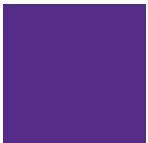




**KEEPING  
PEOPLE SAFE  
FROM NEGLECT  
AND ABUSE**



# Sheffield Adult Safeguarding Partnership Annual Report 2014/2015





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Sheffield Adult Safeguarding Partnership 2014-15 Business Plan

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Sheffield Adult Safeguarding Partnership Strategic Plan 2015-18

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Glossary of Terms



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# Foreword by Sue Fiennes

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**Sue Fiennes**  
**Independent Chair**

Dear Colleagues

I am writing this introduction in the first year of the Care Act which at last puts the Safeguarding Adults Board on a statutory footing.

Sheffield has, for a long time, been operating on the basis that safeguarding adults deserve a multi-agency response if there are concerns about abuse, so the Board has a strong history.

The challenge now is to be sure that people obtain the outcomes they want and need from a safeguarding assessment. The examples in this report show that efforts to work with the service user are proving worthwhile. There now needs to be a more comprehensive focus on outcomes and measurement of this for the Board accountability to Sheffield residents.

The good practice of engaging with service users and their organisations needs to continue to strengthen the involvement of the Safeguarding Forum, and the Board's Strategic Plan is evidence of this intent.

It is necessary to improve on the timeliness of responses and this will continue to be a challenge which requires effort by all concerned.

The work on ensuring people feel safe at the end of the work with and for them on safeguarding is good and the scheme on Safe Places with partners is an excellent example of preventive work supported by the Board.

I thank all involved across the partnership for their efforts to support safeguarding work.

*Sue Fiennes*

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# The six principles of Safeguarding

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**Empowerment.** Personalisation and the presumption of person-led decisions and informed consent

*"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*

**Prevention.** It is better to take action before harm occurs.

*"I receive clear and simple information about what abuse is, how to recognize the signs and what I can do to seek help."*

**Proportionality.** Proportionate and least intrusive response appropriate to the risk presented.

*"I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed."*

**Protection.** Support and representation for those in greatest need

*"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able."*

**Partnership.** Providing local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

*"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."*

**Accountability.** Accountability and transparency in delivering safeguarding

*"I understand the role of everyone involved in my life."*

**Enshrining these principles in all safeguarding work within adult social care and with partners will be the hallmark of a high performing and responsive service.**



# Introduction

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This annual report covers the 12 months from April 2014 to March 2015, and provides an update and information on significant activity and developments for Adult Safeguarding in Sheffield.

Keeping people safe from neglect or abuse is the fundamental duty of those with a responsibility towards people at risk.

## Sheffield Safeguarding Adults Partnership (SASP)

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The Sheffield Adult Safeguarding Partnership (SASP) is made up of those organisations that have a key role in protecting people from harm. The Safeguarding Adults Board (SAB) leads and holds individual agencies to account to ensure adults in Sheffield are protected from abuse and neglect.

The Executive Board meets three times each year and members representing organisations are sufficiently senior in their organisations to influence practice and consistently “get things done”. The Executive Board is led by Sue Fiennes, the Independent Chair.

The role of the Independent Chair is to lead, co-ordinate, support and challenge partner agencies working to safeguard and promote the wellbeing of ‘vulnerable adults’, and to improve outcomes for and with them.

Our vision is that the people of Sheffield are able to live a life free from avoidable harm in communities that do not tolerate abuse, work together to prevent abuse occurring and know what to do when abuse happens.



Partners are:

- South Yorkshire Police
- Sheffield Health and Social Care NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- Sheffield NHS Clinical Commissioning Group
- Sheffield City Council
- National Probation Service (South Yorkshire)
- South Yorkshire Fire and Rescue
- Healthwatch
- NHS England
- Yorkshire Ambulance Service

The Care Act 2014 puts adult safeguarding on a legal footing and from April 2015 each local authority must set up a Safeguarding Adults Board (SAB) with core membership from the local authority, the Police and the NHS (specifically the local Clinical Commissioning Group/s) and has the power to include other relevant bodies.

## Governance Review

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We completed a Governance Review and implemented this in 2014/15. This re-defined and strengthened the partnership at strategic, operational and practice levels. The membership of the Executive Board was reduced reflecting organisational changes, particularly in the Council, and provided a tighter focus.

We determined a clear set of priorities designed to improve how safeguarding is delivered across the city of Sheffield. Protocols were developed and put in place to govern escalation and resolution of disagreements between partner agencies. Closer links were forged between Health and Local Authority through the establishment of Health partnership and practice development post working as part of Adult Safeguarding Team.

## Case example

Miss R – woman with learning disabilities

Miss R was subjected to a sexual assault, which was reported to the police. At the end of the criminal investigation it was decided not to progress the case to court. Miss R felt that this was due to the police “not believing her”.

The investigation was concluded by social workers and the conference which was attended by Miss R concluded that sexual abuse had taken place and offered her support to recover from this experience.

Miss R commented – *“I am pleased that the meeting believed me and that the man who hurt me has been told off.”*

# What people told us about Safeguarding

Throughout 2014/15 we engaged and consulted with a wide range of organisation, stakeholders and service users that have an interest in how Adult Safeguarding is doing:

- Safeguarding Forum
- LD Partnership Board
- Good Place to Live Group
- Partners for Inclusion
- Carers Cafe
- LD family carers
- Sunrise Meeting
- Disability Sheffield
- Service Improvement Forum

Prevention is seen as important as it is recognised earlier awareness of a concern may mean there is an opportunity to prevent a situation deteriorating into crisis. Linked to this, identifying early signs of abuse and neglect is important.



