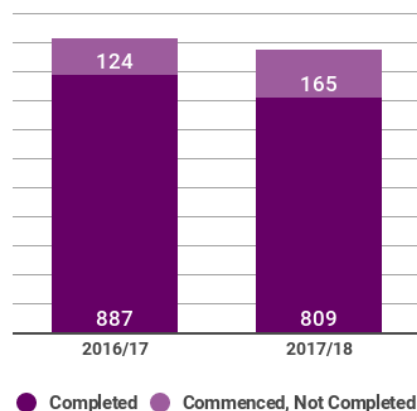


## 10. Safeguarding Statistics

### 10.1. Safeguarding Enquiries

In 2017/18 **974** safeguarding enquiries were commenced, down from 1,011 in 16/17. 809 enquiries were completed, compared to 887 in 16/17.



1: Number of safeguarding enquiries commenced and/or completed in 2016/17 and 2017/18

This reduction could be due to fewer concerns being raised, or fewer cases being taken into enquiry. This is something we hope to look into further.

The objectives of an enquiry into abuse or neglect are to:

- establish the facts

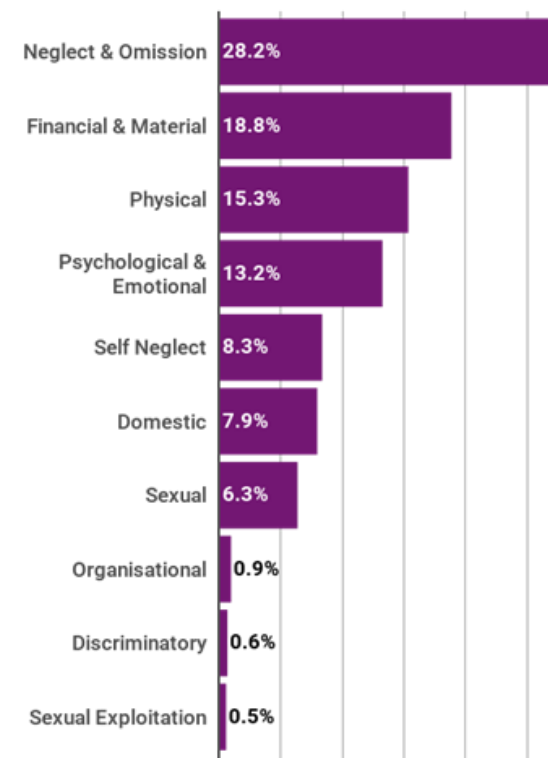
- ascertain the adult's views and wishes
- assess the need of the adult for protection, support and redress
- protect from the abuse and neglect, in accordance with the adult's wishes
- make decisions as to what follow-up action should be taken, with regard to the person or organisation responsible for the abuse or neglect
- enable the adult to achieve resolution and recovery.

#### Category of Harm or Abuse

The largest category of enquiries remains neglect and omission, followed by financial & material abuse. The number of enquiries relating to physical abuse (15.3%) has slightly decreased from 18.8% in 2016/17. The proportion of enquiries relating to self-neglect has increased from 5.1% to 8.3%. This could be due to increased awareness and improved identification of self-neglect. Enquiries relating to domestic abuse increased from 4.7% to 6.3%

These categories are defined in the Care and Support Statutory guidance (§14.16-14.25).

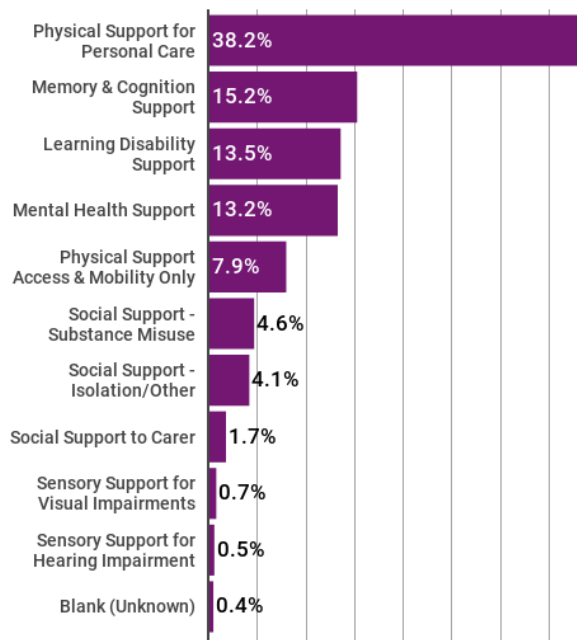
It should be noted that these figures include safeguarding enquiries conducted by Sussex Partnership Foundation NHS Trust (SPFT) under a Section 75 (NHS Act 2000) agreement with the local authority.



