



Dudley Safeguarding People Partnership

**Dudley Safeguarding Adults Board
Annual Report 2023-24**

Contents

1. Foreword from Independent Chair

It is my pleasure to welcome you to the annual report of the Dudley Safeguarding Adults Board. This report covers the period between April 2023 and March 2024. It reflects the safeguarding commitments of all partners, as we work to achieve our intentions as set out in our strategic partnership plan. I took over the Independent Chair Role in April 2024 and therefore my reflections on the reporting period are limited.

This report was prepared by the DSPP Business Support Unit on behalf of the Partnership and recognises the progress the DSPP has made throughout the year and the challenges that remain that we will continue to address in 2024 /25. I have reviewed the contents and based on my experience to date I can say that the contents are an accurate report of the activities of the Partnership and its Sub- Groups. It highlights the areas where progress has been made and what we need to focus on in 2024 /25 and beyond.

There is a strong commitment from the Multi – Agency partnership to work together on agreed priorities and the Executive is well attended by senior leaders in organisations, I also attend the Executive in my role as independent chair of SAB to bring support and challenge to the partnership and ensure the focus is on making a difference to Dudley Residents with care and Support needs. In February 2024 we came together across the DSPP to review our priorities for 24 / 25. The partnership considered what our data is telling us and the learning from Safeguarding Adults Reviews and child safeguarding practice reviews , and they will update you next year on progress in relation to our priorities around Mental Health, Safeguarding transitions, and Exploitation.

What's Next for the Partnership? Issues of Note and Risks to be Dealt with Over the next 12 months.

As the new Independent chair, I want to ensure I hear directly from Dudley residents and our frontline staff to ensure as a partnership we understand the impact of our work and how we effectively safeguard Dudley residents.

We need to ensure our multi – agency audit processes and multi -agency data and intelligence provides assurance on the quality of safeguarding practice in Dudley and evidence how our sub – groups deliver on our strategic plan.

Whilst there is always much to do to ensure we continuously improve our safeguarding practice to ensure we make a difference to people in Dudley , I am confident that Dudley's Safeguarding Partnership will rise to the challenge and our practitioners will continue to work tirelessly to ensure our vulnerable adults are safeguarded. I look forward to updating you on our progress and the difference we are making in our next annual report.

1. About the DSAB

2.1 The Annual Report

Welcome to the Dudley Safeguarding Adults Board annual report. This document provides an overview of the effectiveness of services in place to safeguard adults across the Dudley Borough. The information relates to the period 1st April 2023 – 31st March 2024.

2.2 What is Safeguarding for Adults?

Safeguarding adults is about preventing and responding to allegations of abuse, harm or neglect of adults at risk across the Dudley Borough.

Section 42 of the Care Act 2014 states that safeguarding enquiries should be made where:

- a person has needs for care and support
- is experiencing, or at risk of, abuse or neglect; and
- as a result of their care and support needs, is unable to protect him or herself against the abuse or neglect, or the risk of it.

Membership of the Board includes but is not limited to:

Dudley Metropolitan Borough Council
Integrated Care Board (ICB) Dudley Place and provider health organisations
West Midlands Police
Healthwatch
Dudley CVS
West Midlands Fire and Rescue Service
Public Health
Community Safety

The Board has agreed its core focus is to put the person who has been harmed or at risk at the centre of everything that we do and listen to their views about what we can do to improve the safety of people. We also hold members to account to make sure they are doing enough to keep people safe. We also review our policies and guidance to make sure we are constantly improving and finally we raise awareness of safeguarding issues and what to do.

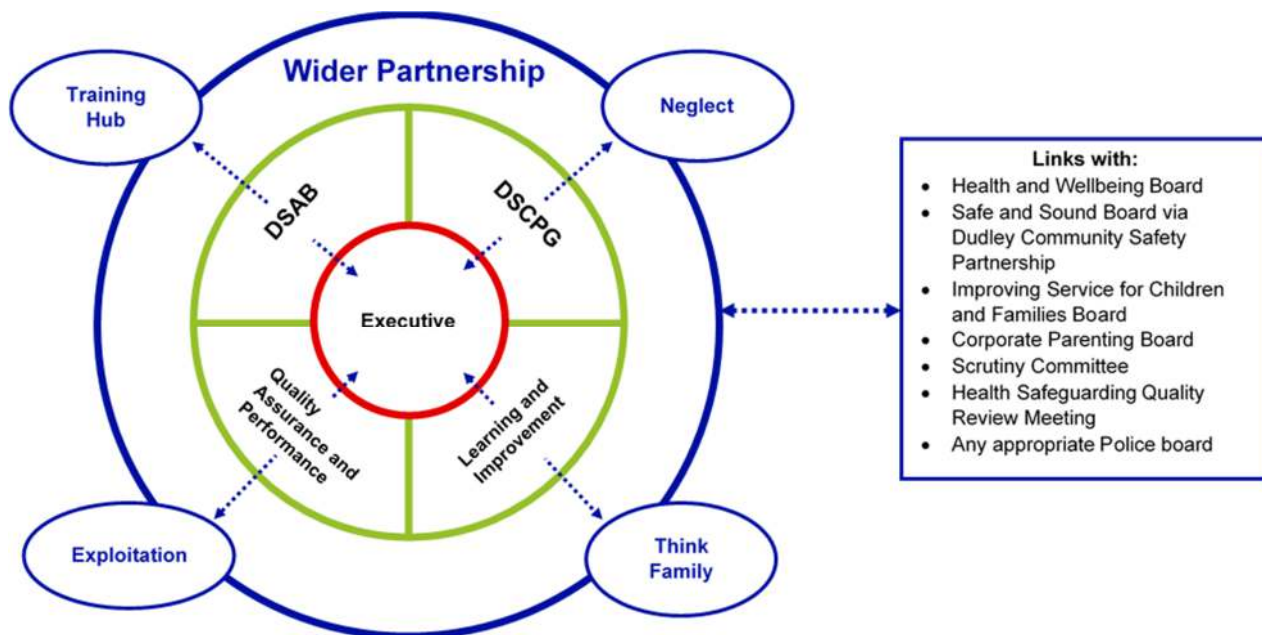
The Board is funded through financial contributions from Dudley MBC, Dudley Integrated Care Board (ICB) and West Midlands Police. Wider partners provide staff and resources for meetings and training courses.

2.4 Our priorities 2023-24

DSPP priorities were reviewed in April 2024 and were agreed based on feedback from quality assurance activity and emerging local and national learning. We agreed to keep our priority of exploitation but removed Neglect and Think Family to Mental Health and Transitional Safeguarding. For the purpose of this report, we will focus on our previous priorities of neglect and think family and will report more fully on our new priorities in our next annual report.

2.5 Our structure

We are a joint, life course Partnership which is overseen by an Executive group. We are keen to promote a culture of inclusivity regarding our safeguarding arrangements, utilising expertise and feedback across our Partnership.



2.6 Links with other Partnerships and Boards

We are members of the West Midlands Safeguarding Adults group and West Midlands Editorial Group. This ensures we are up to date with the most recent changes as well as ensuring we work as effectively as possible with our cross-border partnerships. We recognise that many of our partners work across several local authority areas and therefore consistency in our safeguarding approach is paramount.

The DSAB also works closely with Safe and Sound, Dudley's Community Safety Partnership, as we recognise that many safeguarding themes overlap for example, exploitation and domestic abuse. This report will also be presented to the Health and Wellbeing Board.