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People want to see better information on where to get the right help and support with greater awareness of adult safeguarding across the city. It is recognised independent advocacy has a role to play in supporting some people.

Frontline staff have to be properly trained and supported so they know what to do when they come across a Safeguarding issue, and can respond to people at risk in the right way. Easy access to safeguarding services when needed is important; providing more joined up services and better communication were also identified as priorities. People want to see that we have learnt the lessons when something does go wrong so the chances of the same thing happening again are reduced.

All forms of abuse continue to concern people, financial abuse is not always seen to have the priority it should have. These points have all been considered by Safeguarding Adults Board and are being addressed as a priority, within the 2015-18 Strategic Plan.

## Satisfaction and outcomes

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We regularly ask people what they think about safeguarding, including people's experience and perception when brought into safeguarding. Of those who responded 82% feel safer as a result, and 87% were satisfied with the outcome of Safeguarding.

We recognise we need to get more feedback and are taking steps to increase the number of service users to tell us what they think. Changes have been made to how safeguarding operates with Independent Case Conference Chairs pro-actively seeking face-to-face feedback from service users about feeling safer, and the safeguarding process.



This approach began to embed the principles underpinning 'Making Safeguarding Personal' by focusing on improved outcomes for people at risk.

The development of this approach is a priority for 2015/16.



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# Sheffield Safe Places

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Heeley City Farm was commissioned to continue work into 2014-15: the Sheffield Safe Places scheme aims to support people with learning disabilities, and dementia and mental health, who may be lost, ill or frightened and to provide a temporary refuge where they can get help.

With the support of Sheffield City Council and South Yorkshire Police, the number of registered places has increased, including Sheffield Hallam University who will provide the service in a number of locations. Sheffield Safe Places covers all areas of the city, and work has been completed to ensure this resource is present in areas where people need them the most.



The scheme supports disclosure and help is offered to adults who are victims of 'hidden crimes' such as hate incidents/crimes and mate crime. Staff or volunteers who offer a safe place are given disability awareness training and are advised how to spot those suffering from hate crime or prejudice.

All venues are approved by police and provide an increased support network of third party reporting points (despite austerity measures), in public places.

Sheffield Health and Social Care Trust register indicates there are about 3,800 people with Learning Disabilities in Sheffield, and about 1,700 have a care package. Currently 250 adults are members of the Sheffield safe places scheme and the number is increasing as knowledge of the scheme becomes more embedded.

A multi faith event was held and as a result of this a number of faith venues have become Safe Places and/or have agreed to promote membership of the scheme to adults who may benefit from it.

Sheffield Safe Places is now recognised regionally as a great example of this type, with a number of Local Authorities using the model to inform development of a similar scheme in their local areas. This includes Kirklees, Derby and Manchester.

SASP endorsement and support funding helps evidence public authorities are progressing and meeting their Equality objectives in respect of safeguarding and disability-related harassment.

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# Performance Management Framework

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In 2014/15 the partnership introduced a Performance Management Framework to promote accountability and improve analysis of data. This information, together with findings from quality audits, Case Reviews and the direct experiences of those who have been harmed or are at risk of harm provide us with a level of knowledge to identify priorities and actions.

Meeting specified timescales continues to be a significant challenge. Underperformance against timescales is an issue at alert, strategy and investigation stages. As we move to Making Safeguarding Personal the significance of the timescales will change. However, meeting timescales continues to be an important aspect of assurance and confidence building. Work to address this concern continues as a high priority.

Public Health are now working with the Safeguarding Adults Board on data analysis, with the aim of identifying patterns and trends in the data, particularly across alert types.

## Information Sharing

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Sharing information appropriately is a key requirement in making safeguarding work well. We have continued to raise awareness across the partnership of the need to facilitate the sharing of information in the interests of protecting people at risk. Work has focused to make sure mechanisms for sharing information, with protocols in place where these are required.

Partners are encouraged to share and support each other with any initiatives being undertaken in their own organisations that support the broader aims of safeguarding.



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# Safeguarding Customer Forum

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Engaging directly with people who are at risk is really important, as their experiences and insight give us valuable information about how we can improve safeguarding.

The Safeguarding Customer Forum meets quarterly and is attended by self-advocates and carer representatives. It is chaired by a self-advocate and is supported by the Safeguarding Adult Office.

The Safeguarding Customer Forum helped inform the content of our Strategic Plan for 2015/18 and contributed to the update of South Yorkshire multi-agency safeguarding procedures, making a number of suggested improvements which have been adopted across South Yorkshire.

There are plans to involve members of the Safeguarding Customer Forum directly in staff training, and it is felt that the group could also be used to obtain more direct feedback from other service users who have experienced safeguarding.



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## Crime and Safeguarding

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We achieved strong linkages with Police and the Criminal justice system, through the Public Protection Unit, and joint working with the South Yorkshire Police Safeguarding lead has proved to be productive.

Trading Standards notified us of a range of interventions to be implemented in 2015-16. These are targeted at crime reduction and tackling the financial abuse of people at risk, including door stop crime and distraction burglary. SASP welcomes this initiative and is committed to working with Trading Standards in the future, through awareness raising, training and implementation of changes to practice.

