

Rotherham Safeguarding Adults

Annual Report 2012/13



Rotherham
Safeguarding Adults

People of Rotherham are able to live a life **free from harm** where all organisations and communities:

- **Have a culture of zero tolerance of abuse**
- **Work together to prevent abuse**
- **Knows what to do when abuse happens**



What does zero tolerance mean in Rotherham?

We work continually for justice for victims of abuse to achieve the best possible positive outcomes for those who have been abused, ensuring their future safety and reducing the risk of similar abuse being repeated to others.

In the last 12 months we supported over 1500 people in Rotherham to feel safer.

Since 2007 we have worked hard to raise awareness of adult abuse in Rotherham and year on year the number of people who report abuse happening has continued to rise.

All 1565 people were responded to and made safe within 24 hours of contact.

After people were made safe we thoroughly investigated 264 cases as there was an indication that significant abuse was taking place.

All 264 people had a protection plan in place to protect them and prevent further abuse.

Protection plans ensure as far as possible that any abuse stops, and any further harm is prevented.

Following investigation 67 people were found to have been abused. We put in place ongoing support for these people to protect them from further abuse, where appropriate.

The action we take when we find abuse has taken place:

- when staff are involved, staff are suspended from work.
- police are called in to investigate to see if a crime has taken place.
- services are changed or put in place to provide additional support.

ROBBED

Spinster (94) conned out of £20,000 savings

Ms X is convicted; having systematically robbed 94 year old spinster and is sentenced to jail for 15 months

Blind man lost £20,800 over three-year period of care

Mr X is convicted; having robbed a blind man he looked after and is sentenced to jail for 15 months

We put in place a protection plan to support every victim of abuse, to make sure they are safe as far as possible and to ensure abuse did not happen again. We reduced the amount of repeat abuse by 35%.

- **When abuse is substantiated we ensure that victims are safe and the perpetrators are dealt with. In substantiated cases this results in strong recommendations that the perpetrator of abuse is reported to the appropriate regulatory/professional body (who determine appropriate action which may mean 'vetting' and 'barring').**
- **We have clear expectations that providers suspend and investigate and take appropriate disciplinary action (including dismissal) against any staff members alleged or proven to have abused someone.**
- **All perpetrators were reported to the Police for consideration of criminal prosecution.**
- **2 perpetrators were given prison sentences.**

When abuse occurs or poor standards are evident we take swift action. Last year:

- **9 care homes were failing to provide good care – we set deadlines for improvement through Special Measures Improvement Plans, monitored and held providers to account for their care practice in order to improve standards. Our intervention helped keep around 300 residents in those homes safe.**
- **A further 25 care homes and 3 domiciliary care providers were helped to improve standards through jointly agreed action plans. Through tackling these poor standards we supported over 2,000 council funded or self funding people to live in their own homes and be safe.**
- **All new placements to 4 care homes were suspended – this means that we were not prepared to admit someone to a care home where standards were not being met. We worked with the homes until we were satisfied that they met our standards before allowing new placements to be made again.**
- **Council staff were sent into one home to ensure that people were safe through difficult management and ownership issues and while improvements were being made. Our every day on-site presence supported 18 people to be safe and get the standard of service they need.**
- **We carried out quality assurance visits on all regulated homes and services in Rotherham working with Age UK and Speak Up Advocacy Services to ensure the customer voice and experience of these services is part of that assessment.**

MELTON COURT CARE HOME CLOSURE ON HOLD DUE TO OWNERSHIP TALKS

The care home's 21 residents had been given 10 days to move out due to lack of management.

Council and CQC hold talks to reach a solution for residents to remain in the home



These measures and interventions in each case led to an improvement in standards of care and safety and resulted in it not being necessary to terminate any contracts this year.

This report sets out the extensive partnership work we have undertaken in the last 12 months to ensure that Rotherham people are safe and when abuse happens we take action. The case studies provide real life stories of how Safeguarding Adults in Rotherham is making a real difference.

Introduction from the Independent Chair of Rotherham Safeguarding Adults Board: Professor Pat Cantrill

Rotherham Safeguarding Adults Board exists to serve the population of Rotherham who because they are older people, or have mental health problems or learning disabilities have difficulty protecting themselves from people who might abuse them physically, emotionally, mentally, sexually or financially.

To do this the Safeguarding Board has a strong focus on partnership working, and through this partnership approach hopes to ensure that vulnerable adults are able to live their lives free from abuse, whilst maintaining their independence and well being. The Safeguarding Adults Board brings together representatives of all the key statutory agencies whose expertise may be needed to put things right when they have gone wrong.

This annual report sets out the work of the partner agencies who have a shared responsibility for the safeguarding of vulnerable adults in Rotherham. It identifies facts and figures about the volume of referrals that are received from different sources. Reading it we must remember that each statistic represents a person or a family who are struggling to keep safe or to get good care.

Most carers provide excellent care and most communities are respectful of their more vulnerable members but for some this is sadly not so. Adults at risk can face abuse and hostility, neglect or cruelty, whether this is the taunting of a disabled person by local children or the rough handling by a care worker. Occasionally the abuse is more planned and deliberate and these are cases that shock the public and that cause fear and concern to older people and people with mental health or learning disabilities.

This report confirms the fact that Rotherham Borough Council and partner agencies take abuse and neglect seriously and follow up cases rigorously.



When people trust any of the staff working in agencies with their concerns or complaints, we ensure they are referred to the responsible safeguarding team who can conduct an investigation, take steps to keep vulnerable people safe and if necessary to act against a person who has harmed a vulnerable adult or a service that has failed in its duty of care. The annual report has statements made by each of these agencies about their work over the past year and the report identifies that whilst the task is complex each agency is committed to making sure the right action is taken.

During the last year we have faced challenges of reorganisation and changes to the way services are commissioned, delivered and overseen and these changes will continue to impact on services during the next year.

We all know that there are cuts in the funding available to provide services and that despite these there is support for new ways of trying to offer services that improve choice and accessibility while also being cost efficient and flexible. The Safeguarding Adults Board tries to “stay ahead of the game” by anticipating any ways in which people might be made more vulnerable than they need to be, and by

building safeguards into new systems. However we have to find the right balance between being too interfering and at the other end of the spectrum, turning the other way when some very vulnerable people are out of their depth. Of course we don't always get it right, but we are always learning and facilitating people to make the right decisions through training and raising awareness.

Ultimately the test of our work lies not in the figures assembled here but in whether vulnerable people living in Rotherham feel safe in their homes, when they receive care, when they move about their community and in their workplaces and leisure activities.

