Kent and Medway Safeguarding Vulnerable Adults Committee

Annual Report

April 2007 – March 2008
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5.5 Prior to the delivery of the 'No Secrets' guidance Medway worked closely with KCC to develop the first set of policies, procedures and protocols for both Kent and Medway. This first set of documents established the fundamental policies and principles in safeguarding across Kent and Medway and these are still evident in the current joint policies and procedures that Kent and Medway have today. 23

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Foreword

It is my pleasure to introduce the 2007-2008 annual report on behalf of the Kent and Medway Safeguarding Executive Board and the Committee.

Kent and Medway have well established policies and protocols for safeguarding vulnerable adults which have been developed and implemented through multi agency safeguarding vulnerable adults committee and supporting structures.

The Board is committed to do everything in its power to support vulnerable people or people who find themselves in vulnerable situations to ensure their safety, independence and promote their wellbeing.

This annual report for 2007/08 includes contributions from Kent Police, the NHS and Medway as well as Kent and Medway Adult Social Services. This will enable the boards of the commissioning agencies to take a single report on performance during the year and to identify issues that have arisen.

The Executive Board and the committee has overseen a number of changes in the course of the year which will stand it in good stead to confidently face the challenges that lie ahead.

The Committee has welcomed the high profile given to safeguarding vulnerable adults during 2008. The review of ‘No Secrets’, the publication of the findings from the first tranche of CSCI Independence, Wellbeing and Choice inspections of safeguarding, the preparation for the new care Quality Commission when it takes functions currently carried out by the Commission for Social Care Inspection, the Healthcare Commission and the Mental Health Act Commission and preparations for the implementation of the Deprivation of Liberty Safeguards in April 2009. Putting People First set out the joint vision for adult social care which has required a wide
ranging debate on the relationships between personalisation and safeguarding vulnerable adults.

This report looks back as well a drawing out priorities which will form the basis for a three-year multi agency strategy from 2009/10 to 2011/12.

I commend this annual report to all interested groups and I look forward to the response to this report from people living in the Kent County Council and Medway Council areas.

Oliver Mills
Managing Director, Kent Adult Social Services
Chair, Kent and Medway Safeguarding Executive Board and the Committee.
Executive Summary

The Kent and Medway Safeguarding Executive Board oversees the work of the Safeguarding Vulnerable Adults Committee (SGVAC). The Managing Director of Kent Adult Social Services (KASS) chairs the Board and Committee. Medway Council's Assistant Director of Social Care is the Vice of the Committee. Completing the membership of the Board are the Chief Executives of the three Primary Care Trust's or their nominated deputy and an Assistant Chief Constable or a designated deputy.

This annual report summarises the safeguarding activities for the period April 2007 to March 2008. The report provides safeguarding activities that detail the number of alerts raised; the source of the alert; a break down to the alerts by age; gender; ethnicity; client group; the types of abuse; residential care analysis; involvement and the relationship of the abuser to the vulnerable adults. It also highlights how each of the main partner organisations has dealt with safeguarding issues in the Statement from Key Partners section of the report.

The Service User and Carers Forums continued to be well attended, with people coming from all over geographic Kent with regular groups from many parts of Kent attending the meetings.

Training to enable staff in all agencies to undertake safeguarding actions in accordance with the multi-agency policy and protocols is a priority for the Kent and Medway SGVAC. The demand for multi-agency training has increased over the years and in response to this additional resource is to be made available to meet the rising demand.

The issues of safeguarding vulnerable adults are well established and supported within Kent County Council. Safeguarding adults issues are also integrated within the County's community safety arrangements.

There have been some good results from adult abuse investigation in 2008. In a case from West Kent, an elderly female aged 86 and suffering from dementia, was
defrauded of £56,000 by a male who had done some work and taken advantage of her confusion. By enabling a live link to her home address, the victim was able to give evidence direct to the court, providing sufficient evidence to convict and lead to a sentence of three and a half years.

During 2007/8 there were 1804 Adult Protection (AP) alerts recorded in Kent (including Medway). This represents an increase of 146 (8.8%) on the 1658 AP alerts recorded in the previous year, 2006/7. A breakdown of these figures can be found in the full report.

Social services had some involvement in nearly three quarters of cases investigated (73.4%), with the police involved in over half of all cases (56.3%) and health colleagues involved in over a third of all cases (36.9%).

The Safeguarding Executive Board has approved a three-year strategy, which takes account of a wide range of national and local drivers for change. The three year strategy recognises that safeguarding is everyone’s business and that a multi-agency approach, together with the engagement of service users, family carers and the general public, is vital if we are to tackle abuse effectively.

In 2007 the Government announced a review of the ‘No Secrets’ guidance and in October 2008 it published the document for consultation. The consultation ends on 31st January 2009 with the outcome of the review not expected until late 2009. The Kent and Medway SGVAC help a consultation event on 7th January 2009 for up to 200 representatives. The views of stakeholders will inform the multi agency response to the consultation.

The SGVAC will be reviewing the findings of the annual report to draw up an action plan to address key issues contained in this report with a view of improving outcomes and services.

Throughout the report unless stated otherwise. ‘Kent’ is taken to include Medway.
1. **Introduction**

1.1 The Kent and Medway Safeguarding Executive Board is chaired by the Managing Director of Kent Adult Social Services (KASS). Completing the membership of the Board are the Chief Executives of the three Primary Care Trust’s or their nominated deputy and an Assistant Chief Constable or a designated deputy. The Board oversees the work of the Kent and Medway Safeguarding Vulnerable Adults Committee (SGVAC). The structure for safeguarding arrangements in Kent and Medway are shown at Appendix 1. Throughout the report unless stated otherwise. ‘Kent’ is taken to include Medway.

1.2 The Managing Director of Kent Adult Social Services also chairs the SGVAC. Medway Council’s Assistant Director for Social Care is the Vice chair. Its membership is drawn from senior managers for all the lead agencies and services. The purpose of the SGVAC is to ensure effective communication amongst all agencies and services, to make recommendations to the Board and to receive reports from the sub-groups that support its work. The work of the Committee is currently co-ordinated by KASS in partnership with the NHS, Police and voluntary sector partners.

1.3 Kent and Medway SGVAC first published its multi agency policy protocols and guidance in August 2000. This was fully revised in May 2005 and has since been reviewed by the policy and protocol sub group of the Kent and Medway SGVAC on a six monthly basis with the updated version of the main documents and amendments published on the Committee’s website [www.kent.gov.uk/adultprotectioncommittee](http://www.kent.gov.uk/adultprotectioncommittee)

1.4 This annual report summarises the safeguarding activities for the period April 2007 to March 2008. The report provides safeguarding activities that detail the number of alerts raised; the source of the alerta; a break down of the alerts by age; gender; ethnicity; client group; the types of abuse; care home analysis; involvement and the relationship of the abuser to the vulnerable
adults. It also highlights how each of the main partner organisations has dealt with safeguarding issues in the Statement from Key Partners section of the report.

The Nature of Abuse

1.5 Abuse of a vulnerable adult may consist of a single act or repeated acts. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot, consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the individual.

Definition of a Vulnerable Adult

1.6 An adult (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 who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. (Definition from 'No Secrets’ March 2000 Department of Health).

1.7 This could include people with learning disabilities, mental health problems, older people and people with a physical disability or impairment. It may also include an individual who may be vulnerable as a consequence of their role as a carer in relation to any of the above. Their need for additional support to protect themselves may be increased when complicated by additional factors, such as domestic violence, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, poverty or homelessness. More information about what constitutes abuse can be found in Appendix 2.
2. **National Context**

2.1 The main aim of the national safeguarding agenda is to prevent the abuse of vulnerable adults by raising the awareness of the public and professionals’ of what constitutes abuse through publicity (leaflets and the website), events, education and training. By raising the general awareness of adult abuse we have seen the numbers of abuse alerts rise in Kent and Medway from 398 in 1999 to 1804 in 2007/08.

2.2 The policy landscape has also changed with the enactment of key pieces of legislation, all playing their contribution in respect of safeguarding the interest of vulnerable members of the community.

2.3 The drive to ensure that all older people are treated with dignity and respect at all times, adds to the Government’s intention to drive up standards through the ‘Dignity in Care Campaign’. The ‘Dignity Challenge’, requires commissioners and providers to adhere to the 10 principles of Dignity in Care; the first of which is a ‘zero tolerance of all forms of abuse’.

2.4 The landmark ‘Putting People First – A shared vision and commitment to the transformation of Adult Social Care’ (2007) concordat also frames the Government’s commitment to independent living and promotion of wellbeing for all adults.

2.5 The implementation of the main aspects of the MCA from April 2007 and the establishment of new Court of Protection and Office of the Public Guardian in October 2007 has significant implications for the safeguarding agenda.

2.6 The MCA provides the basis to instruct an IMCA to assist in decision making within the adult protection processes. The provision of the new Court of Protection has provided a simpler legal route to address complex adult protection cases for people who appear to be victims of abuse and where the current powers of the police and local authority are insufficient.
The Safeguarding Vulnerable Groups Act 2006

2.7 The Safeguarding Vulnerable Groups Act 2006 will be implemented in October 2009. This provides a legal framework for the new Independent Safeguarding Authority (ISA) and its scheme. It has been developed in response to recommendation 19 of the Bichard Inquiry Report following the Soham murders.

Independent Safeguarding Authority

2.8 The Independent Safeguarding Authority's vetting and barring scheme will go live on 12 October 2009. The ISA will provide a positive vetting system for up to 11 million people working or volunteering with children and or vulnerable adults. All workers or volunteers engaged in regulated or controlled activities will be registered with the ISA over an estimated 5-year period. This registration will cost £64 and will include Criminal Records Bureau (CRB) and checks with the various barring lists, which will be incorporated into the ISA process.

