

7. ADULTS

7.13 Safeguarding Adults

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risk and experience of abuse or neglect, whilst at the same time, making sure that the adult's general wellbeing is promoted, including having regard to the views, wishes, feelings and desired outcomes of the adult at the beginning the middle and the end stages of the process.

Abuse is the violation of an individual's human and civil rights by another person/s. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of the person subjected to it.

7.13.1 Importance of safeguarding adults

The abuse of adults in need of care and support is an issue of great national concern. As a society we need to commit to challenging any acceptance that being abused is part of the experience of being an adult in need of care and support.

To achieve this the Care Act 2014 and accompanying statutory guidance, has given a clear national framework for adult safeguarding and new legal duties to ensure we all have the tools and the authority to make reducing adult abuse a reality.

Local authorities have new safeguarding duties under the Care Act 2014. They must:

- **Lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens
- **Make enquiries, or request others to make them,** when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- **Establish Safeguarding Adults Boards,** including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- **Carry out Safeguarding Adults Reviews** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them

- **Arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

7.13.2 Numbers and prevalence

Across England, safeguarding referrals (enquiries) were opened for 103,900 individuals during the 2014-15 reporting year, a small reduction from the 104,050 in 2013-14. Sixty per cent of the individuals were female and 63 per cent were aged 65 or over (Action on Elder Abuse).

Just over half (52 per cent) of the individuals required physical or mental health support.

For referrals which concluded during the 2014-15 reporting year, there were 128,060 allegations by type of risk (122,140 allegations in 2013-14). Of these, the most common type was neglect and acts of omission, which accounted for 32 per cent of allegations (up from 30 per cent last year), followed by physical abuse with 27 per cent (remained the same as 2013-14).

The source of risk was most commonly someone known to the adult at risk but not in a social care capacity, accounting for 50 per cent of referrals (the same as in 2013-14). Social Care support was the source of risk in 36 per cent of referrals (the same as in 2013-14) and for the remaining 14 per cent the source was someone unknown to the individual. These figures are based on a total of 108,240 risks recorded for concluded referrals by source of risk.

There were 108,240 allegations made by location of risk in concluded referrals, an increase of 9 per cent on 2013-14 (with 99,195 risks). The location of risk was most frequently the home of the adult at risk (43 per cent of allegations) or in a care home (36 per cent of risks).

There were a total of 65 serious case reviews (SCRs) compared to 60 in 2013-14. A serious case review takes place when an adult /adults have died or suffered serious harm. The 65 SCRs involved a total of 190 adults at risk, of which 30 per cent suffered serious harm and died and 70 per cent suffered serious harm but survived

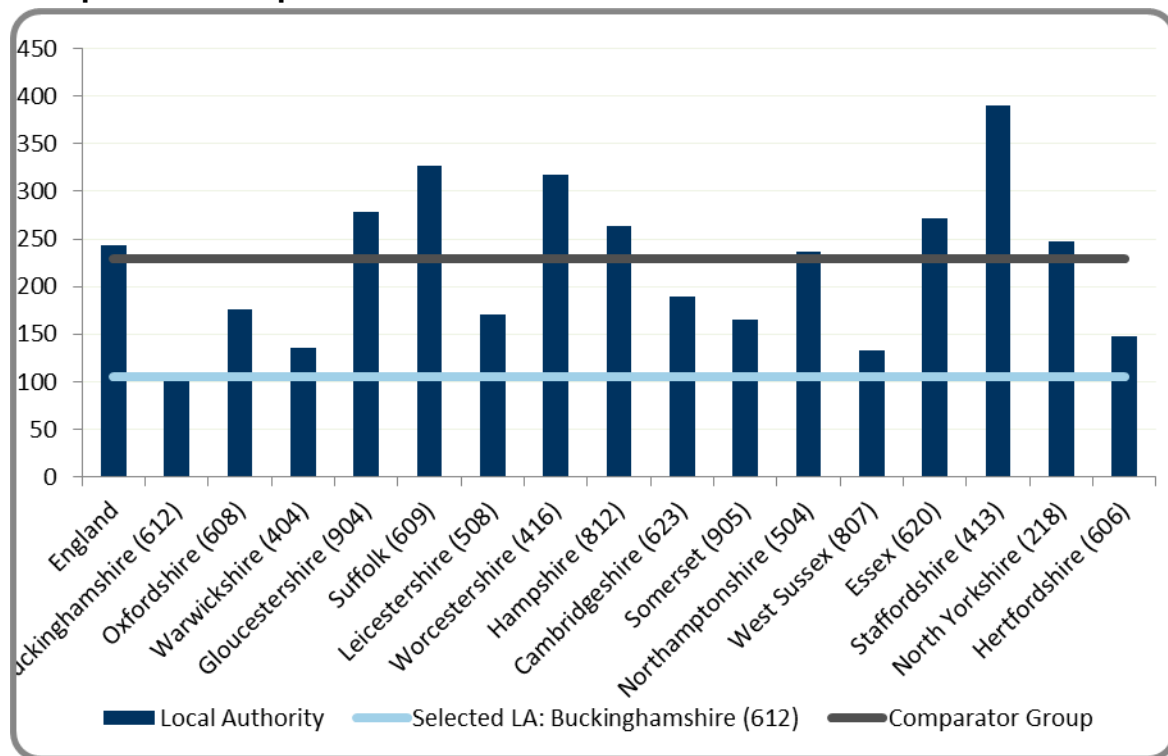
Table 1 Safeguarding Activity in Buckinghamshire