I would like to thank everyone who during the year has worked so hard to provide services to some of the most vulnerable people in Rotherham, not least the Safeguarding Adults Team for their commitment, dedication and high levels of achievement.

Rotherham Adult Safeguarding Board believes that everyone has the right to:

- **live their life free from violence and abuse.**
- **be protected from harm and exploitation.**
- **independence, which involves a degree of risk.**

We take the safety of older people and people with disabilities very seriously whether that means protecting them from one-off instances of abuse or from more pervasive and longstanding failures in care. Their rights to citizenship and dignity are jeopardised if we do not act on their behalf when they are abused or denigrated. The Board's job, as evidenced in this report, is to work together, across all agencies, but we also need the public to be our 'eyes and ears' to make these Safeguards the best that we can.

Message from the Safeguarding Adults Champion: Councillor Pat Russell



Safeguarding Adults remains our number one priority. The Council and the Rotherham Safeguarding Adults Board has a continued commitment for Rotherham to be one of the safest places in the country. I am pleased to share with you our achievements for 2012-2013 which show how we have all continued to help keep people safe from all types of abuse and protected as far as possible from avoidable harm. It is important that the People of Rotherham are able to live a life free from harm

and the whole community understands that abuse is not acceptable and that it is 'everybody's business'. Councils have a responsibility in relation to safeguarding adults who are defined as vulnerable. As a Council member I am Safeguarding Adults Champion and sit on the Safeguarding Adults Board and I am committed to contributing to the work of the Board to ensure safeguarding adults is given sufficient priority to improve outcomes for vulnerable adults.

Rotherham Safeguarding Adults Review 2012/13

The Rotherham Safeguarding Adults Board's vision is that **"Every vulnerable adult in Rotherham will live a full life as safely and independently as possible and live a life free from abuse and neglect"**. The Board is fully committed to ensuring Rotherham will be one of the safest places in the country by ensuring that:

- Adults who are vulnerable are protected from abuse.
- All organisations and the wider community work together to prevent abuse, exploitation or neglect.
- Where abuse does occur, to support the individual to feel safe and reduce the risk of further abuse to them or to other vulnerable adults.
- Staff in organisations across the partnership are confident that they have the knowledge, skills and resources to enable them to prevent abuse or to respond to it quickly and appropriately.
- The whole community understands that abuse is not acceptable and that it is **'everybody's business'**.

We promised to achieve the following in 2012/13

- Raise public awareness of safeguarding vulnerable people. **Alerts up by 29%**
- Sustain our commitment to respond to every safeguarding concern within 24 hours. **100% achieved**
- Continue to work closely with all providers and the Care Quality Commission to ensure all providers raise standards in care homes. **Abuse in care homes down by 12%**
- Ensure all providers immediately address issues where they fail to meet essential standards. **9 contracting default notices were applied, 314 substantiated contract concerns, 4 care homes had placements suspended due to safeguarding concerns.**

- Increase the number of people who feel safer as a result of the services they receive. **All people who reported that they "don't feel safe" in the Adult Social Care Survey were contacted personally.**
- Improve outcomes for customers experiencing domestic abuse through integrating the response within Safeguarding Adults Service. **Domestic abuse service fully integrated and embedded within safeguarding adults.**
- April 2013 sees the responsibility for DoLS in hospitals transferring from the local Primary Care Trust to the Local Authority. Rotherham MBC and NHS Rotherham will ensure the smooth transition of responsibility. **Fully achieved.**
- Deliver a protected learning safeguarding event aimed at all GPs. **The proposed Safeguarding event for Primary Care took place as planned in November 2012, 700 delegates attended.**

This report highlights the significant work undertaken by the Board in this year. It demonstrates the real and substantial improvements which have been put in place and how we have been successful in ensuring prompt and effective response to and prevention of adult abuse, whilst also delivering the greatest possible protection to Rotherham's most vulnerable citizens. We wish to reiterate our commitment to instilling a zero tolerance of abuse culture across the whole community. When allegations of abuse have been made we have responded quickly to protect individuals with **100% of all alleged abuse responded to within 24 hours.** Our culture and approach to partnership working ensures that vulnerable adults receive the outcomes they want, making a significant positive difference to individual's lives. All people who reported that they "don't feel safe" in the Adult Social Care Survey were contacted personally. Their concerns did not relate to adult safeguarding, however they were all supported and given the information and advice they required to enable them to feel safer.

Our awareness campaigns are crucial to ensuring that we actively promote the understanding and awareness of the safeguarding adults agenda. This is reflected in a year on year increase in people alerting abuse and this year we have seen a further 29% increase in concerns of abuse being reported.



We are committed to ensuring robust arrangements are in place so that all staff in Residential and Nursing Care establishments are trained to recognise and report any safeguarding concerns. We have further strengthened our links with the Care Quality Commission improving communication and information sharing. As a result, this year there has been a further 12% decrease in abuse taking place in Residential and Nursing care. This decrease has occurred year on year, and is evidence of the effectiveness of the Board's commitment to ensuring safeguarding awareness is raised, there is zero tolerance of abuse and an insistence in driving up standards of care.

The Safeguarding Adults Investigation Team remain focused on ensuring that people are safe and perpetrators of abuse are held to account and brought to justice. A clear result of this is that they held 264 strategy meetings and this ensured robust and effective protection plans were in place for the victim. 227 case conferences were held and abuse was substantiated in 30% of these cases. Details of the activity of this team are evidenced in Appendix 1 of this report.

The Domestic Abuse Service is now fully integrated and embedded within the Safeguarding Adults service which has enabled Independent Domestic Violence and Advocacy Service (IDVAS) to respond to 424 referrals and supported 344 victims at Multi Agency Risk Assessment Conferences (MARAC). This service continues to advocate on behalf of high risk victims of Domestic Violence.

The work of the Board is critical in ensuring the development of a capable, confident and skilled workforce. 1800 people have been trained as part of the Bronze to Platinum Training Program across all partners.

Adult Safeguarding is governed by statutory guidance **"No Secrets"** issued by the Department of Health in 2000, which gave Social Services lead responsibility to co-ordinate the development of the local multi agency framework, policies and procedures. **All** statutory agencies are expected to work in partnership with each other and with all agencies involved in the public, voluntary and private sectors to protect vulnerable adults from abuse. 2012-13 has been a challenging year for many of the organisations on the Board as a result of internal changes triggered by either new legislative or statutory guidance, or driven by the need to make financial savings. Such challenges will continue to face all partner organisations over the next few years but all Board members have acknowledged that safeguarding vulnerable adults from abuse continues to be a fundamental priority and they will continue to be involved in this essential work.

