



Safer and stronger  
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তাহলে দয়া করে যোগাযোগ করুন ঃ  
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# Calderdale Safeguarding Adults Board

**Annual Report 2007/08**



Safeguarding people from abuse is a top priority for Calderdale Council and its partners. There has been a great deal of publicity over the last year nationally about the level of abuse that some adults experience. People can be abused by their families and friends, other people who are also using services and by people who are paid to care for them. This report sets out what has been done over the past year by the Adult Safeguarding Board and what we plan to do over the coming year.

Everyone needs to be vigilant, and also confident that any concerns they report will be addressed. The vast majority of people receive safe and high quality support, we want to make sure that the same is available for everyone.

Many people right across Calderdale have worked hard over the last year to improve our safeguarding arrangements. I should like to thank them for their commitment and hope they will continue in their determination to stamp out abuse in the future.

I hope that you find this report interesting and useful, please use the contacts on the final page if you want to find out more.



Jonathan Phillips  
Group Director Health and Social Care – Calderdale Council  
Chair Adult Safeguarding Board

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## **Empowering people to confront abuse in Calderdale**

## Web site

Information about reporting abuse is available on  
Calderdale Council's web site: [www.calderdale.gov.uk](http://www.calderdale.gov.uk)

## Useful Numbers

Adult Protection Co-ordinator	01422 393852
Health and Social Care, Adult Social Care	01422 363561
Cloverleaf Advocacy Services	01422 364057
Commission for Social Care Inspection	0113 2204620
Domestic Violence Forum	01422 386507

## Complaints and compliments

Calderdale Primary Care Trust (PCT)	01422 281419
Health and Social Care, Adult Social Care	01422 393882
Calderdale and Huddersfield NHS Trust	01484 342825
South West Yorkshire Mental Health NHS Trust	01422 281332
or	01924 327084

# Reports from Partner Agencies

## **Peter Woodhead**

Regulation Manager  
Commission for Social Care Inspection

## **Angela Everson**

Calderdale Community Forum

## **Claire Jones**

Calderdale Domestic Violence Forum

## **Tim Swift**

Age Concern Calderdale

## **Pat Asquith**

Care Homes Reference Group

## **Jason Bedford**

Domiciliary Care Reference Group

## **Calderdale Council Adult Social Care**

Calderdale Council is the lead agency for Adult Safeguarding and has responsibility for establishing an Adult Safeguarding Board.

This year has seen major developments in Adult Safeguarding in Calderdale. There has been the formation of the Adult Safeguarding Board at Senior Management level, in conjunction with partner agencies. Membership of the Board has been extended and new Terms of Reference have been drawn up to ensure that safeguarding has a high profile in all agencies and underpins work with adults at risk of abuse throughout Calderdale.

The board is chaired by the Group Director of Health and Social Care and there are senior management representatives from the Police, Primary Care Trust, South West Yorkshire Mental Health NHS Trust, Calderdale and Huddersfield NHS Foundation Trust, Calderdale Council Legal Services, Community Services and Health and Social Care Adult Services. Other representatives are the Chair of Calderdale Domestic Violence Forum, the Director of Age Concern Calderdale, a representative of independent care home managers and a representative of independent domiciliary service providers.

New Safeguarding Policy and Procedures were written in line with the Association of Directors of Adult Social Services National Framework of Standards for good practice. These were presented to the Council's Health and Social Care Scrutiny Panel prior to publication and a successful multi-agency launch in November 2007.

Safeguarding training is mandatory in all health and care agencies in Calderdale and because of the high demand for training a full time Safeguarding training officer was appointed in November 2007 on a temporary basis. The post will be reviewed in the financial year 2008/09

Safeguarding developments have also been influenced by the Commission for Social Care Inspection developing a performance assessment framework for monitoring Councils with Adult Social Services Responsibilities' response to Safeguarding Adults. Safeguarding has also had to reflect the implementation of the Mental Capacity Act 2005 and the implications of the Mental Health Act 2007.

# Board Members 2007\08

There has been the introduction of an Independent Mental Capacity Advocate service provided by Cloverleaf Advocacy. This service enables a person's best interests to be represented where they lack the capacity to make a decision for themselves and when there may be conflicts of interest with professionals or family regarding medical treatment or where a person can safely reside.

Work has also begun regarding the implications of 'Deprivation of Liberty' and provision of Best Interest Assessors. This is an important aspect of safeguarding people and respecting their human rights. This work will continue throughout 2008/09.