3. About Dudley

A total of 255,885 adults aged 18 and over live in Dudley (Mid-Year population estimates 2022). This is 78.7% of the total population in the area.¹

The number of people aged 75 and over is 33,391 (10.3%). This proportion is greater than the West Midlands region (7.6%) and England (9.0%) as a whole. Additionally, this cohort is a growing proportion of Dudley's population each year.²

Homelessness

Dudley has a good track record in preventing homelessness and has low numbers of rough sleepers. Preventing or relieving homelessness is a key function that the local authority has done successfully for a number of years. In the post-covid pandemic recovery phase, however, a new set of challenges are emerging including higher housing and living costs (such as food, utilities and travel costs) and other inflationary pressures. There has been an increase in local rental market prices and house prices.

The most vulnerable in our community are often those who are on low incomes and will be more adversely impacted by rising costs as they may struggle to obtain good quality housing that meets their needs, or they may struggle to maintain their current living arrangements.

Fuel Poverty in Dudley has been increasing in absolute terms. Latest figures from 2020 showed it affected 24,248 (18.8%) of households within the Borough.³ Recent increases in energy costs are likely to exacerbate Fuel Poverty.

Domestic abuse-related incidents and violence rates for Dudley are derived from the West Midlands force area at 41.0 crimes per 1,000 people for 2022/23. It should be noted this measure will be influenced by other areas outside Dudley, but it is higher than the rates for both the West Midlands region (35.1) and England (30.6 per 1,000).⁴ Whilst all victims of domestic abuse are vulnerable due to the risks they face, we recognise that some victims falling under the provisions of the Care Act face an even greater risk if exposed to domestic abuse.

Life Expectancy, Health Conditions and Health Inequalities

Life expectancy within Dudley is 78.6 years for men and 82.9 years for women. This is similar to the wider region (men 78.5, women 82.6); however, it is lower than England (men 78.7, women 83.1)⁵. Within Dudley, life expectancy is 9.0 years lower for men and 7.6 years lower for women in the most deprived areas of Dudley than in the least deprived areas.⁶

¹ Source: ONS

² Source: ONS

³ Source: Department for Levelling Up, Housing and Communities, 2024

⁴ Source: PHE Public Outcomes Framework

⁵ Source: PHE Public Outcomes Framework

⁶ Source: Office for Health Improvement & Disparities Public Health Profiles. [accessed 17/06/24]
<https://fingertips.phe.org.uk> © Crown copyright 2024

The recorded prevalence of dementia in patients aged 65+, registered with a Dudley GP was 3.8%, which equates to 2,518 patients. However, the estimated dementia diagnosis rate for those aged 65+ is 55.7%, which means that the actual number is likely to be around 4,500.

From the latest data available, in 2022-24 there were 9.9 suicides per 100,000 Dudley population (or 83 persons). This is not significantly different to the West Midlands (10.7 per 100,000) or England (10.3 per 100,000).⁷

4. Our data

We have a multi-agency dashboard that consist of high-level partner information. We are still improving our dataset, and this is regularly reviewed by the quality assurance and performance sub group. Our data set has been revised in line with our new priorities and will be reported on in our next report.

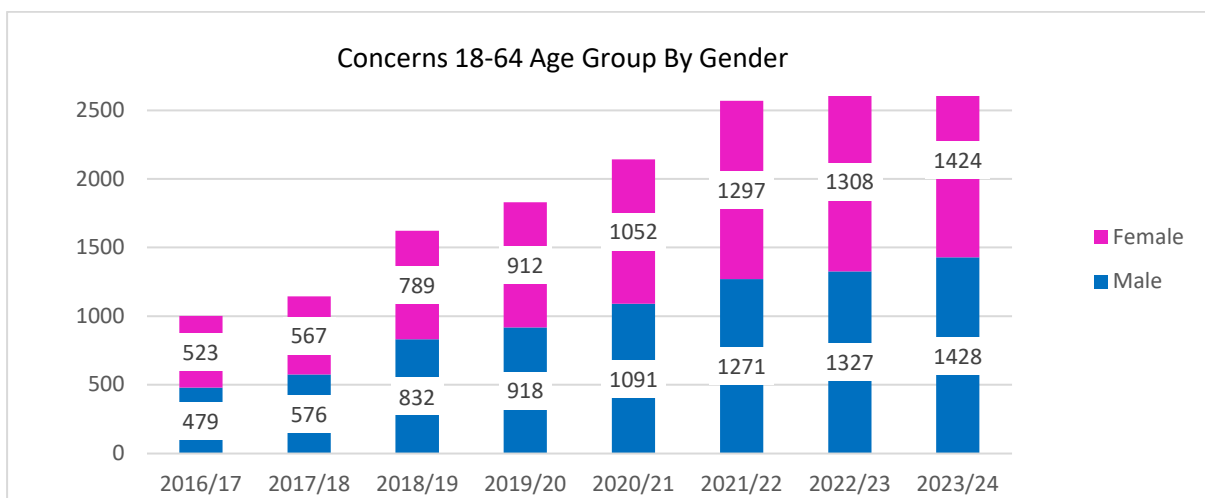
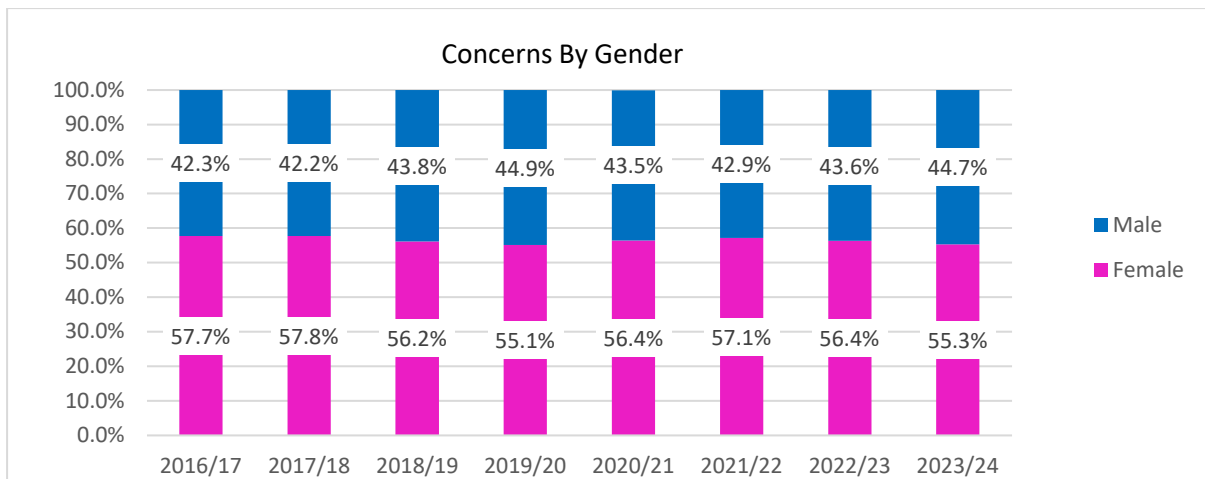
Safeguarding Concerns

Year	Concerns	% Increase From Previous Year	Enquiries	Conversion
2014/15	1713		726	42.4%
2015/16	2091	22.1%	743	35.5%
2016/17	2809	34.3%	831	29.6%
2017/18	3051	8.6%	727	23.8%
2018/19	3941	29.2%	752	19.1%
2019/20	5299	34.5%	773	14.6%
2020/21	5294	-0.1%	343	6.5%
2021/22	6156	16.3%	693	11.3%
2022/23	6434	4.5%	604	9.4%
2023/24	7153	11.2%	665	9.3%

MASH (Multi Agency Safeguarding Hub) is intended to screen and determine the appropriateness of referrals, so the lower percentage means that MASH is effective in ensuring that safeguarding enquiries only progress where relevant. However, a high proportion of concerns received into Adult MASH from professionals relate to care management concerns and are signposted to other areas of adult social care. , The Dudley Safeguarding Adult Board recognises the need to ensure that professionals better understand when to refer to Adult Social Care and to offer support & guidance for making safeguarding adult referrals. We will be delivering training to support this and hope to see improvements in the coming 12 months . Whilst there has been some training delivered, it is recognised access needs to be expanded so a Podcast is being developed to ensure agencies can use it in house and staff can access whenever they want a reminder.