This report will demonstrate how this has been achieved through examples of real life stories and highlights of key achievements.



Key Partnership Contributions 2012/13

Safeguarding Adults Service:



- Undertaken a review of the safeguarding team and introduced a performance management framework strengthening the process to respond in a timely manner to all alerts by creating a Principal Social Work role and Duty officer.
- Introduced a protocol for virtual strategy meetings and case conferences.
- Developed a Local Authority Designated Officer (LADO) protocol.
- Integrated the Contract Compliance Officers into the safeguarding service, to strengthen links and collaborative working with contracting, to raise standards and to ensure all services we commission or deliver meet required standards.

- Strengthened our relationship with the Care Quality Commission and introduced monthly information sharing meetings.
- The Safeguarding Investigation Team have undertaken 264 investigations into alleged abuse.

Case Outcome:

X was a gentleman with profound sensory impairment who lived with his father. X disclosed at work that he was being physically abused by his father and that his sister was financially abusing him. Following initial enquiries the safeguarding social worker in collaboration with assessment and care management, sign language interpreting service and the Police worked with X to facilitate a place of safety, where he remains free from abuse.

Mental Capacity Act & Deprivation of Liberty Safeguards (DoLS) Service:

- Following the recommendations from a Serious Case Review, links have been forged with Children's and Young Peoples Services and in particular the Safeguarding Childrens Board to identify the training and development needs of the workforce.
- A review has been undertaken of the quality assurance and authorised signatory processes to ensure the reports submitted by DoLS assessors would stand the scrutiny of the Court of Protection.
- The Court of Protection team have increased their workload by 26% over the past year of providing financial management services to vulnerable adults, whilst at the same time receiving a satisfactory internal audit and with no additional resources.
- Work continues with Mental Health services by providing advice and training on the interface between the Mental Health Act and Mental Capacity Act to ensure patient rights are protected.

Case Outcome:

X is 69 years old and has a diagnosis of Korsakoff's dementia. The professionals involved in his care felt that he was unable to look after himself safely at home. X was considered to lack the mental capacity to decide where he should live and he was placed in a residential care home. X although judged to lack capacity was still able to object to being placed in residential care, so the care home applied for a Deprivation of Liberty Safeguards (DoLS) authorisation. The Council granted an authorisation for a short period of time and appointed him an advocate from the local Independent Mental Capacity Advocacy Service (IMCA) as he had no one else who lived close by who could offer him regular support and representation. The advocate appealed through a solicitor to the Court of Protection to challenge the DoLS authorisation. The Court of Protection, employed the services of an Independent Psychiatrist who found that X did have the mental capacity to make his own decisions about where he should live. X decided to remain in residential care but requested a move and now lives closer to his family in the South of England.

Domestic Abuse Service:

Since 2011/12, the Safer Rotherham Partnership's Independent Domestic Violence and Advocacy Service (IDVAS) and Domestic Abuse Coordination have been integrated within Safeguarding Adults, and this has ensured that domestic abuse in Rotherham is seen as a local safeguarding priority throughout 2012/13.

IDVAS

- Received 424 referrals
- Supported 344 MARAC cases

Domestic Abuse

- With support from the Safer Rotherham Partnership, sustained the funding of the Rotherham Independent Domestic Violence Advocacy Service for a further year.
- From March 2013, the Safer Rotherham Partnership has responded to the change in definition of Domestic Abuse to ensure, alongside the 3 other Community Safety.

thank you for Bev ,Cheryl and team without them I wouldn't be in the place I am

Customer Compliment

Regarding Cheryl, Bev, Domestic Abuse team

Partnerships in South Yorkshire, the support of 16 – 18 year olds of victims who are direct victims of Domestic Abuse.

- Commenced a Domestic Homicide Review (DHR), on behalf of the Safer Rotherham Partnership.
- Delivered 12 Multi Agency Domestic Abuse training events (4 x Awareness Raising (module 1) and 5 x MARAC workshops (module 3)), and, with the Rotherham LSCB, delivered 3 Domestic Abuse from a Child's Perspective (module 2).

Case Outcome:

A client who worked in a professional environment approached the IDVAs for support. The client had 3 children and fled, with them, to Rotherham from the client's violent and abusive partner. Whilst here, the perpetrator harassed the client and the IDVAs supported the client through Civil court proceedings to obtain a non-molestation order and Residence order. Once this was imposed, the perpetrator then harassed the client through third parties and the IDVAs then supported the client in dealing with agencies whilst they investigated complaints made against her by the perpetrator. As a result of this type of harassment, the client decided the family would be safer moving on to another part of the country and the IDVAs supported the client to access refuge support away from Rotherham.

Joint Learning Disability Service:

- Appointed Safeguarding Lead Social Worker.
- Continued successful multi disciplinary joint screening and investigations through the integrated Health and Social Care Learning Disability teams.
- Use of Vulnerable Adult Risk Management Model process and raising this as good practice for the department.
- Implemented Winterbourne Concordat in relation to out of area placements in hospital settings.

Case Outcome:

X is a 55 year old man who is blind and has a learning disability. He has been able to maintain an independent lifestyle with a care package of 24 hour support into his own home. He is completely reliant on support staff to take him to the bank to withdraw money. The financial anomalies between his bank statement and record of expenditure were picked up at his annual review by his social worker. This was referred for full safeguarding investigation into financial abuse of X. Utilised Mental Capacity Act to demonstrate to Police that service user had capacity to press charges. Progressed to police investigation and perpetrator gained six month criminal conviction.

Rotherham NHS Foundation Trust:

- Adopted and implemented the train the trainers program PREVENT strategy within existing resources.
- Delivered CQUIN standards and achieved significant progress against safeguarding standards.
- Achieved Board of Directors approval for an additional substantive role to support safeguarding adults.
- Recognised and brought together the processes related to safeguarding issues in respect of pressure ulcers.
- Developed a training needs analysis which identifies level of safeguarding training required.
- Safeguarding Vulnerable Adults arrangements within The Rotherham NHS Foundation Trust (TRFT) were subject to an unannounced CQC inspection on 13th August 2012. No concerns in respect of services were identified. Within the same year CQC carried out a planned inspection regarding the detention of Mental Health patients where there is not a Mental Health Unit, TRFT were found to be compliant with requirements.