The safeguarding process has undergone an Equality Impact Assessment. This has identified areas in the service where practice may not make appropriate provision for minority groups either inadvertently or because of lack of specialist resources or knowledge. An action plan has been devised to address these issues.

Work is progressing nationally on the Safeguarding Vulnerable People Bill and the development of the Independent Safeguarding Authority. This will be responsible for vetting and barring inappropriate people from working with children and vulnerable adults. Local implications are around increasing awareness of those who employ carers to be mindful of appropriate recruitment practices, especially those people who use Direct Payments and Individual Budgets to employ their own carers. Implementation is scheduled to begin in October 2009.

Adult Social Care has introduced an electronic referral and monitoring system for Adult Safeguarding in order to collate and analyse information and identify trends. This will also help us to evaluate the quality of safeguarding work.

In the next financial year we will continue joint working with partner agencies and forge strong links with Safer Communities to improve Safeguarding Adults work.

## Chair

### **Jonathan Philips**

Group Director  
Calderdale Council Health and Social Care

## Members

### **Phil Shire**

Head of Older People and Disability Services  
Calderdale Council Health and Social Care

### **Janet Blackburn**

Adult Protection Co-ordinator  
Calderdale Council Health and Social Care

### **Mark Astbury**

Principal Solicitor  
Calderdale Council Legal Services

### **Heidi Wilson**

Head of Housing and Community Service  
Calderdale Council Community Services

### **Sue Cannon**

Director of Quality and Engagement  
Calderdale Primary Care Trust

### **Rob Dearden**

Associate Director Nursing  
Calderdale and Huddersfield NHS Foundation Trust

### **Tim Breedon**

Assistant Director, Learning Disability Services  
South West Yorkshire Mental Health NHS Trust

### **Paul Fountain**

Detective Chief Inspector  
West Yorkshire Police

# Aims 2008/09

The issue of abuse makes uncomfortable reading but it is a matter that is not going to go away. If in Calderdale we are going to improve the safety of people who are dependent on others for care and support we have to know the extent of the problems in order to address them. We hope that by encouraging people to report their concerns we can take appropriate action to enable people to feel safer.

## **By working with our partner agencies we aim to:**

- ensure that all concerns regarding abuse in peoples own homes are addressed and measures are put in place to reduce risk or prevent the abuse in a proportionate and timely way
- ensure that people feel confident that their care is safe in their own homes, residential or hospital settings
- ensure that no one in Calderdale is abused by a paid carer
- protect the dignity, rights and best interests of people who need support especially those who may find it difficult to act for themselves
- ensure that all contracted care services in Calderdale have a robust response to abuse and poor practice and that this is reflected in their rating as adequate services.

## **In order to achieve this we will:**

- continue to raise awareness of Safeguarding Adults with workers so they feel able to report abuse and protect people's best interest
- ensure that Safeguarding is addressed in the commissioning and contracting of services
- rigorously monitor and support improvement plans in services where there are safeguarding issues
- ensure timely and thorough multi-agency responses to concerns regarding safeguarding in all settings
- regularly audit the safeguarding process to evaluate the quality of work and outcomes
- ensure close working between services who support people who are at risk if abuse and those responsible for community safety
- engage with people at risk of abuse, their carers, relatives and interest groups so they feel confident to express their concerns and feel they will be taken seriously and addressed
- ensure that all members of the community, what ever their background, can access safeguarding support
- respond to the Government's review of 'No Secrets'.

## **Commission for Social Care Inspection (CSCI)**

There have been developments within CSCI which have directly impacted on Adult Safeguarding. A Safeguarding Adults Protocol and Guidance has been adopted endorsed by the Association of Directors of Adult Social Service. There is a commitment from CSCI to work in partnership with Councils regarding safeguarding concerns in regulated and registered care services. Regulation Managers will be active members of Safeguarding Boards and they will be involved in consultation regarding strategy to investigate allegations of abuse in registered care settings.

Key lines of enquiry for the regulatory assessment of care services have been developed nationally. The standards assess:

- Individual needs and choice
- Daily life and social activities (in residential establishments)
- Personal and Health Care
- Dealing with Complaints and Protection
- Environment (in residential establishments)
- Staffing
- Management.

Services will be expected to have effective procedures in place for people to be able to express their concerns and complaints and to protect people from abuse.

