HILLINGDON

LONDON

L. B. Hillingdon Safeguarding Adults Partnership Board

Annual Report 2010/2011.

Foreword by Lynda Crellin, Independent Chairman of the Safeguarding Adults Partnership Board

It is with pleasure that I present the Safeguarding Adults at Risk Annual Report for 2010/11, my first as the independent chair of the Board. This year has seen significant changes in safeguarding adults at risk in Hillingdon, underpinned by the continuing commitment of partners to address the concerns of adults who may be at risk of abuse.

We have seen a major local public awareness campaign to raise the profile of safeguarding adults, conferences for professional staff and an out reach programme putting across a wider safety message in order to encourage people to take steps to protect themselves. Referrals have risen which, in this instance, is a good thing, demonstrating a greater awareness of risk and a willingness to alert us of concerns, even if a proportion of these alerts are subsequently resolved without the need for safeguarding intervention.

As indicated earlier there have been changes in the Board structure, bringing myself in as the independent chair and forging closer links with the Local Safeguarding Children Board. Whilst the agenda for adult and children's safeguarding remains quite distinct there are areas of common concern and learning which the new arrangements will foster. It also reflects the need, in these difficult economic times to rationalise and use our resources effectively. The Government have indicated that adult safeguarding boards will be put on a statutory footing in 2012 and these changes will ensure Hillingdon is well placed to assume any new responsibilities.

A significant change for adult safeguarding has been the introduction of the pan-London multi-agency safeguarding adults at risk policy and procedures, bringing together for the first time all the London Boroughs under one framework of safeguarding. This will promote better collaborative working with one set of procedures, clearer definitions around roles and responsibilities and consistent timescales for responding to concerns. This also gives us standards by which the Board can assess the effectiveness of safeguarding practice – an area of work that I would like to further develop in 2012.

A feature of Hillingdon's work in safeguarding adults is the effective operational collaboration with partners, and the dedicated resources we all commit to this area of work. As has been demonstrated across both adult and child safeguarding, this is key to good protection. The adult social care and health scene is changing now and in the future. There is a challenge in promoting individual choice, positive risk taking, independence and control whilst ensuring adults most at risk, due to their disability and circumstances, are protected.

Lynda Crellin
Independent Chairman.
December 2011

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Hillingdon Safeguarding Adults Partnership Board
Annual Report November 2011.

1. Introduction.

1.1 This Annual Report presents to the Safeguarding Adult Partnership Board (SAPB) the April 2010 to March 2011 performance activity submitted to the Department of Health in June 2011and developments within the safeguarding adult service for Hillingdon up until November 2011. The Report is structured according to the agreed reporting framework. The section on activity summarises and highlights any significant trends.

1.2 The Safeguarding Adults Partnership Board is a multi-agency partnership comprising statutory, independent and charitable organisations with a stakeholder interest in safeguarding adults at risk. The Board aims to protect and promote individual human rights, independence and improved wellbeing, so that adults at risk stay safe and are at all times protected from abuse, neglect, discrimination, or poor treatment.

1.3 The role of the Board and its members is:

- To lead the strategic development of safeguarding adults work in the borough of Hillingdon.
- To agree resources for the delivery of the safeguarding strategic plan.
- To monitor and ensure the effectiveness of the sub-groups in delivering their work programmes and partner agencies in discharging their safeguarding responsibilities
- To ensure that arrangements across partnership agencies in Hillingdon are effective in providing a net of safety for vulnerable adults
- To act as champions for safeguarding issues across their own organisations, partners and the wider community, including effective arrangements within their own organisations
- To ensure best practice is consistently employed to improve outcomes for vulnerable adults.

2. Recommendations.

2.1 The SAPB are asked to note the safeguarding performance and activity, the developments of the partnership service within Hillingdon for adults at risk and the priorities for the future, as set out in the business plan.

3. National Developments

Developments on Consultation on the “No Secrets” Guidance 2000

3.1 The SAPB have previously been advised in the Annual Report of 2009/10 of the chronology of this national consultation and the outcome. In summary, the then Minister of State issued on the 19th of January 2010 a statement outlining three main planks of reform. There would be an inter-departmental ministerial group to provide strategic leadership and set the priorities for safeguarding adults at risk. Safeguarding adults‘ boards would be placed on a statutory footing and there would be comprehensive consultation to create a new set of national guidance, defining roles and responsibilities with best practice tools.

