager of IMCA-Suffolk has joined as a new Board Member</p> <p>This question is now answered 100% of the time.</p> <p>Light tough inspection carried out in October 2010 and found that 90% of the cases were compliant with adult safeguarding policy and procedures and found that the quality of the work recorded had significantly improved since March 2009.</p> <p>Reports for Adult Safeguarding carried out by CSD and analysed and sent to local area team managers.</p>

Objective	Action(s) Required	Actions Completed
	<p>e. Develop a programme of customer training.</p> <p>f. Explore achieving customer feedback through organisations such as Age Concern, East Suffolk Advocacy Network and Suffolk LINK</p>	<p>This has been developed for customers with learning disabilities through the facilitation of the Say NO to abuse DVD's awareness sessions.</p> <p>Attendance at the Older Person's Partnership Board</p> <p>ASSP to attend the Partnership with Older People (POPs) forum.</p> <p>This currently part of the agenda for the Communications Subgroup and in development</p>
<p>7. Improve policy for Serious Case Reviews</p>	<p>a) Serious Case Review (SCR) sub group to be agreed and implemented</p> <p>b) Second development opportunity for Board members to be arranged to ensure wider understanding of processes and responsibilities</p> <p>c) Learning outcomes from 2010-11 serious case review(s) to be evaluated and actioned according to recommendations within individual reports.</p>	<p>List of Board members willing to participate completed</p> <p>Learning from SCR to be shared with the Board</p> <p>Learning regarding SCR process to be shared with Board members nominated for SCR subgroup</p> <p>Changes in timescale have not allowed for this to take place in year 2010 - 2011 but will be carried forward to 2011 - 2012.</p>

## Appendix 4. DOLS Activity in 2010 - 2011

Between 01 April 2010 and 31 March 2011, Suffolk has received a total of 39 applications from care homes and hospitals (managing authorities) where they have determined that to ensure that the resident / patient (relevant person) who meets the qualifying arrangements for authorisation, receives the care or treatment that they are assessed to be required within the protective care measures provided by the Deprivation of Liberty Safeguards.

Within Suffolk there is joint DOLS Policy and Procedure for the receipt and the processing of applications which arise within the county. Applications have been received from Suffolk County Council, NHS Suffolk and those that fall within the Suffolk boundaries of NHS Great Yarmouth and Waveney.

The figures provided in brackets are the application figures for the previous period (01 April 2009 – 31 March 2010) so that there can be comparisons made between the respective years activity.

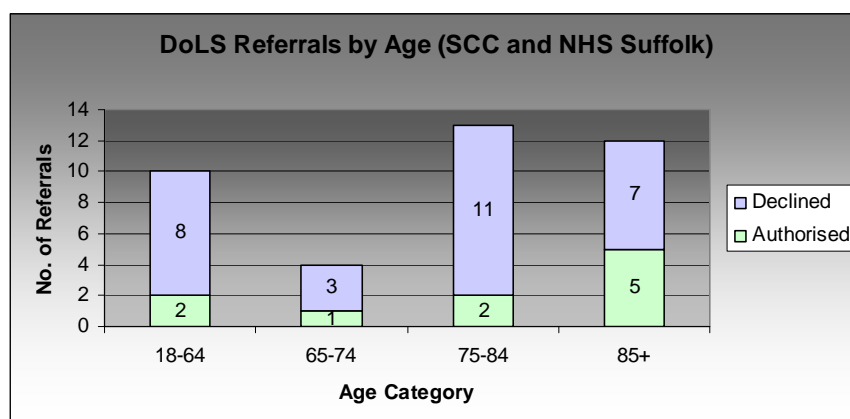
Organisation	Authorised	Declined	TOTAL
Suffolk County Council	9 (12)	23 (23)	32 (35)
NHS Suffolk	1 (3)	6 (7)	7 (10)
NHS Great Yarmouth & Waveney	0 (0)	0 (2)	0 (2)

In addition to the above applications, Suffolk has also commissioned Best Interests Assessors to undertake DOLS assessments for other local authorities and primary care trusts (supervisory bodies) including Hertfordshire and also the London Boroughs of Haringey, Merton and Camden.

