

Kent and Medway Safeguarding Vulnerable Adults

**Annual Report
April 2008 – March 2009**



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Foreword

Welcome from the Chair of the Kent and Medway Safeguarding Vulnerable Adults Board and Committee

I am delighted to introduce the second Kent and Medway Safeguarding Vulnerable Adults Annual Report for 2008 – 2009. The report is published on behalf of the Kent and Medway Safeguarding Vulnerable Adults Board and contains contributions from partner agencies who are members of the board, committee and various sub groups.

Kent and Medway have developed robust policies, procedures and protocols for safeguarding vulnerable adults and these are implemented through strong collaborative working relationships between the agencies.

We continue to meet the range of challenges arising from the safeguarding agenda particularly the debate on the relationship between personalisation and safeguarding vulnerable adults. In March 2009 Kent Adult Social Services was the subject of a safeguarding inspection by the Commission for Social Care Inspection. Our next annual report for 2009 - 2010 will provide the details of the recommendations arising from the inspection and how Kent Adult Social Services, along with its partners involved in safeguarding vulnerable adults, and the action plan developed from the inspection report.

All those involved in this multi agency work show a high level of commitment to safeguarding vulnerable adults living in Kent and Medway. I would like to take the opportunity to thank them for their contributions to the work of the board, committee and sub groups in the last year.



Oliver Mills

Managing Director, Kent Adult Social Services

Chair of the Kent and Medway Safeguarding Vulnerable Adults Board and Committee

Executive summary

This annual report summarises the structure of the Kent and Medway Safeguarding Vulnerable Adults Board, Committee and sub groups.

Both national and local developments influence and direct the safeguarding agenda in Kent and Medway and these are outlined in this report.

Multi agency training is a key activity in Kent and Medway and the report provides an overview of the training undertaken and further work being developed.

There is a strong multi agency approach to safeguarding vulnerable adults in Kent and Medway and the main partner organisations have each given an overview of their activities during 2008 - 2009.

The report also provides a breakdown of the safeguarding activities from April 2008 - March 2009. The section covers the rates of referrals, the age, gender, ethnicity and client category of alleged victims, the sources of adult protection alerts, the location of abuse, the alleged care home incidents by area, the categories of abuse and the breakdown of decisions.

Section 1. Introduction

In 2000 the Government published 'No Secrets' which required local authorities to set up a multi agency framework to ensure not only a coherent policy for the protection of vulnerable adults at risk of abuse but also a consistent and effective response to circumstances that gave grounds for concern. It gave local authorities a role in co-ordinating safeguarding activities. The definitions outlined below have been adopted in the Kent and Medway safeguarding vulnerable adults policy, protocols and guidance.

A vulnerable adult is defined in the 'No Secrets' guidance as a person aged 18 years;

“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”.

Abuse is defined as;

“A violation of an individual’s human or civil rights by any other person or persons”.

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable adult is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person.

The main forms of abuse are;

- Physical abuse including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions
- Sexual abuse including rape and sexual assault or acts to which the vulnerable adult has not consented, or could not consent or was pressurised into consenting
- Psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks
- Financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
- Neglect or acts of omission, including medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- Discriminatory abuse, including racist, sexist, that is based on a person’s disability, and other forms of harassment, slurs or similar treatment.

Abuse can happen anywhere and take place in any context, for example; in someone’s own home, in nursing, residential or day care settings, in hospital, in public places or in custodial situations.

Vulnerable adults may be abused by a range of people including relatives, neighbours, other service users, professional workers, friends and strangers.

Section 2. Kent and Medway Safeguarding Vulnerable Adults structure

Following the publication of the 'No Secrets' guidance Kent and Medway developed its first multi agency policy, protocols and guidance in August 2000. They were revised in 2005 and since then have been reviewed on a six monthly basis.

The Kent and Medway Safeguarding Vulnerable Adults Board is chaired by the Managing Director of Kent Adult Social Services with the Vice Chair being the Assistant Director for Social Care in Medway Council. Other members of the Board include senior representatives from the three health trusts in West Kent, East Kent and Medway and from Kent Police. The members of the board contribute to funding a training consultant and two administration officer posts.

The board takes a strategic lead on safeguarding matters, directing and delegating areas of work to the Kent and Medway Safeguarding Vulnerable Adults Committee. The committee is also chaired by the Managing Director of Kent Adult Social Services with the Assistant Director for Social Care for Medway Council as Vice Chair. Other members of the committee come from the lead agencies and services involved in safeguarding vulnerable adults. The committee ensures effective communication between the various agencies as well as overseeing the work of the sub groups.

The aim of the board is to;

- Safeguard vulnerable adults living in Kent and Medway through a multi agency approach ensuring their safety, independence and well being
- Be accountable for the safeguarding vulnerable adults agenda in Kent and Medway, specifically at a strategic level for priorities, resources and performance
- Provide a strategic direction to all partner agencies involved in safeguarding activities
- Effectively co-ordinate the safeguarding activities of partner agencies.

The aim of the committee is to;

- Commission the development and review of policies, protocols and guidance in the area of safeguarding vulnerable adults
- Commission panels to carry out multi agency audits and serious case reviews
- Ensure the structure and practices adopted in Kent and Medway uphold the adult protection principles contained in 'No Secrets' and the standards within the Safeguarding Adults National Framework of Standard.

(Appendix 1 shows The Kent and Medway Safeguarding Vulnerable Adults Structure)

The work of the Kent and Medway Safeguarding Vulnerable Adults partnership 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.

Section 3. National context

A number of national developments influence and direct the safeguarding agenda in Kent and Medway. These include:-

3.1 The Mental Capacity Act 2005 (Deprivation of Liberty Safeguards)

The Mental Capacity Act 2005 provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The act's starting point is to confirm in legislation the presumption of capacity - that it should be assumed that an adult has full legal capacity to make decisions for themselves unless it can be shown that they lack capacity to make a decision for themselves at the time the decision needs to be made. The act also states that people must be given all appropriate help and support to enable them to make their own decisions or to maximise their participation in any decision-making process. Any decision made, or action taken, on behalf of someone who lacks the capacity to make the decision or act for themselves must be made in their best interests, under the statutory framework, and the least restrictive option must always be considered. But the act also aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack capacity to make decisions to protect themselves. Professionals are protected from liability where capacity assessment and best interests' decision making is undertaken under the statutory framework, and restraint is used under the legal criteria as defined by the act.

The act also introduces new roles under the Court of Protection, court appointed deputies and Lasting Powers of Attorney. There are statutory criteria for instructing an Independent Mental Capacity Advocate for people lacking in capacity, where important decisions about serious medical treatment and changes of accommodation have to be made, and who have no family or friends that it would be appropriate to consult about those decisions. Independent Mental Capacity Advocates can also be instructed for vulnerable people in cases of safeguarding and care reviews, on a discretionary basis. The act introduces new criminal offences, under Section 44, of ill treatment or wilful neglect of a person who lacks capacity to make relevant decisions.

The Mental Capacity Act Deprivation of Liberty Safeguards, which came into force in England on 1 April 2009, provides a legal framework to prevent unlawful deprivation of liberty occurring. They protect vulnerable people in hospitals or care homes who lack the capacity to consent to the arrangements made for their care and/or treatment but who need to be deprived of their liberty in their own best interest to protect them from harm.

3.2 Safeguarding Vulnerable Groups Act 2006

The Safeguarding Vulnerable Groups Act is designed to solve the failures identified by the 2004 Bichard Inquiry arising from the Soham murders. From April 2008 the Independent Safeguarding Authority (ISA) was created and began work to transfer information from the existing Protection of Vulnerable Adults (POVA) Register to a new and wider ranging vetting and barring scheme. The Independent Safeguarding Authority Vetting and Barring Scheme introduced new arrangements requiring those who wish to work with children or vulnerable adults to be registered. It will;

- Make all decisions about who should be barred from working with children and vulnerable adults
- Deal with both paid and unpaid work activities that are classified 'regulated' or 'controlled'

- operate two barred lists (one for those barred from working with children and one for those working with vulnerable adults).

The new arrangements will be implemented in phases with the ISA taking responsibility for barring decisions from January 2009. When fully implemented (from October 2010) any person working in these areas will be required to register with the ISA. The scheme will extend to include all staff in social care and health as well as volunteers working with vulnerable adults or children and will work alongside the existing Criminal Records Bureau checks.

3.3 Care Quality Commission

In April 2009 the Commission for Social Care Inspection, Health Care Commission and Mental Health Commission will merge to form the Care Quality Commission (CQC). The Commission will be an independent regulator of health and social care in England and responsible for monitoring and regulating the standards of social and health care services. It will develop a single set of standards covering social care and health services with a new approach to how the standards expected of these services will be monitored and regulated.

3.4 The review of 'No Secrets'

In the summer of 2007 the Minister for Care Services announced that 'No Secrets' (published in 2000) was to be reviewed. This decision followed the publication of the first ever study into the prevalence of abuse in people's own homes (by the Department of Health and Comic Relief). The review reflected the need to change and develop safeguarding policy in the light of the Government's wider policy goals of;

- Choice, control and promoting independence
- Making community empowerment and lifetime housing a reality for everyone
- Increasing access to criminal justice for everyone including vulnerable people.

In October 2008 the Department of Health published 'Safeguarding Adults - A Consultation on the Review of the No Secrets Guidance'. The focus of the consultation was about how people are empowered to identify and manage risk. The consultation period opened in October 2008 and the deadline for responses was the end of January 2009. The consultation questions covered the themes of;

- Leadership
- Prevention
- Outcomes
- Managing risks
- Managing choice
- Health services and safeguarding
- Safeguarding, housing and community empowerment
- Access to the criminal justice system
- Guidance and legislation
- Definitions.

3.5 ‘Safeguarding Adults: a study of the effectiveness of arrangements to safeguard adults from abuse’ - Commission for Social Care Inspection report (November 2008)

This study focussed on the effectiveness of safeguarding arrangements across the country analysing evidence from a range of regulatory and inspection functions across councils, care homes, home care agencies and other social care services. It confirmed the rising profile of work to safeguard vulnerable adults and also highlighted the variability in the quality of support provided to individuals who experience abuse across council areas.

3.6 ‘Personalisation and Safeguarding’ - Association of Directors of Adult Social Services (ADASS) (October 2008)

This paper aimed to clarify a number of options open to the Association of Directors of Adult Social Services for promoting a framework for adult social care services that would help local authorities ensure that vulnerable people were safeguarded. As people begin to have a wider choice and take greater control over their care services as outlined in ‘Putting People First’ (which set the direction for adult social care over the next 10 years), the debate on the relationship between safeguarding and personalisation became prominent. ‘Putting People First’ (published in December 2007) encouraged greater personalisation, individualised budgets and an increased use of personal assistants by people eligible for local authority social care.

3.7 ‘Living well with dementia: A National Dementia Strategy’ (February 2009)

The aim of this national strategy is to ensure that significant improvements are made to dementia services across three key areas for example improved awareness, earlier diagnosis and intervention and a higher quality of care. The strategy identifies a number of key objectives aimed at improving the quality of services provided to people with dementia and promoting a greater understanding of the causes and consequences of dementia. The strategy provides a framework within which local services can;

- Deliver quality improvements to dementia services and address health inequalities relating to dementia
- Provide advice and guidance and support for health and social care commissioners and providers in the planning, development and monitoring of services
- Provide a guide to the content of high quality services for dementia.

3.8 ‘Transforming Adult Social Care’ Department of Health Circular (March 2009)

This circular was published to help local authorities and their partners in the ongoing transformation of adult social care, first set out in ‘Putting People First’. It highlighted that with advances in public health, healthcare and changes in society people are living longer and as communities become more diverse the challenges of supporting the increased demand and diversity become more apparent. It is anticipated that social care will not be able to meet these challenges without a change in how services are delivered.

3.9 National Carers Strategy (June 2008)

In June 2008 the Department of Health published the National Carers Strategy 'Carers at the heart of 21st century families and communities'. It is evident that people are living longer and many have rising aspirations in terms of maintaining maximum independence and control over their own lives. As a result of these changes more people are taking on a caring role. Many people are balancing work, childcare and caring for an ageing parent. The shift to independent living and care at home will result in a greater contribution from carers. The strategy recognised that over the next ten years carers must be elevated to the centre of family policy.

Section 4. Local context

4.1 Consultation event on 'No Secrets'

On 7 January 2009 Kent Adult Social Services hosted a Kent and Medway multi agency consultation event to help inform the Kent and Medway Safeguarding Vulnerable Adults Committee's response to the review of the 'No Secrets' guidance. Over 150 people from a range of statutory agencies, voluntary and community groups, care home providers, domiciliary care providers along with service users and carers attended the event. Workshops were held focussing on the themes of:-

- Leadership
- Empowerment
- Prevention and response
- Safeguarding, guidance and legislation.

The key messages arising from the event and detailed in the Kent and Medway response to the Department of Health were;

- The need for legislation to protect of vulnerable adults
- The need for multi agency safeguarding boards and committees to have a statutory basis
- The need for agencies to work together and share information
- The need to revise the definition of vulnerable adults
- The need for a national framework of standards for safeguarding adults
- The need to empower victims and have greater access to advocates.

4.2 Kent and Medway Safeguarding Vulnerable Adults Board's strategy

Over the last 18 months there have been many changes both nationally and locally in the safeguarding arena and against this back drop of change and challenges the Kent and Medway Safeguarding Vulnerable Adults Board recognised that a more strategic approach to safeguarding was required across the county. As a result a successful workshop was held in October 2008 with senior managers, users and carers involved in the safeguarding partnership.

A draft three year strategy was developed to span the broad range of safeguarding activities from awareness raising and prevention through to adult protection interventions and justice. The strategy is built around six overarching objectives that will drive and underpin the three year strategy. They include;

- 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 incident 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.