There will also be changes in the way services are inspected. There will be closer consultation with people who use services and their representatives, a lighter touch on well performing services and more unannounced visits to services. Changes have been made in the light of wide public and professional consultation 'Inspecting for Better Lives'.

There has been close ongoing work throughout the year with CSCI together with the Primary Care Trust and Adult Social Care Services Contracts and the Adult Protection Coordinator where there have been concerns about social care services. There has been joint improvement planning and monitoring to ensure safer services.

CSCI were actively involved in the development of local policy and procedures and gave presentations at the local launches.

## Progress on last year's plan

### South West Yorkshire Mental Health Trust (SWYMHT)

They are in the process of reviewing their protocol in line with National Health Service Litigation Authority so it will clarify reporting responsibilities and will ensure staff follow multi-agency arrangements.

Locally, Mental Health Service for Older people have developed a Liaison Team to support homes that accommodate older people with mental health problems. The care of people is often challenging because of difficult and unpredictable behaviour. The team offers support with care planning and advice and training and managing behaviour. This is an important area of work as there has been a significant increase in incidents reported that are between people who use services who have limited insight into their actions.

In acute settings changes have been made to address incidents between patients as a direct outcome of the National Patient Safety Agency's report relating to the sexual abuse of female patients in Mental Health in-patient areas, ie. wards.

In May the Learning Disability Nurses Network held a workshop at Huddersfield University which included an overview of the Cornwall Report and raised awareness around assessing risk of abuse in relation to people with learning disabilities.

In July there was a workshop held by the National Network for Moving and Handling Advisers and Trainers raising awareness of potential abuse caused by poor practice.

### Calderdale and Huddersfield NHS Foundation Trust

In the last year the Trust reviewed its Safeguarding Adults Guidelines and these have been passed by the Clinical Governance and Trust Executive Committee and are available on the Trust's intranet along with the respective Safeguarding Policies of Calderdale and Kirklees.

They have developed an internal Safeguarding Adults Board which meets quarterly with representation from Calderdale and Kirklees social care services and Matrons representing the training strategy and quality and performance groups.

Activity	Not started	In progress	Completed
Update of policy and procedures			✓
Serious case review protocol			✓
Electronic solution for reporting and monitoring		✓	
Basic awareness training			✓
Chairing Safeguarding Meetings Course		✓	
Safeguarding Assessor Training			✓
Safeguarding leaflets updated		✓	
Information on the Council Web site			✓
Work with Advocacy			✓
Collaborative work with Mental Capacity / Mental Health Act implementation		✓	
Work with partner agencies and people who use care services		✓	

<b>Risk Management Safeguarding Briefings provided in house by CHNHSFT</b>	
All hospital staff	981
<b>Briefings provided by Calderdale Council Adult Social Care</b>	
Police	90
Carers	43
People who use Day Care Services	83
Older people	100
Samaritans	50
Others	11
<b>Safeguarding Assessors Course - Calderdale Adult Social Care</b>	
Social Care staff	78
<b>Launch of New Policy Events - Calderdale Adult Social Care</b>	
All Partner Agencies	157
<b>Electronic Record Training - Calderdale Adult Social Care</b>	
Social Care staff	48
<b>Total</b>	<b>2415</b>

We have felt it important to increase awareness with carers, people who use care services and members of the community to enable them to report abuse or concerns. A briefing on Safeguarding to the Yorkshire and Humber Pensioners Association was given in April and a series of talks were given to carers groups and older people who attended day centres.

Work is being undertaken to identify how issues of alleged abuse and poor practice by employees are addressed in the Hospital Trust. At present these are picked up through Patient Advice Liaison Service, clinical incidents and complaints processes. They will have been investigated and acted upon but are not included in local safeguarding statistics. Where allegations of abuse are identified in hospital that may have occurred in care settings or in the community they are referred to the Hospital Social Work Team.

The Director of Personnel and Development has been briefed regarding impending changes that will occur as a result of the Safeguarding Vulnerable Groups Act and the establishment of the Independent Safeguarding Authority (ISA). The ISA will be responsible for the vetting and barring of people who are inappropriate to work with vulnerable adults and children in controlled and regulated activities, ie. frequent and intensive support services. This will include health care workers where in the past the Protection of Vulnerable Adults List did not.

Work has been done throughout the Trust to improve services for people with learning difficulties in line with Valuing People (2001). Special leaflets regarding procedures and a clinical communication toolkit have been developed to improve practice and avoid inadvertent institutional practices. Training has been undertaken to support these initiatives.