Case Outcome:

X was a patient in a Hospital following a hip operation. During their stay on the ward concerns were raised regarding inappropriate restraint and managing people with dementia care needs on the general wards. There was a joint investigation with health. On completion of the investigation a case conference was held, allegations of abuse were substantiated. Whilst X's experience in hospital was not positive the investigation benefitted from positive joint working between safeguarding and the Hospital and identified several areas for improvement and lessons learned related to the care of people with dementia on the general wards. As part of the case conference it was recommended that there would be on going action taken between health and social services to look at a more personalised approach to the care needs of individuals on the ward including information regarding Deprivation Of Liberty safeguards and to develop a working flowchart which would enable staff on the wards to recognise issues related to "wandering behaviour" and look at least restrictive approaches to managing these including those that may be at high risk of falls. Additionally to encourage a more proactive approach to ensure that appropriate discharge planning takes place and happens within an appropriate time frame. It also identified some staff member's lack of understanding regarding mental capacity and agreement was reached that more appropriate training would be completed with staff.

NHS Rotherham (Commissioning Services):



- Rotherham Primary Care Trust (PCT) ceased to exist on the 31 March 2013 and Rotherham Clinical Commissioning Group (RCCG) became a statutory organisation on 1 April 2013. The groundwork for the relationship between the RSAB and the CCG has been firmly laid during the transition and lead up to this major change in NHS commissioning. Rotherham CCG is led by GPs and other clinicians and is responsible for commissioning most local healthcare

services (not Primary Care). The focus remains on improving outcomes and driving up standards of care for the population as a whole, but with an emphasis on tackling health inequalities.

- There is now a ratified Commissioning Safeguarding Vulnerable Clients Policy for use by CCG staff.
- Rotherham CCG undertook its first joint Safeguarding Annual Report 2012; this report provided an overview of key issues and activities taking place across the health

economy in relation to safeguarding children and vulnerable adults. The annual report evaluated the safeguarding contributions of health providers in Rotherham namely The Rotherham NHS Foundation Trust (TRFT) and Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust (RDaSH). In addition the expectations of Rotherham Local Safeguarding Childrens Board (RLSCB) and Rotherham Safeguarding Adults Board (RSAB) were incorporated into Rotherham CCG reporting and planning process.



that RCCG has benchmarked individual GP Practices against expectations highlighted in No Secrets and the CQC Essential Standards of Quality and Safety Outcome 7.

- With regard to the February 2013 Francis Report (report of the public inquiry into the failings identified at the Mid Staffordshire NHS Foundation Trust), the CCG is currently taking stock of the implications of the 290 recommendations made in the report.
- Safeguarding reports have been scrutinised at the monthly CCG Governing Body (and during the transition also at the NHS South Yorkshire and Bassetlaw Board).
- The CCG are recruiting a safeguarding adults lead nurse to support the work of the CCG.

Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust (RDaSH):



- The proposed Safeguarding event for Primary Care took place as planned in November 2012. Almost 700 delegates attended, the main areas covered were Public Protection, Early Help, Suspicion v Allegation and Death Review Process.
- The CCG has benchmarked the organisation against the NHS England "Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework".
- RCCG has engaged with the other CCGs across South Yorkshire and Bassetlaw and the Area team of NHS England to work collaboratively as a safeguarding forum.
- GPs in Rotherham, with the support of Rotherham CCG, undertook a safeguarding self assessment (June 2012). 95% of GP Practices provided evidence of their self assessment to Rotherham Safeguarding Adults Board. This self assessment complies with aims of CQC outcome 7 to ensure that patients can expect health care services to meet Essential Standards of Quality and Safety, to protect the safety and respect the dignity and rights wherever care is provided. The resulting report provides assurance

- We have embedded the new model of the Safeguarding Vulnerable Adults Service Provision. There are now three Safeguarding Adults Lead professionals who provide advice and support to staff throughout the Trust.
- The quarterly Quality Improvement Report has continued to be produced throughout 2012/13 and provided to the Trust's Board of Directors and to all Local Safeguarding Adults Partnership Boards, providing assurance to key stakeholders about the quality of safeguarding services in RDaSH.
- An audit has been conducted on the implementation of the Safeguarding Adults Policy across the Trust, measuring how the Trust is performing against its goals.
- A specific section was included in the Trust's Safeguarding Adults Policy in order to incorporate the implementation of the government's 'Prevent Strategy'.
- We have continued to review, develop and implement the training matrix for safeguarding adults. In addition, we have monitored compliance of training at all levels for safeguarding by Business Divisions, demonstrating links to the training needs analysis. Further, the Learning and Development Team now facilitate the

delivery and monitoring of appropriate training programme.

- Supervision for practitioners working directly with vulnerable adults has been provided.
- Support has been provided throughout the Trust on the implementation of the recommendations in the 'Transforming care: A national response to Winterbourne View Hospital' report with regard to Safeguarding Adult practice.
- There is a Named Safeguarding Adults Lead Professional with responsibility for each of the 5 localities served by the Trust. Each Lead Professional has developed strong operational links with the Business Divisions within those locality areas and works in partnership with the staff to implement the Safeguarding Adults Policy and practice.
- This has resulted in the increased early detection and notification of safeguarding concerns and has identified areas of good practice within the Trust and supported services to improve standards of care where necessary.



South Yorkshire Fire and Rescue Service:

- SYFR Annual Policy & Procedure Review & Update Feb 2013 now include more detailed information on the Mental Capacity Act, Serious Case Reviews and Domestic Homicide Reviews.
- The numbers for internal safeguarding alerts for adults have been increasing for SYFR across South Yorkshire. In 2010/11 there were 42, 2011/12 there were 49 and 2012/13 there were 54. The majority were related to fire risks linked to self neglect and resulted in referral for services or management.
- Our (single agency) Introductory Basic Awareness programme (Stage 1) is now almost complete. Additional multi agency training for Advocates and an annual update for Group Managers is ongoing and a 3 yearly Update & Refresh Programme is being developed. There will be an initial assessment using the online Common

Induction Standards in Safeguarding Module (Stage 2) which will inform the 3rd stage which will be delivered through Case Study workshops to embed safeguarding into practice.

- A missed opportunity for SYFR to share information where there are significant fire safety issues within a Care Home has been identified and arrangements have now been made to address this gap.
- Technical Fire Safety, when serving enforcement notices will also inform (from March 2013) the Local Authority Safeguarding/Contracts and CQC where an Enforcement Notice is served on a Care Home. A further alert will follow if the responsible owner/manager does not take action to comply with the corrective measures. SYFR will continue to pursue through the legislative process, but Safeguarding/Contracts are able to factor in any fire safety risks into their own audit and risk assessment process.
- SYFR has signed up to both the National and the Yorkshire & Humberside Regional Dementia Pledge. One of the activities on the Action Plan is to raise awareness for frontline staff and training is to be piloted with our Community Safety teams this summer.