Although these objectives are at a high level an annual business plan will sit alongside the strategy setting out the detailed actions needed to progress the six objectives. The board will receive an annual report on the progress against the plan.

Following the workshop the board considered the increasing multi agency safeguarding agenda as a result of legislation, guidance and the safeguarding national standards framework. At its November 2008 meeting the board agreed to appoint a Safeguarding Adults Board Manager to formulate and direct the work of the Kent and Medway Safeguarding Vulnerable Adults Board, Committee and sub groups. At the same time the board also considered the need for, and agreed to appoint an additional training consultant to help meet the current demand for training across the agencies.

4.3 Kent Adult Carers' Strategy

This was published in 2008 having been developed in collaboration with carers and a range of statutory and voluntary sector partners. The strategy sets out the vision Kent Adult Social Services and its partners plan to take forward through a partnership approach across the county. The strategy uses the framework set out in the National Carers' Strategy and commits to deliver the national strategy in five years rather than ten years. It emphasises the multi agency co-operation required across health, social care and the private and voluntary sector in meeting the needs of adult carers.

4.4 Commission for Social Care Inspection - Inspection of Kent Adult Social Services

In March 2009 a team of inspectors from the Commission for Social Care Inspection visited Kent Adult Social Services to find out how well the council was safeguarding vulnerable adults. The results of the inspection will be available in the Kent and Medway Safeguarding Vulnerable Adults Annual Report for 2009 - 2010.

Section 5. Review and achievements

2007 - 2008

The Kent and Medway Safeguarding Vulnerable Adults Annual Report 2007 – 2009 identified a number of developments for 2008 – 2009. The following lists the achievements made during the year;

- The Kent and Medway Safeguarding Vulnerable Adults Board developed its draft three year strategy for the partnership and work is continuing to refine the strategy and develop an associated action plan
- The Kent Carers Strategy was developed, aiming to deliver the National Carers Strategy in five rather than ten years
- The multi agency competency framework has been further developed and will be finalised during 2009 – 2010
- Medway Council increased its capacity for level 1 training as well as delivering specific training sessions for different groups of staff
- The quality of care model was piloted in the Canterbury district in East Kent and there are now plans to extend the practice to other districts in the area
- The Kent and Medway Safeguarding Adults Board agreed to fund a Safeguarding Adults Board Manager and an additional training consultant
- The various groups in the Kent and Medway safeguarding partnership continued to meet on a regular basis.

Section 6. Multi agency safeguarding training

Training to enable staff in all agencies to undertake safeguarding actions in accordance with the multi agency policy and protocols continues to receive a high degree of support from the Kent and Medway Safeguarding Vulnerable Adults Board and Committee. The training strategy and provision are designed to meet the standards set out in the Association of Directors of Adult Social Services 'National Framework of Standards for Good Practice and Outcome in Adult Protection Work'.

The Safeguarding Vulnerable Adults Training Group comprises of representatives from all the key agencies. Its terms of reference are 'to identify, develop and maintain adult protection training programmes for both the statutory and private and voluntary sector.' The group meets quarterly to monitor and evaluate existing training provision and also plan future developments.

The current strategy aims to equip all agencies in taking responsibility for the delivery of awareness training to all their staff in their organisations. Awareness training is mandatory in the majority of key agencies. Training for staff in the private and voluntary sector can be accessed in two ways. It can be accessed through Kent Adult Social Services Learning Resource Team's contract with a local care training college or by direct access to a course to enable that sector to take control for direct delivery of training to its own staff. All other training is provided by the multi agency funded 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.

Work has been completed in partnership with an 'e-learning' provider to create a safeguarding vulnerable adults awareness e learning package. This has been made available for use by all key agencies, the private and voluntary sector and higher education institutes across Kent and Medway.

The current training programme is differentiated into six levels and delivered to multi agency groups (Appendix two). The levels of training reflect the roles and responsibilities of staff under the multi agency policy, protocols and procedures (Appendix three). The programme is a core training structure based on common tasks reflected in the multi agency policy, protocols and guidance which maximises its relevance and relates the training directly to the work staff undertake. It also ensures staff build on their existing knowledge and skills by adopting a sequential learning approach. It is designed to reflect core and complimentary knowledge and skills within the multi agency context of safeguarding work.

The demand for training consistently outstrips the training consultant's capacity to supply. The year 2008 - 2009 was no exception and a number of additional courses were delivered throughout the year in an attempt to address the waiting list, for example the number of level 2 courses delivered has increased from 10 to 17.

The table below outlines the number of courses provided during 2008 - 2009 along with the planned provision for 2009 – 2010.

Courses	Existing Provision 2008 - 2009	Number of staff trained	Planned provision 2009 - 2010
Train the Trainer	6	111	5
Level 2	17	275	16
Level 3	7	153	6
Level 4	2	30	2
Level 5	3	48	4
Level 6	2	25	2

All course participants complete a course reaction form to capture their evaluation of the course relevance, the value and quality of the content and what was most or least helpful. These comments are summarised and suggestions for improvement considered and are fed back to the Training Group.

The training has consistently received positive evaluations from course participants and some constructive criticism. A sample summary from one course is illustrated in the table below;

Level 5 Training – 3 courses from April 2008 - March 2009, number of attendees - 48

Pre-Course Information	Poor	Satisfactory	Excellent
Joining instructions/ map	6%	35%	59%
Course	Poor	Satisfactory	Excellent
Venue/facilities		53%	47%
Course content		12%	88%
Pace of the course		20%	80%
Length of course		23%	77%
Refreshments/breaks		36%	64%
Your Trainer(s)	Poor	Satisfactory	Excellent
Level of knowledge			100%
Value of practical work/exercises		6%	94%
Trainer’s overall presentation, i.e. use of visual aids, practical exercises, scenarios etc		6%	94%

The training consultant is currently working 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 the awareness of service users and the general public. Our 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 us in evaluating a pilot project to inform future development of the work.

Work is also underway with higher education Institutes across the Kent and Medway to encourage the inclusion of teaching on adult protection within their pre registration curriculum for health and social care professionals. Awareness training is now being incorporated in Kent Police probationer training.

Further work is planned to gain academic accreditation of the training programme by existing academic partners to enable practitioners across all disciplines to gain recognition of the learning they have undertaken within their existing post qualifying award frameworks.

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 wider consultation before a recommended model can be made to the committee.

In an attempt to encourage learning within the workplace the training consultant offers to facilitate practice reflection workshops when requested. This is offered either single or multiple agency and 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.

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 awareness course trainers. This will be based on the format and content of the existing 'Train the Trainer' recall days run twice a year.

Section 7. Multi agency approach to safeguarding vulnerable adults in Kent and Medway

This section of the annual report contains updates on activities by key partners in the safeguarding partnership during 2008 - 2009.

7.1 Medway Council

We are continuing to work in partnership with NHS Medway to deliver Level 1 training. The table below shows that during 2008 – 2009 we increased the capacity for Level 1 training and trained an extra 60 people. The Safeguarding Adult Co-ordinator has also delivered specific sessions for Members and Housing Department staff.

2007 - 2008						
Number of Medway Council staff attended	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	96	20	6	2	6	5
2008 - 2009						
Number of Medway Council staff attended	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	156	29	20	2	7	8

All staff within the council have access to the newly launched e-learning package. The priority for the next year is to increase awareness and highlight staff responsibilities across directorates and divisions within Medway Council, with those staff who have face to face contact with our most vulnerable citizens e.g. adult learning tutors, community safety wardens and environmental health staff.

In May 2008 the Safeguarding Adults Co-ordinator along with staff from the Adult Social Care Commissioning Team launched the Action on Elder Abuse and UK Homecare Associated Limited 'Adult Protection Toolkit for Domiciliary Agencies' with all of our contracted homecare providers. This had led to improved awareness amongst this group of staff and the importance of reporting concerns at an early stage.

In December 2008 and January 2009, as part of the 'No Secrets' (2000) consultation the Safeguarding Adults Co-ordinator successfully bid for funding from the Department of Health to consult with hard to reach groups within Medway. As a result, two groups, which included carers and service users with physical disabilities, were able to respond to the questions directly relating to them, within the review. This was significant, as this further raised awareness of safeguarding amongst these hard to reach groups.

In January 2009 the Adult Social Care In House Services for Older People started a project in collaboration with staff from the Medway NHS Foundation Trust in order to apply our work on the prevention of abuse. The scope of the project was to translate the Department of Health, Essence

of Care benchmarks for Privacy and Dignity into our residential in house services. The team managers have now agreed on the benchmarks and these are being used as an inspection tool for our Care Standards Act (2000) Regulation 26 audits.

To coincide with World Elder Abuse Day on 15 June 2008, 50 people attended a multi agency workshop, in which all services and agencies across Medway were invited. The objective of the workshop was to raise awareness of the Dignity in Care Campaign and the role of the Independent Safeguarding Authority.

During 2009 – 2010 we shall be continuing to promote the message that safeguarding is 'everyone's responsibility' by working with the Medway Adult Community Learning Service in developing training, policy and guidance for all of their staff and tutors.

We will also be developing and delivering a safeguarding vulnerable adults awareness programme specifically for our front line staff which includes Community Safety Wardens and Environmental Health staff.

We will significantly improve our data collection to meet the requirements of National Data Collection on the abuse of vulnerable adults.

We shall be working closely with the board to improve public awareness of how to report concerns and how the citizens of Medway can protect themselves from abuse.

7.2 Kent Adult Social Services

In 2008 Kent Adult Social Services was advised that we were to be the subject of a Commission for Social Care Inspection Safeguarding Adults themed inspection in March 2009. We were supported by partner agencies and services in preparing for the inspection. Additional training and update training was highlighted and a case file audit tool was introduced to be used by managers to ensure that all aspects of a safeguarding case had been addressed prior to agreeing to a safeguarding case closure.

With the planned restructuring of Kent Adult Social Services in readiness for delivering the personalisation agenda, an audit of training needs was undertaken to ensure that safeguarding issues would be well managed within the changes proposed. An increase in the number of safeguarding coordinators to 11 was agreed with two co-ordinators specialising in addressing concerns related to people with a learning disability who had previously been supported by the NHS.

We contributed a full response to the consultation on the review of 'No Secrets'. We also supported the multi agency event that took place on 7 January 2008 to complete a multi agency response. This event included representatives from all our partner agencies, councillors, users of services, carers and many service providers. Both responses supported the need for specific safeguarding adults' legislation and the need to place safeguarding adult's boards on a statutory basis.

Kent Adult Social Services supported the development of the national data set and all councils were advised of the need to collect and report the agreed information from October 2009.

Our practitioners are continuing to support research being lead by Brunel University in collaboration with four other universities into the detection and prevention of the financial abuse of older people. The aim is to examine the decision making by managers in health, social care and banking.

Kent Adult Social Services and multi agency colleagues contributed a number of articles to the February 2008 Journal of Adult Protection which was focussed on Kent. These included an article about the development of safeguarding adults work in Kent and the challenges to come along with an article focussing on the development of a Quality Assurance Framework used with weak care services aimed at improving the provision of care and reducing instances of abuse.

We continue to support the Serious Case Review process and executive summaries of all the cases are now published on the committee website www.kent.gov.uk/adultprotectioncommittee. The recommendations from all of the cases are monitored and reviewed annually at the request of the committee. The review is aimed at ensuring that current practice takes account of recommendations relevant to current casework. One Serious Case Review was started in the year.

Kent Adult Social Services staff and managers have attended a range of training opportunities to support the effective implementation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and to ensure that these are integrated within safeguarding adults practice. This has ensured that mental capacity is always considered in relation to victims of abuse especially where lack of understanding has led to the victim being unable to protect themselves from those who abuse. There is also a need in some cases to assess the mental capacity of the abuser especially where the abuser lives with the victim. It is important to engage the support of a range of other agencies and services where adult abuse occurs within domestic settings. This may mean that a victim will be the subject of a multi agency risk assessment conference which can pull together resources to reduce identified risks.

An extensive programme of events and regular communication took place with managing authorities (care homes and hospitals) to prepare them for the implementation of the Deprivation of Liberty Safeguards in April 2009. These safeguards are aimed at preventing the unauthorised deprivation of liberty of people who lack capacity and avoids safeguarding concerns arising.

Kent Adult Social Services worked closely with the Community Safety Partnership, the county Domestic Abuse Group and the multi agency public protection arrangements to promote the profile and interests of safeguarding adults and ensure that their needs are included in planning.

Safeguarding adults now has a significant profile within the Kent County Council Communities Directorate and a lead representative from the directorate now sits on the Kent and Medway Safeguarding Vulnerable Adults Committee. Collaborative work is progressing to ensure that work undertaken through the Communities Directorate to promote community safety includes consideration of all aspects of the needs of vulnerable adults. This includes direct presentations from Trading Standards to the service users and carers forums to raise awareness of rogue traders, bogus callers and more recently illegal loan sharks. The KCC Handy Van Scheme also supports older and disabled adults by carrying out work within family homes to improve safety and security. The vulnerability of older and disabled people is a factor when the Communities Directorate engages with the police in relation to anti social behaviour and especially when the targeting of hate crime effects vulnerable adults.

At the beginning of 2009 a significant number of fire deaths of older and disabled people occurred. Kent Adult Social Services staff are supporting the auditing of several cases to establish an effective way to ensure that where appropriate Kent Adult Social Services or NHS staff can make a referral to Kent Fire and Rescue Service for a home safety check. This will enable advice and resources to be provided to reduce the risk of fire.

Kent Adult Social Services is represented on the Kent Safeguarding Children Board and this ensures that within the transition from children's services to adult social care safeguarding concerns are addressed to maintain continuity of support. It also enables the vulnerability of parents with special needs to be considered when child protection concerns are raised.