### **West Yorkshire Police**

Adult Safeguarding work has increased its profile in the local Police Force. There has always been a representative at Adult Safeguarding Board level and a link person within the Domestic Violence Unit; however, this year has seen the appointment of a full time Vulnerable Adults Co-ordinator - Claire Lawrance. This role will enable the police to develop expertise in safeguarding work and link into other initiatives, eg. Achieving Best Evidence (supporting vulnerable and intimidated witnesses) and the Multi-agency Risk Assessment Conferencing (dealing with issues of Domestic Violence).

She has already contributed positively to the launch of the new policy and procedures and the training of Safeguarding Assessors (those people in Health and Social Care Services who will co-ordinate the response to allegations of abuse).

# Training and Awareness

In the last year this service has been involved in 72 cases, 45 of these have been since the appointment of the Vulnerable Adults Co-ordinator in November.

With this new appointment police involvement with vulnerable adults will be better co-ordinated across the force and clearer information will be gathered of criminal activities against vulnerable adults.

## Primary Care Trust (PCT)

The PCT are developing an internal policy and guidance for staff to link to multi-agency safeguarding policy. They have identified a lead worker to take forward the safeguarding agenda and ensure staff are trained to recognise abuse and are aware of their responsibility to report incidents. The lead worker is working to ensure that safeguarding is reflected in contracting and commissioning of services.

Community Matrons are increasingly reporting more cases and being involved in safeguarding planning in community settings. This year has also seen them working towards a Named Community Matron being linked to all the care homes.

There has been a Health Care Issues group including the Acute Trust lead by the PCT. The aim is to ensure continuity of care when people are transferred between services and ensure needs are met.

## The Third Sector

This refers to the not for profit voluntary organisations and unpaid volunteers that work with individual adults and groups within Calderdale. Increasingly they have recognised their responsibilities in respect of Safeguarding Vulnerable Adults. This is reflected in their attendance on awareness raising courses and training events. They are also represented on the Adult Safeguarding Board and make valuable contributions to the sub committees through their representative.

We continue to have a rigorous awareness raising programme, with some partner agencies providing their own courses and briefings agreed through the Safeguarding Training sub committee.

There has also been the provision of specialist training for those people who will coordinate the Safeguarding process (Safeguarding Assessors) in line with the requirements of the new policy and procedures.

Throughout Calderdale there has been a comprehensive programme of Mental Capacity Act training, this has an important link to Safeguarding in terms of ensuring people's rights to make decisions and take risks and protecting people's best interests when they are considered unable to do so themselves.

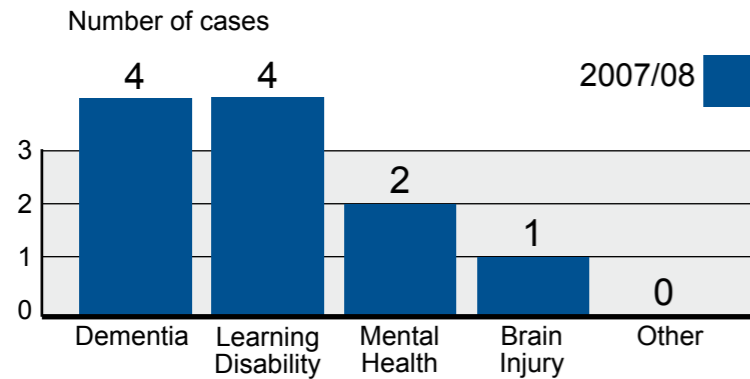
The Calderdale and Huddersfield NHS Foundation Trust has also provided training to their staff on Essential Elements of Care focusing on individualised person centred dignified care, dignity being a key feature in the nursing strategy document recently being developed. They have also provided training around dementia and toxic confusional states 'Sharing the Hurt' to enhance the care of people with mental health difficulties.

<b>Basic Awareness provided by Calderdale Adult Social Care</b>	<b>2007/08</b>
NHS Staff Hospital Trust / PCT	135
Social Care staff	201
Independent Sector	220
<b>Basic Awareness provided by SWYMHT</b>	
Consultants/Nurses/ Social Care workers	120 approx.
<b>Basic Awareness PCT Induction</b>	
Community Nurses	70
<b>Basic Awareness provided by Independent Sector</b>	
United Response	8
Pennine 2000 (Housing)	31

# Monitoring

## Provision of Advocacy under Safeguarding

Six males and five females, including two people from black and minority ethnic communities, have been provided with advocacy.