2.9 Registration will confirm that there is no known reason why an individual should not work with these clients. It provides a series of criminal offences to enforce the scheme. It integrates the current lists of those barred from working with children or vulnerable adults. It also places a duty on a wide range of agencies and services to report people who abuse or pose a risk of abuse to the scheme this includes local authorities.

Corporate Manslaughter and Corporate Homicide Act 2007

2.10 This Act has been introduced to address the difficulties posed by previous legislation in bringing to justice organisations for failing to protect their employees, service users and the public. This is primarily because of the virtual impossibility of identifying a ‘directing mind’ especially in large organisations including healthcare organisations. This Act appears to have
significant implications for all agencies and services and in particular to cases where failures of any service result in preventable deaths.

**Fraud Act 2006**

2.11 The Fraud Act 2006 came into effect on 15th January 2007 and it repealed all of the deception offences in the Theft Acts of 1968 and 1978. Section 4 of the new Act it provides powers to bring to justice people who commit fraud by abuse of their position or who fail to prevent fraud occurring.

**'No Secrets' Review Consultation**

2.12 The Government announced a review of the ‘No Secrets’ guidance in 2007, and in October 2008 it published the consultation document. There is wide ranging support from most agencies currently engaged in safeguarding work for the need to place safeguarding adults work on the same statutory footing as child protection. The consultation ends on 31st January 2009 with the outcome of the review not expected until late 2009. The Kent and Medway SGVAC held a consultation event on 7th January 2009 for up to 200 representatives. The views of stakeholders will inform the multi agency submission to the consultation.
3. **Local Context**

3.1 Councils with adult social services responsibilities have the lead role in ensuring that there are appropriate responses to alerts by working with partner agencies and services. The SGVAC operational group, a sub group of the SGVAC supports this work. Kent and Medway’s multi agency training strategy has been central to ensuring that staff and managers from the lead agencies train together facilitating more effective joint working.

3.2 This ensures that connections are made with wider aspects of the community safety agenda issues raised by the community safety partnership including hate crime, domestic violence, public protection and safeguarding children.

**Principles and Values underpinning Safeguarding Adults work in Kent and Medway**

3.3 The work of the Executive Board and the SGVAC is underpinned by the following principles and values:

- It is every adult’s right to live free from abuse in accordance with the principles of respect, dignity, autonomy, privacy and equity.

- All agencies and services should ensure that their own policies and procedures make it clear that they have a zero tolerance of abuse.

- Priority will be given to the prevention of abuse by raising the awareness of adult protection issues and by fostering a culture of good practice through support and care provision, commissioning and contracting.

- Vulnerable adults who are susceptible or subjected to abuse or mistreatment will receive the highest priority for assessment and support services. All agencies will respond to adult protection concerns with prompt, timely and appropriate action in line with agreed protocols.

- These principles are applicable to all adults whether living in a domestic setting, care home, social services or health setting or any community setting.

- Protection of vulnerable adults is a multi-agency responsibility and all agencies and services should actively work together to address the abuse of vulnerable adults.
• Interventions should be based on the concept of empowerment and participation of the vulnerable individual.

• These principles should constitute an integral part of the philosophy and working practices of all agencies involved with vulnerable adults and should not be seen in isolation.

• It is the responsibility of all agencies to take steps to ensure that vulnerable adults are discharged from their care to a safe and appropriate setting.

• The need to provide support for the carers must be taken into account when planning services for vulnerable adults and a carer’s assessment should be offered.

• These principles are based upon a commitment to equal opportunities and practice in respect of race, culture, religion, disability, gender, age or sexual orientation.

Data Monitoring

3.4 Two districts in Kent were part of a national pilot to establish the level of information that will need to be collected by all authorities in relation to the abuse of vulnerable adults. The Safeguarding Policy Manager for KASS was on the national working group. The Department of Health (DH) is expected to make its decision about the process for reporting. It is not know whether this will be made mandatory. It is likely that even if the reporting is not made mandatory the regulatory authorities are likely to require councils to provide the information.

Safeguarding Adults Customer Forum

3.5 The Forum continued to be well attended, with service users coming from all over geographic Kent with regular groups from Medway, Gravesesham and Folkestone, which attended the meetings. The meeting format has matured over the years, and now usually has two speakers, each followed by a question and answer session.

3.6 This year speakers have been from the Crown Prosecution Service, which explained court and legal procedures. The Probation Service also attended
and discussed the methods used to modify the behaviour of their clients. A representative of the Invicta Mental Health Advocacy Group explained the role of the independent mental capacity advocate (IMCA) One of the members of the forum introduced the Expert Patient Program, all of which generated a number of questions from service users relating the information to their own personal experiences.

3.7 Members of the Forum were invited to join the working group, which assisted with revising the training packages.

3.8 A valuable aspect of the Forum is that representatives, who have attended the Safeguarding Vulnerable Adults Committee over the past years, have gained confidence to raise service user issues with positive impact. For instance the difficulty experienced by wheelchair users in reaching Post Office (PO) pin number machines resulted in a letter to the P.O from the Committee, and several inputs from service users have been taken up for action by individual members of the Committee.

Safeguarding Adults Carers Forum

3.9 The forum meets twice a year, in April and October. This year's meetings focussed on Independent Mental Capacity Advocate (IMCA) service, the role of the Local Involvement Networks (LINKS) and the Patient Advisory and Liaison Service (PALS), as well as a presentation on abuse of vulnerable adults.

“Earlier this year, there was some talk about whether the forums should continue, as attendance was declining. I would be very disappointed if this were ever to happen. The forums were a great emotional support to me during my years of caring and now keep me better informed about how I can be a support to current carers.”

Comment from a carer
“This year I was invited to attend meetings of the SGVAC as a representative of carers. Initially, I felt intimidated by the expertise of all the professionals who attended.”

“However, I soon came to realise that the meetings provided an excellent opportunity to raise awareness of the views and concerns of service users and carers. Issues covered this year that have particularly interested me included Dignity Champions, updates on training, Quality Assurance monitoring in residential and nursing homes and Self Directed Support.”

Comment from a carer

Mental Capacity Act 2005 and the Independent Mental Capacity Advocate

3.10 The implementation of requirements of the Mental Capacity Act 2005 (MCA) was overseen by the Local Implementation Networks (LINs) within Kent County Council (KCC) and Medway Council respectively between September 2006 and October 2008. The two LINs worked in partnership. Training on a multi-agency level continues to be rolled out, initially on a basic awareness level for all staff and since February 2008, at a more in-depth Stage 2 level for managers and supervisors.

3.11 The Kent and Medway IMCA service, commissioned by the local authorities, continued to grow. In addition to their pure IMCA role, the service was extended to include adult protection cases and care reviews on a discretionary basis.

3.12 The two LIN’s have joined together to form the Kent and Medway LIN and are in the process supporting the implementation of the Deprivation of Liberty Safeguards.
4. **Training**

Training Approach

4.1 Training to enable staff in all agencies to undertake safeguarding actions in accordance with the multi-agency policy and protocols is a priority for the Kent and Medway SGVAC.

4.2 The training sub-group of the SGVAC is comprised of representatives of all the stakeholder agencies. Its terms of reference are “to identify, develop and maintain adult protection training programmes for both the statutory and private and voluntary sector.” It meets quarterly to monitor the existing provision and plan future developments.

4.3 The current strategy is that each agency takes responsibility for the delivery of awareness training to all staff. Awareness training is mandatory in the majority of stakeholder agencies. Training for the private and voluntary sectors is available through the Training 4 Care contract managed by South Kent College and Medway College of Social Care to deliver courses on safeguarding. In 2007/08 the two colleges delivered awareness training to 580 staff and managers from the sectors. All other training is provided by the training consultant in collaboration with senior/experienced practitioners, specialist trainers within partner agencies, and academics with a proven track record of research interest in this topic.

4.4 Work has been completed in partnership with an e-learning provider to create a Safeguarding Vulnerable Adults Awareness e-learning package. This is being made available for use by all stakeholder agencies, the private and voluntary sector and Higher Education Institutes within the county.
Training Provision

4.5 The current training programme is differentiated into 6 levels and delivered to a multi-agency delegate group. Full details can be found at Appendix 3. These levels of training reflect the roles and responsibilities of staff under the multi-agency policy, protocols and procedures. First, the framework for the programme design was to design core training structure based on common tasks as reflected in multi-agency policy, protocols and guidance. Second, maximise relevance and relate training to the role of staff, and third, maximise coherence by adopting a sequential learning approach, building successively on existing knowledge and skills. It is designed to reflect core and complimentary knowledge and skills within the multi-agency context of safeguarding work.

4.6 Additionally, requiring candidates to adopt a progressive approach to completing the levels of training facilitates multi-agency learning enables a common level of knowledge and understanding to be gained as candidates progress through the programme. Flexibility is built into the programme, which enables staff to access levels of training according to their job role. For example it is recommended for managers to complete Levels 1, 2, 5 and 6.

Table 1: Multi-Agency Training Delivered in 2007-2008

<table>
<thead>
<tr>
<th>Levels</th>
<th>No. of Courses</th>
<th>No. of Staff Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train the Trainer (2 days)</td>
<td>7</td>
<td>123</td>
</tr>
<tr>
<td>Level 2 (2 days)</td>
<td>9</td>
<td>163</td>
</tr>
<tr>
<td>Level 3 (2 days)</td>
<td>4</td>
<td>80</td>
</tr>
<tr>
<td>Level 4 (5 days)</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td>Level 5 (2 days)</td>
<td>4</td>
<td>80</td>
</tr>
<tr>
<td>Level 6 (3 days)</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>Train the Trainer Recall (1 day)</td>
<td>2</td>
<td>70</td>
</tr>
<tr>
<td>TOTAL</td>
<td><strong>30</strong></td>
<td><strong>580</strong></td>
</tr>
</tbody>
</table>

Note: Each agency is responsible for delivering Level 1 Awareness Training
**Training Evaluation**

4.7 All course participants complete a course evaluation form, which enables their feedback to be captured. These comments are used to improve the training that is delivered.