Case Outcome:

In response to recommendations from an IMR conducted as part of a Serious Case Review, linked to a Fire Fatality and increasing complex risk factors, SYFR has developed a more detailed and effective risk assessment tool for Home Safety Checks. In line with this change the policy has been rewritten and all frontline staff received training. The changes are focused on identifying specific vulnerabilities and related risks together with direction toward the most appropriate actions required to address the risks. A raft of observations and questions direct the assessor to identify those that are at increased risk of having a fire or unable to respond and evacuate in the event of a fire. From this referrals are made into the Community Safety Team who then liaise with the most appropriate agency.

South Yorkshire Police:

- The introduction of a dedicated Adult Protection Officer and Detective Sergeant to act as a single point of contact for Rotherham Adult Safeguarding and Adult Social Care.
- A more efficient and timely review of safeguarding alerts.
- A more efficient and timely decision making process.
- An increase in Police attendance at strategy meetings.
- The delivery of Safeguarding Adults training to all front line Police Officers attending the Street Skills training programme in order to improve the quality of submissions and raise awareness in respect of definitions and legislation.
- The introduction of the Vulnerable Persons Unit to monitor and collate information

relating to those adults who are vulnerable but not as defined by Safeguarding Adults (No Secrets).



Case Outcome:

Referral from Police regarding X who was alleging she was paying her landlord in kind with sexual favours. X wrote a letter to British Gas explaining this arrangement and British Gas had contacted the Police. The lady was living in a flat in poor condition and presented as very withdrawn. Safeguarding involved other agencies Police, Housing, Mental Health and Learning Disability Services. A place of safety was arranged for the lady who was placed in specialist residential services. Further work was undertaken with X until she felt the confidence to live independently and safely once more.

Rotherham Voluntary and Community Sector:

- The Voluntary and Community Sector, through the Adult Services Consortium, has continued to show its commitment to Adult Safeguarding across the Borough by contributing to the work of the Adult Safeguarding Board via its nominated representatives.
- 3 nominated representatives attend the Safeguarding Adults Board to provide a voluntary and community sector perspective on developments. They also provide a liaison function between the wider sector and the Board to keep VCS organisations up-dated on safeguarding issues, and encourage and support their contribution to this important area of work.
- Representatives from the VCS are from SCOPE, Age UK and Action for Children to reflect different service user groups' perspectives to the Board.
- VCS organisations have contributed to the Safeguarding Board as partners, for example taking part in Adult Safeguarding Week and as alerters and referrers where concerns are identified.

- Individual VCS organisations have also continued their work internally in respect of their own policies and procedures for Safeguarding, linking in to the wider Safeguarding Procedures in the Borough.



Case Outcome:

Speakup has run two Peoples Parliaments for People with Learning Disabilities and or/autism from across Rotherham. 49 attended the first forum and 79 people attended the second. Both forums have looked at; What is abuse, different types of abuse, who could abuse you, where abuse could happen, what to do if you have been abused, who to talk to, where to go for help and the Rotherham SIR Scheme. People had the opportunity to watch some drama and take part in interactive group workshops to discuss their ideas. Everyone who came to the forum received an easy read guide to reporting safeguarding in Rotherham and information on the SIR Scheme. In addition Speakup has been heavily involved in inspection work for the CQC following the Winterbourne scandal. Our self-advocates with learning disabilities have inspected several homes across the country to ensure the people who live there are safe.

Commissioning. Policy and Performance Services:

All contracted providers of care and support are:

- Monitored throughout their contract term for compliance with the Safeguarding Adults Policy and this clause is reviewed annually in conjunction with the Safeguarding Team.
- Compliance includes ensuring that the programme of mandatory Safeguarding Adults training for all staff employed by their organisations is in place and current.
- Agencies responsible for recruiting care staff are required to take steps to apply the necessary checks via the Disclosure and Barring Service who carry out a Criminal Records check.
- Obligated to attend provider forums where Safeguarding Adults themes are discussed.
- Expected to foster an atmosphere of openness which is supportive of staff who wish to disclose concerns regarding care delivery without fear of reproach. They must have a Whistle-blowing Policy in place which is applied and shared with staff.
- The Commissioning Team, located within Neighbourhood and Adult Services Directorate, and the Contract Officer and Contract Compliance Officers, who work at the interface between Commissioning, Assessment and Care Management and Safeguarding are dedicated to ensuring high standards of service provision from external providers of care and support services.

- Contracting concerns received regarding care homes and community and home care services are logged, triaged and prioritised by the Contract Compliance Team and forwarded if appropriate to Safeguarding Adults Team.

Quality Assurance Schemes

RMBC's 'Home from Home' (in partnership with Age UK Rotherham and Speak Up Rotherham) and 'Home Matters' are established high profile programmes to assure quality in provision of care and support by registered Rotherham providers. These programmes allow people who are seeking to use services, and their families, the opportunity to access comparative information about services.

The last fully completed round of Home from Home reviews in older peoples' homes resulted in 1 home receiving a rating of Gold, 18 were rated Silver, 16 were rated Bronze and 2 were unrated.

Care Homes from 2013/14 are rated Adequate, Good or Excellent (replacing the previous Gold, Silver, Bronze). A premium payment is paid to homes in the older people's sector that receive a rating of Good or Excellent. Community and Home Care Providers are rated as Outcomes Met or Outcomes Exceeded. Completed reports are published on the Council's Website.



Action taken with provider

A default notice is served if the provider fails to perform the contract as per the contract terms and conditions and service specification. Should the provider fail to remedy the breach(es) within a reasonable time the contract can be terminated as per the terms and conditions. 9 contracting default notices were applied in 2012/13, two of which involved an imposed temporary suspension of placements. Areas of concern included record keeping, Mental Capacity Act usage, staff training, lack of clinical policies and procedures, infection control, equipment and environmental issues, safeguarding, standard of meals.

During 2012/13 there were 150 substantiated contract concerns involving 11 of the 14 Domiciliary Care providers in the context of over 600,000 hours delivered in the year.

In Residential and Nursing Care Home Services, 428 contracting concerns were received in the year. 294 were investigated and 164 of these were substantiated. 134 remain open and under investigation. 86 of the concerns received had also involved an alert to the Safeguarding Team.