## Summary of actions taken to safeguard

After investigation 45 cases were unfounded or unproven.

Where cases were found against paid workers, services have instigated disciplinary procedures resulting in retraining, warnings, or dismissal.

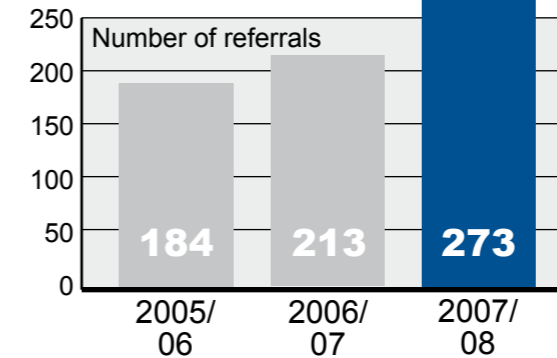
There have been concerns regarding the overall performance of seven care services (one domiciliary service and six residential care homes) which have resulted in multi-agency improvement plans and ongoing close monitoring by CSCI and Adult Social Care Contracts 'Safeguarding Monitoring Procedures'. These plans have involved support from the PCT and SWYMHT. Six of these services have shown improvement and are now rated as adequate by CSCI.

There have been 25 multi-agency Safeguarding Planning meetings regarding people in the community where it is felt issues could not be resolved through care management or by support to carers.

One case that resulted in prosecution was reviewed to evaluate if the abuse could have been identified and addressed earlier. The report concluded that this would have been difficult. There were valuable lessons learned regarding enabling vulnerable people to understand the nature of abuse especially around potentially risky relationships. Training has been commissioned to enable staff to be more proactive and confident in dealing with potentially risky relationships.

## Referrals

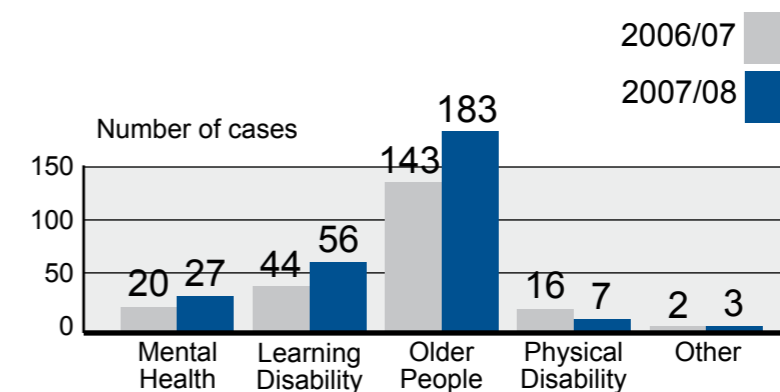
There have been 273 alleged incidents reported involving 276 people, 100 males and 176 females. This is an increase of 60 cases since last year.



In order to have safer services the reporting of low level abuse has been encouraged. The reporting of incidents that happen between people who use residential and day care services has been encouraged to ensure that appropriate actions are taken and risk plans are put in place. (78) This is important to protect people who cannot take responsibility for their own actions because of mental impairment.

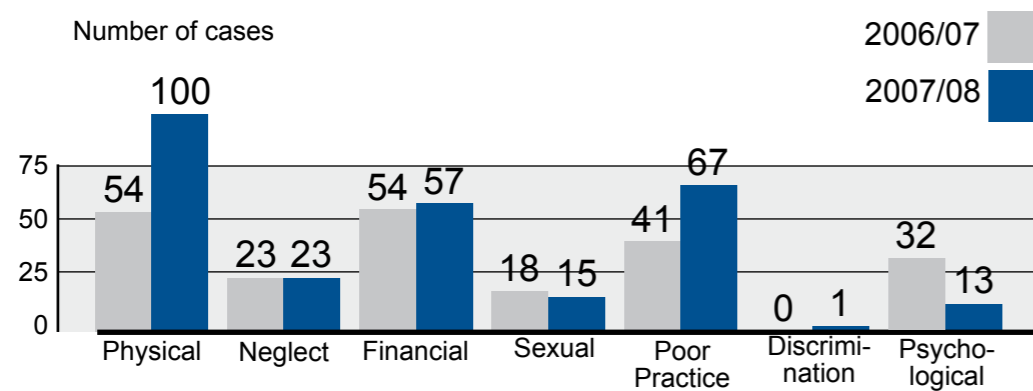
There has been a significant increase in the number of cases that have been unproven or unsubstantiated (45). This does not mean that actions are not taken. If, for example, someone in the community thinks money is going missing, they may accuse care workers, the situation would be investigated and although it might be unproven measures would be put in place to ensure the person's money was accurately accounted for to prevent further allegations being made.