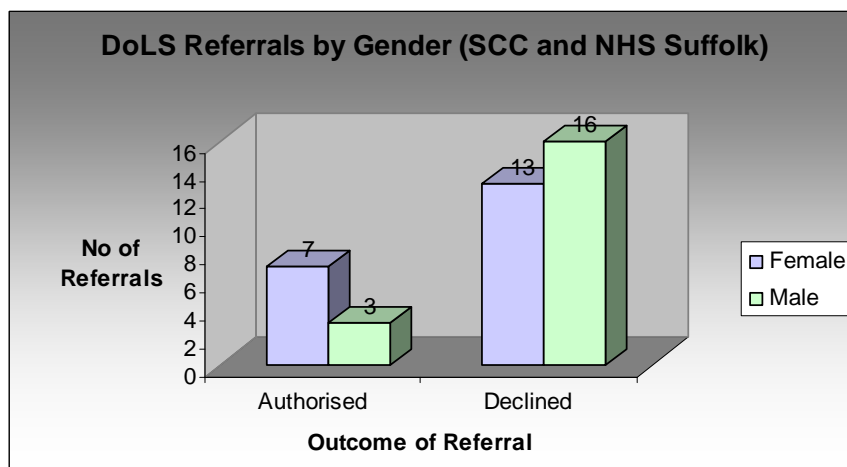
Furthermore, Best Interests Assessors in Suffolk have also undertaken DOLS assessments for Norfolk County Council where the relevant person resided in a local authority residential care home and where an independent assessor was required to avoid a potential conflict of interest.

The following two tables break down the DOLS Applications that have been received between 01 April 2010 and 31 March 2011 and determine the categories for application regarding both age and gender and those applications which were authorised and those which were declined.

### DOLS Applications by Age:



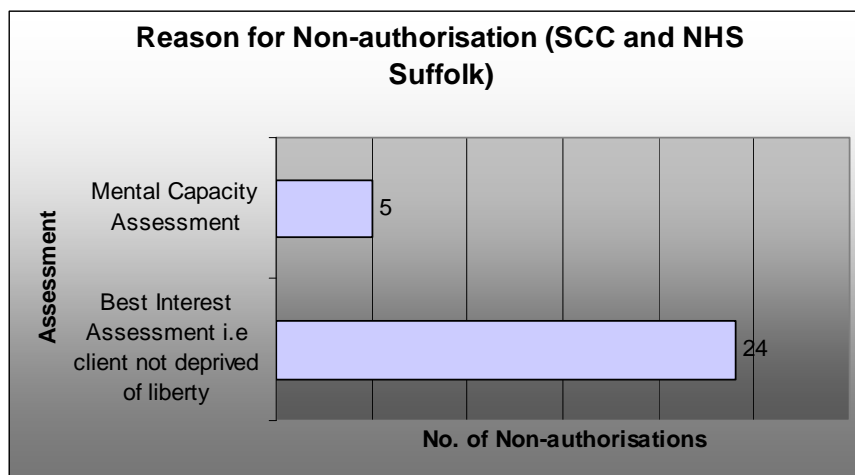
## DOLS Applications by Gender:



## DOLS Reason for Declining Authorisation:

Following a DOLS application, the Best Interests Assessor and the DOLS trained Section 12 doctor are required to determine whether the requirements of the 6 qualifying assessments are met. Where the requirements are not met, the application will not be authorised / declined.

The following table demonstrates the categories for which authorisations were declined following the 29 DOLS applications which were received in Suffolk during 01 April 2010 and 31 March 2011.