3.2 Following the general election in May 2010 there was no further information published by the Department of Health (DH) to indicate the current status of these proposed reforms until the 16th of May 2011.

3.3 The statement of the 16th of May 2011 of Government policy on adult safeguarding by the DH made clear that the “No Secrets” statutory guidance would remain in place until at least 2013. The principles within the statement were building on this guidance, reflecting what had come out of the national consultation process. They made clear that the Government’s role was to provide the vision and direction on safeguarding, ensuring the legal framework, including powers and duties, is clear and proportionate, whilst allowing local flexibility. Safeguarding is seen as everyone’s business encouraging local autonomy and leadership in moving to a less risk adverse way of working, focusing more on outcomes instead of compliance.

3.4. The Government set out six principles by which local safeguarding arrangements should be judged.

- Empowerment – presumption of person lead decisions and informed consent.
- Protection – Support and representation for those in greatest need.
- Prevention – It is better to take action before harm occurs.
- Proportionality – Proportionate and least intrusive response appropriate to the risk presented.
- Partnership – Local solutions through services working with their communities.
- Accountability – Accountability and transparency in delivering safeguarding.

3.5 The Government has also accepted the recommendation of the Law Commission in making SAPBs statutory. This will be brought in as part of other changes in adult social care legislation scheduled for the Adult Social Care Bill 2012.

Mental Capacity Act 2005 and Deprivation of Liberty.

3.6 The SAPB agreed last year that Deprivation of Liberty activity is to be included in the reporting of safeguarding activity in order to ensure scrutiny of this important area of work. This information is added to the 2010/2011 Annual Report under the safeguarding activity heading (below).

3.7 The Board will also be aware that Hillingdon was the subject of a High Court action relating to a service user, SN, and the application of deprivation of liberty safeguards. The case attracted national interest. Hillingdon was found to have breached SN's human rights in relation to Article 5 and 8 of the European Convention on Human Rights (ECHR), depriving SN of his liberty and security (article 5) and right to respect family life (article 8).

3.8 The Honourable Mr Justice Jackson's judgement given on the 9th June 2011 is long and fairly complex. However, given the national importance of this one case this report briefly outlines the significant points for the Board. These are given below and an action plan addressing these points was initiated. This action plan is attached to the Annual Report as appendix 1 for the Board's attention. Monitoring completion of the action plan is being undertaken by the Senior Management Team of LB Hillingdon.

3.9 In paragraph 24 of the judgement it states an important principle. "Decisions about incapacitated people must always be determined by their best interests, but the starting point is their right to respect for their family life where it exists. The burden is always on the State to show that an incapacitated person's welfare cannot be sustained by living with and being looked after by his or her family, with or without outside support."

3.10 The criticism of Hillingdon related to our failure to adequately consider the alternatives to depriving SN of his liberty that would have maintained his article 5 and 8 rights, whilst also meeting his care and treatment needs. Similarly, where there was disagreement with the family, Hillingdon did not proactively seek direction from the Court of Protection soon enough and, in the process of trying to resolve differing views, did not adequately review SN's deprivation of liberty or arrange representation. The Court also felt there should have been more scrutiny of the assessments relating to SN's deprivation of liberty and questioned the welfare planning for SN, given that LB Hillingdon was the "case manager" as well as the provider of care in this instance, and exercised the function of supervisory body under the Mental Capacity Act 2005.

Personalisation

3.11 To remind the Board, “personalisation” is a generic term that captures the thrust of Government policy around the delivery of public services, with self assessment, choice, control and personal budgets being at the heart of the transformation of adult social care. There is a move away from traditional, social care providers to a broader range of provision, some of which may fall outside current regulated services, for example the employment of personal assistants to meet care needs. This has raised concerns as to how the existing framework of safeguarding will ensure the safety and protection of vulnerable adults within this new context of greater choice, individual control and proportionate risk enablement. Currently 22.9% of Hillingdon’s social care users are receiving self directed support (SDS). This option is not, to date, applicable to health services. Of the 22.9%, the majority have opted for Hillingdon to directly manage their care arrangements so, as yet, this change in the way social care is to be delivered has not impacted on safeguarding adults at risk. The service will continue to monitor the situation and advise the SAPB accordingly. To date there is no indication of a disproportionate number of SDS referrals being made to the safeguarding team. The introduction of a risk enablement policy to help in support planning for service users seeking to make their own care arrangements will assist front line practitioners.