## Service User Groups of Alleged Victims



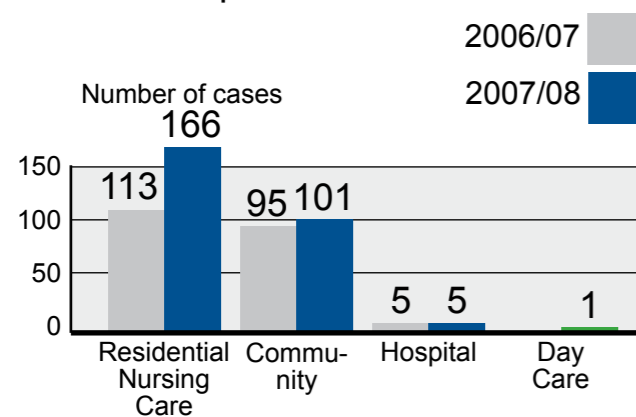
### Types of Alleged Abuse

The increase in numbers of cases of physical abuse reflects an increase in the number of reported cases of incidents between people who use services and the reporting of cases where unexplained injury and bruising may have been caused by a physical act. We encourage managers of care services to take these matters seriously and to be rigorous about addressing potential abuse and poor practice. Increased reporting ensures that there is a response and leads to monitoring of situations to reduce risks.



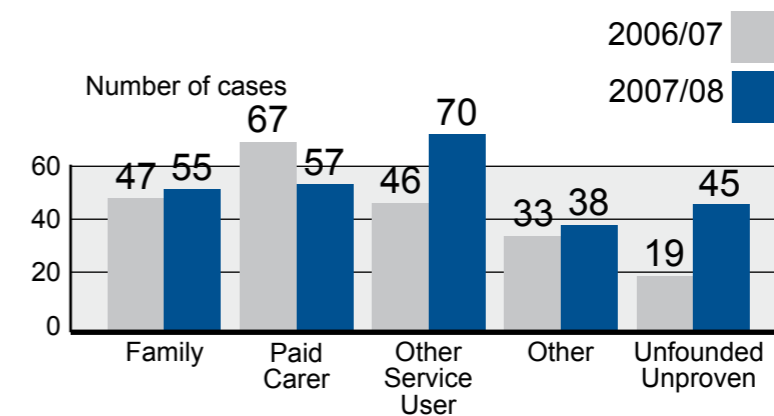
### Settings

The figures indicate that considerably more concerns are being identified and investigated in residential and nursing settings. 78 of these incidents have been between residents in environments where people may have very challenging behaviour because of mental health problems or learning difficulties. It is important that these problems are identified and addressed and appropriate risk assessments are done to ensure that the placement meets the needs of the person and that risk plans are put in place to reduce repeated incidents.



### Alleged Perpetrators

The largest number of perpetrators are other people who use services in residential care and nursing home settings. This occurs in settings where there are people who have difficult behaviours because of challenging behaviours or mental health condition. SWYMHT are addressing this through providing the Liaison Team who advise staff and risk plan to enable them to reduce incidents.



There has been a reduction in the number of proven cases against paid workers. A Local Area Agreement performance indicator is to be introduced in the next year to aim to reduce this number further.

### Independent Mental Capacity Advocate Service

Cloverleaf Advocacy provide a generic advocacy service. This year they have also provided a specialist Independent Mental Capacity Advocate Service which has to be provided under the Mental Capacity Act to ensure that peoples interests are represented in decisions about treatment and where they reside if they do not have a family member or anyone else to represent them.

The provision of advocacy is an important aspect of safeguarding people's best interests especially those people who, because of learning disabilities, mental health problems or dementia, are unable to make decisions alone.

The figures following show the number of people who have been supported by Cloverleaf over the last year where there have been safeguarding concerns. In these circumstances an advocate can be appointed if it is felt that a family member or representative may not be able to represent the best interest of the person concerned.