2: Percentage of safeguarding enquiries in 2017/18 by category of harm or abuse

### Primary Support Need

The proportions of safeguarding enquiries by primary support need are broadly in line with 16/17. However there has been a decrease in the percentage of enquiries where the primary support need was physical support for personal care, from 43.1% to 38.2%.

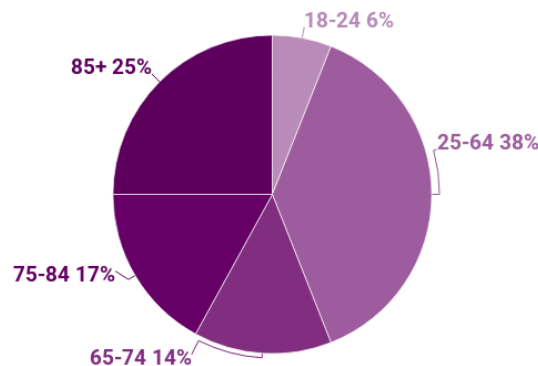


3: Percentage of safeguarding enquiries in 2017/18 by primary support need

Conversely, the proportion of enquiries relating to memory and cognition support has increased from 11.6% to 15.2%.

### Age Group

Figure 4 shows the proportion of safeguarding enquiries broken down by age group. It can be seen that the risk of harm and abuses increases from the age of 65.

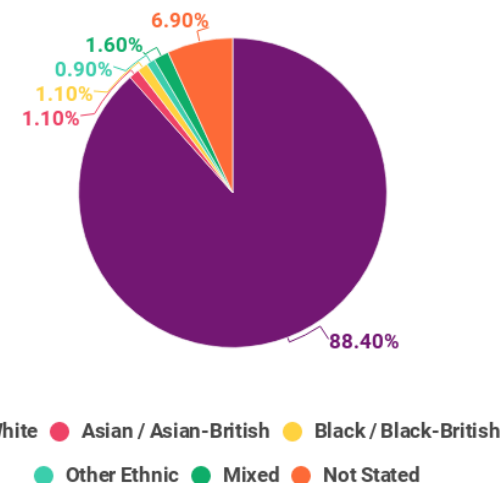


4: Percentage of safeguarding enquiries in 2017/18 by age group

### Ethnicity

The latest data on ethnicity, from the 2011 census, shows that 1 in 5 residents (53,351 people (19.5%)) are from a BME background. This is an increase of 23,668 (79.7%) compared to the 2001 census.

Figure 5 shows that the proportion of enquiries involving BAME adults remains low when compared to census data, although there has been a slight increase from 16/17.



5: Percentage of safeguarding enquiries in 2017/18 by ethnic background

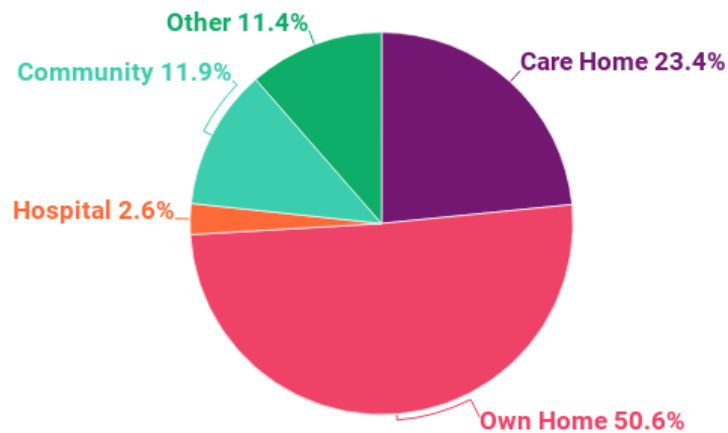
However, this data does not take age into account. As discussed, most enquiries relate to over 65s. We know locally that this age group includes fewer people from BME groups. The board is working with the LSCB to raise awareness and to improve recording of abuse affecting BAME individuals.