2. Local Developments in Hillingdon and London 20010/11

This section summarise the developments on safeguarding adults at risk in the London context and locally in Hillingdon, with partners.

Pan - London Safeguarding Network

a. 4.1 The London Boroughs Social Services leads for safeguarding adults form a self supporting network to develop consistent good practice across London. Facilitated by the Social Care Institute for Excellence (SCIE) a Pan-London multi-agency safeguarding adults at risk policy and procedures has been developed and is being implemented in all London Boroughs, including Hillingdon. The policy and procedures introduces a consistent framework by which adults are safeguarded. This will mean having consistent definitions of roles and responsibilities, timescales for responding and promote better partner and cross boundary working.
b.
c. 4.2 The policy and procedures are broadly consistent with the former LB Hillingdon multi-agency policy, which was last revised in 2005. The main changes bring the procedures up to date, most notably incorporating legislation on mental capacity which has a significant impact on safeguarding work. Implementation

has taken the form of training for key workers, presentations at conferences and other presentational opportunities. The new procedures have been uploaded onto the Hillingdon website. In using the new procedures, Hillingdon has not experienced any difficulties, although it is recognised by SCIE that further work will need to be done to develop supplementary guidance material to support the procedures.

d. **Changes in the Safeguarding Adults Partnership Board.**

4.3 In line with all organisations, LB Hillingdon have been seeking to identify efficiencies in their structure and activity. In 2011, Adults' Social Care and Children's Services were combined under one Directorate. This prompted consideration of the work of the Local Safeguarding Children's Board (LSCB) and the SAPB, as there has been overlapping common themes, for example, safer recruitment of staff who work with adults at risk and children. Both Boards accepted that there was considerable scope for working more in collaboration whilst maintaining the distinctiveness of the adults and children's safeguarding agenda and maintaining two Boards.

4.4. The LSCB and SAPB are now chaired by one, independent chair, and the timing and frequency of Board meetings has been changed to ensure the Boards meet on the same day with an overlap period for joint agenda items. The first meetings under the new structure will take place in November 2011. The terms of reference for each Board remain unchanged, although membership is being reviewed to ensure relevant and broad representation. The new structure will achieve efficiencies in the support for the two Boards, use of staff time and open up opportunities for further joint working in the sub-groups of the Boards.

Audit of LB Hillingdon Safeguarding Adults Service.

4.5 The LB Hillingdon service was subject to an internal audit of their work by the 'arms length' internal audit and compliance team. This inspection, completed in early 2011, focused on the robustness of policies and procedures, whether they are embedded in practice, performance and the management oversight of work. The service received a very favourable report. Two helpful recommendations have lead to the development of weekly exception reports that enable managers to better monitor when tasks allocated to staff have gone over their target time, for example, completion of investigation reports. Also, a recommendation to change the risk profile format to better measure the impact of our intervention in reducing risk over time, enabling us to capture outcomes more effectively. The latter change requires adaptation to the safeguarding module in use on a client data system. (*Insert here any audit material received from partners following SAPB meeting)*

Social Care Contract Monitoring and Inspection Team.

4.6 The safeguarding adults at risk service works closely with their colleagues in the inspection team of LB Hillingdon. The role of this team is to monitor the service provision and quality of care of those providers contracted to the LB Hillingdon. The team undertakes reviews of services, including unannounced inspections, and ensures the provider is working to good standards of care and is contract compliant. Monthly reports on service providers are submitted to LB Hillingdon's senior management team and contract monitoring meetings are held with the service providers themselves. In 2010/11 the team made 310 visits to people in their own homes receiving domiciliary care from private agencies. In the period from April 2010 to September 2011, 196 visits were made to the 57 registered care homes located in Hillingdon. The team are particularly important in monitoring required improvements for settings where there have been safeguarding concerns and in linking with colleagues in the Care Quality Commission (CQC) on the regulatory standards providers must comply with.

Safeguarding Adults at Risk Conference and Awareness Campaigns

4.7 The SAPB approved a new awareness campaign funded by contributions from partners. The message was both innovative and thought provoking, presenting abuse as occurring in ordinary social settings and tackling the three main types of abuse, physical, financial and neglect. This reinforced the message of safeguarding adults at risk as being everyone's responsibility and posters were placed in a variety of public settings. During the period of the campaign (January - February 2011) greater public awareness was demonstrated by the number of website "hits" and enquiries, although actual numbers of referrals originating from members of the public remained approximately the same. A follow up on this first campaign is planned.

