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## Safeguarding Adults in Nottinghamshire

### **Executive summary**

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## About the research

**1.1** The research upon which this report is based was carried out during spring 2009. It involved three distinct elements:

- ⌘ A statistical analysis of the safeguarding database maintained by Nottinghamshire SAMCAT (Safeguarding Adults and Mental Capacity Act Team) since its records began in 2001.
- ⌘ An analysis of data from a sample of safeguarding assessments, in order to identify those factors which contribute to securing a definitive outcome.
- ⌘ Interviews with Safeguarding Managers from adult social care and health teams across Nottinghamshire.

## Main findings

**2.1** The information which the database contained was designed to assist safeguarding assessments rather than as a research tool. As a consequence, the information it contained was often partial or not in a format which enabled detailed statistical analysis. For example, the names of alleged abusers were often entered, rather than any indicator of their relationship to the alleged victim.

**2.2** The number of referrals for safeguarding assessments across Nottinghamshire has increased almost fourfold over the past six years, from 329 in 2002 (the first full year for which numbers are available) to 1105 in 2008.

**2.3** Most of the increase in referrals over the past two years is accounted for by a significant increase in the number of inappropriate referrals received from residential/nursing homes and domiciliary care providers.

**2.4** Concerns about the number of safeguarding assessments which result in a 'not determined/inconclusive' outcome appear to be unfounded, as the proportion of referrals which result in this outcome has remained relatively stable. Moreover, interviews suggest that this outcome does not preclude changes to the nature and amount of support offered to the alleged victim.

**2.5** Communication difficulties on the part of service users was the factor most often identified as hindering the progress of safeguarding assessments. Despite this, there was no evidence to suggest that speech therapist or other specialists were being used to enable better communication with such service users.

**2.6** Holding a formal safeguarding plan meeting (formerly known as case conference) appears to increase the likelihood of the safeguarding assessment reaching a definitive conclusion – i.e. that the case is either 'substantiated' or 'not substantiated'.

**2.7** Very few safeguarding plan meetings involved either the alleged victim or someone whose role was specifically to represent their interests (e.g. a family member, advocate or designated social worker).

**2.8** Safeguarding Managers reported considerable workload pressures arising from the workload generated by the increase in safeguarding referrals. In some teams this was resulting in a less than enthusiastic attitude towards safeguarding amongst some staff.

**2.9** Some Safeguarding Managers believed that the best way forward would be to create specialist safeguarding teams. This would both enable existing Adult Social Care and Health teams to manage their workload more effectively and enable staff with a particular interest in safeguarding to develop this specialism.

**2.10** Other Safeguarding Managers disliked the idea of specialist safeguarding teams. They believed that safeguarding was a core social work task and, furthermore, that it provided a rare opportunity to engage in 'old fashioned' social work beyond the usual remit of care management processes.

**2.11** Many of the Safeguarding Managers who were interviewed could not give a correct definition of the terms used to record safeguarding assessment outcomes – i.e. 'substantiated', 'not substantiated' and 'not determined'. Every interviewee clearly understood that 'substantiated' indicated that the alleged abuse had occurred. However, half of interviewees believed that 'not determined' should be used to indicate an inconclusive outcome. Some of this confusion appeared connected to the term 'not proven', used in Scottish law to record an inconclusive outcome following a criminal trial.

**2.12** Interviewees identified a number of changes which they believe could further improve safeguarding practice. This included: improving the quality of information in referrals received from the Customer Service Centre; provide more and better training around safeguarding issues, including joint training with police; revise the Framework recording system, so that it avoids unnecessary repetition; require all safeguarding assessments to be signed off by the Safeguarding Manager

### **Key recommendations**

**3.1** If the existing safeguarding adults database is to be used for future research purposes, adjustments need to be made to the items of data collected and further efforts need to be made to ensure that it is always completed in full for referral received.

**3.2** Frontline staff need greater clarity around what is a safeguarding issue and what is poor practice in relation to residential care work. This could help to reduce the pressures on social workers created by the high, and increasing, number of inappropriate referrals.

**3.3** Further consideration should be given to whether or not the creation of specialist safeguarding teams within Nottinghamshire would improve outcomes and reduce pressures in Adult Social Care and Health Teams.

**3.4** The language used to describe the outcomes of safeguarding assessments needs to be made simpler and clearer. This will ensure that outcomes are recorded correctly and information held in the database is a true record. Suggestions for revised wordings are shown in the box below.

**YES, abuse occurred** - on the balance of probabilities, the alleged abuse did take place

**NO abuse occurred** - on the balance of probabilities, the alleged abuse did not occur

**Inconclusive** – from the available evidence it has not been possible to determine whether or not the alleged abuse actually took place