### Source of Referral

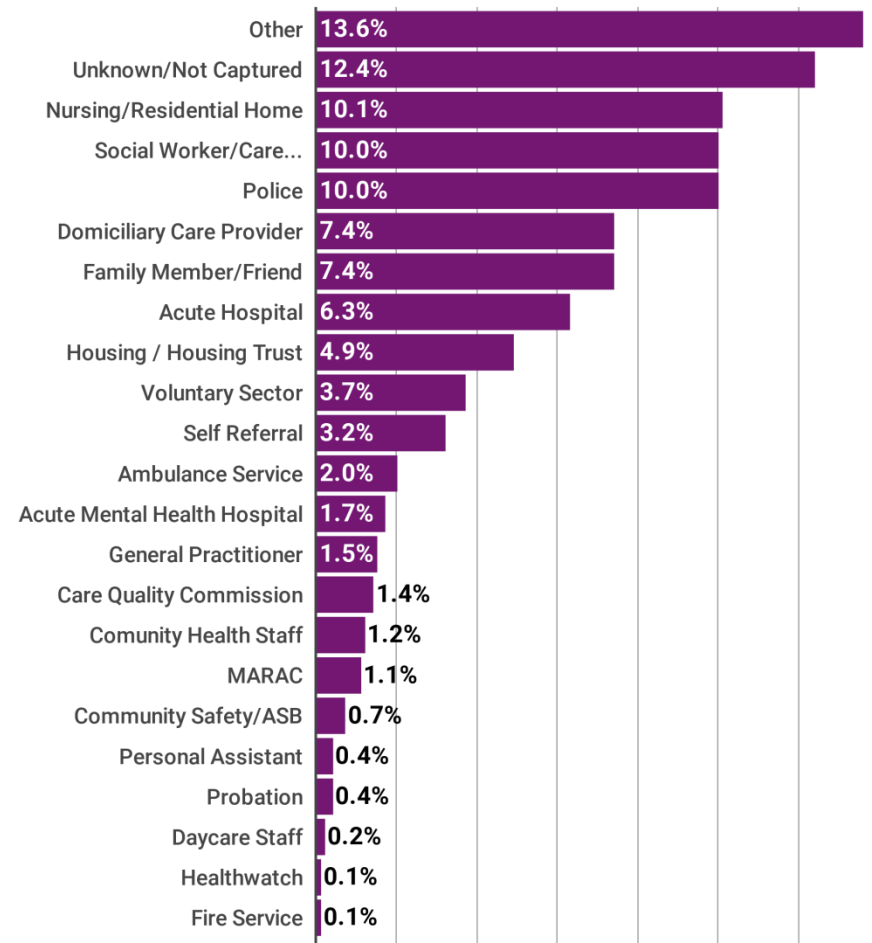
Figure 7 shows a breakdown of safeguarding enquiries by the source of referral. The number of enquiries recorded with an unknown or not captured referral source has reduced from 2016/17. Improvement is needed to ensure this information is captured more comprehensively. While this is not a statutory requirement, accurate recording helps the local authority to identify potential gaps in identification of safeguarding concerns.

### Location

As in 2016/17, the majority of enquiries related to alleged abuse occurring in the person's own home, although this has decreased slightly from 54.8% to 50.6%. The number of enquiries relating to alleged abuse in hospital settings has reduced significantly from 7% to 2.6%, whereas the proportion relating to alleged abuse in Care Homes has increased from 20.4% to 23.4%.



6: Percentage of safeguarding enquiries in 2017/18 by location of alleged abuse

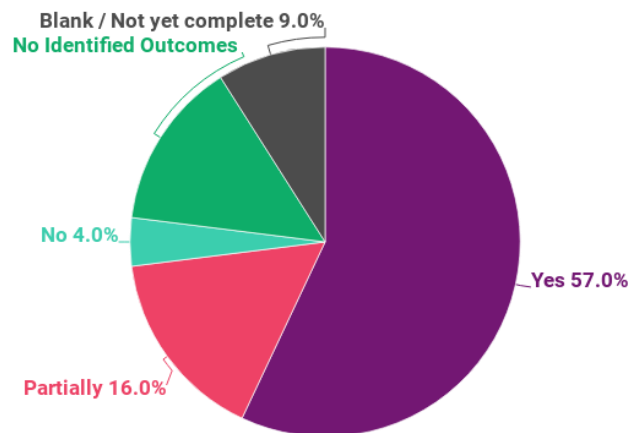


7: Percentage of safeguarding enquiries in 2017/18 by source of referral

### Making Safeguarding Personal

Following the introduction of the Care Act 2014, and in accordance with the Making Safeguarding Personal principle, safeguarding enquires must be person-centred rather than process-driven. An enquiry can range from a conversation with the adult, to a more formal multi-agency plan or course of action. There are no set timescales for completion though local procedures are clear that there should be a 'principle of no delay'. Adults who are the subject of safeguarding enquires are asked what outcomes they want to achieve, and asked at the conclusion of the enquiry whether they feel their identified outcomes have been met.