4.8 Recommendations for changes to courses are made by the Training subgroup to the committee.

4.9 The training has consistently received positive evaluations as well as constructive criticism from course participants. A sample summary for one course is illustrated below in Table 2. Free text feedback for course participants is currently informing the training groups proposals for change to the training programme.

<table>
<thead>
<tr>
<th>Table 2: Level 3 - 8 Courses Delivered – May 2006 - March 2008</th>
</tr>
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<tbody>
<tr>
<td>Poor</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>Course Content</td>
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<td></td>
</tr>
<tr>
<td>Course Pace</td>
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<td></td>
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<tr>
<td>Course Length</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Trainer Level of Knowledge</td>
</tr>
<tr>
<td>Trainer Value of exercises</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Trainer Overall presentation</td>
</tr>
<tr>
<td>Trainer Overall course</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Total number of Attendees -109
4.10 Areas participants found most useful

- Joint working
- Questioning styles
- Interview models/techniques
- Planning investigation

4.11 General Comments

- Need an extra day because such interesting course
- Need elements of investigation, documentation and physical evidence
- Presenting evidence – how to?
- Need more time to practice skills and reflect
- Another day to practice interviews
- Need scenarios for acute setting

4.12 Part of the training group’s function is to ensure that minimum standards in relation to the delivery of basic awareness training by all agencies are met. A Quality Assurance Panel has been established in response to concerns about the variation in the use of the standardised awareness training pack. There is currently a voluntary process of scrutiny, which is rewarded by a certificate of attendance, which carries the SGVAC. Trainers whose training provision has been quality checked and endorsed by the Quality Assurance Panel use this.
5. **Statements from Key Partners**

**Kent County Council Cross-Directorate Working**

5.1 The issues for safeguarding vulnerable adults are well established and supported within KCC. Safeguarding adult issues are integrated within the County’s community safety arrangements. Trading Standards have long been welcome visitors to service users and carers forums and to the Committee. All community wardens receive adult protection training as part of their induction. There continued to be good working between adult and children’s services to manage risks identified especially where there is a possible risk to children or young people in transition. Information about the Multi Agency Public Protection Arrangements (MAPPA), which focuses on the management of high-risk offenders, and Multi Agency Risk Assessment Conference (MARAC) is in place. This provides a multi agency response to address support for high-risk victims of domestic abuse.

**Kent Adult Social Services (KASS) Policy Review**

5.2 The KASS safeguarding adults policy and standards manager works with all agencies and services to ensure that the multi agency policy, protocols and guidance is updated on a six monthly basis and is in line with any changes to legislation, guidance and practice. Regular audits are carried out to ensure compliance with policy and protocols. Serious Case Reviews (SCR) are coordinated by the policy manager who supports the independent chair of the SCR panel. SCR’s are commissioned in cases where a vulnerable adult died or was seriously harmed, or where systemic and institutional failures are identified and there were concerns about the outcome of the case or management of aspects by one or more agencies.

**Dedicated Staff**

5.3 KASS has established specialist posts of Adult Protection Co-ordinators (APC’s). There are currently eight APC’s in the two areas and there is
commitment to increase this number. Two of these will focus on safeguarding issues related to people with learning disabilities who will transfer from NHS services. The APC’s together with dedicated administrators support local KASS managers, practitioners and staff from other agencies and services, they co-ordinate complex casework, chair adult protection meetings, support investigatory /assessment processes with multi agency colleagues, providing expert advice to ensure that adult protection casework is managed effectively. The responsibility and accountability for adult protection casework remains with the district managers in KASS.

5.4 The APC’s run Practitioner Alliance against the abuse of Vulnerable Adults (PAVA) workshops across the county. These events involve practitioners locally from all agencies and services to help engage, inform and promote effective joint working to both prevent abuse and address it when it occurs. KASS delivered Level 1 (Awareness) training to 398 staff in 2007/8.

**Medway Council**

5.5 Prior to the delivery of the ‘No Secrets’ guidance Medway worked closely with KCC to develop the first set of policies, procedures and protocols for both Kent and Medway. This first set of documents established the fundamental policies and principles in safeguarding across Kent and Medway and these are still evident in the current joint policies and procedures that Kent and Medway have today.

**Partnership Working**

5.5 Medway Council has a seat on the Kent and Medway Safeguarding Vulnerable Adults Board and the vice chair of the Committee and continue to work in partnership with KCC and other partners in implementing the recommendations of ‘No Secrets’ (2000).

5.6 In February 2007, Medway Council appointed its first dedicated Safeguarding Adults Coordinator to further embed the standards into the organisation and
provide a focus to the statutory, private and voluntary sectors in their safeguarding work.

5.7 One of the first tasks of the Coordinator was to conduct a training needs analysis to ensure that there was clear workforce development plan. Medway Council and Medway Primary Care Trust became partners and began delivering awareness training (Level 1) to health and social care staff across both organisations. This was coordinated across both organisations and pooled resources in terms of administration, trainers, venues and the organisation/coordination of training.

Training

5.8 This delivery programme has resulted in just over 200 social care practitioners receiving multi-agency Level 1 awareness training across the two organisations in 2007/2008. In partnership with Medway Safeguarding Children’s Board we have also delivered children’s and adults safeguarding awareness training to our elected members.

5.9 Medway Council has also worked with the training consultant to extend the availability of the multi-agency Level 2 training, as this course appears to have one of the largest demands from our social care practitioners. The coordinator is also working closely with the training consultant to develop a competency framework in line with nationally approved occupational standards.

5.10 Local training group also includes representatives from Medway College of Social Care which serves the private and voluntary sector providers and delivers adult protection awareness training. The college has dedicated trainers who have received training through the Committee’s train the trainers programme and in 2007/2008 delivered training to 232 individuals, representing 41 organisations across Medway. Medway Council has also contributed to raising awareness to a varied health staff group in a conference run by Medway Maritime Hospital.
5.11 The Co-ordinator worked with local partnership boards and service provider forums in raising the awareness of adult safeguarding in disseminate lessons learnt from recent casework.

5.12 This has resulted in providers referring cases to social care much earlier, which in turn has reduced the risk of contaminating a potential criminal investigation.

Local Networks

5.13 Medway has also run two Practitioner Alliance against the abuse of Vulnerable Adults (PAVA) networking events, which has brought together a wide range of practitioners who are interested in developing their knowledge and expertise of safeguarding adults. The subject matters have included awareness of the role of trading standards, understanding the Fraud Act (2006) and the role of the public protection unit in safeguarding adults. The Council also held a special awareness event to coincide with International Elder Abuse Awareness Day in June 2008.

5.14 Staff across the council are finding it easier to deal with a more central point of access for information and advice. Staff can access supervision and advice through their line management but the coordinator also offers supervision, on the job training and advice for staff who are developing their safeguarding practice. Senior practitioners from the integrated health and social care teams are also supported by a more formal 6 weekly safeguarding forum, which forms part of their ongoing supervision in safeguarding adults.

5.15 Medway Council’s Safeguarding Adults Co-ordinator is also a member of the Consumer Support Network (CSN) hosted by Trading Standards. The CSN is a partnership of advice agencies that aims to improve consumer access to expert, accurate timely consumer advice. Members include Medway Council, Medway Citizens Advice Bureaux, Age Concern and Neighbourhood Watch. The network has given further rise to sharing good practice and is also
demonstrated by providing seamless referrals between Trading Standards and the Safeguarding Adults Coordinator.

5.16 The Co-ordinator has also been working in partnership with Medway Older People’s Partnership and one of our BME day centre providers in developing a model Adult Protection policy that can be adapted and used by social care providers. It provides a template that allows organisations to ensure that they have included relevant information and is also in line with the Multi agency Adult Protection Policy for Kent & Medway. This is still currently in the process of ratification with KCC and will be available next year.

5.17 There is a duty to ensure that the general public is aware of how to contact someone if they are concerned about a vulnerable adult. Within Medway around 12% of the referrals are from non professionals, so in order to improve public awareness about reporting, the coordinator has also been involved in two public consultation events, an older peoples strategy consultation and one was providing information to the public about community services.

5.18 The formation of a Medway Local Safeguarding Leads Forum in the summer, chaired by Medway Council’s Co-ordinator, also provides its members with an opportunity to further cement this partnership. The Forum enabled the Council to develop a local operational partnership and worked with the police, acute hospital and primary care trusts in developing a ‘virtual team’ that identifies and resolves local operational issues. This group complements the Kent & Medway Safeguarding Adults Operational Group.

Kent Police

5.19 Kent Police continues to see the number of cases of Adult Abuse increase. This is in line with an aging population and has been highlighted as a potential risk in their Threat and Risk Assessment undertaken by the Public Protection Unit. There is an increase in the numbers of people handing over the management of their affairs through the Office of Public Guardians. More and more vulnerable adults will be given the freedom to choose how and who
provides their care with less supervision from the local authority. All these factors have an effect on the levels of Adult abuse, especially regarding financial matters.

Working Together

5.20 Kent Police enjoy good working relationships with colleagues from all agencies. This year has seen the appointment of a new Adult Protection Coordinator following the retirement of the previous officer. Whilst it has taken some time to recruit a suitable candidate, the work conduct on each of the policing areas is testament to the close working relationship.