Suspensions of placements are either voluntary or mandatory and can be invoked either through Safeguarding or as a result of a breach of contract resulting in a default. Suspensions may be in place whilst a safeguarding investigation takes place or whilst the provider is in default. In 2012-2013 there were 4 care homes who had placements suspended due to safeguarding concerns.

Case Outcome:

Care home X is a privately owned (single owner) residential care home situated in Rotherham providing residential care for 24 residents. Information came to the attention of the Care Quality Commission (CQC) that prompted an investigation into the registered owner of care home X resulting in X being temporarily unregistered. As a direct result RMBC suspended all new placements and served a default notice against their contract.

The investigation into the registered owner by CQC resulted in CQC making the decision that the owner was not fit to be a responsible person of a care home and a non-urgent notice of deregistration was served. As a result of this action by CQC the Local Authority were not able to do business with X as a provider of residential care as the service was no longer legal. The Local Authority had no option but to instigate the Home Closure Protocol and begin the process of transferring residents from X into alternative care homes. Recognising that the closure of a care home is an extremely traumatic event every effort was made to minimise the impact of this for the residents of X and their families. Our primary aim was to make sure that the needs of residents and their families were met and that efficient and effective actions were taken in response to individual circumstances and needs. The Local Authority had a presence in the care home throughout offering support to residents, their families and staff within the home, taking a proactive approach working with CQC to seek alternative solutions to closure. Some residents chose to take the opportunity to transfer to alternative care homes however most residents and their families decided to remain to see if the home could be saved. Finally a new provider came forward and the home could remain open.

Learning and development

- We standardised training materials for courses at bronze, silver and gold levels against the national safeguarding adults' capability.
- We refreshed the e-learning bronze level module and introduced a new module 'Alerter update' at silver level to enable workers to update their knowledge and skills.
- We introduced new training courses at gold level - Safeguarding Adults Form 1 Training and Provider Managers' Roles in Safeguarding Adults Investigations - to support professionals and management roles.
- We introduced a course place cancellation charge and no-show policy to improve attendance levels at courses and make the best use of limited financial resources.
- We maintained our 2011/12 position that we do not have waiting lists for Silver level training and place availability matches bookings.
- We delivered training to over 1,800 learners maintaining the levels set in 2012/13.
- We continued to respond to training requests to address compliance issues in establishments and services not meeting standards by providing bespoke training.



Case Outcome:

Morrison Facilities Services and Willmott Dixon Partnerships - Rotherham's Council's housing repairs and maintenance contractors. The contractors have been supported through the Council's Contract & Service Development and Learning & Development teams to access the Board's bronze and silver level training and development courses. This was a new initiative! The Contract & Service Development team recognised that the Council's contractors came into contact with vulnerable adults in their day-to-day work and wanted to ensure that they could respond to safeguarding adults concerns. An approach was made to both contractors about up-skilling their workforce, who welcomed the opportunity to access the training offered at bronze and silver levels. Over 300 workers completed the bronze level training and 27 managers the silver level.

"Willmott Dixon is in partnership with Rotherham MBC, as such its employees see themselves as representatives of both organisations. They can sometimes be the only representatives to have direct face to face contact with vulnerable people. It is great to know that our employees are now better trained to identify these situations and take the appropriate action"

"In partnership with the council, Morrison has always supported safeguarding by highlighting issues that we come across to RMBC. By putting all our staff through the Bronze Safeguarding Adults training we have raised awareness of safeguarding and what our staff should look out for whilst they are going about their everyday business. Our managers and resident liaison staff also completed the Silver Safeguarding training for an increased awareness and to give them the knowledge and tools to sensitively communicate any safeguarding issues to the relevant people. Having done the Bronze and Silver training myself I can vouch for its effectiveness. The way in which the Silver course was delivered to a mixture of RMBC officers, Morrison and WDP staff will help build the partnership and strengthen relationships."

Key Partnership Contributions 2012/13

Safeguarding Adults Service:

Throughout 2012/13, the Safer Rotherham Partnership made considerable progress in tackling Crime and Anti-social Behaviour across the borough.

During that period South Yorkshire Police recorded 16,103 crimes in the borough of Rotherham, which was a 3% reduction/532 fewer crimes than in the previous year, despite the difficult economic conditions. Additionally 4,203 fewer Anti-Social Behaviour incidents were recorded by South Yorkshire Police in Rotherham compared to the previous year, a reduction of 20%.

- **Recorded Crime fell by 3%**
- **Domestic Burglary increased by 3%**
- **Theft of motor vehicles fell by 11%**
- **Theft from motor vehicles fell by 2%**
- **Criminal Damage fell by 8%**
- **Violence Against the Person increased by 3%**
- **Public Order offences fell by 8%**
- **Drug Offences fell by 3%**



The Safeguarding Social Worker was very supportive during the investigation, we appreciate the prompt response to our concerns

Customer Compliment

regarding staff from Safeguarding Adults Team

Safeguarding Adults Awareness Raising in Rotherham

This year's campaign had the key message:

“Neglect; prevention is better than cure.”

Rotherham Safeguarding Adults Board's annual awareness week was held from 9th to 16th July 2012.. We targeted all aspects of neglect including prevention of self-neglect linking the event with 5 Ways of Wellbeing, <http://neweconomics.org/publications/five-ways-to-wellbeing>

Providers of care either in a care home or community based service were invited to take part in this awareness week. Providers were provided with a resource pack and embraced this event by promoting the theme within their service.

Tackling Neglect

Following a case conference which substantiated neglect within a care home the family thanked all professionals involved, in particular the safeguarding Social Worker and Contracting Compliance Officer stating:

“We didn't know people like you existed we are reassured that you are looking out for our family and taking these issues very seriously”.



Looking Forward

2013-14 will see a strategic review and self-assessment of the Board to ensure vulnerable people are protected from abuse. Amongst Rotherham Safeguarding Adults Board's priorities for the coming year are:

- To develop a Safeguarding Adults Strategy that empowers people to protect themselves and their carers through effective risk management in personalisation of their care.
- To deliver the RASB strategy through a Performance Management Framework, holding partner agencies to account through robust governance arrangements and quality assurance processes.
- To review the constitution and governance of the RSAB in line with National and Local priorities.
- RSAB will adopt a Safeguarding Adults Charter and a partnership agreement of commitment.
- Ensure lessons are learned and recommendations implemented from serious case reviews to prevent abuse and safeguard vulnerable adults across Rotherham.
- To align the interface between Children and Adult Safeguarding, with cross representation at a strategic and operational level to ensure a holistic view across the safeguarding agenda.
- To further develop multi-agency information sharing systems, empowering practitioners to identify and prevent abuse from occurring where possible through integration of 'reportable concerns' and be fully informed about their responsibilities regarding the sharing of information between agencies for the purpose of safeguarding activities.
- To engage and support local communities through cultural change to be the eyes and ears of safeguarding, raising awareness and promoting safeguarding adults work, reporting concerns and speaking up for people who may not be able to protect themselves and ensuring everyone involved in safeguarding is clear about their role and responsibilities.