Figure 8 shows that of enquiries completed in 17/18, 57% of individuals felt their outcomes had been achieved, while a further 16% felt their outcomes had been partly achieved.



8: Safeguarding enquiries completed in 17/18 by whether the individual's preferred outcome was achieved.



### 10.2. Safeguarding Data from Partner Agencies

The SAB through its Quality Assurance (QA) Sub-Group is in a unique position to take a holistic view of the quality of services across agencies, ensuring that any gaps, overlaps or misalignment of services can be identified. The QA Subgroup has been working to develop a multi-agency dataset and now receives a multi-agency data report twice a year.

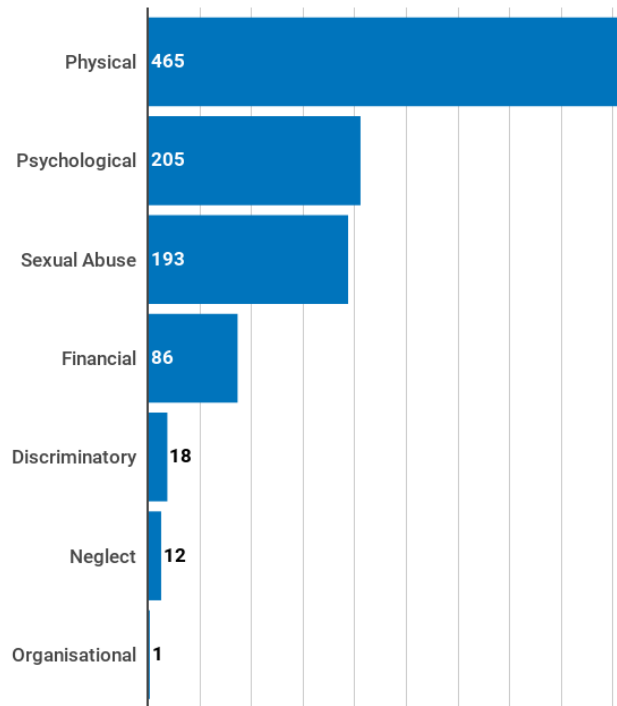
The following pages contain a summary of the data collected by some of the SAB partner agencies for the period 1st April 2017 - 31st March 2018. Further information about safeguarding work undertaken by SAB partner agencies is included later in this report (page 32).



### Sussex Police

Figure 9 shows the number of crimes recorded by Sussex Police in 2017/18, where abuse was recorded and the victim was a vulnerable adult.

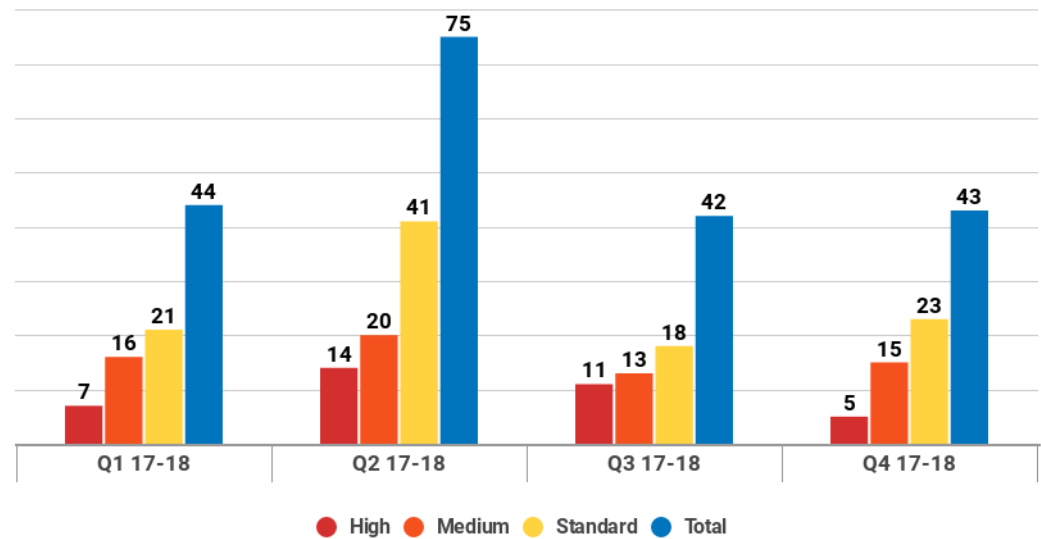
In crimes where abuse was recorded, the majority of reported abuse related to physical, psychological and sexual abuse.