5.21 The Journal of Adult Protection has commissioned a paper on Kent as an example of good practice.

Successful Cases

5.22 There have been some good results from adult abuse investigation in 2008. In a case from West Kent, an elderly female aged 86 and suffering from dementia, was defrauded of £56,000 by a male who had done some work and taken advantage of her confusion. By enabling a live link to her home address, the victim was able to give evidence direct to the court, providing sufficient evidence to convict and lead to a sentence of three and a half years.

5.23 In a case of deception at Mid Kent, a female agency carer was convicted of fraud after she paid a cheque into her mortgage account. The cheque had been stolen from a vulnerable service user and the carer filled in the details and signed it in the name of the victim, whom she did not know. The victim was refunded the £4,000 by her bank. These cases are not the only examples but do serve to show the dedication all parties have in the Criminal Justice System in Kent.
Quarterly Assessments

5.24 There has been in place over the last 12 months a process of review and analysis of all the Public Protection functions in Kent Police. For Adult abuse this has provided information of repeat locations, offenders and types of offences. This information, once assessed, is allocated to either the coordinator or a specified officer from the area, for action to be carried out. This is also used within the framework of the focus groups, the first of which is due in December for Adult Abuse. The aim of the groups is to facilitate communication force wide, encouraging a corporate approach to both process and investigation. It is also designed to consult with each Business Command Unit (BCU), regarding future Home Office guidance and/or initiatives. This also allows for BCU good practise to be identified and included into Force Policy.

5.25 The Audit and Inspection (A&I) process identifies areas for improvements and BCU adherence to Policy. A recent AI resulted in a crime audit being commissioned in order to identify compliance.

5.26 Section 44 of the MCA relates to a new offence of ill treatment or wilful neglect of a person who lacks or is reasonably believed to lack capacity. Although there have been several occasions when cases have been tried, there is no current guidance or case law following a successful conviction. There are however current cases around the country that may help provide some of the answers in the near future.

NHS West Kent

5.27 NHS West Kent Safeguarding Vulnerable Adults (SGVA) team is committed to improving the PCT’s response to adult protection issues which arise within its area. The SGVA team covers all areas within the PCT and includes a dedicated post to support care homes within West Kent.
5.28 This year the team was involved in 52 adult protection cases, working with colleagues from all agencies and disciplines. This is an increase on previous years and is due to several influences:

- Closer contacts with Social Services and Police in all areas of the PCT
- More accurate recording of the SGVA team’s involvement in Adult Protection (AP) cases
- Continued professional development of SVA trainers and
- Mandatory AP training for all clinical staff, with programmes for induction, basic awareness and yearly updates. Non clinical statutory and mandatory training has also been introduced.

Commissioning

5.29 Both Acute Trusts within the PCT now have Safeguarding Vulnerable Adults Leads, establishing a contact point for all agencies when necessary. This streamlines the SGVA process for patient and relatives, improving interagency working and outcomes for all. The Kent and Medway Partnership Trust (KMPT) are currently reviewing the addition of a SGVA post within their organisation. South East Coast Ambulance Trust (SECAM) is committed to SGVA and contributes to policy development especially around mental capacity and ‘End of Life’ care.

Training

5.30 Training materials are quality assured by the Kent & Medway SVA Training (Quality Assurance) sub group and an e-learning programme is now available for staff. There has been a marked increase in numbers of staff receiving training during the last year with plans to develop the training programme further in the future.

5.31 The MCA also introduced more training and inter-agency working which has strengthened networks and plays an important role in the protection of vulnerable adults.
5.32 The Trust takes an active part within the Kent and Medway Executive Board and the SGVAC. It will contribute to the ‘No Secrets’ countywide consultation, building on the outcomes to develop a stronger, more flexible service across the NHS West Kent area.

5.33 Reporting processes within the PCT and outcomes of audit, both at Board and operational level will provide a solid foundation for service improvement and implementation of national and local legislation/guidance.

5.34 The PCT will continue to commit to the principles and values of the Kent and Medway safeguarding vulnerable adults policy, procedure and guidance and to support the development of a dynamic approach to Safeguarding.

**Medway PCT**

5.35 Due to an increased commitment in health to the safeguarding agenda, Medway PCT recruited into a Designated Lead for Safeguarding Vulnerable Adults who took up the post in May 2007. One of the key functions of the role being to increase awareness of PCT staff and the public of safeguarding vulnerable adult issues.

5.36 The PCT has in place robust safeguarding vulnerable adults training strategy. Multi-agency collaborative practice has been achieved by the establishment of a Local Leads Forum and the issue of a joint Newsletter with Medway Council.

5.37 As awareness of the safeguarding agenda has been raised the number of inquiries and alerts has increased requiring greater input for support, advice and input from the Lead for Safeguarding Vulnerable Adults. Funding had been identified to increase the Safeguarding Team to include a Safeguarding Vulnerable Adults Advisor and a Mental Capacity Advisor with additional secretarial support.

5.38 Medway PCT is represented on the Kent and Medway Safeguarding Executive Board, SGVAC and all its sub-groups.
NHS Eastern and Coastal Kent

5.39 The Team and SGVA agenda has been developed for a new organisation that itself is undergoing change. The SGVA nurses have risen to the challenge and embraced multi-agency working bringing with them a wealth of health expertise and applied their skills and knowledge to fulfil the safeguarding role in full collaboration with their partners.

5.40 The Team was involved locally with Practitioner and Provider forums. The Team further developed relationships locally with the Police and Social Services.

5.41 The Trust is looking forward to the year ahead to embed structures the new organisational structures. There are plans to develop a safeguarding vulnerable adults action plan to ensure it can meet the demands required of a new and pioneering multi-agency service.

Safeguarding Vulnerable Adults Team

5.42 The Safeguarding Vulnerable Adults Team (SGVA) has a new structure which sits within the Children and Families Directorate and covers the whole of the community services area. It is led by a Designated Nurse who has strategic responsibility, answerable to the safeguarding lead on the Board and who also has a lead for child protection.

5.43 The Team consists of a Named Nurse for Adult Protection, two additional nurses, a Mental Capacity Act (MCA) Consultant Nurse, a team secretary, and a MCA secretary. The three nurses work to cover their respective areas. SGVA nurses have undertaken multi-agency training to a high level and extensive clinical supervision training.
5.44 The role of the team is to educate advice, support and lead with all safeguarding issues relating to health and to support KASS in its lead agency role with health expertise when required.

Training

5.45 All new staff attend corporate induction that includes a half hour slot on adult protection. All adult protection awareness training is delivered by SGVA staff thus ensuring competencies and quality assurance.

5.46 A separate session has been developed for staff working with Children & Families that ensures staff have an understanding their child protection as well as adult protection responsibilities.

5.47 Adult protection awareness training is mandatory for all clinical staff and an up to date database is kept of all staff undertaking training.

5.48 All the above training is developed, undertaken and facilitated under the adult protection multi-agency training competency framework.

Governance

5.49 The organisation has a robust governance structure in which reporting routes apply via Adult Protection Alerts, a Safeguarding Governance Group and to the Patient Safety Group. The SGVA Team is involved in the Quality and Safety Committee and locally at clinical effectiveness meetings.

5.50 There is a requirement to provide accurate evidence for compliance with Standards for Better Health. Recently, an extra requirement was added, that of Vulnerable Adults in addition to Discrimination and Equality and Diversity. The SGVA team will be providing evidence of our commitment to the SGVA strategy.
Developments

5.51 Part of the development plan is to identify gaps within the existing services. The Team has begun to develop specific documentation and shared this with health colleagues across Kent & Medway. A Health Leads Awayday was held in September in which information, documentation and practice was shared. Adult protection supervision was discussed and arrangements made for the teams.

5.52 The Board approved a business case to provide two safeguarding nurses for the independent sector. Recruitment for this process is now underway.

Mental Capacity Act (MCA) and Deprivation of Liberty Arrangements (DoLs)

5.53 Together with the Kent and Medway Partnership Trust (KMPT) a role for an MCA facilitator was agreed. This role works closely within the safeguarding team and the SGVA nurses have become ambassadors and support for the MCA/DoLs agenda for the organisation.

5.54 Documentation specific to MCA was developed and implemented and cascaded throughout the Trust. MCA awareness training was undertaken by ‘Train the Trainer’ model with the practical support provided by the MCA facilitator.

5.55 All management of the MCA/DoLs process was undertaken within the multi-agency framework, working closely with Kent and Medway partnership

Summary

5.56 This has been an incredibly busy year. The whole team and SVA agenda has been developed for a new organisation that itself is undergoing change. The
SVA nurses have risen to the challenge and embraced multi-agency working bringing with them a wealth of health expertise and applied their skills and knowledge to fulfil the safeguarding role in full collaboration with their partners.

5.57 The team are involved locally with Practitioner and Provider forums and co-facilitate where there are robust structures in place.

5.58 The team have developed professional relationships locally with both Police and Social Services, with provision for co-locating within KCC in order to work in true partnership.

5.59 The ‘No Secrets’ consultation process has both public and staff involvement and the team will be providing their own response to the DH.

Kent and Medway NHS and Social Care Trust

5.60 The Trust, in line with its statutory partners in Kent and Medway continues to maintain and promote its commitment to the county-wide policy. It has representation on the joint Kent and Medway Safeguarding Committee and held a quarterly forum with all operational directorates represented, to discuss activity and plan developments.

5.61 Training of staff has been a key area in this year, and currently working to confirm a centralised database to enhance the skill-base, planning and developments across its countywide services. The Trust has several trainers in key work areas and they have partially met increasing demand for awareness training. A review of how best to continue meeting capacity demands is now needed.