Don't let adult abuse go unnoticed
Call 01709 822330
(Monday to Friday 8.30am until 5.30pm)

Out of Hours call 01709 336080
Or contact us with your concerns on our new Confidential Text to Tell Service 07748 142816
South Yorkshire Police 101

www.rotherham.gov.uk

Rotherham Metropolitan Borough Council
Where Everyone Matters

APPENDIX 1

Key Facts and Figures

A total of 1,565 alerts were reported through the new Safeguarding Adults reporting process.

The table below illustrates how all elements of Safeguarding Adult's activity, from the initial alert has increased. During 2012/2013 there has been a continued public and professional awareness raising campaign, and a focus on staff training particularly in the residential and nursing sector. There is a continued commitment to a culture that does not tolerate abuse and knows what to do when abuse happens. This has contributed to a better public and professional understanding of the signs and symptoms of abuse and to the mechanisms for reporting concerns. As anticipated this has resulted in a further increase in the number of safeguarding alerts by 29%.

Older People's Services have consistently recorded the greatest number of safeguarding alerts with 74% of all alerts. However, once again this year there has been an increase in those from other vulnerable adult groups which reflects an increasing awareness in these services.

Number of alerts 2012 – 2013									
In total there were 1,565 Alerts made to Safeguarding Adults									
Physical & Sensory Disability, Frailty, other vulnerability		Learning Disability		Mental Health		Substance Misuse		Total	
18-64	65+	18-64	65+	18-64	65+	18-64	65+	18-64	65+
293	1014	47	12	62	134	3		405	1160

The strategy meeting/discussion is a crucial stage in the safeguarding process as it determines which organisation is best placed to lead the investigation. The strategy meeting/discussion also identifies how the investigation will be conducted and how the investigators will report on their findings. A strategy meeting should only be called when the threshold for 'significant harm' has been met.

The table below indicates an increase in strategy meetings convened in year to those in 2012/2013.

Number of strategy meetings convened 2012 – 2013
264 Strategy Meetings/discussions held across all services compared to 319 in 2011/2012

All alerts that progress to a strategy meeting are called 'referrals'. There has been a decrease in referrals, which shows of all alerts, those meeting threshold of significant harm is reducing.

The South Yorkshire Safeguarding Adults Procedures are very clear regarding when a case conference should be held on completion of a safeguarding investigation. This year's figures reflect a substantial increase in the number of investigations that culminate in a case conference. This indicates that the procedures are being applied appropriately and consistently across all service user groups to ensure that there is a recorded outcome for all investigations regardless of whether the abuse was substantiated or not.

Number of case conference convened 2012 – 2013
227 Case Conferences convened across all services compared to 89 in 2011/2012

Review of alerts April 2012 – March 2013

Who alerted?

Alert

An alert is a feeling of anxiety or worry that a Vulnerable Adult may have been, is or might be, a victim of abuse. An alert may arise as a result of a disclosure, an incident, or other signs or indicators.

Referral

A referral is the same as an Alert however it becomes a referral when the details lead to an adult protection investigation/assessment relating to the concerns reported.

Source of alert		
Alserter:	2011/2012	2012/2013
Residential/Nursing Care	186	301
Relative	73	112
Health – Community	36	60
Health – Hospitals	71	91
Health – Mental Health Staff	3	15
GP	0	16
Domiciliary Care	96	162
Alleged Victim	13	15
Neighbours/Public/Friend	12	14
Social Care Staff	160	264
Police	207	131
Housing	5	9
Ambulance	11	20
Anonymous	90	67
Other Local Authority	6	19
Other Source*	181	269

***Other source** refers to a variety of sources e.g. Probation, Prison, Employment, the Care Quality Commission schools and other agencies and the Voluntary and Community Sector.

If we make a direct comparison between the number of 'alerts' reported in 2012/2013 from the previous year there has been a continued rise in the number of alerts from Professional and other organisations. This increase is due to the success in raising awareness across all organisations and agencies which indicates there is less reliance on waiting for the victim, family, friends, and public to alert.

Who was the subject of the alert?

Alleged victim

Approximately 66% of all alleged subjects of safeguarding concerns, who were referred into the Safeguarding Adults procedure in Rotherham in 2012/2013 were female, this remains consistent with previous year's figures.

The age of the alleged victim also remains consistent as reported in previous years, once again showing the highest category of alleged victim remains older people. Whilst there is a decrease in those under the age of 65 years as a % of total alerts the number of alerts in reported abuse on adults under 65 years has increased by 7%.

Gender of alleged victim		
	2011/2012	2012/2013
Female	64%	66%
Male	36%	34%

Age of alleged victim		
	2011/2012	2012/2013
Over 65 years	69%	74%
Under 65 years	31%	26%

It is significant that the majority of alerts received regard alleged victims from a White/British background. This does not reflect Rotherham's diverse cultural mix; however this is reflective of the ethnicity of residents living in permanent care in Rotherham, where the highest percentage of alerts originates.

4.1% of the total number of alerts during 2012/2013 concerned alleged victims from BME communities; this remains consistent with the previous year.

At alert "unknown or refused" ethnicity has increased again this year. However, this is reduced by 88% at the point of referral. This demonstrates the effectiveness of information gathering at referral stage.

Ethnicity of alleged victim		
	2011/2012	2012/2013
White/British	1056	1406
White/Irish	6	5
Asian/Pakistani	24	22
White/European	5	13
Asian/Other	6	4
Asian/Indian	2	0
Black/Caribbean	5	0
Black/African	4	5
Other Black Background	8	2
Dual Heritage	0	8
Other Ethnic Groups	13	6
Refused	10	94

Review of referrals and investigations April 2012 – March 2013

What were the categories of alleged abuse investigated?