2014/15 Contacts & Enquiries (called assessments in 2014/15)			2015/16 Contacts & Enquiries			
	Count	Per 100,000 pop		Count	Per 100,000 pop	
Contacts:	2764	685.52		Contacts:	3413	846.48
Enquiries started:	454	112.60		Enquiries started:	561	139.14
Enquiries ended:	421	104.41		Enquiries ended:	608	150.79

7.13.3 National Comparisons

The figure below shows that within Buckinghamshire during 2014/15 there was a conversion rate from contact to enquire of 105 per 100,000 population aged 18+ compared to an England average of 243 and a South East Average of 229. This means that Buckinghamshire had the lowest conversion rate of all South East Comparator Authorities last year. There are a number of factors influencing the low conversion rate which includes poor recording, a lack of consistent understanding about what constitutes safeguarding across care and support agencies or differing and higher criteria for meeting investigation thresholds. Having said that the rate has increased by almost 50% for 2015/16 and is likely to continue to increase as staff across all partner agencies become more familiar with the new statutory threshold along with improved recording.

Figure 1 New Referrals per 100,000 Adults for Buckinghamshire CC & LA Comparator Group



7.13.4 Trends

Given the growth of the older population, increasing longevity and the growth in the numbers of people with disabilities, mobility and cognitive problems, the proportion of vulnerable adults exposed to the risk of abuse will increase. As the Department Of Health reported in its publication of the Safeguarding Adults, Annual Report, England 2014-15 - p8:

“The rate of referrals (which are defined as concerns which instigate an investigation under safeguarding procedures) increased with age. The 75-84 age group were over three times more likely to have a referral than the England average, with 758 individuals per 100,000 adults. The 85 and Over age group had almost 10 times more individuals with referrals than the England rate with 2,347 per 100,000 adults”.

In 2014/15 Buckinghamshire ranking was 33rd with 21 % of abuse caused by Financial/Material abuse compared to an England Average of 17%. Buckinghamshire’s lowest ranking was 106th with 12% caused by Psychological abuse compared to an England average of 15%.

7.13.5 Inequalities

In 2014/15, 7% of referrals in Buckinghamshire were about people aged 95+, this ranks Bucks at 12th highest for this age group, against an England average of 4%.

In 2014/15 Buckinghamshire was ranked 19th highest with 49% of abuse taking place in care homes, compared to an England average of 36%. Buckinghamshire's lowest ranking was 125th, with 33% taking place in the person's own home compared to an England average of 43%.