9: Recorded crimes in 17/18 involving abuse of vulnerable adults, by type of abuse

**Operation Signature** is the force's operational response to identify and support vulnerable and often elderly victims of fraud within Sussex. Local Prevention Teams work with victims to implement safety plans. Specialist officers in each SIU assist in safeguarding those victims who are most vulnerable. You can read more about Operation Signature [here](#).

Figure 10 shows the total number of Operation Signature cases in Brighton & Hove in each quarter in 2017/18 (in blue), broken down by risk level. This is first time this data has been included in the board's annual report. In future we should be able to include annual figures for comparison.

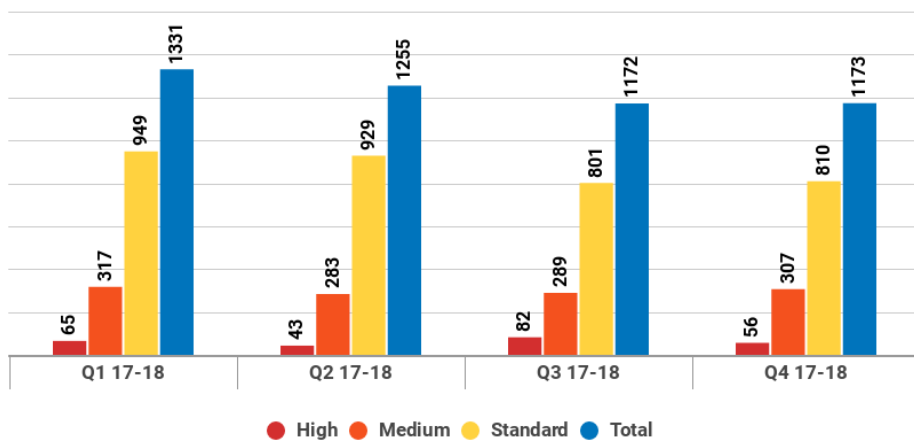


10: Operation Signature cases in Brighton & Hove in Q1-4 17/18, by risk level

### DASH Referrals

Incidents of Domestic Abuse are subject to a risk assessment, as part of the Single Combined Assessment of Risk Form (SCARF). An officer completes the form with the victim, assessing the level of risk and taking initial steps to manage it. This referral is reviewed and forwarded to the Safeguarding Investigations Unit (SIU). High and medium risk cases are subject to a secondary risk assessment. High-risk cases (risk of serious injury or death) are referred to the monthly Multi-Agency Risk Assessment Conference (MARAC). SIU will refer all cases of Domestic Abuse involving a vulnerable adult to Adult Social Care in the local authority.

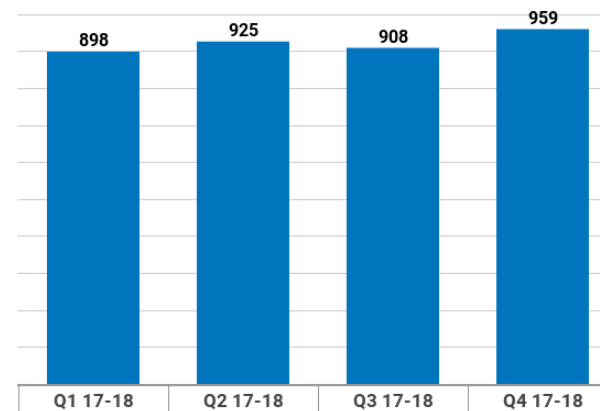
Figure 11 shows the number of DASH (Domestic Abuse Stalking and Harassment) referrals made in Brighton & Hove in each quarter of 2017/18. These are also broken down by risk level.