7.3 Kent Police

Kent Police continues to see the amount of cases of adult abuse increase. This is in line with an ageing population, increased awareness of adult abuse due to internal and external campaigns and strengthening relationships with partner agencies. This increase is also set against the backdrop of changes in law and policy for the handling and management of vulnerable people in our society. With the introduction of greater freedom for vulnerable adults to choose how and who provides their care, with less supervision from local authority comes greater opportunity to potentially exploit these freedoms. Kent Police are committed to ensuring that vulnerable adults are safeguarded against exploitation and able to enjoy the freedom of choice that these policy changes are aimed at.

In the Adult Protection Performance Report in September 2009, the figures reflect that in the year April 2007 to March 2008, there were 1616 adult protection alerts across Kent. In the past year, this figure has grown to 2052, an increase of 27.0%.

Kent Police have recognised that the arena of adult protection is one that demands special attention. A Public Protection Board scrutinises operational performance, utilising the Adult Abuse Quarterly Assessment. This process of review and analysis provides information of repeat locations, offenders and types of offences. This information, once assessed, is allocated to either the co-ordinator or a specified officer from the area, for action to be carried out.

This information is also used within the framework of staff focus groups. The aim of the groups is to facilitate communication force wide, encouraging best practice, learning lessons and 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 practice to be identified and included into Force Policy. The focus groups are now supported by a fully functional web page containing all the required information about adult abuse, including details of training, and it is updated on a regular basis. The information is open to all officers and staff across the force and is helping Kent Police internally raise the profile of adult protection.

The Mental Capacity Act has led to a number of new work streams coming online. As with any new legislation it is often poses difficulties of interpretation. The close joint working between the Headquarters Public Protection Unit and the Crown Prosecution Service (CPS) has demonstrated its value in this area. A recent query by a reviewing lawyer over the charging remit of Section 44 was raised and due to the partnership approach to prosecuting cases in Kent a course was mapped out that will lead to national guidance being provided throughout the CPS to ensure clarity for all its prosecutors.

Other work is being undertaken by Kent Police, Kent County Council and the South East Coastal Ambulance Service in producing joint protocols for dealing with people lacking capacity especially with regards to best interests decisions and the use of restraint where deemed necessary. Legal guidance will be published by the National Policing Improvement Agency, in the intervening time Kent Police have been proactive in seeking and interim guidance to aid front line officers.

Work is also currently being undertaken with officers and staff from Kent Police College as to how this important training can best be delivered across the force, utilising the expertise of trainers not just from Kent Police but also from our multi agency partners.

The year 2009 started with high hopes with the 'No Secrets' review and all the consultations that went on both countywide and nationally. Kent Police were heavily involved in the consultation process not only through the Association of Chief Police Officers (ACPO) Group, but also within the local framework of the Kent and Medway Safeguarding Vulnerable Adults Committee and Operational Group. The local consultation sessions were always fully subscribed to and many useful ideas and views were recorded.

2009 to 2010 will prove to be a busy time for safeguarding as it is clear from all parties including ACPO that for safeguarding vulnerable adults to move forward, there needs to be legislation. A response from the Minister of State for Care Services is currently awaited.

The Action on Elder Abuse conference held in Nottingham in March 2009, attended by Kent Police and 25 Police Officers from 12 different forces highlighted the potential for the safeguarding role to be held in a state of limbo due to the Government issuing neither guidance nor legislation.

Kent Police feel strongly that they are in a good position to continue the great work conducted by all agencies and whilst additional guidance and legislation will prove ultimately helpful the delay will not affect the level of safeguarding provided to the residents of Kent.

The Adult Abuse Co-ordinator for all adult abuse issues across the county continues to represent Kent Police on the Safeguarding Vulnerable Adults Committee and Operational Group, as well as the Local Implementation Network Group. The latter has been fundamental in looking at the issues being raised both in Kent and other forces about the use of the Mental Capacity Act and the review of training that needs to be put in place for all Police officers and staff and other agencies.

Other regular commitments include the Disability Action Group, the Safeguarding Committee for the Maidstone and Tunbridge Wells Hospital Trust, the Mental Health Steering Group and Safer Recruitment group meetings. All these groups add to the safety net for vulnerable adults in Kent.

This year saw an article, produced by the Headquarters Public Protection Unit, published in the Journal of Adult Protection. The article provided readers with an overview of what Kent Police have sought to do with implementing changes within the Public Protection Unit and a review of a successful case that not also involved safeguarding but also the Violent and Sexual Offenders Register Management Team. Given the wide circulation of this report, we received contacts from other forces such as the Grampian Police asking for information about how things are done here in Kent. The Journal also went on to show the nature of the way the agencies work together.

Kent Police continue to review and develop our practice with new force policy being published. The policy will ensure greater corporacy across the county in the way that the investigations into

safeguarding alerts are carried out, as well as highlighting certain issues such as consideration for welfare and counselling not only for suspects in custody but also those spoken to at home.

Other recent inclusions in the policy are items such as Hate Crime and the Mental Capacity Act. The former was deemed to be under reported across the county. Analysis has identified that issues dealt with under safeguarding could also be categorised as Hate Crime. A joint process of investigation has been agreed and implemented in the policy. It is hoped that this will not only increase the confidence of the victims when reporting crime but also ensure all appropriate angles are looked at when officers investigate crime.

The future is now looking good, despite the news earlier regarding the 'No Secrets' review. More people across the county have an awareness of the role of safeguarding and how they can report things when they are concerned.

7.4 NHS West Kent

NHS West Kent continues to be a committed partner in the Kent and Medway safeguarding partnership. During 2008 - 2009 a Safeguarding Vulnerable Adults Policy and Procedure was developed and agreed by the Clinical and Corporate Governance Committee. The policy sets out the responsibilities of all staff that work, or have contact with vulnerable adults, to provide health services within a safeguarding framework. It also reflects the aims of the Kent and Medway multi agency policy, protocols and guidance.

The key aims of the policy are: -

- Improve the identification of adult abuse
- Improve the organisation's response to adult abuse
- Seek to prevent vulnerable adults from being abused
- Promote the Kent and Medway Multi-Agency Adult Protection Policy
- Develop training to raise awareness of safeguarding vulnerable adults
- Ensure all staff that come into contact with vulnerable adults receive adult protection awareness training
- Cascade information on adult protection through a network of trainers
- Support staff involved in adult protection procedures
- Engage in multi agency policy development and audit activities.

Briefings were written on the Mental Capacity Act and the Deprivation of Liberty Standards and widely communicated to staff in the trust. A range of training programmes were also developed including safeguarding induction sessions, adult protection awareness training and non clinical statutory and mandatory training.

7.5 NHS Eastern and Coastal Kent

The Safeguarding Vulnerable Adults Team mission statement is;

'To safeguard vulnerable adults from risk and harm by promoting good practice and quality care through education and effective working processes within a multi agency framework'

The Safeguarding Vulnerable Adults Team provides expert adult protection advice, training, support and supervision to all NHS Eastern and Coastal Kent Community Services staff. We are

a team of experienced senior nurses working across East Kent and support, integrate and provide expert clinical knowledge when concerns about community health are raised within the wider multi agency adult protection arena. We are fully involved in the development of multi agency adult protection policy, training and evidence based practice.

Adult protection training is mandatory for all staff in Community Services via the Adult Protection DVD. The DVD is seen by all staff, included in corporate induction and determines what safeguarding and adult protection are and what the staff members' responsibility is towards safeguarding adults whatever their role. All clinical staff attend further essential adult protection awareness training for clinicians.

Adult protection update training has been developed to explore in-depth understanding in relation to the reporting of adult protection and go through the adult protection process with staff with practice scenarios and write a required chronology. This will be rolled out from April 2010.

Adult protection awareness training for staff working with Children and Families continues to be delivered to those specific staff and specific bespoke training is delivered from lessons learnt following an adult protection alert. 'e-learning' is available to staff for updating and refreshing knowledge.

The Trust continues to hold a database on the number of alerts raised to the Safeguarding Vulnerable Adults Team and continue to strive to interlink with internal incident reporting systems, with commissioning and with local Kent County Council data. Since 1 April there have been 215 adult protection alerts into our service. To date, 74% of referrals into the service come from staff within our community services with 26% coming externally from KCC colleagues and the wider health economy

Specialist adult protection advice sought from the nursing team is an hourly occurrence and originates from staff, other professionals and the public. The main request is usually in the form of a question about a concern, something someone has witnessed, has heard or has continual niggles about.

All members of the Safeguarding Vulnerable Adults Nursing Team have attended a five day debrief supervision course facilitated by a supervision consultant. We have developed a framework to provide specific adult protection supervision for staff involved in the process. This will enable a formalised, safe, supportive and professional process for staff following an alert being raised and will allow staff to look at the lessons learned.

The Mental Capacity Act and Deprivation of Liberty Safeguards Consultant Nurse is an integral member of the safeguarding team and the principles of the Mental Capacity Act are absorbed into all safeguarding issues. The training, advice, supervision and support includes these principles and is provided by the team whose understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards is expert, up to date and applicable to practice. The team has been involved in setting up, taking part and advising on Best Interest meetings, consistently questioning and maintaining a focus around decision making and best interests.

The team has developed its own safeguarding team leaflets with contact details and where to get further information. As processes develop within Community Services a new web-page will be developed with the communications team. This will enable people to access information via the Community Services web site.

At present four of the nurses in the safeguarding team are undertaking the Best Interests Assessors course at Masters Level at Canterbury Christ Church University. This will enable a highly trained nursing resource to ensure all safeguards are in place to comply with the Mental Capacity Act 2005 and Mental Health Act 2007.

Work is underway to standardise an evidence based investigation pack for the team to provide the most effective framework to support the adult protection process within Community Services.

The team continues to initiate developments within the wider multi agency adult protection process working with other health colleagues, Social Services and the Police with continual input into the independent and private and voluntary sectors.

7.6 NHS Medway - Medway Community Healthcare

Medway Community Healthcare is firmly committed to raising awareness of safeguarding adult issues and reducing adult abuse. The Safeguarding Adults Team has evolved in the past year and now consists of a Lead for Safeguarding, a Mental Capacity Act Manager, a Safeguarding Adults Advisor and a Safeguarding Adults Facilitator. Recruitment is underway to employ a further member of staff by the end of 2009. The team has secretarial support.

National guidance issued by the Department of Health ('No Secrets' 2000) supports the safeguarding adults arena and is in the process of being reviewed. Medway Community Healthcare promotes multi-agency working and adheres to the Kent and Medway multi agency Adult Protection Policy, Protocols and Guidance.

The Mental Capacity Act (2005) includes Deprivation of Liberty Safeguards and has been phased in since April 2007. Medway Community Healthcare is robustly represented at Kent and Medway multi agency Implementation Networks.

Corporate induction training for both safeguarding adults and the Mental Capacity Act are mandatory for all staff. Level 1 Basic Awareness Safeguarding Adults and Mental Capacity Act training is mandatory for all staff for whom it is applicable. This strategy is supported by an action plan which is a live document and will be adjusted in response to new information or policies.

The Safeguarding Adults Team has employed three new members of staff over the past year. The service is managed by the Lead for Safeguarding Adults and Mental Capacity Act who has been in post since April 2007. In June 2008 the Mental Capacity Act Manager commenced. This role was to ensure that the organisation was compliant with the Mental Capacity Act and to improve staff awareness. In August 2008 the Safeguarding Vulnerable Adults Named Nurse was employed. Part of this role is to manage the increasing number of safeguarding cases, which have resulted from improved awareness of safeguarding issues by staff. In March 2009 a further team member was recruited who had responsibility for staff training in both safeguarding adults and the Mental Capacity Act, both of which are mandatory for staff. The training programme will be redesigned to reflect the needs of individual services.

There are 6 levels of safeguarding vulnerable adults training. Levels two to six are delivered by the multi agency funded training consultant on behalf of all the statutory agencies in Kent and Medway. Level one is facilitated jointly with Medway Council. This level of training is mandatory for all staff who have face to face contact with clients. Induction training runs monthly and is facilitated with the Safeguarding Children's Team.

As more services are becoming aware of the various levels of training, it has been identified that the training will need to be adapted to individual services.

With the employment of another member of staff who has responsibility for training, a strategy will be written detailing the future redesign of safeguarding adults training.

Administrative arrangements for training have been jointly managed by Medway Council Learning and Development Department. Procedures are in place for Medway Community Healthcare Learning and Development Department to commence collation and administration of safeguarding training to enhance easy access to data.

There are presently four levels of training for the Mental Capacity Act which are hosted on behalf of Medway Community Healthcare by Kent County Council.

Level one is mandatory for Medway Community Healthcare staff who have face to face contact with clients.

Medway Community Healthcare adheres to the Kent and Medway multi agency Adult Protection Policy, Protocols and Guidance. Medway Community Healthcare policies have been developed for both safeguarding vulnerable adults and the Mental Capacity Act (2005). As safeguarding adults and the Mental Capacity Act are relevant to many policies, both have been included in several other policies as they have been reviewed. These include the Consent Policy, Serious Untoward Incidents Policy, Transfer of Care Policy and Incident Reporting Policy.

Safeguarding Links have been requested in all service areas to raise awareness with staff and to offer a minimal level of support. Links take the responsibility for ensuring that safeguarding and the Mental Capacity Act are included into regular team meetings, promoting awareness. All Safeguarding Links are invited to attend regular meetings with both the Leads for Safeguarding Adults and Safeguarding Children. Both safeguarding teams offer individual support to the Links.