⁷ Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 17/06/24]
<https://fingertips.phe.org.uk> © Crown copyright 2024

The % conversion has decreased slightly compared with last year. The overall proportion of concerns within the 18-64 age group remains the highest proportion by age group overall (40%) Overall, and consistently over the past 8 years, females continue to form the highest proportion of all concerns. The Dudley population of females aged 85+ is greater and it stands to reason that older people can be more exposed to safeguarding risks. Of concerns that progress to S42 enquires, we can see that women are far more likely to be subject to domestic, emotional and sexual abuse compared to men. The volume of these outweighs the types of risk where men are typically over-represented like self-neglect and organisational.



Concerns by source

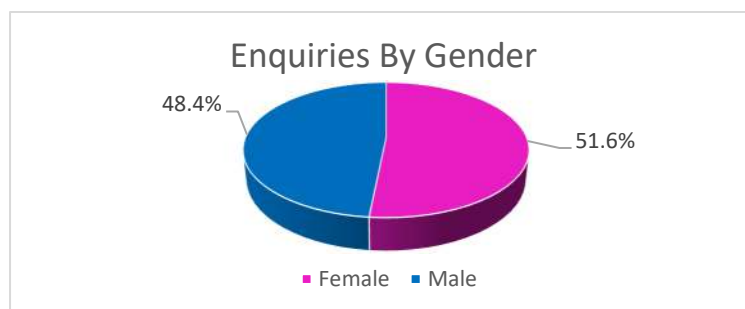
The proportion of concerns received from a Health source forms the highest proportion of all concerns at 26.5% with concerns from portal users at 18.2%. Portal users are those who report via the online system.

Concern Source	2018/19		2019/20		2020/21		2021/22		2022/23		2023/24	
	No	%	No	%	No	%	No	%	No	%	No	%
Court	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
CQC	42	1.1%	45	0.8%	46	0.9%	0	0.0%	0	0.0%	0	0.0%
Dudley LA	450	11.4%	579	10.9%	728	13.8%	1041	16.9%	652	10.1%	675	9.4%
Education	0	0.0%	0	0.0%	0	0.0%	23	0.4%	18	0.3%	13	0.2%
Health	955	24.2%	1115	21.0%	1261	23.8%	1625	26.4%	1812	28.2%	1895	26.5%
Housing	140	3.6%	161	3.0%	197	3.7%	306	5.0%	290	4.5%	254	3.6%
Independent Provider	500	12.7%	617	11.6%	630	11.9%	350	5.7%	714	11.1%	952	13.3%
Other	651	16.5%	1126	21.2%	864	16.3%	874	14.2%	733	11.4%	769	10.8%
Other LA	44	1.1%	34	0.6%	19	0.4%	0	0.0%	0	0.0%	0	0.0%
Police	191	4.8%	229	4.3%	403	7.6%	540	8.8%	290	4.5%	252	3.5%
Portal Users	0	0.0%	0	0.0%	0	0.0%	0	0.0%	373	5.8%	1305	18.2%
Self/Relative/Carer	931	23.6%	1364	25.7%	1090	20.6%	1369	22.2%	1547	24.0%	1031	14.4%
Voluntary Organisation	36	0.9%	26	0.5%	54	1.0%	28	0.5%	5	0.1%	7	0.1%
Not Recorded	0	0.0%	3	0.1%	2	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	3941	100.0%	5299	100.0%	5294	100.0%	6156	100.0%	6434	100.0%	7153	100.0%

2023/24 Enquiries

The detail of the enquiry, e.g. abuse category, location of abuse etc, is not submitted in the SAC (Safeguarding Adult Collection) until the actual enquiry is completed. Therefore, the following is an analysis of 2023/24 enquiry data only and not actually submitted as yet.

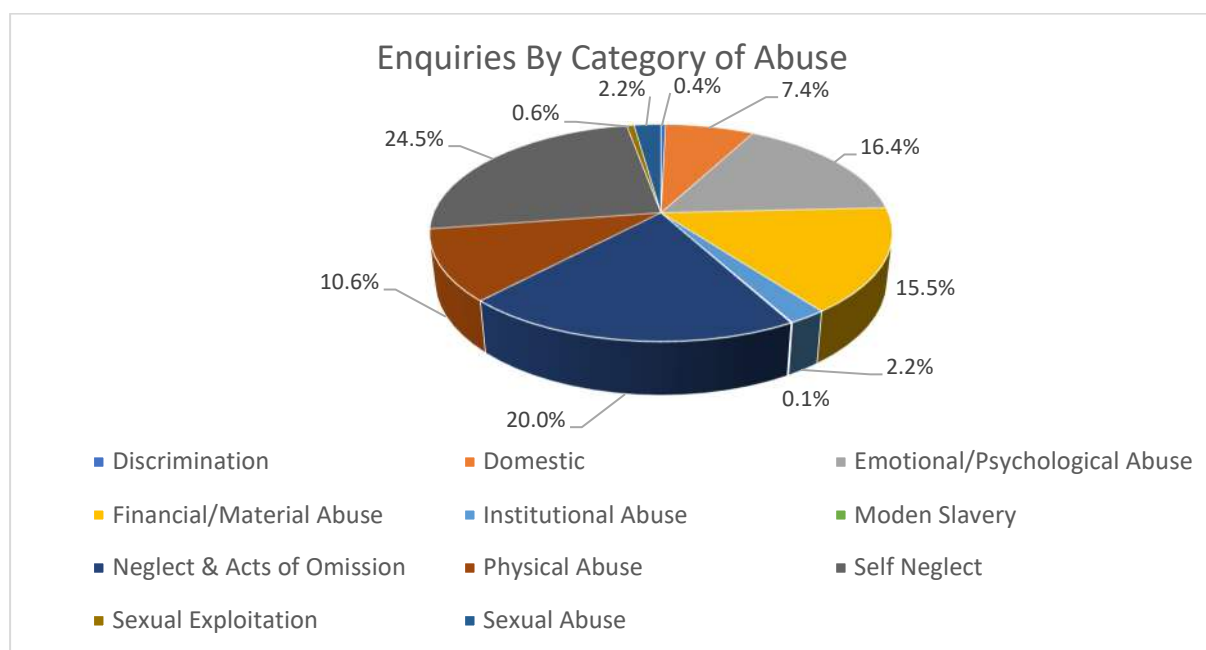
Enquiry Type	No	%
S42	556	83.6%
Other	109	16.4%
Total	665	100.0%



In line with concerns, females formed the highest proportion of enquiries at 51.6%.