5.62 In common with other Mental Health Trusts there is a need to review how and where safeguarding vulnerable adults (SVA) concerns are reported and recorded. This requires a focus on how information systems can work together without duplication for staff whilst ensuring no essential information or alerts
slip between agencies/services, and to ensure that post-abuse support is assessed, offered and evidenced as appropriate. The requirements of the Mental Health Act (2005) and “Deprivation of Liberty Safeguards” are clearly a key development across the operational directorates; a lead has been taken by Older People Services. This will be expanded into the developing SVA processes and policies over the course of the next 12 months.

5.63 The Trust has, in conjunction with partner agencies, developed enhanced practices as a direct response to serious case review (SUI) recommendations. This year, colleagues from the human resources teams access training in adult protection to provide an enhanced knowledge base to support investigations and staff. The SUI review process has been further strengthened to clearly demonstrate the learning needs and actions from concerns (actual or potential) relating to safeguarding.

5.64 In the Learning Disability Services, several of the Trust’s provisions were visited as part of the Healthcare Commission audit “A life like no other” and a report was received in mid 2008. The report acknowledged both the work put into place by its staff to safeguard vulnerable adults and the Trust commitment to the re-provision programme to move accommodation-based services away from the NHS providers in Kent by April 2009.

5.65 It is planned that the SVA co-ordinator post for the Trust will be appointed to, and the post-holder will be actively involved in working with the Trust and KASS. The appointment to the post will support the Trust’s vigorous response and action plans to meet the challenges of fully implementing the “Safeguarding in the NHS” initiatives over the next 2-3 years. This will include a strengthening of the links between Safeguarding Vulnerable Adults and Vulnerable Children both within the Trust and contributing to countywide developments.
6. Safeguarding Activity

Definition

6.1 The following information refer to distinct elements of adult protection data: An ‘Alert’ refers to an individual reporting a suspected instance of abuse (these data can be found in the paragraphs below). An ‘Incident’ refers to a suspected case of abuse that is under investigation and an ‘Involvement’ refers to an agency involved in the investigation (data pertaining to Incidents and Involvements can be found in the paragraphs below).

6.2 This section summarises the safeguarding activities from April 2007 to March 2008. It sets out activity information relating to the number of alerts, the sources of the alerts, and a breakdown of the information against defined categories. Throughout this section, ‘Kent’ is taken to include Medway unless specifically stated otherwise.

6.3 Two Serious Case Review (SCR) applications were submitted and a full analysis report of adult protection data for cases reported in Kent from 1999 to 2005 was carried out by the Tizard Centre. The report is available on the research section of www.kent.gov.uk/adultprotectioncommittee.

Adult Protection Alerts

Rates of referrals – changes between 2006/7 and 2007/8

6.4 During 2007/8 there were 1804 Adult Protection (AP) alerts recorded in Kent (including Medway). This represented an increase of 146 (8.8%) on the 1658 AP alerts recorded in the previous year, 2006/7. A breakdown of these figures by district can be found in Table 3, below.

<table>
<thead>
<tr>
<th>District</th>
<th>2006/07</th>
<th>2007/08</th>
<th>Change</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashford</td>
<td>97</td>
<td>87</td>
<td>-10</td>
<td></td>
</tr>
<tr>
<td>Canterbury</td>
<td>120</td>
<td>139</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Dover</td>
<td>138</td>
<td>247</td>
<td>109</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2006/7</td>
<td>2007/8</td>
<td>Change</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>Shepway</td>
<td>172</td>
<td>170</td>
<td>-2</td>
<td></td>
</tr>
<tr>
<td>Swale</td>
<td>164</td>
<td>176</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Thanet</td>
<td>148</td>
<td>213</td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>East Kent Other</td>
<td>2</td>
<td>0</td>
<td>-2</td>
<td></td>
</tr>
<tr>
<td>East Kent Total</td>
<td>841</td>
<td>1032</td>
<td>191</td>
<td>22.7%</td>
</tr>
<tr>
<td>Dartford</td>
<td>95</td>
<td>51</td>
<td>-44</td>
<td></td>
</tr>
<tr>
<td>Gravesham</td>
<td>93</td>
<td>74</td>
<td>-19</td>
<td></td>
</tr>
<tr>
<td>Maidstone</td>
<td>158</td>
<td>142</td>
<td>-16</td>
<td></td>
</tr>
<tr>
<td>Sevenoaks</td>
<td>66</td>
<td>90</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Tunbridge Wells</td>
<td>56</td>
<td>69</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Tonbridge &amp; Malling</td>
<td>89</td>
<td>61</td>
<td>-28</td>
<td></td>
</tr>
<tr>
<td>West Kent Other</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>West Kent Total</td>
<td>557</td>
<td>490</td>
<td>-67</td>
<td>-12.0%</td>
</tr>
<tr>
<td>Not Recorded</td>
<td>33</td>
<td>52</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Medway</td>
<td>227</td>
<td>230</td>
<td>3</td>
<td>1.3%</td>
</tr>
<tr>
<td><strong>County Total</strong></td>
<td><strong>1658</strong></td>
<td><strong>1804</strong></td>
<td><strong>146</strong></td>
<td><strong>8.8%</strong></td>
</tr>
</tbody>
</table>

Table 3 Adult protection alerts recorded in Kent, by district, 2006/7 and 2007/8

6.5 AP alerts rose by 191 in East Kent in 2007/8, which represented an increase of 22.7% compared to 2006/7. However in West Kent, AP alerts fell by 67 in the same period, a decrease of 12.0%. The number of alerts in Medway stayed roughly the same (an increase of 3, or 1.3%).

6.6 The district that saw the largest recorded data was Dover where alerts were up by 109, from 138 to 247. The next most significant increase was in Thanet, were alerts rose by 65 from 148 to 213. Both of these districts are in East Kent, which saw a net increase of 191. The next biggest increase by district was in Sevenoaks, in West Kent, which saw alerts rise by 24. There are several reasons to suggest for this increase; these include better understanding and awareness by staff and the general public. Additionally the impact of the prevailing residential markets of the two areas have a bearing.
6.7 The most significant decreases were all in West Kent, with Dartford seeing the greatest change (down 44, from 95 to 51). After Dartford, the next biggest decreases were in Tonbridge and Malling (down 28) and Gravesham (down 19).

**Age of alleged victims**

6.8 Out of 1804 alleged victims during 2007/8 in Kent, 1064 (59.0%) were 65 or over, compared to 710 (39.4%) in the 18-64 age group and 30 (1.7%) unknown. These figures are presented in the form of a pie chart in Figure 1, below.

![Age of alleged victims](image)

Figure 1 Adult protection alerts recorded in Kent, by age, 2007/8

**Gender of alleged victims**

6.9 Of the 1804 alleged victims in Kent in 2007/8, 659 (36.5%) were male, 1144 (63.4%) were female and 1 was unknown. These figures are presented in Figure 2, below.
Gender of alleged victims

Figure 2 Adult protection alerts recorded in Kent, by gender, 2007/8

6.10 Gender in the 18-64 age group is split more evenly, with 331 males and 379 females. This is shown in Figure 3 below.

Gender of 18-64 alleged victims

Figure 3 Adult protection alerts recorded for 18-64 age group in Kent, by gender, 2007/8

6.11 However in the 65+ age group, the difference between the number of alerts pertaining to males and females is more pronounced. Of the 1064 alerts in this
age group, 320 (30.1%) were male, compared to 744 (69.9%) female. These figures are depicted in Figure 4, below.

![Gender of 65+ alleged victims](image)

Figure 4 Adult protection alerts recorded for 65+ age group in Kent, by gender, 2007/8

**Ethnicity of alleged victims**

6.12 The ethnicity of the 1804 alleged victims in Kent is broken down into 16 different categories, but for convenience, these have been presented as White (including White British, White Irish and White Other), Black and Minority Ethnic (BME) and Unknown. These figures are presented in Table 4 and Figure 5.

<table>
<thead>
<tr>
<th>BME</th>
<th>White</th>
<th>Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>1632</td>
<td>133</td>
<td>1804</td>
</tr>
<tr>
<td>2.2%</td>
<td>90.5%</td>
<td>7.4%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 4 Adult protection alerts recorded in Kent, by ethnicity, 2007/8

6/13 As can be seen, 2.2% (39) of the alleged victims were from BME backgrounds. According to the local 2006 mid-year estimates, 6.0% of Kent’s population as a whole was from a BME background. This identifies that there is a need to increase the awareness of adult abuse within BME communities.
Figure 5 Adult protection alerts recorded in Kent, by ethnicity, 2007/8

Client category of alleged victims

6.14 The client categories of the alleged victims of abuse in 2007/8 are presented in Table 5.

<table>
<thead>
<tr>
<th>Client Category</th>
<th>Number of Alerts</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older Person</td>
<td>1008</td>
<td>55.9%</td>
</tr>
<tr>
<td>LD</td>
<td>307</td>
<td>17.0%</td>
</tr>
<tr>
<td>PD</td>
<td>113</td>
<td>6.3%</td>
</tr>
<tr>
<td>MH</td>
<td>58</td>
<td>3.2%</td>
</tr>
<tr>
<td>Older Mental Health</td>
<td>88</td>
<td>4.9%</td>
</tr>
<tr>
<td>Other</td>
<td>66</td>
<td>3.7%</td>
</tr>
<tr>
<td>Not Recorded</td>
<td>164</td>
<td>9.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1804</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Table 5 Client category of alleged victims in Kent, 2007/8
6.15 Well over half (55.9%) of alleged victims are in the Older Person category, and if Older Persons with Mental Health problems are added to these the number of alleged victims 65 and over constitutes 60.8% of the total. A significant number of older people are victims of abuse within care settings where poor care delivery leads to abuse by neglect. The quality in care agenda aims to address poor care concerns to prevent abuse developing. The next most significant client category is adults with Learning Disabilities, which accounts for 17.0% of the total. These figures are presented graphically in Figure 6.