Clinical supervision has been identified as essential for staff who are involved in or have been involved in safeguarding adults investigations. Individual and team supervision is offered by members of the Safeguarding Adults Team, all of whom are trained supervisors. On one occasion in 2008, an independent supervisor was employed to talk with staff over several sessions regarding an in-depth safeguarding adult's investigation. Level 6 Safeguarding Adults Post Abuse training is offered to all staff who identifies a need. Two members of the team have attended this training. Bi-monthly group Mental Capacity Act supervision commenced in January 2009.

The Lead for Safeguarding Adults and the Safeguarding Adults Named Nurse have both been trained at all 6 levels of safeguarding training. The Lead and the Mental Capacity Act Manager have also completed all levels of training.

All team members regularly attend both local and national conferences to up date knowledge. The lead commenced an MSc in Interprofessional practice in Health and Social Care in September 2008. The Mental Capacity Act Manager will commence a stand-alone MSc module on Law and Ethics in September 2009.

The Department of Health document 'No Secrets' (2000) was under consultation from October 2008 to January 2009. Several sessions were organised so that a Medway Community Healthcare response could be collated. All staff were invited to attend to give their views. A joint response

from Medway Community Healthcare and Medway Council was sent to the Department of Health in January 2009.

All staff are supported through safeguarding adults incidents and encouraged to attend case conferences as necessary. There has been a considerable increase in alerts during 2008 to 2009 and a database was developed in January 2009 to collate statistics. Alerts range from minor involvement to more complex involvement. The level of involvement is determined by the lead agency for safeguarding, Social Services. To date there have been 90 alerts. Audits will show trends and themes which will assist with service provision. Serious Cases Reviews are multi agency and independently chaired. Lessons learned from the Serious Case Reviews are cascaded to all statutory agencies with feedback going back through the Safeguarding Adults multi agency committee and board. Action plans highlighting the lessons learned from internal investigations are cascaded to staff through the Quality Board.

Deprivation of Liberty Safeguards came into force as an addendum to the Mental Capacity Act (2005) in April 2009. In preparation for this, during 2008 and the beginning of 2009, work was done identifying Medway Community Healthcare as a Managing Authority for the specific in patient areas of St Bart's Hospital, Darland House and the Wisdom Hospice. Staff in these areas were identified as authorisees and trained appropriately. All the documentation to make an authorisation has been made available to the three in patient areas and is also on the intranet to download. The Mental Capacity Act Manager has been actively involved in developing multi agency documentation to support an authorisation, including a capacity assessment form.

There are a number of challenges for 2009 - 2010. These include;

- Key performance indicators will include training compliance and amount/trends of alerts
- Continuing to raise awareness with staff, stakeholders and the public
- Embedding the Mental Capacity Act and safeguarding into services and to assist with improvement of documentation to reflect this
- Identifying requirements following the publication of the outcome of the No Secrets consultation review
- Identifying robust service specification provision of commissioner requirements
- Continual redesign of service to identify needs of staff, public and organisation
- Extending networking and multi agency involvement to ensure safe patient experience
- The Safeguarding Adults Team will support the Human Resources department to ensure vetting and barring legislation is implemented, resulting in safer recruitment
- Ensure the Safeguarding Adults Team is supported by a team strategy as required by the Standards for Better Health and is compliant with all aspects of core standard C7e
- Working towards clinical supervision being mandatory for all staff who have been involved in a safeguarding adult/Mental Capacity Act investigation.

7.7 Kent and Medway NHS and Social Care Trust

The trust, in line with its statutory partners in Kent and Medway continues to maintain and promote its commitment to the county wide policy at all times. The trust has maintained its representation at the joint Kent and Medway Safeguarding Vulnerable Adults Committee throughout the year, as well as holding a quarterly forum where all operational directorates are represented, to discuss activity and plan developments.

In late 2008 the safeguarding co-ordinator post (subsequently evolving to become the Head of Safeguarding) for the trust was appointed to, and the post holder will commence full time with effect from mid April 2009. From November 2008 the post holder actively led the trust preparation for the Commission for Social Care Inspection's inspection of Kent's Adult Social Services in early 2009.

The process of preparation for the inspection was, of necessity, very focussed and comprehensive for both the trust and all other partner agencies. The work to ensure that the trust's systems and individual staff were fully prepared was supported by key Kent Adult Social Services staff and key individuals from across the trust. The safeguarding preparation encompassed the preparation and production of a list of 800 case files, for the Inspector to randomly select a number to review in detail. Two cases were selected from the trust's services. The two individual practitioners, their supervisors and their line managers were then involved in processes of reviewing and managerially critiquing their cases for written presentation to the Inspector. This was successfully actioned and completed.

As always, the training of staff has continued to be a key area. We are nearing completion of a centralised data base to enhance our skill base, planning and developments across our county wide services, for all staff, professional and vocational. The trust has several trainers in key service areas and they have met increasing demand, but further, and continuing, reviews of how best to meet capacity demands will be monitored, and maintained, through the trust's safeguarding operational groups. Additionally, we are now establishing, in partnership with our Learning and Development Team a training needs matrix to ensure that all levels of staff are guided to, and receive, the appropriate levels of training and regular updates.

As noted in the data from Kent there appears to have been a reduction in the reporting by the trust services. It is also noted that the "not recorded" level has increased, although this is not specific to the trust. This report is currently undergoing comparison with the unrefined baseline figures that the Trust holds. For April 2009 onwards the trust is implementing a data collection process to enable a more effective review of centralised data for the trust's Executive and its' partners. This will enable us to evidence if there has been an actual reduction in the reporting, or recognition, of areas of adult protection. This will be reporting into the Annual Report for 2009/10.

In common with other mental health trusts there continues to be a debate as to how and where safeguarding concerns are reported/recorded. The links between safeguarding and the Serious Untoward Incident processes are now being strengthened by reciprocal representation at the formal trust meetings; to clearly demonstrate learning needs and actions from concerns (actual or potential) relating to safeguarding. To further strengthen this, a specific safeguarding governance reporting structure is to be established in the next six months.

The requirements of the Mental Capacity Act (2005) and 'Deprivation of Liberty' are clearly a key development across the operational directorates; a lead has been taken, and maintained, by Older People Services in the trust. This will continue to be expanded into safeguarding processes and policies over the course of the next twelve months.

The trust, in conjunction with partner agencies, develops enhanced professional practices as a direct response to Serious Case Review recommendations. During the time span of this annual report there are two (D-2003 and S-2005) Serious Case Reviews in Kent that have a level of trust involvement. We review the progress of any recommendations (trust or other agencies) from the Serious Case Review and update the action plans accordingly. This year, we have achieved

progress against the identified recommendations relating to;

- Training staff re the Mental Capacity Act
- Improving record keeping
- Training for staff in dealing with situations of conflict.

Trust personnel were consulted with to provide professional contributions to the national 'No Secrets' consultation, via the county-wide response led by the Kent and Medway policy manager.

The trust's focus on safeguarding continues for the next twelve months on maintaining safest practices and responses for all of its service users, whilst preparing itself, and its staff, for achieving Care Quality Commission requirements for April 2010 onwards.

7.8 Maidstone and Tunbridge Wells NHS Trust

From July 2008 the Maidstone & Tunbridge Wells NHS Trust has recruited a matron for safeguarding vulnerable adults to work strategically across the trust ensuring that the Safeguarding processes and ideals are embraced by all members of staff. Although work has already been completed in some areas there is also a number of areas where work is planned.

An annual update of safeguarding activity, achievements and challenges is presented to the Trust Board annually. The first of which was submitted to the trust board October 2008.

The Trust Board has received a safeguarding presentation from the child protection nurse lead and matron for safeguarding vulnerable adults with regards to the trust agenda for safeguarding children and adults. This highlighted to the Trust Board the busy safeguarding agendas and promoted an open and honest reporting culture to be facilitated.

The Safeguarding Vulnerable Adults Policy and Procedure has been updated to include recent updates from the national and local safeguarding agenda. The final policy will be taken to the Committee in June 2009 for approval.

As part of the Safeguarding Policy and Procedure the Matron for Safeguarding Vulnerable Adults will be requesting nominations for Safeguarding Champions to be given for each area and intends to underpin their work with 3 days additional training each year. This will include heavy references to the Dignity in Care Challenge and the 10 key points of the challenge.

Each safeguarding champion will be urged to sign up to be a dignity in care champion.

The Trust Mental Capacity Act (MCA) policy and procedures have been re-drafted to ensure that they reflect changes in legislation. The Deprivation of Liberty Safeguards processes have also been included in this redraft.

Draft formats in relation to documenting the assessment of mental capacity, best interest decision making and best interest meetings have been developed and circulated for use to gain feedback from practitioners. Feedback to date has been positive and so these formats have been included in the redrafted MCA policy and procedure.

A programme of MCA Basic Awareness Training has been developed and is now delivered to all staff who are potentially assessing mental capacity and/or are decision makers. This is a two

hour session and is complemented by the matron for safeguarding vulnerable adults and the two Patient Experience Matrons visiting staff who raise concerns about their knowledge and ability to assess capacity whereby one-one information sharing is offered in this sometimes complex area of work. From January 2009 – March 2009 218 staff have participated in the Basic Awareness MCA seminars.

Bespoke training for different areas has been offered and well received. This affords staff to learn about safeguarding processes and the application of the Mental Capacity Act in smaller groups and to discuss cases relevant to their areas of practice

The Kent MCA programme of Basic Awareness in the Mental Capacity Act is in place from basic awareness Level 1 to Level 3 training. This is advertised to all clinical staff to access accordingly.

To enable the trust to gain effective feedback from patients whilst they are in hospital, we have developed a Patient Experience Questionnaire using hand held personal computers. This is a bespoke designed handheld computer system and the questionnaire can be altered as the need arises. It has also been designed to give us real time feedback with regards to the experience that patients have when they stay with us. This will automatically be downloaded onto our Key Performance Indicator (KPI) Dashboard and the outcomes will be discussed weekly amongst ward managers, matrons and ADNS' at our KPI meetings.

Episodes of violence and aggression towards staff and patients are discussed weekly at the KPI meetings whereby best practice and solutions can be shared to enable practitioners to learn from events. The Trust Local Security Management Service delivers Conflict Resolution training to staff with regards to dealing and managing violence and aggression.

Matrons and ward managers, with advice from the Local Security Management Service, will assess (with regard to the level of Incident Reports from each area) whether there is a need to develop further de-escalation and conflict resolution training. Allied Health Professionals who work in identified high-risk areas will be offered this further training, if it is assessed as being required.

Further work is required to identify areas that may require more in depth training with regards to managing challenging behaviour that is unexpected or to manage environments and people more effectively when likely challenges are known.

The trust has access to an 'e-learning' package from the University of Greenwich with regards to increasing staff knowledge in relation to people with a learning disability. The safeguarding champions will be expected to complete this interactive, six week course as part of their development in the first year of being safeguarding champions. With leadership from the matron for safeguarding vulnerable adults it is hoped that the knowledge gained from this course will be cascaded to all members of staff. As a result they will have more understanding of some of the challenges facing people with a learning disability and more knowledge in how to work collaboratively with our multi agency partners.

Posters that clearly identify where the definition of a vulnerable adult can be found and who to contact given a certain set of circumstances have been developed and laminated for all clinical areas. Contact details for the matron for safeguarding vulnerable adults are clearly advertised on this poster, for use by ward staff.

The definition of a vulnerable adult, what needs to be reported, and to whom have been clarified

for staff with our published KPI definitions. This has been circulated to all Matrons and Ward Managers and will be placed on the KPI Clinical Dashboard. Pocket information cards will be printed and circulated to all clinical staff and staffs who have direct patient contact including porters, domestics and ward clerks.

In the Maidstone and Tunbridge Wells NHS Trust there are two patient experience matrons. One is based at the Kent and Sussex Hospital (also covering Pembury) and the other is based at Maidstone Hospital. Both have, as part of their role, a responsibility to ensure that all reported vulnerable adults or safeguarding issues are responded to appropriately.

Each directorate matron has a responsibility for the care of patients in their designated wards and have been responsible for ensuring robust investigations and action plans are completed and developed in relation to any issues of concern that are raised. This is a developing area of work and the matrons are encouraged to take up the opportunities afforded by the multi agency safeguarding training on offer. All matrons and ward managers have been given the opportunity to access Mental Capacity Act basic awareness and Level 2 Safeguarding training and are encouraged to access the Kent and Medway multi agency training.

One multi agency training session has been delivered to a group of regional doctors.

The Trust provides the venue for the KCC hosted Residential Forum for Safeguarding. This needs to be more widely publicised for attendance from Trust staff so that they can understand more clearly what is required from them with regards to discharges back to residential homes.

Appropriate ward staff and matrons are involved in all safeguarding alerts and investigations within their areas. It is an expectation of the Trust that all medical staff will share the responsibility for the safeguarding vulnerable adult's agenda in their divisions. This responsibility has been included in all medics job descriptions.

Both safeguarding and MCA basic awareness training has been developed for medical staff to be able to understand, identify, report and investigate abuse. There is an emphasis on the multi agency requirements in relation to safeguarding vulnerable adults. Proposals have been presented to the Chief Medical Director and it is recognised that all medical staff need safeguarding and MCA training. It has been agreed that the MCA training needs to be delivered via the Medical Clinical Governance programme.

Through training, posters and referral processes we are ensuring that staff feel confident to report out into the multi agency arena any concerns in relation to the abuse of vulnerable adults. The safeguarding presentation to board members was delivered with an emphasis on developing an open and honest culture within the organisation. It was well received. More staff appear to be aware of the importance of reporting concerns with regards to adult abuse and there is evidence of staff showing a willingness to refer their concerns. Evidence is that 34 referrals have been raised by Trust staff from beginning October 2008 to the end of Sept 2009.