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# Public Health and Housing

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Work has progressed to raise the profile of Safeguarding in social housing. About 42,000 Council properties are managed by Sheffield City Council Housing Service so sharing Anti-Social Behaviour intelligence held by social housing services improves our ability to identify hotspots and possible links to safeguarding concerns.

## Vulnerable Adults Panel (VAP)

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The panel is multi-agency and consists of senior representatives from key agencies who work collaboratively to reduce risks and costs associated with each case by developing agreed strategies to address the concerns and scrutinising these to ensure they are being implemented.

VAP operates with the sanction of the SASP and the Safer and Sustainable Communities Partnerships. Its purpose is to provide a considered response to the volume of high, inappropriate demands on emergency and crisis services made by some individuals.



VAPs remit is to work together to resolve issues where the individual may not be eligible for social care support, refuses support or self-neglects.

VAP works to develop pathways between agencies and the person at risk to improve their wellbeing and eliminate pressures on emergency and crisis points.

Further work will be undertaken to review how agencies work together to meet the challenge to better support and protect those who are at risk. A review of the relationship between Vulnerable Adults Panel and Partnership Resource Allocation Meeting has identified potential to rationalise these arrangements to provide better value for money.



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# Child Sexual Exploitation (CSE)

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The Jay Report highlighted continuing levels of concern about Child Sexual Exploitation.

The Safeguarding Executive Board agreed to fund research into reducing the risk of 18-25 year olds at risk of sexual exploitation, but this was delayed in 2014/15 and will now be progressed as part of the 2015/18 Strategic Plan.

We continued to work closely with Sheffield CSE and Children Young People and Families Services to reduce the risks that can give rise to sexual exploitation of young people. This included promoting awareness across the Safeguarding Partnership and encouraging agencies to look at what more they could do to support work to combat Child Sexual Exploitation.

The Sheffield Quality Assurance report on Child Sexual Exploitation found robust multi-agency foundations for this area of work, highlighting the need to continue to support vulnerable young people with therapeutic services with easy access.

## Promoting cross sector learning

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‘Working Together to Safeguard Adults’ is a quarterly course or conference bringing together police, social care and health professionals in South Yorkshire, to increase understanding of the roles and responsibilities of all agencies, and to agree solutions for regional issues.

2014-15 courses included 2 focused sessions covering ‘Recognising and responding to Financial Abuse’ and ‘Victims and Perpetrators’.

## Safeguarding in the Care Sector

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We continued to work with Commissioners to make sure service contracts promote core values of independence, safeguarding people’s dignity and respect.

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Recent changes to the way serious incidents are reported and monitored will improve the screening of complaints.

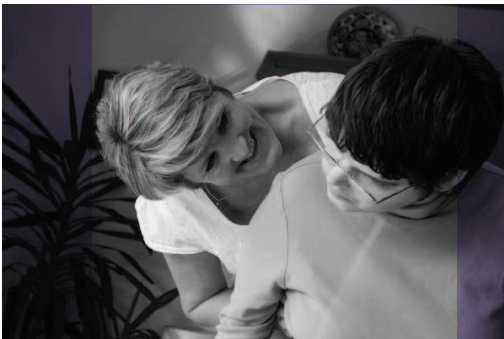
Throughout the year the Safeguarding Executive Board received assurances on governance and oversight of quality in domiciliary and residential care settings. The use of key performance indicators to inform provider failure risks and performance is an approach endorsed by Safeguarding Executive Board.

We initiated a Mental Capacity Act (MCA) Deprivation of Liberty Safeguards (DOLs) Care Home Project to embed understanding and use of the MCA and DOLs, and to promote care that is both compliant with the legislation and the least restrictive. Evaluation showed that training is supporting changes in practice, however a number of care providers have not yet engaged in the initiative. 20 training sessions have been held covering about 50% of Care Homes in Sheffield.

The Safeguarding Executive Board continued to review actions taken to address issues arising from Winterbourne View, and received regular updates on work undertaken to provide assurance on meeting the right standards.

## Care Act

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The Care Act came into force in April 2015 and compliance with its requirements has been a key priority.

The Safeguarding Adults Board already operated in a way that foreshadowed many of the changes introduced through the Care Act.

Well-developed partnership arrangements are in place across Health, Social Care and the Police. Work continued through the year to build relationships with other Boards and organisations including Community Safety to address Hate Crime, anti-social behaviour, domestic abuse and self-neglect. Going forward we will identify and promote joint working across a broad range of activities to achieve common outcomes that protect people at risk.



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# Making Safeguarding Personal

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The Safeguarding Adults Board endorsed the decision by Sheffield City Council to engage with the Making Safeguarding Personal agenda: principles of shifting safeguarding from a process, to a commitment to agreeing outcomes with people, and to developing a real understanding of what people wish to achieve and how this will be delivered. This work will be based on the following principles.

- The person knows best.
- Person's views, wishes feelings and beliefs should always be considered.
- Focus is on well-being, prevention or delaying the development of the need for care and support and reducing needs.
- Decisions should be made taking all circumstances into consideration.
- Decisions should be made with the person's participation.
- We need to balance the person's wellbeing with that of family and friends involved with the person.
- We need to protect people from abuse and neglect.
- We need to minimise the restriction of rights or freedom of action.

## Update of South Yorkshire Safeguarding Procedures

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We reviewed our Safeguarding Procedures working with our partners across South Yorkshire in Doncaster, Barnsley and Rotherham. It is important to realise the value of maintaining a set of procedures that operates across local authority boundaries. This is of particular benefit to the Police and other organisations with a pan South Yorkshire remit.