**Alleged victims of abuse in Kent 2007/8, by client category**

![Pie chart showing the percentage of alleged victims by client category.](image)

**Figure 6 Alleged victims of abuse in Kent, 2007/8, by client category**

**Source of Adult Protection alert**

6.16 The sources of the AP alerts in Kent in 2007/8 are shown in order of magnitude in Table 6 and Figure 7 below.

<table>
<thead>
<tr>
<th>Source of Alert</th>
<th>Number of alerts</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>P&amp;V Sector Provider</td>
<td>460</td>
<td>25.5%</td>
</tr>
<tr>
<td>Social Services Staff</td>
<td>310</td>
<td>17.2%</td>
</tr>
<tr>
<td>Friend/Relative</td>
<td>278</td>
<td>15.4%</td>
</tr>
<tr>
<td>Primary/Secondary Health Staff</td>
<td>266</td>
<td>14.7%</td>
</tr>
<tr>
<td>Not Recorded</td>
<td>187</td>
<td>10.4%</td>
</tr>
<tr>
<td>Source</td>
<td>Count</td>
<td>Percentage</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>Police</td>
<td>101</td>
<td>5.6%</td>
</tr>
<tr>
<td>Self Referral</td>
<td>61</td>
<td>3.4%</td>
</tr>
<tr>
<td>Regulatory Bodies</td>
<td>45</td>
<td>2.5%</td>
</tr>
<tr>
<td>Other</td>
<td>37</td>
<td>2.1%</td>
</tr>
<tr>
<td>Other Local Authority</td>
<td>20</td>
<td>1.1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>9</td>
<td>0.5%</td>
</tr>
<tr>
<td>Education</td>
<td>19</td>
<td>1.1%</td>
</tr>
<tr>
<td>Housing</td>
<td>11</td>
<td>0.6%</td>
</tr>
<tr>
<td>Total</td>
<td>1804</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 6 Sources of AP alerts in Kent, 2007/8

6.17 It can be seen that over a quarter (25.5%) of alerts originated with a provider, nearly a fifth (17.2%) originated with social services staff, 15.4% originated with friends and relatives and 14.7% from health staff. It is very encouraging to see the wide range of referrers, showing that awareness of adult abuse continues to grow.

Figure 7 Sources of AP alerts in Kent, 2007/8
Incidents of abuse
Involvement in investigations

6.18 There were 1739 incidents in 2007/8 which generated 918 investigations. The involvement of various agencies in these investigations is set out in Table 7 and Figure 8 below. Often investigations are multi-agency, and so each incident may have more than one involvement (in total there are 1893 involvements).

<table>
<thead>
<tr>
<th>Investigating agencies</th>
<th>Investigation s where involved</th>
<th>Percentage of cases where type of involvement occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSD</td>
<td>674</td>
<td>73.4%</td>
</tr>
<tr>
<td>Police</td>
<td>517</td>
<td>56.3%</td>
</tr>
<tr>
<td>Health</td>
<td>339</td>
<td>36.9%</td>
</tr>
<tr>
<td>Regulatory Body</td>
<td>129</td>
<td>14.1%</td>
</tr>
<tr>
<td>Not Recorded</td>
<td>127</td>
<td>13.8%</td>
</tr>
<tr>
<td>Service Provider</td>
<td>69</td>
<td>7.5%</td>
</tr>
<tr>
<td>Voluntary Organisation</td>
<td>26</td>
<td>2.8%</td>
</tr>
<tr>
<td>Housing</td>
<td>12</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

Table 7 Involvement of agencies in investigations of abuse in Kent 2007/8

6.19 It can be seen that social services had some involvement in nearly three quarters of cases investigated (73.4%), with the police involved in over half of all cases (56.3%) and health colleagues involved in over a third of all cases (36.9%). This report shows the considerable increase in joint investigations. It demonstrates the effectiveness of the committee’s approach in proactively engaging partners in assessments and investigations.
Incidents by type

6.20 The types of abuse featuring in the incidents in 2007/8 are presented in Table 8 and Figure 9, below.

<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>Number of incidents where present</th>
<th>Percentage of cases where type occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>578</td>
<td>33.2%</td>
</tr>
<tr>
<td>Financial</td>
<td>447</td>
<td>25.7%</td>
</tr>
<tr>
<td>Neglect</td>
<td>403</td>
<td>23.2%</td>
</tr>
<tr>
<td>Psychological</td>
<td>280</td>
<td>16.1%</td>
</tr>
<tr>
<td>Institutional</td>
<td>213</td>
<td>12.2%</td>
</tr>
<tr>
<td>Sexual</td>
<td>145</td>
<td>8.3%</td>
</tr>
<tr>
<td>Discriminatory</td>
<td>17</td>
<td>1.0%</td>
</tr>
<tr>
<td>Unknown</td>
<td>136</td>
<td>7.8%</td>
</tr>
</tbody>
</table>

Table 8 Types of abuse involved in abuse incidents in Kent, 2007/8
6.21 Incidents may comprise more than one type of abuse; hence the total number of instances of different types of abuse (2219) is greater than the total number of incidents (1739).

Types of abuse involved in incidents of abuse, 2007/8

![Diagram showing percentages of different types of abuse]

Figure 9 Types of abuse involved in abuse incidents in Kent, 2007/8

6.22 Nearly a third (33.2%) of incidents involved physical abuse, with the next significant types of abuse involved being financial (25.7%) and neglect (23.2%). Over half of the incidents (58.9%) involved physical or financial abuse. Whilst physical abuse can be difficult to prove unless witnessed by third parties, the Fraud Act 2006 has led to an increase in successful prosecutions for financial abuse.

Incidents by location

Incidents by type of location

6.23 The types of location where incidents of abuse took place are presented in Table 9 and Figure 10.
<table>
<thead>
<tr>
<th>Location of Incident</th>
<th>Number of incidents</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Home</td>
<td>831</td>
<td>47.8%</td>
</tr>
<tr>
<td>Own Home</td>
<td>636</td>
<td>36.6%</td>
</tr>
<tr>
<td>Other</td>
<td>104</td>
<td>6.0%</td>
</tr>
<tr>
<td>Public Place</td>
<td>56</td>
<td>3.2%</td>
</tr>
<tr>
<td>Unknown</td>
<td>39</td>
<td>2.2%</td>
</tr>
<tr>
<td>Hospital</td>
<td>35</td>
<td>2.0%</td>
</tr>
<tr>
<td>Day Care</td>
<td>28</td>
<td>1.6%</td>
</tr>
<tr>
<td>Adult Placement</td>
<td>10</td>
<td>0.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1739</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Table 9 Location of abuse, by type of setting in Kent 2007/8

6.24 Nearly half of all cases (47.8%) took place in care home, with the next largest proportion being in the home of the victim (36.6%). In fact, 84.4% of the total cases took place in a care home or in the victim’s home.

**Incidents of abuse by type of location 2007/8**

Figure 10 Incidents of abuse by type of location in Kent, 2007/8
Care home incidents by area

6.25 The number of incidents taking place in care homes, compared to other settings, is broken down by area in Table 10 below.

<table>
<thead>
<tr>
<th>Area</th>
<th>Care Home</th>
<th>Other</th>
<th>Total</th>
<th>Percentage in care home</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Kent</td>
<td>489</td>
<td>420</td>
<td>909</td>
<td>53.8%</td>
</tr>
<tr>
<td>West Kent</td>
<td>189</td>
<td>281</td>
<td>470</td>
<td>40.2%</td>
</tr>
<tr>
<td>Medway</td>
<td>89</td>
<td>144</td>
<td>233</td>
<td>38.2%</td>
</tr>
<tr>
<td>Not Recorded</td>
<td>64</td>
<td>63</td>
<td>127</td>
<td>50.4%</td>
</tr>
<tr>
<td>County Total</td>
<td>831</td>
<td>908</td>
<td>1739</td>
<td>47.8%</td>
</tr>
</tbody>
</table>

Table 10 Incidents taking place in care homes, by area, in Kent 2007/8

6.26 The number of incidents taking place in an area can be further contextualised by comparing with the number of care home beds in that area. The number of incidents per 1000 care home beds is presented in Table 11 below (the incidents where no location was recorded have been omitted; the number of care home incidents where the area is known is 767).

<table>
<thead>
<tr>
<th>Area</th>
<th>Beds</th>
<th>Care home incidents</th>
<th>Incidents per 1000 beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Kent</td>
<td>9488</td>
<td>489</td>
<td>51.54</td>
</tr>
<tr>
<td>West Kent</td>
<td>5337</td>
<td>189</td>
<td>35.41</td>
</tr>
<tr>
<td>Medway</td>
<td>1068</td>
<td>89</td>
<td>83.33</td>
</tr>
<tr>
<td>Total / Average</td>
<td>15893</td>
<td>767</td>
<td>48.26</td>
</tr>
</tbody>
</table>

Table 11 Incidents taking place in care homes per 1000 beds, by area, Kent 2007/8
6.27 In Medway, only 38.2% of incidents (89) occurred in care homes, which is significantly below the countywide average. However, if one considers the amount of care home beds in Medway, this equates to 83.33 incidents per 1000 beds, which is much higher than the county average of 48.26 incidents per 1000 beds.