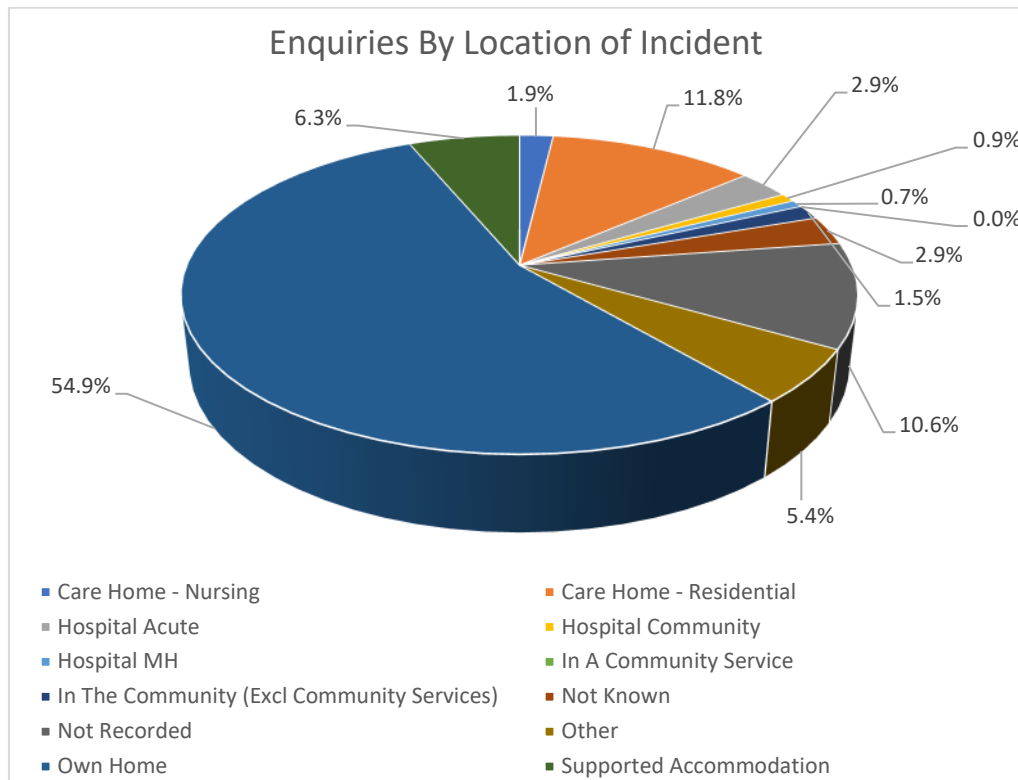
Gender	18-64	65-74	75-84	85-94	95+	Total
Female	139	62	71	58	13	343
Male	182	47	67	26	0	322
Total	321	109	138	84	13	665

Males form the highest proportion within the younger 18-64 age group (56.7%) and females within the older age groups, however, this could have a direct correlation with the general population overall in Dudley, where females form the highest proportion of older adults.

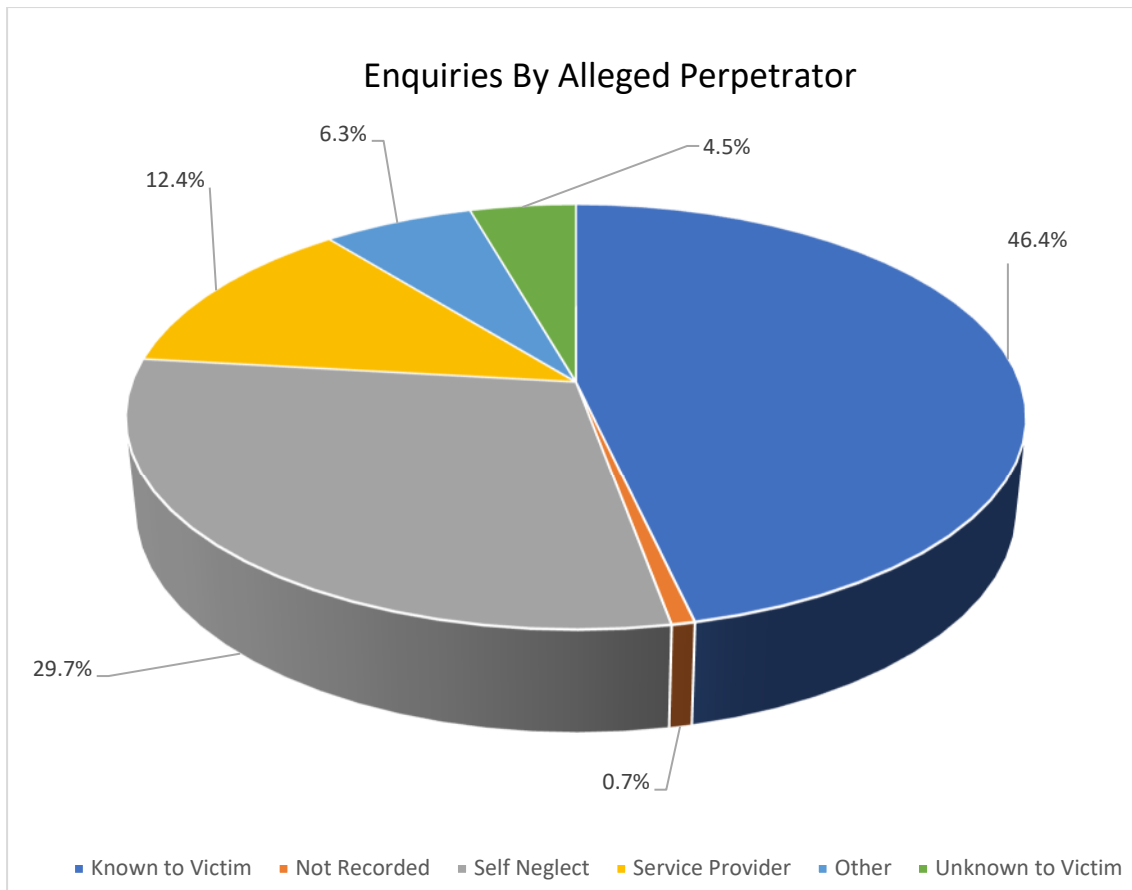


As in previous reporting, the category of Self Neglect forms the highest proportion of all enquiries at 24.5% followed by Neglect & Acts of Omission at 20%

Abuse Category	Female	Male
Discrimination	2	3
Domestic	82	14
Emotional/Psychological Abuse	122	91
Financial/Material Abuse	99	102
Institutional Abuse	6	23
Modern Slavery	1	0
Neglect & Acts of Omission	142	117
Physical Abuse	82	55
Self Neglect	143	175
Sexual Exploitation	8	0
Sexual Abuse	29	0
Total	716	580