4.8 A safeguarding adults at risk conference was held on the 29th of June 2011. This was open to all partner agencies and professional and was attended by around 130 people. The two main themes of the conference were to look at the similarities in safeguarding across adults and children and then focus on a rising area of financial abuse and exploitation in adults. The involvement of Brunel University in the conference helped to bridged research findings into front line practice and their involvement represents a developing relationship with the university on safeguarding adults at risk. Hillingdon Hospital also held a safeguarding adults at risk conference on the 15th of September which looked at links with domestic violence and the key role of mental capacity in safeguarding work.

4.9 Board members also took out to community groups a "keeping safe" presentation focussed not just on safeguarding adults at risk of abuse, but the broader safety agenda, with advice on distraction burglaries, rogue traders, fire prevention and the prevention of falls. The presentations were to various community groups and to voluntary organisation who are likely to come in contact with adults at risk. In all, seven presentations were completed in the year to around 300 people.

Safeguarding Adults Business Plan and Priorities

4.10 The priorities set out in the Business plan for 2010/11 are listed below with comments under each one. Partner agencies have provided statements of their contributions to the business plan priorities, set out in detail in appendix 2.

4.11 **Raising awareness of safeguarding adults amongst staff and engagement with the community. –** As indicated in paragraphs 4.6, 4.7 and 4.8 above, a lot of work has been accomplished in this area and major partners have contributed through training and availability of information, out reach work, for example to GP surgeries and promotional material, whether web based or in the form of a newsletter.

4.12 **Strengthening Governance –** Partners recognise that this remains a priority. The Pan-London safeguarding adults at risk procedures have provided an opportunity to embed good practice. The health partners have taken on the self assessment assurance framework (SAAF) piloted by NHS London which tests their internal safeguarding procedures. LB Hillingdon is better placed with management reports to monitor the timeliness of response to concerns and audit of the service identified good compliance.

4.13 **Strengthening Skills / Competencies –** Broad events like the safeguarding conference and briefings to Councillors or community groups raise the profile and knowledge around safeguarding. All partners have, made training around safeguarding adults at risk mandatory. Further work needs to done to develop better collection of training data.

4.14 **Analysis of outcomes -** Efforts to obtain service user's views on safeguarding intervention have, in the past, proved difficult to achieve. A small sample of telephone interviews had limited success. The sensitivity of the subject and, often, the limited mental capacity of the person concerned make it difficult to have a credible sample. Service user's views are recorded and, anecdotally, there have been many positive outcomes. Other ways of evaluating the effectiveness of our intervention, especially with those unable to express their views, is raised in paragraph 5.12 below.

4.15 **Strengthening the prevention approach –** Partners have particular strengths in the area of advocacy, for example MIND, DASH, Hillingdon carers and Age UK. There are contracted services in place for safeguarding advocacy and the independent advocacy service is used for those without capacity to make decisions around their own well being. As outlined in paragraph 4.9 above there is a broader prevention agenda to address through presentations and material developed by, for example, the community safety unit. The awareness campaign also contributed to this area of work.

4.16 **Ensuring effective safeguarding practice in the recruitment and development of staff –** The major piece of work completed, jointly, with the LSCB was the safer recruitment policy which provided a template for all partner organisations when employing staff. The notifiable occupations scheme, where the Metropolitan Police Service is required to inform a social care employer of any employee cautioned or convicted for a notifiable offence has resulted in management action in cases. The Independent Safeguarding Authority (ISA) is currently considering a number of individuals referred, arising out of safeguarding referrals.

4.17 The business plan was refreshed to reflect current priorities around safeguarding adults at risk. Key areas identified for the updated plan included:

- Developing a better, and common, risk assessment format.
- Developing awareness of and access to appropriate advocacy services
- Working with financial institutions to better respond to financial exploitation and abuse.
- Continuing the roll out of the Pan-London multi-agency safeguarding adults at risk policy.
- “On-line” safety
- Strengthen policies and response to ‘whistle blowers’

These will be carried forward in the re-formed sub-groups of the SAPB, and some developed jointly with the LSCB sub-groups.