6.28 In East Kent, 489 incidents took place in care homes, out of a total for the area of 909. This equates to 53.8% of the incidents in East Kent in 2007/8, which is above the county average of 47.8%. If one compares the number of care home incidents with the number of beds in East Kent, it can be seen that 51.54 incidents took place per 1000 beds, which is slightly above the Kent average of 48.26.

6.29 In West Kent, 189 incidents of the total 470 took place in care homes, which equates to 40.2%. This is below the county average of 47.8%. Looking at the number of incidents that took place in care homes in relation to the number of beds in West Kent, it can be seen that 35.41 incidents took place per 1000 beds, which is significantly lower than the county average of 48.26.

6.30 These slightly different measures of incidents by area can be viewed side by side in Figure 11. In Figure 11 it can quite clearly be seen that East Kent is above the average Kent percentage of incidents taking place in a care home as well as the average number of incidents per 1000 beds in Kent, whereas in West Kent both the percentage of incidents taking place in a care home and the number of incidents per 1000 beds are below the Kent average. In Medway, the number of incidents per 1000 beds is significantly higher than both the Kent average and East and West Kent, yet the percentage of the total incidents that took place in a care home are lower than the Kent average.
Care home incidents of abuse, Kent 2007/8

Figure 11 Care home incidents in Kent by area, 2007/8
6.31 The figures set out in paragraph 128 relating to incidents taking place in care homes can be further broken down by the type of abuse and these figures are set out in Figure 12. Incidents can involve more than one type of abuse; hence the total number of types is greater than the total number of incidents.

6.32 In East Kent, the most common types of abuse were Neglect (178), Institutional (171) and Physical (137), whereas in West Kent the most common types were Physical (71), Neglect (44) and Financial and Institutional (both 20). In Medway the figures recorded for types of abuse are too low to be statistically significant. Across the whole of the county, the most common types of abuse were Neglect (245), Physical (235) and Institutional (201).
Incidents of care home abuse in Kent - type(s) of abuse involved

Figure 12 Incidents of care home abuse in Kent, 2007/8, by area and by type
Incidents by relationship of alleged abuser

6.33 Of the 1739 incidents recorded, the alleged perpetrator is unknown or not recorded in 516 incidents (29.7%); this may be because the investigation is still ongoing; consequently these data are omitted. The relationship of the alleged perpetrators of abuse to their victims for the remaining 1223 incidents is presented in Table 12 and Figure 12.

<table>
<thead>
<tr>
<th>Alleged Abuser</th>
<th>Incidents</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>CareHome staff</td>
<td>408</td>
<td>33.4%</td>
</tr>
<tr>
<td>Relative/Partner</td>
<td>377</td>
<td>30.8%</td>
</tr>
<tr>
<td>Other Service User</td>
<td>139</td>
<td>11.4%</td>
</tr>
<tr>
<td>DomiciliaryCare Staff</td>
<td>77</td>
<td>6.3%</td>
</tr>
<tr>
<td>Friend/Informal Carer</td>
<td>77</td>
<td>6.3%</td>
</tr>
<tr>
<td>Stranger/Other</td>
<td>53</td>
<td>4.3%</td>
</tr>
<tr>
<td>HealthCare Worker</td>
<td>38</td>
<td>3.1%</td>
</tr>
<tr>
<td>Neighbour/Tenant/Lodger</td>
<td>27</td>
<td>2.2%</td>
</tr>
<tr>
<td>DayCare Staff</td>
<td>18</td>
<td>1.5%</td>
</tr>
<tr>
<td>Registered Manager</td>
<td>7</td>
<td>0.6%</td>
</tr>
<tr>
<td>SSD Staff</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1223</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Table 12 Incidents taking place in Kent 2007/8, by relationship of alleged abuser (where known)

6.34 Of those that are known, 408 are care home staff. This represents a third (33.4%) of the alleged perpetrators where this was recorded. The next significant group to which alleged perpetrators belongs is ‘relative/partner’, constituting 377 incidents and 30.8% of those where this was recorded. This is an issue that needs to be considered within the personalisation agenda when considering giving money to family members to purchase care. The third largest group is made up of other service users (139), this group accounts for 11.4% of the total known alleged abusers.
6.35 The current basis of using activity information to inform which key areas the partnership need to focus on continues. The quality in care approach in both East and West Kent and its equivalent in Medway has yielded some benefits in terms of improvements of care standards. As a result staff training issues were identified and corrective measures put in place. Also, practical advice was give to care providers and other providers which helped to improve services overall.
7. **Development Plan**

**Safeguarding Executive Board's Strategic Plan-Thre Three Year Strategic Plan**

7.1 Although considerable progress has been made over recent years there is still much to be done. The Safeguarding Executive Board has approved a three year strategy which takes account of a wide range of national and local agenda for change. The three year strategy recognises that safeguarding is everyone’s business and that a multi-agency approach, together with the engagement of service users, family carers and the general public, is vital if we are to tackle abuse effectively.

7.2 A strategic approach to safeguarding means that planning and implementing change takes place over a longer time period than in the past. It also ensures that connections are made between the work of the safeguarding partnership and other partnership boards and strategies. In this way, duplication is avoided and scarce resources are used efficiently and effectively. Appendix 4 contains a summary of the main aspects of the three year plan.

**Challenges Ahead**

**Personalisation and Safeguarding**

7.3 One of the central issues within personalisation is the need to balance the exercise of choice and control on one hand, and the necessity to safeguard vulnerable adults and promote their well being on the other without being over-protective. The ‘Human Rights Act 1998’ has enshrined certain basic human rights in the convention articles in United Kingdom law that must be adhered to in advancing with Self Directed Support (SDS) under the banner of personalisation. The primary anxiety has settled on the interaction between addressing the safety of the individual and assurances about the accountability of the use of public money, and the general demand for choice and control across a number of public services, in particular in social care. Service user control will be attained mainly by two means; Personal Budgets and Direct Payments.
Current Developments and future plans

7.4 The training consultant is currently working in collaboration with the customer focus group, existing advocacy services and a direct service provider to design a strategy and package of resources to support the raising of service user and general public awareness. The aim is to enable service users and others to exercise more choice and control in their lives to minimise the risk of abuse. The Tizard Centre has agreed to work with SGVAC in evaluating a pilot project to inform future development of this work.

7.5 Work is underway with higher education institutes in the county to encourage them to include the teaching on adult protection within their pre-registration curriculum for health and social care professionals. Awareness training is now being incorporated within Kent Police probationer training. Further work is needed to gain academic accreditation of the SGVA training programmes with these existing academic partners to enable practitioners across all disciplines to gain recognition for the learning undertaken within their existing post qualifying award frameworks.

7.6 A multi-agency competency framework for all practitioners with responsibilities for safeguarding vulnerable adults has been drafted. A further work plan to develop this framework will be presented to the training group and the finished document circulated for consultation before a recommended model can be presented to the committee. There is no set timescale for this work as it is a large undertaking and will require dedicated time for the development.

7.7 In an attempt to encourage learning within the workplace, the training consultant offers to facilitate practice reflection workshops upon request. This is offered on either a single or multi-agency basis and is targeted at the type of case that offers the opportunity for significant learning but would not meet the criteria for reference to the Serious Case Review panel.

7.8 Refresher training to maintain knowledge, skills, and commitment to process is required by all agencies. Further to this the training consultant is in the
process of developing an Awareness Update/refresher Resource Manual for all SGVA awareness trainers. This will be based on the format and content of the existing ‘Train the Trainer’ Recall days run twice annually.

7.9 A ‘Quality in Care’ model that covers the support to care homes where poor practice, safeguarding and/or neglect are concerned was piloted in Kent as part of the quality assurance in care agenda and safeguarding the interests of adults and older people in long term care. This is regarded as an example of targeted preventative work, which contributes to raising the overall quality of care that vulnerable adults and older people receive. It is expected that the success of the pilot will lead to this becoming accepted practice. (Moved as suggested).

7.10 Medway Council plan to work with social care commissioning department in launching the UKHCA and AEA (UK Home care Association and Action on Elder Abuse) Adult Protection Toolkit for Domiciliary Agencies as a best practice tool.

7.11 Medway Council plans to extend the awareness training to housing and leisure services department staff and plans to develop a corporate training package that ensures all staff (approx 3,700) within the council have a clear understanding of their duty to protect vulnerable adults in line with their job role.

7.12 The demand for multi-agency training outstrips current training capacity to meet the demand. Additional courses are planned for each of the next three years.

7.13 The Executive Board has agreed to fund an additional training consultant post for 2009-2010 to enhance the capacity to deliver a training programme that responds to the existing level of demand.

7.14 The training strategy and provision are designed to meet the requirements/guidance set out in ‘No Secrets’ paragraph. 5.2 & 5.3.
7.15 It will be essential in the coming year, with the implementation of DoLS, to engage Managing Authorities (care homes and hospitals) who will be seeking authorisations for DoLS from the supervisory bodies (local authorities and PCTs).
8. **Summary**

8.1 This report has shown how the Kent and Medway Safeguarding Vulnerable Adult Committee work together to improve services provided to vulnerable people in Kent during 2007-2008.

8.2 The report has demonstrated that there has been an overall improvement in the general awareness of safeguarding issues across Kent and Medway. Adult Protection (AP) alerts recorded in Kent (including Medway) have increased by 8.8% on the previous year.

8.3 The Safeguarding Executive Board has approved a three-year strategy which takes account of a wide range of national and local drivers for change. To achieve the vision of the Executive board it has set out six overarching objectives which will drive and underpin its work. In brief these are:

- Robust governance arrangements that will be fit for purpose, promote the safeguarding of vulnerable adults and ensure accountability for performance.

- A performance management framework that ensures a robust application of the multi-agency policy and guidelines, support continuous improvements in safeguarding and assures quality.