Categories of alleged abuse 2011 - 2012						
Neglect	Physical	Financial/ Material	Psychological	Institutional	Sexual	Discriminatory
52%	12%	12%	8%	14%	2%	0%

Categories of alleged abuse 2012 - 2013						
Neglect	Physical	Financial/ Material	Psychological	Institutional	Sexual	Discriminatory
54%	17%	13%	7.5%	3.5%	4.5%	0.5%

Last year's annual awareness week directly targeted Neglect which is reflected in the 2% increase in this category, however this category of abuse is consistently the highest every year, this year accounting for over 50% of all investigated abuse. However institutional abuse has significantly reduced by 10.5% which reflects the on-going work to raise standards and to ensure all services we commission or deliver meet required standards.

What was referred?

Who was the alleged perpetrator?

Relationship of alleged perpetrator to alleged victim		
	2011/2012	2012/2013
Residential/Nursing Care Provider	62%	46%
Family	15%	13%
Other vulnerable adult	0%	2%
Health/Care Worker	3%	7%
Neighbours/Public/Friend	0%	3%
Domiciliary Care Provider	6%	11%
Day Care	0%	1%
Stranger	1%	0%
Other	13%	17%

Setting of alleged abuse		
	2011/2012	2012/2013
Residential/Nursing Care Home	65%	53%
Own Home	23%	35%
Hospital	6%	7%
Public Place	0%	0%
Alleged Perpetrator's Home	1%	0%
Day Care	0%	1%
Other	5%	4%

Consistent with the figures for 2011/2012 the highest numbers of alleged victims in 2012/2013 were living in Residential/Nursing Care and the alleged perpetrator of the abuse was either an identified person paid to care for them, or the care provision as a whole by allegedly neglecting their residents' care needs.

There has been a further 12% decrease in abuse taking place in Residential/Nursing care, this decrease has occurred year on year, this reflects the robust arrangements that are in place to ensure that all staff in Residential/Nursing Care establishments are trained to enable them to feel confident to recognise and report any safeguarding concerns they become aware of. The continued 'Home from Home' initiative, has ensured safeguarding awareness is raised and also is ensuring a rise in Care Standards.

There is a 12% increase in abuse taking place within the victim's own home - given that abuse by family has decreased - this increase would be attributable to the increase in alerts from Domiciliary Services.

Review of referrals and investigations April 2012 - March 2013

What were the outcomes?

The conclusion of the Safeguarding Adults case conferences

Of the 1565 Safeguarding Adults alerts received in 2012/2013 227 culminated in a Safeguarding Adults case conference compared to 89 in the previous year.

This is due to the adherence to the South Yorkshire Safeguarding Adults Procedures and the increased quality control of all safeguarding investigations by the Safeguarding Adults Team Manager. This year the number of safeguarding alerts that were closed (no further action) prior to a strategy meeting being convened was 1301 out of the 1565 (83%). This indicates that the original alert did not meet the threshold of 'significant harm' or the alleged victim did not meet the definition of a 'vulnerable adult' as defined in 'No Secrets' (Department of Health 2000):

'The definition of a vulnerable adult is - a person aged 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness and is or maybe unable to take care of him or herself, or able to protect him or herself against significant harm or exploitation.'

Outcomes of Safeguarding case conferences			
227 Case Conferences held regarding individuals			
Abuse Substantiated	67 (30%)	Abuse Not Substantiated	159 (70%)

In 2012/2013 67 case conferences were substantiated (on the balance of probability). This compares to 79 substantiated in 2011/2012.

These figures overall show us that although we are encouraging more people to alert us of possible safeguarding concerns, we are more successful at reducing substantiated abuse at case conference.

Allegations regarding physical abuse and neglect have consistently been the highest categories of alleged abuse referred into the safeguarding process. This perhaps reflects the visible signs and symptoms of these forms of abuse which can be observed by those having contact with the vulnerable person. Other forms of abuse rely more heavily perhaps on the alleged victim telling someone about the abuse and we are aware that vulnerable people are often unwilling or unable to raise a concern themselves.

Mental Capacity Act and Deprivation of Liberty Safeguards

Background

The Deprivation of Liberty Safeguards (DoLS) were introduced on the 1 April 2009. Since this time the Rotherham service has evolved to the point where we now have a permanent Mental Capacity Act and Deprivation of Liberty Safeguards Coordinator administering DoLS applications to the Local Authority and the PCT. The post sits within the Safeguarding Adults Unit. Rotherham has 11 qualified Best Interest Assessors which is an increase of 3 over the past 12 months.

Ongoing Work

Work remains ongoing in terms of education and training around DoLS for both staff and providers. This is clearly reflected in the increase in referrals as highlighted in the table below.

In terms of the requests received this year, a break down of this is as follows:

Mental Capacity Act and Deprivation of Liberty Safeguards 2012/2013			
Referrals Received by RMBC	37	Referrals Received by NHS Rotherham	9
Authorised Referrals by RMBC	29	Authorised by NHS Rotherham	1

Compared to the requests made in 2011/2012:

Mental Capacity Act and Deprivation of Liberty Safeguards 2011/2012			
Referrals Received by RMBC	38	Referrals Received by NHS Rotherham	8
Authorised Referrals by RMBC	24	Authorised by NHS Rotherham	4

Training and development

The year saw further delivery of a range of bespoke and specialist Safeguarding Adults training events, as well as the continued availability of e-learning.

This table summarises attendance at all courses as compared to last year:

Safeguarding Adults training attendance (excludes e-learning)			
	2010/2011	2011/2012	2012/2013
Local Authority	310	249	552
Independent Sector	495	1072	894
Health	415	508	363
Voluntary Sector			
Police/Probation	28	0	3
Service users/carers	0	13	2
Students	35	32	7
Other	5	16 (Councillors)	8 (Councillors)
Totals	1288	1890	1829



Safeguarding Adults Report

List of abbreviations used:

CQUIN	Commissioning for Quality and Innovation
DoLS	Deprivation of Liberty Safeguards
IDVAS	Independent Domestic Violence and Advocacy Service
IMR	Independent Management Review
IMCA	Independent Mental Capacity Advocate
LADO	Local Authority Designated Officer
MARAC	Multi Agency Risk Assessment Conference
PCT	Primary Care Trust
RCCG	Rotherham Clinical Commissioning Group
RDaSH	Rotherham Doncaster and South Humber (Mental Health NHS Foundation Trust)
RLSCB	Rotherham Local Safeguarding Children Board
RSAB	Rotherham Safeguarding Adult Board
SIR	Safe In Rotherham
SYFR	South Yorkshire Fire and Rescue
TRFT	The Rotherham NHS Foundation Trust
VCS	Voluntary and Community Sector
WDP	Willmott Dixon Partnerships