5. Safeguarding Performance and Activity in Hillingdon 2010/20011.

5.1 In October 2009 the Government introduced a pilot set of safeguarding adults at risk activity returns. These abuse of vulnerable adults “AVA” returns were confirmed in April 2010 as unchanged from the pilot requirements and 2010/11 is the first full year of reporting under the new arrangements. Last year, for the purposes of reporting to the SAPB the report used the figures from October 2009 to March 2010 only. This year the full AVA figures for 2010/11 are available. Reference to “tables” is the relevant table as set out in the AVA returns.

SA contacts: 1342	**Alerts: 941**	**Referrals: 401**

5.2 The number of safeguarding adult’s alerts and referrals from April 2010 to March 2011 was 1342 in total, significantly more than last year. The figures have been inflated by a high number of alerts originating from care

homes. This is not indicative of more potential abuse occurring there but a 'belt and braces' attitude of some care homes to notify all relevant parties, even in the most minor circumstances of accidents or injury. Since October 2010, when new regulations originating from the Care Quality Commission (CQC) prescribed more precisely what circumstances, including potential safeguarding incidents, needed notifying, the number has dropped. On average the service received in the second half of the year 77 referrals a month, as opposed to 122 before October. The Board will note that reference is made to "alerts" and "referrals". Broadly speaking, alerts are where a concern is notified but, on examination of the circumstances it is not necessarily a safeguarding issue and another care solution is found, referral made to another service, or advice is given. A referral is where the safeguarding adult procedures are triggered as the circumstances, on screening of the alert / referral by a manager, appear to require it. Alerts totalled 941 and referrals totalled 401.

5.3 The AVA returns are broken down into nine tables. The report covers each table, summarising the information, and highlighting to the Board any significant factors.

Table 1. **SA Contacts: 1342**	**Female: 65%**	**Male: 35%**

5.4 **Table 1** records the number of referrals by age, primary client group and gender of the alleged victim. The total number of alerts and referrals, as already indicated, is 1,342. Of this number 65% were female and 35% were male. The gender balance is reasonably consistent when comparing those 18- 64 years old with those 65 years and older. As would be expected, 70% of alerts and referrals relate to adults 65 years or older and the highest primary client group being those with physical disability, frailty and/or sensory disability (70%).

Table 2 **SA Contacts: 1342**	**White: 80%**	**Mixed/Non-white 20%**

5.5 **Table 2** records the number of referrals by ethnicity and age. In terms of the ethnic breakdown, alerts and referrals where the alleged victim falls within the categories white British / Irish and other white background is 80%. Those of a mixed or non-white ethnicity form 20% of alerts and referrals. This is broadly consistent with the overall borough profile, but it is difficult to have accurate information on the older, non-white population. Of more value is to ensure there is consistency in those cases taken forward

for investigation under safeguarding procedures. In this respect there is absolutely no difference, with 42% of alerts or referrals progressed for the white group and 42% for the mixed and non-white group. In other words, there appears to be no differences in the way people are responded to arising from their ethnicity.

Table 3 **Referrals: 401**	**Social / Health 57%**	**Community 15%**

5.6 **Table 3** looks at the source of referrals that progressed (401) broken down by age and primary client group of the alleged victim. As would be expected, the majority came from social care staff in the private, statutory or voluntary sector (29%) or the health sector (28%). Those arising from the community or family / self referral amount to 15%. There is a significant category of “others” (19%) which requires further work to determine their category.

Tables 4a and b **Abuse: Physical 29%**	**Financial 27%**	**Neglect 22%**

5.7 **Tables 4a and 4b** cover referrals progressed (401) by the nature of alleged abuse, breaking this down into age, gender and primary client group. The numbers come to 475 instead of 401 because some are occurrences of multiple abuse. The top three categories of abuse were physical 29%, financial 27% and neglect 22%. When this is broken down by age categories 18-64 years and 65 years and over, differences do emerge. Younger people are more prone to physical abuse, (33% as opposed to 27%), less likely to be victims of financial abuse, (23% as opposed to 29%) and far less likely to be victims of neglect, (16% as opposed to 26%).

Tables 5a and b **Location: 65 yr plus** **Under 65 yrs**	**Own home: 59%** **58%**	**Care Home: 30%** **17%**

5.8 **Tables 5a and 5b** covers referrals progressed by the location of where the alleged abuse took place, broken down by age group. Table 5b indicates the responsible commissioner of the service location where the alleged abuse took place, for example, a Care Home. This is still mostly

blank due to the complexity of obtaining this information from two parts of the client data system and Health Service commissioning not being recorded on LB Hillingdon's system. In table 5a both age groups, 18-64 years and 65 years and over, the most frequent location of where abuse took place is within their own home (58% and 59%). For 65 years plus the next category is a care home setting, 30%. For the 18-64 years category it is only 17% reflecting less placements in residential care and more use of community facilities.