Sheffield partners and other organisations contributed to a series of discussion forums to inform the content and values of the procedures; the procedures will continue to be a live document as we develop local and regional responses to Making Safeguarding Personal.



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Sheffield Customer Forums met with counterparts from South Yorkshire in Sheffield to ensure that adults would be treated in a way that upheld the key principles of the Care Act.

In July 2014 a Safeguarding Adults Risk Audit Tool was implemented enabling risk to be better understood, assessed and managed, and training has been amended to support all agencies to demonstrate compliance with the new procedures.

### Case example

Mr H – older man with disabilities

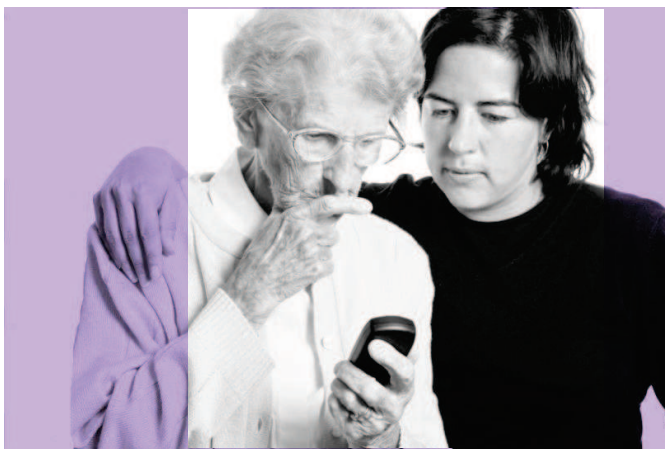
Mr H lived at home with a small home care package. His neighbour offered support by shopping etc. However this then resulted in them taking money from Mr H, initially as loans that were not repaid and then taking money for shopping that he did not do.

Mr H indicated he liked his neighbour and did not want to “fall out with him”. However he was very clear that he did not want him to have his money.

Outcome – Mr H agreed to an alternative service to manage his money and kept his friendship with his neighbour.

Mr H commented – *“I am pleased that it has not got out of hand and that my neighbour still calls in for tea and a game of cards.”*

## Rate of referrals



### Relationship between concerns and enquiries:

25% of alerts notified became referrals into Safeguarding in Sheffield during 2014/15. This ratio has fluctuated within a range of 23% - 33% over the past 5 years. Sheffield's ratio is lower than other comparable cities in Yorkshire and Humberside.

27% of referrals are people over 85 with 38% under 65. There has been a steady but not large increase in Safeguarding activity for those aged over 65.



The ratio of male/female activity continues to be relatively stable at around 40:60. Referrals into Safeguarding for adults with a learning disability have doubled since 2010/11.

An increasing trend in referrals for physical, sexual, psychological and financial abuse is evident since 2010/11. Neglect referrals have also increased. Institutional abuse referrals are reducing.

The Department of Health categorisation for source of alerts shows Social Care, Primary and Community Health Care and the Police are major referrers. Social care sources account for 27% of total alerts, with 16% of these from residential settings. A person's home is the place where allegations of abuse are most likely to arise; this has risen to 49% in 2015/16, with care home settings accounting for a further 34%.

The Care Act and Making Safeguarding Personal recognise that not enough emphasis has been placed on the outcomes achieved through Safeguarding. Work continues to better define and capturing meaningful outcome data. These improvements are addressed in the Strategic Plan.

### Case study

Mrs P – older adult with significant illnesses.

Mrs P (72) lived at home with her daughter (39) who had recently moved back in following a break up with her partner. Mrs P had sustained injuries as a result of aggression by her daughter whose behaviour deteriorated when she had been drinking. Mrs P was very clear that she did not want her daughter removing or the police to be involved. Mrs P also admitted that daughter took money from her to fund her drinking. Significant concerns were expressed by health and social care staff about Mrs P's safety as she was unable to protect herself from her daughter or able to leave the property without support.

Outcome – the property was “tagged” as a high risk domestic violence home if Mrs P was prepared to ring the police. Mrs P's daughter agreed to engage with alcohol services and began the process of seeking alternative accommodation.

Mrs P was assessed as eligible for social care services and a small home care package was implemented to provide some monitoring of the situation between mum and daughter.

Mrs P's views – *“I love my daughter, she can't help being like she is – she has had it tough recently. I am happy there is someone in the house some of the time to keep a check on her and encourage her not to drink.”*

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# Safeguarding Activity

## 2014/15: Alerts

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Safeguarding alerts are concerns, incidents or allegations reported by a range of organisations or members of the public that may require a referral into safeguarding investigation

An alert becomes a referral when the safeguarding manager in Sheffield City Council or Sheffield Health and Social Care Trust, determines if it meets the threshold of 'vulnerable adult and significant harm' in line with *No Secrets*. In Sheffield, only cases that meet the safeguarding threshold are fully investigated, following a process to decide the most appropriate response to these concerns.