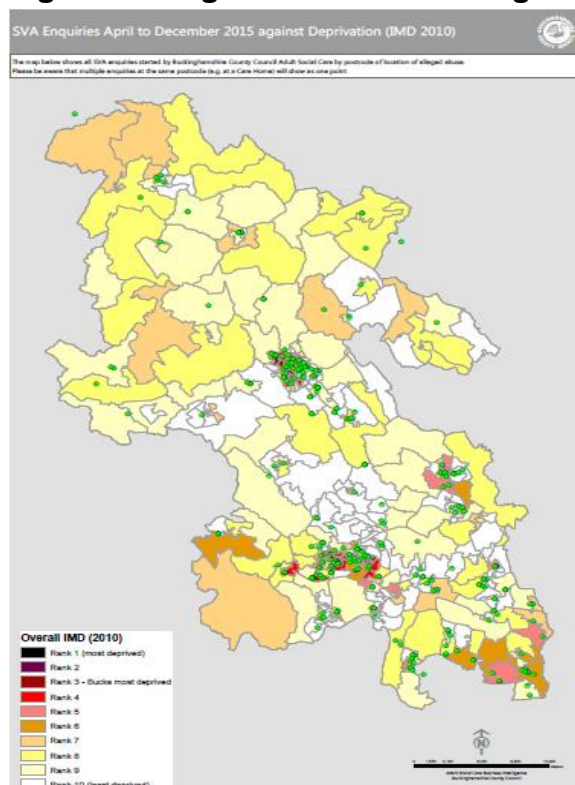
In 2014/15 Buckinghamshire was ranked 36th highest with 50% of victims having physical support needs compared to an England average of 40%, at the same time Buckinghamshire was ranked 113th for memory and cognition with 4% compared to an England average of 9% and ranked 119th for Sensory support with 0% , compared to an England average of 2%.

In 2014/15 Buckinghamshire was ranked 21st highest with 64% of victims being Female, compared to an England average of 60%, for Men Buckinghamshire was ranked 126th with 36% compared to an England average of 40%.

In 2014/2015 Buckinghamshire was ranked 34th highest with 94% of investigations relating to people of white ethnicity, compared to an England Average of 85%

The map below does show that whilst there is a closer correlation between alleged acts of abuse and areas of highest deprivation, this map also shows that abuse occurs in the most affluent parts of Buckinghamshire.

Figure 2 Alleged abuse in Buckinghamshire



7.13.6 Horizon scanning

As the number of older people increase year on year in Buckinghamshire, so do the number of safeguarding concerns and enquiries. Older people are particularly affected by financial abuse and neglect. The most vulnerable older people are those who are not known to the local authority, those purchasing their own care services and those who have little or no support network. If the Dilnot changes proposed for 2020 do come into effect, the LA will have greater exposure to the self-funder market which will most likely increase the number of people being referred to safeguarding services.

1. To embed the personalisation agenda - ensure the service user is at the centre of any decisions – deliver a person-centred, outcome focused approach across the whole pathway.
2. To ensure that victims of abuse are not further traumatised as a result of the safeguarding process and that they are satisfied with the outcomes achieved;
3. To embed learning and reflective practice from Safeguarding Adults Reviews both within social care (including care management, contracts, and safeguarding teams) and across partner organisations.
4. Train the workforce so that all staff, paid and volunteers, have the requisite knowledge and skills to prevent, recognise and respond to abuse and neglect with a clear understanding of their roles and responsibilities under the Care Act 2014.
5. Consider the needs of older people who experience domestic abuse and what provisions would be suitable to support them to reduce the risk of admission to hospital, residential care.
6. Develop a multiagency approach to understanding and responding to people who self-neglect.
7. Research and provide services to meet the needs of adults who are victims of servitude, including sexual exploitation as more and more perpetrators target vulnerable adults.
8. Ensure that service specifications and contracts are explicit about the role and responsibilities of the providers to prevent abuse and neglect and have clear sanctions within contracts for dealing with incidents of abuse and neglect.

9. Profile BME communities to better understand their needs and issues with regard to safeguarding adults.

10. Develop a register of unregulated workforce (Personal Assistants) to support learning and development, improve care quality and prevent abuse and neglect occurring within this sector.

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