Tables 6a and b	**Partner of family**	**Living in same house**
Perpetrator	**40%**	**64%**

5.9 **Table 6a and 6b** details referrals progressed by the relationship of the alleged perpetrator, providing further breakdown by age and gender of the vulnerable adult. The largest group of perpetrators were a partner or other family member, 40%, with a slight difference between the age groups 18-64 years, 43% and the 65 years plus, 39%. 64% of perpetrators, whether family or another person, lived in the same household. Alleged abuse by paid social care staff amounted to 11%. Other significant groups were neighbours or friends and the 'not known' category.

Tables 7a and b **Abuse: substantiated /part substantiated**	**Not substantiated**	**Inconclusive**
33%	**47%**	**20%**

5.10 **Table 7a and 7b** examines the completed number of referrals progressed, that is those that went through the whole safeguarding process to a conclusion. The number (332) is not the same as the 401 referrals progressed number, as a system upgrade during the year enabled us to capture this information, but could not be backdated to include referrals already closed off. Determining whether abuse has occurred is based on the balance of probabilities. 33% of referrals were either partially or fully substantiated, with 47% not substantiated and 20% not determined or inconclusive. An example of an inconclusive case might be a person with dementia alleging money has been stolen and there are visitors to her house who could be perpetrators. However, it has not been possible to prove that the money was there in the first place to be taken e.g. lack of evidence of cash withdrawals from an account. Similarly a case has to be unsubstantiated if the alleged victim refuses to co-operate with our investigations, has capacity to make decisions about their finances and willingly gave a present of a large sum of money to someone, even if we believe this was an unwise decision and possibly exploitation.

5.11 **Table 8a, 8b and 8c** refers to the outcome for the alleged victim. In table 8a the categories are on going services or other assistance. In most cases services will consist of increased monitoring or the provision of services. The high number of “no further action” indicates a resolution without the need for additional intervention other than the safeguarding team. Table 8b relates to serious case reviews. This is where, for example, a vulnerable adult has died as a direct result of the abuse they experienced. For the period 2010-11 there were no serious case reviews in LB Hillingdon. Table 8c refers to the acceptance of a protection plan. Where the safeguarding service, with partners, intervenes to protect an individual, there is often a protection plan put in place to ensure the risk of abuse does not arise in the future.

5.12 Acceptance of the protection plan is also a good indicator of whether the alleged victim is satisfied with the arrangements for their future care. Sampling 332 cases, 138 accepted and were happy with the arrangements, 46 did not and 148 lacked the mental capacity to make this particular decision. The 46 who did not accept a protection plan would, for example, include someone we consider at risk but who declines to take action against a family member out of misplaced family loyalty, and they have the capacity to make this decision, knowing the risks, and are not being coerced by the perpetrator. The 148 unable to agree to their protection plan are mostly people with significant dementia where actions to protect them are taken under the best interests guidance of the Mental Capacity Act 2005. Given many of our service users are people unable to express satisfaction or not with our efforts to protect them, a more objective measure of effectiveness is being developed. This will be in the form of a specific safeguarding risk assessment format that can be used to measure risk reduction over the time of our intervention. It is hoped to include this in the spring of 2012.

5.13 **Table 9** indicates the outcome for the perpetrator. At present our ability to extract this information from the client data base is limited, due to technical reasons. However, it is hoped to improve this for next year. A general observation on outcomes for perpetrator is that where the perpetrator is a paid carer, the outcome is investigation and disciplinary action. In some case this can also include a criminal prosecution, although there are significant challenges in gathering evidence where, for example, the victim lacks mental capacity. Where family members are the perpetrators, additional protection in the form of services going into the home to monitor, or excluding the perpetrator from the home, is the likely outcome. It must be borne in mind, however, the perpetrator of harm can be a spouse or other family person under very significant stress in their caring role. In these circumstances, the outcome is likely to be increased support to that carer.