11: DASH Referrals in Brighton & Hove in Q1-4 17/18, by risk level

### VAAR Referrals

The Vulnerable Adult at Risk (VAAR) section of the SCARF should be completed for every safeguarding concern, with sufficient and accurate detail to allow specialist teams and the Local Authority to act on it. It will also state why the referral is being made and whether the adult at risk is aware of it.



12: VAAR Referrals in Brighton & Hove in Q1-4 17/18

Figure 12 shows the number of VAAR referrals made by Sussex Police in Brighton & Hove, in each quarter in 2017/18.

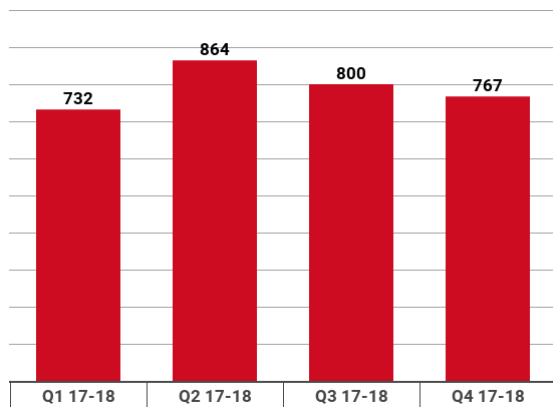
It should be noted that not all VAAR referrals will involve a recorded crime. The level of VAAR referrals is therefore higher than the number of crimes where abuse of a vulnerable adult was reported, as shown in the figure on page 16.



### East Sussex Fire & Rescue Service (ESFRS)

ESFRS offer Home Safety Visits to people who are most at risk from fires in their homes. This includes those with reduced mobility and with hearing or sight impairments.

Figure 13 shows the number of Home Safety Visits conducted by ESFRS in each quarter in 2017/18.



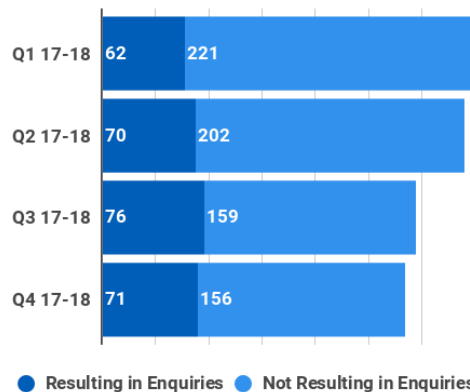
13: Home Safety visits conducted by ESFRS in Q1-4 17/18



### Sussex Partnership NHS Foundation Trust (SPFT)

Adult Mental Health services are provided jointly by the local authority and SPFT under a Section 75 (NHS Act 2000) agreement, allowing for the integration of Health and Social Care services. SPFT undertakes mental health safeguarding enquiries on behalf of the local authority.

Figure 14 shows the number of safeguarding concerns raised by SPFT in 2017/18, and how many resulted in safeguarding enquiries under the Section 75 agreement.



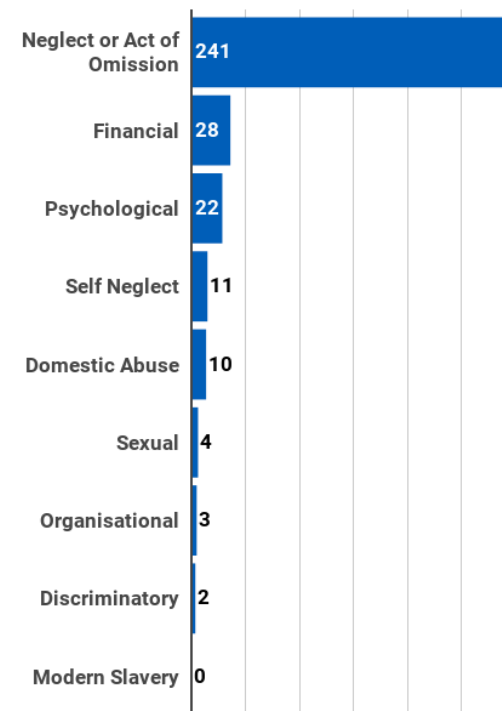
14: Safeguarding concerns raised by SPFT in 17/18, by resulting enquiry



### Sussex Community NHS Foundation Trust (SCFT)

The next chart shows the number of safeguarding concerns raised by SCFT in 2017/18, by category of abuse.

It should be noted that SCFT cover a large geographical area and this data also includes East and West Sussex.



15: Safeguarding concerns raised by SCFT in 17/18, by category of abuse