A local multi agency communications group has been convened to share good practice, processes, concerns and knowledge, in order that local resolution can be sought with regards to how we communicate effectively in multi agency processes.

The matron for safeguarding vulnerable adults, patient experience matrons and trust medical leads for safeguarding attend, on a regular basis, multi agency meetings to promote developments

in the Trust and to discuss concerns and solutions with our partner agencies. These include:-

- Kent and Medway Safeguarding Adults Committee Meeting and sub-groups
- Kent and Medway Operational Group
- Local Implementation Network meeting for MCA and various sub groups
- Kent and Medway Health Leads Business Meeting and clinical supervision.

Trust staff are encouraged to use the Serious Untoward Incident Reporting Mechanisms already in place. This takes into account safeguarding issues where vulnerable adults have been involved.

The trust populates and responds to the multi agency serious case review processes. These processes are discussed at the trust's Safeguarding Committee and methods of developing good practice are discussed as a result.

The CRB policy is in place across the trust. All staff and volunteers who have access to areas where a vulnerable adult may be located will have a CRB check completed either retrospectively or as they join the trust. Some will be required to have enhanced disclosures dependent upon their roles and responsibilities. A new policy and procedure has been implemented for volunteers and work experience placements.

There have been numerous improvements within the Maidstone and Tunbridge Wells NHS Trust with regard to working in the safeguarding multi agency arena. However it acknowledged that this is a fast moving agenda and as such the trust is prepared to ensure that the safeguarding of vulnerable adults is paramount in all the work that it does. With clarity of reporting mechanisms, policies and procedures and training delivery the safeguarding processes will continue to be publicised throughout its staff group so that responses are effective and timely in relation to safeguarding concerns.

7.9 Dartford and Gravesham NHS Trust

Dartford and Gravesham NHS Trust now have an additional member of staff working in an operational role and recently we presented the importance of adult protection to the Trust Board which has been fully supported and endorsed. The raised profile of adult protection has resulted in a rise in reporting concerns although this has not, so far this year, led to an increase in confirmed cases of abuse.

Excellent working relationships have been developed with Kent Police and Kent Adult Social Services and a joint 'lessons learned' meeting has been set up to discuss individual cases and create action plans for issues that may arise and may need development. Along with the trust's policy and guidance on adult and child protection issues each ward and department now has a 'quick guide' to the process of raising a concerns to completing the CM31 and other documentation.

Whilst recognising there is much work to be done relating to safeguarding vulnerable adults it is felt that in the last year alone substantial progress has been made. Training in adult protection and Mental Capacity Act awareness, staff and the programmes for 2010 have been set. A number of senior staff who are awaiting Levels 1 and 2 training have been identified. These people, once trained, will be identified as adult protection champions for their areas.

7.10 Medway NHS Foundation Trust

This section highlights the safeguarding activity conducted by the Medway NHS Foundation Trust (MFT) from 1 April 2008 to the 31 March 2009.

The investigation of adult protection alerts is undertaken following the principles of the Kent and Medway multi agency adult protection policy and protocols. The relevant social services department (Kent or Medway) still retains the statutory responsibility for managing adult protection issues. Where incidents happen within the trust, social services delegates the responsibility for the investigation of the incident to the trust. Following investigation the report is presented to the appropriate social services for signing off, quality assurance and data collection.

The term protection relates to the need to actively protect a vulnerable adult at risk of/or suffering abuse. The term safeguarding relates to proactive activities that minimise/or prevent incidents of abuse.

There were 22 episodes of protection that necessitated raising an alert to protect a vulnerable adult.

13 referrals were made regarding incidents that had taken place within the premises of MFT, of the 12 incidents 10 were alleged to have been perpetrated by trust staff. One was by a family member whilst the patient was on a ward managed by MFT and the last case was perpetrated by a fellow patient

Eight incidents happened in the community, which necessitated MFT staff raising an alert when the patient was admitted into the care of MFT.

One case was a shared case with issues in both MFT and Kent Adult Social Services.

Of the 13 cases attributed to trust staff nine were related to omissions in care, two were alleged physical abuse, one was alleged sexual abuse perpetrated by a fellow patient and one was alleged mental abuse perpetrated by a family member.

The omissions in care were broken down into;

- Non management of bowels - one
- Acquisition of a grade three pressure ulcer - two
- Patient left in urine - two
- Discharged whilst at risk of urinary retention - one
- Inappropriate surgical management - one
- Poor provision of basic care of a person with learning disability - one
- Inappropriate referral - one.

The one incidence of alleged sexual abuse was perpetrated by a fellow patient who was also a vulnerable adult.

One alleged physical abuse was impossible to understand as the vulnerable person was unable to describe what had happened to her and there was no evidence of assault or damage to the lady. The AP1 did not describe the concern and there were no further clues when the notes were reviewed. The other physical abuse related to a staff member who claimed to have seen another staff member roughly handle a patient.

The shared case with Kent Adult Social Services related to a lady who was allegedly discharged from MFT at 22.00 hours via a taxi to a residential home. This was latter withdrawn as staff at the home confirmed the lady arrived by ambulance.

The patient who received inappropriate surgical management was investigated externally. MFT were asked to undertake a serious untoward incident investigation this has been completed and an action plan is being implemented.

Of the 13 allegations of abuse raised against MFT staff the investigation;

- Confirmed - five
- Discounted - four
- Found insufficient information to make a decision in two
- Referred one case to social care (issue found to be in community)
- Continues to investigate in one case.

In 47 weeks activity there were 88 episodes of safeguarding. The vulnerability of the individuals reviewed were as follows;

- Elderly care - 29
- Vulnerable person - 28
- Person with a learning disability - 16
- Physical disability - nine
- Mental health sufferer - four
- Victim of domestic violence - one
- Inappropriate referral (i.e. not vulnerable) - one.

The safeguarding activities were broken down as:

- Review for potential adult protection referral - 31
- Care concern - 14
- Request for information from external agencies - 13
- Reviews that led to adult protection alerts being raised - eight
- People with learning disability review - seven
- Transfer of care concern - five
- Best Interest decision facilitation - three
- Capacity assessment - two
- Behavioural management - two
- Malicious referrals - two
- Place of safety admission - one.

There were only four recorded episodes of safeguarding relating to MCA issues, this was due to MCA not being a field on the safeguarding database. This has since been rectified.

In March 2009 the trust introduced reviews for people with learning disability - the review is carried out within 24 to 48 hours of admission. The aim is to engage both the individual and their carers at the earliest opportunity so as to provide a personalised plan of care and to ensure that services reflect their often complex needs.

With the increased awareness of the needs of patients with a learning disability it became clear that the trust needed a learning disability liaison nurse (LDL Nurse). During 2008 to 2009 funding was secured from one of the commissioning PCTs and the post was advertised three times before the successful applicant was selected. They take up post in January 2010.

There have been notable developments in practice following episodes of safeguarding. The first was the introduction of the non-verbal pain assessment tool to all wards and departments, which is evidenced based and originates from Australian dementia research. The tool allows staff to evidence pain levels and the effectiveness of analgesia in the non-verbal patients. The tool can be used for patients with learning disabilities, dementia patients and patients who do not have the ability to speak due to surgical procedures. This development was written up and published in the July 2008 issue of the Nursing Times and has also been the focus of workshops throughout East Kent.

The second development of practice was the introduction of a protocol to allow both trust staff and carers to support patients with learning disabilities whilst they were in-patients on the ward. The protocol identifies the specific needs of the patients whilst they are in a foreign environment, who is best placed to meet those needs and how many hours (if at all) supplementary care needs to be purchased by the trust to facilitate carers to support them. This commitment by the trust to improve the experience of patients with learning disabilities has been welcomed by both.

Safeguarding vulnerable adults awareness sessions remained non mandatory for the year however the trust committed to making the training mandatory from April 1 2009.

To accommodate mandatory status a training needs analysis for all staff needing to undertake the training was commissioned. The analysis identified that all staff with face to face contact with vulnerable persons needed to do the trust's four hourly session, those with limited contact would do e-learning and those with no contact need not undertake the training.

Safeguarding awareness sessions have been increased to 18 per year to meet the needs of trust staff.

Mental Capacity Act (MCA) Level 1 training was introduced with sessions running on site every month aimed at front line staff who have contact with persons lacking the ability to make a decision. Also the external MCA levels two and three sessions were circulated to the appropriate persons.

Protection work remains the most time consuming aspect of operational safeguarding, however there are fewer contacts recorded than safeguarding but those contacts are more time intensive.

The most common alert raised against trust staff is neglect by omission - the focus for these omissions pertains to basic nursing care delivery.

Of the 13 alleged abuses by trust staff only five were proven.

Safeguarding contacts are more frequent than protection contacts, the most common contact is a request to consider if an issue merits the raising of a concern.

The requests from external agencies for information to support investigations is growing, it is now the third highest safeguarding activity.

Training capacity must expand to meet the requirements of mandatory status, therefore alternate methods of training need to be explored such as DVD and 'e-learning'.

The Mental Capacity Act will have a significant impact on the operational and educational resources of safeguarding.

7.11 East Kent Hospital University NHS Foundation Trust

Safeguarding adults is the recognition of potentially vulnerable adults within the trust including patients, relatives and members of staff. The trust adopted the Multi agency Adult Protection Policy, Protocols and Guidance for Kent and Medway 2005 which were produced in line with the Department of Health guidance document 'No Secrets' (2000). During 2009, the trust's risk management governance group was asked to ratify the East Kent Trust Safeguarding Adults Policy 2009. The policy was updated and further enhanced to enable full relevance for healthcare workers. The statutory requirement of individuals Human and Civil Rights not to be violated will be paramount in all considerations, included in this is the Mental Capacity Act 2007 and the Deprivation of Liberties Legislation 2009.

The updated Safeguarding Vulnerable Adults Policy 2009 was submitted to the Risk Management and Governance Group. The enhancements included the Mental Capacity Act 2007 and the Deprivation of Liberties Legislation 2009 guidelines for all healthcare workers and Trust employees. Consideration was given to, and guidelines produced, of the need for the monitoring and reporting, in line with the NHSLA requirements.

The safeguarding of vulnerable people has been recognised as being a priority of both the trust and the Directorate of Clinical Quality and Patient Safety. Within the mission statement of the trust the needs of vulnerable adults has been highlighted. To that end, the leads of services within the trust who have a direct influence over the safeguarding adults have been invited to join the trust wide safeguarding group.

Within the remit of the trust wide safeguarding group a process has been agreed and ratified for the monitoring and reporting of ongoing cases of vulnerable people within the trust. A regular agenda item and time has been allocated so that group members can highlight and record data which in turn will make the basis of a quarterly report to the Risk Management Governance Group. This report will emphasise the type of safeguarding concerns, trends, numbers and resolutions of the concerns. Further to this, recommendations will be made by the leads to the Risk Management Governance Group to ensure that the needs to continue safeguarding of vulnerable people are a paramount priority for the trust.

The programme of mandatory training of basic awareness was made available to be delivered to all directorates and departments trust wide. The programme is delivered at present by the Lead for Safeguarding Vulnerable People. This training is multidisciplinary and has been developed in conjunction with the basic awareness training delivered by Social Services. To date there has been considerable uptake of the basic awareness training with all disciplines represented. The training is delivered in a two hour session. Induction programmes also have safeguarding vulnerable adult input.

Specific training was delivered for specific Matrons to reinforce their knowledge regarding the Mental Capacity Act and information supplied for the Deprivation of Liberties legislation to enable correct processes when alerts are raised and due processes are followed.

There had been a collective realisation that the agenda for the safeguarding of vulnerable adults has increased substantively over the last few years. This agenda has further been burdened by the needs of expert knowledge and training with regard to the increased safeguarding adults national agenda, Mental Capacity Act 2007 and Deprivation of Liberties Legislation 2009. A

proposal was therefore been made to increase the level of safeguarding staff.

To date there has been one Serious Case Reviews in Kent and Medway involving the Kent and Medway Partnership Trust. The East Kent Hospital University NHS Foundation Trust submitted an action plan in response to the request of the Safeguarding Vulnerable Adults Committee.

7.12 Customer forum

The forum continues to be well attended with service users still coming from all over the county to the meetings held at Aylesford Priory. The meeting format has matured over the years, and each forum meeting now has two speakers, followed by a question and answer session. There is also a general discussion and information section, from which comes suggested topics for the next meeting. The question and answer sessions have often resulted in useful feedback to the speakers.

In 2008/2009 the forum had an enthusiastic speaker who managed to make the implications of the new Mental Capacity Act interesting. There was also a presentation by two newly appointed NHS matrons appointed to look after vulnerable adults in hospital. They both took away information to help their strategies from the forum members fielding a series of personal experiences. A second meeting received a presentation from Trading Standards on the current “scams” along with a description of the actual court procedures and penalties involved when proceedings are taken against alleged wrongdoers.

Members of the forum continue to serve on the Kent and Medway Safeguarding Vulnerable Adults Committee, and the Policy, Protocols and Guidance sub group and were called upon for information in the recent Commission for Social Care Inspection.

7.13 Carers forum

The forum continued to meet in 2008/2009 with two meetings at Aylesford Priory in April and October. It is difficult getting carers to attend the meetings, but those who do, go away refreshed and better informed. This year there were presentations about Links, Patient Advice and Liaison Services (PALS), Self Directed Support, the Advocacy Service and Independent Mental Capacity Advocacy Service.

Issues of particular interest at the Kent and Medway Safeguarding Vulnerable Adults Committee meetings included the involvement of carers and users in training programmes. Many carers have little idea of the safeguarding projects that are available to them. One of the forum members was invited to give a brief presentation to the Safeguarding Vulnerable Adults Operational Group about free home safety checks, message in a bottle and ICE phone numbers. These have since been promoted more widely, although there is still room for improvement in raising awareness of these safety measures.