6. Safeguarding Performance and Activity in Hillingdon 2010/20011 – Comparisons.

6.1 The number of alerts and referrals received in 2010/11 was significantly higher than in the year 2009/10, 1,342 as opposed to 800. It has been already noted in paragraph 5.2 that figures were distorted by high notification rates from a number of specific Care Homes in the first half of the year. The referral rates post October 2010 settled down to an average of 77 a month. Based on this average, a figure of 924 could be considered a more representative figure for the year, a 13% increase. The ethnicity profile has changed in that in 2009/10 10% of alerts or referrals were for people of mixed or non-white ethnicity whereas in 2010/11 this has doubled to 20%. It is not possible to know how the ethnic profile of the Borough has changed in this time, but it does represent a significant positive shift.

6.2 The source of referrals has seen an increase from the health sector from 8% to 28% with self or family referrals up from 9% to 15%. Referrals from Care Homes have decreased. The reported types of abuse have also seen a change. In 2009/10 the top three were physical 43%, neglect 32% and financial 12%. In 2010/11, physical was 29%, financial 27% and neglect 22%. There has also been a shift in the location of the abuse with most abuse now taking place in a person's own home, 58%, whereas previously it was 30%. The main perpetrators continue to be spouse or family member with a slight increase from 38% to 40%. In terms of completed referral and outcomes, there has been a slight increase in the number of cases where abuse has been substantiated or partially substantiated, from 30% to 33%.

6.3 Comparisons with other London Boroughs need to be treated with caution as there is a lack of consistency in what is treated as an alert and referral, for example. The national AVA definitions are now promoting a more consistent approach, as is the London network of safeguarding leads. Looking at a cluster of West London Boroughs, (Brent, Ealing, Hammersmith and Fulham, Haringey, Harrow, Hounslow) our alert and referral rate is significantly higher. This can be partly explained by the level of alerts in the first part of the year 2010/11 referred to previously. The total progressed under safeguarding adults' procedures places us in the high end, but not the highest Borough. In terms of types of alleged abuse, the trends noted this year on financial abuse is echoed in other Boroughs and our top three types of abuse is consistent with others.

6.4 It is interesting to note also that LB Hillingdon has a different model of delivering a safeguarding service whereby there is a dedicated team that handles all referrals, in conjunction with partners. Other Boroughs tend to have a safeguarding lead with investigations of abuse carried out through the mainstream assessment and care management teams, with limited dedicated resources. A number of Boroughs have moved more to a dedicated service, stepping up their resources for safeguarding adults and creating dedicated teams, for example, Brent.

7. Safeguarding Performance and Activity 2010/11 – Deprivation of Liberty.

7.1 In 2010/11 there were a total of 18 requests for a standard authorisation to deprive a person of their liberty, in their best interests. Of these, 11 were granted and 7 were declined. Reasons for declining would be where the circumstances in which care and treatment is being given do not amount to a deprivation of the person's liberty but maybe, for example, be a reasonable and lawful restraint under the Mental Capacity Act 2005. A person may also not meet the criteria where their care and treatment comes more appropriately under the Mental Health Act 1983.

7.2 Deprivation of liberty relates only to people in registered care homes or hospitals. In 2010/11 there were 5 requests for a standard authorisation originating from a hospital setting of which 2 were granted. There were 13 originating from a registered care home of which 9 were granted.

7.3 Care homes and hospitals, known as "managing authorities" under the legislation, can give themselves an urgent deprivation of liberty authorisation of not more than 7 days, pending assessment for a standard authorisation. In 2010/11, there were 11 such authorisations, submitted with a request for a standard authorisation.

7.4 Comparisons with other London Boroughs have been completed through the London network of mental capacity leads, but these are not formal comparisons. The average number of deprivation of liberty authorisation requests across London for 2010/11 is approximately 23 (Hillingdon 18). However, this hides a significant variation between 1 for the City of London and 80 for Bexley. There is more work needing to be done with social care providers and health colleagues on highlighting circumstances when they need to consider requesting an authorisation. The number of requests so far this year is low.

8. Staff Development.

8.1 In previous years staff development had focussed on ensuring training reaches all relevant staff. For all partner agencies, safeguarding adults at risk is mainstream, mandatory training now and there is confidence that staff in contact with vulnerable adults have received awareness training. Whilst face to face training continues, a safeguarding adults e-learning module is being developed that will be accessible to all partners. This is aimed at front line staff, focussing on recognition of abuse and appropriate actions to be taken in making referrals.

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