- Awareness raising and publicity which contributes towards prevention and the promotion of wellbeing.

- A range of preventative services that reduce the incidents of harm, abuse and exploitation.

- A framework that addresses the interface between personalisation and safeguarding and the associated workforce implications.
• Measures to promote access to justice and support for the victims of abuse.

8.4 The SGVAC will review the findings of the annual report and draw up an action plan to address key issues with a view of improving outcomes and services. Particular issues that will be addressed include:
• Raising the awareness of safeguarding adults with the public and particularly with BME communities.

• Addressing concerns about care providers broadening the range of services they provide without the necessary resources to provide acceptable, safe care.

• Ensuring that the development of the personalisation agenda takes account of safeguarding within positive risk assessment processes. Consideration of safe recruitment practices must be integrated and take account of recommendations from the Independent Safeguarding Authority.

8.5 The three year strategy recognises that safeguarding is everyone’s business and that a multi-agency approach, together with the engagement of service users, family carers and the general public, is vital if we are to tackle abuse effectively.
Appendix 1
Kent and Medway Safeguarding Vulnerable Adults Structure

**Safeguarding Vulnerable Adults Executive Board**
Membership: - Very Senior Reps of the funding agencies
Chaired by: - MD ASD Kent/AD Social Care, Medway
Role: - Ultimate Decision making re budget, policy and operational matters, receiving reports from SVAC and SAOG

**Safeguarding Vulnerable Adults Committee**
Membership: - Senior Managers – from all lead agencies/services
Chaired By: - MD ASD Kent/AD Social Care, Medway
Role: - Communication, Information sharing, discussion, recommendations to Executive regarding policy and protocols, receiving reports from sub-groups

- **Committee Sub Groups**

**Safeguarding Vulnerable Adults Operational Group**
Membership: - Operational Managers from SSD, MH Trust, PCTs, Police, CSCI
Chaired by: - Rota of HoAS Kent & Medway, Police DCI-SIU FHQ
Role: - Ensure compliance with the multi-agency policy and protocols. Identifying problems and making recommendations for changes

- **Policy and Protocol Review**
- **Serious Case Review**
- **Training**
- **Mental Health Trust AP Committee**
- **PAVA Groups Practitioners from all agencies and services County and Local**

FORUMS
- Adult Protection Service User Groups County and Local
- Adult Protection Carers Groups County and Local

STRUCTURE AGREED SEPTEMBER 2006
Appendix 2

Abuse Categories

The following categories of abuse are not mutually exclusive and a vulnerable adult may be subjected to more than one type of abuse at the same time, whatever the setting.

It is important to recognise that some vulnerable adults may reveal abuse themselves by talking about or drawing attention to physical signs or displaying certain actions/gestures. This may be their only means of communication. It is important for carers to be alert to these signs and to consider what they might mean.

Physical abuse may include any of the following: Hitting, slapping, scratching, pushing or rough handling, restraining without justifiable reasons, inappropriate and unauthorised use of medication, using medication as a chemical form of restraint, inappropriate sanctions including deprivation of food, clothing, warmth and health care needs.

Sexual abuse may include any of the following: Sexual activity which an adult client cannot or has not consented to or has been pressured into. Sexual activity which takes place when the adult client is unaware of the consequences or risks involved. Rape or attempted rape, sexual assault and harassment. Non contact abuse e.g. voyeurism, pornography.

Psychological abuse may include: Emotional abuse, verbal abuse, Humiliation and ridicule, threats of punishment, abandonment, intimidation or exclusion from services, isolation or withdrawal from services or supportive networks, deliberate denial of religious or cultural needs, failure to provide access to appropriate social skills and educational development training.

Financial abuse may include: Misuse or theft of money, fraud and/or extortion of material assets, misuse or misappropriation of property, possessions or benefits, exploitation, pressure in connection with wills, property or inheritance.
Neglect and acts of omission may include: Ignoring medical or physical care needs, failure to access care or equipment for functional independence, failure to give prescribed medication, failure to provide access to appropriate health, social care or educational services, neglect of accommodation, heating, lighting etc. failure to give privacy and dignity and / or professional neglect.

Discriminatory abuse may include: Discrimination demonstrated on any grounds including sex, race, colour, language, culture, religion, politics or sexual orientation, discrimination that is based on a person’s disability or age, harassment and slurs which are degrading and hate crime.

**Institutional abuse**

Institutional abuse although not a separate category of abuse in itself, requires specific mention simply to highlight that adults placed in any kind of care home or day care establishment are potentially vulnerable to abuse and exploitation. This can be especially so when care standards and practices fall below an acceptable level as detailed in the contract specification.
Appendix 3

Adult Protection Training Structure

Level 1: Awareness. Developing a shared understanding with what is abuse and what is a vulnerable adult. An understanding of the signs and symptoms of abuse. Also what to do if you witness abuse or are told about it.

Level 2: Adult Protection for Practitioners. Dealing with disclosures for those who need to complete the alert form as part of their professional role. Determining risk, vulnerability and seriousness. Examining the implications of the three ‘C’s – capacity, consent and confidentiality.

Level 3: The Investigators Guide. Knowledge and skills required in planning and undertaking a protective and/or detective investigation either within a single agency or jointly with colleagues from other agencies. Examining elements of good practice in gathering evidence.

Level 4: Joint Working and Criminal Investigations. Developing mutual understanding of the complimentary and supportive roles of the police, social services and other agencies when a potential crime has been committed. This will include an overview of the ‘Achieving Best Evidence’ model of interviewing.

Level 5: Decision Making and Accountability. This course is directed at those who will be involved in the conclusion decision – making processes (such as care conferences and planning meetings) and have responsibility for these under the current policy and procedures. Evaluating the evidence and implementing protection planning.

Level 6: Post Abuse. Who are the stakeholders in protection planning? Providing for the post-abuse support needs of the vulnerable adult and their support networks – a strengths and needs model. Managing the impact of adult protection on the practitioners. (This course is still in the process of being developed.)
It is recommended that the Adult Protection training programme be approached in a systematic manner. For more information on each course please consult the training brochure or find details on Knet.

We are committed to integrating an equalities perspective into all our work.
Appendix 4

Kent and Medway Safeguarding Vulnerable Adults’ Executive Board

Business Plan

2008 – 2009

Safeguarding is everyone’s responsibility

Purpose and scope

Kent and Medway have made considerable progress over recent years - but we still have much to do. For this reason, the Safeguarding Vulnerable Adults’ Executive Board has approved a three year strategy which takes account of a wide range of national and local forces for change. The three year strategy recognises that safeguarding is everyone’s business and that a multi-agency approach, together with the engagement of service users, family carers and the general public, is vital if we are to tackle abuse effectively.

A strategic approach to safeguarding means that planning and implementing change takes place over a longer time period than in the past. It also ensures that connections are made between the work of the safeguarding partnership and other partnership boards and strategies. In this way, duplication is avoided and scarce resources are used efficiently and effectively.

The purpose of this one year business plan is to set out the detailed actions that we will take during the year ahead to implement the board’s strategy. The work plans agreed by the executive board will be implemented in accordance with a project management approach and supported by multi-agency project teams. Safeguarding is everyone’s business and a wide range of stakeholders from all sectors must take responsibility for the actions that they have agreed.
Context for change

The strategy document outlines some of the key forces for change. The strategy was formulated at a time when the safeguarding adults’ agenda had a high profile nationally. In particular, the Department of Health led consultation on the Review of the “No Secrets” Guidance helped to place local issues in a wider context. At the same time, the review mirrors many of the issues facing Kent and Medway, including the safeguarding implications of the personalisation agenda, changes in the criminal justice system and the demands of new legislation.

The Commission for Social Care Inspection (CSCI) also published the results of a national study of safeguarding arrangements in England (CSCI, November 2008). The findings of that study have influenced the three year strategy and helped to reinforce the direction of travel that was already underway in Kent and Medway.

Over the next few years we can expect the pace of change to accelerate and the complexity of safeguarding work to multiply. Against such a backdrop, it will be more important than ever that statutory agencies and their partners pull together in the same direction. The strategy and detailed one year business plan is a means of ensuring that this is so.

Vision and strategy

The three-year strategy re-affirms the vision for adult safeguarding across Kent and Medway. Put simply, the vision is to enhance the quality of life, health, welfare and safety of vulnerable adults.

The strategy spans the broad range of safeguarding activities from awareness raising and prevention through to adult protection interventions and access to justice. The strategy has been built around six overarching objectives and gives a clear focus to what we are trying to achieve. For each objective, we have been clear about the outcomes that we expect to be delivered and there will be a work plan for each, to be implemented over the life of the strategy.

The overarching objectives which drive and underpin the three year plan are:
• Robust governance arrangements that will be fit for purpose, promote the safeguarding of vulnerable adults and ensure accountability for performance.

• A performance management framework that ensures the robust application of the multi-agency policy and guidelines, supports continuous improvements in safeguarding and assures quality.

• Awareness raising and publicity which contributes towards prevention and the promotion of wellbeing.

• A range of preventative activities that reduce the incidence of harm, abuse and exploitation.

• A framework that addresses the interface between personalisation and safeguarding and the associated workforce implications.

• Measures to promote access to justice and support for the victims of abuse.

**Monitoring arrangements**

The board will receive an annual report on progress against the plans. This will be used to consider whether all of the objectives and planned actions remain relevant, and to take stock of emerging issues. The strategy and business plan will then be amended accordingly.
Kent and Medway Safeguarding Vulnerable Adults Committee

Draft Annual Report for Approval
April 2007 – March 2008

Published by:
Kent and Medway Safeguarding Vulnerable Adults Committee

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January 2009