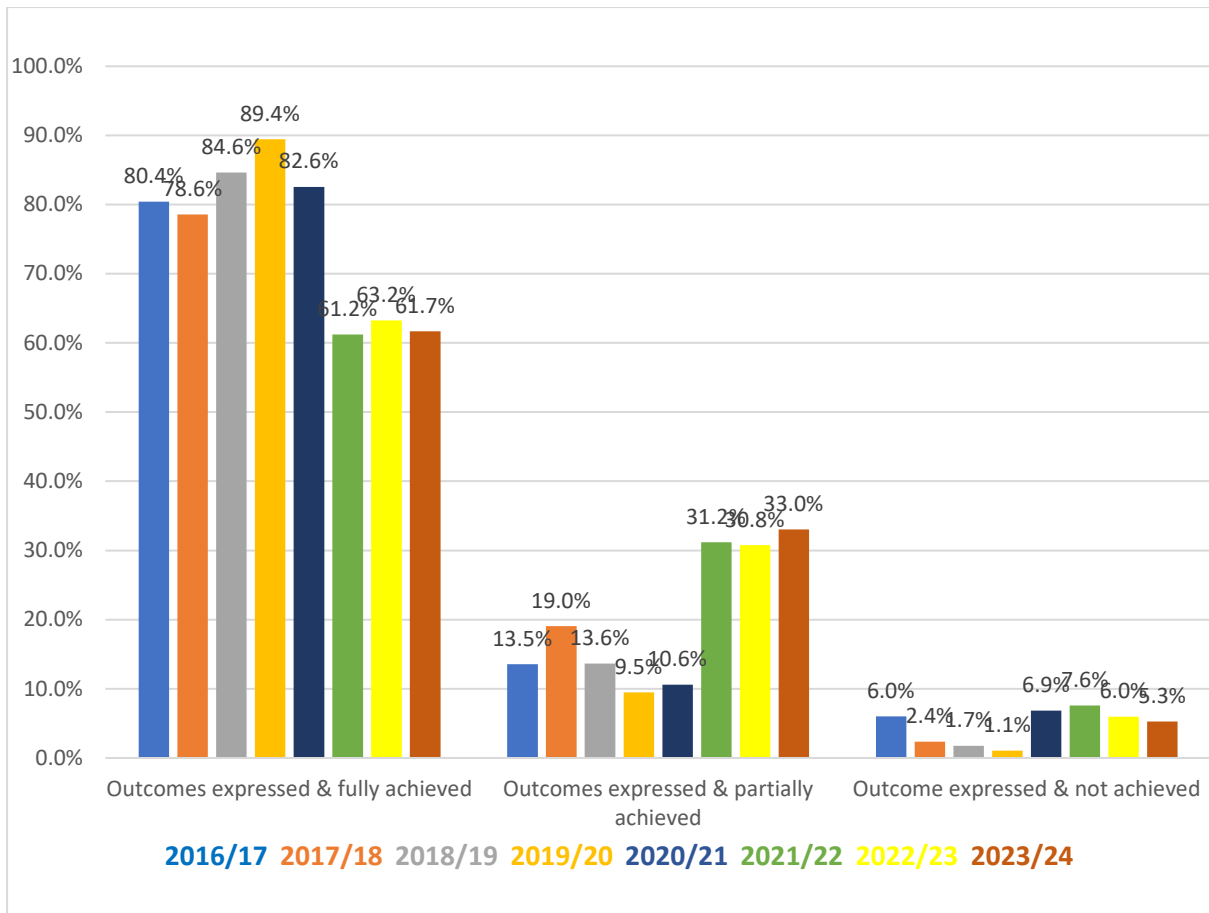
As in previous reporting, the highest proportion of incidents occurred at the victim's own home (54.9%).



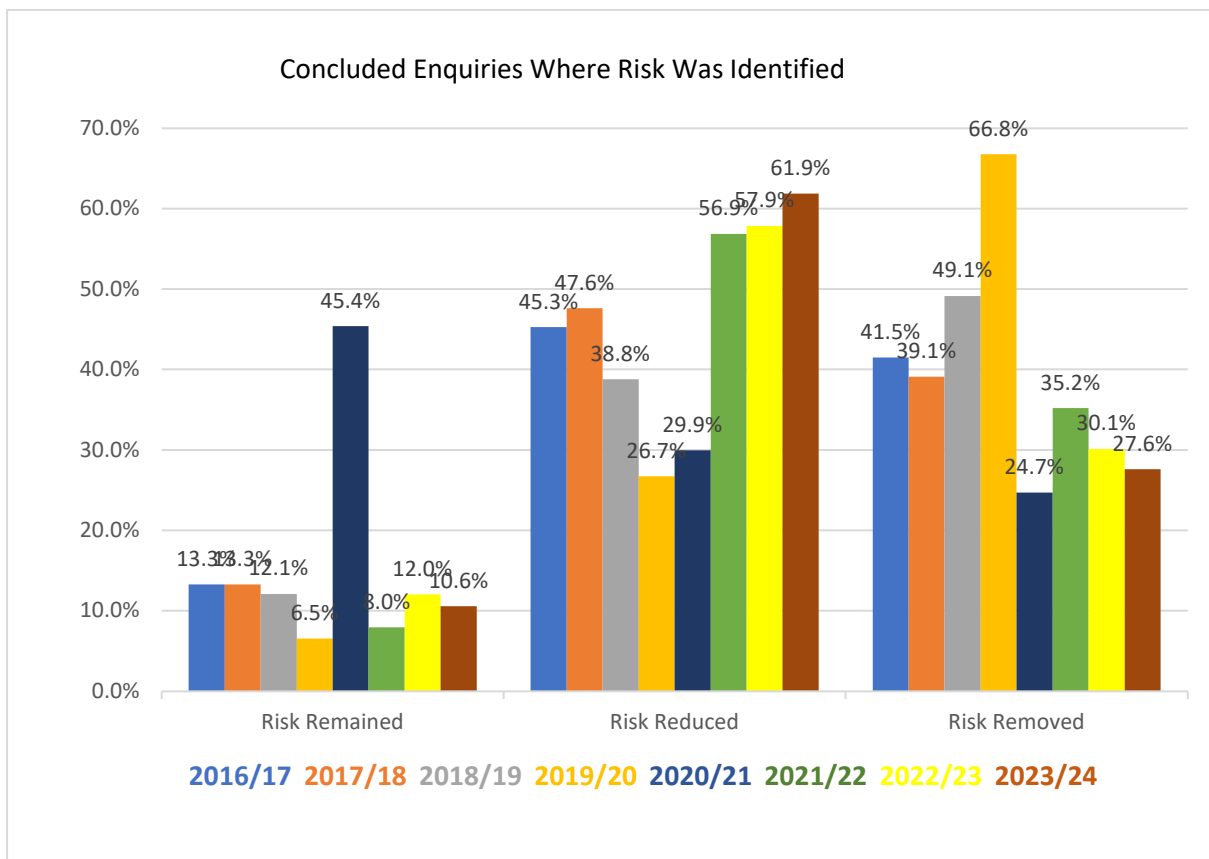
Concluded Enquiries

Year	Concerns	% Increase/Decrease From Previous Year
2014/15	567	
2015/16	529	-6.7%
2016/17	625	18.1%
2017/18	589	-5.8%
2018/19	542	-8.0%
2019/20	564	4.1%
2020/21	448	-20.6%
2021/22	549	22.5%
2022/23	511	-6.9%
2023/24	690	35.0%

Performance regarding concluded enquiries where an outcome was expressed and that outcome was fully or partially achieved is very similar compared with last year, with a combined fully and partially achieved figure of 94.7% compared with 94% during 2022-23.



An element of risk was identified for 417 concluded enquiries.



5. What we have done in the last 12 months?

5.1. Neglect across the Life course:

The Neglect subgroup is the group with responsibility for progressing this priority, it has strong partnership leadership with the ICB Designated Nurses chairing the subgroup and overseeing the Neglect work plan for the Partnership.

We now have a dedicated self neglect web page which provides partners and people who access services help advice on dealing neglect. In addition to this we have a revised a new hoarding and clutter tool which will support practitioners across the life course. This also supports our priority of Think Family as it is a life course document, with hoarding traits being a issue with younger people too. This work is also being rolled out across the region, meaning practitioners who work across boarder can use one tool.

We are proud to have developed an adult neglect strategy. This focusses on a wider definition of neglect as opposed to self neglect and acts of omission . . We responded to feedback from frontline practitioners who told us the subject of neglect and acts of omission with people with care and support needs can be overlooked and difficult to work with in the absence of multi agency guidance.

We have also focussed on the cost of living crisis via a dedicated web page offering advice and support. Public Health have worked together with Adult Social Care to prioritise the allocation of the Government's Household Support Fund.