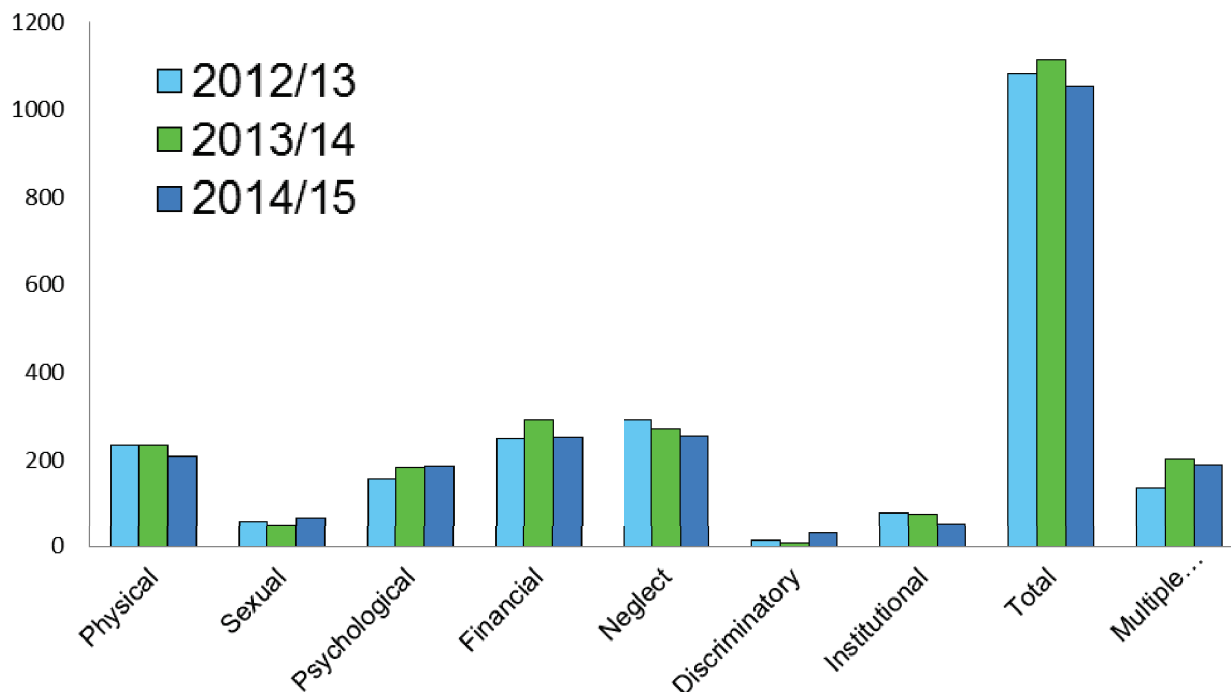
Only a proportion of safeguarding referrals result in a safeguarding investigation. Sometimes, more than one alert/referral is opened for the same person and as they progress, can be rolled into a single investigation. Also, individual cases can involve more than one category of abuse.

	2012/13	2013/14	2014/15
alerts	2,633	3,379	3,231
referrals	818	792	800
percentage	30%	23%	25%

The table above captures all alerts opened in the period. The steady increase in alerts is a national trend and also reflects the increasing knowledge of staff and public about safeguarding.



# Referrals by type of abuse (allegations)



Types of abuse include 'Multiple', indicating individual cases can have more than one category of abuse assigned to it. Therefore the total of all alert categories do not add up to the total number of individual cases.

The significant rise in alleged Discriminatory abuse is directly related to the success of the Sheffield Safe Places scheme and social care practitioners' recognition of this type of abuse. Detecting and responding to abuse at this level can reduce the risk of escalation into other forms of abuse - for example physical or financial.

Financial abuse has not risen this year, for the first time in five years. However, the high number of cases does not suggest that our ability to protect adults has significantly improved and this remains the single highest risk abuse for adults living in community settings.





The rise in the number of sexual abuse cases is significant and adults with learning disabilities are disproportionately affected. The very positive move to support more independent living may result in an increased risk of non-consensual relationships.

Supporting adults who are at risk of non-consensual or abusive relationships will be important to reducing this risk in the coming year, and will need to be supported by engaging specialist partners to work with social care professionals to develop the necessary skills and knowledge.

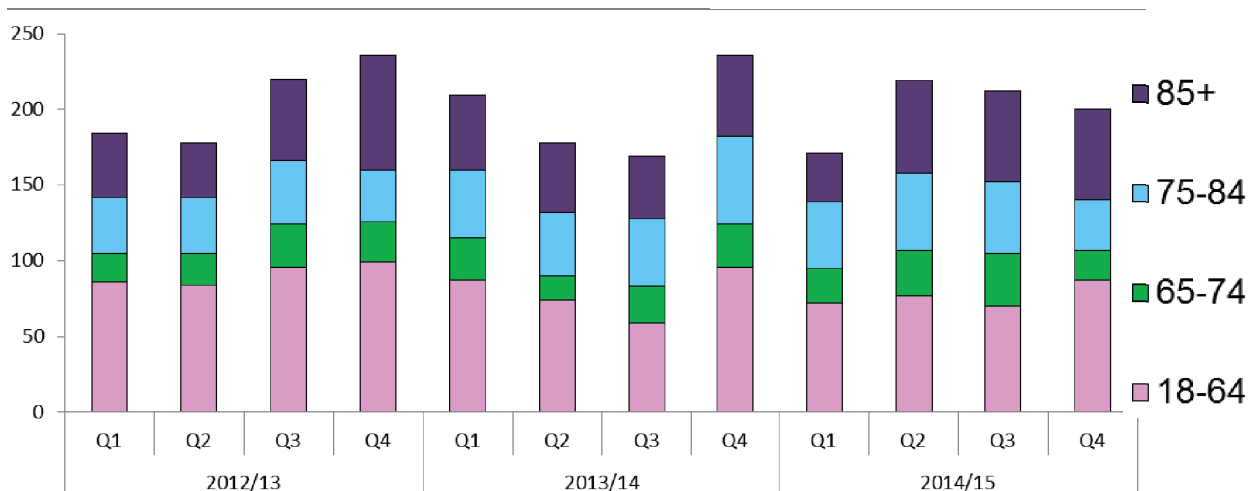
## Safeguarding cases by ethnicity

The percentage of cases from Black and Minority Ethnic (BME) communities referred into safeguarding has remained steady, supported by actions listed in the strategic plan to provide a more inclusive response.