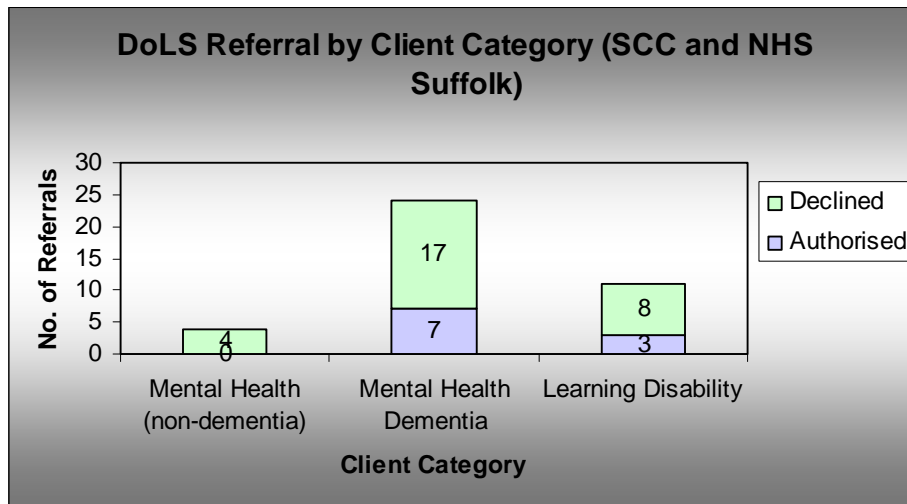
The two categories for declining an authorisation were Mental Capacity, where it was deemed that on 5 occasions the relevant person had the mental capacity to consent to the arrangements and Best Interests Assessment; where on 29 occasions the best interests assessor identified that although legitimately restricted, the relevant person was not being deprived of their liberty.

Within Suffolk, no DOLS applications have been declined regarding the following assessments: Age, Mental Health, Eligibility and No Refusals.

In addition, Suffolk has yet to have a scenario in which the Best Interests Assessor identifies that the relevant person is being deprived of their liberty but that they refuse to recommend authorisation as they do not consider the deprivation to be in the relevant person's best interests.

### DOLS Application - Client category:

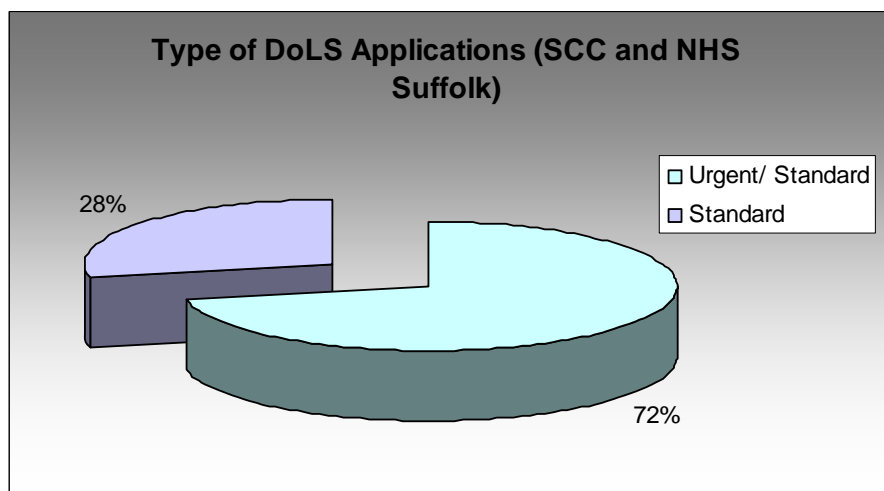
The following table clarifies the disability categories in which DOLS applications have been received in Suffolk during 01 April 2010 and 31 March 2011 and the proportion which have been authorised and declined.



### Type of DOLS Application:

There are two types of application for the DOLS; Urgent where the relevant person is felt to be deprived of their liberty through the current care and treatment arrangements or Standard in which the relevant person is anticipated to be required to be deprived of their liberty within the next 28 days.

The following table clarifies the breakdown between the Standard and Urgent applications in Suffolk during 01 April 2010 and 31 March 2011.



The significant split that currently exists between Urgent and Standard Applications which is identified to have occurred within Suffolk during 01 April 2010 and 31 March 2011 is comparative with other local authorities. However the Department of Health considers that the ratio should begin to narrow as managing authorities and supervisory authorities become more familiar with the requirements of the DOLS. This aspect will continue to be monitored throughout 2011 – 2012.

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**For general, non-urgent referrals, safeguarding enquiries or issues regarding the website, please contact:**

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**Suffolk has been divided into 3 Victim Care Centre areas; each of these areas has an Adult Safeguarding Manager, who is based in the Police Victim Care Centres and who work in partnership with the Police.**

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## The Mental Capacity and the Deprivation of Liberty Safeguards – MCA and DOLS

The Adult Safeguarding Service is supported throughout Suffolk by a Safeguarding Advisor for Mental Capacity and the Deprivation of Liberty Safeguards.

For generic guidance or specific assistance regarding the MCA or DOLS please contact;

### **Dominic Nasmyth-Miller**

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