Carers groups continue to be concerned about the lack of training for carers, that the knowledge and expertise of carers is often disregarded and the fact that carers themselves are often vulnerable adults whose stress and health needs are often overlooked.

Section 8. Safeguarding Activity 2008 - 2009

The following section summarises safeguarding activities from April 2008 to March 2009 and makes reference to three elements of data i.e.;

- Alert – this refers to an individual reporting a suspected instance of abuse
- Incident – this refers to a suspected case of abuse that is being investigated
- Involvement – this refers to an agency involved in the investigation.

Rates of referrals – changes between 2007 - 2008 and 2008 - 2009

During 2007 - 2008 1848 alerts were recorded with 2201 being recorded for 2008 - 2009. There is a general increase of 19% in the referral rate over the two periods.

	April 2007 to March 2008	April 2008 to March 2009	% change between periods
East Kent Total	1019	1224	20.1%
West Kent Total	480	656	36.7%
Medway	230	142	-38.3%
Headquarters	1	2	100.0%
Mental Health	83	74	-10.8%
Not Recorded	35	103	194.3%
County Total	1848	2201	19.1%

Table 1: Adult protection alerts recorded in Kent between April 2007 and March 2009

The not recorded category has increased significantly by 194% having risen in number from 35 between April 2007 and March 2008, to 103 between April 2008 and March 2009.

Age of alleged victims

Of the 2059 alleged victims during the period April 2008 to March 2009 there has been no significant variation in the percentages in each age band to the last report (39% are aged 18 - 64, 11% aged 65 - 74, 22% aged 75 - 84 and 27% are aged 85 and over). (*This excludes Medway data)

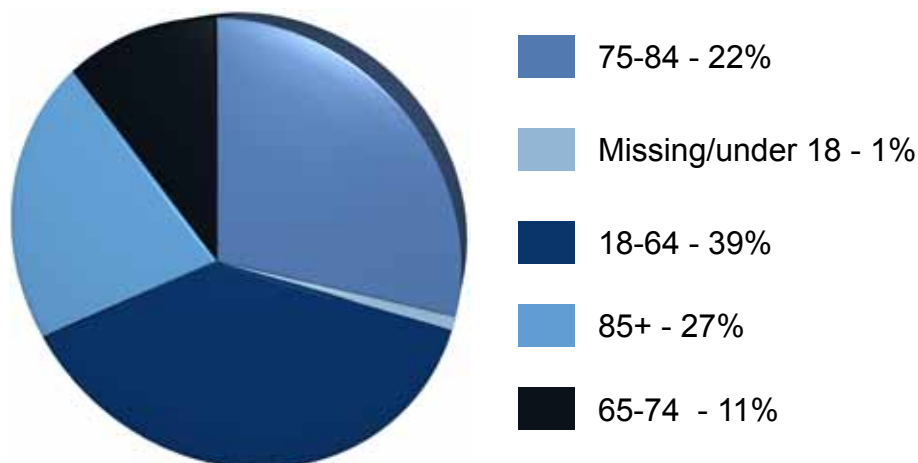


Figure 1: Adult protection alerts recorded in Kent between April 2007 and March 2009 by age. (*This excludes Medway data)

Gender of alleged victims

Of the 2059 alerts recorded during the period April 2008 to March 2009, 1295 (63%) of the alleged victims were female and 760 (37%) were male with 4 not being recorded. There was no significant variation in the proportions in this report compared to previous reports. (*This excludes Medway data)

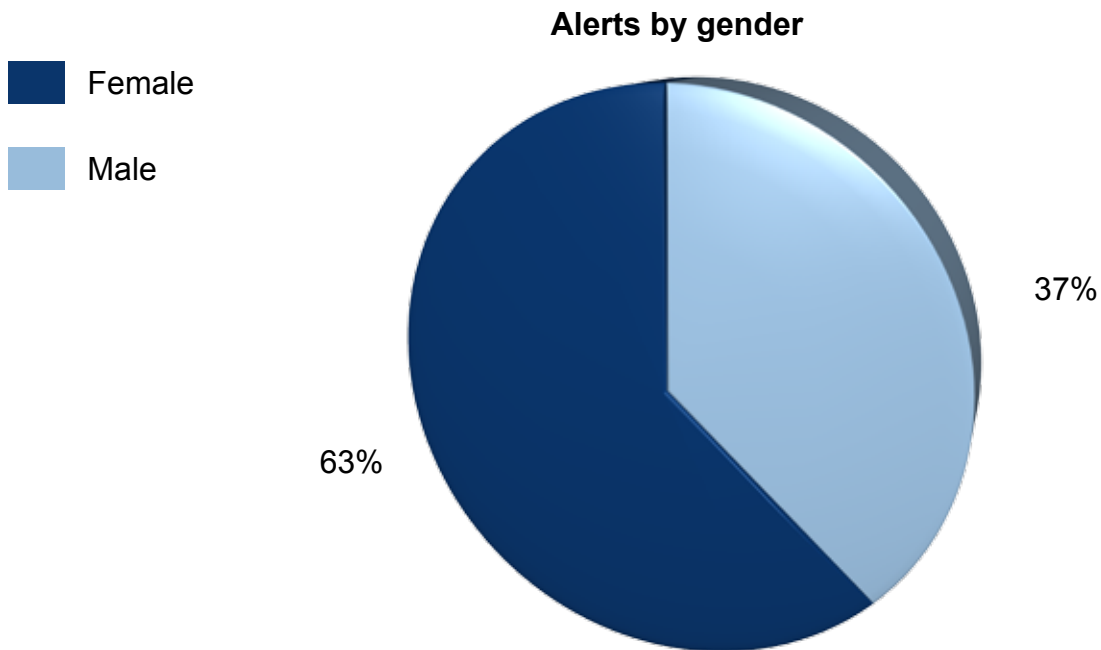


Figure 2: Adult protection alerts recorded in Kent between April 2008 and March 2009 by gender (*This excludes Medway data)

Gender in the 18 - 64 age group in Kent is split more evenly with 389 males and 412 females, as shown in Figure 3 below.

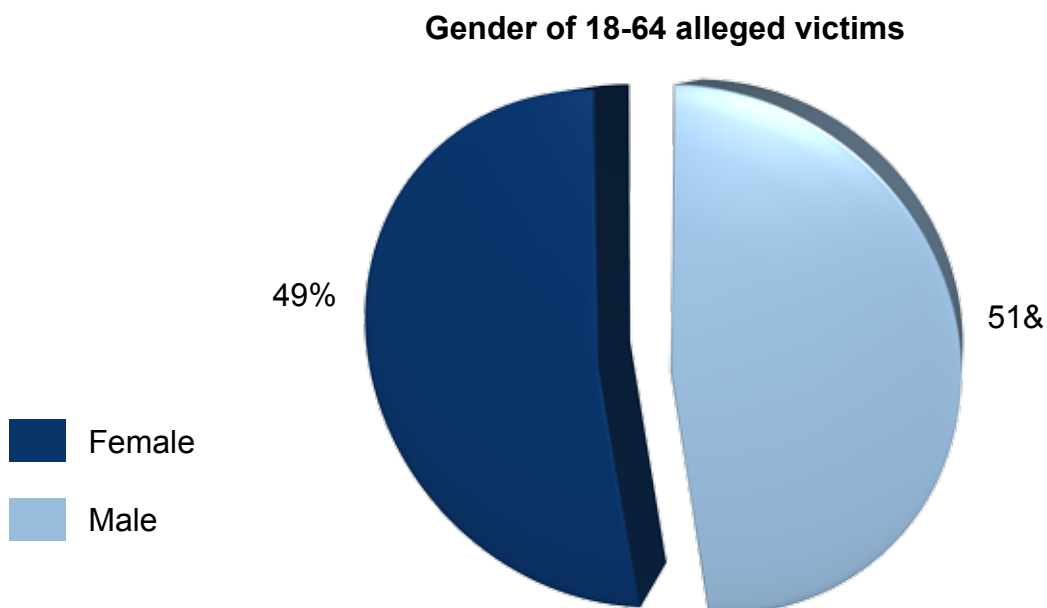


Figure 3: Adult protection alerts recorded for the 18 - 64 age group in Kent between April 2008 and March 2009 by gender (*This excludes Medway data)

However, differences in the numbers of alerts for the 65 + age group are more significant. There are 873 females and 363 males, as shown in figure 4.

Gender of 65+ alleged victims

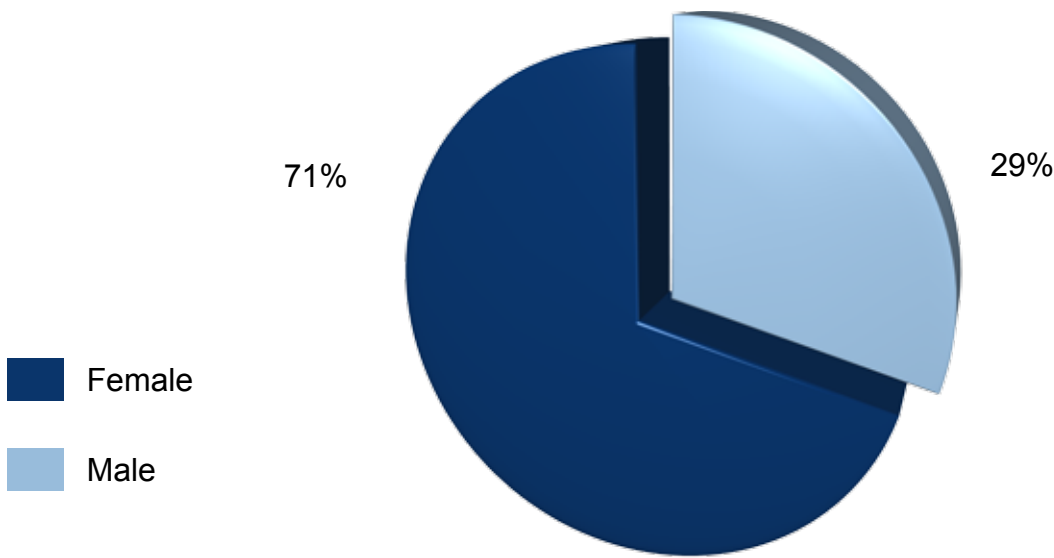


Figure 4: Adult protection alerts recorded for the 65 + age group in Kent between April 2008 and March 2009 by gender (*This excludes Medway data)

Ethnicity of alleged victims

The ethnicity of the 3677 alleged victims in Kent is broken down into three categories, White, Black and Minority Ethnic and unknown (which includes not recorded). There is almost no variation in the proportions between the two periods. These figures are displayed in table 2 below. (*This excludes Medway data).

	Apr 2007 to Mar 2008	Apr 2008 to Mar 2009	Total	Total Proportion
White	1470	1863	3333	90.6%
BME	34	38	72	2.0%
Unknown	114	158	272	7.4%
Total	1618	2059	3677	

Table 2: Adult protection alerts recorded in Kent April 2007 and March 2009 – by ethnicity (*This excludes Medway data)

The highest percentage of alerts is for the White ethnic group, which includes White British, White Irish and White Other. The alerts for those who have no ethnic origin entered is 8%, and the number of alerts from BME backgrounds is 2% compared with a BME population for Kent of 6%. These proportions vary very little.

Adult Protection alerts by ethnicity 2008/09

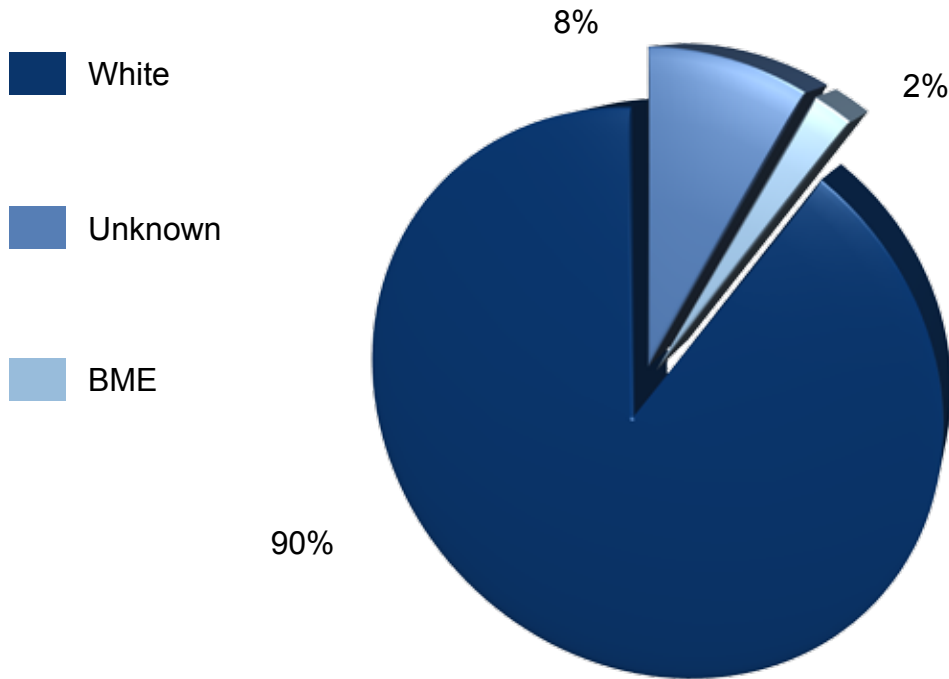


Figure 5: Adult protection alerts recorded in Kent between April 2008 and March 2009 by ethnicity (*This excludes Medway data)

Client category of alleged victims

Over half, 61%, of the 3677 alleged victims are in the Older Person category. The next highest category is Learning Disability 16%. The Not Recorded category is relatively low at 2%.