The funding provided households on low incomes who would otherwise struggle to buy food or heat their homes or meet other essential living costs with short term support. Dudley Empowerment Partnership in collaboration with Citizen's Advice Dudley and Wolverhampton set up and ran five cost of living hubs to provide direct face to face support in the community. The cost of living support hubs were supported by Dudley Council's Public Health and the NHS Black Country Integrated Care Board.

5.2. Priority 2 – Exploitation across the life course:

The Adults exploitation subgroup is responsible for delivering this priority and has strong partnership leadership led by the Police who also chairs the Dudley Safe and Sound Board (Community Safety Partnership), this ensures consistency and avoids duplication between the two partnerships.

Our most significant piece of work is our all age screening tool and pathway which has been supported and developed by all partners. This has also linked in with our other priority of Think Family. We recognise that exploitation takes various forms across all ages and by having a single screening tool we are able to look at the family as a whole. We are also working towards an all age exploitation strategy and hope to update more on this in our next report.

We have also developed an exploitation profile for the Dudley Borough so that we can confidently know where our problem areas for exploitation are as well as our most vulnerable groups of people to ensure the right safeguarding response is provided at the right time.

Public Health have continued community development work with the Roma community providing insight into areas of exploitation, for example poor and very expensive housing conditions with threats of eviction (exploitation by landlords) and poor working conditions for no pay (exploitation by employers) . These were reported through the relevant channels and council officers have been supported to collaborate on solutions which focus on better prevention and early intervention.

We continue to work with the Community Safety Partnership to develop training around Modern Slavery and exploitation as well as regular awareness campaigns.

5.3. Priority 3 – Adopting a Think Family Approach

There is no specific subgroup for this priority however it is a theme that runs throughout our workplans and priorities as previously indicated.

We have identified specific themes or opportunities where we feel a more enhanced safeguarding response would be developed if delivered in a think family approach. For example, mental health awareness training and understanding of legislation is something that we deliver across the life course because of the significance this can have within safeguarding a family.

As previously mentioned, we have also adopted an all age exploitation screening tool and hoarding tool kit which is also life course.

5.4. Additional work in support of the DSPP:

- We recognise that there are a high number of referrals received into the MASH in Dudley and further work was done to understand why this was the case. A high proportion of concerns received into Adult MASH from professionals relate to care management concerns and are signposted to other areas of adult social care. We have provided multi agency training to assist professionals to understand more about adult social care, how to refer and when a concern should go to MASH. Our next annual report will discuss whether this has had any impact and ensured that people who need support are referred to the most appropriate resource to help them.

- As a Partnership we recognise, there is limited co-production. We are now working with co production in mind which will ensure the voice of the person is heard throughout all practice as well as emphasising that making safeguarding personal is integral. We hope to be able to provide examples of how this has worked in practice in our next report.
- We know that there have been an increase in Domestic Abuse Related Death Reviews (DARDR) in Dudley and this has been attributed to the change in legislation to record suicide notifications with a domestic related incident. We have ensured that themes and learning from DARDR's are shared in sub group work as well as overseen by the Executive group, with themes cross referenced with SARs (Safeguarding Adult Reviews).
- Designated Safeguarding Professionals within the ICB continue to support the learning from the lives and deaths of people with a learning disability and autistic people (LeDer) programme. There are arrangements within Dudley to ensure that LEDER reviews are discussed and learning is identified
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6. Deprivation of Liberty Safeguards (DoLS) –

The Deprivation of Liberty Safeguards (DoLS) provide a number of legal protections and aim to make sure that people in care homes and hospitals are supported to live the best life they can while ensuring any restrictions in place, to ensure their safety, does not inappropriately restrict their freedom. Deprivation of Liberty in the Community (CDoL) requires an application to the Court of Protection and is a protection for people over 16 who are in supported living, extra care housing or in their own homes.

National and regional data demonstrates there continues to be an increase in the Deprivation of Liberty Safeguards (DOLS) applications with a national increase of 11% and a regional increase of 17.5% . This increase is reflected in Dudley and although assessments completed have also increased due to the growing backlog the time estimated to complete the “not completed” based on current performance and resources continues to be high.

	Received	Completed	Not completed	Time to complete.
2022/23	690	505	540	13 months
2023/24	1,055	925	660	9 months

Reducing the waiting lists for DoLS Assessments is part of the Development plan for Adult Social Care with key performance indicators. Adult Social Care continue to work with our regional and national colleagues to explore innovations and

benchmark good practice to ensure we utilise the most efficient operating model within the restricted resource framework. The DoLS infrastructure has been increased with 2 full time equivalent permanent DoLS assessors, increased use of internal rotas and remote and equivalent assessments utilised when proportionate to do so.

7. How do we listen?

Healthwatch

We firmly believe that services are stronger when they are influenced by people who access them. Healthwatch assist the Partnership to identify and encourage the creation of opportunities for people with experience of safeguarding and people who do not, to inform the work of the Board.

Healthwatch Dudley provide a signposting service to help people make more informed choices and to access additional services for help and support. They work with the Partnership to ensure their views and opinions are taken into consideration for learning going forward.

Completed GP access report

1000 people across Dudley shared their experiences of accessing GP services. We published their views in a report that has been widely shared and well received. Stakeholders across the Dudley borough want to use the insights from the report to make meaningful change to primary care services. As part of our work, we visited six GP practices and made recommendations. All six practices have made changes following our visit to improve accessibility. This piece of work has led to change on both local and wider levels.

Patient trolley & engagement with Russells Hall Hospital

We maintain a strong relationship with the patient experience team at Russells Hall Hospital and take part in engagement at the hospital. This year we have heard from 139 people through the ward visits with the Patient trolley and attending the Health Hub. We listen to the experiences of patients and can also signpost them to additional support out of the hospital.

Feedback from patients informs our priorities and we take information to leaders at the hospital.

Enter and View visits

We have conducted 7 Enter & View visits this year. All Healthwatch have powers of Enter & View, which allows conversations to take place with people in health and care settings. Individual reports were provided and commitments to change based on recommendations have been received from all visits.

Commitments to Quality Partnership

We are working in collaboration with the Quality Partnership and have committed to conducting quarterly Enter & View visits within care and nursing homes. One informal visit was conducted to form a scoping exercise and another full report is with a home awaiting comment

8. Learning from Reviews

The purpose of a Safeguarding Adult Review is not to re-investigate or apportion blame but to establish whether lessons can be learnt from the circumstances of a case that may improve practice or the way in which agencies and professionals work together to safeguard vulnerable adults.

Legislation requires Dudley Safeguarding Adult Board (DSAB) to arrange a safeguarding adult review when:

- An adult in the area dies as a result of abuse or neglect, whether known or suspected and,
- There is concern that partner agencies could have worked more effectively to protect the person at risk.
- The DSAB must also arrange a safeguarding adult review when an adult in its area has not died, but the DSAB knows or suspects that the adult has experienced serious abuse or neglect.

The focus of Safeguarding Adult Reviews, in line with both multi-agency policy and national guidance is to:

- Learn from past experiences and the specific event examined.
- Improve future practice and outcomes by acting on learning identified by the review.
- Improve multi-agency working and compliance with any other multi-agency or single agency procedures, including regulated care services.

Not all incidents that are reviewed will meet the definition of a SAR but may still raise issues of importance. This might include cases where there has been good practice, poor practice or where there have been 'near misses'. In these circumstances the Partnership will decide whether to conduct a Practice Learning Review or case audit to ensure that learning is captured and shared with the workforce.