Some of our service user data is not complete and so we need to improve this to make meaningful comparisons with the city wide demographic. Work will continue in the coming year to improve targeted campaigns that have been partially successful.

	2012/13	2013/14	2014/15
percentage BME	7%	7%	7%
percentage not stated	1%	3%	5%
white	92%	91%	88%

## Referrals by age band





The table above indicates that adults aged 65 plus are the highest represented group compared to 18-64 age group. Many adults over 65 are in receipt of care or are more likely to have cognitive problems so their vulnerability to abuse should not be underestimated. The majority of the adults in the 18-64 age range investigated within safeguarding are adults with learning disabilities who are particularly vulnerable to financial and sexual abuse.

## Referrals by gender

	2012/13	2013/14	2014/15
Male	39%	47%	42%
Female	61%	53%	58%

The trend of having more women in safeguarding is reflected regionally and nationally and appears to be linked to the following factors.

- Women living longer than men
- Women being more prepared to admit that something is wrong/ask for help
- Women are more likely to be victims of domestic violence than men

The number of men referred into safeguarding has increased in recent years, the majority of these are older adults.

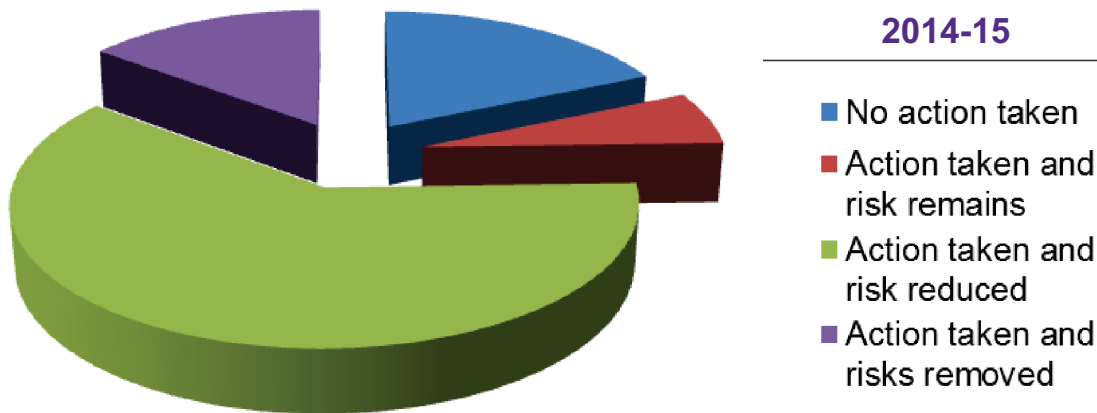
Regional meetings were held with Domestic Abuse colleagues to map the interface between safeguarding, and resulted in a specific section in the South Yorkshire Procedures to assist workers in both domestic violence and social care. The Domestic Homicide panel is jointly chaired by the Safeguarding Adults and Safeguarding Childrens offices, and promotes holistic learning across services.

In Sheffield we have a joint course (Adults, Children and Domestic Violence) to equip workers in partner and other organisations to deliver high quality Individual Management Reviews for Serious Case Reviews (Adults and Childrens, and Domestic Homicide Reviews. The course received positive evaluation and will continue to run again into 2015-16.

# Safeguarding risks and conclusions

Safeguarding adults is largely reliant on the adult’s willingness to engage with practitioners to address risks via a protection plan or case management. If an adult has capacity to make an informed choice about remaining in abusive situations; we would respect that choice **unless** the risk to the adult is very significant and respecting their choices may result in serious harm to them, or there is a risk to other vulnerable adults.

The chart below shows the outcome of the safeguarding investigation and whether the intervention has **removed** or **reduced** risks to the adult.



In total **517 adults** were made safer as a result of safeguarding, compared with **168 adults** who either refused to engage with the safeguarding support or were unable to make the necessary choices/changes to remove or reduce the risks. In the majority of the cases where action was taken, but risks remain, adults chose to retain relationships with family members or friends rather than end the relationships to remove all the risks.

The table below shows the number of cases concluded and whether or not abuse has been substantiated, this includes cases exiting prior to case conference.

OUTCOME OF SAFEGUARDING	Number of cases
Substantiated	30
Not substantiated	595



Direct comparison with the data above on whether or not risks have been reduced indicates that substantiating or not abuse has little impact on the safety of adults. This is demonstrated by 517 adults being made safer through the process and only 90 cases substantiating abuse. For many adults a formal outcome on abuse is not a primary outcome, family members of adults who lack capacity have a much higher expectation that safeguarding will substantiate abuse.