Client category of alleged victims 2008/09

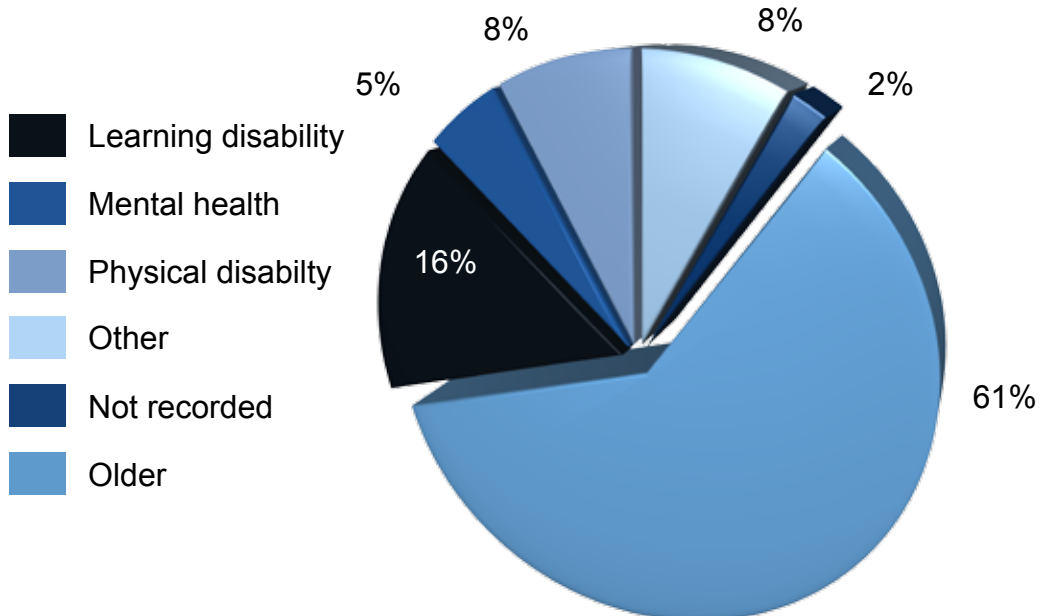


Figure 6: Adult protection alerts recorded in Kent between April 2008 and March 2009 by client category (*This excludes Medway data)

Sources of adult protection alerts

The sources of adult protection alerts are shown in table 3 for the period April 2007 to March 2009. There are also figures for the percentage change of the source between the two periods and the proportion of total alerts in 2008 - 2009 for each source group. The 'other' category includes carer, Independent non statutory/voluntary agencies, anonymous, legal (including solicitors), other local authority, probation and stranger.

Table three shows that the largest source of alerts is social care staff accounting for 39.8% of total alerts in 2008 - 2009. Education/workplace, family member, regulators and not recorded all had a decrease in numbers. The percentage change compares the alert figures excluding Medway data, however Medway data is included in the total proportion 2008 - 2009.

	April 2007 to March 2008	April 2008 to March 2009	Medway April 2008 to March 2009	Percentage change between 2007 -2008 and 2008 - 2009	Proportion 2008 -2009
Education / workplace	19	10	0	-47.4%	0.4%
Family member	195	177	33	-9.2%	9.2%
Friend / neighbour	39	40	1	2.6%	1.8%
Housing	12	34	3	183.3%	1.6%
Primary Health	141	227	16	61.0%	10.6%
Secondary Health	97	164	4	69.1%	7.3%
Not recorded	194	161	0	-17.0%	7.0%
Other	168	220	28	31.0%	10.8%
Police	86	141	3	64.0%	6.3%
Regulators	45	41	7	-8.9%	2.1%
Self referral	64	66	2	3.1%	3.0%
Social care staff	558	778	132	39.4%	39.8%
Total	1618	2059	229	27.3%	

Table 3: Adult protection alerts recorded in Kent April 2007 and March 2009 by the source

Location of abuse

During the period April 2007 to March 2009 there were 2986 adult protection incidents recorded in Kent. As shown in Table four below the number of incidents increased by 14.5% between the two periods. The proportion 2008 - 2009 contains Medway data whilst the change between the two periods excludes Medway data.

	April 2007 to March 2008	April 2008 to March 2009	Medway April 2008 to March 2009	Proportion of 2008 - 2009	Change between the two periods
Alleged perpetrators home	0	8	0	0.4%	
Another person's home	12	14	2	0.8%	16.7%
Care home	443	596	56	30.7%	34.5%
Care home with nursing	258	237	25	12.3%	-8.1%
Day centre	26	30	42	3.4%	15.4%
Educational / training Workplace establishment	14	3	0	0.1%	-78.6%
Hospital	27	66	7	3.4%	144.4%
Not recorded	13	26	0	1.2%	100.0%
Other	51	46	2	2.3%	-9.8%
Other health setting	17	25	0	1.2%	47.1%
Own home	507	709	79	37.1%	39.8%
Public place	43	50	8	2.7%	16.3%
Respite/short-term break home	17	22	0	1.0%	29.4%
Supported accommodation	27	45	10	2.6%	66.7%
Voluntary work place	1	0	0	0.0%	-100.0%
Unknown	36	18	0	0.8%	-50.0%
Total	1492	1895	231		27.0%

Table 4: Location of alleged abuse 2007 - 2009

Alleged care home incidents by area

The table below shows the number of incidents recorded and focuses on the location of care homes.

	Alleged incident location - Care Home 2008 - 2009	Total Number of Incidents 2008 - 2009	Proportion
East Kent Total	455	918	49.56%
West Kent Total	163	490	33.27%
Medway	81	231	35.06%
Headquarters	0	2	0.00%
Mental Health	8	69	11.59%
Not recorded	207	416	49.76%
County Total	914	2126	42.99%

Table 5: Alleged care home incidents by district 2008 – 2009

Categories of abuse

The table below shows the categories of abuse as a percentage for the period April 2007 to March 2009 and data for Medway in the period 2008 - 2009. The dominant category during both periods in Kent is physical abuse. In Medway financial abuse is the slightly more dominant category.

Psychological abuse has noticeably increased by 3.9% across the two periods and is significantly more dominant in Medway. Institutional abuse has decreased over the two periods, and is also low in Medway.

Type of Abuse	April 2007 to March 2008	April 2008 to March 2009	Medway April 2008 to March 2009
Discrimination	0.9%	0.5%	0.6%
Financial	24.1%	22.7%	25.8%
Institutional	13.4%	8.0%	7.5%
Neglect	22.1%	22.4%	15.4%
No Category	5.9%	4.9%	3.5%
Physical	26.7%	27.7%	24.2%
Psychological	12.8%	16.4%	20.1%
Sexual	6.1%	4.7%	2.8%

Table 6: Percentage types of abuse by period

Percentage of incidents of abuse categories by area 2008 - 2009

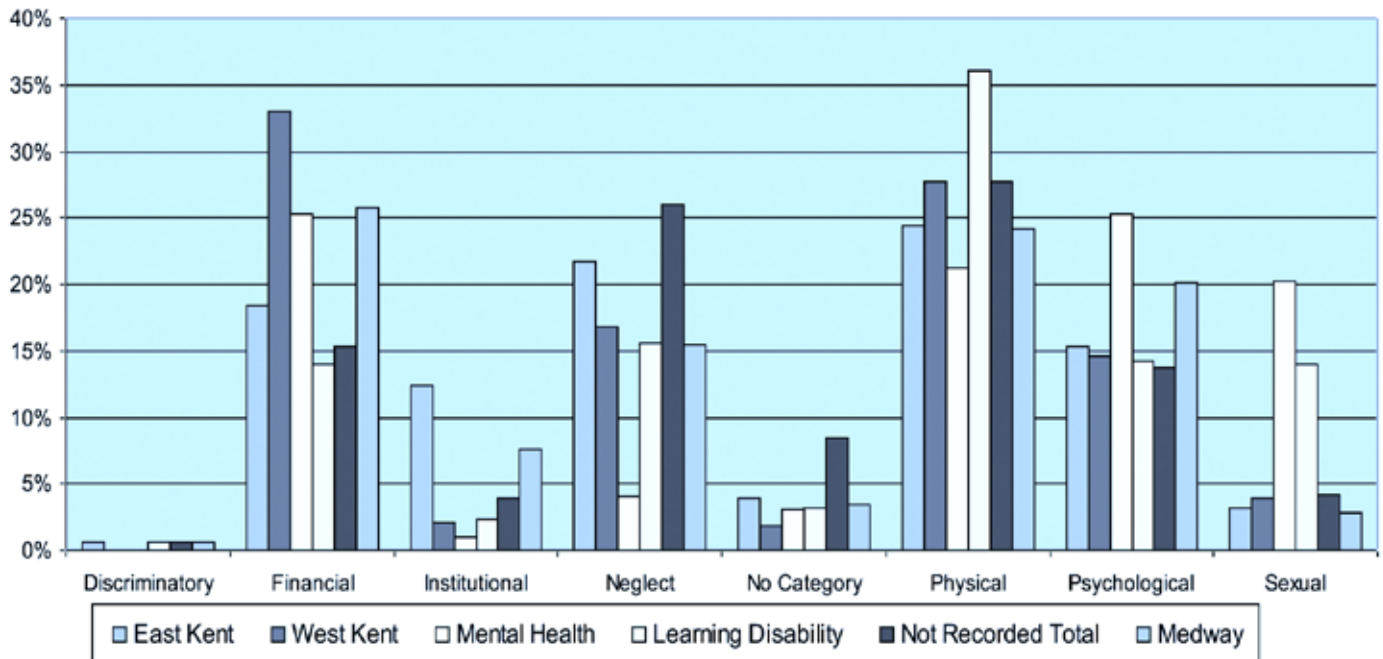


Figure 7: Percentage of incidents of abuse categories by area 2008 - 2009

This graph shows the percentages of alerts by category of abuse and area for April 2008 to September 2009. Mental health has a significantly higher percentage of psychological and sexual abuse than the other areas. East Kent has a significantly higher percentage of institutional abuse, where as West Kent has a higher percentage of financial abuse. Learning disability has the highest percentage of physical abuse compared to the other areas. The proportions where no district is recorded could change these comparisons.

Breakdown of decisions

Figure 8 opposite shows the percentage investigation outcomes for closed alerts 2008 - 2009. The two largest proportions are not determined / inconclusive and not substantiated (28%), although 'substantiated' is only 2% smaller.

'Substantiated' means that the allegations were confirmed whilst 'partly substantiated' means that some aspects of the allegation were confirmed.

'Unsubstantiated' means that the allegations were discounted and 'inconclusive' means that despite investigation and assessment there was insufficient evidence to determine if the abuse happened or not. Other refers to cases where the outcome was not entered.

Investigation outcomes of closed alerts 2008/09

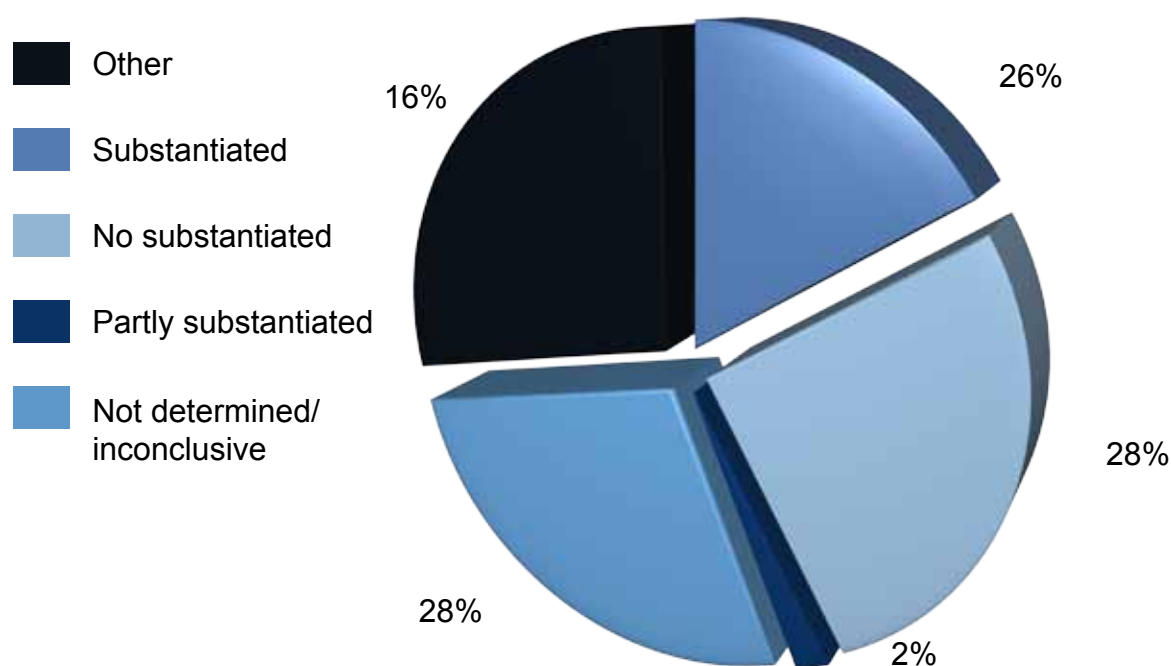


Figure 8: Decisions of Investigations recorded between April 2008 and March 2009

Investigation/assessment involvement

Table seven below provides details of the investigation/assessment involvement. Social Services has the highest proportion of 100%. Figure 12 below illustrates the proportions. Figures for 2007 - 2008 were obtained from figures previously reported.