Activity during this Period

Dudley Safeguarding People Partnership received ten referrals between April 2023 and March 2024. These were considered against SAR criteria with the following outcomes:

- One progressed to rapid review where a formal Safeguarding Adults Review with an independent reviewer was agreed
- One progressed to rapid review where it was agreed SAR criteria was not met but a single agency review should be completed
- One was passed to Dudley Community Safety Partnership for consideration of a Domestic Homicide Review

- Multi-agency questionnaires were sent to partners for two referrals that did not meet SAR criteria, to ensure all learning was identified
- Two referrals were returned to the sender for either single agency investigation or more information and sign off by a Safeguarding Lead
- Three referrals did not meet criteria due to there being no multi-agency involvement

Characteristics of the referral subjects:

- Gender – 8 males and 2 females
- Ethnicity – 8 White British and 2 unknown/not recorded
- All 10 referrals were submitted following the death of the adult
- Age – the youngest was 42 and the oldest was 94
 - 18-24: 0
 - 25-34: 0
 - 35-44: 1
 - 45-54: 3
 - 55-64: 3
 - 65 and over: 3

Dudley Safeguarding People Partnership published one review during the reporting period.

SAR Helen – Published 23.05.2023

Helen was a white British woman in her 50's. She had experiences of trauma during childhood, a long standing complex mental health history and clinical diagnosis of Emotionally Unstable Personality Disorder and Mental and Behavioural Disorder. Reports of deliberate self-harm through overdose and the display of risky behaviours were a regular feature in her adult life. These were reflected on occasions where she would walk or lay in the road and express suicidal ideations often described by agencies as impulsive acts influenced when intoxicated by alcohol.

The review identified several areas of good practice, including agencies trying to seek support for Helen's alcohol issues, referrals to seek support for financial concerns and actions taken in relation to Helen being a frequent absconder from hospital.

The following multi-agency learning was identified:

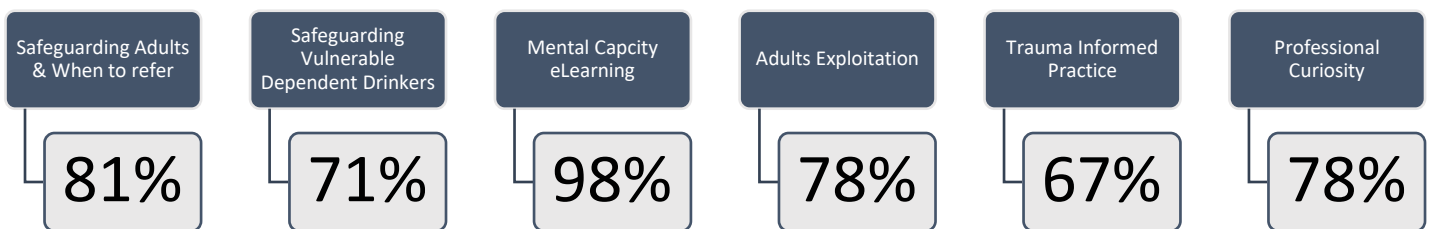
- The Covid19 pandemic impacted on the support some agencies were able to provide and may have impacted upon agencies ability to manage perceived risks presented.
- Risk management – a joint multi-agency response plan is beneficial in managing the risks presented.
- An appointed care coordinator is valuable to coordinate the care required in managing individuals presenting with complex issues.
- Recognition that practitioners assessing mental capacity of individuals who may lack executive functioning are faced with several challenges that make determination of capacity more challenging. This can have significant implications because failing to carry out a sufficiently thorough capacity assessment can expose a vulnerable person to substantial risk.

- A lack of professional curiosity to follow up disclosures of assault/sexual assault made while intoxicated at a later time when the individual may be sober.
- Considering the cumulative risk posed by complex, high risk cases during a multi-agency risk management meeting.

Learning Shared

Learning highlighted from review work undertaken in this period was disseminated across the partnership during monthly thematic learning briefings for the following topics: Mental Capacity Act, Making Safeguarding Personal, Neglect/Self-Neglect and Trauma Informed Practice.

Following learning identified in SAR Helen, the partnership are reviewing the Multi-Agency Risk Management Protocol, this will be disseminated across the partnership to promote the benefit of holding multi-agency meetings and develop risk management plans in response to cumulative risk posed by complex and high risk cases.



9. Multi-agency training and its impact

We have a robust training offer that reflects our priorities and emerging issues within the Dudley Borough. This is periodically reviewed and is not a substitute for single agency safeguarding training

9.2 Training Data:

45 total training events (both adults and children courses) were delivered through the DSPP between 1st April 2023 and 31st March 2024.

Attendees reported improved knowledge following courses which will improve their practice:

Safeguarding Adults and When to Refer to ASC

It has reconfirmed when to raise a safeguarding referral and what relevant information to collect and include on the referral.

Now know that there is not always a need for an adult safeguarding referral. It may be that there is a more appropriate referral/signpost for support than a referral to adult safeguarding.

Trauma Informed Practice

I feel it has enhanced the knowledge that I had and has made me more confident

This training has helped me to understand how childhood trauma and adverse experiences can shape a young person. It has given me insight into how trauma can present itself as physical, emotional and mental health symptoms. For example how lack of secure attachments due to moving to various care settings can leave a young person wary of adults.

Professional Curiosity

It has given me a greater confidence in actioning my concerns and where to action them.

It has helped me to understand the importance of professional curiosity with my cases.

Thematic Learning Dissemination from Case Reviews

The thematic learning dissemination commenced from 1st April 2023, giving an opportunity for staff and partner organisations in Dudley to be made aware of the key learning from our quality assurance activity and case reviews along with offering information in relation to this learning.

- April - Alcohol Misuse and Dependency
- May - Child Neglect
- June - Mental Capacity and Making Safeguarding Personal
- July – Non Accidental Injuries in Children
- September – Trauma Informed Practice
- October – Exploitation
- November – Our Roles in Safeguarding
- December – Impact Survey
- January – Impact Survey – 24 responses
- February – Launched the Adult Neglect Strategy
- March – Launched the Hoarding Toolkit

IMPACT Survey Responses

- 92% Respondents found the information useful and used the information in practice
- 71% used the information to book onto training
- 71% confirmed they have a better awareness of how Graded Care Profile2 can help with working with families and improve outcomes for children who are at risk of or experiencing neglect
- 83% confirmed they now have a better understanding of undertaking Mental Capacity Assessments
- 83% confirmed increased awareness of what to do if there are concerns about non-accidental injuries
- 92% confirmed increased awareness of the indicators of exploitation for children and adults
- 71% are better aware of the DSPP Professional Challenge and Resolution process

- 71% are better aware of the process for PIPOT and / or Management of Allegations
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Trauma Informed Conference

The Dudley Safeguarding People Partnership held its annual conference in October with the theme of Trauma Informed Practice. This theme was chosen as it has been highlighted in a number of Dudley Children's and Adults Case Reviews.

Feedback included:

- *“The hoarding talk will inform practice”*
- *“will apply this in my role immediately”*
- *“It will help us understand some of the complexities around safeguarding as a team.”*
- *“To have a better understanding and awareness in the issues raised. To be able to reflect and apply learning when required during visits with service users.”*
- *“To remind myself of how their trauma has led them to how they are today, and that understanding this trauma and how it has manifested provides a better therapeutic approach.”*
- *“Relevant to current review of hoarding framework. This is a theme from learning following a recent child death.”*
- *“I have shared it with my team, ensuring that they are supported to take breaks and talk about their work loads”*

National Adults Safeguarding Week – 20 – 24th November

National Safeguarding Adults Week is an opportunity for organisations to come together to raise awareness of important safeguarding issues. The aim is to start vital conversations and share best practice, so we can all be better together. During the week, DSPP promoted and shared themes from Ann Craft Trust:

10. Voice of the adult

The DSPP does not have a single mechanism, currently, for recording the voice of the adult. Instead, the Partnership seek assurances from partners that adults are at the heart of everything they do and that they actively engage with them. We have seen excellent examples of partnership engagement with people who access services.