## Outcomes

VULNERABLE PERSON	2012-13	2013-14	2014-15
Increased monitoring	117	170	145
Vulnerable Adult removed from property or service	8	5	6
Community Care assessment and service	59	63	50
Civil action	0	1	0
Application to Court of Protection	1	3	5
Application to change appointeeship	6	7	10
Referral to advocacy scheme	6	2	1
Referral to counselling/training	4	1	3
Moved to increased/different care	23	56	61
Management of access to finance	13	18	20
Guardianship/use of Mental Health Act	0	0	0
Review of Self Directed Support (IB)	12	10	15
Restriction/management of access to alleged perpetrator	12	0	25
Referral to MARAC	0	1	3
Other	38	40	53
No further action	498	271	202



ALLEGED PERPETRATOR	2012-13	2013-14	2014-15
Criminal prosecution/formal caution	3	7	15
Police action	14	38	14
Community Care assessment	11	10	10
Removal from property or service	12	9	16
Management of access to the Vulnerable Person	9	37	28
Referred to PoVA list/ISA**	7	1	9
Referral to registration body	0	3	1
Disciplinary action	45	40	39
Action by Care Quality Commission	0	0	2
Continued monitoring	115	173	132
Counselling/Training/Treatment	17	33	32
Referral to Court Mandated Treatment	0	0	0
Referral to MAPPA	0	0	0
Action under Mental Health Act	2	0	2
Action by contract compliance	1	7	12
Exoneration	10	11	13
No further action	325	280	223
Not known	203	16	20

## Mental Capacity and Safeguarding

Adults who lack capacity to engage with Safeguarding should be supported by an Independent Mental Capacity Advocate (IMCA) in line with ADASS (Association of Directors of Adult Social Services) Guidance. The table below shows the number of adults who lack capacity and those who were presumed to have capacity, in line with the MCA legislation.

For those adults who were assessed as lacking capacity, the table identifies the percentage of cases where an IMCA was appointed.



It is of note that Sheffield has the highest take up in the region of IMCA services for safeguarding (the regional contract covers three of the four South Yorkshire Local Authorities). We are the largest authority in South Yorkshire and we have actively encouraged our social and health care workers to use the ADASS guidance on use of IMCAS.

<b>MENTAL CAPACITY</b>	<b>2013/14</b>	<b>2014/15</b>
<b>Adults assessed as lacking capacity</b>	<b>153</b>	<b>156</b>
<b>Number and percentage of adults who lacked capacity who had an IMCA</b>	<b>67 (44%)</b>	<b>81 (52%)</b>
<b>Adults who had capacity or were presumed to have capacity</b>	<b>574</b>	<b>529</b>

## **Review of SASP Business Plan 2014 – 2015**

The Safeguarding Board agreed a strategic plan based on the vision statement shown below.

People of Sheffield are able to live a life free from avoidable harm in communities that

- Do not tolerate abuse
- Work together to prevent abuse occurring
- Know what to do when abuse happens

Five core objectives were agreed.

1. Implement an effective Performance Framework and use data and information to improve safety and practice quality.
2. Improve the quality of safeguarding practice, ensuring consistent standards across the partnership.
3. Respond to improvement drivers (local and national) ensuring learning is embedded in practice, strengthening of risk mitigation and to ensure effective partnership working.
4. Deliver the equalities action and continue the Safeguarding Board's commitment to the Manifesto for Change.
5. Promote public awareness of safeguarding being everyone's business.

Performance and progress against core objectives was routinely reported to the Executive Board, and a final year-end report is included as Appendix A.

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# Future Priorities

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The Care Act and Making Safeguarding Personal recognise that not enough emphasis has been placed on outcomes achieved through Safeguarding. Outcomes are not currently sufficiently defined and capturing meaningful outcome data is not sufficiently developed. Both these issues are addressed in the Strategic Plan 2015-18.

The Safeguarding Adults Strategic Plan 2015/18 sets out our priorities for the next 3 years. It shows what we will do to make the plan happen and what the intended outcomes are. The plan has been produced with local communities including those people who know and understand what it is like to be at risk of abuse or neglect.

The Executive Safeguarding Adults Board (SAB) is responsible for the Plan. Elements of the partnership including the Operational Board, Customer Forum and individual partner organisations are delegated by the SAB to make the plan happen.

Our four priorities are:

- Prevent abuse and neglect of people at risk taking place so that people at risk suffer less abuse and feel safer.
- Make safeguarding personal with people experiencing harm supported to achieve the outcomes they want.
- Make sure safeguarding works well.
- Protect young people who have care and support needs from abuse and neglect.

A copy of the plan is included as Appendix B.



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Appendix A

Sheffield Adult Safeguarding Partnership  
2014-15 Business Plan

Available from the Sheffield City Council SASP web page:

[www.sheffield.gov.uk/caresupport/adult/adult-abuse/partnership.html](http://www.sheffield.gov.uk/caresupport/adult/adult-abuse/partnership.html)



Appendix B

Sheffield Adult Safeguarding Partnership  
2014-18 Strategic Plan

Available from the Sheffield City Council SASP web page:

[www.sheffield.gov.uk/caresupport/adult/adult-abuse/partnership.html](http://www.sheffield.gov.uk/caresupport/adult/adult-abuse/partnership.html)

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# Glossary of terms

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Below are explanations of some of the terms and phrases in this report. Some of these definitions are from the jargon buster on the Think Local, Act Personal website: [www.thinklocalactpersonal.org.uk/Browse/Informationandadvice](http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice).