	April 2007 to March 2008	April 2008 to March 2009	Proportion 2007 -2008	Proportion 2008 -2009
Social Services	875	1049	100%	98.3%
Police	412	484	49.4%	45.4%
Health	144	228	17.3%	21.4%
Regulatory Body	373	280	44.7%	26.2%
Not Recorded	148	216	17.7%	20.2%
Service Provider	81	122	9.7%	11.4%
Voluntary Organisation	26	46	3.1%	4.3%
Housing	9	18	1.1%	1.7%
Total	2068	2443		

Table 7: Involvement of agencies in investigations of abuse in Kent 2007 - 2009

Section 9. Development Plan 2009 - 2010

A number of key activities have been identified by the Kent and Medway Safeguarding Adults Board for 2009 - 2010 including;

- Further developing the three year strategy and associated business plan (for 2009 - 2010)
- Recruiting a Safeguarding Adults Board Manager
- Recruiting an additional training consultant
- Developing an action plan to respond to the recommendations from the Commission for Social Care Inspection following the safeguarding adults inspection in Kent Adult Social Services
- Responding to any requirements/recommendations from the outcome of the review of the 'No Secrets' guidance
- Reviewing the governance arrangements for the Kent and Medway safeguarding partnership
- Developing a safeguarding awareness raising strategy across Kent and Medway
- Finalising the multi agency competency based framework and implementing across all agencies
- Agencies considering the 2008 - 2009 activities to identify any learning points.

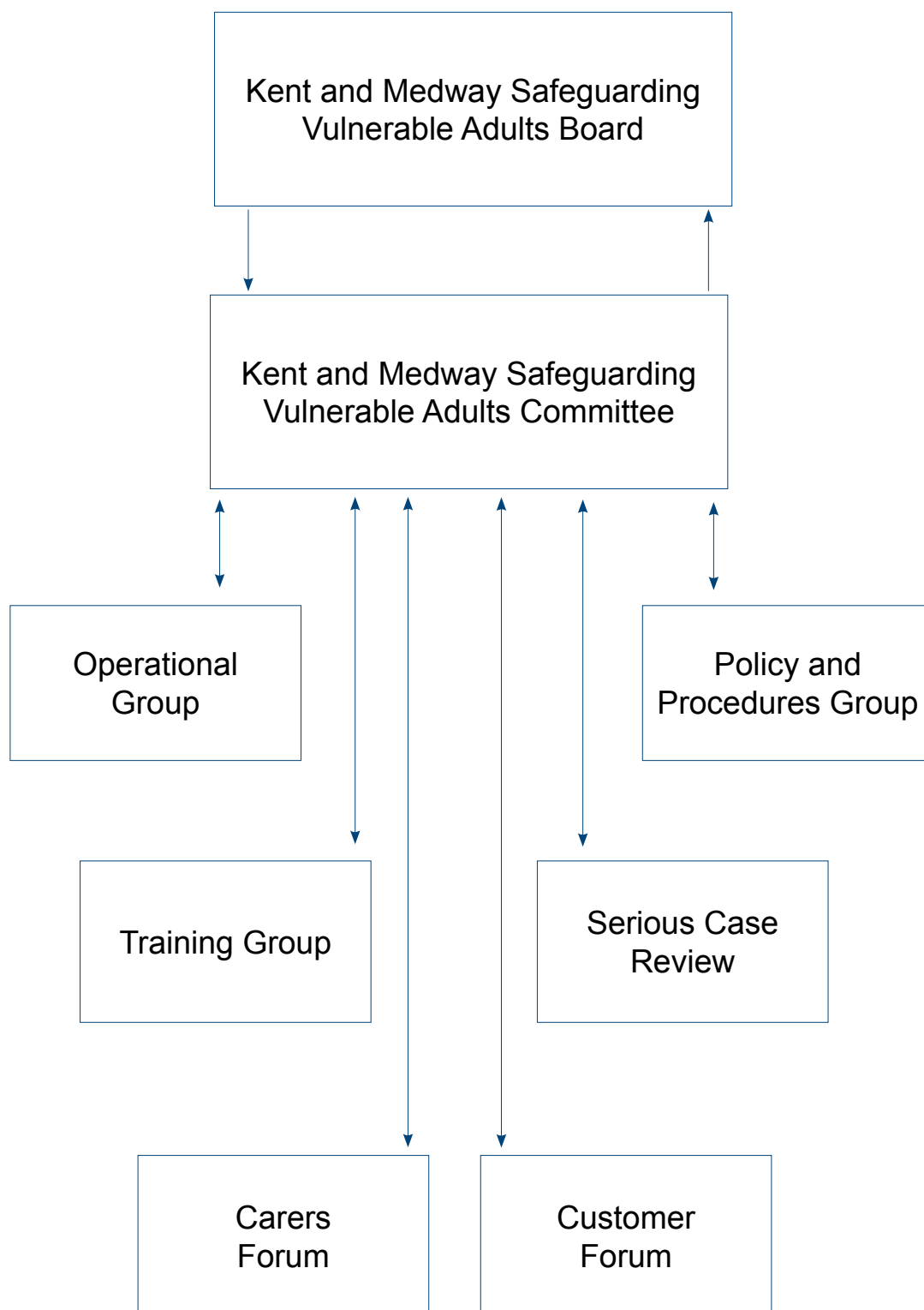
Progress on these activities will be reported in the Kent and Medway Safeguarding Vulnerable Adults Annual Report 2009 - 2010.

Apendices

1. Kent and Medway Safeguarding Vulnerable Adults Structure
2. Kent and Medway Safeguarding Vulnerable Adults Adult Protection Training Structure
3. Adult Protection Training Target Group

Appendix 1

Kent and Medway Safeguarding Vulnerable Adults Structure



Appendix 2

Kent and Medway Safeguarding Vulnerable Adults Adult Protection Training Structure

Level 1:

Awareness

Developing a shared understanding about what constitutes abuse and the definition of 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:

The Practitioners Role

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 in 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.

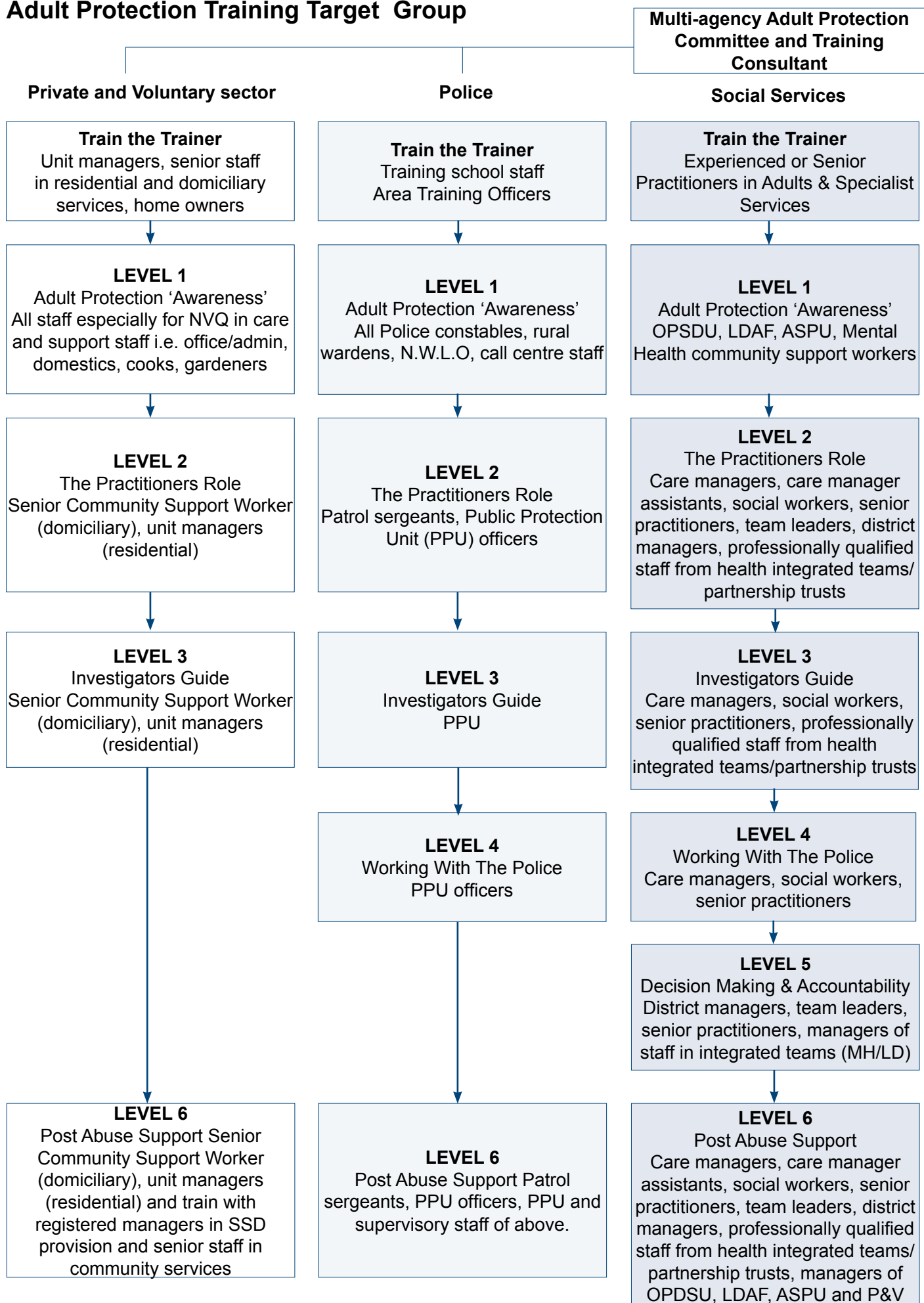
It is recommended that the adult protection training programme be approached in a systematic manner.

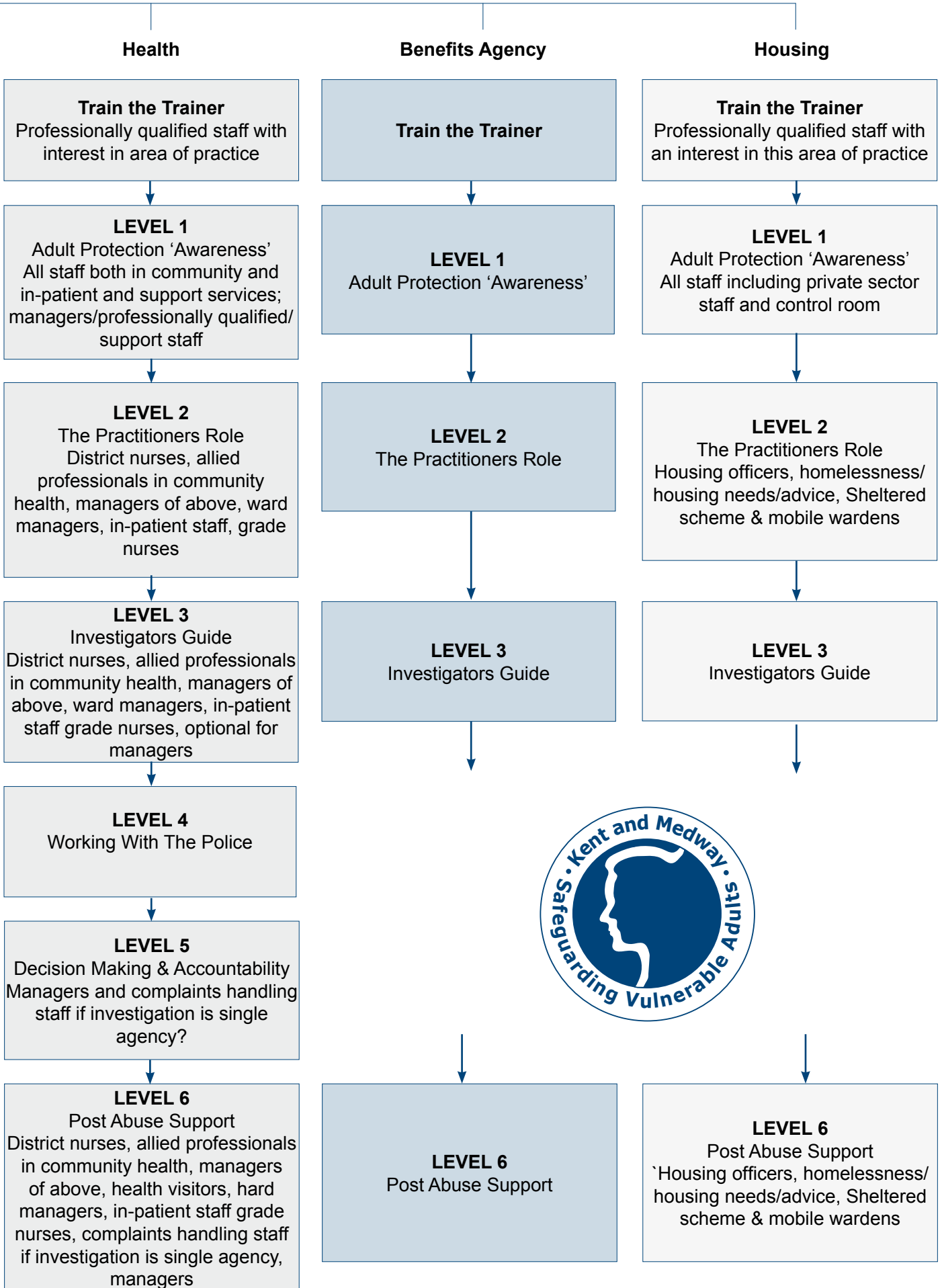
For more information on each course please consult the Adult Protection web site: www.kent.gov.uk/adultprotectioncommittee or training brochure.

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

Appendix 3

Adult Protection Training Target Group





This publication can be made available in alternative formats and can be explained in a range of languages. Please call (insert contact) for details.