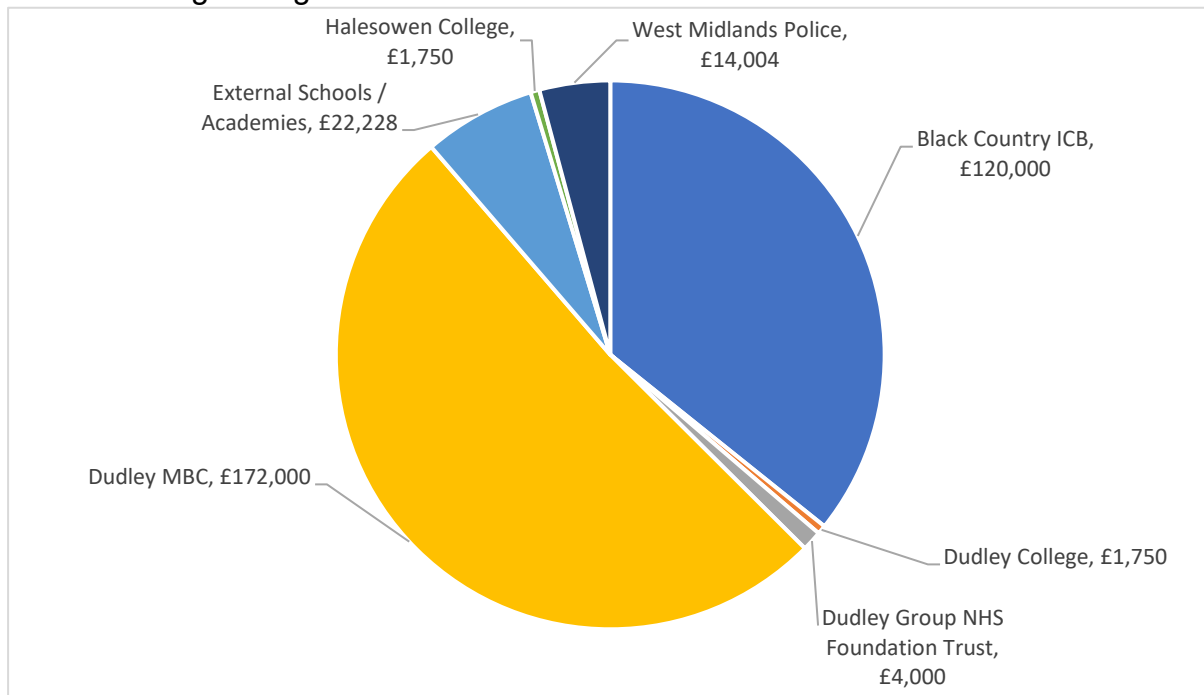
11. Our priorities for 2024-2025

The priorities for the forthcoming year reflect our new priorities whilst recognising that neglect and think family are still integral to our work. We will continue to focus on Making Safeguarding Personal. In the next twelve months we will also focus on the following:

1. Develop robust transitional arrangements for 16-18 years who are at risk of exploitation including a transitional safeguarding policy and pathway.
2. Work towards an all age exploitation policy
3. Hold an Annual Conference with the theme of transitional safeguarding
4. Fully understand the impact of mental health in the Borough and where partners can support and enhance the current offer to safeguarding people.

Appendix 1

DSPP funding arrangements 2023-2024



Appendix 2

Case study 1

Identifiable patient information has been removed and some of the details of this case have been altered to protect confidentiality

B is a 28-year-old female. She has care and support needs, and she mobilises with a wheelchair.

The safeguarding team received an advice call from Radiology with concerns that B had attended with multiple fractures. Her notes indicated that she may have epilepsy and there was potential misuse of alcohol. The department had noted from B's medical records that previous domestic abuse concerns had been recorded.

Staff were advised to raise a safeguarding concern. The safeguarding team subsequently received and completed a lateral check from Adult Social Care (ASC) MASH in response to the referral. ASC closed the referral as it did not meet the threshold for further action/investigation.

Another lateral check was completed by the safeguarding team 3 months later due to concerns having been raised by community nursing staff that B's partner had been observed as controlling and derogatory towards AB, with a high level of monitoring of her activities within the home.

B's multiple attendances at ED were heard at the Trust High Intensity Service User meeting. B had attended RHH ED approximately 70 times in the previous 4 years. Many of these attendances have been due to falls with many of these falls resulting in fractures, history given was potential mechanical fall / possible epilepsy or alcohol related seizures. Other attendances were due to generalised symptoms such as abdominal pain and chest pain. A minority of attendances were due to poor mental health and self-harm. The named nurse for safeguarding shared at the meeting that there have been concerns raised regarding domestic abuse.

Following the meeting Integrated Plus who provide the Trust with a High Intensity User Service, conducted a home visit. The workers were concerned following the visit as they observed controlling behaviour by AB's partner and he was found to be monitoring B's activity within the home. A safeguarding referral was made, and information of concerns shared with the Trust Independent Domestic Violence Advocate (IDVA).

B had a health appointment without her partner; therefore arrangements were made for the Black Country Women's Aid Disability IDVA to meet B at this appointment. The IDVA talked to B about her experiences with her partner and discussed options available to her. B was also given the contact number for the IDVA.

This case study demonstrates the strength of multi-agency information sharing and partnership working to support a victim of domestic abuse. Initial concerns identified by Radiology, highlights the importance of professional curiosity and reviewing patients' historical information to build a picture of their experience and identify safeguarding concern

Case Study 2

Case Study: Improving Dental Care Access for a Care Home Resident

Background:

A concerned caller reached out to Healthwatch Dudley seeking assistance for her sister, a care home resident with dementia, who had lost her dentures in March 2023. The care home had been unable to arrange a dentist visit despite multiple attempts.

Safeguarding:

An internal safeguarding flag was raised due to the delayed access to dental care for this vulnerable resident, which had led to discomfort, pain and the inability to eat properly.

Engagement:

- Health Watch Dudley (HWD) contacted various organisations, including the NHS Dental Helpline and General Dental Council, to find special care dentists. The search found limited results, so we escalated the issue to the Black Country Integrated Care Board (ICB).
- The caller provided detailed background information, highlighting the repeated failed attempts to arrange a dentist visit. HWD maintained regular communication with the caller, updating her on the progress and actions taken.
- Efforts included contacting the dental practice, where initial attempts were unsuccessful. Persistent follow-ups with the care home manager and relevant contacts at ICB were made to secure a visit from a domiciliary dentist.
- Through collaboration with ICB and dental service providers, a visit from a domiciliary dentist was arranged. The dentist determined that the existing dentures were unsuitable due to gum shrinkage and initiated the process for new dentures.

Outcome and Impact:

- Subsequent meetings with the ICB Commissioner and dental service representatives addressed systemic challenges in providing domiciliary dental care. These discussions aimed at improving future care pathways and ensuring timely dental services for care home residents.
- HWD's involvement secured immediate dental care for the resident and highlighted system gaps. These efforts resolved the concern but also led to broader conversations, creating opportunities for better dental care access for care home residents.