## Abuse

Harm caused by anyone who has power over another person. This may include family members, friends, unpaid carers and health or social care workers. It can take various forms, including physical harm or neglect, and verbal, emotional or sexual abuse. Adults at risk can also be the victim of financial abuse from people they trust. Abuse may be carried out by individuals or by the organisation that employs them.

## Adult at risk

An adult who is in need of extra support because of their age, disability, or physical or mental ill-health, and who may be unable to protect themselves from harm, neglect or exploitation.

## Advocacy

An advocate helps someone to express their needs and wishes, and weigh up and take decisions about the options available. They can help find services, make sure correct procedures are followed and challenge decisions made by organisations. The advocate is there to represent the interests of the person, which they can do by supporting them to speak, or by speaking on their behalf. If a person wishes to speak up for themselves to make their needs and wishes heard, this is known as self-advocacy.

## Appointee service

A service that helps someone to manage their money.



## Best interest

Other people should act in a person's 'best interests' if they are unable to make a particular decision (for example, about their health, or their finances). The law does not define what 'best interests' might be, but gives a list of things that must be considered when deciding what is in the person's best interest. These include the person's wishes, feelings and beliefs, the views of close family and friends, and all the person's personal circumstances.

## Case conference

A meeting that is usually held when a person is believed to be at risk of harm or abuse. The purpose is to discuss the situation and decide on a course of action to keep the person safe. It will be attended by people who know the situation, like the person's GP, community nurse or social worker. The person (or their representative) should also be invited to the meeting.

## Case management

A way of bringing together services to agree how to support someone to meet all their different needs so they remain independent. Usually, a single, named case manager (sometimes known as a 'key worker') will take the lead in coordinating all the care and support provided by different agencies, offer person-centred care so the person is able to remain in their own home and out of hospital as much as possible.

## Child Sexual Exploitation (CSE)

Child sexual exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status. Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol.

## Court of Protection

An English court that makes decisions about the property, finances, health and welfare of people who lack mental capacity to make decisions for themselves. The court can appoint a 'deputy' to make ongoing decisions on behalf of someone who lacks capacity. It is also able to grant power of attorney.

## Deprivation of Liberty Safeguards

Legal protection for people in hospitals or care homes who are unable to make decisions about their own care and support, property or finances. People with mental health conditions, including dementia, may not be allowed to make decisions for themselves, if this is deemed to be in their best interests. The safeguards exist to make sure that people do not lose the right to make their own decisions for the wrong reasons.

## Domestic Homicide Panel

This panel carries out reviews to understand where there are lessons to be learned and make recommendations to prevent future homicides.

## Independent Mental Capacity Advocate (IMCA)

IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, including making decisions about where they live and about serious medical treatment options.

## Individual Management Review

An IMR is a way for organisations involved in a Serious Case Review to review how it was involved with the individual concerned.

## Making Safeguarding Personal

Making Safeguarding Personal aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. It is about engaging with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end.

## Mental Capacity Act

A law that is designed to protect people who are unable to make decisions about their own care and support, property or finances, because of a mental health condition, learning disability, brain injury or illness. 'Mental capacity' is the ability to make decisions for yourself. The law says that people may lose the right to make decisions if this is in their best interests. Deprivation of Liberty Safeguards are included in the law, to make sure that people are treated fairly.



## Neglect

When a person is mistreated by not being given the care and support they need, if they are unable to care for themselves. It may include not being given enough food, or the right kind of food, being left without help to wash or change their clothes, or not being helped to see a doctor when needed.

## Panel

A group of people with different backgrounds and areas of expertise who jointly make decisions - or agree decisions made by others - about services and funding.

## Power of attorney

A legal decision a person makes to allow a specific person to act on their behalf, or to make decisions on their behalf, if they are unable to do so. There are two types. Ordinary power of attorney is where a person gives someone the power to handle their financial affairs for them, but they continue to make decisions about their money. This depends on the person continuing to have mental capacity to make these decisions. Lasting power of attorney is where the person allows someone to make decisions on their behalf about property and finances, or health and welfare, if the time comes when the person is unable to make these decisions.

## Protection Plan

During a Case Conference it may be decided that a Protection Plan is required to identify the steps to be taken to assure the future safety of the vulnerable adult, any treatment or support needed or services that should be provided.

## Safeguarding

The process of ensuring that adults at risk are not being abused, neglected or exploited, and ensuring that people who are deemed 'unsuitable' do not work with them.





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### Safeguarding Adults Board (SAB)

A formal group set up by each council to prevent abuse or neglect of adults in the area who have care and support needs, and to make sure that action is taken if abuse occurs. Every area has to have an SAB, which is made up of different professionals from the council, NHS and police, working together and sharing information. SABs also include representatives from groups that work with older people and people with disabilities.

### Safe Places

A Sheffield scheme which aims to support people with a learning disability, and dementia and mental health, who may be lost, ill or frightened, and to provide a temporary refuge where they can get help.

### Serious Case Review

A Serious Case Review is held when an adult at risk adult dies and abuse or neglect is suspected to be a factor in their death. The aim of is for all agencies to learn lessons about the way they safeguard adults at risk and prevent such tragedies happening in the future.

### Vulnerable Adults Panel (VAP)

This is a multi-agency panel that aims to reduce risks and costs in safeguarding. It responds to high volume, inappropriate demands on emergency and crisis services by individuals by developing pathways between agencies and individuals at risk to improve their wellbeing and eliminate pressures on emergency and crisis points.

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Sheffield**Adult**  
**Safeguarding**Partnership

# Annual Report 2014/2015

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